MISSOURI DIVISION OF
DEVELOPMENTAL DISABILITIES

Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

Value Based Payment Provider Training
Data Collection
January 2023

Agenda

- Intro to REDCap
- REDCap User Access
- RedCap Navigation & Tips
- REDCap Incentive Data Collection
- Draft Provider Contract Review
- Data Collection Timeline
- Resources

REDCap Introduction

REDCap is an online data collection tool. A REDCap database or project is essentially just a secure website. You can bookmark the website link or add it to your browser's favorites. And you can use REDCap on any device having internet access, including tablets and smart phones.

Requesting User Access

Click the link or use the QR code to complete a REDCap user access request form

https://redcap.link/dmh.vbp

REDCap®

Value Based Payments
Access Request

Type of Request: New Account ⌄
* must provide value

Contact Information

Contact First Name:
* must provide value

Enter first name

Contact Last Name:
* must provide value

Enter last name

Contact Email:
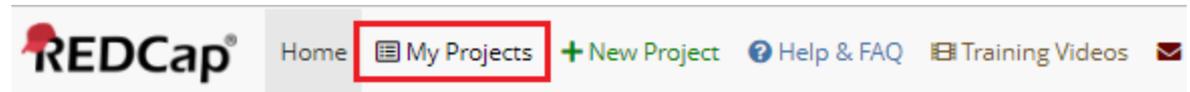* must provide value

janedoe@email.com

Contact Job Title:
* must provide value

Enter job title

Navigating REDCap

Log into: https://redcapdd.azurewebsites.net/redcap/index.php

1. Click My Projects

REDCap®   Home   ▦ My Projects   ✚ New Project   ❓ Help & FAQ   ▦ Training Videos   ✉

2. Select Incentive

Project Title	Records	Fields	Instruments	Type	Status
Value Based Payments - ISL Tiered Supports Incentive Payments	45	338	6 forms	≋	🔧
Value Based Payments - Employment Pay for Reporting	21	491	9 forms	≋	🔧
Value Based Payments - Remote Supports	4	52	2 forms	≋	🔧
Value Based Payments - Direct Support Professional (DSP) Training Levels	5	69	2 forms	≋	🔧
Value Based Payments - Electronic Visit Verification (EVV)	15	42	2 forms	≋	🔧
Value Based Payments - Registered Apprenticeship	9	57	4 forms	≋	🔧
Value Based Payments - Health Risk Screening Tool (HRST)	4	45	2 forms	≋	🔧
Value Based Payments - National Core Indicators (NCI) Staff Stability Survey	3	42	2 forms	≋	🔧

My Projects   ▸ Organize   ▪ Collapse All   Filter projects by title   ✕   ▫

Navigating REDCap

3. Click Add/Edit Records

4. Click   +Add new record

Navigating REDCap

5. Select Reporting Time Period

Data Collection Instrument	FY23 (July1,22-Dec31,22)	FY23 (Jan1,22-Jun30,22)
Reporting ➤	⊙	⊙
DMH Review	⊙	⊙

Data Collection Instrument	FY23Q1 (JUL1,22-DEC31,22)	FY23Q2 (JAN1,23-JUN30,23)
Provider Information ➤	⊙	⊙
DSP Information	⊙	⊙
Provider Attestation	⊙	⊙
DMH Review	⊙	⊙

Note: **DMH Review is *only* for DMH use

6. Complete Provider Information, Data Entry, & Attestation

Provider Name:		
* must provide value		(If provider name is not found please contact redcapadmingroup@dmh.mo.gov)
Provider Medicaid (85) Number:		
* must provide value	850000000	
Contact Name:		
Enter contact last name	, Enter contact first name	
Contact Phone Number:		
* must provide value	888-888-8888	
Contact E-Mail:		
* must provide value	JaneDoe@email.com	
	This e-mail will be used for future REDCap correspondence.	

Complete ▾
Incomplete
Unverified
Complete

Navigating REDCap

Edit Records

1. Click Add/Edit Records

Data Collection — DMH Reviewer

▦ Record Status Dashboard
- View data collection status of all records

📄 Add / Edit Records
- Create new records or edit/view existing ones

2. Choose an exiting Record ID

Choose an existing Record ID	-- select record -- ⌄

3. Click on the Status Icon

Data Collection Instrument	FY23 (July1,22-Dec31,22) 2022	FY23 (Jan1,22-Jun30,22) 2022
Reporting	🔴	⚪
DMH Review	⚪	⚪

REDCap Tips

- Edge & Chrome preferred browser

- REDCap training videos: REDCap Overview and Data Entry Tutorial

- Form Status
  - Incomplete - Data entry incomplete
  - Unverified - Attestation incomplete
  - Complete – Submitted to DMH

Legend for status icons:
Incomplete   Incomplete (no data saved)
Unverified
Complete

IMPORTANT: Record must be placed in "Completed" status for submission to DMH reviewers.

Incentive Data Collection

Electronic Visit Verification (EVV)

Who: Agency personal assistant (PA) services.

How:

- Provider enters request for the incentive into REDCap.
- No EVV data is entered in REDCap by the provider for the incentive.
- A comparison of paid PA claims in the MO HealthNet claims system (MMIS) and verified EVV records in the state aggregator (Sandata) is completed to determine if incentive criteria is met.

Systems:

- REDCap, State EVV Aggregator, and MO HealthNet claim.

EVV

When: Enter incentive request in REDCap in January for July-December time period and July for January-June time period.

EVV Draft Contract Language

Establish Quality Incentive Payments for Agency Personal Assistant Services (Not Self-Directed) when Personal Assistant Waiver Contractors are engaged in Electronic Verification Visit (EVV) with the Missouri Electronic Aggregator Solution.

3.22.1   Performance Standards – If defined performance measures are met, a contractor providing personal assistant services will be paid 1% over the total amount derived from the contractor's Medicaid personal assistant paid claims for Division of Developmental Disabilities HCB waiver eligible individuals. Bi-annually, in January and July, the Division of Developmental Disabilities will monitor performance standards for a defined six month period and as specified in the table below. The review in January will cover the six month period from July – December and the review in July will cover the six month period from January to June. Contractor must have all six consecutive months of EVV data submitted to the aggregator for the applicable review period at the time of the bi-annual review by the Division of Developmental Disabilities in order to qualify for payment

EVV Draft Contract Language

				Payment Calculation	
Performance Item	Performance Standard	Definition	Bi-annual Benchmark	Compliance Standard	Payment
EVV records compliance as dictated by the CURES Act (114 U.S.C 255) and correlating authority	EVV Records for PA Visits Successfully Transmitted and Verified	Every PA visit shall successfully transmit a verified EVV record to the state of Missouri EVV Electronic Aggregator Solution (EAS), to include, all required data points: type of service, individual receiving service, date of service, location, staff providing service, time the service ends and begins, and memo field.	Verified transmission of required EVV data for 80% or greater of all PA visits in the defined 6 month period. **EVV Usage Score Calculation** Total number of EVV Verified PA Visits/Total number of paid PA visits	$\geq$80% < 80%	1% over the total Medicaid paid personal assistant claims for the defined six month period. 0%

NCI Staff Stability

Who: Current DMH DD contracted 1915 (c) HCBS Waiver service providers of residential, in-home and non-residential services.

