



We heal and inspire the human spirit.

To: Hospitals and Ancillary

From: IEHP – Provider Relations

Date: June 25, 2026

Subject: Required: Optimal Care for Every Community (OCEC) Training & Attestation

The **Optimal Care for Every Community Training** is IEHP's designated DEI training program and has been released in accordance with the California Department of Health Care Services (DHCS) – All Plan Letter 24-016.

DHCS requires all Plan staff, Subcontractors, Downstream Subcontractors, and Network Providers to complete training on sensitivity, diversity, cultural competency, cultural humility, and health equity regardless of their cultural or professional training and background. **Completion of this training remains a requirement for hospitals and ancillaries.**

What Does the Training Include?

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

How to Access Training

Complete our OCEC training via the attached PDF.

Attesting:

One attestation (attached) **MUST** be submitted on behalf of your facility. By attesting, you confirm that the training has been disseminated to all staff.

Thank you again for your attention to completing **Optimal Care for Every Community (OCEC) Training**.

To learn more about the training: [IEHP - Resources : Optimal Care for Every Community Training](#)

ProviderServices.iehp.org > Resources > Provider Manuals & Training > Optimal Care for Every Community Training

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

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices-



2026 Optimal Care for Every Community Training Attestation

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 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 the Optimal Care for Every Community Training.
2. I attest that staff serving members 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 Optimal Care for Every Community Training.
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 ten (10) years, and that IEHP may request access to such records at its discretion.
4. I attest to meet IEHP's Optimal Care for Every Community Training Program requirement and furthermore, understand that any discrimination grievances and noncompliance may result in disciplinary actions.

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.

IMPORTANT: IEHP requires a signed attestation from management-level staff or higher within one of the functional areas listed below. **Please note that attestations lacking the appropriate signature will not be accepted.**

2026 Optimal Care for Every Community Training Attestation Form

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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 it to the email address(es) below. Thank you.

Hospital/Ancillary Name:		Date:	
Department/ Position	Title:	Name (Please Print):	Signature (Required):
Administrator			
Compliance Officer			

Please sign and return the attached AOR, and kindly e-mail the completed form to OptimalCareTraining@iehp.org