HRIF-QCI Reporting System

2018 Data Trainings - October 2017

Erika Gray

Program Manager

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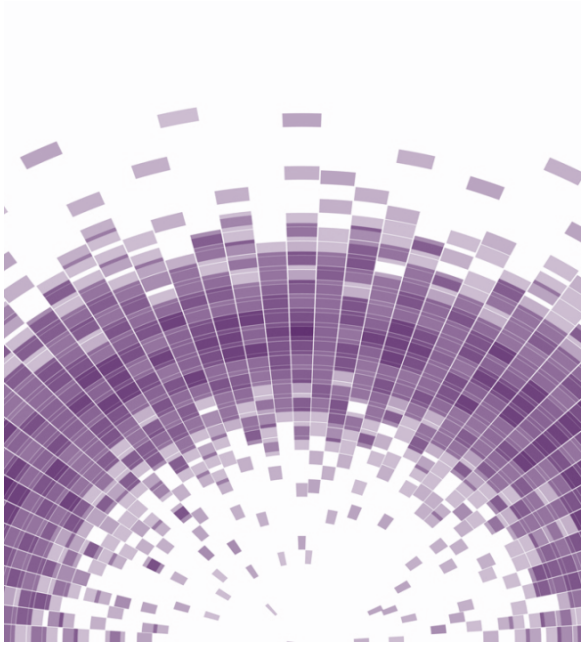

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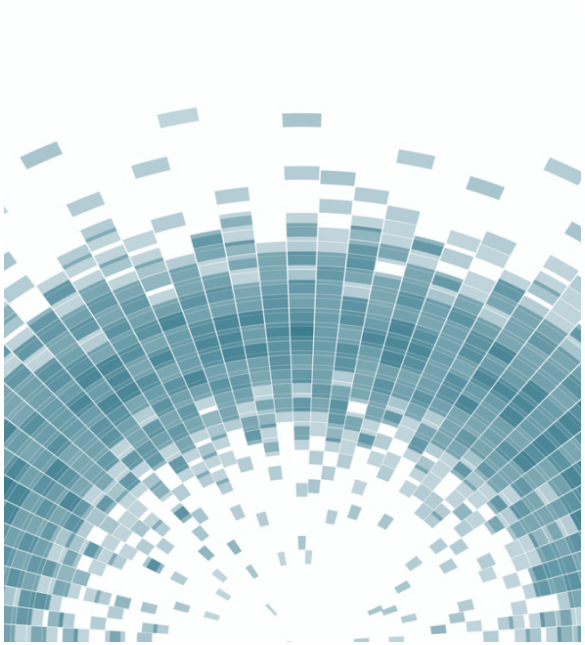

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CCS HRIF Brief Background

- 1979 CCS Standards for "Tertiary" NICUs were developed addressed CCS HRIF examinations. "CCS may pay for follow-up examination of high risk NICU graduates even though a CCS eligible condition does not exist".

- July 1, 2006 restructured CCS HRIF Program went into effect

  Core Diagnostic Services

  - Comprehensive History & Physical Exam with Neurologic Assessment
  - Developmental Assessment
  - Family Psychosocial Assessment
  - Hearing Assessment
  - Ophthalmologic Assessment
  - Coordinator Services

CCS HRIF Brief Background

- CCS & CPQCC designed the High Risk Infant Follow-up Quality of Care Initiative (HRIF-QCI) Reporting System to:
  - Identify Quality Improvement Opportunities for NICUs in the Reduction of Long Term Morbidity
  - 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

NICU Referral Requirements

- It is the **responsibility** of the discharging to home CCS NICU/Hospital **or the last** CCS NICU/Hospital providing care to make the referral to the HRIF Program.

- The NICU referral process:
  - **"Referral/Registration Form" is completed/submitted** via the web-based HRIF-QCI Reporting System (http://www.ccshrif.org) by the discharge/referring NICU/Hospital at time of discharge to home.
  - The discharging/referring NICU/Hospital will **submit a SAR to the local CCS** Office for HRIF services. (Service Code Group [SCG] 06 should be requested.
  - Send a copy of the referring **child's discharge summary** to the HRIF Program

Reference: **High Risk Infant Follow-up Program Number Letter (N.L.): 01-1113**

HRIF Reporting Requirements

- The HRIF Coordinator is **responsible** for ensuring that data is collected and reported to the Systems of Care Division, CCS Program and the California Perinatal Quality Care Collaborative (CPQCC). The HRIF Coordinator will:
  - Coordinate the collection, collation, and reporting of required data.
  - Provide data to CCS/CPQCC Quality Care Initiative (QCI) HRIF Web-Based Reporting System. Refer to the HRIF/QCI website for reporting system information and requirements: https://www.ccshrif.org. The reporting forms include:
    - Referral/Registration (RR) Form
    - Standards Visit (SV) Form
    - Additional Visit (AV) Form
    - Client Not Seen/Discharge (CNSD) Form

HRIF Reporting Requirements

- Ensure required data is submitted accurately and in a timely fashion to the CCS/CPQCC HRIF QCI and meets all required deadlines.
- Review and share results of the HRIF Summary Report and the HRIF CCS Annual Report with members of the HRIF program team, with referring NICU Medical Directors, and NICU team.
- In collaboration with the NICU Medical Director, ensure that the HRIF Program fully participates in the CCS Program evaluation, including submission of required information and data.
- Provide data and information that is required for the evaluation.

Reference: **High Risk Infant Follow-up Program Number Letter (N.L.): 01-1113**

HRIF-QCI Reporting System

Effective April 2009, this web-based

HRIF-QCI Reporting System was developed for

CCS HRIF Program medically eligible infants,

regardless of insurance status **or** CPQCC eligibility.

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UPDATED 01/2017

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 Program-approved 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).*

AND MET ONE OF THE FOLLOWING:

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

OR

Birth weight > 1500 grams and the gestational age at birth ≥ 32 weeks and 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.
3. 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).
6. 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.
9. 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.

HRIF Program Referral Process:

Communication is between the CCS Program-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 (RR) 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 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.

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

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

September 27, 2017 Program Letter: 01-0917

To: Medical Directors and Coordinators of California Children's Services Program (CCS) - Approved High Risk Infant Follow-up (HRIF) Programs

Subject: Clarification of Congenital Heart Disease Eligibility Criteria

Dear HRIF Medical Director and HRIF Coordinator:

The HRIF Numbered Letter 05-1016 and HRIF Program Letter 01-1016, both dated October 12, 2016, updated the Medical Eligibility criteria for HRIF to include Congenital Heart Disease (CHD) requiring surgery or minimally invasive intervention. This letter is written to address several requests from HRIF local programs to further clarify the CHD Medical Eligibility criteria and provide some case examples.

HRIF Medical Eligibility in these cases requires admission to a Neonatal Intensive Care Unit (NICU) or directly to a Pediatric Intensive Care Unit or Cardiovascular Intensive Care Unit (CVICU) within the neonatal period, and surgery or minimally invasive therapeutic intervention (such as catheter-based balloon angioplasty) for CHD during that hospitalization.

Given these clarifications, an example of a patient who would not meet HRIF eligibility would be an infant who was diagnosed with an Atrioventricular Canal Defect but never admitted to a NICU and did not meet other HRIF eligibility criteria, discharged to home and outpatient follow-up, and subsequently admitted to a CVICU at three months of age for surgical intervention. Another example of a patient who would not meet HRIF eligibility would be an infant who was diagnosed prenatally with Tetralogy of Fallot, admitted briefly to a NICU for monitoring and evaluation, discharged to home without intervention and without meeting other HRIF eligibility criteria, and subsequently admitted to a CVICU at four months of age for surgical intervention.

These clarifications are consistent with the CCS Program mandate for HRIF and with the goal of assuring identification and referral of those who are most vulnerable and at highest risk.

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Integrated Systems of Care Division
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(916) 552-9105
Internet Address: www.dhcs.ca.gov

CCS CHD Clarification

September 27, 2017 **Program Letter: 01-0917**

The HRIF Numbered Letter 05-1016 and HRIF Program Letter 01-1016, both dated October 12, 2016, updated the Medical Eligibility criteria for HRIF to include Congenital Heart Disease (CHD) requiring surgery or minimally invasive intervention. This letter is written to address several requests from HRIF local programs to further clarify the CHD Medical Eligibility criteria and provide some case examples.

HRIF Medical Eligibility in these cases requires admission to a Neonatal Intensive Care Unit (NICU) or directly to a Pediatric Intensive Care Unit or Cardiovascular Intensive Care Unit (CVICU) within the neonatal period, and surgery or minimally invasive therapeutic intervention (such as catheter-based balloon angioplasty) for CHD during that hospitalization.

CCS CHD Clarification

Given these clarifications, an example of a patient who would **not meet HRIF eligibility:** *an infant who was diagnosed prenatally with Tetralogy of Fallot, admitted briefly to a NICU for monitoring and evaluation, discharged to home without intervention and without meeting other HRIF eligibility criteria, and subsequently admitted to a CVICU at four months of age for surgical intervention.*

These clarifications are consistent with the CCS Program mandate for HRIF and with the goal of assuring identification and referral of those who are most vulnerable and at highest risk.

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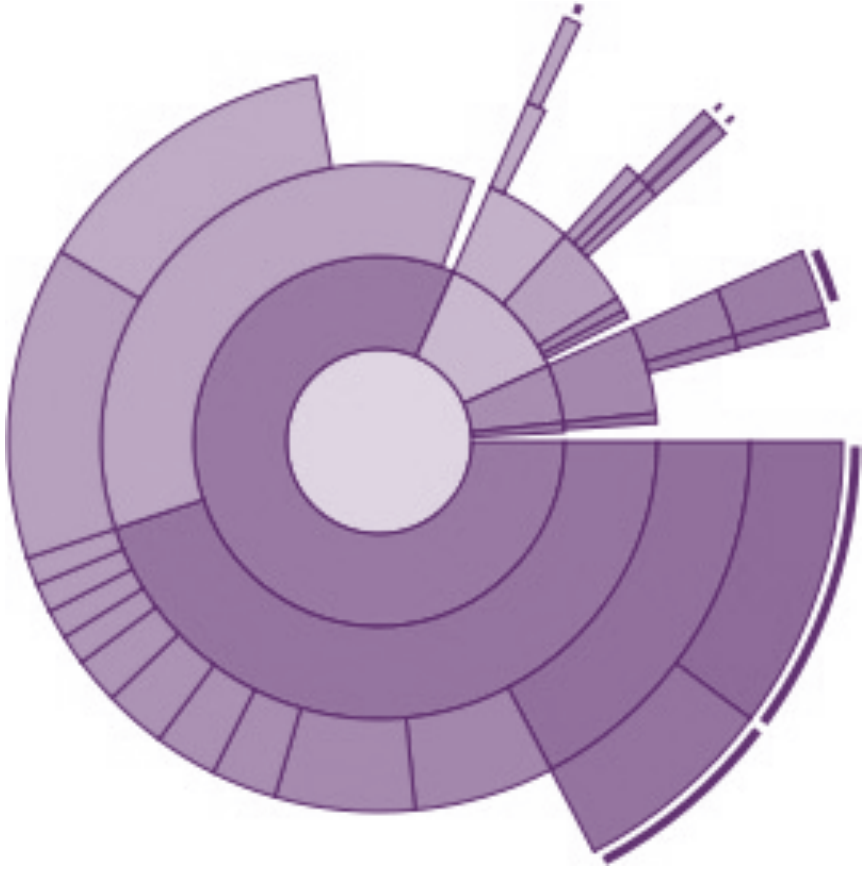

Reporting System Usage

Reporting System Usage

- 121 CCS NICUs (**69 have a HRIF Program**)
  - 23 Regional
  - 84 Community
  - 14 Intermediate
- 69 (100%) HRIF Programs Reporting Online
  - 23 Regional
  - 46 Community
- 52 Referring CCS NICUs
  - 38 Community [32 (86%) reporting online]
  - 14 Intermediate [7 (50%) reporting online]

Total System Users: 599

(2015 = 437)

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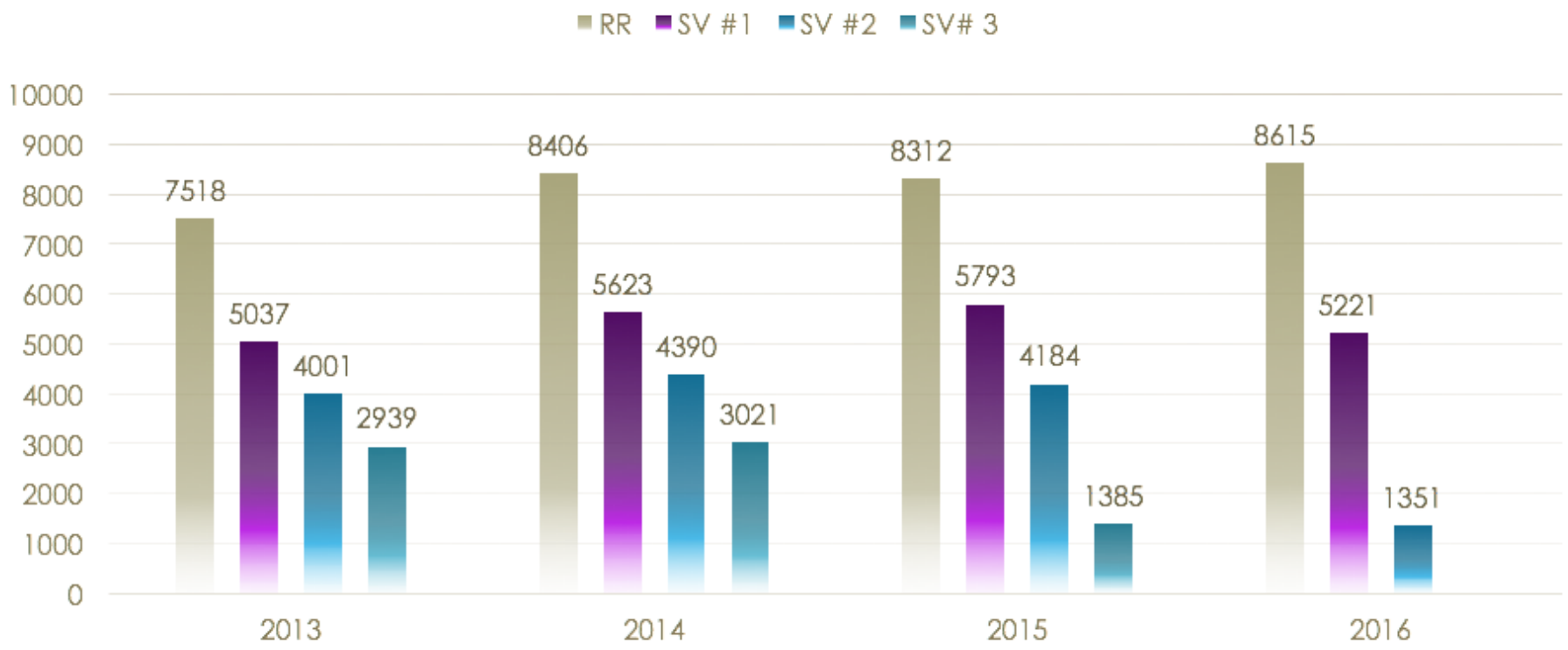
Reporting Submissions



2014 = Implemented the CPQCC HRIF Referral Deliverable **(900+)**

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CPQCC-CCS HRIF Usage Stats

- **Since 2009 to end August 2017:**
  - **~ 64,600 high risk infants** registered statewide!
  - ~88,000 Standard Visits performed
  - ~7,000 Additional Visits performed
- ~50% are VLBW (≤1500 g).
  - **~32,700 of registered/ referred are VLBW**
- **Other:**
  - <28 weeks: ~ 28,000
  - <26 weeks: ~5,200

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CPQCC-CCS HRIF Usage Stats

- **For birth year 2013-** ~ 7,500 high risk infants registered
  - <= 1500 g: ~3,900
  - < 32 weeks: ~4,300
  - < 28 weeks: ~1,400
- **For birth year 2016-** ~ 8,600 high risk infants registered
  - <= 1500 g: ~4,100
  - < 32 weeks: ~4,700
  - < 28 weeks: ~1,400

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Reporting Forms

Referral/Registration (RR) Form

The "RR Form" is completed (except HRIF I.D. Number) by the discharge/referring NICU/Hospital **at time of discharge to home**.
NOTE: Register patients who are alive at the time of discharge to home.

(**11**) Required Fields - **MUST** be entered in order to save online entry screen. Saved entry screens can be recalled at a later date to make necessary updates.

CPQCC Reference Number	Infant's Gender
Date of Birth	Hospital Discharging to Home
Birth Hospital	Date of Discharge to Home
Birth Weight	Birth Mother's Date of Birth
Gestational Age	Medical Eligibility Criteria
Singleton/Multiple	

Print Copy (RR) Form

REFERRAL/REGISTRATION (RR) FORM
HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

*Required Field

HRIF I.D. #_____

HOSPITAL/CENTER INFORMATION (Optional)

Hospital Specific Medical I.D. # ☐☐☐☐☐☐☐☐☐☐

Infant's First Name:

Infant's Last Name:

Infant's AKA-1 Last Name:

Infant's AKA-2 Last Name:

Primary Caregiver's First Name:

Primary Caregiver's Last Name:

Street Address:

City: State/Country: CA Zip Code: ☐☐☐☐☐

Home Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐

Alternate Street Address:

City: State/Country: CA Zip Code: ☐☐☐☐☐

Alternate Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐

PROGRAM REGISTRATION INFORMATION

Infant seen by a CCS-paneled provider or enrolled in a CCS service other than the HRIF Program: ☐ No ☐ Yes ☐ Unknown

CCS # ☐☐☐☐☐☐☐☐ ☐ Infant NOT CPQCC Eligible

*CPQCC Reference # ☐☐☐☐☐☐ - ☐☐☐☐☐☐ (CCS NICU OSHPD Code - CPQCC Network Patient ID#)

*Date of Birth: ☐☐-☐☐-☐☐ ☐☐ (MM-DD-YYYY)

*Birth Hospital:

*Birth Weight: ☐☐☐☐ Grams | *Gestational Age: ☐☐ Weeks ☐ Days (0-6)

*Singleton/Multiple: ☐ Singleton ☐ Multiple: ☐☐ (ex: 2A)

*Infant's Gender: ☐ Male ☐ Female ☐ Unknown | Infant's Ethnicity: ☐ Hispanic /Latino ☐ Non-Hispanic ☐ Unknown ☐ Declined

Infant's Race — check only ONE

☐ Single:
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American (North, South or Central) Indian or Alaskan Native
- ☐ White
- ☐ Other
- ☐ Unknown
- ☐ Declined

☐ Multiracial:

*Hospital Discharging to Home:

Referring CCS NICU:

*Date of Discharge to Home: ☐☐-☐☐-☐☐☐☐ (MM-DD-YYYY) ☐ Infant Still in Hospital

REFERRAL/REGISTRATION (RR) FORM
HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

*Required Field

HRIF I.D. #_____

PROGRAM REGISTRATION INFORMATION - *continue*

*Birth Mother's Date of Birth ☐☐-☐☐-☐☐☐☐ (MM-DD-YYYY) ☐ Unknown

Birth Mother's Ethnicity: ☐ Hispanic /Latino ☐ Non-Hispanic ☐ Unknown ☐ Declined

Birth Mother's Race — check only ONE

☐ Single:
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American (North, South or Central) Indian or Alaskan Native
- ☐ White
- ☐ Other
- ☐ Unknown
- ☐ Declined

☐ Multiracial:

Insurance (Check all that apply)

☐ CCS ☐ Commercial HMO ☐ Commercial PPO ☐ Medi-Cal
☐ Point of Service/EPO ☐ No Insurance/Self Pay ☐ Other ☐ Unknown

Primary Caregiver

☐ Mother ☐ Other Relatives/Not Parents ☐ Foster Family/CPS ☐ Other
☐ Father ☐ Non-Relative ☐ Pediatric Subacute Facility ☐ Unknown
☐ Both Parents ☐ Foster/Adoptive Family

Zip Code of Pediatric Subacute Facility, if Checked: ☐☐☐☐☐

Zip Code of Primary Caregiver Residence: ☐☐☐☐☐

Education of Primary Caregiver
☐ <9th Grade ☐ Some High School ☐ High School Degree/GED ☐ Some College ☐ College Degree ☐ Graduate School or Degree ☐ Other ☐ Unknown ☐ Declined

Caregiver Employment
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Multiple Jobs ☐ Work From Home ☐ Not Currently Employed ☐ Unknown ☐ Declined

Primary Language Spoken at Home (Check only ONE)
☐ English ☐ Armenian ☐ Farsi/Persian ☐ Mandarin ☐ Tagalog ☐ Unknown ☐ Spanish ☐ Cambodian/Khmer ☐ Hmong/Miao ☐ Russian ☐ Vietnamese ☐ Declined ☐ Arabic ☐ Cantonese ☐ Korean ☐ Sign Language ☐ Other

Secondary Language Spoken at Home (Optional – Check only ONE)
☐ N/A ☐ Arabic ☐ Cantonese ☐ Korean ☐ Sign Language ☐ Other ☐ English ☐ Armenian ☐ Farsi/Persian ☐ Mandarin ☐ Tagalog ☐ Unknown ☐ Spanish ☐ Cambodian/Khmer ☐ Hmong/Miao ☐ Russian ☐ Vietnamese ☐ Declined

*MEDICAL ELIGIBILITY PROFILE (Check all that apply)

*Required Section

☐ Birth Weight ≤ 1500 Grams
☐ Gestational age at Birth < 32 Weeks
☐ Persistent Apnea
☐ Seizure Activity / Anti-Seizure Meds
☐ Oxygen > 28 Days and CLD
☐ Neonatal Encephalopathy
☐ INO > 4 Hours for PPHN
☐ ECMO
☐ CHD Requiring Surgery / Intervention:
  - ➢ Was the Norwood or a single ventricle palliation procedure performed? ☐ No ☐ Yes

Persistently Unstable Infant:
☐ Hypoxia
☐ Acidemia
☐ Hypoglycemia
☐ Hypotension Requiring Pressors

Cardiorespiratory Depression:
☐ Apgar Score ≤ 3 at 5 Minutes
☐ Apgar Score < 5 at 10 Minutes
☐ pH < 7.0 on an Umbilical Blood Sample
☐ pH < 7.0 on Blood Gas at < 1 Hour of Age

Intracranial Pathology with Potential for Adverse Neurologic Outcome:
☐ Intracranial Hemorrhage
☐ PVL
☐ Cerebral Thrombosis
☐ Cerebral Infarction
☐ Developmental CNS Abnormality
☐ Other

Other Problems that Could Result in Neurologic Abnormality:
☐ CNS Infection
☐ Documented Sepsis
☐ Bilirubin
☐ Cardiovascular Instability
☐ HIE
☐ Other

RR Form Entry

Form Sections Hospital/Center Information (optional); Program Registration Information and Medical Eligibility Profile

This Form is Closed checkbox serves as an electronic signature confirmation (validation system) that all available data has been entered.

Unable to Complete Form checkbox, should ONLY be used for the specific scenarios:

- Infant expired prior initial core visit - disposition: closed
- Parents refused follow-up services – disposition: closed
- Lost to follow (unable to contact the family after multiple attempts) - disposition: closed

NOTE: A "CNSD Form" should be submitted for the above case scenarios.

