

## BH Value-Based Payment Readiness Program

### OVERVIEW

On May 4<sup>th</sup>, the New York State Office of Mental Health (OMH) and Office for Alcoholism and Substance Abuse Services (OASAS) released an updated description and application for the NYS Behavioral Health (BH) Value-Based Payment (VBP) Readiness Program. Through this program, the State will offer \$60 million over three years to support qualified groups of community-based behavioral health providers that form Behavioral Health Care Collaboratives (BHCCs). A BHCC is a network of providers that deliver the full spectrum of BH services. BHCC partnerships will work together to enhance their provider members' readiness to participate in VBP arrangements.

To be considered for the Readiness Program, applicants **must** submit non-binding Notifications of Interest (NOIs) by June 5<sup>th</sup>. OMH and OASAS will hold a webinar on how to complete and submit the NOI on May 18<sup>th</sup> from 2pm to 3pm. The webinar will also offer an opportunity for questions and answers. Registration for the webinar is available [here](#).

The below document provides a summary of important provisions of the program. The full NOI and other related information is attached to the email accompanying this summary.

### FUNDING

State funding of \$60 million over three years, or \$20 million per year, will be awarded through Medicaid managed care organizations (MCOs). Two types of awards may be made: smaller awards for planning (up to \$250,000) and larger awards for implementation. Planning funds may be used for purposes such as:

- Fostering relationships between BHCC members;
- Engaging consultants and legal advisors;
- Analyzing data specific to the BHCC.

To receive implementation funding, a BHCC will need to submit deliverables (to be determined) to the MCO chosen to administer the Readiness Program in their region. Implementation funding should be used to turn the BHCC into a functional entity, including developing capabilities for governance, network management, analytics, clinical integration, and finance of the BHCC. Final deliverables for the BHCC include:

- The capability to track and manage health quality and costs for the BHCC's Medicaid managed care BH patients, including a working shared data warehouse; and
- Participation in a Level 1 or higher VBP arrangement with at least one payer.

At least \$500,000 per year will be available for BHCCs in each of the 11 NYS Regional Planning Consortium regions, and the remaining funds will be distributed based on historic BH Medicaid expenditures (excluding inpatient expenditures).

If multiple qualifying applications are received in a given region, each successful applicant will receive a share of the region's funds with the specific amount determined at the time of Program enrollment. The State also reserves the right to reallocate funds between regions depending on the applicant pool.

## ELIGIBLE APPLICANTS

Each BHCC should include a lead agency, network providers, and affiliated providers. To qualify as a lead agency, an entity must:

- Be an OMH or OASAS licensed or certified community-based organization **or** an Independent Practice Association (IPA) with such organizations as members; and
- Have a contract with a participating Medicaid managed care organization (MCO).

Network providers for BHCCs must also be OMH or OASAS Medicaid service providers, but are not required to have a contract with a Medicaid MCO. Qualifying BHCCs must demonstrate that their networks can provide all BH services included in the Medicaid managed care model contract, including services specific to Health and Recovery Plan (HARP) enrollees. OMH and OASAS are currently developing specific minimum criteria for each service type that must be included in the BHCC network, which will vary based on region.

Affiliated providers are types of providers that will help BHCCs form comprehensive networks, but are not eligible to receive Readiness Program funding. Affiliated provider types include:

- Hospitals;
- Institutions for Mental Disease (IMDs);
- Physical health providers; and
- Non-Medicaid providers such as housing providers and other organizations addressing social determinants of health.

## APPLICATION AND TIMELINE

The State will review applications based on the following criteria:

- Network adequacy;
- Number of Medicaid managed care enrollees served;
- Provider expertise and qualifications; and
- Potential for sustainability beyond the program's three-year period.

To be considered for the Readiness Program, applicants must submit a non-binding NOI and a Letter of Intent signed by the CEO/Executive Director by June 5<sup>th</sup>. These documents should be submitted by email to [VBP-Readiness@omh.ny.gov](mailto:VBP-Readiness@omh.ny.gov) and [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov) with the subject line: BH VBP Readiness Program Notification of Interest.

Questions about the Program may also be submitted by email to the above addresses.