CIVHC

CENTER FOR IMPROVING
VALUE IN HEALTH CARE

Data Release Application

Limited and Identifiable Extract

Application Navigation

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Client Application Revision History

The following reflects the history of changes made to this document during the application process prior to project production. Once in production, any further changes to the application may result in additional cost and production delays.

To be completed by CIVHC staff			
Date	New Version Number	Description of Change(s)	CIVHC Change Author
3/29/2024	V.01	Initial version drafted with client.	Lucía Sanders, Key Account Manager
4/22/2024	V.02	Documented IRB approval. Removed request for Employer Tax ID.	Lucía Sanders, Key Account Manager
Date	V.03	Click or tap here to enter text.	Name, Title
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Data Release Application

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Data Requestor Details

General Project Details

Project Title:	Understanding Autism Spectrum Disorder in Children and Adults in Colorado: Prevalence, Transitions, Expenditures, and Outcomes
Application Start Date:	3/29/2024
Requested Project Delivery Date:	5/15/2024
Client Organization:	University of Colorado Anschutz Medical Campus
Client Organization Address:	13001 E 17th Pl B119 Aurora, CO 80045
To be completed by CIVHC staff	
CIVHC Contact:	Lucía Sanders
Project Number:	24.47
Condensed Project Title:	Understanding ASD Colorado

Project Contacts

Project Contact Name:	Marcelo C. Perraillon
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Data Release Fee Signatory

Name:	Chrissy Alexander
Title:	Senior Purchasing Agent

Email:	chrissy.alexander@cu.edu

Data Use Agreement Signatory

Name:	Emily Ralls-Herson
Title:	COI Coordinator
Email:	emily.ralls-herson@cuanschutz.edu

Project Schedule and Purpose

Proposed Project Start Date[1]:	6/1/2024
Anticipated Project End Date:	6/1/2029
Proposed Publication or Release Date:	6/1/2030

1. Detail the specific research question(s) you are trying to answer or problem(s) you are trying to solve with this data request. Please list and number the individual questions.

Autism Spectrum Disorder (ASD) is a group of lifelong neurological disorders characterized by significant communication, behavioral, and sensory difficulties. The estimated prevalence of autism identified in children has increased significantly in the US, from 1.1% in 2008 to 2.3% in 2018, [1] an increase of 109% over ten years. In 2020, the CDC estimated a prevalence of 2.78%, or 1 in 36 children. [2] The increase in cases reflects changes in diagnostic criteria, better screening and diagnostic tools, an increase in public awareness about traits associated with ASD, and environmental exposures. [1, 3]

Autism presents a wide range of related impairments and co-occurring conditions that necessitate different levels of care and lead to varying levels of healthcare utilization across the lifespan. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) classifies autism into three severity categories based on the support needed, from Level 1 requiring “some support” to Level 3 requiring “very substantial support.” Given the varied medical needs of individuals with ASD, treatment costs can be substantial and highly variable in both children and adults.

ASD is also associated with a broad range of developmental, mental, and physical health co-occurring conditions that include intellectual disability, epilepsy, attention-deficit hyperactivity disorder (ADHD), anxiety, depression, behavioral disturbances and tics, sleep disorders, motor difficulties, digestive disorders, diabetes, hypertension, obesity, and cardiovascular disease. [4] Some conditions such as Parkinson’s disease are hypothesized to occur more often in older adults with ASD but identified cohorts of older adults to assess this question are scarce. [5, 6] Individuals with ASD experience substantial barriers to care as they transition into adulthood, among them insufficient healthcare transition services and lack of physician awareness about difficulties associated with ASD and adulthood. [4, 7] Diagnosing adults with autism is also challenging because it is difficult to verify developmental history, adults have learned to camouflage symptoms, and other co-occurring conditions can become more salient. [6] Because of the

[1] After all required documents have been signed and the Data Release Review Committee has approved the project, typical production time is 30-60 days for a Limited or Identifiable Extract. Anticipate a longer production period for projects including a Finder File or creation of a Member Match File.

complex medical challenges faced by children and adults with autism, some evidence suggests lower rates of preventive care for those with ASD. [8, 9]

