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Technical Assistance Bulletin

MarylandPublicSchools.org



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Home and Hospital Teaching Supplement on Students with Disabilities

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>

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 Early Intervention and Special Education Services, Policy and Accountability Branch, 410-767-0249.

For more information, call 410-767-0249
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