

Attachment II
Behavioral Health Pilot Project Supplemental Funding Application

Hospital System Name: _____

Hospital Entity Name: _____ **NPI Number:** _____

Hospital Address: _____

Specification of hospital (public, private, etc.): _____

Contact Name: _____ **Phone Number:** _____

Email: _____

Initial Amount Requested: _____ **Supplemental Amount Requested:** _____

Total Amount Requested: _____

Hospital emergency departments applying for this Supplemental Funding opportunity will be awarded based on responses to the following:

What are the approximate percentage of behavioral health Medi-Cal patients currently being served at the applicant site? ____

What are the approximate total number of uninsured or underinsured behavioral health patients being served at the applicant site? ____

What are the total number of underinsured and uninsured patients you anticipate serving with your BHPP-funded behavioral health counselor? ____

Supplemental Funding applicants will be encouraged to complete the below. Please indicate your intention to perform each of the following:

- Complete the Cal Hospital Compare Opioid Honor Roll application*
- Participate in at least one pre-implementation assessment, post-implementation evaluation, and staff survey in conjunction with CA Bridge*
- Have at least one DATA 2000 waived provider on ED staff*
- Have buprenorphine on the hospital pharmacy formulary*
- Begin treating opioid use disorder (OUD) with buprenorphine*

In addition to the data reporting required of all BHPP sites (total patients served), provide your organization's intention to collect and provide the following data to DHCS on a monthly basis:

- # ED visits with a buprenorphine prescription*
- # ED visits with administered buprenorphine*
- # ED visits with diagnosis of OUD*
- # patient visits served with overdose diagnosis*
- # patients served on 5150/1799*

Collaborate with CA Bridge on automated standardized EHR reporting of aggregated data.