

Distribution Date	March 6, 2025
To	PPOC.All, Committee.MediCal_CMSP.All
CC	Consortium.RegionalManagers.All; Consortium.SectionDirectors;
CIT Name	<b>Posted List for CA-279244 MEDIL I 21-31 – CalHEERS eHIT: Alternate Format Options Phase II</b>

PPOCs, please forward to the appropriate impact staff in your county:

- |   |  |
|---|--|
| <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Policy<br><input type="checkbox"/> CW<br><input type="checkbox"/> CF<br><input checked="" type="checkbox"/> MC<br><input type="checkbox"/> CMSP<br><input type="checkbox"/> FC/KG/AAP<br><input type="checkbox"/> Child Care<br><input type="checkbox"/> WtW<br><input type="checkbox"/> Other Program(s) _____<br><input type="checkbox"/> BenefitsCal<br><input checked="" type="checkbox"/> Customer Correspondence<br><input type="checkbox"/> OCAT<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Reports<br><input type="checkbox"/> Fiscal<br><input type="checkbox"/> Caseload Movement<br><input type="checkbox"/> Management<br><input type="checkbox"/> Batch and Interfaces<br><input type="checkbox"/> Fiscal<br><input type="checkbox"/> GA/GR<br><input checked="" type="checkbox"/> Help Desk<br><input type="checkbox"/> Imaging<br><input type="checkbox"/> Security<br><input type="checkbox"/> Task Management<br><input type="checkbox"/> Technical<br><input checked="" type="checkbox"/> Training |
|---|--|

Description	<p><b>Purpose</b></p> <p>The purpose of this CIT is to notify the Counties that a one-time list has been posted for CA-279244 MEDIL I 21-31 – CalHEERS eHIT: Alternate Format Options Phase II.</p> <p><b>Background</b></p> <p>The Department of HealthCare Services (DHCS) introduced Medi-Cal Eligibility Division Information Letter (MEDIL) 21-31 Alternate Formats Request Process for Visually Impaired Applicants and Beneficiaries, which instructs the Counties on how to provide visually impaired Medi-Cal applicants and beneficiaries with effective communication through alternative formats. Alternate Formats include:</p> <ul style="list-style-type: none"> <li>Audio CD</li> <li>Audio CD – Password protected</li> <li>Data DVD</li> <li>Data DVD – Password protected</li> <li>Braille</li> <li>Large Print</li> </ul>
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A Medi-Cal Member's requested Alternate Format is entered in CalSAWS on the 'Special Circumstances' page. For the Medi-Cal program, the 'Communication Format' field in the 'Requested Alternate Medi-Cal Correspondence' section on the 'Special Circumstances' page with the corresponding Accommodation Preference selected under the 'Accommodation Preferences' section is also completed.

On February 09, 2025, CalSAWS performed a one-time data change to pre-populate the 'Communication Format' field in the 'Requested Alternate Medi-Cal Correspondence' section on the 'Special Circumstances' page with the corresponding Accommodation Preference selected under the "Accommodation Preferences" section.

#### **Additional Information**

A one-time list has been generated to assist the Counties in identifying Medi-Cal beneficiaries, with multiple Accommodation Preferences, whose Requested Alternate Medi-Cal Correspondence could not be updated. The list contains the standard columns plus additional columns as listed below

The list is available on the Web Portal at the following location [REDACTED]

#### **List Name: CA-279244 Individuals with Multiple Special Circumstances Preferences**

**List Criteria:** The list of Medi-Cal beneficiaries, with multiple Accommodation Preferences, whose Requested Alternate Medi-Cal Correspondence could not be updated

#### **Standard Columns:**

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker ID

#### **Additional Column(s):**

- Person Name  
Note: Person Name Format is <First Name Last Name>
- DOB
- Accommodation Preferences  
Example: Audio CD, Data DVD

**County Action:** Counties can use the list to review the Accommodation Preference options displayed for Medi-Cal beneficiaries and determine which value should be selected for the Requested Alternate Medi-Cal Correspondence field.

Copy your Regional Manager(s) on any questions you might send to the Primary or Backup Project Contact.

Primary Project  
Contact

ThuyTien Nguyen  
[NguyenTT@CalSAWS.org](mailto:NguyenTT@CalSAWS.org)

Backup Project  
Contact

Laura Alba  
[albala@calsaws.org](mailto:albala@calsaws.org)

Attachments	MEDIL I 21-31
Web Portal Link	<div></div> <p>OR</p> <p>You may also retrieve the CIT document and attachments by following these steps:</p> <ol style="list-style-type: none"><li>1. Click on the CRFIs &amp; CITs link at the top of the page.</li><li>2. Click on the "CalSAWS Information Transmittal (CIT)" folder.</li><li>3. Click on the "2025" folder.</li><li>4. Click on the appropriate CIT # folder.</li></ol>