August 3, 2018

Councilmember David Grosso  
Council of the District of Columbia  
1350 Pennsylvania Avenue, NW Suite 402  
Washington, DC 20004

Dear Councilmember Grosso,

Thank you for your letter dated July 11, 2018 requesting more information on the Home and Hospital Instruction Program (HHIP). My responses to your questions are as follows:

1. **The names and titles of DCPS individuals, including contractors, who work on HHIP, whether they work full-time or part-time on HHIP, and the name and title of the individual(s) who supervise them.**

   District of Columbia Public Schools (DCPS) strives to hire and retain professionals with specialized experience to provide high quality, inclusive services, to increase academic achievement, involve families in their child’s success, and ultimately prepare all students for college and the workforce. To accomplish this, the HHIP, within DCPS, employs eight full time employees. The HHIP does not currently employ any contractors or part-time staff.

   *Table I: List of DCPS HHIP Positions*

<table>
<thead>
<tr>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager, Support Programs</td>
</tr>
<tr>
<td>Analyst, HHIP</td>
</tr>
<tr>
<td>Math/Science Secondary Teacher</td>
</tr>
<tr>
<td>English Language Arts Secondary Teacher</td>
</tr>
<tr>
<td>Special Education Teacher</td>
</tr>
<tr>
<td>Special Education Teacher</td>
</tr>
<tr>
<td>K-8 Teacher</td>
</tr>
<tr>
<td>Special Education teacher</td>
</tr>
</tbody>
</table>

   *Due to privacy concerns, we did not include the names of the HHIP employees.*

2. **A description of DCPS’s HHIP decision-making process, beginning with a child’s referral to HHIP.**

   A student must be confined to the home or hospital for medical reasons for two weeks or longer to qualify for HHIP services. Cases of chronic illnesses that cause intermittent but frequent absences are also considered. Eligibility for HHIP services are based on the discussion and recommendation of the treating physician and members of the DCPS team.

   To begin the referral process, a HHIP designee at the student’s school provides the following forms, available on DCPS’ website, for parents and guardians to submit through HHIP’s online application:
Table II: Required HIPP forms

<table>
<thead>
<tr>
<th>Form</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Verification form</td>
<td>Treating physician verifies diagnosis confining student to home or hospital and transition back to school plan</td>
</tr>
<tr>
<td>Release of Records form</td>
<td>Allows physicians to discuss the student with Centralized HHIP team</td>
</tr>
<tr>
<td>Parent/Guardian Agreement form</td>
<td>States HHIP’s expectations regarding the learning environment (e.g. clean and safe, adult present, requires a study schedule outside of HHIP classes to be set)</td>
</tr>
<tr>
<td>Request for Service form</td>
<td>The school-based HHIP designee provides student information (e.g. ID number, date of birth, contact information for parents)</td>
</tr>
<tr>
<td>Immunization form</td>
<td>School nurse verifies student is up to date with their vaccinations.</td>
</tr>
</tbody>
</table>

Upon receipt of completed HHIP forms, the following steps occur:
- School-based attendance counselor triggers approval of the HHIP referral attendance code.
- Centralized HHIP team reaches out to treating physician who completed the Physician Verification form and any other physicians listed on the Release of Records form to discuss medical condition and transition from school.
- HHIP team determines eligibility. The decision is made within five instructional days of centralized HHIP team’s receipt of the completed referral. Inability to reach the treating physician can cause a delay.

Before receiving services, HHIP teacher(s) and related service provider(s), when appropriate, are notified of the student’s start date. The following actions occur:
- Teachers contact the student’s parent or guardian for scheduling an initial session within 48 hours of notification
- Next, school-based teams hold educational plan meetings/discussions related to the student’s present levels of performance, what the student is working on in class, assignments/assessments that the student is responsible for while receiving HHIP services, testing, etc.
- School-based teachers then upload information that the centralized HHIP team sends out to the HHIP designee and school-based teachers. HHIP Teachers also work with school-based teachers to provide support.
- HHIP teachers begin providing services no later than five instructional days upon scheduling between parents/guardians and the teacher.

The centralized HHIP team contacts the school to discuss the student’s transition back to school prior to the completion of services. A transition plan is created to support successful reentry to school. The HHIP team informs the school-based team of any necessary supports or accommodations needed for the student’s successful transition. The discussion centers around medical accommodations, HHIP team observations, 504 Plan amendments or eligibility, SPED evaluation recommendation, suggesting accommodations, etc.
Once complete, parents receive End of Service forms. Schools are also notified to discontinue excusing absences with the HHIP code from the end date provided, and progress reports are sent to the school HHIP designee after services have ended.

