

State of California—Health and Human Services Agency
Department of Health Care Services



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DIRECTOR



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Date: March 28, 2022

Policy Letter 22-03

To: Program of All-Inclusive Care for the Elderly (PACE) Organizations

Subject: Alternative Format Selection for Members with Visual Impairments

PURPOSE

The purpose of this PACE Policy Letter (PL) 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 (See 42 U.S.C. 12131 et seq).¹ PACE Organizations (POs) 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

POLICY

Provision of Member Information in Alternative Formats

POs must provide appropriate auxiliary aids and services to individuals with disabilities.³ In determining what types of auxiliary aids and services to provide, POs must give "primary consideration" to the individual's request of a particular auxiliary aid or service.⁴ POs must provide auxiliary aids and 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 PO to communicate (e.g., a disabled spouse of a member).⁵ POs must accommodate the communication needs of all qualified members with disabilities,

¹ United States Code is searchable at the following: <https://uscode.house.gov/>

² 45 Code of Federal Regulations (CFR) 92.102. ADA Title II Regulations are available at: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm.

³ 45 CFR 92.102(b).

⁴ 28 CFR 35.160(b).

⁵ 28 CFR 35.160.

including ARs, 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.⁶

POs must provide appropriate auxiliary aids and services to members with disabilities, including alternative formats, upon request. Additionally, POs must inform members who state that they have difficulty reading print communications on account of a disability 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, the information may be provided unencrypted (i.e., not password protected), but only with the member's informed consent. POs must inform a member who contacts the PO regarding an electronic alternative format, that unless the member requests a password protected format, the member will receive notices and information in an electronic format that is not password protected, which may make the information more vulnerable to loss or misuse. POs must make clear that members may request an encrypted (i.e., password protected) electronic format. If the member requests notices and information in a password protected electronic format, the PO must provide a password protected electronic format with unencrypted instructions on how the member is to access the encrypted information.

Processes for Collecting and Sharing Alternative Format Selection Data

DHCS is attaching three technical guidance documents to this PL to assist POs with regular sharing of AFS information with DHCS. POs must collect and store AFS information for members and ARs, (including, for example, individuals who have power of attorney for health-related matters), and share member AFS data with DHCS as specified in the attached "Alternative Format Data Process Guide" (Data Process Guide).⁷ At this time, POs are not required to submit AFS data to DHCS for ARs, but must track AR AFS data and provide alternative formats to ARs as required by law.

The Data Process Guide outlines the process by which POs must submit member AFS data to DHCS and describes how DHCS will share member AFS data with POs on an ongoing basis. As described in the Data Process Guide, POs must submit all member AFS data that has been collected in a one-time file upload to DHCS' Alternative Format Database thirty (30) calendar days after the release of this PL. The PO's one-time file upload should also include each subcontractors and network providers AFS data.

Technical instructions can be found in the attached document titled, "Alternative Format Selection Technical Guidance," (Technical Guidance).⁸ After the initial one-time upload, POs and their subcontractors and network providers must enter any new member AFS at the time of the member's request, online through the AFS application system, or by

⁶ Examples of other auxiliary aids and services can be found at <https://www.ada.gov/effective-comm.htm>.

⁷ The Data Process Guide titled, "Alternative Format Data Process Guide," is posted together with this PL as an attachment.

⁸ The Technical Guidance document titled, "Alternative Format Selection Technical Guidance," is posted together with this PL as an attachment.

calling the AFS Helpline, and begin to provide member documents in the requested alternative formats. POs and their subcontractors and network providers must refer to the attached document titled, "Alternative Format Selection Application User Guide" for instructions regarding how to submit AFS data online via DHCS' AFS application system.⁹ DHCS will send an AFS file to POs from DHCS' Alternative Format database weekly (POs are to share this data with their subcontractors and network providers as appropriate). The Technical Guidance attachment contains the data elements, file path, and frequency of the DHCS AFS data that will be sent to POs. POs and their subcontractors and network providers must utilize the weekly DHCS AFS file data to provide member documents in the requested alternative formats.

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. (Goldberg v. Kelly (1970) 397 U.S. 254, 267–268). 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. POs may not deny, reduce, suspend, or terminate services or treatments without providing adequate notice within applicable legal timeframes.¹⁰ POs 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.

Ordinarily, members must exhaust the PO'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 PO 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 PO's internal appeal process and may immediately request a state hearing.¹¹ POs are prohibited from requesting dismissal of a state hearing on the basis of failure to exhaust the PO's internal appeal process in such cases.

