RFP #2022-0902
Early Hearing Detection and Intervention (EHDI) Family Partners
Questions and Answers

Original question:
"Could you clarify section 4.c Data Collection/Storage/Reporting? The requirement to "set up and maintain client files as per DPH confidentiality requirements," "to collect client level data and track performance measures and client level indicators as required by DPH " This would be in addition to any files and data collection that we, as a B23 [Birth to Three] program, are already doing? And the monthly reports would also be more in depth data reporting than we currently are doing?? DPH would give us the data requirements they are looking for?"

The question has been broken down into four sub-questions to better address the questions and elucidate the answers.

Question 1: "Could you clarify section 4.c Data Collection/Storage/Reporting? The requirement to 'set up and maintain client files as per DPH confidentiality requirements,' 'to collect client level data and track performance measures and client level indicators as required by DPH'".

Answer: Section 4.c states: "*Data Collection / Storage / Reporting Successful proposers will be required to set up and maintain client files as per DPH confidentiality requirements. Successful proposers will also be required to collect client level data, and track performance measures and client level indicators as required by DPH.*" Please see the following clarifications:

i. The contractor shall restrict access to this data to only key staff that need to access it.
ii. Anyone with access to this information may be required to sign a confidentiality document with DPH.
iii. **Data collection** - This means DPH may require the collection of client level data points to include, but not necessarily limited to, the following:
    a. Client name.
    b. Date of Birth.
    c. Address.
    d. Parent\guardian name.
    e. Parent\guardian Phone number.
    f. Parent\guardian Email.
    g. Services, activities, and/or outreach received by the client and parent/guardian.
    h. Dates of services, activities, and/or outreach.
    i. Location of services, activities, and/or outreach
    j. List of attendance or participation by client and parent\guardian shall be required.
    k. Other data points or emergent data points yet to be determined.
    l. Parent\guardian satisfaction surveys.
iv. **Storage** – DPH shall require all health and personal information to be stored in a manner that is congruous with the Health Insurance Portability and Accountability Act of 1996, best practices, and/or in accordance with policies set forth by the contactor's legal department. At a minimum, this data shall be stored in encrypted files with restricted access and every reasonable effort taken to further protect it.
v. **Reporting** – DPH will determine a method of reporting this information that may require internet connection to access an agency database or may require submission of data via encrypted email using encrypted documents.

vi. **Performance measures and client level indicators** – These shall be determined by DPH and Health Services and Resources Agency (HRSA) in an ongoing process. However, priorities may change due to unforeseen emergent and exigent circumstances. However, the following is a list of current goals through 2024, which the contractor would be expected to assist DPH with:

a. Improving newborn hearing screening by one month of age, which may involve outreach via phone, electronically, in-person or by mail.

b. Increasing the number of cases that complete a diagnostic hearing test by three months of age, which may involve outreach via phone, electronically, in-person or by mail.

c. Increasing enrollment into early intervention by six months of age, which may involve outreach via phone, electronically, in-person or by mail.

d. Reducing lost to follow-up for the aforementioned "1-3-6" goals.

e. Improving congenital Cytomegalovirus (cCMV) rates. Potentially hire a per diem cCMV coordinator.

f. Reducing lost to follow-up concerning among the home birthing population, geographic disparity population, and high-risk factor populations, which may involve outreach via phone, electronically, in-person or by mail. Potentially hire a per diem homebirth liaison.

g. Increase annually the number of families enrolled in the contractor-created DHH adult-to-family support services by 9 months old, which may include creating or maintaining parent support groups, parent outreach and education, health care provider outreach and education, conducting trainings, conferences, or other activities via phone, electronically, in-person or by mail.

h. Increase annually the number of families enrolled in the contractor-created family-to-family support services by no later than 6 months of age, which may include creating or maintaining parent support groups, parent outreach and education, health care provider outreach and education, conducting trainings, conferences, or other activities via phone, electronically, in-person or by mail.

i. Develop a curriculum and protocol to increase annually the number of health professionals and service providers trained on key aspects of the EHDI Program.

j. Attend 60% of the CT EHDI task force meetings.

Question 2: "This would be in addition to any files and data collection that we, as a B23 [Birth to Three] program, are already doing?"
Answer: It is likely that much of the data required by DPH will already be collected by a Birth to Three provider.

Question 3: "And the monthly reports would also be more in-depth data reporting than we currently are doing??"
Answer: Yes, the monthly reports would be more in-depth than what is currently collected and shared with DPH. This would include reporting on the activities listed in Answer 1 vi, much of which is not currently being done or collected from Birth to Three providers. A mutually agreed upon template may be used to facilitate reporting.

Question 4: "DPH would give us the data requirements they are looking for?"
Answer: Yes, but please see Answer 1 vi.