

## EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) TRAINING ACKNOWLEDGEMENT & ATTESTATION

Health Plan of San Joaquin/Mountain Valley Health Plan (HPSJ/MVHP), 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 and staff.

Name of Contracted Entity/Practice Name:	Practice Address:
Practice TIN#:	Practice NPI#:

I am the only provider at my practice

Training- Option 1: Provided by HPSJ/MVHP Training Date: \_\_\_\_\_

Training- Option 2: Provided by \_\_\_\_\_ Training Date: \_\_\_\_\_

**I attest to having received the annually required Network Provider EPSDT Training and resources for the Medi-Cal/Medicaid program. Please sign and date below.**

Print Provider/Authorized Name Here	Title	Signature
Date	Email	Phone Number

Please send this completed form to HPSJ/MVHP at [providernetworks.verification@hpsj.com](mailto:providernetworks.verification@hpsj.com) or fax 1-209-933-3700. This training is required for all providers and their staff. Please list all providers and staff who also completed the training. You can upload a roster of your providers with NPIs, and staff names and titles, that completed the training in lieu of completing the attestation below.

