

# QIP Workgroup

September 15, 2025



# HOUSEKEEPING



Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en "Spanish" y seleccione "Mute original audio."



ASL interpreters have been "Spotlighted" and live closed captioning is active

- Raise hand, say first name and **speak slowly**



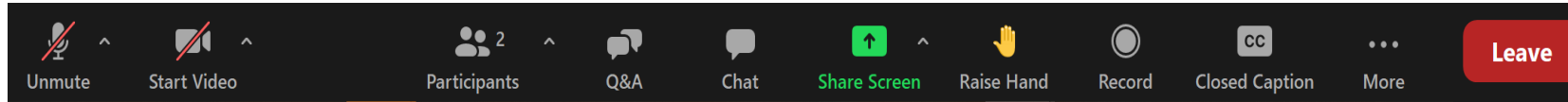
This meeting is being recorded



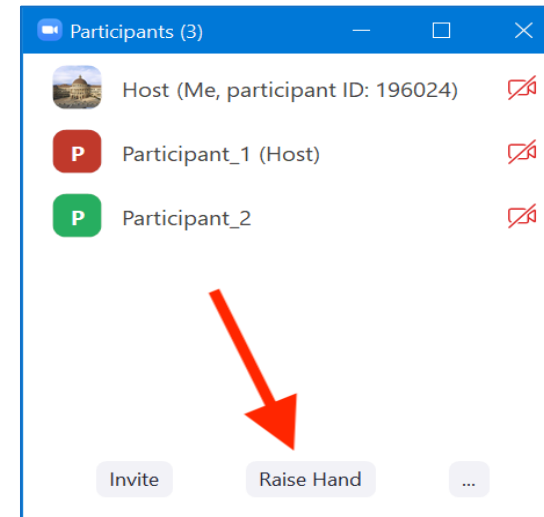
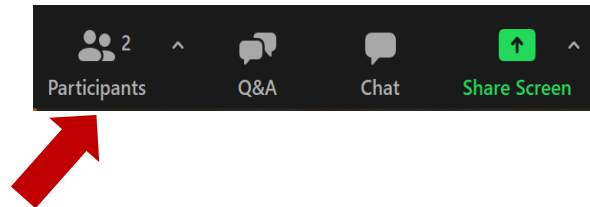
Materials are available at: <https://www.dds.ca.gov/initiatives/stakeholder-events/>

# PROVIDING COMMENTS – WORKGROUP MEMBERS

**Workgroup Members:** Please use the “Chat” or “Raise Hand” to comment



You may need to click on “Participants” and a new window will open where you can “Raise Hand”



# AGENDA



QIP One-Time Incentive Updates



Data Collection Measures for Fiscal Year 2026-27 QIP



PAVE: Informed Choice and User Satisfaction



Upcoming Training and Resources



Future Measure Development: FY 2027-28

# QIP ONE-TIME INCENTIVE UPDATES

QIP Measure	Tentative Date Available	Participants /Payments	Amount Paid
Employment Access 24/25 (Q2)	7/22/2025	266	\$181,200.00
Employment Capacity 24/25 (Q2)	<b>In Process</b>	42	\$126,000.00
Employment Capacity 24/25 (Q3)	<b>In Process</b>	201	\$591,125.00
Employment Access 24/25 (Q3)	*9/10/2025		
Provider Directory - Wave 2	*9/12/2025		
Early Intervention 2024 (Final Sweep: Q1 - Q4)	*10/6/2025		
Employment Access 24/25 (Q4)	*10/15/2025		
Employment Capacity 24/25 (Q4)	*10/15/2025		

**Total Incentives Approved: \$91,952,974**

## **QIP Reporting Measures for FY 2026-27 Rate**

# QIP Key Terms



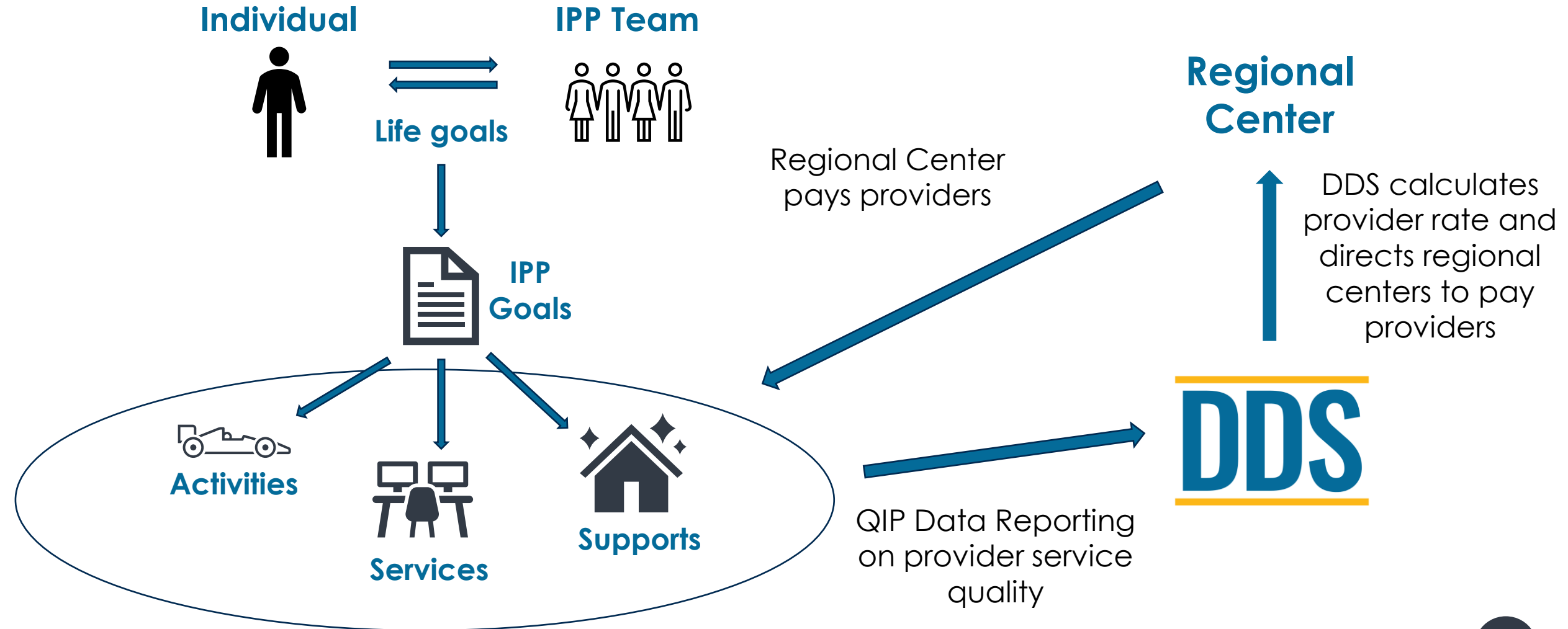
**Reporting Measures:** Data points that providers will be asked to report in QIP surveys. These data help to set a baseline for future comparisons.

**Performance Measures:** Data points that providers will be asked to report on in the future which will indicate the quality of the services they provided.

**Compliance Requirements:** Meeting the standard vendorization requirements in the California Code of Regulations, Title 17.

**Eligibility Requirements:** Meeting the requirements to participate in the QIP.

# QIP VISION: FUTURE SYSTEM



# MEASURING INDIVIDUAL OUTCOMES



1. Understand individual's life goals, desired outcomes, and needs
2. Support individual to make goals measurable and document them
3. Determine appropriate services and supports to support individual in goal attainment
4. Measure progress of individual in achieving their goals
5. **(QIP) Measure effectiveness of services and supports in supporting individual to reach goals.**
  - **Current reporting measures are building blocks for future measures**
  - **Goal: All providers achieve 100% of the benchmark rate through the QIP.**
6. Adjust services and supports as appropriate.




