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TO: MEDICAL DIRECTORS OF CALIFORNIA CHILDREN'S SERVICES
PROGRAM (CCS) - APPROVED NEONATAL INTENSIVE CARE UNITS
(NICU) AND HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAMS

SUBJECT: HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM LETTER (P.L.)

I. Purpose

This letter provides updated policy and information for the California Department of Health Care Services, Systems of Care Division, California Children's Services (CCS) HRIF Program's medical eligibility criteria, diagnostic services, provider responsibilities, reporting requirements, and procedures for billing authorized HRIF services provided to CCS HRIF eligible neonates, infants and children. This letter supersedes HRIF P.L. 01-0606, P.L. 02-0606, and P.L. 03-0606.

II. Program Background

The CCS HRIF Program was established in 1979 to identify infants who might develop CCS-eligible conditions after discharge from a CCS-approved Neonatal Intensive Care Unit (NICU). Since 1979, the CCS Program's goal of identifying neonates, infants and children who may develop a CCS-eligible medical condition has not changed.

CCS Program standards for NICUs 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. The CCS HRIF Program provides for three Standard Visits which include a limited number of outpatient diagnostic services for infants and children up to three years of age whose care was provided in a CCS-approved NICU. All three Standard Visits should occur, particularly for those neonates, infants and children identified with impairments or to be at high-risk, including very low birth weight infants, even if the child has been referred to services and other resources.

Each CCS-approved NICU must have an organized HRIF Program for the provision of these core diagnostic services or a written agreement with another CCS-approved HRIF Program to provide these services.

The CCS HRIF Program revised medical eligibility criteria (P.L 01-0606), effective July 1, 2006, with additional diagnostic services available for reimbursement. This policy clarifies HRIF criteria for services to ensure all eligible infants have access to these diagnostic assessments.

This policy includes clarification on medical eligibility for those neonates who require direct admit to a CCS-approved Pediatric Intensive Care Unit (PICU), who are never admitted to a CCS-approved NICU, but who otherwise meet all medical eligibility criteria for HRIF services in Section III.C. These neonates are eligible for HRIF services.

The following are reimbursable diagnostic services:

- A. A comprehensive history and physical examination, including neurologic assessment, usually performed at approximately 4 to 8 months, 12 to 16 months, and 18 to 36 months (adjusted for chronological age). Earlier or more frequent visits (in addition to the three Standard Visits) may be determined to be medically necessary by the HRIF Program. Examinations may be completed by one of the following: a CCS-approved (also known as CCS-paneled) physician (pediatrician or neonatologist), or a pediatric nurse practitioner (PNP). A PNP functioning in this role does not require CCS-approval and is practicing under the direction of a physician.
- B. A developmental assessment should be performed at each of the three Standard Visits (4 to 8 months, 12 to 16 months, and 18 to 36 months). At the 3rd and final Standard Visit (18 to 36 months), a developmental test such as the Bayley Scales of Infant Development (BSID) 3rd edition must be performed. Earlier or more frequent assessments (in addition to the three Standard Visits) may be determined to be necessary by the HRIF Program. Each assessment during the child's three-year eligibility period may be performed by one of the following who has training in the evaluation of motor and sensory development of high-risk infants: a CCS-approved pediatrician or neonatologist, PNP, CCS-approved nurse specialist (registered nurse with a Bachelor's of Science Degree in Nursing), CCS-approved physical therapist, CCS-approved occupational therapist, or CCS-approved psychologist. The PNP functioning in this role does not need to be CCS-approved (although all other providers do).
- C. A family psychosocial and needs assessment is performed during each of the

child's Standard Visits by a CCS approved social worker, PNP or CCS approved nurse specialist with expertise in family psychosocial assessment. Referral shall be made to a social worker upon identification of significant social issues by a PNP or nurse specialist. Additional assessments may be determined to be necessary by the social worker, PNP, or nurse specialist.