How: The annual NCI Staff Stability survey is completed in the NCI system.

The data listing of contracted service providers who have completed the annual survey will be provided to the Division by Human Services Research Institute (NCI).

The data indicating NCI Staff Stability Survey completion by provider will be processed by the Division for payment annually.

Upon completion of the agency NCI Staff Stability Survey Data in the NCI system the provider shall provide attestation information in the MO DD VBP REDCap system.

Systems: NCI System and REDCap.

NCI Staff Stability

Value Based Payment Reporting

NCI Staff Stability initial intro in REDCap:The annual NCI Staff Stability survey is completed in the NCI system. The data listing of contracted service providers who have completed the annual survey will be provided to the Division by Human Services Research Institute (NCI). The data indicating NCI Staff Stability Survey completion by provider will be processed by the Division for payment annually.

Upon completion of the agency NCI Staff Stability Survey Data in the NCI system the provider shall provide attestation information in the MO DD VBP REDCap system.

Provider Name:
* must provide value

Enter provider name

Provider Medicaid (85) Number:
* must provide value

850000000

Contact Name:

Enter contact last name | Enter contact first name

Contact Phone Number:
* must provide value

888-888-8888

Contact E-Mail:
* must provide value

janedoe@email.com
This e-mail will be used for future REDCap correspondence.

Provider Attestation

(Insert Attestation Language)

Type name here:

Enter first name | Enter last name

Submission date: M-D-Y   M-D-Y

National Core Indicators (NCI) Staff Stability Survey Incentive

3.20.1 Contractors of qualified services that employ Direct Support Professionals for service delivery will be paid $2,000.00 for the completion of the Annual NCI survey. The Division of Developmental Disabilities will monitor specific performance standards, as specified in the table below, and issue a one-time payment to each contractor.

3.20.2 Qualified services for this incentive are personal assistant, personal assistant - medical exception, day habilitation, day habilitation - behavioral exception, day habilitation - medical exception, community networking, individualized skill development, career planning, prevocational, job development, supported employment, in-home respite – day, in-home respite – individual, in-home respite – group, out-of-home respite – day, residential group homes, Individualized Supported Living, Temporary Residential, Shared Living, and Intensive Therapeutic Residential Habilitation.

   a. To receive the value based payment the contractor shall comply with the NCI Staff Stability survey performance standards presented below.

   b. A survey must be successfully submitted by April 30th to be eligible for payment.

NCI Staff Stability DRAFT Contract Language

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Performance Standard	Definition	Annual Benchmark	Payment Calculation	
			Compliance Standard	Payment
Successful submission of the Annual National Core Indicator Survey by April 30th.	A successful submission is defined as entering responses to all requests for data pertaining to staff tenure, retention, turnover and vacancy.	Successful submission of survey no later than April 30th.	100%	$2,000.00

HRST

Who: Current DMH DD contracted waiver residential service provider and TCM providers serving individuals receiving Division of DD 1915 (c) HCBS waiver services.

How: The HRST will be completed in the IntellectAbility system.

The data indicating HRST completion by provider will be pulled quarterly by the Division for processing and payment.

Upon completion of Individual initial HRST screens in the IA system the provider shall provide attestation information in the MO DD VBP REDCap system for the applicable timeframe (state fiscal year quarter initial HRST completed in the IA system).

Systems: IntellectAbility System (HRST) and REDCap.

HRST
Value Based Payment Reporting

HRST initial intro in REDCap: The HRST will be completed in the IntellectAbility system. The data indicating HRST completion by provider will be pulled quarterly by the Division for processing and payment.

Upon completion of Individual initial HRST screens in the IA system the provider shall provide attestation information in the MO DD VBP REDCap system for the applicable timeframe (fiscal year quarter i.e. March 31st for FY 3rd quarter initial HRST completed in the IA system).

Provider Name:
* must provide value

Enter provider name

Provider Medicaid (85) Number:
* must provide value

8500000000

Contact Name:

Enter contact last name , Enter contact first name

Contact Phone Number:
* must provide value

888-888-8888

Contact E-Mail:
* must provide value

janedoe@email.com

This e-mail will be used for future REDCap correspondence.

Reporting Information

Reporting Time period:

	FY	Quarter	Start of Quarter	End of Quarter
	23	1st Quarter	July 1, 2022	September 30, 2022
	23	2nd Quarter	October 1, 2022	December 31, 2022
FY23Q1 ⌄	23	3rd Quarter	January 1, 2023	March 31, 2023
	23	4th Quarter	April 1, 2023	June 30, 2023

Please enter count of HRST screens completed for this quarter:

3.24 **Health Risk Screening Tool Incentive**

3.24.1 Performance Standards – Contractors who provide residential services will be paid $72.20 for each initial Health Risk Screening Tool (HRST) completed prior to the end of State Fiscal Year 2023 for a Division of Developmental Disabilities waiver eligible individual.

3.24.2 Qualified services for this incentive are personal assistant, personal assistant - medical exception, day habilitation, day habilitation - behavioral exception, day habilitation - medical exception, community networking, individualized skill development, career planning, prevocational, job development, supported employment, in-home respite – day, in-home respite – individual, in-home respite – group, out-of-home respite – day, residential group homes, Individualized Supported Living, Temporary Residential, Shared Living, and Intensive Therapeutic Residential Habilitation.

3.24.3 The Division of Developmental Disabilities will pull available data from the IntellectAbility system and determine appropriate payments under this incentive on a quarterly basis.

HRST DRAFT Contract Language

—The Division of Developmental Disabilities will monitor incentive standards, as specified in the table below:
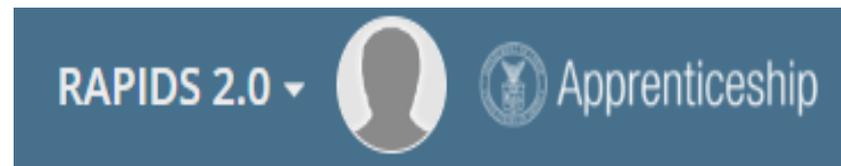
Performance Standard	Definition	Payment Calculation	
		Compliance Standard	Payment
An initial HRST is completed prior to the end of State Fiscal Year 2023 for a DD waiver eligible individual.	An initial HRST is completed in the IntellectAbility system and in alignment with the individual's annual Individualized Support Plan (ISP) meeting	100% of the initial HRST is completed for an individual. Health Care Level 1 and 2 indicates "complete." Health Care Level 3 and above requires HRST to be completed and "agreed upon" status.	$72.20 for each complete HRST submitted and verified in the IntellectAbility system.

