

High Risk Infant Follow Up

[Overview](#)

[Updates and Latest News \(Current\)](#)

[2010 Updates and News](#)

[Becoming a HRIF Provider](#)

[Medical Eligibility Criteria](#)

[Authorizations](#)

[Program Reporting Requirements and Forms](#)

[Letters](#)

[Special Care Center Directory](#)

[HRIF Special Care Center Directory Form](#)

[Updating or Viewing Special Care Center Directory](#)

[HRIF Request for Application Outdated - Posted February 2006](#)

[HRIF QCI Request for Application 10-007 Outdated - Posted July 2010](#)

[HRIF Program Request for Application 11-001 Outdated - Posted February 28, 2011](#)

[HRIF QCI Request for Application \(RFA\) 13-001 **Outdated** - Posted April 29, 2013](#)

[HRIF QCI Request for Application \(RFA\) 16-001 **NEW** - Posted March 11, 2016](#)

[Contact Us](#)

[California Perinatal Quality Care Collaborative \(CPQCC\)](#)

Overview

The California Children's Services (CCS) HRIF program was established to identify infants who might develop CCS-eligible conditions after discharge from a CCS-approved Neonatal Intensive Care Unit (NICU). CCS Program standards require that each CCS-approved NICU ensure the follow-up of discharged 3333 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 CCS Program's goal of identifying infants who may develop a CCS eligible medical condition with the CCS HRIF program provides for a number of diagnostic services for children up to three years of age. The following are reimbursable diagnostic services:

- 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).

[Back To Top](#)

Updates and Latest News (Current)

[HRIF Annual Coordinator meeting PowerPoint presentations \(May 5, 2011\)](#)

- [High Risk Infant Follow-Up \(HRIF\) Quality of Care Initiative \(QCI\) Reporting System Update \(PDF, 5MB\)](#)
- [HRIF QCI Reporting System Data Request \(PDF, 15.5MB\)](#)
- [Outpatient Health Care Resources Utilized by Infants in High Risk Follow-Up Programs in California: Initial Results of a Quality Improvement and Research Network; Missed Opportunities in High Risk Infant Follow-Up: Referrals to Early Intervention](#)
[Online Registration: 2011 HRIF – QCI Reporting System Data Training Sessions](#)

- **Thursday, June 16, 2011** - San Jose, CA - [Click here to register for the San Jose Training \(Not DHCS\)](#)
- **Monday, June 20, 2011** - Orange, CA - [Click here to register for the Orange Training \(Not DHCS\)](#)
- **Thursday, June 23, 2011** - Loma Linda, CA - [Click here to register for the Loma Linda Training \(Not DHCS\)](#)

[Back To Top](#)

2010 Updates and News

Reporting System Training (<https://www.ccsshrif.org/download.html>)

- [HRIF QCI Reporting System Webcast - February 25, 2010 \(Not DHCS\)](#)
 - [Webcast Questions and Answers - February 25, 2010 \(Not DHCS\)](#)
- Manual and References

- [Frequently Asked Questions - Revised March 30, 2010 \(Not DHCS\)](#)

Hearing Assessment Requirements

CCS Numbered Letter: 06-1008 supersedes hearing assessment requirements for the following:

- HRIF Program Letter: 01-0606
There is a change to Section 1.D.4 (page 4) "A referral shall be made to a Type C CDC for diagnostic hearing evaluation every six months" has been superseded by the CCS Numbered Letter: 06-1008. Now any child who does not have hearing loss (passed initial screen, passed rescreen, passed diagnostic evaluation) but has risk factors should have at least one diagnostic audiology evaluation by 24 to 36 months of age.
- CCS Numbered Letter: 09-0606
There is a change to Section II.B.4.d (page 6) "A referral shall be made to a Type C CDC for diagnostic hearing evaluation every six months". This sentence or statement has been superseded by the CCS Numbered Letter: 06-1008. Now any child who does not have hearing loss (passed initial screen, passed rescreen, passed diagnostic evaluation) but has risk factors should have at least one diagnostic audiology evaluation by 24 to 36 months of age.

[Back To Top](#)

Becoming a HRIF Provider

All HRIF services are provided by a multidisciplinary team including but not limited to a Medical Director (Pediatrician or Neonatologist), Social Worker, Ophthalmologist, Audiologist, Psychologist, an HRIF Coordinator, and an individual to perform the developmental assessment.

All members of the HRIF multidisciplinary team require CCS paneling except a Pediatric Nurse Practitioner (PNP), unless functioning as the HRIF Coordinator. The HRIF Coordinator must be CCS paneled.

Panel Applications and Instructions:

- [Allied Health Care Professionals - Individual Provider Paneling Application](#)
- [Physicians and Podiatrists - Individual Provider Paneling Application](#)

[Back To Top](#)

HRIF Medical Eligibility Criteria

Entry into the HRIF program is limited to those infants who meet the following medical eligibility requirements and who have 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.

