

## HOSPITAL HOME BOUND

The Governing Board of Coastal Leadership Academy adopts the following regulation, which shall be effective on that date that the policy is adopted by the Board.

### SECTION 1. Purpose.

SECTION 1.1. The Governing Board is committed to providing Hospital/Homebound services (HHB) for continuity of educational services between the classroom and home or health care facilities for students enrolled at the school whose medical needs, either physical or psychiatric, restrict them to their home or a health care facility for a period of time that will significantly interfere with their educational progress.

### SECTION 2. Instruction.

SECTION 2.1. Students will be instructed on the adopted curriculum of the school, in alignment with state/national standards, Section 504 Plan, IEP, and any local curriculum for classes in which the student is enrolled under the direction of the classroom teachers.

### SECTION 3. Eligibility.

SECTION 3.1. Eligibility for HHB service is based on the following criteria:

1. The student must be currently enrolled at the school. Private or home school students or students enrolled at another public school are ineligible for services.
2. The student must have a medical and/or psychiatric condition that is documented by a licensed physician or licensed psychiatrist who is currently treating the student for the diagnosis presented. Only a licensed psychiatrist can submit a medical request form for an emotional or psychiatric disorder.
3. The student must be anticipated to be absent for a minimum of ten (10) consecutive school days per year or the equivalent on a modified calendar or the student has a chronic health condition causing him or her to be absent for intermittent periods of time anticipated at a minimum of ten (10) school days per year or equivalent on a modified calendar or five (5) school days on a block schedule calendar.
4. Students approved for Intermittent HHB services must be absent for three (3) (3) consecutive school days on each occurrence before HHB services will be provided.

### SECTION 4. Application Process.

SECTION 4.1. The parent/guardian, emancipate minor, or student 18 years or older should contact the school counselor to discuss HHB and obtain an application.

SECTION 4.2. The principal or other designee will discuss eligibility, steps in the application process, and distribute the required paperwork.

SECTION 4.3. The parent or guardian must sign the parental agreement concerning HHB policies and procedures. A release for medical information relating to the reason for the request for HHB services shall be required by the school.

SECTION 4.4. The school may require the parent/guardian, emancipated minor, or student 18 years or older to sign the HIPAA form relating to the reason for the request for HHB services. If the request for the signed HIPAA form is made, it must be submitted before services are provided.

SECTION 4.5. The completed application must be returned to the Principal or other designee. An incomplete application may cause a delay in the initiation of services. Only the original paperwork will be accepted as application for HHB services.

SECTION 4.6. Within five (5) school days of receiving the completed application, the Principal or other designee shall notify the designated HHB teacher, parent/guardian, emancipated minor, or student 18 years or older of the time and place of the school team or IEP meeting to discuss HHB services. A telephone conference call or other electronic communication may be considered a meeting. At this meeting, an Educational Services Plan (ESP) will be developed for the student who will be served. This plan must address the disabling condition, anticipated length of absences, accommodations, and modifications to be addressed.

SECTION 4.7. An instructional services schedule will be set up by the HHB teacher.

SECTION 5. Attendance.

SECTION 5.1. The student shall be counted present for the entire week when he or she is provided instruction on an individual basis or as part of a group by the HHB teacher for a minimum of three (3) (3) hours per week, which shall be documented by the HHB teacher.

SECTION 5.2. If the student is unable to receive HHB instruction during the school week due to his or her medical condition, the school may, at the school's discretion, schedule a make-up session. Once the session is completed, the student may be counted present in accordance with South Carolina State Board of Education R-43-274 Student Attendance.

SECTION 5.3. The health care facility providing HHB services to a student confined in the facility must submit verification of the number of instructional hours the student received to the Principal at the school for the student to be counted present during this time.

SECTION 6. Scheduling.

SECTION 6.1. The time of the instructional session shall be arranged by the HHB teacher in cooperation with the parent/guardian, emancipated minor, or student 18 years or older. The time of the instructional session will typically occur during the school day.

SECTION 6.2. To comply with the South Carolina State Board of Education Regulation 43-241. Hospital/Homebound (HHB) Services and meet attendance requirements, a minimum

of three (3) hours of instruction per week must be provided for the student to be counted present by the school.

#### SECTION 7. Instructional Delivery.

SECTION 7.1. An individual employed as a HHB teacher must be an employee or a contracted employee of the school and must have knowledge of the curriculum and effective instructional strategies.

SECTION 7.2. HHB instruction can be offered on a one-on-one basis, in a small group at the home of the student, at the health care facility where the student is confined, or through online learning courses such as a virtual school or other approved online courses or delivery methods approved by the Principal.

SECTION 7.3. The type of instruction offered is based on the agreement as set forth in the ESP which shall take into consideration the cognitive ability and medical condition of the student.

