DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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BUMED INSTRUCTION 1755.1A

From: Chief, Bureau of Medicine and Surgery

Subj: EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES AND
        EARLY INTERVENTION SERVICES

Ref: (a) DoD Manual 1342.12, Implementation of Early Intervention and Special Education
            Services to Eligible DoD Dependents, 17 June 2015
        (b) 20 U.S.C.
        (c) BUMEDINST 1300.2B

Encl: (1) Educational and Developmental Intervention Services Program Requirements
        (2) Educational and Developmental Intervention Services Early Intervention Procedural
            Pathways
        (3) Educational and Developmental Intervention Services Early Intervention Procedural
            Safeguards and Due Process Entitlements

1. Purpose

    a. To implement and supplement references (a) and (b) by assigning responsibilities and
providing guidance and procedures specific to the provision of early intervention services (EIS)
and related services by Navy educational and developmental intervention services (EDIS)
program. Reference (b), section 1400, chapter 33 can be found at
http://uscode.house.gov/search/criteria.shtml.

    b. To consolidate BUMEDINST 1755.1 and BUMEDINST 1755.2 into one directive.
Areas that overlap with the Exceptional Family Member Program or suitability screening can be
found in reference (c).

    c. To outline the specific EDIS program requirements (enclosure (1)) and provide guidance
and the standardized process specific to the provision of EIS by EDIS per enclosure (2).

2. Cancellation. BUMEDINST 1755.1, BUMEDINST 1755.2, NAVMED 1755/1, NAVMED
1755/2, NAVMED 1755/3, NAVMED 1755/3-1, and NAVMED 1755/4.

3. Scope and Applicability. This instruction applies to the Bureau of Medicine and Surgery
(BUMED), Navy Medicine (NAVMED) East region, NAVMED West region, and Navy medical
treatment facilities (MTF) providing EIS and related services in support of Department of
Defense Education Activity (DoDEA) special education programs both within the Continental
United States (CONUS) and outside the Continental United States (OCONUS).

4. Background

    a. Reference (a) implements reference (b) within the Department of Defense (DoD). The Individuals with Disabilities Education Act (IDEA) mandates the provision of early intervention, special education, and related services to children with disabilities. Reference (a) directs the military Medical Departments to:

    (1) Develop and implement a comprehensive program of EIS for infants and toddlers, birth up to 3 years of age, with developmental delays or medical conditions with a high probability of developmental delay.

    (2) Provide related services assigned to the military Medical Departments in support of DoDEA special education programs in designated areas of geographic responsibility. Reference (a) defines the responsibilities and procedures addressing this requirement.

    b. The military Medical Departments carry out their EIS and related services responsibilities through EDIS programs. EDIS was established to implement specific portions of the IDEA to include providing EIS to eligible infants and toddlers in stateside and overseas areas, and certain related services to eligible preschool and school-age children overseas. Although provided by the military Medical Departments, EIS and related services are educational, not medical services.

    c. The goal of EDIS is to work in partnership with families to encourage their infant's or toddler's continued success in learning and to maximize the learning potential of school-age children.

    (1) The mission of EDIS is to provide EIS for infants and toddlers (birth up to 3 years of age) as well as related services for preschool and school age children with disabilities (ages 3 up to 22) for eligible military and civilian families assigned to military Medical Departments overseas, consistent with the requirements of IDEA as implemented by reference (a) and this instruction.

    (2) EIS addresses the family's needs relative to their child's functioning within day-to-day routines and activities. EIS promotes the family's ability to function independently while enhancing their child's growth and development. EIS brings families and necessary community resources together. While EIS draws on the expertise of various disciplines for evaluations and service planning, a single primary service provider can better facilitate integrations of services in a holistic approach. The complexity of needs addressed by EIS mandates that EDIS operate under a conceptual framework that is comprehensive, multidisciplinary, culturally competent, community-based, and family-centered, requiring collaboration among medical, educational, and community agencies. Enclosure (2) outlines the procedural pathways for creation of Individualized Family Service Plans (IFSP) based upon the established primary service provider delivery model.

(a) The primary service provider model is designed to build a partnership between families and EIS providers by appointing a single, consistent provider to understand and remain well-informed of the family's needs, strengths, varying changes, and interests. This relationship between a primary provider and the caregiver facilitates better communication of child and family outcomes.

(b) The primary service provider must not work in isolation, and must maintain close communication, consultation, and monitoring from additional team members deemed necessary to support the primary service provider in addressing the needs of the family per the IFSP.

