

What's New with HRIF

2022 Data Training Session
October 20, 2021





Webinar Logistics

- Attendees are automatically muted upon entry
- If you attend as a team, please create a sign in sheet and share it with info@cpqcc.org to be eligible for contact hours/CEU's
- The "chat" function has been disabled. Please utilize the Q&A box if you are having technical difficulties and to submit any questions you have for the presenters. We will answer as many questions as possible during the Q&A portion of the webinar.
- The slides and webinar recording will be sent out after the webinar and will also be posted on the CPQCC website at https://www.cpqcc.org/engage/annual-data-training-webinars-2021
- Attendees will be eligible for contact hours through the Perinatal Advisory Council: Leadership, Advocacy, and Consultation (PAC/LAC). This webinar series is being jointly provided by CPQCC and PAC/LAC. PAC/LAC is an approved provider by the California Board of Registered Nursing, Provider number CEP 5862.





Presenters



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CPQCC HRIF



Erika Gray
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HRIF Team Members



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Training Session Overview

- CCS HRIF Program & Database Access
- **❖** 2022 Database Changes
 - * Telehealth Assessments
- System Improvements
 - Clinic Dashboard
 - * Referral Registration EDS option
- Data Finalization Process
- Database Reports
- * Resources
- Q&A Session





CCS HRIF
Program &
Database Access









CCS HRIF Program

1979 CCS launches statewide "NICU Follow Up Program" to provide follow-up care to high risk infants discharged from the NICU.

2006 CCS partners with CPQCC to completely restructure and remodel high risk infant follow up

2010 CPQCC CCS HRIF Quality Care Initiative is launched.

Diagnostic Services:

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



High Risk Infant Follow-up Program Letter: 01-1016 (supersedes 01-1113)





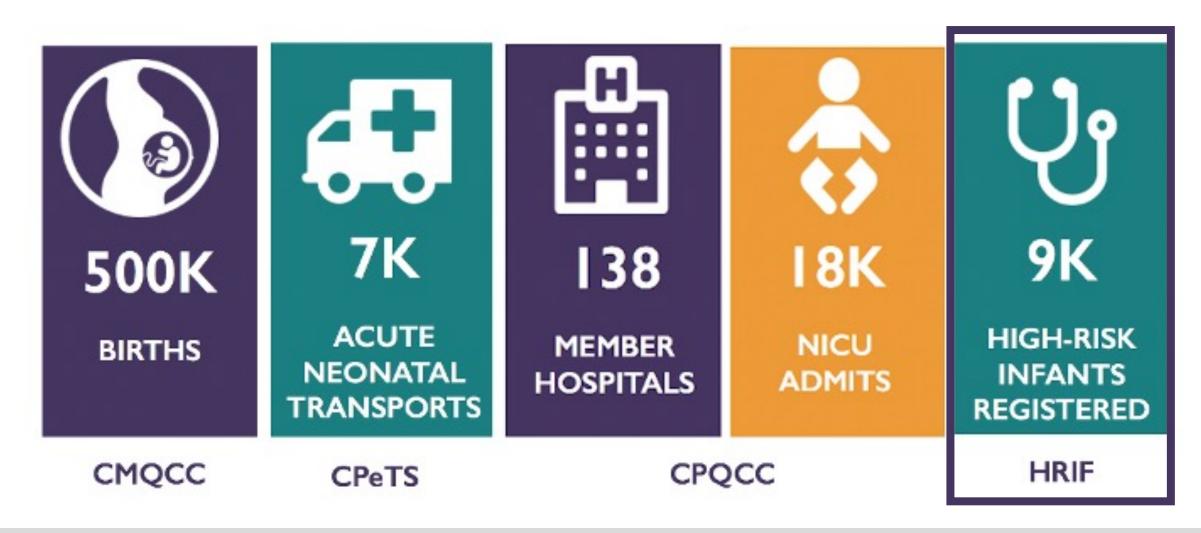
Goals for CCS CPQCC HRIF

- Clarify eligibility, overhaul HRIF visit structure
- Create a new infrastructure for consistent HRIF care:
 - Create a <u>completely web-based system</u>; develop online tools, reports, resources to support real-time case management.
- Support clinical care, site-specific and statewide improvements:
 - Sites and state evaluate challenges/barriers/gaps/disparities targeting areas for improvement.
 - Support site-specific and statewide QI/PI.
- A framework to understand the NICU-to-childhood trajectory:
 - Build a true continuum of care structure, linking to CPQCC.





BY THE NUMBERS





Who do we serve? - CCS HRIF Eligibility



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



DATE: October 12, 2016

Numbered Letter: 05-1016 Supersedes: N.L. 10-1113

Index: Benefits

TO:

ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM ADMINISTRATORS, CCS MEDICAL CONSULTANTS, AND STATE

SYSTEMS OF CARE DIVISION (SCD) PROGRAM STAFF

SUBJECT: HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM SERVICES

Medical Eligibility: **Small Babies**

• Birth weight less than or equal to 1500g

OR

• GA at birth less than 32 weeks

Medical Eligibility: Big Babies

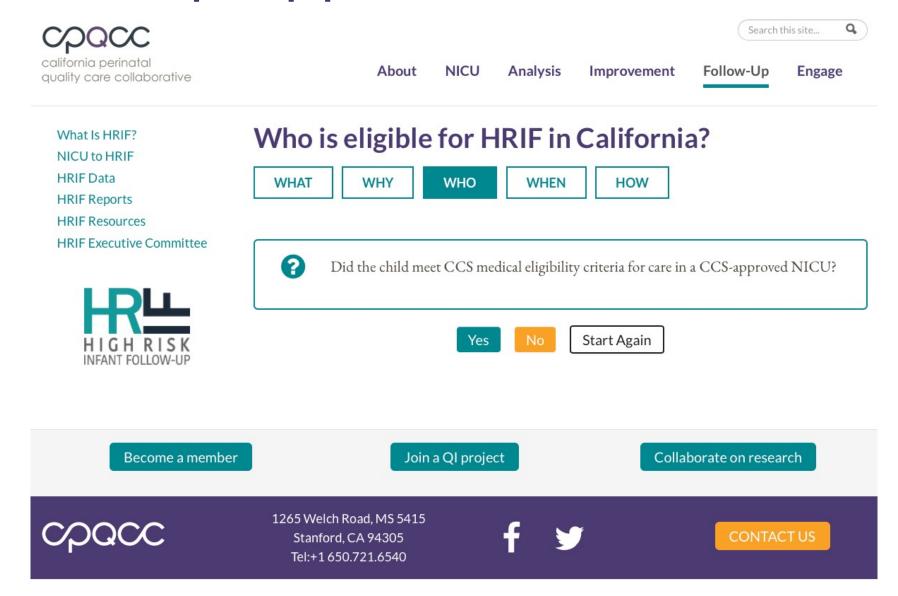
A range of neurologic, cardiovascular risk factors including, but not limited to:

- Placed on ECMO, nitric oxide more than 4 hours, other;
- Congenital heart disease requiring surgery or intervention,
- History of observed clinical or EEG seizure activity,
- History and/or findings consistent with neonatal encephalopathy,
- Other problems that could result in a neurologic abnormality





https://cpqcc/follow/what-hrif/who





CCS HRIF PROGRAM MEDICAL ELIGIBILITY CRITERIA

Data should be collected on infants/children under three years of age who meet California Children's Services (CCS) HRIF medical eligibility criteria and who met CCS medical eligibility criteria for Neonatal Intensive Care Unit (NICU) care OR had a CCS eligible medical condition at some time during their stay in a CCS-approved NICU, even if they were never a CCS client. Infants are medically eligible for the HRIF Program when the infant:

Met CCS medical eligible criteria for NICU care, in a CCS Programapproved NICU, regardless of length of stay, (as per Number Letter 05-0502, Medical Eligibility in a CCS Program-approved NICU or the most current N.L.). NOTE: Medical eligibility includes neonates who require direct admit to a CCS-approved PICU, who are never admitted to a CCS Program-approved NICU, but who otherwise meet all medical eligibility criteria for HRIF services.

OR

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





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



HRIF Program Referral Process:

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

- The discharging/referring NICU/Hospital will refer eligible infants to the HRIF Program at the time of discharge to home, and complete the "Referral/Registration (RR) Form" via the web-based HRIF-QCI Reporting System.
- The discharging/referring NICU/Hospital 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
- The discharging/referring NICU/Hospital will send a copy of the Discharge Summary to the HRIF Program.

Medical eligibility for the HRIF Program is determined by the County CCS Program or Regional Office staff. The CCS Program is also required to determine residential eligibility. As the HRIF Program is a diagnostic service, there is no financial eligibility determination performed at the time of referral to CCS. However, insurance information shall be obtained by CCS. An infant or child is eligible for the HRIF Program from birth up to 3 years of age.

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

- 1. pH less than 7.0 on an umbilical blood sample or a blood gas obtained within one hour of life) or an Apgar score of less than or equal to three at five minutes or an Apgar score less than 5 at 10 minutes.
- 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).
- Infants placed on extracorporeal membrane oxygenation (ECMO).
- Infants who received inhaled nitric oxide greater than four hours, and/or treatment during hospitalization with sildenafil or other pulmonary vasodilatory medications for pulmonary hypertension.
- 7. Congenital heart disease requiring surgery or minimally invasive intervention.
- History of observed clinical or electroencephalograhic (EEG) seizure activity or receiving antiepileptic medication(s) at time of discharge.
- Evidence of intracranial pathology, including but not limited to, intracranial hemorrhage (grade II or worse), white matter injury including periventricular leukomalacia (PVL), cerebral thrombosis, cerebral infarction or stroke, congenital structural central nervous system (CNS) abnormality or other CNS problems associated with adverse neurologic outcome.
- 10. Clinical history and/or physical exam findings consistent with neonatal encephalopathy.
- 11. Other documented problems that could result in neurologic abnormality, such as: history of CNS infection, documented sepsis, bilirubin at excessive levels concerning for brain injury as determined by NICU medical staff, history of cardiovascular in stability as determined by NICU medical staff due to: sepsis, congential heart disease, patent ductus arteriosus (PDA), necrotizing enterocolitis, other documented conditions.





NICU Referral Requirements

- Each CCS approved NICU must have an organized HRIF Program or a written agreement with another CCS -approved HRIF Program.
- 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 clinic.

The NICU Referral Process:

- 1. Complete Referral/Registration (RR) Form and submit via HRIF Reporting System at time of discharge to home
- 2. Submit a Service Authorization Request (SAR) to the local CCS Office to gain approval for HRIF services (Service Code Group [SCG] 06 should be requested)
- 3. Send a copy of the child's discharge summary to the HRIF clinic

High Risk Infant Follow-up Program Letter: 01-1016 (supersedes 01-1113)







HRIF Visits: Number and Timing



Provides for 3 "Standard" or core visits:

• SV #1: 4 - 8 months

• SV #2: 12 - 16 months

• SV #3: 18 - 36 months

NOTE: CCS has extended support for HRIF visits through 42 months due to the challenges around COVID-19 through **December 2021**.

Additional Visits covered by CCS as determined to be needed by HRIF team







HRIF Visits: Content

- Neurosensory, neurologic, developmental assessments, autism screening, but much more
 - Hospitalizations, surgeries, medications, equipment
 - Medical services and Special services
 - Data obtained about Receiving, Referred, but also Referred and NOT receiving and Why?
 - Early Intervention, Medical Therapy Program
 - Concerns and Resources Living/ care arrangements, caregiver concerns, language in household, family social economic stressors





HRIF Clinic Structure



CCS HRIF clinics are CCS Program Special Care Center (SCC), the required team members include a CCS Program-approved:

HRIF Program Medical Director (pediatrician or neonatologist), HRIF coordinator, ophthalmologist, audiologist, social worker, and an individual to perform the developmental assessment.

Each of these professionals may be reimbursed for the diagnostic services they provide.





HRIF Reporting Requirements

The HRIF Coordinator is responsible for ensuring that data is collected and reported to the Systems of Care Division, CCS HRIF Program and CPQCC.

The HRIF Coordinator will:

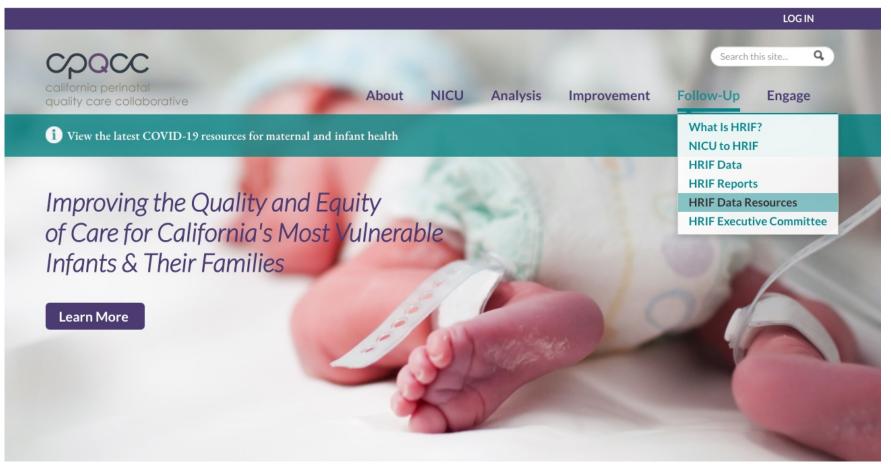
- Coordinate the collection, collation, and reporting of required data
- Provide data to HRIF Reporting System: https://www.ccshrif.org.
- Ensure required data is submitted accurately and meets all required deadlines
- Review and share results of HRIF reports with HRIF & NICU teams
- Fully participate in the CCS HRIF Program evaluation
- Provide data and information that is required for the CCS HRIF Program evaluation





Where can I find it?

https://www.cpqcc.org





What Is HRIFT NICU to HRIF

HRIF Data

HRIF Reports HRIF Data Resources

HRIF Executive Commit



HRIF Data Resources

The resources below are designed to assist HRIF Data Contacts in abstracting and emering data into the HRIF Reporting Senson as efficiently and effectively as possible. If you have a question recording any of these passages, single submit a ricks

Medical Eligibility Criteria

CCS HBLIF Prost

Manual and Forms

- Referral/Reviewedon (RR) from
- Standard Visit (SV) Form

HRIF Clinic Tools

- . HRIF Family Handour
- . LIBROCALD OF SATISFACION VINES CCS NICU HRIF Eligible Infants Referred
- CCS HBLIF Program Billing Codes
- Gross Monor Function Classification Sense

The Family Information Form collects socialdemographic information about HRIF patients and their families to determine the specific needs of this partieur population and develop better standards of can for California HRJF Programs

- English-Instructions and Form
- . Spanish-Instructions and Form
- . Vietnamese Instructions and Form

 Modified Cheddler for Autism in Teddlers Revised with Follow Un (M-CHAT-8,/E)

- . Modified Cheddler for Aution in Teddler (M-
- CHAT) and M-CHAT Scoting
- Communication and Symbolic Behavior Scales
- Pervasive Developmental Disorders Screening Tee II (PIDDST-II)

Other Codes

2022 Data Finalization

- - . Quick Reference Sheet · Scholule

- Presentations . The Value of HIRIF (2015)
- . Overview of the new HRIF Reporting System. (Nov 2020)
- . What's New with HRJF (Oct 2020)



. Sand by Hapital Name

California Children Services (CCS)

is for HRSF under Seation III, HRSF Eligibility, and

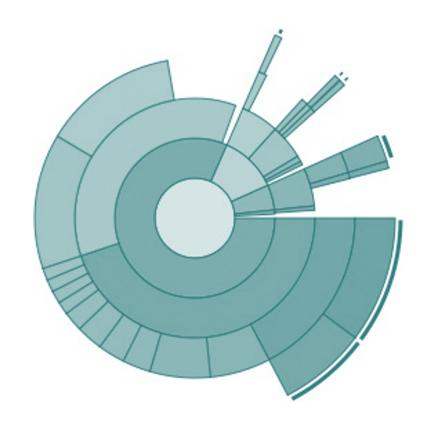
- CXS Mono 8-2012
- Heating Assessment Requirem
- . CCS County Officer
- CCS Provider Bracese
- SAR Authorization Pro-Whole Child Model

- Regional NICU Standards
- Innmedian NICU Standard





CCS NICUs and HRIF Programs



123 CCS NICUs (67 w/HRIF Clinics)

- 23 Regional
- 86 Community
- 14 Intermediate

67 HRIF Clinics

- 23 Regional
- 44 Community

56 Referring CCS NICUs

- 42 Community
- 14 Intermediate





By the Numbers

January 2009 through October 2021

100,900

high risk infants registered statewide!

143,200

standard visits performed

10,300

additional visits performed

48,100 (48%)

VLBWs registered/referred (≤1500 g)

17,500

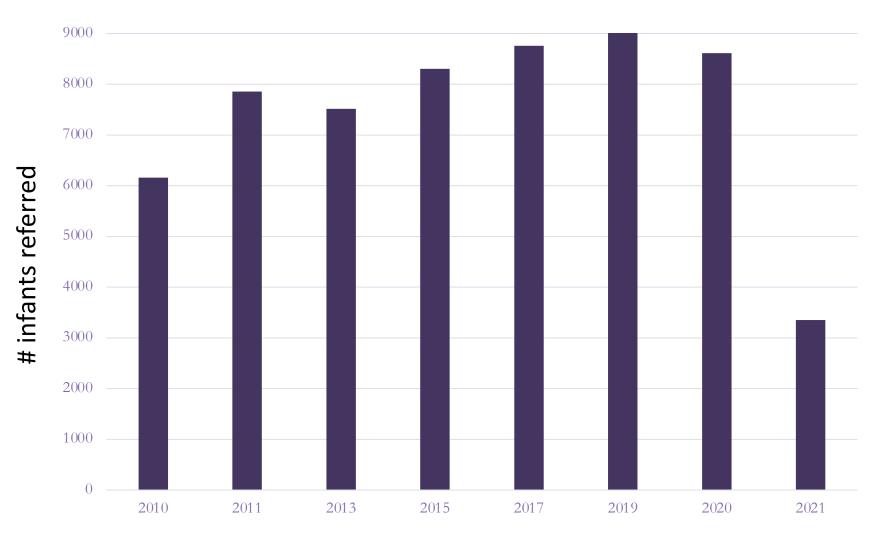
<28 weeks

7,500

<26 weeks



Referral to CPQCC CCS HRIF by Birth Year



The # of high-risk infants referred to CPQCC CCS HRIF has increased since 2010.

