



New York State Behavioral Health Value Based Payment Readiness Program Network/Affiliate Provider Attestation

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

hereby attest that:

1. _____ (name of agency) agrees to participate in this Behavioral Health Care Collaborative (BHCC) as a Network Partner, as that term is defined in the New York State Behavioral Health Value Based Payment Readiness Program Application, and understands and accepts the requirements described therein. Further, _____ (name of agency) attests it is not a Network Partner in in any other BHCC participating in the Regional Planning Consortiums (RPC) covered by this BHCC.

1a. Attached is a Resolution from the Board of Directors (Board) on behalf of _____ (name of agency) approving and endorsing this agency's participation as a Network Partner 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.

2. _____ (name of agency) agrees to participate in this Behavioral Health Care Collaborative (BHCC) as an Affiliate Partner, as that term is defined in the New York State Behavioral Health Value Based Payment Readiness Program Application, and understands and accepts the requirements described therein.

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

(Signature)