



Optimal Care for Every Community Training Delegate 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 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:
 - a. **Optimal Care for Every Community Training:** IEHP - [Resources : 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 requirement 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](#).
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 31st, 2026.

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IMPORTANT: IEHP requires a signed attestation from management level staff or above within one of the functional areas listed below. **Please note that attestations lacking the appropriate signature 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.

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

Please return this signed attestation on or before **December 31, 2026**.

E-mail the completed form to providerservices@iehp.org.