Online Entry (RR) Form

HOSPITAL/CENTER INFORMATION (Optional)

Hospital Specific Medical I.D. #
Infant's First Name
Infant's Last Name
Infant's AKA-1 Last Name
Infant's AKA-2 Last Name
Primary Caregiver's First Name
Primary Caregiver's Last Name
Street Address
City
State/Country: California - United States
Zip Code
Home Phone Number
Alternate Street Address
Alternate City
Alternate State/Country: California - United States
Alternate Zip Code
Alternate Phone Number

PROGRAM REGISTRATION INFORMATION

CCS #
Infant NOT CPQCC Eligible
*CPQCC Reference # - (CCS NICU OSHPD Code - CPQCC Network Patient ID#)
*Date of Birth (MM/DD/YYYY)
*Birth Hospital
*Birth Weight (grams)
*Gestational Age weeks days(0-6)
*Singleton/Multiple
*Infant's Gender
Infant's Ethnicity
Infant's Race - Select the race that appears first in the hierarchy -
*Hospital Discharging to Home
Referring CCS NICU
*Date of Discharge to Home (MM/DD/YYYY)
Infant Still in Hospital
*Birth Mother's Date of Birth (MM/DD/YYYY) Unknown
Birth Mother's Ethnicity
Birth Mother's Race - Select the race that appears first in the hierarchy -

Insurance (Check all that apply)

- CCS
- Commercial HMO
- Commercial PPO
- Medi-Cal
- Point of Service/EPO
- No Insurance/Self Pay
- Other
- Unknown

Primary Caregiver

Primary Caregiver
Zip Code of Pediatric Subacute Facility: N/A
Zip Code of Primary Caregiver Residence
Education
Employment
Primary Language Spoken at Home
Secondary Language Spoken at Home: N/A

*MEDICAL ELIGIBILITY PROFILE (Check all that apply)

- Birth Weight ≤ 1500 Grams
- Gestational Age at Birth < 32 weeks
- Persistent Apnea
- Seizure Activity / Anti Seizure Meds
- Oxygen > 28 Days and CLD
- Neonatal Encephalopathy
- INO > 4 Hours for PPHN
- ECMO

Persistently Unstable Infant

- Hypoxia
- Acidemia
- Hypoglycemia
- Hypotension Requiring Pressors

Cardiorespiratory Depression

- Apgar Score ≤ 3 at 5 Minutes
- Apgar Score < 5 at 10 Minutes
- pH < 7.0 on an Umbilical Blood Sample
- pH < 7.0 on Blood Gas at < 1 Hour of Age

Intracranial Pathology with Potential for Adverse Neurologic Outcome

- Intracranial Hemorrhage
- PVL
- Cerebral Thrombosis
- Cerebral Infarction
- Developmental CNS Abnormality
- Other

Other Problems that Could Result in Neurologic Abnormality

- CNS Infection
- Documented Sepsis
- Bilirubin
- Cardiovascular Instability
- HIE
- Other

Unable to Complete Form

2018 RR Form Changes

- New Item = **"Infant enrolled in a CCS clinic other than the HRIF Program"**
  - Check **"No"** if the infant/child is not enrolled in a CCS clinic.
  - Check **"Yes"** if the infant/child is enrolled in a CCS clinic other than the HRIF Program.
    - Other CCS clinics include:
      - Medical Therapy Program (http://www.dhcs.ca.gov/services/ccs/Pages/MTP.aspx)
      - Special Care Centers (other than HRIF) (http://www.dhcs.ca.gov/services/ccs/scc/Pages/SCCType.aspx)
  - Check **"Unknown"** if the information can not be obtained.

2018 RR Form Changes

REFERRAL/REGISTRATION (RR) FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

PROGRAM REGISTRATION INFORMATION			
Infant enrolled in a CCS clinic other than the HRIF Program:	☐ No	☐ Yes	☐ Unknown
CCS # ☐☐☐☐☐☐☐☐		☐ **Infant NOT CPQCC Eligible**	
***CPQCC Reference #** ☐☐☐☐☐☐ - ☐☐☐☐☐ *(CCS NICU OSHPD Code - CPQCC Network Patient ID#)*			
***Date of Birth:** ☐☐-☐☐-☐☐ ☐☐ (MM-DD-YYYY)			

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2018 RR Form Changes

- New Item = ***"Was the Norwood or a single ventricle palliation procedure performed?"***
  - If the patient met the HRIF Medical Criteria for "CHD Requiring Surgery / Interventions" indicate if the Norwood procedure or a single ventricle palliation for hypoplastic left ventricle or hypoplastic right ventricle was performed.
    - Check "**No**" if the Norwood or a single ventricle palliation procedure was not performed.
    - Check "**Yes**" if the Norwood or a single ventricle palliation procedure was performed.
    - Check "**Unknown**" if this information could not be obtained.

2018 RR Form Changes

*MEDICAL ELIGIBILITY PROFILE (Check all that apply)

*Required Section

- ☐ Birth Weight ≤ 1500 Grams
- ☐ Gestational age at Birth < 32 Weeks
- ☐ Persistent Apnea
- ☐ Seizure Activity / Anti-Seizure Meds
- ☐ Oxygen > 28 Days and CLD
- ☐ Neonatal Encephalopathy
- ☐ INO > 4 Hours for PPHN
- ☐ ECMO
- ☐ CHD Requiring Surgery / Intervention:
  - ➢ Was the Norwood or a single ventricle palliation procedure performed? ☐ No ☐ Yes

Persistently Unstable Infant:

- ☐ Hypoxia
- ☐ Acidemia
- ☐ Hypoglycemia
- ☐ Hypotension Requiring Pressors

Cardiorespiratory Depression:

- ☐ Apgar Score ≤ 3 at 5 Minutes
- ☐ Apgar Score < 5 at 10 Minutes
- ☐ pH < 7.0 on an Umbilical Blood Sample
- ☐ pH < 7.0 on Blood Gas at < 1 Hour of Age

Intracranial Pathology with Potential for Adverse Neurologic Outcome:

- ☐ Intracranial Hemorrhage
- ☐ PVL
- ☐ Cerebral Thrombosis
- ☐ Cerebral Infarction
- ☐ Developmental CNS Abnormality
- ☐ Other

Other Problems that Could Result in Neurologic Abnormality:

- ☐ CNS Infection
- ☐ Documented Sepsis
- ☐ Bilirubin
- ☐ Cardiovascular Instability
- ☐ HIE
- ☐ Other

Standard Visit (SV) Form

The HRIF Program has 3 core visits that take place during the following time periods:

Visit #1 (4 - 8 mos)

Visit #2 (12 - 16 mos)

Visit #3 (18- 36 mos)

NOTE: The time frames for the core visits are only recommendations and guidelines that were decided by the HRIF-QCI Executive Committee.

During the third and final core visit (18-36 months) a developmental test, such as a Bayley III Scales of Infant and Toddler Development, **must** be performed and reported. It is highly recommended that an Autism Spectrum Screening tool such as the MCHAT be performed between 16-30 months of age.

Form Sections Visit Assessment; Patient Assessment; General Assessment; Interval Medical Assessment; Medical Services; Neurosensory Assessment; Neurologic Assessment; Cerebral Palsy; Developmental Assessment; Autism Spectrum Screen (optional); Early Start; Medical Therapy Program; Special Services Assessment; Social Concerns and Resources; Child Protective Services; Other Medical Conditions and Disposition

Print Copy (SV) Form

STANDARD VISIT (SV) FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

NAME:_____ (Last, First) HRIF I.D. #_____

*Required Field

*Date of Visit: ☐☐-☐☐-☐☐☐☐ (MM-DD-YYYY)

VISIT ASSESSMENT

*Core Visit (1) ☐ #1 (4-8 months) ☐ #2 (12-16 months) ☐ #3 (18-36 months)

Infant seen by a CCS-paneled provider or enrolled in a CCS service other than the HRIF Program: ☐ No ☐ Yes ☐ Unknown

Zip Code of Primary Caregiver: ☐☐☐☐☐

Chronological Age: ☐☐ Months ☐☐ Days | Adjusted Age: ☐☐ Months ☐☐ Days

Interpreter Used

☐ No

☐ Yes: ☐ Spanish ☐ Arabic ☐ Armenian ☐ Cambodian/Khmer ☐ Cantonese ☐ Farsi/Persian ☐ Hmong/Miao ☐ Korean ☐ Mandarin ☐ Russian ☐ Sign Language ☐ Tagalog ☐ Vietnamese ☐ Other ☐ Unknown ☐ Declined

Insurance (Check all that apply)

☐ CCS ☐ Commercial HMO ☐ Commercial PPO ☐ Medi-Cal ☐ Point of Service/EPO ☐ No Insurance/Self Pay ☐ Other ☐ Unknown

PATIENT ASSESSMENT

Weight	Length	Head Circumference
☐☐.☐☐ (kg) or ☐☐ (lbs) ☐☐ (oz)	☐☐☐.☐ (cm) or ☐☐.☐☐ (in)	☐☐☐.☐ (cm) or ☐☐.☐☐ (in)
Reason NOT Collected: ☐ Not Routinely Done ☐ Unable to Obtain ☐ Other	Reason NOT Collected: ☐ Not Routinely Done ☐ Unable to Obtain ☐ Other	Reason NOT Collected: ☐ Not Routinely Done ☐ Unable to Obtain ☐ Other

GENERAL ASSESSMENT

Is the Child Currently Receiving Breastmilk? ☐ Exclusively ☐ Some ☐ None

Living Arrangement of the Child ☐ Both Parents ☐ One Parent ☐ One Parent/Other Relatives ☐ Other Relatives/Not Parents ☐ Non Relative ☐ Foster/Adoptive Family ☐ Foster Family/CPS ☐ Pediatric Subacute Facility ☐ Other ☐ Unknown

Education of Primary Caregiver ☐ <9th Grade ☐ Some College ☐ Other ☐ Some High School ☐ College Degree ☐ Unknown ☐ High School Degree/GED ☐ Graduate School or Degree ☐ Declined

Caregiver Employment ☐ Full-Time ☐ Multiple Jobs ☐ Unknown ☐ Part-Time ☐ Work From Home ☐ Declined ☐ Temporary ☐ Not Currently Employed

Routine Child Care ☐ None ☐ Yes ☐ Unknown

If Yes, Check all that apply: ☐ Child Care Outside of Home ☐ Home Babysitter/Nanny ☐ Not Used Routinely ☐ Specialized Medical Setting ☐ Other

Caregiver Concerns of the Child ☐ None ☐ Yes ☐ Unknown

If Yes, Check all that apply: ☐ Behavioral ☐ Calming/Crying ☐ Feeding & Growth ☐ Frequent Illness ☐ Gastrointestinal/Stooling/Spitting-up ☐ Hearing ☐ Medications ☐ Motor Skills, Movement ☐ Pain ☐ Sensory Processing ☐ Speech & Language ☐ Stress ☐ Sleeping/Napping ☐ Vision ☐ Other

(1) Core Visits: The HRIF Program has three core visits that take place during the following recommended time periods: **Visit #1** (4-8 months), **Visit #2** (12-16 months) and **Visit #3** (18-36 months). **NOTE:** Core Visit #1 is the initial first visit to the follow-up program, even if the patient is older than 8 months corrected age, *HRIF-QCI: Manual of Definitions.*

STANDARD VISIT (SV) FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

NAME:_____ (Last, First) HRIF I.D. #_____

INTERVAL MEDICAL ASSESSMENT

Does the Child have a Primary Care Provider? ☐ No ☐ Yes ☐ Unknown

Does the Primary Care Provider Act as the Child's Medical Home? ☐ No ☐ Yes ☐ Unknown

Hospitalizations Since Last Visit

☐ No ☐ Yes: ☐☐ Number of Hospitalizations ☐ Unknown

If Yes, Check all that apply

Hospitalization Reasons	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Gastrointestinal Infection(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Meningitis Infection(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nutrition/Inadequate Growth	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Respiratory Illness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Seizure Disorder(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Urinary Tract Infection(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other Infection(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other Medical Rehospitalization(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Having Surgeries During Hospitalization	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Surgeries Since Last Visit

☐ No ☐ Yes: ☐☐ Number of Surgeries ☐ Unknown

If Yes, Check all that apply

☐ Cardiac Surgery ☐ Circumcision ☐ Gastrostomy Tube Placement ☐ Inguinal Hernia Repair ☐ Retinopathy of Prematurity ☐ Shunt/Shunt Revision ☐ Tracheostomy ☐ Tympanostomy Tubes ☐ Other ENT Surgical Procedures ☐ Other Gastrointestinal Surgical Procedures ☐ Other Genitourinary Surgical Procedures ☐ Other Neurosurgical Procedures ☐ Other Surgical Procedures ☐ Unknown

Medications Since Last Visit

☐ No ☐ Yes ☐ Unknown

If Yes, Check all that apply

☐ Actigall ☐ Anti Reflux Medication ☐ Anti Seizure Medication ☐ Antibiotics/Antifungal ☐ Antihypertensive ☐ Caffeine ☐ Cardiac Medications ☐ Chest Physiotherapy (daily) ☐ Chest Physiotherapy (inter.) ☐ Diuretics ☐ Inhaled Bronchodilators (daily) ☐ Inhaled Bronchodilators (inter.) ☐ Inhaled Steroids (daily) ☐ Inhaled Steroids (inter.)

☐ Nutrition Supplements (make selection): ☐ Enteral Nutrition ☐ Dietary Supplements

☐ Oral Steroids

☐ Oxygen (If discontinued also enter chronologic post-natal age: _____ months _____ days)

☐ Viagra (Pulmonary Hypertension) ☐ Synagis/Palivizumab ☐ Other

☐ Unknown

Print Copy (SV) Form

STANDARD VISIT (SV) FORM
HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

NAME:_____ (Last, First) HRIF I.D. #_____

EARLY START (ES) PROGRAM

Is the Child Currently Receiving Early Intervention Services Through Early Start (Regional Center and/or LEA)? *(check only one)*

☐ **Yes** ☐ No, **Referred at Visit** ☐ No, **Referral Failure** ☐ No, **Re-Referred**
☐ No, **Pending Services** ☐ No, **Parent Refused Service** ☐ No, **Determine Ineligible by ES** ☐ **Unknown**

MEDICAL THERAPY PROGRAM (MTP)

Is the Child Currently Receiving Services Through CCS Medical Therapy Program (MTP)? *(check only one)*

☐ **Yes** ☐ No, **Referred at Visit** ☐ No, **Referral Failure** ☐ No, **Re-Referred**
☐ No, **Pending Services** ☐ No, **Parent Refused Service** ☐ No, **Determine Ineligible by MTP** ☐ **Unknown**

SPECIAL SERVICES REVIEW

Is the Child Receiving or Being Referred for Special Services?

☐ **No** (Skip to **Resources and Social Concerns**) ☐ **Yes** (Complete below) ☐ **Unknown**

Behavior Intervention

☐ **Does Not Need** ☐ **Receiving** ☐ **Complete** ☐ **Referred at Time of Visit**

Referred, but Not Receiving (check reason)
☐ Missed Appointment ☐ Re-Referred ☐ Service Not Available ☐ Parent Declined/Refused Service ☐ Waiting List / Visit Pending ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason

Service Provider:
☐ Early Intervention Specialist ☐ Licensed Clinical Social Worker ☐ Psychologist ☐ Other ☐ Unknown

Feeding Therapy

☐ **Does Not Need** ☐ **Receiving** ☐ **Complete** ☐ **Referred at Time of Visit**

Referred, but Not Receiving (check reason)
☐ Missed Appointment ☐ Re-Referred ☐ Service Not Available ☐ Parent Declined/Refused Service ☐ Waiting List / Visit Pending ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason

Service Provider:
☐ Early Intervention Specialist ☐ Occupational Therapist ☐ Registered Dietitian ☐ Other ☐ Certified Lactation Consultant ☐ Physical Therapist ☐ Registered Nurse ☐ Unknown ☐ Home Health Agency ☐ Public Health Nurse ☐ Speech/Language Pathologist

Infant Development Services

☐ **Does Not Need** ☐ **Receiving** ☐ **Complete** ☐ **Referred at Time of Visit**

Referred, but Not Receiving (check reason)
☐ Missed Appointment ☐ Re-Referred ☐ Service Not Available ☐ Parent Declined/Refused Service ☐ Waiting List / Visit Pending ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason

Service Provider:
☐ Early Intervention Specialist ☐ Physical Therapist ☐ MSW ☐ Unknown ☐ Licensed Clinical Social Worker ☐ Psychologist ☐ Speech/Language Pathologist ☐ Occupational Therapist ☐ Registered Nurse ☐ Other

Hearing Services

☐ **Does Not Need** ☐ **Receiving** ☐ **Complete** ☐ **Referred at Time of Visit**

Referred, but Not Receiving (check reason)
☐ Missed Appointment ☐ Re-Referred ☐ Service Not Available ☐ Parent Declined/Refused Service ☐ Waiting List / Visit Pending ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason

Service Provider:
☐ Audiologist ☐ Speech/Language Pathologist ☐ Unknown ☐ Early Intervention Specialist ☐ Teacher of the Deaf ☐ ENT ☐ Other

Nutritional Therapy

☐ **Does Not Need** ☐ **Receiving** ☐ **Complete** ☐ **Referred at Time of Visit**

Referred, but Not Receiving (check reason)
☐ Missed Appointment ☐ Re-Referred ☐ Service Not Available ☐ Parent Declined/Refused Service ☐ Waiting List / Visit Pending ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason

Service Provider:
☐ Certified Lactation Consultant ☐ Registered Dietitian ☐ Unknown ☐ Public Health Nurse ☐ Registered Nurse ☐ Physician ☐ Other

STANDARD VISIT (SV) FORM
HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

NAME:_____ (Last, First) HRIF I.D. #_____

*Required Field

SOCIAL CONCERNS AND RESOURCES

Caregiver-Child Disruptions or Concerns *Single parent, divorce, prolonged separation (incarceration, military service) multiple changes in caregivers/daycare, caregiver chronic illness*	☐ No	☐ Yes, Referral Not Necessary ☐ Yes, Referred to Social Worker ☐ Yes, Referred to Other Community Resources
Economic/Environmental Concerns/Stressors *Housing insecurity, lack of resources-$$, insurance (or high co-pay), lack of reliable transportation for medical needs*	☐ No	☐ Yes, Referral Not Necessary ☐ Yes, Referred to Social Worker ☐ Yes, Referred to Other Community Resources
Community & Relationship Concerns *Emotional support from family/friends, supportive and safe intimate relationship, safe neighborhood, and resources for needs*	☐ No	☐ Yes, Referral Not Necessary ☐ Yes, Referred to Social Worker ☐ Yes, Referred to Other Community Resources
Parent-Child Concerns *Feeding & growth, calming, behavior, sleep, other*	☐ No	☐ Yes, Referral Not Necessary ☐ Yes, Referred to Social Worker ☐ Yes, Referred to Other Community Resources

CHILD PROTECTIVE SERVICES (CPS)

Is a Child Protective Services Case Currently Opened?

☐ **No** ☐ **Yes** ☐ **Referred at Time of Visit**

Other Medical Conditions

Were there Additional Medical Conditions Identified that may Impact the Child's Outcome?
(check all that apply, provide description of diagnosis)

☐ **Cardiovascular and Circulatory:**
☐ **Endocrine and Metabolic:**
☐ **Eye, Ear, Nose:**
☐ **Gastrointestinal and Hepatobiliary:**
☐ **Genetic:**
☐ **Hematologic, Immunologic, or Oncologic/Neoplasm:**
☐ **Infectious Diseases:**
☐ **Injuries, Accident, Poisoning:**
☐ **Renal and Genitourinary Tract:**
☐ **Respiratory System:**
☐ **Nervous System:**
☐ **Other:**

*DISPOSITION *(Required Field)*

☐ Scheduled to Return ☐ Will be Followed by Another CCS HRIF Program (1)
☐ Completed HRIF Core Visits, Scheduled to Return

DISCHARGED:

☐ Graduated ☐ Closed Out of Program
☐ Family Moving Out of State/Country ☐ Family Withdrew Prior To Completion
☐ Will be Followed Elsewhere ☐ Completed HRIF Core Visits, Referred for Additional Resources

(1) Submit a Help Ticket at: https://www.cpqccsupport.org/, (Help Topic: **"HRIF Topic"**) requesting to transfer a patient record to another CCS HRIF Program. Include in the ticket request the patient's ***"HRIF ID Number", "Date of Birth"*** and the ***"CCS HRIF Program, where the patient will be transferred for follow-up services"***.

SV Form Submissions

(**5**) Required Fields - **MUST** be entered in order to save online entry screen. Saved entry screens can be recalled at a later date to make necessary updates.

Date of Visit	Development Assessment
Core Visit (auto)	Disposition
Neurologic Exam	

This Form is Closed checkbox serves as an electronic signature confirmation (validation system) that all available data has been entered.

Core Visit system automatically code SV based on visit date and patient's adjusted age parameters *(Submit a help ticket to add or update SV)*:

SV #1: must be >= 2 months
SV #2: must have SV #1 and >= 7 months
SV #3: must have SV #1, #2 and >= 16 months

Online Entry (SV) Form

*Date of Visit (MM/DD/YYYY)

VISIT ASSESSMENT

*Core Visit
Core Visit is based on Adjusted Age

Zip Code of Primary Caregiver 93307 (will be updated in the Referral/Registration form)

Interpreter Used ○ No ○ Yes Language

Insurance (Check all that apply)

- ☐ CCS
- ☐ Commercial HMO
- ☐ Commercial PPO
- ☐ Medi-Cal
- ☐ Point of Service/EPO
- ☐ No Insurance/Self Pay
- ☐ Other
- ☐ Unknown

PATIENT ASSESSMENT

Weight (kg) or (lbs) (oz) or ☐ Not Collected

Length (cm) or (in) or ☐ Not Collected

Head Circumference (cm) or (in) or ☐ Not Collected

GENERAL ASSESSMENT

Is the Child Currently Receiving Breastmilk? ○ Exclusively ○ Some ○ None

Living Arrangement of the Child

Education of Primary Caregiver

Caregiver Employment

Routine Child Care ○ None ○ Yes ○ Unknown

- ☐ Child Care Outside of Home
- ☐ Home Babysitter/Nanny
- ☐ Not Used Routinely
- ☐ Specialized Medical Setting
- ☐ Other

Caregiver Concerns of the Child ○ None ○ Yes ○ Unknown

- ☐ Behavioral
- ☐ Calming/Crying
- ☐ Feeding & Growth
- ☐ Frequent Illness
- ☐ Gastrointestinal/Stooling/Spitting-up
- ☐ Hearing
- ☐ Medications
- ☐ Motor Skills, Movement
- ☐ Pain
- ☐ Sensory Processing
- ☐ Speech & Language
- ☐ Stress
- ☐ Sleeping/Napping
- ☐ Vision
- ☐ Other

INTERVAL MEDICAL ASSESSMENT

MEDICAL SERVICES REVIEW

NEUROSENSORY ASSESSMENT

NEUROLOGIC ASSESSMENT

CEREBRAL PALSY (CP) Available when adjusted age >= 18 months (Adjusted Age = Not Available months)

Does the Child Have Cerebral Palsy (CP)? ○ No ○ Yes ○ Suspect ○ Unable to Determine

Gross Motor Function Classification System (GMFCS)

DEVELOPMENTAL CORE VISIT ASSESSMENT (Adjusted Age = Not Available months)

* Was a Developmental Assessment Screener or Test Performed during this Visit? ○ No ○ Yes

Reason Why Assessment NOT Performed

Date Performed (MM/DD/YYYY) ☐ Same as Date of Visit

Developmental Assessment Screeners

Developmental Assessment Screener Used ○ BINS ○ BDIST ○ Bayley-III Screener ○ CAT-CLAMS ○ Other/Not Listed ○ Clear All

Developmental Assessment Test

Developmental Assessment Test Used ○ (Bayley III) Hardcopy ○ (Bayley III) Computer ○ BDI-2 ○ Gesell ○ Mullen ○ Other/Not Listed ○ Clear All

AUTISM SPECTRUM SCREEN (Optional) Available when adjusted age >= 16 months (Adjusted Age = Not Available months)

EARLY START (ES) PROGRAM

MEDICAL THERAPY PROGRAM (MTP)

SPECIAL SERVICES REVIEW

SOCIAL CONCERNS AND RESOURCES

CHILD PROTECTIVE SERVICES (CPS)

2018 SV Form Changes

- New Item = **"Infant enrolled in a CCS clinic other than the HRIF Program"**
  - Check **"No"** if the infant/child is not enrolled in a CCS clinic.
  - Check **"Yes"** if the infant/child is enrolled in a CCS clinic other than the HRIF Program.
    - Other CCS clinics include:
      - Medical Therapy Program (http://www.dhcs.ca.gov/services/ccs/Pages/MTP.aspx)
      - Special Care Centers (other than HRIF) (http://www.dhcs.ca.gov/services/ccs/scc/Pages/SCCType.aspx)
  - Check **"Unknown"** if the information can not be obtained.

