**Medicaid Alternative Pathways to Independence**

**(MAPs) Provider Development Incentive Resource**

**Purpose:** The purpose of the Provider Development Incentive Resource is to provide innovation coordinators (“IC”s) and provider agencies with detailed information and clear procedures for requesting the Provider Development Incentive Payment. The MAPs program has developed a mechanism to promote provider expansion by making a single, one-time payment available for providers when they agree to deliver MAPs services to a newly enrolled MAPs participant. This single payment will provide access to reimbursement so that the MAPs provider agency staff may begin delivering services to the MAPs participant while they are developing the Person Supported Collaborative Plan (PSCP) and identifying the first-year milestones. This resource will provide specifics surrounding this incentive payment.

1. Definitions:
2. **Enrollment:** To register or be registered as a participant in a clinical trial, course of study or service program.
3. **Incentive Payment:**   means an annual bonus, incentive, or other payment of compensation, in addition to Base Pay, made or to be made regarding services rendered in any year or other period according to any bonus, incentive, profit-sharing, performance, discretionary pay or similar agreement, policy, plan, program or arrangement of the Company or a Subsidiary, or any successor thereto.
4. **Innovation Coordinator (“IC”)** shall mean the person/entity who oversees the development and implementation of the PSCP process and applicable MAPs services.  The IC services are delivered through contract agreements from The Department of Disability and Aging and community vendors.
5. **Participant:** A person covered under a health plan or enrolled into the program, either the enrollee or eligible participant. New member/participant shall mean each newly enrolled person into the program.
6. **Person Supported Collaborative Plan (“PSCP”)** shall mean the specific plan of the person supported which outlines MAPs services and milestones over the course of the MAPs program.  Each PSCP will be revised, at minimum, on an annual basis identifying specific Outcomes and Milestones for the planning cycle.
7. **Recoupment/Recovery:** Recoupment/Recovery shall mean the recovery of money paid to an approved provider due to the provider’s failure to comply with DDA or TennCare requirements for service provision or documentation of such.
8. Background: In the development of the Medicaid Alternative Pathways to Independence Program (MAPs) it is anticipated that the network of provider agencies will need to expand current staffing and training supports to deliver MAPs services to approved members. Historically, when a provider agency has been requested to develop growth model programs or services, additional funding has not always been available to offset some of those initial provider expenses (development of positions, recruitment, training, equipment, etc.). To address that need, MAPs will provide a single member-enrollment provider incentive payable to the Provider Agency to assist with initial upfront costs of associated expenses towards program growth when provider agencies agree to support people within the MAPs program.
9. Eligibility: Provider agencies enrolled and approved in the MAPs program are eligible to receive a one-time per person supported enrollment provider incentive payment upon accepting a person into program to deliver outcome-based/value based services for MAPs services recipients. It shall be noted that eligibility determination is impacted by person supported status within the program; the initial enrollment incentive will only be applicable during the **first year** of services and upon immediate enrollment into the MAPs program (i.e., if a person enrolls into the program, the provider agency that enrolls the person in the first year of services is eligible to receive initial person supported enrollment provider incentive payment. If the person changes provider agencies at any time during the proceeding years, the subsequent years of services are not eligible for the person supported enrollment provider incentive payment).
10. Person Supported Enrollment and Provider Development Incentive Payment Details:
11. An amount of **$3000.00** will be available for the initial provider that enrolls the person into MAPs services (please note these funds are payable back to DIDD in the event time-sensitive criteria are not met). This amount will be paid directly to providers before outcomes/milestones are accomplished.
12. A person supported enrollment provider development incentive payment is accepted by the provider agency as an agreement to a complete person-centered plan, complete the virtual community resource map (VCRM), and achieve desired independence outcomes/milestones. Upon completion of identified milestones and completion of the VCRM, provider agencies will be eligible to receive value-based payments separate from the person supported enrollment provider development incentive payment.
13. The value of the Person Supported Enrollment and Provider Development Incentive cannot exceed **$3000.00.**
14. Person Supported Enrollment and Provider Incentive Payment Processes:

All incentive payments will be made payable to the provider agency after the successful completion of the expected submission, validation, and invoicing processes. Provider agencies can find more information in the Billing Resource Guide.

1. Person Supported Enrollment and Provider Incentive Recovery Process:

There are circumstances in which specific criteria must be met to maintain receipt of person supported enrollment provider incentive monies.

1. In the event the person supported disenrolls from the MAPs program within 30 days of the Provider Agency Acceptance of MAPs participant OR (either voluntarily or involuntarily) the provider agency will need to return these funds to DDA.
2. In the event the MAPs person supported selects another provider agency within 30 days of Provider Agency Acceptance, the initial provider agency will need to return these funds to DDA.
3. In the event it is determined that no provider supports have been delivered within the initial 60 days of Provider Agency Acceptance, that person supported will be referred to another provider agency and the provider agency will need to return these funds to DDA.

Upon notification that a reimbursement is due to DDA, DDA administrators will arrange a recovery of these monies paid to provider agencies.