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**EDUCATIONAL AND DEVELOPMENTAL
INTERVENTION SERVICES**

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This new directive establishes policies that Air Force Educational and Developmental Intervention Services (EDIS) will use to ensure the highest standards of practice and care are applied to all aspects of intervention for eligible children with disabilities and their families. It implements DoD Instruction 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents*, April 11, 2005. This directive does not apply to Air National Guard members and traditional Air Force Reserve Component members. Family members of Reserve Component members who are on Active Duty for more than 30 days may be eligible for services.

1. DoD Instruction 1342.12 dictates that the military services ensure children with disabilities receive services. EDIS ensures the provision of services that are needed by eligible beneficiaries to benefit from a free, appropriate public education, where education is provided directly by the Department of Defense. The Department of Defense Dependent Schools (DoDDS), the Department of Defense Domestic Dependents Elementary and Secondary Schools (DDESS), and the military services work cooperatively to provide special education and Related Services (RS) to school-age children with disabilities. Early Intervention Services (EIS) are provided to eligible infants and toddlers with disabilities and their families through EDIS. Eligibility is determined for related services and early intervention services for the children of military and federal employees IAW DoD Instruction 1342.26, *Eligibility Requirements for Minor Dependents to Attend Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS)*, March 4, 1997, and DoD Directive 1342.13, *Eligibility Requirements for Education of Minor Dependents in Overseas Areas*, July 29, 1992. Geographical Areas of Responsibility for each Service's provision of EDIS is determined by Health Affairs.

2. Public Law, DoD issuances, and Air Force publications provide overarching policy and guidance for the management and safeguarding of health care information. The authority to collect and maintain these records is prescribed in Title 10, United States Code, Section 8013, Privacy Act System Notice F044 AF SG U, Special Needs and Educational and Developmental Intervention Services (EDIS), and AFI 33-332, Privacy Act Program, January 29, 2004. The Privacy Act Program, AFI 41-210, *Patient Administration*

Functions, November 12, 2003, and the administrative provisions of the Health Insurance Portability and Accountability Act of 1996 guide the protection and privacy of individually identifiable health care information. DoD Directive 5400.7, *Freedom of Information Act (FOIA) Program*, October 28, 2005, applies to the disclosure of health care information to the public. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123, *Management of Records* and disposed of in accordance with the *Air Force Records Disposition Schedule (RDS)* located at <https://afirms.amc.af.mil>.

3. Air Force EDIS clinics will provide evaluations and on-going services as set forth in DoD Instruction 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents*, and policy letters. This directive establishes policy for managing the Air Force EDIS clinics.

4. Medical Treatment Facilities (MTFs) will provide EDIS services to eligible beneficiaries using the same priority of care as other health services that are granted to active duty members. Air Force EDIS clinics include the following services to eligible beneficiaries:

4.1. Early intervention services (EIS) are provided to infants and toddlers (from birth to three years of age) with disabilities and their families. Disabilities also include those conditions having a high probability of developmental delay. EIS are provided by EDIS clinics allied with DoDDS and DDESS as specified on an Individualized Family Service Plan (IFSP).

4.2. Related Services (RS): Children, ages three through 21, enrolled in DoDDS, will receive RS from EDIS as specified on an Individualized Education Program (IEP).

5. This directive establishes the following responsibilities and authorities:

5.1. The Assistant Secretary (Manpower & Reserve Affairs) (SAF/MR) provides policy oversight and guidance for Air Force EDIS policy.

5.2. AF/SG implements policy; the Air Force Medical Operations Agency (AFMOA) acts as the agent for AF/SG in carrying out the Air Force's approved and directed EDIS policies. AF/SG, through AFMOA, interfaces with OSD staff to develop proposed policy and legislative initiatives.

5.3. The AFMOA EDIS Consultant (SGOF) advises AF/SG in the establishment of plans and policies for EDIS clinics. AFMOA/SGOF monitors compliance with DoD and USAF policy and guidance.

5.4. Major Command Surgeons (MAJCOM/SG) provide oversight, resources, compliance monitoring and strategic planning to ensure compliance with AF policy and guidance.

5.5. Each MAJCOM/SG may fund and employ a MAJCOM-level EDIS consultant with early childhood expertise as needed. This consultant recommends program guidance and policy interpretation, provides technical assistance and training, and conducts site assistance visits as requested or required within the MAJCOM.

5.6. Commanders of medical treatment facilities (MTF/CC) manage and monitor base-level health care and compliance of their EDIS clinic operations in accordance with on-going quality assurance programs and regulatory authorities.

5.7. Each MTF EDIS clinic will identify one EDIS staff member to serve as the Program Coordinator at the local level. This person may be a uniformed staff member or civilian as deemed appropriate by the MTF/CC.

5.8. All EDIS personnel will implement services in accordance with DoD and Air Force policy. The Air Force EDIS *Practice Standards* are provided as a compilation of current “best practices” based on AF-wide clinical expertise and quality improvement initiatives. They are distributed to AF EDIS clinics by AFMOA/SGOF through the MAJCOM/SGs and are available on the AF Special Needs Website, www.afspecialneeds.org.

