

# LEGISLATIVE AUDIT DIVISION

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## MEMORANDUM

**TO:** Legislative Audit Committee Members

**FROM:** Orry Hatcher, Performance Auditor

**CC:** Richard Opper, Director, Department of Public Health and Human Services  
Todd Harwell, Administrator, Public Health and Safety Division,  
Department of Public Health and Human Services  
Jim Murphy, Chief, Communicable Disease Control & Prevention Bureau,  
Department of Public Health and Human Services  
Bekki Wehner, Supervisor, Montana Immunization Program,  
Department of Public Health and Human Services

**DATE:** September 2015

**RE:** Performance Audit Follow-Up 15SP-16: *Childhood Immunization Requirements in Montana* (orig. 13P-07)

**ATTACHMENTS:** Original Performance Audit Summary

### Introduction

The *Childhood Immunization Requirements in Montana* (13P-07) report was issued to the Committee in May 2014. The audit included ten recommendations to the Department of Public Health and Human Services (department). In August 2015, we conducted follow up work to assess implementation of the report recommendations. This memorandum summarizes the results of our follow-up work.

### **Overview**

This audit made ten recommendations on the requirements for childhood immunization in Montana and the implementation of those requirements by the department. Recommendations stressed better aligning state immunization schedules with nationwide best practices, strengthening departmental guidance and policies with local health departments in order to ensure compliance with administrative rules, ensuring consistent assessment of child care and preschool facilities, and enhancing the use of the state's immunization registry through statutory guidance and security considerations. During the 2015 session, the department sought legislation relevant to two recommendations, and successfully expanded the immunization requirements, as well as implementing and improving the processes for school and child care compliance. Based on follow-up work, the department has fully implemented four recommendations, is in the process of implementing two recommendations, and has partially implemented three others. However, one recommendation related to the state's electronic immunization registry has not been implemented.

## **Background**

One of the primary roles of the department is the protection of the public against vaccine-preventable diseases. A fundamental piece of this effort is the required immunization of children against certain diseases prior to their attending child care, preschool, and elementary school. In doing so, the department administers the state's immunization requirements, as well as monitoring compliance with these requirements. The Montana Immunization Program administers this function within the department. The department contracts with local public health departments in order to assess compliance at child care facilities, and schools monitor compliance internally and report to the department. The original audit focused where the Montana Immunization Program stands relative to best practices in immunization requirements as set by the Advisory Committee on Immunization Practices of the Centers for Disease Control, as well as the processes in place to oversee and ensure compliance with immunization requirements. Original audit work also issued a number of recommendations regarding enhanced information-systems controls for the state's electronic immunization registry, imMTrax.

## **Audit Follow-Up Results**

The following sections summarize the progress toward implementation of the report recommendations. During follow-up work audit staff interviewed management and staff within the Montana Immunization Program and the Communicable Disease Control & Prevention Bureau to determine what policy changes have been made, or are in the process of being revised, in accordance with audit recommendations. Interview work also sought information on plans for further revision of administrative rule and legislative initiatives. Audit staff also reviewed documentation relevant to changes in law and administrative rule for updating immunization requirements, as well as enhancements to the imMTrax registry.

## **RECOMMENDATION #1**

**We recommend the Department of Public Health and Human Services:**

- A. Propose rule changes and seek legislation to align Montana's child care, preschool, and school immunization requirements with the Advisory Committee on Immunization Practices Recommendations.**
- B. Establish a process to regularly determine if changes are needed to immunization requirements.**

## **Implementation Status – Being Implemented**

The vaccination requirements administered by the Montana Immunization Program are set forth in laws and administrative rules. The original audit noted the department's immunization requirements did not align with nationwide best practices as determined by the Center for Disease Control's Advisory Council on Immunization Practices (ACIP). During the 2015 Legislative Session, the legislature passed HB158, adding varicella to Montana's required vaccines for school attendance. HB158 also eliminated an exemption to the pertussis vaccination for students over seven years of age. During July 2015, administrative rules regarding the implementation of HB158 were published in the Montana Administrative Register, with public comment occurring in August. Program management indicated that the process was on track to have the rules implementing HB158 in place as the 2015-16 school year begins. The proposed changes to ARM 37.114.701-708 implement the provisions of HB158 and bring Montana's immunization requirements closer into alignment with ACIP standards. The original audit found Montana child care facility requirements were also not aligning with national best practices. In response to this, the department plans to move forward with drafting updates to this rule to include Hepatitis B and pneumococcus vaccinations during late November or December of 2015. The division has recently completed a review of all its administrative rules regarding immunization, and is in the process of making revisions. As to ongoing review of administrative rules, including those related to

immunization requirements, the department has created a spreadsheet to track their rules with the purpose of reviewing them annually.