(3) Related services (formerly medically related services) provided by EDIS to school-aged children, under the development or implementation of an Individualized Education Plan (IEP), are necessary for the student to benefit from special education. Those services may include transportation, medical services for diagnostic and evaluative purposes, social work, community health nursing, diet, occupational therapy, physical therapy, audiology, ophthalmology, and psychological testing and therapy. Entitlement is based on eligibility to enroll in DoDEA overseas and meeting DoDEA special education eligibility. Therapy services beyond the scope of early intervention or special education are medical in nature. Such therapies are provided in the MTFs and must be excluded from the IFSP and IEP. Reference (a) provides guidance and outlines established procedures for related services by the military Medical Departments to students with disabilities in DoDEA.

5. <u>Responsibilities</u>

   a. <u>BUMED Assistant Deputy Chief, Readiness and Health must</u>:

      (1) Appoint a BUMED EDIS program manager who ensures program managers execute all the functions inherit for administering the EDIS Program.

      (2) Develop and release policy, standardized procedures, and official guidance for providing, documenting, evaluating, and administering the EDIS Program within Navy Medicine.

   b. <u>BUMED EDIS Program Manager must</u>:

      (1) Coordinate with NAVMED regions on EDIS Program resourcing issues to fulfill established policies, procedures, and guidance.

      (2) Establish reporting and monitoring standards to ensure each EDIS location is compliant with references (a) and (b), and this instruction. Outline performance benchmarks, targets, and corrective actions for identified issue areas. Coordinate with Medical Inspector General (MED IG) to ensure site monitoring is completed as part of existing and ongoing MED IG inspection visits, at least once every 3 years pursuant to reference (a) and MED IG guidance. Collaborate with regional commanders to support on-site risk evaluation and mitigation to address any critical program gaps or issues.

(3) Coordinate with DoD activities, Office of the Secretary of the Navy, and program partners to outline educational and training requirements for EDIS staff. Outline a comprehensive system of personnel development (CSPD) pursuant to reference (a) and enclosure (1); and provide guidance on EDIS training needs and efforts to Navy Medicine regions for implementation.

(4) Collaborate with BUMED partner codes to ensure appropriate management and oversight of program resourcing as necessary, to include manpower accountability through Manpower (BUMED-M1), financial management through Financial Management (BUMED-M8), and contract oversight as established by the Executive Director. Maintain ongoing liaison with EDIS stakeholders, program partners, and NAVMED regions to ensure effective collaboration and coordination on program areas as necessary. Report to BUMED leadership regarding EDIS compliance and activities as required.

(5) Collaborate with regional commanders to outline, prepare, and submit to the DoD Coordinating Committee, no later than 30 September of each year, an annual report certifying EDIS is in compliance with DoD guidelines as conveyed in reference (a) and enclosure (1).

(6) Ensure cooperation and coordination with other Department of the Navy (DON) offices, offices of the Surgeons General of the Army and Air Force, and the DoDEA with respect to the implementation of reference (a).

(7) Participate in committees, forums, and working groups applicable to EDIS to ensure the interests of the Navy are represented. Participate in DoD-sponsored monitoring and technical assistance activities applicable to EDIS for both DON and the other Military Services with EDIS responsibilities.

(8) Implement the CSPD pursuant to reference (a), enclosure (1), and BUMED EDIS program manager guidance. Identify training requirements; and fund and conduct training events or activities as established by program policies, procedures, guidance, and operational demands.

c. NAVMED Regional Commanders must:

(1) Establish a regional EDIS subject matter expert to coordinate and implement policies, procedures, and guidance as established by the BUMED EDIS program manager following public law (reference (a)); DoD policies (reference (b)); this instruction; and other published program guidance (for example, EDIS manuals, handbooks, etc.).

(2) Provide support local MTF EDIS programs the resources to fulfill the requirements of established policies, procedures, and guidance. Ensure program vision is executed at the local MTF level following the outlined EDIS missions.

(3) Ensure compliance with all established reporting standards and performance targets pursuant to BUMED EDIS program manager direction, references (a) through (c), mediation or due process actions, and DoDEA coordination outlined in enclosure (1). This includes reviewing and compiling local MTF EDIS program manager self-assessments into a regional EDIS annual compliance report for submission to BUMED EDIS program manager no later than 30 August of each year. The regional EDIS annual compliance report must include regional certification that all local MTF EDIS programs are in compliance with EDIS guidelines as established by references (a) through (c), as well as enclosure (1). Fund and conduct on-site risk evaluation and mitigation to address any critical program gaps or issues with support from MTFs as appropriate.