SECTION 7.4. Instructional materials will be issued to the student or HHB teacher by classroom teachers prior to scheduled HHB visits.

SECTION 7.5. For students participating in online learning courses such as a virtual school or other approved online courses or delivery methods, the HHB teacher may facilitate the learning process, monitor assignments and provide tutoring assistance as defined in the ESP. Participation in the online course or via other online delivery methods will meet the requirement of the minimum of three (3) hours of HHB instruction per school week for the HHB student to be considered present at school.

SECTION 7.6. All state mandated tests will be administered unless the student is approved to take an alternate assessment as stipulated in the ESP.

#### SECTION 8. Termination or Extension of Services.

SECTION 8.1. Students will be released from HHB services when the projected return date on the Application for Hospital/Homebound Services Medical Referral Form (exhibit) is reached or if the licensed physician or licensed psychiatrist indicates that the student is released to return to school.

SECTION 8.2. If a student begins work in any capacity, goes on vacation during regularly scheduled school days, participates in extracurricular activities, or is no longer confined to home, services may be discontinued.

SECTION 8.3. When the student returns to school for any portion of the school day other than to participate in state-mandated standardized testing, services may be discontinued.

SECTION 8.4. If three (3) HHB sessions are cancelled without citing extenuating circumstances (in writing) beyond the control of the student or parent/guardian, services may be discontinued.

SECTION 8.5. When 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, services may be discontinued.

SECTION 8.6. HHB services may be extended beyond the originally identified return to school date if the licensed physician or licensed psychiatrist submits a request for extended services.

SECTION 8.7. Reevaluation and medical updates may be required every four (4) weeks.

## INTERMITTENT HOME BOUND POLICY

The Governing Board of Coastal Leadership Academy adopts the following regulation, which shall be effective on that date that the policy is adopted by the Board.

### SECTION 1. Eligibility.

SECTION 1.1. Eligibility for Intermittent Home service is based on the following criteria and provided for under Section 504 of the Rehabilitation Act (504) or the Individuals with Disabilities Act (IDEA):

SECTION 1.1.1. The student must be currently enrolled at the school. Private or home school students or students enrolled at other public schools are ineligible for services.

SECTION 1.1.2. The student must have a medical and/or psychiatric condition that is documented by a licensed physician or licensed psychiatrist who is currently treating the student for the diagnosis presented. Only a licensed psychiatrist can submit a medical request form for an emotional or psychiatric disorder.

SECTION 1.1.3. The need for services must be documented in the student's 504 Plan or IEP.

SECTION 1.1.4. Students are not eligible if absence is due to communicable diseases (except as specified otherwise), emotional problems, expulsion, suspension, abuse of chemical substances, or uncomplicated cases of pregnancy. Cases of complicated pregnancy will be approved only with a statement from a licensed medical physician (1) certifying that school attendance would endanger the life of the mother or the child, and (2) specifying the projected length of time this danger would exist.

SECTION 1.1.5. The student must be anticipated to be absent for less than ten (10) school days at a time on an intermittent basis and must be physically able to profit from educational instruction.

SECTION 1.1.6. Students approved for Intermittent HHB services must be absent for three (3) consecutive school days on each occurrence before HHB services will be provided.

SECTION 1.1.7. A new referral form is required at least annually for services to be provided.

SECTION 2. Criteria for Students Under Section 504 or IDEA

SECTION 2.1. Criteria for students under Section 504 or who are served through IDEA shall be as follows:

