

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Information Risk Management
3443 North Central, Mail Drop 1426, Phoenix, Arizona 85012
Phone: (602) 771-2676 | Fax: (602) 364-0481

DATA SHARING REQUEST/AGREEMENT

BETWEEN

REQUESTING ENTITY:

DES Division/Administration/Program/Office Name or External Organization Name:

Arizona Department of Health Services /Office of Newborn Screening (ADHS)

AND

DATA MANAGER: ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division/Administration/Program/Office Name:

Division of Developmental Disabilities/Arizona Early Intervention Program (AzEIP)

DSA Effective Date: 07/01/2019 **DSA Agreement No.:** 15625
Contract Start Date: 03/01/2018 **Contract No.:** HS871012
Contract Max End Date: 02/28/2021 **UID:** _____
(If applicable)

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact (602) 771-2670; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

SECTION I. REQUEST (Completed by Requesting Entity)
Use attachment if necessary

1a. PURPOSE OF THIS REQUEST (What information is being requested and why? How will it be used? Define business need. Give details/specifics.)

ADHS will send the fields listed in this data sharing agreement which includes personally identifying information of children with hearing loss to AzEIP so that AzEIP can return the fields specified in the Confirmed Hearing Status Transmission

- ADHS will report this information to the Centers for Disease Control (CDC) in aggregate numbers as part of the annual data survey for early hearing detection and intervention (EHDI) program. The information will be used by AzEIP and ADHS to complete audits of Child Find activities and evaluations of program efficacy for children with a confirmed hearing difference.
- AzEIP will send ADHS the results of hearing screenings conducted by DES/DDD employees, contractors, and subcontractors in accordance with R9-13-207. The information will be used by AzEIP and ADHS to complete audits of hearing screening activities. The information will also be used by AzEIP to support children with receiving timely access to hearing screenings and early intervention for children birth age 3 as part of national EHDI goals of screening by 1 month of age, diagnosis by 3 months of age, and early intervention by 6 months of age. ADHS and AzEIP will use the data to monitor and improve timely access to screening, diagnosis, and intervention for children birth to age 3.

1b. INFORMATION TECHNOLOGY AND CONNECTIVITY TYPE (VPN, DVD, Citrix, Mainframe, etc.; or some other alternative way of accessing application/data?) **Select all appropriate and explain in detail below:**

- Citrix
 VPN-Client
 MainFrame
 Secure-FTP
 Secure-Email
 Other

I-Teams console app daily at 12:00am and place files into SFTP server. ADHS will retrieve files from the AzEIP SFTP server on a schedule. For records that do not meet match logic in Hi-Track or personally identifying information does not match I-Teams, a secure e-mail will be sent to the ADHS Office of Newborn Screening Manager with the response for manual verification. ADHS Office of Newborn Screening Manager and AzEIP Data Manager will resolve by manual verification and send a response back via secure e-mail with the data fields specified in this agreement.

1c. INFORMATION TYPE BEING ACCESSED (Personal Identifiable Information, FBI, SSA, HIPAA, define)

Personally identifiable information, FERPA, HIPAA covered information included on the attached fields lists.

1d. WILL THIS INFORMATION BE RETAINED?

- Yes
 No
 If Yes, where and how?

ADHS will keep information per their records retention schedule A0H00-NEWBN in the Hi-Track system. Information is considered item 00437 Newborn Screening Follow-up Records. Data will be destroyed when no longer needed. AzEIP will keep information in I-Teams per retention schedule CS-1067. Information is considered 35224 Child Records and will be retained until the fiscal year after the child's 9th birthday. Secure e-mail or paper records may also be sent for records requiring manual verification and will be kept according to each agency's respective records retention schedule.

