**Medicaid Alternative Pathways to Independence (MAPs) Billing Resource Guide**

# Purpose: The purpose of this resource guide is to provide information for the implementation of the MAPs services and program. MAPs partners provide support to people enrolled in the MAPs program, and this guide shall be a tool for providers and partners to access regarding necessary operational components of the program. It shall be referenced for guidance when services are provided and when a person supported has met milestone criteria which will trigger the billing and invoicing process for a provider agency.

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10. **MAPs Summary**

MAPs is a program that will set people with intellectual and developmental disabilities on a path to learn skills to help them work, live independently, learn about their neighborhoods, and find hobbies that interest them. MAPs services give people enrolled in the program the tools, technology, and support they need to meet the goals they set for themselves.

This program is available to anyone with an I/DD diagnosis who has either graduated high school or will graduate within three years. MAPs services are not limited to high school students. MAPs participants cannot be enrolled in another long-term services and supports program including ECF CHOICES, CHOICES, the Katie Beckett Program, or 1915(c) Waivers.

* 1. **Value-Based Payment:** The MAPs Services and Milestones have been developed using a curriculum-style approach. It is anticipated once a person supported has achieved the desired level of independence using the MAPs Services, the person supported will have gained the necessary skills to continue to live as independently as possible in the areas of their Home, their Work, and their Community. The MAPs curriculum includes (11) Milestones and (1) Virtual Community Resource Map (“VCRM”) goal. Each of the (11) Milestones and (1) VCRM provides a value-based payment approach upon completion. Provider agencies will be able to receive payment for services once a person has achieved the necessary skill independence for each of the identified Milestones and VCRM. Providers will not be reimbursed on a fee-for-service approach.

It shall be the intention of the Department of Disability and Aging (DDA) to ensure all validations for a requested milestone 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 used in the MAPs program, 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 goals 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 attainment of 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. **Outcomes and Milestones:** The following Outcomes and Milestones are the center of the MAPs program. People supported will select which milestones they wish to work on during a program year, and these milestones will be transcribed to the Person Supported Collaborative Plan (“PSCP”). Additional information relating to the corresponding services can be reviewed within the MAPs Service Definitions [MAPs Information for Providers (tn.gov)](https://www.tn.gov/disability-and-aging/disability-aging-programs/maps/maps-information-for-providers.html)

**Outcomes, Milestones, VCRM**

* + - 1. Outcome: Home
         1. Milestone: Home Safety
         2. Milestone: Personal Hygiene
         3. Milestone: Health Management
         4. Milestone: Financial Management
      2. Outcome: Work
         1. Milestone: Pre-Employment
         2. Milestone: Employment Innovation
         3. Milestone: Career Development
         4. Milestone: Independence Achieved
      3. Outcome: Community
         1. Milestone: Independent Travel
         2. Milestone: Community Relationship
         3. Milestone: Community Activities
      4. VCRM

The fidelity in the MAPs program lies with a participant completing each of the prescribed milestones. By offering these milestones across the outcomes areas of Home, Work and Community, the MAPs participant can successfully gain methods of independence in each of these areas targeting specific milestones (goals). Each year of the program, the Collaborative Planning Team will develop the Person Supported Collaborative Plan which identifies the specific milestones chosen for that specific year. The provider agency will provide innovative services to the participant to achieve greater levels of independence toward those milestones. Once that milestone has been achieved, the participant is offered the remaining milestones over the course of the program in hopes of completing ALL identified milestones. In the event a participant experiences a substantial life-changing event and may benefit from repeating an already completed milestone, the IC may request an exception to the PSCP and allow a Milestone to be repeated; pending review and submitted justification (i.e. if a person relocates and needs assistance learning a new mode of community transit, the IC could request an exception to the DDA Youth Transition Director via the MAPs Exception Request Link ([MAPs Exception Request Form)](https://forms.office.com/g/f1UnDN14FP)). DDA Youth Transition Director will review the submitted information and notify the IC agency directly of the consideration review. This exception process may evolve through implementation.

* 1. **Person’s Supported Annual Budget:** Each MAPs participant will have access to an annual budget of $20,000.00 for each program year. The program year will be effective on the Person’s date of enrollment and expire after 365 days. It shall be noted this annual budget is intended to provide payment for the value-based payment structure that has been developed within the MAPs program. At the conclusion of each program year, any leftover budgetary amounts will NOT roll over to the following program year.

Based on the person's supported available budget, each program year allows for the section of a certain number of milestones. The budget breakdown allows for the following selection.

* + - 1. YEAR 1: Available Billable Services (Incentives)
         1. Provider Referral Incentive
         2. 1 VCRM Development
         3. 3 Milestones
      2. YEAR 2: Available Billable Services
         1. 5 Milestones
      3. YEAR 3: Available Billable Services
         1. 4 Milestones
         2. Person Supported Establishment Incentive

NOTE: Additional services and rates are available within the MAPs Service Rates and Frequency description ([MAPs - Services Reimbursement and Frequency.pdf (dropbox.com)](https://www.dropbox.com/scl/fi/vs38czyhpbourpqzn533e/MAPs-Services-Reimbursement-and-Frequency.pdf?rlkey=skydl8ondha47pkg1t4gwfdkh&e=1&dl=0). Enabling Technology Funding is available each year of the MAPs program. A Person Supported can access up to **$2500.00** each year for enabling technology solutions towards milestone achievements. See below for more details and refer to Enabling Technology Service Definition for request protocol.

The innovation coordination agency (in conjunction with the provider agencies) must work on all validation requests (milestones and incentives) that are submitted, reviewed, and approved by the annual budget cycle. The approval dates of the submitted validations must fall within the annual budget cycle to be credited to the appropriate budget year. All other validation requests will be credited to the corresponding year in accordance with the approval date. Providers and IC agencies are encouraged to monitor the annual budget cycle for each participant and ensure that adequate time for review is given with each submission. In the event circumstances warrant a submission within the budget cycle that does not allow the required 30 days of review, provider agencies should ensure that all opportunities for clean submissions are completed as a function of the review to ensure the timely processing of all validation requests.

EXAMPLE: All Milestone Validations/Incentives will be credited to the budget cycle based on the actual Validation Approval/Post Claim approval (ET) date.

* 1. **Innovation Coordination Supports:** Each MAPs participant will have an assigned Innovation Coordinator (“IC”) who is responsible for multiple functions throughout the implementation of the MAPs program. Additional information is available here ([Innovation Coordination Services](https://www.dropbox.com/s/yz53ffhjjlhmgdn/MAPs%20Service%20Definitions%20-%20Innovation%20Coordination%20Services.pdf?dl=0)). It shall be the responsibility of the IC to lead the Person Supported Collaborative Planning (PSCP) process and be the entity responsible for Milestone Validation. Provider agencies shall implement the developed and implemented processes for milestone validation as a function of their billing and invoicing processes. Additionally, it shall be the responsibility of the IC to monitor the MAPs participant’s annual budget, and in the event the person has exhausted their annual budget, the IC will be the entity responsible for approving and denying milestone validation requests.
  2. **MAPs Contracted Provider Agency Supports:** MAPs Contracted Provider Agencies will be responsible for delivering the identified MAPs services. Provider agencies will utilize innovative approaches to the delivery of the services and are encouraged to utilize least-to-most intervention strategies to avoid learned dependency on provided supports. Using technological solutions, providers will assist people supported in achieving milestone independence in the above-mentioned areas. At the conclusion of gained independence, the provider agency will follow the IC milestone validation processes which will initiate the value-based payment and invoicing processes. It shall be noted that the PSCP shall be the driving document which outlines and describes the selected milestones for the MAPs participant.
  3. **Person Supported Collaborative Plan (“PSCP”):** The IC is responsible for leading and mapping the PSCP processes with input from all people whom the MAPs participant wishes to invite to the Collaborative Roundtable Meeting. At a minimum, this Collaborative Roundtable meeting will include the MAPs Participant, IC, MAPs Provider agency staff, and anyone else the person supported chooses. During this meeting, the information contained within the PSCP will be reviewed and agreed upon before implementation. Additionally, the person supported will select which milestones they wish to work on during that planning year.

