

California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Program (BHQIP)

> Enclosure 2: Participating Entity Policies and Procedures Template

For Milestone 2e Deliverables Due: September 30, 2022

Section 1: Participating Entity Information

| Entity Name | |
|-------------|--|
| | |

Primary Contact

| Name | |
|------------------|--|
| Title | |
| Telephone Number | |
| Email Address | |
| Mailing Address | |

Backup Contact

| Name | |
|------------------|--|
| Title | |
| Telephone Number | |
| Email Address | |
| Mailing Address | |

Section 2: Participating Entities Policies and Procedures Template

| DHCS Policy Reference BHIN Number | | |
|--------------------------------------|--|--|
| P&P Effective Date | | |
| Supporting Documentation | Please submit policies and procedures or othe written documentation (i.e., manuals, handboo demonstrating compliance with the BHIN infor above. Note: Please highlight the applicable a submitted policies and procedures that have b reflect the revisions associated with compliance listed within the BHIN information for each spe | oks, or guidelines) mation specified reas of the been updated to ce requirements |
| Action Steps | Please describe the action steps that the participating entity is going to take to implement this policy. | |
| Approved by / Date | Name: | Date: |

Section 3: Certification

I hereby certify that all information provided in this Enclosure 2: Participating Entity Policies and Procedures Template and supporting documentation are true and accurate to the best of my knowledge, and that this report has been completed based on a thorough understanding of program participation requirements as specified by the Department.

Required: Certification Signature

| Behavioral Health Plan | |
|-----------------------------|--|
| Director's Name | |
| Or Designee (Name & Title): | |
| Signature: | |
| | |
| Date Signed: | |
| | |