PLEASE SELECT THE TYPE OF INFORMATION REQUESTED AND SPECIFIC FIELDS:

- | | | | | | |
|--|---|---|---|---|---|
| <input checked="" type="checkbox"/> HIPAA | <input type="checkbox"/> PCI | <input checked="" type="checkbox"/> PHI | <input checked="" type="checkbox"/> PII | <input checked="" type="checkbox"/> Full Name | <input checked="" type="checkbox"/> Home Address |
| <input type="checkbox"/> SSN or National Identification Number | | | <input type="checkbox"/> Vehicle Registration Plate | | <input type="checkbox"/> Driver's License Number |
| <input type="checkbox"/> Fingerprints | <input type="checkbox"/> Credit Card Numbers | | <input type="checkbox"/> Digital Identity | | <input checked="" type="checkbox"/> Date of Birth |
| <input checked="" type="checkbox"/> Birth Place | <input checked="" type="checkbox"/> Gender/Race | | <input checked="" type="checkbox"/> Health/Medical Records | | <input type="checkbox"/> Wage/Tax Info. |
| <input checked="" type="checkbox"/> Phone Number | <input type="checkbox"/> Criminal Record | | <input type="checkbox"/> Medical Benefits Eligibility Records | | |

The requester enters all information required for successful communication between the requesting entity and the DES IT Staff.

Contact Name (1): Rupal Mehta Phone: (602)364-1884

Contact Name (2): Sekhar Konanki Phone: (602)364-0896

Contact Address: 250 N. 17th Ave, Phoenix, AZ 85007

Contact (1) E-Mail Address: rupal.mehta@azdhs.gov

Contact (2) E-Mail Address: sekhar.konanki@azdhs.gov

Contact Fax No: (602)364-1495

SECTION I. (Cont.) REQUEST (Completed by Requesting Entity)
 Use attachment if necessary

2. CITE LAW, REGULATION, DIRECTIVE OR OTHER BASIS FOR THIS REQUEST

IDEA, Part C §303.302 Comprehensive child find system (c)(1)(ii)(J) AAC R9-13-207
 CDC EHDI Data Integration Cooperative Agreement 17NUR3DD000076
 FERPA 20 U.S.C. § 1232g; 34 CFR Part 99. § 99.31(a)(3).
 As lead agency under IDEA Part C for Arizona and as required in the FERPA audit and evaluation exception, ADES designates ADHS as the authorized representative to receive the data specified in this agreement from AzEIP.
 AzEIP Policy 1.12.1.B AzEIP Participating Agency 5 State Agency IGA DI16-002166
 A.R.S. § 36-568.01 and § 36-568.02
 Interagency Service Agreement # HS871012

3. WILL OTHER ENTITIES INTERFACE/WORK WITH YOUR ORGANIZATION?

Yes No If Yes, identify entity and reason(s):

ADHS hearing follow-up contractors, subcontractors, hospital data managers at birth hospital with access to Hi-Track.
 ADES/DDD Service Coordination units, administrators, contracted provider agencies and their employees and subcontractors with access to I-Teams

4. WILL INFORMATION BE DISCLOSED/SHARED WITH ANOTHER ENTITY/ORGANIZATION?

Yes No If Yes, identify the entity/organization and reason(s) for disclosure:

Aggregate information will be reported to the CDC and available as part of public reporting. PII will not be shared by any other entities or organizations not specified in this agreement.

5. WILL DES DATA BE STORED IN ANY FORM OF (DATABASES, FILES, TAPES, PAPER COPIES, ETC.)? WILL DATA BELONGING TO DES BE STORED IN A SECURE SPECIFIED ON-SITE LOCATION?

Yes No If Yes, identify where, what type of data and how the data is to be stored, and for how long?

PII will be stored in ADHS password protected electronic database known as Hi-Track and kept according to ADHS and AzEIP records retention policies. Secure e-mails with PII will be kept according to ADHS and AzEIP records retention policies. ADHS has a triple locked building, video monitoring, and compressed file room protocol. ADHS contractors have a passcode and locked file cabinets to secure data.

6. WHAT ARE THE SAFEGUARDS IN PLACE TO GUARD AGAINST UNAUTHORIZED ACCESS/DISCLOSURE OF THE INFORMATION; ACCESS CONTROL PARAMETERS, ROLE BASED ACCESS, ETC.

Computers and stored in secure Encryption Secure Physical Location Locked File Cabinet
 8 Characters or more Password Location Role based Access Permissions/Need to know

6a. IF AN INFORMATION BREACH SHOULD OCCUR, WHAT ARE YOUR PROCESSES AND PROCEDURES TO ADDRESS THIS? (SEE SECTION 2, #6)

If an information breach occurs by ADHS, ADHS staff will complete an incident report with DES guidance and policies and send to azeipqualityimprovement@azdes.gov and The U.S. Department of Education's Student Privacy Policy Office. ADHS will follow CMS guidelines for HIPPA breach and may issue notification to family and public, depending on size and scope of breach. If an information breach occurs by AzEIP, AzEIP will complete an incident report and send to hearing@azdhs.gov. In accordance with Division of Developmental Disabilities Operation Manual, Chapter 6001-E, Administrative Operations, Records Retention Violations and Penalties any employee who unlawfully discloses PII is subject to disciplinary action or dismissal. Known violations must be reported to the employee's immediate supervisor and the confidentiality officer. Violations are subject to penalties applied by statute.

