

# Responsibility for High Risk Infant Follow-up Program

## Introduction

Care for children with special health care needs in California has long been managed by California Children's Services (CCS), a state-level program that operates at the county level. In 2018 the state Department of Health Care Services turned over responsibility for CCS activities to Medi-Cal managed care organizations in 21 counties under a new program called the Whole Child Model (WCM). The Children's Regional Integrated Service System (CRISS), a collaborative of family support organizations, pediatric hospitals and provider groups, and 28 county CCS programs in Northern California, has closely monitored the implementation of the WCM and has identified potential strategies to address issues and concerns raised by families, plans, providers, and CCS county agencies.

## Situation

WCM Medi-Cal Managed Care Plans are not routinely referring to WCM counties cases for High Risk Infant Follow-Up (HRIF). Implementation of the WCM in 21 CCS counties required that HRIF assessment, authorization and payment, under CCS N. L. 04-0618, be conducted in accordance with CCS Program guidelines by the WCM plan. Observers have noted that the WCM plans are not notifying the WCM counties of cases determined to meet HRIF criteria in a consistent and timely manner. CCS case referral numbers have decreased significantly in some of the 21 WCM counties and there is some indication that providers are confused about whom should be referred for HRIF authorizations.

## Background

- HRIF oversees outpatient follow-up with infants requiring additional developmental care after discharge from the NICU through local HRIF clinics.
- HRIF covers infants born before 32 weeks of gestation, with a birth weight less than 1500 grams, or with a range of neurologic and/or cardiovascular risk factors.
- Infants who have spent time in the Neonatal Intensive Care Unit (NICU) are often at higher risk for behavioral, neurological, developmental, or growth challenges later in childhood.
- Access to HRIF clinics ensures that these infants grow as expected after discharge and meet developmental milestones.
- HRIF clinics provide three or more assessment visits with CCS-approved doctors who follow the infant over the first three years of life and identify and treat existing and new issues as they arise.
- For cases in which the WCM plan does notify the county of a case eligible for HRIF, when it comes time for the Annual Medical Renewal, many cases are found to have been determined incorrectly, or recommendations on a discharge summary were not followed.
- These situations raise concerns that these vulnerable infants are not receiving the interventions that could ameliorate and/or prevent long-term problems.
- In addition, if the case is not opened to CCS and a client moves to a classic CCS county, care may be broken and not reinstated, as the client is unknown to the state CCS database.
- Failure to link vulnerable infants with HRIF will result in the loss of early identification and intervention for developmental and/or physical concerns which may lead to disabling CCS-eligible conditions (e.g., ophthalmological conditions, cerebral palsy).

### Assessment

Some WCM plans are attempting to notify CCS WCM counties but information is incomplete. Clients are not registered in the state CCS database and remain unknown to CCS or are referred up to six months later with a CCS request for HRIF services. Premature or otherwise vulnerable children will not be monitored or receive 6- or 12-month HRIF clinic visits.

### Recommendations

In order to gauge the parameters of the problem, DHCS should complete data analysis regarding the state of HRIF referrals pre- and post-WCM and in comparison with classic CCS counties. DHCS also should conduct analysis of neonatal data to identify NICU babies who meet CCS HRIF eligibility criteria but are not referred to the county. DHCS should develop and implement a standardized referral form with standard information for all WCM plans to notify CCS that HRIF criteria have been met and to advise the appropriate CCS county of HRIF eligibility with appropriate demographic information for CCS staff to open the HRIF case.

### About Children's Regional Integrated Service System (CRISS)

Founded in 1996, CRISS aims to promote a seamless, integrated, family-centered, cost-effective and efficient regional service system for children with special health care needs. Learn more at: [criss-ca.org](http://criss-ca.org) or contact Laurie Soman, CRISS Director, at [Lsoman6708@aol.com](mailto:Lsoman6708@aol.com) or 510-540-8293.

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