



## NYS BH VBP Readiness Program Policy Paper

To prepare for Value Based Payment (VBP), New York State (NYS) is asking Behavioral Health (BH) providers to form partnerships organized around improving health outcomes, managing costs, and participating in Value Based Purchasing (VBP) arrangements. Funding will be available through Managed Care Organizations (MCOs) to qualified groups of community based behavioral health providers to support the development of Behavioral Health Care Collaboratives (BHCC).

### Program Goals

1. Enhanced BH Provider readiness to participate in VBP arrangements; including an improved ability to understand and manage cost and quality
2. Payer recognition of the value of BH Rehabilitation and Recovery
3. Strategic formation and further development of BHCC partnerships
4. Development of health data collection, reporting, and analytics infrastructures to support quality improvement across a continuum of providers with measurable standards

### Behavioral Health Care Collaboratives

A BHCC is a network of providers delivering the entire spectrum of behavioral health addressing the health care needs of their communities through clinical integration and promotion of community-based recovery supports. They will enhance quality care and increase cost-effectiveness through the use of data to manage quality and risk, and commit as a system, to continuous quality and performance improvement. They will promote social determinants of health, person centered care and prevention through community partnerships, including peer-run organizations and small/specialty/niche providers, and CCBHCs where available.

BHCC lead agencies and network providers must be OMH or OASAS Medicaid community based providers. BHCCs must be able to provide all of the behavioral health services required under the Medicaid Managed Care Model Contract, including those services specific to Health and Recovery Plans (HARPs). Hospitals (as defined by article 28 of the Public Health Law), Institutions for Mental Disease (IMDs), and private practitioners are excluded from this requirement, and may not receive program funds; however forming relationships with these providers will be essential to creating a comprehensive BHCC.

### Funding

Participation in this program will position BH organizations for long-term sustainability in a VBP environment, but it will require significant contributions of capital, resources, and time from the BHCC. To assist in that effort, NYS will make available \$60M over 3 years, \$20M per year, subject to availability.

Funds will be available in all Regional Planning Consortium (RPC) regions of NYS. \$500,000 per year will be available as a minimum in each region, with the remainder of the funds distributed based on historic BH Medicaid expenditures (excluding inpatient). The amount of implementation funds available to each BHCC will depend on the number of successful applicants and the scope of the proposals submitted. Depending on the applicant pool, NYS



reserves the right to move funds between regions served. No funds will be moved between MCOs.

### **Participant Selection**

BHCCs must submit one unified application to the Program and invest funds collectively to build infrastructure. A BHCC may apply as an informally structured network agreeing to collaborate around a value proposition, or they may elect to incorporate at any time. When BHCC members are ready to enter VBP arrangements, only an incorporated entity addressing anti-trust concerns (such as an IPA) will be permitted to negotiate rates and contracts on behalf of members. BHCC choosing not to form an IPA or other NYS approved structure will be required to enter into VBP arrangements at the provider level.

NYS will evaluate applications based on network adequacy, the number of Medicaid Managed Care enrollees served, provider expertise and qualifications, and potential for sustainability beyond the program period. OMH and OASAS are developing minimum criteria for each service type that must be included in the BHCC. This service detail will vary by region based on the existing BH service environment.

Including behavioral health providers delivering integrated care, addressing specialty populations, and demonstrated relationships with PPS and other physical health organizations will strengthen an application. Where multiple emerging BHCC propose to serve the same individuals, the state may facilitate consolidation or collaboration.

If multiple applications are approved for the same region, they will receive a share of the funds available in that region. The share of funds will be determined by NYS at the time of enrollment in the programs. All awards are subject to funding availability, milestone attainment, number and distribution of approved applications, and project timeframes.

### **Program Design**

The State will select and enroll participants in the program. Enrollment will qualify participants for planning funds. To qualify for implementation funds, the participants must submit deliverables to the MCO administering the program in their region. These deliverables will be reviewed and approved by the MCO using the evaluative criteria and scoring tool developed by the State.

Planning funds of up to \$250,000 will be used to position the BHCC to receive implementation funds. Planning funds can be used to foster relationships between BHCC members; engage consultants, collaboration facilitators, and legal advisors; and/or begin to analyze data specific to the BHCC. To move from planning to implementation the BHCC must further develop and begin to implement plans for the governance, network, analytics, clinical integration and finance of the BHCC.

Upon approval of deliverables developed with the planning funds, the BHCC will begin to receive implementation funds. These funds will be released in three stages, commensurate with the progress towards program objectives. Final deliverables are a BHCC capable of tracking and managing health quality and costs for its population of MMC BH clients, including an operational shared data warehousing platform, and participation in a Level 1 or higher value based payment arrangement with at least one payer.