



2023 - 2024 I Dream Public Charter School Home and Hospital Instruction Policy

Introduction

All public school students have a right to public education, including when they may have a short-term medical situation that prevents them from attending school in person. The Students' Right to Home and Hospital Instruction Act of 2020^[1] (Act), requires every LEA to adopt and implement a home and hospital instruction program.

I Dream Public Charter School (I Dream PCS) has designed this policy to promote a participating student's academic progress by allowing the student to stay up to date with classroom instruction in core subjects, to the greatest extent possible. The delivery of home or hospital instruction (HHI) supports coordination between the classroom teacher and the home and hospital instructors to ensure students can return to the classroom seamlessly.

Application Process

Outlined below is the process to apply for home and hospital instruction. This process is for current I Dream Public Charter School learners.

1. Parent/guardian must complete an application to notify I Dream PCS that they are interested in HHI. A verbal request may be made, but I Dream PCS will require a written application and will provide a blank application within **two** school days of any verbal request.
2. The written application can be found linked [here](#) on page 6.
3. Parents/guardians will be notified of I Dream PCS's decision within five calendar days of receipt of the complete application. If approved, the decision will include the student's home and hospital plan.
 - a. I Dream PCS will issue a written decision with an explanation for approval or denial.
 - b. If approved- I Dream PCS will include a written plan for the delivery of HHI which includes the location, services to be delivered, method of delivery, number of hours per week of direct instruction, and the schedule for service delivery. This plan shall last the duration of the student's health condition or **60** days, whichever is less. If a student requires more than **60** days of HHI, the parent/guardian must reapply at least **five** days before the expiration of the current HHI plan.
 - c. If denied, a specific written explanation of the reason for denial will be provided.



Denials shall be based on an application or medical certification of need that is missing or incomplete.

4. Upon receipt of an HHI application for a student who has an individualized education program (IEP) or who is suspected of having such a disability, I Dream PCS will contact the appropriate team members, and will provide the parent/guardian with procedural safeguard notices under IDEA. Additionally, I Dream PCS will consider whether the placement will impact the student's "least restrictive environment" and will follow appropriate procedures to review and revise the student's IEP, as appropriate. In doing so, the determination and eligibility for HHI shall be governed by the IDEA rather than the HHI program.
5. If home or hospital instruction is approved, during the provision of such instruction I Dream PCS may make reasonable requests for information from the parent concerning the student's continuing medical need for home or hospital instruction and work with a student's parent to develop accommodations or measures that would permit the student to return to school.

The parent/guardian has the right to appeal the decision through the Office of the State Superintendent of Education (OSSE) (see [Appeal and Mediation](#) section).

Medical Certification

To access HHI, a parent/guardian must provide a medical certification of need. This is a written letter from the appropriate medical personnel and must:

- Include signatory's license number;
- Certify that a student has been diagnosed with a health condition and explain how the condition had 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 10 or more consecutive or cumulative school days during a school year;
- Contain a recommendation that the student receive HHI;
- Identify if there are a maximum number of direct instructional hours permitted due to the student's health condition;
- Define the expected duration and frequency of the student's health condition and the needed start date for services; and
- Explain whether the medical condition is anticipated to cause continuous, partial, or intermittent absence from school.

Parents/Guardians may provide their medical provider with I Dream PCS's [medical certification of need form](#) OR the medical provider can provide the information listed above on office letterhead.



Recertification of Medical Need

Approval of home or hospital instruction requests are anticipated to last no longer than 60 days or the duration estimated in the medical certification of need, whichever is less. A parent may extend the program for periods of up to 60 days by submitting a [medical recertification of need](#) at least 5 days before the date that the parent requires for the extension to begin. This requires a second letter of need, with the same requirements of the original medical certification and must **also** include:

1. Verification of the continued need for HHI;
2. Includes the maximum number needed to continue them beyond of hours per week that the student can receive HHI; and
3. Defines the anticipated duration and frequency.

Appeal and Mediation

Appeals are limited to instances where the parent/guardian asserts that the application and medical certification or recertification are complete and/or the LEA's decision was not made in accordance with the statute and/or regulations. The appeal process is outlined below.

1. Parent/Guardian appeals by submitting a written request for an appeal to OSSE within **10** calendar days of receipt of the LEA decision approving or denying the student home or hospital instruction. Appeals to OSSE can be made through the OSSE Home and Hospital Instruction Appeal [Portal](#).
 - An appeal must include all student information, the LEA's reason for denial (if given), a copy of the medical certification, and why the applicant believes the LEA's decision was not in alignment with the law.
 - An individual who is unable to file a written request for appeal by e-mail may contact the OSSE Division of Systems and Supports, K12, Special Populations and Programs office at OSSE.HHIappeal@dc.gov for further assistance.
2. OSSE will refer each request for appeal to the OSSE Office of Dispute Resolution to coordinate mediation of the request for appeal.
 - Mediation is an automatic step in the appeal process.
 - The LEA shall participate in a mediation with the parents/guardians.
 - Parents/Guardians have the right to request **one** change in date for mediation.
 - OSSE will deny the appeal if a parent/guardian fails to participate in the mediation.
3. If, following receipt of the appeal and after completion of mediation, the LEA and the parent/guardian are unable to resolve the issues raised by the appeal, the appeal shall be reviewed by a three-member appeals panel within OSSE within **eight** school days of the failed mediation.
 - The parent/guardian may request an opportunity for oral argument before the appeals panel.
 - The parent/guardian shall have the burden of proof.
 - The presumption will be in favor of the medical opinion set forth in the medical certification or recertification. The LEA shall have the burden of proof in seeking