*(NOTE: It is possible during the first year of planning that the individual may wish to work on the VCRM as the first goal and let the development of the VCRM guide the selection of the Year 1 Milestones).*

These milestones will be represented in the PSCP and will be the leading document which guides the provider agency on which services they are to provide to assist the person in achieving Milestone Independence. Any revisions in the PSCP will be made exclusively by the IC in conjunction with the Collaborative Team.

1. **Billing Initiation**

A major component of service delivery is assurance that a provider agency can receive adequate compensation/reimbursement for the provision of service delivery. DDA intends to provide necessary guidance on how services can be provided, documented, and billed in accordance with the value-based payment approach. Once a provider delivers quality support to the MAPs participant AND has completed the Milestone Validation process, payment will be released to the MAPs Provider agency in accordance with contract expectations. Provider agency staff should follow these processes completely and accurately to ensure they have fulfilled all necessary components related to billing processes.

* 1. **Documentation:** DDA has selected to contract with community provider agencies that have demonstrated leadership characteristics in Employment Supports, Person-Centered Practices, and utilization of Enabling Technology solutions. DDA is proud to partner with these provider agencies to deliver the MAPs services and supports. Value-based payment processing differs from fee-for-service in that the provider agency is not expected to deliver the services and supports in accordance with a direct frequency. MAPs provider agencies are encouraged to use innovative and collaborative approaches to the service delivery provision and, as a result, documentation requirements shall be different than what is expected in a fee-for-service program. MAPs provider agencies are encouraged to implement innovative approaches to the documentation component of service delivery. This can include various means of documenting their services along the way, however, payment for Value-Based Milestone Achievement will not be contingent upon daily documentation of service provision. Value-based payment processes require evidence showing the identified milestone/goal has been achieved. This begins by identifying a “present level” during plan development and is indicated within the Milestone Goal Statement. Once that “present level” has been assessed and established, the provider agency will implement the MAPs services to increase that “present level” showing growth of independence over time towards the milestone definition. Provider agencies are encouraged to implement documentation strategies which allow them to gather necessary data regarding service delivery which leads to confirmation of milestone achievement. The IC agency will request evidence of milestone completion as the primary component to approve Milestone Validation request processes.
  2. **IC Monthly Check-In Process:** The IC monthly Check-In process is the glue which connects the services provided AND milestone achievement. Monthly, the MAPs Provider agency will complete a Monthly Check-In Tool [Monthly Check-In.pdf (dropbox.com)](https://www.dropbox.com/scl/fi/gtf9nud690722oaso69fg/CLC-Monthly-Check-In.pdf?rlkey=84ggoahlkwc1kh3qye5qgpcav&e=1&dl=0) which provides status updates to the IC on milestone progression and plan implementation. This process will require that by the 20th of the following month, the provider agency will submit to the assigned IC the completed form providing status updates on the selected milestones and/or VCRM. It is anticipated that the Monthly Check-In Tool will provide evidence of progression and assist with the notification that the provider/person supported is ready for Milestone Validation.

*NOTE: The Monthly Check-In will represent the month in which services are being reviewed (were delivered). The Monthly Check-In for January 2024 will include services delivered through the entire month of January and submitted to the IC agency by the 20th of February. The title of this check-in will be January 2024.*

This form is available to the provider at the end of each Roundtable Meeting and made accessible via the DDA MAPs website. During that month, the provider updates the IC on milestone(s) progression, which provides proof of services/supports as indicated on the form. The IC will utilize the monthly check-in form to follow up with the person supported. To ensure that person-centered practices are followed, the IC should primarily consult with the person supported. If the person supported has a court-appointed guardian or conservator with applicable rights vested in that guardian or conservator, the IC can check in with that identified individual. MAPs Provider agencies will progress to utilize an online Milestone Validation Request (*Pre-Claim Service Validation Request*) form to trigger the Milestone Validation process *(however, a backup PDF form is made available via the MAPs website and could be used in the event the online form is not functional).*

1) [Milestone Validation Form - Online Version (primary)](https://forms.office.com/g/2S2QaizUMz)

2) [Milestone Validation Form - WORD Version (backup)](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/maps/MAPs%20Service%20Approval%20Form.pdf)

1. **Pre-Claim Service Validation Requests**

Provider agencies will utilize a “Pre-Claim Service Validation” process to initiate milestone/incentive validation. In this process, the provider agency will submit a request to the Innovation Coordination Agency, requesting verification of specific Incentive, Milestone, or VCRM completion. The submission process will be used when a provider has achieved completion of incentive criteria OR validation of specific Milestone in accordance with this Billing Resource Guide.

Upon completion of a MAPs Incentive AND/OR Milestone, the provider agency may submit the Pre-Claim Service Validation Request Form [(MAPs - Pre-Claim Service Validation Request)](https://forms.office.com/g/2S2QaizUMz) with associated evidence and information for review. Upon submission, the IC will review all submitted information for validation consideration (see below).

This Pre-Claim Service Validation Request process requires accuracy and thoroughness on behalf of the provider agency to ensure timely processing. Each section of the Pre-Claim Service Validation Form MUST be completed accurately and thoroughly for each submission. Any discovered error in the completion of the Pre-Claim service request will result in a denial of the submission. Provider agencies are encouraged to ensure that all details are submitted accurately and accordingly. This form consists of the following:

* MAPs Participant Information
  + Last Name
  + First Name
  + Member ID (1st 3 letters of First name, 1st 3 letters of last name and last 4 of SS# I.E. JayCam1234)
* Provider Information
  + Provider Information/Provider Point of Contact /Address and Email
  + Participants Innovation Coordinator

*NOTE: Accuracy within the email addresses will ensure that all automated notification processes are completed accordingly.*

* Service/Milestone Validation
  + Selection of Service/Milestone (only one service/milestone can be selected with each request)
    - In the event the provider is requesting payment for the Enabling Technology Post-Claim submission, an additional opportunity will avail where the provider can input the actual amount used to procure the enabling technology solutions. This amount will correlate with the actual reimbursement noted on the invoice AND proof of purchase (receipt). All 3 components are needed for payment for Enabling Technology.
  + Service Start Date (the date when the provider agency initiated the implementation of services associated with that Milestone).
  + Service Completion Date (the date when the provider agency completes the implementation of services associated with Milestone. This date shows the timeline in which a provider worked with a person supported to achieve milestone independence. This date will be reviewed to confirm that the milestone was completed within the applicable planning year. This date does not reflect the date the provider is submitting the pre-claim request).
  + PSCP Initial Milestone Goal Statement
    - *Enabling Technology Requests should CONFIRM chosen milestone for completion.*
    - *Milestone Goal Statements are ONLY mandatory for Milestone Validation Requests.  For Incentive Payments and VCRM, providers can indicate "N/A" in this section).*

**EXAMPLE:**

**Initial Milestone Goal Statement:**Community Relationships​

Brock is active in his community with his family and natural supports. He attends church and participates in Special Olympics sports. He would like to find more activities where he can build more relationships and friendships in his community on his own. Over a month-long observation period, Brock will be observed having recurring and natural relationships or contacts either with unpaid support or with other community members in POIs. This includes but is not limited to showing independent, naturally occurring, and regular contact with their social network and/or POIs and showing proficiency in navigating social engagements and challenges to maintain sustainable relationships and/or memberships. ​

* PSCP Milestone Achievement Statement
  + - Enabling Technology Requests should CONFIRM Anticipated Milestone Achievement.
    - Milestone Achievement Statements are ONLY mandatory for Milestone Validation Requests.  Incentive Payments and VCRM, the provider can indicate "N/A").

