



Department of Human Resources  
311 West Saratoga Street  
Baltimore MD 21201

## FIA ACTION TRANSMITTAL

**Control Number:** 00-50

**Effective Date:** May 1, 2000

**Issuance Date:** April 28, 2000

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT  
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF  
PURCHASE OF CHILD CARE PROGRAM ADMINISTRATORS**

**FROM: ROBERT J. EVERHARD, EXECUTIVE DIRECTOR  
FAMILY INVESTMENT ADMINISTRATION**

**LINDA WEISNER, EXECUTIVE DIRECTOR  
CHILD CARE ADMINISTRATION**

**RE: CHILD IMMUNIZATION ELIGIBILITY REQUIREMENT**

**PROGRAM AFFECTED: PURCHASE OF CHILD CARE**

**ORIGINATING OFFICE: CHILD CARE ADMINISTRATION  
OFFICE OF PROGRAM DEVELOPMENT**

**SUMMARY:** Federal regulations (45 CFR Part 98) for subsidized child care funding through the Child Care and Development Fund (CCDF) require states to establish immunization requirements to assure that children receiving services under the CCDF are age-appropriately immunized according to the latest recommendation of the state public health agency.

Currently, the parent of a child cared for in a child care center or family child care home that is regulated by the Department must provide proof of the child's immunizations to the child care provider. The records are periodically reviewed by Child Care Administration Regional Licensing Offices. Although informal child care is not subject to child care licensing requirements, the federal requirement applies to all care provided with CCDF funds.

Effective May 1, 2000, Purchase of Care (POC) regulations require local departments of social services to obtain proof that a child has received age-appropriate immunizations when an eligible family selects informal child care. Certain exemptions apply and a 60-day grace period is included to allow time for compliance.

## **ACTION REQUIRED:**

### **POC Applicants:**

POC applicants who are determined eligible by the local department and are issued a voucher(s) for regulated care, a child care center or family child care home, meet the intent of this policy.

After May 1<sup>st</sup>, any parent initially applying for POC who selects informal child care will be required to provide documentation of age-appropriate immunizations to the local department of social services.

### **POC Customers:**

After May 1<sup>st</sup>, parents using informal child care are required to provide documentation of age-appropriate immunizations at their eligibility redetermination or when a voucher change occurs, whichever comes first.

General notification of this requirement will be sent by CCA in April to all existing customers using informal child care.

Updated documentation is required at least on an annual basis thereafter.

### **POC Applicants and Customers:**

The following procedures apply to all POC applicants and customers selecting informal child care.

Inform all customers, TCA and Non-TCA, of the Maryland Children's Health Insurance Program (M-Chip) so they may receive help with their child's health care, including immunizations. This is a current FI requirement for all customers applying for services.

- **Preschool Children** - The local department of social services will provide the Maryland Immunization Certificate Form (DHMH 896) at application and at redetermination. Local departments currently provide the DHMH 896 to POC applicants who select regulated child care. See FIA Action Transmittal 98-47.

The DHMH 896 (Appendix A), or a form produced by the physician's office that is approved by the Child Care Administration and containing the same information, must be completed by the child's medical practitioner and returned to the local department within 60 days. The timing of the immunizations can vary with the doctor's written explanation and approval. A child is exempt if immunizations are medically contraindicated or if the parents have religious objections as indicated on the DHMH 896.

Once eligibility for POC has been determined, local departments will issue a 60-day voucher to allow the parent time to take action and produce the medical documentation. The 60-day voucher is dated the day care is needed if the local department has determined that the customer meets need and income requirements.

The voucher may not be extended or another voucher issued past the 60-day period if the completed documentation is not submitted.

The completed DHMH 896 is valid for one year. Parents are required to update the form annually. Local departments requiring more frequent redeterminations should not require that customers obtain the form at each redetermination.

A 60-day voucher to obtain updated information may be issued annually.

Maintain the current DHMH 896 in the case file.

An additional supply of DHMH 896 forms will be sent to local departments in March to allow for mailing to customers with May redeterminations. Subsequently, the form can be ordered from the DHR warehouse.

- **For School-Age Children** - Local departments will provide a copy of form DHR/CCA 1475 (Appendix B) at application and at notification of redetermination. The form affirms that immunization records are on file at the child's school. Parents are not required to have the form completed by a medical practitioner or submit a copy of the school's medical records.

The DHR/CCA 1475 must be completed and submitted by the parent before a voucher can be issued. A supply will be sent to local departments in March for inclusion in the May redetermination notices.

Parents are required to submit the form annually.

Maintain the current declaration in the case file.

- **Terminating Services:**

If documentation is not submitted, POC must end for the specific child for whom there is no verification of immunization.

CCAMIS letter, POC 48 should be sent to alert the customer to the need for missing documentation to be provided within 5-working days, or that child's POC will end.

POC 8, with the notice of appeal rights, is sent to deny initial applicants POC services for the specific child for whom there is no verification of age-appropriate immunizations.

## **CCAMIS PROCEDURES**

A new data element will be added to the Child Care Information Screen in the child's record.

If, at voucher issuance, there is proof of age-appropriate immunizations for the child indicate "YES", enter the date and issue a voucher whose expiration date coincides with the reconsideration date of the case.

If there is no proof of immunizations for the child indicate "PENDING" and issue a voucher for 60 days to allow compliance with this regulation.

If proof of immunizations is not provided in 60 days indicate "NO" which will prevent the issuance of a subsequent voucher for this child.

Edits will be in place to prevent issuing a voucher for more than 60 days if "PENDING" is indicated and prevent the issuance of any voucher if "NO" is indicated.

An AD HOC CCAMIS report will be available to track the 60-day requirement.

## **INQUIRIES:**

Please direct policy inquiries to Linda Zang at 410.767.7813 or email her at [lzang@dhr.state.md.us](mailto:lzang@dhr.state.md.us) , or Pamela Evans at 410.767.7845 or email her at [pevans@dhr.state.md.us](mailto:pevans@dhr.state.md.us). Contact Anne Webster at 410.767.7815 or email her at [awebster@dhr.state.md.us](mailto:awebster@dhr.state.md.us) for CCAMIS inquiries.

cc: DHR Executive Staff  
FIA Management Staff  
CCA Management Staff  
CCA Office of Program Development Staff  
Constituent Services  
OIM Help Desk

**PURCHASE OF CHILD CARE  
CHILD IMMUNIZATION DECLARATION  
FOR SCHOOL-AGE CHILDREN**

I, \_\_\_\_\_, attest that the medical records,  
(Parent's full name, printed)  
including immunization records for my child, \_\_\_\_\_,  
(Child's full name, printed)  
were completed by my child's physician or health officer and are on file at  
\_\_\_\_\_  
(Name of child's school, printed)

I further attest that my child has received all age appropriate immunizations.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

*Complete the appropriate section below if the child is exempt from immunization on medical or religious grounds.*

**MEDICAL CONTRAINDICATION:** *The physical condition of the above child is such that immunization at this time would constitute a serious threat to his/her health. Check if this is a permanent condition \_\_\_\_\_, temporary condition \_\_\_\_\_. If this condition is temporary, indicate the date when immunization contraindication will end \_\_\_\_\_.* Check appropriately and indicate relevant vaccines and reasons: \_\_\_\_\_  
(MO/DAY/YR)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Physician or Health Official)

**RELIGIOUS OBJECTION:** I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunization being given to my child.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)