

	Maryland State Department of Education Technical Assistance Bulletin Division of Special Education/Early Intervention Services				
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Home and Hospital Teaching Supplement on Students with Disabilities

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This bulletin is provided as a supplement to the document, *Frequently Asked Questions Regarding Home and Hospital Teaching*, Maryland State Department of Education, Division of Student, Family, and School Support. <http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/HomeHospital/index.aspx> See attached.

Frequently Asked Questions

- 1. Once a student with a disability has been determined eligible to receive Home and Hospital Teaching (HHT), what are the obligations of the IEP team?**

If a student with a disability is unable to participate in their school of enrollment and is provided HHT because of a physical or emotional condition, consistent with COMAR 13A.03.05.04A, the IEP team must meet to review and revise the student's IEP. It is the responsibility of the IEP team to: 1) determine the instructional services to be provided to the student as long as the medical restrictions apply, and 2) develop a plan for returning the student to a school-based program. The IEP team should capture this information in both the prior written notice and the IEP document and consider the student's availability for both special education and related services, as appropriate. (COMAR13A.05.01.10C(5)(a) & (b))
- 2. When should the IEP team meeting occur?**

The IEP team should convene as soon as possible to avoid a disruption in the provision of special education and related services to the student. According to the HHT regulation, HHT is required to begin no later than 10 school days following the local school system's receipt of: 1) notification that the student is unable to attend school, and 2) verification of the need for services. Once the local school system has received both requirements, the IEP team should be prepared to meet within 10 school days as well, so that HHT can begin timely and in accordance with the student's IEP. If the IEP team cannot meet within 10 school days, HHT may still begin so that the student has access to instruction. The IEP team should meet as soon as possible, however, because failure to implement a student's IEP as written raises concerns about the delivery of a free appropriate public education. (COMAR 13A.03.05.03D(4))
- 3. How does the IEP team carry out its obligation to determine the special education and related services to be provided on HHT?**

The IEP team should consider the availability of the student to receive special education and related services that will enable the student to progress in the general education curriculum and advance toward achieving their IEP goals. While the HHT regulations applicable to all students focus on instruction, it is important for the IEP team to also

consider what related services may be appropriate for a student with a disability, considering the student's current physical or emotional condition. The IEP team should also consider additional services to address the condition that precipitated the need for HHT, as appropriate. The IEP team should communicate with the HHT coordinator in the event that the IEP team determines the student should receive services beyond what home and hospital teachers can provide. For students with disabilities, the services to be provided are determined by the IEP team at the time the student goes out on HHT.
(COMAR 13A.05.01.10C(5)(b))

4. Are students with disabilities limited to the minimum amount of instruction?

No. While the HHT regulations establish a minimum amount applicable to all students (i.e., 6 hours of instruction per week for a full-day program and 3 hours of instruction per week for a half-day program), the IEP team must make an individualized determination for a student with a disability and may determine that a student requires more than the minimum amount of instruction. Just as in the school of enrollment, instruction for a student with a disability is driven by the IEP document. While there is no minimum amount established for related services, the IEP team must also make an individualized determination as to the amount of related services, if any, which will be provided.
(COMAR 13A.03.05.03D & COMAR 13A.05.01.09A)

5. How does the IEP team carry out its obligation to develop a plan for returning the student to a school-based program?

The IEP team should consider what aspects of the student's physical or emotional condition are preventing the student from participating in the school of enrollment and seek to mitigate them to the extent possible. 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, including, but not limited to, provision of HHT 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, or a change in educational placement to a more structured, supportive setting.

If the IEP team needs to observe the student while on HHT, then it should ensure that qualified staff are available. The HHT staff providing instruction may, but do not necessarily, have training in conducting observations, and the qualifications will vary depending on the needs of the IEP team. The goal is to return the student to a school-based program as soon as possible. Thus, this planning should occur when a student with a disability first goes out on HHT, not when the student approaches the end of their initial eligibility for HHT.