**EXAMPLE:**

**Milestone Achievement Statement:** Brock has made connections and developed relationships in the community beyond his natural support. He is going to the gym where he has met a friend that he works out with. He found a golf group that he has joined at local driving ranges and is independently asking a cousin to be invited to tee times once a month. He is better about initiating conversation with others via text instead of waiting for them to call or text him. Over a month-long observation period, he was observed having recurring and natural relationships or contacts either with unpaid support or with other community members in POIs. This includes, but is not limited to showing independent, naturally occurring, and regular contact with their social network and/or POIs and showing proficiency in navigating social engagements and challenges to maintain sustainable relationships and/or memberships.

* Link to Virtual Community Resource Map
* Additional Correspondence

Note: This section can include where additional evidence can be located for validation requests. This section will allow the provider agency to indicate additional narratives to be considered for Milestone/Incentive validation.

Enabling Technology Pre-Claim Service Requests:

All Enabling Technology Funding requests will also use this pre-claim service request process. Within the Pre-Claim Service Validation Form, there are 2 designated options for Enabling Technology requests.

1. Enabling Technology **(Pre-Claim Approval):** This request is to confirm that the MAPs person supported has available funding within the annual ET budget. Upon receipt of this approval, the Provider agency, in addition to other ET protocol requirements, can progress towards the procurement of the ET solutions in association with the Enabling Technology plan. Items required for ET Pre-Claim Validation:
   1. Enabling Technology Plan (completed by MAPs Provider Agency).
   2. Quote from ET Vendor identifying targeted ET solutions.
2. Enabling Technology **(Post-Claim Approval):** This request is for AFTER the ET solutions have been secured and installed. This approval will be necessary for invoice submission and reimbursement to the provider agency. NOTE: Associated milestone completion is NOT required for Post-Claim Approval. Access to reimbursement of ET solutions ensures that the provider agency can access timely reimbursement for the procurement of the ET solution. Upon readiness to submit for Enabling Technology reimbursement, the provider must submit the following for processing of ET reimbursement:
   1. Email Approval for ET Post-Claim Validation
   2. Invoice confirming the actual amount of purchased solution.
   3. Proof of Purchase (a receipt is an example; other confirmations may be accepted as well)

All 3 correspondences must ensure that the noted amount is identical. Any discrepancy will result in a denial of processing the invoice.

Submission through the online portal is the **PRIMARY** means for submitting Milestone/Incentive Validation requests. In the event the online portal is not functioning, MAPs provider agencies and IC supports will be notified indicating that the PDF version (available on the DDA MAPs website) will be accepted as a secondary means of submission. When available, the online portal will resume as the primary method for the Pre-Claim Service Validation request.

Upon receipt, the IC will have 30 calendar days to review the validation request and at during targeted intervals throughout the validation review process, automated notifications will be sent to the IC and Provider Agency of “STATUS” of the formal request. In the event additional evidence is necessary, the IC will work directly with the provider agency to identify methods to confirm additional evidence (all Technical Assistance measures will be noted in the collaborative SharePoint for review).

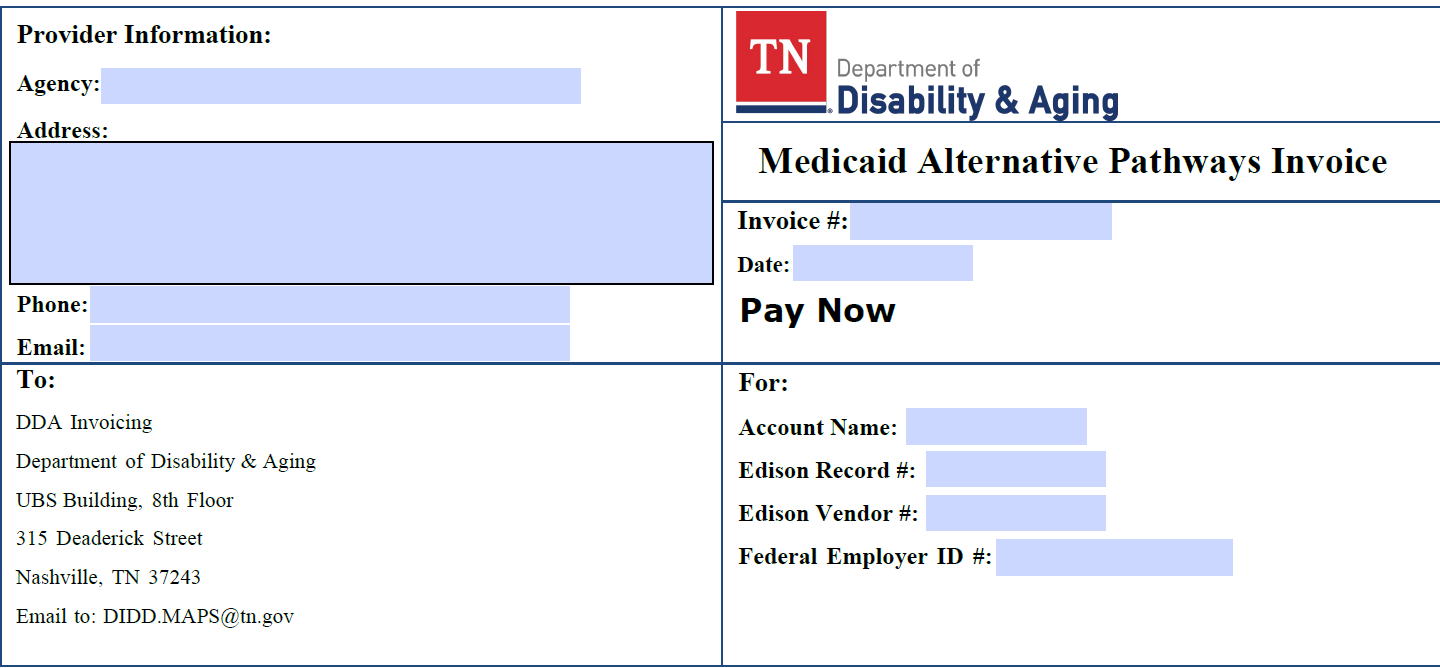
Upon approval of Milestone/Incentive Validation, an automated email will be sent to the email address identified by the provider in the submission process confirming approval. This email will be used in conjunction with the MAPs Invoice for payment processes.

*PLEASE NOTE: INVOICES WILL NOT BE PROCESSED WITHOUT CONFIRMATION OF APPROVED EMAIL OR SIGNED PDF MILESTONE VALIDATION REQUEST.*

1. **MAPs Invoice**

To receive payment for DDA MAPs services/supports, each vendor must be a recognized supplier through Edison. Additional information on how to become a registered supplier through Edison can be located here: [(Edison Supplier Information)](https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/supplier-information.html). Upon verification of being a recognized supplier through Edison, provider agencies are encouraged to develop a STANDARD FORMAT for invoice processing. DDA provides access to a standardized template located here: [MAPS Invoice Final](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/maps/MAPS%20Invoice.pdf).

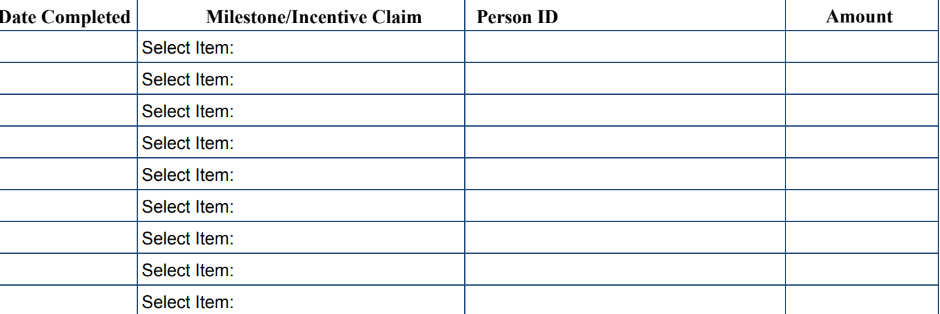
Provider agencies should complete these invoices accurately and thoroughly to ensure processing of invoice payment processes. In the event an invoice is received and is not complete/clean, the entire invoice will be denied and sent back to the provider with an explanation of the findings. The provider will be responsible for resubmitting the entire claim for processing (invoice, approval notification, AND proof of purchase (if applicable)). DDA will only process CLEAN CLAIMS.



