



Michelle Baass | Director

DATE: September 24, 2025 **PPL 21-017R.2**

TO: Local Educational Agencies (LEAs), Local Educational Consortiums (LECs), and the Local Governmental Agencies (LGAs), participating in the Local Educational Agency Medi-Cal Billing Options Program (LEA BOP), School-Based Medi-Cal Administrative Activities (SMAA) Program, County-Based and Tribal Medi-Cal Administrative Activities (CMAA/TMAA) Programs, Inmate Medi-Cal Claiming Unit (IMCU), and Targeted Case Management (TCM) Program

SUBJECT: Alternative Format Request Requirements

PURPOSE: This Policy and Procedure Letter (PPL) clarifies LEAs, LECs, LGAs, and their subcontractors' responsibilities to provide qualified persons who have speech, hearing, or vision disabilities with auxiliary aids and services, including materials in alternative formats, to ensure that they can effectively communicate and participate in public programs, services, or activities.

BACKGROUND:

Under federal and state law, including the Americans with Disabilities Act (42 U.S.C. § 12101, et. seq.) and section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794 (d)), discrimination against qualified members of the public participating in public programs based on disability is prohibited. A person is a qualified member of the public if they are an appropriate person with whom a public agency should or would communicate. The rights of persons with disabilities must be protected to ensure meaningful and equal access to public services, including but not limited to Medi-Cal and other programs that the Department of Health Care Services (DHCS) oversees in whole or in part through partnerships with other entities, such as providers, facilities, managed care plans, vendors, contractors, counties, or other state agencies. Accordingly, LEAs, LECs, LGAs, and their subcontractors must provide auxiliary aids and services to ensure that all qualified members of the public with disabilities, including Medi-Cal beneficiaries, can effectively communicate and participate in public programs, services and/or activities, which includes making program documents available in alternative formats (e.g., braille, large font, audio recording).



POLICY:

Auxiliary Aids and Services

All public agencies are required to provide auxiliary aids and services, free of charge, to ensure all qualified persons with speech, hearing, and/or vision disabilities can effectively communicate and participate in public programs, services, and/or activities. Public agencies must also provide auxiliary aids and services to a family member, friend, or associate of the program participant if said individual is identified as the beneficiary's authorized representative, or it is someone with whom it is appropriate to communicate (e.g., a disabled parent of a beneficiary).

The type of auxiliary aid or service necessary requires the consideration of numerous factors, including:

- The method of communication used by the person with a disability
- The nature, length, and difficulty of the communication taking place
- The complexity of what is being communicated

When providing aids or services, primary consideration should be given to the requester's choice, unless the LEA, LEC, LGA, or subcontractor can demonstrate that another equally effective means of communication is available, or that use of the requester's choice would result in a fundamental alteration of the information or an undue burden for the agency. These auxiliary aids and services include providing communications in alternative formats.

Alternative Format Requests

Policies regarding alternative formats were created by DHCS to assist persons with disabilities to communicate their needs effectively with necessary parties such as LEA, LEC, LGA, or their subcontractor's staff. Opportunities for effective communication must be provided to all qualified members of the public with disabilities, including those who are simply seeking information about programs, services, or activities. Alternative formats include, but are not limited to:

- Braille
- Large print (20-point Arial Font)
- Audio format
- Accessible electronic format (such as a data CD)
- Closed Captioning

- Text-to-Speech
- Voice-to-Text

Please note: By choosing Audio or Data CD as an alternative format, beneficiaries will receive their Medi-Cal notices and information in an electronic format that is not encrypted (password protected). Beneficiaries who wish to receive Medi-Cal notices and information in a password protected electronic format should call 1-833-284-0040.

Reporting and Ongoing Requirements

Medi-Cal beneficiaries and their representatives may only request one alternative format each. If an LEA, LEC, LGA, or their subcontractor receives a request for an alternative format from a qualified member of the public, all documents provided to the beneficiary must be provided within two months of the request. Furthermore, all subsequent documentation provided to that individual must be in the requested alternative format and encrypted, as needed. The requested alternative format should be stored to guarantee that these requirements were met with every communication. LEAs, LECs, LGAs, or their subcontractors may contact the applicable county's Health and Human Services Agency for translation assistance with the following formats:

- Braille
- Large print (20-point Arial Font)
- Audio CD
- Accessible electronic format (data CD)

Additionally, written communication needs to consider both alternative format and written language preference (except braille). For example, if a beneficiary's alternative format preference is large print and written language preference is Spanish, then written communication to that beneficiary must be in Spanish and in large print.

The selection of braille is inherently the final language in its preferred written format. The common form of braille for reproducing publications is contracted braille in the United States.

Ensuring Alternative Format Requirements are Met

LEAs, LECs, and LGAs must develop a plan to meet these alternative format requirements within 180 days from the original release of this PPL and must continuously monitor its effectiveness within their applicable LEAs and LGAs. LEAs, LECs, and LGAs must store and maintain the plan within their audit file for oversight. DHCS reserves the right to request a copy of the plan at any time 180 days after the release of the original PPL.

If you have any questions, please use the information below to contact a specific program:

LEA BOP: lea@dhcs.ca.gov
SMAA: smaa@dhcs.ca.gov
CMAA/TMAA: cmaa@dhcs.ca.gov
IMCU: dhcsimcu@dhcs.ca.gov
TCM: tcm-dhcs@dhcs.ca.gov

Sincerely,

Charles Anders, Division Chief
Local Governmental Financing Division
Department of Health Care Services