

## Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Training Acknowledgement & Attestation

Federal law enacted in 1967 established **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**, which guarantees all medically necessary services to children and youth under age 21 enrolled in Medi-Cal. As of 2023, California refers to EPSDT as **Medi-Cal for Kids & Teens**.

In 2019, the California State Auditor released a report highlighting the low rates of children's preventive health services in Medi-Cal. A follow-up audit in 2022 underscored that millions of Medi-Cal-enrolled children are still not receiving preventive services. In response, the **Department of Health Care Services (DHCS)** committed to developing a standardized provider training on Medi-Cal for Kids & Teens.



[Click here to download](#) the Medi-Cal for Kids & Teens Provider Training, scan this QR code or go to [cencalhealth.org/providers/provider-training-resources/](https://cencalhealth.org/providers/provider-training-resources/).

CenCal Health, as a licensed health care services plan, is mandated by California's Department of Health Care Services (DHCS) and the Federal Centers for Medicare and Medicaid Services (CMS) to ensure providers and delegated entities are meeting the unique and diverse needs of all members.

**Providers must attest for themselves and their employees who completed the training by completing the attestation below.**

**An Authorized Person can complete the training attestation on behalf of your practice for each provider.**

Name of Contracted Entity/Practice Name: \*

Practice Address\*

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I am the only provider at my practice.

I attest to have received the annually required Network Provider EPSDT and resources for the Medi-Cal/MediCaid program.

Signature

Training Date

Print First & Last Name

Group Billing NPI#

Title

Please send this completed form and email it to [psrgroup@cencalhealth.org](mailto:psrgroup@cencalhealth.org)

**This training is required for all providers and their staff. Please list all provider(s) who also completed the training down below.**

Provider (First and Last)

Provider Individual NPI#

Provider (First and Last)

Provider Individual NPI#

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