2018 SV Form Changes

STANDARD VISIT (SV) FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

NAME:_____ (Last, First) **HRIF I.D. #**_____

**Required Field*

***Date of Visit:** ☐☐-☐☐-☐☐☐☐ (MM-DD-YYYY)

VISIT ASSESSMENT			
***Core Visit** (1)	☐ #1 (4-8 months)	☐ #2 (12-16 months)	☐ #3 (18-36 months)
Infant enrolled in a CCS clinic other than the HRIF Program:	☐ No	☐ Yes	☐ Unknown
Zip Code of Primary Caregiver: ☐☐☐☐☐			
Chronological Age: ☐☐ Months ☐☐ Days	**Adjusted Age:** ☐☐ Months ☐☐ Days		

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2018 SV Form Changes

- Section Update = ***"Early Start Program"*** and ***"Medical Therapy Program"***
  - Is the child "***Currently***" receiving early intervention services….?
  - Check only one option
  - 2 new choices: **"No, Re-Referred"** and **"No, Pending Services"**
    - **No, Re-Referred** = initially referred did not receive, now referred for services
    - **No, Pending Services** = referred, but pending an appointment

2018 SV Form Changes

STANDARD VISIT (SV) FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

NAME:_____ (Last, First) **HRIF I.D. #**_____

EARLY START (ES) PROGRAM

Is the Child Currently Receiving Early Intervention Services Through Early Start (Regional Center and/or LEA)? *(check only one)*

☐ **Yes**	☐ No, **Referred at Visit**	☐ No, **Referral Failure**	☐ No, **Re-Referred**
☐ No, **Pending Services**	☐ No, **Parent Refused Service**	☐ No, **Determine Ineligible by ES**	☐ **Unknown**

MEDICAL THERAPY PROGRAM (MTP)

Is the Child Currently Receiving Services Through CCS Medical Therapy Program (MTP)? *(check only one)*

☐ **Yes**	☐ No, **Referred at Visit**	☐ No, **Referral Failure**	☐ No, **Re-Referred**
☐ No, **Pending Services**	☐ No, **Parent Refused Service**	☐ No, **Determine Ineligible by MTP**	☐ **Unknown**

2018 SV Form Changes

- Special Services section
  - ***"Visit Pending"*** added to "Referred, but Not Receiving – Waiting List" reason

SPECIAL SERVICES REVIEW

Is the Child Receiving or Being Referred for Special Services?

☐ **No** (Skip to **Resources and Social Concerns**) ☐ **Yes** (Complete below) ☐ **Unknown**

Behavior Intervention	☐ **Does Not Need** ☐ **Receiving** ☐ **Complete** ☐ **Referred at Time of Visit**	**Referred, but Not Receiving** (check reason) ☐ Missed Appointment ☐ Re-Referred ☐ Service Not Available ☐ Parent Declined/Refused Service	☐ Waiting List / Visit Pending ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason
	Service Provider: ☐ Early Intervention Specialist ☐ Other	☐ Licensed Clinical Social Worker ☐ Unknown	☐ Psychologist
Feeding Therapy	☐ **Does Not Need** ☐ **Receiving** ☐ **Complete** ☐ **Referred at Time of Visit**	**Referred, but Not Receiving** (check reason) ☐ Missed Appointment ☐ Re-Referred ☐ Service Not Available ☐ Parent Declined/Refused Service	☐ Waiting List / Visit Pending ☐ Insurance/HMO Denied ☐ Service Cancelled ☐ Other/Unknown Reason
	Service Provider: ☐ Early Intervention Specialist ☐ Occupational Therapist ☐ Registered Dietitian ☐ Other	☐ Certified Lactation Consultant ☐ Physical Therapist ☐ Registered Nurse ☐ Unknown	☐ Home Health Agency ☐ Public Health Nurse ☐ Speech/Language Pathologist

2018 SV Form Changes

- New section = ***"Other Medical Conditions" - Were there Additional Medical Conditions Identified that may impact the Child's Outcome?***
  - By including categories and text field for specificity, we hope to identify other diagnoses and disorders that may impact outcomes and resource utilization above and beyond the initial HRIF eligibility criteria-related diagnoses.

2018 SV Form Changes

Other Medical Conditions
Were there Additional Medical Conditions Identified that may Impact the Child's Outcome? (check all that apply, provide description of diagnosis)
☐ **Cardiovascular and Circulatory:**
☐ **Endocrine and Metabolic:**
☐ **Eye, Ear, Nose:**
☐ **Gastrointestinal and Hepatobiliary:**
☐ **Genetic:**
☐ **Hematologic, Immunologic, or Oncologic/Neoplasm:**
☐ **Infectious Diseases:**
☐ **Injuries, Accident, Poisoning:**
☐ **Renal and Genitourinary Tract:**
☐ **Respiratory System:**
☐ **Nervous System:**
☐ **Other:**

*DISPOSITION *(Required Field)*	
☐ Scheduled to Return	☐ Will be Followed by Another CCS HRIF Program (1)
☐ Completed HRIF Core Visits, Scheduled to Return	
DISCHARGED:	
☐ Graduated	☐ Closed Out of Program
☐ Family Moving Out of State/Country	☐ Family Withdrew Prior To Completion
☐ Will be Followed Elsewhere	☐ Completed HRIF Core Visits, Referred for Additional Resources

Additional Visit (AV) Form

If an infant requires additional visits for further assessment, an "AV Form" must be completed. Additional visits may occur before, between and/or after the recommended time frames for standard visits.

This form only captures the date, reason (Social Risk, Case Management, Concerns with Neuro/Developmental Course or Other) and disposition for the additional visit.

NOTE: All fields are required in order to save online entry screen. Saved entry screens can be recalled at a later date to make necessary updates.

Form Sections Reason for Additional Visit; Disposition and Hospital/Center Information (optional)

This Form is Closed checkbox serves as an electronic signature confirmation (validation system) that all available data has been entered.

Print Copy (AV) Form

ADDITIONAL VISIT (AV) FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

NAME:_____ (Last, First) **HRIF I.D.#** _____

**Required Field*

***DATE OF ADDITIONAL VISIT:** ☐☐/☐☐/☐☐☐☐ (MM/DD/YYYY)

REASON FOR ADDITIONAL VISIT *(Required Field)

- ☐ Social Risk
- ☐ Case Management
- ☐ Concern With Neuro/Developmental Course
- ☐ Other: _____

DISPOSITION *(Required Field)

- ☐ Scheduled To Return
- ☐ Will Be Followed by Another CCS HRIF Program (1)

DISCHARGED:

- ☐ Graduated
- ☐ Closed Out of Program
- ☐ Family Moving Out of State/Country
- ☐ Family Withdrew Prior To Completion
- ☐ Will be Followed Elsewhere
- ☐ Completed HRIF Core Visits, Referred For Additional Resources

HOSPITAL/CENTER INFORMATION (Optional)

Hospital Specific Medical I.D. # ☐☐☐☐☐☐☐☐☐☐

Infant's First Name:

Infant's Last Name:

Infant's AKA-1 Last Name:

Infant's AKA-2 Last Name:

Primary Caregiver's First Name:

Primary Caregiver's Last Name:

Street Address:

City: **State:** CA **Zip Code:** ☐☐☐☐☐

Home Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐

Alternate Street Address:

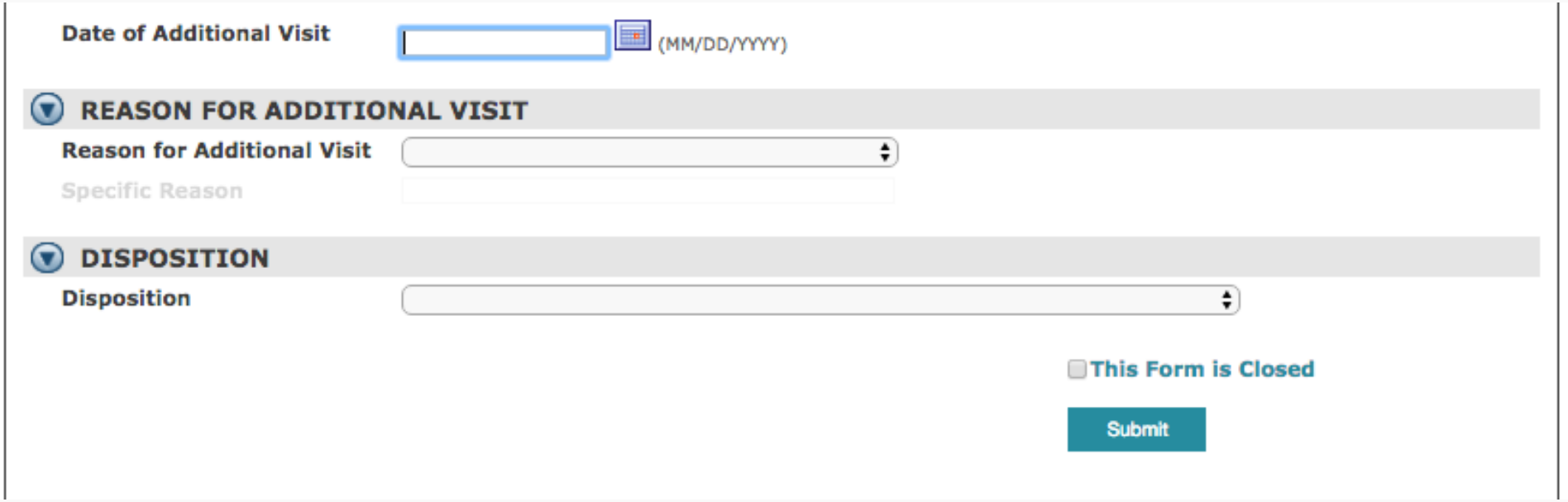
Alternate City: **State:** CA **Zip Code:** ☐☐☐☐☐

Alternate Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐

(1) Complete the Transfer Patient Records Process for patient's who will be followed by another CCS HRIF Program.

HRIF-QCI: Manual of Definitions – Release 01.16, Chapter 4: Web-Based Reporting System Review.

Online Entry (AV) Form



Client Not Seen Discharge (CNSD) Form

Should be used for the following case scenarios:

1. Infant referred to your HRIF Program, but your staff was unable to contact the infant's parent (primary caregiver) to establish an initial core visit after multiple (3-5) attempts.
2. **No Show:** parent (primary caregiver) reschedule (less than 24 hours) or does not show for a scheduled core visit.
3. Infant eligible for HRIF Program, but parent (primary caregiver) declines service.
4. Infant expired prior to core visit, family relocated, insurance denial, etc.
5. Infant transferred/referred to another HRIF Program for follow-up services.

This form captures only the date, category, reason and disposition for the client not seen visit.

Form Sections Category; Reason for Client Not Seen/Discharged; Disposition and Hospital/Center Information (optional)

Print Copy (CNSD) Form

CLIENT NOT SEEN/DISCHARGE (CNSD) FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

NAME:_____ (Last, First) **HRIF I.D.#** _____

**Required Field*

***DATE CLIENT NOT SEEN/DISCHARGE:** ☐☐/☐☐/☐☐☐☐ (MM/DD/YYYY)

CATEGORY *(Required Field)

☐ No Appointment Scheduled	☐ Core Visit Appointment Scheduled	☐ Discharged

REASON FOR CLIENT NOT SEEN / DISCHARGE *(Required Field)

☐ Infant Illness	☐ Parent Declines Due to Cost
☐ Infant Hospitalized	☐ Insurance Authorization Problems
☐ Infant Referred to Another HRIF Program	☐ CCS Denied
☐ Infant/Family Moved Within California	☐ Lack of Transportation
☐ Infant/Family Moved Out of State	☐ Lost to Follow-up
☐ Infant Expired	☐ Unable to Contact
☐ Parent Illness	☐ Other: _____
☐ Parent Refused	
☐ Parent Competing Priorities	☐ No Show/Reason Unknown

DISPOSITION *(Required Field)

☐ Scheduled Appointment ☐ Will Schedule Appointment ☐ Will Be Followed by Another CCS HRIF Program (1)

DISCHARGED: ☐ Family Moving Out of State/Country ☐ Will be Followed Elsewhere ☐ Closed Out of Program

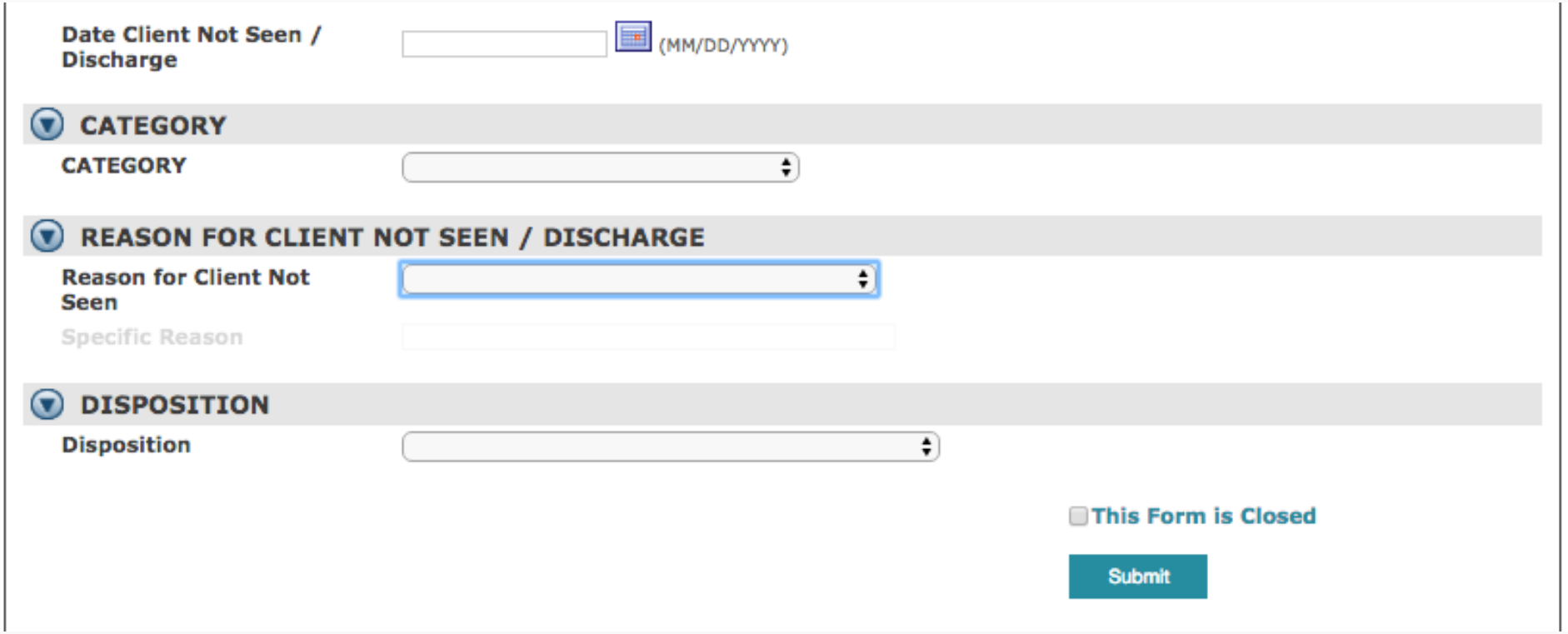
HOSPITAL/CENTER INFORMATION (Optional)

Hospital Specific Medical I.D. # ☐☐☐☐☐☐☐☐☐☐
Infant's First Name:
Infant's Last Name:
Infant's AKA-1 Last Name:
Infant's AKA-2 Last Name:
Primary Caregiver's First Name:
Primary Caregiver's Last Name:
Street Address:
City: **State:** CA **Zip Code:** ☐☐☐☐☐
Home Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐
Alternate Street Address:
Alternate City: **State:** CA **Zip Code:** ☐☐☐☐☐
Alternate Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐

(1) Complete the Transfer Patient Records Process for patient's who will be followed by another CCS HRIF Program.

HRIF-QCI: Manual of Definitions – Release 01.16, Chapter 4: Web-Based Reporting System Review.

Online Entry (CNSD) Form



NOTE: All fields are required in order to save online entry screen. Saved entry screens can be recalled at a later date to make necessary updates.

This Form is Closed checkbox serves as an electronic signature confirmation (validation system) that all available data has been entered.

CNSD Form

- Unable to contact family to establish a 1st visit after multiple (3-5) attempts. Close the case on the date of the last attempt. Disposition = "**Discharged**". SV #1 should occur between 4-8 months.

- Child meets HRIF criteria, but family lives or moves out of state/country, prior to 1st visit. Register and submit CNSD Form Disposition = "**Discharged – Family Moved Out of State/Country**".

- "***Discharged***" dispositions will not completely close the case record. You are able to add forms to the record if applicable. If the child comes to clinic at 16, 24 or 30 months, the system will accept 3 SV Forms up to the child's 3rd birthday.

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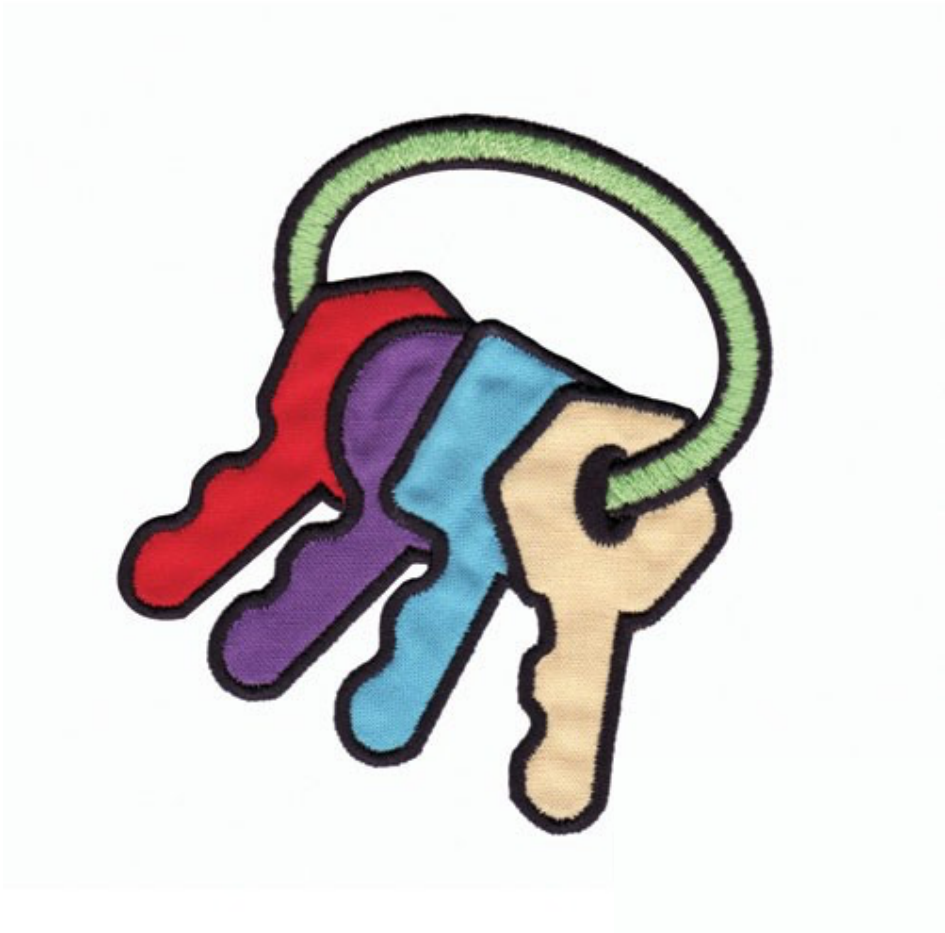

System Access

How To Get Access

- Submit a Help Ticket
- Include the following information:
  - Center Name
  - Does your center provide HRIF Services? **Y/N**
  - Full Name
  - Title
  - Email Address
  - Phone Number
  - User Account Access

How To Get Access

User Account Access: (contacts can have multiple accounts):

- **Data User:** CCS-approved HRIF Program staff submits all data forms (Referral/Registration (RR), Standard Visit (SV), Additional Visit (AV) and Client Not Seen/Discharge (CNSD) for infants/children receiving follow-up services from their own HRIF Program. Data Users can generate HRIF Program, HRIF CCS Annual and Patient Summary reports.

- **Referral User:** CCS-approved NICU and/or HRIF Program staff refers HRIF eligible infants to a CCS HRIF Program and only has access to submit the "Referral/Registration Form". No access to generate/view reports.

- **NICU User:** CCS-approved NICU staff (read-only access) generate/view NICU Summary reports.

Duo Secure Login

- **Effective June 2014, in order to access the online HRIF-QCI Reporting System, you will have to use the Duo Two-Factor Authentication security software.** Two-factor authentication enhances the security of your online accounts by using your phone to verify your identity. This prevents anyone but you from accessing your accounts, even if they know your password. For more information about Duo Security visit: http://guide.duosecurity.com/.

- Two-factor authentication adds a second layer of security to your account to make sure that your account stays safe, even if someone else knows your password. And you'll be alerted right away (on your phone) if someone does know your password and tries to log in with it.

- This second factor of authentication is separate and independent from the username and password step — **Duo never sees your password**.

www.cpqcc.org

HOME | CPQCC DATA LOG IN | CPQCC REPORT LOG IN | HRIF QCI LOG IN | CPQCC EXTRANET LOG IN | CPQCC HELP DESK | USER LOG IN

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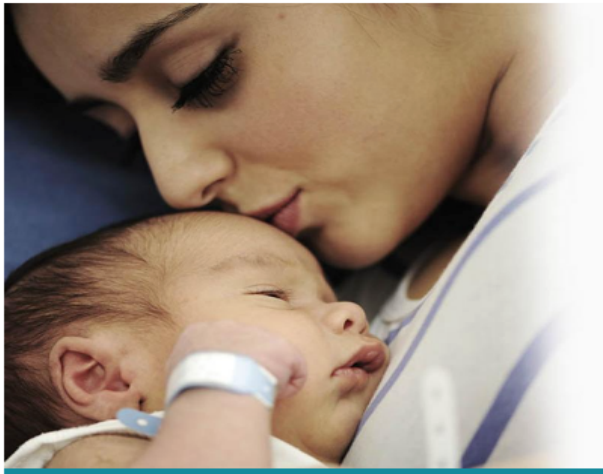
About Us | Perinatal Programs | QI Projects | QI Toolkits | QI Research



"Our goal is to improve the health of pregnant women and newborns by making sure that approaches to illness that have been demonstrated to be effective are actually being carried out."

