

Supporting Mutual Understanding Of Special Education Other Health Impairment Eligibility

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Children with chronic and complex health conditions, such as childhood cancer and sickle cell disease, often have neurocognitive impacts related to their health conditions and require special education and related services. The Individuals with Disabilities Education Act (IDEA) includes a federal eligibility category for other health impairment (OHI), however, due to the uniqueness of the category, gaps in educator and medical provider training, and difficulties with interdisciplinary communication, children with health conditions may not be found to be eligible for special education and related services under the IDEA. Supporting communication and understanding of the legal parameters of the OHI federal eligibility category can improve access to special education and related services and educational outcomes for children with chronic and complex health conditions.

CASE EXAMPLE

Kayla is an 8-year-old, second grade student who has recently completed chemotherapy for acute lymphocytic leukemia. At her return to school she was given accommodations to carry a water bottle, visit the nurse and restroom without a pass, and take breaks through a 504 plan. It has now been several months and rather than making academic progress, Kayla is falling further behind. She is having difficulty starting and completing tasks, understanding directions and instruction, and sometimes has trouble remembering sight words and math facts. After telling Kayla's oncologist about her latest report card, her doctor suggested that Kayla might need special education. Upon her father's request, Kayla's school holds an IEP screening meeting, but determines that even though she is struggling, Kayla is also missing multiple school days for medical appointments and illnesses. The IEP team also notes that she might just need more time to get used to being in school and doesn't qualify for special education and related services.

Did Kayla's IEP team make the correct decision?

BACKGROUND

Many children with chronic and complex medical conditions experience adverse cognitive effects and physical symptoms that have a negative impact on their educational progress.¹ Discussion of eligibility for special education and related services under the federal eligibility category of OHI often benefits from collaboration between a child's family, medical team, and school staff.² Children with chronic and complex health conditions often struggle to access special education and related services.³ This may be due, in part, to confusion regarding the criteria for the OHI federal eligibility category, which uses language to describe health conditions that is often unfamiliar to families, educators, and medical providers.

Educator and medical provider knowledge and training may add another layer of complication to the eligibility process. Teacher education research has identified a dearth of pre-service and in-service teacher training regarding the needs of children with chronic and complex health conditions.⁴ Teachers also report feeling

underprepared, anxious, and avoidant of children with health conditions.⁵ Likewise, medical providers of children with chronic and complex medical conditions report feeling unprepared to talk about topics related to their patients' schooling needs.⁶ Given that special education eligibility for OHI often requires medical provider reports of patients' health and cognitive status, it is helpful for attorneys and advocates to be well versed in this topic as they will be expected to facilitate understanding, communication, and collaboration between the medical and school team.

Understanding eligibility criteria for other health impairment

To be eligible for special education and related services under the IDEA, a child must have a qualifying disability, which includes an OHI, and by reason thereof, need special education and related services.⁷

One barrier to effectively considering the special education eligibility of children with chronic and complex medical conditions is the terms the IDEA uses in the eligibility criteria for OHI.

“Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

- (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
- (ii) Adversely affects a child's educational performance.”⁸

Thus, the individualized education program (IEP) team must answer the following eligibility questions⁹ :

- 1) Does the child have a chronic or acute health condition?
- 2) If so, is the student experiencing limited strength, vitality, or alertness due to the health condition?
- 3) Does the child's health condition result in an adverse educational impact?

The IDEA requires evidence of an educational impact for all special education eligibility categories; thus, IEP teams are typically familiar with this question. The question of a documented health problem can also be straightforward, as this question is often answered by documentation from an outside medical provider or school-based assessments. The question of limited strength, vitality, and/or alertness, however, is often a point of confusion, as these are not terms frequently used in either education or as medical diagnoses. When the school team is unclear about the eligibility criteria for other health impairment, they risk making faulty decisions based upon negative biases regarding students with medical conditions, such as the assumption that students are disengaged or lazy when they exhibit fatigue, which have been documented to exist among educators.¹⁰ Therefore, providing clear explanations and examples of “limited strength, vitality, or alertness” is a critical component for supporting team decision-making.

