



Department  
of Health

Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

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Commissioner, OASAS

Dear Behavioral Health Provider,

The New York State Office of Mental Health (OMH) and Office for Alcoholism and Substance Abuse Services (OASAS) announce the launch of the NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program. The NYS BH VBP Readiness Program represents a unique opportunity to strengthen behavioral health providers throughout New York State, and prepare them to be successful in NYS' transformation of the health care delivery system.

OMH and OASAS are accepting "Notifications of Interest" from BH providers intending to apply for the program. Responses will help inform the State of provider interest, and will assist in finalizing the specifications of the NYS BH VBP Readiness Program.

The program will fund BH providers to collaborate to form Behavioral Health Care Collaboratives (BHCC), including Independent Practice Associations (IPAs), in an effort to position them to succeed in the VBP environment. There will be funds available for planning, and a larger funding opportunity for implementing a BHCC. Funding will support the development of shared infrastructure for the BHCC, such as clinical quality standards, data collection, analytics, and reporting. The expectation is that BHCCs will leverage their shared expertise to better position themselves to enter into VBP contracts. Proposed BHCCs intending to apply must submit a Notification of Interest **no later than June 5, 2017**.

This program will make funding available through Medicaid Managed Care Organizations (MMCOs) to achieve program goals. Please refer to the policy paper (attached) for additional information on the NYS BH VBP Readiness Program.

Applications must include, at a minimum, agencies delivering all available Medicaid OMH and OASAS services, including Home and Community Based Services (HCBS), either as a lead agency, or as network providers. To maximize the funds available to build necessary infrastructure, providers should consider creating the most comprehensive network possible. As such, applications will be evaluated based on the number of Medicaid Managed Care (MMC) enrollees served by the proposed BHCC. Strong applications will include non-Medicaid providers, physical health providers, housing providers and other organizations addressing the social determinants of health. Applications addressing specialty populations will also be considered. If multiple applications are approved for the same region, they will receive a share of the funds available in that region.

Behavioral health providers that intend on participating in the NYS BH VBP Readiness Program must submit their notification of interest using the attached form to [VBP-Readiness@omh.ny.gov](mailto:VBP-Readiness@omh.ny.gov) and [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov). The notification of interest and the responses therein are not binding, however it must be submitted to have your application considered. Only one notification of interest should be submitted from each proposed BHCC. Please submit questions related to the program to [VBP-Readiness@omh.ny.gov](mailto:VBP-Readiness@omh.ny.gov) or [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov).

# BH VBP Readiness Program **NOTIFICATION OF INTEREST FORM**

This **Notification of Interest** is due **Monday, June 5, 2017**; submitted to the BH VBP Mailbox at [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**. Only the lead agency (defined below) from each Behavioral Health Care Collaborative (BHCC) may submit a Notification of Interest.

1. Please provide the contact information for your lead agency.

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Tax ID (FEIN): \_\_\_\_\_

2. Does your agency currently have a contract with a participating Medicaid Managed Care Organization (MMCO)? If yes, please identify:

\_\_\_\_\_

3. Please indicate which RPC region(s) the BHCC will support (refer to the map below):

Capital Region

Central

Finger Lakes

Long Island

Mid-Hudson

Mohawk Valley

New York City

North Country

Southern Tier

Tug Hill Seaway

Western

4. Use the **BHCC Member Submission Template** (supplied) to list the lead agency, network providers, and affiliated providers (as defined below) which comprise the BHCC. Please indicate agency name, identification number(s), services provided, counties served, and an estimated number of MMC enrollees served (if known) on the appropriate tab for each provider type.
5. **Letters of Intent** signed by the CEO/Executive Director of each network provider will be required with the formal application. We request any available at the time of the Notification of Interest be included with your submission. Letters must be on agency letterhead, and communicate an intent to participate in the Behavioral Health Value Based Payment Readiness Program.