# COMMUNITY PARTNER ENGAGEMENTS TO DATE

QIP Domain	Previous Engagement
Employment	4 meetings <i>(12/17/24, 1/17/25, 2/27/25, 5/5/25)</i>
Prevention & Wellness	2 meetings <i>(3/3/25, 5/12/25)</i>
Provider Capacity	7 meetings <i>(12/10/24, 12/16/24, 1/16/25, 2/11/25, 7/2/25, 7/25/25, 8/18/25)</i>

# MEASURES AND RELATED SERVICE CODES

Domain	Reporting Measure (Finalized)	QIP Provider
Employment	<ul style="list-style-type: none"><li>Report on:<ul style="list-style-type: none"><li>Training/credentialing of employment specialists, and</li><li>Job attainment and retention for individuals receiving employment supports</li></ul></li></ul>	Supported Employment Programs: 950, 952
Prevention & Wellness	<ul style="list-style-type: none"><li>Report on if residents are up-to-date on selected preventative screenings (e.g., annual wellness visits)</li><li>Provide a rationale for any residents who are not up-to-date on selected preventative screenings (e.g., resident declined)</li></ul>	Residential Providers: 096, 113, 114, 900, 901, 904, 905, 910, 915, 920, 163*
Provider Capacity	<ul style="list-style-type: none"><li>Report on provider capacity characteristics, such as the ZIP codes that the provider serves, language access options for consumers, information on provider workforce including the number of professionals and their compensation.</li></ul>	All QIP service providers


# EXITING PROVIDERS: HOW TO EARN FY 2026-27 QIP RATE

- ✓ 1. Did you operate under a QIP eligible service code in FY 2024-25?
- ✓ 2. Have you met these foundational vendor requirements:
  - Provider Directory Registration
  - Electronic Visit Verification (EVV)
  - Home and Community Base Services (HCBS) Final Rule
  - Independent Audits/Reviews
- ✓ 3. Attend the training and review the resources related to your service codes:
  - Residential Providers (Prevention and Wellness): 10/6/2025
  - Employment Providers (Employment): 10/8/2025
  - All providers operating under a QIP service code (Provider Capacity): 10/10/2025
- ✓ 4. Look for an email from the Department in early November containing a link to the appropriate survey(s).
- ✓ 5. Complete the survey(s) by January 31, 2026.
-  6. Receive your Quality Incentive Rate (QIP rate) for the entirety of FY 26/27.


# QIP MILESTONES AND TIMELINE

To access their full benchmark rate (90% base rate + 10% quality incentive rate) in FY 2026-27, providers must participate in QIP data collection in FY 2025-26.


**September – October 2025:** Attend trainings or review video recordings on data collection process (training schedule to be finalized)



**November 2025 :** Receive emailed link to QIP survey(s)



**November 2025 – January 2026:** Complete QIP survey(s)



**February 2026 – March 2026:** Rate calculations and compliance checks



**July 2026 – June 2027:** Receive full benchmark rate based on completeness and accuracy of reporting.

# OVERVIEW OF EMPLOYMENT MEASURES

## Provider Training Measure

Number and proportion of provider staff delivering employment services who have obtained:

- **ACRE training** and/or
- **CESP credentialing**/re-credentialing

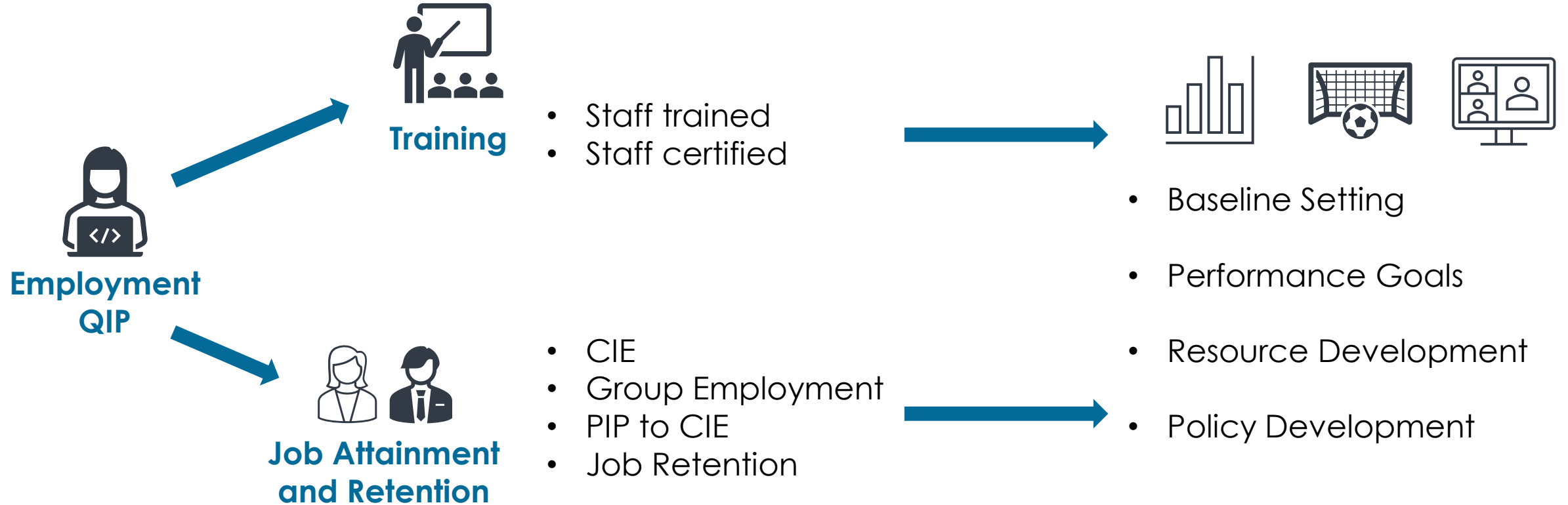
## Job Attainment and Retention Measure

Number and proportion of individuals served who achieved any of the following milestones:

- **Attain individual CIE**, including, but not limited to those who:
  - Transition from internships to individual CIE
  - Transition from group employment to individual CIE
  - Transition from day or educational programs to individual CIE
- **Attain group employment**, including, but not limited to those who:
  - Transition from day or educational programs to group employment
  - Transition from an internship to group employment
- **Attain a paid internship program (PIP)**
- **Stay in their job for at least 30 days, or 6, 12, 18, and 24 months**

***Beyond the individuals who attain these milestones, providers will also report if any of these milestones were achieved as a transition from another service.***

# EMPLOYMENT: DATA COLLECTION AND APPLICATION



Eligible Service Types: Employment Services Providers (950 and 952)

# EMPLOYMENT– RATE STRUCTURE (FY 26/27)

## QIP Rate Structure: FY 26/27

Quality Incentive  
Rate (10%)

Base Rate (90%)

Employment Measure: (5%)  

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Provider Capacity (5%)

Service Delivery (90%)

For service codes subject to the **Employment** measure, that measure will count for **50%** and the **Provider Capacity** measure will count for the other **50%** of the quality incentive rate.

**Note:** This breakdown is at the service code level, not the provider level.

# OVERVIEW OF PREVENTION & WELLNESS MEASURES

## Prevention and Wellness Measure Development

Residential service providers can earn either a one-time incentive (\$1,000 per resident) or their Quality Incentive rate for reporting on preventative health screenings received by their residents.

- Providers will be required to report on the screening status of **all residents they are serving**.
- **New service codes can participate**, including residential providers serving **children**. Through input from community partners, DDS has identified child-specific screening measures that these providers will report on.

- RCFEs and EBSHs can earn one-time cash incentives.
- FHAs, Residential Facilities Serving Adults and Residential Facilities Serving Children can earn their Quality Incentive rate.