BUILDING INTERDISCIPLINARY UNDERSTANDING OF OHI ELIGIBILITY

There is evidence to suggest that school-based members of the IEP team may have a limited understanding of chronic and/or complex medical conditions as they relate to educational disabilities¹¹ Likewise, medical providers may not have a clear understanding of how the OHI eligibility criteria apply to children with chronic and/or complex medical conditions and therefore not recognize that their patients may qualify for special education and related services.¹² It is therefore helpful for an attorney or advocate to provide documentation to support the elements of the OHI eligibility criteria. This can include, but is not limited to, letters and reports from medical providers, progress reports, report cards, communication between parents/guardians and school staff, and work samples.

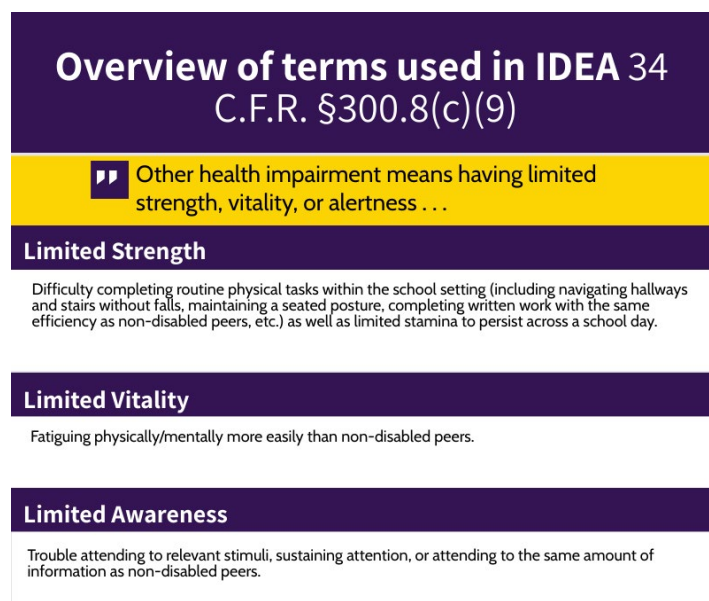
While it is possible to verbally clarify the terms used in the OHI eligibility standards as set by the IDEA, providing a list of definitions for IEP team consideration may offer helpful clarification to support team decision-making (see figure 1). For maximum accessibility, these terms and definitions can be digitally posted and offered as a handout before and during IEP meetings.

Likewise, medical providers do not typically conceptualize a patient’s health status and needs using the terms of the IDEA OHI criteria. Rather, medical providers use a documentation system based upon insurance billing codes, which uses different terminology than the IDEA. To assist families in collecting relevant information from their child’s medical providers it can be helpful to share the same list of terms and definitions. This allows medical providers to document and share health information that is most relevant for making special education eligibility decisions in their medical reports.

In addition to relevant information from medical providers, it is helpful to have school-based examples of a student’s “limited

strength, vitality, or alertness.” Of note, the IDEA does not require all three elements, only one or more to be present and having an educational impact that requires special education and related services. For example, an attorney or advocate may prepare for the IEP meeting by collecting examples of limited vitality by making notes about how the student’s medical condition causes fatigue and limits their ability to cognitively or logistically complete assignments, meet rigorous assignment due dates, and/or navigate the school setting without frequent breaks to rest.

Figure 1: example of defined terms



Educational impact and the confounding nature of frequent absences

As noted above, once the IEP team has established that the child has an acute or chronic health condition, that conveys limited strength, vitality, or alertness, the team must next establish that the health condition has an educational impact. For children with chronic and complex health conditions, this question can become fraught as the team contends with the issue of frequent absences from school. Children with health conditions frequently miss school due to medical appointments and periods during which their health condition prevents regular school attendance.¹³ For example, children with sickle cell disease may miss school due to pain crises and children with cancer may miss school due to post-chemotherapy fatigue. When IEP teams consider eligibility for other disability categories under IDEA, frequent absences are often viewed as a factor preventing the team from determining an educational impact of the disability, as the child has not attended enough school to make progress. For children with chronic and complex health conditions, however, frequent absences can be a feature of their disability and warrant accommodations and modifications to address missed instructional time.

This unique feature of students with chronic and complex health conditions can confuse IEP teams who, as mentioned, are typically

not well prepared to consider the unique needs of this population of students.¹⁴ Advocates and attorneys can help prepare for this concern by encouraging parents and guardians to keep a running log of the nature of absences and be prepared to share this information with IEP team members, and by having the child's medical provider(s) share a statement reflecting that frequent absences are a part of the child's medical disability and will continue to occur through their educational career.