The costs of treating ASD vary substantially by payer because of differential needs and enrollment rates. In the US, Medicaid and Medicare are the largest insurers of individuals with ASD based on age and disability status. Intensive behavioral interventions alone cost between $40,000 to $60,000 per year for children. [10] Using national Medicaid claims, Rubenstein, Tewolde [3] found an increase of 126% in the rate of individuals with ASD covered by Medicaid from 2011 to 2019. The most significant increase over the nine years was in the 25-to-34-year age group (195%), and the smallest was in the 55-to-64-year age group (45%). The cost of treating autism is higher for those in Medicaid compared to private insurance. A study in 2013 found that the average expenditure for children with ASD was four times higher for Medicaid compared to commercial insurance, most likely because Medicaid enrolls more severely ill children. [11] Using the 2003-2015 data from the Medical Expenditure Panel Survey, Zuvekas, Grosse [12] found an annual excess expenditure of approximately $4,000 for children with ASD compared to children without ASD. Zerbo, Qian [13] used data from Kaiser Permanent Northern California and found that adults with ASD had 20% more health care expenditures compared to adults with ADHD and 70% higher than general population controls. [13]

Despite the increase in ASD prevalence, public awareness, and the substantial healthcare needs of individuals with ASD, our understanding of new diagnoses trends, care transitions, expenditures, and health outcomes are still sparse, in part because of a lack of comprehensive data to study children and adults with ASD across the lifespan and payers.

This study aims to leverage Colorado's All-Payer Claims Database (CO APDC) to obtain more accurate estimates of ASD incidence and prevalence, including estimating the increase of first diagnoses and the costs and outcomes associated with ASD. The CO APCD is a novel and essential data source for this study for several reasons. First, the CO APCD covers approximately 75% of the state population and includes children and adults. Second, it includes multiple payers to compare incidence, prevalence, and expenditures by payer. Third, the APCD allows the study of the dual population (Medicaid and Medicare), which covers many ASD individuals who require extensive services due to disability. Finally, the APCD includes a person-level identifier that allows us to evaluate the impact of healthcare transitions.

Our specific aims are:

Aim 1: Estimate trends in the incidence of first autism diagnoses in Colorado by payer, demographic characteristics, and comorbid conditions.

Aim 2: Estimate the prevalence of autism in Colorado by payer and compare claims-based estimates to those of the Autism and Developmental Disabilities Monitoring Network (ADDM).

Aim 3: Assess the impact of insurance transitions at two critical periods: pediatric care to adult care at age 21 and transitions at age 26 when children are no longer eligible to enroll in their parents' health insurance plan.

Aim 4: Determine the utilization of preventative services and medications (well child visits, vaccinations, cancer screenings) by insurance type.

Aim 5: Estimate the total annual healthcare expenditure for individuals with autism and compare expenditures to those of a randomly selected population matched by age, sex, geographic location, and comorbid conditions.

2. Describe your methodology or how you will be using data from the Colorado All Payer Claims Database (CO APCD) to answer your research questions.

Aim 1: Estimate trends in the incidence of first autism diagnoses in Colorado by payer, demographic characteristics, and comorbid conditions.

We will use the same algorithm as Rubenstein, Tewolde [3] to identify all cases with an ASD diagnosis in Colorado from 2012 to the present in children 13 and older and adults (younger than 75). The algorithm uses ICD-9 and ICD-10 codes from inpatient and outpatient claims to identify ASD cases. We will use a two-year look-back period to distinguish between prevalence and incidence. Trends will be estimated by age, sex, payer, residency (e.g., urban vs rural), and co-occurring conditions like intellectual disability and mental disorders. We will use the member eligibility files to estimate incidence rates per 100,000 enrollees in the same health plan. Since the APCD does not include data from the entire population, the denominator must be based on total plan enrollment rather than population estimates.

Aim 2: Estimate the prevalence of autism in Colorado by payer and compare claims-based estimates to those of the Autism and Developmental Disabilities Monitoring Network (ADDM).

The approach for this aim is similar to that of Aim 1, with the difference that we do not focus on incidence cases. The ADDM is a program funded by CDC to collect data to better understand the number and characteristics of 8- or 4- year old children with ASD, cerebral palsy, and other developmental disabilities living in different areas of the US. [14] Colorado participated in the program until 2018 and has published estimates of ASD in the State. We plan to contrast the estimates from the ADDM with those obtained from the APCD for 8-year-old and 4-year-old children in the ADDM to validate our approach and test different algorithms for identifying prevalent cases using claims data. Further, we will evaluate prevalence among the cohorts identified in ADDM over time. For example, the 2014 ADDM cohort was born in the year 2006; we will track identified prevalence in that cohort through the duration of the APCD data set.

