## School-Based Medi-Cal Claiming Services Alternative Format Request Requirement Plan Guidance

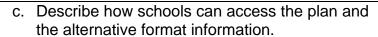
The Department of Health Care Services' (DHCS) policy regarding the requirement for Local Educational Agencies (LEAs), Local Educational Consortiums (LECs), and school-based Local Governmental Agencies (LGAs) to provide alternative format is set forth in Policy and Procedure Letters (PPL) 21-017R and 23-004. LEAs, LECs, and LGAs must develop and implement a plan to meet alternative format request requirements as required by these PPLs.

This guidance contains elements that may be considered when developing a plan to meet the Alternative Format Request Requirement.

As appropriate, LEAs, LECs, and LGAs are encouraged to confirm with local district and Special Education Offices, and others within the LEA to determine if policies, procedures, or plans have already been developed for alternative format needs. It is possible that those plans may be extended to meet the needs of providing alternative formats for Medi-Cal, LEA Medi-Cal Billing Option Program, and School-Based Medi-Cal Administrative Activities program needs.

Elements to Consider	Content to Consider
Template	Organization's letterhead template
Purpose	Description of the reason for the plan
Background	<ol> <li>Reference policies that prohibit discrimination and protect the rights of persons with disabilities to ensure meaningful and equal access to public services.         Americans with Disabilities Act     </li> <li>Rehabilitation Act of 1973</li> </ol>
Alternative Formats Available	<ol> <li>List the types of alternative formats, materials to be provided, free of charge, upon request. Considering listing specific materials that may need to be converted.</li> <li>Identify resources for converting documents into alternative formats.</li> <li>List the turnaround times for each alternative format type.</li> <li>Describe the process for how to provide another equally effective means of communication if a requested alternative format material cannot be provided.</li> </ol>

Processing Alternative Format Requests  Alternative Format Selection	<ol> <li>Identify steps to take when a request is received.</li> <li>Clearly identify and include the contact information for the individual or contractor who converts the documents into the chosen alternative format.</li> <li>Instructions on how an alternative format selection can be reported:</li> </ol>
Application (AFSA) System	<ul> <li>a. By the beneficiary, or the parent or authorized representative.</li> <li>b. By the LEA, LEC, or LGA through information from the data match process.</li> <li>2. Include information that is needed to report the alternative format selection (First Name, Last Name, Benefits Identification Card (BIC) number, Date of Birth).</li> <li>3. Describe the process for how to obtain the BIC number.</li> </ul>
Alternative Format Communication List	<ol> <li>Describe the process for how to check for alternative format requests from the data match output file.         <ol> <li>Identify who will provide the alternative format information from the data match output file to the LEA and the logistics of how it will be sent to the LEA.                 <ol></ol></li></ol></li></ol>



- d. Describe how the list will be checked prior to future communication with the beneficiary and/or their parents, guardian, or authorized representative.
  - LEAs should know to continue providing documents in alternative format after a one time request or if there is already a previous request.