7. HOW WILL THE INFORMATION BE PRESENTED FOR USE? WILL THE INFORMATION BE POSTED, DIGITALLY COPIED, APPLICATION, ETC?

ADHS will prepare a report for the CDC using aggregate numbers. A final version of the yearly information will be posted on the ADHS and CDC website and shared with AzEIP at AzEIPQualityImprovement@azdes.gov.

8. HOW WILL THIS INFORMATION BE DISPOSED OF WHEN NO LONGER NEEDED? SEE RETENTION POLICY.

ADHS will keep information per their retention schedule A0H00-NEWBN. ADHS Newborn Screening Unit Manager will notify AzEIP Data Manager yearly in July via secure e-mail when records are destroyed according to records retention policy. AzEIP will keep information per retention policy CS-1067. Information is considered record series number 35224 Child Records and will be kept until the fiscal year after the child's 9th birthday. AzEIP Data Manager will notify ADHS yearly via secure e-mail when records are destroyed according to ADHS and AzEIP records retention policy. Records retention schedules may be found at the Arizona State Library, Archives, and Public Records at <https://apps.azlibrary.gov/records/schedules.aspx>

Print Name and Title of Authorized Contact: Annie Converse
 Phone: (602)532-9960 Fax: (602)200-9820 E-mail: kconverse@azdes.gov and AzEIPQualityImprovement@azdes.gov Date: 05/28/2019
 Mailing Address/Mail Drop: 1789 W. Jefferson St. MD 2HP1
 City: Phoenix State: AZ ZIP Code: 85007

SECTION II. STIPULATIONS REGARDING THE USE OF INFORMATION

STIPULATIONS APPLICABLE TO THE REQUESTING ENTITY:

1. Disclosure of the data provided to the Requesting Entity is not permitted unless specifically authorized.
2. Repackaging or redistribution of data or screens, or creation of separate files will not be permitted unless specifically authorized.
3. The data shall be used only to assist in legal valid business needs as stated in Section I, item 1a of this Agreement.
4. All data shall be stored in a physically secure logically encrypted facility/system following the physical security regulations and standards based on the type of data appropriate and related standards. HIPAA / PHI / PII / PCI/ PUB-1075 etc.
5. All data in electronic format shall be safeguarded and stored, processed and monitored so that unauthorized persons cannot compromise the information.
6. DES shall be notified within 24 hours when an information breach occurs. Notification must be in accordance with timelines based on State and Federal law.
7. Only authorized staff will be given access to accomplish the purpose(s) specified in Section I, item 1a of this Agreement.
8. Staff shall view, read or attend an authorized data security awareness training class, where they will be instructed on confidentiality, privacy laws and penalties imposed when there in any non compliance. All staff with access to DES systems and/or applications must complete an annual recertification security awareness training class as scheduled by DES.
9. A Request for Terminal Access and/or other Activity (J 125) shall be used to request specific access for each authorized staff member and must be signed by the staff supervisor or designee.
10. All authorized staff are required to sign a User Affirmation Statement (J 129), as a condition for using requested data. This affirmation statement must be resigned at three (3) year intervals as scheduled by DES.
11. Any changes requiring additional access or removal of access as, shall be reported promptly to the respective data security analyst.
12. Federal and state audit and data security personnel may have access to offices and records of the requesting entity to monitor or verify compliance with this Agreement.
13. This Data Sharing Agreement will remain in effect for 10 years from the effective date unless otherwise stipulated in Section III or overridden by the Contract, a Memorandum of Understanding or an InterAgency Agreement. If duration is overridden by another document, please reference the document in Section III.
14. Upon Contract Termination, Media Sanitization procedures shall be adhered to in accordance to Arizona Statewide Policy – P8250v 1.0 - The Business Unit shall sanitize digital and non-digital information system media containing Confidential information prior to disposal, release of organizational control, or release for reuse using defined sanitization techniques and procedures in accordance with the Media Protection Standard S8250. [NIST 800-53 MP-6] [HIPAA 164.310(d)(2)(i)] [HIPAA 164.310(d)(2)(ii)] [IRS Pub 1075]
15. All DES Contracts retention terms and conditions will be adhered to as written unless otherwise stated on DES Retention Policy [(DES 1-37-12-(01)(02)(03)] is applicable.
16. Requesting entity is responsible for all costs and licenses associated with securely connecting to DES and for maintaining confidential standards.