Aim 3: Assess the impact of insurance transitions at two critical periods: pediatric care to adult care at age 21 and transitions at age 26 when children are no longer eligible to enroll in their parents' health insurance plan.

We will conduct a longitudinal analysis comparing healthcare utilization and costs two years before age 21 and two years after 21 for those transitioning from pediatric care to adult care. We will stratify the analysis by payer as care transitions are likely influenced by insurance policy.

We will conduct a similar analysis at age 26 as the cutoff point, when some adults will be forced to switch insurance as they are no longer eligible to enroll in their parents' health plan (after the passage of the Affordable Care Act).

As part of this aim, we will use a matched random sample of individuals in the APCD to estimate the impact of healthcare transitions for individuals with ASD to those without ASD. We will use age, sex, geographic location to perform the matching.

Aim 4: Determine the utilization of preventative services (well child visits, vaccinations, cancer screenings) by insurance type

We will document regular use of well-child visits for children, cancer screenings for adults, and vaccinations for all among those with ASD. These preventative services and their timing will be identified from US Preventative Task Force guidelines. We will compare to an age and sex matched controls. We will examine whether autistic people are less likely than peers to receive these services and if there is effect modification by insurance type.

Aim 5: Estimate the total annual healthcare expenditure for individuals with autism and compare expenditures to those of a randomly selected population matched by age, sex, geographic location, and comorbid conditions.

For individuals we identify in Aims 1 and 2, we will calculate total yearly expenditures for incidence and prevalent cases including inpatient, outpatient, and pharmacy expenditures. We will run Generalized Linear Models (GLM) to control demographic and other characteristics, including co-occurring conditions. Since individuals can leave the sample (i.e., cost data are right-censored), we will use methods developed for right-censored data. [15] As with other aims, we will compare expenditures to those of a matched control group without ASD.

References

1. Hirota, T. and B.H. King, *Autism spectrum disorder: A review.* Jama, 2023. **329**(2): p. 157-168.

2. Maenner, M.J., *Prevalence and characteristics of autism spectrum disorder among children aged 8 years—autism and developmental disabilities monitoring network, 11 sites, United States, 2018.* MMWR. Surveillance Summaries, 2021. **70**.
3. Rubenstein, E., et al., *Prevalence of Autism Among Medicaid-Enrolled Adults.* JAMA psychiatry, 2023. **80**(12): p. 1284-1287.
4. Malik-Soni, N., et al., *Tackling healthcare access barriers for individuals with autism from diagnosis to adulthood.* Pediatric Research, 2022. **91**(5): p. 1028-1035.
5. Geurts, H.M., et al., *Self-reported parkinsonism features in older autistic adults: A descriptive study.* Autism, 2022. **26**(1): p. 217-229.
6. Lai, M.-C. and S. Baron-Cohen, *Identifying the lost generation of adults with autism spectrum conditions.* The Lancet Psychiatry, 2015. **2**(11): p. 1013-1027.
7. Calleja, S., et al., *Healthcare access for autistic adults: A systematic review.* Medicine, 2020. **99**(29): p. e20899.
8. Cummings, J.R., et al., *Health services utilization among children with and without autism spectrum disorders.* Journal of autism and developmental disorders, 2016. **46**: p. 910-920.
9. Orji, A.F., et al., *Disparities in cervical cancer screening by disability types: a systematic review.* Journal of Cancer Education, 2023. **38**(3): p. 752-760.
10. Matin, B.K., et al., *Contributing factors to healthcare costs in individuals with autism spectrum disorder: a systematic review.* BMC health services research, 2022. **22**(1): p. 604.
11. Wang, L., et al., *Healthcare service use and costs for autism spectrum disorder: a comparison between Medicaid and private insurance.* Journal of autism and developmental disorders, 2013. **43**: p. 1057-1064.
12. Zuvekas, S.H., et al., *Healthcare costs of pediatric autism spectrum disorder in the United States, 2003–2015.* Journal of autism and developmental disorders, 2021. **51**: p. 2950-2958.
13. Zerbo, O., et al., *Health care service utilization and cost among adults with autism spectrum disorders in a US integrated health care system.* Autism in Adulthood, 2019. **1**(1): p. 27-36.
14. Control, C.f.D. and Prevention, *Autism and developmental disabilities monitoring network.* Morbidity and Mortality Weekly Report, 2012. **6**: p. 12-28.
15. Basu, A. and W.G. Manning, *Estimating lifetime or episode-of-illness costs under censoring.* Health economics, 2010. **19**(9): p. 1010-1028.

