Illinois State Board of Education
Division of Funding and Disbursement Services

Home/Hospital Instruction and Reimbursement
Questions and Answers

Home/hospital services are provided to a student when a licensed medical physician determines that the student will, or is anticipated, due to a medical condition, be out of school for a minimum of two consecutive weeks of school (10 days) or more or on an ongoing intermittent basis. The goal of home/hospital instruction is to afford the student experiences equivalent to those afforded to other students at the same grade level and designed to enable the student to return to the classroom. Thus, the substance or content of the instruction, generally academic, is to enable the student to remain synchronized with the other students in his or her class.

Please refer to the following link for all references to 23 Il Admin Special Education Administrative Rule Part 226 https://www.isbe.net/Documents/226ark.pdf.

1. When must a district provide home/hospital services and what qualifies a district to claim reimbursement for these services?

Section 14-13.01(a) of the School Code indicates that services are to be provided when a homebound or hospitalized student is unable to attend school due to a condition certified by a medical physician’s statement that indicates that the student will or is anticipated, due to the student’s medical condition, to be out of school for a minimum of two consecutive weeks of school (10 days) or more or on an “ongoing intermittent basis.” An “ongoing intermittent basis” means that the student’s medical condition is of such a nature or severity that it is anticipated that the student will be absent from school due to the medical condition for periods of at least 2 days at a time multiple times during the school year totaling at least 10 days or more of absences. There shall be no requirement that a student be absent from school a minimum number of days before the child qualifies for home or hospital instruction.

Home or hospital instruction may commence upon receipt of a written physician's statement, but instruction shall commence no later than 5 school days after the school district receives the physician's statement. The physician statement must be signed by a physician licensed to practice medicine in all of its branches (as determined by Medical Practice Act of 1987, i.e., M.D. or D.O.). Educational services provided by a hospital prior to receipt (or date of) the physician statement of need are not eligible for reimbursement. Special education and related services required by the student’s Individualized Education Program (IEP) or services and accommodations required by the student’s federal Section 504 plan, if written must be implemented as part of the student's home or hospital instruction, unless the IEP team or federal Section 504 plan team determines that modifications are necessary during the home or hospital instruction due to the student’s condition. However, related services provided in school such as nursing care or health services are not required to be implemented at home by school staff.
2. **Is there a form on which the physician may certify the student for Home Hospital educational services?**

There is no required form, but ISBE provides districts an optional form that is accessible at https://www.isbe.net/Documents/34-58-home-hospital-inst.pdf that may be used and includes all the required information. If a different form is provided by the district or hospital, it must include all the required elements for reimbursement.

3. **What amount of instruction, at a minimum, must be provided to a home/hospital student? What additional issues must be considered for a student with disabilities?**

Section 14-13.01(a) of the School Code states in part, “eligible children . . . must regularly receive a minimum of one hour of instruction each school day, or in lieu thereof a minimum of 5 hours of instruction in each school week . . . If the attending physician for such a child has certified that the child should not receive as many as 5 hours of instruction in a school week, however, reimbursement under this paragraph on account of that child shall be computed proportionate to the actual hours of instruction per week for that child divided by 5.”

Per Part 226.300 of the Special Education Administrative Rule, Individualized Education Program (IEP) team for students with disabilities shall consider the need for home or hospital services. Such consideration shall be based upon a written statement from a physician licensed to practice medicine in all its branches which specifies:

1. the child’s medical condition, including diagnosis
2. the impact on the child’s ability to participate in education (the child’s physical and mental level of tolerance for receiving educational services); and
3. the anticipated duration or nature of the child’s absence from school.

If an IEP Team determines that home or hospital services are medically necessary, the team shall develop or revise the child’s IEP accordingly.

