

# **CPeTS, NICU, HRIF Database Changes**

*2022 Birth Year*

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# INTRODUCTION

We never stop working to improve care for California’s most vulnerable infants and children, and we know you don’t either. Every year, CPQCC staff, members, experts and volunteers review and reconsider the data elements being collected to be sure we’re staying on the cutting edge of neonatal quality improvement care. Elements are sometimes added, removed, or renamed and renumbered.

In addition, other groups often make changes to data elements or definitions that necessitate changes to CPQCC data collection:

- High Risk Infant Follow-up (HRIF)
- California Perinatal Transport Systems (CPeTS)
- California Children’s Services (CCS)
- Vermont Oxford Network (VON)

This document describes the changes that have been made to the 2022 NICU, CPeTS, and HRIF data sets.

## CALIFORNIA CHILDREN’S SERVICES (CCS)

### CCS - LAINA DATA COLLECTION

Starting in 2022, CCS-approved NICUs are required to collect Lower Acuity Inborn NICU Admissions (LAINA) for CCS. CPQCC will provide an optional way for CCS-approved NICUs to submit this data to CCS.

#### CCS LAINA Requirements:

1. NICU admission date
2. Does this baby meet CPQCC high illness acuity criteria? (Yes/No)
3. “Main problem(s) during NICU Stay “ for each LAINA.
4. NICU discharge date

#### Data Collection Options:

1. Use CPQCC All NICU Admits Database
  - Enter all NICU admissions including LAINA data (NICU Data website)
  - Review all NICU admissions including LAINA reports in the All NICU Admits Focusboard (NICU Reports website)
  - CPQCC reports all NICU admissions including LAINA to CCS according to the new CCS requirement.

OR

2. If your site prefers not to use the All NICU Admits database, please:

- Contact Dr. Schulman at [Joseph.Schulman@dhcs.ca.gov](mailto:Joseph.Schulman@dhcs.ca.gov)
- Follow his guidance on how to collect and report data.

For more information on the CCS LAINA requirement please review the

- [CCS LAINA Presentation](#),
- [CCS LAINA Q&A](#)
- [CCS LAINA Requirement Letter](#)

## TRANSPORT DATA SET (TRS)

### TRIPS (TAB 4, ITEMS C.27):

#### Item C.27 ~~Nasal Ventilation~~ **Noninvasive Ventilation (NIPPV / NIMV)**

**Change:** Change description from Nasal Ventilation to **Noninvasive Ventilation (NIPPV/ NIMV)**. Add note: This includes Nasal prongs and masks.

#### 2022 Updated CPeTS name:

None  
 Hood/Nasal Cannula (NC), Blowby  
 Nasal Continuous Airway Pressure  
~~Nasal Ventilation~~ **Noninvasive Ventilation (NIPPV/NIMV)**  
 Oral/Nasal ETT  
 Unknown

## NICU ADMISSION DISCHARGE (A/D) AND DELIVERY ROOM DEATH (DRD) FORM

### ELIGIBILITY

#### CPQCC/VON Small Babies

**Change:**  
 CPQCC small baby definition changed from infants with a birth weight of 401 grams to 1500 grams to infants with a birth weight of 1500 grams or less.

### **Updated Eligibility:**

An infant is eligible as a CPQCC/VON “small baby” if they were admitted to or died in any location in your center within 28 days of birth AND:

- Had a birth weight less than or equal to 1,500 grams
- OR
- Were born at 22 weeks, 0 days to 31 weeks, 6 days gestation.

## **DEMOGRAPHICS (TAB 1, ITEM 7):**

### **Item 7d. Reason for Transport-In**

#### **Change:**

Add Item 7d. Reason for Transport-In. If Location of Birth is “Outborn”, enter only one response indicating the primary reason for transport in.

#### **2022 Categories:**

ECMO  
Hypothermic Therapy  
Surgery  
Other Medical/Diagnostic Services  
Growth/Discharge Planning  
Chronic Care  
Insurance  
Other  
Not Applicable  
Unknown

## **RESPIRATORY (TAB 3 & 4, ITEMS 22, 25, 38, 39):**

### **Item 25b. Intubated Conventional Ventilation After Initial Resuscitation**

### **Item 38b. Intubated Conventional Ventilation At 36 weeks**

### **Item 39c. Intubated Conventional Ventilation At Discharge**

**Change:** Modified the definition for Intubated Conventional Ventilations (after initial resuscitation, at 36 weeks, at discharge) to include “**or tracheostomy.**”

### Updated 2022 Definition:

Select Yes if the infant was given intermittent positive pressure ventilation through an endotracheal tube **or tracheostomy** with a conventional ventilator (IMV rate <240/minute) at any time after leaving the delivery room or the Initial Resuscitation Area. Include this information even if it occurred at the birth hospital prior to transport to your center.