STIPULATIONS APPLICABLE TO PROVIDER:

1. DES will use the Requesting Entity employee identifying information solely for the purpose of establishing access.
2. Only authorized DES employees will have access to requesting agency employee data.
3. In accordance with applicable federal, state, and/or local privacy regulations, DES will protect all information collected from the Requesting Entity.

STIPULATIONS APPLICABLE TO HIPAA – HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT

1. All staff shall attend an authorized HIPAA awareness training class, where they will be instructed on confidentiality, privacy, information safeguards and penalties imposed when compliance is breached.
2. If applicable, a "Business Associate Contract" [45 CFR 164.502(e), 154.504(e), 164.532(d) & (e)] on file and it will be attached to this data sharing agreement as an addendum.

STIPULATIONS APPLICABLE TO DIVISION DATA OWNERS:

1. DES Division Security Rep shall verify external or internal requesters and submit service desk ticket (SD) and attach the received (J-125 from external customers only) and process account. SD ticket must contain DSA# and all contents of attached J-125 in the SD summary field. DES Division Security Reps shall monitor and manage all accounts which have access to their data or with who this DSA in partnership.

SECTION III. ADDITIONAL INFORMATION

Two types of transmissions will occur. The fields specified for each transmission are outlined on a separate page. The first type will be called "screenings" and will include PII and hearing screening results for a children in which the parent has consented to have their child screened and share the information with ADHS according to R-13-207. The second type will be called "early intervention information" for coordination of care for children in the EHDl system. ADHS will send a list of children with confirmed hearing loss to AzEIP. AzEIP will send back a response with the child's referral date, IFSP date, outcomes, progress category, exit date, and exit reason.

TERMINATION OF AGREEMENT ONLY:

- a. Information will be returned based on Contract terms and conditions. Yes No
- b. Information will be truncated (erased/deleted). Yes No
- c. Information in physical form shall be shredded. Yes No
- d. All of the above. Yes No

External Agency POC (Print Name): Christine Ruth Phone Number: 602 364 2116

Signature: Christine Ruth, Chief Procurement Officer Date: 6.25.19

SECTION IV (A). RECOMMENDATIONS

(Completed by the Data Managing Program/DATA OWNER)

- Recommend **APPROVAL**
- Request is not recommended for approval

Print Name: Jenee Sisroy Phone Number: (602)532-9960 Date: 6/28/19

Signature: [Signature] Mail Drop: 2HP1

SECTION IV (B). PRIVACY RECOMMENDATIONS

(Completed by the division HIPAA or PRIVACY OFFICER)

- Recommend **APPROVAL**
- Request is not recommended for approval

Print Name: Jared Spurgeon Phone Number: 602-512-1061 Date: 07/05/19

Signature: [Signature] Mail Drop: 1292

SECTION IV (C). DES ENTERPRISE SERVICE DELIVERY

(Completed by DTS SERVICE DELIVERY MANAGER)

- Recommend **APPROVAL**
- Request is not recommended for approval

Print Name: _____ Phone Number: _____ Date: _____

Signature: _____ Mail Drop: _____

SECTION V. APPROVAL
(Completed by the requesting entity and the data managing program)

I attest to the correctness of the information provided in Section I and agree to the stipulations and costs if any listed in Section III. I agree to comply with all provisions of the DES Data Security Policy. If any violations of the DES Data Security Policy occur, this Agreement may be terminated. I further understand that DES will periodically review the terms of the Agreement to ensure it conforms with DES Policies and Procedures. In the event changes in either federal or state law or regulations occur that conflict with the terms of the Agreement or render the terms of the Agreement void, impracticable, or otherwise impossible, this Agreement will terminate immediately. A new Agreement or an amendment to the existing Agreement will be initiated to provide for any changes that cannot be accommodated within the provisions of the existing Agreement. The Requesting Entity shall hold harmless and indemnify the State of Arizona and its Department of Economic Security for any liability resulting from acts or omissions attributable to the Requesting Entity.

