



Superintendent's Circular

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SSS-19
Version 01

HOME AND HOSPITAL INSTRUCTION SERVICES

*This circular will remain in effect unless rescinded or superseded
by a subsequent version*

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 Massachusetts regulation 603 CMR 28.03(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 their 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 their 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 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 Individualized Education Program (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 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 they will be confined to a home or hospital setting for more than 60 (sixty) days, the student will then be evaluated by the Special Education Department under state guideline/regulation 603 CMR 28.04(4). When it is

known that a student will be out for more than 60 (sixty) days, it is recommended that the physician complete the 60 Day Physician Statement.

- A student is marked Constructively Present (CP) for the period during which the 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 the 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, 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 (IChP) 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 ICHP.
- Participate in the action plan for their child based on the ICHP 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 the 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. When it is known that a student will be out for more than 60 days, it is recommended that the physician complete the [60 Day Physician Statement](#).

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 ICHP 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).
- If needed, refer a school-based teacher to Home and Hospital Instruction to serve as the home tutor.
- Ensure appropriate school-level communications to prompt a timely N1 team meeting with special education for students who will be out for more than 60 days.
- Oversee the coordination of key school staff to ensure students in Home and Hospital Instruction have school-based support in the areas of academics, curriculum, attendance, and testing as appropriate and necessary.

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.
- Communicate with the Home and Hospital Instruction team

as needed to ensure students have appropriate access to services and tutoring.

- Coordinate with the physician or medical provider as needed to confirm, verify, or request updates to information in Physician Statement.
- Collaborate with the school-based and Special Education team to ensure appropriate support of the student's academic goals while in Home and Hospital Instruction.
- Request a medical update from the physician after 2 months if the student still needs home tutoring.
- When it is known that a student will be out for more than 60 days, it is recommended that the school nurse coordinate with the family and/or medical provider to ensure that the physician completes the [60 Day Physician Statement](#).

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 as needed so the student can continue to make academic progress.
- Correct the work and assign appropriate grades to the student.
- Notify parents of the student's progress.

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

- Determine if online curriculum is appropriate and posts online.

- Collect 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.
- Communicate 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.
- Receive completed work from the home or hospital instructors and deliver the work to the student's teachers.
- Ensure 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.
- Ensure grades are entered and report cards are generated.
- Sign off on home instructor timesheet once monthly.
- Retain copy of scholastic and attendance records.
- Work 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 tutoring vendors in conjunction with the hospital.
- 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:

Owner:	Senior Director, Office of Health Services
Department:	Office of Health Services
Mailing Address:	443 Warren Street, Dorchester, MA 02121
Phone:	617-635-6788
Email:	Operations-Department-Heads@bostonpublicschools.org

Mary Skipper, Superintendent



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

Jeffrey C. Riley
Commissioner

Physician's Affirmation of Medical Reasons That Student is Likely to Remain at Home, in a Hospital, or in a Pediatric Nursing Home for More than 60 School Days

Massachusetts Department of Elementary and Secondary Education regulation, 603 CMR
28.04(4) provides:

If, **in the opinion of the student's physician**, an eligible student is likely to remain at home, in a hospital, or in a pediatric nursing home for medical reasons **for more than 60 school days in any school year**, the Administrator of Special Education shall, **without undue delay, convene a Team** to consider evaluation needs and, if appropriate, to amend the existing IEP or develop a new IEP suited to the student's unique circumstances.

RETURN THIS COMPLETED FORM TO YOUR SCHOOL DISTRICT

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 likely that it will be medically necessary that the above-named student remain:

- ☐ At home or
- ☐ in a hospital or
- ☐ in a pediatric nursing home or
- ☐ any combination of the three

For a period of more than 60 school days in the school year.

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Medical diagnosis and reason(s) student must remain in the home, hospital, pediatric nursing home, or is otherwise unable to attend school for medical reasons:

Date student was admitted to hospital or pediatric nursing home, or began medical treatment at home: _____

☐ The student is expected to be in the home, hospital, or pediatric nursing home for the remainder of the school year due to the medical condition, or

☐ 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 can submit to the school district a new signed form from the physician to verify the need to continue the provision of educational services in the home, hospital, and/or pediatric nursing home.)

Physician's Affidavit of Student's Medical Need for Educational Services in the Home, Hospital or Pediatric Nursing Home

I am the above-named student's treating physician and am responsible for the student's medical care. I hereby certify that the student is likely to remain at home, in a hospital, or in a pediatric nursing home for a period of more than 60 school days in the school year, or on a recurring basis that will accumulate to more than 60 school days over the course of the school year, for the medical reasons articulated above.

Physician's Signature: _____

Date: _____

Please note that, if further information is needed, the school district may seek parental consent and be in contact with you as the treating physician.

RETURN THIS COMPLETED FORM TO YOUR SCHOOL DISTRICT

Additional information can be found via the [Question and Answer Guide on the Implementation of Educational Services in the Home or Hospital](#).

ATTACHMENT B

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 for the referred student:

Student Name: _____

Address: _____

Parent/Guardian: _____

Telephone: Home _____ Cell _____

Date of Birth: _____

Race: _____

M_____ F_____ Grade: _____

School Name: _____

School Address: _____

School Phone: _____

School Contact: _____

Email Address: _____

FAX #: _____

Is the student receiving special education services?

Yes____ No____ Unknown _____

Please return this form to:

Home and Hospital Program Coordinator

Boston Public School, Home and Hospital Instruction

443 Warren Street, Dorchester, MA 02121, Suite #2

or email to: Operations-Department Heads@bostonpublicschools.org

Contact Information:

Office 617-635-6633

FAX 617-635-6635