(4) Liaison with Medical Readiness (BUMED-34) and local MTF EDIS program managers to ensure effective collaboration and coordination on program areas as necessary. Collaborate with local MTF commanders to address any identified performance issues.

d. MTFs Commanding Officers and Commanders must:

(1) Appoint a local MTF EDIS program manager to plan, implement, and manage EDIS within the military community that the MTF supports. EDIS program managers should have a thorough knowledge of references (a) and (b) and this instruction, and education and experience in childhood development and intervention.

(2) Ensure adequate resourcing, to include qualified and credentialed staff, sufficient facilities, necessary equipment, and required tools to carry out the statutory requirements of EDIS established per reference (a) and enclosure (2).

(3) Ensure EDIS participates in the existing MTF quality assurance program and is in compliance with applicable Joint Commission standards. While DoD and DON monitoring activities assess components regarding statutory compliance and procedural safeguards, Joint Commission surveys assess clinical quality issues of EDIS programs.

(4) Ensure EDIS programs are in compliance with applicable Health Insurance Portability and Accountability Act (HIPAA) privacy requirements regarding safeguarding, release, or disclosure of information.

e. MTF EDIS Program Managers must:

(1) Plan and implement EDIS operations and procedures per references (a) and (b), this instruction, and other published program guidance (for example, EDIS manuals, handbooks, etc.), to include referrals; identification and screening; assessment and evaluation; eligibility verification; re-evaluations; IFSP and IEP development; delivery of services; maintenance of records; procedural safeguards; and mediation and due processing procedures. Ensure those EDIS services related to or overlapping with EFMP or suitability screening are provided per

reference (c). Monitor compliance with the best practices and standards outlined in the Tri-Service IFSP Process Guidance Handbook (available at http://download.militaryonesource.mil/12038/MOS/ResourceGuides/EFMP-IFSP-Handbook.pdf) and validate that activities use the NAVMED forms provided within this instruction.

(2) Ensure the IFSP development process is not be completed as a single event, but follow the procedural pathways outlined in enclosure (2), to include: intake; a comprehensive evaluation of the child's development; discussion of the family's concerns, priorities, and available resources; a routines based interview conducted to discuss daily routines and activities of concern to family; and documented functional outcomes based upon the needs and priorities of the child and family. The IFSP Process Guidance Handbook (available at http://download.militaryonesource.mil/12038/MOS/ResourceGuides/EFMP-IFSP-Handbook.pdf) contains detailed information regarding implementation of the IFSP process.

(3) Ensure all children evaluated for EDIS eligibility and services receive the same priority for health care as active duty personnel.

(4) Implement CSPD pursuant to reference (a) and enclosure (1) and any additional identified requirements or guidance per regional direction. Ensure EDIS staff maintains currency with best practice service delivery methods.

(5) Ensure compliance with all established reporting standards, to include updating Special Needs Program Management Information System (SNPMIS) programmatic data as directed, reporting on root causes of any identified issues or failure to meet performance targets as set by regional commanders and the BUMED EDIS program manager; reporting any Notice of Unavailability of Educationally Related Services per enclosure (1); and notifying the regions and BUMED EDIS program manager of any mediation or due process actions per enclosure (1). This includes conducting and submitting a program self-assessment for inclusion in the regional EDIS annual compliance report. The format and due date for self-assessments will be determined by regional commanders in order to meet the established 30 August deadline. This self-assessment must evaluate current program compliance as outlined within enclosure (1); summarize findings and provide an overall status of program compliance; and describe specific corrective actions to be taken to address any identified gaps and bring current program operations into full compliance. Annual self-assessments must also include a site specific certification of local program compliance with all EDIS guidelines as established by references (a) through (c) and enclosures (1) through (3).

(6) Assume primary role in communicating and collaborating with regards to EDIS services in the local community. Liaison with local DoDEA schools to coordinate training as necessary and ensure effective and efficient delivery of services. Ensure representation on overseas suitability screening committees for inquiries. Maintain an up-to-date program point of contact list to facilitate coordination efforts.

6. Records Management

    a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx. For SSIC 3000 series dispositions, please refer to part III, chapter 3, of Secretary of the Navy Manual 5210.1 of January 2012.

    b. For questions concerning the management of records related to this instruction the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M3 must review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

8. Forms and Information Management Control

    a. Forms. The following NAVMED forms are available at https://navalforms.documentservices.dla.mil/:

        (1) NAVMED 1755/5 Consent for Release or Request of Information.

        (2) NAVMED 1755/6 Permission to Screen/Evaluate.

        (3) NAVMED 1755/7 Individualized Family Service Plan (IFSP) Process Document (PD).

        (4) NAVMED 1755/8 Entry/Entitlement (top).

        (5) NAVMED 1755/9 Notice of Proposed Action.

        (6) NAVMED 1755/10 Eligibility Based on Informed Opinion (IO).