# OVERVIEW OF PREVENTION & WELLNESS MEASURES

## Screenings for Adults—REPORTING ONLY

- **Primary care visit** (At least once in the last year; Adults ages 18+)
- **Dental exam** (At least once in the last year; Adults ages 18+)
- **Cervical cancer screening** (At least once in the last three years; Women ages 21-65)
- **Breast cancer screening** (At least once in the last two years; Women ages 50-74)
- **Colorectal screening** (At least one stool-based test in the last year, flexible sigmoidoscopy in the last five years, or colonoscopy in the last ten years; Adults ages 45-75)

## Screenings for Children—REPORTING ONLY

- **Annual Wellness Visit** (see [AAP periodicity schedule](#))
- **Dental exam** (see [AAPD recommendations](#))
- **Vision exam or risk assessment** (see [AAP periodicity schedule](#) for frequencies and [AAO guidance](#) on choosing vision exams)
- **Immunizations** (up to date on [California immunization requirements](#) for Kindergarten-12th Grade)
  - Polio, DTaP, Tdap, Hepatitis B, MMR, and Varicella

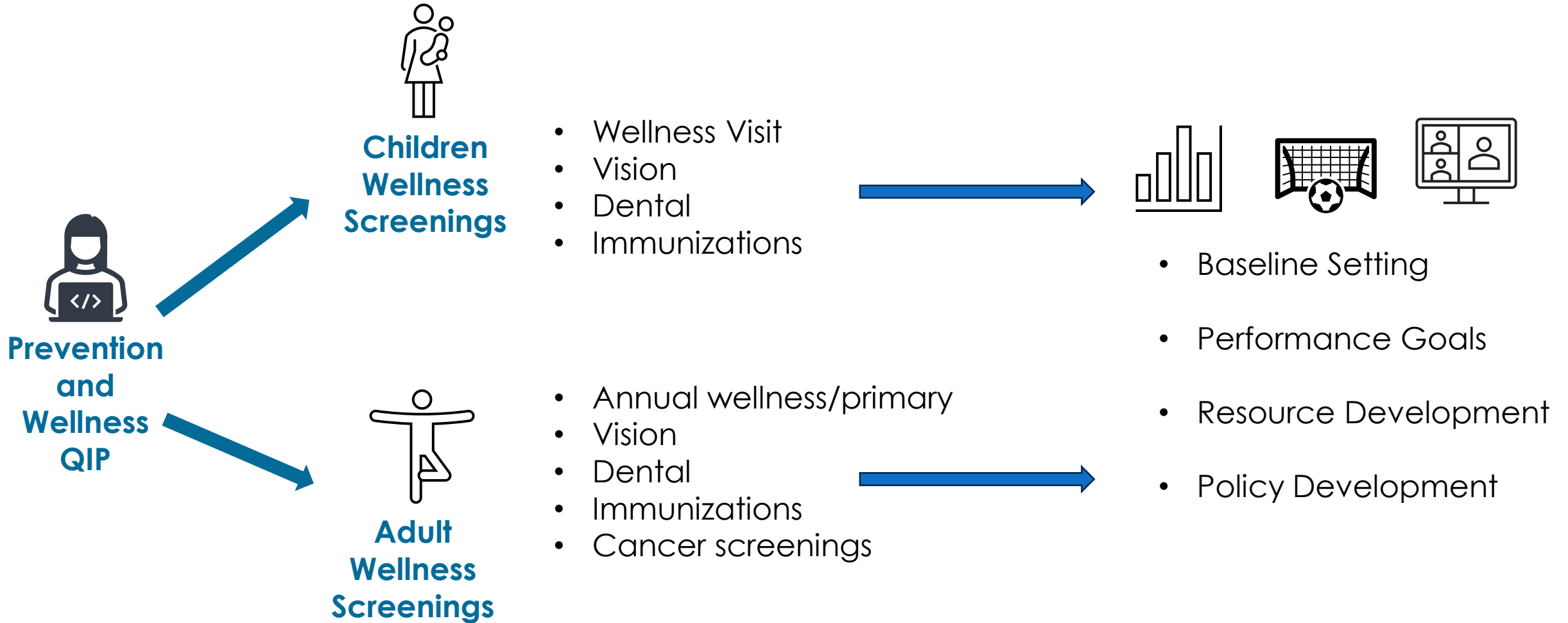
• **Resident Identification:** DDS will send each provider a list of individuals who resided with the provider for at least one month as of July 1, 2025.

• **Reporting:** To earn their quality incentive rate for FY 2026-27, providers would need to report on whether each resident is up-to-date for each applicable preventive screening.

- If a resident is not up-to-date on their preventive screening, a rationale for why must be provided.

• **Attestation:** Providers will attest to the accuracy and completeness of their reporting.

# PREVENTION AND WELLNESS: DATA COLLECTION AND APPLICATION



Eligible Service Types: Residential service providers

# PREVENTION AND WELLNESS – RATE STRUCTURE (FY 26/27)

## QIP Rate Structure: FY 26/27

Quality Incentive  
Rate (10%)

Base Rate (90%)

Prevention and Wellness: (5%)  
Provider Capacity (5%)

Service Delivery (90%)

For service codes subject to the **Prevention & Wellness** measure, that measure will count for **50%** and the **Provider Capacity** measure will count for the other **50%** of the quality incentive rate.

**Note:** This breakdown is at the service code level, not the provider level.

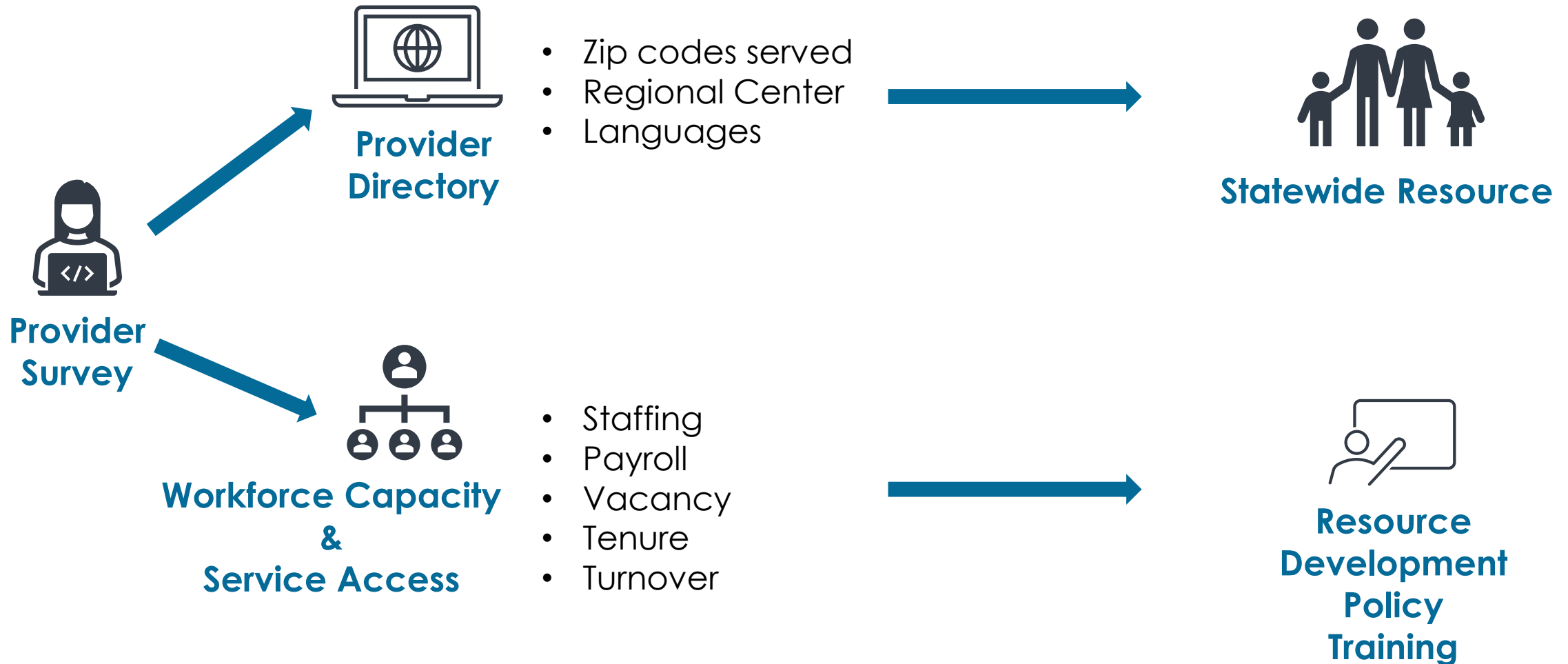
# OVERVIEW OF PROVIDER CAPACITY MEASURE

## Provider Capacity Measure

- All providers will report data on the following:
  - The **ZIP codes that the provider serves**
  - The **languages spoken by staff**/ the availability of language access services for specific languages, ASL, etc.
  - If the provider is an **agency or an independent provider** (i.e., sole proprietor/ does not employ any staff).
- Based on an updated version of the Workforce Survey, providers will respond to a **single survey on workforce capacity**. Depending on the services rendered, the provider will report data about:
  - Direct Support Professionals (DSP)s,
  - Adaptive Skills Training and Behavioral Services providers (behavior analysis, behavior management consultants, etc.)
  - Specialized Services Providers
  - Early Start And Infant Development Services Providers
  - Transportation providers.