Registration for 2021 infants closes July 1, 2022





How to gain access to the HRIF Reporting System?





Requirements for Access

- 1. Your hospital must currently have a CCS-approved NICU or HRIF Program
- 2. You must be listed on the Member Directory

If you do not meet the above qualifications, then an authorized user must request access on your behalf. Make sure to include the authorized person in the help ticket request.

How to Access the Reporting System from Home

- Contact your hospital's IT team
- Install a VPN (Virtual Private Network) access portal on your computer VPN enables users to send and receive data across a shared or public network as if your computing devices was directly connected to your hospital's private network.



Requirements for Access

- 1. Center Name
- 2. Does your center provide HRIF services? (Y/N)
- 3. Full name (First and Last)
- 4. Title
- 5. E-mail Address
- 6. Phone Number



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

Data User: HRIF clinic staff responsible for submitting all data forms for patients receiving follow-up services in their clinic. Can generate the HRIF Summary and CCS Annual Reports.

Referral User: CCS-approved NICU and/or HRIF clinic staff who refer eligible infants to an HRIF clinic.

NICU User: CCS-approved NICU staff who can generate the NICU Summary Report.



8. Computer Public IP Address



Contact your IT department to request the "Public IP Address Ranges" used by the hospital's network and provide the ranges in the description of the help ticket. Note: Access is only authorized while connected to your organization's network. Access from home or while traveling is not permitted. This procedure enhances the security of the Reporting System.

Submit a help ticket at www.cpqcchelp.org with the required information listed.





Data Reporting System Access

Many layers of security!

- Must obtain user account access through CPQCC
 - Password protected
- Must supply public IP address ranges from your hospital/institution network
 - System will <u>not</u> allow access if not connected to authorized network. (*VPN can allow you to access from home*)
- Duo Secure

Submit a help ticket at www.cpqcchelp.org
with the required information listed.



Where can I find it?

https://www.cpqcc.org



NICU

What Is HRIF?

NICU to HRIF

HRIF Data

HRIF Reports

HRIF Data Resources

HRIF Executive Committee



HRIF Data Resources

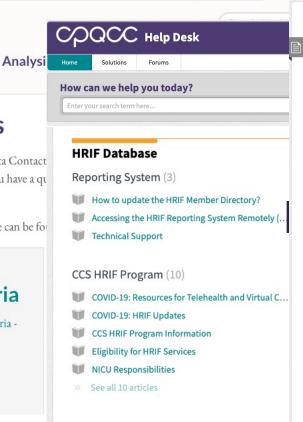
About

The resources below are designed to assist HRIF Data Contact System as efficiently and effectively as possible. If you have a qu through our Help Desk.

Resources for entering data into the NICU Database can be for

Medical Eligibility Criteria

 CCS HRIF Program Medical Eligibility Criteria -Flow Chart



How can we help you today?

Enter your search term here...

SEARCH

Solution home / HRIF Database / Tips and FAQs

How do I gain access to HRIF Reporting System?

Modified on: Tue, 8 Jan, 2019 at 12:52 PM



Requirements for access

- 1. Your hospital must currently have a CCS-approved NICU or HRIF Program
- 2. You must be listed on the HRIF Directory

If you do not meet the above qualifications, then an authorized user must request access on your behalf. Make sure to include the authorized person in the help ticket request.

To request access

Submit a help ticket at www.cpqcchelp.org and include the following required information:

- 1. Center Name
- 2. Does your center provide HRIF services? (Y/N)
- 3. Full name (First and Last)
- 4. Title
- 5. E-mail Address
- 6. Phone Number
- 7. User Account Access (contacts can have multiple accounts):

Data User: HRIF Clinic staff responsible for submitting all data forms for patients receiving follow-up services in their clinic. Can generate the HRIF Summary and CCS Annual Reports. **Referral User:** CCS-approved NICU and/or HRIF Clinic staff who refer eligible infants to an HRIF clinic.

NICU User: CCS-approved NICU staff who can generate the NICU Summary Report.

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california perinatal quality care collaborative

Did you find it helpful? Yes No

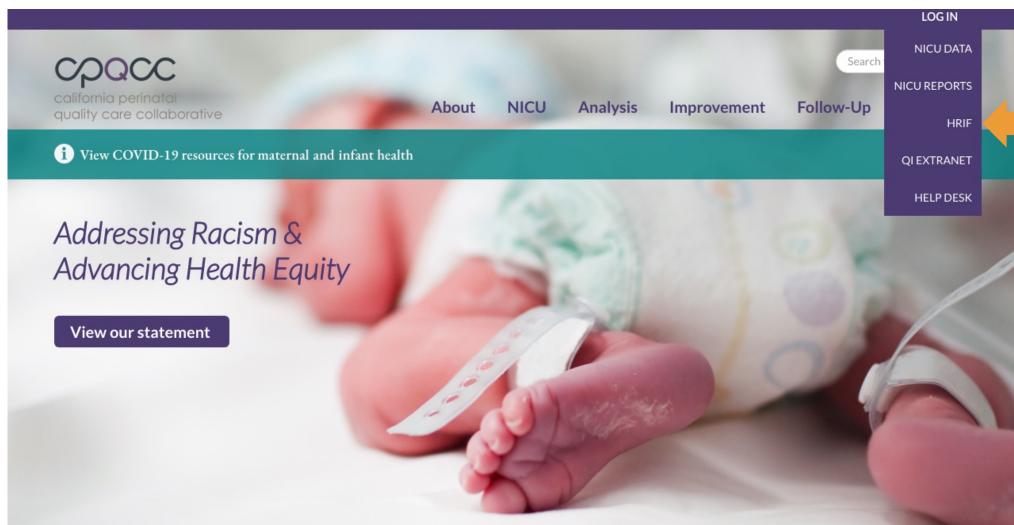


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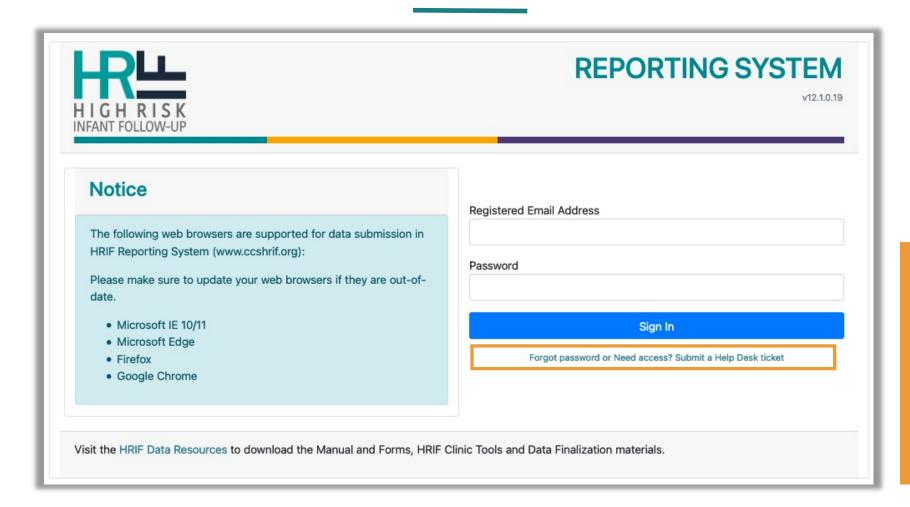


www.ccshrif.org





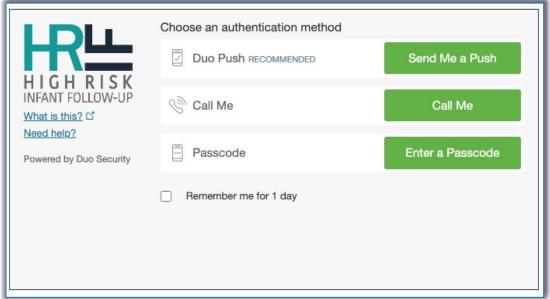
www.ccshrif.org



Submit a
help ticket
for
Password
Reset and
Access!













2022 Database Changes







Referral/Registration (RR) form

17 Required Fields that MUST be entered in order to save online record:

- 1. NICU Reference ID
- 2. Date of Birth
- 3. Birth Hospital
- 4. Birth Weight
- 5. Gestational Age
- 6. Singleton/Multiple
- 7. Infant Sex
- 8. Infant's Ethnicity

- 9. Infant's Race
- 10. Hospital Discharging to
 - Home
- 11. Date of Discharge to Home
- 12. Birth Mother's Date of Birth
- 13. Birth Mother's Ethnicity
- 14. Birth Mother's Race
- 15. **Insurance**

NOTE: The **Unable to Complete Form** checkbox should **ONLY** be used when:

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

Submission of a CNSD Form is required!

16. Primary Language Spoken

17. Medical Eligibility Profile

at Home





RR – Program Registration Information

Primary Language / Secondary Language Spoken at Home

CHANGE: Add Hindi, Japanese, Mixtex, Punjabi, Thai and Other/Described - text field language options.

2022 RR FORM:

*Primary Language Spoken at Home (Check only <u>ONE</u>)	☐ English	☐ Spanish	☐ Arabic
	☐ Armenian	Cantonese	☐ Farsi/Persian
	Hindi	☐ Hmong/Miao	Japanese
	☐ Korean		☐ <mark>Mixtex</mark>
	☐ Mon-Khmer/Cambodian	Punjabi	Russian
	Sign Language	☐ Tagalog	☐ <mark>Thai</mark>
		Other:	



RR – Medical Eligibility Profile

Other Problems that Could Result in Neurologic Abnormality - Other

CHANGE: Add a **text field**.

2022 RR FORM:

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



Standard Visit (SV) form

• The **3 standard core visits** recommended time periods:

Visit #2 (12 - 16 mos)

Visit #3 (18 - 36 mos)**

Developmental Test must be performed at the 3rd visit.

- 8 Required Fields MUST be entered in order to save online form. Saved entry screens can be recalled later to make necessary updates.
 - 1. Date of Visit
 - 2. This visit was conducted
 - 3. Core Visit (auto)
 - 4. Was a Neurologic Exam Performed
 - 5. This Part of the Visit was Done by (Neurologic Assessment)

- 6. Developmental Assessment Performed
- 7. This Part of the Visit was Done by (Developmental Core Visit Assessment)
- 8. Disposition



SV – Visit Assessment

Interpreter Used

CHANGE: Add Hindi, Japanese, Mixtex, Punjabi, Thai and Other/Described – text field language options.

2022 SV FORM

	☐ No			
	☐ Yes:	☐ Spanish	☐ Arabic	☐ Armenian
		Cantonese	☐ Farsi/Persian	☐ <mark>Hindi</mark>
Interpreter Used		☐ Hmong/Miao	Japanese	
		Mandarin	Mixtex	☐ Mon-Khmer/Cambodian
		Punjabi	Russian	Sign Language
		☐ Tagalog	Thai	☐ Vietnamese
		Other:		



SV - Interval Medical Assessment

Equipment Since Last Visit

CHANGE: Add new category to Equipment Since Last Visit: Oxygen Supplies

Select **Oxygen Supplies** if the infant/child has been using a nasal cannula or oxygen tank since NICU discharge or the last visit.

	□ No	Yes	Unknown	
Equipment Since Last Visit	If Yes, Check all that a Apnea/CR Monitor Helmet Oxygen Supplies Wheelchair	apply	□ Braces/Castings/Orthotics□ Nebulizer□ Tracheostomy□ Other	 Enteral Feeding Equipment Ostomy Supplies Ventilator/CPAP/BiPAP Unknown



SV – Developmental Core Visit Assessment

Developmental Screener

CHANGE: Add Ages and Stages Questionnaire 3 (ASQ-3) option to Developmental Assessment Screeners.

Ages and Stages Questionnaire 3 rd Edition (ASQ-3) - check appropriate scoring zone								
Communication	On Schedule	Monitor	Below	Unable to Assess	Did Not Assess			
Gross Motor	On Schedule	Monitor	Below	Unable to Assess	Did Not Assess			
Fine Motor	On Schedule	Monitor	Below	Unable to Assess	Did Not Assess			
Problem-Solving	On Schedule	Monitor	Below	Unable to Assess	Did Not Assess			
Personal-Social	On Schedule	Monitor	Below	Unable to Assess	☐ Did Not Assess			



SV form – Autism Spectrum Screen

CHANGE:

- 1. Remove Pervasive Developmental Disorders Screening Test-II tool option
- 2. Add **Risk Level** to the M-CHAT-RF screening tool

Select the **Risk Level** if the infant/child **Did Not Pass** the **M-CHAT-RF**:

- Medium Risk, if the score is 3-7
- **High Risk**, if the score is 8 20

Was an Autism Spectrum Screen Performed During this Visit?			□ No	□ Y	es (complete below)	
Screening Tool Used:	M-CHAT-RF	Screening Results:	Pass		M-CHAT-RF Risk Level:	Medium Risk
	CSBS-DP		Did Not Pass			☐ High Risk
	Other/Not Listed					
Was the Infant Referred f	Was the Infant Referred for Further Autism Spectrum Assessment?				es es	



SV – Early Start (ES) Program

CHANGE: Add new option to Early Start: No, Complete

Select **No, Complete** if the infant/child received the service and the service is no longer required.

EARLY START (ES) PROGRAM							
Is the Child Currently Rec	Is the Child Currently Receiving Early Intervention Services Through Early Start (Regional Center and/or LEA)? (check only one)						
Yes	No, Complete	☐ No, Not Required	☐ No, Referred at Visit	☐ No, Referral Failure			
☐ No, Pending Services	☐ No, Parent Refused	$oxedsymbol{\square}$ No, Determined Ineligible by ES	Unknown				



SV – Medical Therapy Program (MTP)

CHANGE: Add new option to Early Start: No, Complete

Select **No, Complete** if the infant/child received the service and the service is no longer required.

MEDICAL THERAPY PROGRAM (MTP)								
Is the Child Currently Red	Is the Child Currently Receiving Services Through CCS Medical Therapy Program (MTP)? (check only one)							
☐ Yes	─ No, Complete	☐ No, Not Required	☐ No, Referred at Visit	☐ No, Referral Failure				
No, Pending Services No, Parent Refused No, Determined Ineligible by ES Unknown								



SV – Special Services

CHANGE: Add new status choice to Special Service: Receiving - Increase Frequency
Select Receiving - Increase Frequency if the infant/child requires more utilization of the service.

	☐ Does Not Need	Referred, but Not Receiving (check reason)	
	Receiving	☐ Missed Appointment	☐ Waiting List / Visit Pending
	Receiving - Increase Frequency	Re-Referred	☐ Insurance/HMO Denied
	☐ Complete	Service Not Available	Service Cancelled
Behavior Intervention	Referred at Time of Visit	☐ Parent Declined/Refused Service	Other/Unknown Reason
	Service Provider:		
	☐ Early Intervention Specialist	Licensed Clinical Social Worker	☐ Psychologist
	Other	Unknown	





Additional Visit (AV) form

• May occur before, between and/or after the recommended timeframes for standard core visits.

- This form captures:
 - Date
 - Reason (Social Risk, Case Management, Concerns with Neuro/Developmental Course or Other)
 - Disposition
- All fields are required to save online form.





Client Not Seen Discharge (CNSD) form

Use this form when:

- 1. Unable to contact after 3-5 attempts
- 2. No Show: primary caregiver reschedule (less than 24 hours) OR does not show-up
- 3. Service declined
- 4. Infant expired, family relocated, insurance denied prior to core visit
- 5. Infant transferred to another HRIF Program for follow-up services.
- This form captures the **Date**, **Category**, **Reason** and **Disposition**.
- All fields are required to save online form.





Telehealth Assessments









California High-Risk Infant Follow-up (HRIF) during COVID: Clinic approaches, telehealth use, team perceptions

- COVID disrupted access for children with special health care needs, including in-person visit closures and telehealth use.
- HRIF is an essential post-NICU service, providing assessments, interventions, and care coordination.
- How has COVID impacted visit care models in a statewide HRIF setting?
 - Broad telehealth query added to SV form in March 2020, expanded for SV2021
 - Serial surveys to HRIF coordinators and medical directors August 2020, November 2020





CPQCC CCS HRIF Telehealth Guidance Work Group

Broadly - results of surveys reflected →

- Heterogeneity of HRIF program challenges during COVID
- Differing institutional imperatives related to telehealth deployment
- Concerns about telehealth use for patients and families, appropriate instruments
- HRIF teams going above and beyond to assure safe and consistent follow through

CPQCC CCS HRIF Telehealth Guidance Work Group was developed:

• The goals of the Work Group were to share insights and expertise, provide input on considerations for in-person and telehealth visit benefits and challenges as well as prioritization, and develop high level guidance to inform changes/ additions to the Standard Visit options.





Enhanced Telehealth Guidance

- Opportunity for statewide process and quality improvement -
- HRIF Telehealth Guidance Work Group
 - Telehealth optimization, in-person prioritization
 - State-level guidance for institutions
 - Expanded telehealth-validated developmental assessments and screeners, expand standard visit options

CPQCC CCS HRIF GUIDANCE FOR TELEHEALTH VISITS



I. BACKGROUND AND PURPOSE

The COVID-19 pandemic has substantively impacted how many HRIF clinics approach follow up care for children and families. Results from the recent CPQCC CCS HRIF Clinic Virtual Visits survey demonstrates great variation among HRIF clinics in terms of

- Use of "telepractice" or "telehealth" (which include both audio and video capabilities together in a virtual visit) vs. only telephone.
- · Types of standardized assessments and questionnaires utilized for telehealth, if any.
- Whether those assessments are appropriate for non in-person visits.

