



A Tradition of Stewardship  
A Commitment to Service

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY  
Self Sufficiency Services Division

**POLICY AND PROCEDURE:**

**Immunization Process**

**REVIEW FREQUENCY:**

Every two years

POLICY # 2000601-6003-18

**DISTRIBUTION:**

- |  |  |
|--|--|
| <input type="checkbox"/> Employment Services | <input checked="" type="checkbox"/> Eligibility Services |
|  | <input checked="" type="checkbox"/> Quality Mgmt         |

**EFFECTIVE DATE:** October 1, 1998  
**ORIGINAL DATE OF ISSUE:** October 1, 1998  
**LAST REVISION DATE:** September 7, 2018

|           |                              |         |
|-----------|------------------------------|---------|
| APPROVAL: | <i>Jana Bautista</i>         | 9/7/18  |
|           | Eligibility Services Manager | Date    |
| APPROVAL: | <i>Lynn Perry</i>            | 9/18/18 |
|           | SSSD Deputy Director         | Date    |
| APPROVAL: | <i>David Collins</i>         | 9/20/18 |
|           | HHSO Director                | Date    |

**POLICY STATEMENT:**

It is the policy of Napa County Health and Human Services Agency (NCHHSA) to ensure that all children under six years of age have all age appropriate immunizations completed.

**ADMINISTRATION:**

Eligibility Worker (EW)

**DEFINITIONS:**

**California Immunization Registry 2 (CAIR2)** – A secure, confidential, statewide computerized immunization information system for California residents. The system is accessed online to help authorized users track patient immunization records.

**END OF POLICY**

## PROCEDURE

### **I. Overview**

- A. All applicants/recipients shall provide verification that all children under the age of six (6) in the Assistance Unit (AU) have received all age-appropriate immunizations.
  - 1. Age-appropriate immunizations currently recommended are: (see attached)
    - a. Polio
    - b. DTaP
    - c. MMR
    - d. Varicella Virus Vaccine
    - e. Hepatitis B
    - f. *Hermophilus influenza* type b (Hib)
  - 2. Kinrix is a combination vaccine and includes the DTaP and IPV vaccines in a single shot. It is given to children between the ages of four to six years old who need their booster doses of DTaP and IPV before they start kindergarten to protect them against diphtheria, tetanus, pertussis, and polio
    - a. Kinrix meets the immunization requirement for DTaP and IPV

### **II. Informing Requirements**

- A. At the time of application and at redetermination (RE), all applicants and recipients shall receive a notice informing them of their obligation to secure age-appropriate immunizations for all children in the AU under the age of six (6)
  - 1. The informing notice CW 101 with the TEMP CW 101a attached provides this notification.

### **III. Time Frames**

- A. Verification of immunization is required at initial application, when adding a child under the age of six to the AU, and at RE until the child completes all age appropriate immunizations or reaches the age of six (6) within these timeframes:
  - 1. Applicants
    - a. If applying for CW and Medi-Cal(MC) simultaneously: within 30 days of determination of eligibility for MC **or**
    - b. If applying for CW and already receiving MC: 45 days
  - 2. Adding a child under the age of 6
    - a. If applying for CW and MC simultaneously: within 30 days of determination of eligibility for MC **or**
    - b. If applying for CW and already receiving MC: 45 days
  - 3. Recipients
    - a. Must provide proof within 45 days of redetermination of eligibility at RV.

### **IV. Exemption Criteria**

- A. Children whose parent or caretaker submits a written statement from their doctor that certifies the child should not be immunized due to medical conditions, shall be exempt from the immunization requirements.
  - 1. Statement must include condition and if condition is permanent or temporary.
- B. Children whose parent or caretaker submits a sworn statement that the immunization rule is against his or her beliefs shall be exempt from the immunization requirements.