### Item 25c. Intubated High Frequency Ventilation After Initial Resuscitation

### Item 38c. Intubated High Frequency Ventilation At 36 weeks

### Item 39d. Intubated High Frequency Ventilation At Discharge

**Change:** Modified the definition for Intubated High Frequency Ventilation (after initial resuscitation, at 36 weeks, at discharge) to include **“or tracheostomy.”**

### Updated 2022 Definition:

Select Yes if the infant received intubated high frequency ventilation (IMV rate >240/minute) through an endotracheal tube or tracheostomy at any time after leaving the delivery room/initial. Include this information even if it occurred at the birth hospital prior to transport to your center.

### Item 25d. ~~High Flow~~ Nasal Cannula After Initial Resuscitation

### Item 38d. ~~High Flow~~ Nasal Cannula At 36 weeks

### Item 39e. ~~High Flow~~ Nasal Cannula At Discharge

**Change:** Changed name from “High Flow Nasal Cannula” to “Nasal Cannula”. The categories for Nasal Cannula (after initial resuscitation, at 36 weeks, at discharge) will be updated to indicate if the infant received a flow rate of > 2 liter/ minute, or <= 2 liter/minute, or unknown flow rate.

### Updated 2022 Categories:

Select **Yes, flow rate > 2l/min** if the infant received air or oxygen (any FiO<sub>2</sub>) at a flow rate of > 2 liters per minute via nasal cannula.

Select **Yes, flow rate <= 2l/min** if the infant received air or oxygen (any FiO<sub>2</sub>) at a flow rate of flow rate <= 2 liters per minute via nasal cannula

Select **Yes, flow rate unknown** if the infant received air or oxygen (any FiO<sub>2</sub>) but the **flow rate is unknown** via nasal cannula.

Select Not Applicable if the infant was not in your NICU at 36 weeks (for item 38d only).

Select No if the infant did not receive air or oxygen (any FiO<sub>2</sub>) via nasal cannula.

Select Unknown if this information cannot be obtained

**Item 22g. ~~NIPPV~~ Noninvasive Ventilation At Initial Resuscitation**

**Item 25e. ~~Nasal IMV or SIMV~~ Noninvasive Ventilation After Initial Resuscitation**

**Item 38e. ~~Nasal IMV or SIMV~~ Noninvasive Ventilation At 36 weeks**

**Item 39f. ~~Nasal IMV or SIMV~~ Noninvasive Ventilation At Discharge**

**Change:** Changed name from “NIPPV” or “Nasal IMV or SIMV” to “Noninvasive Ventilation” (at initial resuscitation, after initial resuscitation, at 36 wks, at discharge). Added note to Noninvasive Ventilations.

**Added 2022 Note:**

Noninvasive Ventilation during Initial Resuscitation should be coded “Yes” if the infant receives any of the following types of noninvasive positive pressure ventilation via nasal prongs or another nasal device:

- Two or more levels of positive pressure such as “BiPAP” or “SiPAP”
- Synchronized or unsynchronized intermittent mandatory ventilation
- Noninvasive high-frequency oscillation

If a nasal cannula is used to provide noninvasive positive pressure ventilation using one of the three types listed above, the answer to Noninvasive Ventilation during (initial Resuscitation, after Initial resuscitation, at 36 weeks, at discharge) is “Yes”. If a nasal cannula is used only to provide continuous positive airway pressure (CPAP), the answer to Noninvasive Ventilation during (Initial Resuscitation, After Initial Resuscitation, at 36 weeks, at Discharge), is No.

**Item 22b. Nasal CPAP At Initial Resuscitation**

**Item 25f. Nasal CPAP After Initial Resuscitation**

**Item 38f. Nasal CPAP At 36 weeks**

**Item 39g. Nasal CPAP At Discharge**

**Change:** Item 26a. Nasal CPAP after Initial Resuscitation will be moved to Item 25f. .

**Added 2022 Note**

If a nasal cannula is used to provide nasal CPAP, the answer to Nasal CPAP during (initial resuscitation, after initial resuscitation, at 36 weeks, at discharge) is “Yes”.