Policies and Procedures

Within 90 days of the release of this PL, POs must submit policies and procedures to DHCS regarding the collection and sharing of AFS data.

POs are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including Policy Letters. These requirements must be communicated by each PO to all subcontractors and network providers. POs must

⁹ The "Alternative Format Selection Application User Guide" is posted together with this PL as an attachment.

¹⁰ 42 CFR 438.404; 42 CFR 431.211.

¹¹ Welfare and Institutions Code Sections 10951 and 14197.3; 42 CFR 438.402, 438.404, 438.408, and 438.10.

assist subcontractors and network providers in meeting this obligation by offering information or training on the effective communication requirements of Title II of the ADA, and technical assistance on such topics as local alternative format vendors, and how to provide accessible documents and websites.

DHCS will audit PO compliance with these requirements regularly. POs must be prepared to report efforts to ensure that members are aware of their right to receive effective communication, what requests for auxiliary aids and services have been made by members, how the PO has responded to those requests, and the PO's response to any complaints regarding the receipt of effective communication. Failure to demonstrate compliance with the law may result in enforcement action, including but not limited to, sanctions.

If you have any questions regarding this PL, please contact your PACE contract manager.

Sincerely,

ORIGINAL SIGNED BY

Richard Nelson, Division Chief
Integrated Systems of Care Division

Alternative Format Data Process Guide

Initial Upload to the Department of Health Care Services Alternative Format Database

PACE Organizations (POs) must submit all Alternative Format Selection (AFS) data they have collected in a one-time file to Department of Health Care Services (DHCS) to be uploaded to the DHCS Alternative Format Database 30 days after the release of the PACE AFS PL. The POs' one-time file upload should also include the POs' subcontractor's AFS data. POs are to follow the instructions in the Alternative Format Selection Technical Guidance when submitting the AFS data to DHCS.

Ongoing Process

After the initial one-time upload, POs and their subcontractors and network providers will be required to enter any new member AFS that they receive at the time of request through the AFS online screens or by calling the AFS Helpline.

- To enter the member's selection into the AFS online screens use the following web link and follow the prompts: <https://afs.dhcs.ca.gov/>
- To utilize the AFS Helpline, call 1-833-284-0040 and provide the member's selection.

POs can refer to the Alternative Format Application User Guide for instructions when submitting AFS data via the web link. POs are to choose the DHCS option when submitting the AFS data via the web link. Please note that the process to submit AFS data via the web link is used universally by beneficiaries, county staff and other DHCS contract entities. POs will provide members with their AFS when that selection is known, whether that information is provided directly by the member or is received through DHCS Alternative Format weekly database update. DHCS requires that POs ensure members should receive their most current AFS from the database as effective communication needs can change over time.

Use of the AFS DHCS Alternative Format Data

DHCS will send an AFS file to POs from the DHCS Alternative Format database weekly. All files will be uploaded through the PO's SFTP folders. POs are to update their records using the weekly AFS file sent by DHCS. POs will use this file to deploy the alternative format requested by the member. Additionally, POs are to share AFS data with their subcontractors and network providers as appropriate.

Alternative Format Selection Technical Guidance for PACE Organizations

The Department of Health Care Services' (DHCS) policy regarding the provision of member information in alternative formats is set forth in PACE Policy Letter (PL) 22-03, Alternative Format Selection (AFS) for Members with Visual Impairments. As required by this PL, PACE Organizations (POs) must provide appropriate auxiliary aids and services to individuals with visual impairments or other disabilities requiring the provision of written materials in alternative formats. POs must accommodate the communication needs of all qualified individuals with disabilities, including Authorized Representatives, 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.

This Technical Guidance contains the data elements, file path, and frequency of the DHCS AFS data that will be sent to POs. POs must utilize the weekly DHCS AFS file data to update their records and provide member documents in the requested alternative formats.

AFS Technical Guidance for POs to submit a one-time file to the DHCS Alternative Format Database

Initial Upload to the DHCS Alternative Format Database:

POs must submit all AFS data they have collected in a one-time file to DHCS to be uploaded to the DHCS Alternative Format database 30 days after the release of the PACE AFS PL.

Data Elements required for submission:

1. Client Index Number (CIN)
2. Beneficiary Name
3. Format Requested
4. Date Requested

File Name Format:

POs are to save the file as a comma separated value (.csv) format.

Please name the file as: AFS_*PlanName*_Collection.csv.

Example: AFS_Anthem_Collection.csv.