IN WITNESS HERETO, the PARTIES have executed this Agreement by signature of their duly authorized officials:

FOR THE REQUESTING ENTITY: (Completed by requesting Entity)

Entity Name: Arizona Department of Health Services
Print Signatory Name: Christine Ruth Title: Chief Procurement officer
Signature: Christie Ruth Date: 6.25.19

FOR THE DEPARTMENT OF ECONOMIC SECURITY: (Completed by Data Managing Program)

Entity Name: Arizona Early Intervention Program
Print Signatory Name: Jenee Sisroy Title: AzEIP Program Administrator
Signature: [Signature] Date: 6/28/19

SECTION VI. APPROVAL
(Completed by Information Risk Management)

This signed Agreement meets all requirements necessary to permit the controlled sharing of the DES data while simultaneously providing for the protection of the data. I certify that:

- THIS AGREEMENT CONFORMS TO DES Information Security Policy [DES 1-38-0006].
- THIS AGREEMENT DOES NOT CONFORM to the DES Information Security Policy. Implementation of this agreement cannot proceed until the following action is taken:

[Signature]
(Signature)

DES Chief Information Security Officer
(Title)

17 July 2018
(Date)

ROUTING INSTRUCTIONS FOR J-119

DATA- SHARING AGREEMENT BETWEEN DES ENTITIES:

1. Section I, II and III are completed, contact information is provided and the document is signed by the requesting Division or Program Assistant Director, Program Administrator, or designee. The requesting entity Division or Program Security Analyst sends the document to the Data Managing Division/Program Security Analyst. The DSA/PSA from the Data Managing Division/Program will complete Section III and the recommendation in Section IV. If applicable, the Division HIPAA Privacy Officer will complete the recommendation in Section IV. Reason must be given if request is not recommended for approval. Section V is signed and dated by the Data Managing Assistant Director, Program Administrator or designee.

EXCEPTION: All DERS UI Data Sharing Agreements will follow their own established process.

2. The data managing Division/Program Security Analyst forwards the Agreement to the Enterprise Delivery Team for signature and approval of Information technology connectivity. Enterprise service delivery team sends DSA back to the Division/Program security team for final signatures. The Agreement is signed, and dated by the Information Security Administrator. The original Agreement is sent back to the Division/Program entered into the tracking list. The Agreement is scanned PDF to the network share, for all data sharing agreements. DSA is not final until fully signed by all parties.

NOTE: When the Agreement is modified during the approval process, both entities must review the modifications and re-sign/date the document.

DATA-SHARING AGREEMENT BETWEEN DES AND AN EXTERNAL ENTITY:

1. Section I, II and III are completed by the requesting entity, contact information is provided and the document is signed by the requesting entity and Division or Program Assistant Director, Program Administrator, or designee. The Division or Program Security Analyst sends the document out for signatures. If applicable, the Division HIPAA Privacy Officer will complete the recommendation in Section IV. Reason must be given if request is not recommended for approval. Section V is signed and dated by the requesting entity administrator and Data Managing Assistant Director, Program Administrator or designee.

EXCEPTION: All DERS UI Data Sharing Agreements will follow their own established process.

2. The data managing Division/Program Security Analyst forwards the Agreement to the Enterprise Delivery Team for signature and approval of Information technology connectivity. Enterprise service delivery team sends DSA back to the Division/Program security team for final signatures. The Agreement is signed, and dated by the Information Security Administrator. The original Agreement is sent back to the Division/Program entered into the tracking list. The Agreement is scanned PDF to the network share, for all data sharing agreements. DSA is not final until fully signed by all parties.

NOTE: When the Agreement is modified during the approval process, both entities must review the modifications and re-sign/date the document.

