



Office of Home and Hospital Teaching Reference Guide



Office of Home and Hospital Teaching
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Updated July 2019

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Forms:

[Home and Hospital Teaching Referral Form \(DSS21\)](#)

[Physician's Verification Form \(DSS22\)](#)

[Psychologist's/Psychiatrist's Verification Form \(DSS22A\)](#)

[Transition Plan](#)

[Administrative Procedure 5011 – Home and Hospital Teaching](#)

VISION

Students unable to attend school due to physical or emotional conditions will receive home or hospital instruction, enabling them to graduate college and career ready.

MISSION

The Office of Home and Hospital Teaching will collaborate with stakeholders to provide quality, interim instruction that complies with local and state requirements.

Home and Hospital Teaching Services Overview

Students Serviced

Home and Hospital Teaching (HHT) is the provision of **temporary** instructional support (not to exceed 60 calendar days) to school-aged students, enrolled in Prince George's County Public Schools, who are unable to attend school due to a physical or emotional condition. Services are provided in the home, hospital, or therapeutic setting. The student's school of enrollment provides books and assignments for the home teacher to use to support educational continuity. Delivery of services can be online, face-to-face, or a combination of both depending on the needs of the student, ability level, and selected coursework. A student receiving full-time home and hospital services will receive a minimum of 6 hours of instruction. A modification of the student's schedule may be necessary depending upon the severity of student's health needs. Home and Hospital Teaching does not replicate daily classroom instruction.

Eligible Students

A student may be eligible for services if the anticipated absence is at least 20 *consecutive* school days and inability to attend school is verified by a medical practitioner. Physical conditions must be verified by a licensed physician or a certified nurse practitioner. Emotional conditions must be verified by a licensed psychiatrist or psychologist. Educational placement in the home for a student with an emotional condition, may not exceed 60 days. A student's home may not be used as an instructional setting for a student with a disability awaiting placement in a non-public special school or a change in placement. School-based accommodations must first be explored and exhausted prior to consideration for Home and Hospital Teaching support. Students may also be eligible if they have frequent reoccurring absences due to a chronic health condition. **Students are expected to attend school to the fullest extent possible.**

Initiation of Services

To initiate the application process, a parent or a legal guardian must:

- Contact the Principal/Designee at the student's school of enrollment to notify the school of their need for HHT services and complete the *Home and Hospital Teaching Referral form* (DSS-21).
- Submit a current *Physician's Verification* form (DSS-22), signed and completed by a parent/guardian and a licensed physician or certified nurse practitioner; or submit a *Psychologist's or Psychiatrist's Verification of Emotional Conditions* form (DSS-22A), signed and completed by a parent/guardian a licensed psychiatrist or psychologist. Signature of parent or legal guardian allows PGCPs staff to speak with treating medical practitioner.

Submission of an application is not a guarantee of services. All applications are subject to a review process. Referrals take up to 10 days to process. A written decision will be provided to parent and school. Schools are responsible for providing books and assignments to the student while Home and Hospital Teaching eligibility is being determined.

Concurrent Services

Concurrent services are provided for students who have a condition that is episodic in nature and are able to attend school on an intermittent basis, per physician verification. Students are expected to attend school, except in the event of a periodic crisis or in the case of regularly occurring medical procedures that result in an absence of three or more consecutive days or that result in regular patterns of absence. Conditions eligible for concurrent services include but are not limited to: kidney failure, cancer, asthma, cystic fibrosis, and sickle cell anemia.

Reverification Process

All medical verifications are valid for 60 days from the date the form is signed by a physician. If a doctor indicates a need for services for a duration less than 60 days, an updated medical verification form must be submitted to extend services. For students with emotional conditions, reverification includes the consideration of: student's compliance with HHT services and transition plan; student's compliance with medical treatment plan; submission of new medical verification form prior to the end of the services date.

Attendance Procedures

Homebound and hospitalized students remain enrolled in their boundary school. The attendance code 95 is used for any student approved for Home and Hospital Teaching and who attends the Home and Hospital Teaching sessions. This code signifies that the student is absent from the classroom but is still considered in attendance for the building. The Case Manager in the Office of Home and Hospital Teaching communicates to the school of enrollment the period of time the student received services and the days present and absent.

When the student is absent from the home teaching session, the code 95 should be updated to reflect the actual absence reason code. A student not compliant with the home teacher and not attending school will be referred to the School Instructional Team (SIT) and/or School Support Team (SST), to include a representative from the Office of Home and Hospital Teaching, for appropriate action.

