



New York State Behavioral Health Value Based Payment Readiness Program Application Form

Complete application must include the following:

- BHCC Member Submission Excel Template
- Fillable PDF Application Form
- Lead Agency Attestation Letter
- Network and Affiliate Provider Attestation Letters

All information must be completed in full and submitted in provided format(s) to be considered for the New York State Behavioral Health Value Based Payment Readiness Program.

1 Lead Agency Information		
1a Lead Agency Name		
1b Lead Agency Address		
Street	City	Zip
1c CEO or Highest Ranking Decision Maker information		
Name	Phone number	Email
1d VBP Readiness Program Applicant Contact <i>(if different than above)</i>		
Name	Phone number	email
1e Agency Type (check all that apply)		
<input type="checkbox"/> Article 31	<input type="checkbox"/> Article 32	<input type="checkbox"/> BH HCBS Designated

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2 BHCC Information

2a BHCC Mission and Vision Statement

Should speak to the service needs of the region, readiness of applicant providers to engage in VBP arrangements, the existing VBP environment, and status of applicant providers in meeting program goals.

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3 Organization

3a BHCCs are required to include the full spectrum of regionally available BH programs and service types, as outlined in the Member Submission Template. If your BHCC is missing a program or service type please explain here. Limit to no more than one page.

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Readiness Areas

4 Data Analytics

4a Identify healthcare-related data sharing platforms, if any, that connect the Lead agency, Network providers, and Affiliated providers to facilitate collaborations among the BH, physical health, and support service community.

4b Describe the BHCC's envisioned strategy to link participating agencies who are not already connected to a data sharing platform.

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4c Describe the measures network providers are currently collecting and reporting on for clinical and fiscal purposes

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5 Quality Oversight

5a **For BHCCs that have already come together** (e.g. IPAs, ACOs etc.), describe any and all internal quality measures that are currently in place to monitor provider performance. When applicable, indicate which measures align with either DSRIP and/or the VBP Roadmap including the BH Clinical Advisory Group measures. Limit the description to one page.

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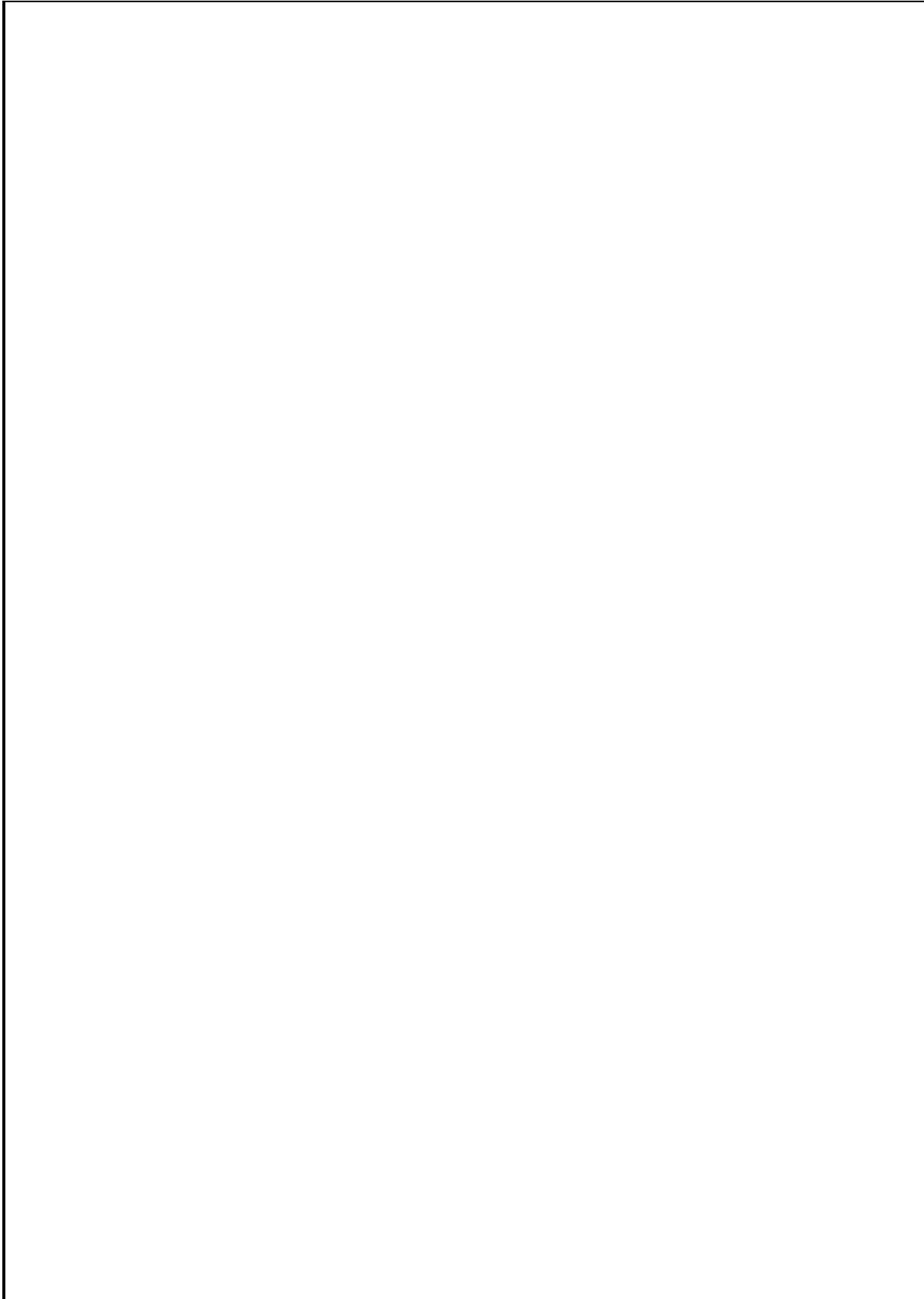
5b For BHCCs that have not come together describe how the BHCC will create a Quality Oversight Committee. Limit the description to half of a page.

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6 Clinical Integration

6a Describe any current protocols, practices, or service coordination efforts between any BHCC network and affiliated organizations. These efforts should facilitate integrative care among multi-disciplinary providers, including but not limited to: physical health providers and community-based agencies addressing social determinants of health. Limit your description to one to four pages.

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A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the applicant to provide information related to the Value Based Payment Readiness Program application.

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