



New York State Behavioral Health Value Based Payment Readiness Program

Lead Applicant Provider Attestation

I, (print or type full name and title) _____

hereby attest that:

- 1. _____ (name of agency) agrees to serve as the lead agency in this Behavioral Health Care Collaborative (BHCC) is an Article 31 or Article 32 organization or a state designated BH HCBS provider and understands and accepts the requirements described in the New York State Behavioral Health Value Based Payment Readiness Program Application,
a. Receive and distribute funds to network providers and contractors. The lead agency does not have sole discretion on use of BH VBP Readiness funds, but must work with other BHCC partners as defined within the BHCC's organizational structure.
b. Communicate with the State on behalf of the BHCC.
c. Coordinate communication for the BHCC.
d. Have a contract with a participating Medicaid Managed Care Organization (MCO) and act as a liaison between the BHCC and the MCO.
e. Submit work plans and available deliverable documents as reflected in approved work plans to contracted MCOs and the State.
2. Attached is a Resolution from the Board of Directors (Board) on behalf of _____ (name of agency) approving and endorsing this agency as the lead agency in this BHCC application. This Resolution is signed by an officer, employee or other person acting on behalf of the Board with the power or authority duly granted by the Board to enter binding agreements on behalf of the agency named above. If such person has not been explicitly identified by the Board, the Resolution will be signed by the Chair of the Board.

3. _____ (name of agency) can demonstrate fiscal viability and is not encumbered by significant disallowance or claims against it that would jeopardize its ability to serve as the lead agency of this BHCC.

4. _____ (name of agency) is committed to moving towards participation in a VBP arrangement.

5. I understand that any falsification, omission, or concealment of material fact may result in revocation of approval to serve in the capacity of lead agency of this BHCC.

(Signature)