

Provider Bulletin

Molina Healthcare of California

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Alternative Format Selection for Members with Visual Impairments – APL 25-016

This is an advisory notification to Molina Healthcare of California (MHC) network providers, applicable to the Medi-Cal line of business.

This notification is based on [All Plan Letter \(APL\) 25-016](#), which can be found in full on the Department of Health Care Services (DHCS) website.

What you need to know:

[APL 25-016](#) outlines DHCS processes for ensuring effective communication with Medi-Cal members with visual impairments and other disabilities by honoring Alternative Format Selections (e.g., large print, Braille, audio, encrypted electronic files), with primary consideration given to the member's request. The APL retires the DHCS Alternative Format Selection (AFS) Screens and designates the Medi-Cal Eligibility Data System (MEDS) as the system of record.

Key Policy Updates:

- Members will now update communication preferences through CalSAWS, BenefitsCal, CoveredCA, or their county office.
- Molina will rely on the 834 file, which includes a new written language field, for AFS data.
- For due process, notices that trigger appeal timelines must be delivered in the member's selected format. Failure to do so allows the member to proceed directly to a State Hearing.
- Molina must review and update policies and procedures and submit revisions, or attest that no changes are required, within 90 days of the APL release date.

When this is happening:

DHCS retired the legacy AFS system and will use MEDS as the source of truth beginning September 24, 2025, for the October 2025 enrollment cycle.

Provider Action

Providers should be prepared to assist members who have difficulty reading printed materials by informing them of their right to request information in alternative formats and directing them to Molina or their county office to update preferences.

Providers must also cooperate with Molina's processes by responding promptly to requests related to member communication needs and ensuring that any delegated or subcontracted services comply with accessibility requirements.

Supporting these efforts helps prevent delays in care and supports compliance with federal and state accessibility requirements.

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).



POLICY

Provision of Member Information in Alternative Formats

Molina must provide member information in alternative formats and auxiliary aids as required by law and APL 25-005. Plans must give primary consideration to the member's requested format and also accommodate authorized representatives or other designated individuals. Acceptable formats include Braille, audio, large print (minimum 20-point Arial), and accessible electronic formats such as data CDs. If a member requests electronic delivery, Molina must explain encryption options and provide clear instructions for accessing encrypted files. Members who indicate difficulty reading print must be informed of their right to receive information in alternative formats.

Alternative Format Selection Website and Data

DHCS is retiring web-based AFS Screens. Members will now make or update their alternative format preferences through CalSAWS, BenefitsCal, CoveredCA, or their county office. The MEDS database will store the most recent AFS data and become the official system of record starting September 24, 2025, for the October 2025 enrollment cycle. Molina will no longer receive weekly AFS extracts and must rely on the 834 enrollment file, which will include a new written language field to support accessibility.

Due Process Requirements

Molina must provide timely and adequate notice before reducing or terminating benefits, and for members with visual impairments or other disabilities, adequate notice means notice in the member's selected alternative format. All appeal and aid-paid-pending deadlines start from the date this adequate notice is provided. If Molina fails to deliver notice in the required format within legal timeframes, the member is considered to have exhausted the plan's internal appeal process and may immediately request a State Hearing. Molina cannot seek dismissal of a State Hearing for failure to exhaust internal appeals in these cases.

Policies and Procedures

DHCS will monitor Molina compliance and require reporting on member awareness efforts, requests for auxiliary aids, responses to those requests, and complaint handling. Molina must review their policies and procedures and submit updates, or an attestation of no changes, through the MCODE-MCP Submission Portal within 90 days of the APL release. Molina is also responsible for ensuring subcontractors and network providers comply with these requirements. Failure to comply may result in corrective action plans and sanctions.