



# **Hospital/Homebound (HHB) Services Guidelines**

# Contents

Overview of Services .....	2
Student Eligibility .....	2
Application Process .....	3
Attendance .....	4
Scheduling.....	5
Instructional Delivery .....	6
Instructional Materials .....	7
Termination of Services .....	7
Appendices .....	8
Appendix A Hospital/Homebound (HHB) Services Request Form .....	9
Appendix B Licensed Physician/Psychiatrist Statement and Medical Referral Form....	12
Appendix C Educational Service Plan.....	16
Appendix D Notice to Parents Regarding Hospital/Homebound (HHB) Services.....	20
Appendix E Contract for Hospital-Based Academic Services .....	21
Appendix F Hospital Verification of Instruction Form .....	23
Appendix G Hospital/Homebound (HHB) Services Make-Up Instructional Session Verification Form.....	26
Appendix H Compliant Authorization for Exchange of Health and Education Information (The Health Insurance Portability and Accountability Act - HIPAA).....	28
Appendix I Frequently Asked Questions.....	31

## Overview of Services

### *Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services*

Hospital/Homebound (HHB) services are designed to provide continuity of educational services between the classroom and home or hospital for students in Georgia public schools whose medical needs, either physical or psychiatric, do not allow them to attend school for a limited period of time. HHB instruction may be used to supplement the classroom program for students with health impairments whose conditions may interfere with regular school attendance (e.g., students receiving dialysis or radiation/chemotherapy or students with other serious health conditions). Students must be enrolled in a public school in Georgia in order to receive HHB services.

HHB services are not intended to supplant regular school services and are by design temporary. The student must anticipate being absent from school for a minimum of ten consecutive or intermittent school days due to a medical or psychiatric condition. The student's inability to attend school for medical or psychiatric reasons must be certified by the licensed physician or licensed psychiatrist who is currently treating the student for the diagnosis presented.

### **Student Eligibility**

Eligibility for HHB service is based on the following criteria:

1. The student must be enrolled in the public school system in which he or she is requesting this service. Private or home school students are **NOT** eligible for HHB services from a Georgia public school.
2. The student must have a medical and/or psychiatric condition that is documented by a physician licensed by the State of Georgia. Only a psychiatrist can submit a medical request form for an emotional or psychiatric disorder. The psychiatric condition presented must be listed in the latest edition of the *Diagnostic and Statistical Manual* (DSM). The referring licensed physician and/or licensed psychiatrist must be the treating physician or psychiatrist for the medical and/or psychiatric condition for which the student is requesting HHB services. Examples include the following:
  - A student with leukemia may not request HHB services with a medical statement from a pediatrician. A statement from the oncologist currently treating the student is required.
  - A student with paranoid delusions may not request HHB services with a medical statement from a psychologist or pediatrician. The medical request must be from the licensed psychiatrist currently treating the student.
3. The student must be anticipated to be absent from school for a minimum of ten consecutive school days or for intermittent periods of time anticipated to exceed ten school days during the school year.

4. If the school is on an approved block schedule, then the ten day minimum requirement is reduced to five consecutive or five intermittent days during the school year.
5. Students who have been declared emancipated by a court or are 18 years of age or older are eligible to sign the *Hospital/Homebound (HHB) Services Request Form* and the *Compliant Authorization for Exchange of Health and Education Information (The Health Insurance Portability and Accountability Act - HIPAA)*.
6. Students who have any form of influenza or other airborne contagious diseases will not be provided services until the licensed physician certifies that the student is no longer infectious.
7. The local education agency (LEA) may require the parent, guardian, emancipated minor, or student 18 years of age or older to sign the HIPAA form relating to the reason for the request for HHB services. If the LEA requires the HIPAA form, it must be submitted before services can be provided.
8. Students approved for intermittent HHB services must be absent for three consecutive school days on each occurrence before HHB services will be provided.

### **Application Process**

Each LEA should outline a procedure for HHB services identifying initial contact either at the school level or system level. It is recommended that the student's school counselor, graduation coach, or school social worker be the initial contact for parents/guardians to provide information regarding the policies, procedures, and the application process.