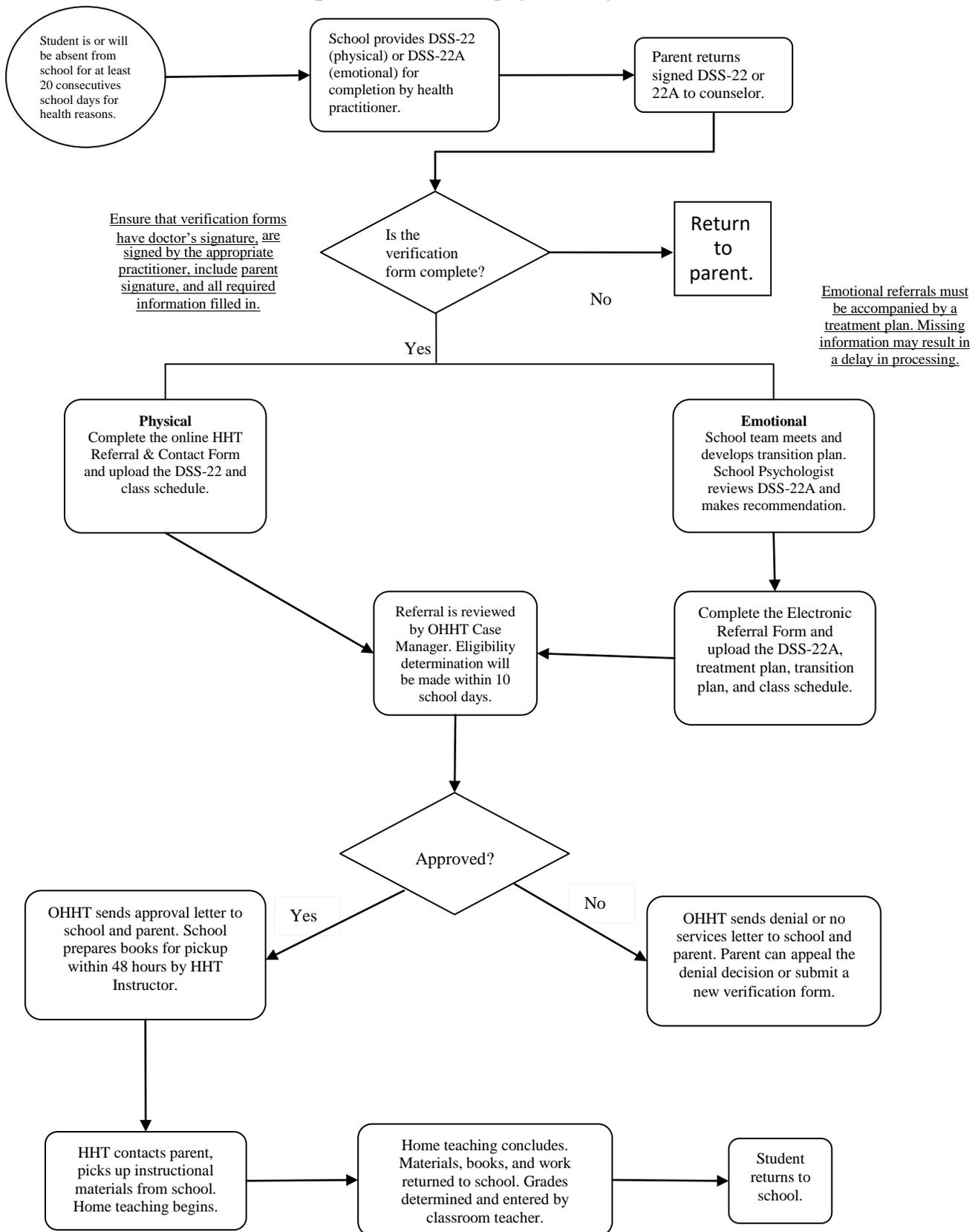
Grading Procedures

All assignments must be submitted to the school of enrollment for review and grading by the student's teacher(s) of record. The home and hospital teacher electronically submits weekly progress summaries to principals, counselors and teachers of record. The home and hospital teacher submits IEP progress summaries for students with disabilities. The school of enrollment will issue report cards for students receiving home and hospital teaching services.

Ending Services

At the time of approval for home and hospital services, the family and school of enrollment are notified of the students expected return to school date. At the end of Home and Hospital Teaching, students are expected to return to their school of enrollment. The HHT Case Manager will provide the parent/guardian with an "end of services" notice. Prior to this time, the student's school of enrollment should be holding regular SST/IEP meetings to ensure preparations are being made to transition the student back to school.

