

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



March 27, 2002

Regulation Package 0202-07

CDSS MANUAL LETTER NO. EAS-01-11

TO: HOLDERS OF THE EAS MANUAL, DIVISION 40

**Handbook Package #0202-07**

**Effective 11/1/01**

**Section 40-105**

These Handbook changes are necessary to repeal obsolete information from when the chicken pox vaccine was not readily available and to correct acronyms for specific immunizations that were listed with erroneous capitalization.

**FILING INSTRUCTIONS**

**Revisions to all manuals are shown in graphic screen.** The attached pages are to be entered in your copy of the Manual of Policies and Procedures. The latest prior manual letter containing EAS changes was EAS-01-10.

Page(s)

Replace(s)

50 through 53

Pages 50 through 53

Attachment

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<b>40-105</b>	<b>APPLICANT AND RECIPIENT RESPONSIBILITY (Continued)</b>	<b>40-105</b>
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- .251 Once a recipient has been discontinued for not cooperating, aid may not be granted until the recipient has demonstrated that he/she is cooperating.
  
- .3 Statewide Fingerprint Imaging System (SFIS) Requirements
  - .31 As a condition of eligibility, persons listed in Section 40-105.32 must supply through the SFIS two fingerprint images and a photo image at the time of application. Failure to provide the required images will result in ineligibility for the entire assistance unit.
  
  - .32 The following persons must provide fingerprint and photo images:
    - .321 Each parent and/or caretaker relative of an aided or applicant child when living in the home of the child; and
  
    - .322 Each parent and/or caretaker relative receiving or applying for aid on the basis of an unaided excluded child; and
  
    - .323 Each aided or applicant adult; and
  
    - .324 The aided or applicant pregnant woman in an AU consisting of the woman only.
  
  - .33 The following persons are exempted from the rule in Section 40-105.32:
    - .331 The following persons shall be temporarily excused for a period of not more than 60 days:
      - (a) Persons with both hands damaged so as to preclude fingerprint imaging shall be excused from fingerprint imaging. A photo image will be taken as part of the normal SFIS process.
  
      - (b) Persons with other medically verified physical conditions which preclude them from coming into the office shall be excused from fingerprint and photo imaging.
  
    - .332 Persons missing all ten fingers shall be permanently excused from fingerprint imaging. A photo image will be taken as part of the normal SFIS process.
  
  - .34 SFIS information shall be considered confidential under Section 10850 of the Welfare and Institutions Code.

<b>40-105</b>	<b>APPLICANT AND RECIPIENT RESPONSIBILITY (Continued)</b>	<b>40-105</b>
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- .341 The county shall not use or disclose the data collected for any purpose other than the prevention or prosecution of fraud.
- .342 The county shall inform all persons required to provide fingerprint and photo images that the images will be used only for the purpose of prevention or prosecution of welfare fraud.
- .35 The county shall not deny aid to an otherwise eligible AU because of technical problems with the SFIS.
  - .351 The applicant/recipient must agree to complete the process at a mutually agreed upon time within 60 days of the initial attempt.
  
- .4 Immunization Requirements
  - (a) All applicants/recipients shall provide verification, as specified in Section 40-105.4(d), that all children under the age of six in the AU have received all age-appropriate immunizations.

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- (1) Applicants/recipients who have made a good faith effort to initiate immunizations for a child(ren) in the AU, but the child(ren) cannot complete the series because of a spacing requirement between vaccine doses, may be considered at that point to have received "all age-appropriate immunizations." Good faith effort may also apply in cases where the vaccine is not available.

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**HANDBOOK ENDS HERE**

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- (b) Age-Appropriate Immunizations

The age-appropriate immunizations for children under the age of six and for children not immunized in the first year of life that are listed in the following two charts are those suggested by the Childhood Immunization Schedule (United States), by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians and are described in Welfare and Institutions Code Section 11265.8(b)(1). These charts are provided as an aid to the county in complying with the verification requirement of MPP Section 40-105.4(a) and are not intended to be mandatory in every case. Rather, they are recommended guidelines that would be applied as appropriate by each child's medical care provider.

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- (1) Immunizations currently recommended for children under the age of six.

<u>TYPE OF SHOT</u>	<u>DOSE</u>	<u>RECOMMENDED AT</u>
Polio (or OPV, TOPV, IPV, Sabin, Salk)	1st 2nd 3rd 4th	2 months 4 months 6-18 months Before starting school (4-6 years)
DTaP (DPT) (diphtheria, tetanus and pertussis)	1st 2nd 3rd 4th 5th	2 months 4 months 6 months 15-18 months Before starting school (4-6 years)
MMR (measles, mumps, and rubella)	1st 2nd	12-15 months Before starting school (4-6 years)
Varicella Virus Vaccine* (or VAR, VZV) (chicken pox)	1st	12-18 months
Hepatitis B	1st 2nd 3rd	At birth - 3 months 1-5 months 6-18 months
Hemophilus influenzae type b (or Hib)	1st 2nd 3rd 3rd or 4th	2 months 4 months 6 months ( <i>may not be required</i> ) 12-15 months ( <i>if any dose is given after 12 mos. no further doses needed</i> )

Recommended Childhood Immunization Schedule (United States), approved (January, 1999) by the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics, and the American Academy of Family Physicians (AAFP).

(\*The varicella virus vaccine is only required for susceptible children, i.e., those who have not had the chickenpox.)

**HANDBOOK CONTINUES**

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- (2) This schedule is recommended for children who have not received any immunizations in the first year of life. If the child has received some, but not all, of the recommended immunizations by his or her first birthday, the recommended schedule will depend on which immunizations the child is missing and the child's age. A health care provider should be consulted to determine the appropriate immunizations. After these immunizations have been completed, refer to Schedule I for immunizations to be completed.

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 DTaP (or DTP) Hib Polio (or OPV, TOPV, IPV, Sabin, Salk MMR Varicella (or VAR, VZV) (chickenpox)
Second Visit	1 - 2 months after 1st visit	Hepatitis B DTaP (or DTP) Hib Polio (or OPV, TOPV, IPV, Sabin, Salk
Third Visit	1 - 2 months after 2nd visit	DTaP (or DTP) Polio (or OPV, TOPV, IPV, Sabin, Salk
Fourth Visit	6 months after 3rd visit	Hepatitis B DTaP (or DTP)

Approved by the Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics and the American Academy of Family Physicians (AAFP). (Note: Delays between doses do not require repeating doses or re-starting series. Hib Schedules vary by age when series started.)

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