



State of California-Health and Human Services Agency
Department of Health Services



ARNOLD
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Governor

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TO: CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM
ADMINISTRATORS, MEDICAL DIRECTORS AND MEDICAL
CONSULTANTS, AND STATE CHILDREN'S MEDICAL
SERVICES (CMS) BRANCH STAFF

SUBJECT: HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM SERVICES

I. Background

Effective July 1, 2006, the CCS HRIF Program will operate under revised medical eligibility criteria and will have additional diagnostic services available for reimbursement. The purpose of this letter is to provide guidance on the CCS HRIF Program, highlighting the program changes. This letter supercedes Numbered Letter 06-0403, dated July 31, 2003.

As part of updating the HRIF Program, the CMS Branch has been working with a stakeholder group to expand the reporting capability for the HRIF Program. The CMS Branch will build upon the data that all CCS-approved Neonatal Intensive Care Units (NICU) collect through the California Perinatal Quality Care Collaborative (CPQCC) and the information submitted to the California Department of Health Services. The ability to provide additional reports on HRIF Program elements will give the CCS Program the opportunity to evaluate the HRIF Program outcomes and identify future program needs. These reports will also allow the NICUs to monitor their own performance.

Program Background

The CCS HRIF Program was established to identify children who might develop CCS-eligible conditions after discharge from a CCS-approved NICU. CCS Program standards require that each CCS-approved NICU ensure the follow-up of discharged high risk infants and that each NICU shall either have an organized program or a written agreement for provision of these services by another CCS-approved NICU. The HRIF Programs have been considered outpatient CCS Special Care Centers (SCC) and have been allowed to bill for a limited range of SCC diagnostic services. These services were incorporated into a unique Service Code Grouping (SCG) 06 as a result of a change in the process of issuing authorization of services through CMS Net.

The CCS HRIF Program has provided a limited number of core diagnostic services for infants up to three years of age. HRIF services have included:

- comprehensive history and physical examination with neurologic assessment;
- developmental assessment (Bayley Scales of Infant Development [BSID] or an equivalent test);
- family psychosocial assessment;
- hearing assessment;
- ophthalmologic assessment; and
- coordinator services (including assisting families in accessing identified, needed interventions and facilitating linkages to other agencies and services).

II. Policy

A. Eligibility for HRIF Services

Entry into the HRIF Program is for those infants who meet the following medical eligibility requirements and, who met CCS medical eligibility criteria for NICU care or had a CCS eligible medical condition during their stay in a CCS-

approved NICU, even if they were never CCS clients during their NICU stay. Also, the program is available to infants who have a CCS eligible medical condition on discharge.

1 . Medical Eligibility

An infant shall be medically eligible for the HRIF Program when the infant:

- a. Met CCS medical eligibility criteria for NICU care, in a CCS-approved NICU (regardless of length of stay) (as per Numbered Letter 5-0502, Medical Eligibility in a CCS Approved NICU).

Or

- b. Had a CCS eligible medical condition in a CCS-approved NICU (regardless of length of stay), (as per California Code of Regulations, Title 22, Section 41800 through 41872, CCS Medical Eligibility Regulations).

And

- c. The birth weight was less than 1500 grams or the gestational age at birth was less than 32 weeks.

Or

- d. The birth weight was 1500 grams or more and the gestational age at birth was 32 weeks or more and one of the following criteria was met during the NICU stay:
 - 1) Cardiorespiratory depression at birth (defined as pH less than 7.0 on an umbilical blood sample or a blood gas obtained within one hour of life) or an Apgar score of less than or equal to three at five minutes.
 - 2) A persistently and severely unstable infant manifested by prolonged hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.

- 3) Persistent apnea which required medication (e.g. caffeine) for the treatment of apnea at discharge.
- 4) Required oxygen for more than 28 days of hospital stay and had radiographic finding consistent with chronic lung disease (CLO).
- 5) Infants placed on extracorporeal membrane oxygenation (ECMO).
- 6) Infants who received inhaled nitric oxide greater than four hours for persistent pulmonary hypertension of the newborn (PPHN).
- 7) History of documented seizure activity.
- 8) Evidence of intracranial pathology, including but not limited to, intracranial hemorrhage (grade II or worse), periventricular leukomalacia (PVL), cerebral thrombosis, cerebral infarction, developmental central nervous system (CNS) abnormality or "other CNS problems associated with adverse neurologic outcome".
- 9) Other problems that could result in a neurologic abnormality (e.g., history of CNS infection, documented sepsis, bilirubin in excess of usual exchange transfusion level, cardiovascular instability, hypoxic ischemic encephalopathy, et cetera).