**Longer-Term Goal:** Publish this information in the public facing Provider Directory.

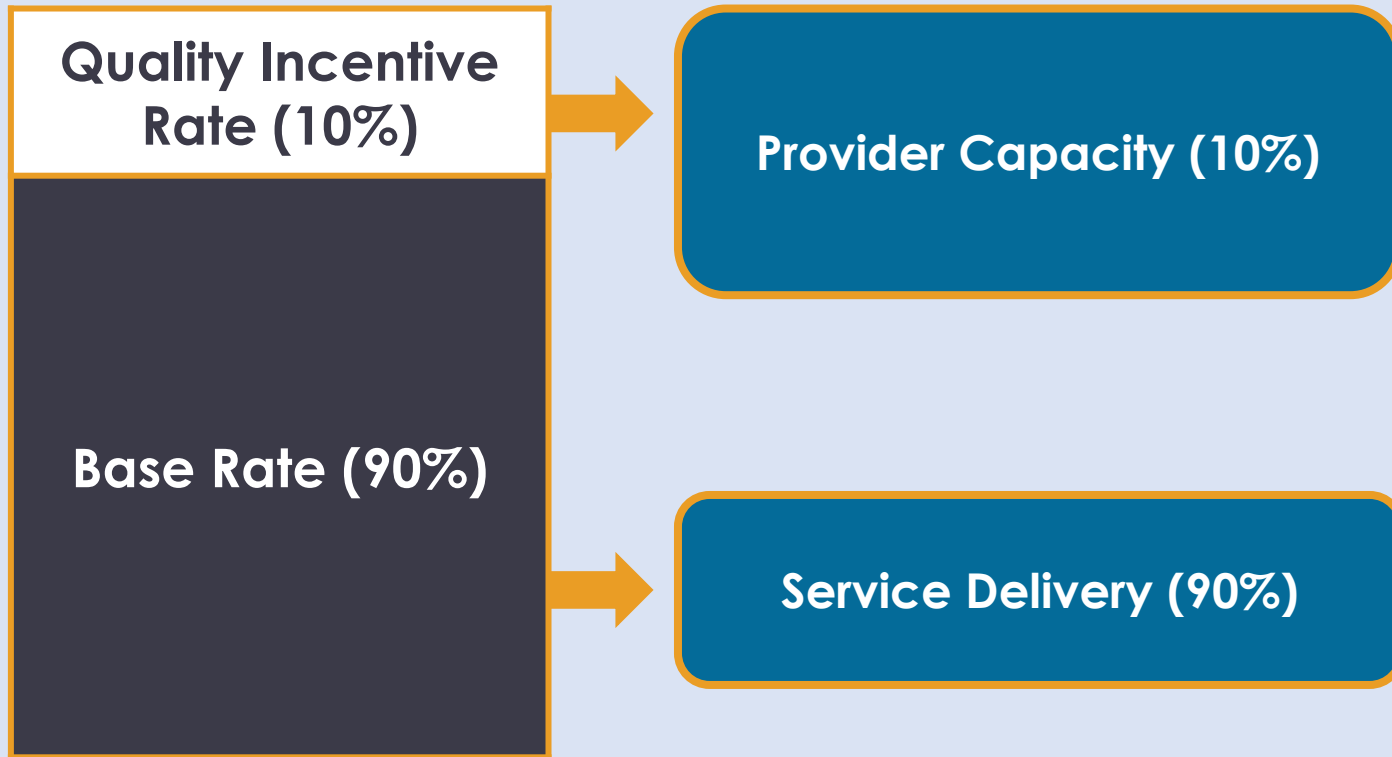
# PROVIDER CAPACITY: DATA COLLECTION AND APPLICATION



Eligible Service Types: All QIP eligible service codes

# PROVIDER CAPACITY– RATE STRUCTURE (FY 26/27)

## QIP Rate Structure: FY 26/27



Performance on the Provider Capacity measure will inform 100% of the quality incentive rate for QIP eligible service codes not eligible for employment and prevention and wellness measures.

**Note:** This breakdown is at the service code level, not the provider level.

# DEVELOPMENT TIMELINE FOR INITIAL SET OF MEASURES

**DDS is also considering an additional cycle of pay-for-reporting (P4R) data collection to improve benchmark data, gather meaningful input from community partners, and adequately train providers to prepare for quality measures.**

CY 2025			CY 2026				CY 2027				CY 2028	
Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>Phase 1</b> <i>(in progress)</i> <ul style="list-style-type: none"> <li>• Build data collection/ reporting infrastructure</li> <li>• Create P4R measures</li> <li>• Train providers on reporting</li> <li>• Collect data from providers</li> <li>• Calculate FY 2026-27 quality incentive payments</li> </ul>			<b>Phase 2</b> <ul style="list-style-type: none"> <li>• Analyze FY 2026-27 measure data</li> <li>• Gather community partner feedback</li> <li>• Refine P4R measures FY27-28 and announce measures</li> <li>• Train providers on reporting</li> </ul>				<b>Phase 3</b> <ul style="list-style-type: none"> <li>• Collect data from providers</li> <li>• Calculate FY27-28 quality incentive payments</li> <li>• Determine benchmarks and performance targets for future measures based on analysis and community partner feedback</li> <li>• Create measure specifications for FY28-29 quality measures</li> <li>• Train providers on reporting</li> </ul>				<b>Phase 4</b> <ul style="list-style-type: none"> <li>• Collect data from providers</li> <li>• Calculate FY28-29 quality incentive payments</li> </ul>	

DDS plans to engage the Workgroup and various community partners during Phase 2 to share results of provider data collection and gather input to refine the measure for FY 2027-28.

# PAVE – Informed Choice and User Satisfaction

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# Update on the PAVE Service Outcomes Project

California Community Living Network



# Currently in process.....



The PAVE Portal –  
Development, system  
testing and User  
Acceptance Testing



Set up and recruitment  
for the pilot in First  
Regional Center – Alta  
California



Recruitment for  
Measure testing survey.



Recruitment of Regional  
Centers for main  
implementation and  
evaluation



Development of PAVE  
training curriculum



Development of helpful  
tools and resources for  
the Portal.

# Recap: PAVE and the Quality Incentive Program (QIP)

- The PAVE measures are designed to measure a wide range of potential indicators of quality including:
  - Choice and control (included informed choice)
  - Satisfaction with services and support they receive (individuals and families)
  - Satisfaction with other elements of their life (with objective context)
- But also...
  - Whether people are achieving the goals they set for their lives – short term and long term.
  - Whether people are being supported towards greater independence and control
  - Employment support
  - Whether people's preferred language is being used.
  - The changes people are experiencing in their lives
  - Information on staff characteristics and training.
  - And much more.....

# Service quality - Measurement approach

CORE Indicators and  
measures

Service Specific indicators  
and measures (will be  
added to over time)

# Evaluation is a really important part of the PAVE Service Outcomes project

Conducted by the Institute on Community Integration

## Measure testing

- Are the PAVE measures “good” measures – do they actually measure what we want them to measure?
- Do the PAVE measures give similar results to other outcomes-focused measures?
- Can we use the measures to identify change over time?

## People’s experience of using software system, training, measures and data dashboards; usefulness of system; Training fidelity

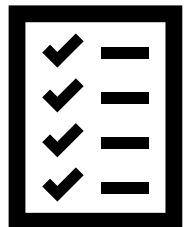
- Preliminary pilot in one regional center.
- Main evaluation in four regional centers; approx. 40 providers; 4 services types; 400-500 Individuals and their Circles of Support.

