



Liberty Union High School District

20 Oak Street

Brentwood, CA 94513

Phone: (925) 634-2166 Fax (925) 634-1687

Denise Rugani, Superintendent

PROCEDURES FOR HOME HOSPITAL INSTRUCTION

DEFINITIONS

1. The Liberty Union High School District (LUHSD) will provide instruction in a student's home or in a hospital for any student with a temporary physical or emotional disorder and who is unable to attend school for a period of at least a three (3) week period. A "temporary disability" is defined as a physical, mental or emotional disability incurred while a student is enrolled in regular day classes or an alternative education program, and after which the student can reasonably be expected to return to regular day classes or the alternative education program without special intervention. A temporary disability does not include a disability for which a student is identified as an individual with exceptional needs pursuant to Education Code Section 56026. "Individual instruction" means instruction provided to a student in a hospital or other residential health facility (excluding instruction in state hospitals), in the student's home, or under other circumstances prescribed by the State Board of Education. A health-related recommendation is required from a licensed California physician or psychiatrist confirming a medical diagnosis and medical necessity for the student's receipt of Home Hospital Instruction.
2. **Home hospital instruction cannot replace the advantages of the classroom.** The primary outcome of Home Hospital Instruction is to maintain a student at the student's former level of performance while recovering from the temporary disability so as not to jeopardize the student's future performance upon returning to a regular day class or alternative education program. As soon as a student is physically and/or emotionally able, the student should re-enter his or her regular school program. If a student requires accommodations due to the lingering effects of his or her temporary disability, such accommodations may be provided through a Section 504 accommodation plan, as appropriate. Appropriate and reasonable accommodations and interventions should be considered prior to placement or as an alternative to current home hospital instruction placement. The school nurse, counselor and/or school psychologist, (after obtaining a signed Authorization for Use and/or Disclosure of Student Health Information) will exchange information with the student's physician/psychiatrist. The school nurse, counselor and/or site administrator should assist with identifying accommodations to support the student. Clear projected end dates need to be established when a physician's order is received—with documented periodic reviews no less than 4-6 weeks by the site-designated administrator. Placement into home hospital instruction is based solely on medical necessity and as a temporary placement. Periodic review will occur throughout the term of the student's placement into the program. In the event that the

student's anticipated return is continuously extended, school staff shall consider whether other options such as independent study at the Independence High School are more appropriate under the circumstances.

3. If a student has been identified as a student with exceptional needs, an Individualized Education Program (IEP) team must convene to consider the appropriateness of home hospital instruction due to the student's temporary disability, and not his or her special education qualifying disability. However, if the IEP team determines that home hospital instruction is appropriate for a student with a disability on a temporary basis, the District is still required to provide the child with a free appropriate public education ("FAPE") based on his or her unique educational needs, which may consist of one (1) hour or more of academic instruction per day and necessary related services. Students with exceptional needs are considered for home hospital instruction if:
 - a. There is a physician or psychiatrist recommendation. (Note: The physician's or psychiatrist's recommendation is to be considered by the IEP team). To assure HIPAA and FERPA compliance, the parent/guardian must complete and submit a signed Authorization for Use and/or Disclosure of Student Health Information form to the credentialed school counselor, school nurse and/or school psychologist. The signed release for medical information will be used to communicate with the physician who will provide the letter identifying the student is eligible for the home hospital instruction program. Any additional medical information needed as it relates to the student's need for home hospital instruction will also be required. The IEP team may then authorize home hospital instruction as appropriate. If appropriate, the school counselor, school nurse, school psychologist or designated IEP team member must obtain updated medical information on or before the six-week review period. For any student with a disability for whom home hospital instruction is recommended due to a temporary disability (and not the student's special education qualifying disability), an IEP team meeting shall be convened to determine whether home hospital instruction is appropriate under the circumstances, and to ensure that the student is provided a FAPE during this period. Similarly, when the student is ready to return to school, the IEP team shall reconvene and modify the IEP, as appropriate, to ensure that the returning student is provided with FAPE upon his or return to the school environment.