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

6. Can HHT be used for students with disabilities awaiting another placement?

No. HHT is not appropriate for students with disabilities who are waiting for a change of placement or awaiting enrollment in a nonpublic school or alternative program. To continue the provision of a free appropriate public education, the local school system must provide services in the school of enrollment while the student is awaiting an appropriate

placement. Instead of HHT, the student may require increased supports, such as a self-contained classroom or additional staffing, as determined by the IEP team.
(COMAR 13A.05.01.10C(5)(e))

7. **Can HHT be used for students with disabilities removed for disciplinary action?**
No. HHT is not appropriate for students with disabilities who have been removed from their school of enrollment for disciplinary reasons. The removal of a student with a disability from the student's current educational setting and the provision of educational services must conform to 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 34 CFR §300.121(d) and COMAR 13A.08.03 may not be a student's home.
(COMAR 13A.05.01.10C(6))

8. **Once the student is able to return to the school of enrollment, what are the obligations of the IEP team?**
When the period of treatment or convalescence ends, the IEP team must: 1) review and revise the IEP; and 2) determine the appropriate placement in the least restrictive environment.
(COMAR 13A.05.01.10C(5)(c))

9. **Is there a limit on the amount of time a student with a disability may receive HHT?**
It depends. If a student with a disability is receiving HHT due to a physical condition, there is no time limit, provided that the physical condition is re-verified as required by the local school system. If, however, a student with a disability is receiving HHT due to an emotional condition, then both the HHT coordinator and the IEP team must be aware that placement in the home may not exceed 60 consecutive school days (except in rare cases for which the IEP team has determined that it is necessary to meet the individualized needs of the student). *Further explanation of the time limit follows.*

This time limit exists independent of the requirement that the emotional condition be re-verified by the local school system, and should be considered by the IEP team when reverification is approaching, in the event that:

- a) the IEP team has determined that a change in placement is not appropriate,
- b) the student is unable to return to the school of enrollment despite good faith attempts to implement the plan for returning the student to a school-based program, and
- c) the professional judgment of the practitioner verifying the emotional condition is that HHT should be continued. While the convergence of these facts is not common, it is possible.

With documentation of these facts by the IEP team, HHT may be extended beyond 60 consecutive school days if necessary to meet the continuing needs of the student. To the maximum extent appropriate, students with disabilities are to be educated with students who are not disabled. 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. If utilizing HHT for a portion of the school day would meet the student's needs, then it should be included as part of a revised plan for returning the student to a school-based program. Repeat extensions of HHT beyond 60 consecutive school days will be subject to additional scrutiny.

(COMAR 13A.03.05.04C & COMAR 13A.05.01.10C(5)(d))

10. If the practitioner who verified the emotional condition advises that HHT should continue, what actions should the IEP team take?

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

(COMAR 13A.05.01.06E & COMAR 13A.05.01.10C(5)(b))

11. May the local school system assess the student during HHT?

Yes. The 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 a free appropriate public education in the least restrictive environment. If the 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.

(COMAR 13A.05.01.06E)

12. What happens if a student with a disability on HHT refuses to accept instruction?

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 instruction, despite the local school system's attempts to work out a solution with the student and their parent or guardian, then the local school system may implement its truancy procedures, as appropriate.

(Education Article, §7-301, Annotated Code of Maryland & COMAR 13A.03.05.03D(1))

13. To whom may I direct additional questions?

For questions about the IEP team process, contact your local school system directly. For questions regarding the least restrictive environment and other matters related to services for students with disabilities, contact the Division of Special Education/Early Intervention Services, Policy and Accountability Branch, 410-767-0249.

**FOR MORE INFORMATION
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Maryland State Department of Education Division of Student, Family, and School Support

FREQUENTLY ASKED QUESTIONS REGARDING HOME AND HOSPITAL TEACHING & SUPPLEMENT ON STUDENTS WITH DISABILITIES

Local Home and Hospital Teaching (HHT) coordinators receive technical assistance from the Division of Student, Family, and School Support to ensure proper administration of COMAR 13A.03.05 Administration of Home and Hospital Teaching for Students. At the same time, the Division of Special Education/Early Intervention Services often receives questions about students with disabilities receiving HHT, particularly as it relates to the role and responsibility of the individualized education program (IEP) team in carrying out the independent requirements of COMAR 13A.05.01.10 Least Restrictive Environment. To support HHT coordinators, IEP teams, and the students and families they serve, this “Frequently Asked Questions” document begins by addressing general questions that apply to all students receiving HHT (i.e., students with and without disabilities) and ends with a supplement focusing on questions that are specific to students with disabilities receiving HHT.

1. Does Maryland law allow students to continue their education even though they are unable to attend school due to a physical or emotional condition?