CDSP Registered Apprenticeship

Who: Contractors that participate in the Certified Direct Support Professional Registered Apprenticeship Program with eligible employees accomplishing progressive completion.

How: Apprentice(s) registration and progression will be recorded by the contractor in Department of Labor's RAPIDS database. Requests for the quality incentive payment will be submitted to Division of Developmental Disabilities through REDCap.

Systems:

CDSP Registered Apprenticeship

CDSP Registered Apprenticeship

CDSP Registered Apprenticeship

CDSP Registered Apprenticeship

Certified Direct Support Professionals

Registered Apprenticeship

Contractors with eligible employees participating in the Certified Direct Support Professional Apprenticeship Program will receive up to two payments of $1,560 for each employee's progressive completion of the registered apprenticeship program. Contractor will receive one payment when the employee completes 50% of the program requirements and a second payment upon successful completion of the program.

Eligible employees are limited to: 1) New employees who enroll in the Certified Direct Support Professional Apprentice Program within the first 45 days of employment or 2) Previous employees (who have had at least 6 months of employment separation from the Contractor) who enroll in the Certified Direct Support Professional Apprentice Program within the first 45 days of employment.

This incentive payment is applicable to the following waiver services: Personal Assistant, Personal Assistant - Medical Exception, Day Habilitation, Day Habilitation - Behavioral Exception, Day Habilitation - Medical Exception, Community Networking, Individualized Skill Development, Career Planning, Prevocational, Job Development, Supported Employment, In-Home Respite-Day, In-Home Respite-Individual, In-Home Respite-Group, Out-of-Home Respite-Day, Residential Group Homes, Individualized Supported Living, Temporary Residential and Shared Living.

Provider Information

Provider Name:
* must provide value

Enter provider name
(If provider name is not found please contact redcapadmingroup@dmh.mo.gov)

Provider MO HealthNet Number (85):
* must provide value

850000000

Contact Name:

Enter contact last name . Enter contact first name

Contact Phone Number:
* must provide value

888-888-8888

Contact E-mail:
* must provide value

janedoe@email.com
This e-mail will be used for future REDCap correspondence.

How many Direct Support Professionals will you be entering for this reporting period?
* must provide value

Enter value

Form Status

Complete?

Complete ✔

Lock this instrument?

If locked, no user will be able to modify this instrument for this record until someone with Instrument Level Lock/Unlock privileges unlocks it.

☐ 🔒 Lock

Save & Exit Form   Save & Stay ▾

– Cancel –

CDSP Registered Apprenticeship

Registered Apprenticeship

DSP Apprentice #:
* must provide value

Enter value
(apprentice number as registered in the RAPIDS database)

Hours of on the Job Training:
* must provide value

- ○ 1000+ hours
- ○ 2000+ hours

reset

(select whether the individual is at or above 50% or 100% completion)

Hours of Related Instruction:
* must provide value

- ○ 79+ hours
- ○ 158+ hours

reset

(select whether the individual is at or above 50% or 100% completion)

CDSP Credential:
* must provide value

- ○ Yes
- ○ No

reset

(All on the job training hours, related instruction hours, competencies and skills have been completed.? RAPIDS database reflects full completion of the registered apprenticeship program and the DSP wage is commensurate with the wage scale outlined in RAPIDS.)

Was the apprentice a new employee who was registered within the first 45 days of employment?
* must provide value

- ○ Yes
- ○ No

reset

If a previous employee, did they have at least 6 months of employment separation and enrolled within the first 45 days of re-employment?
* must provide value

- ○ Yes
- ○ No
- ○ Not Applicable

reset

Note: If reporting multiple DSPs click "Save and Go To Next Instance"

Form Status

Complete?

Complete ▾

Lock this instrument?
If locked, no user will be able to modify this instrument for this record until someone with Instrument Level Lock/Unlock privileges unlocks it.

☐ 🔒 Lock

Save & Exit Form

Save & Add New Instance ▾

– Cancel –

CDSP Registered Apprenticeship

3.19 *Establish Quality Incentive Payments for Service Contractors Who Participate in the Certified Direct Support Professional Registered Apprenticeship Program.*

3.19.1 Direct Support Professional Apprenticeship Incentive – Contractors with eligible employees participating in the Certified Direct Support Professional Apprenticeship Program will receive up to two payments of $1,560.00 for each employee's progressive completion of the registered apprenticeship program.

- Contractor will receive one payment when the employee completes 50% of the program requirements and a second payment upon successful completion of the program.

- Eligible employees are newly hired employees who enroll in the Certified Direct Support Professional Apprentice Program within the first 45 days of employment.

  - Employees previously employed by the contractor may be considered newly hired only if they have been separated from employment for a minimum of six months.

- This incentive payment is applicable to the following waiver services: Personal Assistant, Personal Assistant - Medical Exception, Day Habilitation, Day Habilitation - Behavioral Exception, Day Habilitation - Medical Exception, Community Networking, Individualized Skill Development, Career Planning, Prevocational, Job Development, Supported Employment, In-Home Respite – Day, In-Home Respite – Individual, In-Home Respite – Group, Out-of-Home Respite – Day, Residential Group Homes, Individualized Supported Living, Temporary Residential, Shared Living, and Intensive Therapeutic Residential Habilitation.

CDSP Draft Registered Apprenticeship Contract Language

MISSOURI DIVISION OF **DEVELOPMENTAL DISABILITIES**

				Payment Calculation	
Performance Item	Performance Standard	Definition	Benchmark	Compliance Standard	Payment
CDSP Apprenticeship partial completion	50% completion of the registered apprenticeship program.		Apprentice has completed at least 1000 hours of on-the-job training and 50% of Related Technical Instruction training hours as outlined in the approved Appendix A and Standards Document located at the US Department of Labor's Registered Apprenticeship Partners Information Database System (RAPIDS).	Successful transmission of data to support the defined performance standard.	$1,560.00
CDSP Apprenticeship full completion	100% completion of the registered apprenticeship program.		Apprentice has completed 2000 hours of on-the-job training; demonstrated mastery of all competencies/work skills and completed all Related Technical Instruction training hours as outlined in the approved Appendix A and Standards Document located at the US Department of Labor's Registered Apprenticeship Partners Information Database System (RAPIDS).	Successful transmission of data to support the defined performance standard.	$1,560.00

DSP Training Levels

Who: Any waiver service non-licensed professional staff delivering contracted HCB services, including: Personal Assistant, Personal Assistant - Medical Exception, Day Habilitation, Day Habilitation - Behavioral Exception, Day Habilitation - Medical Exception, Community Networking, Individualized Skill Development, Career Planning, Prevocational, Job Development, Supported Employment, Community Specialist, Support Broker, Benefits Planning, In-Home Respite—Day, In-Home Respite—Individual, In-Home Respite—Group, Out-of-Home Respite—Day, Residential Group Homes, ISL, Shared Living, and Intensive Therapeutic Residential Habilitation.