RESIDENCY REQUIREMENTS

1. Only students who are considered residents of the Liberty Union High School District or are in a hospital or other residential health facility (excluding a state hospital) located within District boundaries, are eligible for home hospital instruction services provided by the Liberty Union High School District.

ATTENDANCE/HOURS OF SERVICE

1. For attendance accounting purposes, each clock hour of individualized instruction counts as one day of attendance. No student shall be credited with more than five days of attendance per calendar week or credited with more than the total number of calendar days that regular classes are offered by the district in any fiscal year.
2. There are no excused absences for the student on home instruction. If a student misses a scheduled appointment time due to illness or a doctor's appointment, the time must be made up within the same week.

PROCEDURES FOR PARENTS/GUARDIANS TO REQUEST HOME HOSPITAL INSTRUCTION

1. It is the primary responsibility of the parent or guardian of a student with a temporary disability to notify the District of the student's presence in a qualifying hospital and/or need for home hospital instruction.
2. A school counselor and/or site administrator will then complete the District's home hospital instruction referral form and follow all steps required on the form.
3. Parents are asked to sign an Authorization to Release of Medical Information form for the physician who provides the letter.
 - a. The parent or guardian must have a California licensed physician or psychiatrist complete a letter, including the following information on his/her letterhead:
 - b. The problem or diagnosis of the student's condition
 - c. Length of time the student is expected to be out of school with an ending date
 - d. The licensed physician's signature and recommendations
4. The referral will be submitted and reviewed by the school nurse, school counselor and/or school psychologist. The school counselor, school nurse or school psychologist will review all relevant medical documentation and, within five (5) working days following notification from the parent or guardian, the District shall determine whether the student will be able to receive individualized instruction, and, if the determination is positive, when the individualized instruction may begin.

Individualized instruction shall start no later than five (5) working days after the positive determination has been made. An approved home hospital instruction request shall be forwarded to the student's assigned Assistant Principal.

5. The student's Assistant Principal will assign a home hospital instructor.

RESPONSIBILITIES OF THE PARENT/GUARDIAN

The home hospital instruction program is available to all qualifying Liberty Union High School students. There are no fees charged for the service. To ensure that the service is used in the best interests of the student, parents/guardians are required to accept the following responsibilities:

1. Provide a study area, which is conducive to learning. If the parent/guardian suggests a location other than a home, the student's Assistant Principal must approve. Transportation for the student to the suggested location is the responsibility of the parent/guardian.
2. Have an adult in the home or at the alternative location while the home instructor is there.
3. Have the student ready for instruction at the assigned time with books and materials readily available. Homework will likely be assigned. The parent or guardian must ensure that the student has his/her work completed.
4. Make arrangements with the home instructor as to where he/she may be reached in case the student is unable to receive instruction on a particular day. The missed time may be made up provided the instruction is rescheduled for a later day in the same school week. If the student is not present for and/or refuses to work with the instructor three (3) times on the appointed days, the appropriateness of the service model may be revisited. If the student is a special education student, an IEP meeting must be called before his/her home hospital instruction is discontinued. Furthermore, the District may address excessive missed home hospital instruction time as a truancy matter.
5. Inform the home hospital instructor if the student is encountering difficulty with assignments.
6. Obtain an extension in writing from the licensed health care provider at least one-week prior, to the termination date, if needed, so that instruction may be continuous.

Home hospital instruction will not continue past the termination date without an extension.

7. Communicate directly with the home hospital instructor concerning instruction, assignments, grades, and attendance. Contact the school administrator or Administrative/Student Services if you have other questions or concerns regarding the home hospital instruction program.

