CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: November 9, 2026

Behavioral Health Information Notice No: 26-035
Supersedes: BHIN No. 24-007

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Behavioral Health Association
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Effective Communication, Including New Alternative Formats Request Process, for Individuals with Disabilities

PURPOSE: Reiterates federal and state requirements regarding communications with individuals with disabilities and provides new guidance to the counties regarding the Department of Health Care Services' (DHCS) Alternative Formats Request process. The Alternative Format Requests from counties will transition from the DHCS manual process to a California Statewide Automated Welfare System (CalSAWS) process.

California Department of Health Care Services
Deputy Director's Office, Behavioral Health
P.O. Box 997413 | Sacramento, CA | 95899-7413
MS Code 2710 | Phone (916) 440-7800
www.dhcs.ca.gov

State of California
Gavin Newsom, Governor

California Health and Human Services Agency

REFERENCE: Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 U.S.C. 18116); Americans with Disabilities Act (ADA) (42 U.S.C. 12101*et seq*.); 42 C.F.R. 438.10; 45 C.F.R. Part 92; Welf & Inst. Code 14727.

BACKGROUND:

Section 1557 (42 U.S.C. 18116[1] and 45 C.F.R. Part 92[2]) is the nondiscrimination provision of the ACA, which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability ("protected classes") in health programs or activities receiving federal financial assistance. The ADA requires that services, programs, and activities provided by public entities must be accessible to individuals with disabilities, including visual impairment.[3] Title II of the ADA requires covered programs to effectively communicate with individuals with disabilities to ensure they benefit equally from government programs.[4] 45 CFR 92.102 and 28 CFR 35.160 require covered programs to ensure that communication with individuals with disabilities is as effective as communication with other Medicaid members.

Accordingly, DHCS, its Medi-Cal Behavioral Health delivery systems (Mental Health Plans, Drug Medi-Cal-Organized Delivery System counties, and Drug Medi-Cal counties), and their subcontractors must provide a member who is blind, visually impaired, deaf or hard of hearing, and other individuals with disabilities, with communication materials in the individuals' requested alternative format(s). Alternative Formats Request process is to assist blind, visually impaired, deaf or hard of hearing Medi-Cal applicants and members, and other individuals with disabilities, with obtaining forms and notices in their requested alternative format.

---

[1] 42 U.S.C. 18116

[2] 45 CFR Part 92

[3] See 42 U.S.C. 12101 et seq., 12131 et seq. United States Code is searchable at: https://uscode.house.gov/

[4] 45 CFR 92.102. ADA Title II Regulations, including 28 CFR 35.160, are available at: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm

POLICY:

Effective Communication for Individuals with Disabilities

Medi-Cal behavioral health delivery systems must comply with all applicable requirements set forth under federal and state disability law and rules and contracts between counties and the state. This includes making available free auxiliary aids and services for people with disabilities.

Medi-Cal behavioral health delivery systems are required to take appropriate steps to ensure effective communication with individuals with disabilities[5] and must provide appropriate auxiliary aids and services to persons with impaired sensory, manual, or speaking skills.[6] This includes the provision of qualified interpreters, free of charge and in a timely manner, and information in alternative formats, when such aids and services are necessary to ensure that individuals with disabilities have an equal opportunity to participate in the behavioral health delivery system's programs, and activities.[7]

In determining what types of auxiliary aids and services are necessary, Medi-Cal behavioral health delivery systems must give "primary consideration" to the individual's request of a particular auxiliary aid or service.[8] Medi-Cal behavioral health delivery systems must also provide auxiliary aids and services to a family member, friend, or associate of an individual or someone with whom it is appropriate to communicate (e.g., a disabled spouse of a member).[9]

Auxiliary aids and services include:

- Qualified interpreters on-site or through Video Remote Interpreting (VRI) services; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice, text, and video-based

[5] 45 CFR 92.102(a); 28 CFR 35.160-35.164
[6] 45 CFR 92.102(b)
[7] 28 CFR 35.160; 45 CFR 92.102
[8] 28 CFR 35.160
[9] 28 CFR 35.160

telecommunication products and systems, text telephones (TTYs), videophones, captioned telephones, or equally effective telecommunications devices; videotext displays; accessible information and communication technology; or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing.

- Readers; taped texts; audio recordings; Braille materials and displays; screen reader software; magnification software; optical readers; secondary auditory programs; large print materials; accessible information and communication technology; or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.[10]

When providing interpretive services, Medi-Cal behavioral health delivery systems must use qualified interpreters to interpret for an individual with a disability, whether through a remote interpreting service or an on-site appearance. A qualified interpreter for an individual with a disability is an interpreter who: 1) adheres to generally accepted interpreter ethics principles, including client confidentiality; and 2) is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, terminology, and phraseology.[11] For an individual with a disability, qualified interpreters can include, for example, sign language interpreters, oral transliterators (individuals who represent or spell in the characters of another alphabet), and cued language transliterators (individuals who represent or spell by using a small number of handshapes).[12]

Medi-Cal behavioral health delivery systems that provide a qualified interpreter for an individual with a disability through VRI services must provide real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication; a sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of body position; a clear, audible transmission of voices; and adequate

[10] 45 CFR 92.102(b)(1)
[11] 45 CFR 92.102(b)(2)
[12] 45 CFR 92.102(b)(3)

training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.[13] However, VRI will not be effective in all circumstances and sometimes an on-site interpreter may be required.[14]