POs are to submit to the PO's designated Secure File Transfer Protocol (SFTP) folder: //DHCS-ISCD/*Plans*/. (see table 2 *Plans and SFTP folders*). *Plan* is the specific plan name you have access to, such as //DHCS-ISCD/*Anthem* is for Anthem.

Alternative Format Selection Technical Guidance for PACE Organizations

AFS Technical Guidance for POs to receive the DHCS Alternative Format Data

1. AFS extract file will be available starting Monday, April 18, 2022 and every Monday thereafter.
2. Go to SFTP folder //DHCS-ISCD/*Plan* to access the AFS extract file (see table 2 Plans and SFTP folders). *Plan* is the specific plan name you have access to, such as //DHCS-DHCS-ISCD/*Plan* is for Anthem.
3. Download the extract file. The extract file is a Microsoft Excel Comma Separated Value File (.csv), with field names in the first row.

The file name is in the following format -

File name format: AFS_Extract_YYYY-MM-DD_ HCPGroupXX.csv

File name example: for HealthNet, AFS_Extract_2020-06-02_ HCPGroup08.csv

4. You can open the extract CSV file in Microsoft Excel (if it is less than 1 million rows), or import it to database applications such as Microsoft Access.
5. The language fields originate from MEDS, similar to the 834 and the Weekly Plan File from Maximus.
6. Password standard for Encrypted Audio and Data CD
 - The password will always be nine characters long with letters in lower case
 - First 4 letters of beneficiary's first name (if the name is less than four characters, enter number signs (#) after the last letter)
 - A number sign (#)
 - The 2 digits of the month and the last 2 digits of the year of the beneficiary's birthday.
 - Examples:
 - The beneficiary's name is John Doe and his birthday is January 5, 1965. The password is john#0165.
 - The beneficiary's name is Joe Smith and his birthday is November 10, 2001. The password is joe##1101.
 - The beneficiary's name is Ny Smith and her birthday is July 27, 1940. The password is ny###0740.

Table 1 shows the data elements in the extract file. Fields #12-14 are for internal statistic usage only, and may not be of interest to you. Table 2 shows the SFTP folders and corresponding plans.

Alternative Format Selection Technical Guidance for PACE Organizations

Table 1 Data Elements in the Extract File

	Field Name (Field Length)	Accepts null value	Description																				
1	FirstName (20)	No	First name of the PACE beneficiary																				
2	MiddleInitial (1)	Yes	Middle name of the beneficiary																				
3	LastName (25)	No	Last name of the beneficiary																				
4	CIN (9)	No	Medi-Cal beneficiary's CIN																				
5	DateOfBirth (10)	No	Beneficiary's Date of Birth																				
6	FormatID (1)	Yes	Beneficiary's selected alternative format ID. If a member selected 6 in the online application, they were directed to contact help line: 1-833-284-0400. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>FormatID</th> <th>FormatDesc</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Large Print</td> </tr> <tr> <td>2</td> <td>Audio CD</td> </tr> <tr> <td>3</td> <td>Data CD</td> </tr> <tr> <td>4</td> <td>Braille</td> </tr> <tr> <td>5</td> <td>No Alternative Format Needed</td> </tr> <tr> <td>6</td> <td>I need a format not listed here</td> </tr> <tr> <td>7</td> <td>County Support (This value is received from CDSS for IHSS beneficiaries)</td> </tr> <tr> <td>8</td> <td>Encrypted Audio CD</td> </tr> <tr> <td>9</td> <td>Encrypted Data CD</td> </tr> </tbody> </table>	FormatID	FormatDesc	1	Large Print	2	Audio CD	3	Data CD	4	Braille	5	No Alternative Format Needed	6	I need a format not listed here	7	County Support (This value is received from CDSS for IHSS beneficiaries)	8	Encrypted Audio CD	9	Encrypted Data CD
FormatID	FormatDesc																						
1	Large Print																						
2	Audio CD																						
3	Data CD																						
4	Braille																						
5	No Alternative Format Needed																						
6	I need a format not listed here																						
7	County Support (This value is received from CDSS for IHSS beneficiaries)																						
8	Encrypted Audio CD																						
9	Encrypted Data CD																						
7	FormatDesc (40)	Yes	Description of Beneficiary's selected alternative format																				
8	SpokenLangCode (1)	Yes	Beneficiary's preferred spoken language code. Please see Table 3 for listed values.																				
9	SpokenLangDesc (40)	Yes	Beneficiary's preferred spoken language description																				
10	WrittenLangCode (1)	Yes	Beneficiary's preferred written language code Please see Table 4 for listed values.																				
11	WrittenLangDesc (40)	Yes	Beneficiary's preferred written language description																				
12	IsUpdatedOnBehalf (1)	Yes	Values are 0 and 1. 0 means member entered his/her information; 1 means DHCS/County entered it on behalf of the beneficiary. POs are																				

