

## County Policy & Procedures for BHQIP Submission

This attestation form should be completed and approved by a Behavioral Health Director (or Alcohol and Drug Administrator, as appropriate) if your county adopts the following Policies and Procedures (P&P) developed by the California Mental Health Services Authority (CalMHSA) to meet the California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Program (BHQIP) Milestone 2e requirements. These P&Ps are posted on CalMHSA's website [California Mental Health Services Authority | Policies and Procedures \(calmhsa.org\)](https://www.calmhsa.org/policies-procedures).

Counties that elect to alter the P&Ps developed by CalMHSA should not complete this attestation and should instead submit their county-specific P&Ps directly to the Department of Health Care Services (DHCS) as part of the BHQIP process.

I, printed name, as the Behavioral Health Director (or Alcohol and Drug Administrator) of enter county name MHP/SMHS DMC-ODS DMC State Plan (check all that apply), hereby attest to the following for the BHQIP policies and procedures review process:

22-019 Documentation Requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services

- The CalMHSA Policies and Procedures have been adopted and have not been altered in any way.
- Training/guidance on all Policies & Procedures developed by CalMHSA will be provided to all applicable county stakeholders, including contracted providers.

Name (printed): [Click or tap here to enter text.](#)

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

Signature of Behavioral Health Director/Alcohol and Drug Administrator

Date: [Click or tap to enter a date.](#)

Please submit this attestation to: [BHQIP@dhcs.ca.gov](mailto:BHQIP@dhcs.ca.gov)