D. A hearing assessment, for infants:

1. **Under six months of age** who were not screened in the hospital: A referral shall be made to a Newborn Hearing Screening Program (NHSP)-certified Outpatient Infant Hearing Screening Provider for an automated Auditory Brainstem Response (ABR) hearing screen. A list of NHSP-certified screening providers is available on the NHSP website: <http://www.dhcs.ca.gov/services/nhsp> or by calling the NHSP toll-free number at 1-877-388-5301; **or**
2. **Over six months of age** who were not screened in the hospital: A referral shall be made to a CCS-approved Type C Communication Disorder Center (CDC) for a diagnostic audiology evaluation; **or**
3. Who did not pass the inpatient NICU hearing screen: A referral shall be made to a NHSP-certified Outpatient Infant Hearing Screening Provider for an automated ABR rescreen if under six months of age or to a Type C CDC for a diagnostic audiology evaluation if over six months of age; **or**
4. Who do not have a hearing loss (passed initial screen, passed rescreen, passed diagnostic evaluation) but has one or more risk factors for developing a progressive or late-onset hearing loss, (as per the most recent version of the Joint Committee on Infant Hearing Position Statement [www.jcih.org]): A referral shall be made to a Type C CDC for at least one diagnostic audiology evaluation by 24 to 30 months of age. Earlier or more frequent assessments may be indicated for infants and children at high risk.

E. An ophthalmologic assessment, performed by a CCS-approved Ophthalmologist with experience and expertise in the retinal examination of the preterm infant. The assessments are to be done in accordance with the American Academy of Pediatrics Policy Statement "Screening Examination of Premature Infants for Retinopathy of Prematurity" Pediatrics, Vol. 131: Number 1, January 2013, P.189-195 and until the ophthalmologist determines the child is no longer at risk for developing retinopathy of prematurity.

F. A home assessment for the purpose of evaluating the family for specific

needs within the home environment may be provided by a Health Home Agency (HHA) nurse, preferably experienced in evaluating the maternal/infant environment. The HHA visit is not to be utilized to conduct direct services.

III. HRIF Eligibility

A. Age Criteria

A neonate, infant or child is eligible for the HRIF Program from birth up to three years of age.

B. Residential Eligibility

The county CCS Program is responsible for determining whether the parent or legal guardian of a HRIF Program applicant is a resident of the county per CCS policy.

C. Financial Eligibility

Financial eligibility determination is not required for HRIF Program services as the HRIF Program provides diagnostic services only. While financial eligibility is not required, insurance information shall be obtained. See Section VI. E. for information on authorization of HRIF services and other health coverage.

D. Medical Eligibility

1. A neonate, infant or child shall be medically eligible for the HRIF Program when the infant:
 - a. Met CCS medical eligibility criteria for NICU care, in a CCS-approved NICU (regardless of length of stay) (as per Numbered Letter [N.L.] 05-0502, Medical eligibility in a CCS-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-approved NICU, but who otherwise meet all medical eligibility criteria for HRIF services in this section.

Or

- b. Had a CCS eligible medical condition in a CCS-approved NICU (regardless of length of stay, even if they were never CCS clients during their stay), (as per California Code of Regulations, Title 22,

Section 41515.1 through 41518.9, CCS Medical Eligibility Regulations).

And

- c. The birth weight was less than or equal to 1500 grams or the gestational age at birth was less than 32 weeks.

Or

- d. The birth weight was more than 1500 grams **and** the gestational age at birth was 32 weeks or more **and** one of the following documented criteria was met during the NICU stay:
- (1) pH less than 7.0 on an umbilical cord 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 of less than 5 at 10 minutes.
 - (2) An unstable infant manifested by hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.
 - (3) Persistent apnea which required caffeine or other stimulant 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.
 - (5) Infants placed on extracorporeal membrane oxygenation (ECMO).
 - (6) 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) History of observed clinical or electroencephalographic (EEG) seizure activity or receiving antiepileptic medication(s) at time of discharge.
 - (8) Evidence of intracranial pathology, including but not limited to, intracranial hemorrhage (grade II or worse), white matter injury including periventricular leukomalacia, cerebral thrombosis, cerebral infarction or stroke, congenital structural central nervous system (CNS) abnormality or other CNS problems associated with adverse neurologic outcome.