| SECTION 504 STUDENTS  | STUDENTS SERVED THROUGH IDEA  |
|---|---|
| <b>Establishing Criteria</b>  |   |
| <ul style="list-style-type: none"> <li>• Medical diagnosis of physical condition established by a licensed physician.</li> <li>• Documented condition may result in frequent intermittent absences.</li> <li>• Physician form must be completed <b>annually</b></li> <li>• Anticipated need for services should be documented in 504 Plan and continuum of services discussed.</li> <li>• Copies of 504 Plan and medical referral form should be provided to the school leader or SPED designee.</li> </ul>   | <ul style="list-style-type: none"> <li>• Medical diagnosis of physical condition established by a licensed physician.</li> <li>• Documented condition may result in frequent intermittent absences.</li> <li>• Physician form must be completed <b>annually</b></li> <li>• Anticipated need for services should be documented under health concerns in IEP minutes and continuum of services discussed.</li> <li>• Copies of IEP or Amendment and medical referral form should be provided to the school leader or SPED designee.</li> </ul>  |
| <b>How to Access Services</b>   |   |
| <ul style="list-style-type: none"> <li>• Contact school leader or designee</li> <li>• Primary teacher gathers assignments/materials for the Intermittent Home Service Provider. Assignments/materials may be sent home with the student or with the Intermittent Home Service Provider.</li> <li>• Primary teacher calls home to explain assignments and to determine services needed.</li> <li>• 40 minutes of instruction must be provided to be counted present per day.               <ul style="list-style-type: none"> <li>○ Student can make up time before and after school with primary teacher and parent must agree to transport student. If student is enrolled in after-school program, instruction may be provided in this timeframe.</li> <li>○ Student can be considered for any available before or after school tutoring or Saturday School.</li> <li>○ Services can be provided in the home by a designated Intermittent Home Service Provider.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Contact school leader or designee</li> <li>• Primary teacher gathers assignments/materials for the Intermittent Home Service Provider. Assignments/materials may be sent home with the student or with the Intermittent Home Service Provider.</li> <li>• Primary teacher calls home to explain assignments and to determine services needed.</li> <li>• 40 minutes of instruction must be provided to be counted present per day.               <ul style="list-style-type: none"> <li>○ Student can make up time before and after school with primary teacher and parent must agree to transport student. If student is enrolled in after-school program, instruction may be provided in this timeframe.</li> <li>○ Student can be considered for any available before or after school tutoring or Saturday School.</li> <li>○ Services can be provided in the home by a designated Intermittent Home Service Provider.</li> </ul> </li> </ul> |

| Documentation of Provided Services  |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Intermittent Home Service provider completes timesheet documenting direct services and turns it in to attendance clerk to make necessary adjustments to attendance data.</li> <li>• A copy of the timesheet will be maintained in the SST file.</li> </ul> | <ul style="list-style-type: none"> <li>• Intermittent Home Service provider completes timesheet documenting direct services and turns it in to attendance clerk to make necessary adjustments to attendance data.</li> <li>• A copy of the timesheet will be maintained in the SST file.</li> </ul> |

### SECTION 3. Instruction.

SECTION 3.1. Students will be instructed on the adopted curriculum of the school, in alignment with state/national standards, Section 504 Plan, IEP, and any local curriculum for classes in which the student is enrolled under the direction of the classroom teachers.

SECTION 3.2. Instruction will be provided as determined by the SST or IEP committee and may be offered in a variety of settings as provided for in these regulations.

SECTION 3.3. Services provided in the student's home require the presence of an adult other than the Intermittent Service Provider during the entire home instruction period.

SECTION 3.4. The Intermittent Service Provider must be notified in advance if the student is unable to keep the appointment.

SECTION 3.5. The student is responsible for completing assignments as required by the teacher(s).

SECTION 3.6. Work will be submitted to the classroom teacher(s) for grading and recording.

### SECTION 4. Termination or Extension of Services.

SECTION 4.1. Services will be discontinued if student's medical condition no longer results in frequent, intermittent absences OR become so frequent that the student is eligible for Hospital Homebound services. A referral for this program would then be required.

## HOSPITAL HOME BOUND REFERRAL

Coastal Leadership Academy  
 3710 Palmetto Point Boulevard, Myrtle Beach, SC 29588  
 843-788-9898

### REFERRAL FOR HOSPITAL/HOMEBOUND INSTRUCTION SERVICES

#### PARENT REQUEST FOR SERVICES

Student Name Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT AUTHORIZATION:** I hereby request hospital/homebound instruction for my child. I realize these services may be provided at the location (school or home) as determined by the committee. I have read the guidelines and instructions on the reverse side of this form and agree to abide by them. I also authorize any doctor or health care facility to release my child's medical information regarding this illness to the school.

Name of the adult who will be in the home during the student's instruction \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Print Parent or Guardian Name \_\_\_\_\_  
 Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **MEDICAL CERTIFICATION (To be completed in full by the attending physician)**

This program is provided for students with extenuating medical conditions, which restrict them to a health care facility, or the home for a minimum of ten (10) consecutive school days. Three (3) contact hours by the hospital/homebound teacher per week are required. The school reserves the right to request a second opinion.

#### **RE-EVALUATION AND MEDICAL UPDATE MAY BE REQUIRED EVERY FOUR (4) WEEKS**

This portion must be completed in detail in order for determination to be made concerning services.

Diagnosis \_\_\_\_\_  
 Indicate any limitations or restrictions during instruction (including the effects of any medications) \_\_\_\_\_

Student will be restricted to \_\_\_\_\_ health care facility or \_\_\_\_\_ home from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of most recent examination \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of next examination \_\_\_\_/\_\_\_\_/\_\_\_\_

Student can begin HHB instruction on \_\_\_\_/\_\_\_\_/\_\_\_\_ Student will need instruction for approximately \_\_\_\_\_ weeks.