How: Provider will enter the number of DSPs eligible based on tenure and training level completion

System: RedCap

DSP Training Levels

REDCap®

DSP Training Level Reporting

Record ID	1

Direct Service Professionals

Training Level Reporting

Incentive Level 1: Payment of 1% over the Medicaid paid applicable service claims when 90% of eligible DSP workforce has completed level 1 DSP training and has 6 months tenure with the same agency.

Incentive Level 2: Payment of 1% over the Medicaid paid applicable service claims when 50% of eligible DSP workforce has completed level 2 DSP training and has a minimum of 6 months tenure with the same agency.

Incentive Level 3: Payment of 1% over the Medicaid paid applicable service claims when 50% of eligible DSP workforce has completed level 3 DSP training and has a minimum of 1 year tenure with the same agency.

DSP Training Levels

Provider Information:

Provider name:

* must provide value

Enter provider name

Provider Medicaid (85) number:

* must provide value

850000000

Contact Name:

Enter contact last name , Enter contact first name

Contact phone number:

* must provide value

888-888-8888

Contact e-mail:

* must provide value

JaneDoe@email.com

This e-mail will be used for future REDCap correspondence.

DSP Training Levels

Provider Reporting

Please enter the below staff count for each open cell, enter a zero for null values:

	A. DSPs	B. Level 1 Training	C. Level 2 Training	D. Level 3 Training
	Total	50 hrs - 99 hrs	100 hrs - 157 hrs	158 hrs or more
< 6 Months	0	0	0	0
6-12 Months	0	0	0	0
12+ Months	0	0	0	0
Total Eligible:	0 View equation	0 View equation	0 View equation	0 View equation

Note: Enter a staff one time. If a staff member meets the number of hours for Level 3 Training, do not include them in the counts for level 1 and level 2. If a staff member meets the number of hours for level 2 training, do not include them in the counts for level 1.

DSP Training Levels

Example

	A. DSPs	B. Level 1 Training	C. Level 2 Training	D. Level 3 Training
	Total	50 - 99 Hours	100 - 157 Hours	158+ Hours
< 6 Months	50*	15	0	30
6-12 Months	75*	25	45	5
12+ Months	125*	10	41	59
Total Eligible:	200*	35	86	59

*DSP column(A) cannot exceed sum of DSPs listed in training levels (B,C,D).

- **Would provider be eligible for Level 1 Payment?** Yes

  Explanation: 185 (35+86+59) / 200 = 92.5%

- **Would provider be eligible for Level 2 Payment?** Yes

  Explanation: 150 (86+59) / 200 = 75%

- **Would provider be eligible for Level 3 Payment?** No

  Explanation: 59 (59) / 125 = 47.2%

DSP Training Levels

Provider Attestation

(Insert DMH Attestation Language)

Type name here:

Enter last name

Enter first name

✍ Add signature

Submission date: M-D-Y [📅] [Today] M-D-Y

* must provide value

Form Status

Complete? Incomplete ▾

Lock this instrument?

If locked, no user will be able to modify this instrument for this record until someone with Instrument Level Lock/Unlock privileges unlocks it.

☐ 🔒 **Lock**

[Save & Exit Form] [Save & Exit Record ▾]

[– Cancel –]

3.18   **Direct Support Professional Training**

Establish Quality Incentive Payments for Service Providers Who Participate in the Direct Support Professional Training.

3.18.1   Direct Support Professional Training Incentive – Contractors are eligible for DSP Training Level incentive payments twice a year of 1% over the applicable Medicaid paid service claims for any waiver service provided by a non-licensed professional staff delivering a qualified HCB service. Payments of 1% are awarded for each DSP Training Level met _above the required DSP training_ and maintained as outlined below for a maximum total payment of 3% over the applicable Medicaid paid service claim. Qualified services for this incentive are Personal Assistant, Personal Assistant - Medical Exception, Day Habilitation, Day Habilitation - Behavioral Exception, Day Habilitation - Medical Exception, Community Networking, Individualized Skill Development, Career Planning, Prevocational, Job Development, Supported Employment, Community Specialist, Support Broker, In-Home Respite – Day, In-Home Respite – Individual, In-Home Respite – Group, Out-of-Home Respite – Day, Residential Group Homes, ISL, Temporary Residential, Shared Living, and Intensive Therapeutic Residential Habilitation.

Required DSP Training

*referenced in DSP Training Levels Contract Language

- **ISP Training**: Training in implementation of each individual's current support plan/addendums shall be completed within one month of the implementation date of the current plan, or within one month of employment for new staff.

- **Abuse and Neglect Training**: Training in preventing, detecting and reporting of abuse/neglect prior to providing direct support and every 2 years thereafter.

- **Positive Behavior Support**: Training in positive behavior support curriculum approved by the Division of DD (within three months of employment).

- **CPR and First Aid**: Current certification in competency-based CPR and First Aid courses.

- **Med Aide**: Staff administering medication and/or supervising self-administration of meds must have successfully met the requirements of 9 CSR 45-3.070 to administer medications. Medication administration training must be updated every two (2) years with successful completion.

- **Employment Services only**:
  All employment support professionals who provide Career Planning, Prevocational, Job Development or Supported Employment services must complete fourteen (14) hours of Department approved training plus an additional six (6) hours of supervised practical mentoring/job coaching related to Association of People Supporting Employment First (APSE) Supported Employment Service competencies within the first twelve (12) months of hire. Annually thereafter, employees must complete four (4) additional hours of Department approved training.

- **Individualized Skills Development:**
  All personnel files reviewed obtained Credential Status within 12 months of hire or 6/11/20, whichever is later.

Remote Supports

Who: Service providers offering Individualized Supported Living and/or respite services who implemented remote supports in conjunction with these services which resulted in a cost savings.

How: The service provider completes a cost analysis utilizing a required excel format to represent the people receiving services and the savings realized. The excel document acts as an invoice. The provider submits the invoice through Red Cap.

