



**Department of Student Services**  
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## 2024-2025 Hospital/Homebound Service Outline

### Eligibility & Requirements

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 their primary care physician (PRIMARY CARE/CONTINUED CARE PHYSICIAN) or licensed psychiatrist is required to determine eligibility.

**An ER doctor is not eligible to sign a HHB Medical form to request services.**

Before services can be processed and provided, the Richmond County School System (RCSS) – Student Services Dept, must have on file the 4 required 2024-2025 updated, completed/signed/dated forms:

- 1) HHB Service Outline
- 2) Parent Information & Responsibility Form
- 3) HIPAA/Verification of Receipt Form
- 4) Physician Medical Form

- I understand my child must be currently enrolled before I officially request HHB services.
- I understand HHB services are **TEMPORARY** for students confined in-patient at a hospital or their home due to a medical or psychological condition, which is acute, catastrophic or repeated intermittent. It must be anticipated by a doctor that the student will be absent from school for a minimum of ten consecutive school days. Any absence less than 10 days will not be considered.
- Before HHB services will be considered for the diagnosis of **asthma, diabetes and seizures**, there must be an “*Medical Care Plan*” on file with the school nurse for the same diagnosis as HHB services are being requested for. See page 3 for “*Medical Care Plan*” forms.
- I understand that my child’s primary care/continued care physician must specify that my child does not have a contagious disease and is able to participate in HHB instruction.
- It is my responsibility as a parent to complete the “*parent/guardian section*” on the Medical Form, deliver and leave that form with your child’s PRIMARY/CONTINUED CARE PHYSICIAN or psychiatrist, so that it will be **directly returned to the Department of Student Services @ Fax 706-826-4626** (to include a letterhead coversheet) or [hutchwa@boe.richmond.k12.ga.us](mailto:hutchwa@boe.richmond.k12.ga.us)  
**Medical information from the parent or school will not be accepted or processed.**
- Additionally, an Educational Service Plan (ESP) conference will be convened at your child’s school to discuss the implementation of HHB services. The ESP conference may be face-to-face, a phone conference or virtual.

***Submission of an HHB request does not guarantee approval.***

### Attendance & Instruction

For students who qualify and are approved, services will be arranged but credit will not be issued for school attendance until after HHB instruction.

- ❖ If my child is approved for Intermittent HHB services, I understand that it is my responsibility as the parent/guardian to **submit a doctor’s excuse, if requested by Student Services, to confirm the absence is due to the approved HHB diagnosis.**  
An absence for any other reason will not be counted or coded as HHB and instruction for that time will not be provided.
- ❖ A student approved for HHB services must receive three (3) hours of instruction to be counted present for a week. However, if an instructional period is scheduled and the child is not prepared to work, does not keep the appointment or if the instructional period is declined, attendance credit will not be given for that day.
- ❖ A parent, guardian or adult designee 21 years old or older, as identified in the ESP, must be present during the entire instructional period and is required to sign the timesheet to verify the service date and time.
- ❖ Instructional materials will be provided by the student’s regular teacher(s), from the student’s home school.
- ❖ The parent/guardian and student will schedule study time between teacher visits, and the student will be prepared for each scheduled visit. It is the student and parent’s responsibility to stay current with assignments. Students who regularly fail to complete assignments in the designated time determined by their HHB teacher may be terminated from the program.
- ❖ Students are **required** to work independently between instructional visits.
- ❖ I understand that if my child does not complete his/her assignments he/she may not receive credit and may be at risk of failing that class, not being promoted or not graduating.

## 2024-2025 Parent Responsibilities

- ⊗ I understand I must make arrangements with my child's teachers to obtain assignments until IF/when HHB is approved.
- ⊗ I understand that submission of a hospital/homebound (HHB) request does not guarantee approval.
- ⊗ I understand my child being approved for HHB services does not guarantee any of the following:
  - 1) Protection from the *Georgia Compulsory School Attendance Law* {court},
  - 2) Passing grades,
  - 3) Promotion to the next grade level,
  - 4) Continued enrollment in a magnet school or special program, if applicable,
  - 5) Graduation, if applicable.
- ⊗ I understand there are **no virtual HHB services**. Services are provided **in person only**.