(7) NAVMED 1755/11 Child Outcomes Summary (COS).

(8) NAVMED 1755/12 Family Outcomes Survey (FOS).

(9) NAVMED 1755/13 Individualized Family Service Plan (IFSP) Review/Change.

   b. Information Management Control. The reports required in paragraphs 5b(2), 5b(3), and 5b(5) are covered in references (a) and (b).

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Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx.

EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES
PROGRAM REQUIREMENTS

1. Location and Organizational Placement. EDIS provides early childhood special education and allied health services per education laws and directives. It does not provide primary health care for ill children and need not be physically located within an MTF or clinic. Services are provided primarily in the child's natural environment including: homes, schools, childcare facilities, or any other setting where young children typically spend their time. Decisions on program physical location and organizational alignment remain with the MTF commander; however, program placement must reflect the developmental and educational mission of EDIS and allow access to medical oversight and consultation.

2. Community-Based Program. EDIS is a community-based program offering services in collaboration with other community agencies. The mission and structure of required program components may already exist with other community activities such as child development centers, fleet and family support centers, new parent support groups, etc.

   a. EDIS should not duplicate already existing programs and services on the installation. Programs and services that may be available through collaborative arrangements with other community agencies include developmental child care for therapeutic purposes, respite care, information and referral, parent support groups, public awareness and Child Find, and transportation.

   b. EDIS will draft, coordinate, and execute memoranda of understanding or agreement per applicable BUMED guidelines, with community agencies, both on and off the installation, that provide support to EIS eligible families as well as State and local agencies serving EIS eligible families.

3. System Components. EIS requires system components per references (a) and (b).

4. Required Services. EIS are those direct and indirect developmental services that are provided under the supervision of the MTF using Military Health System resources at no cost to the parents based on the individual child's needs. Specific services and efforts are detailed further within the references (a) and (b).

5. Procedural Safeguards and Due Process. All EIS services are required to comply with the Procedural Safeguards and Due Process procedures established within references (a) and (b). Differences may arise between EDIS and parents of infants and toddlers with disabilities concerning identification, intake, assessment and evaluation, eligibility, or the provision of EIS. Parents will receive a copy of the *Early Intervention Procedural Safeguards and Due Process Procedures* (enclosure (3)) at each:

   a. Intake or initial referral for evaluation.

    b.   Determination of "not eligible" for EIS.

    c.   Notification of an IFSP meeting.

    d.   Re-evaluation.

    e.   Receipt of a request for due process.

6. <u>Entitlement to EIS through EDIS</u>

    a.   An infant or toddler must be eligible to enroll in a DoD school arrangement on a space-required basis to be entitled to EIS through EDIS. Entitlement to military medical care by itself does not determine eligibility for EIS.

    b.   In overseas areas, eligible children also include children of DoD Federal civilian employees who are on command-sponsored assignments that confer eligibility for space-required education by DoDEA.

    c.   In Guam, children of non-DoD Federal civilian employees may also be eligible for EIS through EDIS if they are eligible for space-required education by DoDEA. For a child in this category, contact the school enrollment official to ascertain eligibility to enroll in the school.

       (1) Family members of U.S. Coast Guard and U.S. Customs Service members on Navy installations are eligible for space-required education by DoDEA and, therefore, entitled to EIS through EDIS.

       (2) Family members of active duty military members who are residing in Guam solely because of their military assignment, and who are not residing in permanent quarters on a military installation, are eligible for space-required education by DoDEA and, therefore, entitled to EIS through EDIS.

       (3) Family members of Reserve or National Guard members who are residing in Guam but who are not on orders to active duty (Federalized) are not eligible for space-required education by DoDEA and, therefore, not entitled to EIS through EDIS.

    d.   Family members of active duty military members assigned to a stateside military installation with DoDEA schools, who are not residing in permanent quarters on the military installation, are not eligible for space-required education by DoDEA and, therefore, not entitled to EIS through EDIS. EDIS will refer these families to the local civilian agency for EIS. At the MTF commander's discretion, EDIS may follow children who receive services from local civilian agencies for the purpose of providing liaison between the civilian early intervention, the MTF, and community resources. This activity is neither mandatory nor required by DoD policy and should not be considered as a required cost of operating EDIS.

e.   Family members of active duty military members assigned to a CONUS military installation without DoDEA schools are referred to the local civilian lead agency for EIS.

7.   <u>Comprehensive System of Personnel Development (CSPD)</u>. All EIS providers, including program managers, will participate in CSPD training activities. CSPD activities include, but are not limited to:

a.   Ongoing training of EDIS staff regarding policy, procedures, and roles and responsibilities.

b.   Training that addresses current trends in EIS.

c.   In-service training to educational, legal, and other community personnel regarding the basic components of EIS.