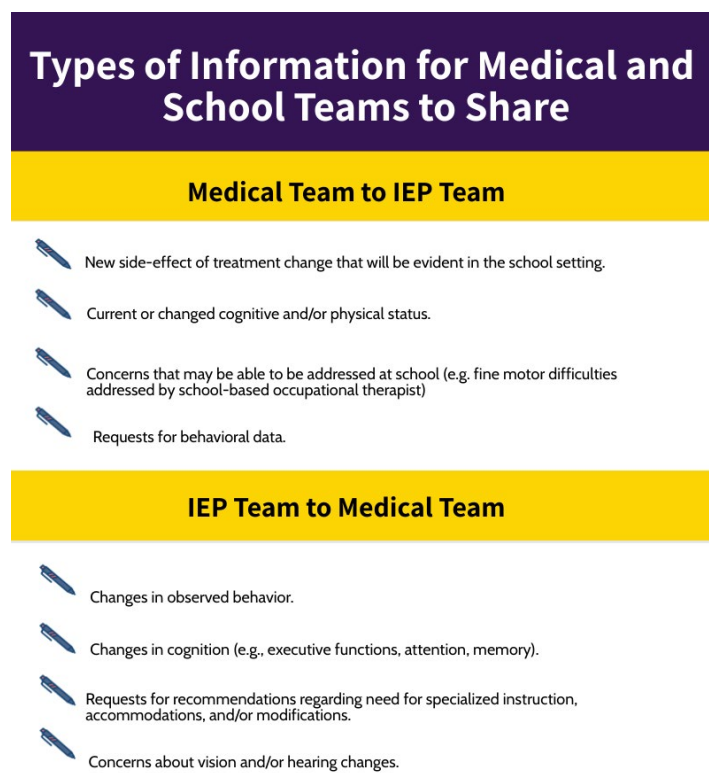
Interdisciplinary communication should not end with eligibility

Once a child has been found eligible for special education and related services, it can be tempting to discontinue interdisciplinary communication between the IEP team, medical team, and the child's family. This exchange of information, however, is critical to the long-term success and health of the child. As the IEP team develops the child's IEP, they should continue to communicate with the child's medical team and family regarding their health status.

Communication can be enhanced if school teams routinely ask that the family signs releases of information allowing the school team to speak with designated medical providers and vice-versa. Typical medical release forms allow families to determine what types of information sharing is permitted. For example, a family may not want the entirety of the child's medical record shared with the school team. The advocate or attorney can help the child's family to understand the role that healthcare and educational privacy laws (the Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights and Privacy Act [FERPA]) play in the release of information forms and to determine what types of information they would like to remain private.

Once the IEP team and medical teams have permission to communicate, they should establish "point persons" to be the first point of contact for each team. Having a designated contact helps reduce confusion when communicating. The team should also establish the best method and potential timing of communication. Establishing consistent point persons also facilitates the development of relationship that can be leveraged by either party to comfortably ask for clarification or additional explanation. As much as possible, medical and IEP team members should be encouraged to avoid acronyms and field-specific terminology, as these tend to be specific to their fields and not commonly known outside of either medicine or education. Providing definitions for terms that are critical to understand will also help facilitate productive communication. For example, an oncology team may want to explain that "intrathecal chemotherapy" means chemotherapy that is introduced into the central nervous system via a procedure called a lumbar puncture (or spinal tap). Finally, it may be helpful for the advocate or attorney to provide a list of types of information that are helpful and relevant to share between the medical and school teams (see figure 2), as this can guide their communication.

Figure 2: information to be shared between medical and IEP teams



CONCLUSION

Supporting interdisciplinary understanding of the legal requirements of the other health impairment federal eligibility category for special education is helpful when advocating for students with chronic and complex health conditions. Advocates and attorneys should facilitate communication between the IEP team, medical team, child, and their family. Ensuring lines of communication are clear and open as well as mutual understanding of the school policy and procedure benefits children with chronic and complex health conditions by supporting access to special education and related services as well as ongoing monitoring and collaboration for their educational planning.

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