5.8.1. Transition and Child-Find activities are provided as directed by DoD policy and the *Inter-Component Operating Procedures (ICOP) for the Overseas Provision of Medically Related Services and Transition to Preschool Services*, November 2001. A copy of the ICOP is provided in the AF EDIS *Practice Standards* on the AF Special Needs Website, www.afspecialneeds.org.

5.8.2. Reporting instances of alleged or suspected child abuse or neglect is mandatory for EDIS personnel IAW AFI 40-301, *Family Advocacy Program*, January 19, 2005.

5.8.3. EDIS staff will participate in the Community Action Information Board and the Integrated Delivery System to coordinate Child-Find activities and identify barriers to education and services for children with disabilities.

5.8.4. EDIS staff will remain informed on the most-current provisions of Public Law and best practices related to services for children with disabilities or other special needs. EDIS staff members are responsible for advising MTFs on activities required to comply with public laws.

6. Standards of Care: Air Force Inspection Agency standards, the Joint Commission on Accreditation of Healthcare Organization standards, and the requirements of DoD EDIS monitoring teams will be followed as the standards of care, regarding educational and developmental components as required by Public Law and DoD issuances.

7. Standards of Practice: Standards of practice are the parameters of service provision as permitted by licensure and accrediting bodies. AFI 44-102, *Community Health Management*, November 17, 1999, provides guidance for the organization and delivery of community based, prevention-focused healthcare. Competency assessment and monitoring practices for EDIS providers are covered in AFI 44-119, *Clinical Performance Improvement*, June 4, 2001. DoDI 6025.5, *Personal Services Contracts (PSCs) for Health Care Providers (HCPs)*, January 6, 1995, applies where contracted personnel are employed. AFI 51-302, *Medical Law*, June 10, 2003, and AFI 51-501, *Tort Claims*, December 15, 2005, provide policy and responsibility for relief to healthcare providers from certain malpractice personal tort liability claims in connection with their authorized activities.

8. Measuring Standards of Performance: AF EDIS Program Managers will adhere to targeted performance standards based on DoD compliance measures for EDIS related services and early intervention services as set forth in DoDI 1342.12, *Provision of Early Intervention and Special Education to Eligible DoD Dependents*, April 11, 2005, and any AF implementing publications. AFMOA/SGOF oversees compliance monitoring in AF EDIS facilities and provides annual reports of compliance to AF/SG, SAF/MR, and DoD.

9. Inter-Component Cooperation. AF EDIS personnel will work cooperatively with representatives of sister Services in coordinating EIS and RS for all DoD beneficiaries.

9.1. EDIS personnel will support facility determination inquiries regarding availability of services upon request from Exceptional Family Member Program staff, Special Needs Identification and

Assignment Coordination Process staff, or Civilian Personnel Offices of any DoD Service, IAW DoDI 1315.19, *Authorizing Special Needs Family Members Travel Overseas at Government Expense*, December 20, 2005, and any AF implementing publications.

9.2. AFMOA/SGOF provides AF representation on inter-service coordinating committees and participates in DoD EDIS monitoring activities.

9.3. AF EDIS programs will comply with jointly developed inter-component operating procedures, memoranda of understanding, or other coordinating activities as authorized by AF/SG.

10. This policy applies to all military and civilian beneficiaries who are entitled to receive care in a military medical treatment facility, as well as eligible DoD family members entitled to early intervention, related services and special education services IAW DoDI 1342.12.

11. See [Attachment 1](#) for publications that relate to this policy. [Attachment 2](#) provides additional definitions of key terms with abbreviations used.

MICHAEL W. WYNNE
Secretary of the Air Force

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

- Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996*, August 21, 1996
- DoDD 1342.13, *Eligibility Requirements for Education of Minor Dependents in Overseas Areas*, incorporating through change 2, July 29, 1992
- DoDD 1342.16, *Provision of Free Public Education for Eligible Dependent Children Pursuant to Section 6, Public Law 81-874*, incorporating through change 1, August 5, 1994
- DoDD 1342.17, *Family Policy*, certified current November 21, 2003
- DoDD 1342.20, *Department of Defense Education Activity (DoDEA)*, November 28, 2005
- DoDD 1400.6, *DoD Civilian Employees in Overseas Areas*, certified current December 1, 2003
- DoDD 5400.7, *DoD Freedom of Information Act (FOIA) Program*, October 28, 2005
- DoDD 6010.4, *Dependents' Medical Care*, April 25, 1962
- DoDI 1315.19, *Authorizing Special Needs Family Members Travel Overseas at Government Expense*, December 20, 2005
- DoDI 1342.12, *Provision of Early Intervention and Special Education Services to Eligible DoD Dependents*, April 11, 2005
- DoDI 1342.26, *Eligibility Requirements for Minor Dependents to Attend Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS)*, March 4, 1997
- DoDI 6025.5, *Personal Services Contracts (PSCs) for Health Care Providers (HCPs)*, January 6, 1995
- DoDEA 2500.13-G, *Special Education Procedural Manual*, September 2005. Available at http://www.dodea.edu/regs/regs_num.htm
- AFPD 44-1, *Medical Operations*, September 1, 1999
- AFI 33-332, *Privacy Act Program*, January 29, 2004
- AFI 36-2102, *Base-Level Relocation Procedures*, June 22, 1998
- AFI 36-2110, *Assignments*, April 20, 2005
- AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*, December 28, 2001
- AFI 41-120, *Medical Resource Operations*, October 18, 2001
- AFI 41-210, *Patient Administration Functions*, November 12, 2003
- AFI 44-102, *Community Health Management*, November 17, 1999
- AFI 44-119, *Clinical Performance Improvement*, June 4, 2001
- AFI 51-302, *Medical Law*, June 10, 2003
- AFI 51-501, *Tort Claims*, December 15, 2005

