Instructions for the California Children's Services (CCS)
High Risk Infant Follow-Up (HRIF) Program
HEALTH AND DEVELOPMENTAL STATUS REPORT

Instructions: Complete the *Health and Developmental Status Report* after the performance of the initial and subsequent comprehensive history and physical exams and developmental assessments. This form is to be completed for clients registered as new HRIF clients July 1, 2006 and thereafter. HRIF Programs do not need to submit this form for infants/children seen in the HRIF Program prior to July 1, 2006. To complete the *Health and Developmental Status Report,* you may need to review patient specific hospital records or outpatient clinical records to answer some of the items.

Please fax the completed form to the toll free number **(866) 418-2933**. Retain this form for your medical records and identification purposes. If you have any questions regarding the *Health and Developmental Status Report,* contact either Kimie Kagawa, M.D. at (916) 327-2665 or Rachel Luxemberg, M.A. at (916) 327-1443.

Section A: Client Tracking Information

Item 1: California Children's Service (CCS) Number
Enter the seven-digit CCS Number of the infant/child. This number is given to the infant/child when his/her case has become active and is assigned within a few days of the child's eligibility for CCS. If a CCS number is not assigned to the child, enter "**9999999**".

HRIF Client Identification (ID) Number
If the child was not assigned a CCS Number when registering to participate in the HRIF Program, the CMS Branch will assign an HRIF Client ID Number for the Non-CCS Client. The CMS Branch will fax back to you a copy of the *Registration - Client Identification Face Sheet* you previously submitted. This copy will have the child's HRIF Client ID Number, which must be retained for identification purposes. This number is located at the bottom box of the *Registration – Client Identification Face Sheet*. The seven-digit HRIF Client ID Number is composed of the NICU California Perinatal Quality of Care Collaborative (CPQCC) Center Number (four-digits) and the assigned three-digit sequence of numbers. Enter this HRIF Client ID Number. If the child has an assigned CCS Number, please leave the HRIF ID Number blank.

Item 2: Date of Assessment
Enter the Date of Assessment. This is the date the infant/child was seen at the HRIF Program. Enter "**99/99/9999**" if the date of assessment is unavailable or missing.

Item 3: Zip Code of Residency
Enter the zip code of residency which is the geographic location where the infant resides. Enter "**99999**" if the zip code of residency is unavailable or missing.

Item 4: Neonatal Intensive Care Unit (NICU)'s CPQCC Center Number
Enter the CPQCC center number assigned to your NICU. Enter "**9999**" if the CPQCC center number is unavailable or missing.

Item 5: Assessment Visits
Valid assessment visit options are "**Client Seen**" and "**Client Not Seen**". Check only one. If option "Client Seen" is checked, then choose one of the following options:

- "**Completed Assessment"**, e.g. providers were able to complete the diagnostic assessments;
- "**Incomplete or Partial Assessment Performed"**, e.g. child was too sick or uncooperative and an incomplete assessment was performed or
- "**No Follow-Up Required Per HRIF Program**" e.g. HRIF Program staff have determined that the child does not need ongoing diagnostic services.

If the option "Client Not Seen" is checked, then choose one of the following options:

- "**Failed Appointment**",
- "**Too Sick to be Evaluated**", or
- "**Other**". If Other is checked, please provide the reason on the line provided.

If the client failed to show up for the appointment, check all options that are applicable. Options for Failure to Show Up are "**Left Geographic Area**", "**Expired**", "**Rescheduled**", "**Lost to Follow-Up**", "**Authorization Pending**", "**Not Authorized**", and "**Other/Unknown**", please provide the "Other" reason on the line provided.

Item 6: Insurance Status
Check all insurance options that apply at the time of visit. Valid insurance status options are "**Medi-Cal**", "**Healthy Families**", "**CCS-Only" (eligible for CCS-Only, not eligible for Medi-Cal or Healthy Families)**, "**Commercial Preferred Provider Organization**" **(PPO)**, and "**Commercial Health Maintenance Organization**" **(HMO)**. If the child has no insurance options available, do not check any of the boxes.

Section B: Growth Parameters at Time of Visit

Item 7: Weight
Enter the weight recorded at time of visit. Enter the weight in grams (gm). If the weight is not obtained at time of visit, enter "**9999**". Do not enter a weight obtained at another visit.