– JEFFREY B GOULD, MD, MPH, PRINCIPAL INVESTIGATOR, CPQCC

PQIP

Committee

PQIP defines indicators and benchmarks, recommends quality improvement objectives, provides m performance improvement, and assists providers in a multi-step transformation of data into improv care. More

News

CAN Q & A
Mar 14, 2017

Thank you to all who attended the CPQCC day at the CAN Meeting on March 3, 2017. As we could not have all of the questions answered at CAN, we have provided answers to all of the questions...

More

Events

Oct 3, 2017, 10:00am to 4:00pm
2018 CPQCC, HRIF-QCI, CPeTS Data Training @ SCVMC

751 S. Bascom Ave, San Jose, CA 95128 Valley Specialty Center Conference Room BQ...

More

Data Management Award

Recent Awards

2017 HRIF Follow-up Rate

2017 HRIF Super Star

High Risk Infant Follow-up
Quality of Care Initiative

Registered Email Address:

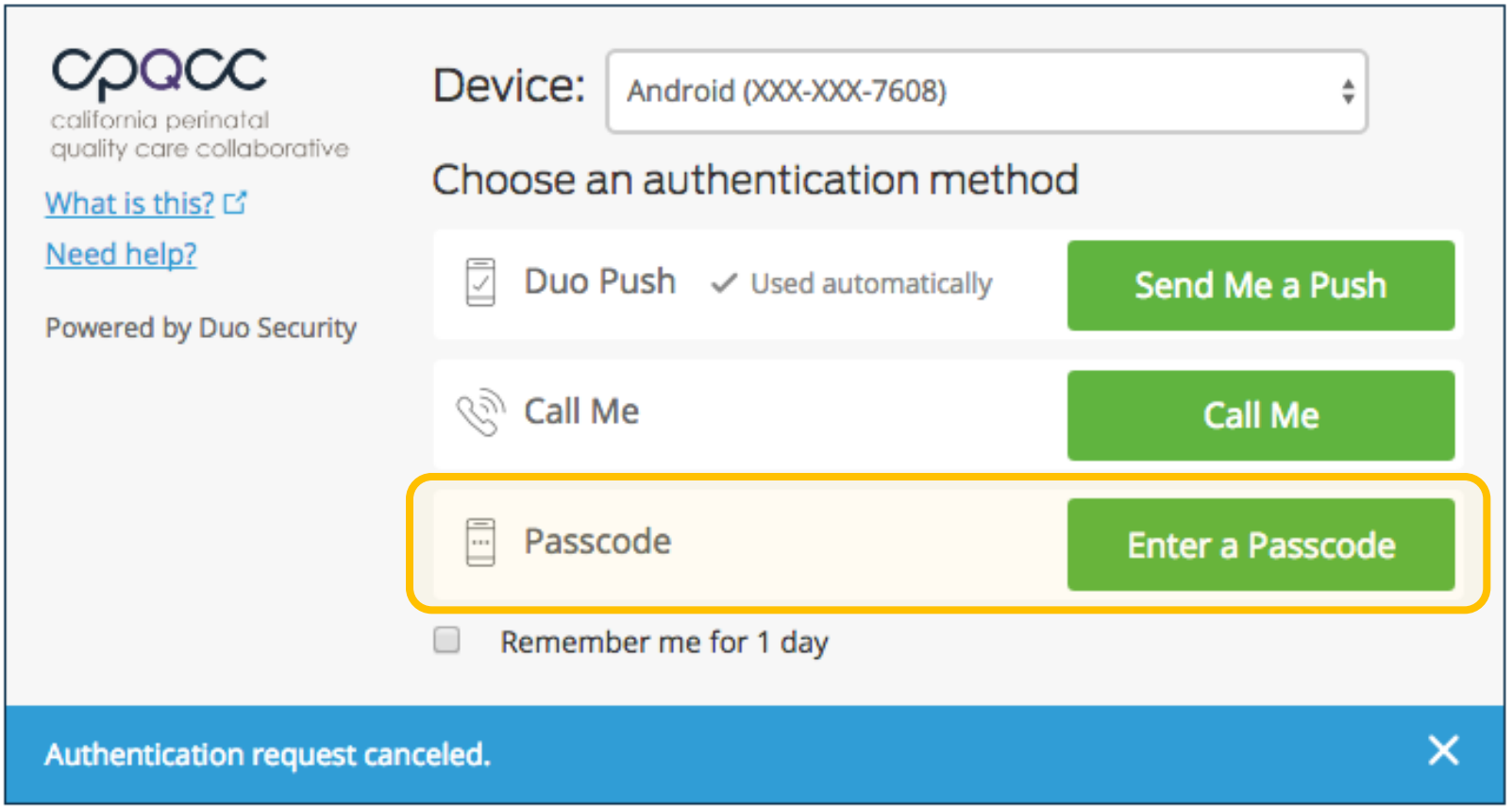
Password:

Sign In

Forgot your password? Submit a Help ticket!

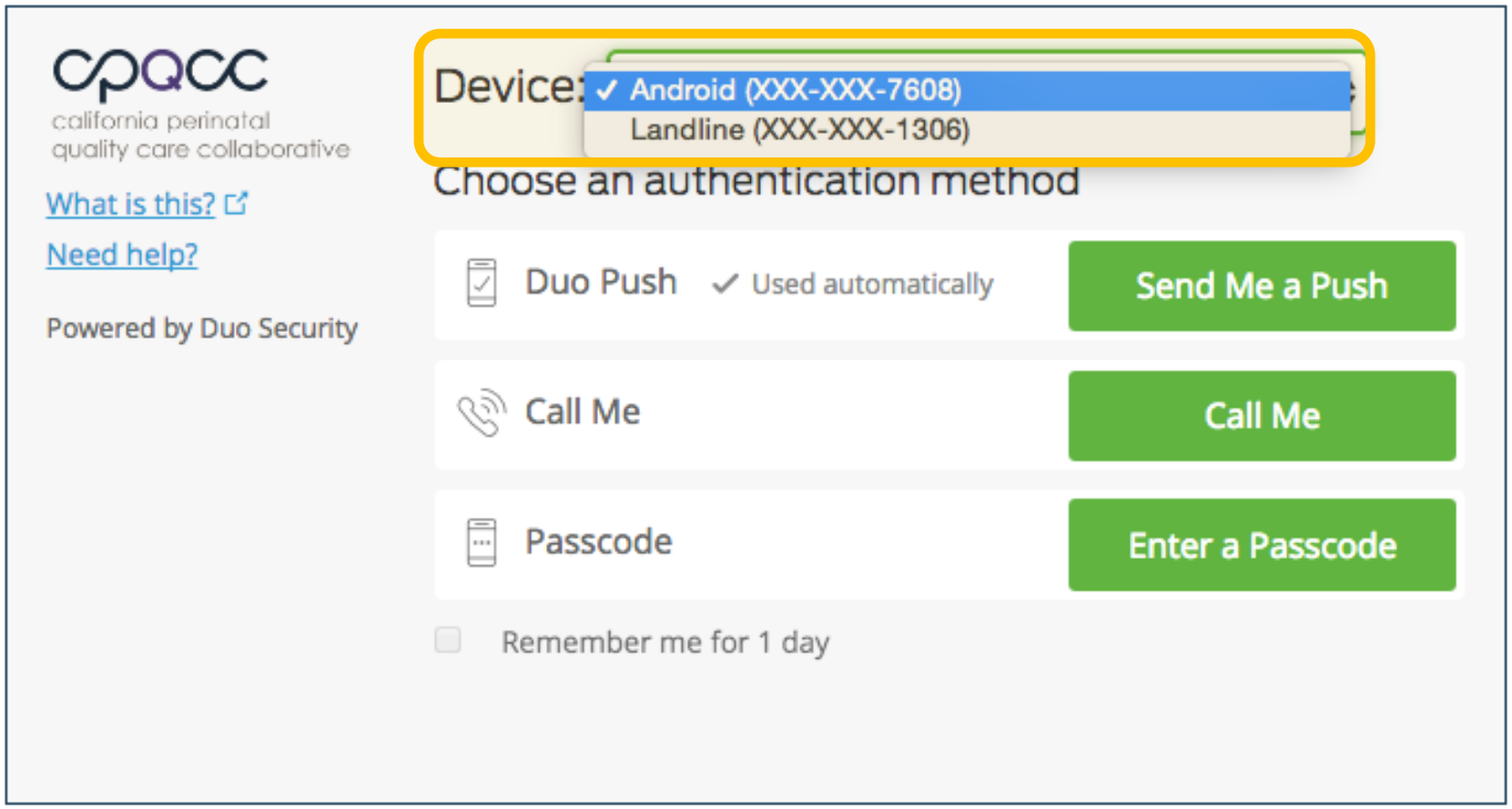
The HRIF-QCI homepage has moved! For documents, resources and downloads, please visit our new homepage: HRIF-QCI Program

(Mobile and/or Landline Phone)

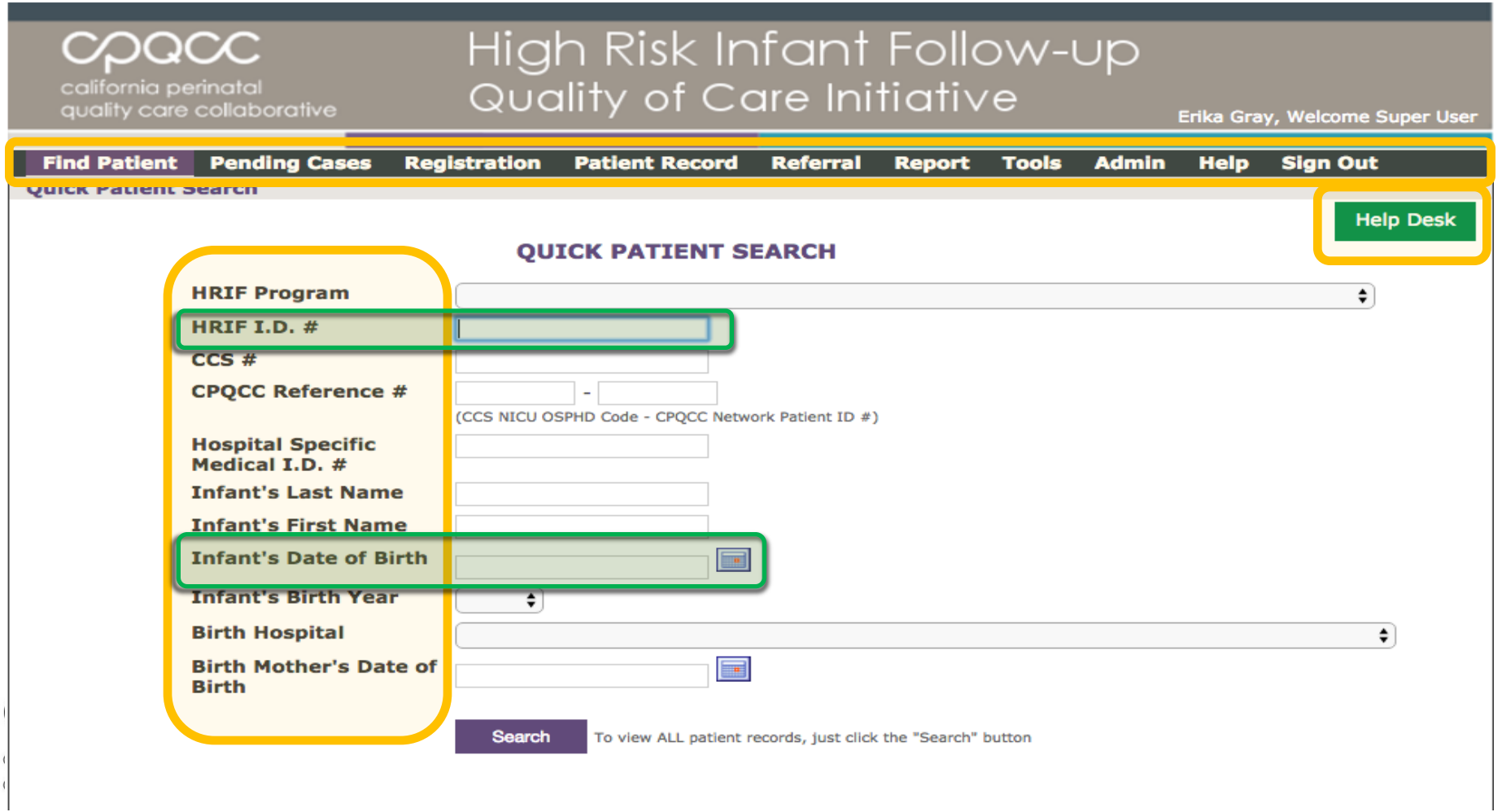


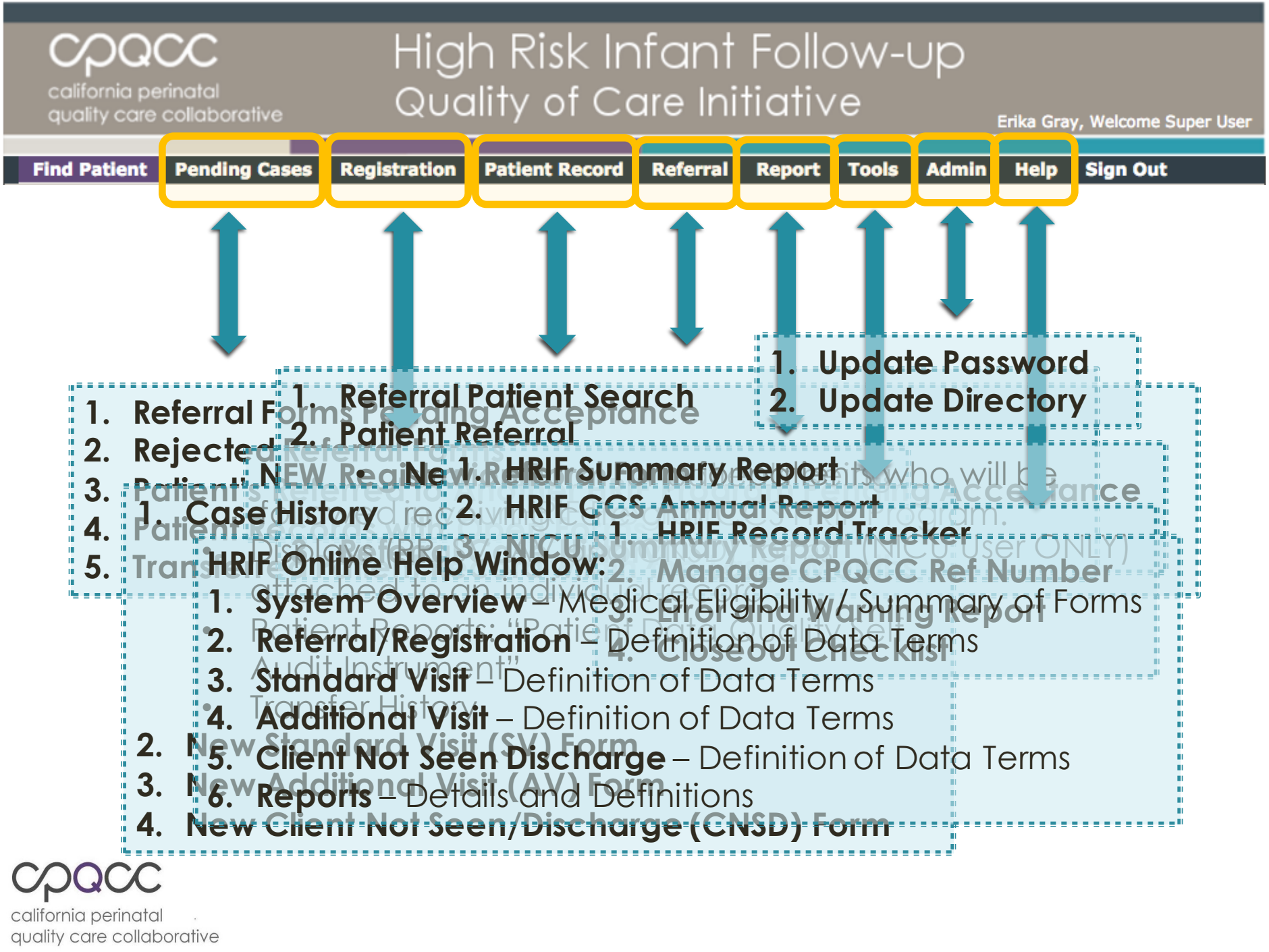
(Request Bypass Codes)

(Mobile and/or Landline Phone)



Account User Interface

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High Risk Infant Follow-up
Quality of Care Initiative
Erika Gray, Welcome Super User
Find Patient
Pending Cases
Registration
Patient Record
Referral
Report
Tools
Admin
Help
Sign Out
1. Update Password
2. Update Directory
1. Referral Patient Search
2. Patient Referral
1. HRIF Summary Report
2. HRIF CCS Annual Report
1. HRIF Record Tracker
1. Case History
HRIF Online Help Window:
1. System Overview – Medical Eligibility / Summary of Forms
2. Referral/Registration – Definition of Data Terms
3. Standard Visit – Definition of Data Terms
4. Additional Visit – Definition of Data Terms
5. Client Not Seen Discharge – Definition of Data Terms
6. Reports – Details and Definitions
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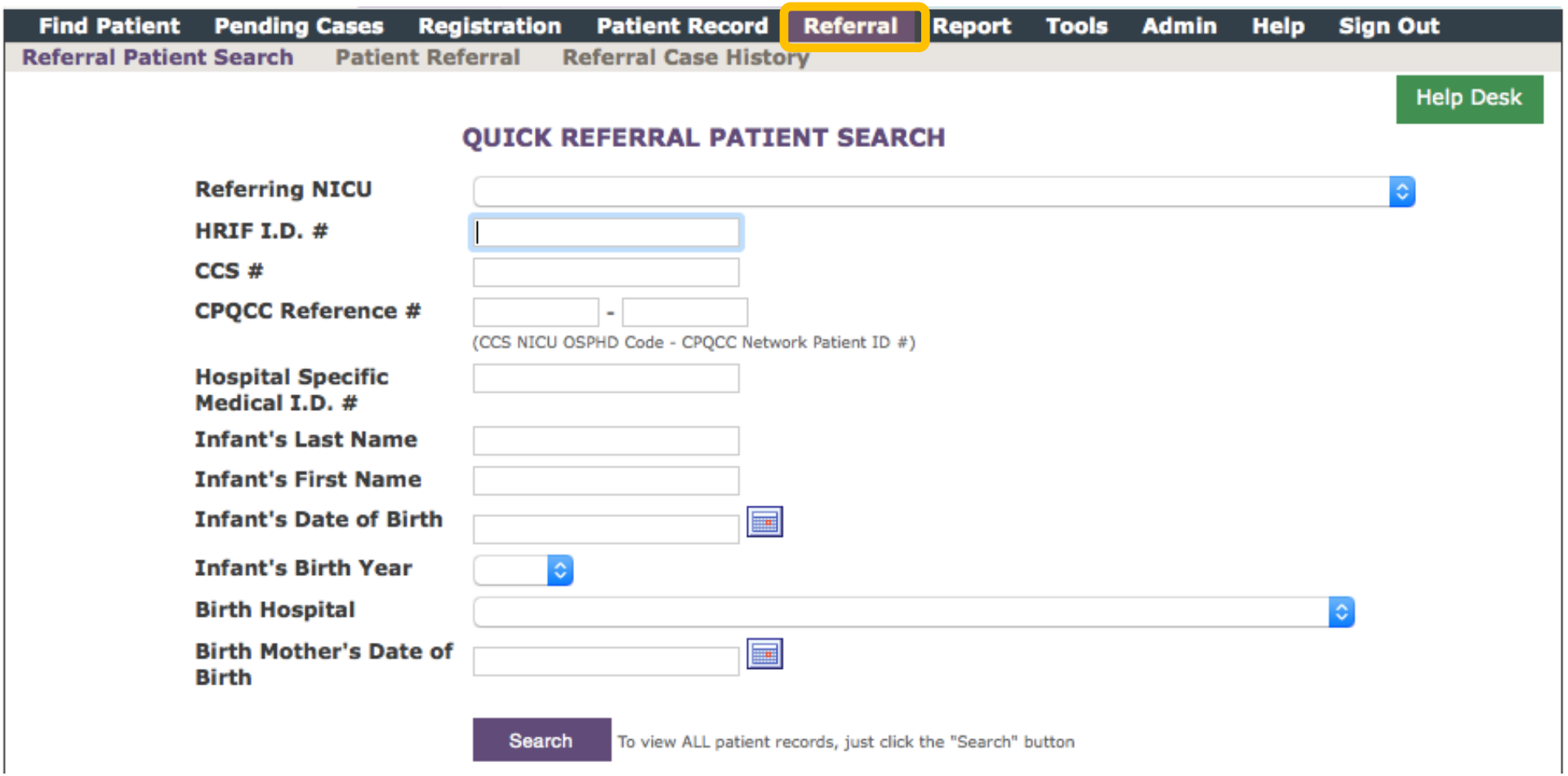
Referral tab



Referral User: CCS-approved NICU and/or HRIF Program staff refers HRIF eligible infants to a CCS HRIF Program.

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NEW REFERRAL FORM

Submit

NOTICE

- Registration is now closed for infants born in 2016.
- Effective April 1, 2018, the system will **NOT** allow any form updates for infants born in 2014.
- Effective June 1, 2018, the system will **NOT** accept any Referral/Registrations for infants born in 2017. Contact your center's CPQCC Data Contact(s), to verify that all eligible infants have been referred and assigned a CPQCC ID Number.
- *Required fields **MUST** be entered in order to save online entry screen. Saved entry screens can be recalled at a later date to make necessary updates.