1. The amount of instructional or related service time provided through the home or hospital program shall be determined in relation to the child’s educational needs and physical and mental health needs.
2. The amount of instructional time shall not be less than five hours per week unless the physician has certified in writing that the child should not receive as many as five hours of instruction in a school week.
3. A child whose home or hospital instruction is being provided via telephone or other technological device shall receive not less than two hours per week of direct instructional services. Instruction can also be provided by FaceTime, Skype, Go-To Meeting or other types of electronic media communication either audio or video. If utilized, this method must be accompanied by no less than two hours per week of direct instruction service, unless the medical statement directs that the student is in medically-required isolation.
4. Instructional time shall be scheduled only on days when school is regularly in session, unless otherwise agreed to by all parties.
5. Home or hospital instructors shall meet the requirements of 23 Ill. Adm. Code 1.610 (Personnel Required to be Qualified).
6. Services required by the IEP shall be implemented as soon as possible after the district receives the physician’s statement.
4. What is the obligation of a district when home-hospital services are requested at the end of the school year?

Part 226.300(b) indicates that a child must have “a medical condition that will cause an absence for two or more consecutive weeks of school.” When the referral is made with less than two weeks of school left in the school year, there is no requirement to initiate home-hospital services.

5. What should a district do if a hospital provides instruction without the district’s knowledge and then bills the district for these services?

The district must receive a medical physician’s statement stating that the student will be absent for two or more consecutive weeks of school (10 days) or ongoing intermittent absences. The student’s resident district must be afforded the first opportunity to direct the student’s instruction before it is responsible for the costs. If no doctor’s statement is provided, the district is under no obligation to pay. Further, the district may choose to provide its own instructors rather than use hospital staff.

6. What can a district do if the student is now homebound and needs a lab course to complete requirements for graduation?

The school district’s obligation is to provide instruction based on the student’s needs. Fulfilling graduation requirements is a student need. The curriculum can be modified to allow for an independent study or to allow another course to be substituted so that the student can meet requirements for graduation.

7. When a student is pregnant, what responsibility does the district have for providing homebound instruction?

There are two components to the district’s responsibility according to Section 10-22.6a of the School Code. Before the birth of the child, home instruction must be provided if a doctor’s certificate states that the student is medically unable to attend regular classroom instruction. Second, for up to three months following the birth of a child or a miscarriage, the district is to ensure the provision of educational services to the mother; the doctor’s statement must state the duration of the post-partum period required for these services which may be reduced or extended for up to 3 months by physician statement. In both of these cases, home/hospital instruction may be claimed for reimbursement.

8. If the student who is eligible for home/hospital services is a special education student, must we reconvene the IEP for a change of placement?

If an IEP team determines that home or hospital services are medically necessary, based on a written statement from a medical physician, the team shall develop or revise the child’s IEP accordingly (see Part 226.300(c)).

9. When a student has been receiving homebound instruction and, at the end of the school term, needs to continue instruction in order to be able to complete the assigned grade and move into the next year with his class, can the district provide homebound services in the summer?

It is recommended that homebound instruction be provided, particularly if summer school is being provided in the student’s home school building or in the resident district and if the student meets the district criteria for summer school attendance. Per Part 226.300(e), instruction shall
occur only on the days when school is regularly in session unless otherwise agreed to by the parties. Additionally, a doctor’s certificate should be on file to verify the need for homebound tutoring, i.e. that the child cannot attend school for medical reasons.

10. Must a district provide home/hospital instruction for a student who is enrolled in a private/parochial school and who now requires such services?

A private/parochial student with disabilities who has an approved Individual Services Plan (ISP) may be provided services by the district using Federal IDEA nonpublic proportionate share funds. However, per 34 CFR 300.137, no private/parochial student with an ISP has an individual right to receive some or all of the special education and related services that the child would receive if enrolled in the district. Further, there is no general state aid or home/hospital reimbursement to a district for any services provided for a student not enrolled in the district.