### **Eligibility Requirement Specifics:**

- ✚ My child is currently enrolled in the Richmond County School System.
- ✚ My child's primary care/continued care physician or psychiatrist has specified on our HHB Medical Form the student is expected to be absent a **minimum of 10 consecutive school days**.
- ✚ I understand an Emergency Room (ER) doctor is not eligible to sign an HHB medical form to request services.
- ✚ My child is not suspended, expelled, or incarcerated.
- ✚ All absences covered by HHB must be directly related to the medical/mental diagnosis for which services were approved. An absence for any other reason will be coded as a regular absence & not covered under HHB.
- ✚ I understand for **Intermittent** services, if requested by Student Services, I must provide an excuse for **absences to confirm they were due to the HHB diagnosis**.
- ✚ I understand that if my child cannot keep a scheduled appointment with the designated teacher, it is my responsibility to contact the teacher, in advance if possible, to cancel and reschedule the appointment.
- ✚ I understand if the designated teacher misses a scheduled appointment, **it is my responsibility** inform the school HHB contact and/or the Student Services Dept @ 706-826-1310, extension 5190 or 5564.
- ✚ I understand that being approved for homebound does not automatically mean my child can remain out of school for the entire school year, specifically for Intermittent status.
- ✚ I understand my child's services will end on the designated date provided to the HHB contact by Student Services (in accordance with the doctor's request), unless services have previously been terminated for any of the reasons stated below.

### **Reasons for Termination/Dismissal from the Program:**

- 1) My child fails to attend school as designated by the primary/continued care physician, while on Intermittent services.
- 2) My child is absent from school for 10 consecutive school days while on Intermittent status, without submitting a doctor's note to verify the absence was directly related to the HHB diagnosis.
- 3) My child misses 3 scheduled appointments with the HHB teacher and/or is not consistently available to receive services.
- 4) My child does not complete the weekly assignments, to include online assignments.
- 5) My child is employed in any capacity.
- 6) My child goes on any vacation.
- 7) My child participates in extracurricular activities—both inside and outside of school (for full-time/long term services).
- 8) As the parent, I do not provide the medical update every 12 weeks when requested by Student Services (if applicable).
- 9) If the conditions of the home, or agreed upon location where services will be provided, are not conducive for instruction or threaten the health and welfare of the HHB teacher, the student will be removed from the program.
- 10) When the student returns to school for any portion of the school day, other than to participate in State-mandated standardized testing.
- 11) My child is withdrawn from RCSS.

“Before HHB services will be considered for the diagnosis of **asthma, diabetes and seizures**, there must be an *“Medical Care Plan”* on file with the school nurse for the same diagnosis as HHB services are being requested for.”

Please click the appropriate link below to access the form needed.

## **Medical Care Plans**

### **Asthma / Allergy**

[https://www.rcboe.org/site/handlers/filedownload.ashx?moduleinstanceid=76224&dataid=209741&FileName=Student\\_Asthma Allergy Action Plan Form.pdf](https://www.rcboe.org/site/handlers/filedownload.ashx?moduleinstanceid=76224&dataid=209741&FileName=Student_Asthma Allergy Action Plan Form.pdf)

### **Diabetes**

<https://www.rcboe.org/site/handlers/filedownload.ashx?moduleinstanceid=193877&dataid=216213&FileName=Blank-DMMP.gadoe.pdf>

**Seizure** <https://www.rcboe.org/cms/lib/GA01903614/Centricity/Domain/1266/Seizure%20Action%20Plan.pdf>

### **Individual Health Care Plan**

<https://www.rcboe.org/site/handlers/filedownload.ashx?moduleinstanceid=76224&dataid=214915&FileName=Individual%20Health%20Care%20Plan%2023-24.pdf>

### **Authorization To Give Medication at School**

<https://www.rcboe.org/site/handlers/filedownload.ashx?moduleinstanceid=76224&dataid=209736&FileName=AUTHORIZATION%20TO%20GIVE%20MEDICATION%20AT%20SCHOOL.pdf>

**I understand I must make arrangements with my child’s teachers to obtain assignments until *IF*/when HHB is approved.**

**I understand that submission of a hospital/homebound (HHB) request does not guarantee approval.**