8.   <u>Initial, Annual, and In-service Training</u>

a.   New EDIS staff must receive orientation training within 30 days of hire or transfer into the MTF. This training will include: an overview of the MTF and installation command structure; DoD, Navy, BUMED, and MTF policies and procedures; EDIS mission and program philosophy; SNPMIS data entry; DoD compliance monitoring and The Joint Commission accreditation requirements; HIPAA requirements; process improvement initiatives; roles and responsibilities of community agencies involved in EDIS; and any other information deemed appropriate.

b.   Annual staff training will be based on a comprehensive assessment of training needs by the EDIS program manager and documented in individualized training plans.

c.   All EDIS direct hire professional staff will attend at least one annual professional development training activity to meet CSPD and Joint Commission requirements.

d.   Policy for contract staff to attend training activities is specified in the terms of the contract.

e.   Any professional training paid for by the Government will be approved by the EDIS program manager and complement the individual's training plan and overall EDIS mission. The training will provide continuing education units to ensure the quality of the training program.

f.   Training sources include the DoD, the Navy, or civilian organizations such as universities and professional organizations.

g.   EDIS staff will receive training on the Navy system for identifying, reporting, and responding to child abuse and neglect. Training may be obtained through installation family advocacy programs.

Enclosure (1)

h.   EDIS program managers will receive additional training in leadership, program management and administration, and personnel and resource management. Completion of a contracting officer's representative course is recommended for program managers with contract staff.

i.   For military staff, training documentation will be maintained in department training folders (personnel activity files). For general schedule (GS) civilian staff, training documentation will be forwarded to the human resource office for inclusion in the official personnel folder.

9. Personnel Standards. All EIS providers, to include military, direct hire (GS), or contract (full- or part-time), must meet MTF credentialing and privileging requirements for their discipline. The MTF credentials committee will maintain required documentation for credentialed providers. EIS providers must:

a.   Meet standards for allied health providers (privileged) or human resource standards for non-allied health providers (credential requirements in job description).

b.   Be licensed, certified, or privileged in at least one U.S. State, Commonwealth, territory, or jurisdiction.

c.   Comply with a request for a criminal history background check and receive favorable results.

d.   If required, submit to an initial and annual competency-based evaluation of skills and knowledge.

e.   Have appropriate training and experience working with infants and toddlers and families within an IDEA framework.

f.   For EDIS program managers, have demonstrated competence in leadership and management of people and programs.

10. Public Awareness and Child Find. The local EDIS program manager must ensure that ongoing public awareness and Child Find activities occur. These activities encompass the social, educational, and medical aspects of outreach that assist with the identification of potentially eligible children. Public awareness efforts and Child Find activities should include collaboration with child development centers; fleet and family support centers; new parent support groups; DoDEA; well-baby, pediatric, family practice, or primary care clinics; newborn nurseries; and any other community activity serving children and families.

11. Resource Accountability. EDIS funds are intended for the provision of IDEA-mandated services and not for medical services to children and families as part of regular medical care. All funds obligated for EDIS will be accounted for under appropriate cost accounting codes

established for EDIS. Workload will be accounted for under appropriate workload data collection systems such as the SNPMIS. Each MTF receiving resources specially designated for EDIS must manage these funds carefully to allow accurate reporting to DoD and Congress.

12. <u>Inter-component Coordinating Council</u>

    a. Local EDIS programs will establish an Inter-component Coordinating Council within their respective area of responsibility. The Inter-component Coordinating Council may be established as a subcommittee of other existing councils or committees.

    b. The Inter-component Coordinating Council membership will consist of all community agencies and MTF activities that serve special needs children and their families. Membership will vary by installation or community, but must always include representation by as many parents of children with disabilities who are willing to participate.

    c. The Inter-component Coordinating Council will meet at least quarterly to exchange information, facilitate coordination among agencies, and provide community-wide program planning and quality oversight. Ensure a copy of the meeting minutes are provided to each committee member.

    d. To ensure a parent perspective, EDIS will include parents as Inter-component Coordinating Council members. Parents provide valuable consultation on program development, evaluation and improvement, and staff development. Dependent upon need, local EDIS program should assist parents in implementing support programs or help them access such programs within the local community.

13. <u>Child Abuse and Neglect</u>. All EDIS staff will ensure the health and welfare of children and families they serve. As mandated reporters, EDIS staff will report any circumstance that may endanger the health and well-being of a child or other family member. Since EDIS is a voluntary program, refusal of EIS is not by itself reportable as neglect.

