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



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Numbered Letter: 10 -1113
Supersedes N.L. 09-0606

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM ADMINISTRATORS, CCS MEDICAL CONSULTANTS, AND STATE CCS PROGRAM STAFF

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

I. Purpose

The purpose of this Numbered Letter (N.L.) is to provide updated policy and guidance for both the CCS Dependent and Independent County Programs and all State CCS Program Staff on the CCS HRIF Program. This letter supersedes HRIF N.L. 09-0606, dated June 13, 2006.

II. Program Background

The CCS HRIF Program was established in 1979 to identify infants who might develop CCS-eligible conditions after discharge from a CCS-approved Neonatal Intensive Care Unit (NICU). Since 1979, the CCS Program's goal of identifying infants and children who may develop a CCS-eligible medical condition has not changed.

CCS Program standards for NICUs require that each CCS-approved NICU ensure the follow-up of neonates and infants discharged from the NICU who have high risk for neurodevelopmental delay or disability. The CCS HRIF Program provides for three standard visits which include a limited number of outpatient diagnostic services for infants and children up to three years of age whose care was provided in a CCS-approved NICU. All three Standard Visits should occur, particularly for those neonates, infants and children identified with impairments or to be at high-risk, including very low birth weight infants, even if the child has been referred to services and other resources.

Each CCS-approved NICU must have an organized HRIF Program for the provision of these core diagnostic services or a written agreement with another CCS-approved HRIF program to provide these services.

The CCS HRIF Program revised medical eligibility criteria (N.L. 09-0606), effective July 1, 2006, with additional diagnostic services available for reimbursement. This current policy clarifies HRIF criteria for services to ensure all eligible infants have access to these diagnostic assessments.

This policy includes clarification on medical eligibility for those neonates who require direct admission to a CCS-approved Pediatric Intensive Care Unit (PICU) and who are never admitted to a CCS-approved NICU, but who otherwise meet all medical eligibility criteria for HRIF services in Section III.A. These neonates are eligible for HRIF diagnostic services.

HRIF Programs are outpatient CCS Special Care Centers (SCC) and provide a limited range of core diagnostic services for infants and children up to three years of age whose care was provided in a CCS-approved NICU.

The goal of the HRIF Program is to provide opportunities to identify clients with new or emerging problems and make appropriate referrals. HRIF services include:

- A. comprehensive history and physical examination, including neurologic assessment;
- B. developmental assessment, (Bayley Scales of Infant Development [BSID] or an equivalent test);
- C. family psychosocial assessment, to be performed during the child's three-year eligibility period;
- D. hearing assessment;
- E. ophthalmologic assessment; and
- F. coordinator services (including assisting families in accessing identified needed interventions and facilitating linkages to other agencies and services).

III. Policy

A. Eligibility for HRIF Services

1. Age

A neonate, infant or child is eligible for the HRIF Program from birth up to three years of age.

2. Residential Eligibility

The county CCS Program is responsible for determining whether the parent or legal guardian of a 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 provides diagnostic services only.

a. At the time of referral to the CCS Program, insurance information shall be obtained by the CCS county program or Systems of Care (SCD) office staff. Refer to Section IV.D.

b. The \$20.00 assessment fee is waived for these diagnostic cases.

4. Medical Eligibility

a. A neonate, infant or child shall be medically eligible for the HRIF Program when the infant:

- (1) Met CCS medical eligibility criteria for NICU care, in a CCS-approved NICU (regardless of length of stay) (as per N.L. 05-0502, Medical Eligibility in a CCS-approved NICU, or the most current N.L.). **Note:** Medical eligibility includes neonates who require direct admit to a CCS-approved PICU, who are never admitted to a CCS-approved NICU, but who otherwise meet all medical eligibility criteria for HRIF services in this section.

Or

- (2) Had a CCS-eligible medical condition in a CCS-approved NICU (regardless of length of stay, even if they were never CCS clients during their NICU stay), (as per California Code of Regulations, Title 22, Section 41515.1 through 41518.9, CCS Medical Eligibility Regulations).

And

- (3) The birth weight was less than or equal to 1500 grams or the gestational age at birth was less than 32 weeks.