The top portion of the invoice should be completed in its entirety by the provider agency.

* Provider Information
  + Agency: This is the name identified on the Contract Agreement between DDA and the Supplier/Provider Agency.
  + Address: This is the physical address located within the Contract Agreement between DDA and the Supplier/Provider Agency.
  + Phone: This is the contact phone number located within the Contract Agreement between DDA and the Supplier/Provider Agency.
  + Email: This is the Email address located within the Contract Agreement between DDA and the Supplier/Provider Agency.
* Invoice #: This is the invoice number assigned by the Supplier/Provider Agency. Provider agencies are encouraged to identify an invoicing coding procedure that allows distinct differentiation between all invoices *(I.e., MAPS\_120102023 OR MAPS\_01-01-2024\_DDA). NOTE: these are examples, and any variation of coding can be utilized if there are distinct differences between invoices. This invoice number cannot be duplicated on future invoices.*
* Date: This is the date by which the Supplier/Provider Agency is submitting the invoice.
* For
  + Account Name: This is the name directly from the Contract Agreement
  + Edison Record #: This number can be located directly from the Contract Agreement. Often referred to as the Contract #.
  + Edison Vendor #: This number can be located directly from the Contract Agreement.
  + Federal Employer ID #: This number is directly associated with the Federal ID number assigned to the Supplier/Provider Agency and on record within the Edison supplier portal.

NOTE: The “FOR” section will only change if/when a new contract agreement is executed and can be copied/pasted from one invoice to the next (pending no contract changes OR changes within Edison).



* Date Completed: This is the date the Milestone/Incentive was completed. This date should correspond with the date of the approval on the validation review.
* Milestone/Incentive Claim: This section is reserved for the selection of individual milestones/incentives that the Supplier/Provider Agency identified as billing.
* Person ID: This is the same as the MEMBER ID (see above).
* Amount: This amount will be determined using the MAPs Service Reimbursement Structure .

NOTE: A provider may include multiple Milestone/Incentives on a single invoice sheet. A new invoice sheet is NOT needed for every single Milestone Validation payment request.

* TOTAL: The total at the bottom of the invoice should include all the individually requested Milestone/Incentive requests included on the invoice.

1. **Milestone/Service Approval**

* Upon the completion of the VCRM, completion of milestones, and completion of bonus and incentive criteria, the MAPs Provider agency shall submit a Service Validation Request and Documentation to the IC for review/approval. If approved, then the provider agency will receive approval notification (automated email from online submission) OR IC will return the approved ***Service Validation Form*** [MAPs Service Approval Form](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/maps/MAPs%20Service%20Approval%20Form.pdf) to the MAPs Provider agency.
* Once the approved Service Validation notification/form is received from the IC agency, the MAPs Provider agency will utilize a standardized ***invoice form*** to generate invoiced services. The MAPs Provider agency must submit the Invoice and approved Service Validation form to the DDA MAPs email address ([DDA.MAPs@TN.GOV](mailto:DDA.MAPs@TN.GOV)) within **30 calendar days of service validation** approval to ensure timely processing. Upon receipt and review of the submitted documents, a MAPs Operational Representative will submit the documentation to DDA Purchasing for payment processing.

*NOTE: Approval from MAPs Operational Representative is needed for DDA Purchasing to process submitted payment. Invoices submitted directly to DDA purchasing will not be processed.*

1. **Service Delivery Billing/Invoice Process Summarized:**

1) MAPs Provider agency delivers support in accordance with PSCP and selected milestones.

2) MAPs Provider agency assists persons supported to reach milestone independence and notifies the IC of completed milestones via the **Provider** **Monthly Check-In** Process.

3) MAPs Provider agency will submit for milestone validation using the Pre-Claim submission portal [Milestone Validation Form - Online Version (primary)](https://forms.office.com/g/2S2QaizUMz).

4) IC will review submitted **evidence** against validation tools for approval or denial of request.

5) Provider agency will receive an EMAIL verification of approval OR IC will submit the **Milestone Validation Approval form** back to the MAPs Provider agency.

*NOTE: IC will only return the Milestone Validation form IF the PDF (backup) form was used to request milestone validation.*

6) MAPs Provider agency will prepare specific invoice for the billing process.

7) MAPs Provider agency will submit verification of the APPROVED Milestone Completion form **AND** MAPs Invoice to [DDA.MAPs@TN.GOV](mailto:DDA.MAPs@TN.GOV) for final request approval.

8) DDA MAPs Operational Representative will submit the Invoice AND Validation form to [DDA.Purchasing@TN.GOV](mailto:DDA.Purchasing@TN.GOV) for payment processing.

9) Payment will be released from DDA via Electronic Funds Transfer to the Provider agency.

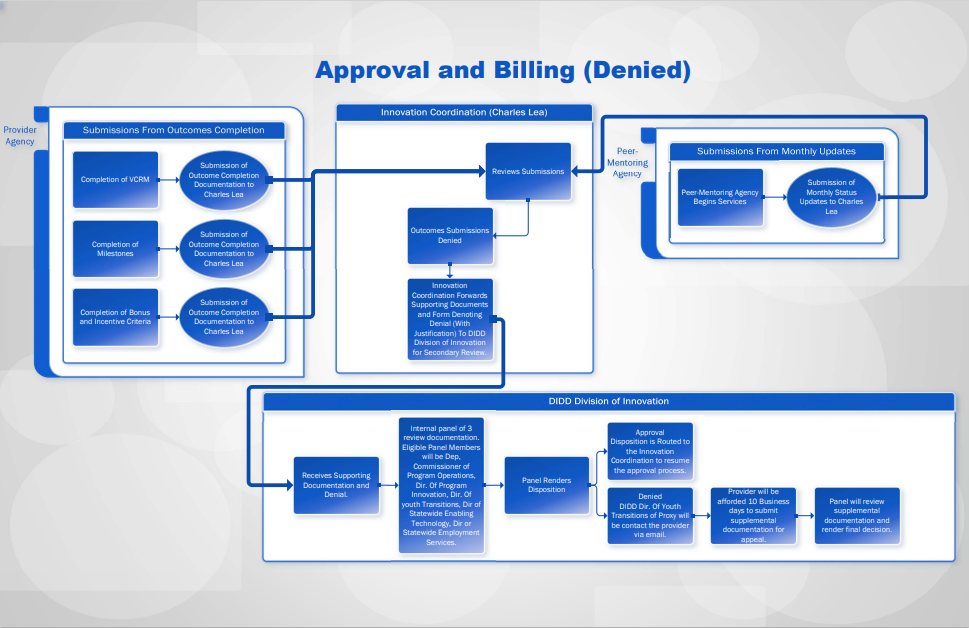
10) MAPs Provider agency is encouraged to monitor receipt of payment and communicate directly with DDA MAPs Operational Representative if payment is not received within 4-6 weeks.