14. <u>EDIS Convenience Records</u>. Local EDIS program managers follow DoD Instruction 1342.12.

    a. EDIS convenience records are maintained in the EDIS program office as secondary educational records. Records must be kept in a locked file in a locked room within a locked building with access limited to authorized EDIS staff.

    b. EDIS convenience records contain all information relating to assessments and evaluations and the provision of services specified in an IFSP. An EDIS convenience record will be established whenever a child is evaluated to determine eligibility (regardless of whether the child becomes eligible to receive services) or when a child is being tracked.

(1) Child screening results, obtained as part of a mass screening and Child Find effort, do not require the establishment of an EDIS convenience record. Results are maintained in an EDIS administrative file and a copy placed in the outpatient medical record (OREC).

(2) Unless the child is evaluated for eligibility by EDIS, child screening information results obtained from outside of EDIS are also maintained in an EDIS administrative file and a copy placed in the OREC.

c. EDIS convenience records are subject to HIPAA and the Privacy Act of 1974, and information may only be released as authorized by law.

d. At a minimum, the EDIS convenience record will contain identification information, signed releases, signed notification of procedural safeguards, intake information, test protocols and results, evaluation reports, copies of pertinent medical records, treatment and case notes, any documents and notes pertinent to the child and family's access to services, IFSP and addenda, and all NAVMED forms prescribed by this instruction.

(1) It is not necessary to structure treatment and case notes as subjective, objective, assessment, plan notes.

(2) Notes must reflect activities in support of and progress toward the functional outcomes specified in the IFSP.

e. EDIS convenience records will be maintained in a six-sided folder structured as outlined below. The EDIS convenience record will be retained on site for 2 years following the termination of EIS. After this time, the record can be destroyed. <u>Note</u>: EDIS staff is responsible for completing all appropriate EDIS forms completely, accurately, and as directed.

(1) <u>Section 1: Referral Information</u>

(a) NAVMED 1755/8 Entry/Entitlement (top)

(b) Referral documentation

(c) Documentation of initial family contact

(d) Initial service coordination notes

(2) <u>Section 2: Evaluation and Assessment Documentation</u>

(a) NAVMED 1755/6 Permission to Screen/Evaluate

(b) Informed Opinion form

(c) NAVMED 1755/11 Child Outcomes Summary (COS)

(d) Any additional evaluation and assessment reports

(e) Any accompanying meeting notifications

(3) Section 3: Eligibility/Service Plan Information

(a) NAVMED 1755/7 Individualized Family Service Plan (IFSP) Process Document (PD)

(b) NAVMED 1755/13 Individualized Family Service Plan (IFSP) Review/Change

(c) NAVMED 1755/9 Notice of Proposed Action form(s) (as appropriate)

(d) Any accompanying meeting notifications

(4) Section 4: Service Delivery Documentation

(a) Discontinuation of Services Summary (on top)

(b) Service delivery notes (in reverse chronological order for each discipline separated by sub-tabs)

(c) Ongoing service coordination notes (again in reverse chronological order)

(d) Any transition services information

(5) Section 5: Related Medical, School, and Community Agency Correspondence and Miscellaneous Information

(a) NAVMED 1755/5 Consent for Release or Request for Information

(b) Permission to video

(c) School transition information

(d) Correspondence with other agencies

(e) Miscellaneous information

(6) <u>Section 6: Test Protocols</u>. The OREC will contain a notation that a convenience record exists in EDIS. At a minimum, the OREC will contain a copy of the following documents:

(a) Test protocols and results

(b) Evaluation reports

(c) Eligibility certification

(d) Pertinent medical information not already in the OREC

(e) IFSP and addenda (to include the routines based interview)

(f) Treatment and case notes

(g) Discontinuation of Services Summary

(7) <u>Confidentiality and Release of Information</u>

f. All early intervention information pertaining to infants or toddlers and their families, whether oral or written, is confidential and will be protected.

g. HIPAA privacy rules require consent from parents when exchanging protected health information with individuals or agencies outside the covered entity, which is defined as the Military Health System and TRICARE network. When exchanging protected health information (PHI) outside the covered entity, EDIS staff will complete NAVMED 1755/5 Consent to Request or Release Information. The form will be signed and dated by the parent indicating consent prior to the PHI exchange.

h. Upon written consent of the parents, summary information and the most recent IFSP will be forwarded to the gaining activity when a child transitions to another early intervention program, school, or installation.

