



State of California—Health and Human Services Agency
Department of Health Care Services



DATE: November 30, 2021

Medi-Cal Eligibility Division Information Letter No.: 21-31

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY MEDS LIAISONS

SUBJECT: Alternate Formats Request Process for Visually Impaired Applicants and Beneficiaries

Purpose

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide an update on the Department of Health Care Services (DHCS) efforts as outlined in [MEDIL 19-18](#) to support the counties in providing effective communication with visually impaired Medi-Cal applicants and beneficiaries. This letter details additional instructions on the Medi-Cal Alternate Formats Request process for counties to accommodate the communication needs of the applicant or beneficiary.

Background

The Americans with Disabilities Act (ADA) is a federal law that requires services, programs, and activities provided by public entities be accessible to qualified individuals with a disability, such as a visual impairment. (See 42 U.S.C. 126, sections 12010 et seq). DHCS and its county agents are subject to this accessibility mandate. Accordingly, DHCS and the counties must provide visually impaired Medi-Cal applicants and beneficiaries with communications in the individuals' requested alternate format. This letter details the Alternate Formats Process to provide effective communication with visually impaired Medi-Cal applicants and beneficiaries by providing alternate formats as requested by the individual. The Alternate Formats Request process is to assist blind or visually impaired Medi-Cal applicants and beneficiaries with obtaining forms and notices in their requested alternate format.

Policy

Effective with the release of this MEDIL, the Alternate Formats Process to assist blind or visually impaired Medi-Cal applicants and beneficiaries with obtaining forms and notices

in their requested alternate format is available for county use. The alternate format options currently available and considered standard are large print, audio CD, data CD and braille. Beneficiaries may also request "County Support," such as county staff reading print documents to individuals over the phone.

If the requested format is outside of these four standard formats, the county should refer the applicant/beneficiary to call 1-833-284-0040 so their request can be submitted and reviewed. The goal is to help meet the applicant/beneficiary's needs; however, if the requested non-standard alternate format is unavailable, DHCS will communicate to the applicant/beneficiary why the requested non-standard alternative format cannot be provided. This letter of explanation will be provided to the applicant/beneficiary in the format closest to the non-standard alternate format requested.

If a beneficiary requests a non-standard alternate format, and DHCS approves it, the counties will be expected to provide documents in that non-standard alternate format for that beneficiary. Before a non-standard alternate format is approved for a beneficiary, DHCS will review whether or not to approve a requested non-standard alternate format, and part of that review will include whether or not the format would be an undue burden on the counties/DHCS to provide. The analysis will also include discussion with the vendor.

This is a manual county process which will be in place until the eligibility and enrollment systems are automated for the selection of Alternate Formats. Currently the Alternate Formats Process is only available in English; information on translations will be forthcoming in a future policy letter. DHCS is working with the vendor on the viability of providing thumb drives as an option in lieu of CDs, if requested. Information on the options of thumb drives and auxiliary aids will also be forthcoming in a future policy letter.

Alternate Formats Selection

Counties shall continue to use the web based system, known as the Alternate Formats Selection Screens, to track individuals that have indicated their alternate format preference for receiving information. Counties will update Medi-Cal beneficiaries' preferences in the Alternate Formats Selection Screens, as appropriate. When counties enter an individual's alternate formats preference in this system, this information is stored in the DHCS Alternate Formats database. The link to the Alternate Formats Selection Screens website is <https://afs.dhcs.ca.gov/>.

The Alternate Formats Selection Screens website is a public facing site that may be used by the county, individual Medi-Cal beneficiaries, or those acting on behalf of a Medi-Cal individual.

Implementation

DHCS will use the information stored in the DHCS Alternate Formats database to create a weekly extract file for the counties. This weekly extract file will contain a list of active eligible beneficiaries and their requested alternate formats selection. The list will be uploaded on a weekly basis into the Alternate Formats Secure File Transfer Protocol (SFTP) folder for counties to access. For instructions on the SFTP folders, CEWs with access should refer to the AFS Filter Extract User Guide. Upon receipt of the extract list, counties shall ensure that each beneficiary's alternate format selection for written communication is documented within their casefile. Counties shall ensure future written communications are converted to the requested format (large print, audio CD, data CD or braille or other DHCS approved non-standard alternate format accordingly) and provided to the applicant/beneficiary in the requested format.

When submitting a request to have written communications converted to the requested alternate format, the county will complete the Alternate Formats Request Form, including any applicable negative action dates. The county shall upload the request form, along with a copy of the form to be converted, to the DHCS Alternate Formats SFTP folder. Once received, DHCS will work with the Alternative Formats vendor to convert the document.

Process for Counties to Request Documents in Alternate Format

For large print requests the county shall first check the repository folder to see if the document they are requesting is already available. The repository folder is available for all counties. The repository folder contains large print forms that have been previously converted. This folder will be updated on a continuous basis as additional forms are available. Counties must review which large print forms are available prior to submitting requests for large print information/notices conversion. In the event a new form is added to the county designated SFTP folder or repository folder, a notification will be sent to individuals that have access to the folder.

If the document is not available in the repository folder or the request is for one of the other alternate formats (audio CD, data CD, or braille, or other DHCS approved non-standard alternate format requests), County Eligibility Workers (CEWs) shall submit a request for each alternate format document needed by completing and providing the

Alternate Formats Request form DHCS 7023. The CEW shall submit the DHCS 7023, along with a copy of the document they are requesting to convert into the alternate format, through the SFTP Alternate Formats Request folder. Each county has a designated Alternate Formats Request SFTP folder to upload/submit completed Alternate Formats Requests to DHCS.

