Home & Hospital Instructional Program Expectations

Canyons School District Home & Hospital Instructional Services Team

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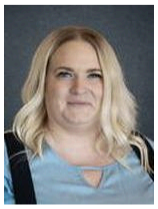

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[Home and Hospital Instructional Services – Canyons School District]

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Student Wellness Services Department
Home and Hospital Instructional Services
9361 South 300 East, Sandy, UT 84070
Telephone: 801-826-5506 Fax: 801-826-5507

Home and Hospital Instructional Program Expectations

Procedures for Short-Term (45 Days and Less)

1. Administrators at the school of record will meet and discuss with parent/guardian and student the home and hospital instructional program and begin processing documents.
2. Short-term home and hospital instructional services are approved by school administrators.
3. The Special Ed team at the school of record schedules an IEP Meeting to discuss adjustments of the IEP and potential Change of Placement.
4. For students in general education, the school of record assigns a home and hospital instructor to meet with the student once weekly for two hours in the home, hospital, other public space, or virtually. Teachers are allowed .5 hour preparation time per week. **Note: When an instructor meets virtually with multiple students at the same time, they will be paid for their time of instruction, not per student.**
5. The student will maintain his/her enrollment and class schedule at school of record.
6. **Request for Home and Hospital Instructional Services** form is sent to the Home and Hospital Instructional Services office, along with the **Health Professional's Statement of Needs** and any health professional's notes/letters.
7. A **Home and Hospital Instruction Disclosure Statement** and **HIPAA Release Authorization Form** are completed, signed, and sent to the Home and Hospital Instructional Services office.
8. **Short-term Home and Hospital Instruction Teaching Record** is attached to the timesheet. **Timesheets and Mileage Reimbursement** forms are sent to the Home and Hospital Instructional Services for payment authorization. Documents must be received by the second working day of each month in order to receive payment that month.
9. Home and Hospital Instructional Services will manage student home & hospital instruction files.

Procedures for Long-Term (Over 45 Days)

1. Administrators at the school of record will meet and discuss with parent/guardian and student the home and hospital instructional program and begin processing documents.
2. The Special Ed Department at the school of record schedules an IEP Meeting to discuss adjustments of the IEP and potential Change of Placement.
   a. If the team determines Change of Placement, complete change of placement forms in EdPlan.
3. Provide the following Documents:
   a. **Request for Home and Hospital Instructional Services** form is sent to the Home and Hospital Instructional Services Office,
   b. along with **Health Professional's Statement of Needs**,
   c. **Home and Hospital Instruction Disclosure Statement**,
   d. **HIPAA Release Authorization Form** and any health professional's notes/letters.
4. Upon receipt of documentation, Home and Hospital Instructional Services staff will contact families to schedule an orientation with the family and student.

5. Qualifying students must be enrolled at their school of record at 100% and in the Long Term Home and Hospital program (Entity 905) at 0%.
6. Qualifying students will be served by accredited educational programs assigned by Home and Hospital Instructional Services.
7. For applicable (SWD 504 or IDEA), timelines will be established in the request for home and hospital form and transmitted to the Special Education Department.
8. Special Education Administration will follow-up with the building LEA and ensure that the building LEA understands the requirements, why the team is completing timelines and how to ensure data collection and development of annual IEP/Reevaluation if applicable.

Considering Special Education Services

This is an outline of the responsibility of the school-based team in the development and maintenance of compliance for this student.

