



**California Children's Services (CCS) Program
High Risk Infant Follow-Up (HRIF) Program
Frequently Asked Questions**

April 2020

These frequently asked questions (FAQs) provide information about the CCS HRIF Program that was established to identify infants who might develop CCS-eligible conditions after discharge from a CCS-approved Neonatal Intensive Care Unit (NICU). CCS requires that each CCS-approved NICU must have an organized HRIF Program or a written agreement with another CCS-approved HRIF Program to ensure the follow-up of discharged high risk infants.

A. General HRIF

1. Does the NICU need to submit a referral to CCS for HRIF services upon the high risk infant's discharge from the hospital?

Answer: It is the responsibility of the discharging CCS-approved NICU/Hospital or the last CCS-approved NICU/Hospital providing care to make the referral to HRIF. A Referral/Registration Form is completed and submitted via the web-based HRIF Quality Care Initiative Reporting System (<http://www.ccsrif.org>) by the discharge/referring NICU/Hospital at time of discharge. In addition, the discharging/referring NICU/Hospital shall submit a Service Authorization Request (Service Code Grouping [SCG] 06 is requested) to the local CCS county office for HRIF services. Please see #9 in the Whole Child Model (WCM) section below for the WCM process.

2. Are the ophthalmologist, audiologist, and social worker required team members for HRIF?

Answer: The required team members of the HRIF clinic include a CCS-approved:

- HRIF Program Medical Director (pediatrician or neonatologist)
- HRIF Coordinator
- Ophthalmologist*
- Audiologist*
- Social Worker
- An individual to perform the developmental assessment (i.e., pediatrician or neonatologist, pediatric nurse practitioner (PNP), nurse specialist, physical therapist, occupational therapist or psychologist). Note: The PNP

functioning in this role is practicing under the direction of a physician and does not need to be CCS-approved. The PNP requires CCS approval when functioning as the HRIF Coordinator.)

* In the case where the ophthalmologist and/or audiologist may not be on-site, the HRIF clinic should have an agreement with these providers for provision of necessary diagnostic services.

3. Does the social worker need to be physically present for every patient visit?

Answer: Ideally, yes. A family psychosocial and needs assessment shall be performed during each of the patient's Standard Visits by a CCS-approved social worker. If the social worker is not available, a PNP, or CCS-approved nurse specialist with expertise in family psychosocial assessment may perform this assessment. Referral shall be made to a social worker upon identification of significant social issues by a PNP or nurse specialist. (Note: The PNP [practicing under the direction of a physician] requires CCS approval only when functioning as the HRIF Coordinator.)

4. Is the home assessment mandatory and who performs it?

Answer: No, the provider determines whether a home assessment is necessary. The purpose of the home assessment is to evaluate the family for specific needs in the home environment (i.e., to determine if there are appropriate resources to assure access to services; evaluate the parent/infant interaction; and parent's understanding of infant care, development and special needs.) The home assessment, when planned, shall be provided by a home health agency nurse, preferably experienced in evaluating the maternal/infant environment, and is not to be utilized to perform direct services.

B. Service Authorization Requests and Claims Submission

1. Some counties are requiring two proofs of residency before authorizing the HRIF SAR, while others do not.

Answer: CCS provides basic guidelines for SAR authorization, but some counties may have their own specific processes.

2. Where is the SCG 06 table found on the CCS website?

Answer: The SCG 06 table is found under the heading of Service Code Groupings on this [Medi-Cal website link](#). Upon clicking on the SCG 06 link, you will find the table on p. 19 of the document. Please note that the table has not yet been updated to include the new CPT codes 96112 and 96113 (96111 has been

deleted), though these new codes are active on CMS Net. The update of this document is in process.

3. Are we able to request other CPT codes that were not previously covered by CCS or only what is covered under SCG 06?

Answer: The SCG 06 table shows the codes that are reimbursable through HRIF. No other CPT codes beyond those are covered. CPT codes 96112 and 96113 (replacing 96111) are now active on CMS Net. As mentioned above, the update of the Medi-Cal Provider Manual is in process.

4. How do we receive retroactive payment from CCS for CPT codes 96112 and 96113 that were previously denied?

Answer: You may resubmit the SARs with these CPT codes for payment. These codes are now active on CMS Net.

