



After the NICU: Overview of High Risk Infant Follow-up Program



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Objective

The learner will be provided with clarification on the HRIF program by outlining:

- The diagnostic services provided to children enrolled in the program
- The specific eligibility criteria
- Provider responsibility
- The referral process



CCS HRIF LIAISON

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BACK-UP

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Background

- HRIF was established in 1979 to provide follow-up for high risk infants discharged from the NICU.
- The CCS standards require each CCS-approved NICU shall either have an organized HRIF program or a written agreement with another CCS-approved NICU who will provide the services.
- The goal of the program is to provide follow-up to infants discharged from the NICU without an eligible condition who may later develop a CCS eligible condition.
- To achieve the goal the CCS HRIF program provides a number of diagnostic services for children up to 3 years of age.



Background

- In 2013, State DHS released HRIF Program Letter: 01-1113
- This letter provides guidance on the restructuring of the HRIF Program.
- The letter included information on:
 - ✓ Diagnostic services
 - ✓ Medical eligibility criteria
 - ✓ NICU Provider responsibilities
 - ✓ HRIF Program responsibilities and reporting requirements
 - ✓ Procedures for billing HRIF services



HRIF Diagnostic Services

- Comprehensive history and physical exam with Neurological assessment at 4-8 months, 12-16 months, and 18-36 months adjusted for chronological age
- Developmental Assessment (BSID or equivalent test)
- Family Psychosocial assessment
- Hearing assessment
- Ophthalmologic assessment
- Home assessment
- Service coordination



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 and who met CCS medical eligibility criteria for Neonatal Intensive Care Unit (NICU) care OR had a CCS eligible medical condition at some time during their stay in a CCS-approved NICU, 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). 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.

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 MET ONE OF THE FOLLOWING:

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

OR

Birth weight $>$ 1500 grams and the gestational age at birth \geq 32 weeks and one of the following criteria was met during the NICU stay:

HRIF Program Referral Process:

Communication is between the CCS-approved NICU and HRIF Program.

1. The discharging/referring NICU/Hospital will refer eligible infants to the HRIF Program at the time of discharge to home, and complete the "Referral/Registration Form" via the web-based HRIF-QCI Reporting System.
2. The discharging/referring NICU/Hospital or HRIF Program will submit a Service Authorization Request (SAR) to local CCS Office. (Service Code Group [SCG] 06, should be requested).
<http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARTools.aspx>
3. The discharging/referring NICU/Hospital will send a copy of the Discharge Summary to the HRIF Program.

- A. 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 or an Apgar score 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 simulant 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 (CLD).
- 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 (PVL), cerebral thrombosis, cerebral infarction or stroke, congenital structural central nervous system (CNS) abnormality or other CNS problems associated with adverse neurologic outcome.
- I. Other documented problems that could result in neurologic abnormality, such as: history of CNS infection, documented sepsis, bilirubin at excessive levels concerning for brain injury as determined by NICU medical staff, 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.
- J. Clinical history and/or physical exam findings consistent with neonatal encephalopathy.

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 3 years of age.



Medical Eligibility

Infants may be medically eligible to participate in the HRIF Program when:

- they have met CCS criteria for NICU care;
- or
- they were diagnosed with a CCS eligible condition, even if CCS did not authorize services;
- but they must also meet an additional criteria



Medical Eligibility

Additional criteria includes:

1. Birth weight \leq 1500 grams, which is any infant that weighs less than 3.3 pounds, or gestational age at birth $<$ 32 weeks, which is the length of time the mother is pregnant.



Medical Eligibility

2. A Birth weight > 1500 grams and gestational age \geq 32 weeks AND met one of the following criteria while in the NICU:

- A. Blood gas with a pH of < 7.0 which shows that the infant is not breathing effectively within the first hour of life, or an Apgar score, which is a scale that looks at the baby's breathing, color and activity during the first 10 minutes after birth, is < 3 out of a perfect score of 10 at 5 minutes or < 5 at 10 minutes



Medical Eligibility

- B. A baby that is having trouble with maintaining:
- enough oxygen in the blood,
 - increased breathing problems
 - blood sugar levels
 - or low blood pressure requiring special medications to raise the blood pressure



Medical Eligibility

- C. Persistent apnea ,which is a condition where they stop breathing that is common with babies born prematurely , and go home with special medication,
- D. Require additional oxygen for more than 28 days of hospital stay and a chest x-ray that shows changes to the lungs,
- E. Infants placed on ECMO, which stands for extracorporeal membrane oxygenation. This is a treatment that uses a pump to circulate baby's blood through an artificial lung outside of the body,



Medical Eligibility

- F. Infants who received inhaled nitric oxide, which relaxes the lungs, for > 4 hours; and/or treatment of increase blood pressure in the lungs with special medication,

- G. History of seizure activity or receive seizure control medication at time of discharge



Medical Eligibility

- H. Evidence of bleeding in the brain or abnormal brain structure that could lead to motor skill development,
- I. Other problems that could result in neurologic abnormality, such as:
 - Infection in the brain,
 - Very high bilirubin or jaundice
 - heart disease seen at birth, and
 - other conditions can that result in neurologic problems
- J. Clinical history and/or findings consistent with changes in brain function as noted by the NICU physician



Financial and Residential eligibility

- Financial eligibility is not required for HRIF program services but private healthcare coverage information will be obtained
- Each county CCS program is responsible for determining that the parent or guardian is a resident of their county



Provider Responsibility

- The CCS-approved NICU is responsible for having their own HRIF program or a contract with an approved HRIF program
- The HRIF program is required to have a multidisciplinary team of CCS-approved professionals
- As part to the NICU discharge planning process, the NICU must identify and refer to the appropriate CCS office
- The HRIF program is responsible for sending the medical reports to CCS for review and possible referral to resources such as early intervention programs, Regional Center or for services offered through CCS.



Referral Process

- Referral must be submitted on a Service Authorization Request (SAR) Form
- FAX to LA County CCS Office at 1-855-481-6821
- Submit using the Fax Coversheet located on the LA County website
- To expedite the process, supporting documentation, such as a medical reports and discharge summaries, should accompany the SAR.



Resources

- <http://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx>
- <http://publichealth.lacounty.gov/cms/>



Conclusion

- With education, the aim is to increase the number of referrals and authorizations to CCS for HRIF services.
- With early identification, the goal of the HRIF program is to reduce the incidence and severity of future problems by providing early intervention
- With early intervention, treatment is more effective and can decrease future costs.

Do you any have questions?

