**Medicaid Alternative Pathways to Independence**

**(MAPs) Value-Based Payment and Incentive Resource**

1. Definitions:
2. **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.
3. **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.
4. **Validation:** Validation in a program delivering services to individuals with Intellectual and Developmental Disabilities (ID/DD) refers to the process of confirming and verifying that a participant has completed a goal or task. This involves assessing evidence of completion to ensure it meets predefined standards or criteria. Validation ensures the accuracy and legitimacy of reported achievements, reinforcing accountability and progress within the program.
5. **Value-Based Payment:** is a reimbursement model that rewards healthcare providers based on the quality and effectiveness of the care they deliver, rather than the volume of services. It incentivizes improved health outcomes, cost efficiency, and patient satisfaction. VBP emphasizes coordinated and patient-centered care to enhance the overall well-being and independence of individuals with ID/DD.
6. Background: Persons supported who enroll in the MAPs program will have access to an array of services that are intended to increase opportunities for independence. These services include areas of support provided within home settings, employment settings, and community settings. Within each of these settings, specific milestones have been developed to allow the person to select services that directly correspond to the selected milestones based on their desired person-centered goals. The MAPs network provider will work with the person to implement a personal support plan (Person Supported Collaborative Plan/PSCP) intended to assist the person achieve greater levels of independence following the person’s desired goals. Upon the conclusion and confirmation that the services provided have achieved greater independence for the person supported, payment will be made to provider entities using an **Independence Milestone Incentive model (Value-Based Payment[[1]](#footnote-2)).**

# Independence Milestone Incentive (Value-Based Payments):

DDA shall expect that compensation for MAPs services will be provided for the completion of milestone achievement recognition through a **Value-Based Payment Model** known as the **Independence Milestone Incentive**. The provider who delivered the services may request compensation after completion of the confirmation procedure as defined by the identified milestone and applicable service definition.

DDA will work with the Innovation Coordination agency to identify a person-centered planning process that allows for the person supported to select the preferred milestones of achievement for a specific year. Within this plan, the provider entity will have autonomy and empowerment to deliver those services efficiently and cost-effectively producing greater independent outcomes for the person supported. The Innovation Coordination Agency will implement a review process to confirm the validity of the milestone completion. Upon successful validation by the Innovation Coordination Agency, the service provider agency will submit for the **Independence Milestone** **Incentive payment.**

These payments will be made to the provider from the person’s established budget for that specific year. Milestone completion incentive payments can only be funded within the person’s available budget and upon completion of the identified procedure associated with the milestone achievement. Provider agencies will be responsible for ensuring that the appropriate documentation is available for review, audit, and confirmation purposes.

1. Value-Based Payment Review/Validation: It shall be the intention of the Department of Aging and Disability (DDA) to ensure all validations for requested milestones are completed using a person-centered approach where the outcome of the implemented service is the desired result and the focus for reviewing validation. Upon submission of the Milestone Validation Request, the primary focus will be individual achievement rather than provider-implemented processes to secure desired results. In traditional fee-for-service programs, provider agencies must document all services to justify payment processes; in a value-based/outcomes-driven payment structure, DDA makes payment available upon recognition of Milestone Achievement and not provider-delivered services. While it is important to ensure providers deliver formal services to achieve milestone completion, the primary focus will center around a status review of the person supported. Provider agencies are responsible for indicating on the Milestone Validation Request the “Initial status of the person-supported” vs. the “Ending status of the person-supported.” In the Milestone Validation request, the provider shall demonstrate how the person supported gained greater independence by assessing “Pre-Service” status VS “Post-Service” status. In this comparison, the focus remains on the person supported and attaining independence skills. Providers will not be required to submit verification of delivered supports contributing to achieving desired results. Instead, the provider will provide evidence of how the person supported increased their independence in the identified area; upon verification through the Milestone Validation process, Providers will be issued payment.
1. #  **Value Based Programs**

Value-based programs reward providers for the quality of services and care they give their Members. Value-based programs are designed to provide incentives for achieved person-centered outcomes that serve as proof of a high-quality service delivery model. These value-based programs are essential to the State’s intentions of ensuring all Members have access to enabling technology, integrated employment opportunities and person-centered service delivery that will produce Member-driven outcomes.

**Fee-for-Service VS. Value Based Payments**

In a fee-for-service model, a provider is reimbursed a fixed fee for each service they provide from an approved list. In a value-based payment (VBP) model, providers are responsible for both the cost and quality of supports they provide to achieve a desired outcome. VBP’s reward a provider financially for delivering efficient, cost-effective supports but can penalize a provider for failing to do so.

	1. **Shared Savings/Risk:** This model entails payers setting a budget for the care-delivery costs, such that providers whose total costs fall below the identified budget will share in the savings. Shared savings is not direct payment model but can be used in conjunction with other payment models (including fee-for-service and VBP). A step beyond Shared Savings is Shared Risk, providers working under the model may still share realized savings but are also expected to pay for the delivery of care costs exceeding the payers set budget. [↑](#footnote-ref-2)