3. Explain how this project will benefit Colorado and its residents.[2]

As we described above, ASD is a complex condition that requires lifelong treatments. Patients experience many co-occurring conditions that are difficult to treat and are costly. Understanding the needs of children and adults with autism in the state can help policymakers devise policies that improve outcomes while controlling costs. Medicaid and Medicare are the largest payers of individuals with autism. The CO APCD is a unique and novel dataset to understand the needs of children and adults with autism, especially as they age.

4. Describe how your project will improve health care quality, increase health care value, or improve health outcomes for Colorado residents.[2]

Despite the increase in ASD prevalence, public awareness, and the substantial healthcare needs of individuals with ASD, our understanding of new diagnoses trends, care transitions, expenditures, and health outcomes are still sparse, in part because of a lack of comprehensive data to study children and adults with ASD across the lifespan and payers. Our study will improve healthcare quality by identifying the needs of individuals with ASD as they transition care. The bulk of treatments for autism focus on children, but much less is known about outcomes for adults with autism, both as they age or after they are diagnosed as adults, which has become increasingly common. Understanding trends in prevalence, incidence, costs, and outcomes by payer is fundamental to improve the health of Coloradans.

5. Health equity is defined as the state in which everyone has a fair and just opportunity to attain their highest level of health. Explain how your project addresses health equity.

Our project addresses health equity directly as we focus on a population that experiences much worse outcomes than other individuals, not only health outcomes but also substantial unemployment and worse quality of life. Some estimates suggest that approximately 85% of individuals with ASD are unemployed. Although it is often believed that ASD is equivalent to intellectual disability, intellectual disability is not part of the diagnosis criteria for autism. Better lifelong health treatments and access to appropriate therapies could vastly improve the life of autistic individuals and improve equity in outcomes.

[2] It is a statutory requirement for all non-public releases of CO APCD data to benefit Colorado or its residents. Contributions to generalizable knowledge alone are not sufficient to satisfy this requirement.

Data Matching and Linkage

Finder File

A Finder File is a file you submit to CIVHC with information about a pre-selected cohort for matching to CO APCD data. Ask your CIVHC Contact for more information about this process and requirements for Finder File submission.

Will you provide CIVHC with a Finder File as part of this project?

- ☒ No
- ☐ Yes

Member Match File

A Member Match File is a file that CIVHC creates on your behalf to send to a registry or other outside entity to create a crosswalk connecting data from the CO APCD to the other entity's data.

Does this project require the creation of a Member Match File?

- ☒ No
- ☐ Yes. Consult with your CIVHC Contact about completing a Member Match File Data Element Selection Form. Answer the following:

Who will receive the Member Match File?
Please specify here.

Control Group

A Control Group is a group of individuals who can be used to compare against the cohort identified in the Finder File.

Will you need to create a Control Group as part of this project?

- ☒ No
- ☐ Yes. Consult with your CIVHC Contact about completing a Control Group Data Element Selection Form.

Linkage

Data Linkage is a method of joining data from different sources together to create a new data set.

Will the CO APCD data be linked to another data source?

- ☒ No
- ☐ Yes. Answer the following:

What is (are) the other data source(s)?

Please specify here.
Who will perform the data linkage?
Please specify here.
What identifying data elements will be used to perform the data linkage?
Please specify here.
What non-CO APCD data elements will appear in the new linked file?
Please specify here.

Data Inclusion Criteria

Make selections in the following sections based on what data you want to have included in this extract. If you will be creating a Control Group, complete this section for your study population and not the Control Group.

