

# PROVIDER Bulletin



## KERN HEALTH SYSTEMS

01/08/2026

### Important updates on Children's Presumptive Eligibility

Dear Provider,

The Department of Health Care Services (DHCS) has made significant changes to the Child Health and Disability Prevention (CHDP) program, including assigning the project to California Managed Care Plans and changing the name to the Children's Presumptive Eligibility (CPE). Kern Family Health Care is happy to offer a revised program free of charge to all contracted offices.

#### The program includes:

- Four educational videos: BMI, Dental Varnish, Auditory Screenings and Visual Screenings.
  - Videos are refreshed for 2025, using best practice information and have a new state-wide name: C.H.I.L.D.
- Videos are available to all contracted providers on the KFHC website under provider training:  
<https://www.kernfamilyhealthcare.com/providers/provider-training/>

There are no tests, only an attestation to be completed by staff at each location. After reviewing all four videos, complete the attestation template and send it using one of the following methods: **Email:** [ProviderTrainingAttestations@khs-net.com](mailto:ProviderTrainingAttestations@khs-net.com) or **Fax: (661) 377-9796.**

#### Deadlines and Requirements

- All attestations must be submitted by **June 2026.**
- Failure to submit may result in a Corrective Action Plan (CAP) upon full site reviews.  
Staff may be expected to demonstrate skills learned from videos and covered in APL 22-017 DHCS Tools and Standards.
- Offices must retrain staff every four years or when new staff are hired.

[Provider Bulletins](#) are available on the [KHS website](#). Please visit the site regularly to stay informed about the latest updates and announcements. If you have any additional questions, please contact your Quality Performance Certified Nurse Reviewer or your Provider Relations Representative at 1-800-391-2000, silent prompt #5.

Sincerely,

Kristie Onaindia  
Provider Relations Manager



## **Children's Presumptive Eligibility Training Attestation**

Provider Group/Facility Information

TIN: \_\_\_\_\_

Group/Organization Name: \_\_\_\_\_

By signing below, I attest that:

I have the authority to attest on behalf of the provider group/facility listed above.

All providers included in the Provider Listing and applicable office staff have completed the required video training and will comply with requirements and guidelines.

Any new providers joining your group/facility who will provide Children's Presumptive Eligibility services to Kern Family Health Care members will complete the training prior to seeing members.

I acknowledge that failure to ensure completion of the training every four (4) years may result in delayed payment or the inability to render services to Kern Family Health Care members.

### **Attestation Signatory Information**

Printed Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_