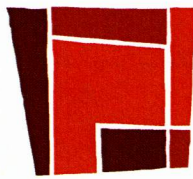


ARIZONA DEPARTMENT OF HEALTH SERVICES

NBS HEARING

*Newborn Screening Advisory Committee
March 30, 2018*



ARIZONA DEPARTMENT OF HEALTH SERVICES

HEARING CONFIRMED CASES

CALENDAR YEAR 2016	Total Screened: 84,555
Total with Permanent Hearing Loss (Initial Diagnosis)	203
Permanent Hearing Loss ID Before 3 Months of Age	137
Permanent Hearing Loss ID After 3 Months of Age but Before 6 Months	33
Permanent Hearing Loss ID After 6 Months of Age	33

CALENDAR YEAR 2017	Total Screened: 82,035
Total with Permanent Hearing Loss (Initial Diagnosis)	162
Permanent Hearing Loss ID Before 3 Months of Age	125
Permanent Hearing Loss ID After 3 Months of Age but Before 6 Months	23
Permanent Hearing Loss ID After 6 Months of Age	14

Table Of Contents

Applicant: Arizona Department of Health Services
Application Number: NUR3DD2018000361
Project Title: Arizona Early Hearing Detection and Intervention Information System
(EHDI-IS)
Status: Submitted

Grant Announcement

1. Application Upload

Information for the Applicant

1. FY18DD17-1701 APR Guidance Revised
2. Budget Guideline

Online Forms

1. SF-424 Application for Federal Assistance Version 2
2. SF-424A Budget Information - Non-Construction
3. SF-424B Assurances - Non-Construction
4. SF-LLL Disclosure of Lobbying Activities

Additional Information to be Submitted

1. Certification Forms
 - (Upload #1): Certifications
 - (Upload #2): Assurances
2. Miscellaneous
 - (Upload #3): Workplan
 - (Upload #4): Budget Narrative
 - (Upload #5): Indirect Cost Rate Agreement
 - (Upload #6): Organization Chart
 - (Upload #7): Resume/CVs of New Personnel

Note: Upload document(s) printed in order after online forms.

BUDGET INFORMATION - Non-Construction Programs**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. DD17-1701.NUR3 Mainte	93.314			\$150,000.00		\$150,000.00
2. DD17-1701.NUR3 Mainte						
3. DD17-1701.NUR3 Mainte						
4. DD17-1701.NUR3 Mainte						
5. Totals				\$150,000.00		\$150,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) DD17-1701.NUR3 Mainten	(2) DD17-1701.NUR3 Mainten	(3) and Enhancement of Ea	(4) and Enhancement of Ea	
a. Personnel	\$28,000.00				\$28,000.00
b. Fringe Benefits	\$11,200.00				\$11,200.00
c. Travel	\$1,780.00				\$1,780.00
d. Equipment	\$30,800.00				\$30,800.00
e. Supplies	\$8,764.00				\$8,764.00
f. Contractual	\$56,700.00				\$56,700.00
g. Construction					
h. Other	\$2,564.00				\$2,564.00
i. Total Direct Charges (sum of 6a-6h)	\$139,808.00				\$139,808.00
j. Indirect Charges	\$10,192.00				\$10,192.00
k. TOTALS (sum of 6i and 6j)	\$150,000.00				\$150,000.00
7. Program Income					

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8 DD17-1701.NUR3 Maintenance and Enhancement of Early Hearing Detection :					
9. DD17-1701.NUR3 Maintenance and Enhancement of Early Hearing Detection :					
10. DD17-1701.NUR3 Maintenance and Enhancement of Early Hearing Detection :					
11. DD17-1701.NUR3 Maintenance and Enhancement of Early Hearing Detection :					
12. TOTAL (sum of lines 8-11)					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$150,000.00	\$37,500.00	\$37,500.00	\$37,500.00	\$37,500.00
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$150,000.00	\$37,500.00	\$37,500.00	\$37,500.00	\$37,500.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. DD17-1701.NUR3 Maintenance and Enhancement of Early Hearing Detection :	\$150,000.00				
17. DD17-1701.NUR3 Maintenance and Enhancement of Early Hearing Detection :					
18. DD17-1701.NUR3 Maintenance and Enhancement of Early Hearing Detection :					
19. DD17-1701.NUR3 Maintenance and Enhancement of Early Hearing Detection :					
20. TOTAL (sum of lines 16-19)	\$150,000.00				
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

Annual Performance Report

Grantees should complete the Annual Performance Report template below for each of the following Strategies: surveillance, training and support, partnership, communication and dissemination and monitoring, analysis and evaluation

Strategy 1: Surveillance

Arizona continues to have a comprehensive and robust EHDI-IS System (HiTrack). The HiTrack database allows the EHDI program to quickly and easily capture all the required data elements for the HSFS survey in an easy to use and consistent manner. Inpatient screening rates are constantly maintained at >98% each year and little focus is currently spent on this process as it works well and is consistent. The PI completes the weekly merge of data from Vital records each Wednesday and it yields consistent and expected results. The Program is still in the process of creating a BI report to determine who is reporting timely. Currently, the follow up contractor keeps an incoming fax log that has been cross referenced with the EHDI PALS list to identify Audiologists that are or are not reporting.