1. **Mary Bianco** mary.bianco@canyonsdistrict.org and **John Biggerstaff** john.biggerstaff@canyonsdistrict.org (801.826.6624) are our Home and Hospital Special Education Teachers who will provide instruction to students enrolled in the Home and Hospital Instructional Program.
2. The school based team's **case manager** will add the student's IEP and Reevaluation dates to the caseload calendar.
3. The **school based team,** in the event that a Re-Evaluation is due, will complete the following:
    - ☐ **Case manager** will complete the Data Review Document after coordinating with applicable team members including the home and hospital service providers (teacher & other related service providers as applicable).
    - ☐ will contact the family, share the team's recommendations (which is to include home and hospital staff observations, data, and other input) and determine if the parent has additional testing concerns or any other information that will be helpful to the re-evaluation.
    - ☐ will complete the Data Review and generate consent.
    - ☐ will arrange for the eligibility meeting to occur at school-based site, virtual, or conference call and invite all relevant service providers (which is to include home and hospital staff).
    - ☐ will solicit feedback from relevant providers (to include home and hospital staff) such as data, observations, and input that will help the school based team create present levels of performance and develop goals based off of those present levels.
    - ☐ will hold all relevant meetings regarding student's offer of FAPE (IEP) and coordinate with all service providers (to include home and hospital staff).
4. **The parent** will provide signed consent to Home and Hospital Teacher, this will be scanned, uploaded, and the school-based team will be notified that signed consent has been received.

<u>Child Find</u>

- The IEP team at the school of record will work closely with YA instructional and support staff to determine any suspicion of child find and will be the determining body for any student that is believed to be a student with a disability. All decisions for Prior Written Notice (including consent for testing) will be issued from the IEP team at the school of record.

<u>Evaluation/Reevaluation</u>

- The IEP team at the school of record will work to provide evaluation support for any suspected child find case while enrolled at YA. Instructional and support staff can participate in evaluation surveys or other relevant information gathering needs that the school of record IEP team requires to make a determination regarding eligibility for special education or related services or students who might qualify under section 504.

IEP Development and Timelines

- The IEP team at the school of record will work with the YA instructional and support staff to develop an offer of FAPE or maintain annual renewals for such purposes (IEP reauthorization). The staff at H&H will assist with providing relevant progress monitoring etc. for teams to have meaningful present levels with which to develop new goals. The YA team will also provide relevant information and assist in creating timely and meaningful progress reports. Coordination for this particular IEP required item should be done in collaboration and under the supervision of administration from the school of record and administrative staff overseeing the YA program.

FAPE

- The agreed upon offer of FAPE, as documented in the agreed upon annual IEP, will be carried out by H&H staff during the duration of student enrollment in the program.

Application for Home and Hospital Services – Parent Checklist

We hope this information will help clarify the process, and explain each necessary document, to complete the application and verification process for Home and Hospital Instructional Services.

□ 1. **Request for Home and Hospital Instructional Services** This document will be **originated by the school**, upon receipt of the Health Professional's Statement of Needs from the healthcare provider.

□ 2. **Health Professional's Statement of Needs** It is essential that your health care provider complete all sections of this form to ensure the information needed to process the request is included. Incomplete forms will not be accepted, and may delay the application process.

□ 3. **HIPAA Release Authorization Form** The Release allows verification of records, clarification of information provided, and/or requests for additional information, regarding your student's condition(s) from the health care provider.

□ 4. (Special Education ONLY). If your child is currently receiving Special Education services, your student's school of record must provide a copy of the current IEP, including a Change of Placement, to the Home and Hospital Instructional Services Team to complete their application.

□ 5. (Short-term ONLY). If you are applying for short-term services for your child, your student's school of record must provide us with a copy of the current **Home and Hospital Instruction Disclosure Statement** and **HIPAA Release Authorization Form** to complete their application.

□ 6. **Enroll your student at the school of record.** If your student qualifies for long-term services, the school will provide paperwork to the Home and Hospital Services office. Home & Hospital staff will contact you to schedule an orientation with you and your student. This will allow discussion of your student's needs and determine appropriate services.

Please feel free to contact Home and Hospital Instructional Services with questions you may have about this process.