### **RECOMMENDATION #2**

**We recommend the Department of Public Health and Human Services develop and implement a documented process to ensure preschool attendee compliance with immunization requirements.**

#### **Implementation Status –Implemented**

Though certain vaccinations are required by Montana law and rule, previous audit work identified preschools as an area that had not been monitored for immunization compliance. Given that preschools are not overseen by the state or licensed in a manner similar to child care facilities, the department addressed this with the help of local health jurisdictions that operate in partnership with the immunization program. Communications were sent out in September 2014, asking these local health departments to provide contact information on preschools in their area not already separately registered as child cares. In turn, the program contacted these facilities, informing them of the review requirements. Through this process, the department identified 130 preschool facilities that were not previously registered and added them to their registry of schools that are required to file immunization information and be monitored for compliance. Program management stated that as the process continues it will become more embedded, and in turn, their list of preschools will continue to grow and stay up-to-date with input from local health jurisdictions.

### **RECOMMENDATION #3**

**We recommend the Department of Public Health and Human Services:**

- A. Expand contract provisions with the local health department to follow up on children reported as noncompliant or conditionally attending.**
- B. Follow up with local health departments to ensure exclusions occur in compliance with immunization requirements.**

#### **Implementation Status – Implemented**

Issues identified by previous audit work included the departments provisions in place with local health departments included a lack of systematic, documented follow-up. During 2014, the department developed a database tool for centrally storing, accessing, and inputting information from immunization compliance reviews of child care facilities. In January 2015, the department began using the database for tracking the immunization status of children at child care facilities. Facilities are loaded into the database as part of the departments Quality Assurance Division's licensing process, and local health departments enter information on facilities as they are reviewed. With changes to previous contract provisions, local health departments are now obligated to upload information from their facility reviews to the database within ten days. Observation of the database tool noted that it provides a clear overview of a given facility, and the ability to designate a facility for follow-up if needed, in addition to noting why follow-up is required. To the second part of this recommendation, audit follow-up work indicated that the departments personnel notify local health departments and offer guidance if a report indicating the need for an exclusion arises.

### **RECOMMENDATION #4**

**We recommend the Department of Public Health and Human Services strengthen its annual child care assessment selection process to ensure all facilities are consistently assessed.**

**Implementation Status – Implemented**

Previous audit work identified issues with the manner in which the department selected child care facilities for assessment. Specifically, concerns were raised regarding the potential for facilities to be overlooked across multiple years. New contract provisions between the department and local health jurisdictions require that a facility not assessed in the year previous be assessed in this contract year. The new child care review database is designed to enhance the ability of the department and its local health department partners to share and access immunization data, and as part of that, it has the ability to track registered child care facilities across years as its use continues. Program staff indicated the ability to specifically find out which facilities were not reviewed in a given year should enable more regular assessment of child cares per the original audit recommendation. Taken together, the database and expanded contract provisions should prevent child care facilities from being overlooked in the assessment process.

**RECOMMENDATION #5**

**We recommend the Department of Public Health and Human Services:**

- A. Develop formalized policy and procedures regarding the compilation and verification of school reports.**
- B. Develop a documented process to actively monitor school attendee compliance with immunization requirements.**

**Implementation Status – Partially Implemented**

The quality of data submitted through school responses to the department's annual immunization survey arose as a concern during the original audit, as there were no steps being carried out to verify the accuracy of these responses. A utility to flag outlier data within the school reporting system is currently in development, and the department plans to use it in tandem with a manual review of school reports beginning this year. Program management indicated the department is assessing the feasibility of county health departments performing validations by checking a portion of school records under certain conditions. Such a sampling-based approach would speak to further implementation of the recommendation; however, follow-up work indicated little progress on developing a sampling-based approach to data validation has been made. Regarding a process to actively monitor school attendee compliance with immunization requirements, the department indicated at the time of the report they did not concur with this recommendation. The department's stance remains the same. However, follow-up work did find state program staff more likely to contact the local health district where a school has turned in an immunization compliance report indicating an exclusion may be required.