Infants whose NICU medical care was not provided in a CCS-approved NICU are not eligible for HRIF service.

2. Residential Eligibility

The County CCS Program is responsible for determining whether the parent or legal guardian of an HRIF Program applicant is a resident of the county per CCS policy.

3. Financial Eligibility

A financial eligibility determination is not required for HRIF Program services as the HRIF Program is a diagnostic service.

- a. Even though financial eligibility determination is not required for diagnostic services, insurance information shall be obtained by the County CCS Program or Regional Office staff.
 - b. The \$20 assessment fee is waived for these diagnostic services
4. Age Criteria
The child shall be eligible from birth up to three years of age.

B. HRIF Services Include

1. A comprehensive history and physical examination, including neurologic assessment, usually performed at approximately four to six months, nine to twelve months, and 18 to 36 months (adjusted or chronological age). Additional visits may be determined to be medically necessary by the HRIF Program. Examinations may be completed by one of the following: a CCS-approved physician (pediatrician or neonatologist), or a pediatric nurse practitioner (PNP). A PNP functioning in this role does not require CCS-approval and is practicing under the direction of a physician.
2. A developmental assessment (BSID or an equivalent test), usually performed at approximately, four to 6 months, 9 to 12 months, and 18 to 36 months. Additional assessments may be determined to be necessary by the HRIF Program. Each assessment during the child's three-year eligibility period may be performed by one of the following who has training in the evaluation of motor and sensory development of high-risk infants: a CCS-approved pediatrician or neonatologist, PNP, CCS-approved nurse specialist (registered nurse with a Bachelor's of Science Degree in Nursing), CCS-approved physical therapist, CCS-approved occupational therapist, or CCS-approved psychologist. The PNP functioning in this role does not need to be CCS-approved.
3. A family psychosocial assessment to be performed during the child's three year eligibility period by a CCS-approved social worker, PNP or CCS-approved nurse specialist with expertise in family psychosocial assessment. Referral shall be made to a social worker upon identification of significant

social issues by a PNP or nurse specialist. Additional assessments may be determined to be necessary by the social worker, PNP, or nurse specialist.

4. A hearing assessment for infants:
 - a. Under six months of age who were not screened in the hospital -A referral shall be made to a Newborn Hearing Screening Program (NHSP)-certified Outpatient Infant Hearing Screening Provider for a hearing screen. A list of NHSP-certified screening providers is available on the NHSP website:
<http://www.dhs.ca.gov/pcfh/cms/nhsp/directory.htm>. or by calling the NHSP toll-free number at 1-877-388-5301; or
 - b. Over six months of age who were not screened in the hospital -A referral shall be made to a CCS-approved Type C Communication Disorder Center (CDC) for a diagnostic hearing evaluation; or
 - c. Who did not pass the inpatient NICU hearing screen -A referral shall be made to a Type C CDC for a diagnostic hearing evaluation; or
 - d. Who passed an initial hearing screen but who are at risk for developing a progressive or late-onset hearing loss, [as per California Code of Regulations, Title 22, Section 41839.(a)(6)] - A referral shall be made to a Type C CDC for a diagnostic hearing evaluation every six months.
5. An ophthalmologic assessment performed by a CCS-approved ophthalmologist with experience and expertise in the retinal examination of the preterm infant. The assessments are to be done in accordance with the American Academy of Pediatrics Policy Statement *"Screening Examination of Preterm Infants"* *Pediatrics*, Vol. 117: Number 2, February 2006, P.572-576 and until the ophthalmologist determines the child is no longer at risk for developing retinopathy of prematurity.
6. HRIF Coordinator services, all CCS-approved NICU HRIF Programs must designate a staff person to coordinate HRIF services.

The HRIF Coordinator will ensure that diagnostic follow-up, referral, and education services are provided to families of eligible infants and children.

The HRIF Coordinator, shall be a CCS-approved: pediatrician or neonatologist, PNP, nurse specialist, psychologist, social worker, physical therapist, or occupational therapist. The PNP only requires CCS-approval when functioning in the CCS HRIF Program as a HRIF Coordinator.

