



DOCUMENTING HOMEBOUND SERVICE ON THE IEP
Macomb Intermediate School District

October 28, 2014

Macomb Intermediate School District utilizes TIEnet for special education case management. This packet provides a brief summary of homebound services, eligibility and methods to document and track services. The following documents are included:

Procedures to follow to document homebound services
Sample Letter for requesting medical certification
Medical referral for homebound services
Homebound Attendance Log

The MDE Homebound and Hospitalized Services for Michigan Public School Students

For more information contact:

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Macomb Intermediate School District

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Regulations Require: Written certification from the pupil's attending physician verifying that the pupil has a medical condition that requires the pupil to be confined to the home during regular school hours for a period of longer than five school days. The certification must be by a physician who is either an M.D. or a D.O. Psychologists, chiropractors, or other professionals may not certify a person as eligible.

A non-special education certified teacher or properly certified substitute may provide homebound and hospitalized services to special education pupils unless the pupil's current individualized education program (IEP) requires that the services be provided by a special education certified teacher.

Special education pupils must receive a minimum of two nonconsecutive one-hour periods of instructional service per week [R 340.1746]. The two one-hour sessions for a special education pupil may be on the same day; however, there must be an adequate break between the two sessions.

Special education Rule 340.1746 requires a school district to convene an Individualized Education Program Team (IEP Team) meeting and to identify a certified special education teacher who can provide the service within fifteen school days. Special education pupils who spend the majority of the day in the general education classroom may have their homebound and hospitalized service provided by a general education teacher, when agreeable to the parent. The requirements for special education homebound and hospitalized under Rule 340.1746 apply to pupils whose disability requires intervention from a special education teacher.

For more detailed information, please review the following two documents available through the Michigan Department of Education:


1. Homebound and Hospitalized Services For Michigan Public School Students – January 2011
2. Pupil Accounting Manual

Student Eligibility for Homebound Services:

- The student is enrolled in the public school district and assigned to an appropriate general or special education program.
- The student is unable to attend school because of medical condition. Students who are able to attend school part-time are expected to do so and do not qualify for homebound and hospitalized service.
- The student's attending physician certifies a medical condition that requires that the student be confined to the home during regular school hours.
- The student is physically able to participate in instructional activities while at home or in the hospital.
- It is anticipated that the pupil will be homebound or hospitalized for at least five consecutive school days.

Documentation:

Purpose of IEP. The district will need to initiate an IEP meeting upon receipt of the medical certification. This IEP meeting could be combined into an annual IEP or an amended IEP. If the district chooses to amend the previous IEP, the purpose of the IEP and documentation should clearly state the sections that were amended. After amending an IEP, the district will need to provide a new notice or offer of FAPE. The snapshot below shows proper documentation on the Cover page.

		Utica Community Schools 11303 Greendale Dr Sterling Heights, MI 48312-2925 Phone: (586) 797-1000	
Individualized Education Program (IEP)			
IEP Meeting Date: 10/27/2014		Purpose of IEP Amendment Meeting: Additional Other: Add Homebound Service Purpose:	
		These section(s) have been modified: The IEP team met to amend the program and services section due to the need for Homebound Services. The PLAAFP and the Special Factors sections were updated as well.	
Student Name: John Sample		UIC: 5986720122	DOB: 10/31/2001
Gender: Male		Resident District: Utica	Attending District: Utica
Attending School: Dekeyser Elementary School		Previous IIEPT Date: 10/27/2014	Previous Reevaluation IEP Date:
		Age: 12 years and 11 month(s)	
		Grade: Fifth grade	

Does anything need to be documented in the PLAAFP?

The IEP team should consider the potential impact of the student’s health status, medical condition and/or recuperative period on the student’s attention span, cognition, learning, and ability to engage in the learning process with the homebound service providers. Depending upon the issues or needs, the duration, time of day and other adjustments or accommodations might need to be considered.

Example of a Revised Section in the PLAAFP.