11. When a student is suspended or expelled from school, can a district claim homebound instruction?

When there is no medical physician’s statement requiring the student’s absence from school, expenses are not claimable under the home/hospital provisions. However, the student’s instructional time could be counted for attendance purposes for General State Aid. Section 18-8.05(F)(2)(a) of the School Code states: “Pupils enrolled in a public school for only a part of the school day may be counted on the basis of 1/6 day for every class hour of instruction of 40 minutes or more attended……”

12. When a student is placed in a residential substance abuse treatment facility, can home/hospital reimbursement be claimed?

No, home/hospital reimbursement may not be claimed. Section 10-20.12a of the School Code states “Unless otherwise agreed to by the parties involved and where the educational services are not otherwise provided for, educational services for an Illinois student under the age of 21 in any residential program shall be provided by the district in which the facility is located and financed as follows. The cost of educational services shall be paid by the district in which the student resides in an amount equal to the cost of providing educational services in a treatment facility. Payments shall be made by the district of the student's residence and shall be made to the district wherein the facility is located no less than once per month unless otherwise agreed to by the parties.”

A district with a student in a residential treatment facility is eligible to include the attendance in the General State Aid claim, and if the student is in special education, may claim special education excess cost or orphanage reimbursement if the student meets the eligibility requirements.

13. Does a teacher have to be licensed in special education to provide home/hospital services?

Yes. Teachers who provide home/hospital instruction to students with disabilities must possess a teaching license with an endorsement that is sufficient to completely fulfill the student’s individualized education program.
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14. Can a district employ a person with a substitute teaching license as a home/hospital instructor?

Yes. Per 23 Illinois Administrative Code 1.520, f), Home or hospital instructors shall meet the requirements of 23 Ill. Adm. Code 1.610 (Personnel Required to be Qualified), except that the use of an individual who holds only a substitute teaching license is permissible if the individual provides instruction under the supervision of an individual who holds a professional educator license endorsed in the teaching field and is the teacher in whose class the student is enrolled. A school district using the services of a substitute teacher for home or hospital instruction pursuant to this subsection (f), however is not eligible for reimbursement under Section 14-13.01 of the School Code.

15. Does an educator with an endorsement for School Support Personnel or an Administrative endorsement qualify the employee to instruct home/hospital students?

The Professional Educator License (PEL) holder with a school support personnel endorsement or an administrative endorsement does not qualify an employee to teach home/hospital students. The instructor must have a valid teaching license.

16. Are persons who provide related services reimbursable for home/hospital reimbursement?

Section 14-13.01(a) of the school code provides only for the reimbursement of teachers, i.e. holders of a PEL endorsed in a teaching field. Related services are not claimable when provided in a home or hospital setting.

17. How are districts reimbursed for approved home/hospital instructors?

To receive reimbursement, the home/hospital instructors must first be approved on the Special Education Personnel Approval file at the State Board of Education as an ID Code 4 or 6, and then they may be claimed on the personnel reimbursement claim form. Instruction of the student must occur on days that school is in session.

18. How is Special Education Personnel Reimbursement calculated for an approved home/hospital instructor?

Section 14-13.01(a) of the School Code states that home/hospital instruction reimbursement is paid at ½ of the teacher’s salary but not more than $1,000 annually per child or $9,000 per teacher, whichever is less.

19. When is ID Code 6 used for home/hospital instructors?

When a student is in a hospital located outside of Illinois and a teacher licensed in that state provides services, the teacher should be listed on the personnel approval database with an ID Code of 6. Documentation of out-of-state certification must be on file in the district.
20. Can a district claim special education reimbursement for a home/hospital instructor if the teacher is instructing a general education student?

Yes. An approved home/hospital instructor teaching a general education student in a home/hospital setting is reimbursable on the personnel reimbursement claim form. This is consistent with Sections 14-13.01(a) and 18-4.5 of the School Code.

21. Home/hospital instructors are employed by the cooperative but are doing work for the district. Who claims and receives reimbursement for the instructors?