1. The parent/guardian, emancipated minor, or student 18 years of age or older should contact the school's HHB contact to discuss HHB services and to obtain an application for these services.
2. The parent/guardian, emancipated minor, or student 18 years of age or older should read and sign a document to certify his or her understanding of the HHB policies, procedures and application process.
3. The parent/guardian, emancipated minor, or student 18 years of age or older should take the HHB application to the licensed physician or licensed psychiatrist treating the student for the medical condition. The completed application must be returned to the school HHB contact. An incomplete application may cause a delay in services. Only the original paperwork will be accepted as application for hospital/homebound services.
4. The appropriate designee will review the application to ensure that the student meets the minimal eligibility requirements and submit the application to the appropriate school or system personnel for action.

5. The application will be forwarded to the appropriate school team for regular education students or Individualized Education Program (IEP) team for special education students.
6. Within five school days of receiving the completed *Licensed Physician/Psychiatrist Statement and Medical Referral Form*, the appropriate HHB personnel shall notify the parent, guardian, emancipated minor or student 18 years of age 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.
7. The school team or IEP team will develop an Educational Service Plan (ESP) for each designated HHB student. This plan must address the disabling condition, anticipated length of absence, accommodations and modifications recommended by the licensed physician or licensed psychiatrist, instructional delivery method, place of instruction, adult parent designee if the student is under 18 years of age, team members participating, and strategies for the student's reentry to school upon his or her return.
8. The plan does not need to be lengthy, but it must give all parties enough information to adequately serve the student's needs.
9. If the doctor does not address reentry on the medical referral form, the LEA may want to contact the doctor directly. If such information is not provided, the school team can develop the reentry plan without doctor input.
10. The ESP shall identify the number of hours necessary to meet the instructional needs of the student. To comply with the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services and meet attendance requirements, a minimum of three hours of instruction per week must be provided.
11. The ESP shall identify the appropriate course load for the student during the approved period of HHB instruction. It is noted that HHB instruction is not structured to supplant the regular school day and may, therefore limit the number and type of classes offered.
12. Parents/guardians of students, emancipated minors, or students 18 years of age or older who are hospitalized must follow the application process in order for the LEA to provide HHB services in the hospital setting.
13. A contractual agreement between the LEA and hospital that stipulates the services to be provided shall be entered into prior to the hospital providing HHB services.

## **Attendance**

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 hours per week.

2. A student shall be counted absent for the week when the HHB teacher's visit is cancelled by the parent/guardian, emancipated minor or student 18 years of age or older. The LEA may, at its discretion, reschedule the cancelled session. Once the schedule is completed, the student is counted in accordance with the Georgia State Board of Education Rule 160-5-1-.10 Student Attendance.
3. 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 is counted in accordance with the Georgia State Board of Education Rule 160-5-1-.10 Student Attendance.
4. Make-up sessions must have documentation that identifies the date of the absence that is being made-up, the number of hours of instruction, the type of instruction provided, and the content area(s) taught.
5. The health care facility providing approved HHB services to a student confined in the facility must submit verification of the number of instructional hours the student received to the appropriate HHB contact at the LEA for the student to be counted present during this time.

### **Scheduling**

1. Within five school days of receiving the completed medical referral form, the HHB services initial contact shall notify parent of the time and place of the school team for regular education students or the IEP meeting for special education students regarding HHB services and the development of the ESP. It is recommended that the team meeting be held as quickly as possible in order to assure continuity of instruction for the approved HHB student.
2. 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 of age or older. The time of the instructional session will typically occur during the school day.
3. The parent, guardian, or approved adult parent designee as identified in the ESP must be present at the student's home during the entire instructional period. If an adult is not present at the time of the scheduled sessions or leaves the home at any time during the scheduled session, that session shall be considered cancelled without notice and shall not be rescheduled. The student shall be counted absent for that school week.
4. A parent, guardian, or approved adult parent designee is not required to be in attendance during the session with students 18 years of age or older.

