

# 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

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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.
4. For the ID Number if the full 14 digit BIC is unknown use the 9 digit CIN and then 12345 or 11111.



**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)

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### 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.

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5. 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.

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### 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

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:

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### 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

6. 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:  
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Please enter email address

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7. 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,

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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:  
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[Print](#)

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[Send Email](#)


Please enter email address

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



**ALTERNATIVE FORMAT SELECTION**

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[Print](#)

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

[Send Email](#)

✔ Email has been sent!


To protect your security, please close your browser now.

This is a sample confirmation email:

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

  
**ALTERNATIVE FORMAT SELECTION**

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

**Please enter a valid email address**

To protect your security, please close your browser now.