

Division of Special Education/Early Intervention Services

Home and Hospital Teaching and Students with Disabilities

There may be a time within the school career of a student that the student is unable to attend their school of enrollment because of a medical or emotional condition. This document is intended to provide information on many of the most frequently asked question relative to the application of Home and Hospital Teaching to students with disabilities. COMAR 13A.03.05, Administration of Home and Hospital Teaching for Students is applicable to all students, including students with disabilities. COMAR 13A.05.01.10C(5), Least Restrictive Environment (LRE) provides additional important requirements specific to Home and Hospital Teaching for students with disabilities to ensure the provision of a free appropriate public education (FAPE) to students with disabilities.

1. When is a student eligible for Home and Hospital Teaching?

Initial services need to be determined by:

- Verification of the physical condition, including drug and alcohol dependency, by a licensed physician, or verification of emotional condition by a certified school, or licensed psychologist or licensed psychiatrist; and
- A statement by a physician or psychologist verifying that the current physical or emotional condition prevents the student from participating in the student's school of enrollment.

[COMAR 13A.03.05.04A]

2. When it is determined that a student with a disability is to receive Home and Hospital Teaching due to either a medical or emotional condition, what are the obligations of the IEP team?

If a student with a disability is unable to participate in the student's school of enrollment and is provided instruction in the home because of a physical or emotional condition, the student's Individualized Education Program (IEP) team shall meet to review and revise the

student's IEP.

The IEP team shall:

- Determine the instructional services to be provided as long as the medical restrictions apply; and
- Develop a plan for returning the student to a school-based program.

[COMAR 13A.05.01.10C(5)(b)]

3. Should Home and Hospital Teaching be provided to continue the provision of a free appropriate public education (FAPE) to a student with a disability while waiting for an opening at a nonpublic school or other alternative program?

No. Home and Hospital Teaching is not appropriate for students awaiting enrollment in an alternative program. The local school system must provide services in a school-based program (such as a self-contained classroom) while the student is awaiting an appropriate placement. The student may require increased supports, such as additional staffing, as determined by the IEP team.

[COMAR 13A.05.01.10C(5)(e)]

4. Should Home and Hospital Teaching be provided to continue the provision of a FAPE to a student with a disability who is disciplinarily removed from school?

No. Students with disabilities disciplinarily removed from school should not receive Home and Hospital Teaching as an interim placement. The removal of a student with a disability from the student's current educational setting and the provision of educational services shall conform with the provisions of 34 CFR §§300.101 and 300.530 —300.536, Education Article, §7-305, Annotated Code of Maryland, and COMAR 13A.08.03. The instructional setting for the provision of educational services to a student who has been removed from school in accordance with COMAR 13A.08.03 may not be a student's home.

[COMAR 13A.05.01.10C(6)]

5. What special education services are to be provided to a student with a disability receiving Home and Hospital Teaching?

The student's IEP team should consider the availability of the student to receive special education services and related services which will enable the student to progress in the general curriculum and advance toward achieving the goals of the student's IEP. If a student receives Home and Hospital Teaching due to an emotional condition, the student's IEP team may need to consider additional services to address the emotional condition which precipitated the student's need for Home and Hospital Teaching.

[34 CFR §300.101(a)]

6. What courses must the school system offer in its instruction to a student on Home and Hospital Teaching? What does the school system do if the course material contains subject matter beyond the teaching ability of the HHT teachers?

The Home and Hospital Teaching regulations state that a school system must “make instructional services available to students who are unable to participate in their school of enrollment” for the reasons set forth in the regulations. The regulations also state that the local school system shall consult with the parent, guardian, student, psychologist, and physician, as appropriate, in making the instructional services available. The regulations are silent, however, regarding the specific courses that must be offered to students on Home and Hospital Teaching. For students with disabilities, the student’s IEP team determines the instructional services to be provided that will permit the student to progress in the general curriculum. To the extent possible, we recommend that the school system provide instruction in the courses on the student’s schedule at the time the student goes out on Home and Hospital Teaching, rather than just limiting the instruction to the core subjects, i.e. English, mathematics, science and social studies.