## **Instructional Delivery**

1. An individual employed as an HHB teacher must hold Georgia teacher's certification. The HHB teacher must be employed and supervised by a designated official of the LEA. The HHB teacher should have a broad background of professional training and experience so that he or she will be able to adapt instruction to each student's needs. The HHB teacher must also be able to adjust to a variety of home situations and be knowledgeable of cultural diversity existing within his or her community.
2. HHB teachers providing educational services in a hospital must hold Georgia teacher's certification and possess similar characteristics as teachers in an LEA.
3. HHB instruction can be offered on a one-on-one basis, or 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 the Georgia Virtual School or other approved online courses or other locations as identified by the ESP. 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.
4. Other locations that may be considered are the public libraries, community centers, Boys and Girls Clubs, etc.
5. If instruction is provided in the student's home a table, desk in a work space that is well ventilated, smoke-free, clean, and quiet (e.g., free of radio, TV, pets, and visitors) must be provided. A schedule for student study time between teacher visits should be established and the student should be prepared for each session with the teacher.
6. For students participating in online learning courses such as the Georgia Virtual School or other approved courses, the HHB teacher may facilitate the learning process, monitor assignments and provide tutoring assistance as defined in the ESP. Participation in an online course will meet the requirement of the minimum of three hours of HHB instruction per school week for the HHB student to be considered present by the school. For more information regarding the use of Georgia Virtual School for HHB instructional delivery, contact the Georgia Virtual School program at GaDOE.
7. HHB teachers shall provide direct delivery of the course materials provided by the student's classroom teacher. The classroom teacher is required to provide to the HHB teacher a course syllabus, assignments, and tests and any supplementary materials (i.e., study guides for quizzes/tests, chapter notes, etc.) in a timely manner.
8. All state mandated tests shall be administered unless the student is approved to take an alternate assessment as stipulated in the ESP. The decision to administer final examinations shall be included in the ESP.

9. Full credit shall be given for work completed as stipulated in the ESP.
10. HHB instructional delivery shall focus on the core subjects, i.e., reading, language arts, mathematics, science, and social studies. However, elective courses may, at the discretion of the LEA, be included in HHB instruction for graduating seniors.

### **Instructional Materials**

1. The HHB student shall use instructional materials issued by the student's classroom teachers. The student's parents or guardians shall be responsible for obtaining all of the student's books from the school prior to the first session of HHB instruction.
2. High school students approved for HHB services may receive instruction through Georgia Virtual School (GAVS) or approved online courses. Instructional resources associated with online courses shall be provided by the LEA.

### **Termination of Services**

1. A student is released from the HHB program:
  - a. As of the projected return date on the Application for Hospital/Homebound Services Medical Referral or if the licensed physician or licensed psychiatrist indicates that the medical condition has changed or as defined in the ESP.
  - b. When the student is employed in any capacity, goes on vacation, regularly participates in extracurricular activities, or is no longer confined to home.
  - c. On the last day of school of the regular school year.
  - d. When the student returns to school or is able to return to school for any portion of the school day other than to participate in state-mandated standardized testing.
  - e. When the parent/guardian cancels three HHB instructional sessions without providing 24 hours notice.
  - f. 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.



## Appendices

The forms are samples that may be adopted or adapted by a local education agency (LEAs) for its Hospital/Homebound (HHB) Services program.

Appendix A Hospital/Homebound (HHB) Services Request Form .....	9
Appendix B Licensed Physician/Psychiatrist Statement and Medical Referral Form.....	12
Appendix C Educational Service Plan .....	16
Appendix D Notice to Parents Regarding Hospital/Homebound (HHB) Services.....	20
Appendix E Contract for Hospital-Based Academic Services .....	21
Appendix F Hospital Verification of Instruction Form .....	23
Appendix G Hospital/Homebound (HHB) Services Make-Up Instructional Session Verification Form.....	26
Appendix H Compliant Authorization for Exchange of Health and Education Information (The Health Insurance Portability and Accountability Act - HIPAA).....	28
Appendix I Frequently Asked Questions .....	31