**POST-DELIVERY DIAGNOSES AND INTERVENTIONS - OTHER  
DIAGNOSES, SURGERIES (TAB 6, ITEMS 43, 44, 45)**



## **New Item: Item 43e. Infant received prostaglandin medication to maintain ductal patency**

**New Item Definition:** Only applicable to infants diagnosed with a PDA. This item will be implemented as a check box that users should check if the infant was diagnosed with **a PDA AND** received **prostaglandin medication to maintain ductal patency**.

## **Item 43f. PDA Ligation or PDA Closure by Catheterization**

**Change:** Moved to Item 43f. Revised categories.

### **Updated 2022 Categories & Definition:**

Yes

No

Unknown

Not Applicable if the infant was not diagnosed with a PDA

## **New Item: Item 43g. Was PDA Surgery done in conjunction with Repair or Palliation of Congenital Heart Disease**

**New Item Definition:** Only applicable if the infant had PDA ligation or PDA closure by catheterization This item will be implemented as a check box that users should check if the infant had surgery for patent ductus arteriosus in conjunction with Repair or Palliation of Congenital Heart Disease (S504).

## **Item 44b. Necrotizing Enterocolitis**

**Change:** Modified the definition for NEC to include: **“Diagnostic imaging”** and **“Or discoloration”**

### **2022 Updated Definition:**

Determine whether an infant has (a) Necrotizing Enterocolitis (NEC) diagnosed at surgery, or (b) NEC diagnosed at postmortem examination, (c) NEC diagnosed **with clinical and diagnostic imaging** using the following criteria:

One or more of the following clinical signs present:

- Bilious gastric aspirate or emesis.
- Abdominal distension **or discoloration**.
- Occult or gross blood in stool with no apparent rectal fissure.

AND

One or more of the following **diagnostic imaging** findings present:

- Pneumatosis intestinalis;
- Hepato-biliary gas;
- Pneumoperitoneum.

## **Item 45. ~~Focal Intestinal Perforation~~ Surgically Confirmed or Clinically Diagnosed Focal Intestinal Perforation.**

### **Item 45a. Focal Intestinal Perforation**

**Change:** Changed name of Item 45. from “**Focal Intestinal Perforation**” to “**Surgically Confirmed or Clinically Diagnosed Focal Intestinal Perforation**”. **Item 45a. Focal Intestinal Perforation**, modified definition to include if Focal Intestinal Perforation is:

- Surgically confirmed

Or

- Clinically diagnosed

### **Updated 2022 Definition:**

#### **Item 45a. Focal Intestinal Perforation**

Select Yes (here, elsewhere, here or elsewhere) if the infant has a “**Surgically Confirmed**” Focal Intestinal Perforation separate from Necrotizing Enterocolitis. This diagnosis will be based on visual inspection of the bowel at the time of surgery or post-mortem examination that demonstrates a single focal perforation with the remainder of the bowel appearing normal.

Or if the infant has a “**Clinically Diagnosed**” Focal Intestinal Perforation:

- the infant did not have necrotizing enterocolitis clinically or radiographically; and
- the bowel was not visualized, at surgery or post-mortem exam; and
- A diagnosis of Focal Intestinal Perforation was recorded in the infant’s record.

Select No if the infant did not have a Focal Intestinal Perforation as defined above.

### **New Item: Item 45b. Surgically or Clinically Diagnosed**

**New Item Definition:** Add a new item 45b. “**Surgically or Clinically Diagnosed**” applicable only if Item 45a **Focal Intestinal Perforation** is coded “Yes” (Yes, Here, Yes, Elsewhere or Yes, Here and Elsewhere). If “Yes” Select how Focal Intestinal Perforation was diagnosed. If the infant was diagnosed clinically and surgically, check (1) Surgically Diagnosed.

### **2022 Definition:**

**Item 45a. Focal Intestinal Perforation** If “YES” ((Yes, Here, Yes, Elsewhere or Yes, Here and Elsewhere)

Then answer: **Item 45b. Surgically Confirmed or Clinically Diagnosed**

- Surgically confirmed
- Clinically diagnosed
- Unknown

## **POST-DELIVERY DIAGNOSES AND INTERVENTIONS - NEUROLOGICAL (TAB 7, ITEM 49):**

## **Item 49. Cystic Periventricular Leukomalacia (CPVL) and Cerebellar Hemorrhage**

### **New Item: Item 49c. Cerebellar Hemorrhage**

**Change:** Add Item 49c. Cerebellar Hemorrhage.

#### **New Item Definition:**

Item 49c. Cerebellar Hemorrhage

Select Yes if neuroimaging (either ultrasound, CT scan, MRI scan, etc.) showed evidence of cerebellar hemorrhage. This includes imaging performed after Day 28.