Item 8: Length
Enter the length recorded at time of visit. Enter the length of the child in centimeters (cm), to the tenth place. If the length of the child is not obtained at time of visit, enter "**999.9**". Do not enter a length obtained at another visit.

Item 9: Head Circumference
Enter the head circumference recorded at time of visit. Enter the head circumference in centimeters (cm), to the hundredth place. If the head circumference was not obtained at time of visit, enter "**99.99**". Do not enter a head circumference obtained at another visit.

Section C: Medical Rehospitalization

Item 10: Medical Rehospitalization

If the child was rehospitalized, since NICU discharge and prior to the first HRIF visit and/or if the child was rehospitalized between HRIF assessment visits check all that apply. Valid medical rehospitalization options are "**Pulmonary**", "Gastrointestinal" (**GI)**, "**Cardiac**", "**Neurological**", and "**Other**".

Section D: Vision Impairment

Item 11: Visual Impairment

Indicate whether the child has any evidence of visual impairment present. Visual impairment is defined as any degree of vision loss. Check only one option.

Check "**Unilateral**" if the child is visually impaired in one eye.
Check "**Bilateral**" if the child is visually impaired in both eyes.
Check "**Unsure**" if unable to determine if the child is visually impaired.
Check "**No Visual Impairment**" if the child has no visual impairment in either eye.

Item 12: Blindness Present

Indicate whether the child has any evidence of blindness present. Blindness present is defined as a severe visual impairment in which an individual has no vision at all or can only perceive light; lack of functional vision. Check only one option.

Check "**Unilateral**" if the child has evidence of blindness in one eye.
Check "**Bilateral**" if the child has evidence of blindness in both eyes.
Check "**Unsure**" if unable to determine if the child has any evidence of blindness.
Check "**Not Blind**" if the child does not have any blindness present in either eye.

Section E: Hearing Impairment

Item 13: Hearing Impairment

Indicate whether the child has any evidence of hearing impairment. Hearing impairment is defined as any degree of hearing loss. Check only one option.

Check "**Unilateral**" if the child has evidence of hearing impairment in one ear.
Check "**Bilateral**" if the child has evidence of hearing impairment in both ears.
Check "**Unsure**" if unable to determine if the child has any evidence of hearing impairment.
Check "**No Hearing Impairment**" if the child does not have any hearing impairment in either ear.

Item 14: Deafness Present

Indicate whether the child has any evidence of deafness present. Deafness present is defined as hearing loss. Check only one option.

Check "**Unilateral**" if the child has evidence of deafness present in one ear.
Check "**Bilateral**" if the child has evidence of deafness present in both ears.

Check "**Unsure**" if unable to determine if the child has any evidence of deafness.
Check "**No Deafness Present**" if the child does not have any deafness present in either ear.

Section F: Cerebral Palsy

Item 15: Cerebral Palsy
Indicate whether the child has cerebral palsy at time of visit. Cerebral palsy is a disability of the central nervous system, and is characterized by abnormal control of movement or posture or both. The abnormalities of cerebral palsy are not tied to mental retardation, meningomyelocele or other spinal cord lesions, or isolated hypotonia and are not transient, or the result of a progressive disease.

Check "**Yes**" if the child has cerebral palsy.
Check "**No**" if the child does not have cerebral palsy.

Item 15a: If Yes, Impairment
If Item 15 "Cerebral Palsy" is "Yes" the child has cerebral palsy, then indicate the type of impairment. Check only one type.

Check "**Diplegia**" if the child is affected in both lower extremities.
Check "**Hemiplegia**" if the child is affected in the upper and lower extremity on only one half of the body.
Check "**Quadriplegia**" if the child is affected in all the extremities.
Check "**Monoplegia**" if the child is affected in one limb of the body.
Check "**Other**" if the child does not meet any of the above described impairments.

Item 15b: If No, Muscle Tone
If Item 15 "Cerebral Palsy" is "No" the child does not have cerebral palsy, indicate the child's muscle tone. Check only one.

Check "**Normal**" if the muscle tone is normal.
Check "**Abnormal**" if the muscle tone is abnormal.

Item 15c: Muscle Tone Abnormal
If Item 15b "Muscle Tone" is "Abnormal" indicate the type of muscle tone abnormality. Check only one.