I certify that this student's physical condition debilitates him/her for a minimum of 10 consecutive school days and restricts him/her to the home or a health care facility and that this student is physically able to participate in educational instruction.

\_\_\_\_\_  
 Physician's typed or printed name \_\_\_\_\_ Physician's Signature **ONLY** \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Is this student in any special education programs? (Be specific as to type of program) \_\_\_\_\_  
 The school shall be responsible for providing assignments for the student until the date student is enrolled in HHB program.  
 Guidance Counselors Signature \_\_\_\_\_ Date \_\_\_\_\_

Principals Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
 HHB Teacher Assigned and Date \_\_\_\_\_

**Tracking Dates and Initials**

Form Given to Parent \_\_\_\_\_  
 Returned to School \_\_\_\_\_  
 ESP Meeting \_\_\_\_\_  
 Service Begins \_\_\_\_\_



## **HOSPITAL/HOMEBOUND INSTRUCTIONS AND PARENT INFORMATION**

Hospital/Homebound (HHB) services are designed to provide continuity of educational services between the classroom and home or health care facility for students in [county] public schools whose medical needs, either physical or psychiatric, restrict them to a health care facility or their home for a period of time that will significantly interfere with their education.

### **STUDENT ELIGIBILITY**

Eligibility for HHB Services is based on the following criteria:

1. The student must be enrolled in Coastal Leadership Academy.
2. The student must have a medical and-or psychiatric condition that is documented by a licensed physician or a licensed psychiatrist who is currently treating the student for the diagnosis presented. Only a licensed psychiatrist can submit a medical request form for an emotional or psychiatric disorder.
3. The student must be anticipated to be absent for a minimum of ten (10) consecutive school days per year or the equivalent on a modified calendar or the student has a chronic health condition causing him or her to be absent for intermittent periods of time anticipated at a minimum of ten (10) school days per year or equivalent on a modified calendar or five (5) school days on a middle school block schedule per year.
4. Students approved for intermittent HHB services must be absent for three (3) consecutive school days on each occurrence before HHB services will be provided.

### **INSTRUCTION**

Instruction will be provided as outlined in the Educational Service Plan for this student. Instructional services will be offered in a home or health care facility setting. An adult must be present during the entire home instructional time. The student will be counted present when instructional services are provided for three (3) hours per week.

### **PLEASE READ THE FOLLOWING PARENT INFORMATION CAREFULLY**

Your cooperation is important.

1. A parent or responsible adult must be at home the entire time that the instructor is in the home.
2. A clean, comfortable, well-lighted place for the student to work, away from any distractions will be provided.
3. The student will be prepared for instruction with all books and completed assignments.
4. The hospital/homebound instructor should be notified within 24 hours prior to the scheduled appointment if the student is unable to receive instruction at the scheduled time.
5. The student is expected to return to school as soon as possible or when no longer restricted to home or health care facility.

## TERMINATION/EXTENSION OF SERVICES

1. Students will be released from HHB services when the projected return date on the Application for Hospital/Homebound Services Medical Referral Form is reached or if the licensed physician or licensed psychiatrist indicates in writing that the student is released to return to school.
2. When the student is employed in any capacity, goes on vacation during the regularly scheduled school day, participates in extracurricular activities, or is no longer confined to home, services may be discontinued.
3. When the student returns to school for any portion of the school day other than to participate in state-mandated standardized testing, services may be discontinued.
4. If three (3) HHB sessions are cancelled without citing extenuating circumstances, services may be discontinued.
5. When 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, services may be discontinued.
6. Hospital Homebound services may be extended beyond the originally identified return to school date if the licensed physician or licensed psychiatrist submits a request for extended services on an updated medical form.
7. Reevaluation and medical updates may be required every four (4) weeks.

**HOSPITAL HOME BOUND EDUCATIONAL SERVICE PLAN**  
**EDUCATIONAL SERVICE PLAN**  
**FOR STUDENTS RECEIVING HOSPITAL/HOMEBOUND SERVICES**  
**COASTAL LEADERSHIP ACADEMY**

Conference Date \_\_\_\_\_ Location \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Special Education \_\_\_\_\_

Counselor \_\_\_\_\_

Proposed Educational Plan

Instructional Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Medical Considerations and Accommodations:

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Instructional Modifications to be Met:

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Does student have a computer with DSL, high speed, or wireless connection at the instruction location? \_\_\_\_\_yes \_\_\_\_\_no

Is the student registered in any classes that require internet connectivity?  
\_\_\_\_\_yes \_\_\_\_\_no

Student email \_\_\_\_\_

Parent email \_\_\_\_\_

Anticipated date of student's return to school

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Strategies/Accommodations to facilitate the student's reentry to school:

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Attendees (Name and Title):

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