The roles and responsibilities of the HRIF Coordinator include, but are not limited to:

a. Coordination

- 1) Serve as the primary person coordinating neonatal HRIF services among the County CCS Programs, other HRIF Programs located in CCS-approved Regional, Community and Intermediate NICUs, State CMS Regional Offices, clients/families, and others in matters related to the client's HRIF services.
- 2) Participate in NICU discharge planning process or multidisciplinary rounds.
- 3) Ensure identification of HRIF eligible clients according to HRIF eligibility criteria, and request authorizations from County CCS Program or Regional Offices.
- 4) Ensure copies of the authorizations are distributed to HRIF team members and consultants.
- 5) Gather medical reports and assessments for review by team members, and prepare a summary report.
- 6) Ensure that a copy of the summary report is sent to the County CCS Program or Regional Office.
- 7) Confer with parents regarding services provided and results of clinical evaluations and assessments of their infant or child.
- 8) Assist families in establishing a Medical Home for the infant or child.

- 9) Assist clients/families in making linkages to necessary medical and social services.
 - 10) Ensure there is a system in place to follow-up with families including those who have missed appointments. Collect documentation of the reason for missed appointments and develop a plan of action for improving HRIF Program adherence for evaluations and assessments.
 - 11) Provide coordination between the HRIF Program and the infant's or child's (pediatric) primary care physician, specialists, County CCS Program and Regional Office, when appropriate.
 - 12) Coordinate HRIF services with the County CCS Program and Regional Offices and other local programs.
 - 13) Coordinate follow-up service needs among the CCS-approved Regional, Community and Intermediate NICUs within the community catchment area and with those NICUs that provide HRIF referrals to their agency.
- b. Client Referral Services and Follow-Up
- 1) Ensure and document referrals are made to the Early Start Program for children who meet Early Start eligibility criteria.
 - 2) Ensure referrals are made to the Regional Center when those services are appropriate.
 - 3) Ensure referrals to HRIF diagnostic consultations and assessments are made with CCS-approved providers.
 - 4) Provide referral and resource information for other social and developmental programs within the community, as required.
- c. Education Services Program
- 1) Provide education and outreach about the HRIF Program and services, clinical care, required documentation on transfer, and

referral options, including outreach to NICUs with which there is a NICU Regional Cooperation Agreement (RCA), to CCS-approved Community and Intermediate NICU's and other community referral agencies, as appropriate.

- 2) Develop and provide education to parents and family members about the high risk infant's medical condition(s), care and treatment, special needs, and expected outcomes of care.
- 3) Provide education to parents and family members about the system of care and seNices (including social seNices) available to help them nurture, support, and care for the high risk infant.

d. HRIF Program Reporting Requirements

The HRIF Coordinator will be responsible for ensuring that data is collected and reported to CMS Branch and CPQCC. The HRIF Coordinator will:

- 1) Provide data, information, and reports (including client outcomes from referrals) to local NICUs about infants referred to the HRIF program for care and seNices.
- 2) These reports will include the HRIF Team Visit Report (see *Enclosure A, Template form of required reporting elements*) and
- 3) The *Registration Client Identification Face Sheet* (see *Enclosure B*) which will be collected once; and/or
- 4) The *Health and Developmental Status Report* (see *Enclosure C*) which will be submitted at the initial assessment, follow-up visits and final assessment.
- 5) Coordinate the collection, collation, and reporting of required data.
- 6) Ensure required data is submitted accurately and timely to the appropriate agencies, including CPQCC and the State CMS Branch or as instructed.

- 7) In collaboration with the NICU Medical Director, ensure that the HRIF Program fully participates in the CMS Branch program evaluation, including submission of required information and data.
 - 8) Provide data and information that is required for the evaluation.
7. Home assessments a home assessment is for the purpose of evaluating the family for specific needs in the home environment (i.e. to determine if there are appropriate resources to assure access to services; evaluate the parent/infant interaction and parent's understanding of infant care, development, and special needs). The home assessment shall be provided by a Home Health Agency (HHA) nurse, preferably experienced in evaluating the maternal/infant environment, and is not to be utilized to perform direct services. Medical justification must be provided by the HRIF Program physician if additional home assessments are required beyond the first year's initial two allowable HHA visits.
8. The following four enclosures provide additional information about SCG 06 and describe specific billable diagnostic services that may be performed by the HRIF team members:
- a. Enclosure D -Abbreviated Description and Guidelines for Billing HRIF Program Services.
 - b. Enclosure E - SCG 06-HRIF Program Service Codes Listed by Provider Type.
 - c. Enclosure F - SCG 06-HRIF Program Service Codes listed in Numeric Order of Billing Code.
 - d. Enclosure G - Expanded Description and Guidelines for Billing HRIF Program Services.

C. Providers for **HRIF** Program Services

HRIF Program required team members include a CCS-approved: HRIF Program medical director (pediatrician or neonatologist); HRIF coordinator, ophthalmologist, audiologist, social worker, and an individual to perform the developmental assessment. See Section II.B.2. above for description of the healthcare professionals who perform developmental assessments.