- C. EW shall provide the applicant/recipient with the CW 2209 – Immunization Good Cause Request Form to complete and sign requesting good cause from immunizations.
  - 1. A verbal request can also be made and a CW 2209 may not be required.
  - 2. Parent or caretaker relative will still be responsible for providing proof of good cause claim.

**V. Failure to Cooperate**

- A. If an applicant/recipient fails to submit timely verification of immunization and does not qualify for the exemption or have good cause, the grant is reduced by the amount allowed for the needs of the parent(s) or caretaker relative.
  - 1. Good cause reasons include, but are not limited to:
    - a. The caretaker could not get the child to a doctor for immunization due to lack of or problems with transportation
    - b. The caretaker could not get a timely appointment with the doctor
    - c. The immunization the child needed was not available
    - d. The records do not correctly show all the immunizations the children received and the caretaker relative is trying to correct the records
      - 1) The caretaker can self-certify that the immunization was given pending correction.
    - e. Language barriers
    - f. The parent or the child was sick and could not go to the doctor
    - g. The caretaker is a past or present victim of domestic violence
      - 1) If the domestic violence occurred in the past, the issue causing the non-cooperation or inability to comply must be related to the current situation.
  - 2. EW shall provide the CW 2209 – Immunization good cause request form to the parent or caretaker relative to complete and sign.
    - a. CW 2209 is not required if applicant/recipient makes verbal request, however CW 2209 should be obtained when possible.
      - 1) EW shall document in the C-IV Journal when a verbal request has been made for good cause and good cause reason.
  - 3. When the EW determines that good cause exists, the applicant/recipient shall be given an additional thirty (30) days to submit immunization verification
- B. Those who have made a good faith effort to initiate immunizations for children in the AU, but due to the spacing requirements between vaccine doses cannot complete the series:
  - 1. May be considered at that point to have received all age-appropriate immunizations.
  - 2. This includes where in some cases the vaccine is not available.
- C. Failure to provide proof of immunizations will result in a penalty being imposed on the parent(s) or caretaker relative as follows:
  - 1. The parent or caretaker will be ineligible for aid.
  - 2. In two parent households, both parents will be ineligible for aid.
  - 3. Parent(s) or caretaker must still cooperate with Welfare-to-Work requirements.
  - 4. Time the AU receives a grant, however not for the parent(s) or caretaker counts towards the 48-month CW time limit and the 60-month TANF time limit.
- D. Once verification is submitted, aid is restored effective the first of the month following the month in which the verification is received.
  - 1. Supplements are not to be adjusted against outstanding overpayments.
- E. Once a child reaches the age of six (6) years old, any immunization penalty assessed for that child, shall be removed the end of the month prior to the month the child turns six (6) years of age.

## VI. EW Responsibilities

- A. Inform the participant at intake and RE of their immunization requirements and timeframes to provide verification.
  - 1. Give participant the CW 101, TEMP CW 101a, and CW 2209.
- B. Request verification of child(ren)'s immunizations while meeting/talking to customer.
  - 1. If customer does not have required verification, EW shall use CAIR2 to search for the verification prior to asking the customer to provide needed documents.
- C. If the customer is unable to provide verification at that time and immunization verification is unable to be obtained from CAIR2, the EW shall request the customer to provide needed verification.
  - 1. Request shall be made on the CW 2200 – Request for Verification.
    - a. The CW 2209 – Immunization Good Cause Request Form shall be provided with the CW 2200.
- D. Set a C-IV task for receipt of verification per timeframes outlined in III.A.1-3.
- E. When verification is provided the EW will review the verification (yellow card, medical printout, VER 103 CIV, or medical immunization card) to ensure all age-appropriate immunizations have been given.
  - 1. Use the TEMP CW 101a as a guideline.
  - 2. Image and index verification.
  - 3. Update Individual Demographics Detail Page to show Immunizations Up To Date “yes” and that it is “verified” for each individual.
  - 4. Complete a C-IV journal entry that verification was received and all age-appropriate immunizations are complete.
- F. If verification is not provided, by the required timeframes, the EW is to complete the Eligibility Non-Compliance Detail page in C-IV for the parent(s) or caretaker.
  - 1. A Non-Compliance Detail Page must be entered for each parent.
  - 2. Type is “Procedural Requirement”
  - 3. Reason is “Immunizations”
  - 4. Run EDBC and authorize
  - 5. Document in the C-IV journal the good cause determination and that a sanction was imposed.
- G. If verification is received after the penalty is applied, aid is to be restored for the parent(s) or caretaker effective the first of the month following the month in which the verification is received.
  - 1. End sanction on the Eligibility Non-Compliance Detail Page
  - 2. Run EDBC and authorize
  - 3. Issue a supplement if necessary
    - a. Supplements are not to be adjusted against outstanding overpayments.
  - 4. Complete a C-IV journal entry
- H. Once the youngest child for whom an immunization penalty is imposed, turns six (6) years of age, the EW shall lift the immunization penalty as of the end of the month prior to the month in which the youngest child turns six (6) years old.