RESPONSIBILITIES OF THE CLASSROOM TEACHER(S)

1. The student's classroom teacher(s) have the duty to provide assignments in a timely manner as requested by the home hospital instructor. These assignments must be the same or equivalent to classroom assignments. Appropriate modifications shall be made by the home hospital instructor (in consultation with a special education teacher for students with disabilities) based on the student's condition and the home hospital instructor's recommendations. Provided the assignments are satisfactorily completed, the student will earn the designated course credits to be able to successfully reintegrate back into the regular classroom setting.
2. The home hospital instructor will assume responsibility for instruction and the classroom teacher will be responsible and for grading assignments and tests unless other arrangements are agreed to by the classroom teacher and the home hospital instructor.
3. The school's registrar or attendance clerk has the duty to record grades and attendance handed in by the home hospital instructor in order to ensure that the student receives credit for the work completed. The attendance report will be submitted to the Den/House Secretary by the home hospital instructor at the end of each registered month.
4. The Assistant Principal has the duty to ensure that the classroom teacher(s) provide(s) the home hospital instructor with all necessary assignments and homework and other assistance.
5. The student's school should provide textbooks for the student to use at home or in the hospital. If the student does not have textbooks, the home hospital instructor is responsible for obtaining textbooks from the school and taking them to the student.

RESPONSIBILITIES OF THE HOME HOSPITAL INSTRUCTOR

1. The home hospital instructor will meet with the Den/House Secretary and send an email sharing contact information. The home hospital instructor will request textbooks and classroom assignments from each of the student's teachers to be submitted to the attendance clerk.

2. If the home hospital instructor has difficulty getting the appropriate assignments from the classroom teachers, the home hospital instructor will seek support from the Assistant Principal or Principal.
3. Home hospital instructors are not to teach beyond the termination date without verification of the extension from Assistant Principal. Time sheets will not be approved without verification.
4. The home hospital instructor will administer mandated state achievement tests. The home hospital instructor will pick up test materials from the student's home school and sign a security affidavit.
5. If the student has an IEP, and the annual review date approaches, the student's case manager will contact the Special Services Coordinator for direction.
6. The home hospital instructor will contact the school to obtain assignments, textbooks, and additional supplies. It is essential that the classroom teacher and the home instructor confer concerning planning, instruction, and assignments during the student's absence from school. Specific assignments needed from the student to maintain his or her position in the class should be explained to the home hospital instructor. In cases of special education students, a copy of the student's IEP containing specific goals and objectives should be given to the home hospital instructor.

TERMINATION OF HOME HOSPITAL INSTRUCTION

1. When termination of home hospital instruction occurs, the home hospital instructor shall submit the student's grades and the Attendance Report to the student's Assistant Principal's office by the end of the current grading period (e.g. progress, quarter and/or semester) of the termination date.
2. The school counselor and/or site administration will collaborate with the parent/guardian and the home hospital instructor, and determine when to terminate home hospital instruction based on physician recommendation and team review. At termination, the home hospital instructor shall correspond with the student's classroom teachers to discuss work and grades completed.
3. The case manager needs to notify the Den/House Secretary to change the attendance classification to the original classification (the next school day after termination of home hospital instruction).
4. The home hospital instructor shall report to the Assistant Principal any irregularities that may reflect the need for terminating home instruction (such as: student is working, extending vacation, and change of residency).

5. If the student is a special education student, and the student misses three (3) appointments or refuses to work, the home hospital instructor should contact the Site Administrator and request an IEP.
6. Students who demonstrate violence towards the home hospital instructor will have home hospital instruction services terminated immediately and may be subject to disciplinary action pursuant to District policies and regulations.
7. If the home hospital instructor is teaching a special education student, he/she will check the test accommodation page of the IEP and follow any noted accommodations and/or modifications. The home hospital instructor will also, check with the school to determine the deadlines for returning the completed tests, and will return all materials to school when the tests are completed.

GRADING

1. It shall be the responsibility of the classroom teacher to grade all work assigned for the duration of the home hospital instruction program, unless other arrangements are made between the home hospital instructor and classroom teacher(s).