1. **Milestone/Service Denial**

* Upon the completion of VCRM, completion of milestones, and completion of bonus and incentive criteria, the MAPs Provider agency shall submit Milestone/Service Validation Documentation via **ONLINE** submission OR [(Milestone Validation Form](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/maps/MAPs%20Service%20Approval%20Form.pdf)) to the IC for review/approval.
* **If denied**, then IC will forward supporting documents and milestone verification form denoting denial with justification to the MAPs Provider agency with a request for additional supporting documentation.
* Once the MAPs Provider agency gathers and submits the additional documentation to the IC agency, the IC agency will review and render a final approval or denial.
* **If approved**, then the workflow for Approval and Billing (Approved) will be followed.
* **If denied**, then the MAPs Provider agency may opt to **appeal the decision** to the DDA Innovation Division following the **MAPs Appeal Process**.

1. **Milestone/Service Reconsideration Appeal Process**

* If billing is denied by the IC agency, then the MAPs Provider agency may opt to have the decision reconsidered by the DDA Division of Program Innovation.
* Once the DDA Division of Program Innovation receives the **Reconsideration Request Form** [**DDA MAPs Milestone Validation Review Appeal Request**](https://forms.office.com/g/gqjdKfvmnc)and all corresponding documentation from the MAPs Provider agency, an internal panel of three (3) people will review the documentation. Eligible panel members include the following members of the DDA Division of Program Innovation: the Deputy Commissioner of Program Operations, the Director of Program Innovation, the Director of Youth Transitions, the Director of Statewide Enabling Technology, MAPs Transition Guides, and the Director of Employment Services.
* If the panel determines to approve the billing previously denied by the IC agency, then the Approval and Billing process will be followed.
* If the panel determines to uphold the denial of the IC agency, then the Director of Youth Transitions will notify the MAPs Provider agency of the decision.
* The MAPs Provider agency will have ten (10) business days from the date of notification by the MAPs Provider agency to submit supplemental documentation for appeal. If such supplemental documentation is not received within ten (10) business days, then the initial denial of the billing is final.
* If such supplemental documentation is timely received, the panel will review the supplemental documentation and render a final decision in writing to the MAPs Provider Agency.
* After the appeal process, the provider will be able to complete billing processes for Milestone Validation and applicable completion incentives. These requests (if new) must be completed within 30 days of the appeal decision and will be credited within the applicable budget category for the participant.

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1. **Milestone Validation:**

* The IC will be responsible for **validating** the completion of all milestones. MAPs Provider agencies will be encouraged to follow and implement the **Monthly Provider Check-In Process and Milestone Validation Request process** to report to the IC when the MAPs Provider agency believes the milestone has been completed *(Please note, the PSCP must indicate the identified Milestone to coincide with the request, the MAPs Provider Agency must not request Milestone Validation for a milestone NOT on the most current/approved PSCP).*
* The MAPs Provider agency will be responsible for providing **evidence** of completion of Milestone(s). This evidence can be provided using various means and MAPs Provider agencies are encouraged to consider providing innovative evidence-based methods to show completion (i.e., video recording of milestone completion is an acceptable method of providing evidence).
* The MAPs program is centered around the utilization of a **VCRM** which identifies applicable community resources for opportunities for gained independence across the areas of **Home, Work, and Community**. MAPs Provider agencies are encouraged to teach people enrolled in the MAPs program to track Milestone Selection within the implementation of the VCRM. Upon completion of a milestone, MAPs Provider agencies are encouraged to use the mechanism of the **VCRM to demonstrate evidence of completed milestone(s)** and other applicable correspondence documentation which can also be considered for **Milestone Validation.**
* Upon receipt of the Milestone Validation Request process, the IC will have **30 calendar days to review** the submitted evidence and approve/deny the request of milestone completion. It shall be expected that the IC will implement their **Milestone Evidence Tracker process** which is used to communicate to a MAPs Provider agency if additional evidence of completion is needed. In the event adequate evidence is present for Milestone Validation, the IC will submit the Milestone Completion Approval form back to the MAPs Provider agency for invoice submission processes.
* [(Provider Development Incentive)](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/maps/MAPs%20-%20Provider%20Development%20Incentive%20Resource.docx)

Provider agencies enrolled and approved in the MAPs program are eligible to receive a one-time per-person “Provider Development Incentive” payment upon accepting a person supported into their program. It shall be noted that eligibility determination is impacted by a person’s supported status within the program; the initial provider development incentive will only be applicable during the **first year** of services and upon immediate enrollment into the MAPs program[[1]](#footnote-2) and when certain criteria are met, as noted below.

This provider development incentive is a payment to the provider as an agreement to complete the person-centered plan, begin completion of VCRM, and work towards milestone achievements. It is a payment made available to the provider agency to assist with operational expenses while the provider agency works towards milestone completion. Specific criteria must be met to maintain receipt of the provider development referral incentive, as outlined below. In the event these criteria are not met, applicable recovery/recoupment practices will be required.

* + - 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.
    - 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.
    - 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.

Provider agencies are eligible to bill this incentive immediately upon acceptance of a MAPs participant into their program, however, a provider agency must submit for payment within 60 calendar days of acceptance into their MAPS program.

*Please note, in the event that the provider selects to wait for the collaborative roundtable meeting prior to submitting the Provider Develop Incentive Invoice and this time exceeds 60 days, the providers invoice MAY still be approved and payment will be rendered.*

* [(Virtual Community Resource Map (VCRM))](https://www.dropbox.com/s/4emfxbnikqnf3ov/MAPs%20Service%20Definitions%20-%20VCRM.pdf?dl=0)

A large support function of the MAPs program centers around the identification, implementation, and development of the Virtual Community Resource Map (VCRM) for each person supported in the MAPs program. The VCRM is a fully customized, online interactive resource map that is used by a person supported to organize resources, assist with person-centered planning, and complete travel training experiences for the person. This resource map is intended to be the tool/support that provides organization and access to resources for the MAPs participant throughout the duration of the MAPs program and beyond. Through ongoing implementation, it is anticipated the VCRM will be updated to reflect newly identified milestones and individual goals for the MAPs person supported. DDA has partnered with Mapping Assets Post School Success to develop customized training and validation procedures for VCRM implementation. All direct supports who assist a person supported to work towards VCRM independence must follow the required DDA training requirements, which consist of 1) VCRM Basic Certification and 2) VCRM Advanced certification.

The digital map is a resource, but it is also an instructional environment where a person can:

* + - Increase individuals’ geographical awareness and knowledge of what is available to them within their community.
    - Build their daily schedules on the map with customized text descriptions and pictures.
    - Learn how to travel in the community.
    - Access supports and services.
    - Participate in social and recreational activities with peers.

Provider Agencies are encouraged to implement innovative and collaborative approaches to assist the MAPs participants in developing their own personal VCRM. This can include developing an ***AGENCY SPECIFIC BASE MAP*** that encompasses the identified layers necessary for validation[[2]](#footnote-3) regarding guidance for active VCRM Implementation. This is the tool designed to provide step-by-step directions for the provider to implement the necessary processes to assist in the development of a functional VCRM for the MAPs person supported. Provider organizations are encouraged to use the person supported VCRM to include/attach evidence of completed milestones.

Certain components are **REQUIRED** for the validation confirmation of a VCRM, and providers must ensure these components are included within each VCRM for validation. There are also **OPTIONAL** tools that are available within the VCRM Implementation and Validation Checklist packet that a provider can utilize to achieve the expected result. The required components for each VCRM include:

* Provider has submitted IC Monthly Check-Ins confirming the VCRM is ready for validation.
* VCRM Coordinator Progress Monitoring Form submitted to IC.
* Person Supported Progress Monitoring Form submitted to IC. *NOTE: This form can be provided in any format for review and validation. A specific format is not required for validation*.
* Link to VCRM is shared with the IC during the Milestone Validation Request process.