- An infant shall be medically eligible for the HRIF program when the infant:
- Met CCS medical eligibility criteria for NICU care, in a CCS-approved NICU (regardless of length of stay) (as per Numbered 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). And
- The birth weight was less than 1500 grams or the gestational age at birth was less than 32 weeks. Or
- 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 (CLD).
 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.) 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.

[Back To Top](#)

Authorizations

All Referrals and requests for HRIF Program services must be submitted using a [Service Authorization Request \(SAR\) form](#).

When an infant or child is determined eligible for the CCS HRIF services, a SAR for [Service Code Grouping \(SCG\) 06](#) is issued to the applicable HRIF program. HRIF programs are considered outpatient CCS Special Care Centers (SCC) and allowed to bill for a limited range of SCC diagnostic services.

[Back To Top](#)

Program reporting requirements and forms

The Children's Medical Services (CMS) Branch in collaboration with the California Children Services (CCS) / California Perinatal Quality Care Collaborative (CPQCC) High Risk Infant Follow-up (HRIF) Quality of Care Initiative (QCI) has developed a web based reporting system for CCS HRIF eligible clients. CCS HRIF Programs are to submit reports to CPQCC using an on-line, web-based Reporting System. These forms are to be completed and submitted using the on-line, web-based Reporting System to CPQCC for infants and children enrolled January 1, 2009 and thereafter in a CCS HRIF Program. This Reporting System will be able to identify improvement opportunities for NICUs in the reduction of long term morbidity.

HRIF Programs are required to submit web-based reports to CPQCC as part of quality improvement and program monitoring activities. Reporting forms referenced in CCS Numbered Letter: 09-0606, HRIF Program Letter: 01-0606, and HRIF Program Letter: 03-0606 have been superseded and updated. CCS HRIF Programs are now required to report infant outcomes to the CMS Branch using the following updated forms:

- Referral/Registration Form
- Standard Visit Form
- Client Not Seen Form
- Additional Visit Form

Program Evaluation and Quality Improvement Reporting

Please go to the CCS HRIF on-line, web-based reporting process located at <https://www.ccshrif.org/>.

In order to submit data to CPQCC, select the **sign in** button; enter your registered email address and password. If you are unable to sign in to the CCS HRIF on-line, web-based reporting system, contact Erika Gray at CPQCC, HRIF QCI Project Manager, Phone: 650-725-1306 or by Email: eegray22@stanford.edu

Required Reports for Case Management

A summary report of the HRIF Team Visit is required to be submitted to the County CCS Program or Regional Office. A template HRIF Team Visit Report form is provided in the table below. [HRIF Program Letter 01-0606](#) contains more information on the HRIF Team Visit report form..

- [HRIF Team Visit Report Form](#)

[Back To Top](#)

Letters

Number	Date	Title
01-1016	10-21-16	High Risk Infant Follow-Up (HRIF) Program Letter
01-1113	01-23-14	High Risk Infant Follow-Up (HRIF) Program Letter Note: HRIF Program Letter 01-1113 Supersedes HRIF Program Letter 01-0606
01-0606	06-16-06	High Risk Infant Follow-Up (HRIF) Program Letter
02-0606	06-27-06	High Risk Infant Follow-Up (HRIF) Program -- CCS HRIF Special Care Center Directory Form

03-0606	06-27-06	High Risk Infant Follow-Up (HRIF) Program -- Required Report Forms
01-0611	06-03-11	CCS High Risk Infant Follow-Up (HRIF) Program Reporting Requirements

[Back To Top](#)

HRIF Special Care Center Directory Form

The [CCS Special Care Center \(SCC\) High Risk Infant Follow-Up \(HRIF\) Program Directory Form \[DHCS 9082 \(01/08\)\]](#) is available for HRIF SCC directory changes.

[HRIF Program Letter 02-0606](#) contains more information on the CCS Special Care Center High Risk Infant Follow-Up Program Directory Form.

[Back To Top](#)

Directions for updating or viewing Special Care Center (SCC) Directory Listing

1. Find and print your [SCC directory](#) listing in the Special Care Center section of the CCS website by either selecting [SCC Type](#) or [CCS Approved Hospital Name](#)
2. If your Special Care Center's directory needs to be updated, please follow the instructions on the [Special Care Center Directory Update Fax Cover Sheet \[DHCS4507 \(01/08\)\]](#)
3. Write the changes (**including** additions or removals of staff directly on your SCC directory listing. Print clearly with dark ink. Use an additional sheet of paper if necessary.
4. If staff have been added to or removed from your SCC directory listing, supply their active Provider Number, discipline, and effective date(s) using the table on the Special Care Center Directory Update Fax Cover Sheet.

[Back To Top](#)

Contact Us

Contact information for questions:

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

[Back To Top](#)

California Perinatal Quality Care Collaborative (CPQCC)

CCS HRIF On-Line Reporting System <https://www.ccsrif.org/>
Web Address <http://www.cpqcc.org>

Mailing Address

California Perinatal Quality Care Collaborative (CPQCC)
Medical School Office Building (MSOB)
251 Campus Drive, MC: 5415
Stanford, CA 94305

Fax

650-721-5751

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