Yes. HHT allows students to continue their education even though they are unable to attend school due to a physical or emotional condition. Each local school system must make instructional services available to students who are unable to participate in their school of enrollment due to a physical or emotional condition. Instructional services are available to all students during convalescence or treatment in a medical institution, therapeutic treatment center, and at the student’s place of residence, or all of these. In making instructional services available, local school systems are to consult with the parent, guardian, student, psychologist, physician, psychiatrist, and nurse practitioner, as appropriate. Excluded from HHT are the home-based programs operated through the Office for Children, the Maryland Infants and Toddlers Program for the birth through 2-year-old disabled population, and home instruction under COMAR 13A.10.01.

[COMAR 13A.03.05.03A & COMAR 13A.03.05.01E]

2. Are there regulations that govern HHT in Maryland?

Yes. The HHT regulations are found in the Code of Maryland Regulations (COMAR) 13A.03.05. The purpose of these regulations is to establish the minimum requirements that

apply to the provision of instructional services to public school students who are unable to participate in their school of enrollment due to a physical or emotional condition.

You can access the HHT regulations online at the following link:

<http://www.dsd.state.md.us/COMAR/ComarHome.html>

3. Are there additional considerations for students with disabilities receiving HHT?

Yes. Instructional services must be provided to an identified student with a disability in accordance with federal and State special education law and regulations, including COMAR 13A.05.01. The student and parents must be involved in the process and are entitled to all rights and due process procedures included within these laws and regulations. Local school systems, in implementing the HHT regulations, must comply with the Individuals with Disabilities Education Act (IDEA), Americans with Disabilities Act (ADA), and §504 of the Rehabilitation Act of 1973. For more information on students with disabilities receiving HHT, please consult the supplement at the end of this document, which is maintained by the Division of Special Education/Early Intervention Services.

[COMAR 13A.03.05.01B & D]

4. How does the local school system deliver instructional services to a student on HHT?

Each local school system determines the manner in which instructional services will be delivered to a student. The local school system may directly provide instructional services, contract with private providers to deliver instructional services, contract with other local school systems to provide instructional services, or combine any of these delivery options. At the same time, the local school system must develop safety procedures, including training, to ensure an appropriately supervised safe environment for teachers and students. If any disagreement arises in the implementation of HHT, the local school system is also required to develop a review process for that purpose.

[COMAR 13A.03.05.03B(1) & C]

5. Is HHT only for students who are unexpectedly absent for a long period of time?

No. While HHT is often used by students experiencing an unexpected hospitalization or convalescence at home leading to continuous absence, it is also used by students experiencing chronic conditions that lead to intermittent absences. Concurrent delivery of instructional services through HHT and enrollment in a public school is provided for a student whose physical or emotional condition requires the student to be absent from school on an intermittent basis. These conditions include, but are not limited to, kidney failure, cancer, asthma, cystic fibrosis, sickle cell anemia, depression, and bipolar disorder.

[COMAR 13A.03.05.01C]

6. Is specific documentation required to become eligible for HHT?

Yes. The local school system determines initial service need through verification of a physical condition, including drug and alcohol dependency, by a licensed physician or certified nurse practitioner, or verification of an emotional condition by a certified school psychologist, licensed psychologist, or licensed psychiatrist. It is the responsibility of the student's parent or guardian to submit a statement from one of the practitioners identified above 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 & B]

7. What communication, if any, should occur between the local school system and the practitioner who verified the physical or emotional condition?

Some communication is required, but the nature and extent of the communication depends upon parent or guardian consent. In order for a student to be eligible for HHT, the parent or guardian must submit a statement from a practitioner verifying that the current physical or emotional condition prevents the student from participating in the student's school of enrollment. This is a required communication. In making instructional services available, the local school system is required to consult with the parent, guardian, student, and relevant practitioner(s), as appropriate. Such collaboration is necessary for the local school system to meet the student's needs, but the local school system may not consult the practitioner directly without parent or guardian consent.

If the local school system determines that it needs additional information, then it should work with the parent or guardian to obtain that information. One approach is to have the parent or guardian submit additional, specific documentation from the practitioner. Another approach is for the local school system to seek authorization from the parent or guardian to communicate directly with the practitioner (the parent may also wish to be present). Ultimately, the local school system is responsible for the determination of initial service need, as well as the reverification of service need. If the local school system is unable to determine service need with the information made available by the parent or guardian, then the local school system may deny the request for HHT. This, in effect, requires the student to return to school.