## Impact of using the system – training, resources, profile and plans, data dashboards.

- Changes in Quality of life and views and experiences of services over time (Main evaluation phase).

# What are we doing to “test” the measures?

- In the PAVE system the measures of quality and outcomes will be embedded in the system. People can do them at their own pace and will be able to update their profile without having to start from scratch every time.
- However, to test them we are asking people to complete them as a series of surveys.
  - Adults with developmental disabilities receiving regional center services
  - People who can act as a representative for someone receiving regional center services
  - Family and friends of people with developmental disabilities using RC services.
- Some people will be asked to do the measures twice.
- Some people will be asked to also do another existing and validated outcomes measure.
- The de-identified data is independently analyzed by the data analysts and evaluation team at the University of Minnesota.



# Why is this important?

- There are currently no systems or measures of service quality in use across the US that:
  - Measure outcomes and change in outcomes and quality at individual level.
  - Can measure changes over time at individual level, service provider level, service type, regional center and at state level.
  - Have been shown by robust methods to be valid and reliable measures of quality.
  - Include ongoing validation of data quality and accuracy
  - Provide a way to include the lived experience of people who cannot respond to surveys and interviews that does not rely solely on proxy respondents.
- If measures are going to be used in any way to determine funding now or in the future, they must be valid and reliable measures. We have to be able to trust the data they give us.
- We also want the measures to be comprehensive but as efficient as possible. We need to use statistical methods to select the most useful indicators to be used in the QIP.



To those who have already completed the surveys!

- ...to recruit at least 100 adults with developmental disabilities who can respond to questions themselves (although can have help), 100 representatives and 100 family members or friends, who use and/or know someone who receives the following types of services:
  - Supported Living services
  - Independent Living services
  - Supported Employment services
  - In-home Respite services
- ...to find some people where we could ask both the adult who receives the service AND a representative AND/OR a family or friend to do the relevant surveys.

# How can you help?

- Complete a consent form if you are in one of the groups.
- Send out the announcement flyer that we will drop in the Chat to your networks.
- Tell people you support about it. Use the easy read version of the information if helpful.
- Send them the link to the website where they can find more information.
- Help people to read the information and decide if they would like to participate.
- Send us ideas about events or other ways that we could tap into to help us recruit.



# Participate now

Go to our website (<https://www.ccln.org/Get-involved>)  
Click on the “Find Out More” button relevant to you.

## People who use Regional Center Services

If are 18 years or older, use Regional Center services AND can answer questions about your life and the services your receive, please fill out our “Self Report” survey. You can have someone help you (for example, by reading the questions to you) but **your answers must be your own**.

[Find out More about participating as someone who receives Regional Center services](#)

[Easy to read project information.](#)

## Representatives of children and adults who receive Regional Center Services

If you are a family member or advocate for someone with intellectual/developmental disabilities who receives Regional Center services, we would like you to test our “Representatives survey”. You should know the person well (at least for a year). You should NOT be their paid support staff or service coordinator. You do not need to share the person’s name or other identifying details.

[Find out More about participating as a representative of someone who uses services](#)

## Family Members and Friends of people who receive Regional Center services

If you are parent, sibling, grandparent, other relative or close friend of someone with an intellectual/developmental disability, we want your help testing our “Family and Friends Views and Experiences” survey. We want to learn more about how families and friends feel about the services their relative or friend receives.

[Find out More about participating as a family member or friend of someone who receives services](#)

You can also scan these QR codes – it will take you to the detailed information and consent form.

For people with IDD who receive  
Regional Center Services

MEASURE: Service Quality and  
Outcomes: Self Report Version



For people who could act as a  
representative of someone with  
IDD who uses RC services.

MEASURE: Service Quality and  
Outcomes: Representative Version



For the family members or  
friends of people with IDD who  
use RC services.

MEASURE: Service Quality and  
Outcomes: The Views and  
Experiences of Family and Friends



Thank you!!





# Upcoming Training and Resources

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# PROVIDER REPORTING MEASURE RESOURCES

**DDS will be releasing packets of resources for each of the three reporting measures (Prevention and Wellness, Employment, and Provider Capacity).**



**FACT SHEET**



**FAQ**



**WORKSHEET**



**Recorded  
Trainings**

# DATA COLLECTION TRAINING

Trainings will be held for each data collection measure:

- 1) Prevention and Wellness** (10/6/2025)
- 2) Employment** (10/8/2025)
- 3) Provider Capacity** (10/10/2025)

Registration to be added to stakeholder events page and QIP webpage.

Recordings of the trainings will be posted on the QIP Webpage.



## **Future Measure Development: FY 2027-28**

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# SERVICE CODE GROUPINGS

Measure development for FY 2026-27 focused on evolving one-time incentives. The QIP measure development approach will organize internal and external work around distinct service code groups.

## Proposed Service Code Groups

- Day programs
- Employment services
- Training and support services
- Residential services
- Professional Services / Early Start
- Transportation

## Team-Based Structure

- **Update internal structure:** Teams will lead measure development for each service code group—leveraging service expertise.
- **Community engagement:** Each service code group team will convene community partner focus groups comprised of self-advocates, family members, providers, and other **community partners** to provide regular input on measure development.

Community partners will be invited to review program and policy objectives in each service code group, define quality/outcomes for each service, and develop potential QIP measures.

# EVOLVING CURRENT MEASURES



Continue improving current measures for FY 2026-2027.



Collect and analyze data (two rounds of data collection).



Refine and add reporting and performance measures as possible.



**Goal: link measures to performance targets in the future.**

# MEASURE DEVELOPMENT PHASES

## Data Collection

- Develop vision and goals
- Identify data needed
- Providers receive incentive rate for reporting required data

## Target Setting

- Set performance targets with **community partner input**
- Providers receive training and supports to meet performance targets

## Quality Measurement

- Providers receive incentive rate if they meet or exceed performance targets
- Refine measures

## Individual Outcome Measurement

- Outcome measures developed
- Provider and individual input gathered

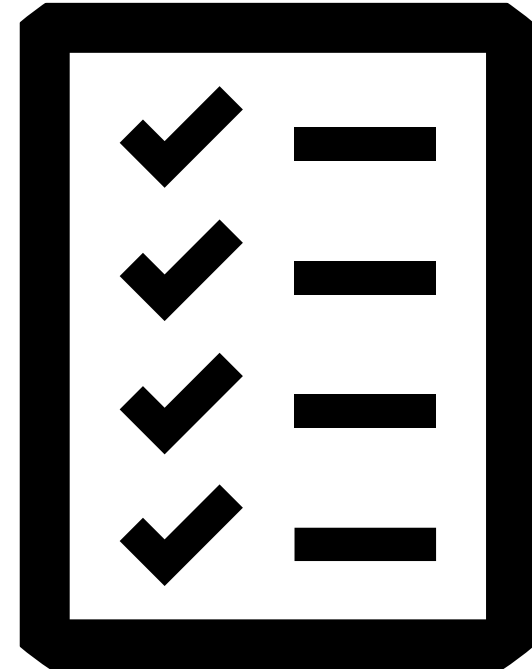
**Assess data and infrastructure needs and develop solutions (technology, practices, etc.)**

# NEW MEASURE DEVELOPMENT

**Goal:** each service in QIP has a robust set of quality and individual outcome measures.

This process takes time and requires meaningful conversations.

**Next step:** develop new measures for services that right now only have one universal measure (Provider Capacity measure)



# EXAMPLE: POSSIBLE MEASURE ON TIMELY ACCESS TO SERVICES



Timely access to services is a key priority in the Master Plan and for QIP.



DDS and its partners previously developed and provided cash incentives for an Early Start timeliness measure.



