

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



April 24, 2019 Program Letter: 01-0419

To: Medical Directors and Coordinators of California Children's Services

Program-Approved High Risk Infant Follow-up Programs

Subject: Clarification of Hypoglycemia Medical Eligibility Criteria

Dear High Risk Infant Follow-Up Medical Director and Coordinator:

The High Risk Infant Follow-Up (HRIF) Numbered Letter (N.L.) 05-1016 and HRIF Program Letter (P.L.) 01-1016, both dated October 12, 2016, updated the Medical Eligibility criteria for HRIF, including hypoglycemia, described as follows: "An unstable infant manifested by hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support." This letter further clarifies the Medical Eligibility criteria for hypoglycemia to ensure consistency in referrals to HRIF.

HRIF Medical Eligibility in these cases requires admission to a Neonatal Intensive Care Unit or directly to a Pediatric Intensive Care Unit within the neonatal period as outlined in N.L. 05-1016 Section III or in P.L 01-1016 Section III.

An unstable infant with hypoglycemia will be considered eligible for HRIF if intervention (intravenous [IV] boluses and/or IV glucose infusion) is required in an intensive care setting specifically for the treatment of hypoglycemia for at least 48 hours, or if there is a diagnosis of congenital hyperinsulinemia or other congenital endocrinopathy associated with hypoglycemia.

Evidence of seizures or brain injury by neuroimaging with hypoglycemia meets medical eligibility criteria for HRIF referral regardless of etiology. Similarly, hypoxic-ischemic encephalopathy complicated by hypoglycemia may be associated with increased risk for adverse neurodevelopmental outcomes, but neonatal encephalopathy alone would meet medical eligibility criteria for HRIF referral.

These clarifications are consistent with the California Children's Services (CCS) Program's goal of assuring identification and referral of those who are most vulnerable and at highest risk.

As always, the CCS Program appreciates the continuing efforts of everyone involved in implementing CCS Program standards at the CCS Program-approved HRIF clinic.

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These efforts, at every level, reflect a motivation to continually improve the care, outcomes, and lives of the infants we serve.

If you have any questions regarding HRIF services, please send your inquiry via email to https://hrif.godhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Roy Schutzengel, M.D. M.B.A. Medical Director Integrated Systems of Care Division