**REFERENCES:**

- ACL [97-70](#) – Implementation of immunization requirements
- ACL [98-35](#) – Regulations and Questions and Answers
- ACL [98-35E](#) – Errata to NOAs in ACL 98-35
- ACL [98-37](#) – Questions and Answers
- ACL [09-14](#) – CW program immunization requirements
- ACL [11-57](#) – Questions and Answers
- ACL [13-51](#) – CW immunization NOAs and information
- ACL [14-98](#) – Immunization Good Cause Request Form – CW 2209
- ACL [17-86](#) – CW – Public Health – Immunizations (SB 277)
- ACL [17-87](#) – Revised CW 101 Form; Updated CAIR2 System; CW Immunization Rules Reminder
- ACL [18-34](#) – AB 557 – CW Victims of Abuse
- MPP [40-105.4](#)

**FORMS**

- CW 101 – CalWORKs Immunization Rules
- CW 2200 – Request for Verification
- CW 2209 – Immunization Good Cause Request
- TEMP 101a – Immunizations Currently Recommended for children under the age of six
- VER 103 CIV – Immunization Verification

**CONTACT PERSON(S):**

Shanna Gardner, Staff Services Analyst

**END OF PROCEDURE**

**REVISION HISTORY:**

| Revision | Date     | Description of Change  | Requested By    |
|----------|----------|--|-----------------|
| 0.1      | 12-10-10 | Biennial Review – Updated to new template. Took out ISAWS instructions and put in C-IV instructions. | S. Gardner, SSA |
| 1.0      | 10-21-14 | Biennial Review. Updated with ACL 11-57 and ACL 13-51  | S. Gardner, SSA |
| 2.0      | 03-27-18 | Biennial Reviews. Updated with ACL 14-98, ACL 17-86 and ACL 17-87. Added CAIR 2 Usage Statement.     | S. Gardner, SSA |
| 2.1      | 09-07-18 | Updates from CDSS Case File Review. Correction made to match ACL 17-87. Incorporated ACL 18-34.      | S. Gardner, SSA |

Immunizations currently recommended for children under the age of six (6)