Systems: RedCap

Remote Supports

Provider Name	corky's name
Provider 85 number	dfadfa
Provider National Provider Identifier	adfas
Invoice year	2022

DMH ID	Person's Name	# of ISL hours in month prior to implementation	Monthly rate prior to implementation at current hourly rate	Current hourly rate on the ISL budget	# of ISL Hours Month 1	$ amount authorized this month for RS technology	$ amount authorized this month for response cntr if appropriate	Total month Savings	% of Value Based Payment	# of DSP Hours on ISL Budget reduced due to Remote Support
980980	wanda	730	$26,024.50	$35.65	450	$750.00	$1,745.92	$7,486.08	$1.122.91	280
432452	holly	365	$14,819.00	$40.60	243.34	$750.00	$1,745.92	$7,435.32	$1,115.30	121.66
32423	wendy	480	$19,488.00	$40.60	358.34	$750.00	$1,745.92	$7,435.32	$1,115.30	121.66
			$0.00					$0.00	$0.00	0
			$0.00					$0.00	$0.00	0
			$0.00					$0.00	$0.00	0
			$0.00					$0.00	$0.00	0
			$0.00					$0.00	$0.00	0

Provider Name	corky's name
Provider 85 number	dfadfa
Provider National Provider Identifier	adfas
Invoice year	**2022**
Amount being Invoiced	$12,633.28

6 MONTH SUMMARY

Total Monthly savings	39305.392
# DSP Hours Saved	1459.92
# of DSP Reallocated (based on 6 months at 1040 hrs)	1.40
Amt Remote Support	9000
Amt Response Center	20951.04

Remote Supports
Value Based Payment Reporting

This invoice report is used as the summary of the information provided in the Remote Support Value Based Payment (RS-VBP) workbook. Submitting this summary with all complete and accurate attachments satisfies the invoicing process for Remote Support Value Based Payments (RS-VBP).

Invoice Information

Services Invoiced:	○ ISL ○ Respite ○ Both ISL and Respite
FY Invoiced:	○ FY23 ○ FY24 ○ FY25 ○ FY26
Timeframe Invoiced:	● July - December ○ January - June
Months:	☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

#of ISL Individuals Invoiced:		**ISL Upload:**	
# of Respite Individuals Invoiced:		**Respite Upload:**	

(Insert Attestation Language)
* must provide value

DMH Review

Are you a DMH reviewer?	○ Yes ○ No

Form Status

Complete?	Incomplete ▾

Remote Draft Supports Contract Language

3.23 Remote Supports

Establish quality incentive payments for contractors providing Individualized Supported Living and In-Home Respite services who implement remote supports that cause an overall reduction in budget due to reduced staffing hours.

3.23.1 Performance Standards – Beginning with FY23, any contractor providing Individualized Supported Living and In-Home Respite services who transition from paid staff support hours to remote supports resulting in an overall reduction in budget due to reduced staffing hours will be eligible for bi-annual quality management payments equivalent to 15% of the savings realized due to the reduction of individualized supported living or respite paid supports with the implementation of remote supports. .

a.   Bi-annually, in January and July, the Division of Developmental Disabilities will monitor performance standards for a defined six month period and as specified in the table below. The review in January will cover the six month period from July – December and the review in July will cover the six month period from January to June and issue payments to qualifying contractors;

b.   To receive the incentive payment the contractor must comply with the performance standards as presented in the table below; and

c.   Payment will be made twice a year for each month a savings was realized during the eligible period.

Remote Draft Supports Contract Language

MISSOURI DIVISION OF
DEVELOPMENTAL DISABILITIES

Performance Standard	Definition	Payment Calculation	
		Compliance Standard	Payment
Remote Support (RS) Implemented in conjunction with Individualized Supported Living (ISL) service or In Home Respite (IHR) resulting in an overall reduction to each eligible monthly budget.	The overall budget reduction when RS was initiated after implementation of ISL service shall be defined as follows: The hours authorized to ISL in the month prior to initial RS implementation at the current unit rate reimbursement (-) The hours authorized to ISL at the current unit rate in the RS implemented eligible month of the quality incentive payment (-) The monthly authorized amount for RS components (purchase, lease, monthly service agreement, and remote response staff) (=)The state and federal share of savings. The overall budget reduction when RS was initiated at the same time as ISL service is calculated as follows: • The individuals share of 24 hours a day of supports at the current unit rate reimbursement LESS • The hours authorized to ISL at the current unit rate in the RS implemented eligible month of the quality incentive payment LESS • The monthly authorized amount for RS components (purchase, lease, monthly service agreement, and remote response staff) equals • The state and federal share of savings. The overall budget reduction when RS is implemented in conjunction with In Home Respite shall be based on the average number of respite hours per month the individual used in their previous ISP year at the current rate, less the monthly authorized amount for RS components (purchase, lease, monthly service agreement, and remote response staff) Equals the state and federal share of savings.	Submission of cost analysis reflecting overall reduction to each monthly budget during months a savings was realized by deadline associated with the bi-annual payment cycle.	15% of the savings realized for the defined six month period. .

45

Tiered Supports Pay for Reporting

Who: Service providers offering Individualized Supported Living services who provide data on a monthly basis.

How: The ISL service provider completes the relevant data entry form utilizes Redcap. NOTE: Some data will be reported monthly, quarterly, and yearly. The Redcap system will remind providers which forms to fill out each month.

- Yearly: Policy and procedure documents

- Quarterly: Aggregated data reports used in data-informed PBS implementation

- Monthly: Observation and instances of implementation activities

Systems: Redcap

MISSOURI DIVISION OF
**DEVELOPMENTAL
DISABILITIES**

Incentive Recap

Establish Pay for Reporting incentive payments for DMH DD waiver providers who deliver Individualized Supported Living (ISL) services and submit identified positive behavior support data elements.

Payment earned and paid to the DMH DD provider for active Tiered Agencies that provide Individualized Supported Living and submit 100% of data elements identified in the tiered supports monthly data share (Tiered Supports | dmh.mo.gov).

Twelve payments of $174 paid to ISL agencies are available each Fiscal Year, one for each month in which 100% of data elements for the previous calendar month are reported paid quarterly. DMH DD HCBS waiver providers retain 100% of the value based payment incentive supplemental, including the Federal and State Share.

Excerpt from *monthly* data form

Monthly Reporting

This instrument will be used by agencies for the value based payments program at the Department of Mental Health provided to the department for review and payment.

Record ID:	8

Tiered Supports
(Monthly Reporting)

Agency Shared Values System

C. Do the teaching programs provided for stakeholders to practice skills defined within matrix; meeting minutes indicate shared values teaching occurred, ISP program checklists include shared values?
* must provide value

○ Yes ○ No

D. Does the coaching data reflect that stakeholders receive coaching observations and feedback on implementation at least monthly?
* must provide value

○ Yes ○ No

D2. Number of coaching observations pledged during the month:
* must provide value

○ [   ]
○ Not currently tracking

D2. Number of coaching observations completed during the month:
* must provide value

○ [   ]
○ Not currently tracking

3.16   Tiered Supports – Universal Systems Reporting Incentive

Establish quality incentive payments for Agency Individualized Supported Living contractors who provide Individualized Supported Living services and submit defined data elements through a web-based data collection system.

