

HOME AND HOSPITAL INSTRUCTION SERVICES**Policy**

The intent of Boston Public Schools (BPS) Home and Hospital Instruction is to provide a student receiving a publicly funded education with the opportunity to make educational progress even when a physician determines that the student is medically unable to attend school. In compliance with the Massachusetts regulation 603CMR28.03(3), BPS Home and Hospital Instruction collaborates with schools, parents, agencies and hospitals to ensure alignment of educational goals and curriculum for accurate service delivery to provide, at a minimum, the instruction necessary to enable the student to maintain progress in his/her courses of study and minimize the educational loss that might occur during the period when the student is confined at home or in a hospital. Services are provided with sufficient frequency to allow the student to continue his or her educational program, as long as such services do not interfere with the medical needs of the student.

Intent of Massachusetts Regulations on Educational Services in the Home or Hospital

Home and Hospital Instruction is not to be confused with Special Education services, "unless the student has been determined eligible for such services, and the services include services on the student's IEP." Home and Hospital Instruction is considered to be a special type of service provided under the Americans with Disabilities Act (ADA) and state law for the purpose of ensuring that medically involved students receiving a publicly funded education have equal access to education as do their counterparts. Publicly funded education includes Boston Public Schools, charter schools, Boston resident students who are enrolled at out of district schools, including METCO and private placements, and students on private tuition (see Attachment B). Students who are on private tuition are eligible only if they have an Individual Education Plan (IEP) or fall under the special education umbrella.

The **eligibility** guidelines of Home and Hospital Instruction are:

- A physician determines that a student is physically unable to attend school
- A student has been or will be out of school for more than 14 consecutive days or who can be anticipated to accumulate more than 14 absences in a school year at home or in a hospital (i.e., sickle cell disease, cancer treatment, etc)

When it is deemed by the student's attending physician or pediatrician that he or she will be confined to a home or hospital setting for *more than 60 days*, the student will then be evaluated by the Special Education Department under state guideline/regulation 603 CMR 28.04(4).

A student is marked Constructively Present (CP) for the period during which Student receives home/hospital based services and receives a passing grade for all work that has been satisfactorily completed. No home/hospital based instruction will be provided over the summer break unless designated in an IEP and the child is unable to attend Extended School Year.

Implementation of Home and Hospital Instruction**Role of the parent:**

- Provide consent for the exchange of information between Student's physician and the District to ensure an open line of communication between service providers.
- Maintain communication with the school to ensure that grading is occurring according to classroom guidelines.
- Inform school of the student's medical needs that will require home and hospital instruction.

- Provide the school nurse with all the medical information to ensure that when the student is in school, that the medications, procedures and protocols are in place to ensure medical safety and optimal learning. This includes completing, along with the physician of record, the Individual Collaborative Health Plan (ICHHP) form if the physician indicates that the student's health during this period will affect the provision of full educational services and this form has not previously been completed.
- Ensure that the student's physician of record completes the Home and Hospital Physician Statement form and the ICHHP.
- Participate in the action plan for their child based on the ICHHP and the Physician Statement.
- Provide an appropriate learning environment at home.
- Ensure that someone over the age of 18 is at home when the tutoring occurs (or arranges a neutral meeting place such as a library), notify central office if the tutor does not keep the appointment, and sign the instructor's sheet after each session.

Role of the physician

- Submits a completed Physician Statement (see Attachment A) verifying the medical or psychological illness to the school's nurse for verification.
- The Physician statement should include the date the student will be confined, medical diagnosis, expected return date, and medical information that may prevent the student from accessing the provision of a full education.
- If the physician identifies on the Physician Statement that the student's health during this period will affect the provision of full educational services, the physician needs to complete the ICHHP in conjunction with the parent.
- The physician is expected to remain aware of the time frame the child is out of school.
- Participate in a re-entry plan to ensure the child can return to the school environment without impediments .

Role of the school administrator

- Identifies a person to be the school contact (i.e. guidance counselor, student support staff, nurse, or administrator) who will serve as a liaison for students who are home and hospital bound.
- Submit the designated point of contact to the Home and Hospital Instruction Program within the Department of Opportunity Youth (OY).
- School administrators may refer a school-based teacher to Home and Hospital Instruction to serve as the home tutor.

Role of the school nurse

- The school nurse reviews and submits the completed Physician's Statement form and non-BPS student form to Home and Hospital Instruction (617 635-6633) for coordination of services.
- The school nurse must request a medical update from the physician after 2 months if the student is still in need of home tutoring.

Role of the teacher

- Ensure that the student follows the same classroom syllabus and rubric as the non-medically involved students.
- Modify home and hospital assignments to fit the needs of the child in order for the student to continue to make academic progress.
- Correct the work and assign appropriate grades to the students.
- Notify parents of the student's progress.

Role of the identified school-based contact to Home and Hospital Instruction

- Determines if online curriculum is appropriate and posts online.
- Collects materials/assignments from the student's teachers for the home and hospital instructors.
 - If students are hospitalized, the school contact provides materials/assignments to parents. Work can also be faxed or emailed to the hospital instructors.

