

We heal and inspire the human spirit.

To: IEHP – All IPAs, ASH and Liberty Dental

From: IEHP – Provider Relations

Date: March 7, 2025

Subject: Transgender, Gender Diverse or Intersex (TGI) Cultural Competency Training

The **Transgender, Gender Diverse or Intersex (TGI) Cultural Competency Training** has been released in accordance with Senate Bill (SB) 923, Department of Health Care Services (DHCS) – All Plan Letter 24-017, and Department of Managed Health Care (DMHC) – All Plan Letter 24-018.

The purpose of this training is to provide evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI.

It is required that all IPA staff who are in direct contact with Members in the delivery of care or Member Services to complete this training by April 7th, 2025, and biennially thereafter, effective March 7th, 2025.

Here are the topics covered in this training:

- Cultural Competency in Trans Inclusive Health Care
- Recognition of Subpopulations within TGI Communities
- How Historical Exclusion Affects Present-Day Experiences
- Affirming Care
- Gender-Affirming Services Covered Under Medi-Cal
- Collaboration and Local Resources

Beginning March 7th, 2025, we will begin a phased outreach to our subcontractors to ensure completion of the training, through an electronic attestation process. More information will be provided soon.

Please click this <u>link</u> to review with training guide or <u>https://www.providerservices.iehp.org/en/resources/provider-manuals-and-training/transgender-gender-diverse-or-intersex-cultural-competency-training</u>

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

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

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



2025 Delegate TGI Cultural Competency Training Attestation

The Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) requires, per All Plan Letters (APL) 24-018 and 24-017, that all appropriate staff and downstream entities/subcontractors who are in direct contact with members in the delivery of care or member services to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as Transgender, Gender Diverse or Intersex (TGI).

By signing this attestation, I acknowledge that:

- 1. I have read and reviewed electronic copies of applicable Trainings:
 - a. 2025 Transgender, Gender Diverse or Intersex (TGI) Cultural Competency Training: https://www.providerservices.iehp.org/en/resources/provider-manuals-and-training/transgender-gender-diverse-or-intersex-cultural-competency-training
- 2. I attest that our board members, employees, temporary employees, volunteers/interns, senior leadership, contractors, and Downstream Subcontractors who are in direct contact with members in the delivery of care or member services, received TGI Cultural Competency Training within 30-days of hire and will receive training every two (2) years or more often if needed. 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 TGI Cultural Competency Training requirement:
 - a. Completion of the web-based TGI Cultural Competency Training located on the IEHP Provider website: ProviderServices.iehp.org
- 3. I attest that all records related to training and the administration of training are maintained for a period of no less than 10 years.
- 4. I attest that applicable individuals must retake the TGI Cultural Competency Training when a Grievance for failure to provide trans-inclusive care is found to be in the Member's favor. I am aware that the applicable individual(s) must retake the training within five (5) business days of the Grievance being found in the Member's favor and before any contact with a Member again. I agree to report to Delegation Oversight within ten (10) calendar days once the remediation training has been completed. For submission of training remediation completion report, please follow instructions provided below.
- 5. As part of the annual DOA audit, IEHP will request documentation of training completion records as specified in item #3 above.

Attestation

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 a plan/timeline is in place to train staff within thirty (30) calendar days of the March 7, 2025, effective date.

IMPORTANT: IEHP requires a signed attestation from management level staff or above from 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.

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

Please return this signed AOR on or before April 7, 2025.

E-mail the completed form to <u>ortega-j2@iehp.org</u> or <u>gonzalez-j6@iehp.org</u>.