Office of Home and Hospital Teaching (OHHT) Referral Process Flowchart



FREQUENTLY ASKED QUESTIONS REGARDING HOME AND HOSPITAL TEACHING (HHT)

1. **What is Home and Hospital Teaching?** Home and Hospital Teaching is the provision of temporary instructional support (not to exceed 60 calendar days) to school-aged students enrolled in Prince George's County Public Schools who are unable to attend school due to a physical or emotional condition.
2. **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. Home and Hospital Teaching allows students to continue their education even though they are unable to attend school due to a physical or emotional condition.
3. **Are there regulations that govern HHT in Maryland?** The HHT regulations are found in the Code of Maryland Regulations (COMAR) 13A.03.05. You can access the HHT regulations online at the following link: <http://www.dsd.state.md.us/COMAR/ComarHome.html>

4. **Who is eligible for Home and Hospital Teaching services?**

Prince George's County Public Schools' students may be eligible for services if student is unable to attend school due to a physical or an emotional condition and the anticipated absence is at least 20 consecutive days.

5. **How does a parent/caretaker apply for Home and Hospital Teaching services?**

The parent/caretaker should contact the principal/designee at the student's school of enrollment to inform them of need, complete the Home and Hospital Contact and Referral form (DSS-21) and obtain The Physician's Verification form (DSS-22).

6. **What documentation is required to determine eligibility for services?**

The following documentation is required:

- The Home and Hospital Contact and Referral form (DSS-21) is completed with the professional school counselor.
- The Physician's Verification form (DSS-22) is completed by a licensed physician or certified nurse practitioner.
- The Psychologist's/Psychiatrist's Verification form (DSS-22A) is completed by a licensed psychiatrist, licensed psychologist or school psychologist treating the student and is submitted to the principal/designee.
 - The school psychologist reviews the report from the psychologist/psychiatrist to determine if services are recommend or not recommended.
 - The principal's designee submits the Home and Hospital Contact and Referral form (DSS-21) and the Psychologist's/Psychiatrist's Verification form (DSS-22A) to the Office of Home and Hospital Teaching. The school team develops and submits a Transition Plan.

7. Once a student is determined to be eligible, when does Home and Hospital Teaching begin?

Instruction should begin no later than 10 school days following the notification to the school system and receipt of the medical verification form.

8. Where are students taught?

Students receive instructional services in the home, hospital, therapeutic center, and/or an alternative setting.

9. Who provides the instructional services?

Teaching is provided by home and hospital instructors. Instructors must possess a minimum of a bachelor's degree from an institution of higher education.

10. How many hours of services will the student receive?

Generally, a full-time student who is homebound and/or hospitalized will receive six hours of instruction per week and part-time students generally receive three hours of instruction per week. Instruction is provided in the four core areas (English, math, social studies and science).

11. Who provides the textbooks, assignments and materials?

The principal at the student's school of enrollment should ensure the provision of books, assignments, and instructional materials for the duration of Home and Hospital Teaching.

12. How are students graded?

All assignments are submitted to the student's classroom teacher(s) for review and grading.

13. What are the parents' responsibilities when home teaching is provided in the home?

A responsible adult must be present in the home during all home teaching sessions and must ensure the student is available, on time, and prepared. The parent/caretaker is responsible for obtaining the student's textbooks from the school.

14. When does home teaching begin?

Teaching will begin within 10 school days of receipt of the completed referral packet—both the Home and Hospital Teaching Contact and Referral form DSS-21 and DSS-22 or DSS-22A—in the Office of Home and Hospital Teaching.

15. What if the student's medical condition requires an extension of home and hospital services?

A student may receive services according to the DSS 22/DSS 22A, for a maximum of 60 calendar days. For continuation of this service, the Code of Maryland Regulations (COMAR) requires a review and re-verification of need at least every 60 calendar days after the original determination or sooner.

16. Can a pregnant student receive services?

Yes. She may receive home teaching services for 6 – 8 weeks postpartum, depending upon the student's needs.

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

No. 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.

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

In order for a student to be eligible for HHT, the parent or guardian must submit a verification form 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 may need to consult with the parent, guardian, student, and relevant practitioner(s), as appropriate. Ultimately, the local school system is responsible for the determination of initial service need, as well as the reverification of service need.

19. 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?

The IEP team must meet to review and revise the student's IEP. It is the responsibility of the IEP team to:

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

20. 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.

21. 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.