## **ANOMALIES/BILIRUBIN/LANGUAGE (TAB 8, ITEM 53,54,55):**

### **Item 53a. Maximum Level of Bilirubin (mg/dl) Found On THIS Re-Admission**

### **Item 53b. Exchange Transfusion On THIS Re-Admission**

### **Item 53c. Hospital that Discharged Infant Home Prior to THIS Admission**

**Change:** Re-number Items 53-55 to Item 53a. Maximum Level of Bilirubin (mg/dl) Found On THIS Re-Admission, Item 53b. Exchange Transfusion On THIS Re-Admission, and Item 53c. Hospital that Discharged Infant Home Prior to THIS Admission.

### **New Item: Item 54.a Primary Caregiver's Preferred Language**

### **New Item: Item 54.b Primary Caregiver's Preferred Language, description for Other**

### **New Item: Item 55. Did the primary caregiver require interpreter services (either in-person or remote) during this hospitalization?**

**New Item Definition:** Add 3 new items: Item 54. **Primary Caregiver's Preferred Language, Primary Caregiver's Preferred Language, Description for Other** and Item 55. **Did the primary caregiver require interpreter services (either in-person or remote) during this hospitalization?"**.

We recognize and understand that there may be many unknowns during the first year for centers where this data is not systematically organized or easily obtained. Therefore, we plan to invite centers that are successful in collecting these items, to share their expertise and strategies during this initial effort.

#### **New Item Definitions:**

**Item 54. Primary Caregiver's Preferred Language:**

Please list the primary caregiver's preferred language.

Arabic  
Armenian  
Cambodian/Khmer  
Cantonese  
English  
Farsi/Persian  
Hindi  
Hmong/Miao  
Japanese  
Korean  
Mandarin  
Mixteco  
Punjabi  
Russian  
Spanish  
Tagalog  
Thai  
Vietnamese  
Sign Language  
Other, DESCRIBE  
Unknown

**Item 55. Did the primary caregiver require interpreter services (either in-person or remote) during this hospitalization?**

Select Yes if the primary caregiver required interpreter services (either in-person or remote) during this hospitalization.

Select No if the primary caregiver did not require interpreter services (either in-person or remote) during this hospitalization.

Select Not Applicable if the primary caregiver's preferred language is English

Select Unknown if this information cannot be obtained

**TRANSPORT OUT - POST-TRANSPORT STATUS (TAB 10, ITEM 61):**

**Item 61. Reason for Transport-Out**

**Change:** Updated categories and added a new category to Item 61. Reason for Transport Out: **“Hypothermic Therapy”**.

Answer “Hypothermic Therapy” if the infant is transported to another hospital for hypothermic therapy even if hypothermic therapy is not actually performed after the transport.

## 2022 Categories:

ECMO  
Hypothermic Therapy  
Surgery  
Other Medical/Diagnostic Services  
Growth/Discharge Planning  
Chronic Care  
Insurance  
Other  
Not Applicable  
Unknown

## DISCONTINUED ITEMS

**Item 26b. Nasal CPAP or Nasal Ventilation before or without ever having received ETT ventilation**

## NEW CODES

### Birth Defect Codes

611 Twin-twin transfusion syndrome

### Surgery Codes

S342 Gastrostomy tube  
S343 Jejunostomy tube  
S906 Endoscopic third ventriculostomy with or without choroid plexus cauterization.

## HRIF DATA SET

### HRIF REFERRAL/ REGISTRATION (RR) FORM

**Change:** “Infant’s Ethnicity”, “Infant’s Race”, “Birth Mother’s Ethnicity”, “Birth Mother’s Race”, “Insurance” and “Primary Language Spoken at Home” will be Required Fields and must be entered in order to submit the online RR form.

## 2022 Categories:

1. NICU Reference ID

2. Date of Birth
3. Birth Hospital
4. Birth Weight
5. Gestational Age
6. Singleton/Multiple
7. Infant's Sex
8. Infant's Ethnicity
9. Infant's Race
10. Hospital Discharging to Home
11. Date of Discharge
12. Birth Mother's Date of Birth
13. Birth Mother's Ethnicity
14. Birth Mother's Race
15. Insurance
16. Primary Language Spoken at Home
17. Medical Eligibility Profile

## **Program Registration Information - Gestational Age**

**Change:** Revise definition to match with the NICU database.

### **Updated 2022 Definition:**

Enter the gestational age in weeks and days based on available data in the medical record.

