

March 27, 2015

***Comments regarding Value Based Payments (VBP) and***

***the Third Draft of the VBP ‘Roadmap’ document***

The New York State Council for Community Behavioral Healthcare is a statewide non-profit membership association representing the interests of nearly 100 behavioral health (mental health and substance use) prevention, treatment and recovery organizations across New York. Our members include free standing community-based agencies, general hospitals, and counties that operate direct services. We welcome the opportunity to provide comments related to Value Based Payments (VBP) and the third draft of the VBP ‘Roadmap’ document.

1. Please include community based providers and consumers in the planning and decision-making process regarding how to transition the behavioral health delivery system to VBP. The scale and speed of VBP implementation should be modified to meet the capacity of small providers who do not necessarily have the infrastructure to make the transition. Their guidance and inclusion in decisions about how to shift them to a value-based payment system will prove invaluable.
2. Many non-Medicaid providers in the behavioral health system have been using bundled payments for decades to achieve measurable outcomes outside of Medicaid. The transition away from Fee-for-Service may create certain unintended consequences in terms of downtime.
3. We appreciate the various options depicted in the VBP ‘Roadmap’ document to include low and no-risk models. Nevertheless, there may be a need to convene a meeting specifically designed to address the learning and infrastructure needs of currently non-Medicaid billing community based providers. This meeting should be designed to assist these providers in understanding what the state is and is not willing to do to help “skill them up” for the transition to VBP.
4. Employment should be included as a valued outcome (metric). There are three essential priorities for employment within VBP for the behavioral health community:
* Workforce determinations and initiatives, undertaken in DSRIP and VBP planning and projects, must include standards for excellence in training and recruitment, and create a benchmark that offers strategies for non-licensed professionals to enter and be equally valued in the workforce. Workforce development must be aligned with the highest performance standards in current best practice in all domains.
* Employment standards for recipients should be evaluated within discreet sub-populations, with a standard benchmark offered by region.
* Incentives should be offered to providers to help consumers access and succeed in employment as well as be offered for providers that offer valuable jobs to people attributed to their PPS, managed care network, or individual provider population of care.
1. Criminal justice as a prevalent aspect of the social determinants of health should be valued not just in form, but in practice, by including people within the criminal justice policy system into conversations about how to measure achievements and value payments based on these achievements.
2. As we make the transition to Value Based Payments, we cannot overstate the importance of a thorough assessment and planning process to address the very real deficits that exist currently in the community-based system both in terms of infrastructure and personnel necessary to make this transition successful. Perhaps the state could be clear with DSRIP PPS’s that they must have a certain percentage of their ‘in network’ community based providers prepared for this transition at its’ inception.

Thank you for the opportunity to provide comments on Value Based Payments and the third draft of the VBP ‘Roadmap’ document. If you have any questions, please feel free to contact Lauri Cole, Executive Director, at (518) 461-8200 or nyscouncil@albany.twcbc.com.