*Referred HRIF Program Clinic

*Referring NICU

HOSPITAL/CENTER INFORMATION (Optional)

PROGRAM REGISTRATION INFORMATION

CCS #

Infant NOT CPQCC Eligible

*CPQCC Reference # - (CCS NICU OSHPD Code - CPQCC Network Patient ID#)

*Date of Birth (MM-DD-YYYY)

*Birth Hospital

*Birth Weight (grams)

*Gestational Age weeks days(0-6)

*Singleton/Multiple

*Infant's Gender

Infant's Ethnicity

Infant's Race - Select the race that appears first in the hierarchy -

*Hospital Discharging to Home

Referring CCS NICU

*Date of Discharge to Home (MM-DD-YYYY)

Infant Still in Hospital

*Birth Mother's Date of Birth (MM-DD-YYYY)

Unknown

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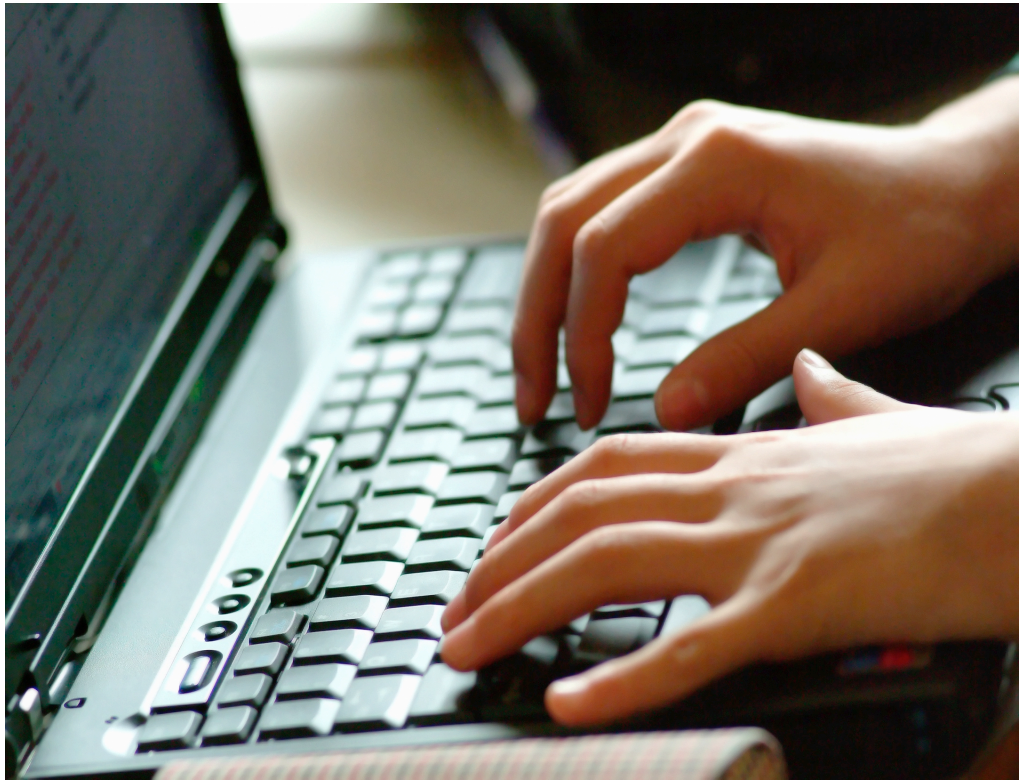

HRIF Data Process Finalization

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Department of
Health Care Services

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

DATA FINALIZATION PROCESS GUIDELINES AND TOOLS

2014 BORN INFANT RECORDS
2016 BORN INFANT STANDARD VISIT #1 FOR ALL EXPECTED
2017 BORN INFANT REFERRAL/REGISTRATIONS

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Communication
Resources

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Procedures for Finalizing Data

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HRIF Record Tracker
CPQCC Reference Number
Error and Warning
HRIF/CPQCC Match Status Report

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2018 CPQCC & HRIF-QCI Data Finalization Calendar

January						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March						
Su	Mo	Tu	We	Th	Fr	Sa
					2	3
4	5	6	7	8	9	10
11	12	13	14		16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April						
Su	Mo	Tu	We	Th	Fr	Sa
		3	4	5	6	7
8	9	10	11	12	13	14
15		17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14		16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June						
Su	Mo	Tu	We	Th	Fr	Sa
3	4	5	6			9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

August						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	\8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Awards & Data Closeout Deadlines

CPQCC		HRIF-QCI	
2/1	Deadline Items # 1 & 2	3/1	Super Star Award
3/15	Superstar Award	4/1	Deadline Items # 1 - 3
4/1	Deadline Items # 3 - 8	4/2	Follow-up Rate Award
5/15	All Star Award	4/16	Deadline Item # 4
6/1	Deadline Items # 9 - 12	6/1	Deadline Items # 5 & 6
6/2	Early Bird Award		
6/7	Deadline Item # 13		
6/8	Crown Award		
CPQCC Quarterly Reports Available			
Data Training Webinars			

Office Closed & Holidays

Office Closed on Saturdays and Sundays			
1/1	New Year's Day	6/16 – 29	Office Closed
1/2 - 5	Office Closed	9/3	Labor Day
1/15	Martin Luther King	11/22-23	Thanksgiving Day
2/19	President's Day	11/24	Office Closed
5/28	Memorial Day	12/25	Christmas Day
7/4	Independence Day	12/26 – 29	Office Closed
Quarterly System Reports Webinars			
2019 Data Trainings & Program Updates			
10/ - TBD; 10/ - TBD; 10/ - TBD			

DFP Schedule for 2018

JAN - MAR	MAR 1st	APR 1st	APR 2nd	APR 16th	JUN 1st	JUL - DEC
Data Review	***Super Star HRIF Program Award***	**DEADLINE**	***HRIF Follow-up Rate Award***	**DEADLINE HRIF CCS Report**	**DEADLINE**	**Data Review**
Utilize Reporting System Tools: **HRIF Tracker; CPQCC Ref Num; Error & Warning and Closeout Checklist**	Submission of No Priority/ Error & Warning Cases for **2014** Born Infants **AND** SV #1 of All expected **2016** Born Infants	Data Final for **2014** Born Infants **AND** SV #1 of All expected **2016** Born Infants	Core Visit F/U Rates for **2014** Born Infants: 1st => 80% 2nd => 70% 3rd => 60%	**2014** Born Infants -------- Confirm report by **Apr 16th**	Register ALL **2017** Born Infants **AND** Confirm HRIF Directory Contacts	Utilize Reporting System Tools: **HRIF Tracker; CPQCC Ref Num; Error & Warning and Closeout Checklist**

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Closeout Checklist

- This tool was developed to guide HRIF Programs through the Data Finalization Process (DFP). Six (6) task items are required to finalize data submitted for **birth year 2014**; **SV #1 or AV Forms for ALL Expected 2016 born infants** and **RR for infants born in 2017**.
  - **#** : the task item number.
  - **Activity**: the description of the deliverable.
  - **Resource**: active links to tools and resources to aid in completing the deliverable.

Closeout Checklist

- **Deadline**: the due date of the deliverable.
- **Complete**: checkbox and date stamp to indicate the deliverable is complete.
  - Grayed out boxes are automatically checked once the system verifies that the deliverable was completed (items #1 thru #4).
  - Item #5 **must** be manually checked by HRIF Program
  - Item #6 will be checked by HRIF Support

Closeout Checklist

Activities and Deadlines:

1. No Priorities 2014 infants (auto) – **April 1st**
2. No Errors/Warnings 2014 infants (auto) – **April 1st**
3. SV #1 for ALL Expected 2016 infants (auto) **– April 1st**
4. CCS Report reviewed/approved (auto) – **April 16th**
5. Registered 2017 HRIF eligible infants (man) – **June 1st**
6. Reviewed/Sign-off Directory (man) – **June 1st**

CLOSEOUT CHECKLIST

NOTICE

- Closeout Checklist is updated nightly.
- All disabled items are automatically checked by the system or HRIF Support.
- Item #4 **must** be confirmed by the HRIF Medical Director or Coordinator by **April 16th**.
- Item #5 **must** be checked manually by the HRIF Program.
- Submit a help ticket: www.cpqccsupport.org for all data finalization requests.

#	Item	Resource	Deadline	Complete
1	Submission of no priority cases for the birth year 2014 (22 incomplete)	HRIF Record Tracker	04-01-2018	☐
2	Submission of no error or warning cases for the birth year 2014 (5 incomplete)	Error and Warning Report	04-01-2018	☐
3	Submission of SV #1 (and/or AV) of all expected 2016 born infants (10 incomplete)	Error and Warning Report	04-01-2018	☐
4	Confirmation of the HRIF CCS report for the birth year 2014 ***NOTE:*** *The report will be available on April 1st, 2018.*	CCS Report	04-17-2018	☐
5	Registered and accepted all eligible HRIF infants from your CPQCC NICU center for birth year 2017	CPQCC/HRIF Linkage Report (cpqccreport.org)	06-01-2018	☐
6	Submission and sign-off of HRIF-QCI contact directory	Update Directory Page	04-01-2018	☐

User Comments:

Admin Comments:

Update

Confirm HRIF CCS Report

HRIF ATTESTATION AND CONFIRMATION STATUS

I am the: ○ Medical Director ○ HRIF Coordinator ◉ Proxy for Medical Director/HRIF Coordinator

Proxy Role: Program Manager

☑ **I, Erika Gray, have reviewed the data values in this report on 09/26/2016. I confirm that the data is complete and accurately reflects the activity of Children's Hospital Of Orange County for patients born in 2012.**

Confirm Report

The data in this report was review and confirmed by Erika Gray, Program Manager, on 09/26/2016 as complete and accurate for patients of Children's Hospital Of Orange County born in 2012.

AWARDS

All earned awards for your HRIF Program will be displayed on the Closeout Checklist. The CPQCC website (www.cpqcc.org) has a page dedicated to each HRIF Program, the ***"Data Management Awards"*** page: www.cpqcc.org/about-us/data-management-awards. Programs can view all awards earned from 2014, and can sort the awards alphabetically or by number of awards earned. **NOTE:** Awards will be announced via CPQCC/HRIF Newsletter Bulletins (MailChimp).

Super Star = Granted to HRIF Programs that completed items #1 through #3 on the Closeout Checklist by March 1st

Follow-up Rate = Granted to HRIF Programs who meet the follow-up rates for the closing birth year:

- 1st Visit => 80%
- 2nd Visit => 70%
- 3rd Visit => 60%

Surprise = Granted to HRIF Programs that a recognized for a random positive performance data quality aspect.

Crown *(new)* **=** Granted to HRIF Programs who meet all closeout deadlines. (April 1st, April 16th and June 1st)

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CPQCC Close-Out Check List for Center 0000 and Birth Year 2017 as of 2017-10-09 at 13:41

Items 1, 2, 7 and 8 ***must*** *be checked manually. All other items are automatically checked.*

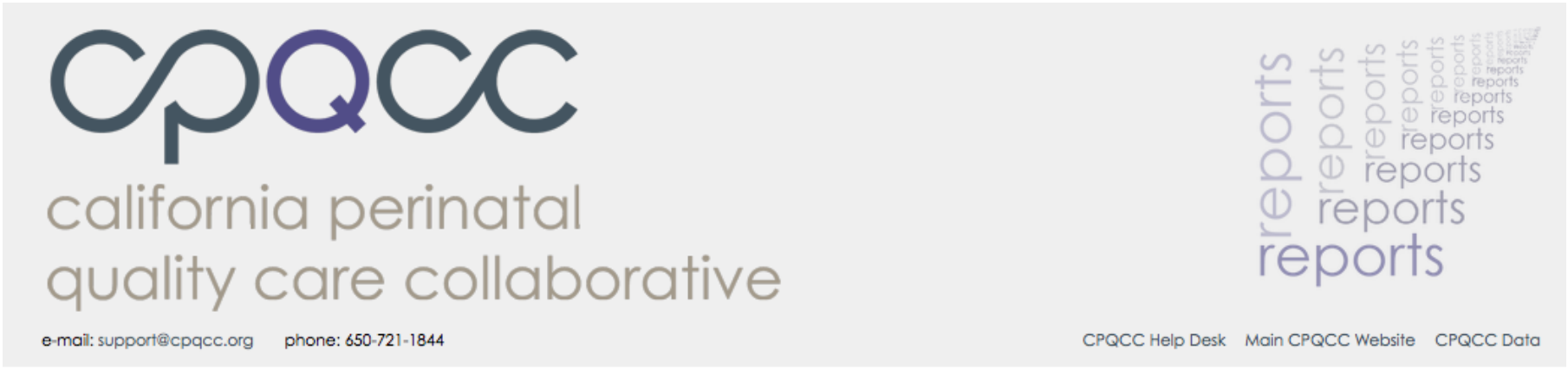
#	Activity	Deadline	Done	Confirmation Date/Time	Resources
1.	**2017 Membership Dues Paid** *Membership dues were received by CPQCC data center. Data entry for 2017 is enabled.*	02/01/2017	☑	12/18/2016 @ 15:12	If you have questions about your 2017 dues please submit a ticket at the CPQCC Help Desk.
2.	**Confirmation of receipt of e-announcement of data finalization guidelines for 2017**	02/01/2018	☐		A link to the 2017 Data Finalization Guidelines will be posted here in December 2017
3.	**Completion of all records for infants born in 2016 who were SIH at the 2016 closeout.**	04/01/2018	☐		Pull up Edit SIH ID list for 2016
4.	**Submission of ID confirmation form for birth year 2017.**	04/01/2018	☐		Review / Confirmation of IDs Submitted & Confirmation of CPQCC Conditions for 2017
5.	**For infants born in 2017, all CPeTS items for acute transfers into your NICU, all DRD items and all A/D items should be submitted to CPQCC completely. For infants born in 2017 and still in-house all items not related to discharge should be submitted to CPQCC completely.**	04/01/2018	☐		Pull up Edit ID list for IDS with pending items for 2017
6.	**Submission of error-free CCS form without pending items for birth year 2017.** *Note that changes to your CPQCC infant data might require CCS form updates!*	04/01/2018	☐		Open CCS form for 2017
7.	**Submission of VON/CPQCC Contact Report for your NICU for birth year 2017.**	04/01/2018	☑	01/01/2017 @ 07:57	No contact link found for your NICU. If this is a problem contact the CPQCC Help Desk.
8.	**Submission of VON Membership Survey for birth year 2017.**	04/01/2018 @ 20:59 PST	☐		Click here to go to VON website to fill out 2017 VON Membership Survey (opens new window)
9.	**For infants born in 2017, all CPeTS items for acute transfers into your NICU, all DRD items and all A/D items should be submitted to CPQCC completely and 100% error-free. For infants born in 2017 and still in-house all items not related to discharge should be submitted to CPQCC completely and 100% error-free.**	06/01/2018	☐		Pull up Edit ID list of IDs with pending items/errors for 2017
10.	**Followed-up all warnings listed in the CPQCC Errors and Warnings Report for birth year 2017.** *Currently 1 warning for review.*	06/01/2018	☐		Generate Error and Warnings Report for 2017
11.	**Minimized use of Confirmed Unknown to ≤ 3% for key risk factors and outcomes.** *Any unknown risk factor: 0.00 %. Any unknown outcome: 11.11 %.*	06/01/2018	☐		Generate Confirmed Unknown Report for 2017
12.	**Addressed and resolved all inconsistencies listed in the DCR for birth year 2017.** *Currently no records for review.*	06/01/2018	☐		Review Data Consistency Report (DCR) for 2017
13.	**HRIF registration is 100% of 2017 VLBW infants, infants < 32 completed weeks gestation, infants with HIE/Cooling, or infants with ECMO born in 2017 and discharged home from reporting NICU.** *Current HRIF registration: 0 %*	06/01/2018	☐		Review infants born in 2017, discharged home from your NICU who are eligible for HRIF due to VLBW, GA<32 completed Wks, HIE, ECMO or Cooling and not registered through 10-08-2017.
14.	**Confirmation of CCS report for birth year 2017. The CCS reports will be available for review continuously starting from April 1, 2018.** *As we have to wait for all centers to finalize their 2017 data and as complete data from all centers is needed to generate several components of the CCS report (e.g., the inborn admission rate comparison of your NICU and the CPQCC network), the CCS report confirmation period opens on 6/2/2018.*	06/07/2018	☐		Open current version of CCS report for 2017

HRIF/CPQCC Match Status Report & HRIF/CPQCC Match Summary

- CPQCC CCS HRIF Programs staff may request access to **cpqccreport.org** by submitting a Help Ticket. HRIF user access is designed for referring CCS NICU or HRIF Program Staff. The Match Status Report list the following variables for infants who met CPQCC criteria and were discharged to home from the reporting center.

Birth Date	Sex
Birth Weight	Gestational Age
Birth Location	Multiple Status
Mother's Date of Birth	Discharge Date

www.cpqccreport.org



User ID:

Password:

Forgot Password

Login

To request access to the demo center, please please *click here to submit a ticket through the CPQCC Help Desk.*

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HRIF/CPQCC Match Summary Report for Infants Discharged Home, 1/1/2009 to 09/29/2017

This report is preliminary as the data collection is on-going.

California Perinatal Quality Care Collaborative (CPQCC)

Year	VLBW		ELBW		GA < 28 Wks		HIE		Cooling		ECMO		Total Referrals
	N *	% Referred	N *	% Referred	N *	% Referred	N *	% Referred	N *	% Referred	N *	% Referred	
2009	20	80.0	10	60.0	8	62.5	1	100.0	0	NA	1	100.0	24
2010	19	84.2	6	83.3	6	66.6	0	NA	1	100.0	1	100.0	21
2011	22	90.9	7	100.0	9	100.0	2	100.0	2	100.0	1	100.0	29
2012	23	100.0	8	100.0	11	90.9	3	100.0	3	100.0	0	NA	42
2013	20	100.0	6	100.0	5	100.0	0	NA	1	100.0	0	NA	47
2014	24	100.0	4	100.0	5	100.0	1	100.0	1	100.0	0	NA	45
2015	28	100.0	8	100.0	7	100.0	0	NA	0	NA	0	NA	42
2016	17	100.0	3	100.0	2	100.0	1	100.0	1	100.0	1	100.0	24
2017	12	100.0	5	100.0	5	100.0	0	NA	1	100.0	0	NA	17
2009 to 2017	185	95.1	57	91.2	58	89.6	8	100.0	10	100.0	4	100.0	291

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HRIF/CPQCC Match Status Report for Infants Born from 1-1-2017 to 09-29-2017 and Discharged Home from Hospital

The table below includes HRIF registrations through 09-28-2017. Any changes in your data after this date are not reflected in the report shown.

California Perinatal Quality Care Collaborative (CPQCC)

Show 15 entries | CSV | PDF | HRIF Eligible due to VLBW, GA, HIE, ECMO, CHD (starting 2017) or Cooling | Search:

CPQCC ID	DOB MM-DD-YYYY	Sex	BW (grams)	GA (wks/dys)	Birth Location	Multiple Status	Mother's DOB MM-DD-YYYY	Discharge Date MM-DD-YYYY	HRIF Eligibility based on 6 Criteria / Match Status	HRIF Registration Status
		Male	4,111	40 / 3		Singleton	04 6	-2017	Cooling	Reg. w/ HRIF ID 1234567 by HRIF Program [PRELIM]
		Female	3,595	41 / 1		Singleton	11 2	-2017	HIE & Cooling	Reg. w/ HRIF ID 1234567 by HRIF Program [PRELIM]
		Male	1,165	33 / 1		Singleton	12 9	-2017	VLBW	Reg. w/ HRIF ID 1234567 by HRIF Program [PRELIM]
		Male	1,165	32 / 1		2B	10 4	-2017	VLBW	Reg. w/ HRIF ID 1234567 by HRIF Program [PRELIM]
		Female	1,035	30 / 1		Singleton	01 4	-2017	VLBW & GA < 32 weeks	Reg. w/ HRIF ID 1234567 by HRIF Program [PRELIM]
		Female	1,330	34 / 0		2B	04 2	-2017	VLBW	Reg. w/ HRIF ID 1234567 by HRIF Program [PRELIM]
		Male	1,355	32 / 4		Singleton	03 9	-2017	VLBW	Reg. w/ HRIF ID 1234567 by HRIF Program [PRELIM]
		Male	760	27 / 3		Singleton	12 5	-2017	VLBW & GA < 32 weeks	Reg. w/ HRIF ID 1234567 by HRIF Program [PRELIM]
		Female	1,255	29 / 2		Singleton	02 7	-2017	VLBW & GA < 32 weeks	Reg. w/ HRIF ID 1234567 by HRIF Program [PRELIM]
		Female	1,445	33 / 4		Singleton	12 7	-2017	VLBW	Unlinked CPQCC Record
		Male	1,800	31 / 1		2A	08 2	-2017	GA < 32 weeks	Unlinked CPQCC Record
		Female	1,485	31 / 1		2B	08 2	-2017	VLBW & GA < 32 weeks	Unlinked CPQCC Record

To assess HRIF eligibility, only 6 criteria are included: Very Low Birth Weight (VLBW) Infant, Completed Gestational Age < 32 Weeks, ECMO or Cooling or Moderate/Severe HIE Diagnosis or Surgery for Congenital Heart Disease during any CPQCC stay prior to Home Discharge.

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2017 Data Closeout Review

2017 Closeout

- **64 (94)** w/ NO Errors & Warnings 2013
- **64 (94)** w/ NO Priority Cases 2013
- **57 (83)** All Expected 2015 SV #1 (12 after deadline)
- **52 (76)** Confirmed CCS Annual Report
- **51 (75)** Confirmed registering all 2016 infants
- **63 (92)** Directory Reviewed and Signed-off

Only 40/68 (58) HRIF Programs Completed ALL Closeout Items

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Congratulations to the **34 HRIF Programs** who received the ***"HRIF Super Star Award"*** for meeting the April 1, 2017 HRIF Data Finalization Deadline for not having any Priority or Error/Warning Cases for the closing 2013 born infant records AND SV#1 of All expected 2015 born infants!

Superstar Winners

- Alta Bates Summit Medical Center
- Arrowhead Regional Medical Center
- California Pacific Medical Center
- Cedars Sinai Medical Center
- Desert Regional Medical Center
- Doctors Medical Center
- Glendale Adventist Medical Center
- Huntington Hospital
- John Muir Medical Center
- Kaiser Foundation Hospital - Fontana
- Kaiser Foundation Hospital - OC Anaheim
- Kaiser Foundation Hospital - Panorama City
- Kaiser Foundation Hospital - San Diego
- Kaiser Permanente - Roseville
- Kaiser Permanente - Walnut Creek
- Los Robles Hospital & Medical Center
- Lucile Packard Children's Hospital Stanford
- Marian Regional Medical Center
- Mattel Children's Hospital at Ronald Reagan UCLA
- Mercy San Juan Medical Center
- Northbay Medical Center
- Olive View - UCLA Medical Center
- Providence Tarzana Medical Center
- Rady Children's Hospital - San Diego
- Santa Clara Valley Medical Center
- Sierra Vista Regional Medical Center
- St. John's Regional Medical Center
- St. Joseph's Medical Center Of Stockton
- Sutter Santa Rosa Regional Hospital
- UCSF Benioff Children's Hospital - Oakland
- UC Davis Medical Center
- UC Irvine Medical Center
- UC San Diego Medical Center
- Valley Children's Hospital

Follow–Up Rate Winners

Congratulations to the **13 HRIF Programs** who received the **"HRIF Follow-up Rate Award"** for meeting the follow-up rate recommendation for HRIF eligible infants: 1st Visit => 80%; 2nd Visit => 70%; and 3rd Visit => 60% for the closing 2013 born infant records!

- Hoag Memorial Hospital Presbyterian
- John Muir Medical Center
- Kaiser Foundation Hospital - OC Anaheim
- Kaiser Foundation Hospital - San Diego
- Kaiser Permanente - Roseville
- Kaiser Permanente - San Francisco
- Kaiser Permanente - San Leandro (Hayward)
- Kaiser Permanente - Santa Clara
- Kaiser Permanente - Walnut Creek
- Lucile Packard Children's Hospital Stanford
- Natividad Medical Center
- Providence Tarzana Medical Center
- Sutter Santa Rosa Regional Hospital

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Common Issues & Solutions

- Who is responsible for referring HRIF eligible infants? The CCS NICU who is discharging the infant home.

- What is the HRIF ID Number? A computer generated **8-digit** number assigned to the infant/child after submitting the "RR Form" in the web-based Reporting System.

- Searching for Records in the System: Use the **"HRIF ID #"** or **"Date of Birth"** search fields.

- When do you use the **"Still in Hospital"** check box? If the infant/child is still hospitalized in the NICU or other unit in the hospital at 8 months chronological age.

  - **June 1st, 2018 Closeout Deadline** - Item #5 (register all eligible 2017 infants), if there are infants who meet HRIF criteria and are still in hospital in May 2018, register those infants "Still in Hospital", the patient's date of discharge to home can be updated later.

- How do you obtain a CPQCC Patient ID Number? Contact the CPQCC Data Contact person from the birth/discharge NICU to obtain the CPQCC Patient ID #.