Or

- (4) The birth weight was more than 1500 grams and the gestational age at birth was 32 weeks or more and one of the following documented criteria was met during the NICU stay:
- (a) pH less than 7.0 on an umbilical cord 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 or an Apgar score of less than 5 at 10 minutes.
 - (b) An unstable infant manifested by hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.
 - (c) Persistent apnea which required caffeine or other stimulant medication for the treatment of apnea at discharge.
 - (d) Required oxygen for more than 28 days of hospital stay and had radiographic finding consistent with chronic lung disease.
 - (e) Infants placed on extracorporeal membrane oxygenation (ECMO).
 - (f) Infants who received inhaled nitric oxide greater than four hours, and/or treatment during hospitalization with sildenafil or other pulmonary vasodilatory medications for pulmonary hypertension.
 - (g) History of observed clinical or electroencephalographic (EEG) seizure activity or receiving antiepileptic medication(s) at time of discharge.

- (h) Evidence of intracranial pathology, including but not limited to, intracranial hemorrhage (grade II or worse), white matter injury including periventricular leukomalacia, cerebral thrombosis, cerebral infarction or stroke, congenital structural central nervous system (CNS) abnormality or other CNS problems associated with adverse neurologic outcome.
- (i) Clinical history and/or physical exam findings consistent with neonatal encephalopathy.
- (j) Other documented problems that could result in a neurologic abnormality, such as:
 - (i) CNS infection
 - (ii) documented sepsis
 - (iii) bilirubin at excessive levels concerning for brain injury as determined by NICU medical staff
 - (iv) history of cardiovascular instability as determined by NICU medical staff due to: sepsis, congenital heart disease, patent ductus arteriosus (PDA), necrotizing enterocolitis, other documented conditions.

B. HRIF Services Include

1. A comprehensive history and physical examination, including neurologic assessment, usually performed at approximately 4 to 8 months, 12 to 16 months, and 18 to 36 months (adjusted for chronological age). Earlier or more frequent visits (in addition to the three Standard Visits) may be determined to be medically necessary by the HRIF Program. Examinations may be completed by one of the following: a CCS-approved (also known as CCS-paneled) 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 should be performed at each of the three Standard Visits (4 to 8 months, 12 to 16 months, and 18 to 36 months). At the 3rd and final Standard Visit (18 to 36 months), a developmental test

such as the Bayley Scales of Infant Development (BSID) 3rd edition must be performed. Earlier or more frequent assessments (in addition to the three Standard Visits) 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 (although all other providers do).

3. A family psychosocial and needs assessment is performed during each of the child's Standard Visits 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 an automated Auditory Brainstem Response (ABR) hearing screen. A list of NHSP-certified screening providers is available on the NHSP website: <http://www.dhcs.ca.gov/services/nhsp> 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 audiology evaluation; or
 - c. Who did not pass the inpatient NICU hearing screen: A referral shall be made to a NHSP-certified Outpatient Infant Hearing Screening Provider for an automated ABR rescreen if under six months of age or to a Type C CDC for a diagnostic audiology evaluation if over six months of age; or
 - d. Who do not have a hearing loss (passed initial screen, passed

rescreen, passed diagnostic evaluation) but has one or more risk factors for developing a progressive or late-onset hearing loss, (as per the most recent version of the Joint Committee on Infant Hearing Position Statement [www.jcih.org]). A referral shall be made to a Type C CDC for at least one diagnostic audiology evaluation by 24 to 30 months of age. Earlier or more frequent assessments may be indicated for infants and children at high risk.

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 Premature Infants for Retinopathy of Prematurity" Pediatrics, Vol. 131: Number 1, January 2013, P.189-195 and until the ophthalmologist determines the child is no longer at risk for developing retinopathy of prematurity.
6. HRIF Coordinator services: all CCS approved HRIF Programs must designate a staff person to coordinate HRIF services. The HRIF Coordinator will ensure that diagnostic referral, follow-up, 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 HRIF services among the County CCS Programs, other HRIF Programs located in CCS-approved Community, and Intermediate NICUs, State CCS Offices, clients/families, and others in matters related to the client's HRIF services.
- (2) Participate in NICU discharge planning process or multidisciplinary rounds. (The NICU Discharge Planner has responsibility to submit referral SAR to the CCS County Program. Refer to the HRIF Program Letter 01-1113 for NICU referral process.)