| <u>Type of Shot</u>                                    | <u>Dose</u>   | <u>Recommended at:</u>  |
|--|---|---|
| Polio (or OPV, TOPV, IPV, Sabin, Salk)                 | 1 <sup>st</sup><br>2 <sup>nd</sup><br>3 <sup>rd</sup><br>4 <sup>th</sup>                    | 2 months<br>4 months<br>6-18 months<br>Before starting school (4-6 years)   |
| DTaP (DTP)<br>(diphtheria, tetanus, and pertussis)     | 1 <sup>st</sup><br>2 <sup>nd</sup><br>3 <sup>rd</sup><br>4 <sup>th</sup><br>5 <sup>th</sup> | 2 months<br>4 months<br>6 months<br>15-18 months<br>Before starting school (4-6 years)  |
| MMR<br>(measles, mumps, and rubella)                   | 1 <sup>st</sup><br>2 <sup>nd</sup>  | 12-15 months<br>Before starting school (4-6 years)  |
| Varicella Virus Vaccine<br>(or VAR, VZV) (chicken pox) | 1 <sup>st</sup>   | 12-18 months  |
| Hepatitis B  | 1 <sup>st</sup><br>2 <sup>nd</sup><br>3 <sup>rd</sup>                                       | At birth – 3 months<br>1-5 months<br>6-18 months  |
| Hemophilus influenza type b<br>(or Hib)                | 1 <sup>st</sup><br>2 <sup>nd</sup><br>3 <sup>rd</sup><br>3 <sup>rd</sup> or 4 <sup>th</sup> | 2 months<br>4 months<br>6 months (may not be required)<br>12-15 months (if any dose is given after 12 mos. No further doses needed) |

Recommended Immunization Schedule for Children not immunized in the First Year of Life

| <u>Visit</u> | <u>When</u>                            | <u>Vaccines which might be given</u>   |
|--------------|--|--|
| First Visit  |  | Hepatitis B<br>DTaP (or DTP)<br>Hib<br>Polio (or OPV, TOPV, IPV, Sabin, Salk)<br>MMR<br>Varicella (or VAR, VZV)<br>(chicken pox) |
| Second Visit | 1-2 months after 1 <sup>st</sup> visit | Hepatitis B<br>DTaP (or DTP)<br>Hib<br>Polio (or OPV, TOPV, IPV, Sabin, Salk)  |
| Third Visit  | 1-2 months after 2 <sup>nd</sup> visit | DTaP (or DTP)<br>Polio (or OPV, TOPV, IPV, Sabin, Salk)  |
| Fourth Visit | 6 months after 3 <sup>rd</sup> visit   | Hepatitis B<br>DTaP (or DTP)   |

### CALIFORNIA IMMUNIZATION REGISTRY (CAIR 2) USAGE STATEMENT

As a Napa County, Health and Human Services employee, it is my duty to protect any and all confidential information obtained while completing the requirements of my job. Use of CAIR 2 is a confidential resource and I must treat all information obtained through this program as confidential information as outlined in the Confidentiality Procedure.

I understand that I shall maintain any and all information/data provided by CAIR 2 in strict confidence, and will not reproduce, disclose, or make accessible in whole or in part, in any manner whatsoever, to any third party, unless mandated by law.

I understand that only authorized users can access CAIR 2. By signing this statement, it is my understanding that I will receive access to CAIR 2 as an authorized user.

I understand that I may not use CAIR 2 for any personal reasons nor pull information from CAIR 2 for any other staff person (regardless if they are an authorized user or not) nor outside entity.

I understand that unauthorized access to CAIR 2 subject me to civil or criminal liability.

I understand that I shall only access CAIR 2 from my county workstation. Personal computers or non-county owned computers may never be used. CAIR 2 may also not be accessed via laptops (unless it is your county workstation) or any unsecured wireless hand-held communication devices, including but not limited to, web enabled cell phones, personal digital assistants (PDAs), mobile data terminals, and portable data terminals, or other portable devices.

I understand that I shall never leave the CAIR 2 website open and signed in at any time when not in use. I will sign out and ensure my computer is locked (ctrl-alt-del) at all times when not in use.

I understand that any information obtained from CAIR 2 that is printed, must be placed in the Shred-It boxes as soon as the document has been imaged into the C-IV system. CAIR 2 information should never be saved to my desktop computer at any time. CAIR 2 pages should be virtually printed to Perceptive Concept whenever possible.

I understand that I must follow all other confidentiality requirements as written in the Confidentiality Procedure.

I understand that I will be monitored to ensure compliance with the data security requirements.

I have reviewed this usage statement in its entirety and understand all requirements as written.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date