It is clear that most HRIF clinics and other outpatient specialty groups expect to continue to utilize telehealth visits for at least the moderate-term future, and that HRIF teams desire guidance on developmental assessment options and prioritization for telehealth visits. Therefore, stakeholders from across the state were assembled to form the CPQCC CCS HRIF Telehealth Guidance Work Group. The goals of the Work Group were to share insights and expertise, provide input on considerations for in-person and telehealth visit benefits and challenges as well as prioritization, and develop high level guidance to inform changes/ additions to the Standard Visit options.

II. GENERAL CONCEPTS AND CONSIDERATIONS: TELEHEALTH VISITS

- A. Telephone "visits" alone allows for continued family contact, as well as follow up on referred patient services, and touchpoints on family needs. However, there is limited value of telephone only for developmental or motor assessment.
- B. Telehealth (audio + visual) "virtual visits" utilizing appropriate assessments, and with patient/ parent as well as clinic/ provider preparation, can allow for evaluation and observation in the familiar setting of the family home.
 - · However, it is recognized that not all HRIF clinics have access to telehealth options.
 - Importantly, not all families can participate in telehealth, in some cases due to resource, access, and
 economic disparities.
 - Therefore, it is not yet clear whether telehealth may level or widen disparities associated with successful HRIF engagement.
- C. In-person visits are ideal for comprehensive patient assessments and evaluation. But consistent in-person visits may be considered challenging at present due to the COVID pandemic. The current public health crisis coupled with linked difficulties for parents and primary care providers have made it more difficult for patients and families to travel to clinic locations.
 - In-person access and allowable patient volume have been limited for many HRIF clinics during this
 period, thus telehealth may be considered the best or only option for some visits and assessments.
 - It is also recognized that some parents and families are appropriately concerned about exposures and
 contacts, particularly in high or increasing COVID risk areas.
- D. For sites offering both telehealth and in-person options, and during periods when in-person visits are possible, issues to consider that may prioritize in-person visits include but are not limited to:
 - Families with resource challenges including computer or digital access limitations that may preclude telehealth or make it more difficult.
 - · Families who express preference for in-person visits.
 - · Patients considered at especially high risk due to previous evaluations or risk factors.

01/25/2021 1 of 4



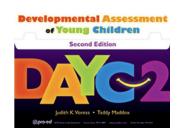


Telehealth Assessment Tools

TESTS:

- The Developmental Assessment of Young Children 2nd Edition (DAYC-2)
- Developmental Profile 3 (DP-3)
- Developmental Profile 4 (DP-4)





SCREENERS:

- Warner Initial Developmental Evaluation of Adaptive and Functional Skills
- Ages and Stages Questionnaire 3 (ASQ-3) available January 2022







System Improvements





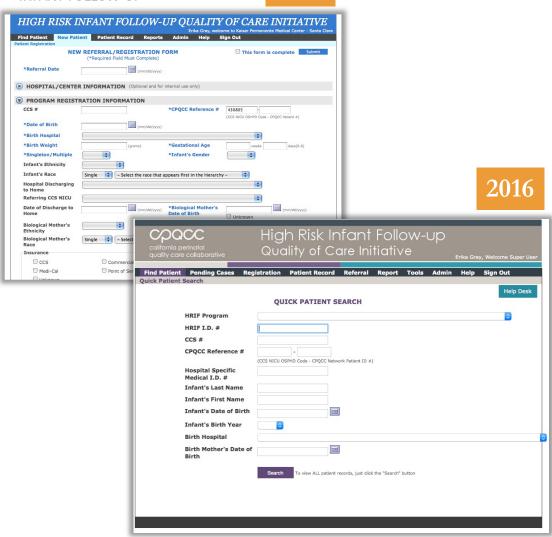


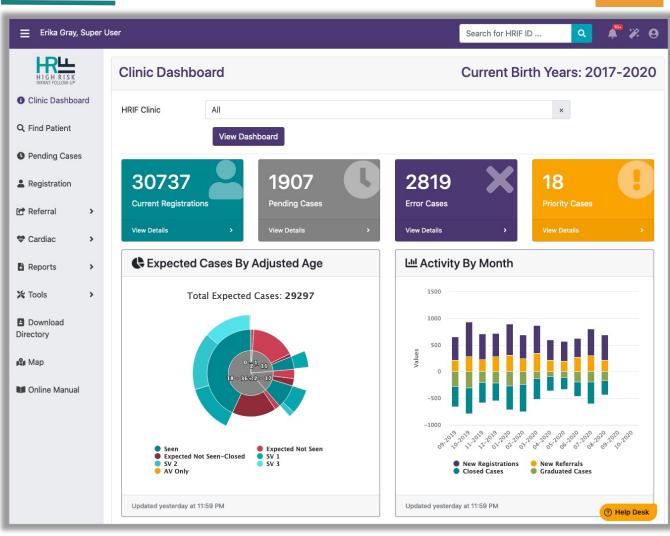


HRIF Database Development

2009

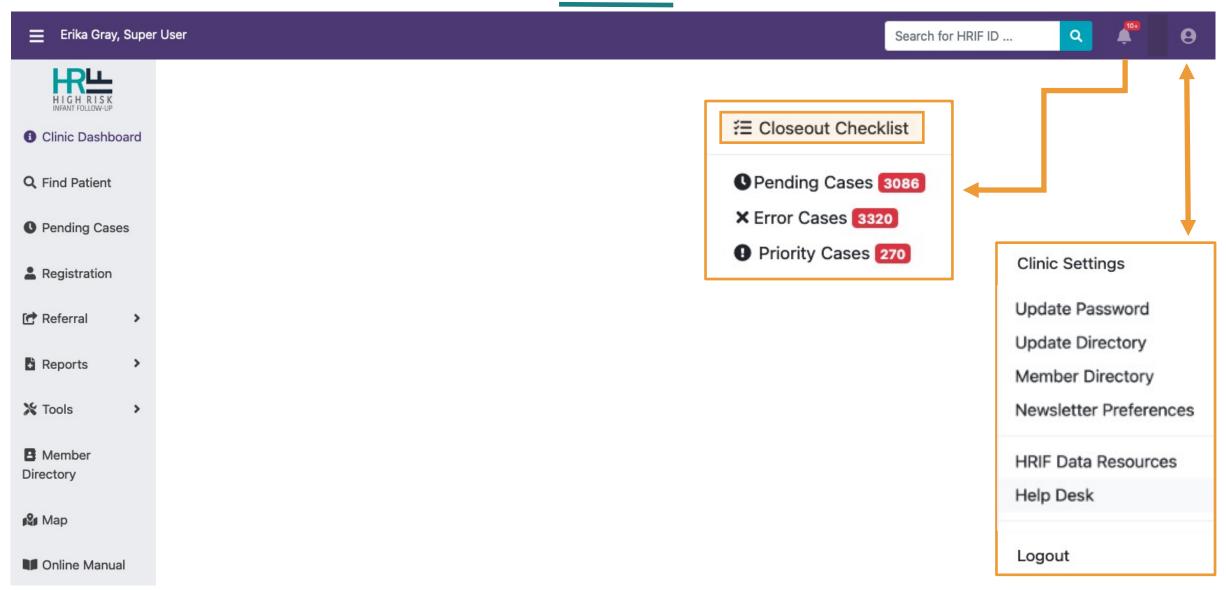
2021









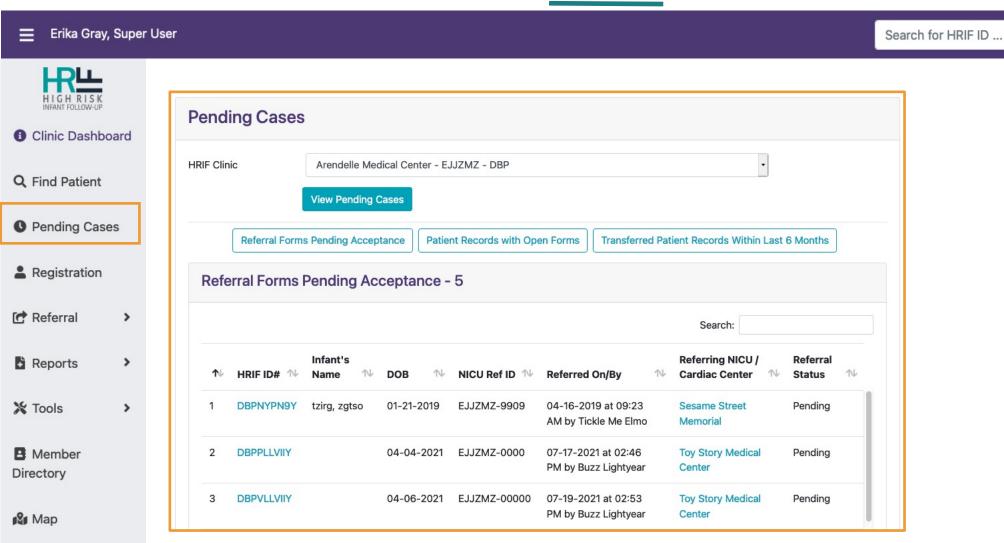




Online Manual

Navigation Panel and Features

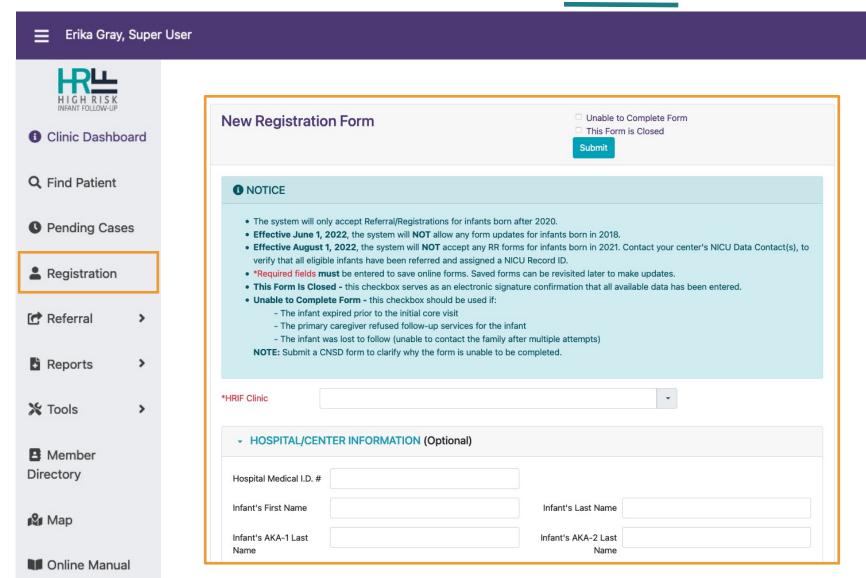
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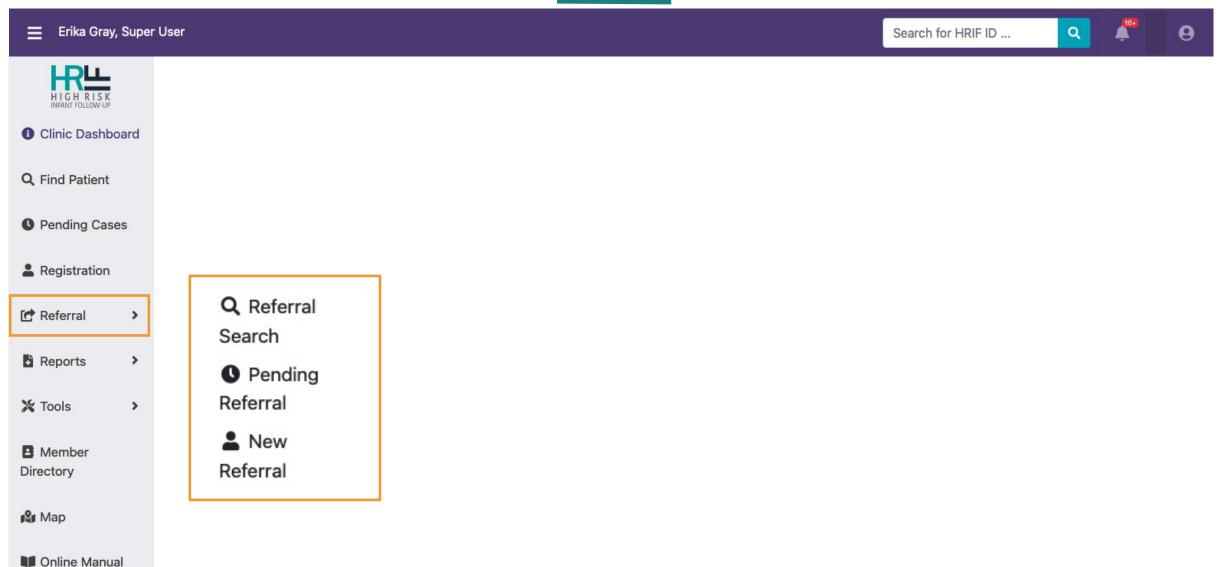


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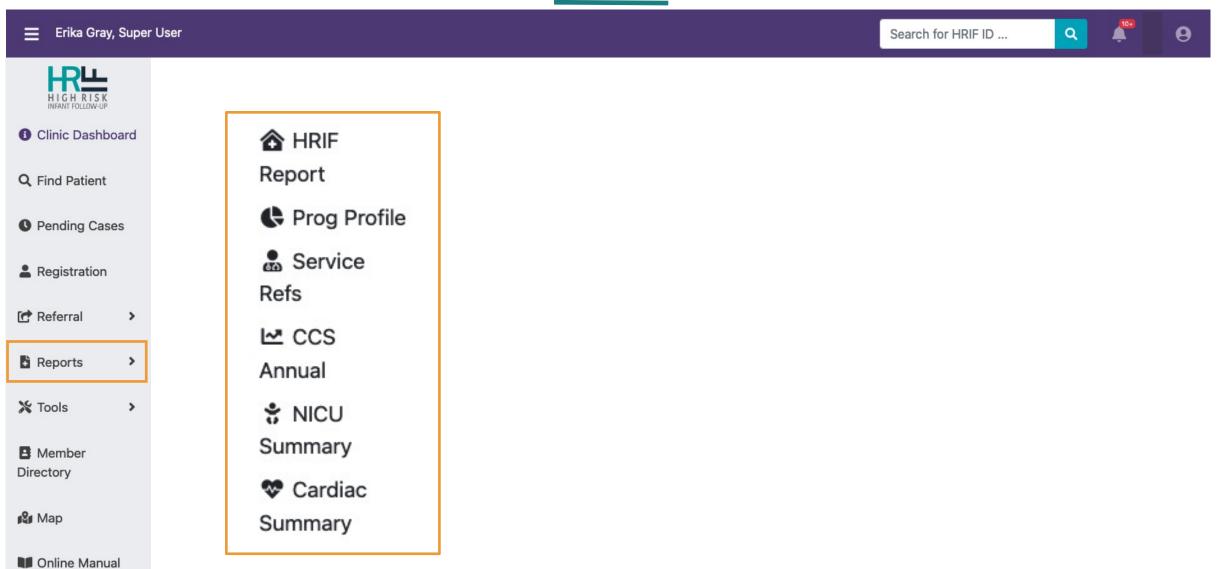
Search for HRIF ID ...