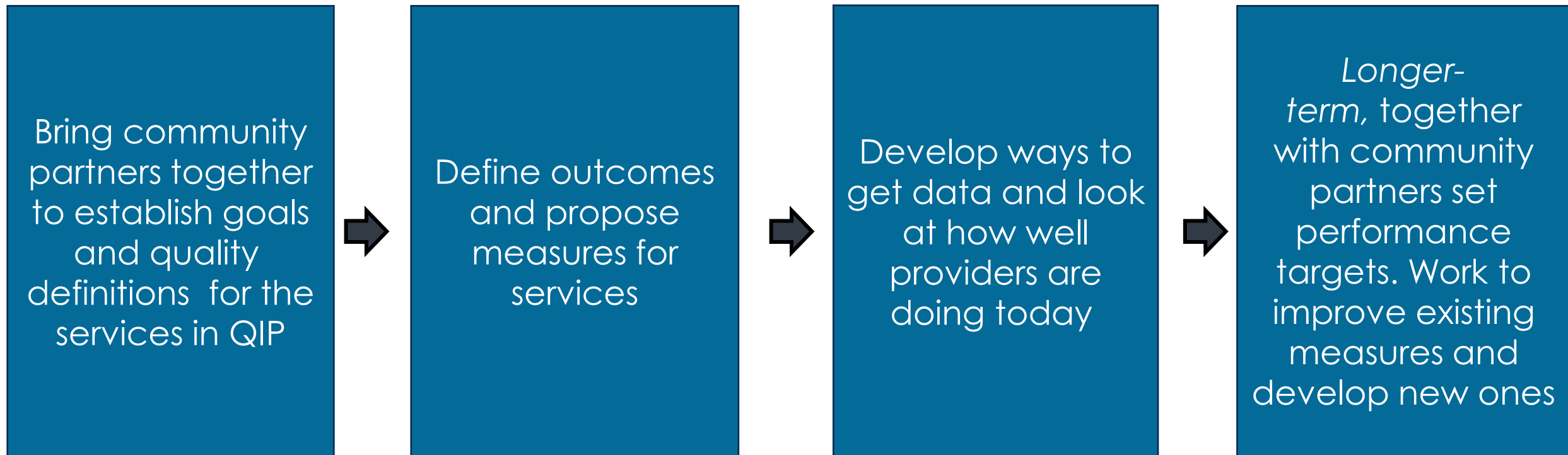
DDS is considering developing a better way to measure how quickly people can get supports and how data is collected for all DDS services.



**Goal: Regional Centers and providers will be incentivized to work together to connect people to services quickly.**

# ROLE OF COMMUNITY PARTNERS AND QIP WORKGROUP

Individuals receiving services, family members, providers, and the QIP workgroup will be invited to collaborate on developing quality and outcome measures.



# RECOMMENDED SERVICE CODE GROUPS FOR FY27-28 MEASURES

Starting with **three** service groups will ensure meaningful input from community partners, with plans to develop measures for all services included in the Rate Reform.

## Day Programs

## ILS/SLS/Respite

## Behavioral Services

- Improving quality and outcomes in these service groups will impact a large number of individuals and providers.
- Focus on these three areas aligns with Master Plan goals and priorities: to help people be **included in their communities**, to have **choices in their daily lives**, and to better support people with **complex needs**.
- Measures will advance service-specific goals and outcomes.

# FY 2027-28 MEASURE DEVELOPMENT: ACTION ITEMS



- 1. Create Focus Groups:** Focus groups will be established to define quality and outcomes and develop measures for each group of services in the QIP.
- 2. Select Focus Group members:** Focus Group members will be chosen from those who signed up using the Interest List through the QIP website, promoting community involvement and transparency.
- 3. Develop Measures:** These groups will work together to draft comprehensive performance measures for all remaining QIP services.

**Focus Groups may continue to meet as measure logistics and details are finalized for FY 26/27**



## Next Steps

- Training & resource development: September 2025 – January 2026
- Fall/Winter 2025: Convene focus groups to begin planning QIP reporting measures for FY 2027-28
- December Workgroup Meeting: Update on measure development, training, and resource development
- Data Collection for FY 26/27 Rates: November 2025 – January 2026

# UPCOMING QIP WORKGROUP MEETINGS



**All meetings will be held from  
2:00 – 4:00 pm.**

- December 15, 2025
- CY 2026 meeting schedule to be announced

Email QIP or Incentive Payment questions to:  
**[QIPquestions@dds.ca.gov](mailto:QIPquestions@dds.ca.gov)**

***Thank you for attending!***

# WORKGROUP MEMBERS

**Elizabeth Arreola**, Family Member of Early Start Recipient  
**Elizabeth Barrios Gomez**, Family Member & Integrated Community Collaborative  
**Sascha Bittner**, Self-Advocate and State Council on Developmental Disabilities (SCDD)  
**Boyd Bradshaw**, Family Member & Provider  
**Jessica Carter**, ABA Provider, Special Needs Network  
**Eric Ciampa**, Provider, UCP Sacramento  
**Veronica Contreras**, Family Member  
**Pebbles Dumon**, Provider, Community Catalysts of CA  
**Jacquie Dillard Foss**, Provider, STEP  
**Peter Frangel**, CA Department of Rehabilitation  
**Jonathan Fratz**, Self-Advocate  
**Lucina Galarza**, San Gabriel Pomona Regional Center  
**David Gauthier**, Self-Advocate  
**Lisa Gonzales**, Provider, Deaf Plus Adult Community  
**Amy Hao**, Self Advocate, Self-Advocate Group Empowerment (SAGE)  
**Vivian Haun**, Disability Rights California  
**Carlene Holden**, Easter Seals Southern CA  
**Barry Jardini**, CA Disability Services Association  
**Adrienne Jesso**, Self-Advocate  
**Diva Johnson**, Tri-Counties Regional Center  
**Mark Klaus**, San Diego Regional Center

# WORKGROUP MEMBERS (CONT.)

**Dorrie Koenig**, Provider, Mains'l

**Meuy Lee**, Provider, Level Up NorCal

**Jordan Lindsey**, The Arc California

**Victor Lira**, Aveanna Health Care

**Judy Mark**, Family Member, Disability Voices United

**Karen Mejia**, South Central LA Reg Center

**Mark Melanson**, California Community Living Network

**Kimberly Mills**, Provider, A Better Life Together

**Tania Morawiec**, SCDD

**Matt Omelagah**, Provider, Omelagah, Inc.,

**Mike Pereira**, Provider, Ala Costa Centers

**Michael Pham**, Self-Advocate

**Magdalena Pruitt**, Provider, Mentor California

**Michelle Ramirez**, Provider, On My Own

**Sheri Rosen**, Provider, Sunny Days of CA

**Carolyn Tellalian**, Family Member

**Pablo Velez**, Provider, Amigo Baby

**Tiffany Whiten**, Service Employees International Union (SEIU)

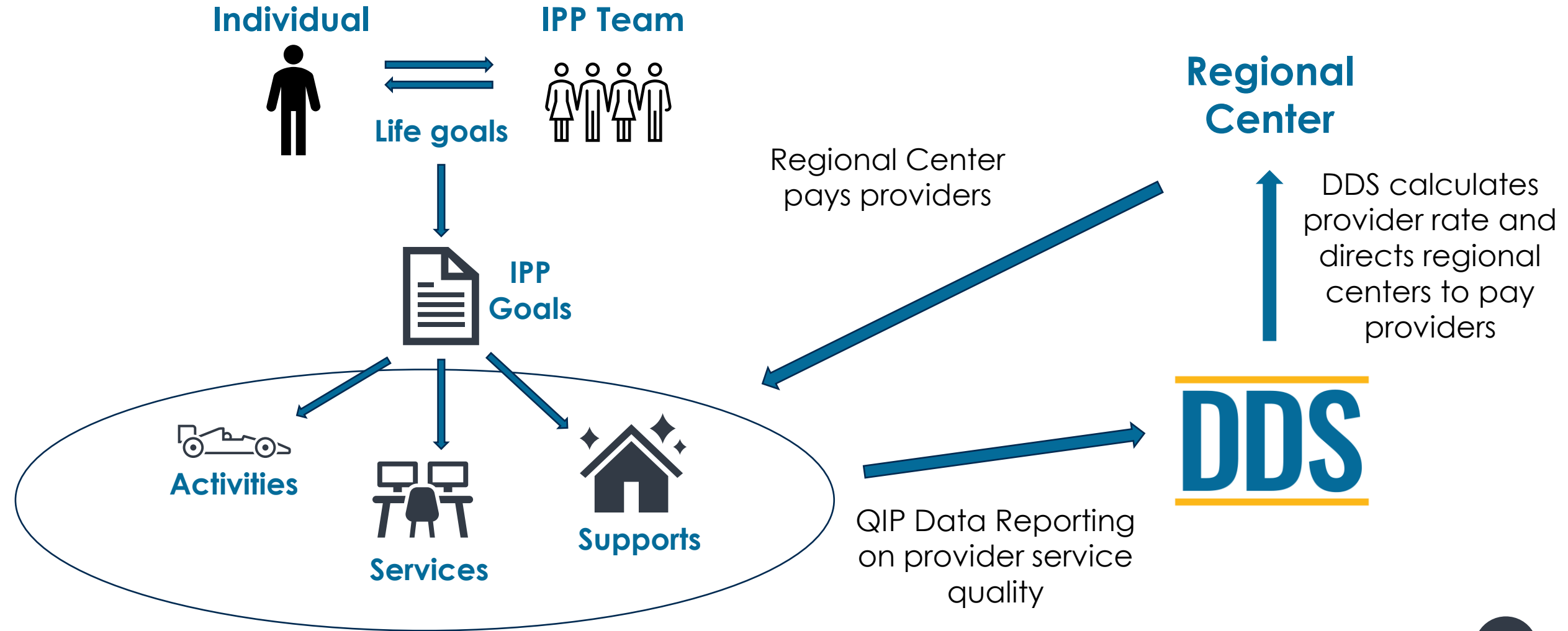
**Alona Yorkshire**, Family Member & Provider, The Adult Skills Center