Student Name: John Sample		IEP Meeting Date: 10/27/2014	
Present Level of Academic Achievement and Functional Performance (PLAAFP)			
Area or Domain	Sub-Area	Present Performance Levels/Strengths Include recent assessment data. Explain how data establishes a beginning instruction point.	Describe how the student's disability affects the student's involvement and progress in the general education curriculum. For preschool children, as appropriate, how the disability affects the child's or student's involvement in age-appropriate activity.
Medical/Health/Physical		Based upon reports received from the student's physicians and parents, the student will be confined to his home for approximately two months. He has the diagnosis of _____. The reports could be briefly summarized here including diagnosis, potential impact on the homebound services, stamina, attention, concentration, motoric control, language, cognition, etc.	The medical certification states "that the student is not able to participate in school nad is confined to his home for a period of at least two months. The physician will periodically re-evaluate the student's progress.

The IEP team may also comment in the Special Factors section about the student’s health status.

Consideration of Special Factors	
a) Does John have behavior which impedes his learning or the learning of others?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b) Does John have limited English proficiency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c) Does John have blindness or visual impairment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d) Did you consider John's communication needs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is John deaf or hard of hearing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e) The IEP Team has considered whether John needs Assistive Technology devices and services in order to progress toward his goals and objectives and determined that:	
1. <input type="checkbox"/> Assistive Technology is necessary. 2. <input type="checkbox"/> It has not yet been determined whether John needs AT in order to progress toward his IEP goals and objectives. The Team plans to make this decision in the following way: 3. <input checked="" type="checkbox"/> Assistive Technology is not necessary at this time.	
f) Does John have health, physical, and/or medical issues that may impact learning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain. The student recently was diagnosed with _____ and will require homebound services for approximately two months.	
g) Does John have any perceptual, motor, or mobility concerns, such as gross and fine motor coordination, balance, and limb/body mobility that impedes learning.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

How to document Programs and Services:

Programs and Services									
Related Services with General Education and/or Special Education Programs									
Direct Service: the primary mode of service is directly working with the student. There may be occasional consultation with others.									
Consultative Service: the primary mode of service is working with the teacher(s) and others having daily contact with the student. Direct work with the student is occasional.									
Related Services	Start Date	End Date	Service Mode	Minutes		Sessions		Frequency	Setting within Location
				Low Min.	High Min.	Low Number	High Number		
Homebound/Hospitalized	10/27/2014	01/04/2015	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Consultative	60		2	3	Week	Home

Programs	Departmentalized	Start Date	End Date	FTE Calculation Area					Bidg/Location
				SE		GE		Total	
				Low Min/Wk	High Min/Wk	Low Min/Wk	High Min/Wk	Min/Wk	
Elementary or Secondary-Level Resource Program	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	10/27/2014	01/04/2015	20	30	0	0	20	DeKeyser Elementary School
				SE FTE: 0	GE FTE: 0		Total FTE: 0	FTE as of 02/11/2015	

TRANSPORTATION PROVISIONS

Has the IEP Team determined that John requires special transportation?

- No, transportation is not required or general education transportation is sufficient to meet John's needs.
- Yes, special transportation is required due to the following:
 - The recommended programs/services are not available in John's regular attendance area
 - The medical, health or developmental and/or behavioral needs of this student necessitate special transportation.

The Special Education teacher may consult with homebound teacher, assist in collecting assignments, and manages caseload responsibilities including leaving student on the worksheet for all pupil counts.

Does the student require a reduced schedule? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, then reduced schedule is allowed for: Homebound/Hospitalized Student (Medical Reasons Only)
Is there a need for placement with a teacher with an endorsement in a particular impairment category? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a Teacher Consultant with endorsement in the student's impairment needed to support the resource program teacher? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Please note that the Homebound Service may be greater than the minimum 2 non-consecutive hours. The amount of time per day or week depends upon the student's capacity to manage the workload. Having Resource Program teacher and a Homebound teacher provides continuity and an extra measure of accountability for tracking progress, holding required IEP meetings, and pupil accounting requirements during COUNT periods. Depending upon the IEP team, other related services may also be required such as speech and language or occupational therapy. The IEP team should also check the box after the statement "Does the

student require a reduced schedule” since this allows the district to track these students more accurately in TIEnet.

Tracking Students in TIEnet:

Using the following standard report in TIEnet, a director, supervisor or liaison may determine which students have been placed on a reduced day or homebound services. The example below shows that one student was placed upon a reduced day while the second student (John Sample) receives homebound services. The data flows from a “Finalized” IEP.

