

BH VBP Readiness Program NOTIFICATION OF INTEREST FORM

Lead Agency

A lead agency must be OMH or OASAS licensed or certified community based organization, contracted with a participating Medicaid Managed Care Organization (MMCO). Where a BHCC is an IPA contracted with a participating MCO, the IPA will serve as lead agency. The lead agency will receive the planning and implementation funds and communicate with the State on behalf of the BHCC. They must also provide a Letter of Intent signed by the CEO/ Executive Director with this Notification of Interest.

Network Providers

Network providers will affiliate with the BHCC to create a comprehensive network of BH services. These agencies must provide OMH or OASAS Medicaid services, but may or may not currently have a contract with a Medicaid Managed Care Organization (MMCO). They will be held to quality standards as defined by the BHCC.

Affiliated Providers

Affiliated providers include hospitals, physical health providers, non-Medicaid providers, State operated providers, and organizations addressing the social determinants of health. These providers will be important in creating a comprehensive BHCC but cannot receive funds under this program.

