



BASIS DC Home and Hospital Instruction Policy

Purpose

The BASIS DC home and hospital instruction program is designed to promote a student's academic progress, allow the student to stay current with classroom instruction in core subjects to the greatest extent possible, foster coordination between the student's classroom teachers and the home or hospital instructors, and facilitate the rapid reintegration into classroom instruction when the student returns to school.

The Director of Student Support Services will oversee the home and hospital instruction program.

Students with an IEP

For a student with an individualized education program (IEP), BASIS DC will ensure that home or hospital instruction is provided in accordance with the IEP. When a parent makes a request for home or hospital instruction for a student who is suspected of being or is eligible for special education services under the IDEA, BASIS DC will provide the parent with notice of the procedural safeguards under the IDEA defined by 34 CFR § 300.504. BASIS DC will also consider whether the request for home or hospital instruction could impact the student's educational placement in the least restrictive environment, and if so, convene a placement determination team to review and revise the educational placement of the student and the student's IEP as appropriate.

Home and Hospital Instruction Application and Medical Certification Requirements

A parent seeking home or hospital instruction for a child may submit an oral or written request to BASIS DC, however BASIS DC shall not grant the request until the parent submits a written application which has been completed in its entirety. (See attached form.) A medical certification of need must be submitted to BASIS DC along with the completed application. The medical certification of need is a written statement, either on a form provided by Office of the State Superintendent of Education (OSSE) or any other form containing the required information, signed by a licensed physician, licensed nurse practitioner, licensed clinical psychologist, licensed mental health counselor or therapist, or physician assistant that meets the following requirements:

- States the signatory's license number;
- Certifies that a student has been diagnosed with a health condition and explains how the health condition has caused or is anticipated to cause the student to be unable to attend in-school instruction, on a continuous, partial, or intermittent basis at the student's school of enrollment or attendance for ten (10) or more consecutive or cumulative school days during a school year;

- Contains a recommendation that the student receive home or hospital instruction, to the extent permitted by the student's health condition;
- States whether there is a maximum number of direct instructional hours that the student may receive per week based on the student's health condition;
- States the anticipated duration and frequency of the student's health condition, and the needed start date of services; and
- States whether the student's health condition is anticipated to cause continuous, partial, or intermittent absence from school.

Home and Hospital Instruction Approval Process

Not later than two (2) school days after receipt of the request, BASIS DC will document the parent's request for the provision of home or hospital instruction in the student's record. Within two (2) school days after receiving the request, BASIS DC will provide the parent with the written application and a copy of this policy.

BASIS DC will review a completed application for home or hospital instruction and issue a written decision approving or denying a home or hospital instruction program application within five (5) days of receipt of the completed application. This decision will include an explanation of the basis for the approval or denial.

If the application is denied due to the incompleteness of the application, BASIS DC will provide a detailed explanation of the information missing from the application. BASIS DC will also inform the parent of the right to appeal the decision to OSSE by submission of a written appeal to OSSE within ten (10) calendar days of receipt of BASIS DC's written decision.

If BASIS DC approves the application, the school will provide a written plan for the delivery of home or hospital instruction that includes the service delivery location, the service(s) to be delivered, the identification of virtual and/or in-person service delivery as the method of service, the identification of the number of hours per week of direct instruction for the eligible student according to the medical certification of need, and the schedule for service delivery. Instruction will be provided to the extent needed to promote the purposes of the program outlined in this policy. The school will determine the amount of instruction needed to satisfy these purposes on a case-by-case basis and may adjust the amount of time offered based on the student's rate of progress. Home or hospital instruction is not a minute for minute replacement of in-school instruction, nor is it a guarantee that the student will receive instruction in all curricular concepts that are available through in-school instruction. BASIS DC may make reasonable requests for information from the parent concerning the student's continuing medical need for home or hospital instruction and will work with the parent to develop accommodations or measures that would permit the student to return to school.

Duration of Services, Termination, and Extension of Home or Hospital Instruction

The home and hospital instruction service provided by BASIS DC shall last no longer than the estimated duration of the student's health condition, as provided in the student's medical certification of need, or sixty (60) calendar days, whichever is less.

A parent may request an extension to a student's home or hospital instruction for additional periods of no more than sixty (60) calendar days each by submitting a medical recertification of need at least five (5) calendar days before the date on which the parent desires the extension to commence. A request to extend home and hospital instruction services must include:

- The number of calendar days that services are requested to be extended, not to exceed sixty (60) calendar days; and
- A medical recertification of need, including the estimated duration of the student's health condition, except when the request is for a period of extension that extends services to a date that is less than sixty (60) calendar days after the date home or hospital instruction commenced.

The medical recertification of need is a written statement, either on a form provided by OSSE or any other form containing the required information, signed by a licensed physician, licensed nurse practitioner, licensed clinical psychologist, licensed mental health counselor or therapist, or physician assistant that meets the following requirements:

- States the signatory's license number;
- Verifies the continued need for home or hospital instruction and whether the student requires instruction in a home or hospital;
- States whether there is a maximum number of direct instructional hours that the student may receive per week based on the student's health condition; and
- States the anticipated duration and frequency of the student's health condition.

Upon return of the student to in-school instruction, BASIS DC may propose accommodations to allow the student to remain in school. Such accommodations must be agreed upon in writing by the medical professional signing the medical certification of need who agrees that such accommodations meet the medical needs of the student and permit in-school instruction.

A student's IEP or 504 team, respectively, may determine the need for any accommodations or modifications deemed appropriate to be added to the student's IEP or 504 plan, respectively, in accordance with the regulations that implement the IDEA, with or without a medical professional's agreement.

Home or Hospital Instruction Service Delivery and Attendance

BASIS DC shall begin delivering home or hospital instruction to a student whose application has been approved no later than five (5) school days after BASIS DC approved the application (or, if the student is unavailable, at the student's earliest available school day thereafter with mutual agreement of the parent). BASIS DC will identify and provide a minimum number of hours per week of direct instruction for an approved student based on the medical certification or recertification of need. BASIS DC may adjust the minimum required amount of direct instruction based on the

student's schedule and amount of in-school instruction the student is expected to receive.

Direct instruction may be provided by a home or hospital instructor in person. Instruction may also be provided via real-time virtual or asynchronous learning with parental consent. BASIS DC staff may provide the instruction, may contract with another LEA or private provider to provide instruction, or provide a combination of the delivery options.

In-person home or hospital instruction will only be provided if the home or hospital environment is determined safe and will not pose a health or security risk to school or contracted personnel. If the school determines that safety concerns prevent in-person services, instruction will be provided via virtual means.

Home or hospital instruction will only be provided on school days, during regular school hours unless otherwise mutually agreed to by the school and parents.

BASIS DC shall maintain a student receiving home or hospital instruction on the regular attendance roll and count the student as medically excused, except when a student is not available for virtual instruction, in which event the student may be counted as absent.

BASIS DC Home and Hospital Instruction Application

This form must be completed in its entirety. A signed medical certification of need must be attached to this form in order for the application to be considered.

Student Name: _____ **DOB:** _____

Student Current LEA/School of Enrollment: _____

Parent Name: _____

Parent Address: _____

Parent Phone Number: _____

Parent Email: _____

Requested Start Date of Instruction: _____

Anticipated Duration of Instruction: _____

Copy of medical certification of need is attached (check box): **YES** **NO**

By signing below, I consent to the disclosure of the information contained in or related to the medical certification of need to appropriate BASIS DC staff and/or contracted vendors and their staff.

Parent Signature: _____

Date: _____