Protected Health Information

Indicate which Protected Health Information data elements you require for your project purpose:

Available for Limited and Identifiable extracts:		
☒ Member 5-Digit Zip Code	☐ Member Census Tract	☐ Member County
☐ Member City	☒ Member Eligibility Date	☐ Employer Tax ID
☒ Member Dates of Service		
Available for Identifiable extracts only (see also Identifiable Data Use Approval):		
☐ Member Name	☒ Member Date of Birth (if requesting more than year only)	
☐ Member Geocoded Address	☐ Member Geocoded Latitude and Longitude	
Provide detailed justification for the inclusion of all PHI data selected above, and explain how its inclusion meets the Minimum Necessary Requirement.[3]		
It is important to understand how ASD diagnoses and outcomes vary by location. Service dates are needed to understand date of ASD diagnoses ascertain the timing of co-occuring conditions. We need date of birth, or at least month and year, to study transitions in care at age 21 and age 26.		

Line(s) of Business

- ☒ Commercial Payers
- ☒ Health First Colorado (Colorado's Medicaid and CHP+ programs)[4]
- ☒ Medicare Advantage
- ☒ Medicare Fee for Service (FFS)[5]

[3] Limited and Identifiable extracts must adhere to the Minimum Necessary Requirement under the HIPAA Privacy Rule; only that data required to answer the project purpose can be included in the request.
[4] Medicaid-only data requests must be approved by the Colorado Department of Health Care Policy and Financing.
[5] Medicare FFS data are not available for all requests and must go through a separate approval process.

Year(s) of Data

☒ 2012	☒ 2013	☒ 2014	☒ 2015	☒ 2016	☒ 2017
☒ 2018	☒ 2019	☒ 2020	☒ 2021	☒ 2022	☒ 2023[6]

Claim Types

☒ Inpatient Facility	☒ Outpatient Facility	☒ Professional
☒ Pharmacy	☐ Dental	

Financial Detail by Line Item

☒ Charged Amount	☒ Allowed Amount	☒ Plan Paid Amount
☒ Plan Pre-Paid Amount	☒ Member Copay	☒ Member Deductible
☒ Member Coinsurance	☒ Total Member Liability	

Filter Criteria – Services, Providers, Facilities

If you need data for specific services, providers and/or facilities, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

ICD Diagnosis Code(s):
Please specify here.
Procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):
Please specify here.
Drug(s) (list pharmacy NDC and/or HCPCS codes):
Please specify here.
Facility Type(s):
Please specify here.
Facilities (list NPIs and/or Pharmacy IDs):

[6] This year's data is incomplete. Consult with your CIVHC Contact to find out what data is available at the time of your request.

Please specify here.
Facilities within these geographical areas (list county, zip code, Census Tract, etc.):
Please specify here.
Provider Type(s):
Please specify here.
Provider(s) (list NPIs):
Please specify here.
Providers within these geographical areas (list county, zip code, Census Tract, etc.):
Please specify here.
Specific payers (minimum of five):
Please specify here.
Other claim specification:
Please specify here.

Filter Criteria – Members/Patients

If you need data for specific member/patient groups, specify that filter criteria below (ask your CIVHC Contact about including an additional file with this application for large code lists):

Ages:		
15-75 years		
☐ At the time of service.	☒ At year end	☐ By another anchor date: Please specify here.
With these ICD Diagnosis Code(s):		
Please specify here.		
Who have had the following procedure(s) (list CPT, HCPCS, DRG, ICD, and/or CDT codes):		
Please specify here.		

Within these geographical areas (list county, zip code, Census Tract, etc., in keeping with your selected Protected Health Information):
Please specify here.

Value-Add Data Elements

Indicate which (if any) of the following value-add options you would like included with this extract:

- ☒ Medicare Severity Diagnosis Related Group Codes (MS-DRGs)
- ☒ 3M All Patient Refined Diagnosis Related Group Codes (3M APR DRGs)
- ☐ Medicare Repricer
- ☐ Fields from the American Community Survey:

Please specify here.

Additional Documentation

Data Element Selection Form

The Data Release Application must be accompanied by a completed Data Element Selection Form to be reviewed internally and by the Data Release Review Committee. Ask your CIVHC Contact for more information about completing this form.

☒ By checking this box, the Client Organization confirms that the Data Element Selection Form has been completed.

☐ By checking this box, the Client Organization confirms that a separate Member Match File Data Element Selection Form has been completed, if applicable.

☐ By checking this box, the Client Organization confirms that a separate Control Group Data Element Selection Form has been completed, if applicable.

Identifiable Data Use Approval

If you are requesting Identifiable information, approval from an Institutional Review Board (IRB) or a Privacy Board is required before such data can be released.