## **Eligibility Policies**

- 1) I understand that 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 or licensed psychiatrist is required to determine eligibility.
- 2) I understand that local education agency (LEA) HHB services personnel may contact the licensed physician or licensed psychiatrist to obtain information needed to determine if my child will be eligible for HHB services and provide appropriate instructional delivery.
- 3) I understand that my child must be enrolled in a public school prior to the referral for HHB services.
- 4) I understand that the 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) I understand that I will be required to sign an agreement regarding HHB services policies and procedures.
- 6) I understand that if my child is eligible for HHB services, my child may be dismissed from the HHB program and may be required to return to school if his or her medical or psychological conditions improve as documented by a licensed physician or licensed psychiatrist.
- 7) I understand that if my child is eligible for HHB services, he or she 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 or licensed psychiatrist upon the student's return to school.

- 9) To extend HHB services beyond the originally identified return to school date, the licensed physician or licensed psychiatrist must submit an updated medical referral request form.

**Cause for Dismissal**

- 1) If the licensed physician or licensed psychiatrist 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 requirements of the program and request HHB services for my child.

---

Parent/Guardian Printed Name Date

---

Parent/Guardian Signature Date

## Appendix B

### Licensed Physician/Psychiatrist Statement and Medical Referral Form

*(Note: This form must be completed by a physician or psychiatrist licensed by the State of Georgia.)*

Physician/Psychiatrist Name: \_\_\_\_\_

GA License #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

#### **Student Information**

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

Last

First

MI

Address: \_\_\_\_\_

\_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Last

First

MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

#### **Physician/Psychiatrist Statement and Diagnosis**

Patient's Diagnosis: *(Note: Please include a description 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  No
  
- Will the student be able to benefit from an instructional program during this time of confinement?  
Yes  No
  
- Could the student attend school with accommodations? If so, describe.  
Yes  No

**Recommendations for Accommodations:**

---

---

---

---

---

---

---

---

---

---

- Could the student attend school regularly and receive HHB services on an intermittent basis as needed?  
Yes  No
  
- Is the student confined to the home or hospital and full-time HHB services are recommended?  
Yes  No
  
- Is the student free from communicable diseases, such as flu or contagious airborne diseases?  
Yes  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.)*

**Treatment and School Reentry Plan**

*(Note: The following information is required to determine eligibility for HHB services and must be completed by the licensed physician or licensed psychiatrist who is currently treating the student for the diagnosis presented.)*

- What is the scheduled frequency of treatment/therapy for this student?  
 Daily  
 Weekly  
 Monthly
- What is the expected duration of the treatment/therapy? \_\_\_\_\_
- Will the student take medication?  
Yes  No

**Medications student will 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

- Could this student return to school on an intermittent basis after his or her medication and condition is stabilized?  
Yes  No
- Can this student come into contact with other students?  
Yes  No

The HHB services program is designed to be a temporary educational program to help students who are unable to attend school for medical or psychiatric reasons. Please describe your time frame and transitional plan for the student's reentry to school (attach additional pages as needed).

---

---

---

---

---

---

---

---

---

---

---

---

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



## Appendix C

### Educational Service Plan For Students Receiving Hospital/Homebound (HHB) Services

System Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Was this conducted via a conference call?

Yes  No

#### **Student Information**

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

Last

First

MI

Address: \_\_\_\_\_

\_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Last

First

MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor/Social Worker: \_\_\_\_\_

Student Testing (ID) Number: \_\_\_\_\_

Test Scores:

Reading/ELA \_\_\_\_\_

Math \_\_\_\_\_

Reg. Ed. \_\_\_\_\_

Spec Ed \_\_\_\_\_

Number days absent to date during the current school year: \_\_\_\_\_



HHB Teacher Name: \_\_\_\_\_

**Medical considerations for instruction:**

---

---

---

---

---

---

---

---

---

---

---

**Other accommodations:**

---

---

---

---

---

---

---

---

---

---

---

If the above mentioned parent/guardian is not at home at the time of the scheduled instructional session, the following adult designee is authorized to monitor the session. I certify that this person is 21 years of age.

