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From: Cole, Michael <michael.cole@columbiacountyny.com>

Sent: Wednesday, August 31, 2016 12:19 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Cc: wvanslyke@cmh-net.org; mgraham@discovergreene.com; CParde@columbiahealthnet.org; Rovitz, Jeffrey (EXT-DFA4-IB4); beths@twincountyrecoveryservices.org; Amanda Pierro; Theresa Lux; Doughty, Gary (EXT-DFA4-P33)
Subject: VAP Exception Appeal Public Comment.-Transition of Lead PPS Organization from AMCH to BHNNY

I am just learning of this proposed change in PPS organizational leadership and would like to better understand the potential implications for improve local PPS "Triple Aim" goals. My initial comments are as follows:

1) Re: "In addition to seats on the Board of Directors and the Project Advisory Committee (PAC), representatives and experts from organizations across the continuum of care within the PPS will serve on BHNNY governance committees. This governance structure is consistent with key elements of the structure described in the AMCH DSRIP application and the collaborative contracting model".

My expectation/hope is that any approved PPS "replacement" lead (such as Better Health for Northeast New York (BHNNY)) actively promotes inclusion of a variety of non-hospital stakeholders (whether officially or unofficially linked to a hospital) to assume BOD, PAC and 7 PPS committee leadership roles. In my capacity as Columbia County's Director of Community Services (DCS), I am specifically advocating for solicitation by BHNNY of: DCSs, mid-sized rural behavioral health services safety net voluntary agency providers, and recipients of behavioral health services for executive leadership roles.

2) Re: "Designation of BHNNY as the PPS Lead is vital to ensuring the efficient operation of the PPS and the expansion of services in order to continue to transform the PPS into an effective, integrated delivery system."

I am not clear about how this designation change is "vital".
What substantive change would be included?
Why substantive change is being pursued (What about the AMCH model of being PPS Lead wasn't

4) *Re:"BHNNY is a not-for-profit corporation formed by AMCH to serve as the new PPS lead entity, if approved. AMCH is the sole member of BHNNY,*

This proposal appears to be a creative solution to a problem I am not knowledgeable about. How does the non-hospital organization formed by and operated exclusively by a hospital assist our regions PPS to better serve the Medicaid recipients? What resources does this newly formed organization have access to which will sustain it?

3) *Re'"extraneous, onerous regulatory standards"*

What specifically are the "extraneous, onerous regulatory standards" which a hospital is burdened by?
How is AMCH different than any other hospital PPS Lead in experiencing this "burden"?
What are the specifics related to the "greater flexibility to pursue DSRIP goals and value-based payment arrangements" that this non-hospital based PPS will permit?

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