

Network Provider Update

To: Medi-Cal and Cal MediConnect* network participants

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Subject: All Plan Letter 22-002: Alternative Format Selection for Members with Visual Impairments

The Department of Health Care Services (DHCS) recently issued [All Plan Letter \(APL\) 22-002](#), "Alternative Format Selection for Members with Visual Impairments." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

To ensure effective communication with members with visual impairments or other disabilities requiring the provision of written materials in alternative formats, APL 22-002 explains how managed care plans (MCPs) and their subcontractors should accommodate and track members' alternative format selections (AFS). The APL supports compliance with the Americans with Disabilities Act and [APL 21-004](#).

Key information:

- When requested, MCPs must provide written materials in alternative formats such as Braille, audio format, large print (no less than 20 point, Arial font), accessible electronic format (such as a data CD) and other appropriate aids and services.
- Alternative formats may be requested for members and their assigned representatives (ARs), which may be a family member, friend, or other associate.
- MCPs must collect and store AFS information for members and ARs, and share member AFS data with DHCS. The APL includes three attachments with instructions for data management:
 - [Alternative Format Selection Technical Guidance for Medi-Cal Managed Care Health Plans](#)
 - [Alternative Format Data Process Guide](#) (for MCPs)
 - [Alternative Format Selection Application User Guide](#) (for Medi-Cal beneficiaries)
- Deadlines for notices about reduction or termination of benefits should include adequate time to deliver written materials in alternative formats, as well as for appeals and aid paid pending.

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 22-002 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL-22-002.pdf> (Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

Information about how to help members request materials in alternative formats will be sent separately.

Please direct questions about serving Blue Shield of California Promise Health Plan members to our Provider Services Department at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.

*Cal MediConnect network participants are responsible for identifying and applying the guidance and requirements that pertain to their patients.