

Draft BH VBP Readiness Program Proposal

OVERVIEW

On March 28th, the Managed Care Technical Assistance Center of New York (MCTAC) hosted a public feedback session on value-based payments (VBP) for behavioral health (BH) services. In particular, the session discussed the proposed Behavioral Health (BH) Value-Based Payment (VBP) Readiness Program. Through this program, the State plans to offer approximately \$60 million over three years to support qualified groups of community-based behavioral health providers that form Behavioral Health Care Collaboratives (BHCCs). BHCC partnerships will work together to enhance their providers' readiness to participate in VBP arrangements. Each BHCC will have a goal of meeting health outcome targets for a defined population at or below a shared per-member budget.

The presentation is available [here](#). Below is a summary of key proposals, which may be subject to change before the full RFA is released.

ELIGIBILITY

BHCCs should be formed by groups of providers that offer the full spectrum of BH services available in their region, including Article 31, Article 32, housing, and other providers. In particular, the following provider types should be included, if available:

- Peer certified services; and
- Certified Community Behavioral Health Clinics (CCBHCs).

Hospital systems and PPSs may not serve as the leads of BHCCs, but may join as partners.

The BHCC may be structured in a number of ways, ranging from loosely structured affiliations to incorporated entities. BHCCs may choose, but are not required, to form an Independent Practice Association (IPA).

FUNDING

The BH VBP Readiness Program will offer two types of grants, planning grants and implementation grants. Applications may be for either or both. Planning grants should be used to position the applicant to qualify for implementation funding. Funds may not be used to reimburse past efforts.

Funding will flow through Medicaid managed care organizations (MCOs).

APPLICATIONS

The State is currently developing criteria to review applications, which will address:

- Market share;
- Provider expertise and qualifications;
- Small provider participation;
- Service area;
- Financial solvency and
- Applicable managed care statutory and regulatory requirements.

The State will also review proposed networks and coverage areas for adequacy. Funding requests may be adjusted based on this review. Additionally, the State encourages BHCCs to consolidate so that they serve the entirety of their region, but do not overlap with other BHCCs. The State may facilitate such consolidations during the application process.

PROPOSED TIMELINE

The State intends to implement the BHCC program on the following schedule:

- Mid-May: Deadline for Letters of Intent (LOIs) to participate;
- June: Application posted for public comment;
- July: Final application released;
- August to September: First round of applicants approved.