At times, school systems may face the situation in which the teacher providing Home and Hospital Teaching are unable to teach specific courses, such as foreign language and AP courses, because of the complexity of the course content. The Home and Hospital Teaching regulations provide options for the delivery of instruction. For example, a school system may contract with a private provider or another school system to deliver the instruction or the student may be able to access instruction remotely. Whatever the school system decides with regard to the delivery of instruction to a student receiving Home and Hospital Teaching, it must comply with the requirements of the student’s IEP.

[COMAR 13A.03.05.03A(1); 13A.05.01.10C(5)(b); 13A.03.05.03

7. What is the minimum amount of Home and Hospital Teaching a student may receive?

The length of instruction for students in a full-day program is a minimum of 6 hours per week. The length of instruction for students in a half-day program is a minimum of 3 hours per week. While the regulations specify the minimum amount of instruction, the IEP team must make an individualized decision for each student, and therefore may determine that a student requires more than the minimum amount of instruction.

[COMAR 13A.03.05.03D]

8. Is there a limit on the amount of time a student with a disability may receive Home and Hospital Teaching?

In accordance with COAMR 13A.03.05.04, the continuation of services beyond 60 calendar days requires reverification of service need. Home and Hospital Teaching services are subject to review 60 calendar days after the initial determination of eligibility, or sooner at the request of the parent, guardian, or local school system. For students with disabilities receiving Home and Hospital Teaching due to an emotional condition, the educational placement in the home may not exceed 60 consecutive school days.

In accordance with the Individuals with Disabilities Education Act (IDEA) and COMAR, it is the responsibility of the local school system or public agency to ensure students with disabilities receive a free appropriate public education (FAPE) in the least restrictive environment (LRE). To the maximum extent appropriate, students with disabilities are to be educated with students who are not disabled; and special classes, separate schooling, or other removal of students with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

[34 CFR §300.114; COMAR 13A.03.05.04B – C; COMAR 13A.05.01.10A and .10C(5)(d)]

9. In addition to the requirement to reverify the service need listed in #6 above, are there any other limitations if the student is a student with a disability on Home and Hospital Teaching due to an emotional condition?

Yes. In addition to requiring reverification of service need beyond 60 *calendar days*, the educational placement in the home, for a student with an emotional condition, may not exceed 60 *consecutive* school days. This provision does not exist in isolation. Local school systems must read the Home and Hospital Teaching regulations in conjunction with the regulations relative to students with disabilities receiving Home and Hospital Teaching.

For a student with a disability determined to be in need of Home and Hospital Teaching due to an emotional condition, the review of the need for Home and Hospital Teaching should occur no later than 60 *calendar days* after initial determination of eligibility for Home and Hospital Teaching, in accordance with COMAR 13A.03.05.04B. This review, 60 *calendar days* after the determination of eligibility for Home and Hospital Teaching, occurs before the end of the allowable 60 *consecutive school days* of Home and Hospital Teaching for a student with a disability who is receiving Home and Hospital Teaching due to an emotional condition. The review of the need for Home and Hospital Teaching should occur at an IEP team meeting. The purpose of the IEP team meeting is to review and revise the student's IEP, as appropriate, including the plan to return the student to a school-based program, and the appropriate placement in the LRE.

Continuation of Home and Hospital Teaching beyond 60 consecutive school days would be a highly unusual circumstance. Nonetheless, there may be situations in which a student with a disability, on Home and Hospital Teaching for an emotional condition, does not need a change in educational placement, but is also unable to return to the school of enrollment despite implementation of a re-entry plan, and has submitted the appropriate re-verification necessary for continuation of Home and Hospital Teaching. In that case, if proper procedures are followed, the student may be eligible for another period of Home and Hospital Teaching.