Alternative Format Selection Technical Guidance for PACE Organizations

	Field Name (Field Length)	Accepts null value	Description
			to choose the DHCS option.
13	TransStatus (1)	Yes	Values are 1 and 2. 1 means member passed the validation screen and moved to AF option selection screen; 2 means member submitted his/her AF option.
14	VisitedDate (19)	Yes	The Date and Time member passed the validation screen and moved to AF option selection screen.
15	UpdatedBy (75)	Yes	Acceptable values are beneficiary's name firstname_lastname, DHCS, County. This column represents the person who input the beneficiary's selection into the online screens. Bene's 'firsrtname_lastname' means member entered it. 'DHCS' means DHCS program staff or partner staff entered it on behalf of bene. POs are to choose the DHCS option. 'County' means County staff entered it on behalf of bene.
16	UpdatedDate (19)	Yes	Date the entry was updated.
17	CreatedBy (75)	No	Name of the source the AFS database received the data from.
18	CreatedDate (19)	No	Date this record is first created in AFS database.
19	HealthPlanCode (3)	No	HCP Plan code.

Alternative Format Selection Technical Guidance for PACE Organizations

Table 2 Plans and SFTP Folders

Organization or Plan	Associated plan codes	SFTP Folder
ALTAMED SENIOR BUENACARE	39, 52	DHCS-ISCD/Plans/AltaMedPACE/
Brandman PACE - Los Angeles	60	DHCS-ISCD/Plans/BrandmanPACE/
CALOPTIMA PACE - Orange	59	DHCS-ISCD/Plans/CalOptimaPACE/
CENTER FOR ELDERS INDEPENDENCE	51, 54	DHCS-ISCD/Plans/CEIPACE/
CENTRAL VALLEY PACE	30, 31	DHCS-ISCD/Plans/CentralValleyPACE/
FAMILY HEALTH CENTERS OF SAN DIEGO(PACE)	73	DHCS-ISCD/Plans/FamilyHealthCentersofSanDiegoPACE/
GARY AND MARY WEST PACE(SAN DIEGO)	69	DHCS-ISCD/Plans/GaryandMaryWestPACE/
Redwood Coast PACE - Humboldt	63	DHCS-ISCD/Plans/HumboldtPACE/
Innovative Integrated Health	40,41, 42, 43	DHCS-ISCD/Plans/IIHPACE/
Long Term Care (Innovage) PACE	61, 62	DHCS-ISCD/Plans/InnovagePACE/
INNOVAGE CALIFORNIA PACE	70, 71, 72, 88, 89, 90	DHCS-ISCD/Plans/InnovageSacramentoPACE/
LA COAST PACE(LOS ANGELES)	76	DHCS-ISCD/Plans/LAcoastPACE/
NORTH EAST MEDICAL SERVICES (SFO)	38	DHCS-ISCD/Plans/NEMSPACE/
ON LOK LIFEWAYS	55, 56, 58	DHCS-ISCD/Plans/OnlokPACE/
PACIFIC PACE(LOS ANGELES)	74	DHCS-ISCD/Plans/PacificPACE/
San Diego PACE (San Ysidro) - San Diego	65	DHCS-ISCD/Plans/SanDiegoPACE/
SEQUOIA PACE	32, 33, 34, 35	DHCS-ISCD/Plans/SequoiaPACE/
ST. PAUL'S PACE	57	DHCS-ISCD/Plans/St.PaulsPACE/
STOCKTON PACE	066, 067	DHCS-ISCD/Plans/StocktonPACE/

Alternative Format Selection Technical Guidance for PACE Organizations

Organization or Plan	Associated plan codes	SFTP Folder
SUTTER SENIOR CARE	50	DHCS-ISCD/Plans/SutterPACE/
Neighborhood PACE	36, 37	DHCS-ISCD/Plans/Neighborhood PACE/

Alternative Format Selection Technical Guidance for PACE Organizations

Table 3 Spoken Language Codes

VALUES:

0	American Sign Language (ASL)
1	Spanish
2	Cantonese
3	Japanese
4	Korean
5	Tagalog
6	Other Non-English
7	English
8	No valid data reported. MEDS generated
9	Not a valid value. Reserved for IHSS.
A	Other Sign Language
B	Mandarin
C	Other Chinese Language
D	Cambodian
E	Armenian
F	Ilocano
G	Mien
H	Hmong
I	Lao
J	Turkish
K	Hebrew
L	French
M	Polish
N	Russian
O	Default to 0 (Zero)
P	Portuguese
Q	Italian
R	Arabic
S	Samoan
T	Thai
U	Farsi
V	Vietnamese
W	Hindi
X	Punjabi
Y	Ukrainian

Alternative Format Selection Technical Guidance for PACE Organizations

Table 4 Written Language Codes

VALUES:

1	Spanish
2	Cantonese
3	Japanese
4	Korean
5	Tagalog
6	Other Non-English
7	English
8	MEDS generated value indicating no valid data reported
9	Not a valid value. Reserved for IHSS.
B	Mandarin
C	Other Chinese Language
D	Cambodian
E	Armenian
F	Ilocano
G	Mien
H	Hmong
I	Lao
J	Turkish
K	Hebrew
L	French
M	Polish
N	Russian
P	Portuguese
Q	Italian
R	Arabic
S	Samoan
T	Thai
U	Farsi
V	Vietnamese
W	Hindi
X	Punjabi

Alternative Format Selection Application User Guide

1. Go to <https://afs.dhcs.ca.gov/>
2. You will see the Alternative Format Selection Application entry screen. Follow the flow to provide entries.



ALTERNATIVE FORMAT SELECTION

Welcome to the Alternative Format Selection application system.

The Medi-Cal Program offers alternate formats for beneficiaries so that you may remain informed about our Medi-Cal services. If you cannot read standard print, you can use this website to request DHCS to communicate with you in an alternative format, as noted below.

If you want to get Medi-Cal information in another format

You can request Large print, Audio CD, Data CD or Braille on this website. Follow the steps below to get information in the format you need.

If you wish to request a certain format not listed here or if you are not able to use this website, please contact the help line at 1-833-284-0040.

If you are in a Medi-Cal managed care health plan

Follow these steps:

- Call your Medi-Cal managed care health plan's member services. Their phone number is on your health plan ID card.
- Tell them the alternative format you need.
- Or you may answer the question below and click "Continue" to begin the selection and submission process.

If you are in Regular Medi-Cal (Fee-For-Service)

Answer the question below and click "Continue" to begin the selection and submission process.

DHCS uses CAPTCHA to protect this website from bots and spams. CAPTCHA is a program or system intended to distinguish human from machine input. Thank you for your assistance.

Please answer the question below and then press [Continue]

What is the sum of One and Two?

Continue

Alternative Format Selection Application User Guide

3. Enter beneficiary's information. When you click the 'Continue' button, the beneficiary information entered on this screen is validated against Medi-Cal Eligibility Data System (MEDS). If the beneficiary is an eligible Medi-Cal beneficiary, then the screen on Page 4 will appear. Otherwise, the "Invalid Entry" error message on page 3 will be displayed.



ALTERNATIVE FORMAT SELECTION

Enter information below as displayed on your Benefits Identification Card (BIC) and then press [Continue]

First Name (Required)

Middle Name (Optional)

Last Name (Required)

ID Number (Required)

Date of Birth (Required)

(MMDDYYYY)

Alternative Format Selection Application User Guide



ALTERNATIVE FORMAT SELECTION

Invalid Entry 1 of 3 Tries. Please Try Again.

Enter information below as displayed on your Benefits Identification Card (BIC) and then press [Continue]

First Name (Required)

Middle Name (Optional)

Last Name (Required)

ID Number (Required)

Date of Birth (Required)
(MMDDYYYY)

Continue

After 3 invalid tries, the following message appears:



ALTERNATIVE FORMAT SELECTION

Exceeded maximum tries entering information.
Please contact the help line at 1-833-284-0040 to submit your request.
To protect your security, please close your browser now.

Alternative Format Selection Application User Guide

4. Enter Beneficiary's selection.

If you are the staff assisting a beneficiary on the request of Audio CD or Data CD over the phone, please read the note on the right of the Preferred Format dropdown list. The selection of Encrypted Audio CD or Encrypted Data CD is not in the Preferred Format dropdown list, but it will be displayed in "Your current choice to receive your notices".

If you are representing DHCS (staff/partner) or County, please indicate that at the bottom of the screen. If "6 - I need a format not listed here" is your selection, you will see page 6 for more information.



