

DATE: November 13, 2025

ALL PLAN LETTER 25-016
SUPERSEDES ALL PLAN LETTER 22-002

TO: ALL MEDI-CAL 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 managed care plans (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 programs².

POLICY:

Provision of Member Information in Alternative Formats

DHCS' policy regarding the provision of Member information in alternative formats is set forth in APL 25-005, Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Formats.³ As required by APL 25-005, MCPs must provide appropriate auxiliary aids and services to individuals with disabilities.⁴ In determining what types of auxiliary aids and services to provide, MCPs must give primary consideration to the individual's request of a particular auxiliary aid or service.⁵ MCPs 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),

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.gov/regs2010/titleII_2010/titleII_2010_regulations.htm.

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

⁴ See 45 CFR section 92.102(b).

⁵ See 28 CFR section 35.160(b).



or is someone with whom it is appropriate for the 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 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, 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, 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, MCPs must make clear that Members may request an encrypted (i.e., password protected) electronic format. 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 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

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 MCPs should direct Members to make or update their AFS in BenefitsCal or CoveredCA or with their local county office.¹⁰ 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.¹¹ The MEDS database will become the system of record in alignment with the September 24, 2025 change cycle (for October 2025 month of enrollment).

⁶ See 28 CFR section 35.160.

⁷ Examples of other auxiliary aids and services can be found in APL 25-005 and at: <https://www.ada.gov/effective-comm.htm>.

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 BenefitsCal.com can be found at: <https://benefitscal.com/Public/login?lang=en>; CoveredCA.com can be found at: <https://apply.coveredca.com/static/lw-web/login>; county office search tool can be found at: <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

¹¹ ACWDL [25-12](#)

MCPs will no longer receive the Weekly AFS extract from DHCS and will solely rely on the 834 enrollment 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 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.¹² 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. MCPs may not deny, reduce, suspend, or terminate services or treatments without providing adequate notice within applicable legal timeframes.¹³ 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.¹⁴

Ordinarily, Members must exhaust the 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 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 MCP's internal appeal process and may immediately request a State Hearing.¹⁵ MCPs are prohibited from requesting dismissal of a state hearing on the basis of failure to exhaust the MCP's internal appeal process in such cases.

Policies and Procedures

DHCS will provide further guidance on what types of data requirements MCPs will need to collect. In addition, DHCS will regularly monitor MCP compliance with these requirements in order to ensure MCPs provide alternate formats. MCPs must 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 MCP has responded to those requests, and the MCP'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.

MCPs must review their contractually required policies and procedures (P&Ps) to determine if amendments are needed to comply with this APL. If the

¹² Goldberg v. Kelly (1970) 397 U.S. 254, 267–268

¹³ See 42 CFR sections 438.404 and; 431.211.

¹⁴ For information about notices that trigger Member deadlines, see APL 21-011, Grievance and Appeal Requirements, Notice, and "Your Rights" Templates.

¹⁵ Welfare and Institutions Code sections 10951 and 14197.3; 42 CFR sections 438.402, 438.404, 438.408, and 438.10.

requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps to the Managed Care Operations Division (MCOD)-MCP Submission Portal¹⁶ within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must attach an attestation to the Portal within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The attestation must include the title of this APL as well as the applicable APL release date in the subject line.

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 MCP to all Subcontractors, Downstream Subcontractors, and Network Providers. DHCS may impose Corrective Action plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Network Provider and/or Subcontractor Agreements, including Division of Financial Responsibility provisions as appropriate, to ensure compliance with this APL. For additional information regarding administrative and monetary sanctions, see APL 25-007, Any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

If you have any questions regarding this APL, please contact your MCOD Contract Manager.

Sincerely,

Bambi Cisneros

Acting Division Chief, Managed Care Quality and Monitoring Division

Assistant Deputy Director, Health Care Delivery Systems

¹⁶ The MCOD-MCP Submission Portal is located at: <https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Home.aspx>.