3. **A description of DCPS’s process for providing HHIP to students who are in-patient at PIW, CNMC, and St. Elizabeth’s, including a description of any challenges DCPS faces in accessing and providing services within those settings.**

DCPS recognizes the importance for parents of students with special needs to understand special education services, as well as their child’s progress, so they can be the best possible advocates for their child. The goal is to establish a continuous, individualized education program closely related to that of the student’s local school. Each of the processes at Psychiatric Institute of Washington (PIW), Children’s National Medical Center (CNMC), and St. Elizabeth’s is described below:

**Psychiatric Institute Washington (PIW)**

Within DCPS, the HHIP, Resolution, and Health and Wellness teams are currently in the process of creating a Memorandum of Understanding with PIW. Program staff experienced the following obstacles as it relates to PIW:

- Parent’s unwillingness/reluctance to share child’s medical status. Parent consent is integral to the notification process. If DCPS is unable to confirm that a student is receiving treatment and the level of treatment, we are also unable to provide services.
- Students at PIW are often in crisis and are unable to access the education. PIW prioritizes the medical stabilization of the child and may not recommend educational services.

**Children’s National Medical Center (CNMC)**

Over the past few years, DCPS has strengthened the relationship with CNMC. Specifically, CNMC provides the HHIP office with treatment cycles related to cancer and other serious conditions. In the past, HHIP staff has supported several students that have scheduled treatments (e.g. chemo therapy, radiation, etc.), students who are medically fragile, and students who have frequent hospital visits due to sickle cell crisis.

- When CNMC sends a Physician Verification form directly to HHIP, or a CNMC representative reaches out to HHIP, the HHIP office will trigger the referral process and notify the school-based team of next steps.
- If a student is approved for HHIP services, the HHIP team works with the CNMC team and the student’s parents to schedule services around medical treatment.

**St. Elizabeth’s Hospital**

Currently, students referred to HHIP from St. Elizabeth’s are court referred. The HHIP team provided services to one student during the 2017-2018 school year.
If a student is referred from St. Elizabeth’s for a medical reason and is approved for HHIP services (determination follows the same protocol), the HHIP team coordinates services with the student’s case manager at St. Elizabeth’s.

4. **Provide copies of all internal and external policies, processes, guidance, or procedures, including the following:**
   a. HHIP-related timelines.
   b. Process for referral.
   c. Eligibility determination.
   d. The appeals process, if there is one.
   e. How DCPS ensures students receive the necessary course credits.
   f. The protocol for transitioning a child from HHIP back into school.

Please see the attached DCPS Home and Hospital Instruction Program Handbook, which was last updated in August of 2016. DCPS is currently in the process of updating the manual. Details of the policies and procedures requested above can be found in this internal document. All required HHIP forms are also available in this document and can be accessed on DCPS’ HHIP website.

5. **For SY2015-2016, SY2016-2017, and SY2017-2018 (to date), please provide the following data divided by school year:**
   a. The number of students for whom a request was submitted to HHIP;
   b. The number of HHIP requests that were denied, as well as the number approved.
   c. The number of students in the program receiving in-person instructional time with a DCPS-provided teacher in the setting to which the student was confined, and the average number of hours per week of instruction time.
   d. The number of students in the program who only receive instruction from a computer program or software.
   e. The average time from date of referral to final eligibility determination.
   f. The average time from a positive eligibility finding to initial receipt of HHIP services.
   g. The number of HHIP requests which resulted in no response from DCPS.
   h. A general breakdown of the reasons for denial (ie--insufficient medical documentation, sufficient documentation but determined ineligible).

A summary of the SY2016-2017 and SY2017-2018 referral data follows below in Table III. Based on changes to data collection systems, the SY2015-2016 is not comparable. While the majority of students are approved, the reasons for denial fall in a small number of categories, mainly:

- Student returns to school
- Doctor states that student can attend school
- Student not confined to the home or hospital
- Student not a DCPS student
- Length of time student confined to the home or hospital is less than 2 weeks
- Insufficient documentation (listed as “Incomplete” in data chart)
Thank you for the opportunity to provide this additional information, and please do not hesitate to contact me or my team with any further questions.

Sincerely,

Amanda Alexander
Interim Chancellor
Table III: SY2016-2017 and SY2017-2018 HHIP Data

<table>
<thead>
<tr>
<th>School Year</th>
<th># of Referrals</th>
<th>Approved</th>
<th>Denied</th>
<th>Incomplete</th>
<th>No Response from DCPS</th>
<th>Avg. Time for Determination</th>
<th>Avg. Time from Determination to Start</th>
<th>In-person Instruction</th>
<th>Instruction via Skype</th>
<th>Computer program/software</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-2017</td>
<td>154</td>
<td>124</td>
<td>28</td>
<td>&lt;10</td>
<td>0</td>
<td>6 days</td>
<td>3 days</td>
<td>123</td>
<td>0</td>
<td>&lt;10 - Summit</td>
</tr>
<tr>
<td>2017-2018</td>
<td>218</td>
<td>137</td>
<td>51</td>
<td>30</td>
<td>0</td>
<td>5.5 days</td>
<td>3 days</td>
<td>131</td>
<td>&lt;10</td>
<td>&lt;10 - Summit</td>
</tr>
</tbody>
</table>