ALTERNATIVE FORMAT SELECTION

You can receive Medi-Cal letters in one of the four alternative formats. By law, Medi-Cal must always consider your request for one of the formats below.

- **Large Print:** Large (20-point) size Arial font, which looks like this.
- **Audio CD:** Lets you to hear the written notices and information.
- **Data CD:** Uses computer software to read notices and other written information.
- **Braille:** Uses raised-dots that can be read with fingers.

If you like the way you get Medi-Cal information now

Please select 'No Alternate Format Needed' in the box for Preferred Format. You will keep getting letters the same way as you get them now. Letters can come from the Department of Health Care Services, your county social services department, or your Medi-Cal managed care health plan.

If the format you need is not listed above

Please select 'I need a format not listed here' in the box for Preferred Format and contact the help line at 1-833-284-0040.

i Your current choice to receive your notices is **"Audio CD"**

Select the preferred format from the list below to receive your notices and then press [Submit]

Preferred Format:

- 1 - Large Print
- 2 - Audio CD**
- 3 - Data CD**
- 4 - Braille
- 5 - No alternate format needed
- 6 - I need a format not listed here

** Please note: If you select Audio or Data CD as an alternative format, the information you get will not be encrypted (password protected). By choosing one of these options, you are saying that you understand that you will get your Medi-Cal notices and information in an electronic format that is not password protected. If you want your Medi-Cal notices and information in a password protected electronic format, please call 1-833-284-0040.

For DHCS / County staff use only:

If you are representing DHCS or County, please indicate the entity you are representing:


- DHCS
- County

Submit

Cancel

Alternative Format Selection Application User Guide

If the 'Preferred Format' selected in the previous screen on Page 4 is 'Large Print', 'Audio CD', 'DataCD' or 'Braille', then the following screen will be displayed according to the format selected:



ALTERNATIVE FORMAT SELECTION

Dear Alex Smith,

Your selection of "**Large Print**" has been received as of today, 10/15/2020, and will be processed. It may take at least two months for the Medi-Cal benefit notices to be available in "**Large Print**" format.

For more information on alternate formats, please contact:
Department of Health Care Services
Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370

[Print](#)

If you would like this acknowledgement sent in an email, please enter your email address below and press [Send Email]


Please enter email address

[Send Email](#)

To protect your security, please close your browser now.

Alternative Format Selection Application User Guide

5. If the 'Preferred Format' selected in the previous screen on Page 4 is 'No alternate format needed', then the following screen will be displayed:



ALTERNATIVE FORMAT SELECTION

Dear Alex Smith,

Your selection of "**No alternate format needed**" has been received as of today, 10/15/2020. You have opted out of the Alternative Format Selection. This change will be effective within a week. You can visit this website anytime to change your Alternative Format preference.

If you wish to request a certain format not listed here, please contact the help line at 1-833-284-0040.

For more information on alternate formats, please contact:
Department of Health Care Services
Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370

[Print](#)

If you would like this acknowledgement sent in an email, please enter your email address below and press [\[Send Email\]](#)


Please enter email address

[Send Email](#)

To protect your security, please close your browser now.

Alternative Format Selection Application User Guide

6. If the 'Preferred Format' selected in the previous screen on Page 4 is 'I need a format not listed here, then the following screen will be displayed:



ALTERNATIVE FORMAT SELECTION

Dear Alex Smith,

Your selection of "**I need a format not listed here**" has been received as of today, 10/15/2020.

If you wish to request a certain format not listed here, please contact the help line at 1-833-284-0040.

For more information on alternate formats, please contact:
Department of Health Care Services
Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370

[Print](#)

If you would like this acknowledgement sent in an email, please enter your email address below and press [Send Email]


Please enter email address

[Send Email](#)

To protect your security, please close your browser now.

Alternative Format Selection Application User Guide

7. Enter your email address if you would like the acknowledgment to send in an email (optional).
8. You will see the confirmation message "Email has been sent!" if you enter a valid email address.



ALTERNATIVE FORMAT SELECTION

Dear Alex Smith,

Your selection of "**Large Print**" has been received as of today, 10/15/2020, and will be processed. It may take at least two months for the Medi-Cal benefit notices to be available in "**Large Print**" format.

For more information on alternate formats, please contact:
Department of Health Care Services
Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370

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✓ Email has been sent!


To protect your security, please close your browser now.

This is a sample confirmation email:



Alternative Format Selection Application User Guide

9. You will see an error message if the email address you enter is incorrect:



ALTERNATIVE FORMAT SELECTION

Dear Alex Smith,

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