15. <u>Notice of Unavailability of Educationally Related Services</u>. Navy EDIS cooperates with DoDEA in the delivery of educationally related services to eligible children. Related services are provided to support the special education program and are not intended to afford access to medical services or provide individual medical therapy services while at school. Collaboration and sustained communication between DoDEA and EDIS personnel is necessary to ensure that EDIS provides related services as required. At times, Navy EDIS may not have staff available to provide related services. In anticipation of those occurrences, EDIS should have preliminary contingency plans available to minimize the impact of staff shortages and ensure the continued provision of free and appropriate public education.

Enclosure (1)

a.   There are two types of educationally related services:

(1) Services specific to a child's educational need as outlined in the child's Individualized Education Program.

(2) Administration of a specified assessment(s) to determine eligibility for special education.

b.   An educationally related services is unavailable when:

(1) There is an expected or unexpected extended personnel vacancy, absence, or unavailability and no contingency plan exists or can be developed to provide the required related service.

(2) An evaluation needed to determine eligibility for special education that was not completed within the mandatory timeframe, provided that the special education request for evaluation and the supporting documentation were submitted to EDIS in a timely manner.

c.   The Notice of Unavailability of Educationally Related Services is a summary report submitted by the District Superintendent to document the unavailable related service(s). As EDIS typically serves more than one school or complex within a district, the report is compiled at the District level in order to document the full impact of the unavailability of the service(s) to schools within the District.

d.   It is the responsibility of DoDEA at all levels to work collaboratively with EDIS to resolve the unavailability of related services. Every effort should be made to resolve the Notice of Unavailability of Educationally Related Services at the lowest level possible. To support this endeavor, the Navy local MTF EDIS program manager will:

(1) Notify the Children's Services Council and District Special Education Instructional System Specialist when there is an expected or unexpected personnel vacancy, absence, or unavailability, and a contingency plan cannot be developed to provide the required related service.

(2) Collaborate with the District Special Education Instructional System Specialist and the Navy Regional EDIS manager to assist with obtaining related services support.

(3) Report to the Navy Regional EDIS manager when a contingency plan cannot be developed and implemented, and a Notice of Unavailability of Educationally Related Services will be filed by the District Superintendent. Submit copy of the Notice of Unavailability of Educationally Related Services, provided by the District Special Education Instructional System Specialist, to the Navy Regional EDIS manager.

   (4) Resubmit the Notice of Unavailability of Educationally Related Services to the Navy Regional EDIS manager at the conclusion of the each school quarter (45 school days) indicating the continuing efforts to resolve the unavailability of the educationally related service(s). Copy provided by the District Special Education Instructional System Specialist.

   e.   The Navy Regional EDIS manager will review each notice and coordinate with BUMED EDIS program management staff to assist with resolution of Notice of Unavailability of Educationally Related Services issues.
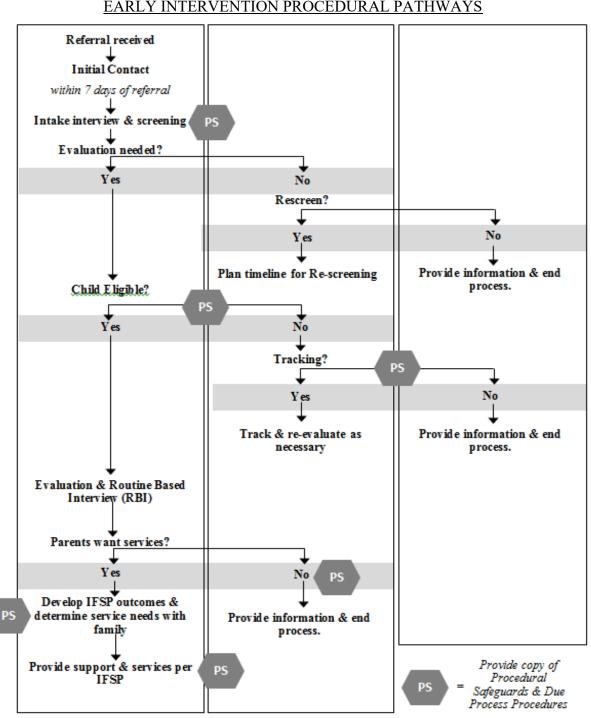
   f.   The BUMED EDIS program manager will receive all Notice of Unavailability of Educationally Related Services submitted by DoDEA HQ as well as the Navy Regional EDIS managers and coordinate to resolve the unavailable related services. In collaboration with DoDEA, the BUMED EDIS program manager will submit unresolved Notice of Unavailability of Educationally Related Services to the DoD Subcommittee on Inter-component Coordination on Early Intervention, Special Education, and Related Services. The BUMED EDIS program manager will then liaise with the Navy Regional EDIS manager regarding actions recommended by the Subcommittee on Inter-component Coordination in seeking resolution.

