Dear Colleagues –

In this newsletter, you will find updates on the following:

- **CBO Planning Grant RFA - Application Deadline Extension**
- **New York State DOH Value Based Payment (VBP) Bootcamp - Session 1 Recap**
- **Maimonides CSO Recruitment**

**CBO Planning Grant RFA - Application Deadline Extension**

The due date for CBO Planning Grant RFA Applications has been extended to **August 18, 2016**. This Addendum can be viewed at the following link: [https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx?NavItem1=3](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx?NavItem1=3).

Please note that organizations must be prequalified in the NYS Grants Gateway to submit an application for this opportunity. The current Grants Gateway prequalification expiration is August 15, and this RFA application extension recognizes that to ensure prequalification, activities should be met or renewed first prior to the Grants Gateway RFA submission.

**New York State DOH Value Based Payment (VBP) Bootcamp Recap**

The first of three VBP Bootcamp sessions for the New York City region (region 3) was held on July 20th at Bronx Community College. Attendees included a number of CCB Participants and key staff from the Maimonides Central Services Organization. A learning series intended to ensure that the health plans, providers and community-based organizations have the information that they will need to support the successful transition to a value-based system of care delivery and payment, the VBP Bootcamp sessions are being held in regions across the State.

In opening remarks on Wednesday, Jason Helgerson, NYS Medicaid Director, noted that the original VBP Roadmap could be found on the NYSDOH website [here](https://www.health.ny.gov/topics/medicaid/services/new_york_state_department_of_health/new_york_state_department_of_health), and that the updated version has been submitted to CMS for review. Reminding the group that achieving the goals outlined in the VBP Roadmap is among the most critical of the terms and conditions outlined in the DSRIP waiver, Mr. Helgerson reviewed the basics of the VBP concepts and highlighted the opportunity to use work on the DSRIP initiatives to strengthen collaboration and begin to explore ways to reward performance. Echoing a theme from his remarks at the United Hospital Fund conference on July 14th, Mr. Helgerson noted the significant variation in cost and outcomes for a handful of conditions looking across NYS’s twenty-five PPSs, suggesting that reducing some of this variation will be key to the achievement of the triple aim. During a Q & A session following a presentation by Marc Berg of KPMG, Mr. Helgerson noted that 35% of costs for treating children with asthma statewide are associated with avoidable complications, adding that it is this ‘bad variation’ that needs to be targeted.

In exchanges with audience members interested in getting involved in VBP contract arrangements, Mr. Helgerson suggested that providers need to be thinking about ways to lower costs and improve outcomes, focusing on ‘the relative cost-effectiveness of alternative interventions.’ Mr. Helgerson commented on the tremendous opportunity to be creative within VBP arrangements, whether through the use of different levels of staff to perform certain functions, or the involvement of non-traditional providers of care. In response to a question about the role of Community Based Organizations (CBOs) and how to account for non-Medicaid costs in the negotiation of VBP contracts, Mr. Helgerson said that the inclusion of certain Home and Community-Based Services (HCBS) in the HARP initiative would mean that certain costs would soon be in the system and part of the analysis. With respect to CBO engagement in VBP contracts, Mr. Helgerson observed that CBOs are going to have to demonstrate the value that they can bring to the providers (VBP Contractors) who will be taking risk. Noting that there are many CBOs who provide valuable services to their communities, Mr. Helgerson said that from the perspective of a VBP Contractor working on the Maternity Bundle, for example, a CBO who operates a weekly farmer’s market might not have as much to offer as a CBO that provides home visits to high risk patients in hard-to-reach areas.
The second VBP Bootcamp session for region 3 will be held on August 17th and will include additional information on VBP contracting, strategies and techniques for managing financial risk, setting target budgets, and more. Registration for this next session will be open from July 27th through August 10th. For more information or to view slides from previous VBP Bootcamp sessions, click here to visit the NYSDOH VBP Bootcamp website.

Talent Needed - Join the Maimonides CSP Team!!!

We are looking to fill a number of positions in the Maimonides Central Services Organization. Open positions and requirements are listed below. Interested candidates should email a resume and cover letter to CSOTalent@maimonidesmed.org.

**Director, Patient-Centered Medical Home (PCMH) Transformation**

Reporting to the Chief of Clinical Programs and Network Development, the Director, PCMH Transformation will monitor the performance of consultants assisting primary care practices with implementation of NCQA 2014 PCMH standards and clinical initiatives in asthma, cardiovascular disease and palliative care. Will work with other team members to support program implementation and integration at partner sites, provider and staff training, and identification of resource needs.

A Master’s degree with a minimum of three (3) years of health care experience and experience with NCQA standards for PCMH required. Experience in ambulatory care settings, and a track record of success in engaging clinical and administrative leaders in program change/implementation highly desirable. Superior analytic and communication skills required.

**Director, Provider Engagement**

Reporting to the Chief of Clinical Programs and Network Development, the Director, Provider Engagement has primary responsibility for developing and overseeing the implementation of provider engagement strategies and education to maximize provider participation in DSRIP programs. Will collaborate with the Associate Medical Director and other members of the CSO leadership team to assist clinicians in partner organizations with implementation of clinical initiatives in asthma, cardiovascular disease and palliative care.

Requires an advanced degree in a clinical discipline (MD, Nurse Practitioner, PharmD, Psychologist) with a minimum of seven (7) years of healthcare experience, ideally including experience in practice or clinic management and/or health plan network development. Superior interpersonal and communication skills required.

**DSRIP Controller / Deputy Finance Officer**

Reporting to the Chief Administrative and Financial Officer, the DSRIP Controller/ Deputy Finance Officer has primary responsibility for the development and implementation of internal controls for the CSO and for oversight of the development of annual and project-specific budgets for the Maimonides PPS, Community Care of Brooklyn. Responsible for financial reporting, including preparation of both interim and annual financial statements for the CSO and for the PPS and for collaboration with outside auditors.

Bachelor’s degree required; Master’s in accounting, business or related discipline preferred; CPA highly desirable. Requires a minimum of ten (10) years of experience in accounting and financial management, ideally including experience in the not-for-profit and healthcare provider organizations. Superior analytic and strong communication skills required.

**Director, DSRIP Communications**

Reporting to the Chief Administrative and Financial Officer, and working closely with other members of the CSO leadership team, the Director, DSRIP Communications will play a key role in developing and overseeing implementation of communications strategies in support of the Maimonides PPS and the DSRIP program. The Director, Communications will provide strategic, creative, and operational leadership for internal and external communications and stakeholder engagement activities for CCB. The Director, Communications will create engagement tools and communication platforms, using traditional and new media, tailored to meet the needs of different constituencies including
patients and their families; community and facility-based providers of care and services; local, regional and Statewide leaders and elected officials.

Bachelor’s degree required; Master’s degree in Healthcare Management, Business, Public Administration, Journalism, Communications or a related field highly desirable. Requires seven (7) years of progressively responsible experience, ideally including work in a health-related field and an emphasis on strategic communications and management of inter-organizational relationships. Outstanding oral communication and writing skills and experience communicating with both internal and external audiences.

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