An individual provider may simultaneously serve in more than one role on the HRIF team.

III. Policy Implementation

A. HRIF Program Authorizations

1. The CCS Program Medical Consultant/Director or designee shall authorize SCG 06 for HRIF outpatient services based on the request for HRIF diagnostic services for infants or children who meet the eligibility criteria in Section 11. A. above and when one or more of the following apply:
 - a. The infant's or child's parent or legal guardian has completed and signed the CCS Program application and the family meets CCS Program requirements for residential eligibility; or,
 - b. The infant or child is a full scope, no share of cost (SOC) Medi-Cal beneficiary or,
 - c. The child is a Healthy Families subscriber.
2. If a client is already open to CCS for treatment services, continue to use the aid code already assigned to the client.
3. If a client will only receive authorization for diagnostic HRIF Program services:
 - a. Assign 9K aid code, and
 - b. Open the case to CCS for diagnostic services only.
4. The HRIF authorization shall be issued to the HRIF Program (as identified in the CCS Special Care Center directory) and sent to the HRIF Coordinator who is responsible for:
 - a. Ensuring copies of the authorization are distributed to all appropriate HRIF team members and consultants involved in the child's follow-up care.

NOTE: The consultants (CCS-approved ophthalmologists and audiologists) do not require a separate authorization for the diagnostic services they will perform. All the diagnostic services for which infants are eligible under the HRIF Program are included in SCG 06 in order to expedite the consultant's evaluation. If a consultant makes the diagnosis of a CCS-eligible medical condition and CCS Program eligibility is met, the CCS-approved consultant shall request and receive an authorization for treatment services.

- b. Providing a copy of the HRIF Team Visit Reports to the County CCS Program or Regional Office, NICU medical director (if the director is not directly involved with HRIF Program}, Medical Home (or primary care provider) and other providers involved in the infant's or child's care.
5. Authorizations for HRIF services shall:
- a. Have a beginning and ending date for the authorization period and cannot be issued for more than a one year period of time.
 - b. Not extend beyond the child's third birthday.
6. Authorization of Home Health Agency (HHA) services:
- a. An authorization for two HHA visits (HCPCS code 26900 [skilled nursing service in home by HHA]), for the purposes of doing a home assessment during the first year shall be separately authorized at the time of the initial authorization of HRIF services.
 - b. The HRIF Program must provide the County CCS Program or Regional Office with the name of the HHA that will be performing the home assessment.
 - c. Additional home assessments shall only be authorized when medical necessity justification is provided by the HRIF Program physician.
7. While financial eligibility is not required, insurance information shall be obtained. If applicable, providers have been instructed to request

authorization from a client's other commercial third party health insurance carrier or Health Maintenance Organization (HMO) **prior** to providing services and bill the client's other commercial health insurance carrier or HMO plan prior to billing the CCS Program. A denial of benefits or an Explanation of Benefits (EOB) must be attached to each claim. CCS/Medi-Cal is the payer of last resort.

NOTE: Electronic Data Systems (EDS) will not honor a claim with an EOB that is denied because "out of network" or prior authorization requirements are not met.

8. Upon receiving a HRIF report documenting the identification of a CCS-eligible medical condition during the course of an assessment or evaluation, the County CCS Program shall:
 - a. Initiate determination of the child's CCS Program eligibility for authorization of treatment services if the child is not already open to the program for treatment services. If the child is found to be eligible for the CCS Program, a separate authorization will be issued to the most appropriate CCS-approved provider.
 - b. Issue a separate treatment authorization to the most appropriate CCS-approved provider upon identification of a new CCS-eligible medical condition when the child is already open to CCS for treatment services.
 - c. Continue annual authorization of HRIF services (SCG 06) up to the child's third birthday even if the child meets CCS Program eligibility requirements and is prior authorized for services to treat the CCS eligible condition.
 - d. Continue authorization of HRIF services (SCG 06) up to the child's third birthday even if the child is determined not to meet CCS Program eligibility, that is, not meeting the CCS financial eligibility requirement and therefore not eligible for treatment services.

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9. Authorization of HRIF services may be terminated prior to the child's third birthday if the HRIF Program indicates that HRIF services are no longer required. (This may occur when the child is found to be doing well on neurodevelopmental examination and testing).

If you have questions regarding the HRIF Program Services policy, please contact your designated State CMS Regional Office Nurse Consultant or Medical

Original Signed By

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Enclosures