3.16.1   Reporting Elements – A contractor who provides Individualized Supported Living services will be paid $174.00 for each month in which 100% of identified data elements have been submitted through the Division of Developmental Disabilities online data reporting system. The Contractor must submit the reporting month's data by the 15th day of the following month to meet incentive requirements. Mandatory organizational and positive behavior support (PBS) data elements are specified in the table below. Each data element will include the option to indicate that a contractor's tracking mechanism is "Not Currently In Place"; this will still meet reporting requirements for purposes of the incentive. Review of submitted monthly data and payment determination will be completed on a quarterly basis by the Division of Developmental Disabilities. For the purposes of this document, "PBS Skills" refers to skills included as part of a Division of Developmental Disabilities-approved PBS curriculum.

Tiered Supports Implementation

Who: Service providers offering Individualized Supported Living services that have provided data on a monthly basis.

How: DMH or contracted reviewers will apply tool (see example in couple slides) on a quarterly basis. Reviewing will generate report for provider. Provider may also self-score using same tool to determine performance payment amount.

NOTE: detailed training is being scheduled

Systems: Redcap

Tiered Supports Implementation

Incentive Recap

Establish quality incentive payments for DMH DD Agency Individualized Supported Living providers who successfully implement Tiered Supports

Payment earned and paid to DMH DD ISL agencies who implement Tiered Supports system using criteria defined in the provider contract.

Three levels of payment are available on a quarterly basis:
1. High Implementation Payment: The agency demonstrates evidence of substantial implementation of best practice positive behavior support on quarterly Tier One Systems Assessment. This includes adoption and execution of PBS values, regular data-based problem solving, regular communication channels, competency-based training and ongoing coaching of direct support staff, and data systems that capture agency processes and immediate outcomes. Payments of $15,000 paid to the provider are available, one for each quarter in which this level of implementation is met for the previous quarter. HCBS providers retain 100% of the value based payment incentive supplemental, including the Federal and State Share.

Tiered Supports Implementation

Incentive Recap

2. Moderate Implementation Payment: The agency demonstrates evidence of moderate implementation of best practice positive behavior support on quarterly Tier One Systems Assessment. This includes partial adoption and execution of PBS values, regular data-based problem solving, regular communication channels, competency-based training and ongoing coaching of direct support staff, and data systems that capture agency processes and immediate outcomes. Payments of $10,500 paid to the provider are available, one for each quarter in which this level of implementation is met for the previous quarter. HCBS providers retain 100% of the value based payment incentive supplemental, including the Federal and State Share.

3. Low Implementation Payment: The agency demonstrates evidence of minimal implementation of best practice positive behavior support on quarterly Tier One Systems Assessment. This includes planning for adoption and execution of PBS values, regular data-based problem solving, regular communication channels, competency-based training and ongoing coaching of direct support staff, and data systems that capture agency processes and immediate outcomes. Payments of $6,000 paid to the provider are available, one for each quarter in which this level of implementation is met for the previous quarter. HCBS providers retain 100% of the value based payment incentive supplemental, including the Federal and State Share.

Tiered Supports Implementation

Excerpt from Performance Review Tool

Universal Strategies Benchmarks of Quality	Agency Questions	Evidence to Submit	Quarterly DMH Assessment Questions	Points
Shared Values Implementation				
A. Shared Values have been adopted	1. Are Shared Values system implementation expectations outlined in policy/ procedures? (yearly)	☐ Upload Shared Values policy and procedure, indicate page if sharing full handbook (yearly)	1. Are the agencies values identified in the policy/procedure handbook?	1
B. Outlined behavioral expectations of values in matrix	1. Does the Shared Values Matrix outline behavioral expectations for stakeholders based on determined values and available opportunities to practice skills? (yearly) 2. Are Shared Values displayed in agency office, all service environments, and policy/procedure handbook? (yearly)	☐ # of ISL service locations and offices (yearly) ☐ Agency's Values matrix (yearly) ☐ Upload Photos of values matrix displays in office and 10 homes, or 20% of homes whichever is greater, if agency supports fewer than 10 homes pictures from 100% of homes should be submitted (yearly)	1. Does the number of matrix photos match or exceed 10 homes or 20% of agency service location? 2. Does the values matrix identify a variety of environments for stakeholders to practice the shared values? 3. Does the matrix use only positively stated ("to do") terms throughout, identifying what stakeholders CAN do to practice/represent the shared values rather than what they CANNOT do? 4. Are the shared values skills specific to identified environments? 5. If the matrix displays are decorative style- does it include specific "to do" phrased skills? (ex. "In this house we... list of priority matrix skills) 5. Are the matrix displays posted where they are visible for everyone?	1
C. Shared Values are taught regularly	1. Does the agency's teaching program provided for stakeholders include practice for skills defined within matrix? (yearly)	☐ ISP teaching program lesson plans (yearly)) ☐ Upload meeting minutes from all staff or 20% of individual ISL meetings (monthly)	1. Are there meeting minutes available for each month during the quarter? 2. Does the ISP program include opportunities and teaching methods for shared values? 3. Does the ISP program implementation checklist include the shared values as skill components?	2
D. Shared values are coached	1. Does the competency checklists include shared values skills from the matrix? (yearly) 2. Enter data or "not currently tracking" (monthly)	☐ competency checklists (yearly) ☐ # of coaching observations pledged during the month (monthly) ☐ # of coaching observations completed during the month (monthly)	1. Does the policy/ procedure identify who will do what, by when to ensure that values are taught, modeled, and reinforced on an ongoing basis agency-wide? 2. Does the competency checklist(s) include the shared values skills from the matrix? 3. Does the data reflect the number of coaching observations was greater than or equal to the number of staff employed during report months?	2

Tiered Support Implementation Draft Contract Language

3.17   **Tiered Supports – Universal Systems Performance Incentive**

Establish quality incentive payments for contractors providing Individualized Supported Living services who successfully implement tiered supports-universal systems.

3.17.1   **Performance Standards** – To be eligible for this incentive, a contractor providing Individualized Support Living services must meet the performance standards outlined in 3.17.2. Successful participation in the Tiered Supports – Universal Systems Reporting Incentive, as outlined in section 3.16, is a mandatory prerequisite for this incentive.

3.17.2   A contractor providing Individualized Supported Living Services will be paid 40%-100% of a total incentive amount of $15,000 each quarter based on the contractor's implementation of Tiered Supports – Universal Systems. Data collected under the section above will be used by the Division of Developmental Disabilities to determine whether contractor has low, moderate, or high implementation of Tiered Supports – Universal System. Quarterly, the Division of Developmental Disabilities will monitor specific performance standards and determine the appropriate incentive payment, as specified in the table. (see Tier One Implementation Level Assessment Guide)

Tiered Support Data Entry Training

January 24, 2023 1:00-2:00pm

Use phone camera to scan here to register:

Employment Reporting

Who: Employment Service Contractors (Career Planning, Job Development, Benefits Planning, Prevocational, and Supported Employment) who complete quarterly reporting of data elements for future VBP benchmarking.