DATA SHARING AGREEMENT WITH INTERNAL (if applicable) EXTERNAL CONTRACTS BETWEEN ENTITIES PROCEDURES: STEP BY STEP

1. From the Contracts Division for which the Contract has been originally created, the authorized Contracts person shall contact the Security Representative from the specific Agency for which the Contract was created, notify that a Data Sharing Agreement (DSA) is needed and being requested and a copy must be sent to the Security Representative to start the process of creating a DSA.
 - a. **NOTE: A DSA request will not be honored without a valid Contract (number) (if applicable) accompanying the DSA.**
 2. Any external Contracts agreed upon by DES that include the sharing of information require a J-119 – Data Sharing Agreement (DSA). The normal longevity of the J-119 DSA is 10 years. The newly agreed upon Contract terms and conditions supersedes the longevity of the DSA length of 10 years to align with the Contracts terms, conditions, and longevity.
 - a. Example: If a newly accepted Contract of 2 years needs a DSA, the DSA will align with the Contracts longevity of 2 years. A DSA is created.
 - b. If at the end of the 2 years the contract is renewed for 1 more year, then the contract's personnel shall inform the Agency's Security Team of the contract extension. Agency's Security Team will update the DSA tracking database to reflect the contract extension. The DSA can be renewed every year(s) up to 10 years (the total life-cycle of a DSA) before a new DSA is created.
 - i. J-119A (Amendment Form) is required when additional access to other information not stipulated in the original DSA is being requested. For any extensions/changes of a DSA along with the following requirements:
 1. J-119A must document the changes to the original DSA.
 2. J-119A must document the new Contract Number.
 3. Document any and all changes made on the renewed Contract that involve terms and conditions in the sharing of information.
 4. Assign an agreement number to the DSA and put the Contract number on the first page of the DSA (preferably typed).
 5. DSA with other hand written notes, directions, alterations and scratch offs will not be accepted by IRM.
 6. Security Representative will enter all data into the DSA Database and will select status field "pending signatures to IRM."
- Words of CAUTION:**
- a. Security Representative that has created the DSA will have to reproduce the DSA once again to be compliant, no exceptions.
 - b. A DSA that is attached to a Contract will not be approved by IRM without a valid contract number.
3. When the Security Representative has completed all the applicable/signatures, the DSA agreement is entered into the Data Security Warehouse Database by the Security Representative with a status of "Pending-IRM Approval." Afterwards the DSA agreement is sent to IRM, to DES Information Security Administrator, 1720 W. Madison St., Phoenix, AZ 85007 (Site Code 829Z), for final review and approval. The agreement is then signed and dated by the Information Security Administrator.
4. The original agreement is filed in the DES Data Managing Division/Program and the IRM Security Representative confirms all data in the DSA database. The Agreement is not final until signed by the IRM Security Representative, the DES Executor, and the Requesting Entity(s).
5. A final digital copy of all signatures of essential personnel mentioned above is required to IRM for IRM Security Administrator to change the DSA to ACTIVE with in the database.

Confirmed Hearing Status Transmission

Data Elements Included from ADHS

Data Element Name	Required Field	Data Element Description	To Match with AzEIP	
First Name	Required	Child's First Name	* 2	Do not overwrite in I-Teams
Middle Initial		Child's Middle Initial	information	Do not overwrite in I-Teams
Last Name	Required	Child's Last Name	* 2	Do not overwrite in I-Teams
DOB	Required	Child's Date of Birth, MM/YY/DDDD	* 2, * 3	Do not overwrite in I-Teams
Gender		Child's gender	* 2	Do not overwrite in I-Teams
Address		Child's address at time of birth	information	Do not overwrite in I-Teams
Zip Code		Child's zip code from address at time of birth	information	Do not overwrite in I-Teams
Mother's First Name	Required	Mother's first name identified on birth certificate	* 3	Do not overwrite in I-Teams
Mother's Last Name	Required	Mother's last name identified on birth certificate	* 3	Do not overwrite in I-Teams
Birth Facility		Name of child's birth facility or hospital	information	Overwrite
ADHS Reported Diagnoses		Hearing diagnosis category	information	Overwrite
ADHS Reported Diagnosis Date	Required	Date of confirmed hearing status	information	Overwrite
ADHS: Diagnosing Doctor's Name		Name of provider diagnosing child's hearing status	information	Overwrite
ADHS Unique Identifier	Required	Hospital Medical Record Number or if not born in a hospital, Birth Certificate Number	* 1	Do not overwrite in I-Teams