Last Name	First Name	School	Reduced Schedule	Support Service	SE FTE	GE FTE
[Redacted]		Dekeyser Elementary School	Yes			
Sample	John	Dekeyser Elementary School	Yes	Homebound/Hospitalized		

2 Students

Staff may enter by "hand" a correct FTE. This does not calculate from the IEP or Profile.

Homebound versus Home-based Services:

Homebound services are defined in R340.1746 of the Michigan Administrative Rules for Special Education and were designed for students who were unable to attend school due to a medical issue that confine the student to home. Home-based services are typically provided to students who were expelled or suspended from school due to disciplinary reasons. Documenting “Home-based instruction” on an IEP is different and will not be part of the scope of this packet.

Documents attached include:

1. Homebound and Hospitalized Services For Michigan Public School Students – January 2011
2. Homebound Attendance and Service Log (Fillable Form) – 2014
3. Medical Referral Form

Sample Letter

Date

Dr. _____

Address line #1

Address line #2

Re: Medical Certification for Homebound Services

Dear Dr. _____,

We recently received a request for Homebound services. Homebound service is a *self-study program* designed to help students, who are unable to attend school due to a medical condition, to keep up with their studies and to progress as far as possible given their medical condition. The homebound teacher carries the curriculum from school to the home to enable pupils to continue with their studies. It is important to note that these are services designed to help the classroom teacher(s) communicate with the student while away from school. Below are the criteria from the Michigan Department of Education for qualifying for homebound services.

Diagnosis/Medical Condition: _____

Please check all that apply.

- Student is unable to attend school because of a medical condition. Students who are able to attend school part-time are expected to do so and do not qualify for homebound and hospitalized service.
- Student's attending physician certifies a medical condition that requires that the student be confined to the home or hospitalized during regular school hours.
- Student is physically able to participate in instructional activities while at home or in the hospital.
- It is anticipated that the student will be homebound for at least five consecutive school days.

The certification must be from a licensed physician. Counselors, psychologists, social workers, or other types of behavioral therapists are not able to certify eligibility. In addition, medical persons such as chiropractors or occupational or physical therapists cannot certify eligibility.

How long do you think the student will be absent from school due to the medical condition? _____

Please Print - Physician Name: _____ Physician's Office Phone: _____

Physician's Signature: _____ Date of Certification: _____

Please return to:

Sincerely,

Name

Title and School

Phone and Fax number

Macomb Intermediate School District

44001 Garfield Road • Clinton Township, MI • 48038-1100 • 586/228-3300



MEDICAL REFERRAL FOR HOMEBOUND INSTRUCTION

Student Name: _____ Birthdate: _____
Gender: _____ School: _____ Resident District: _____
Parent/Guardian: _____ Phone: _____
Address: _____ City: _____ Zip Code: _____

Parent/Guardian Signature

Date

To be eligible for Homebound Services, a student must be certified at least annually by a licensed physician as having a severe medical condition requiring the pupil to be hospitalized or confined to home during school hours.

FOLLOWING SECTION TO BE COMPLETED BY STUDENT'S PHYSICIAN

I certify that _____ has the following medical condition: _____

_____ and cannot attend public school for: _____ (Time/Weeks).

Is the child hospitalized? Yes No If "yes", list hospital: _____

Are there any restrictions or contagious diseases which make it unwise for a teacher to provide one-to-one instruction in the home/hospital? Yes No If "yes" please describe: _____

1. Is the child medically confined to the home at all times per the physician listed below? Yes No
2. Is the child ventilator dependent? Yes No Oxygen dependent? Yes No
If Oxygen dependent, how many hours per day? _____
3. Could the child be seen in a MISD program with special precautions? Yes No
If "yes", please list necessary precautions: _____

SUPPORTING MEDICAL REPORT(S) MUST BE ATTACHED

Physician Signature

Date

Phone

Please Print Name

Business Address

If you have any questions, please contact _____ . Please return the form to the following address:

School District: _____ School Building: _____

Address: _____ City: _____ State: _____

Office Phone: _____ Fax: _____

Staff Use Only

Date of Referral:

Date Medical Received:

Date Enrolled:

Anticipated Service Period:

Homebound Teacher:

Ancillary Staff Assigned (If required):