AFI 90-501, *Community Action Information Board and Integrated Delivery System*, October 15, 2002

AFMAN 37-123, *Management of Records*, August 31, 1994

DoDEA Policy Memorandum, 02-OD-02, "*Home Schooling*," November 6, 2002

Health Affairs Policy Memorandum, "*Geographic Areas of Responsibility for the Provision of Early Intervention and Medically Related Services*," May 2004

Inter-Component Operating Procedures (ICOP) for the Overseas Provision of Medically Related Services and Transition to Preschool Services, November 2001. The ICOP replaces the requirement for Memoranda Of Understanding

Attachment 2

DEFINITION OF KEY TERMS AND ABBREVIATIONS

Case Study Committee - A school-level group that oversees the evaluation, eligibility determination, and Individualized Education Program development for special education students.

Child-Find - EDIS and other special needs programs will participate in outreach and public awareness programs used by DoDDS, DDESS, and other DoD components to seek and identify eligible children, age birth to 21, who may require EIS, special education, and RS. Parental consent is required for evaluation.

Defense Domestic Elementary and Secondary Schools (DDESS): For the purposes of this instruction, schools (grades K – 12) operated by the Department of Defense within the continental United States (CONUS).

Department of Defense Dependent Schools (DoDDS): For the purposes of this instruction, schools (grades K – 12) operated by the Department of Defense outside the continental United States (OCONUS), to include Alaska, Hawaii, and U.S. territories.

Developmental Delay - Significant discrepancies in the actual functioning of a child, ages birth through five, when compared to the functioning of a nondisabled, same chronically-aged child.

Disability - A short-term or permanent problem, a condition, or a condition having a high probability for developmental delay that impacts a child's learning or accomplishing in the same ways as most other students.

Early Intervention Services (EIS): Services provided by the EIS component of EDIS may include: early childhood special education, occupational therapy, physical therapy, speech-language/communication therapy, audiology, nursing, social work, and transportation to services where natural environments are not conducive to service provision. Family training, counseling, early identification, screening, assessment and service coordination activities across all specialties are emphasized. Assistive technology devices and services are included. Other medical services that may be provided to support evaluation and consultation functions include developmental pediatrics, child psychology, and child psychiatry. To the greatest extent possible, EIS are provided to the child and the family in natural environments.

Educational and Developmental Intervention Services (EDIS) - The name for separate programs operated by the military services that provide EIS to infants and toddlers (birth through two years of age) and RS to children (three to 21 years of age).

High Probability for Developmental Delay - A child, ages birth to three, with a diagnosed mental or physical condition, that places the child at substantial risk of having a developmental delay without the aid of EIS.

Individualized Education Program (IEP): The IEP is a document developed by the Case Study Committee and contains input from parents, teachers and RS providers. The IEP defines specially designed instruction for a student with a disability. Intensity, frequency, location, and methodology of service delivery are specified.

Individualized Family Service Plans (IFSP): The IFSP is a multidisciplinary-written document that ensures each eligible child and family has a plan for EIS to meet their unique needs through a collaborative partnership between the family and providers. Areas to be addressed include: cognitive, physical,

social and emotional, communication, and adaptive development with particular focus on each family's goals and social context.

Least Restrictive Environment - A preschool, elementary, or secondary school setting with children who are not disabled. To the maximum extent, education is provided in a classroom with supplementary aides and services.

Medically Related Services (MRS) - Term used prior to May 2003, replaced by the term, Related Services, IAW DoDI 1342.12.

Natural Environments - Settings that are natural or normal (e.g., home, family day care, or child care) for infants, toddlers, and child's other same-aged peers who have no disabilities.

Permanent Change of Station (PCS) – For the purposes of this instruction, relocation of family members at government expense in conjunction with assignment action of the military sponsor.

Related Services (RS) - Supportive services needed to assist a child, age 3 through 21 years, inclusive, to benefit from special education. These services may include occupational therapy, physical therapy, audiology and speech-language/communication therapy, orientation and mobility services, recreation including therapeutic recreation, school health services, school psychology, school social work services, parent counseling and parent training. If the need for additional services is determined, EDIS providers will refer to medical treatment facility (MTF) specialties. Early identification of disabilities, service coordination across providers involving families, and support of educational achievement are emphasized. To the maximum extent possible, RS are provided in the least restrictive environment.

Transition Activities - A coordinated set of activities written in an IFSP or IEP that support the passage of a child with a disability from EIS, preschool, or other educational program into a different educational setting or program.