- Infant has two CPQCC IDs, which one do I use? Either one, **note** the ID number you choose to use **must** be paired with the Hospital's OSHPD code who assigned the CPQCC ID Number.

- Not Sure if the Infant Qualified for CPQCC Patient ID#: Enter **"00000"** as the CPQCC Network Patient ID Number, if your not sure if the infant met the CPQCC NICU Eligibility Criteria or a CPQCC ID Number has not been assigned to the infant.

- Infant Qualified for CPQCC, but no ID was assigned: Enter **"77777"** as the CPQCC Network Patient ID Number, if the infant met the CPQCC NICU Eligibility Criteria, but **never assigned** a CPQCC ID Number.

- Infant eligible for HRIF, but family lives out of state/country:
  1. Submit RR Form
  2. Submit a CNSD Form: indicate family moved out of state/county and **Discharge, Family Moving Out of State/Country**, then close the form.

- Patient seen for 1st visit, scheduled to return, **BUT** 6-8 months have passed and patient has not been seen after multiple (3-5) attempts. How to code in the system: Submit a CNSD Form using the date of the last attempt to contact, reason = unable to contact and disposition = discharge-closed out of program.

- If you check the **"Unable to Complete Form"** box on the RR Form: Submit a CNSD Form to indicate the reason your unable to complete the form: "Infant Expired", "Lost to Follow-up" or "Parent Refused".

- Review the **HRIF Record Tracker** and **Errors and Warning** tools on a quarterly basis to keep your records up-to-date.

- Need additional assistance contact HRIF Support to schedule a one-on-one phone conference.

Resolve Duplicate Records

1. Contact the HRIF Program with the duplicate case to review the records.

2. Make sure **all** data variables are captured on the RR Form (CPQCC Reference Number, Birth Mother's Date of Birth, Discharge Date to Home, etc).

3. ***Combine **all** data forms (SV, AV and CNSD) into one record.

4. The HRIF Program **not** currently following the patient should use the orange **"Delete"** button located at the bottom of the RR Form entry screen to remove their record from the system.

TIP:** Use the ***"Patient Data Quality Self-Audit Instrument Report" located in the "Patient's Case History" page to review the details of the record.

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Transfer Patient Records

1. Contact the CCS HRIF Program Coordinator where the patient will be transferred for follow-up care, to inform them of the patient.

2. Submit a **"CNSD Form"**, before requesting to transfer the patient's record:

   Category: ***"Discharged"***

   Reason: ***"Infant Referred to Another HRIF Program"***

   Disposition: ***"Will be Followed by Another CCS HRIF Program"***

3. Submit a **"HELP TICKET"** to request the record transfer to another CCS HRIF Program. Include in the ticket request the patient's ***"HRIF ID Number"***, ***"Date of Birth"*** and the ***"HRIF Program, where the patient will be transferred"***.

NOTE: Records are transferred every Friday; request received on Friday will be transferred the following week.

Transfer Records

1. CNSD form's date of Not Seen, should **not be greater than 2 months** when requesting a transfer.

2. If child is **greater than 28 months**, HRIF Support will contact the transfer to HRIF Program Coordinator to confirm the case prior to transferring.

3. Use the Correct Disposition:
   - Select **"Will Be Followed by Another CCS HRIF Program"** when the infant/child is transferred and receiving follow-up care from another CCS HRIF Program.
   - Select **"Discharged, Will be Followed Elsewhere"** when the infant/child will be receiving follow-up care from a NON CCS HRIF Program in California. No further data will be submitted to CMS/CCS.

4. Transfer request Help Tickets will be closed if left idle for 2 or more days after response by HRIF Support.

Transfer Records

Closeout Checklist Item #3. SV #1 for All expected 2016 infants deadline April 1, 2018

Records transferred to a HRIF Program 2-months prior to the March 1st HRIF award management deadline will not be counted against the receiving program.

HRIF Programs that receive transfer records for infants born in 2016 after January 1, 2018 **must** contact HRIF Support by submitting a help ticket and document this record in the "***User Comment***" box on the Closeout Checklist Form, located under the "Tools" tab.

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Reporting System Tools - Review

CCS NICU HRIF Referral Guidelines

Purpose of the CCS NICU HRIF Referral Guidelines is to help assist CCS NICUs with timely infant referrals to the HRIF Programs and to meet CPQCC expectations.

"As part of the CCS NICU discharge planning process, the NICU must identify and refer to the CCS Program clients identified as potentially eligible for the HRIF Program."

Visit the CCS Provider Standards webpage to review the CCS NICU Provider Standards – Chapter 3.25.

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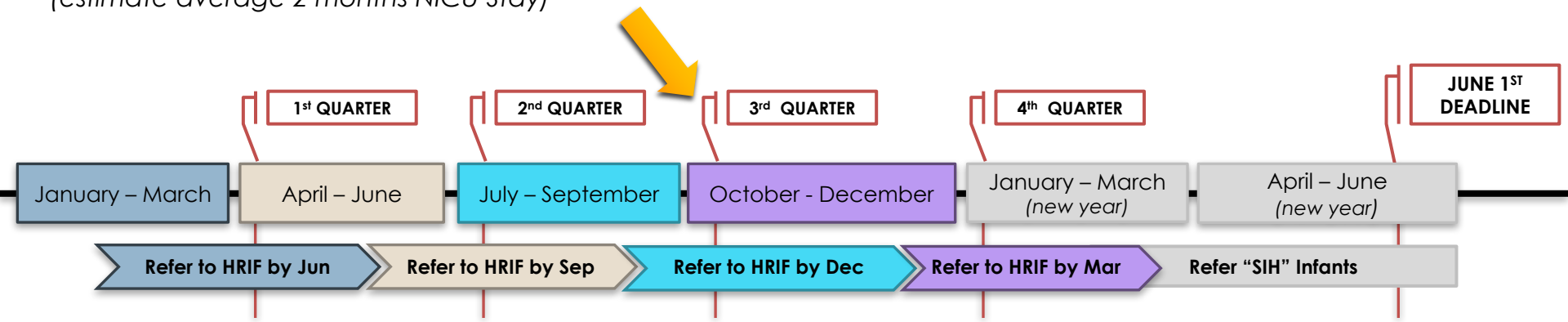
CCS NICU High Risk Infant Follow-up Eligible Infants Referral Guidelines

(estimate average 2 months NICU Stay)



- **Infants discharge to home in January – March, should be registered before June**
- **Infants discharge to home in April – June, should be registered before September**
- **Infants discharge to home in July – September, should be registered before December**
- **Infants discharge to home in October – December, should be registered before March** *(new year)*
- **Any Still in Hospital (SIH) infants, should be registered once identified as eligible for HRIF**
- **All infants born in the year <u>MUST</u> be registered in the HRIF-QCI Reporting System before the June 1st deadline.**

CPQCC 3rd Quarter Expectation:	Infants born and discharged to home between January – July, should be registered in a HRIF Program. Closeout Checklist item #12 = 100%.
CPQCC 1st Quarter Expectation:	Infants born and discharged to home between August – December, *(of the previous year)*, should be registered in a HRIF Program.

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Family Information Form

To collect social-demographic information about HRIF patients and their families to determine the specific needs of this patient population and develop better standards of care for California HRIF Programs.

Printable forms and instruction are available at https://www.cpqcc.org/perinatal-programs/ccscpqcc-hrif-qci/resource-corner in the following languages:

- English
- Spanish
- Vietnamese

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FAMILY INFORMATION FORM

HIGH RISK INFANT FOLLOW-UP QUALITY OF CARE INITIATIVE

California Children's Services, CCS requests us to collect the information marked with an * on families and children seen in our HRIF Program. Additional information is collected to help the HRIF Program help meet your needs. This form is **not** used to determine eligibility for services.

OPTIONAL

Name of person filling out the form and relation to the infant/child:

Name of infant/child (first and last):

Primary caregiver's email address:

Primary caregiver's home phone number: **Primary caregiver's mobile/cell number:**

Is the primary caregiver planning to move anytime soon? ☐ Yes ☐ No

***1. Do you have any of the following concerns about your infant/child at this time?** *(Check all that apply)* Page 2

☐ Behavioral ☐ Body Movement ☐ Calming/Crying ☐ Feeding & Growth ☐ Hearing (Ears)
☐ Sleeping/Napping ☐ Stooling/Spitting-up ☐ Talking ☐ Vision (Eyes) ☐ Other: _____

2. Is there anything we can help you with? *(Check all that apply)* Page 3

☐ Early Start/Regional Center ☐ Referrals ☐ WIC
☐ Other:_____

***3. Who do you identify as the infant/child's primary caregiver?** *(Check only one)* Page 3

☐ Mother ☐ Father ☐ Both Parents
☐ Other Relatives/Not Parents ☐ Non Relative ☐ Foster/Adoptive Family
☐ Foster Family/CPS ☐ Pediatric Subacute Facility ☐ Other: _____

***4. What is/are the level(s) of education of the primary caregiver(s) listed above?** *(Check all that apply)* Page 4

☐ Less than 9th Grade ☐ Some High School ☐ High School Degree/GED ☐ Some College
☐ College Degree ☐ Graduate Degree ☐ Other:_____

***5. Job status of the primary caregiver(s) listed above?** Page 4

☐ Full-time (35+ hrs/wk) ☐ Part-time ☐ Multiple Jobs
☐ Temporary ☐ Working From Home ☐ Not Currently Employed

***6. Who does the infant/child live with?** Page 5

☐ Both Parents ☐ One Parent ☐ One Parent/Other Relatives
☐ Other Relatives/Not Parents ☐ Non Relative ☐ Foster/Adoptive Family
☐ Foster Family/CPS ☐ Pediatric Subacute Facility ☐ Other
☐ Unknown

***7. What is the race or ethnicity that best describes the biological/birth mother?** *(Check all that apply)* Page 5

☐ Black/African American ☐ Asian/Asian Indian
☐ American Indian/Alaskan Native ☐ Hispanic/Latino
☐ Mexican ☐ Native Hawaiian/Pacific Islander
☐ White/Caucasian ☐ Other: _____

***8. What is the race or ethnicity that best describes the infant/child?** *(Check all that apply)* Page 7

☐ Black/African American ☐ Asian/Asian Indian
☐ American Indian/Alaskan Native ☐ Hispanic/Latino
☐ Mexican ☐ Native Hawaiian/Pacific Islander
☐ White/Caucasian ☐ Other: _____

Record Tracker

The purpose of the Record Tracker tool is to help HRIF Programs track and finalize/close patient records.

The system will display the **"Date Expected"** for when the patient should have been seen for Standard Visit #1, #2 and #3, based on the recommended time frames. The "Date Expected" is calculated by using the patient's gestational age.

Once the Standard Visit is submitted the **"Visit Date"** and the visit **"Disposition"** will override the **"Date Expected"**.

NOTE: The Record Tracker is located under the **"Tools"** tab and is updated in real-time.

Case Status

Priority Cases are patient records with current adjusted age => 37 months and has one of the following:

1. Only has a Referral/Registration Form in the system (No visit forms submitted)
2. Open Forms = the ***"This Form is Closed"*** check box has **not** been checked
3. Non **"discharged"** disposition selected to close the case

   NOTE: Priority Cases are highlighted in **RED**

Warning Cases are patient records with current adjusted age < 37 months with a non **"discharged"** disposition selected to close the case and has one of the following:

1. Open Forms – the ***"This Form is Closed"*** check box has **not** been checked
2. Missing Standard Visit Form(s)
3. **NOTE:** Warning Cases are highlighted in **YELLOW**

Closed Cases are patient records with the following:

1. All forms are Closed – the ***"This Form is Closed"*** check box has been checked
2. A **"discharged"** disposition has been selected to close the case

HRIF RECORD TRACKER REPORT

HRIF Program:
Infant's Birth Year: 2014
Case Status: All
Total Case Num: 43
Report Date: 2017-10-02 01:13 PM

#	HRIF ID#	Name	DOB	Curr Adj Age (Months)	Curr Chron Age (Months)	SV#1	SV#2	SV#3	Latest Client Not Seen or Additional Visit	Case Status
38			11-26-2014	34.2	34.2	**Visit Date:** 04-28-2016 **Disposition:** Scheduled to Return	**Date Expected:** 07-13-2016	**Date Expected:** 11-26-2017		Warning Case
39			11-26-2014	34.2	34.2	**Visit Date:** 04-28-2016 **Disposition:** Scheduled to Return	**Date Expected:** 07-17-2016	**Date Expected:** 11-26-2017		Warning Case
40			11-17-2014	34.5	34.5	**Visit Date:** 12-17-2015 **Disposition:** Scheduled to Return	**Date Expected:** 07-27-2016	**Date Expected:** 11-17-2017	**Date:** 01-26-2017 **Reason:** No-show/Reason Unknown **Disposition:** Discharged - Closed Out of Program	Closed Case
41			03-13-2014	42.7	42.7	**Date Expected:** 01-27-2015	**Date Expected:** 09-27-2015	**Date Expected:** 03-13-2017	**Date:** 03-13-2017 **Reason:** Unable to Contact **Disposition:** Discharged - Closed Out of Program	Priority Case

CPQCC Reference Numbers

The purpose of the CPQCC Reference Number tool is to provide a full list of all the HRIF Programs registered infants and allow program staff to update and enter the CPQCC Patient Network ID Numbers.

The CPQCC ID Numbers tools is located under the **"Tools"** tab and is updated in real-time.

NOTE: All small babies (=< 1500 grams) born or discharged from a CPQCC CCS NICU should be assigned a CPQCC ID Network Number.

CPQCC REFERENCE NUMBERS

Infant's Birth Year/Month From 2015 Jan To 2015 Aug

Birth Weight All

View Report

CPQCC REFERENCE NUMBERS

HRIF Program:
Infant's Birth Year/Month: 2015-Jan to 2015-Aug
Birth Weight: All
Total Records: 9
Report Date: 2016-09-20

Update Selected Records

#	HRIF ID#	Discharge Date	Birth Hosp	Gender	DOB	Birth Weight	GA (weeks & days)	Birth Order	CPQCC Reference Number		NOT CPQCC Eligible	Update Record
									OSHPD Facility Code	CPQCC Patient ID#		
1		02/15/2015		Female	01/29/2015	1430	33weeks 4days	Singleton	0	5481	☐	☐
2		02/04/2015		Female	01/12/2015	1360	30weeks 4days	2A	0	00000	☐	☐
3		02/08/2015		Female	01/12/2015	1680	30weeks 4days	2B	0	5470	☐	☐
4		01/09/2015		Male	01/02/2015	2900	37weeks 0days	Singleton	0	99999	☑	☐

Error & Warning Report

Purpose of the Error and Warning Report tool is to alert HRIF Programs of missing or incorrect data entries and to help aid them in completing and finalizing their data.

The system will display patient records with any of the following issues: **"Duplicate Record"**, **"Missing CPQCC ID Number"**, **"No Forms"**, **"Transfer Record Incomplete"**, **"Met Age Limit for Program"**, **"Missing Birth Date of Mother"**, **"Incorrect Date of Visit"**, **"Duplicate Core Visit"** and **"Expected SV #1 Missing"**, and an action plan to resolve the issue.

NOTE: The Error and Warning Report tool is located under the **"Tools"** tab and is updated in real-time.

HRIF ERROR AND WARNING REPORT

HRIF Program: All
Infant's Birth Year: 2014
Total Case Num: 4668
Report Date: 2016-09-26 12:00 AM

Form Key:

RR = Referral/Registration
SV#1 = Standard Visit #1
SV#2 = Standard Visit #2
SV#3 = Standard Visit #3
AV#1 = Additional Visit #1
AV#2 = Additional Visit #2
AV#3 = Additional Visit #3
CNS/D#1 = Client Not Seen/Discharge #1
CNS/D#2 = Client Not Seen/Discharge #2
CNS/D#3 = Client Not Seen/Discharge #3

#	HRIF ID#	DOB	Description of Issue	Form	Action	Current Entry
1		01/01/2014	Missing CPQCC ID#, patient's birth weight is <= 1500 grams.	RR	Contact the CPQCC Data Contact to obtain the CPQCC Patient ID Number.	-00000
6		02/19/2014	Patient is currently >= 12 months adjusted age and no forms have been submitted.	RR	Please submit a CNS/D Form to document why the patient is not being followed.	32 months
7		02/19/2014	Possible Duplicate Record	RR	Please contact Kaiser Permanente - Oakland Campus to resolve.	
16		06/29/2014	Mother/Both Parents selected as "Primary Caregiver". Mother's date of birth cannot be coded as "Unknown".	RR	Please obtain and enter the mother's date of birth.	
17		06/29/2014	Missing CPQCC ID#, patient's birth weight is <= 1500 grams.	RR	Contact the CPQCC Data Contact to obtain the CPQCC Patient ID Number.	-00000

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System Improvements

Released 01.2017

Referral Rejected

- Drop down selection: ***"Duplicate Record"; "Not Eligible Due To:*** *text field"; and* ***"Referred in Error:*** *text field"*

NOTE: The record is returned to the referring center with **"Referral Rejected"** as the referral status and listed in the "Pending" tab.

<u>The Referring Center:</u>

1. Confirm that the record was a "Duplicate", "Referred in Error" and or "Not Eligible Due To" (**NOTE:** Confirmed records are removed from the system).
2. Records **"Referred in Error"** can be referred to another HRIF Program, if the infant met criteria and the HRIF Program clinic location and/or insurance (ie. Kaiser) was changed.

REFERRAL/REGISTRATION FORM

- ○ Accept
- ● Reject

Reason for Rejecting: Referred in Error

Describe the issue:

Reject

REFERRAL FORM

Referral Rejected - Referred in error : Spoke with mother and she is being followed at LAMC.

Select: ○ **Confirm** ○ **Re-Open**

Confirm

NOTICE

- You are unable to modify this form
- This referral case has been rejected by [redacted] HRIF Program.
- Select **"Confirm"** to agree that the referred case was a "Duplicate", "Referred in Error" or "Not Eligible". NOTE: The case will be deleted and removed from the system.
- Select **"Re-Open"** to make corrections to the form or to refer to another CCS HRIF Program.

Released 01.2017

System Submit CNSD Forms (Automatically)

- If the patient is 12 months, with ONLY a RR form
- If the patient is 3 years old
  - ***Reason =*** *Unable to Contact*
  - ***Disposition =*** *Discharged-Closed Out of the Program*

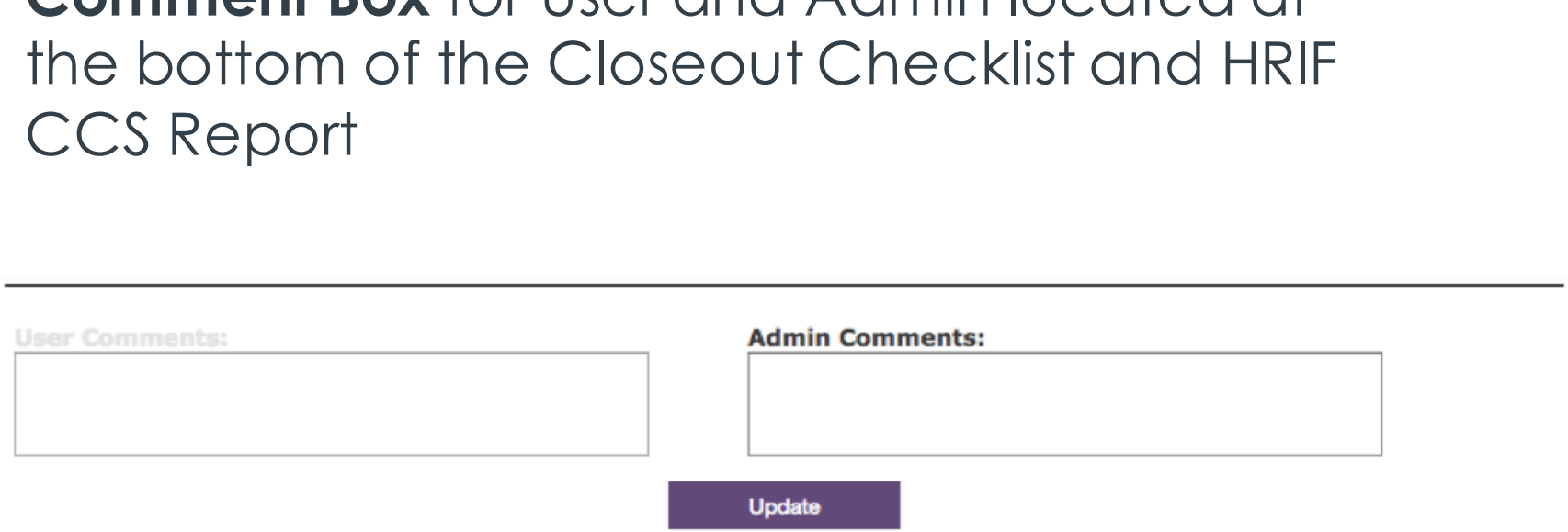
NOTE: The CNSD form will remain **"Open"** and display in the Pending tab, form status *"Pending Confirmation"*.

	All HRIF Programs Total Registered Cases : 32850 Total Expected Cases : 31352 Total Seen Cases : 21674					All HRIF Programs Data Distribution
	Num	%	% Median	% Lower Quartile	% Upper Quartile	
FOLLOW UP STATUS						
Visit Completion						
Among Registered Cases						
Seen Cases	21674	66.0%	70.8%	59.9%	77.9%	
Closed Cases Infant Expired	207	0.6%	0.6%	0.5%	1.0%	
Closed Case Seen Elsewhere	799	2.4%	1.6%	0.8%	2.8%	
Closed Case Moved Out of State/Country	492	1.5%	1.5%	0.9%	2.3%	
Closed Cases Other	4019	12.2%	10.5%	5.9%	16.7%	
Cases NOT Seen But Expected	5659	17.2%	11.3%	5.8%	21.1%	
Among Expected Cases						
Seen Cases	21674	69.1%	73.8%	62.0%	83.3%	
Closed Cases Other	4019	12.8%	10.8%	6.2%	17.1%	
Cases NOT Seen But Expected	5659	18.0%	11.6%	6.2%	22.5%	

Closed Cases Other						
Discharged - Closed Out of Program	4016	99.9%	100.0%	100.0%	100.0%	
Discharged - Graduated	3	0.1%	0.9%	0.8%	1.0%	
Reasons Cases NOT Seen But Expected						
Client Not Seen D/C Form NOT Provided	3458	61.1%	53.9%	35.8%	70.1%	
No-show/Reason Unknown	849	15.0%	17.4%	8.2%	31.2%	
Unable to Contact	637	11.3%	10.0%	3.0%	20.0%	
Infant Referred to Another HRIF Program	167	3.0%	4.3%	2.1%	11.9%	
Other	152	2.7%	4.3%	2.8%	8.6%	
Parent Competing Priorities	114	2.0%	5.0%	1.4%	8.9%	
Insurance Authorization Problems	111	2.0%	6.2%	1.8%	8.5%	
Infant Hospitalized	49	0.9%	3.3%	1.3%	5.3%	
Lost to Follow-up	32	0.6%	1.4%	0.8%	4.3%	
Infant Illness	23	0.4%	0.9%	0.8%	1.9%	
Lack of Transportation	20	0.4%	1.3%	0.7%	1.7%	
Infant/Family Moved Within California	16	0.3%	0.8%	0.4%	4.8%	
Parent Refused	16	0.3%	1.8%	0.9%	3.7%	
CCS Denied	6	0.1%	1.4%	1.3%	1.4%	
Parent Declines Due to Cost	5	0.1%	0.9%	0.8%	3.3%	
Parent Illness	4	0.1%	1.3%	0.9%	1.5%	

Released 04.2017

- **Comment Box** for User and Admin located at the bottom of the Closeout Checklist and HRIF CCS Report



Released 06.2017

- Error and Warning – **Expected SV #1 Missing**: Flag records that are still open no CNSD Form with a "Discharged" disposition and there is no SV #1 or AV #1 submitted.

