



Diagnostic Audiology Interface Development, Promoting Audiology Data Exchange Mini Grant Application

BACKGROUND AND SUMMARY:

The Rhode Island Department of Health's (RIDOH) KIDSNET collects diagnostic audiology data for infants and young children receiving services from Rhode Island based audiologists. Recognizing that good child developmental outcomes are often contingent on well-coordinated systems of care, RIDOH has a long history of investing in system development and building data exchange capability to support planning, inform policy, and assure preventive health care and appropriate follow-up through programs such as RI Early Hearing Detection and Intervention (EHDI). Early identification and intervention of hearing loss has been shown to improve cognitive and speech language outcomes for infants and young children. KIDSNET facilitates the collection and appropriate sharing of diagnostic audiology data for the provision of timely and appropriate follow-up care. In addition, state regulations require the reporting of permanent hearing loss to RIDOH for children under six. Current reporting of diagnostic audiology results is accomplished by data entry into KIDSNET. This presents an administrative burden, as these results are also entered into electronic health records. Early in 2023, Health Level 7 (HL7) published an implementation guide for trial use for the reporting of diagnostic audiology results to state EHDI programs. This paved the way for development of interfaces between KIDSNET and clinical electronic health records used by audiologists using international data standards.

OPPORTUNITY AND ELIGIBILITY:

KIDSNET will award mini grants of up to \$4,975 to establish an electronic interface between the audiology provider's electronic health record and KIDSNET. The interface will employ the current HL7 Diagnostic Audiology Reporting messaging standard for electronic data exchange. Eligible applicants include healthcare providers providing audiology services to children under age 6 with a federal Employee Identification Number (EIN) or federal Tax Identification Number.

RIDOH will fund mini-grant recipients for all or partial costs as an incentive and partnership with audiologists to offset some of the cost of interface development. Once in place the interface will provide for the timelier exchange of, and increased completeness of, diagnostic audiology data reported to KIDSNET.

APPLICATION:

Please **use the following attached templates, and do not exceed eight typed pages.** (Note: Total page count **does not include** the cover sheet, budget page, or W-9 form)

Completed applications must include:

- Mini-Grant Cover Sheet
- Mini-Grant Application (forms on the following pages, including timeline)
You may submit a Word or PDF file all required information is provided.
- Signed W-9 form (2022) *Note: W-9 does not count toward page limit*



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Rolling Receipt of Applications Begins Monday, July 3, 2023

Please submit your application to:

via email to: RIDOH.RICAIRONboarding@health.ri.gov (preferred)

or via mail to:

RIDOH KIDSNET/RICAIR Provider Onboarding
c/o, Danielle Woods
3 Capitol Hill, Room 302
Providence, RI 02908

**For application assistance please email;
RIDOH.RICAIRONboarding@health.ri.gov**



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MINI GRANT COVER SHEET

Organization/Agency Name	
Organization/Agency Address	
Organization/Agency Phone Number	
Federal Employer Identification Number (FEIN)	
Primary Contact Name	
Primary Contact Email	
Primary Contact Phone Number	

**For questions about this opportunity, please email RIDOH.RICAIROnboarding@health.ri.gov. **



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Application for Mini-Grant

** Note: Applications must be received and approved, and a purchase order issued by the State of Rhode Island before work begins. No reimbursement can be made for activities and expenses incurred prior to a Purchase Order having been issued by the State of Rhode Island.*

Establishment of a working interface is required before any expenses will be paid.

*****The successful completion of this project must include a New HL7 Diagnostic Audiology Reporting Interface exchanging data on an ongoing basis to KIDSNET's Production data base, as determined by KIDSNET.***

Date of application: _____

- Enter date application is submitted.

Health Care Provider that will submit invoice when work is complete

- Name, address, FEIN (federal employer identification tax ID number) for provider practice that will be submitting the invoice and sending the diagnostic audiology data.
- Reimbursement cannot be made without a FEIN.
- Reimbursement checks will be made out using this information.

Name of Provider: _____

Address: _____

FEIN (federal employer identification tax ID number): _____

Primary contact for communication

- Name, address, email, and phone contact information for primary contact. This individual will be included on all communications related to this funding.

Name: _____

Email: _____

Address: _____

Phone: _____



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Proposed timeline for work:

- Start Date work will begin. Enter “immediately upon approval” if work will begin as soon as award notification is made. **Costs incurred prior to final award notification (P.O. Issue Date) are not reimbursable.**
- Estimated Completion Date must be prior to June 30, 2024. If a working interface is not established prior to this date, no reimbursement will be made.

