



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

**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

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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 other supporting written documentation (i.e., manuals, handbooks, or guidelines) demonstrating compliance with the BHIN information specified above. Note: Please highlight the applicable areas of the submitted policies and procedures that have been updated to reflect the revisions associated with compliance requirements listed within the BHIRN information for each specific BHIN.
Action Steps	
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:	