- If a student is homebound, the school contact provides materials/assignments to the home instructors.
- Communicates frequently with the Home & Hospital Instruction Program, home-based instructors, students and parents to assure continuity of services and that student needs are being met.
- Receives completed work from the home or hospital instructors and delivers the work to the student's teachers.
- Ensures students are not being marked absent but as Constructively Present (CP). Students' attendance should reflect "*Home Tutoring*" as the "*reason code*" to avoid "did not report" (DNR) and automatic withdrawal from school.
- Ensures grades are inputted and report cards are generated.
- Signs off on home instructor timesheet once monthly.
- Retains copy of scholastic and attendance records.
- Works with the Office of Special Education to assure qualified students are evaluated for an IEP or 504 plan.

Role of Home and Hospital Instruction

- Oversee the Home and Hospital Instruction program, including tutor recruitment, application, assignment, payment, and training.
- Identify, in conjunction with the school administrator, home and hospital school-based contacts.
- Maintain contracts with Hospital tutoring vendors.
- Identify a home instructor once eligibility is confirmed.
- Maintain a tracking system of all students receiving Home and Hospital Instruction.
- Provide training on protocol and procedures to all Home and Hospital Instructors.
- Perform quality assurance monitoring which can include random visits to tutoring sites.
- Assist schools in academic advising.
- Determine, in conjunction with the school, the family and the medical needs, the length and frequency of tutoring sessions. In general, the length should not exceed 3 hours in one sitting, and the frequency is generally 3 times per week with a range of 2- 10 hours.

Role of the Home and Hospital Instructors

- Participate in the Home and Hospital Instruction training program and review/implement the Protocol and Procedure Manual for Home Instructors.
- Confirm tutoring assignments with the school within 24 hours of receipt.
- Maintain communication with the school's designated school-based contact person.
- Complete scholastic records on individual students.
- Maintain a timesheet with daily parental sign off.
- Provide direct tutorial services on an individualized basis to assigned students.
- Arrange designated material pick-up times with the school's contact.
- Schedule tutoring sessions with parents.

For more information about this circular, contact:

Name:	Brian Marques, Senior Director
Department:	Department of Opportunity Youth
Mailing Address:	443 Warren Street, Dorchester, MA 02121
Phone:	617-635-9620
E-mail:	bmarques@bostonpublicschools.org

Dr. Brenda Cassellius, Superintendent

**Massachusetts Department of
Elementary and Secondary Education**

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-237

**Physician's Affirmation of Need for Temporary Home or Hospital Education for Medically
Necessary Reasons**

Massachusetts Department of Elementary and Secondary Education regulation, 603 CMR. 28.03(3)(c), provides:

Upon receipt of a physician's written order verifying that any student enrolled in a public school . . . **must remain at home or in a hospital on a day or overnight basis**, or any combination of both, for medical reasons and for a period not less than fourteen school days in any school year, a student is eligible to receive educational services in that setting, temporarily, from the public school district...

All fields must be completed and all required information provided in order for this form to be a valid authorization for service.

Student Information:

Student Name: _____ DOB: _____

Address: _____ School District Name: _____

Physician Information:

Physician's Name: _____ Telephone #: _____

Type of Authorizer (M.D. or Nurse Practitioner): _____

License # _____ Address: _____

I affirm that it is medically necessary that the above named student must remain on a day or overnight basis:

At home, or in a hospital or any combination of both

For a period of:

At least 14 days, or on a recurring basis that will accumulate to at least 14 days over the course of the current school year

Medical diagnosis and reason(s) student is confined to the home, hospital or is otherwise unable to attend school for medical reasons:

Date student was admitted to hospital or began confinement at home: _____

If the student also requires a reduction in the regular school workload due to this condition while at home or in a hospital, describe those limitations:

If the student also requires other modification to the educational program while at home or in a hospital due to the medical condition, describe those:

The student is expected to return to school on (Date must be provided) _____. *(If there is a continued medical need beyond this date, the student's parent or guardian must submit to the school district a new signed form from the physician in order to verify the need to continue the provision of educational services in the home and/or hospital).*

Physician's Affidavit of Student's Medical Need for Home/Hospital Services

I am the above-named student's treating physician and am responsible for the student's medical care. I hereby certify that the student must remain at home or in a hospital, or any combination of both, on a day or overnight basis for a period of at least 14 days, or on a recurring basis that will accumulate to 14 days over the course of the school year, for the medical reasons articulated above.

Physician's Signature: _____

Date: _____

For additional information see www.doe.mass.edu/pqa/ta/hhep_ga.html or call the Problem Resolution System office (781) 338-3700.

This form is to be completed by the school on Non-BPS students:
Private, Charter, Out of District, Private Placement and METCO

This student is currently receiving hospital/home tutorial services through Boston Public Schools. In addition to the Physician's Statement (form 603 CMR 28.3(3)c), please submit the following information on the student referred.

Student Name: _____
Address: _____
Parent/Guardian: _____
Telephone: H/ _____ Cell _____
Date of Birth: _____ . Race: _____
M _____ F _____ Grade: _____
School Name: _____
School Address: _____
School Phone: _____ School Contact: _____
Email Address: _____ FAX# _____
Is student receiving special education services? Yes ___ No ___ Unknown _____.

Please return this form to:

Socorro Holland, Home and Hospital Program Coordinator, Boston Public Schools, Home and Hospital Instruction, 443 Warren Street, Dorchester, MA 02121, Suite #2 or email to:

sholland2@bostonpublicschools.org

Contact Information: Office # is 617-635-6633/FAX# is 617-635-6635