OPTIONAL TOOLS FOR SUBMISSION of VCRM VALIDATION:

* + - VCRM LET’s MAP Document

*NOTE: DDA acknowledges that provider agencies may also have alternative methods for identifying community resources and noting the resources for VCRM development. Final VCRM products will be reviewed to ensure that the above-mentioned requirements are included.*

ADDITIONAL CONSIDERATIONS FOR VCRM VALIDATION:

STEPS FOR VALIDATION OF A VCRM

**Step 1**: Ensure there are 7 layers that coincide with the 7-layer requirements per DDA VCRM Validation tool.

*NOTE: it is important to note that these layers do NOT need to be titled the same. DDA promotes the progression of a MAPs participant identifying descriptors on a person-centered basis.*

*NOTE: The MAPs participant CAN include additional layers (9-10) that are person-centered and do not require all additional considerations for validation (they do not require media/text or other considerations).*

**Step 2**: The “All About Me” layer needs to be 1st layer.

*NOTE: This is a great space to include the applicable PSCP’s or other assessment documents that the person would benefit from.*

**Step 3**: Each Layer MUST have at least 1 asset with Media and Text

*NOTE: Media/Text is not required for every asset. The goal is to ensure that the MAPs participant is aware and capable of adding Media/Text for future revisions and the progression of VCRM utilization.*

**Step 4:** Open the Planning Tool located in blue at the bottom of the Person-Centered VCRM. Review the tool to ensure that it has one goal listed in the following layers: Community Interests, Career Development and Employment, Continuing Education, and Independent Living.

*Note: If the person does not have a current goal related to a specific category (e.g., they are enrolled in college and not wanting to pursue additional continuing education opportunities), it is appropriate to add a goal that indicates their choice. For example, “The person is not interested in pursuing continuing education at this time because they are enrolled in college. We will revisit their continuing education goal next year.”*

**Step 5:** Review and confirm the Progress Monitoring Form to ensure that the necessary VCRM revisions are evaluated for prompting needs. This step is critical in ensuring that the MAPs participant has access to updating the VCRM throughout the MAPs program and beyond. This tool MUST confirm that if there is assistance needed at any level, there is an identified person/plan to ensure that the person can continue to utilize the VCRM revision process beyond this initial implementation.

The following lists are examples of accepted evidence for milestone validation (note: these are intended to be used as examples and ***should not be considered*** an inclusive list. MAPs Provider agencies are encouraged to continue to submit innovative ways of verifying milestone completion):

* [(Community Navigator](https://www.dropbox.com/s/8x1ham2nh4n69df/MAPs%20Service%20Definitions%20-%20Community%20Navigator.pdf?dl=0))

Community Navigator supports include but are not limited to; travel training, assistance to participate in drivers’ education courses, providing coaching/modeling of soft skills needed for typical social interactions, facilitating development of both geographic familiarity of the community and site-specific awareness of Points of Interest (“POI”), as identified within the VCRM, and the development of “routines” which promote comfort in both scheduled and impromptu community interactions.

* + **Independent Travel**: A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. Examples:
    - Verify the VCRM or WayFinder application is set up with people the person supported engages with on a regular basis and places frequently visited. Has the person supported completed the Travel Training curriculum? VCRM review.
    - Use of Google Forms/Microsoft Forms for a quick survey the person supported could complete embedded in the VCRM.
    - Has the person completed Driver’s Education Training to complete the self-initiated travel? The person supported can submit photo evidence of a driver’s permit as an example. Video evidence that the person supported can safely and successfully use the WayFinder (or other independent modes of transportation) application for independent travel in the community is also an option. NOTE: This milestone will require observation over a month-long period.
    - **Additional innovative evidence can be accepted.**
  + **Community Relationships:** A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. Examples:
    - VCRM could include confirmation of relationships developed over the period and that there is evidence using the VCRM that the person is participating in activities in the community socially.

NOTE: Initial VCRM Validation is confirmed using the VCRM Implementation and Validation directions. Ongoing VCRM implementation *should* include the continued build-out of new acquaintances developed within the community (as person supported chooses) and the identification of chosen milestones.

* + - MAPs Provider agencies may submit photo evidence of a person supported and social acquaintances in the community.
    - MAPs Provider agencies may submit a video of the person supported engaging the community with social acquaintances.
    - **Additional innovative evidence can be accepted.**
  + **Community Activities:** A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. Examples:
    - MAPs Provider agencies may submit monthly calendars that show the person supported engaging in their community on a routine basis. These locations should coincide with locations identified within the VCRM, as well as the people identified within those locations (i.e., natural supports, acquaintances, friends, etc.).
    - VCRM can be reviewed for confirmation that the person supported is meeting with people of their choosing at the location by adding descriptions within the VCRM Asset.
    - Additional evidence can include confirmation of joining groups, clubs, church associations, etc., on documentation OR video evidence of the person supporting attending these locations to develop relationships.
    - MAPs Provider agencies can submit evidence of completing a survey with the person/person’s family confirming there have been increased opportunities for engagement in community activities.
    - **Additional innovative evidence can be accepted.**
* [(Employment Innovation)](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/maps/Service%20Definitions%20-%20Employment%20Innovation%20Service.docx)

Employment Innovation Services are provided to a person who needs support to obtain, maintain, and/or advance in competitive, integrated employment, including customized or self-employment, for which the person is compensated at or above minimum wage with consideration of a reasonable startup period for self-employment. The expected outcome of these services is competitive, integrated employment (“CIE”), which may be conducted at the workplace or remotely, or self-employment consistent with the individual’s personal and career goals. Employment Innovation Services are designed to be person-centered and take a person through all phases of deciding to work, identifying, obtaining, and advancing in their chosen career path.

The Department recognizes that a MAPs participant may choose to work on various employment paths toward employment independence. As a result, the Department will recognize the progression of an employment path where a Participant may work towards “Self-Employment” and pursue each of these available Milestones while also being able to work a “Traditional Employment” path and still have access to all of the available milestones. This will allow each employment Milestone to be available on 2 separate occasions as long as the milestones are geared towards each path available (i.e., the Pre-Employment Milestone is not available on 2 occasions to work on a Self-Employment Path 2 times, the participant may select the Pre-Employment Milestone once for each path available).

The following visual depicts both available paths of employment.

**SELF-EMPLOYMENT PATH**

**TRADITIONAL EMPLOYMENT PATH**

Using the above model, Pre-Employment is an available milestone on 2 occasions as long as the person is working towards both Self Employment AND Traditional Employment (the same applies to Employment Innovation and Independence Achieved).

*Please note, if a MAPs Person Supported is not interested in both Traditional Employment and Self-Employment, then the various paths DO NOT apply, and they would stick to their one desired employment path.*

* + **Pre-Employment:** A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. This service is designed to help a person prepare for and find employment, which includes but is not limited to: (anything Before the participant begins their job is Pre-Employment, i.e. interviewing, searching for a job, etc.).

Examples:

* + - Providing information, resources, and exposure to different career paths to support making an informed decision about pursuing CIE or Self-Employment; (exploration)
    - Supporting a person to choose a career path based on their strengths, skills, interests, and available resources in the community; (Discovery)
    - Assisting with successfully obtaining a job (Job Development)
    - Planning for logistics related to work, including but not limited to identifying potential transportation resources that can reliability be accessed to get to/from work. (Discovery/Job Development)
    - If Self-Employment is desired, help with developing a business plan (Job Development), connecting the person to business development resources and mentors in the community, and identifying supports that are needed to successfully operate the business.
    - Google Form (or other documentation) uploaded in the VCRM demonstrating the person’s experience with the desired job path experience.
    - A MAPs Provider agency can submit a report indicating the anticipated steps after reviewing the pre-employment components (Providing information/Resources, developing a career path, assisting with pursuing a job, planning for transportation to employment, etc.).
    - Recording of person supported completing pre-employment service and uploading into the VCRM**.**
    - Benefits Counseling Analysis: Verification that introductory education on work incentives has been completed and a referral made to a Benefits Coordinator. This referral will consist of 2 approaches based on Person-Centered Needs. Referrals to Benefits Counseling can be made [Benefits Counseling - Formstack](https://stateoftennessee.formstack.com/forms/benefits_counseling)

Approach 1:

If the person supported is not actively in need of any benefits counseling at this time, the referral will provide the person supported with a general overview of what Benefits Counseling is with the DDA Benefits Counseling One-Pager being provided for future use. [(Benefits Counseling One-Pager)](https://www.dropbox.com/s/1ypqej83bm8r2ay/BCP%20One%20Pager.pdf?dl=0)

Approach 2:

If the person supported is actively in need of benefits counseling, the Benefits Counselor will complete the intake assessment and develop a person-specific plan for ongoing and active benefits counseling. As a part of Milestone Validation, this assessment will need to be accessible. NOTE, the Benefits Counselor Intake Assessment is NOT required for pre-employment. This assessment will be a function of Independence Achieved.