[COMAR 13A.03.05.04B and COMAR 13A.05.01.10C(5)(d)]

10. What steps can be taken to ensure that a student receiving Home and Hospital Teaching due to an emotional condition does not receive those services in excess of 60 consecutive school days, in accordance with the requirements?

The regulations require that the IEP team develop a plan for the student to return to a school-based program. The key to ensuring that Home and Hospital Teaching does not exceed 60 consecutive school days is in the timely development and implementation of a plan for returning the student to a school-based program. If the IEP team develops and implements a comprehensive plan that identifies the student's needs and the services needed to address them, the student will not require more than 60 consecutive school days of Home and Hospital Teaching.

The services provided in the plan to return the student to a school-based program should include supports both in the student's home and in the future educational placement. This could include a range of activities, e.g., provision of Home and Hospital Teaching services in a location such as a library to get the student comfortable in a public setting, participation in a school activity of the student's choice with the assistance of school system staff, and a change in educational placement to a more structured, supportive setting.

11. If at the time of reverification the licensed psychologist or psychiatrist advises that the student should continue Home and Hospital Teaching, what actions should the IEP team take?

The student's IEP team should meet to review the IEP to determine whether additional supplementary aids and services or other supports are required to assist the student to return to school. The student may require a change to another school within the school system, a self contained classroom, a public or private therapeutic day placement, a hospital placement, or a therapeutic public or private residential placement. The team may determine that additional assessments are needed, such as psychological or psychiatric assessments, to ensure that all of the student's needs that arise from the disability, which may be impacting the student's ability to attend school, are properly identified and addressed through the IEP.

[COMAR 13A.05.01.06E(1)(a) and COMAR 13A.05.01.10C(5)(c)]

12. What should a school system do if a special education student on HHT refuses to accept the instruction being provided by the HHT teacher?

It is the responsibility of the local school system to determine the underlying cause for this behavior and modify the student's IEP, as necessary. If a student continues to refuse instructional services despite the school system's attempts to work out a solution with the student's parents, the school system may have to initiate its procedures for a violation of the compulsory attendance law.

[Education Article §7-301, Annotated Code of Maryland]

13. During Home and Hospital Teaching, may the local school system assess the child?

Yes. The student's IEP team may, at any time, following a review of existing data, determine there is a need to gather additional information in order to appropriately provide for the student's needs to ensure the provision of FAPE in the LRE. If the student's IEP team determines additional assessments are warranted to address previously unidentified needs of the student, the IEP team may seek consent for assessments to determine whether there are additional unidentified needs that may be impacting the student's ability to attend school, such as a psychological or psychiatric assessment.

[COMAR 13A.05.01.06E(1)(a)]

14. May a student with a disability receiving Home and Hospital Teaching, due to an emotional condition, utilize Home and Hospital Teaching for a portion of the school day after the conclusion of the 60 consecutive school days?

Yes, if the Home and Hospital Teaching is used as a means of transitioning to a regular school day, this must be part of the IEP team plan for returning the student to a school-based program.

15. If a student is receiving Home and Hospital Teaching due to an emotional condition, what communication, if any, should occur with the psychologist or psychiatrist who verified the original initial need for Home and Hospital Teaching?

Local school system personnel may need to contact the licensed psychologist or psychiatrist that verified that student's need for Home and Hospital Teaching if school personnel do not believe the verification sufficiently addresses the student's need for Home and Hospital Teaching. If the licensed psychologist or psychiatrist is unable to sufficiently address the questions of the local school system relative to verification of need, a local school system may deny the request for Home and Hospital Teaching. If, after working with the parent, the student does not return to school, then the student should be considered truant and truancy procedures should be followed.

Local school systems should consider including on the documentation/form used to verify/reverify the need for Home and Hospital Teaching an explanation for the parent of the possible need to communicate with the physician, licensed psychologist, and/or psychiatrist. The document/form should also specify the staff member of the local school system authorized to communicate with the psychologist or psychiatrist. The local school system should also request copies of any therapy or hospital notes from any private providers who have rendered service to the student during the period of Home and Hospital Teaching.

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