Medi-Cal behavioral health delivery systems must not require an individual with a disability to provide their own interpreter. Moreover, Medi-Cal behavioral health delivery systems are prohibited from relying on an adult accompanying an individual with a disability to interpret or facilitate communication except when: 1) there is an emergency involving an imminent threat to the safety or welfare of the individual or the public and a qualified interpreter is not available; or, 2) the individual with a disability specifically requests that an accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide that assistance, and reliance on that accompanying adult for that assistance is appropriate under the circumstances.[15] In addition, Medi-Cal behavioral health delivery systems are prohibited from relying on a minor child accompanying an individual with a disability to interpret or facilitate communication except when there is an emergency involving an imminent threat to the safety or welfare of the individual or the public and a qualified interpreter is not available.[16]

Prohibiting Discrimination Based on Disability

In addition to requiring effective communication with individuals with disabilities, Health and Human Services' Office of Civil Rights regulations pursuant to Section 1557 incorporate other long-standing requirements of federal law prohibiting discrimination based on disability.[17] Medi-Cal behavioral health delivery systems are reminded that they must make reasonable modifications to policies, practices, or procedures when such modifications are necessary to avoid discrimination based on disability.[18] This could include, for example, assisting a member who cannot write to

[13] 28 CFR 35.160(d); 28 CFR 36.303(f); 45 CFR 92.102
[14] https://www.ada.gov/resources/effective-communication/
[15] 28 CFR 35.160(c) 28 CFR 36.303(c)
[16] 28 CFR 35.160(c)
[17] 45 CFR. 92.103-92.105
[18] 45 CFR. 92.103-92.105

fill out required forms, even when such assistance is not generally provided to members without a disability.

New Process for Collecting and Sharing Alternative Format Selection (AFS) Data

Alternative format selection data refers to the recorded choice or preference a person makes to receive information in an accessible format other than standard print. Effective May 19, 2025, the CalSAWS alternative format functionality replaced the manual alternative format request process using the Alternative Format database outlined in BHIN 24-007. Medi-Cal behavioral health delivery system counties must discontinue use of the DHCS Alternative Format database and instead utilize CalSAWS for updating members' or authorized representatives' alternative format preference moving forward. Members can make or update their AFS in Benefits Cal, through Covered California, or their county office. The Medi-Cal Eligibility Data System (MEDS) database will store the members' most recent AFS selection from CalSAWS, California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS), and other sources.

With the implementation of the CalSAWS alternative format functionality, Medi-Cal behavioral health delivery system counties will no longer submit a request to DHCS to convert documents for applicants and members to an alternative format. If the applicant or member has an alternative format preference, CalSAWS will submit a request to complete the alternative conversion and mailing.

The six alternative format options currently available and considered standard are: large print, audio CD, data CD, braille, encrypted audio CD, and encrypted data CD. Members and authorized representatives may also request "County Support," such as county staff reading print documents to individuals over the phone. If encrypted formats are required, the mailing will include printed and non-encrypted audio instructions about how to open the encrypted material.

If the selected format is outside the six standard formats and the requested County Support option is not supported by the county, applicants and members should be referred to the DHCS Office of Civil Rights (OCR) at (916) 440-7370 to submit their

request for review. Before a non-standard alternative format is approved, OCR will review whether to approve a requested non-standard alternative format would impose an undue burden to the county. If the requested formant cannot be reasonably accommodated, OCR will notify the applicant or member and explain why the requested non-standard alternative format cannot be accommodated. This notification will be provided to the applicant or member in the format closest to the format requested. If a non-standard alternative format is approved, OCR will communicate this to the county.

Due Process Requirements

Constitutional due process requires that a member's benefits must not be reduced or terminated without timely and adequate notice explaining the reasons for the proposed action and the opportunity for a hearing. (Goldberg v. Kelly (1970) 397 U.S. 254, 267–268). In the case of a member with a visual impairment or other disabilities requiring the provision of written materials in alternative formats, DHCS has determined that adequate notice means notice in the member's selected alternative format or notice that is otherwise in compliance with the ADA, Section 504 of the Rehabilitation Act of 1973, and Government Code Section 11135. Medi-Cal behavioral health delivery systems must not deny, reduce, suspend, or terminate benefits without providing an adequate notice within applicable legal timeframes.[19]

State Hearing Request Process

Members may ask for a State hearing to have an Administrative Law Judge review an adverse decision. Members may use any of the following methods to request a hearing, and must complete the request within 90 calendar days from the notice of action being mailed:

- Send a written request for a State hearing at the following address:

  California Department of Social Services
  State Hearing Division
  P.O. Box 944243, Mail Station 9-17-37
  Sacramento, CA 94244-2430; or

[19] 42 CFR 431.211

- Call the California Department of Social Services, State Hearings Division, at 1-800-743-8525 or for hearing or speech impaired use TDD 1-800-952-8349; or
- Request a State hearing online by going to https://www.cdss.ca.gov/hearing-requests and following the instructions to request a hearing, either with or without setting up an account. If the member does not provide a copy of the notice of action with their request for a State hearing, they must provide the following information with their request:
    - Member's name
    - Date of Birth
    - Case Number
    - Address
    - Telephone number where the member can be reached

Sincerely,

Original signed by

Ivan Bhardwaj, Division Chief
Medi-Cal Behavioral Health – Policy Division