When DHCS receives a request from the county to convert document(s) or notice(s) into the requested alternate format, DHCS will send the request to the vendor to fulfill the request. Once complete, large print requests will be uploaded back to the county SFTP folder for the county to retrieve and mail. For audio CD, data CD or braille or other DHCS non-standard alternate format requests, the vendor will convert and send the CD or braille document and/or notice to the recipient and notify DHCS and the county. The county must document and save this confirmation from the vendor in the case file, should there be a need to verify that the document and/or notice was provided to the Medi-Cal applicant/beneficiary.

The alternate format options currently available are large print, audio CD, data CD and braille. Below are descriptions of each format:

- Large print: Large (20-point) size Arial font.
- Audio CD: Provides the ability to hear notices and information.
- Data CD: Allows for the use of computer software to read notices and other written information.
- Braille: Uses raised-dots that can be read with fingers.

Timelines and Notices of Action

Turnaround times for the vendor to convert documents vary depending on length and complexity of the information being converted. After a document is provided to DHCS for conversion, counties should allow 2 days for DHCS approval and include the timeframes below for document conversions:

- Large Print: 15 days
- Audio CD: 20 days
- Data CD: 15 days
- Braille: 20 days

If the vendor needs more time due to the complexity of the document requested to be converted, the vendor will reach out to the county to determine if a different effective date for the notice is required.

A beneficiary'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. In the case of an individual with a visual impairment, adequate notice means notice in the individual's selected alternative format, or notice that is otherwise in compliance with the ADA. Counties must not reduce, suspend, or terminate benefits without providing adequate notice within applicable timeframes. Deadlines for an applicant/beneficiary with a visual impairment to take action must therefore be calculated from the date of adequate notice.

For positive changes: If an eligibility determination results in a positive change or there is no change to the eligibility, the CEW shall take the action and effectuate the change without delay. The CEW shall not wait for the form or notice to be converted to the requested alternate format before taking action on the case.

For negative changes: In order to accommodate the timelines related to converting documents to the alternate format options, counties shall maintain the beneficiary's eligibility until the Notice of Action (NOA) can be issued in the individual's requested alternate format. When the CEW requests a NOA to be converted, the proposed date of the notice and effective date of the negative action must be based on the timelines above. The CEW must include this date on the DHCS 7023 for the vendor to ensure that the negative action date included on the NOA during document conversion aligns with the effective date of the negative action provided by the county. If the document conversion takes longer than the timelines above, the date of the notice and effective date of the negative action must be adjusted accordingly. The CEW must adjust the date based on the conversation

Note: Additional months of eligibility due to the extension of benefits for Alternate Formats noticing purposes is not considered an error for quality control or performance review purposes.

Individuals can also request materials in alternate formats during the application process. Counties shall follow the process outlined in this MEDIL for alternate format requests made during application. Similar to the process for positive changes for beneficiaries, the county shall approve Medi-Cal eligibility without delay and should not wait for the NOA to be converted in order to take action. However, the county shall delay the denial of an applicant until the adequate NOA can be provided.

Authorized Representatives

Authorized Representatives (ARs) may request information in alternate formats for the beneficiary and/or for themselves. Alternate formats preferences should be entered in the Alternate Formats Selection Screens system and forms may be requested in the requested alternate formats for the AR.

If a beneficiary and the designated AR have selected different alternate format preferences, the county must track this information to ensure the information provided is in the correct format for the AR and the beneficiary. The Alternate Formats Request process may be used to track this information.

Compliance

DHCS will release additional guidance at a future date with information on DHCS' monitoring process to ensure compliance with alternative format mandates. In the interim, if DHCS receives information indicating that a county is out of compliance with this obligation, DHCS will provide the county with the additional support needed to bring the county into compliance.

DHCS will continue to provide updates on the Alternate Formats process as information is made available. All questions or concerns regarding alternate formats should be sent to MCEDBVPublications@dhcs.ca.gov.

Sincerely,

Original Signed by

Yingjia Huang
Assistant Deputy Director
Health Care Benefits and Eligibility

Enclosure: DHCS 7023

Alternate Formats Request Form

Please complete all of the information on this form to request form(s) in an alternate format. To submit this request, upload the completed form and a copy of the document(s) requested to the Medi-Cal Alternate Formats SFTP folder.

Requestor Name	County
Requestor's Email Address	Requestor's Phone Number

Name of Beneficiary	Date of Request
Date of Birth	CIN
Beneficiary's Mailing Address	

Alternate format requested (please select one):

- ☐ Large print: Large (20-point) size Arial font, **which looks like this.**
- ☐ Audio CD: Lets you hear the written notices and information.
- ☐ Data CD: Uses computer software to read notices and other written information.
- ☐ Braille: Uses raised-dots that can be read with fingers.

Form(s) Requested:

Form Number	Form Type	Form Title	Date of Notice	Effective Date of Action
	<input type="checkbox"/> DHCS form <input type="checkbox"/> County form			
	<input type="checkbox"/> DHCS form <input type="checkbox"/> County form			
	<input type="checkbox"/> DHCS form <input type="checkbox"/> County form			
	<input type="checkbox"/> DHCS form <input type="checkbox"/> County form			
	<input type="checkbox"/> DHCS form <input type="checkbox"/> County form			

Please submit your completed form and a copy of the form(s) requested to Medi-Cal Alternate Formats SFTP folder. For questions regarding the alternate formats request process, please email MCEDBVIPublications@dhcs.ca.gov.