REGISTER MONTH/HOME HOSPITAL INSTRUCTION ATTENDANCE REPORT

1. Attendance is shown in terms of actual minutes of enrollment. Sixty (60) minutes of instruction constitutes a day of attendance for regular apportionment purposes for pupils enrolled in the home hospital instruction program. No pupil is to be credited with more than three (3) hours attendance (180 minutes) on any calendar day, more than five (5) days of attendance per school week (300 minutes) Monday-Friday, or more days of attendance during the fiscal year than the number of legal calendar days school may be held during such fiscal year (Ed Code 48206.3).
2. An Attendance Report Form for each student will be forwarded to Administrative/Student Services for each register month. Please note the register month is not the same as a calendar month. The home hospital instructor will submit the Attendance Report to the secretary or other person in charge of attendance at the site. A copy of this form also needs to be submitted to Administrative/Student Services when the Payroll Time Sheet is submitted.
3. A Final Report shall be turned into the classroom teacher, and/or appropriate clerk or registrar, at each grading period or at the end of the home instruction. The home

hospital instructor should keep a copy of the Final Report. A copy should also be submitted to the home hospital instructor technician.

COMPENSATION

1. Home hospital instructor shall be paid only for face to face instructional time. The home hospital instructor may also be reimbursed, not to exceed one (1) hour preparatory time per week, (corresponding with classroom teacher, preparing curriculum and instructional material and developing lesson plans).



Liberty Union High School District

Home Hospital Instruction Referral

SCHOOL: _____ Students Name: _____ Date of Birth: _____

Parent/Guardians Name: _____ Cell phone: _____

Home phone: _____ Work phone: _____

Address: _____

City, State, Zip Code: _____

Diagnosis: _____

Physician/Psychiatrist Name: _____

Physician/Psychiatrist Phone Number: _____

Parent Name: _____

Parent Signature: _____ Date: _____

To be completed by Liberty Union High School District

All items below must be checked prior to submitting referral:

- Physician or Psychiatrist letter (must be licensed to practice in the state of California)
- The letter must include a diagnosis and the length of time recommended for the initial home hospital instruction by the above medical licensed doctor
- A signed medical release should be obtained from the parent (form available on district web site) to exchange information with the above medical provider
- Notify the School Nurse and forward copies of all documents to the nurse responsible for your site. When/if appropriate the nurse will contact the physician
- If student is a general education student, the request must be approved by the student's Assistant Principal.
- If student already has an I.E.P., I.E.P. team must hold meeting to consider change of placement. Copy of this request is to be forwarded to the Director, Special Services

Referral to Home Hospital Instructor Date: _____ Home Hospital Instruction Start Date _____
Estimated Home Hospital Instruction End Date _____

School Counselor: _____

School Counselor Signature: _____ Date: _____

School Administrator Name: _____

Admin. Signature: _____ Date: _____

Student Services Signature: _____ Date: _____



LIBERTY UNION HIGH SCHOOL DISTRICT

RELEASE OF STUDENT INFORMATION AUTHORIZATION
TO OR FROM
LIBERTY UNION HIGH SCHOOL DISTRICT

Liberty Union High School District*STUDENT SERVICES* 20 OAK STREET*BRENTWOOD, CA 94513* (925)634-2166

THIS FORM MUST BE COMPLETELY FILLED OUT BEFORE REQUESTING PARENT SIGNATURE Do not
leave areas blank. Mark n/a where appropriate.

Name of Student (list other names used) School of Attendance Date of Birth

Address of Student Phone No. Other Phone No.

I authorize the following individual or organization to disclose the above-named individual's educational/medical information as described below:

Table with 2 columns: Individual or Organization Disclosing Information and Individual or Organization Receiving Information. Rows include Disclosing Party, Address, City, State, Zip Code, Telephone, and Email.

Duration: This authorization shall become effective immediately and shall remain in effect until (date) or for one year from the date of signature if no date is entered.