Check "**Hypotonia**" if the child had a decrease in muscle tone or resistance to passive movement, including dystonia *not associated with or suspect for cerebral palsy*.
Check "**Hypertonia**" if the child had an increase in muscle tone or resistance to passive movement including dystonia *not associated with or suspect for cerebral palsy*.
Check "**Both (hypotonia & hypertonia)**" if the child had a decrease and increase in muscle tone or resistance to passive movement including dystonia *not associated with or suspect for cerebral palsy*.

Section G: Developmental Testing

Item 16: Developmental Tests Performed/Used
Indicate whether the child's development was evaluated at the HRIF visit using one of the following: Bayley Scales of Infant Development [BSID –II (2nd Edition)], BSID-III (3rd Edition), Bayley Infant Neurodevelopmental Screener (BINS), Bayley Screener, Clinical Adaptive Test/Clinical Linguistic Auditory Milestone Scale (CAT/CLAMS), Denver Developmental II, Gesell Developmental Scale, Mullen Scales, Wechsler Preschool and Primary Scale of Intelligence (WPPSI), or Other Test. Place a check mark next to the developmental test performed on the child. If the option Other Test is checked, indicate the name of the developmental test on the line provided.

Item 17: Cognitive Function
Based on the standardized range of the developmental test used, place a check mark by the category that best describes the child's developmental status.

Check "**Normal**" if the child's cognitive functioning is appropriate.
Check "**Borderline**" if it is unclear whether the child's cognitive functioning is delayed.
Check "**Deficient**" if the child's cognitive functioning is deficient.
Check "**Unable to Assess**" if not able to determine the child's cognitive functioning.

Item 18: Motor Development
Based on the standardized range of the developmental test used, place a check mark by the category that best describes the child's motor development.

Check "**Normal**" if the child's motor development is appropriate.
Check "**Borderline**" if it is unclear whether the child's motor development is delayed.
Check "**Deficient**" if the child's motor development is deficient.
Check "**Unable to Assess**" if not able to determine the child's motor development.

Item 18a: Fine Motor Development
Based on the standardized range of the developmental test used, place a check mark by the category that best describes the child's fine motor development.

Check "**Normal**" if the child's fine motor development is appropriate.
Check "**Borderline**" if it is unclear whether the child's fine motor development is delayed.
Check "**Deficient**" if the child's fine motor development is deficient.
Check "**Unable to Assess**" if not able to determine the child's fine motor development.

Item 18b: Gross Motor Development
Based on the standardized range of the developmental test used, place a check mark by the category that best describes the child's gross motor development.

Check "**Normal**" if the child's gross motor development is appropriate.
Check "**Borderline**" if it is unclear whether the child's gross motor development is delayed.
Check "**Deficient**" if the child's gross motor development is deficient.
Check "**Unable to Assess**" if not able to determine the child's gross motor development.

Item 19: Language Development
Based on the standardized range of the developmental test used, place a check mark by the category that best describes the child's language development.

Check "**Normal**" if the child's language development is appropriate.
Check "**Borderline**" if it is unclear whether the child's language development is delayed.
Check "**Deficient**" if the child's language development is deficient.
Check "**Unable to Assess**" if not able to determine the child's language development.

Item 20: Overall clinical appraisal of child's cognitive functioning
Estimate the overall clinical appraisal of the child's cognitive functioning, if the developmental test used can not be broken down by instrument subscales.

Check "**Normal**" if the child's clinical functioning is appropriate.
Check "**Suspect**" if it is unclear whether the child's clinical functioning is delayed.
Check "**Impaired**" if the child's clinical functioning is deficient.
Check "**Unable to assess**" if not able to determine the child's cognitive functioning.

Section H: Current Intervention

Item 21: Child is receiving current interventions
Indicate if the child is receiving current interventions. Check all that apply.

Check "**Early Start**" if the child is receiving this intervention.
Check "**Occupational Therapy**" if the child is receiving this intervention.
Check "**Physical Therapy**" if the child is receiving this intervention.
Check "**Speech Therapy**" if the child is receiving this intervention.
Check "**Medical Therapy Unit**" if the child is receiving this intervention.
Check "**Home Visit Evaluation**" if the child is receiving a home health agency (HHA) nurse evaluation of the home environment.
Check "**No Intervention**" if the child is receiving **no** intervention.
Check "**Other**" if the child is receiving another intervention that is not listed, write in the intervention provided on the line.