**Eric Zigman**, Golden Gate Regional Center

# Appendix

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# QIP VISION: FUTURE SYSTEM



# SYSTEM NEEDS AND SOLUTIONS



## Infrastructure Questions

- Who are the providers?
- What are the IPP/IFSP goals?
- How compliant are providers?
- How effective are services?
- Provider performance goals?
- Where are services available?
- Staffing and service capacity?
- Regional center performance?

## Solutions

- ➡ Provider Directory (QIP)
- ➡ Standard online IPP
- ➡ Data collection (QIP)
- ➡ PAVE/Data collection (QIP)
- ➡ Data collection (QIP)
- ➡ Provider directory/Workforce Survey (QIP)
- ➡ Workforce Survey (QIP)
- ➡ RC Performance Measures (RCPM)

# DEVELOPING A QUALITY MEASUREMENT SYSTEM (QIP)



**1. Decide what “quality” is and among which services we want to measure it.**



**2. Collect data to determine current performance levels.**



**3. Set achievable targets and support providers to reach the targets.**



**4. Monitor provider quality data and individual outcomes.**



**5. Adjust the targets periodically to improve service and system quality.**

# QIP MEASURE DEVELOPMENT IN PROGRESS

## Current QIP Efforts and Focus Areas

- Provider Directory ✓
- Employment ✓
- Prevention and Wellness ✓
- Service Access and Capacity ✓
- Individual Informed Choice and Satisfaction ✓
- Early Intervention (*more infrastructure development needed*) ✓

# QIP VISION AND PRINCIPLES

**QIP payment measures for FY 2026-27 and beyond will support the vision and goals of QIP**

## Vision

People with intellectual and developmental disabilities have access to high-quality services that meet their needs and goals.

## Principles

### Equity

People experience equity in service access, delivery, and individual outcomes.

### Oversight and Transparency

People are supported by service providers that meet federal, state, and regional center requirements.

### Timely Access

People have timely access to services and supports.

### Outcomes

People live full, meaningful lives in their communities, are healthy and safe, and are achieving their personal goals.

### Satisfaction and Experience

People are empowered to make choices about and are satisfied with their services and supports and have positive experiences with service providers.

### Service Delivery and Capacity



High quality service delivery capabilities and capacity are aligned with the needs of the community.

# WHY MOVE TO QUALITY-BASED PAYMENT STRUCTURE?

## What Statute Says: W&I 4519.10 (e)(1)(A)

- The department shall, with input from stakeholders, develop quality measures or benchmarks, or both, for consumer outcomes and regional center and service provider performance. Given the time necessary to identify and develop the measures or benchmarks described in this paragraph, the department may establish quality measures or benchmarks, or both, **in the initial years of the quality incentive program that focus on building capacity, developing reporting systems, gathering baseline data, and similar activities while working towards meaningful outcome measures at the individual consumer level for all services.** Measures or benchmarks, or both, shall initially include process- and performance-related measures for service providers and, by the conclusion of the 2025–26 fiscal year, shall also evolve to include outcome measures at the individual consumer level.

# BEST PRACTICE (CMS) – QIP STRUCTURE

 CATEGORY 1	 CATEGORY 2
	Quantity Based Payment – LINK TO QUALITY & VALUE
	A
	Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)
	B
	Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)
	C
Quantity Based Payment – NO LINK TO QUALITY & VALUE	Quality-Based-Payments (e.g., bonuses for quality)

Recognized and endorsed by CMS, the Health Care Payment Learning & Action Network (LAN) developed a [framework](#) in 2017 for advancing payment approaches to reward providers that deliver high-quality care.

- Providers move along the continuum of payments, gradually from quantity-based payments to pay-for-reporting, then quality-based payments.
- The QIP structure will begin in 2B before moving to 2C.

[Alternative Payment Model \(APM\) Framework](#)

# WHY MOVE TO QUALITY-BASED PAYMENT STRUCTURE?



**Current Quantity-Based Payment:** Providers are paid based on the volume of services they provide to individuals.

- Does not reward providers for high quality services.



**Quality-Based Payment:** A portion of provider/vendor payment is **based on the quality of services and outcomes** for individuals.

- Rewards high-quality, person-centered, coordinated services for supporting individuals to achieve their goals.
- Includes individual outcomes as part of the payment structure.
- Supports State's policy goals of: Moving to an "outcomes-based system."
  - Reinforces "meeting individual needs based on person-centered planning."

# WHY MOVE TO QUALITY-BASED PAYMENT STRUCTURE?



## Quality-Based Payment in Rate Reform

Rate Reform introduces a quality-based component of provider payment, the **Quality Incentive Program (QIP)**, as a part of the new rates that became effective January 1, 2025.

- **QIP makes up 10% of a provider's payment.**
  - To earn up to the 10% quality incentive rate, providers must meet certain quality measures and/or reporting requirements.
  - To meet statutory requirements, this 10% must be tied to **individual outcomes** starting in 2026.
- **The remaining 90%** of provider's payment (i.e., the base rate) is set by the new payment rates under Rate Reform.