Start Date: _____

Estimated Completion Date: _____
(Must be prior to June 30, 2024)

Budget amount requested:

- Attach a detailed budget of \$4975.00 or less detailing how funds will be used to accomplish the work plan. Allowable costs include but are not limited to purchase of EHR upgrades that will allow exchange of diagnostic audiology data using HL7 Messaging Standards.
- Reimbursement is allowed for costs incurred for interface development and implementation, technology upgrades related to the Diagnostic Audiology Interface, EHR vendor costs related to retrieval and submission of archival EHR system patient diagnostic audiology data.
- **Only work begun and expenses incurred after final approval and the issuing of a purchase order by the State of Rhode Island and before June 30, 2024, will be eligible for reimbursement. Establishment of a working interface is required before any expenses will be paid.**

Budget:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Budget amount requested: _____
(Total amount \$4975.00 or less.)



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Statement of work plan:

- Attach a work plan of no more than 3 pages that describes planned activities and timelines. The plan must establish or improve an HL7 diagnostic audiology interface with KIDSNET as described in the Diagnostic Audiology Reporting v2 implementation guide published by HL7: https://www.hl7.org/implement/standards/product_brief.cfm?product_id=620 [hl7.org]

Application Guidance

Purpose: Provide funding to aid in covering the cost to establish or improve an HL7 diagnostic audiology interface for data exchange between KIDSNET and an audiology provider electronic health record system.

General Guidelines:

- Only Rhode Island audiology healthcare providers who see children under age 6 are eligible to apply.
- Application deadline is March 1st, 2024. Applicants will be notified if application has been approved or denied.
- Funding is limited. Awards of \$4975.00 (or less) will be made on a first come, first serve basis.
- Proposed work must establish or improve an HL7 diagnostic audiology interface with KIDSNET as described in the Diagnostic Audiology Reporting v2 implementation guide published by HL7: https://www.hl7.org/implement/standards/product_brief.cfm?product_id=620 [hl7.org]



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- Electronic Diagnostic Audiology Data reporting will include both current diagnostic visits and historical visits not previously reported. The following data must be included for each diagnosis: Patient name, date of birth, Race, Language, Ethnicity, date of test, right and left ear test details and results, diagnosis, sending audiologist identifiers, and risk factors for hearing loss. Source of update is required to be messaged for both administered and historical diagnostic audiology data transactions and are required for funding approval.
- Awards are cost reimbursement and made only when interface or enhancement is approved and implemented in production as determined by KIDSNET. Only work begun and expenses incurred after final approval and the issuing of a purchase order will be eligible for reimbursement.
- No costs will be reimbursed beyond June 30, 2024. If successful production implementation of HL7 diagnostic audiology data exchange is not completed by that date, **no costs will be reimbursed**. KIDSNET will supply an approval notice to be submitted with the invoice for reimbursement.
- Upon completion of work and establishment of a successful new or upgraded HL7 diagnostic audiology interface, an invoice should be submitted to Danielle Woods, KIDSNET/RICAIR, RI Dept. of Health, 3 Capitol Hill, Providence, RI 02908 with an approval notice from KIDSNET. Detailed documentation of all expenses as related to work plan must be provided with the invoice.

Submit Application to:

By mail:

Danielle Woods
KIDSNET/RICAIR Onboarding
Rhode Island Department of Health
3 Capitol Hill, Room 302
Providence, RI 02908

Or by email:

RIDOH.RICAIROnboarding@health.ri.gov



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APPENDIX A

Budget Table

Agency Name

KIDSNET Diagnostic Audiology Interface – Mini Grant

7/1/2023 – 6/30/2024

The Organization estimates that the budget for allowable expenses for work to be performed under this Agreement is as follows;

:

Expense Category	Approved Budget Amount
1. Cost of Interface Development and Implementation	
2. Cost of Equipment/Technology upgrades related to diagnostic audiology data submission via the interface	
3. Costs associated with the retrieval and submission of archival diagnostic audiology data from audiology provider EHR system.	
Sub-total	
Total	

It is understood and agreed that the amounts indicated above for the several line items are estimates of expenditures to be incurred by the Contractor on behalf of this Agreement and to be claimed by the Audiology Provider Practice for reimbursement under this Agreement. It is further understood and agreed that actual variations shall not in themselves be cause for disallowance of reimbursement by RIDOH; provided, however, that the Contractor shall notify and obtain the approval of the contract officer, in writing, if expenditures to be claimed for reimbursement in any line item above shall begin to vary significantly from the estimate given above; and provided further, that unless permission of the contract officer shall have been obtained in advance; no expenditure shall be claimed by the Contractor for reimbursement by RIDOH under this Agreement if such expenditure shall have been incurred in a line item category not listed above. All transfer of funds between budget line items requires prior written approval by RIDOH. All Expense Category line items are required to be supported with verifiable copies of detailed Invoicing provided to Contractor for costs incurred and submitted for reimbursement as part of this mini-grant.



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APPENDIX B

Budget Narrative

Agency Name

Title of Agreement: KIDSNET Diagnostic Audiology Interface – Mini Grant

Period of Performance: 7/1/2023 - 6/30/2024

<u>Expense Category</u>	<u>Brief Work Description</u>	<u>Cost</u>	<u>Total</u>
Total			