Home and Hospital Program Technician:
Jo Ann Larsen Telephone: 801-826-5506
joann.larsen@canyonsdistrict.org

Home and Hospital Program Program Administrator:
Chanci Loran Telephone: 801-826-5149
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Special Education Program Program Administrator:
Heather Baird: 801-826-5164
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Link to Provider Letter PDF

Provider Letter

Re: Home and Hospital Instruction

Dear Healthcare Provider:

The Canyons School District's Home and Hospital Instructional Services program is designed to meet the basic academic needs of students who are unable to attend school for a period of 10 days or longer due to medical or emotional reasons. Students participating in home and hospital instruction may only have contact with a teacher once a week for two hours. Due to the limited instructional time and the nature of certain classes, it may not be possible to maintain sufficient progress in all classes. Because of these limitations, please consider carefully any recommendation you make concerning the referral of your patient for home and hospital instruction as an alternative to regular school attendance.

If the student is diagnosed with an emotional disorder (i.e. depression, anxiety, school phobia, etc.), please specifically list the factors that would interfere with the student's ability to function in a school setting.

If, after due consideration, you feel that the Canyons Home & Hospital Instructional Services Program is appropriate for your patient, please complete the attached Statement of Needs. Upon completion, please send the form to your patient's school for processing.

Thank you.

Chanci Loran, Program Administrator

JoAnn Larsen, Program Technician

Home and Hospital Instructional Services

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Health Professional's Statement of Needs

This statement is verification by a student's treating Medical or Mental Health Provider that the student has a condition or diagnosis that prevents her/him from attending school for ten or more consecutive school days.

Student Name: _____ Date of Birth: _____

Medical/Mental Health condition(s) preventing student from attending school for ten (10) or more consecutive days:

_____

Based upon the above condition(s), describe why the student is unable to attend school. Please be specific.

_____

_____

Dates student is unable to attend school: ___/___/_____ through ___/___/_____

Is there a risk of contagion? Yes_____ No_____ If yes, indicate level of contagion, and measures or precautions to be followed by the Home & Hospital Teacher: _____

_____

Name and Address of Health Care Professional (Please Print)

_____

NAME PHONE NUMBER

_____

STREET CITY ZIP

This verifies that the above information is accurate as of the date below:

_____

SIGNATURE OF PHYSICIAN OR HEALTH CARE PROFESSIONAL DATE

NOTES: Canyons School District policy requires the student be confined at home or in a hospital due to physical or emotional illness, injury, disability or other circumstances that allow less than 50% attendance or referral by District Case Management Team. (500.46-2) In most cases, the duration of services shall be determined by the principal after consultation with the student's parents and review of information provided by the student's current treating physician, medical professional, social worker, or psychotherapist. (500.46.3) If it appears that the program is being abused by the student or student's family, the principal will initiate a formal review with the Superintendent's designee administering the Home and Hospital Instructional Program. (500.46.3)

Distribution of Copies: Principal, Parent/Guardian, Home and Hospital Instructional Services

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Request Home and Hospital Instructional Services Form

Services must not be delayed for Special Education students

School Name _____ Date of Referral _____

Name of Teacher Assigned (Short-Term Only) _____

Student Name _____ Student # _____ Grade ____ DOB _____

Street _____ City _____ Zip _____

Parent/Guardian Name _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Reason for Referral _____

Estimated duration home/hospital services will be needed __Student needs a few more credits for graduation. It is estimated 45-95 days_____

Type (select one):

- ☐ Short term (less than 45 school days)
- ☐ Long term (more than 45 school days)
- ☐ Remainder of the school year

Has the student been referred to Home/Hospital Services previously this year?

▢ Yes - Date _____ ▢ No

Has the parent/guardian been contacted about this referral?

▢ Yes - Date _____ ▢ No

SCHOOL MUST COMPLETE THIS SECTION

Current IEP? ▢ Yes ▢ No

Classification

_____

SCRAM Date

_____

File located at

_____

Student's current schedule	Teacher
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____/_____/_____

Administrator Signature Date

Distribution of Copies: Copy to Principal, Parent/Guardian, Home and Hospital Instructional Services

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Home and Hospital Instruction Disclosure and Referral

LONG TERM (45 days or longer)

Canyons School District provides a program of instruction for qualified students who are confined to home or hospital (medical facility) during a term of illness, injury or other extenuating circumstances. Home and Hospital instruction does not replace regular classroom instruction. It is a short-term solution designed to assist students with academic support while they cannot attend school. Due to limited instructional time and the nature of certain classes, a student might not maintain progress in each course while enrolled in home and hospital instruction.