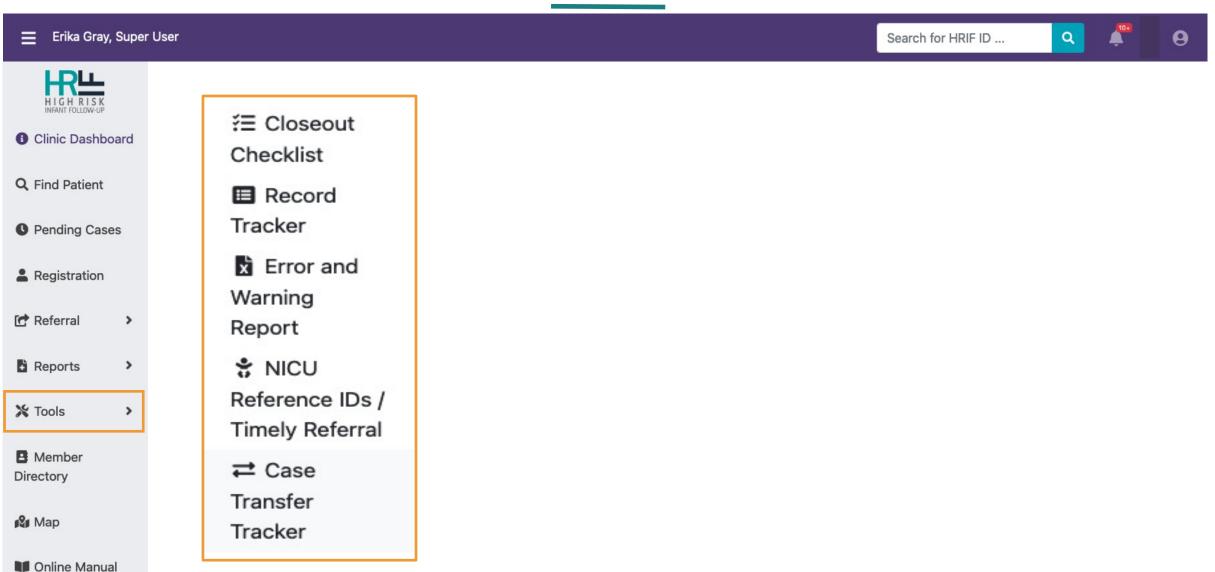












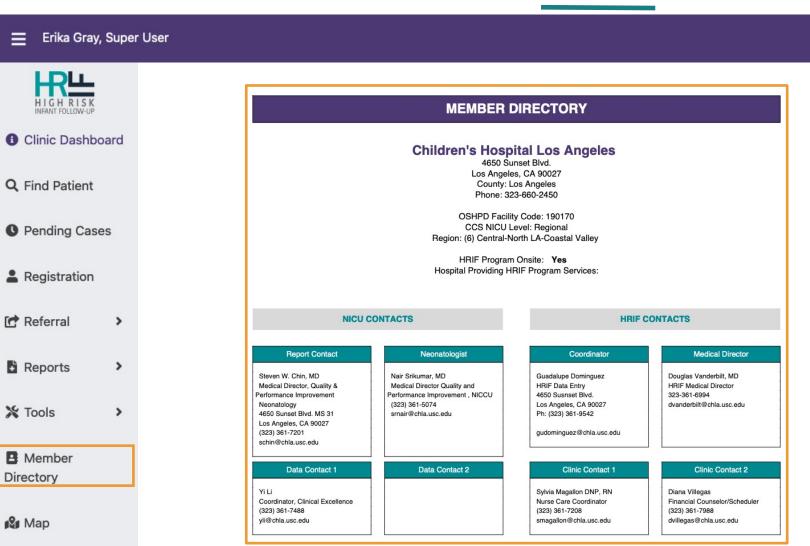


Online Manual

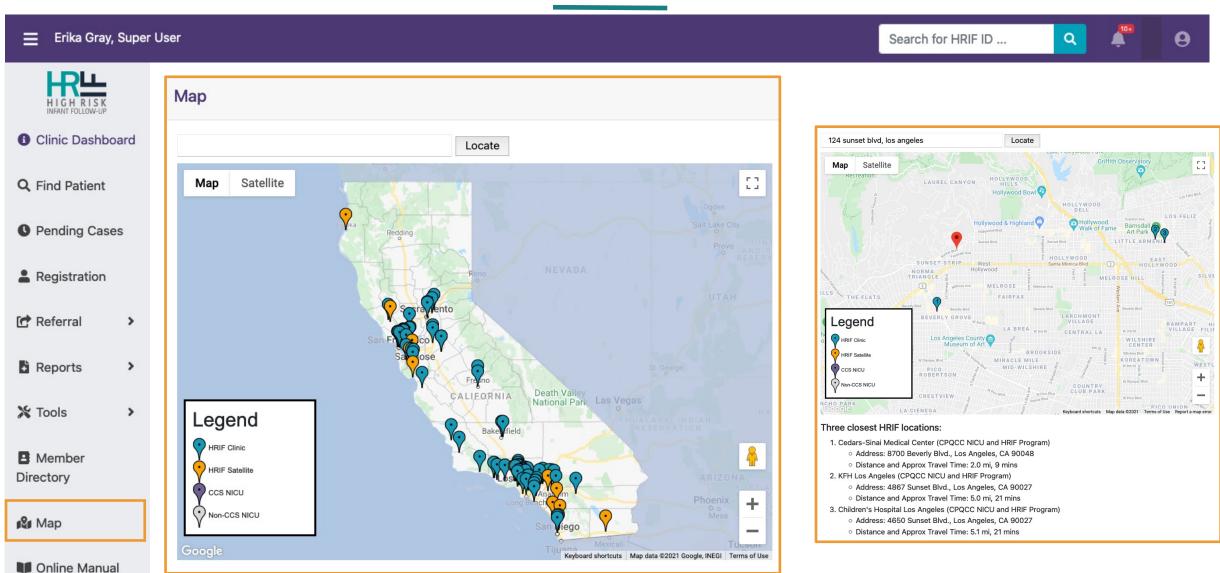
Navigation Panel and Features

Q

Search for HRIF ID ...