Starting from 2018, CPQCC NICU database adopted the JC definition of gestational age:

Gestational age is defined as the best obstetrical estimate (OE) of the newborn's gestation in completed weeks based on the birth attendant's final estimate of gestation, irrespective of whether the gestation results in a live birth or a fetal death. This estimate of gestation should be determined by all perinatal factors and assessments such as ultrasound, but not the newborn exam. Ultrasound taken early in pregnancy is preferred (source: American College of Obstetricians and Gynecologists reVITALize Initiative).

Source: <https://manual.jointcommission.org/releases/TJC2017A/DataElem0265.html>

In the cases where there is no prenatal care or there are significant discrepancies between the obstetrical gestational age and neonatal gestational age (i.e., over two weeks), please determine the gestational age from the neonatologist exam.

## **Primary Language Spoken at Home / Secondary Language Spoken at Home**

**Change:** Add “Hindi”, “Japanese”, “Mixtex”, “Punjabi”, “Thai” and “Other/Described” language

options to Primary Language Spoken at Home and Secondary Language Spoken at Home data items.

### 2022 Categories:

- Arabic
- Armenian
- Cantonese
- English
- Farsi/Persian
- Hindi
- Hmong/Miao
- Japanese
- Korean
- Mandarin
- Mixtec
- Mon-Khmer/Cambodian
- Punjabi
- Russian
- Spanish
- Sign Language
- Tagalog
- Thai
- Vietnamese
- Other/Describe:

## Medical Eligibility Profile

**Change:** Add a text field to “Other Problems that Could Result in Neurologic Abnormality - Other” data item.

### 2022 Categories:

Other Problems that Could Result in Neurologic Abnormality:

- CNS Infection
- Documented Sepsis
- Bilirubin
- Cardiovascular Instability
- HIE
- Other:\_\_\_\_\_

## HRIF STANDARD VISIT (SV) FORM

### Visit Assessment - Interpreter Used

**Change:** Add “Hindi”, “Japanese”, “Mixtec”, “Punjabi”, “Thai” and “Other/Described” language

options to Interpreter Used data item.

### **2022 Categories:**

- Arabic
- Armenian
- Cantonese
- English
- Farsi/Persian
- Hindi
- Hmong/Miao
- Japanese
- Korean
- Mandarin
- Mixtec
- Mon-Khmer/Cambodian
- Punjabi
- Russian
- Spanish
- Sign Language
- Tagalog
- Thai
- Vietnamese
- Other/Describe:

### **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/oxygen tank since NICU discharge or the last visit.

### **2022 Categories:**

- Apnea/CR Machine
- Braces/Castings/Orthotics
- Enteral Feeding Equipment
- Helmet
- Nebulizer
- Ostomy Supplies
- Oxygen Supplies (e.g. Nasal Cannula/Oxygen Tank)
- Tracheostomy
- Ventilator/CPAP/BiPAP
- Wheelchair
- Other
- Unknown

### **Developmental Assessment - Screeners**



**Change:** Add “Ages and Stages Questionnaire 3 (ASQ-3)” option to Developmental Assessment Screeners.

**Definition:**

Ages and Stages Questionnaire 3<sup>rd</sup> Edition (ASQ-3)

This screener is scored using raw scores for each domain (Communication, Gross Motor, Fine Motor, Problem-Solving and Personal-Social).

- Select the appropriate **Scoring Zone** for the ASQ-3:
  - **On Schedule** if the score for that area falls within the unshaded (higher score range) zone.
  - **Monitor** if the score for that area falls within the lightly shaded (middle score range) monitoring zone. This represents 1-2 standard deviations below the mean for that age-based questionnaire.
  - **Below** if the score for that area falls within the darkly shaded (low score range) zone. This represents 2 standard deviations below the mean for that age-based questionnaire.
- Select **Unable to Assess** if the infant/child was uncooperative during the screening or if this information cannot be obtained.
- Select **Did Not Assess** if the domain is not used for the infant/child’s developmental assessment.