- (9) Other documented problems that could result in a neurologic abnormality, such as:
 - (a) history of CNS infection.
 - (b) documented sepsis.
 - (c) bilirubin at excessive levels concerning for brain injury as determined by NICU medical staff.
 - (d) history of cardiovascular instability as determined by NICU medical staff due to: sepsis, congenital heart disease, patent ductus arteriosus (PDA), necrotizing enterocolitis, other documented conditions.
- (10) Clinical history and/or physical exam findings consistent with neonatal encephalopathy.

IV. NICU Program Responsibilities

- A. Each CCS-approved NICU that has its own HRIF Program is required to have a multidisciplinary team of professionals that may include pediatricians or neonatologists, pediatric nurse practitioners (PNPs), nurse specialists, ophthalmologists, audiologists, social workers, psychologists, physical therapists, and occupational therapists. All professionals listed must be CCS-approved. The PNP only requires CCS-approval when functioning in the CCS HRIF Program as the HRIF Coordinator.
- B. As part of the NICU discharge planning process, the NICU must identify and refer to the CCS Program clients identified as potentially eligible for the HRIF Program.
 - 1. This can be accomplished by submitting Service Authorization Requests (SARs) to the appropriate County CCS Program or Regional Office.
 - 2. The SARs are available online at the CCS Forms website, <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/CCSForms.aspx>
 - 3. Locate and click on the "Forms" link, then click on form DHCS 4488 (New Referral of CCS/GHPP client SAR or form DHCS 4509, Established CCS/Genetically Handicapped Persons Program client SAR).
 - 4. These forms can be filled in online, a copy printed and faxed to the appropriate County CCS Program or State Regional Office.

5. The approved or denied SARs for HRIF services will be mailed or faxed to the HRIF provider by the county or State Regional Office, if the hospital facility is not approved to access online correspondence via the Provider Electronic Data Interchange (PEDI) system.
6. The facility's designated PEDI Liaison is responsible for distributing copies of the authorization to all relevant facility providers.
7. The HRIF Coordinator is responsible to distribute copies of the authorization to HRIF team members and consultants responsible for the infant's follow-up care.

C. NICU Program Referral Requirements

1. 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 Program.
2. The NICU referral process:
 - a. Upon referring a neonate, infant or child to the HRIF Program, a "Referral/Registration Form" is completed (except HRIF I.D. Number) and submitted via the web-based HRIF-QCI Reporting System (<http://www.ccshrif.org>) by the discharge/referring NICU/Hospital at time of discharge to home.
 - b. As noted above in IV.B, the discharging/referring NICU/Hospital will submit a SAR to the local CCS Office for HRIF services. (Service Code Group [SCG] 06 should be requested.)

V. HRIF Program Responsibilities

- A. Each HRIF Program must designate one of its team members as the HRIF Coordinator. The PNP is only required to be CCS-approved when functioning as an HRIF Coordinator.
 1. As the HRIF Program is a CCS Special Care Center (SCC), the required team members include a CCS-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. See

Section II.B. above for description of the health care professionals who perform developmental assessments.

Note: An individual provider may simultaneously serve in more than one role on the HRIF team.

2. All HRIF Programs shall develop policies and procedures, including job descriptions assigning function responsibilities, to ensure consistent implementation of the above policy regardless of staff changes. These documents shall be available for review during CCS site reviews.
3. Team members of CCS-approved HRIF Programs are to be listed on the CCS HRIF SCC Directory. Names of providers must be approved by the HRIF Program medical director to provide services to HRIF Program eligible infants and children. If your NICU does not have a HRIF Program, you are required to complete the CCS HRIF SCC Directory form to identify your NICU and who you have arranged to provide HRIF services. If there are subsequent changes to the HRIF Program SCC directory, you must submit an update.

Note: HRIF Directory Forms are on the CCS website

<http://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx#hrifdirectory>.

B. HRIF Coordinator

1. The HRIF Coordinator shall be a CCS-approved: pediatrician or neonatologist, PNP, nurse specialist, psychologist, social worker, physical therapist, or occupational therapist. The PNP only requires CCS-approval when functioning in the CCS HRIF Program as a HRIF Coordinator.