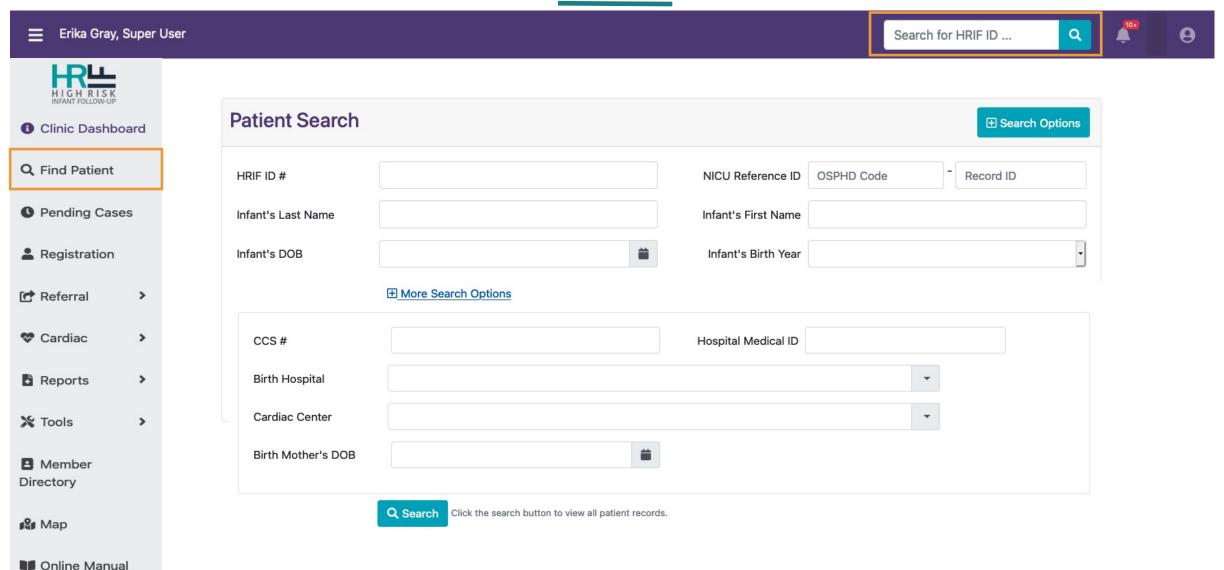








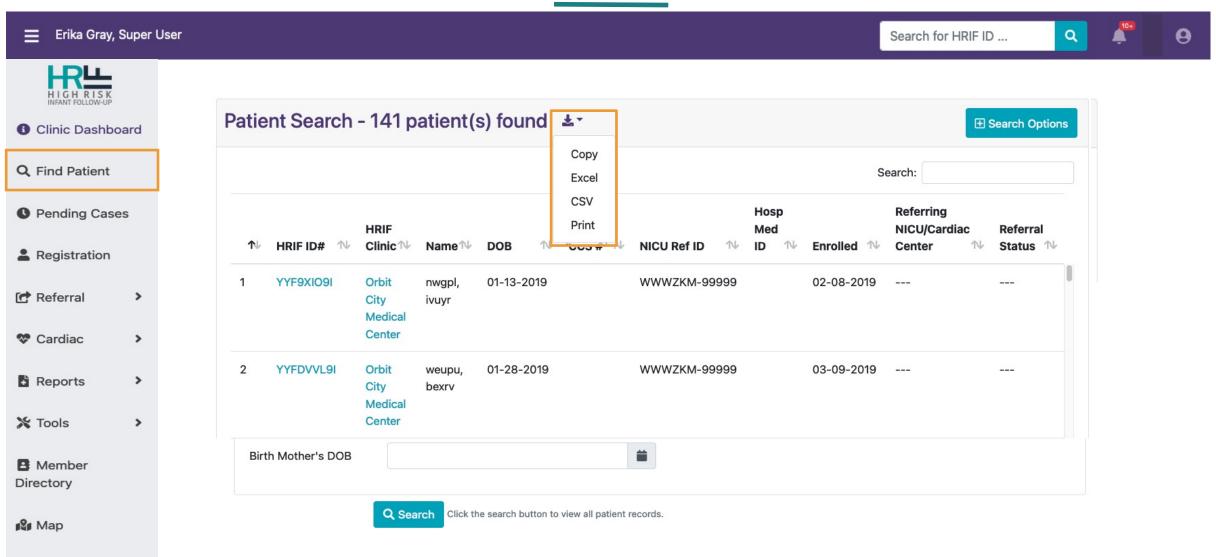
Find Patient and Case History





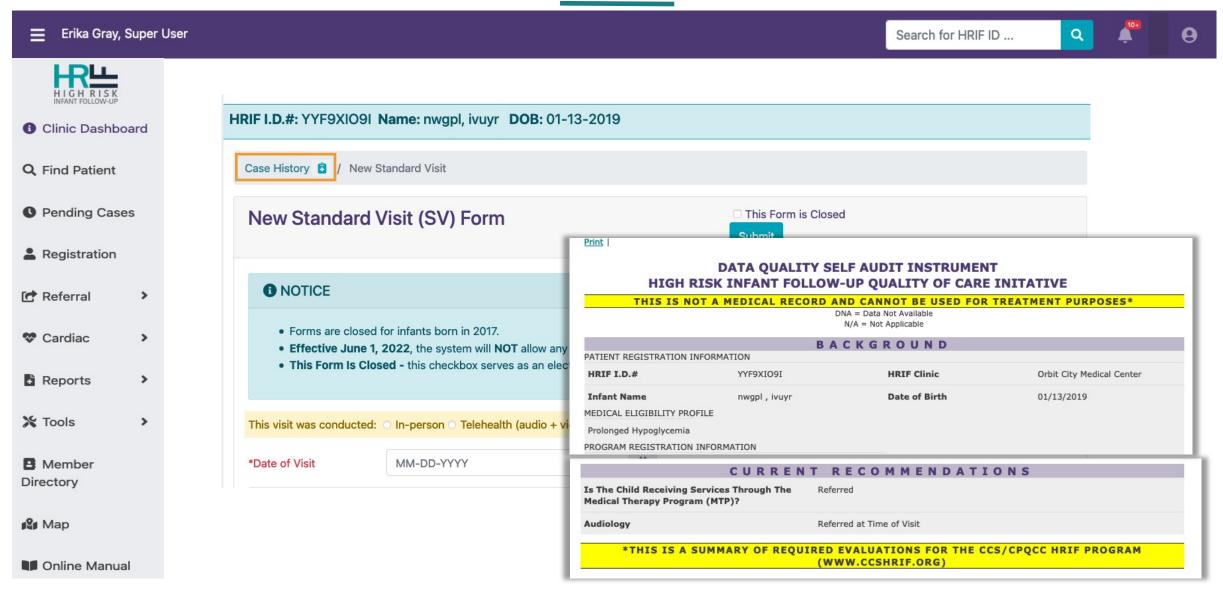
Online Manual

Find Patient and Case History





Find Patient and Case History





Clinic Dashboard

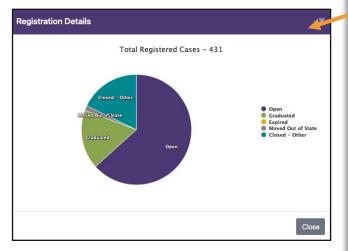


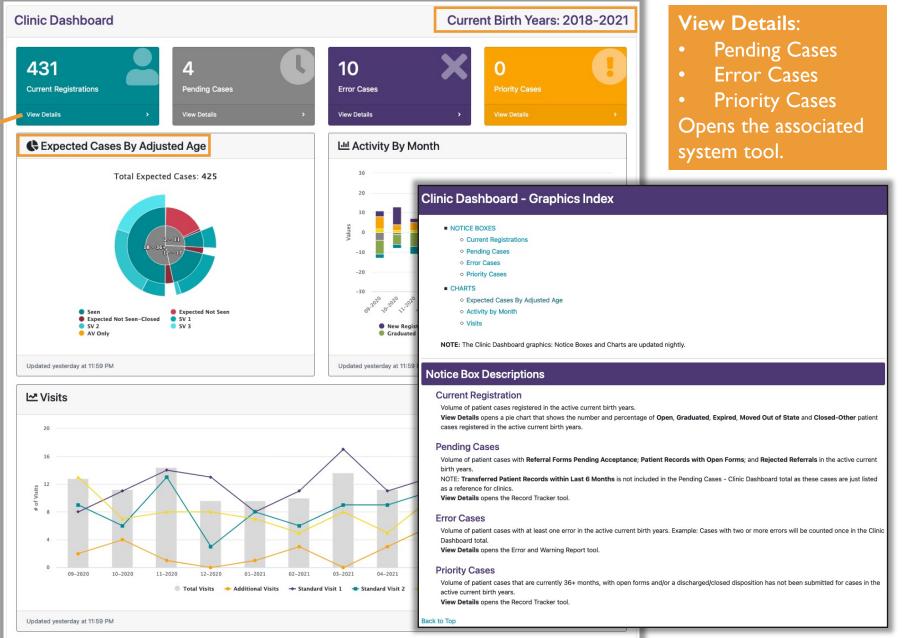






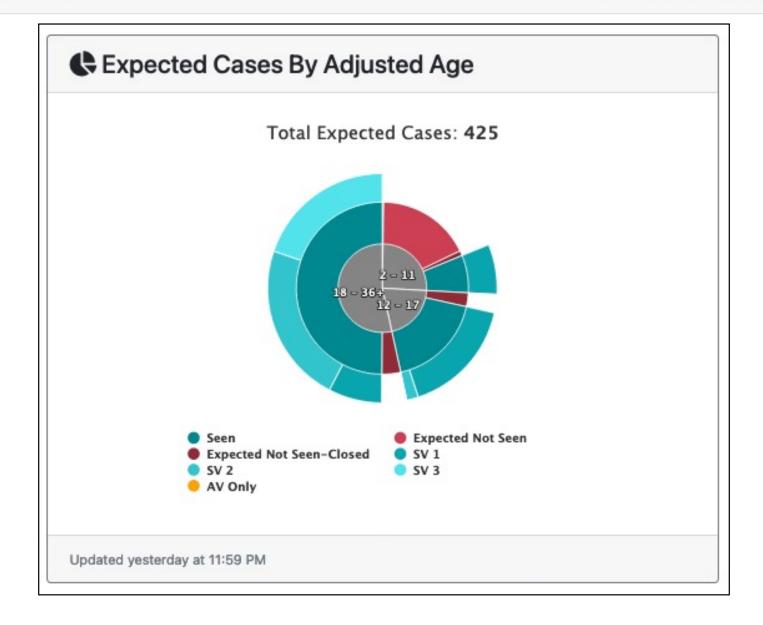




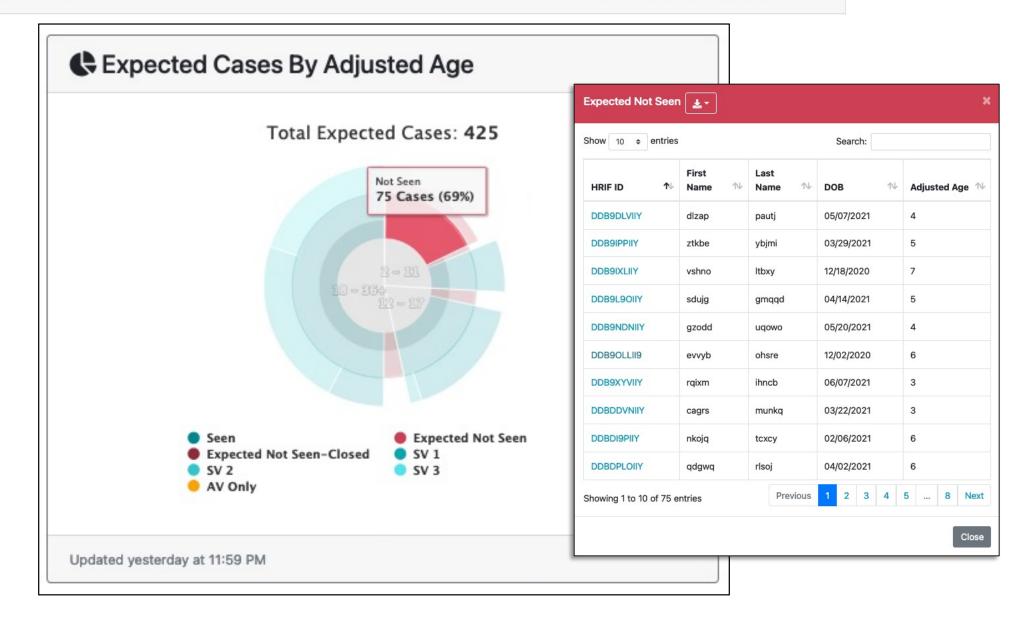




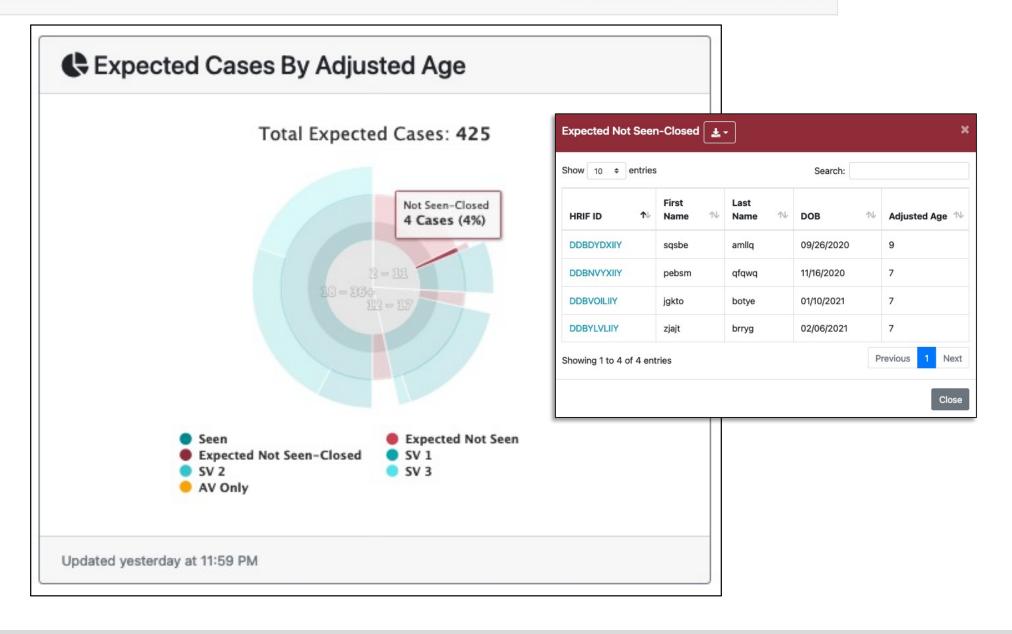




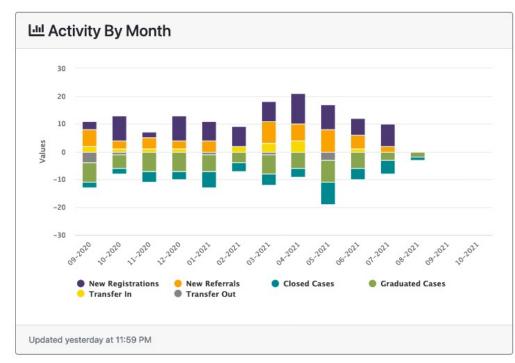


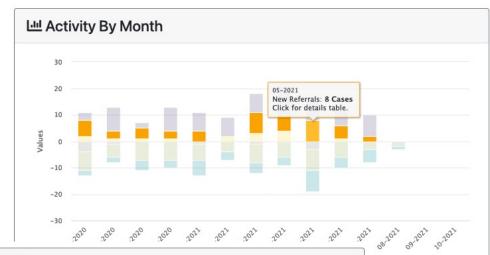


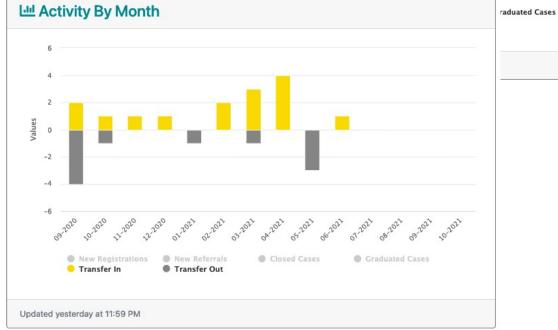




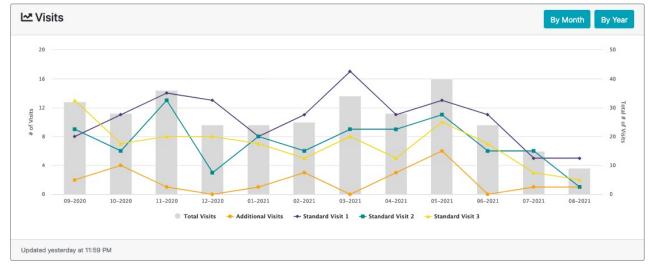


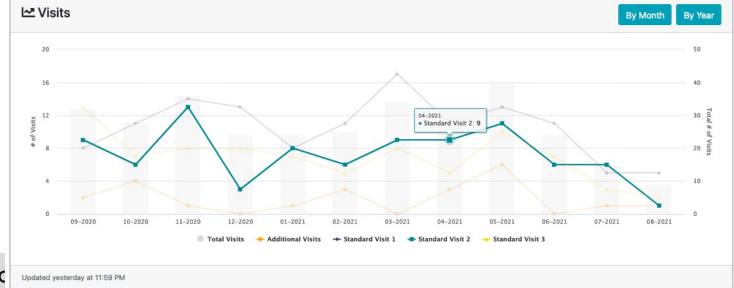














Referral Registration Electronic Data Submission













1 Clinic Dashboard

Q Find Patient

Pending Cases

Registration

Referral >

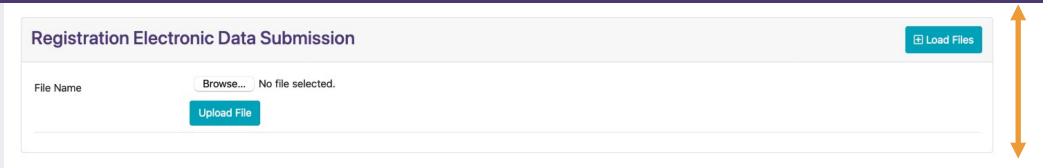
Reports >

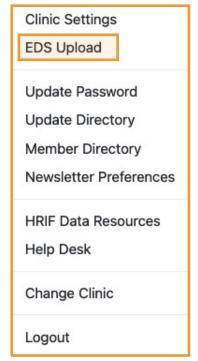
X Tools >

Member Directory

№ Map

Online Manual











- 1 Clinic Dashboard
- Q Find Patient
- Pending Cases
- Registration
- Referral >
- Reports >
- X Tools >
- Member Directory
- **№** Map
- Online Manual

Registration Electronic Data Submission

Submit records before uploading new files

- All records must be submitted before uploading additional files.
- If you select "Upload File", any current records not submitted will be not be saved in the system.

Row ID	NICU OSHPD Code-NICU Record ID	DOB	Sex	Dinth Usonital	HRIF Clinic	Issues	Submit	Action
ID	Record ID	БОВ	Sex	Birth Hospital	HRIF CIIIIC	issues	Subiliit	Action
10	CKSMCC-1123	03-14-2021	F	Dunder Mifflin Mem	Orbit City MC	Possible Duplicate Records.		Review Delete
11	CKSMCC-1130	04-03-2021	М	Dunder Mifflin Mem	Orbit City MC			Review Delete
12	CKSMCC-1125	05-22-2021	F	Dunder Mifflin Mem	Orbit City MC		•	Review Delete
13	CKSMCC-	05-30-2021	М	Dunder Mifflin Mem	Orbit City MC	 Required value NICU_RECORD_ID is missing. Required value CAREGIVER_LANG_HOME_REFID is missing. 		Review Delete
14	CKSMCC-	05-21-2020	F	Dunder Mifflin Mem	Orbit City MC	 Required value NICU_RECORD_ID is missing. Invalid TRUE/FALSE value in Row 6, Column 61 Required value CAREGIVER_LANG_HOME_REFID is missing. Infant's birth year must be > 2020. 		Review

Submit Records







- 1 Clinic Dashboard
- Q Find Patient
- Pending Cases
- Registration
- Referral >
- Reports
- X Tools ∶
- Member Directory
- № Map
- Online Manual

Registration Electronic Data Submission



Required Fields

- 1. Row ID
- 2. Submit Type
 (Referral/Registration)
- 3. HRIF Clinic
- 4. NICU Reference ID
- 5. Date of Birth
- 6. Birth Hospital
- 7. Birth Weight
- 8. Gestational Age
- 9. Singleton/Multiple
- 10. Infant's Sex

- 11. Infant's Ethnicity
- 12. Infant's Race
- 13. Hospital Discharging to Home
- 14. Date of Discharge to Home
- 15. Birth Mother's Date of Birth
- 16. Birth Mother's Ethnicity
- 17. Birth Mother's Race
- 18. Insurance
- 19. Primary Language
- 20. Medical Eligibility Profile









- Clinic Dashboard
- Q Find Patient
- Pending Cases
- Registration
- Referral

- Reports
- X Tools
- Member Directory
- **№** Map
- Online Manual

Registration Electronic Data Submission



EDS RR option will be available January 2022

Upload Rules:

- Files must be comma-separated value (.csv) format
- Each record in the file must have a unique ROW_ID value
- Required fields must have a value for a successful upload

EDS materials will be available:

- Instructions
- Specifications
- Skeleton File

				Table of Contents WHAT IS ELECTRONICA
	Variable Name	Item on RR Form / Description	Data Field	BENEFITS OF FIRE PLANTS OF THE
tequired Fields - IUST be a unique alue	ROW_ID	Not on the RR form	Required	WHAT IS ELECTRONIC DATA SUBMISSION (EDS)?
equired Fields - IUST have a value in rder to upload the	SUBMIT_TYPE	Not on the RR form	Required	HOW TO PARTICIPATE IN EDS
	HRIF_CLINIC_ID	Not on the RR form. It is available on the electronic data entry form for capturing HRIF clinic ID	Required	RECORDS
	CPQCC_OSHPD	CPQCC Reference (OSHPD Facility Code)	Required	FLE CONTENTS
	NICU_RECORD_ID	CPQCC Reference (CPQCC Patient ID Number)	Required	SUMMARY OF EDS PROCEDURES FOR 2022
	NOT_CPQCC_ELIGIBLE	Infant NOT CPQCC Eligible	Required	WHAT TO EXPECT
	DATE_OF_BIRTH	Date of Birth	Required	SUBMITTING EDS FILES (2022 BIRTH YEAR)
	BIRTH_HOSP_ID	Birth Hospital	Required	COMMON F. COMMON
	BIRTH_WEIGHT	Birth Weight	Required	COMMON FILE RECORD ISSUES
	GESTATIONAL_AGE_WEEKS	Gestational Age (Weeks)	Required	TRACKING FIFE PA
	GESTATIONAL_AGE_DAYS	Gestational Age (Days)	Required	TOTAL OF THE FDS SPECIFIC
	SINGLETON_MULTIPLE_REFID	Singleton/Multiple	Required	TRACKING FIELDS OF THE EDS SPECIFICATIONS
	INFANT_SEX_REFID	Infant's Sex	Required	
	INFANT_ETHNICITY_REFID	Infant's Ethnicity	Value needed complete the	APPENDIX A. 2022 LIBUS D
	INFANT_RACE_CAT_REFID	Infant's race SINGLE vs. Multi	Value neede	APPENDIX B. 2022 HRIF REFERAL REGISTRATION EDS SPECIFICATIONS
	INFANT_RACE_REFID	Infant's race	Value needs complete the re	



Data Finalization Process (DFP)









2021 Closeout Summary

66 HRIF Clinics

- Item I and 2: Priority Cases and Errors
 - 100% met the deadline
- 2 Items 3: Closed 2019 RR forms
 - 95% met the deadline
- 3 Item 4: Submission of 2019 SV #1
 - 83% met the deadline

- ** Item 5: Confirm CCS Report
 - 53% met the deadline
- Item 6: 2020 Infants Registered
 - 59% met the deadline
 - 6 Item 7: Update HRIF Directory
 - 96% met the deadline





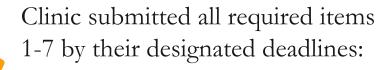
Member Awards

Super Star



Clinic submitted items 1-4 by May 1st





- June 1st
- June 17th
- August 1st

Follow-up Rate



Clinic met core visit follow-up rates for the closing birth year:

- $\geq 80\%$ Visit #1
- $\geq 70\% \text{ Visit } #2$
- $\geq 60\% \text{ Visit } #3$

Surprise



Positive performance in a particular area:

Timely Referral





Congratulations Award Winners!







27 HRIF Clinics met ALL deadlines for 2021 HRIF Data Finalization.



Super Star Award



- Adventist Health Glendale
- Alta Bates Summit Med Ctr
- Anderson Lucchetti Women's and Children's Ctr
- Bakersfield Memorial Hosp
- California Pacific Med Ctr
- CHOC Children's Hosp
- Community Regional Med Ctr
- Doctors Med Ctr
- Fountain Valley Regional Hosp and Med Ctr

- Hoag Memorial Hosp Presbyterian
- Huntington Memorial Hosp
- KFH Downey
- KFH Fontana
- KFH Los Angeles
- KFH Orange County Anaheim
- KFH Panorama City
- KFH Roseville
- KFH San Diego
- KFH San Francisco



Super Star Award



- KFH San Leandro
- KFH Santa Clara
- LAC/Olive View UCLA Med Ctr
- Marian Regional Med Ctr
- Memorialcare Miller Children's and Women's Hosp at Long Beach
- Natividad Med Ctr
- Pomona Valley Hospital Med Ctr
- Providence Cedars-Sinai Tarzana
 Med Ctr
- Providence Holy Cross Med Ctr

- San Antonio Regional Hosp
- Santa Barbara Cottage Hosp
- Santa Monica UCLA Med Ctr
- Sharp Mary Birch Hosp for Women and Newborns
- St. John's Regional Med Ctr
- UC Irvine Med Ctr
- UCSF Benioff Children's Hosp San Francisco
- Ventura County Med Ctr



Follow-up Award



- California Pacific Medical Center
- Huntington Memorial Hosp
- John Muir Health WC Med Ctr
- KFH Downey
- KFH Fontana
- KFH Los Angeles
- KFH Oakland
- KFH Orange County Anaheim
- KFH Panorama City
- KFH Roseville

- KFH San Diego
- KFH San Leandro
- KFH Walnut Creek
- Los Robles Hosp & Med Ctr
- Lucile Packard Children's Hosp Stanford
- Natividad Med Ctr





Crown Award



- Adventist Health Glendale
- Alta Bates Summit Med Ctr
- Anderson Lucchetti Women's & Children's Ctr
- Bakersfield Memorial Hosp
- CHOC Children's Hosp
- Community Memorial Hosp of Ventura
- Community Regional Med Ctr
- Fountain Valley Regional Hospital and Med Ctr

- Huntington Memorial Hosp
- KFH Fontana
- KFH Los Angeles
- KFH Orange County Anaheim
- KFH Panorama City
- KFH San Diego
- LAC/Harbor UCLA Med Ctr
- LAC/Olive View UCLA Med Ctr



Crown Award



- Memorialcare Miller Children's and Women's Hosp at Long Beach
- Natividad Med Ctr
- Providence Holy Cross Med Ctr
- Rady Children's Hosp San Diego
- Santa Barbara Cottage Hosp
- Santa Clara Valley Med Ctr

- Sharp Mary Birch Hospital for Women And Newborns
- UC Irvine Med Ctr
- UC San Diego Med Ctr Hillcrest
- UCSF Benioff Children's Hosp -San Francisco
- Valley Children's Hospital



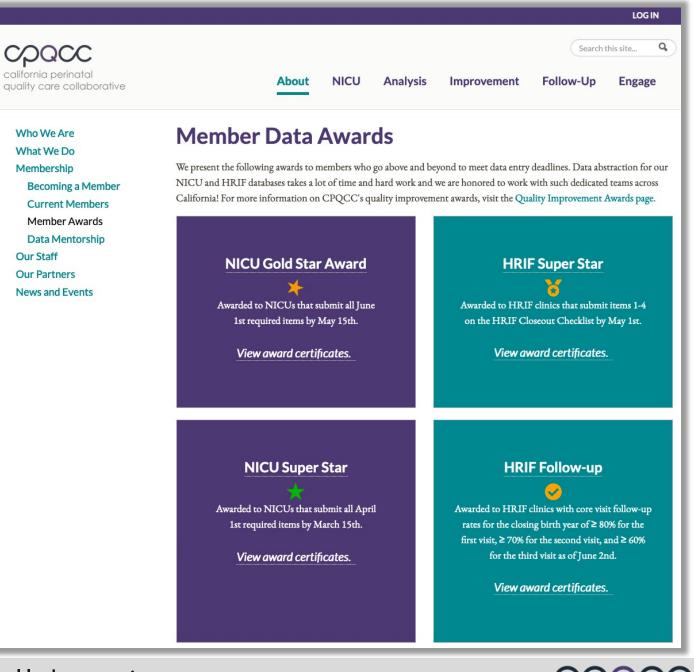


DATA MANAGEMENT AWARDS

- NICU Awards
- HRIF Awards

Web Link:

https://www.cpqcc.org/about/our
-members/member-awards





2022 Data Finalization Schedule

JAN - APR	MAY st	JUN st	JUN 2 nd	JUN 17 th	JUL st	JUL st	AUG - DEC
	8		\bigcirc			•	
DATA REVIEW	SUPER STAR AWARD	DEADLINE	FOLLOW- UP RATE AWARD	DEADLINE	DEADLINE	CROWN AWARD	DATA REVIEW
Utilize Reporting System tools: Closeout Checklist; Record Tracker; NICU Reference ID/Timely Referral; Error and Warning	Submission of No Priority/ Error & Warning Cases for Infants born in 2018; Closed RR forms AND SV #1 for All expected infants born in 2020	Data finalized for infants born in 2018; Closed RR forms AND SV #1 for All expected infants born in 2020	Core Visit F/U Rates for infants born 2018: 1st => 80% 2nd => 70% 3rd => 60%	CCS Annual Report for infants born in 2018 Report available June 2 nd must Confirm by June 17th	Register/ accept all HRIF eligible infants born in 2021 AND Confirm HRIF Directory Contacts	Granted to HRIF Clinics that meet All Closeout Deliverable Deadlines: Jun 1st, Jun 17th and Jul 1st	Utilize Reporting System tools: Closeout Checklist; Record Tracker; NICU Reference ID/Timely Referral; Error and Warning





Closeout Checklist

NOTICE

User Comments:

- Closeout Checklist is updated nightly.
- Items #1-4 & 7 are automatically checked by the system or HRIF Support.
- Item #5 must be confirmed by the HRIF Medical Director or Coordinator by June 17th.
- . Item #6 must be checked manually by the HRIF Clinic.
- · For any questions or requests, submit a help ticket at www.cpqcchelp.org.



