

DATE: February 03, 2026

ALL PLAN LETTER 26-002

SUPERSEDES ALL PLAN LETTER 22-011

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: ALTERNATIVE FORMAT SELECTION FOR MEMBERS WITH VISUAL IMPAIRMENTS

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide information about the Department of Health Care Services' (DHCS) processes to ensure effective communication with Members with visual impairments or other disabilities requiring the provision of written materials in alternative formats, by tracking Members' Alternative Format Selections (AFS).

BACKGROUND:

The Americans with Disabilities Act (ADA) requires that services, programs, and activities provided by public entities must be accessible to individuals with disabilities, including visual impairment.¹ Medi-Cal Dental Managed Care Plans (Dental MCPs) are subject to the standards of Title II of the ADA, including standards for communicating effectively with individuals with disabilities to ensure they benefit equally from government programs.² This APL supersedes APL 22-011.

POLICY:

Provision of Member Information in Alternative Formats

DHCS' policy regarding the provision of Member information in alternative formats is set forth through the Dental Managed Care contract and APL.³ As required by APL 25-006, Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Formats, or subsequent iterations of this APL, Dental MCPs must provide appropriate auxiliary aids and services to individuals with disabilities.⁴ In determining what types of auxiliary aids and services to provide, Dental MCPs must give primary consideration to the individual's request of a particular auxiliary aid or service.⁵ Dental MCPs must provide auxiliary aids and

¹ See 42 United States Code section 12131 et seq. United States Code is searchable at the following: <https://uscode.house.gov/>.

² See 45 Code of Federal Regulations (CFR) 92.202. ADA Title II Regulations are available at: https://www.ada.govregs2010/titleII_2010/titleII_2010_regulations.htm

³ APLs are available at: <https://www.dhcs.ca.gov/services/Pages/DentalAllPlanLetters.aspx>

⁴ See 45 CFR section 92.102(b).

⁵ See 28 CFR section 35.160(b).

services to a family member, friend, or associate of a Member if required by the ADA, including if said individual is identified as the Member's Authorized Representative (AR) or is someone with whom it is appropriate for the Dental MCP to communicate according to the Member or as designated by law (e.g., a disabled spouse, personal care assistant of a Member, or an individual who holds Power of Attorney for health care for the Member).⁶ Dental MCPs must accommodate the communication needs of all qualified Members with disabilities, including their ARs or other identified designees, and be prepared to facilitate alternative format requests for Braille, audio format, large print (no less than 20 point Arial font), and accessible electronic format, such as a data CD, as well as requests for other auxiliary aids and services that may be appropriate.⁷ Upon request, Dental MCPs must provide appropriate auxiliary aids and services to Members with disabilities, including alternative formats. For Members who indicate in any way that they have difficulty reading print communications on account of a disability, Dental MCPs must inform these Members of their right to receive auxiliary aids and services, including alternative formats. If a Member selects an electronic format, such as an audio or data CD, Dental MCPs must make clear that Members may request an encrypted (i.e., password protected) electronic format. Dental MCPs must also inform a Member who requests an electronic alternative format that unless the Member requests an encrypted format, the Member will receive notices and information in an unencrypted (i.e., not password protected) electronic format. If the Member requests notices and information in an encrypted electronic format, the Dental MCP must provide the requested format with unencrypted instructions on how the Member is to access the encrypted information in the Member's requested format.

Alternative Format Selection Website and Data

Dental MCPs should discontinue use of the web-based system known as The AFS Screens to track Members who have indicated their alternative format preferences for receiving information.⁸ The counties will use the California Statewide Automated Welfare System (CalsAWS) AFS process to update a Member's alternative format preferences.⁹ The Medi-Cal Eligibility Data System (MEDS) database will store the Member's most recent AFS from CalsAWS, the California Healthcare Eligibility Enrollment, and Retention System (CalHEERS), and other sources.¹⁰ The MEDS database will become the system of record in alignment with the September 24, 2025 change cycle (for October 2025 month of enrollment), Dental MCPs will no longer receive the Weekly AFS extract from DHCS and will solely rely on the 834 enrollment

⁶ See 28 CFR section 35.160.