- Summary Report: Follow-up Status and Disposition, displays data of Registered and Expected cases.

	All HRIF Programs Total Registered Cases : 8619 Total Expected Cases : 7222 Total Seen Cases : 930 Num	%	% Median	% Lower Quartile	% Upper Quartile	All HRIF Programs Data Distribution
FOLLOW UP STATUS						
Visit Completion						
Among Registered Cases						
Seen Cases	930	10.8%	10.5%	5.1%	18.2%	
Closed Cases Infant Expired	78	0.9%	1.3%	0.9%	2.1%	
Closed Case Seen Elsewhere	200	2.3%	3.3%	1.5%	4.8%	
Closed Case Moved Out of State/Country	250	2.9%	3.2%	2.0%	5.2%	
Closed Cases Other	1431	16.6%	16.3%	9.6%	26.1%	
Cases Not Expected Due to Age	869	10.1%	10.6%	8.4%	13.8%	
Cases NOT Seen But Expected	4861	56.4%	54.5%	44.7%	62.2%	
Among Expected Cases						
Seen Cases	930	12.9%	12.5%	6.1%	22.7%	
Closed Cases Other	1431	19.8%	18.5%	12.1%	31.8%	
Cases NOT Seen But Expected	4861	67.3%	64.3%	54.8%	76.7%	
Seen Cases						
Seen within the Window	904	97.2%	100.0%	100.0%	100.0%	
Seen before the Window	22	2.4%	22.5%	15.5%	37.2%	
Seen after the Window	4	0.4%	3.1%	2.5%	3.9%	
Seen Cases Form Status						
Seen and Form Completed	923	99.2%	100.0%	100.0%	100.0%	
Seen and Form NOT Completed	7	0.8%	9.1%	6.2%	54.5%	

Release 10.2017

- **Transfer Records** (Pending Cases) will display records transferred to your HRIF Program within the last 6 months.

1. Referral Forms Pending Acceptance
2. Rejected Referral Forms
3. Patient's Referred to Another HRIF Program Pending Acceptance
4. Patient Records with Open Forms
5. Transferred Patient Record within the Last 6 Months

TRANSFERRED PATIENT RECORDS WITHIN LAST 6 MONTHS BACK TO TOP

	HRIF ID#	Infant's Name	DOB	Adjusted Age	Transferred On
1	[redacted]23	[redacted]	[redacted]	38 months	05-30-2017
2	[redacted]28			12 months	05-05-2017
3	[redacted]28			11 months	04-26-2017
4	[redacted]21			11 months	04-26-2017
5	[redacted]32			10 months	03-31-2017

Future System Improvements

- New Medical Condition Filter: CHD Requiring Surgery added to System Reports
- Update User Login – ability to have access to more than one HRIF Program (KP North/South)
- HRIF Program Settings
- Custom Data Query

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Ticket System – Help Desk

CPQCC Help Desk

CPQCC Help Desk will be moving from OS Ticket to **Freshdesk**!

Starting November 1st members will be able to use the new "www.cpqcchelp.org" help system.

Effective January 2018 the OSTicket system will be disabled.

www.cpqccsupport.org

osTicket

www.cpqcchelp.org

freshdesk

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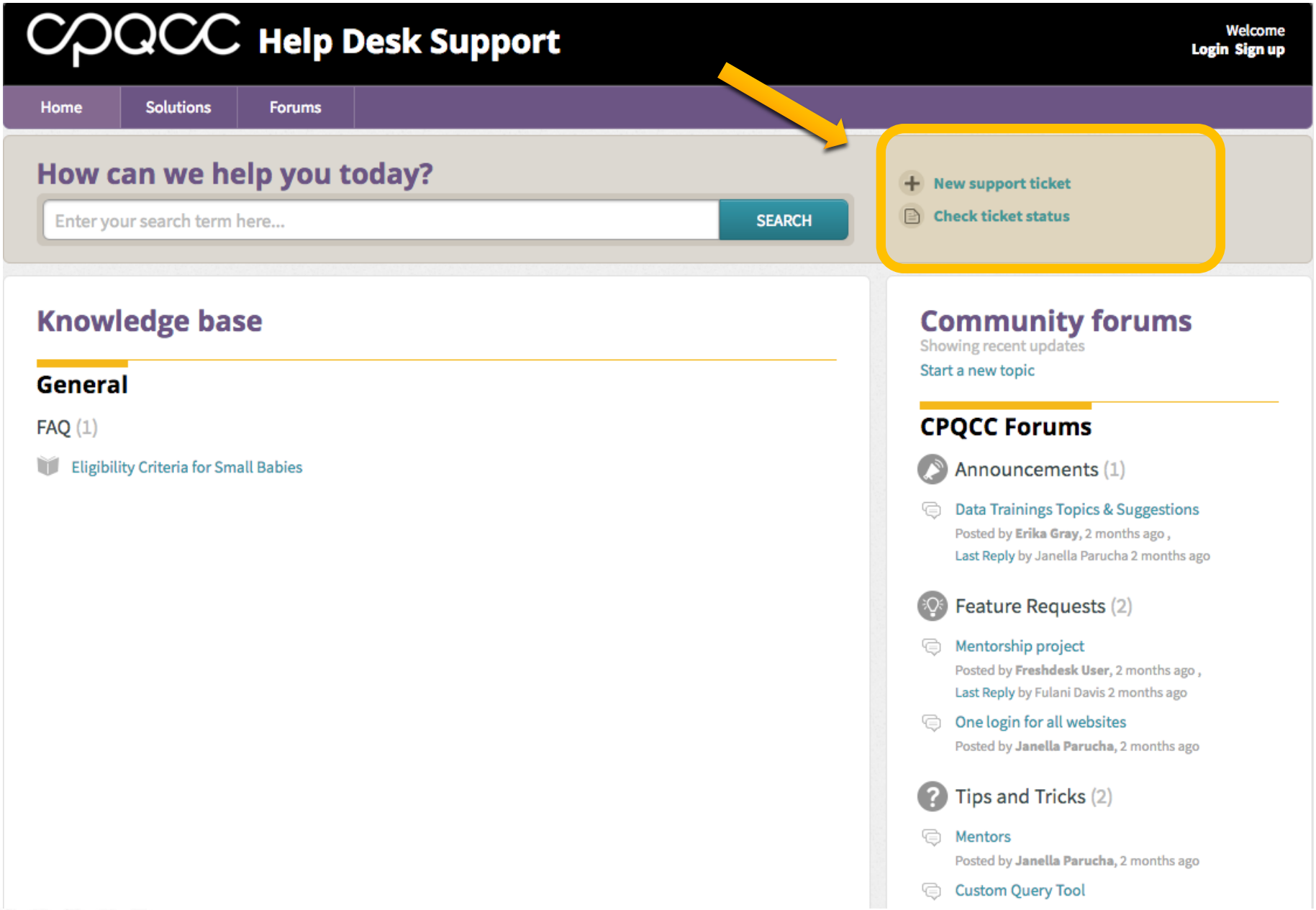

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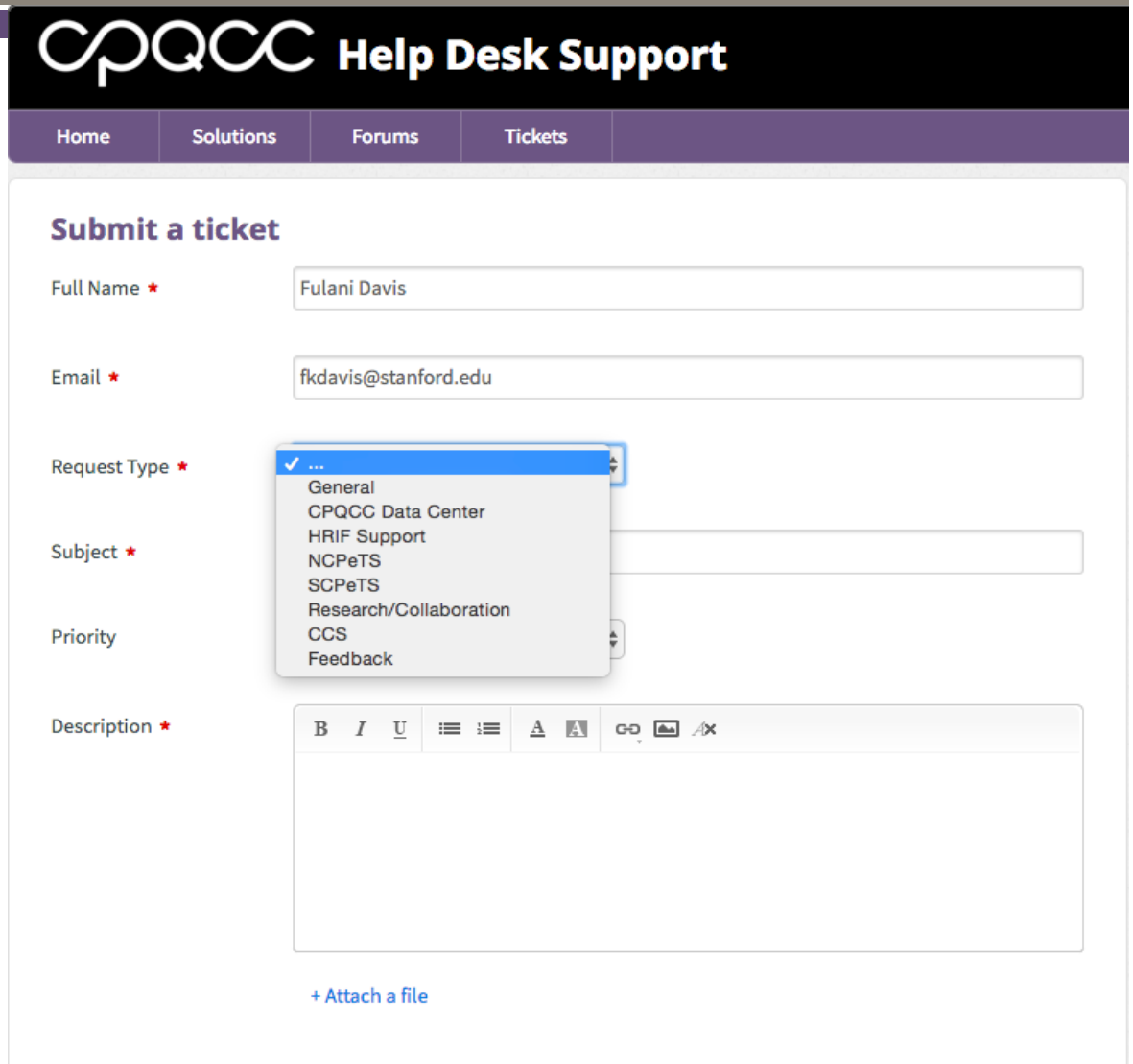
Submit a Ticket

- **Required Fields:**
  - Full Name
  - Email
  - Request Type
  - Subject
  - Description
- **Optional Fields:**
  - Priority: Low, Med, High, Urgent
  - Attach a file



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Program Contact Directories

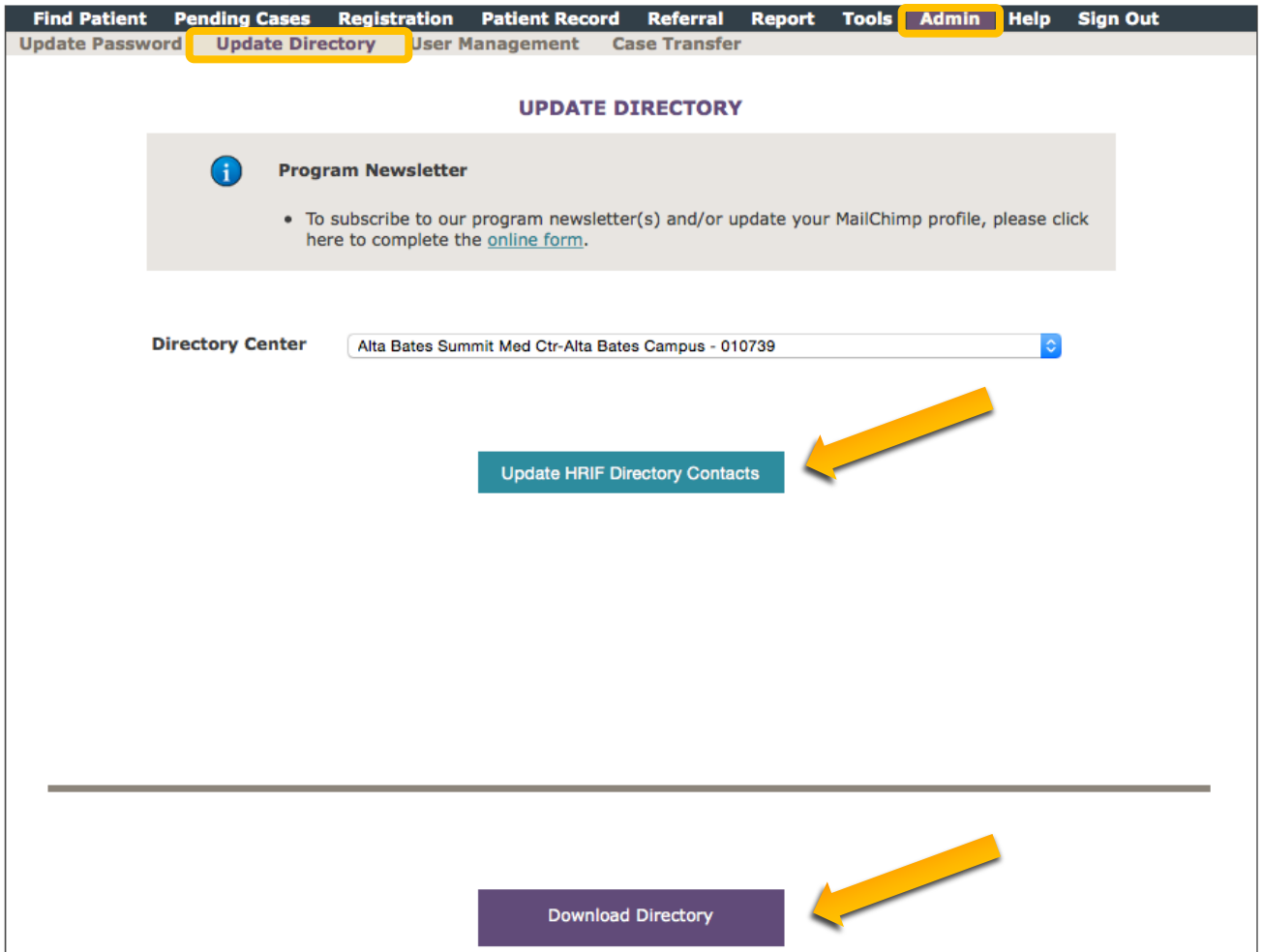
Update Directories

1. **CPQCC / HRIF-QCI Directory**
    1. Available at https://www.cpqccdata.org, **"Close-Out Check List"** => **"Item #7, Resource Link"**
    2. Available at https://www.ccshrif.org under the **"Admin"** tab => **"Update Directory"**
    3. Updates in real-time

2. **CCS-Approved Special Care Center (SCC) Directory**
    1. Available at http://www.dhcs.ca.gov/services/ccs/scc/Pages/default.aspx
    2. Find your **Facility Name**, then **click the Center Number (X.XX.XX)**
    3. Review SCC Directory
    4. Fax ***"SCC Directory Update Cover Sheet"*** and ***"SCC Directory"*** to Provider Services Unit: **#916-322-8798**

    NOTE: Follow-up with Joseph Schulman, MD (Director, NICU Quality Measurement and Improvement) @ Joseph.Schulman@DHCS.ca.gov, if SCC Directory is not updated within 4 weeks.

CPQCC/HRIF Directory



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HRIF Directory

The HRIF directory displays 9 contacts:

1. HRIF Program Contact (Coordinator)
2. HRIF Program Contact (Medical Director)
3. HRIF Contact #1 (HRIF Staff)
4. HRIF Contact #2 (HRIF Staff)
5. HRIF Contact #3 (HRIF Staff)
6. HRIF Contact #4 (HRIF Staff)
7. HRIF Program Contact (NICU Discharge Planner)
8. NICU Contact #1
9. NICU Contact #2

NOTE: Referring NICUs (centers without a HRIF Program on site) **only** make changes to **contacts 7 – 9, highlighted in above.**

Santa Monica - UCLA Medical Center & Orthopaedic Hospital

1250 16th Street
Santa Monica, CA 90404
Phone: 310-825-9111

County: Los Angeles
OSHPD Code: 190687
CCS NICU Level: Community
Region: 6 - Central-North LA-Coastal Valley (CNLA-CV)

Center provides HRIF care: Yes

If no, followup care provided by:

_____

Note: Submit a Help Ticket if the Center Information has changed.

HRIF Program Contact (Coordinator)	
1) Full Name (First Last)	Anna Copeland, RN, CCRN
2) Title	HRIF Coordinator
3) Street Address (Line 1)	1250 16th Street
4) Street Address (Line 2)	NICU
5) City	Santa Monica
6) State	CA
7) Zip	90404
8) Phone	424-259-8294
9) Email	acopeland@mednet.ucla.edu

HRIF Program Contact (Medical Director)	
10) Full Name	Valencia Walker, MD
11) Title	NICU/HRIF Medical Director
12) Phone	424-259-9253
13) Email	vpwalker@mednet.ucla.edu

NOTE: Submit a help ticket, if the ***"Center Information"*** has changed.

NICU Contact #1	
34) Full Name	
35) Title	
36) Phone	
37) Email	

NICU Contact #2	
38) Full Name	
39) Title	
40) Phone	
41) Email	

Please fill in your name to indicate who last updated this directory.	
42) Last Update By (Firstname Lastname) * must provide value	Anna Copeland

Submit

NOTE: If you make changes to the directory, it's required that you enter your full name before submitting the survey.