Super Star

Complete items 1 – 4 by **May 1st**

#	Item	Resource	Deadline	Complete
1	Submission of no priority cases for infants born in 2018 (5 incomplete)	HRIF Record Tracker	06-01-2022	
2	Submission of no error and warning cases for infants born in 2018 (5 incomplete)	Error and Warning Report	06-01-2022	
3	Close RR Forms for all infants born in 2020 (5 incomplete)	Error and Warning Report	06-01-2022	
4	Submission of SV #1 and/or AV form for all expected infants born in 2020 (59 incomplete)	Error and Warning Report	06-01-2022	
5	Confirm the CCS Annual Report for infants born in 2018 (available June 2nd)	CCS Report	06-17-2022	
6	Register/accept all eligible HRIF infants born in 2021 from referring CCS	CPQCC/HRIF Linkage Report (cpqccreport.org)	07-01-2022	
7	Review and sign off on the HRIF Directory	Update Directory Page	07-01-2022	

Admin Comments:



Crown

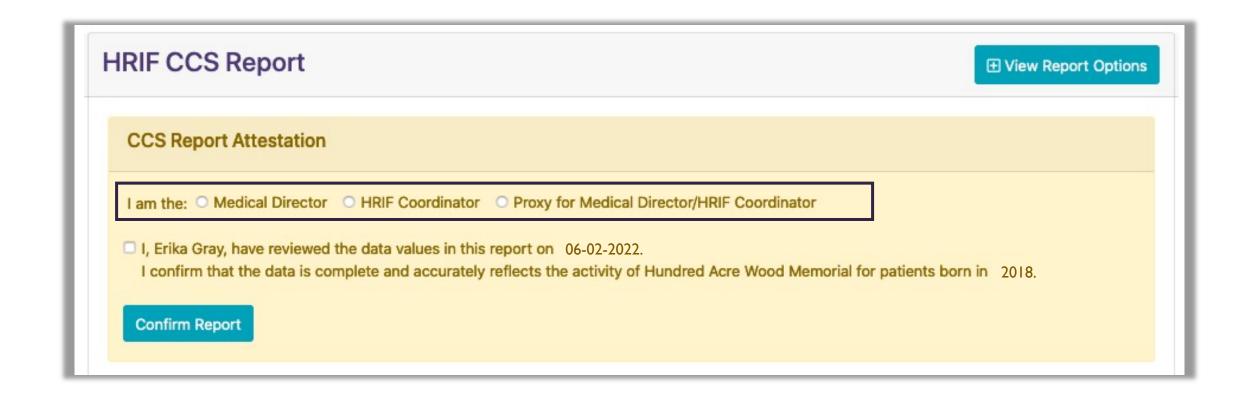
Complete items 1 – 7 by the **Deadline**

Save





Item #5. Confirm HRIF CCS Annual Report







Item #6. Registered All Infants Born in 2021

MUST be checked manually by the HRIF Clinic by <u>07-01-2022</u>

6 Register/accept all eligible HRIF infants born in 2021 from referring CCS HRIF/NICU Match Report (cpqccreport.org) 07-01-2022



Submit a Help Desk ticket to request access to view the HRIF/NICU Match Reports available in the NICU Database at www.cpqccreport.org





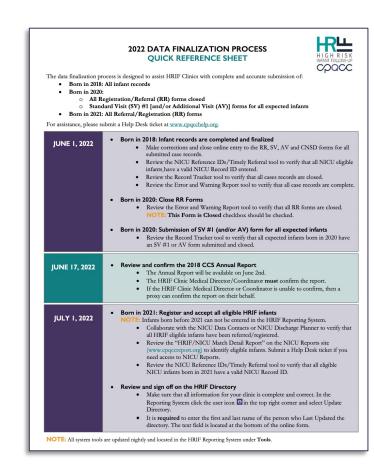
2022 Data Finalization Resources

HRIF Data Resource webpage:

https://www.cpqcc.org/follow/hrif-data-resources

2022 Data Finalization

- I. Process Guidelines
- 2. Quick Reference Sheet
- 3. Schedule



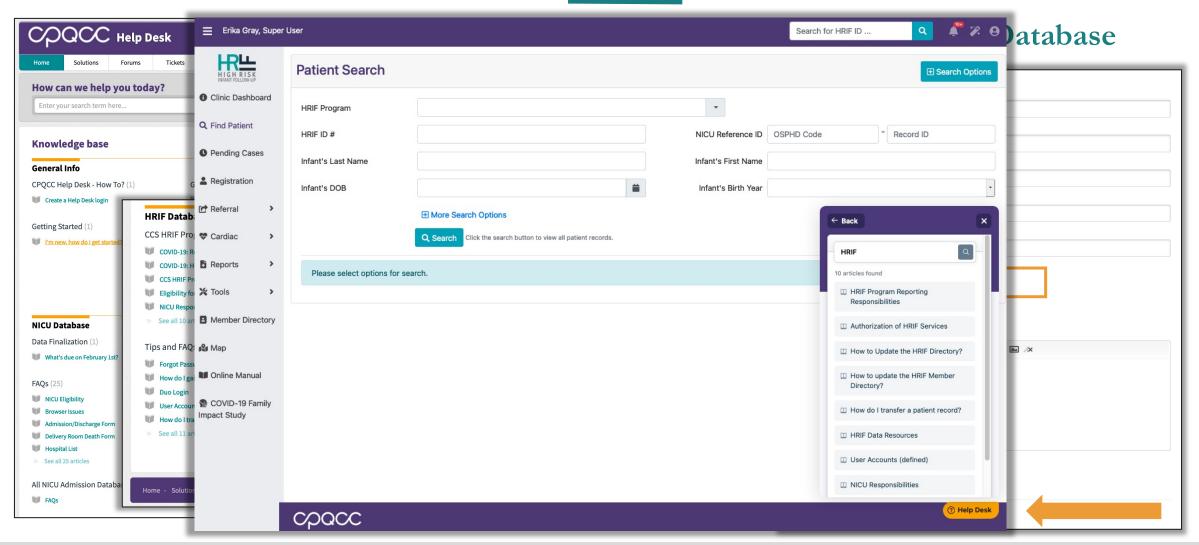






Help Desk

www.cpqcchelp.org





Learning from our patients and families

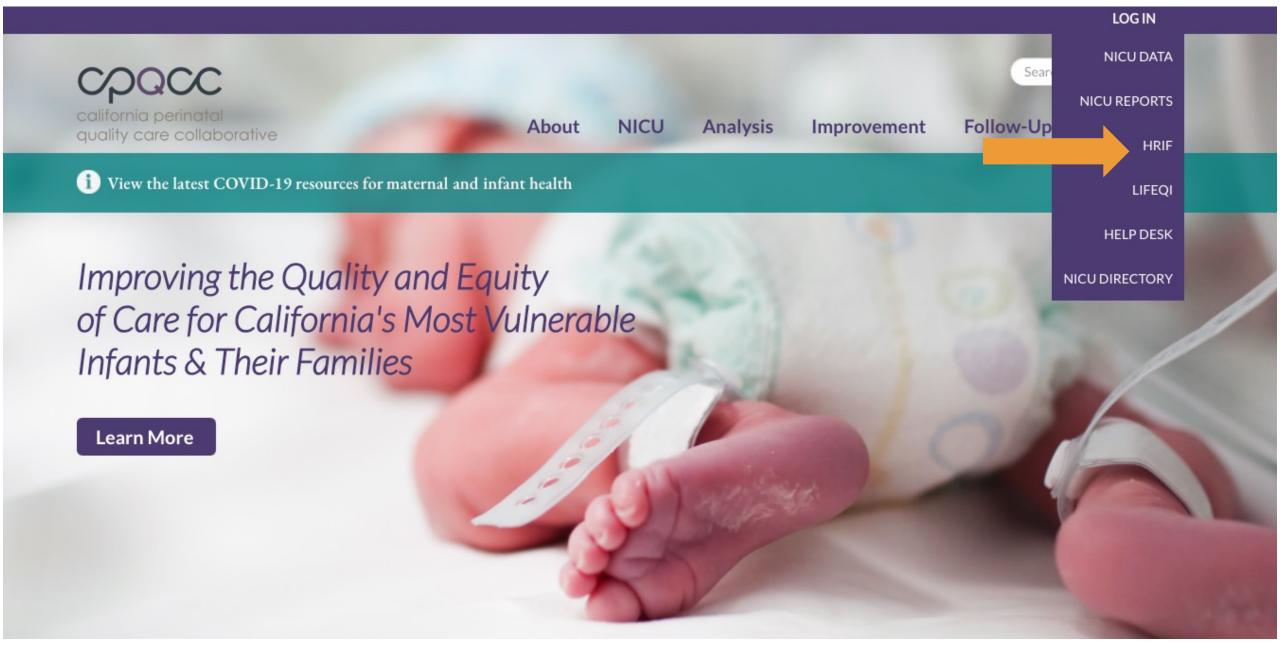


Database Reports











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Clinic Dashboard

Q Find Patient

Pending Cases

Registration

Referral

Reports

A HRIF Report

Prog Profile

Service Refs

Ľ CCS

Annual

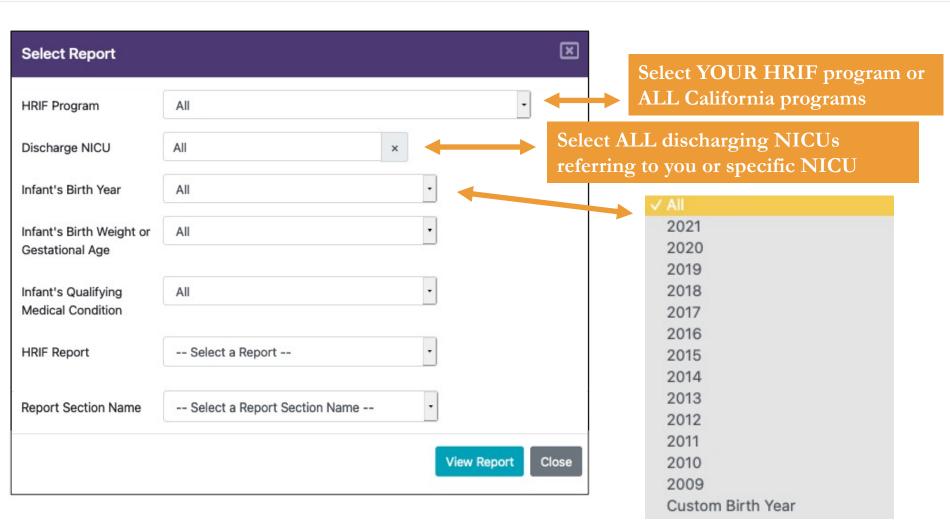
Summary

X Tools

Member Directory

№ Map













Clinic Dashboard

Q Find Patient

Pending Cases

Registration

Referral

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Reports



Prog Profile

Service Refs

Annual

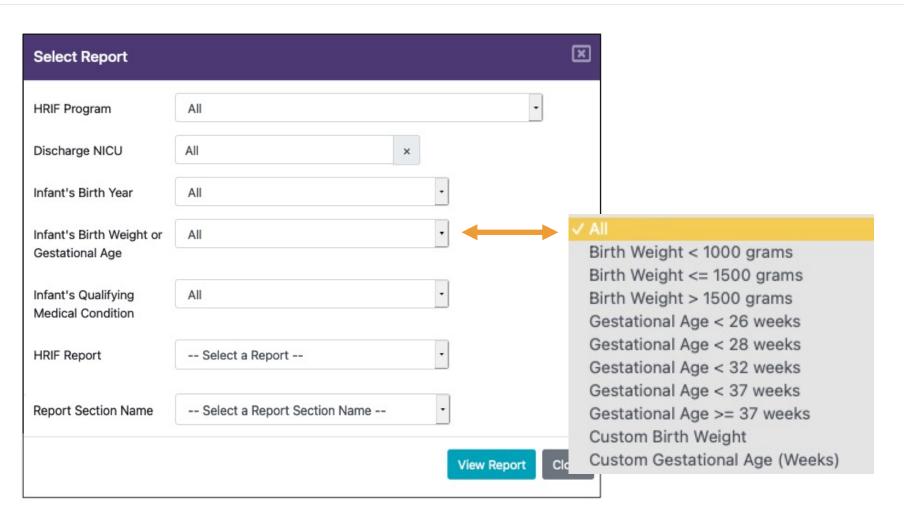
* NICU Summary

X Tools

Member Directory

№ Map













Clinic Dashboard

Q Find Patient

Pending Cases

Registration

Referral

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Reports



Prog Profile

Service Refs

Annual

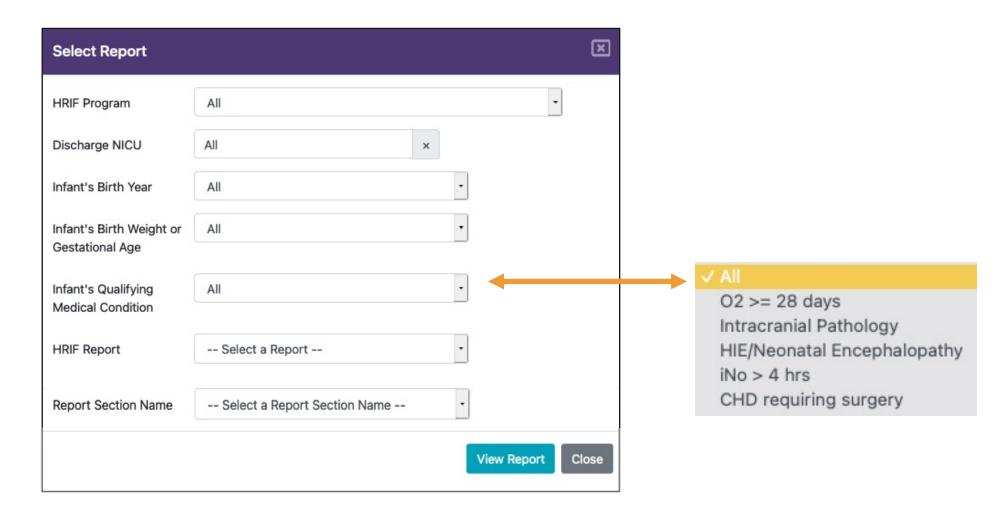
* NICU Summary

X Tools

Member Directory

№ Map













Clinic Dashboard

Q Find Patient

Pending Cases

Registration

Referral

Reports



Prog Profile

Service Refs

Annual

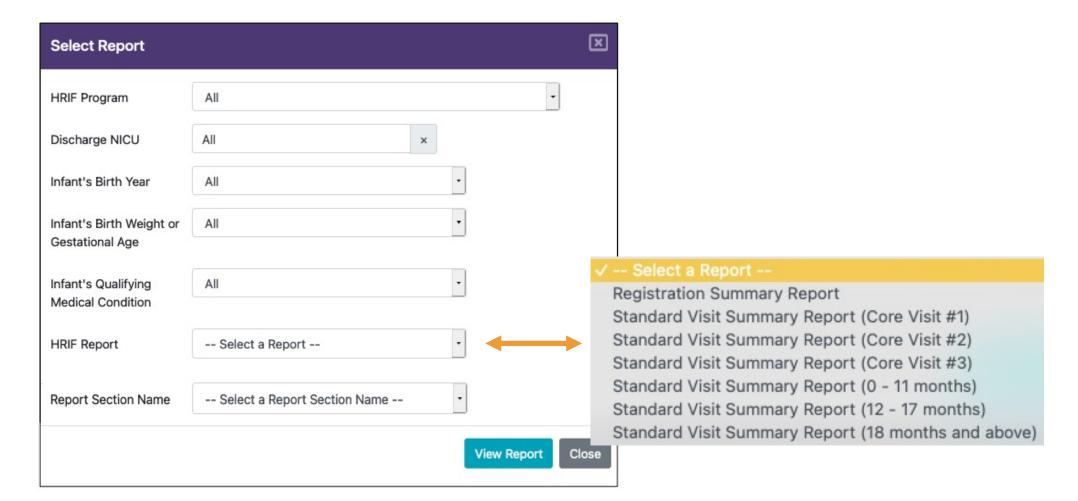
* NICU Summary

X Tools

Member Directory

№ Map













Clinic Dashboard

Q Find Patient

Pending Cases

Registration

Referral

Reports



Prog Profile

Service Refs

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Annual

NICU Summary

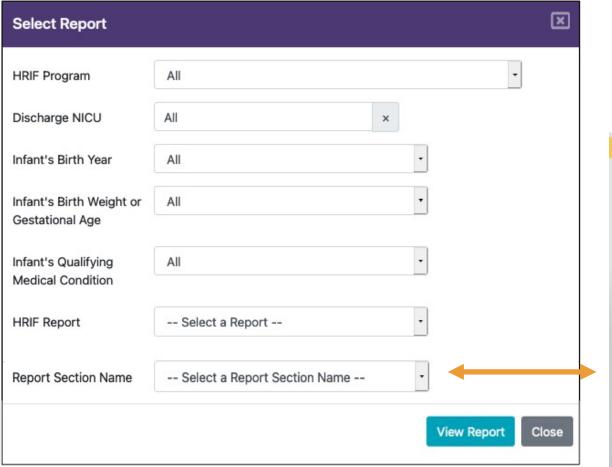
X Tools

Member Directory

№ Map

Online Manual





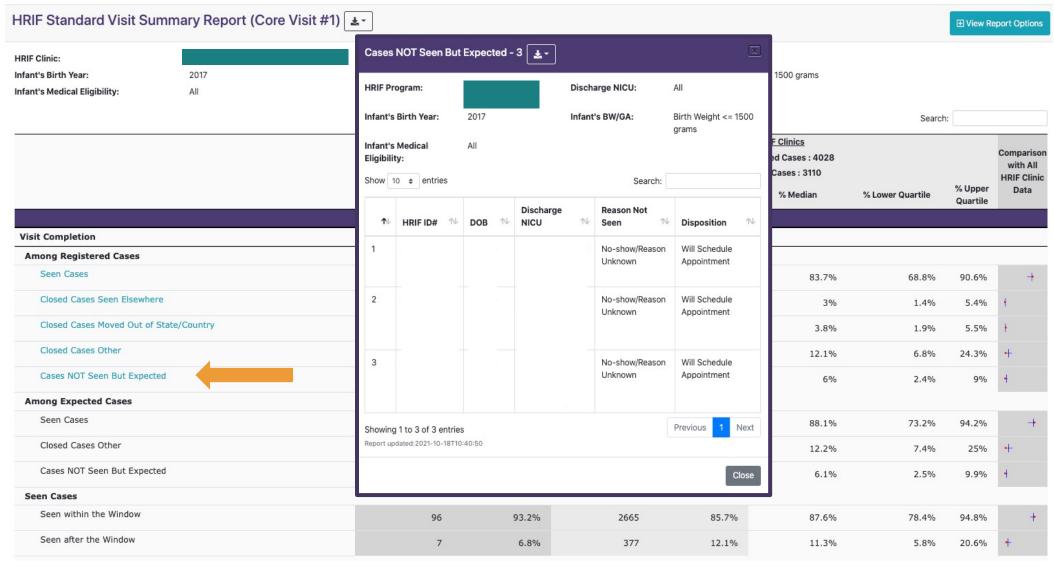
✓ -- Select a Report Section Name --Follow Up Status and Disposition Medical Eligibility Profile Sociodemographic Factors (Data Captured on RR Form) Language Assistance and Insurance Patient Age and Growth Metrics Caregiver and Living Environment Interval Hospitalizations and Surgeries Interval Medicines 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 Other Medical Conditions



