

## HRIF 2021 DATABASE CHANGES

### REFERRAL/REGISTRATION (RR) FORM

Removed data items:

- **Infant enrolled in a CCS Clinic other than the HRIF Program**
- **Declined** option - Infant's Ethnicity and Mother's Ethnicity
- **Declined** option - Infant's Race Category and Mother's Race Category

### STANDARD VISIT (SV) FORM

Removed Data Item:

- **Infant enrolled in a CCS Clinic other than the HRIF Program**

Revised Data Item:

- **This visit was conducted (required field)**
  - Select **In-Person** if the visit was an in-person clinic appointment.
  - Select **Telehealth (audio + video observation)** if the visit was a virtual visit appointment by Telehealth, Zoom, WebEx or another audio/video application.
  - Select **Phone Only** if the visit was only a telephone audio appointment.

New Data Items:

- **Allergy/Immunology** option - Medical Services
- **This part of the visit was done by** - Neurologic Assessment section
  - Select **In-Person** if the visit was an in-person clinic appointment.
  - Select **Telehealth (audio + video observation)** if the visit was a virtual visit appointment by Telehealth, Zoom, WebEx or another audio/video application.
  - Select **Phone Only** if the visit was only a telephone audio appointment.
- **This part of the visit was done by** - Developmental Assessment section
  - Select **In-Person** if the visit was an in-person clinic appointment.
  - Select **Telehealth (audio + video observation)** if the visit was a virtual visit appointment by Telehealth, Zoom, WebEx or another audio/video application.
  - Select **Phone Only** if the visit was only a telephone audio appointment.
- Developmental Assessment Tools
  - **Warner Initial Developmental Evaluation of Adaptive and Functional Skills (WIDEA-FS)**
  - **The Developmental Assessment of Young Children 2<sup>nd</sup> Edition (DAYC-2)**
  - **Developmental Profile 3 and 4 (DP-3 and DP-4)**
- **Food Insecurity** - Social Concerns and Resources

Choose **one** of the options if **intervention is necessary**; in the instance that the primary caregiver within the past 12-months: Worried whether their food would run out before they got money to buy more or the food they bought just didn't last and they didn't have money to get more.

  - Select **No**
  - Select **Yes, Referral Not Necessary**
  - Select **Yes, Referred to Social Worker**
  - Select **Yes, Referred to Other Community Resources**



- **Has the Child Been Tested for COVID-19?** - Other Medical Conditions section
  - Select **No**
  - Select **Yes**
  - Select **Unknown** if this information cannot be obtained.
- **Has the Child's Immunizations Schedule Ever Been Delayed?** - Other Medical Conditions section
  - Select **No**
  - Select **Yes**
  - Select **Unknown** if this information cannot be obtained.

If **Yes** was selected for **Has the Child's Immunizations Schedule Ever Been Delayed?** then answer the next question **Was the Delay Due to the COVID-19 Pandemic?**

- Select **No**
- Select **Yes**

#### ADDITIONAL VISIT (AV) FORM

Revised Data Item:

- **This visit was conducted (required field)**
  - Select **In-Person** if the visit was an in-person clinic appointment.
  - Select **Telehealth (audio + video observation)** if the visit was a virtual visit appointment by Telehealth, Zoom, Webex or another audio/video application.
  - Select **Phone Only** if the visit was only a telephone audio appointment.

#### CLIENT NOT SEEN/DISCHARGE (CNSD) FORM

Revised Data Item:

- **Appt Cancelled/COVID-19 Related** – Reason option  
If the infant/child is scheduled for standard visit and the parent (caregiver) cancelled/rescheduled the appointment to prevent the risk of Coronavirus/COVID-19 spread in the state of California or due to other COVID-19 related reason such as: In home distance learning, no childcare/daycare for other children in the household; family/household member exposed to the coronavirus.