The cooperative bills the district for the services of the instructors. The district pays the cooperative in full for the services of the instructors. The district should enter the employees for approval on the personnel approval database and claim the instructors on the personnel reimbursement claim form because the district contracted the instructors from the cooperative.

22. When providing home/hospital services, how does the district record attendance for state aid purposes for that student?

According to Section 18-8.05(F)(2)(e) of the school code, “A session of not less than one clock hour of teaching hospitalized or homebound pupils on-site or by telephone to the classroom may be counted as ½ day of attendance, however these pupils must receive 4 or more clock hours of instruction to be counted for a full day of attendance.”

23. What should a district do if a student has a medical condition that allows partial attendance and can attend school for a limited part of the day and receives homebound instruction in addition?

Assuming a medical physician’s statement is on file stating that this is necessary, both instruction at school and in the home may be provided and are eligible for reimbursement. The part of the school day when the student receives services in the home would be counted for attendance as indicated in question #21. The portion of the day spent in attendance in the district may be claimed as stated in the School Code at Section 18-8.05(F)(2)(a). “Pupils enrolled in a public school for only a part of the school day may be counted on the basis of 1/6 day for every class hour of instruction of 40 minutes or more attended . . . ” Note: Combined part-time and homebound attendance for a student cannot be reported in excess of a full day of attendance on a given day.

24. What should a district do if a student has a medical condition and is only able to attend school intermittently?

Section 14-13.01(a) addresses home/hospital situations for students who are absent on an “ongoing intermittent basis.” An ongoing intermittent basis means that the student’s medical condition is of such a nature or severity that it is anticipated that the student will be absent from school due to the medical condition for periods of at least 2 days at a time or more times during the school year totaling at least 10 days or more of absences. There shall be no requirement that a student be absent from school a minimum number of days before the child qualifies for home or hospital instruction.

Home or hospital instruction may commence upon receipt of a written physician's statement, but instruction shall commence not later than 5 school days after the school district receives the physician's statement. Special education and related services required by the student’s IEP or
services and accommodations required by the student’s federal Section 504 plan must be implemented as part of the student’s home or hospital instruction, unless the IEP team or federal Section 504 plan team determines that modifications are necessary during the home or hospital instruction due to the student’s condition.

25. Can mileage paid by the district for a home-hospital teacher's travel be included in the salary stated on the personnel reimbursement claim or on the pupil transportation claim?

No.

26. If a student who is claimed under special education excess cost or private tuition must be served in a home/hospital setting for a period of time, does this effect way the student is claimed and the FTE of the student in the original program?

State reimbursement is available for only 1.0 full-time equivalency per student. If a student is on home/hospital for a period of time, and home/hospital reimbursement is claimed under Section 14-13.01(a), then the excess cost or private tuition claim for the student should be reduced accordingly. This is regardless of the student’s placement. While it is recognized that the district’s costs may continue in the original program, reimbursement can be received for one or the other, not both.

27. If the student is eligible for reimbursement under Section 14-7.03 of the School Code, Special Education Orphanage, must the district claim reimbursement under the home/hospital provisions of Section 14-13.01(a)?

No. The district may choose to claim full reimbursement of all educational costs for a child eligible pursuant to the provisions of Section 14-7.03. The costs would be accumulated on the child’s tuition cost sheet as required in Section 14-7.01 and subsequently claimed for Special Education Pupil Reimbursement.

28. May a medical statement that extends beyond the current school year be accepted?

No, a medical statement serves for the current school year only. A medical statement indicates that the student must be absent 10 or more days this school year.

29. If the student is excluded from school during an outbreak of a disease based on the fact that the student lacks the required immunization for that disease, is the district required to provide homebound instruction?

If the reason for the inability of the student to attend school during an outbreak of a vaccine preventable disease is related to a medical condition and the medical statement is written and submitted, the services are eligible for reimbursement. If the reason is related to a non-medical condition (i.e., religious objection), the services may be provided but are not reimbursable.