1. After a student qualifies for Home and Hospital Instructional Services, an instructor will be scheduled to meet with the student in the Home & Hospital classroom, in the home or other public space, or virtually, for up to two (2) hours per week. An adult relative of the student must be present at all times for the duration of each instructional meeting.

2. Students who qualify for services for forty-five (45) days or more will be provided instruction through the Canyons School District's Home and Hospital Instructional Services Program.

3. The Home and Hospital Instructional Services Program will place the student in the education setting that Program staff determine will most closely meet the student's educational needs. This will be accomplished by: (a) consultation with the parent/guardian and student, whenever possible; (b) the space availability in each setting; (c) recommendations, if any, of the student's current treating medical providers.

4. The student's parent/guardian will: (a) provide and maintain current documentation of the student's condition, as described in home/hospital documents; (b) provide responsible adult supervision during instructor visits (District policy does not allow a teacher to visit without an adult present); and (c) assist the student with research and study if and when necessary.

5. The student will: (a) keep scheduled appointments with the home/hospital instructor; (b) complete all assigned work in a timely manner; and (c) communicate concerns, problems or difficulties with school work to their parent/guardian and the home/hospital instructor. **NOTE**: Missed appointments cannot be made up and may result in loss of credit.

6. The student's school of record will (a) complete and submit to Home and Hospital Instructional Services a completed "Request for Home and Hospital Instruction" form; (b) provide current and accurate documents for any student with an IEP, including a change of placement; and (c) adjust the student's enrollment status in Skyward.

Student Name: _____ Date of Birth: _____

_____ _____

Student Signature Date Parent/Guardian Signature Date

_____ _____

Home/Hospital Instructor's Signature Date School Administrator's Signature

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HIPAA Release Authorization Form

Authorization for Use or Disclosure of Protected Health Information
(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

Patient Full Name: _____ Date of Birth: ____/____/_____

1. I authorize _____ (healthcare provider) to use and disclose the protected health information described below to the Home and Hospital Instructional Services program of Canyons School District.

2. This authorization for release of information covers the period of healthcare from (list dates):

_____ to _____

3. Extent of Authorization

a. □ I authorize the release of complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse). OR

b. □ I authorize the release of complete health record with the exception of the following:

□ Mental health records

□ Communicable diseases (including HIV and AIDS)

□ Alcohol/drug abuse treatment

□ Other (please specify): _____

4. This medical information may be used by the person I authorize to receive this information for alternative education services, or other purposes as I may direct.

5. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

7. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. _____

Signature of patient's parent/legal guardian _____

Printed name of patient's parent/legal guardian _____

Date: _____

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Home and Hospital Instruction Disclosure and Referral

Short Term (less than 45 days)

Canyons School District provides a program of instruction for qualified students who are confined to home or hospital (medical facility) during a term of illness, injury or other extenuating circumstances. Home and Hospital instruction does not replace regular classroom instruction. It is a short-term solution designed to assist students with academic support while they cannot attend school. Due to limited instructional time and the nature of certain classes, a student might not maintain progress in each course while enrolled in home and hospital instruction.

1. After a student qualifies for Home and Hospital Instructional Services, an instructor will be scheduled to meet with the student in the home or other public place, or virtually, for up to two (2) hours per week. An adult relative of the student must be present at all times for the duration of each instructional meeting.

2. Students needing services for less than forty-five (45) days will be provided with an instructor through the student's school of record. The student will be expected to maintain as close as possible their original schedule.