*REQUIREMENTS OF BENEFITS COUNSELING CONFIRMATION:*

* + - 1. It shall be expected that a “Benefits Counseling” asset will be added to the MAPs person Supported VCRM that identifies contact information for the Benefits Counselor.
         * NOTE: The organization of this asset is flexible, it can be located either in the “Employment Layer” OR “Additional Tennessee Resources” Layer.
      2. Any completed assessments OR one-pagers will also be uploaded into this asset so that a person supported can access benefits counseling if/when needed and/or refer to the assessment to confirm that active counseling services have begun.
    - **Additional innovative evidence can be accepted.**
  + **Employment Innovation:** A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. Examples:
    - Verification that the person has obtained a job AND has worked for 30 days (ex: paystubs showing date of employment, written calendar of days worked the previous month, survey with family/person-supported).
    - Verification that the person has identified and has learned how to use reliable transportation to and from place of employment (ex: video evidence of independent travel, written confirmation of completion.
    - Submission of Job Coach Fading Plan showing reduction of job coaching support needs.
    - VCRM should be updated to include employment location, schedule, contact information, and other relative information to employment experience.
    - **Self-Employment:** Execution of Business Plan
    - **Additional innovative evidence can be accepted.**
  + **Independence Achieved:** A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. Examples:
    - Verification that a person supported can complete job functions without needing in-person supports. This can be verified through a submitted video of a person completing duties using technology.
    - A person supported can provide a survey confirming the in-person supports are no longer needed.
    - A MAPs Provider agency can submit evidence via documentation where on-site assessments have been completed confirming the person supported is able to achieve results without staff support. Monthly Summary.
    - Benefits Counseling Analysis: This referral will consist of 2 approaches based on Person-Centered Needs. Referrals to Benefits Counseling can be made [Benefits Counseling - Formstack](https://stateoftennessee.formstack.com/forms/benefits_counseling)

Approach 1:

If the person supported is not actively in need of any benefits counseling at this time, the referral will provide the person supported with a general overview of what Benefits Counseling is with the DDA Benefits Counseling One-Pager being provided for future use. [(Benefits Counseling One-Pager)](https://www.dropbox.com/s/1ypqej83bm8r2ay/BCP%20One%20Pager.pdf?dl=0)

Confirmation that this asset is still present in the VCRM.

Approach 2:

If the person supported is actively in need of benefits counseling, the Benefits Counselor will complete the intake assessment and develop a person-specific plan for ongoing and active benefits counseling. As a part of Milestone Validation, this assessment will need to be accessible (if applicable). NOTE, the Benefits Counselor Intake Assessment is NOT required for independence achieved IF it is determined that this assessment is NOT needed. This determination is made by the DDA Benefits Counselor.

* + - **Additional innovative evidence can be accepted.**
  + **Career Development:** A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved.

*NOTE: Career Development* ***IS*** *an available milestone during each year of the MAPs services. This means that the provider can assist the person supported by providing this milestone each year of the program.*

Examples:

* + - Verification that a person has obtained an increase in job responsibilities and/or a promotion. This could include the submission of an updated Job Description confirming the increase in duties/role.
    - Verification (including updated VCRM) of acceptance to an apprenticeship, technical/trade program, community college, or four-year university.
    - A MAPs Provider agency may submit a survey conducted with a person-supported/family which confirms acceptance into post-secondary education program.
    - **Additional innovative evidence can be accepted.**
* [(Independence Coaching)](https://www.tn.gov/content/tn/disability-and-aging/disability-aging-programs/maps/maps-information-for-providers.html)

Independence Coaching focuses on functional life skill development and is intended to teach and prepare a person for independent living. Supports provided by the Independence Coach may include teaching skills related to maintenance and organization of the home, personal hygiene, and self-care, and providing resources and training on enabling technologies and smart home products designed to accommodate needs and provide for greater efficiency and independence in the home. Additional areas of focus may include instruction on skills related to financial management, home safety, meal preparation, and more. The intended outcome is for each person to have the ability to manage their home environment, practice self-care, and self-direct their personal development in accordance with their expressed goals.

* + **Home Safety:** A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. NOTE, the following are necessary for Home Safety Milestone Validation:

1. Person Supported shows discretion when opening doors to visitors *(Required for Validation).*
2. Person supported understands how to cook safely *(Required for Validation).*
3. Person supported confirms understanding of how to respond in emergency situations (including how/when to communicate with appropriate community responders) *(Required for Validation)*

EXAMPLES OF ACCEPTED EVIDENCE:

* + - VCRM updated to show the person safely opening the door to visitors (video evidence, recorded interview, etc.).
    - VCRM updated to show the person safely cooking a meal from start to finish. Enabling Technology solutions can be implemented here using AbleLink’s task reminder software (each MAPS participant will receive a suite of program applications through AbleLink that can be used for creating task reminders, visual impact directions, and scheduling prompts).
    - VCRM updated to show the person responding to necessary contact information across emergencies.
    - Provider can submit evidence of completed fire drills and roleplay scenarios.
    - Provider can submit confirmation that the person supported has reviewed a series of instructional videos/YouTube videos of scenarios.
    - Monthly reporting documentation showing reliability and consistency in the person successfully demonstrating these skills.
    - Confirmed skill acquisition plans to identify task AND prompting level needed over a period to confirm independence.
    - Person-supported survey confirming skill acquisition.
    - **Additional innovative evidence can be accepted.**
  + **Personal Hygiene and Self-Care (Health and Hygiene)**: A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. NOTE, the following are necessary for Personal Hygiene and Self-Care Milestone Validation:

1. Person supported demonstrates the ability to plan for and prepare meals in accordance with dietary goals/preferences *(Required for Validation).*
2. Person supported demonstrates the ability to maintain personal hygiene and appearance in a manner that is preferred and appropriate, including how to dress for weather/temperature and desired educational or career path *(Required for Validation).*

EXAMPLES OF ACCEPTED EVIDENCE:

* + - A MAPs Provider agency may submit a video in the VCRM of the person supported preparing a weekly food menu.
    - A MAPs Provider agency may submit a series of planned weekly menus demonstrating the ability and reliability of meal planning.
    - A MAPs Provider agency may submit a monthly summary showing where the person has demonstrated milestone independence through observation.
    - A MAPs Provider agency may submit a person-supported survey verifying that the person supported may successfully plan for and prepare meals.
    - A MAPs Provider agency may submit a monthly checklist/tracker of the personalized scheduler when the person completes bathing routines.
    - A MAPs Provider agency may submit confirmation that a person can demonstrate appropriate work attire/educational attire vs. recreational attire.
    - **Additional innovative evidence can be accepted.**
  + **Health Management (Medical Management)**: A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. NOTE, the following are necessary for Health Management Milestone Validation:
    - 1. Person supported demonstrates the ability to manage their health by taking their medications (if applicable).
      2. Person supported demonstrates knowledge of when to visit their medical professionals/doctors *(Required for Validation).*
      3. Person supported demonstrates the ability to schedule medical appointments and how to ask for medical help *(Required for Validation).*
      4. Person supported knows how to apply their medical insurance coverage for the medical appointment *(Required for Validation).*