22. 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:

- review and revise the IEP
- determine the appropriate placement in the least restrictive environment

Responsibilities of Staff

Responsibilities of the Classroom Teacher

It is the responsibility of the classroom teachers to:

- Provide the home and hospital teacher with necessary books, assignments, materials and quizzes/tests within two school days of the request.
- Provide all codes/passwords necessary for students to access all assignments in google classroom and/or online materials and add the home and hospital teacher's name to your google classroom.
- Provide assignments that are strategically selected and modified (limit the quantity and length of assignments to only what is necessary for students to demonstrate mastery of the standard).
- Provide the answer keys and/ or teachers' manuals, whenever possible.
- Communicate with the home and hospital teacher regarding the student's progress.
- Provide 504/ IEP/ SST teams with information regarding student's progress and ability level(s).
- Review and grade all student work. Ensure student's grades are updated to properly reflect excused and/or waived assignments.
- Record student's grades in SchoolMax.
- Provide additional materials and work in a timely manner; do not wait for work to be returned.
- Please be sure to include work in all substitute plans.

Note:

Home teaching does not replicate daily classroom instruction. A student receiving full-time HHT services will receive a minimum of 6 hours of instruction per week. Services are provided by temporary employees who meet the COMAR requirement of having a bachelor's degree. Some home and hospital teachers may be certified, and others may not. Those who are certified may not possess a certification in the subjects in which they are assigned to teach.

Students receiving HHT services should remain members of your class during this temporary period of absence. Your collaboration with the parent, student, and home teacher will help to provide your student with a successful experience during their absence. While a determination of eligibility for HHT services is being made, the classroom teacher should be providing instructional work for the student to the guidance counselor and/or parents.

Responsibilities of the Professional School Counselor

It is the responsibility of the Professional School Counselor to:

- Inform parent/guardian about Home and Hospital Teaching services if the student will be absent for an extended time (at least 20 consecutive days) due to a medical/psychological condition or hospitalization.
- Provide the parent with the *Physician's Verification* form (DSS-22) and/or the *Psychologist's/Psychiatrist's Verification* form (DSS-22A); complete with the parent the *Home and Hospital Contact and Referral* form (DSS-21) and attach copies of the completed DSS-22/DSS-22A.
- Ask the school psychologist to review, sign, and date the DSS-22A in emotional condition cases and to provide strategies to support the student's compliance with the transition-to-school plan.
- Place the appropriate copies of all completed forms in the student's Limited Access File (LAF) and distribute other copies to appropriate persons/offices.
- Collect books, materials, and assignments from the classroom teacher(s) as soon as the home and hospital referral has been submitted to the school.
- Provide books and work to the student while Home and Hospital Teaching eligibility is being determined.
- Provide course work, books, and instructional materials to the home and hospital teacher within two (2) school days of notification of service approval.
- Record all books and materials issued to the home and hospital teacher by the school.
- Contact the Special Education specialist, pupil personnel worker, school psychologist, school nurse, or other appropriate personnel to coordinate conferences, including SST and 504 meetings.

Responsibilities of the Building Principal

It is the responsibility of the Building Principal to:

- Ensure parents are informed about HHT services if student will be absent for an extended period of time due to a medical or psychological condition.
- Ensure appropriate instructional materials are provided to student while a determination of eligibility for HHT services is being made.
- Ensure that all student work is graded and recorded by the classroom teacher(s).
- Ensure course work, books, and instructional materials are provided to the home and hospital teacher within 2 days of notification of service approval.
- Notify the Pupil Personnel Worker (PPW) if a parent fails to complete the request for home and hospital teaching service in the case of an extended absence.
- Ensure attendance code 95 is used for any student who has been approved for home and hospital teaching.

Responsibilities of the Office of School Health

It is the responsibility of the Office of School Health to:

- Review the *Physician's Verification* for physical conditions to determine if home and hospital services are appropriate.
- Consult with the referring physician(s) as needed to obtain pertinent information.
- Participate in school team meetings held for students being referred for or receiving home and hospital services.
- Make home visits as needed to support consultation to school team.

Responsibilities of the Office of Psychological Services/Professional School Psychologist

It is the responsibility of the Office of Psychological Services/the Professional School Psychologist to:

- Review the *Psychologist's/Psychiatrist's Verification* for emotional conditions to determine if home and hospital services are appropriate.
- Consult with the referring psychologist/psychiatrist/therapist regarding student's treatment plan, medication, and transition-to-school plan.
- Participate in school team meetings held for students referred with emotional conditions.
- Identify strategies to support student's transition and compliance with the transition-to- school plan.
- Draft Transition Plan.

