## **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 Programapproved NICU, regardless of length of stay, (as per Number Letter 05-0502, Medical Eligibility in a CCS Program-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 Program-approved NICU, but who otherwise meet all medical eligibility criteria for HRIF services.

OR

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





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



## **HRIF Program Referral Process:**

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

- 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 (RR) Form" via the web-based HRIF-QCI Reporting System.
- The discharging/referring NICU/Hospital will submit a Service Authorization Request (SAR) to the local CCS Office for HRIF Services. (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.

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.

## OR

## Birth weight > 1500 grams and the gestational age at birth ≥ 32 weeks <u>and</u> one of the following criteria was met during the NICU stay:

- 1. 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.
- 2. An unstable infant manifested by hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.
- Persistent apnea which required caffeine or other simulant medication 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).
- 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.
- 7. Congenital heart disease requiring surgery or minimally invasive intervention.
- 8. History of observed clinical or electroencephalograhic (EEG) seizure activity or receiving antiepileptic medication(s) at time of discharge.
- 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.
- 10. Clinical history and/or physical exam findings consistent with neonatal encephalopathy.
- 11. 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 in stability as determined by NICU medical staff due to: sepsis, congential heart disease, patent ductus arteriosus (PDA), necrotizing enterocolitis, other documented conditions.