EXAMPLES OF ACCEPTED EVIDENCE:

* + - Use of VCRM to show health care providers/offices, use scheduling tool within MAPS phone for alerts of appointments, need to schedule appointments, etc. The MAPs Provider agency could consider implementing a various Q&A discussions/interview with the person supported to ensure the person understands when to make a medical appointment, that the person knows how to use the VCRM to locate contact information for the physicians, etc., and the results of this interview with the person could be provided to the IC for verification.
    - Video of person using an Enabling Technology solution which promotes independent management of health-related tasks.
    - The IC could validate the discovery by interviewing the person supported.
    - **Additional innovative evidence can be accepted.**
  + **Financial Management:** A MAPs Provider agency may submit documentation or additional verification that Milestone Requirements have been achieved. NOTE, all the following are necessary for Financial Management Milestone Validation:
    - 1. Person supported demonstrates the ability to maintain personal finances by developing a personal checking/savings account (if applicable).
      2. Person supported understands responsibility to maintaining a line of credit *(Required for Validation).*
      3. Person supported understands the responsibility to pay bills on time (*Required for Validation).*
      4. Person supported has developed a monthly budget (*Required for Validation)*.
      5. Person supported has been informed on financial exploitation and how to avoid it (*Required for Validation).*
      6. Person supported has reviewed the necessary information for understanding “What is an ABLE account?”. Ideally, this information and confirmation will be accessible via the VCRM (*Required for Validation*).

EXAMPLES OF ACCEPTED EVIDENCE:

* + - Person supported has a plan for how any income is going to be secured in a checking account (ideally the person has established their checking account, but this can look different for everyone). Verification of a checking account (specific checking account information can be provided for validation).
    - Person supported has developed a personal budget and it is available for access within the VCRM.
      1. Many mobile applications can be installed on the MAPs/Personal devices for additional validation (banking institution applications, budgeting applications, etc.).
    - Person supported can provide evidence of competency by completing financial management training (as applicable).
    - IC could validate the discovery by conducting an interview with the person supported.
    - **Additional innovative evidence can be accepted.**
* [(Enabling Technology](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/maps/Service%20Definitions%20-%20Enabling%20Technology.pdf))

Enabling Technology (ET) is equipment and/or methodologies that, alone or in combination with associated technologies, provide the means to support the individual’s increased independence in their home, communities, and workplaces. The service covers purchases, leasing, shipping costs, ongoing utilization of devices/maintenance, and as necessary, repair of equipment required by the person to increase, maintain, or improve the functional capacity to perform daily tasks that would not be possible otherwise.

Persons enrolled in MAPs will have access to up to **$2500.00** annually to cover approved Enabling Technology equipment and associated services to support the accomplishment of their independence goals. At the conclusion of the person supported MAPs participation (up to 3 years), the person supported will assume ownership of all Enabling Technology equipment/devices and all recurring Enabling Technology costs (including all recurring subscription costs) will become the responsibility of the person supported.

Enabling Technology is available support for all aspects and places of a person’s supported life in MAPs. It is expected that Enabling Technology options will be evaluated within every identified milestone and at the assessment and implementation phase of ET.

*EXAMPLE:* If a person selects to work towards a milestone of “Home and Safety” using the Independence Coaching service, an assessment of ET options will be included to identify applicable tech options. Each tech proposal will include an itemized breakdown of proposed costs for the implementation of the tech solution and maintenance, this itemized amount will be reduced from the Enabling Technology Budget. The total amount available for Enabling Technology solutions across a given year is $2500.00 (this amount does not roll over from year to year) and can be divided up amongst all applicable yearly milestones (if selected).

Provider agencies and Innovation Coordination agencies are encouraged to utilize the **Enabling Technology Utilization Protocol for MAPs** outlined in the Enabling Technology Service Definition [(Enabling Technology Service Definition)](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/maps/Service%20Definitions%20-%20Enabling%20Technology.pdf). Upon the identification and initial approval of an Enabling Technology Support for the MAPs person supported, the Provider Agency will be responsible for initiating the processes to secure the identified item. This means that the provider agency will originally purchase the identified ET solution and then seek reimbursement from DDA from the person’s supported annual ET budget. Once the item has been secured and verification of purchase is on hand, the provider agency DOES NOT have to await milestone completion for reimbursement. The provider agency may submit for repayment of the identified solution through the traditional Billing/Invoicing processes. Items to submit for reimbursement:

* Invoice
* Milestone Validation Approval
* Proof of purchase

**NOTE:  All Enabling Technology Referrals will be submitted by the Innovation Coordinator to ensure that the DDA Tech Champion is able to complete the facilitation. In the event the person-centered facilitation is submitted within a time period of less than 30 days toward the end of the participants annual budget cycle, the DDA Tech Champion will not be able to guarantee that the facilitation will be completed prior to the end of the budget cycle. In this event, the facilitation will be automatically “rolled over” to the next years planning cycle.**

**Collaborative Planning Teams are urged to ensure proper planning is instituted when submitting the Person-Centered ET facilitation referral. A traditional facilitation incorporates various meetings, exploration of possible tech solutions, development of the individual tech plan, etc. and as a result this process can take upwards of 30+ days. Collaborative planning teams are encouraged to utilize the annual budget timeline accordingly and ensure that we are beginning the ET facilitation process EARLY within the planning cycle.**

* [(Person Supported Establishment Incentive)](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/maps/MAPs%20-%20Person%20Supported%20Establishment%20Incentive.docx)

At the conclusion of their three-year program, persons supported by MAPs will have acquired the skills to continue increasing their independence and accomplishing their personal goals. This may include but is not limited to enrolling in college or other post-secondary education programs, as well as exploring opportunities to live more independently, either on their own, with friends/partners, or with family members/natural supports. To assist persons supported by MAPs with pursuing these opportunities, they will be eligible to receive a one-time Person Supported Establishment Incentive into an ABLE Account.

Persons who complete the MAPs program and achieve at least 6 of the 11 available/distinguishable MAPs Milestones will be eligible for the one-time payment of $4000.00 to deposit into an ABLE account. While MAPs does allow for specific milestones to be repeated pending specific exception request processes, to be eligible for the Person Supported Establishment Incentive, 6 individual milestones (not duplicated) have to be completed and validated through the MAPs validation process. Goals equivalent to MAPs milestones completed outside of the MAPs services are not recognized towards the completion of the Person Supported Establishment Incentive.

The MAPs Provider Agency will be responsible for assisting the MAPs person supported in creating the ABLE account AND depositing the initial payment of $4000.00 into the ABLE account upon receipt of Milestone Validation. Provider agencies will need to submit the completed Milestone Validation Processes to confirm that the MAPs person supported has achieved Milestone validation criteria before opening the ABLE account. Once the validation is completed; the provider may open the account and deposit the $4000.00 for the MAPs persons supported. Provider Agencies will then be able to submit for invoice payments from DDA using the above-mentioned methodologies.

1. **DDA CONTACT INFORMATION**

Any questions related to any of the above information can be shared directly with a DDA Operational Representative at [DDA.MAPS@TN.GOV](mailto:DDA.MAPS@TN.GOV)

1. i.e. if a person enrolls into the program, the provider agency that accepts and enrolls the person into their services within the first year of the program is eligible to receive this payment. If the person supported changes agencies at any time during the proceeding years, the subsequent years of services are not eligible for the provider development incentive payment. [↑](#footnote-ref-2)
2. provider agencies should reference the [(VCRM Implementation and Validation Checklist)](https://www.dropbox.com/scl/fi/ecb7wpotsewhdvviw90in/VCRM-Implementation-and-Validation-Checklist_07-2023_FINAL.pdf?rlkey=81x8cznnfo3sg6ymlgk6crqeq&dl=0) [↑](#footnote-ref-3)