



*We heal and inspire the human spirit.*

**To:** IEHP – IPAs & Vendors  
**From:** IEHP – Provider Relations  
**Date:** December 23, 2025  
**Subject:** **Optimal Care for Every Community Training**

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The **Optimal Care for Every Community Training** has been released in accordance with the California Department of Health Care Services (DHCS)—All Plan Letter 24-016. DHCS requires that all plan staff, Subcontractors, Downstream Subcontractors, and Network Providers complete training on sensitivity, diversity, cultural competency, cultural humility, and health equity regardless of their cultural or professional training and background.

The training will be available starting **September 5<sup>th</sup>** through our website: [IEHP - Resources : Optimal Care for Every Community Training](#)

[www.providerservices.iehp.org](http://www.providerservices.iehp.org) > Provider Manuals and Trainings > Optimal Care for Every Community Training



Once training is complete, the attached **Delegate Attestation MUST be completed and emailed to [ortega-j2@iehp.org](mailto:ortega-j2@iehp.org) or [gonzalez-j6@iehp.org](mailto:gonzalez-j6@iehp.org)**

It is required that all Network Providers, IPA staff, and Vendors complete this training by **December 31, 2025**, in addition to times of re-credentialing and contract renewals. New staff and providers must be provided this training **within 90 days of their start date**.

The training will address the following topics:

- IEHP Member Demographics
- Cultural Competence
- IEHP Member Experience
- Social Needs of IEHP Members

Thank you for the care you provide to IEHP members and the Inland Empire. We appreciate your partnership.

If you have questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)

All communication sent by IEHP can be found at: [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > News and Updates > Notices



## 2025 Optimal Care for Every Community Training Delegate Attestation

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The California Department of Health Care Services (DHCS) requires, per All Plan Letter (APL) 24-016, that all plan staff, Subcontractors, Downstream Subcontractors, and Network Providers complete a training program that encompasses on sensitivity, diversity, cultural competency, cultural humility, and health equity regardless of their cultural or professional training and background.

By signing this attestation, I acknowledge that:

1. I have read and reviewed electronic copies of applicable Trainings:

**2025 Optimal Care for Every Community Training:** [IEHP - Resources : Optimal Care for Every Community Training](#)

**IPAs: please complete the training via the e-Course**

Optimal Care for Every Community Training Module - IPAs  
E-course



**Please Note:** IPAs must complete the training via the e-Course link provided above. Once finished, complete the attestation at the end of the training and email to address indicated on the form.

2. I attest that all staff and Downstream Subcontractors will receive the Optimal Care for Every Community Training within 90-days of start date and during times of re-credentialing or contract renewals. I attest that certificates or documentation of training completion, such as certificates of completion, training logs, system-generated reports, spreadsheets, and other training records (including the following details: employee names, dates, attendance, topic, and test scores, if any) are maintained for a period of ten years. I hereby attest that my organization has fulfilled the requirements below to ensure satisfaction with the Optimal Care for Every Community Training requirement:
  - a. Completion of the web-based Optimal Care for Every Community Training located on the IEHP Providers website: [ProviderServices.iehp.org](https://Providerservices.iehp.org).
3. I attest that all records related to the administration or delivery of benefits to IEHP Members and delegated activities are maintained for a period of no less than 10 years.
4. I attest to meet IEHP's Optimal Care for Every Community Training Program requirements and furthermore, understand that any discrimination grievances and noncompliance may result in disciplinary actions.
5. IEHP as part of the annual DOA audit will request documentation of training completion records as specified in item #3 above.

**I hereby attest that, to the extent required, all appropriate staff and downstream entities/subcontractors, have received and reviewed the information contained in the documents listed above. I further attest that all appropriate staff and downstream entities/subcontractors have completed the training by December 31<sup>st</sup>, 2025.**

**IMPORTANT:** IEHP requires a signed attestation from management-level staff or above for each of the functional areas listed below. **Please note that attestations without all required signatures will not be accepted.**

**Please note:** A training completion attestation from other health plans, located in the same geographical region or county as IEHP, will be accepted. Please enter the appropriate information in the box below and attach proof of completion from another Plan and send to the email address(es) below. Thank you.

<b>Delegate Name:</b>		<b>Date:</b>	
<b>Department/Position</b>	<b>Title:</b>	<b>Name (Please Print):</b>	<b>Signature (Required):</b>
Administrator			
Compliance Officer			

**Please return this signed AOR on or before December 31, 2025.**

**E-mail the completed form to [ortega-j2@iehp.org](mailto:ortega-j2@iehp.org) or [gonzalez-j6@iehp.org](mailto:gonzalez-j6@iehp.org).**