Responsibilities of the Parent/Guardian

It is the responsibility of the Parent/Guardian to:

- Submit a completed and signed Physician's Verification Form (DSS-22) or a completed and signed Psychologist's/Psychiatrist's Verification Form (DSS-22a) to the Professional School Counselor.
- Provide a safe, quiet, clean, well-ventilated setting for the student and teacher when sessions are in the home.
- Ensure a responsible adult is present in the home during all instruction sessions.
- Ensure all animals will be secured during instruction sessions.
- Ensure no smoking or drinking will be allowed in the home during instruction.
- Ensure distractions will be minimized during instruction (television, radio, games, guests).
- Ensure the student is available, on time, prepared and ready at the established home instruction time.
- Provide advance notice, no less than two hours, if there is a need to cancel an HHT instructional session.
- Establish a schedule for homework and study times between HHT sessions.
- Provide the HHT Case Manager updates on the student's medical condition, diagnosis, and instructional need.

Responsibilities of the Student

It is the responsibility of the Student to:

- Be respectful and cooperate with the home and hospital teacher.
- Follow the *PGCPS Student Rights and Responsibilities Handbook*.
- Be on time and prepared with books, materials, and assignments for all scheduled sessions.
- Spend adequate time daily doing schoolwork, completing all work and assignments outside of the HHT sessions.

Responsibilities of the Home and Hospital Teacher

It is the responsibility of the Home and Hospital Teacher to:

- Contact the student's parent/caretaker to schedule teaching sessions and the school to request books, materials, and assignments, within 24 hours of accepting a student referral.
- Meet with teachers/other appropriate persons at first conference; obtaining books, assignments, and materials from the school; completing the HHT Service Agreement.
- Review expectations and schedule with parent and student at first teaching session.
- Teach skills and content, monitoring completion of assignments, and coordinating with the parent/caretaker/surrogate to ensure a climate of high expectations is maintained.
- Teach only when a responsible adult is present in the home during the teaching sessions.
- Maintain communication with the classroom teacher(s) to ensure that the student has the opportunity to stay current with class work.
- Report student's attendance—the duration of home and hospital services and the days present and absent, to the principal/designee of the student's school.
- Ensure all work is submitted to the school for review and grading.
- Submit detailed and signed progress summaries and/or submit IEP progress summaries for students with disabilities to the student's school and the Office of Home and Hospital Teaching at midterm, at the end of each quarter, and upon completion of services.
- Return all books, materials, work, and reports to the student's school within two school days of closing a case.

- Maintain confidentiality regarding students and students' records.
- Report concerns to the Office of Home and Hospital Teaching Case Managers.
- Report suspected or observed child abuse or neglect immediately to the Department of Social Services, 301-909-2450 (Monday through Friday from 8:30 a.m. to 4:30 p.m.) or 301-699-8605 (weekends, holidays, before 8:30 a.m. and after 4:30 p.m. Monday through Friday).

Note: Home and hospital teachers are temporary employees who meet the COMAR requirement of having a bachelor's degree. Some home and hospital teachers may be certified, and others may not. Those who are certified may not possess a certification in the subjects in which they are assigned to teach.

Responsibilities of the Home and Hospital Case Manager

It is the responsibility of the Home and Hospital Case Manager to:

- Review HHT referrals and supporting documents to ensure student meets criteria for home instruction as stipulated in state regulation and district procedure.
- Process incoming referrals and assign a home instructor to qualified students within 10 school days of receipt of referral.
- Gather information needed for administrative decision making regarding student approvals.
- Provide written and oral communication related to verification, approvals, denials and service requirements.
- Monitor home instruction and ensure educational services are provided for each qualifying student.
- Respond to inquiries and concerns from students, parents, school personnel, district offices and outside agencies to provide information, clarity, and resolution to issues/complaints regarding student cases.
- Maintain appropriate record of student referrals to include approvals, denials, start and end of instruction, assigned home instructor, progress summaries, service agreement, etc.
- Maintain HHT forms, websites and pertinent programmatic documents.
- Orient, train, mentor and monitor new home and hospital teachers regarding procedures and delivery of instruction.
- Provide professional development to offices and school staff.
- Attend school-based meetings (SIT, SST, IEP, 504), when necessary, to provide clarification and direction

regarding home instruction requirements, processes, student progress, and roles and responsibilities.

Responsibilities of the Special Education Chairperson:

It is the responsibility of the Special Education Chairperson:

- Review HHT referrals and supporting documents to ensure student meets criteria for home instruction as stipulated in state regulation and district procedure.
- Ensure the following questions are answered:
 - Do we service other students with similar diagnosis or symptoms in the school?
 - Would any aid, service, or accommodation allow the student to attend school?
- Convene a SST/IEP meeting to review and revise the IEP; determine instructional services to be provided and develop a plan for returning the student to school.
- Determine appropriate placement in the Least Restrictive Environment.