To obtain the necessary information early on in the process, local school systems may consider including on their verification form specific questions designed to address how the specific physical or emotional condition impacts the student's ability to attend school and the nature of the expected absences (i.e., intermittent or continuous). The local school system may also consider including with the verification form an optional authorization, which, if signed by the parent or guardian, would allow an identified staff member to communicate with the practitioner and/or receive copies of therapy or hospital notes from private providers who have rendered service to the student. In any event, local school systems should access only that information which is needed for purposes of verification and making instructional services available.

[Education Article, §7-301, Annotated Code of Maryland & COMAR 13A.03.05.04]

8. Once a student is determined to be eligible, when does HHT begin?

The local school system is required to determine the need for service and begin instruction as soon as possible, but not later than 10 school days following the: 1) notification to the local school system of the inability of the student to attend the school of enrollment; and 2) receipt of the verification of the need for services.

[COMAR 13A.03.05.03D(4)]

9. What is the minimum amount of instruction 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. To the extent possible, the local school system should use this time to provide instruction in the courses on the student's schedule at the time the student goes out on HHT, rather than just limiting instruction to the core subjects (i.e., English, mathematics, science and social studies). For students with disabilities, the services to be provided are determined by the IEP team at the time the student goes out on HHT.

[COMAR 13A.03.05.03D(2) & (3)]

10. What are the minimum qualifications for an individual delivering instruction?

Instructional services in the context of HHT must be delivered by an individual possessing a minimum of a bachelor's degree from an institution of higher education. This requirement does not apply to an individual who has demonstrated satisfactory performance as a home and hospital teacher in a local school system before July 1, 2001. At times, local school systems may face the situation in which the teachers providing HHT are unable to teach specific courses, such as foreign language or CTE and AP courses, because of the complexity of the course content. In that case, local school systems are reminded that they have options other than directly providing instructional services, such as contracting with private providers or other local school systems.

[COMAR 13A.03.0503B(2)]

11. How does the local school system record attendance while a student is receiving HHT?

The local school system must either: 1) maintain the student on the regular school roll and count the student as present, except when the student is not available for the scheduled instructional service, in which event the student is counted absent; or 2) establish a school for record-keeping purposes called a home and hospital school with a local school number. If the local school system chooses the second option, the student must be withdrawn from the roll of the school the student attends and transferred to the roll of the home and hospital school. The student is counted as present, except when the student is not available for the scheduled instructional service, in which event the student is counted absent. If the local school system determines that the student is regularly unavailable for the scheduled

instructional service, and therefore counted absent, the local school system may implement its truancy procedures, as appropriate.

[Education Article, §7-301, Annotated Code of Maryland & COMAR 13A.03.05.03D(1)]

12. What is required for a student to continue to receive HHT?

It depends. In all cases, continuation of service need is subject to review and determination by the local school system, and requires reverification of the physical or emotional condition in the same manner used to determine initial service need. What differs is how frequently reverification must occur. Generally, service need must be reverified 60 calendar days after the initial determination of eligibility and every 60 days thereafter, or sooner at the request of the parent, guardian, or local school system. For students who receive concurrent delivery of instructional services, however, service need is reverified annually.

[COMAR 13A.03.05.04C]

13. Is there a limit on the continuation of HHT for students with disabilities?

It depends. If a student with a disability is receiving HHT due to a physical condition, there is no time limit, provided that the physical condition is reverified as required by the local school system. If a student with a disability is receiving HHT due to an emotional condition, however, then both the HHT coordinator and the IEP team must be aware that provision of HHT may not exceed 60 consecutive school days (except in rare cases for which the IEP team has determined that it is necessary to meet the individualized needs of the student). For more information on students with disabilities receiving HHT, please consult the supplement at the end of this document, which is maintained by the Division of Special Education/Early Intervention Services.

[COMAR 13A.03.05.01D & COMAR 13A.05.01.10C(5)]

14. To whom should I direct additional questions?

For questions about eligibility for HHT, the process for verification, and the delivery of instructional services, contact your local school system directly. You can access a list of local HHT coordinators at the following link:

<http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/HomeHospital/index.aspx>

For questions about the requirements of the HHT regulations and other matters of concern that pertain to HHT, contact the Student Services and Strategic Planning Branch of the Maryland State Department of Education in Baltimore at (410) 767-1407.