- (3) Ensure identification of HRIF eligible clients according to HRIF eligibility criteria.
- (4) Ensure NICU discharge planning process includes referral and Service Authorization Request (SAR) submission to the County CCS Program or Regional Office.
- (5) Ensure copies of the authorizations are distributed to HRIF team members and consultants.
- (6) Gather medical reports and assessments for review by team members, and prepare a summary report.
- (7) Ensure that a copy of the summary report is sent to the County CCS Program or SCD State Office.
- (8) Confer with parents regarding services provided and results of clinical evaluations and assessments of their infant or child.
- (9) Assist families in establishing a Medical Home for the infant or child.
- (10) Assist clients/families in making linkages to necessary medical and social services.
- (11) 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.
- (12) Provide coordination between the HRIF Program and the infant's or child's (pediatric) primary care physician, specialists, and County CCS Program or SCD State Office when appropriate.
- (13) Coordinate HRIF services with the County CCS Program and State Offices and other local programs.
- (14) Coordinate follow-up service needs among the CCS-approved

SCD State, 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 (ES) Program for children who meet ES eligibility criteria. Refer to the Department of Developmental Services website for ES information. <https://dds.ca.gov/General/Eligibility.cfm>
- (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) Ensure referrals to CCS Medical Therapy Program (MTP) are made as needed.
- (5) 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 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 services (including social services) available to help them nurture, support, and care for the high risk infant.

d. HRIF Program Reporting Requirements

The HRIF Coordinator is responsible for ensuring that data is collected and reported to the Systems of Care Division, CCS Program and the California Perinatal Quality Care Collaborative (CPQCC). The HRIF Coordinator will:

- (1) Provide data to CCS/CPQCC Quality Care Initiative HRIF Web-Based Reporting System. Refer to the HRIF/QCI website for reporting system information and requirements:
<https://www.ccsshrif.org>.
- (2) Provide information and required reporting elements (including client outcomes from referrals) to local NICUs about infants referred to the HRIF Program for care and services. These updated forms and reports will include:
 - (a) Referral/Registration Form
 - (b) Standards Visit Form
 - (c) Client Not Seen Form
 - (d) Additional Visit Form
- (3) Provide HRIF Team Visit Reports, available at <http://www.dhcs.ca.gov/services/ccs/Documents/hrifteamvisit.pdf> and distribute to the following:
 - (a) County CCS Program or SCD State Office,
 - (b) NICU medical director (if the director is not directly involved with HRIF Program),
 - (c) Medical Home (or primary care provider), and
 - (d) Other providers involved in the infant's or child's care.
- (4) Coordinate the collections, collation, and reporting of required data.
- (5) Ensure required data is submitted accurately and timely to the appropriate agencies, including CPQCC and the State CCS Program or as instructed.

- (6) In collaboration with the NICU Medical Director, ensure that the HRIF Program fully participates in the CCS Program evaluation, including submission of required information and data.
- (7) 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, when planned, 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 visits.
8. Service Code Group (SCG) 06 for the HRIF Program contains the outpatient codes approved by the CCS Program for limited core diagnostic services to be provided by medical and other allied health professionals. The provider group, entitled "Other Allied Health Professionals" includes pediatric nurse specialists, nurse specialists, psychologists, social workers, physical therapists, occupational therapists, and audiologists.
 - a. Refer to the CCS website for HRIF SCG 06 codes and descriptions on the following website and scroll down to SCG 06:
<http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARTools.aspx>
 - b. Refer to the Medi-Cal Provider Manual, CCS Program Service Code Groupings, for the most current code list and billing guidelines:
http://files.medi-cal.ca.gov/publications/masters-mtp/part2/calchildser_m00i00o03o04o07o09o11a02a04a05a06a07a08p00v00.doc
 - c. Refer to the superseded HRIF N.L. 09-0606 for historical code descriptions for provider type and type of service:
<http://www.dhcs.ca.gov/services/ccs/Documents/ccsnl090606.pdf>

Note: On July 1, 2013, the Department implemented new pricing methodology based on "Diagnosis Related Groups" (DRGs) for reimbursement of **inpatient** stays at private hospitals for both Medi-Cal

and CCS. DRG inpatient reimbursement methodology does not affect CCS Program eligibility or service authorization for **outpatient** services. This includes and applies to HRIF diagnostic services.