3. Each home/hospital instructor will: (a) serve as liaison between the home and school as needed; (b) bring assignments and instructions to the student from the classroom teacher; (c) return completed assignments and communicate as needed with classroom teachers; (d) provide reasonable and appropriate instruction as a student's abilities and condition may permit; and (e) determine, in consultation with the classroom teacher, grades to be awarded for satisfactory work submitted by the student.

4. Each of the student's school classroom instructors will: (a) provide appropriate assignments, or substitute assignments if specific work cannot be completed at home; (b) provide clear and appropriate instructions for the student to complete each assignment at home or where the student is living; (c) regularly communicate to the instructor any special needs or requirements; and (d) provide direct communication with student's guardian as may be requested by the home/hospital instructor or guardian. **NOTE**: Grades for work completed during instruction will be coordinated between the classroom instructor and the home/hospital instructor.

5. The student's parent/guardian will: (a) provide and maintain current documentation of the student's condition, as described in home/hospital documents; (b) provide responsible adult supervision during each instructor's visit (District policy does not allow a teacher to visit without an adult present); and (c) assist the student with research and study if and when necessary

6. The student will: (a) keep scheduled appointments with the home/hospital instructor; (b) complete all assigned work in a timely manner; (c) communicate concerns, problems or difficulties with school work to both their parent/guardian, and the home/hospital instructor. **NOTE**: Missed appointments cannot be made up and may result in loss of credit.

7. The school of record will (a) complete and submit to Home and Hospital Instructional Services a completed "Request for Home and Hospital Instruction" form; (b) adjust the student's enrollment status in Skyward; and (c) assign a home/hospital teacher.

Student Name: _____ Date of Birth: _____

_____ _____

Student Signature Date Parent/Guardian Signature Date

_____ _____

Home/Hospital Instructor's Signature Date School Administrator's Signature

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Short-Term Home & Hospital

Payroll & Mileage Reimbursement Information

Timesheets

1. Teachers may claim **up to** 2 hours per general education student visit and .5 hour prep time weekly, **outside of regular contract hours.** If you spend an hour with the student, you may claim one hour on your timesheet.
   a. **Please note: If you meet virtually with multiple students at the same time, you may claim the time for only one student. However, you may claim .5 hour prep time per week for each student.**
2. Please turn in your timesheets **monthly**, and **only enter dates for one month on each timesheet**. Remember to attach your matching Teaching Record/s to the timesheet. If possible, combine hours for all students you are serving on one timesheet.
3. Timesheets are due to Home & Hospital Instructional Services, Canyons District Office, on the **second working day of the month.**
4. All timesheets must be **completed electronically**. Handwritten timesheets will not be accepted.
5. Please be sure to **enter information in all of the highlighted areas**.
6. You must enter the appropriate budget code. It is: **10/school number/9285/1015 /131.**
7. You must **enter your hourly rate** in order for the timesheet to calculate properly. The person responsible for payroll at your school should have this information. If they do not have it, please contact the Payroll Department at 6-5326.
8. You and your administrator must sign the timesheet, and that **original timesheet** must be sent to Home and Hospital Instructional Services, with the Teaching Record. Faxed/emailed copies will not be accepted.

Mileage Reimbursement

1. Mileage Tracker requests do not have a due date. They should be submitted annually or when the amount payable reaches/exceeds $25.
2. Teachers must use the **Mileage Tracker** on the Canyons website. If you have questions about how to use this feature, contact Student Wellness Services at 801-826-5506 or Accounting. This form must be printed, signed and submitted to Home and Hospital Instructional Services, Canyons District Office.
3. All mileage must be calculated from your school to the student's home/meeting place. It may not be calculated to or from your home. **Remote instruction may be required for students who are living outside of CSD boundaries on permit.**
4. You must enter the budget code in the appropriate field. The code is:**10/school number/0050/2490/581.**
5. You and your administrator must sign the reimbursement form, and the **original** form must be sent to Home and Hospital Instructional Services, Canyons District Office.