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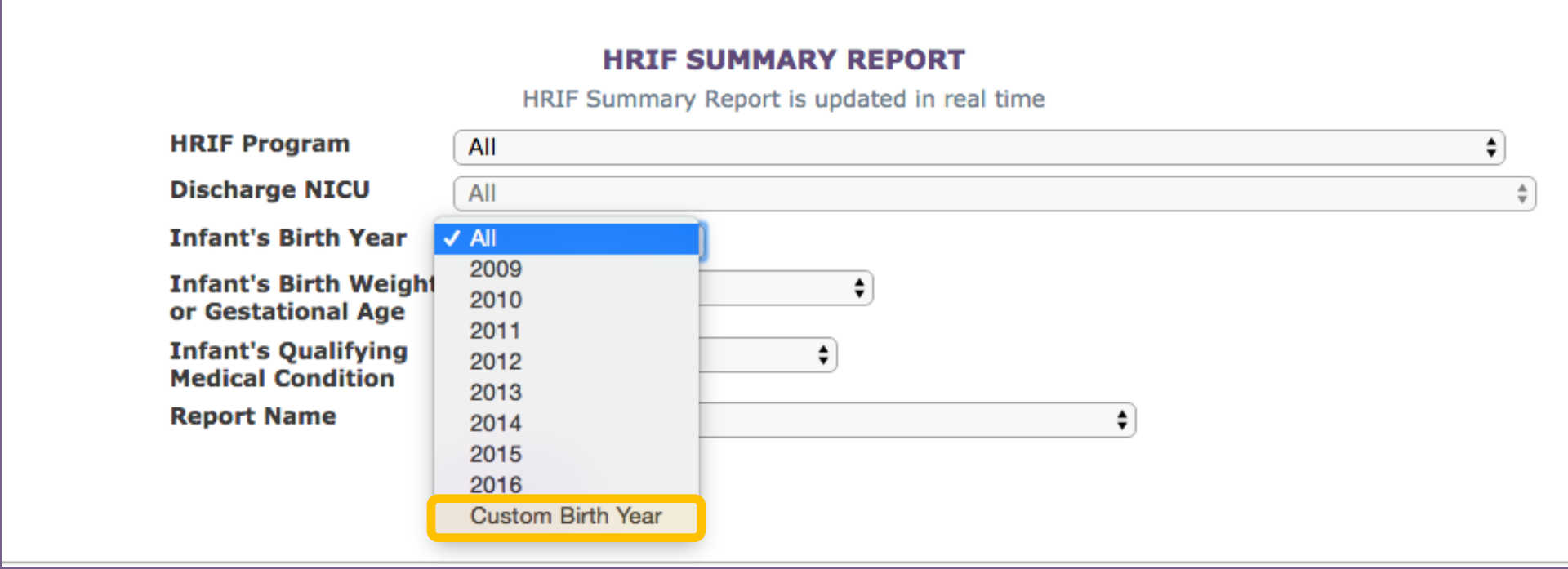
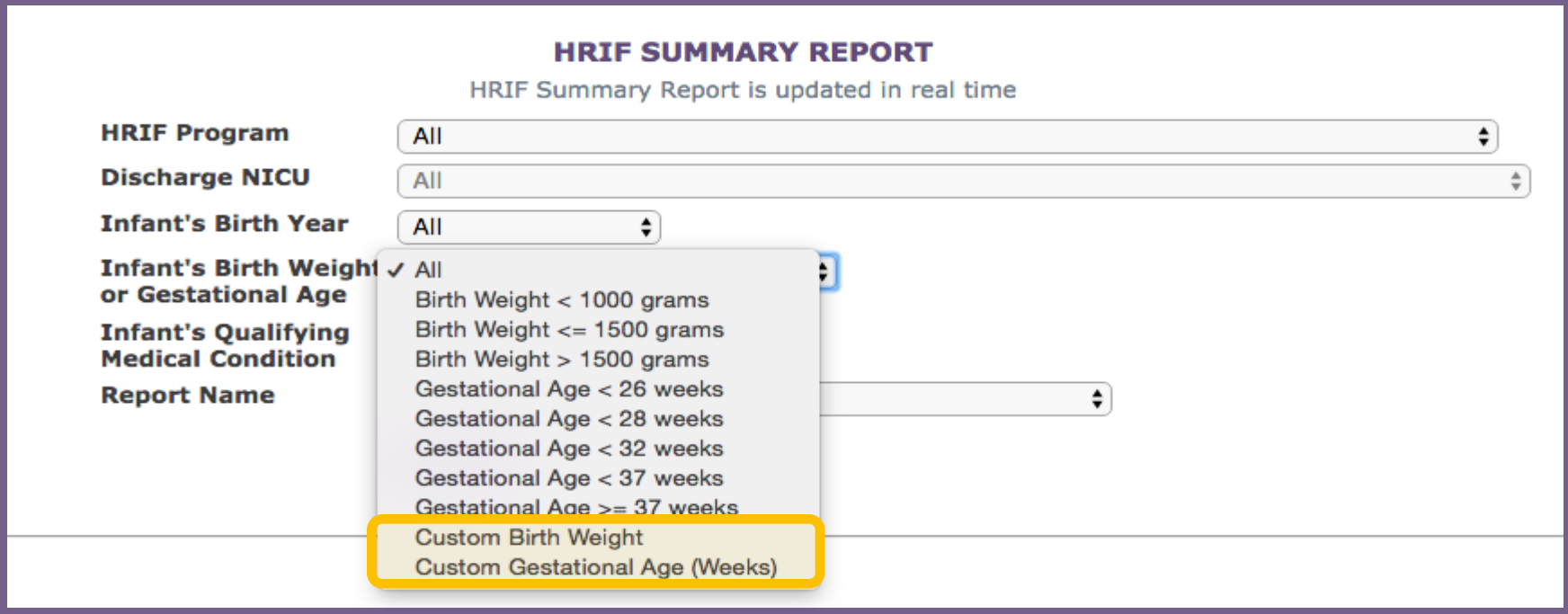
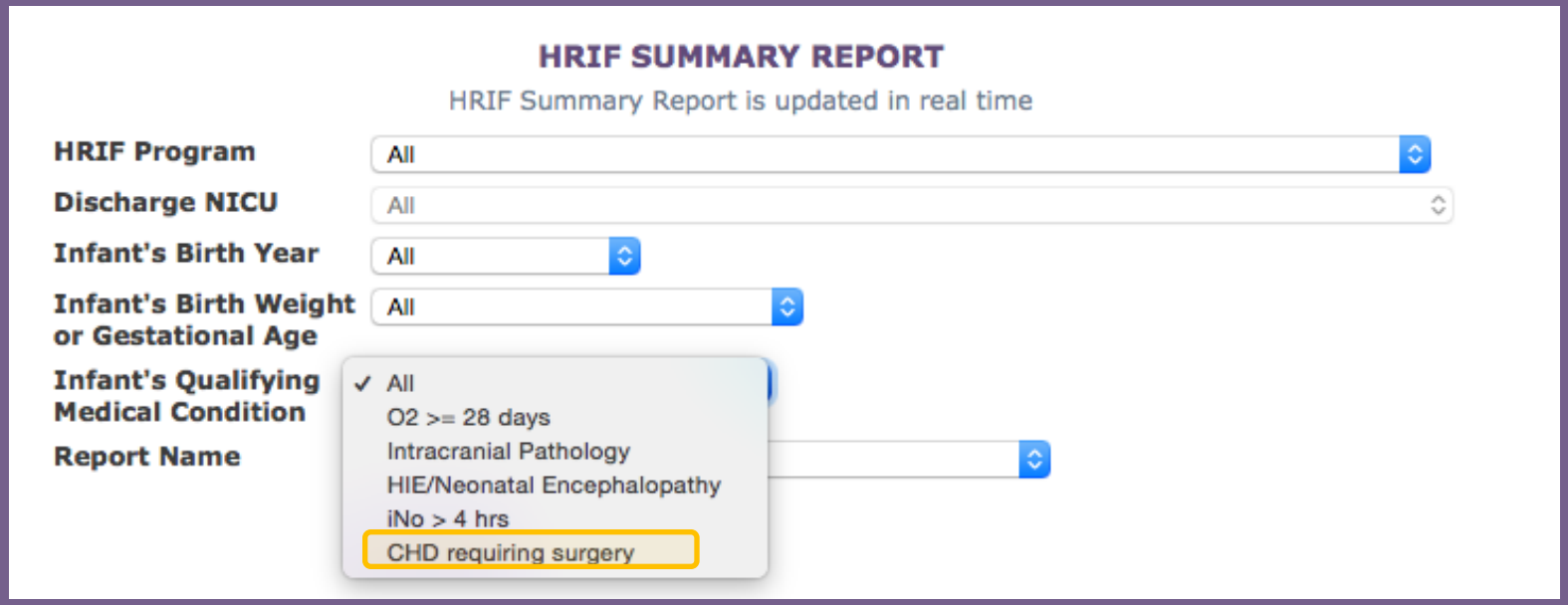
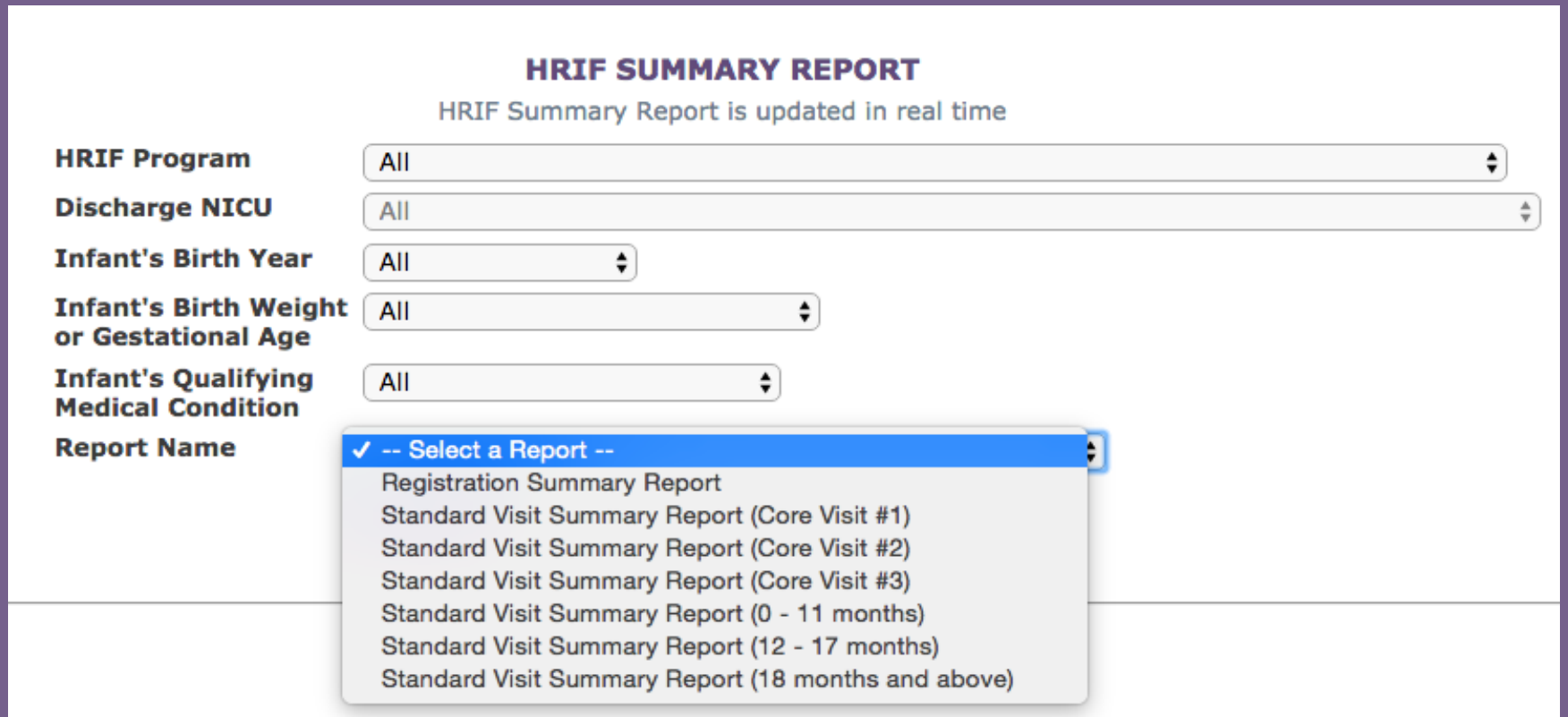
System Reports

- **HRIF Summary Report**
  - Provide HRIF Programs with confidential information about their patient's HRIF follow-up outcomes.
- **HRIF CCS Reports**
  - Provide CCS an annual compilation of site-specific longitudinal outcomes. Released after the data set cohort year has been finalized and closed.
- **NICU Report**
  - Provide NICU care providers with confidential information about their patient's post-discharge care, course, and HRIF follow-up outcomes.


HRIF SUMMARY REPORT
HRIF Summary Report is updated in real time
HRIF Program
All
Discharge NICU
All
Infant's Birth Year
All
2009
2010
2011
2012
2013
2014
2015
2016
Custom Birth Year
Infant's Birth Weight or Gestational Age
Infant's Qualifying Medical Condition
Report Name


HRIF SUMMARY REPORT
HRIF Summary Report is updated in real time
HRIF Program
All
Discharge NICU
All
Infant's Birth Year
All
Infant's Birth Weight or Gestational Age
All
Birth Weight < 1000 grams
Birth Weight <= 1500 grams
Birth Weight > 1500 grams
Gestational Age < 26 weeks
Gestational Age < 28 weeks
Gestational Age < 32 weeks
Gestational Age < 37 weeks
Gestational Age >= 37 weeks
Custom Birth Weight
Custom Gestational Age (Weeks)
Infant's Qualifying Medical Condition
Report Name


HRIF SUMMARY REPORT
HRIF Summary Report is updated in real time
HRIF Program
All
Discharge NICU
All
Infant's Birth Year
All
Infant's Birth Weight or Gestational Age
All
Infant's Qualifying Medical Condition
All
O2 >= 28 days
Intracranial Pathology
HIE/Neonatal Encephalopathy
iNo > 4 hrs
CHD requiring surgery
Report Name


HRIF SUMMARY REPORT
HRIF Summary Report is updated in real time
HRIF Program
All
Discharge NICU
All
Infant's Birth Year
All
Infant's Birth Weight or Gestational Age
All
Infant's Qualifying Medical Condition
All
Report Name
-- Select a Report --
Registration Summary Report
Standard Visit Summary Report (Core Visit #1)
Standard Visit Summary Report (Core Visit #2)
Standard Visit Summary Report (Core Visit #3)
Standard Visit Summary Report (0 - 11 months)
Standard Visit Summary Report (12 - 17 months)
Standard Visit Summary Report (18 months and above)

HRIF SUMMARY REPORT

HRIF Summary Report is updated in real time

HRIF Program All

Discharge NICU All

Infant's Birth Year All

Infant's Birth Weight or Gestational Age All

Infant's Qualifying Medical Condition All

Report Name Standard Visit Summary Report (Core Visit #1)

Report Section Name

- ✓ -- Select a Report Section Name --
- FOLLOW UP STATUS AND DISPOSITION
- MEDICAL ELIGIBILITY PROFILE
- SOCIODEMOGRAPHIC FACTORS (DATA CAPTURED ON RR FORM)
- LANGUAGE ASSISTANCE AND INSURANCE
- PATIENT AGE AND GROWTH METRICS
- CAREGIVER AND LIVING ENVIRONMENT
- INTERVAL HOSPITALIZATIONS AND SURGERIES
- INTERVAL MEDICINES AND EQUIPMENT
- MEDICAL SERVICES REVIEW
- NEUROSENSORY ASSESSMENT
- NEUROLOGICAL ASSESSMENT AND CEREBRAL PALSY
- DEVELOPMENTAL ASSESSMENT AND AUTISM
- SPECIAL SERVICES REVIEW
- STATE PROGRAMS AND SOCIAL CONCERNS/RESOURCES

HRIF CCS REPORT

HRIF CCS Report is static and only available for closed birth years.

HRIF Program All

Infant's Birth Year 2012

Infant's Birth Weight or Gestational Age All

Infant's Qualifying Medical Condition All

View Report

HRIF Program: All
HRIF Program Oshpd Code: All
Infant's Birth Year: 2012
Infant's Birth Weight/Gestational Age: All
Infant's Medical Eligibility Criteria: All
Report Date: 2016-06-02

1. Follow Up Status
2. Patient Assessment Quality Indicators at Core Visits
3. Hospitalization and Surgeries
4. Medical and Special Services
5. General and Resource Assessment
6. Neurologic and Neurosensory Exam
7. Developmental Assessment

7465 Registered Infants in 2012 for All

All Incomplete Priority Cases for 2012 is 18 / 7465 (0.2 %)

Table 1. Follow Up Status

Back to Top

	Core Visit #1				Core Visit #2				Core Visit #3			
	OSHPD All		All		OSHPD All		All		OSHPD All		All	
	Expected* 7428		Expected* 7428		Expected* 7420		Expected* 7420		Expected* 7414		Expected* 7414	
	N	%	N	%	N	%	N	%	N	%	N	%

NICU SUMMARY REPORT

NICU Summary Report is updated in real time

NICU Hospital All

Infant's Birth Year All

Infant's Birth Weight or Gestational Age All

Infant's Qualifying Medical Condition All

Inborn/OutBorn

- ✓ All
- Inborn, discharged from my NICU
- Inborn, transferred out
- Outborn

Report Name

Report Section Name

View Report

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CPQCC Website

"Our goal is to improve the health of pregnant women and newborns by making sure that approaches to illness that have been demonstrated to be effective are actually being carried out."

– JEFFREY B GOULD, MD, MPH, PRINCIPAL INVESTIGATOR, CPQCC

PQIP

Committee

PQIP defines indicators and benchmarks, recommends quality improvement objectives, provide performance improvement, and assists providers in a multi-step transformation of data into im care. More

News

CAN Q & A
Mar 14, 2017

Thank you to all who attended the CPQCC day at the CAN Meeting on March 3, 2017. As we could not have all of the questions answered at CAN, we have provided answers to all of the questions...

More

Events

Oct 3, 2017, 10:00am to 4:00pm
2018 CPQCC, HRIF-QCI, CPeTS Data Training @ SCVMC

751 S. Bascom Ave, San Jose, CA 95128 Valley Specialty Center Conference Room BQ...

More

Data Management Award

Recent Awards

2017 HRIF Follow-up Rate

2017 HRIF Super Star

Improving the quality of NICU care using state-of-the-art collaborative Quality Improvement Methods.

Mission & Vision
CPQCC Staff
Data Trainings & Program Updates
Executive Committee
Data Center Advisory Group
HRIF Executive Committee
Perinatal Quality Improvement Panel
Membership
Events
Data Management Awards
Contact Us
News

HRIF Executive Committee

The HRIF Executive Committee consists of a network of stakeholders consisting of public and private CCS approved HRIF Program representatives, neonatologists, developmental pediatricians, State CCS leadership, and CCS TAC members. The committee meets regularly to provide oversight and consultation, debate, review, prioritize and plan the direction in which the HRIF-QCI program moves. Such dialogue assures continued success within all project components.

Jeffrey Gould, MD, MPH	Principal Investigator, CPQCC
Susan Hintz, M.D., M.S. Epi	Co-Principal Investigator, HRIF-QCI
Dianne "Dini" Baker, RN, MSN	HRIF Program Representative
Charlene Canger, MSW, LCSW, MFT	Regional Perinatal, Social Worker Consultant
Anne DeBattista, PhD, C-PNP, C-PMHS	HRIF Program Representative
Grace Villarin Dueñas, MPH	Associate Director, CPQCC
Alex Espinoza, MD	HRIF Program Representative
Erika Gray, BA	Program Manager, HRIF-QCI
Maria A. L. Jocson	MD, MPH, FAAP Public Health Medical Officer, MCAH CDPH
Ryan H. Kotton, MD	HRIF Medical Director, CSMC
Eileen Loh, BS, MS	Software Engineer, SCCI
Rupalee "Palee" Patel, RN, BSN	HRIF Infant Coordinator, SCVMC

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Mar 2, 2017

2017 marks the 20th anniversary of CPQCC. This anniversary booklet includes an overview of CPQCC history, research, data center, quality improvement collaborations, and outcomes.

More

CPQCC Data Center

CPeTS

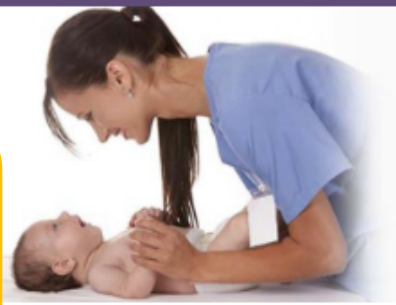
HRIF-QCI

- CCS HRIF Program
- Reporting Requirements
- Reporting System Access
- Resource Corner
- HRIF-QCI Support

MCCPOP

RPPC

CMQCC



High Risk Infant Follow-up Quality of Care Initiative

Children's Medical Services (CMS) Branch/California Children's Services (CCS) Program has worked with the CCS/California Perinatal Quality Care Collaborative (CPQCC) High Risk Infant Follow-up (HRIF) Quality of Care Initiative (QCI) to develop a web-based HRIF Reporting System to collect data for the CCS HRIF Program. The Reporting System will be able to identify quality improvement opportunities for NICUs in the reduction of long term morbidity; allow programs to compare their activities with all sites throughout the state; allow the state to assess site-specific successes; and support real-time case management. The system, collecting data on high risk infants up to their third birthday, enrolled in the CCS HRIF Program, will add value to the current CPQCC data already collected.

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 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.

CCS HRIF Program

Policy and information for the California Department of Health Care Services, Systems of Care Division, California Children's Services (CCS) HRIF Program's medical eligibility criteria, diagnostic services, provider responsibilities, and procedures for billing authorized HRIF services provided to CCS HRIF eligible neonates, infants and children. More ▸

Reporting Requirements

- CCS-approved NICUs are responsible for identifying and referring eligible high-risk infants to a CCS HRIF Program for follow-up care.
- The HRIF Program Coordinator is responsible for ensuring that high-risk infants follow-up data is collected and submitted via the web-based HRIF-QCI Reporting System. More ▸

Reporting System Access

Need access to submit data for CCS high-risk eligible infants. More ▸

News

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More ▸

CPQCC Data Center

CPeTS

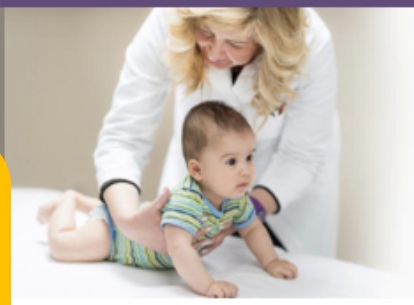
HRIF-QCI

- CCS HRIF Program
  - HRIF Program Services
  - Medical Eligibility Criteria
  - Authorization of HRIF Services
  - Claims Submission
  - Becoming an HRIF Provider
- Reporting Requirements
- Reporting System Access
- Resource Corner
- HRIF-QCI Support

MCCPOP

RPPC

CMQCC



CCS HRIF Program

The CCS HRIF Program was established in 1979 to identify infants who might develop CCS Program-eligible conditions after discharge from a CCS Program- approved Neonatal Intensive Care Unit (NICU). Since 1979, the CCS Program's goal of identifying neonates, infants and children who may develop a CCS Program- eligible medical condition has not changed.

The CCS Program's standards for NICUs require that each CCS Program-approved NICU ensure the follow-up of neonates and infants discharged from the NICU who have high risk for neurodevelopmental delay or disability. The CCS HRIF Program provides for three Standard Visits which include a limited number of outpatient diagnostic services for infants and children up to three years of age whose care was provided in a CCS Program-approved NICU. All three Standard Visits should occur, particularly for those neonates, infants and children identified with impairments or to be at high risk, including very low birth weight infants, even if the child has been referred to services and other resources.

Each CCS Program-approved NICU must have an organized HRIF Program for the provision of these core diagnostic services or a written agreement with another CCS Program-approved HRIF Program to provide these services.

The CCS HRIF Program revised medical eligibility criteria (P.L. 01-0606), effective July 1, 2006, with additional diagnostic services available for reimbursement. The policy in P.L. 01-1113 dated November 22, 2013 clarified the HRIF criteria for services to ensure all eligible infants have access to these diagnostic assessments. These criteria are reiterated in the High Risk Infant Follow-up Program Number Letter (N.L.): 01-1016.

P.L. 01-1113 included clarification on medical eligibility for those neonates who require direct admit to a CCS Program-approved Pediatric Intensive Care Unit (PICU), who are never admitted to a CCS Program-approved NICU, but who otherwise meet all medical eligibility criteria for HRIF services. These neonates are eligible for HRIF services.

The goal of the HRIF Program is to provide opportunities to identify clients with new or emerging problems and make appropriate referrals. HRIF services include:

1. Comprehensive History and Physical Examination, including neurologicassessment
2. Developmental Assessment (Bayley Scales of Infant Development [BSID] or an equivalent test)
3. Family Psychosocial Assessment, to be performed during the child's three-year eligibility period

News

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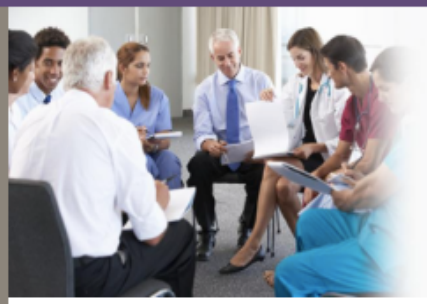

Reporting Requirements

Annual Data Trainings & Program Updates

The CPQCC Data Center, CPeTS Executive Committee and CPQCC/CCS HRIF-QCI Program jointly conducts three in-person Data Training & Program Update sessions throughout the state, one in Northern California and two in Southern California. The in-person trainings will provide program updates, opportunities for networking, interactive learning sessions and for in-depth discussion regarding the data collection. More ▸

NICU Program Responsibilities

Each CCS-approved NICU that has its own HRIF Program is required to have a multidisciplinary team of professionals that may include pediatricians or neonatologists, pediatric nurse practitioners (PNPs), nurse specialists, ophthalmologists, audiologists, social workers, psychologists, physical therapists, and occupational therapists. All professionals listed must be CCS-approved. The PNP only requires CCS-approval when functioning in the CCS HRIF Program as the HRIF Coordinator.

As part of the NICU discharge planning process, the NICU must identify and refer to the CCS Program clients identified as potentially eligible for the HRIF Program.

1. This can be accomplished by submitting Service Authorization Requests (SARs) to the appropriate County CCS Program or State Systems of Care Division (SCD) Office.
2. The SARs are available online at the CCS Forms website, http://www.dhcs.ca.gov/formsandpubs/forms/Pages/CCSForms.aspx
3. Click on form DHCS 4488 (New Referral of CCS/GHPP Client SAR or form DHCS 4509, Established CCS/Genetically Handicapped Persons Program Client SAR).
4. These forms can be completed online. Print and fax to the appropriate county CCS Program or State SCD Office.
5. The approved or denied SARs for HRIF services will be mailed or faxed to the HRIF provider by the local county CCS Program or SCD Office, if the hospital facility is not approved to access

News

CAN Q & A

Mar 14, 2017

Thank you to all who attended the CPQCC day at the CAN Meeting on March 3, 2017. As we could not have all of the questions answered at CAN, we have provided answers to all of the questions...

CPQCC 20th Anniversary

Mar 2, 2017

2017 marks the 20th anniversary of CPQCC. This anniversary booklet includes an overview of CPQCC history, research, data center, quality improvement collaborations, and outcomes.

More ▸

CPQCC Data Center
CPeTS
HRIF-QCI
- CCS HRIF Program
- Reporting Requirements
- Reporting System Access
- Resource Corner
- HRIF-QCI Support

MCCPOP
RPPC
CMQCC

Resource Corner

HRIF Medical Eligibility Criteria

- CCS HRIF Program Medical Eligibility Criteria - Flow Chart

HRIF Manual and Reporting Forms

- HRIF-QCI: Manual of Definitions - Released 01.17
- Referral/Registration (RR) Form - v01.17
- Standard Visit (SV) Form - v01.17
- Additional Visit (AV) Form - v01.17
- Client Not Seen/Discharge (CNSD) Form - v01.17

CPQCC & HRIF-QCI Data Finalization Calendar

- Year 2017
- Year 2018

Data Finalization Process (DFP) - 2018

- DFP Schedule
- DFP Guidelines and Tools
- DFP Quick Reference Sheet

Reporting System Tools

1. **System Updates & Presentations**

   Updates

   - Reminders & Tips - New Users
   - Frequently Asked Questions

   Presentations

   - 2017 Data Training Presentation - October 2016

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That's All Folks – Any Questions?

THANK YOU!

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