Adult Parent Designee: \_\_\_\_\_

Phone (C): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Printed Name Date

\_\_\_\_\_  
Parent/Guardian Signature Date

**Reentry Plan**

**Anticipated date of return to school:** \_\_\_\_\_

**Strategies to facilitate the student's reentry to school:**

---

---

---

---

---

---

---

---

---

---

---

---

Parent/Guardian Printed Name Date

---

Parent/Guardian Signature Date

---

School Team Designee/IEP Designee Printed Name Date

---

School Team Designee/IEP Designee Signature Date

---

Principal or Designee Printed Name Date

---

Principal or Designee Signature Date

---

HHB Teacher Printed Name Date

---

HHB Teacher Signature Date

## Appendix D

### Notice to Parents Regarding Hospital/Homebound (HHB) Services

Dear Parent:

XYZ 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, obtain a *Hospital/Homebound (HHB) Services Request Form* and *Licensed Physician/Psychiatrist Statement and Medical Referral Form* from your school's HHB contact. Complete the services request form and have the medical form completed by the licensed physician or licensed psychiatrist who is treating your child for the diagnosed condition. Give both completed forms to your HHB contact.

A conference to develop an Educational Service Plan (ESP) for your child 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 psychological 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.

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 E

### Contract for Hospital-Based Academic Services

System Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hospital Name \_\_\_\_\_

**State of Georgia**  
**Name of County**

This contract ("Contract") is made and entered into this \_\_\_\_ day of \_\_\_\_ in the year \_\_\_\_ by and between the XYZ County Public School System on behalf of NAME OF STUDENT, hereinafter referred to as the "System" and NAME AND ADDRESS OF HOSPITAL, hereinafter referred to as the "Hospital."

WHEREAS, the System has identified the need to secure the services of a certified teacher to provide instruction to Name of Student while he or she is a patient at the Hospital; and

WHEREAS, the Hospital has indicated that it is willing, qualified, and experienced to conduct or provide such service for the System.

NOW, THEREFORE, in consideration of the benefits and duties contained herein, the parties hereby agree as follows:

1. Scope of Service: the Hospital agrees to perform the services, including but not limited to the following:
  - Provide academic instruction for the above named patient until the patient is discharged from Name of Hospital.
  - Employ Georgia certified teachers to provide academic instruction.
  - Provide instruction for a minimum of three hours per week as required by the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services.

2. Payment Schedule

The method of compensation in this contract is an hourly reimbursement. The System agrees to pay the Hospital \$\_\_ per hour for up to \_\_ hours of documented instruction. The Hospital agrees to submit invoices for reimbursement on the 15<sup>th</sup> of the month following the services.

3. Term of the Contract: The Contract period shall be from beginning date to ending date, unless the Contract is amended in writing under other provisions of this Contract. The System shall not make payment for any work performed prior to the execution date of this Contract.

Additional items to be included in contract:

Renewal	Recordkeeping requirements
Relationship of parties	Access to books
Equipment and supplies	Open Records Act
Confidentiality	Limitation of liability
Civil rights compliance	Inability to perform
Termination	

Hospital Name: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative of Hospital Printed Name Date

\_\_\_\_\_  
Authorized Representative of Hospital Signature Date

Local Education Agency (LEA) Name: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative of LEA Printed Name Date

\_\_\_\_\_  
Authorized Representative of LEA Signature Date

## Appendix F

### Hospital Verification of Instruction Form

(This form should be returned to the local education agency (LEA) upon the student's reentry to school.)

System Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

#### A. Student Information

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

Last

First

MI

Address: \_\_\_\_\_

\_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Last

First

MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor/Social Worker: \_\_\_\_\_

Student Testing Number: \_\_\_\_\_

Hospital/Homebound (HHB) Services

Teacher Name: \_\_\_\_\_

Student was hospitalized from:

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_



Dates student participated in school while in the hospital: \_\_\_\_\_

Date(s)	Number of Hours	Content Area (s)

Student work was provided by:

- Hospital Teacher  
 Student's Home School

Work was completed in the following areas:

- Reading/ELA  
 Mathematics  
 Science  
 Social Studies  
 Other \_\_\_\_\_

This student participated in our hospital school program during his or her recent hospitalization. Attendance credit can be granted according to the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services. Please accept all completed assignments and allow ample time to complete any make-up work. Feel free to contact me with any questions and/or concerns.

Comments:

---

---

---

---

---

---

---

---

---

---

I hereby certify that the information provided above is true and represents an accurate representation of the student's participation in the NAME OF HOSPITAL'S school program, during their most recent hospitalization.

---

HHB Teacher Printed Name

Date

---

HHB Teacher Name Signature

Date

HHB Teacher GA Certificate #: \_\_\_\_\_

Area(s) of Certification: \_\_\_\_\_

In order to receive attendance credit for make-up instructional sessions, the HHB teacher must provide documentation. This form may be used to document a make-up instructional session with an HHB student.

## Appendix G

### Hospital/Homebound (HHB) Services Make-Up Instructional Session Verification Form

System Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### A. Student Information

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

Last

First

MI

Address: \_\_\_\_\_

\_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Last

First

MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor/Social Worker: \_\_\_\_\_

Student Testing Number: \_\_\_\_\_

Hospital/Homebound (HHB) Services

Teacher Name: \_\_\_\_\_

Date of Make-Up Session: \_\_\_\_\_ Date of missed session: \_\_\_\_\_

Is student graduating senior?

Yes  No

Format of Session:

- Individual
- Group
- Online
- Other (Specify): \_\_\_\_\_

Location of Make-up session:

- Home
- Library
- Hospital
- Other (Specify): \_\_\_\_\_

Content Area(s)	Course Name/Number	Number of Instructional Make-Up Hours
Reading/ELA		
Social Studies		
Mathematics		
Science		
Electives (Specify Course)		

Form Completed By:

\_\_\_\_\_  
Designee Printed Name Date

\_\_\_\_\_  
Designee 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: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**A. Student Information**

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

Last

First

MI

Address: \_\_\_\_\_

\_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Last

First

MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor/Social Worker: \_\_\_\_\_

I hereby authorize \_\_\_\_\_

*(Health Care Provider's Name and Title)*

at \_\_\_\_\_

*(Health Care Provider's Address and Telephone Number)*

and \_\_\_\_\_

*(Name and Title of School Official)*

at \_\_\_\_\_

*(Address and Telephone 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:**

---

---

---

---

---

---

---

---

---

---

---

1. Educational evaluation and program planning.
2. Health assessment and planning to ensure safe health care services and treatment in school.
3. Medical evaluation and treatment.
4. Other: \_\_\_\_\_

**Authorization:**

This authorization is valid for one year or as specified: \_\_\_\_\_

It will expire on: \_\_\_\_\_

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the local education agency (LEA), may no longer be protected by HIPAA, but they will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

---

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 Diagnostic and Statistical Manual (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 or licensed psychiatrist 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 licensed psychiatrist treating the child for the presenting diagnosis can provide the certification of need (medical referral form) for students to receive HHB services.*
15. Does the LEA have to provide services if a pregnant student submits a referral from a psychiatrist stating that the student should be placed on HHB services due to emotional issues related to the pregnancy, but the OB-GYN indicates that the student can attend school?  
*Yes, the LEA must provide services because the psychiatrist is licensed to treat mental disease and to assess the student's psychiatric and/or emotional condition.*
16. 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.*
17. 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.*
18. 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.*
19. Are LEAs required to make-up sessions?  
*Make-up sessions are provided at the discretion of the LEA.*
20. 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 or psychiatrist regarding the student's current physical or psychological condition is important and is part of the medical referral plan; if the attending physician or psychiatrist fails to provide such information, the school team can proceed to develop a reentry plan without the input.*
21. 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 or licensed psychiatrist 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.*

22. 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.*