The Coordinator has the key role in follow-up and coordination of services for eligible infants and children and their families. The specific responsibilities of the coordinator are:

a. Coordination

- (1) Serve as the primary person coordinating HRIF services among the County CCS Programs, other HRIF Programs located in CCS-approved Regional, Community, and Intermediate NICUs, State Regional Offices, clients/families, and others in matters related to the client's HRIF services.
- (2) Participate in NICU discharge planning process or multidisciplinary rounds.

- (3) Ensure identification of HRIF eligible clients according to HRIF eligibility criteria.
 - (4) Ensure the NICU discharge planning process includes referral and SAR submission to the County CCS Program or Regional Office. (See Section IV.B.)
 - (5) Ensure copies of the authorizations are distributed to HRIF team members and consultants.
 - (6) Gather medical reports and assessments for review by team members, and prepare a summary report.
 - (7) Ensure that a copy of the summary report is sent to the County CCS Program or Regional Office.
 - (8) Confer with parents regarding services provided and results of clinical evaluations and assessments of their infant or child.
 - (9) Assist families in establishing a Medical Home for the infant or child.
 - (10) Assist clients/families in making linkages to necessary medical and social services.
 - (11) Ensure there is a system in place to follow-up with families including those who have missed appointments. Collect documentation of the reason for missed appointments and develop a plan of action for improving HRIF Program adherence for evaluations and assessments.
 - (12) Provide coordination between the HRIF Program and the infant's or child's (pediatric) primary care physician, specialists, and County CCS Program or Regional Office when appropriate.
 - (13) Coordinate HRIF services with the County CCS Program and Regional Offices and other local programs.
 - (14) Coordinate follow-up service needs among the CCS-approved Regional, Community and Intermediate NICUs within the community catchment area and with those NICUs that provide HRIF referrals to their agency.
- b. Client Referral Services and Follow-Up
- (1) Ensure and document referrals are made to the Early Start (ES)

Program for children who meet ES eligibility criteria. Refer to the Department of Developmental Services website for ES information. <https://dds.ca.gov/General/Eligibility.cfm>

- (2) Ensure referrals are made to the Regional Center when those services are appropriate.
- (3) Ensure referrals to HRIF diagnostic consultations and assessments are made with CCS-approved providers.
- (4) Ensure referrals to CCS Medical Therapy Program (MTP) are made as needed. Reminder: CCS Program eligibility and referral criteria for MTP are different from CCS/CPQCC HRIF data collection definitions for MTP eligibility.
- (5) Provide referral and resource information for other social and developmental programs within the community, as required.

c. Education Services Program

- (1) Provide education and outreach about the HRIF Program and services, clinical care, required documentation on transfer, and referral options, including outreach to NICUs with which there is a NICU Regional Cooperation Agreement to CCS-approved Community and Intermediate NICU's and other community referral agencies, as appropriate.
- (2) Develop and provide education to parents and family members about the high risk infant's medical condition(s), care and treatment, special needs and expected outcomes of care.
- (3) Provide education to parents and family members about the system of care and services (including social services) available to help them nurture, support, and care for the high risk infant.

C. HRIF Program Reporting Requirements

1. The HRIF Coordinator is responsible for ensuring that data is collected and reported to the Systems of Care Division, CCS Program and the California Perinatal Quality Care Collaborative (CPQCC). Reporting forms referenced in CCS Numbered Letter 09-0606, HRIF P.L. 01-0606, and HRIF P.L. 03-0606 are all superseded and updated. The HRIF Coordinator will:

- a. Coordinate the collection, collation, and reporting of required data.
 - b. Provide data to CCS/CPQCC Quality Care Initiative (QCI) HRIF Web-Based Reporting System. Refer to the HRIF/QCI website for reporting system information and requirements: <https://www.ccshrif.org>. On the left hand column of the Homepage, click on "Download" to view and download all forms. Follow the on-line instructions for web-based reporting. The reporting forms include:
 - (1) Referral/Registration Form
 - (2) Standards Visit Form
 - (3) Client Not Seen Form
 - (4) Additional Visit Form
 - c. Ensure required data is submitted accurately and in a timely fashion to the CCS/CPQCC HRIF QCI and meets all required deadlines.
 - d. Review and share results of the HRIF Summary Report and the HRIF CCS Annual Report with members of the HRIF program team, with referring NICU Medical Directors, and NICU team.
 - e. In collaboration with the NICU Medical Director, ensure that the HRIF Program fully participates in the CCS Program evaluation, including submission of required information and data.
 - f. Provide data and information that is required for the evaluation.
2. Required Reports for Case Management

A summary report of the HRIF Team Visit is required to be submitted to the County CCS Program or State Regional Office. This information is necessary for the County CCS Program or Regional Office staff case management activities.