Revocation: I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency. Written revocation will be effective, upon receipt, but will not apply to information that has already been released in response to this authorization.

Redisclosure: I understand that health information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public educational agency is protected as a student record under the Family Educational Rights and Privacy Act. (FERPA).

Health Info: I understand that authorizing the disclosure of health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form in order to assure medical treatment.

Specify Record(s): Indicate type of information is to be disclosed: Educational Records, Special Education Records/Assessments, Medical/Medication Information: Medical Record #, Mental Health, Other: specify

I request that the information released pursuant to this authorization be used for the following purposes only: Educational Assessment, Educational Planning, Other.

A copy of this authorization is as valid as an original. I understand that I have a right to receive a copy of this authorization for my records,

Date Signature of Parent or Legal Guardian Relationship to Student

DISTRITO DE LA ESCUELA SECUNDARIA LIBERTY UNION

AUTORIZACIÓN DE DIVULGACIÓN DE INFORMACIÓN ESTUDIANTIL
HACIA O DESDE
DISTRITO DE ESCUELAS SECUNDARIAS LIBERTY UNION

Liberty Union High School District*STUDENT SERVICES* 20 OAK STREET*BRENTWOOD, CA 94513* (925)634-2166

ESTE FORMULARIO DEBE COMPLETARSE POR COMPLETO ANTES DE SOLICITAR LA FIRMA DE LOS PADRES No deje áreas en blanco. Marque n/a cuando corresponda.

Nombre del estudiante (enumere otros nombres utilizados) Escuela de asistencia Fecha de nacimiento

Dirección del estudiante Número de teléfono. Otro número de teléfono

Autorizo a la siguiente persona u organización a divulgar la información educativa/médica de la persona mencionada anteriormente como se describe a continuación:

Individuo u organización que divulga información:			Individuo u organización que recibe información:		
Parte reveladora			Parte receptora		
Dirección			Dirección		
Ciudad	Estado	Código postal	Ciudad	Estado	Código postal
Teléfono		Correo electrónico	Teléfono		Correo electrónico

Duración: Esta autorización entrará en vigor inmediatamente y permanecerá en vigor hasta _____ (fecha) o durante un año a partir de la fecha de la firma si no se introduce ninguna fecha.

Revocación: Entiendo que tengo derecho a revocar esta autorización, por escrito, en cualquier momento enviando dicha notificación por escrito a la agencia de liberación. La revocación por escrito entrará en vigencia, una vez recibida, pero no se aplicará a la información que ya se haya divulgado en respuesta a esta autorización.

Redivulgación: Entiendo que la información médica utilizada o divulgada de conformidad con esta autorización puede estar sujeta a una nueva divulgación por parte del destinatario y ya no está protegida por las leyes y regulaciones federales con respecto a la privacidad de la información médica protegida. Además, entiendo que la confidencialidad de la información cuando se divulga a una agencia educativa pública está protegida como un registro estudiantil bajo la Ley de Privacidad y Derechos Educativos de la Familia.).

Información de salud: Entiendo que autorizar la divulgación de información médica es voluntario. Puedo negarme a firmar esta autorización. No necesito firmar este formulario para asegurar el tratamiento médico.

Especificar Registro(s): Indique el tipo de información que se divulgará:

- Registros educativos
 Registros/evaluaciones de educación especial
 Información médica / medicamentos: Registro médico # _____ Mental Health
 Otro: especifique _____

Solicito que la información divulgada de conformidad con esta autorización se utilice únicamente para los siguientes fines:

- Evaluación educativa
 Planificación educativa
 Otro. _____

Una copia de esta autorización es tan válida como un original. Entiendo que tengo derecho a recibir una copia de esta autorización para mis registros,

Fecha

Firma del padre o tutor legal

Relación con el estudiante

Transmission of this information to individuals or agencies not listed is prohibited without written consent. (E.C.49075)

Note: This authorization is to be made a permanent part of the student's record in accordance with State and Federal regulations