⁷ Examples of other auxiliary aids and services can be found in APL 25-006 and at: <https://www.ada.gov/resources/effective-communication/>

⁸ The AFS Screens can be found at: <https://afs.dhcs.ca.gov/>.

⁹ All-County Welfare Directors Letter (ACWDL) 25-12 can be found at:

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/25-12.pdf>.

¹⁰ ACWDL 25-12

data file. A new written language field will be added to the 834 data file to support the AFS process, enhancing accessibility and Member communication preferences. An updated 834 Companion Guide and further technical details will be provided to the Dental MCPs through established communication channels.

Due Process Requirements

Constitutional due process requires that a Member's benefits must not be reduced or terminated without timely and adequate notice explaining the reasons for the proposed action and the opportunity for a hearing.¹¹ In the case of a Member with a visual impairment or other disabilities requiring the provision of written materials in alternative formats, DHCS has determined that adequate notice means notice in the Member's selected alternative format, or notice that is otherwise in compliance with the ADA, Section 504 of the Rehabilitation Act of 1973, and Government Code section 11135. Dental MCPs may not deny, reduce, suspend, or terminate services or treatments without providing adequate notice within applicable legal timeframes.¹² Dental MCPs must calculate the deadline for a Member with a visual impairment or other disabilities requiring the provision of written materials in alternative formats, to take action from the date of adequate notice, including all deadlines for appeals and aid paid pending.¹³ Ordinarily, Members must exhaust the Dental MCP's internal appeal process and receive notice that an Adverse Benefit Determination has been upheld, prior to proceeding to a State Hearing. However, if the Dental MCP fails to provide adequate notice to a Member with a visual impairment or other disabilities requiring the provision of written materials in alternative formats, within applicable federal or state timeframes, the Member is deemed to have exhausted the Dental MCP's internal appeal process and may immediately request a State Hearing.¹⁴ Dental MCPs are prohibited from requesting dismissal of a state hearing on the basis of failure to exhaust the Dental MCP's internal appeal process in such cases.

REQUIREMENTS:

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in a Dental MCP's contractually required Policies and Procedures (P&P), the plan must submit its updated P&Ps with and without Track Changes to DHCS at dmcdeliverables@dhcs.ca.gov within 90 days of the release of this APL.

¹¹ Goldberg v. Kelly (1970) 397 U.S. 254, 267–268

¹² See 42 CFR sections 438.404 and; 431.211

¹³ For information about notices that trigger Member deadlines, see APL 22-006, Grievance and Appeal Requirements, Notice, and "Your Rights" Templates, or subsequent iterations of this APL

¹⁴ Welfare and Institutions Code sections 10951 and 14197.3; 42 CFR sections 438.402, 438.404, 438.408, and 438.10.

If a Dental MCP determines that no P&P changes are necessary, the plan must submit an email confirmation to dmcdeliverables@dhcs.ca.gov within 10 days of the release of this APL stating that the plan's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

Dental MCPs are responsible for ensuring that their Subcontractors, Downstream Subcontractors, and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each Dental MCP to all Subcontractors and Network Providers. Any failure to meet the requirements of this APL may result in a Corrective Action Plan (CAP) and/or monetary sanctions. For additional information regarding administrative and monetary sanctions, see APL 22-009¹⁵ and any subsequent iterations on this topic.

Dental MCPs should review their Network Provider, Subcontractor, and/or Downstream Subcontractor Agreements, including Division of Financial Responsibility provisions as appropriate, to ensure compliance with this APL.

If you have any questions regarding this APL, please contact the DHCS at dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by:

Dana Durham
Chief, Medi-Cal Dental Services Division
Department of Health Care Services

Enclosure: Companion Guide 3.0

¹⁵ APL 22-009 Enforcement Actions: Administrative and Monetary Sanctions can be found here:
<https://www.dhcs.ca.gov/services/Documents/APL-22-009.pdf>