Strategy 2: Training and Support

The next step will be to work with the new Epidemiologist to create a report during the next grant year. Scorecards and report cards will follow suit. Online data submission is not currently being pursued but there are meetings with the EHDI-IS vendor in process to discuss the ability to create HIPAA compliant access to the data system for easy access to patient records. The partnership between the EHDI program and the Part C program has been the biggest success during this grant period. Although their new data system is behind in development, shared data elements have been identified to begin creating a matching algorithm between data sets. Webinar curriculum with the Part C program are in draft and anticipated to be recorded during the 4th quarter of the grant period. The webinar will provide needed training for the Part C providers on use of a parent consent form for reporting Part C referral and IFSP dates while the data sharing agreement is being developed. As identified in the year 1 evaluation plan, a survey of all licensed audiologists is planned for the 4th quarter of year 1. The intent of the survey to identify audiologists understanding of the EHDI system and mandate to report as well as identify those that are interested in joining a focus group to develop quality improvement strategies to improve compliance and decrease LTFU/LTD.

Strategy 3: Partnership

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Strategy 3: Partnership

Partnership development has been a successful part of year 1 and will build a foundation for carrying out the activities of year 2 and 3. Collaboration between the Part C program and EHDI has been consistent and progress has been made on data sharing, cross training and webinar development. A Part C representative joined the PI at the Grant Kick off meeting in November. Part C representatives plan to attend the EHDI conference in March 2018 as well. There has been numerous meeting to discuss the process of ensuring timely referral for EI services. In addition, there have been several meetings with the DaSY center to assist in developing the data sharing agreement needed to access the FERPA protected information EHDI needs. The licensing board for audiologists in the state will also partner on the creation of the survey to be distributed in the 4th quarter of year 1. The survey that is being completed will be used to engage more community audiologists in the EHDI activities. Currently EI data is being captured inconsistently. The partnership between EHDI and Part C in a more consistent real time manner will allow targeted interventions on those audiologists not referring to EI as mandated in Rule. Meetings are planned with the Part C program to identify the most efficient way for Audiologists to make referrals. It is currently a faxed in form but there is the opportunity to move to an already existing online referral. A planning meeting is scheduled for March 2018 to review. A webinar will be created, and education provided once a desired referral system is agreed upon. A monthly report will then be developed to identify children with missing Part C referrals. A meeting was held with Phoenix Childrens hospital to discuss thier reporting practices. They are in the process of working with their IT department on the feasibility of autogenerating reports from their electronic medical records rather than depending on a person dependant fax process.

Strategy 4: Communication and dissemination

The annual HSFS survey is submitted annually, on time and with complete information. Data is reviewed on a regular basis and open cases are reconciled so that the report is an accurate depiction of the EHDI system in Arizona. The development of hospital scorecards is behind in progress but are being developed. Now that there is an EPI on the team, it is anticipated that this goal will show more momentum in the coming months. Annual HSFS survey data has been shared at the Quarterly EHDI stakeholder's meetings including 5-year trend data. The grant team has not been invited to join any of the HRSA funded learning communities nor have any requests for data been made. The Epidemiologist will begin working on creating statewide reports and maps to illustrate the state of the EHDI system in Arizona. These will be broadly disseminated and posted to the www.aznewborn.com website.

Strategy 5: Monitoring, analysis and evaluation

Ongoing analysis of EHDI data occurs routinely. The EHDI IS is used to validate data. Meetings have been held with the EHDI-IS vendor, the follow up contractor and consulting audiologists to train on creating specific reports to identify staging errors, missng data elements and correct nursery levels as well as to monitor the 1-3-6 milestones. The epidemiologist will be evaluating data and creating custom reports for broader community dissemination. Plans are underway to review at least 1 late identified case of hearing loss to evaluate the screening/diagostic system an look for gaps in the process and to identify a root cause of the delay if possible. A data sharing agreement is being developed between EHDI and Part C. There are no other MOU's in process at this time.