A HRIF Program can download a template HRIF Team Visit Report form at <http://www.dhcs.ca.gov/services/ccs/Documents/hrifteamvisit.pdf> or submit its own team report which shall include the required summary reporting elements.

A copy of the HRIF Team Visit Report and copy of the comprehensive physician report (either the template form or in lieu of this form, a dictated team report and physician report) should also be distributed to the:

- a. County CCS Program or State Regional Office,

- b. NICU medical director (if the director is not directly involved with HRIF Program),
- c. Medical Home (or primary care provider), and
- d. Other providers involved in the infant's or child's care.

VI. Authorization of HRIF Services

- A. As part of the NICU discharge planning process, the NICU must identify and refer to the CCS Program infants identified as potentially eligible for the HRIF Program. Refer to Section IV.A regarding NICU referral and SAR submission information. The approved SARs for HRIF services will be sent to the HRIF Coordinator who is responsible for distributing copies of the authorization to all relevant HRIF team members and consultants responsible for the infant's follow-up care.
- B. The HRIF Program will receive an authorization of services for Service Code Grouping (SCG) 06 for each infant or child determined eligible for the CCS HRIF Program. Service Code Group (SCG) 06 contains billable codes for diagnostic services provided by medical and other allied health professionals. The provider group, entitled "Other Allied Health Professionals" includes pediatric nurse specialists, nurse specialists, psychologists, social workers, physical therapists, occupational therapists, and audiologist.

The SCG 06 allows HRIF Program providers to render limited core **diagnostic services only** for a CCS client without the submission of a separate request for each service required. No additional codes are approved for HRIF diagnostic services.

1. Refer to the CCS website for HRIF SCG 06 codes and descriptions <http://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARTools.aspx>.
2. Refer to the Medi-Cal Provider Manual for the most current code list and billing guidelines http://files.medi-cal.ca.gov/publications/masters-mtp/part2/calchildser_m00i00o03o04o07o09o11a02a04a05a06a07a08p00v00.doc
3. Refer to the superseded HRIF N.L. 09-0606 for historical code descriptions for provider type and type of service <http://www.dhcs.ca.gov/services/ccs/Documents/ccsnl090606.pdf>

Note: On July 1, 2013, the Department implemented new pricing methodology based on “**Diagnosis Related Groups**” (DRGs) for reimbursement of inpatient stays at private hospitals for both Medi-Cal and CCS. DRG inpatient reimbursement methodology does not affect CCS Program eligibility or service authorization for outpatient services. This includes and applies to HRIF diagnostic services.

- C. At the time of the referral for HRIF authorization, an authorization for two home assessments by a Home Health Agency (HHA) nurse, preferably experienced in evaluating the maternal/infant environment, may be separately authorized if needed.
1. The HRIF Program must inform the CCS county program which HHA is to be authorized for skilled nursing home assessment(s).
 2. The authorization will be for up to two home assessments during the first year.
 3. These visits are only to assess the home environment. They are not to be used as the venue for the provision of HRIF diagnostic services.
 4. Additional home assessments by a HRIF HHA nurse requires medical necessity justification from the HRIF Program physician.
- D. When a CCS-eligible medical condition is discovered as part of the HRIF diagnostic assessments, the HRIF Coordinator is responsible for referring the client to the County CCS Program or Regional Office. The program eligibility, including financial eligibility, will be determined by CCS staff for treatment of the CCS eligible medical condition.

If found to be eligible for the CCS Program, treatment services for the child will be separately authorized to the most appropriate CCS-approved provider. HRIF services (SCG 06) will continue to be authorized up to the child’s third birthday. An overview of CCS eligible conditions can be found on the CCS website at <http://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx>.