- to rebut this presumption.
- The panel will consist of OSSE employees with appropriate expertise as determined by OSSE.
4. OSSE will issue a final decision within **10** days following receipt of the appeal to the panel that indicates the findings of fact upon which the decision is based, and next steps.
 5. In the case where the appeal is determined that HHI should be provided, the LEA must provide services no later than **five** days following the issuance of the decision.

Definitions

Health Condition – a physical or mental illness, injury, or impairment that prevents a student from participating in the day-to-day activities typically expected during school attendance.

Home or hospital instruction – academic instruction and support provided to a student participating in a home and hospital instruction program.

Home and hospital instruction program – a program that provides instruction and support to students who have been or are anticipated to be unable to attend in-school instruction, on a continuous, partial, or intermittent basis, from their school of enrollment for 10 or more consecutive or cumulative school days during a school year due to a health condition.

IDEA – the Individuals with Disabilities Education Act, approved April 13, 1970 (84 Stat. 175; 20 U.S.C. § 1400 *et seq.*), and its implementing regulations.

IEP – an individualized education program, which is a written plan that specifies special education programs and services to be provided to meet the unique educational needs of a child with a disability, as required under section 614(d) of IDEA (20 U.S.C. § 1414(d)).

In School – Instruction that takes place when the student is either physically present in the school of attendance or when the student is receiving instruction remotely, excluding remote learning as part of a home instruction program pursuant to this chapter or in accordance with the IDEA.

LEA – Local education agency, which is the District of Columbia Public Schools and any individual or group of public charter schools operating under a single charter in the District of Columbia.

OSSE – the Office of the State Superintendent of Education established by the State Education Office Establishment Act of 2000, effective October 21, 2000 (D.C. Law 13-176, D.C. Official Code § 38-2601 *et seq.*).

Parent – a parent, guardian, or other person who has custody or control of a student enrolled in a school or in an LEA, a student who is 18 years or older and for whom educational rights have transferred, or an emancipated minor.



Administrative

[LEA]'s HHI policy can be found here: [\[LINK\]](#).

[LEA]'s HHI application can be found here: [\[LINK\]](#)

For more information please contact [\[LEA designated POC for HHI\]](#).

^[1] DC ACT 25-526, D.C. Official Code Sections 38-251.01 through 38-251.10



I Dream Public Charter School Home and Hospital Instruction Application

Parents/Guardians must complete this page of the application. The student’s medical provider must complete the **medical certification of need**. Once both sections are complete, submit them to the Special Education Coordinator at sped@idreampcs.org. Incomplete applications or applications without an accompanying medical certification of need may face delays in processing. Contact the Special Education Coordinator at sped@idreampcs.org with any questions about the application process.

Student Information

Student Last Name: _____ Student First Name: _____

Student Date of Birth: _____

Name of School: I Dream Public Charter School Name of LEA: I Dream Public Charter School

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Address: _____
Street Apt City State Zip Code

Advocate or Representative Name, if applicable: _____

Advocate or Representative Email Address: _____

Requested Start Date of Services: _____

Requested Duration of Services: _____

Parent Attestation

By writing and signing my full legal name below, I attest that I am this child's parent or legal guardian and that all of the information submitted on this application is accurate and truthful.

Last Name, First Name (Print) Last Name, First Name (Signature) Date



Home and Hospital Instruction Medical Certification of Need

Provide a copy of this medical certification of need to the treating medical provider. This certification must be completed by a licensed physician, licensed nurse practitioner, licensed clinical psychologist, licensed mental health counselor or therapist, or physician's assistant. **This certification may not be completed by the parent or guardian.**

Student Information

Student Last Name: _____ **Student First Name:** _____

Name of School: I Dream Public Charter School

Name of LEA: I Dream Public Charter School

Medical Provider

Provider Name: _____

Provider Title: _____ **Provider License Num.:** _____

Name of Hospital/Practice: _____

Phone Number: _____

Please select one of the following:

- Student named above has a condition that requires they home and hospital instruction
- Student named above does **not** need home and hospital instruction
- Student named above needs an extension of home and hospital instruction services



5. Identify the maximum number of direct instructional hours permitted due to student's health condition (A typical school week has XY hours of instruction):

6. Provide any additional information from the treatment plan that may be helpful to know as it related to the student's home and hospital instruction plan:

Physician's Certification:

I certify that this student is under my care and treatment for the aforementioned condition(s). My recommendation has been made on the medical needs of the patient and not parent/guardian preferences. I understand that this certification is for 60 days or the duration estimated in the medical certification of need, whichever is less; and that I will need to recertify the need for continued home or hospital instruction if the need extends beyond 60 days. This certifies that this treatment plan is medically necessary.

(Print) Physician's Name

Physician's Signature

Date