16. <u>Annual Report of Compliance</u>. MTF EDIS programs will conduct an annual self-assessment (format and due date to be determined by Regional commanders) for inclusion in the Regional EDIS annual compliance report. Specific areas to be covered by this self-assessment (in addition to areas outlined in the attached instruction and enclosure (3)) are as follows: EIS reporting requirements for infants and toddlers with disabilities must evaluate and address:

   a.   Any significant disproportionality based on race and ethnicity occurring with respect to receipt or non-receipt of services.

   b.   Number of due process complaints requested (if any) and the number of hearings conducted (if any).

   c.   Number of mediations held (if any) and the number of settlement agreements reached through such mediations (if any).

EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES
EARLY INTERVENTION PROCEDURAL PATHWAYS

Referral received

↓

Initial Contact

within 7 days of referral

↓

Intake interview & screening   (PS)

↓

Evaluation needed?

| **Yes** | **No** |

Rescreen?

| **Yes** | **No** |

Plan timeline for Re-screening   **Provide information & end process.**

Child Eligible?   (PS)

| **Yes** | **No** |

Tracking?   (PS)

| **Yes** | **No** |

Track & re-evaluate as necessary   **Provide information & end process.**

Evaluation & Routine Based Interview (RBI)

↓

Parents want services?

| **Yes** | **No**   (PS) |

(PS) **Develop IFSP outcomes & determine service needs with family**   **Provide information & end process.**

↓

Provide support & services per IFSP   (PS)

(PS) = *Provide copy of Procedural Safeguards & Due Process Procedures*

EDUCATIONAL AND DEVELOPMENTAL INTERVENTION SERVICES
EARLY INTERVENTION PROCEDURAL SAFEGUARDS AND
DUE PROCESS ENTITLEMENTS

I.   PROCEDURAL SAFEGUARDS. When a family receives EIS through an EDIS, they are entitled to the following protections:

Right to Prior Written Notice. When EDIS proposes to initiate, change, or refuse to initiate or change the identification, evaluation, placement, or provision of appropriate early intervention services, EDIS must provide prior written notice to parents.

Right to Consent. Parents have the right to consent to the initiation of any formal evaluation procedures or re-evaluation, the provision of EIS, or any changes in EIS. Parents can decline any EIS without jeopardizing the delivery of any other EIS they choose to accept.

Right to Examine Records. Parents have the right to examine any records concerning the EIS the family is receiving to include records on screening, assessment/evaluation, eligibility determinations, and the development and implementation of the IFSP.

Right to Disagree. Parents have the right to file a complaint about any aspect of receiving EIS to include, but not limited to, identification, evaluation, placement, or the provision of appropriate EIS. If the complaint cannot be settled informally through conferences or mediation, parents have the right to a hearing. Complaints must be resolved in a timely manner.

Right to Continuation of Services. During the time a complaint is being settled, families can continue to receive EIS agreed upon or, if applying for initial services, receive EIS not in dispute.

Right to Understand. EDIS must fully inform parents in their native language, to include sign language, unless it is clearly not feasible to do so.

Right to Privacy. Personally identifiable information is protected. No information that is personally identifiable concerning anyone in the family can be released without written approval or consent. An exception to this policy is if the requesting activity is another DoD activity and there is a legitimate need for the requested information.

Right to Parent Surrogate. In the event a parent or guardian is not available, the child has the right to have an individual assigned to act as a parent surrogate.

II.   CONFERENCES. Parents have the right to disagree and present complaints about the identification, evaluation, placement, or provision of appropriate EIS for their child. When a disagreement arises between parents and EDIS, the EDIS program manager will attempt to resolve the disagreement in a conference.

During the conference, parents and the EDIS program manager will work together to define the areas of disagreement and to identify solutions. If the conference(s) results in an acceptable solution, the EDIS program manager will prepare a written memorandum outlining the areas of disagreement and the agreed upon solution, and provide a copy of the memorandum to the parents. If an acceptable solution cannot be reached, parents may pursue two options: (1) request mediation or; (2) waive mediation and request a formal hearing.

III. **MEDIATION**. Mediation may be initiated by either a parent or the Military Medical Department concerned to informally resolve a disagreement on any matter relating to the identification, evaluation, or placement of the child in regard to EIS.

IV. **HEARINGS**. Should mediation be refused or otherwise fail to resolve the issues on the provision of EIS to an infant or toddler or the identification and evaluation of such an individual, the parent may request and receive a hearing before a hearing officer to resolve the matter. The parents of an infant or toddler and the Military Medical Department concerned will be the only parties to the hearing. Mediation Procedures and Hearing Administration, Practices and Procedures are defined in DoD Manual 1342.12, enclosure (6).