



NOTICE OF INTENT TO APPLY

Proposition 56 Value Based Purchasing for Behavioral Health Integration Incentive Projects

***Notice is due by 12/20/19 to: BHlgrants@partnershiphp.org**

Organization Name:

Type of Entity:

Service Location Physical Addresses:

Geographic Service Area:

Estimated number of Medi-Cal Beneficiaries served:

Contact Person:

Contact Person Title:

Telephone Number:

Email Address:

Mailing Address:

Will there be co-applicants or other participating organizations as part of this project? If yes, please list:

Which Behavioral Health Integration Incentive Project Area(s) do you intend on applying? (May choose more than one)

_____ Behavioral Health Integration for Beginners

_____ Maternal Mental Health and Substance Use

_____ Medication Management for Beneficiaries with Co-Occurring Chronic Medical/Behavioral Diagnoses

_____ Diabetes Screening and Treatment for People with Serious Mental Illness

_____ Improving Follow-Up after Hospitalization for Mental Illness

_____ Improving Follow-Up after Emergency Department Visit

What is your estimated total three-year project request for all projects? _____

Signature: _____

Date: _____