**RECOMMENDATION #6**

**We recommend the Department of Public Health and Human Services develop a documented process:**

- A. Notify schools about the requirements of ARM 37.114.721.**
- B. Track students excluded from failing to meet the requirements of a conditional enrollment.**

**Implementation Status – Implemented**

Original audit work identified a lack of policy, procedures, and communications to schools regarding ARM 37.114.721, requiring the school to provide notification to the department if a student fails to meet the requirements of a conditional enrollment and is excluded from attendance. In September 2014, program staff communicated guidance regarding ARM 37.114.721 to schools as part of an overview of

the Montana Code Annotated and Administrative Rules of Montana as they relate to school immunization. The department included additional guidance in the form of an “exclusion worksheet” based on the requirements of ARM 37.114.721. This worksheet provides a template for local health departments or the immunization program to track a school’s response to exclusions that occur in accordance with administrative rules. Notification is provided to appropriate staff within the immunization program when there is a report of an exclusion made due to a failed conditional enrollment.

#### **RECOMMENDATION #7**

**We recommend the Department of Public Health and Human Services seek legislation providing guidance on the use of the state's immunization registry.**

#### **Implementation Status – Being Implemented**

Concerns identified by the original audit included the fact that patients, by default, opt-out of the state’s immunization registry (imMTrax) unless they choose otherwise. Best practices in other states indicated that immunization registries were much more effective if the default was to have patients opt-in. The department sought legislation (HB73) during the 2015 session that would have made the default to opt-in to participation in the registry. In accordance with the recommendation, this would have increased the use, and therefore the public-health impact, of the registry. However, this bill did not pass. The department anticipates legislation related to the registry will be considered in future sessions.

#### **RECOMMENDATION #8**

**We recommend the Department of Public Health and Human Services:**

- A. Develop written procedures and mappings for data flow into the immunization registry.**
- B. Determine what validations are applied to the data and document the findings.**

#### **Implementation Status – Partially Implemented**

Original audit work identified a lack of documentation on the internal processing of the imMTrax registry, including both the validations applied to data once it is entered into the system and the details on the flow of that data between entry and the imMTrax database. Greater documentation of the elements that go into the immunization registry has occurred. However, this documentation is limited and thus only partially address the findings in the original audit. Program management indicated the system has more documentation than in the past. As changes have been made to various parts of the system, documentation was created for the parts of the system undergoing revisions. However, there are core processes in the system for which there is no documentation, and program management stated they have simply not been able to pull together the documentation for it despite efforts through the vendor and other states using a similar system.

#### **RECOMMENDATION #9**

**We recommend the Department of Public Health and Human Services:**

- A. Create applications roles that limit permissions assigned to only those required for the specific position.**
- B. Limit contractor access to production data.**

#### **Implementation Status – Partially Implemented**

The access of privileged users and contractors to the imMTrax registry was identified during the original audit as a potential risk to the quality of the data in the registry. Regarding application roles, this risk was

primarily centered on widespread use of full administrative privileges even when such high user privileges may not be necessary. Follow-up work found a reduction in accounts with the highest level of privileged access.

The department considers contractor access essential to the operation of the immunization registry, and believes it has already been restricted to necessary personnel. Department management explained this in terms of practices seen in other states, as well as resource limitations. While we recognize the immunization program does not have a large dedicated Information Technology staff that could fully manage the imMTrax system, other less resource-intensive ways to mitigate this risk such as actively monitoring contractor activity exist.

### **RECOMMENDATION #10**

**We recommend the Department of Public Health and Human Services develop and implement documented procedures for monitoring activity of users with privileged roles.**

#### **Implementation Status – Not Implemented**

The final area of risk related to data quality in the registry identified in the original audit was a lack of monitoring of privileged account activity. Specifically, the concern arose from the high number of users with privileged access and a lack of policies providing guidelines for monitoring these privileged users. The department's response to the recommendation indicated they developed procedures that provide a centralized process and criteria for reviewing access, which specifies that user accounts are reviewed on a bi-annual basis, which was confirmed by follow-up work. However, this review focuses primarily on assigning access and removing inactive accounts, whereas the recommendation made by the original audit concerned ongoing monitoring of activity of privileged roles in the system. The department response made mention of a written procedure to monitor privileged user activity in development, but this did not appear to be developed or in place at the time of follow-up work. Program management indicated the system has the capability to track user activity in detail; however, the department has not implemented policies to actively monitor accounts with privileged roles, and only conducts such monitoring on an *ad hoc* basis.