



Toby Douglas
Director

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



Edmond G. Brown Jr
Governor

DATE: June 3, 2011 High Risk Infant Follow-Up (HRIF)
Program Letter (PL): 01-0611

TO: Medical Directors of California Children's Services (CCS) Program
Approved Neonatal Intensive Care Units (NICUs) and Medical Directors of
CCS-Approved High Risk Infant Follow-Up Programs and Staff

SUBJECT: CCS High Risk Infant Follow-up (HRIF) Program Reporting Requirements

The purpose of this HRIF Program Letter (P.L.) is to remind you that the California Department of Health Care Services, Children's Medical Services (CMS) Branch, in collaboration with CCS Program/California Perinatal Quality Care Collaborative (CPQCC), HRIF Quality Care Initiative (QCI), has developed a web-based Reporting System for CCS HRIF-eligible clients. CCS-approved HRIF Programs are required to complete and submit reports to CPQCC using the on-line, web-based HRIF QCI Reporting System for infants and children enrolled in a CCS-approved HRIF Program as of January 1, 2009, and thereafter. This Reporting System will help identify improvement opportunities for CCS-approved NICUs in the reduction of long term morbidity.

As per the CCS Manual of Procedures, Provider Standards: Chapters 3.25.1, 3.25.2, and 3.25.3 (CCS NICU Standards), CCS Numbered Letter (N.L.): 28-1298, CCS-approved NICUs are responsible for ensuring that all high risk eligible infants discharged from the NICU are referred to their CCS-approved HRIF Program or have a written agreement for the provision of these services by another CCS-approved HRIF Program. All CCS-approved HRIF Programs are required to submit web-based reports to CPQCC as part of their quality improvement and program monitoring activities. The old reporting forms referenced in CCS N.L.: 09-0606, HRIF P.L.: 01-0606, and HRIF P.L.: 03-0606 have been superseded and updated.

CCS-approved HRIF Programs have been required to report infant outcomes to the CMS Branch through the CCS/CPQCC HRIF QCI Online Reporting System located at <https://www.ccshrif.org>. The following are the recently updated reporting forms:

- Referral/Registration Form (to be completed by NICU discharge staff)
- Standard Visit Form
- Additional Visit Form
- Client Not Seen/Discharge Form

These forms can be viewed and downloaded at <https://www.ccsshrif.org>. On the left hand column of the Homepage, find and click on "Download" to view and download all forms.

The HRIF QCI Reporting System is being developed to allow HRIF Programs to compare their activities with all sites throughout the state, allow the state to assess site-specific successes, support real-time case management, and provide real-time program reports.

If your CCS-approved HRIF Program is not submitting reporting information through the HRIF QCI Reporting System, the following steps must be completed:

- Obtain access to the HRIF QCI Reporting System. Your facility must complete the enclosed "Reporting System Contact Form" and fax it to (650) 721-5751, Attention: Erika Gray. The form may also be located at <https://www.ccsshrif.org>. Scroll to the bottom of the Homepage. Under "Need Access to the HRIF QCI Online Reporting System?", click on Reporting Systems Contact Form.
- To obtain more information regarding the CCS/CPQCC HRIF QCI Reporting System, visit our website at <https://www.ccsshrif.org>.
- NICU and HRIF staff can use the attached CCS HRIF Medical Eligibility Criteria Flow Chart to help identify CCS HRIF-eligible clients.

Additional information regarding the CCS Program, specifically the HRIF Program, may be located at <http://www.dhcs.ca.gov/services/ccs>. This Homepage provides links to the CCS-approved HRIF Program and NICUs.

We appreciate your continued involvement with the provisions of services and care, and the ongoing reporting of information regarding CCS-eligible HRIF Program clients. If you have any technical questions about the HRIF QCI Reporting System, you may contact Erika Gray at (650) 725-1306 or eegray22@stanford.edu. For CCS HRIF Program questions please contact Rachel Luxemberg at (916) 327-1443 or Rachel.Luxemberg@dhcs.ca.gov.

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

Robert J. Dimand, M.D.
Chief Medical Officer
Children's Medical Services

Enclosures: CCS HRIF Medical Eligibility Criteria Flow Chart
Reporting System Contact Form

CCS HRIF PROGRAM MEDICAL ELIGIBILITY CRITERIA

Data should be collected on infants/children under three years of age who meet California Children's Services (CCS) HRIF medical eligibility criteria, even if they were never a CCS client. **Infants are medically eligible for the HRIF Program when the infant:**

Met CCS medical eligible criteria for NICU care, in a CCS-approved NICU, regardless of length of stay, (as per Number Letter 05-0502, Medical Eligibility in a CCS-approved NICU).

OR

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).

Birth weight < 1500 grams or the gestational age at birth < 32 weeks.



HRIF Program Referral Process:

1. HRIF QCI Referral/Registration Form is completed by the discharging CCS-approved NICU.
2. Communication is between the CCS-approved NICU and HRIF Program.
3. Service Authorization Request (SAR) is submitted by the HRIF Program to the local CCS office. (Service Code Group [SCG] 06, should be requested).
<http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARTools.aspx>
4. Copy of the NICU discharge summary is provided to the HRIF Program.



Birth weight ≥ 1500 grams and the gestational age at birth ≥ 32 weeks and one of the following criteria was met during the NICU stay.

- A. 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.
- B. A persistently and severely unstable infant manifested by prolonged hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.
- C. Persistent apnea which required medication (e.g. caffeine) 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 (CLD).
- E. Infants placed on extracorporeal membrane oxygenation (ECMO).
- F. Infants who received inhaled nitric oxide greater than four hours for persistent pulmonary hypertension of the newborn (PPHN).
- G. History of documented seizure activity.
- H. 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".
- I. Other problems that could result in neurologic abnormalities (e.g., history of CNS infection, documented sepsis, bilirubin in excess of usual exchange transfusion level, cardiovascular instability, hypoxic ischemic encephalopathy, et cetera).

Medical eligibility for the HRIF Program is determined by the County CCS Program or Regional Office staff. The CCS Program is also required to determine residential eligibility. As the HRIF Program is a diagnostic service, there is no financial eligibility determination performed at the time of referral to CCS. However, insurance information shall be obtained by CCS. An infant or child is eligible for the HRIF Program from birth up to three years of age.