5. How do we bill an HRIF client with other health coverage?

Answer: If applicable, providers must request authorization from a client's other commercial third party health insurance carrier or HMO prior to providing services, and bill the client's other commercial health insurance carrier or HMO prior to billing the CCS Program. A denial of benefits or an explanation of benefits must be attached to the claim. CCS Program/Medi-Cal is the payer of last resort.

6. Can we bill for a dietitian assessment if performed?

Answer: The nutritional assessment is part of the comprehensive history and physical examination. Please consult with your facility's billing staff for specifics and Medi-Cal billing support as needed (see contact information at the end of this document).

7. Will services provided by a non-CCS-approved physical or occupational therapist be reimbursed if he/she works under a CCS-approved therapist?

Answer: No. The HRIF physical or occupational therapist has to be CCS-approved.

C. Whole Child Model (WCM)

1. What is the WCM?

Answer: [Senate Bill \(SB\) 586](#) (Hernandez, Chapter 625, Statutes of 2016) authorized the Department to establish the WCM program in designated County

Organized Health Systems (COHS) or Regional Health Authority counties to incorporate CCS Program-covered services for Medi-Cal eligible CCS Program members into Medi-Cal Managed Care.

2. Which counties are in the WCM program?

Answer: Counties that participate in the WCM are Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo.

3. How do we apply for the WCM?

Answer: There is no application for the WCM program. WCM is implemented in specific counties with County Organized Health Systems (COHS) per SB 586.

4. What are the benefits of the WCM?

Answer: Children in the WCM program have the same covered benefits, including primary, specialty, pharmacy, ancillary, and other services, as long as the services are medically necessary and prescribed by the child's provider.

5. Will more counties be added to the WCM program?

Answer: No other counties will be added to the WCM program at this time. Thus, there will be no change to the services that a CCS-eligible client receives in counties that do not have the WCM program.

6. Are there any changes to the HRIF Program in the WCM counties?

Answer: The HRIF program benefits under the WCM do not change. DHCS continues to require that each CCS-approved NICU ensure the follow-up of neonates and infants discharged from the NICU who have high risk for neurodevelopmental delay or disability. However, in the WCM counties, the Managed Care Plan (MCP) is responsible for determining HRIF program eligibility and ensuring that the required follow-up services are provided, authorized, and reimbursed.

7. Who determines HRIF Program eligibility in the WCM counties?

Answer: In the WCM counties, the MCPs are responsible for determining HRIF Program eligibility.

8. Is there any written guidance for the HRIF process in WCM counties?

Answer: Yes. Guidance for service requests for the WCM Program are included in the [WCM FAQ](#), [CCS WCM N.L.: 04-0618](#), and the [WCM Provider Notice](#).

9. What is the HRIF process in a non-WCM and WCM county?

Answer: The chart below describes the HRIF process in a non-WCM and WCM county.

Non-WCM		WCM	
Responsible Party	Task	Task	Responsible Party
CCS Program NICU/Hospital	Complete Referral/Registration Form and submit to HRIF-Quality Care Initiative Reporting System	Complete Referral/Registration Form and submit to HRIF-Quality Care Initiative Reporting System	CCS Program NICU/Hospital
	Submit service request to County CCS Program for review and authorization	Submit service request to WCM MCPs for review and authorization	
		Determine HRIF Program Eligibility	WCM MCPs
		Review and authorize HRIF service requests	
		Share HRIF Program Eligibility with county CCS	
County CCS Program	Determine HRIF Program Eligibility	Enters HRIF Program eligibility into CMS Net	County CCS Program
	Review and authorize HRIF service requests		

10. If a clinic is located in a non-WCM county but the child lives in a WCM county, who completes the form for HRIF coverage?

Answer: If the child lives in a WCM county and is a member of a WCM MCP, the provider should complete the form and send the service request to the WCM MCP for review and authorization of HRIF services.

11. Where can providers go if they have questions about the WCM program?

Answer: Information on the WCM program is on the Department's WCM website:
<https://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>.

References: [HRIF Program Letter 01-1016](#)
[HRIF Nu Letter 05-1016](#)

For questions on HRIF Program policy: Email HRIF@dhcs.ca.gov.

For questions on the HRIF Reporting System: Submit a Help Desk ticket to www.cpqchelp.org.

For billing questions, please contact Medi-Cal Phone Support at 1-800-541-5555,
website: <https://www.medi-cal.ca.gov/contact.asp>.