☐ Not applicable; the Client Organization is requesting a Limited Extract.

Approval Type

☒ IRB approval
☐ Privacy Board approval

State of Approval

☐ Approval request not yet submitted.
Anticipated submission date:

☐ Approval request submitted and under review.
Anticipated project approval date: Date

☒ Approval already received.

Approval Documentation

☒ By checking this box, the Client Organization confirms that the IRB or Privacy Board application and approval documents have been provided to CIVHC.

Data Management Plan

An organization requesting CO APCD data must submit an organizational Data Management Plan to CIVHC outlining the organization's data security and data management policies and procedures to safeguard the data. This Data Management Plan must be approved by CIVHC prior to any data release.

☒ Submitted to CIVHC on 10/1/2023
☐ Approved by CIVHC on Date

Client Acknowledgements and Signatures

Change Agent Index

CIVHC can publicly share the Client Organization's name in its Change Agent Index.

☐ Yes ☒ No

Report or Product Distribution

If your project results in the production of a report for public distribution in any format (print, electronic, lecture, slides, etc.), including peer-reviewed publication, it must be submitted to CIVHC for review prior to public release. CIVHC will assess compliance with CMS cell suppression rules, risk of inferential identification, CIVHC and CO APCD citations, and consistency with the purpose and methodology described in this Data Release Application. CIVHC will not assess the accuracy of the study results or attempt to recreate results.

This requirement is further defined in the Data Use Agreement. Failure to pursue and obtain CIVHC approval prior to publication will be a violation of the Data Use Agreement and may put the organization's future access to data from the CO APCD at risk.

☒ By checking this box, the Client Organization acknowledges this requirement.

Data Destruction Period

All data must be destroyed within 30 days of the project end date. If your project end date changes from this application, please reach out to your CIVHC Contact for a project extension request form.

☒ By checking this box, the Client Organization acknowledges that CIVHC's Data Destruction Certificate[7] must be completed and returned to DataCompliance@CIVHC.org by 7/1/2029 based on the Anticipated Project End Date.

Data Users

List any individuals that will be working with the data. The Data Use Agreement must be updated through your CIVHC Contact every time individuals are granted access to the data during the course of the project.

Name	Role	Organization
Faye Liang	Statistical analyst	University of Colorado AMC
Elizabeth Molina	Statistical analyst	University of Colorado AMC
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[7] Available on the Data Release Application and Documents page of CIVHC's website under *Privacy, Security, and Regulatory Information*.

Data Release Application Version Approvals

Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

The Client Organization has reviewed and confirms that V.01 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	LS	Initials:	MCP
Name:	Lucía Sanders	Name:	Marcelo C. Perraillon
Title:	Key Account Manager	Title:	Associate Professor
Date:	4/9/2024	Date:	4/11/2024

Checkpoint 2: Preparation for presentation to the Data Release Review Committee

The Client Organization has reviewed and confirms that V.02 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	LS	Initials:	MCP
Name:	Lucía Sanders	Name:	Marcelo C. Perraillon
Title:	Key Account Manager	Title:	Associate Professor
Date:	4/22/2024	Date:	4/23/2024

Checkpoint 3: Final approval to begin project production

The Client Organization has reviewed and confirms that V.00 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Click or tap here to enter text.	Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Date:	Date	Date:	Date

Data Element Selection Form Version Approvals

Checkpoint 1: Preparation for CIVHC's internal Application Review Meeting

The Client Organization has reviewed and confirms that V.02 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	LS	Initials:	MCP
Name:	Lucía Sanders	Name:	Marcelo C. Perraillon
Title:	Key Account Manager	Title:	Associate Professor
Date:	4/9/2024	Date:	4/11/2024

Checkpoint 2: Preparation for presentation to the Data Release Review Committee

The Client Organization has reviewed and confirms that V.03 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Initials:	LS	Initials:	MCP
Name:	Lucía Sanders	Name:	Marcelo C. Perraillon
Title:	Key Account Manager	Title:	Associate Professor
Date:	4/22/2024	Date:	4/23/2024

Checkpoint 3: Final approval to begin production

The Client Organization has reviewed and confirms that V.00 of this Data Release Application represents the correct details to meet the project objectives.

CIVHC Sign-Off		Receiving Organization Sign-Off	
Signature:		Signature:	
Name:	Click or tap here to enter text.	Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Date:	Date	Date:	Date