C. Providers of HRIF Program Services

As the HRIF Program is a CCS Special Care Center (SCC), the required team members include a CCS-approved:

1. HRIF Program medical director (pediatrician or neonatologist),
2. HRIF Coordinator,
3. Ophthalmologist,
4. Audiologist,
5. Social worker, and
6. An individual to perform the developmental assessment. (See Section III.B.2 above for description of the healthcare professionals who perform developmental assessments).

Note: An individual provider may simultaneously serve in more than one role on the HRIF team. Each of these professionals may be reimbursed for the diagnostic services they provide.

IV. 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 neonates, infants or children who meet the eligibility criteria in Section III.A.4.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 infant or child is an Access for Mothers and Infants (AIM) – linked infant and continues to be eligible for the Healthy Families Program.
 2. If a client is already open to the CCS Program 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 CCS case for diagnostic services only.
 4. The HRIF authorization shall be issued to the HRIF Program (as identified in the CCS Special Care Center directory).
 - a. The HRIF Coordinator is responsible for distributing copies of the authorization 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 the SCG 06 in order to expedite the consultant's evaluation.

- b. The HRIF Coordinator provides a copy of the HRIF Team Visit Report to the County CCS Program or SCD State 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.

B. Authorizations for HRIF services shall:

1. Have a beginning and ending date for the authorization period and cannot be issued for more than a one year period of time.
2. Not extend beyond the child's third birthday.

3. Not authorize additional codes for diagnostic services not included on the HRIF SCG 06.

Note: Requests for additional HRIF diagnostic service codes must be reported to the State HRIF Program Managers.

C. Authorization of Home Health Agency (HHA) Services

1. An authorization may be separately authorized for one to two HHA skilled nursing service visits in the home (HCPCS code Z6900) for the purposes of doing a home assessment during the first year if needed.
2. The HRIF Program must provide the County CCS Program or SCD State Office with the name of the HHA that will be performing the home assessment.
3. Additional home assessments shall only be authorized when medical necessity justification is provided by the HRIF Program physician.

D. Financial eligibility determination is not required for HRIF Program services as the HRIF Program provides diagnostic services only. While financial eligibility is not required, insurance information shall be obtained.

1. When the HRIF Program identifies the HRIF client as having other health coverage (OHC), i.e., commercial third party health insurance or Health Maintenance Organization (HMO), the HRIF Program must bill the OHC prior to billing the CCS Program. A denial of benefits or Explanation of Benefits (EOB) must be attached to each claim. CCS/Medi-Cal is the payor of last resort.
2. The CCS Program expects HRIF clients identified as high-risk and authorized for HRIF diagnostic services to receive those services. HRIF Programs that do not provide diagnostic services as authorized, because the client has OHC with an unmet deductible or co-payment, must notify the client's CCS county nurse case manager.
3. The CCS county or SCD State Office staff must contact the State HRIF Program managers to report any unresolved issues of a CCS HRIF client not able to access authorized services to assure that HRIF-eligible clients receive services.

4. 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 infant's or child's CCS Program eligibility for authorization of treatment services if the child is not already open to the program 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.
- E. Continue authorization of HRIF diagnostic services (SCG 06) up to the child's third birthday even if the child is determined not to meet CCS Program financial eligibility requirement and, therefore, is not eligible for treatment services.
- F. Authorization of HRIF services may be terminated prior to the child's third birthday if the HRIF Program indicates that the child no longer has high-risk for neurodevelopmental issues and HRIF services are no longer required. (This may occur when the child is found to be doing well on neurodevelopmental examination and testing.)
- G. If an infant or child who has been discharged from HRIF Program services is later identified, prior to the third birthday, as being at risk for neurodevelopmental issues, that child may be reinstated into the HRIF Program.

If you have any questions regarding HRIF services, please contact your designated State CCS HRIF Program Managers at email address: HRIF@dhcs.ca.gov.

ORIGINAL SIGNED BY ROBERT J. DIMAND, M.D.

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