

PROVIDER MEMO

Date: September 28, 2023

Subject: Medi-Cal Training Required for Pediatricians by January 2024

Dear Provider:

The Department of Health Care Services (DHCS) released information on the **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)** services for Medi-Cal members under the age of 21. The EPSDT services include required screenings, such as vision, dental, hearing, physical/mental health, and other necessary health care diagnostic and treatment services.

VHP pediatric providers are required to complete EPSDT training to increase understanding and awareness of the Medi-Cal EPSDT requirements and increase access to children's health services. The training must be completed every two years and an attestation must be signed and submitted as evidence of training completion.

If you are a pediatric provider, and you would like to start the training, please follow the steps below:

1. Access and review the training via this link: [Medi-Cal for Kids & Teens Provider Training](#).
2. Following your review of the training materials, please return the attached VHP Attestation Form to providerrelations@vhp.sccgov.org by January 1, 2024.

Please note: Training must be completed with an attestation form submitted back to VHP by January 1, 2024.

For more information about the Early and Periodic Screening, Diagnostic and Treatment services, visit:
[DHCS APL 23-005 Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 DHCS Medi-Cal for Kids & Teens](#)

If you have any questions or would like assistance, feel free to contact VHP Provider Relations at 408-885-2221 or providerrelations@vhp.sccgov.org.

We appreciate your attention to this training.

Medi-Cal for Kids and Teens Provider Training
Subject: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
Required for Pediatric Providers

Valley Health Plan (VHP) Attestation Form

By signing below, I _____, attest that I have received and
Print Name

reviewed the Medi-Cal for Kids and Teens Provider Training document.

Signature _____ Date _____

Print Name _____

Provider NPI# _____

Address _____

City, State, Zip Code _____

Please email this completed form to VHP Provider Relations at
providerrelations@vhp.sccgov.org by January 1, 2024.