	Total Reg : 1 Total Seen :		All HRIF Clinics Total Registered Cases : 4028 Total Seen Cases : 3110					Comparison with All HRIF Clinic
	Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	Data
		FOLLOW UP S	TATUS					
Visit Completion								
Among Registered Cases								
Seen Cases	142	95.9%	3110	77.2%	83.7%	68.8%	90.6%	+•
Closed Cases Seen Elsewhere	1	0.7%	53	1.3%	3%	1.4%	5.4%	+:
Closed Cases Moved Out of State/Country	4	2.7%	105	2.6%	3.8%	1.9%	5.5%	+
Closed Cases Other	1	0.7%	567	14.1%	12.1%	6.8%	24.3%	+
Among Expected Cases								
Seen Cases	142	99.3%	3110	81.2%	88.1%	73.2%	94.2%	+
Closed Cases Other	1	0.7%	567	14.8%	12.2%	7.4%	25%	•+
Seen Cases								
Seen within the Window	134	94.4%	2665	85.7%	87.6%	78.4%	94.8%	+
Seen after the Window	6	4.2%	377	12.1%	11.3%	5.8%	20.6%	+
Seen before the Window	2	1.4%	68	2.2%	4.1%	1.7%	11.9%	+



A different HRIF clinic -





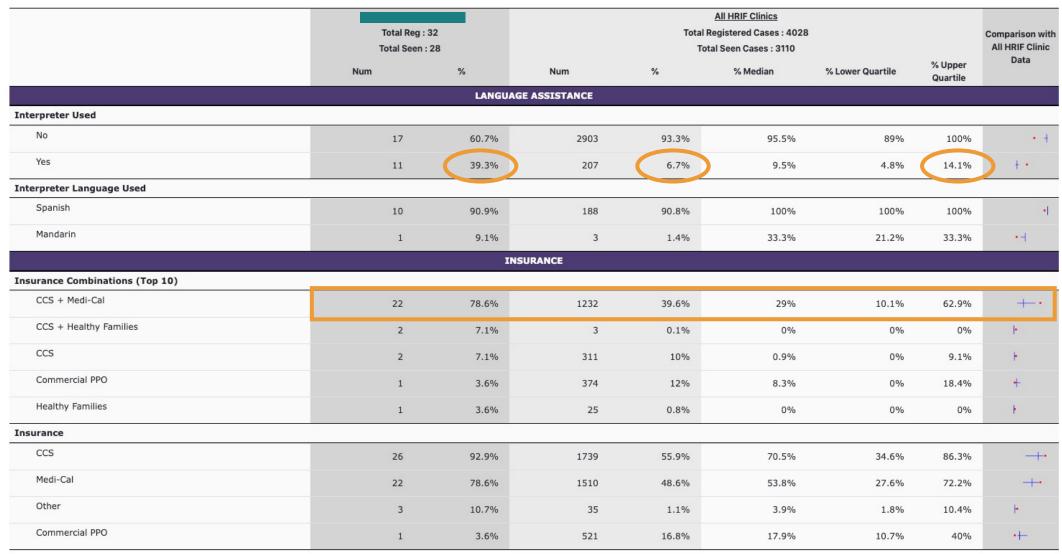


	Total R		<u>All HRIF Clinics</u> Total Registered Cases : 4028 Total Seen Cases : 3110				Comparison with All HRIF Clinic Data	
	Num	%	Num	%	% Median	% Lower Quartile	% Upper Quartile	Data
		LANGU	AGE ASSISTANCE					
Interpreter Used	-0)							
No	44	93.6%	2903	93.3%	95.5%	89%	100%	+
Yes	3	6.4%	207	6.7%	9.5%	4.8%	14.1%	+
Interpreter Language Used								
Cantonese	1	33.3%	6	2.9%	23.8%	13%	37.5%	+
Mandarin	1	33.3%	3	1.4%	33.3%	21.2%	33.3%	4
Spanish	1	33.3%	188	90.8%	100%	100%	100%	* 1
		1	NSURANCE					
Insurance Combinations (Top 10)								
Commercial HMO	40	85.1%	658	21.2%	7.7%	1.5%	24.5%	+ •
Medi-Cal	4	8.5%	195	6.3%	2.1%	0%	7.6%	F
CCS + Medi-Cal	1	2.1%	1232	39.6%	29%	10.1%	62.9%	•+-
No Insurance/Self Pay	1	2.1%	8	0.3%	0%	0%	0%	· ·
Medi-Cal + Commercial HMO	1	2.1%	27	0.9%	0%	0%	0%	· · · · · · · · · · · · · · · · · · ·
Insurance	- 1							
Commercial HMO	41	87.2%	759	24.4%	17.5%	7.7%	37.7%	+ •
Medi-Cal	6	12.8%	1510	48.6%	53.8%	27.6%	72.2%	•+
No Insurance/Self Pay	1	2.1%	9	0.3%	1.2%	1.1%	2.1%	+
ccs	1	2.1%	1739	55.9%	70.5%	34.6%	86.3%	• -+





A different HRIF clinic -







8	HOSPITALIZATIONS									
1	Hospitalizations Since Discharge or Last Visit									
4	No	199	83.6%	7924	83.6%	86.2%	79.1%	92.3%	+	
	Yes	38	16%	1548	16.3%	14.6%	9.6%	21%	+	
P	Unknown	1	0.4%	7	0.1%	1%	0.6%	1.6%	1	
1	Hospitalization Reasons									
	Respiratory Illness	21	55.3%	1035	66.9%	60.9%	50%	83.3%	+	
	Having Surgeries During Hospitalization	20	52.6%	550	35.5%	33.3%	27.5%	45.6%	+•	
	Other Medical Rehospitalization(s)	4	10.5%	283	18.3%	17.4%	12.9%	25%	+	
	Other Infection(s)	2	5.3%	95	6.1%	8%	6.1%	13.8%	+	
	Unknown	1	2.6%	33	2.1%	6.1%	2.3%	9.4%	+	
	Nutrition/Inadequate Growth (Added Jan 2010)	1	2.6%	77	5%	7.1%	3.6%	12.7%	+	
			SUF	RGERIES						
:	Surgeries Since Discharge or Last Visit									
	No	216	90.8%	8600	90.7%	92%	88.3%	95.9%	+	
	Yes	22	9.2%	876	9.2%	9.1%	6.2%	12.1%	+	
:	Surgery Reasons									
	Inguinal Hernia Repair	6	27.3%	341	38.9%	42.9%	29.1%	64.6%	+	
	Cardiac Surgery	4	18.2%	63	7.2%	13.6%	6.6%	15.4%	+	
	Other Surgical Procedures	3	13.6%	116	13.2%	14.3%	9.9%	22.6%	+	
	Other ENT Surgical Procedures	3	13.6%	34	3.9%	7.8%	4.7%	13.8%	+	
	Retinopathy of Prematurity	2	9.1%	101	11.5%	16.1%	8.3%	34.1%	+	
	Circumcision	1	4.5%	133	15.2%	14.3%	7%	36.9%	+	
	Shunt/Shunt Revision	1	4.5%	41	4.7%	7.7%	5.8%	13.1%	+	
	Gastrostomy Tube Placement	1	4.5%	71	8.1%	12%	8.8%	17.5%	•+	
	Other Neurosurgical Procedures	1	4.5%	17	1.9%	8.8%	4%	12.2%	+	
	Tympanostomy Tubes	1	4.5%	12	1.4%	6.7%	3.6%	11.1%	+	



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Clinic Dashboard

Q Find Patient

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A HRIF Report

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Service Refs

Annual

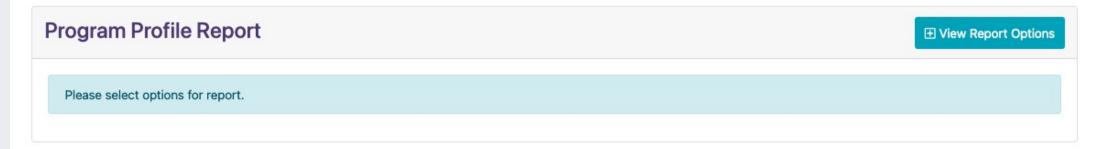
* NICU Summary

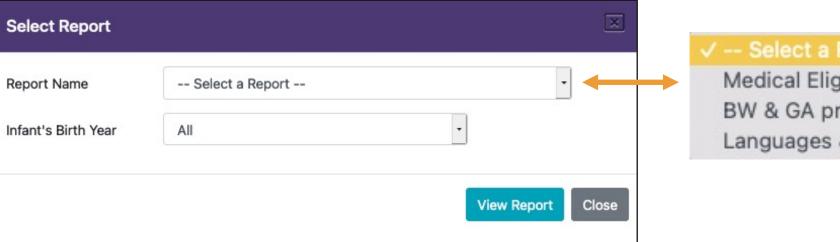
X Tools

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Medical Eligibility Profile BW & GA profile Languages & Insurance

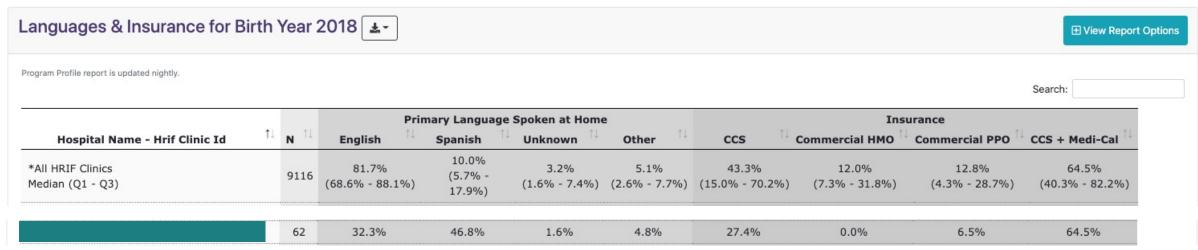




Medical Eligibility Profile fo	or Birt	h Year 2018	<u>*</u> -					
Program Profile report is updated nightly.								Search:
					Medical Elig	ibility Profile		
Hospital Name - Hrif Clinic Id \uparrow	N া	<= 1500 grams	< 32 weeks ↑↓	Oxygen > 28 Days and CLD	Intracranial Pathology	iNO > Hours/Meds for PPHN	HIE/Neonatal Encephalopathy	CHD (added Jan 2017)
*All HRIF Clinics Median (Q1 - Q3)	9116	50.0% (37.9% - 57.1%)	58.1% (47.9% - 69.0%)	8.9% (5.5% - 15.7%)	10.0% (5.9% - 13.9%)	3.5% (2.2% - 5.4%)	6.8% (4.3% - 10.4%)	4.6% (3.0% - 7.1%)
	132	37.1%	41.7%	7.6%	7.6%	1.5%	6.8%	6.1%









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NICU Summary

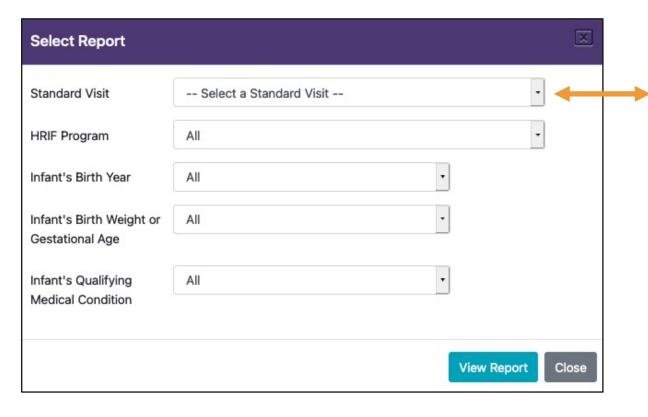
※ Tools

■ Member Directory

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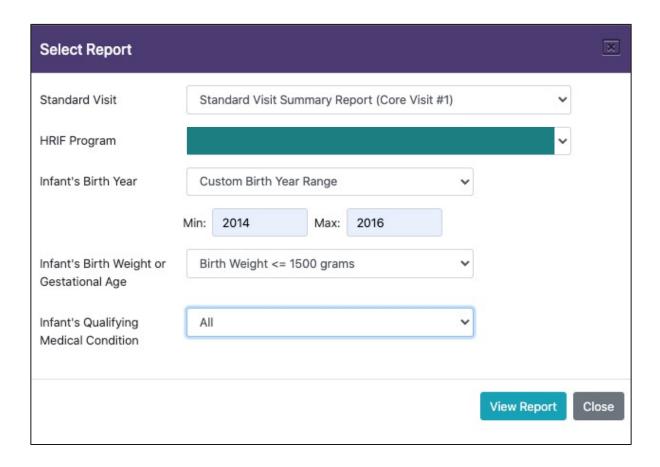




✓ -- Select a Standard Visit --

Standard Visit Summary Report (Core Visit #1) Standard Visit Summary Report (Core Visit #2)









Service Referral report is updated nightly.

	2014	2015	2016
	# Seen: 129	# Seen: 163	# Seen: 11
SPECIAL SERVICES REF	ERRAL SUMMARY		
pecial Services Referred at Time of Visit			
Special Services			
Any Special Service	32.6%	37.4%	44.4%
Behavior Intervention	0.0%	0.6%	0.0%
Feeding Therapy	2.3%	1.8%	5.1%
Hearing Services	1.6%	1.2%	1.7%
Infant Development Services	15.5%	20.2%	18.8%
Nutritional Therapy	2.3%	1.2%	1.7%
Occupational Therapy (OT)	3.9%	6.7%	7.7%
Physical Therapy (PT)	20.2%	27.6%	24.8%
Social Work Intervention	0.0%	1.8%	0.9%
Speech/Language Communication	3.1%	1.2%	4.3%
Vision Services	1.6%	1.8%	0.9%
Visiting, Public Health, and/or Home Nursing	1.6%	1.2%	0.0%
roup Summary	***************************************		
No Special Service Referrals	67.4%	62.6%	55.6%
Referred to 1 or 2 Special Services	28.7%	31.9%	40.2%
Referred to 3 or More Special Services	3.9%	5.5%	4.3%

Special Services -



>

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2021-06-01









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HRIF CCS Report

± View Report Options

HRIF Clinic: Report Date:

Infant's Birth Year: 2017 Infant's BW/GA: All

Infant's Medical All

Eligibility:

of Registered 0 Incomplete Priority 0 / 0 (NaN %)

Infants: Cases:

Go to Report: Follow Up Status / Patient Assessment / Hospitalization & Surgeries / Medical & Special Services / General & Resource Assessment / Neurologic & Neurosensory Exam / Developmental Assessment / Other Medical Conditions

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HRIF CCS Report

Shows information from all 3 core visits for each closed birth year

Table 1. Follow Up Status Back to Top

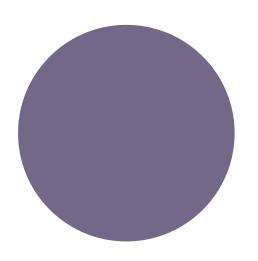
* Expected cases do not include closed cases: infant expired and moved out of state/country

		Core Visit #1			Core Visit #2			Core Visit #3				
	ОЅНРІ	D	A	AII.	OSHP	D	A	All .	OSHP	D	A	AII.
	Expected* 88		Expected* 8419		Expected* 86		Expected* 8313		Expected* 86		Expected* 8191	
	N	%	N	%	N	%	N	%	N	%	N	%
Among Registered Cases												
Seen Cases	53	60.2%	6099	72.4%	36	41.9%	4651	55.9%	27	31.4%	3271	39.9%
Closed Cases Moved Out of State/Country	1	1.1%	244	2.9%	3	3.5%	337	4.1%	3	3.5%	449	5.5%
Closed Cases Other	31	35.2%	1671	19.8%	40	46.5%	2666	32.1%	45	52.3%	4076	49.8%
Cases NOT Seen But Expected	4	4.5%	649	7.7%	10	11.6%	996	12%	14	16.3%	844	10.3%



There is a NICU Summary Report too!









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 View Report Options







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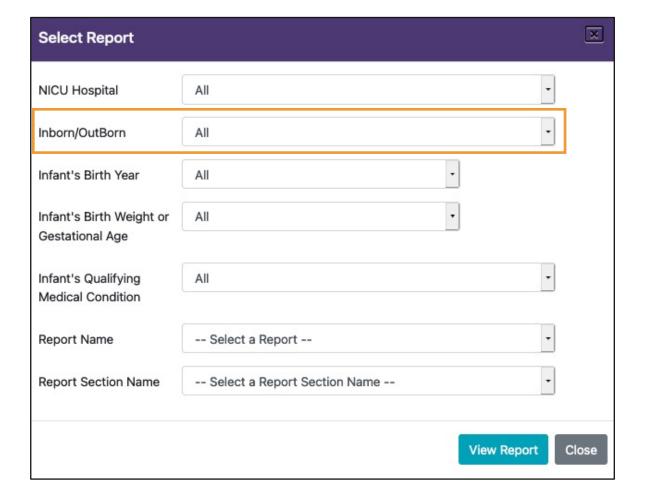
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Please select options for report.



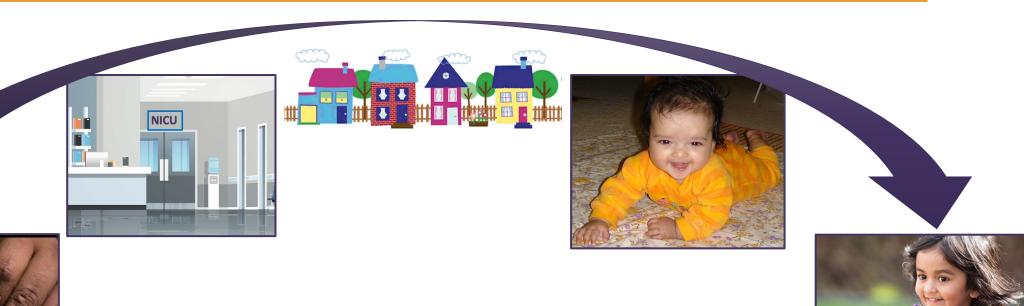
NICU teams can review post-discharge outcomes of patients from the NICU perspective.

Filter by Inborn/Outborn

Same report section options as HRIF



Meeting with your NICU teams and sharing HRIF data can invigorate collaboration and interest in patient outcomes beyond the NICU doors!





NICU colleagues can gain access!



NICU team leaders can (and should!)
gain access to NICU Summary reports!
Please help spread the word!

They can submit help tickets to www.cpqcchelp.org





Selected Recent HRIF Manuscripts / Projects

Factors Associated with Successful First
High-Risk Infant Clinic Visit for Very Low
Birth Weight Infants in California.

Factors Associated with Follow-Up of Infants with Hypoxic Ischemic Encephalopathy in High-Risk Infant Clinic in California

2 <u>Improved Referral of Very Low</u> Birthweight Infants to High-Risk Infant Follow-Up in California.

