



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

September 27, 2017

Program Letter: 01-0917

To: Medical Directors and Coordinators of California Children's Services
Program (CCS) - Approved High Risk Infant Follow-up (HRIF) Programs

Subject: Clarification of Congenital Heart Disease Eligibility Criteria

Dear HRIF Medical Director and HRIF Coordinator:

The HRIF Numbered Letter 05-1016 and HRIF Program Letter 01-1016, both dated October 12, 2016, updated the Medical Eligibility criteria for HRIF to include Congenital Heart Disease (CHD) requiring surgery or minimally invasive intervention. This letter is written to address several requests from HRIF local programs to further clarify the CHD Medical Eligibility criteria and provide some case examples.

HRIF Medical Eligibility in these cases requires admission to a Neonatal Intensive Care Unit (NICU) or directly to a Pediatric Intensive Care Unit or Cardiovascular Intensive Care Unit (CVICU) within the neonatal period, and surgery or minimally invasive therapeutic intervention (such as catheter-based balloon angioplasty) for CHD during that hospitalization.

Given these clarifications, an example of a patient who would not meet HRIF eligibility would be an infant who was diagnosed with an Atrioventricular Canal Defect but never admitted to a NICU and did not meet other HRIF eligibility criteria, discharged to home and outpatient follow-up, and subsequently admitted to a CVICU at three months of age for surgical intervention. Another example of a patient who would not meet HRIF eligibility would be an infant who was diagnosed prenatally with Tetralogy of Fallot, admitted briefly to a NICU for monitoring and evaluation, discharged to home without intervention and without meeting other HRIF eligibility criteria, and subsequently admitted to a CVICU at four months of age for surgical intervention.

These clarifications are consistent with the CCS Program mandate for HRIF and with the goal of assuring identification and referral of those who are most vulnerable and at highest risk.

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As always, the CCS Program appreciates the continuing efforts of everyone at every CCS Program-approved HRIF clinic who is involved in implementing CCS Program standards. These efforts, at every level, reflect a motivation to continually improve the care, outcomes, and lives of the infants we serve.

Sincerely,

Originally Signed by Maria A.L. Jocson

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