Data Elements Included from AzEIP

Data Element Name	Required Field	Data Element Description
AzEIP I-Teams Number	Required	AzEIP Unique Identifier
ADHS Unique Identifier	Optional	ADHS Unique Identifier
Initial Referral Date	Required	Date child first referred to AzEIP
IFSP Date		Date of initial IFSP

Data Element Name	Required Field	Data Element Description
Entry Indicators Date		Date Entry Indicators (also known as child outcomes) completed
Entry Indicators 1. POSITIVE SOCIAL-EMOTIONAL SKILLS		Initial rating of child's development in positive social emotional skills compared to child's peers on 1-7 scale
Entry Indicators 2. ACQUIRING AND USING KNOWLEDGE AND SKILLS		Initial rating of child's development in acquiring and using knowledge and skills compared to child's peers on 1-7 scale
Entry Indicators 3. TAKING APPROPRIATE ACTION TO MEET NEEDS		Initial rating of child's development in taking appropriate action to meet needs compared to child's peers on 1-7 scale
Exit Indicators Date		Date of Exit Indicators (also known as child outcomes) completed
Exit Indicators 1. POSITIVE SOCIAL-EMOTIONAL SKILLS (Including Social Relationships)		Final rating of child's development in positive social emotional skills compared to child's peers on 1-7 scale
Exit Indicators 2. ACQUIRING AND USING KNOWLEDGE AND SKILLS		Final rating of child's development in acquiring and using knowledge and skills compared to child's peers on 1-7 scale
Exit Indicators 3. TAKING APPROPRIATE ACTION TO MEET NEEDS		Final rating of child's development in taking appropriate action to meet needs compared to child's peers on 1-7 scale
Outcome 1 OSEP Category		Measurement of child's overall progress comparing the exit ratings to the entry ratings using the Office of Special Education Programs a to e categories
Outcome 2 OSEP Category		Measurement of child's overall progress comparing the exit ratings to the entry ratings using the Office of Special Education Programs a to e categories
Outcome 3 OSEP Category		Measurement of child's overall progress comparing the exit ratings to the entry ratings using the Office of Special Education Programs a to e categories
Exit Date		Date the child was exited from the AZEIP program
Exit Reason		The reason the child was exited from the AZEIP program
Confirmed Hearing Status:	Conditional	If partial match is found, transmit: "Further validation needed with AZEIP" to ADHS, AZEIP If no match is found transmit: "No match found with AZEIP" to ADHS, AZEIP If complete match is found, fields to transmit from AZEIP to ADHS and "Successfully shared with ADHS", AZEIP User Interface: "Date Early Intervention Info Shared with ADHS"

Hearing Screening Transmission

Data Elements Included from AzEIP

Data Element Name	Required Field	Data Element Description
AzEIP I-Teams Number	*	AzEIP Unique Identifier
Child Name First	*	Child's first name
Child Name Middle		Child's middle name, if known
Child Name Last	*	Child's last name
Date of Birth	*	Child's date of birth, MM/DD/YYYY
Gender		Child's gender (male or female)
Zip Code		The zip code of the child's current address
Mother's First Name		First name of person identified as child's mother
Mother's Last Name		Last name of person identified as child's mother
Birth Facility		Name of birth facility, if known
Hearing Screening Date	*	Date of OAE screening conducted by AzEIP provider MM/DD/YYYY
Hearing Screening Type	*	Drop Down OAE Screening, AABR Screening, default OAE Screening
Left Ear Results	*	Results of left ear screening: Pass/Refer/Not conducted
Right Ear Results	*	Results of right ear screening: Pass/Refer/Not conducted
Hearing Screening Submission Date	*	Date Hearing Screening info sent to ADHS
Service Coordinator Name		Name of current Service Coordinator assigned to the child
Service Coordinator Agency		Name of the agency that employees Service Coordinator

Data Elements Included from ADHS

Data Element Name	Required Field	Data Element Description
ADHS Unique Identifier	*	Hospital Medical Record Number or if not born in a hospital, Birth Certificate Number
Hearing Screening Submission	Conditional	Results of match if partial match is found, transmit: "Further validation needed" to ADHS, AzEIP if no match is found transmit: "No match found with ADHS" to ADHS, AzEIP if complete match is found, Fields to transmit from ADHS to AzEIP, field: "ADHS Unique Identifier and "Successfully reported to ADHS"