

# School-Based Claiming Services Section

Alternative Format Check-In Meeting

May 2, 2023

# Agenda

- » Check-In Meeting Logistics
- » Recap of prior Check-in Meetings
- » Hinkle, et al. v. Kent, et al.
- » Alternative Format Selection Application (AFSA)
- » Common Questions

# Check-In Meeting Logistics



# Check-In Meeting Logistics

- » Scheduled Check-In Meetings:
  - Tuesday, May 2, 2023: 9 – 10 a.m.
- » Submit questions to [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov) or [SMAA@dhcs.ca.gov](mailto:SMAA@dhcs.ca.gov)
- » Participation is optional

# **Recap of prior Check-in Meetings**



# Recap of prior Check-in Meetings

- » Overview of Policy and Procedure Letter 23-004
  - <https://www.dhcs.ca.gov/formsandpubs/Documents/PPL23-004-Alternative-Format-Extension.pdf>
- » Overview of Policy and Procedure Letter 21-017R
  - <https://www.dhcs.ca.gov/formsandpubs/Documents/PPL-21-017R-Alternative-Format-Request-Requirements.pdf>
- » Overview of the Guidance document.
  - <https://www.dhcs.ca.gov/provgovpart/Documents/Alternative-Format-Request-Requirement-Plan-Guidance.pdf>

# Recap of prior Check-in Meetings

- » Overview of Data Match Process
- » Overview of Submitted Common Questions
- » Overview of Submitted Uncommon Questions

# Data Match Output File

## » Overview of Data Match Output File

- What is it?
  - The list of students enrolled in the LEA matched against the Medi-Cal Enrollment Data System to identify students who are Medi-Cal beneficiaries
- How do you get it?
  - SMAA Data Match Output File managed by the LEC
  - LEA BOP Data Match Output File frequently managed by the vendor
- What type of AF information is on it?
  - The beneficiary, or their parent/guardian/authorized representatives' requested AF format

**Hinkle, et al. v. Kent, et al.**



# Hinkle, et al. v. Kent, et al.

- » October 18, 2018
- » Class action lawsuit filed in Federal Court against DHCS and its county agents for failing to provide Medi-Cal notices in accessible formats.
  - Plaintiff Lena Hinkle waited more than eight months to receive a Braille version of a Medi-Cal notice containing time-sensitive information
- » The plaintiffs are the California Council of the Blind and three individuals.

# **Alternative Format Selection Application (AFSA)**



# Alternative Format Selection Application (AFSA)

- » <https://afs.dhcs.ca.gov/>
- » System purpose:
  - Search for a Medi-Cal beneficiary's alternative format selection
  - Enter a Medi-Cal beneficiary's alternative format selection
- » Information needed:
  - Beneficiary's name
  - Benefits Identification Card number
  - Date of birth

## ALTERNATIVE FORMAT SELECTION

Welcome to the Alternative Format Selection application system.

The Medi-Cal Program offers alternate formats for beneficiaries so that you may remain informed about our Medi-Cal services. If you cannot read standard print, you can use this website to request DHCS to communicate with you in an alternative format, as noted below.

### **If you want to get Medi-Cal information in another format**

You can request Large print, Audio CD, Data CD or Braille on this website. Follow the steps below to get information in the format you need.

If you wish to request a certain format not listed here or if you are not able to use this website, please contact the help line at 1-833-284-0040.

### **If you are in a Medi-Cal managed care health plan**

Follow these steps:

- Call your Medi-Cal managed care health plan's member services. Their phone number is on your health plan ID card.
- Tell them the alternative format you need.
- Or you may answer the question below and click "Continue" to begin the selection and submission process.

### **If you are in Regular Medi-Cal (Fee-For-Service)**

Answer the question below and click "Continue" to begin the selection and submission process.

DHCS uses CAPTCHA to protect this website from bots and spams. CAPTCHA is a program or system intended to distinguish human from machine input. Thank you for your assistance.

Please answer the question below and then press [Continue]

**What is the sum of One and Two?**

Continue

## ALTERNATIVE FORMAT SELECTION

Enter information below as displayed on your Benefits Identification Card (BIC) and then press [Continue]

**First Name** (Required)

**Middle Name** (Optional)

**Last Name** (Required)

**ID Number** (Required)

**Date of Birth** (Required)

(MMDDYYYY)

Continue

## ALTERNATIVE FORMAT SELECTION

You can receive Medi-Cal letters in one of the four alternative formats. By law, Medi-Cal must always consider your request for one of the formats below.

- **Large Print:** Large (20-point) size Arial font, **which looks like this.**
- **Audio CD:** Lets you to 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.

### If you like the way you get Medi-Cal information now

Please select 'No Alternate Format Needed' in the box for Preferred Format. You will keep getting letters the same way as you get them now. Letters can come from the Department of Health Care Services, your county social services department, or your Medi-Cal managed care health plan.

### If the format you need is not listed above

Please select 'I need a format not listed here' in the box for Preferred Format and contact the help line at 1-833-284-0040.

**i** Your current choice to receive your notices is **"Audio CD"**

**Select the preferred format from the list below to receive your notices and then press [Submit]**

#### Preferred Format:

- 1 - Large Print
- 2 - Audio CD\*\*
- 3 - Data CD\*\*
- 4 - Braille
- 5 - No alternate format needed
- 6 - I need a format not listed here

\*\* Please note: If you select Audio or Data CD as an alternative format, the information you get will not be encrypted (password protected). By choosing one of these options, you are saying that you understand that you will get your Medi-Cal notices and information in an electronic format that is not password protected. If you want your Medi-Cal notices and information in a password protected electronic format, please call 1-833-284-0040.

For DHCS / County staff use only:

**If you are representing DHCS or County, please indicate the entity you are representing:**

- DHCS
- County

Submit

Cancel

# Common Questions



# Common Questions

- » What are the alternative formats available?
- » Can DHCS review drafted plans and provide feedback?

# What are the alternative formats available?

## » Standard Options

- Large Print
- Audio CD
- Data CD
- Braille

## » Non-standard Options

- Encrypted Audio CD
- Encrypted Data CD

# Can DHCS review drafted plans and provide feedback?

- » DHCS can review and provide assistance
- » Cannot commit to a timeline
- » Refer to guidance document when developing a plan

# Questions

» Please submit questions to either of the below e-mail addresses:

**LEA@dhcs.ca.gov**

**SMAA@dhcs.ca.gov**

**Thank you for  
attending today!**