**2022 Categories:**

- Ages and Stages Questionnaire
- Bayley Infant Neurodevelopmental Screener
- Battelle Developmental Inventory Screener Test, 2nd Edition
- Bayley Scales of Infant and Toddler Developmental Screener III
- Bayley Scales of Infant and Toddler Developmental Screener 4
- The Capute Scales / The Cognitive Adaptive Test - Clinical Linguistic and Auditory Milestone Scale Screener
- Warner Initial Developmental Evaluation of Adaptive and Functional Skills
- Other/Not Listed Screener

**Developmental Assessment - Test**

**Change:** Remove the term “Composite” and replace it with “Standard Score” for the Bayley Scales of Infant and Toddler Development 4 (Bayley 4) domain labels on the Standard Visit (SV) form.

**2022 Domain Labels:**

- Cognitive Standard Score
- Receptive Language Scaled Score
- Expressive Language Scaled Score
- Language Standard Score
- Fine Motor Scale Score

- Gross Motor Scale Score
- Motor Standard Score
- Social-Emotional Standard Score
- Adaptive-Behavior Standard Score

## Autism Spectrum Screen

### Change:

1. Remove “Pervasive Developmental Disorders Screening Test-II” screening tool option
2. Add “Risk Level” option to the M-CHAT-RF screening tool
  - “Medium Risk” or “High Risk” must be selected if the infant/child Did Not Pass.

### 2022 Categories:

- M-CHAT-RF
- CSBS-DP
- Other/Not Listed

### Updated 2022 Definition:

Was an Autism Spectrum Screen Performed During This Visit?

- Select **No** if the infant/child did not have an Autism Spectrum Screen performed during this core visit. Proceed to Early Start (ES) Program.
- Select **Yes** if the infant/child did have an Autism Spectrum Screen performed during this core visit. Complete the Autism Spectrum Screen questions below.

Select the autism spectrum **Screening Tool Used:**

- Modified Checklist for Autism in Toddlers (M-CHAT)/ Modified Checklist for Autism in Toddlers - Revised with Follow Up (M-CHAT-RF)
- Communication and Symbolic Behavior Scales Developmental Profile (CSBS-DP)
- Other/Not Listed.

Select the autism spectrum **Screening Results:**

- Pass
- Did Not Pass

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

## 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.

### 2022 Categories:

- Select **Yes** if the infant/child is currently receiving services
- Select **No, Complete** if the infant/child received the service and the service is no longer required
- Select **No, Not Required** if the infant/child is not receiving services
- Select **No, Referred at Visit** if the infant/child is being referred at the time of visit or was initially referred but did not receive the service and is being referred again.
- Select **No, Referral Failure** if the infant/child was referred in the past, but not picked up for services.
- Select **No, Pending Services** if the infant/child was referred but is currently pending an appointment
- Select **No, Parent Refused** if the parents refused the service.
- Select **No, Determined Ineligible by ES** if the infant/child was referred, but ES determined them ineligible for services.
- Select Unknown if this information cannot be obtained

### Medical Therapy Program (MTP)

**Change:** Add new option to Medical Therapy Program: “No, Complete”.

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

### 2022 Categories:

- Select **Yes** if the infant/child is currently receiving services
- Select **No, Complete** if the infant/child received the service and the service is no longer required
- Select **No, Not Required** if the infant/child is not receiving services
- Select **No, Referred at Visit** if the infant/child is being referred at the time of visit or was initially referred but did not receive the service and is being referred again.
- Select **No, Referral Failure** if the infant/child was referred in the past, but not picked up for services.
- Select **No, Pending Services** if the infant/child was referred but is currently pending an appointment
- Select **No, Parent Refused** if the parents refused the service.
- Select **No, Determined Ineligible by MTP** if the infant/child was referred, but MTP determined them ineligible for services.
- Select Unknown if this information cannot be obtained

### Special Services Review

**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.

**2022 Categories:**

- Does Not Need
- Receiving
- Receiving – Increase Frequency
- Complete if the infant/child no longer needs the service.
- Referred at Time of Visit
- Referred, but Not Receiving – Missed Appointment
- Referred, but Not Receiving – Waiting List
- Referred, but Not Receiving – Re-Referred initially referred and did not receive, now re-referred for services.
- Referred, but Not Receiving – Insurance/HMO Denied
- Referred, but Not Receiving – Service Not Available
- Referred, but Not Receiving – Service Cancelled
- Referred, but Not Receiving – Parent Declined/Refused Service
- Referred, but Not Receiving – Other/Unknown Reason