



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



ARNOLD SCHWARZENEGGER  
Governor

June 29, 2006

High Risk Infant Follow-Up  
Program Letter (P.L.) : 02-0606

TO: MEDICAL DIRECTORS OF CALIFORNIA CHILDREN'S SERVICES  
(CCS) PROGRAM - APPROVED NEONATAL INTENSIVE CARE UNITS  
(NICU)

SUBJECT: HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM -- CCS HRIF  
SPECIAL CARE CENTER DIRECTORY FORM

The purpose of this HRIF Program Letter is to inform you that the CCS Special Care Center (SCC) Directory form is available for your completion and submission to Children's Medical Services (CMS) Branch, Provider Services Unit (see enclosure). If you are not the HRIF Program medical director, please share this letter and the enclosed CCS HRIF SCC Directory form with your HRIF Program staff.

As referenced in the CCS HRIF P.L. 01-0606, team members of CCS-approved HRIF Programs are to be listed on the CCS HRIF Special Care Center (SCC) Directory. Names of providers you submit on this directory form have been approved by your HRIF Program medical director to provide services to HRIF Program eligible infants and children. If your NICU does not have an HRIF Program, you are required to complete this form, identify your NICU and who you have arranged to provide HRIF services (Items 3 and 4 of the enclosed form). If there are subsequent changes to the HRIF Program SCC directory, go to [www.dhs.ca.gov/ccs](http://www.dhs.ca.gov/ccs). Locate and click on the "Forms and Publications" link, then click on the SCC Directory update form DHS 4507.

The CCS SCC HRIF Center Directory Form has several required elements which are indicated and described on the form. You may also find this form on the CCS web site at [www.dhs.ca.gov/pcfh/cms/hrif](http://www.dhs.ca.gov/pcfh/cms/hrif). You may complete the form on-line. Then print and fax the form to the number provided. Completion and submission of the enclosed form will ensure timely issuance of HRIF service authorizations.

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If you have any questions regarding HRIF Program services, please contact your designated State CMS Regional Office Staff.

**Original Signed by Marian Dalsey, M.D., M.P.H.**

Marian Dalsey, M.D., M.P.H., Chief  
Children's Medical Services Branch

Enclosure

## CCS Special Care Center High Risk Infant Follow-Up (HRIF) Program Directory

**To:** Provider Services Unit  
Children's Medical Services  
Branch

**Return completed form to:**  
California Department of Health Services  
Children's Medical Services Branch  
Provider Services Unit  
MS 8100  
P.O. Box 997413  
Sacramento, CA 95899-7413  
(916) 322-8702

**Return completed form by** \_\_\_\_\_ **or**  
**Fax:** (916) 322-8798

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Medical Director

\_\_\_\_\_  
Signature of Medical Director

***Bolded categories are mandatory. This information must be completed.***

**Check this box if you do not provide HRIF services. Proceed to Item 3 and identify your NICU. Then proceed to Item 4 and indicate who you have arranged to provide the HRIF services.**

**1. Name of HRIF Program:** \_\_\_\_\_

**2. Facility Medi-Cal Provider Number that is linked or associated to the HRIF Program:** \_\_\_\_\_

**3. Name and address of your NICU and CCS NICU Special Care Center (SCC) directory number:**

Name of NICU*:	CCS NICU SCC Directory Number:
Street Address:	
City, State, Zip code:	

\* Note: Your NICU SCC Directory number can be located at [www.dhs.ca.gov/ccs/scs/centertype.htm](http://www.dhs.ca.gov/ccs/scs/centertype.htm). Locate and click on "List by Center Type", then locate and click on NICU Directory Listing.

**4. HRIF Program Name and Address:**

HRIF Program Name:	
Street Address:	
City, State, Zip code:	

**5. County the HRIF Program is located:** \_\_\_\_\_

**6. For Appointments Contact:**

Name of contact person for HRIF Appointments:	
Title (i.e HRIF Coordinator):	
Street Address:	
City, State, Zip code:	

Telephone Number:	( )
Fax Number and Email Address:	( )

**7. For Authorizations Contact:**

Name of contact person for HRIF Authorizations:	
Title (i.e HRIF Coordinator):	
Street Address:	
City, State, Zip code:	
Telephone Number:	( )
Fax Number and Email Address:	( )

**8. HRIF Required Staff:** All HRIF required staff, with the exception of a pediatric nurse practitioner (PNP), when functioning as a HRIF Coordinator, must be CCS-approved (also known as CCS-paneled) to be listed\*\*. Physicians must indicate their individual Medi-Cal Provider number. Non-physician providers, without an individual Medi-Cal Provider number must list their professional license number. An individual team member may simultaneously serve in more than one role. Specialty must be indicated (e.g. ophthalmologist, pediatrician, psychologist, etc.).

Names of HRIF Required Staff	Specialty	Individual Medi-Cal Provider Number	Professional License Number	Telephone Number
Program Medical Director (Pediatrician/Neonatologist)				( )
HRIF Coordinator***				( )
Individual(s) performing developmental assessment****				( )
Ophthalmologist(s)				( )
Audiologist(s)				( )
Psychologist(s)				( )
Social Worker(s)				( )

\*\* To obtain a CCS Panel application, go to [www.dhs.ca.gov/ccs](http://www.dhs.ca.gov/ccs). Locate and click on the "Forms and Publications" link, then click on the "Individual Provider Paneling Application for Physicians and Providers" form **DHS 4514**. For non-physician providers, click on "Allied Health Care Professional" form **DHS 4515**.

\*\*\* The HRIF Coordinator must be one of the following: CCS-approved pediatrician or neonatologist, registered nurse (nurse specialist [a Bachelor's of Science Degree in Nursing (BSN) prepared RN] or Pediatric Nurse Practitioner [PNP]), social worker (SW), occupational therapist (OT), physical therapist (PT) or a psychologist. The PNP can only be CCS-approved when functioning in the CCS HRIF Program as a HRIF Coordinator.

\*\*\*\* Individual performing developmental assessment can be any of the following: Pediatrician, neonatologist, PNP, nurse specialist, OT, PT, SW, or psychologist. With the exception of the PNP, all providers must be CCS-approved. The individual performing developmental assessments has training in the evaluation of motor and sensory development of high risk infants. ***If a PNP does not function as a HRIF Coordinator, he/she does not need to be CCS-approved.***

9. Other HRIF Specialists: These providers may already be listed above (i.e. the individual performing developmental assessment or HRIF Coordinator) and may be simultaneously listed in this table, as Other HRIF Specialists. Physicians must indicate their individual Medi-Cal Provider number. Non-physician providers, without an individual Medi-Cal Provider number must list their professional license number. Specialty must be indicated (e.g. ophthalmologist, pediatrician, psychologist, etc.).

Names of Other HRIF Specialists	Specialty	Individual Medi-Cal Provider Number	Professional License Number	Telephone Number
Pediatrician(s)/Neonatologist(s)				( )
Nurse Practitioner(s)				( )
Nurse Specialist(s)				( )
Individual(s) performing developmental assessment				( )
Occupational Therapist(s)				( )
Physical Therapist(s)				( )
Psychologist(s)				( )

To update this CCS HRIF SCC Directory information use form **DHS 4507** Special Care Center Directory Update.