How: Each quarter the contractor will submit an outcome report(s) for every individual in receipt of qualified employment services. A standalone report will be required for each qualified employment service provided to a single individual.

Systems: All reporting will be completed in **REDCap**

Employment Reporting

Value Based Payments - Employment Pay for Reporting PID 25

Record Home Page

This instrument will be used by agencies for the value based payments program at the Department of Mental Health (DMH). Answers will be provided to the department for review and payment.

NOTICE: Only authorized personnel are allowed to sign on. You are accessing protected health information. Improper use or disclosure of this information is potentially punishable by both civil and criminal penalties pursuant to state and federal laws, including but not limited to HIPAA (PL 104-191) and 42CFR Part 2.

The REDCap system creates an audit trail of all actions by each user, including all data viewed or changed.

Record "5" is a new Record ID:. To create the record and begin entering data for it, click any gray status icon below.

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event.

Legend for status icons:
- Incomplete
- Incomplete (no data saved) ?
- Unverified
- Many statuses (all same)
- Complete
- Many statuses (mixed)

NEW Record ID: **5**

Data Collection Instrument	FY23	FY23Q1 - JUL1 to SEP30	FY23Q2 - OCT1 to DEC31	FY23Q3 - JAN1 to MAR31	FY23Q4 - APR1 to JUN30
Provider Information	○				
DMHID	○				
Benefits Planning		○	○	○	○
Career Planning		○	○	○	○
Job Development		○	○	○	○
Prevocational Services		○	○	○	○
Supported Employment		○	○	○	○
Supported Employment - Additional Employers (if applicable)		○	○	○	○
DMH Review		○	○	○	○

Employment Reporting

⊕ Adding new Record ID: **5**.

Event: **FY23**

Record ID: 5

> IMPORTANT: Record must be placed in "Completed" status for submission to DMH reviewers.
> Some questions will be automatically skipped based on provided responses.
>
> Provider and DMHID information are required prior to completing quarterly reporting.

Employment VBP Reporting
Provider Information

Provider name:
* must provide value

Abilities First ▾

(If provider name is not found please contact redcapadmingroup@dmh.mo.gov)

Provider Medicaid (85) number:
* must provide value

850000000

Contact Name:

Enter contact last name , Enter contact first name

Contact phone number:
* must provide value

888-888-8888

Contact e-mail:
* must provide value

janedoe@provider.com

This e-mail will be used for future REDCap correspondence.

Form Status

Complete?

Incomplete ▾

Lock this record for this form? If locked, no user will be able to edit
this record on this form until someone with Lock/Unlock privileges
unlocks it. Records should be locked at the end of the reporting
period.

☐ 🔒 Lock

[Save & Exit Form] [Save & Go To Next Form ▾]

[– Cancel –]

Employment Reporting

Employment Reporting

Value Based Payments - Employment Pay for Reporting   PID 25

⚏ Record Status Dashboard (all records)

Displayed below is a table listing all existing records/responses and their status for every data collection instrument (and if longitudinal, for every event). You may click any of the colored buttons in the table to open a new tab/window in your browser to view that record on that particular data collection instrument. Please note that if your form-level user privileges are restricted for certain data collection instruments, you will only be able to view those instruments, and if you belong to a Data Access Group, you will only be able to view records that belong to your group.

Legend for status icons:
- 🔴 Incomplete   ⚪ Incomplete (no data saved) ？
- 🟡 Unverified   🟢🟡🔴 Many statuses (all same)
- 🟢 Complete   🔵 Many statuses (mixed)

Dashboard displayed: [Default dashboard] ▾

Displaying Data Access Group Center for Human Services ▾

Displaying record Page 1 of 1: "1869-1" through "1869-1" ▾ of **1** records   ALL (1) ▾ records per page

+ Add new record

Table not displaying pro

Displaying: Instrument status only | Lock status only | All status types

	FY23		FY23Q1 - JUL1 to SEP30							FY23Q2 - OCT1 to DEC31							FY23Q3 - JAN1 to MAR31						
Record ID:	Provider Information	DMHID	Benefits Planning	Career Planning	Job Development	Prevocational Services	Supported Employment	Supported Employment - Additional Employers (if applicable)	DMH Review	Benefits Planning	Career Planning	Job Development	Prevocational Services	Supported Employment	Supported Employment - Additional Employers (if applicable)	DMH Review	Benefits Planning	Career Planning	Job Development	Prevocational Services	Supported Employment	Supported Employment - Additional Employers (if applicable)	DMH Review
1869-1 1111111 (,) -	🟢	🟢	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪	⚪

Employment Reporting

Employment VBP
Benefits Planning

Has the individual ended Benefits Planning?
* must provide value

○ Yes
○ No

reset

Select 'Yes' if the individual has successfully or unsuccessfully completed the service. Select 'No' if the individual is still receiving the service.

Service start date:
* must provide value

M-D-Y 📅 M-D-Y

First date in which billable activity has occurred.

Number of units delivered this reporting period:
* must provide value

Enter units delivered during reporting period

Number of cumulative units delivered during service:
* must provide value

Enter cumulative units delivered

Provider Attestation

(Insert attestation language)

Type name here:

Enter first name   Enter last name

Submission date: M-D-Y 📅 Today   M-D-Y

* must provide value

〰 Add signature

Form Status

Complete?   Incomplete ✔

Lock this record for this form? If locked, no user will be able to edit this record on this form until someone with Lock/Unlock privileges unlocks it. Records should be locked at the end of the reporting period.

☐ 🔒 Lock

Save & Exit Form   Save & Go To Next Form   ▼

– Cancel –

Employment Reporting

Employment VBP
Career Planning

Has the individual ended Career Planning services?
* must provide value

Ⓗ

○ Yes
○ No

reset

Select "Yes" if the individual has successfully or unsuccessfully completed the service. Select "No" if the individual is still receiving the service.

Service start date:
* must provide value

Ⓗ [M-D-Y] 📅 M-D-Y

First date in which billable activity has occurred.

Number of units delivered this reporting period:

[Enter units delivered]

Number of cumulative units delivered during service:

[Enter cumulative units delivered]

Activities	Count of events completed for the current reporting period	Number of days spent on activity completion this quarter
Community and resource mapping	0	-
Community based assessment (paid)	0	0
Community based assessment (unpaid)	0	0
Discovery interview	0	0
Facility-based assessment (situational assessment)	0	0
Facility-based assessment (vocational testing)	0	0
Informational interview	0	0
Job shadow	0	0
Other	0	0

Employment Reporting

Employment VBP
Job Development

Has the individual ended Job Development?
* must provide value

○ Yes
○ No

reset

Select "Yes" if the individual has successfully or unsuccessfully completed the service. Select "No" if the individual is still receiving the service.