Rural location and other factors associated with 2nd HRIF visit attendance

Beyond the First Wave: Consequences of COVID-19 on High-Risk Infants and Families

Sociodemographic and program-level disparities associated with sustained HRIF engagement in California – to be submitted

- What else and what's next?
- COVID Family Impact Study
 - Telehealth use in HRIF program level, sociodemographic factors
 - Individual site / regional group QI and PI projects





Resources









System Tools

Record Tracker

This tool helps the HRIF clinic track, submit and finalize/close patient records.

Case Transfer Tracker

This tool helps the HRIF clinic keep track of patient records that were transferred to another clinic.

NICU Reference ID / Timely Referrals

This tools helps HRIF clinic staff update missing NICU Record IDs and see if patients are being referred timely.

Closeout Checklist

This tool provides a list of items to assist clinics in finalizing data submitted.

Error & Warning Report

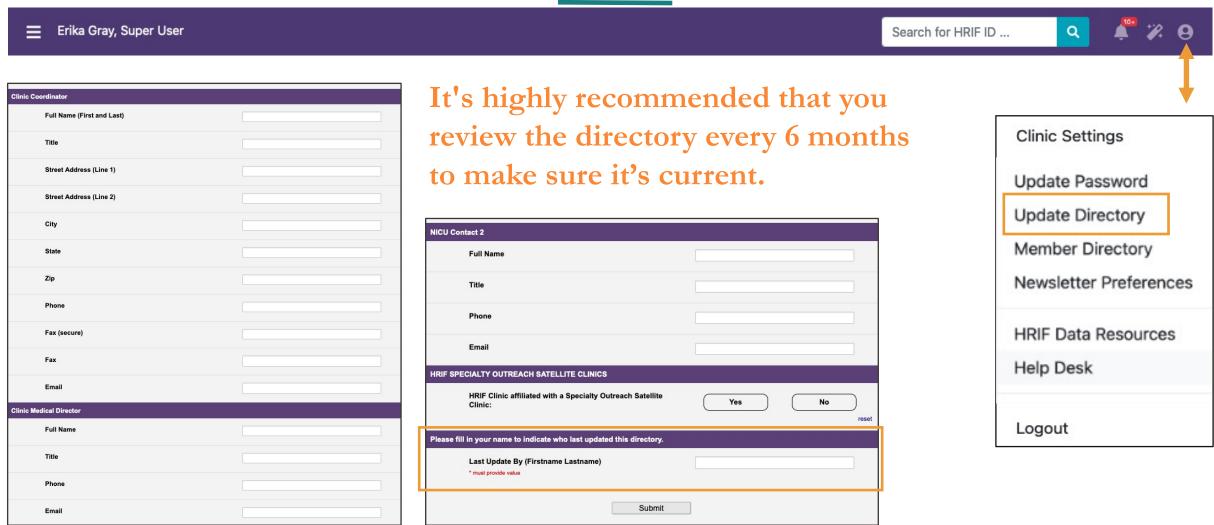
Alerts data users of **missing** or incorrect data entries and an provides an action plan to resolve the issue:

- Expected SV #1 missing
- Missing NICU Record ID
- Duplicate Record





Update HRIF Directory



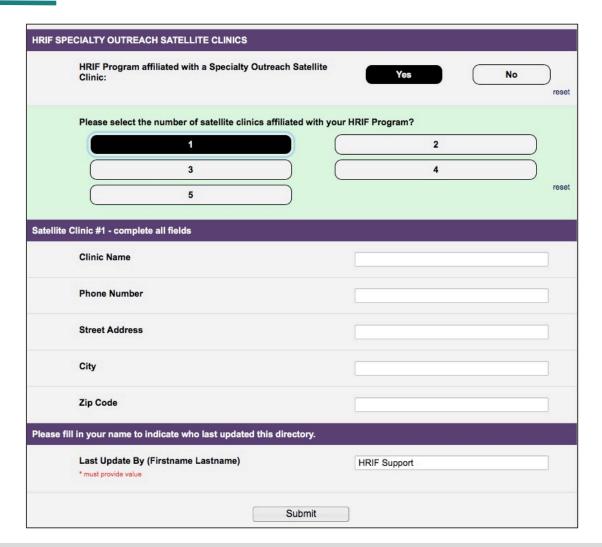




Update Directory

NOTE: At the bottom of the directory survey there is a section titled: **HRIF SPECIALTY OUTREACH SATELLITE CLINICS**

- 1. Select Yes for HRIF Program affiliated with a Specialty Outreach Satellite Clinic
- 2. Indicate the number of affiliated satellite clinics.
- 3. Complete all fields listed for each of the satellite clinics.







How to Transfer Records

- 1. Contact the CCS HRIF Clinic Coordinator where the patient will be transferred, provide case information and receive a confirmation via email that the patient will be accepted and followed in their HRIF Clinic.
- 2. Submit a Client Not Seen/Discharge (CNSD) form, before requesting to transfer the patient's record:
 - Date the client was not seen
 - Category: **Discharged**
 - Reason: Infant Referred to Another HRIF Program
 - Disposition: Will be Followed by Another CCS HRIF Program
- 3. Submit a <u>Help Desk ticket</u> requesting to transfer the patient record to another CCS HRIF Clinic. Include the following information in the ticket request:
 - Email confirmation from the HRIF Clinic Coordinator accepting the patient
 - Record **HRIF ID Number**
 - Patient's birth weight or gestational age
 - The CCS HRIF Clinic where the patient will be transferred to for follow-up services





Transfer Record Policy

- Records are **only transferred when HRIF Support receives an acceptance confirmation** from the transfer to HRIF Clinic Coordinator. **NOTE:** Transfer requests not confirmed within 2-weeks will be closed by HRIF Support.
- CNSD form's date of not seen, should NOT be greater than 2 months when requesting a transfer. If greater than 2 months, submit another CNSD form or update the date of not seen in the latest CNSD form.
- If the child is greater than 28 months, HRIF Support will contact the transfer to HRIF Clinic Coordinator to confirm acceptance of the case prior to processing the transfer.
- Records are transferred on a weekly basis.





Resources

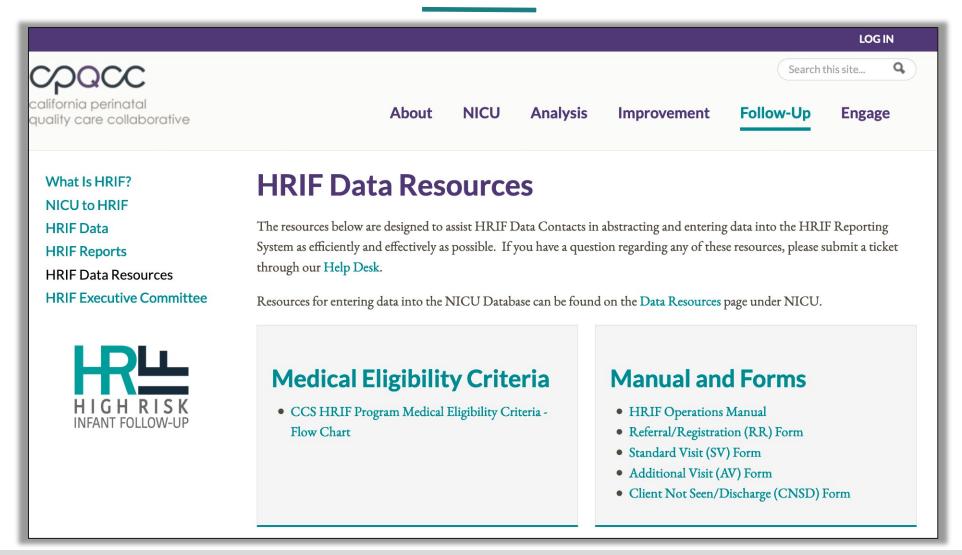
- I. CPQCC Website: www.cpqcc.org
 - What Is HRIF?
 - HRIF Data Resources
 - CCS Program Number Letters
- 2. 2022 Data Finalization
- 3. HRIF Family Handout
- 4. CCS NICU HRIF Eligible Infants **Referral Guidelines**
- 5. HRIF Guidance for Telehealth Visits
- 6. Directories
 - CPQCC Member Directory
 - DHCS HRIF Directory





HRIF Data Resources

https://www.cpqcc.org/follow/hrif-data-resources







Q&A Session





CPQCC Panelists



Susan Hintz

HRIF Medical Director
CPQCC HRIF



Erika Gray
Program Manager
CPQCC HRIF





Closing





Need More Assistance!

Submit a Help Desk ticket at www.cpqcchelp.org to request a personal HRIF Video Training



In the the request indicate your data role:

- HRIF Clinic staff
- Referring CCS NICU





CCS State Contact

CCS HRIF Program Policy and Procedures

QUESTIONS

- Becoming a California Children's Service Provider
 - URL https://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx
- Service Authorization Service (SAR)
- Billing/Insurance
- CCS County Issues
- Whole Child Model
 - URL https://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx

Maria Jocson, MD, MPH, FAAP

California Department of Health Care Services (CDHCS)

<u>Maria.Jocson@dhcs.ca.gov</u>





Webinar Recording and Evaluation

- An email will be sent out after the webinar with a link to:
 - The slides and webinar recording
 - An evaluation survey
- CEU's will be accumulated and distributed after all data training sessions have been completed (for live sessions only)
- The webinar recording and slides will also be posted at: https://www.cpqcc.org/engage/annual-data-training-webinars-2021







Additional Slides





CCS NICU to HRIF Referral Guidelines

Purpose: assist CCS NICUs with timely infant referrals to HRIF clinics and to meet CPQCC expectations. Referral Guidelines are sent to all NICU/HRIF contacts every 4 – 6 months.

"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.





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

(estimate average 2 months NICU Stay)



- Infants discharged to home in January March, should be registered before June
- Infants discharged to home in April June, should be registered before September
- Infants discharged to home in July September, should be registered before December
- Infants discharged 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

Note: All infants born in the year <u>MUST</u> be registered in the HRIF 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 clinic (Closeout Checklist item #13 = 100%).

*CPQCC 1st Quarter Expectation: Infants born and discharged to home between August – December, (of the previous year), should be registered in a HRIF clinic.

1. Transferred Patient Records Within Last 6 Months

TRANSFERRED PATIENT RECORDS WITHIN LAST 6 MONTHS - 5 BACK TO TOP

	HRIF ID#	Infant's Name	DOB	Adjusted Age	Transferred On	
1	831		-2019	2 months	09-03-2019	HOMESHOWN.
2	137		 -2019	7 months	07-31-2019	
3	763		 -2019	3 months	07-30-2019	
4	1762		 -2019	3 months	07-30-2019	
5	70		-2017	26 months	05-10-2019	





HOW TO USE THE CNSD FORM

• If unable to contact family to establish a 1st visit after multiple attempts (3-5), **close the case on the date of the last attempt.** Disposition = **Discharged, Closed out Program**NOTE: SV #1 should occur between 4-8 months

- If the child meets HRIF criteria, but the family lives or moves out of state/country prior to visit, register the patient and submit CNSD form. Disposition = Discharged Family Moved Out of State/Country
- **Discharged Dispositions** will not freeze/lock the case record. 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.
- Use the Other reason text field, only if none of the reasons listed are applicable.





Common Issues and Solutions

- Who is responsible for referring HRIF eligible infants? The discharging to home or last CCS NICU who provided care to the infant.
- What is the HRIF ID Number? A computer generated number assigned to the infant/child after submission of the "RR form" in the Reporting System.
- How do you register a patient who in still in hospital (SIH) on/after the June 1st?
 - You can register the patient as SIH prior to the June 1st deadline. The patient's date of discharge to home can be added to record at a later date.
 - Refer/Register the infant at the time of discharge to home. The system has been updated and will now accept records for infants born in the previous year (2018) who were still in the hospital (never discharge to home) on or after the June 1st deadline.





Common Issues and Solutions

- How do you obtain a NICU Record ID?
 - Contact the NICU Data Contact person from the birth/discharge CCS NICU.
 - Request access to the HRIF/NICU Match Detail Report to view all NICU Database infants discharge from your reporting center.
- Infant has two NICU Record IDs, which one do I use? Either one, the number you choose to use <u>must</u> be paired with the Center's OSHPD code who assigned the NICU Record ID.
- Not Sure if the Infant Qualified for a NICU Record ID: Enter "00000" as the NICU Record ID. This code indicates you are not sure if infant meet NICU eligibility or a NICU Record ID has not been assigned to the infant at the time of referral/registration.
- Infant Qualified for CPQCC, but no ID was assigned: Enter "77777" as the NICU Record ID. This code indicates the infant was never assigned a Record ID.





HRIF DATABASE

Helpful Tips

- Get Mom's or Dad's email before leaving NICU as another means of getting in contact. Ask transferring hospitals to get them before discharge. L. Taylor, SCVMC
- I keep a log of all admits to the NICU and on Mondays I go through all the admits and discharges

on a weekly basis. S. Burdick, LAMC

We use case management meetings as a time to enter a lot of our visit data. Various team members (MD, testers, SW) read out information from their notes or the computer during the meeting and the coordinator enters it into the website. J. Struthers, KP Roseville

- I keep the record open until all information is complete. That way I have a tickler to go back and add missing info. L. Taylor, SCVMC
- Run the HRIF/NICU Match Report monthly or every couple months. Easier to keep track of eligible kids and who has been given a number etc. L. Stablein, UC Irvine
- We use an epic pre-built form that provides a structure for the team to fill in HRIF data (if it is not completed), coordinator goes over it before submitting, so accurate data is available for data collection. I. Purdy, Mattel Children's UCLA.





View/Update DHCS HRIF Directory

https://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx#directory



me About DHCS





Services Individuals

Providers & Partners

Laws & Regulations

Data & Statistics

Forms & Publications

Search

HRIF Directory Updates

Staffing changes and annual directory updates can be made on the CCS Special Care Center Directory Update Sheet (DHCS 4507).

HRIF Special Care Center numbers can be obtained at:

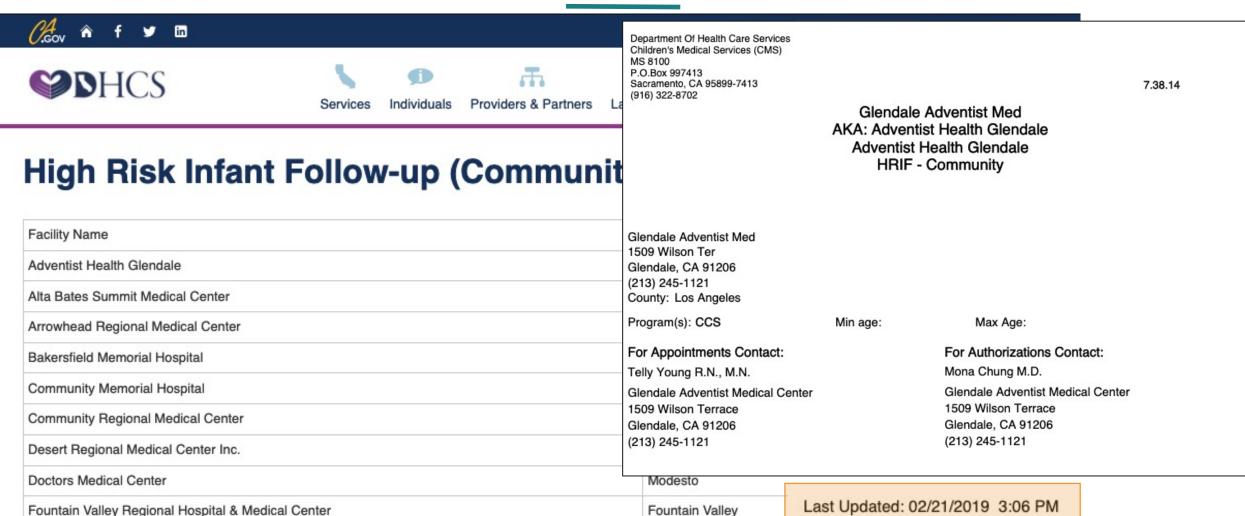
- <u>High Risk follow-Up (Community)</u> = https://www.dhcs.ca.gov/services/ccs/scc/Pages/HRIFCommunity.aspx
- <u>High Risk Follow-Up (Regional)</u> = https://www.dhcs.ca.gov/services/ccs/scc/Pages/HRIFRegional.aspx</u>





View/Update DHCS HRIF Directory

https://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx#directory





SCC Directory Update Cover Sheet

https://www.dhcs.ca.gov/formsandpubs/forms/ /Documents/Directory_Template_ADA.pdf

- The Medical Director **must** sign this cover sheet.
- E-mail the completed cover sheet and your edited SCC directory listing to
 CCSFacilityData@dhcs.ca.gov
- <u>Updates are made routinely.</u> Changes are posted on the CCS website at the end of each workweek.

late of Galifornia – Health and Human Services Agency	Department of Health Care Services
	NTER (SCC) DIRECTORY UPDATE COVER SHEET
To: Provider and Facility Site Review Unit	Contact person:
E-mail: CCSFacilityData@dhcs.ca.gov	Facility name:
	Phone:
Date:	Total pages:
Medical Director (Print)	Medical Director (Signature)

INSTRUCTIONS

- Find and print your SCC directory listing in the Special Care Center section of the CCS website www.dhcs.ca.gov.services/ccs.
- Fill in the changes (including additions or removals of staff) directly on your SCC directory listing. Please ensure you provide the NPI number, as there are many similar names.
- If staff have been added to or removed from your SCC directory listing, supply their active Provide Number, discipline, and effective date(s) using the table below.

STAFF NAME (Last Name, First Name)	DISCIPLINE (i.e. Pediatric Cardiology)	STAFF NPI and/or LICENSE NUMBER	ACTION	EFFECTIVE DATE (MM/DD/YY)
			Add Remove	

- Complete the top portion of this cover sheet. The Medical Director must sign this cover sheet
- E-mail the completed cover sheet and your edited SCC directory listing to <u>CCSFacilityData@dhcs.ca.gov</u>
- Updates are made routinely. Changes are posted on the CCS website at the end of each workweek