- E. When the CCS HRIF Program staff identifies the HRIF client as having other health coverage (OHC), i.e., commercial third party health insurance or Health Maintenance Organization (HMO), the HRIF staff must bill the OHC prior to billing the CCS Program. A denial of benefits or Explanation of Benefits (EOB) must be attached to each claim. CCS/Medi-Cal is the payor of last resort.

1. The State CCS Program expects HRIF clients identified as high-risk and authorized for HRIF diagnostic services to receive those services. HRIF Programs that do not provide diagnostic services as authorized because the client has OHC with an unmet deductible or co-payment must notify the client's CCS county nurse case manager.
 2. The CCS county or Regional Office staff will contact the State HRIF Program managers to report any unresolved issues of a CCS HRIF client who is unable to access authorized services to assure HRIF-eligible clients receive services.
- F. Provision of HRIF diagnostic services may be terminated prior to the child's third birthday if the HRIF Program indicates that the child no longer is at high-risk for neurodevelopmental concerns and HRIF services are no longer required. This may occur when the child is found to be doing well on neurodevelopmental examination and testing.

Note: If an infant, who has been discharged from HRIF Program services, is later identified, prior to the third birthday, as being at risk for neurodevelopmental issues, that child may be reinstated into the HRIF Program.

VI. **Claims Submission**

This section provides general guidelines for HRIF Program billing. HRIF services are reimbursable to the HRIF Program when provided by CCS-approved HRIF providers. Providers listed in the HRIF directory have been approved to provide services to the HRIF Program eligible child.

A. General Requirements

1. The HRIF SCG 06 SAR only covers reimbursement of diagnostic services (codes) included in the SCG 06.
 - a. Ophthalmology diagnostic services, as listed in the SCG, may be billed by the ophthalmologist using the SAR number.
 - b. Audiology diagnostic services, as listed in the SCG, may be billed by the approved Type C CDC performing the services using the SAR number.
 - c. Psychologists are only authorized to bill for limited diagnostic developmental assessment procedure codes included in SCG 06. Procedures codes that represent intervention (treatment) services are not payable with the SAR.

- d. Developmental testing procedures rendered by either a Nurse Specialist or a Physical or Occupational Therapist must be billed by the facility with the facility's outpatient Medi-Cal provider number.
2. Providers must be enrolled in the Medi-Cal program and use their active Medi-Cal provider number on all authorized claims for all CCS HRIF clients.
3. Allied healthcare providers (e.g. physical/occupational, therapists, audiologists, and social workers) who are **employees** of a hospital or facility are exempt from the Medi-Cal provider number requirement since the facility bills for their services using the facility's Medi-Cal provider number.
4. If applicable, providers must request authorization from a client's other commercial third party health insurance carrier or Health Maintenance Organization (HMO) prior to providing services and bill the client's other commercial health insurance carrier or HMO plan **prior** to billing the CCS Program. A denial of benefits or an Explanation of Benefits (EOB) must be attached to each claim. CCS/Medi-Cal is the payor of last resort.

Note: See section VI.E. regarding other health coverage and provision of HRIF diagnostic services.

B. Claim Submissions

1. Providers billing for HRIF patients with a SAR issued to the SCC must adhere to the specific instructions described in the Medi-Cal Provider Manual when completing the claim form. For claim completion instructions, refer to the Medi-Cal Provider Manual.
2. For claims submission information, refer to the Computer Media Claims (CMC) section of Medi-Cal Program and Eligibility manual located at: http://www.medi-cal.ca.gov/cmc_instructions.asp or call the Telephone Services Center at 1-800-541-5555.
3. Claims authorized for CCS/Medi-Cal children residing in Marin, Napa, San Mateo, Santa Barbara, Solano, and Yolo counties must be sent to the issuing county for approval and processing. Refer to the Medi-Cal Provider Manual, CCS Program Billing Guidelines.

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If you have any questions regarding HRIF services, please contact your designated State CCS HRIF Program Managers at email address: HRIF@dhcs.ca.gov.

ORIGINAL SIGNED BY ROBERT J. DIMAND, M.D.

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