Service start date: M-D-Y   📅 M-D-Y
First date in which billable activity has occurred.

Units billed for this reporting period
Enter units delivered

Cumulative units billed for completion of this service
Enter cumulative units delivered

Activities	Count of events completed for the current reporting period	Number of days spent on activity completion this quarter
Applications submitted	0	0
Employer meeting	0	0
Employers contacted	0	0
Job interview	0	0
Job shadow/trial	0	0
Mock interview	0	0
Task analysis/Job analysis	0	0
Video resumes/personal portfolios developed	0	0
Other	0	0

Employment Reporting

Employment VBP
Prevocational Services

Has the individual ended Prevocational Services?
* must provide value
- ○ Yes
- ○ No

Select 'Yes' if the individual has successfully or unsuccessfully completed the service. Select 'No' if the individual is still receiving the service.

Service start date:
* must provide value

(H) M-D-Y 📅 M-D-Y
First date in which billable activity has occurred.

What type of prevocational services are being delivered?
* must provide value

(H)
- ○ Group
- ○ Individual
- ○ Both

Number of units provided in community based activities:
* must provide value

(H) Enter units delievered in community setting

Number of units provided in a facility setting:
* must provide value

(H) Enter units provided in facility setting

Number of service units delivered during this reporting period:
* must provide value

(H) Enter number of units delivered

Cumulative number of service units delivered for service completion:
* must provide value

(H) Enter cumulative units delivered

Skill/goal	Developmental Progress		
Accepting feedback • Is this a skill being developed as an objective of Prevocational Services? ○ Yes ○ No reset	**Baseline:** **Current threshold:** **Targeted threshold:**	0 - 25% (undeveloped skill) ▾ 0 - 25% (undeveloped skill) ▾ 0 - 25% (undeveloped skill) ▾	
Attendance/punctuality (ex. arriving to work on time, returning from breaks) • Is this a skill being developed as an objective of Prevocational Services? ○ Yes ○ No reset	**Baseline:** **Current threshold:** **Targeted threshold:**	0 - 25% (undeveloped skill) ▾ 0 - 25% (undeveloped skill) ▾ 0 - 25% (undeveloped skill) ▾	

Employment Reporting

MISSOURI DIVISION OF
DEVELOPMENTAL DISABILITIES

Supported Employment
Enter one form per employer where the individual was employed during the reporting period.

Do you have additional employers to enter for the individual?	○ Yes ○ No
What type of supported employment is being delivered? * must provide value	○ Group ○ Individual ○ Both
Name of employer: * must provide value	Enter employer name
Has the individual ended employment? * must provide value	○ Yes ○ No
Employment start date: * must provide value	M-D-Y 📅 M-D-Y The day the individual started their job.
Date employment supports began: * must provide value	M-D-Y 📅 M-D-Y First date in which billable activity has occurred.
Employer benefits at time of reporting period (check all that apply): * must provide value	☐ Paid personal leave ☐ Paid sick leave ☐ Insurance (health, dental or vision) ☐ Retirement plan ☐ Other:
Total number of hours worked by the individual for this reporting period: * must provide value	Enter the number of hours worked by the indiv
Total number of hours of staff support for this reporting period: * must provide value	Enter number of staff support hours
Percent of staff presence for work hours in this reporting period: * must provide value	View equation

Skill/goal	Developmental Progress	Fading Strategy (check all that apply)
Accepting feedback • Is this a skill being developed as an objective of Supported Employment? ○ Yes ○ No reset	**Baseline:** 0 - 25% (undeveloped skill) ⌄ **Current threshold :** 0 - 25% (undeveloped skill) ⌄ **Targeted threshold:** 0 - 25% (undeveloped skill) ⌄	☐ Accommodations ☐ Assistive technology ☐ Decreasing use of job coach ☐ Increasing use of natural supports ☐ Job modification ☐ Job restructure ☐ Other:

Employment Services

Establish Quality Incentive Payments for Employment Service Contractors (Career Planning, Job Development, Benefits Planning, Prevocational, and Supported Employment) Who Complete Quarterly Reporting of Data Elements for Future VBP Benchmarking.

3.21.1   Employment Supports – Quarterly Reporting Incentive – If reporting measures are met as outlined in the table below, a contractor providing qualified employment services will be paid $55 per report.

- Reports will be submitted quarterly per individual, per employment service.

- Qualified employment services are Career Planning, Job Development, Benefits Planning, Prevocational, and Supported Employment.

Employment Reporting Detailed Training Session

January 5th & 12th @ 11:00am to 12:30pm

- January 5th Registration

- January 12th Registration (repeated session)

Target audience: Employment service providers who would be completing quarterly reporting

Data Collection Entry Timeline

REDCap opens January 17th to request user access and enter incentive data. Portal open for 45 days.

Future Periods:

- **Incentive opens the day after the reporting period closes.**

- **Incentive reporting closes the 15th of the 2nd month after opening or 15th of the month for monthly reports.**

- **Examples:**

  - **Monthly Period: Jan 1 – Jan 30; opens Feb 1; closes Feb 15th**

  - **Quarterly Period: Jan 1 – Mar 30; opens Apr 1; closes May 15th**

  - **Biannual Period: Jan 1 – Jun 30; opens July 1; closes Aug 15th**

- **Incentive record change to locked status. No additional provider entry or changes will be accepted.**

Provider Contracts

- **Contracts will be distributed after webinars to allow for comment.**

- **Comments will be accepted through this webinar or Division mailbox at ddmail@dmh.mo.gov – with Subject Line: VBP Provider Contract**

- **No incentives payments will be made until contracts are signed, returned to the department, and deemed effective.**

Resources

Value Based Payment Website: https://dmh.mo.gov/dev-disabilities/value-based-payments

Incentive Table: https://dmh.mo.gov/media/pdf/vbp-incentive-table

Incentive Questions/Responses:
https://dmh.mo.gov/media/pdf/vbp-questions-and-responses

Resources

REDCap Overview:

https://redcap.vanderbilt.edu/consortium/videoplayer.php?video=redcap_overview_brief02.flv&title=Brief+Overview+of+REDCap+%285+min%29&text=This+quick+5-minute+video+gives+a+quick+run-down+of+what+REDCap+is+and+what+it+can+do.&referer=REDCAP_PUBLIC

REDCap Data Entry Overview:

https://redcap.vanderbilt.edu/consortium/videoplayer.php?video=data_entry_overview_02.mp4&title=An%20Overview%20of%20Basic%20Data%20Entry%20in%20REDCap&referer=redcap.vanderbilt.edu

Questions

Emails may be submitted to the Division mailbox at ddmail@dmh.mo.gov – with Subject Line: VBP Data Collection