# WHAT ARE INDIVIDUAL OUTCOMES?

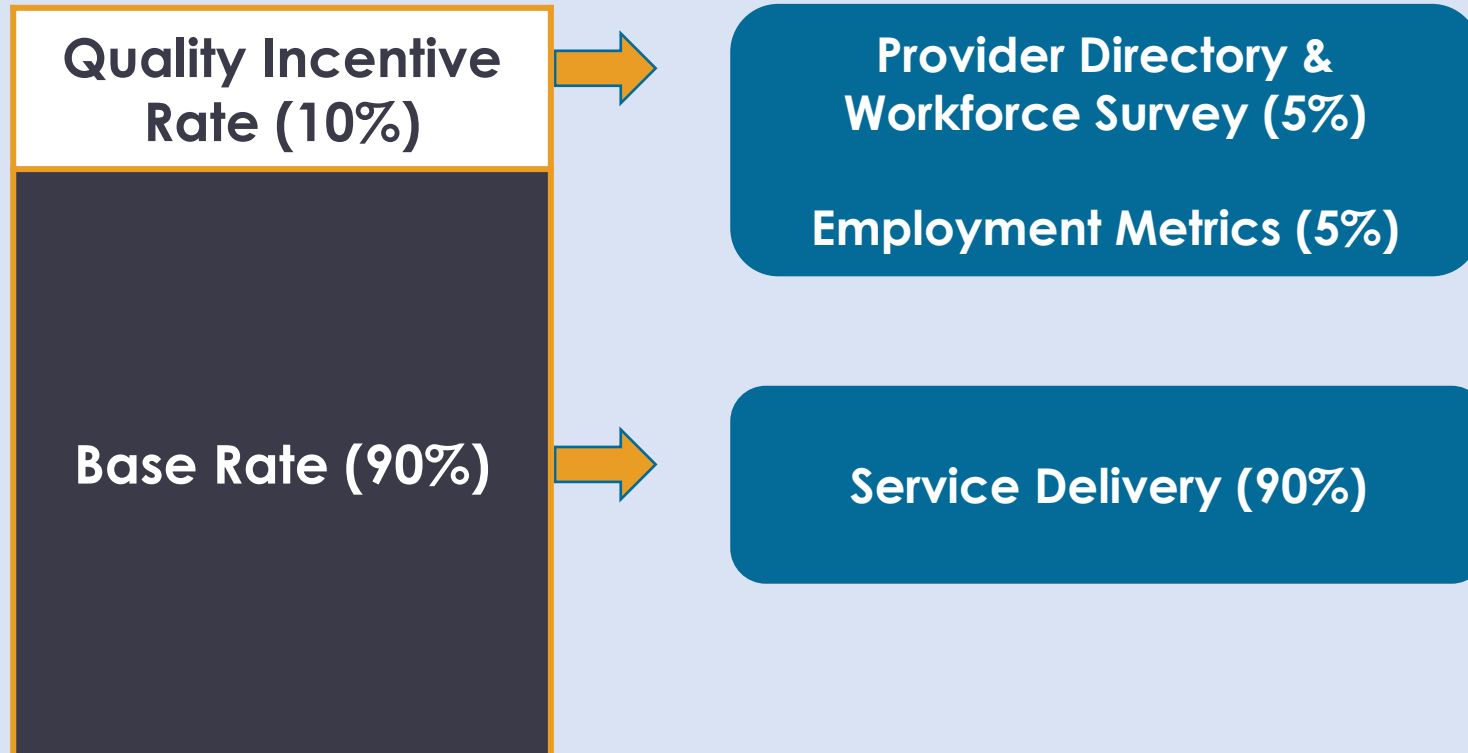
**Individual Outcomes:** Results, or consequences, of services and supports for the individual being supported.

## Examples of Individual Outcomes:

- Obtaining a job, or receiving training, in accordance with career goals
- Ability to get to places they want to go when they want to go
- Maintaining excellent physical health and attending medically recommended preventative health checks
- Making informed choices about services, supports, and daily life
- Knowing how to locate and access services
- Satisfaction with quality of services and supports

# HOW WILL RATES BE AFFECTED BY INDIVIDUAL OUTCOMES?

## Example: QIP Rate Structure (Transition)

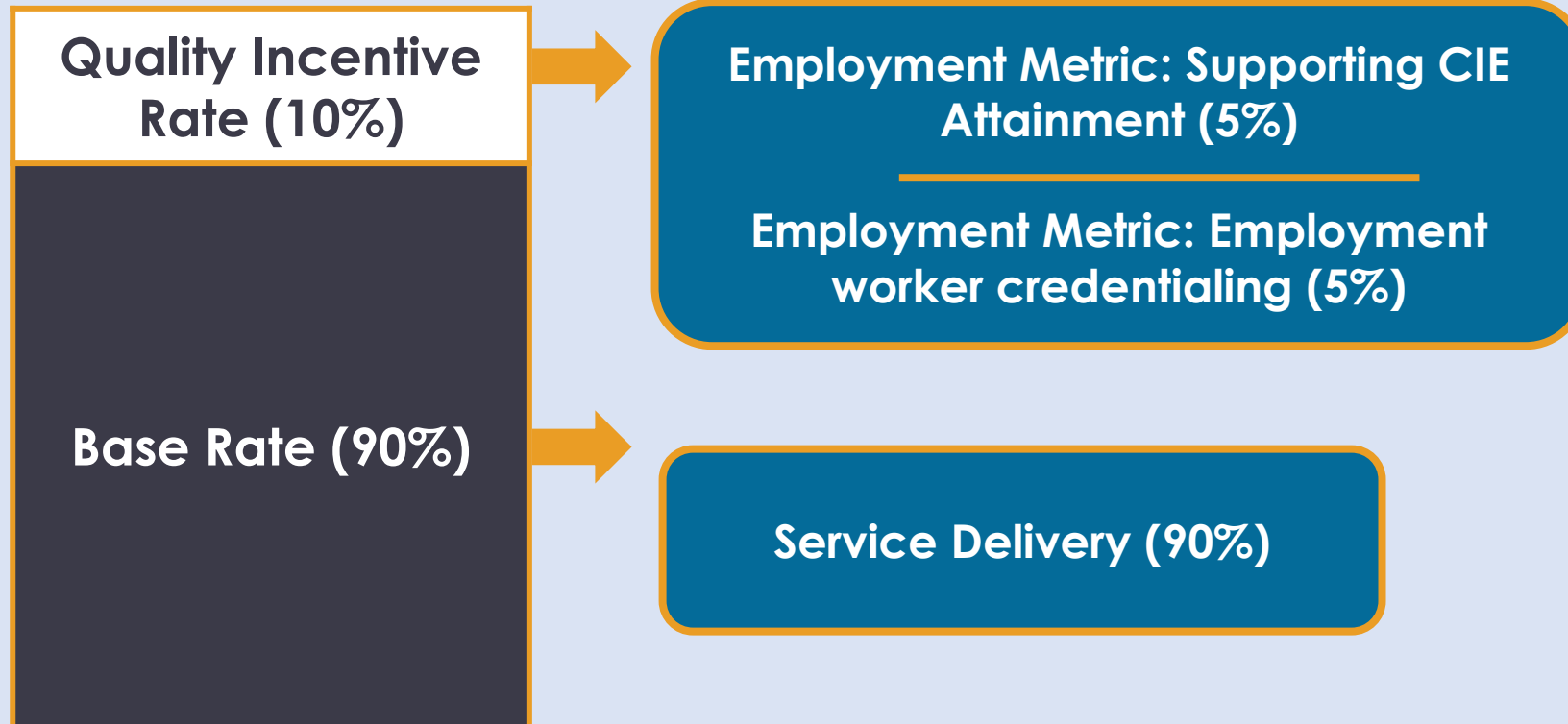


### Note:

The quality incentive rate is only applicable to providers who received new base rates under Rate Reform.

# HOW WILL RATES BE AFFECTED BY INDIVIDUAL OUTCOMES?

## Example: QIP Rate Structure (Employment)



### Note:

The quality incentive rate is only applicable to providers who received new base rates under Rate Reform.

# STEPS IN QIP MEASURE DEVELOPMENT

## Data Collection

- Develop vision and goals
- Identify data needed to understand current provider capacity and landscape of QIP-impacted services.
- Providers report required data to earn their quality incentive rate.

## Goal Setting

- Analyze provider reporting to set reasonable targets for future years. **(Includes community partner input)**
- Providers receive training and supports to meet performance targets.

## Quality Measurement

- Providers receive their quality incentive rate if they meet or exceed performance targets.
- Refine measures as needed based on lessons learned and continues to support providers with training and technical assistance.

## Individual Outcome Measurement

- As data systems are built, individualized outcome measures are developed.
- Both provider reporting and input from individuals and their circle of support are used for measures.

Assess data and infrastructure needs and develop solutions (technology, practices, etc.)

# EXAMPLE: EMPLOYMENT MEASURE EVOLUTION FROM THE PROVIDER'S PERSPECTIVE

**Goal of Employment Measure Domain:** Individuals who express interest in employment are provided supports to obtain and keep jobs in their community that pay them fairly.

*Illustrative  
example*

## Data Collection

- Employment providers report the proportion of staff who have Association of Community Rehabilitation Educators (ACRE) certification.
- Providers are paid based on timely, accurate, and complete data reporting.

## Goal Setting

- QIP analyzes current ACRE certification rates across providers and set targets for future years **with significant community partner input.**
- Providers receive training and supports to increase the number of staff with ACRE certification.

## Quality Measurement

- Providers receive their quality incentive rate if they meet or exceed ACRE certification targets.
- QIP refines target for the proportion of staff who have ACRE certification.

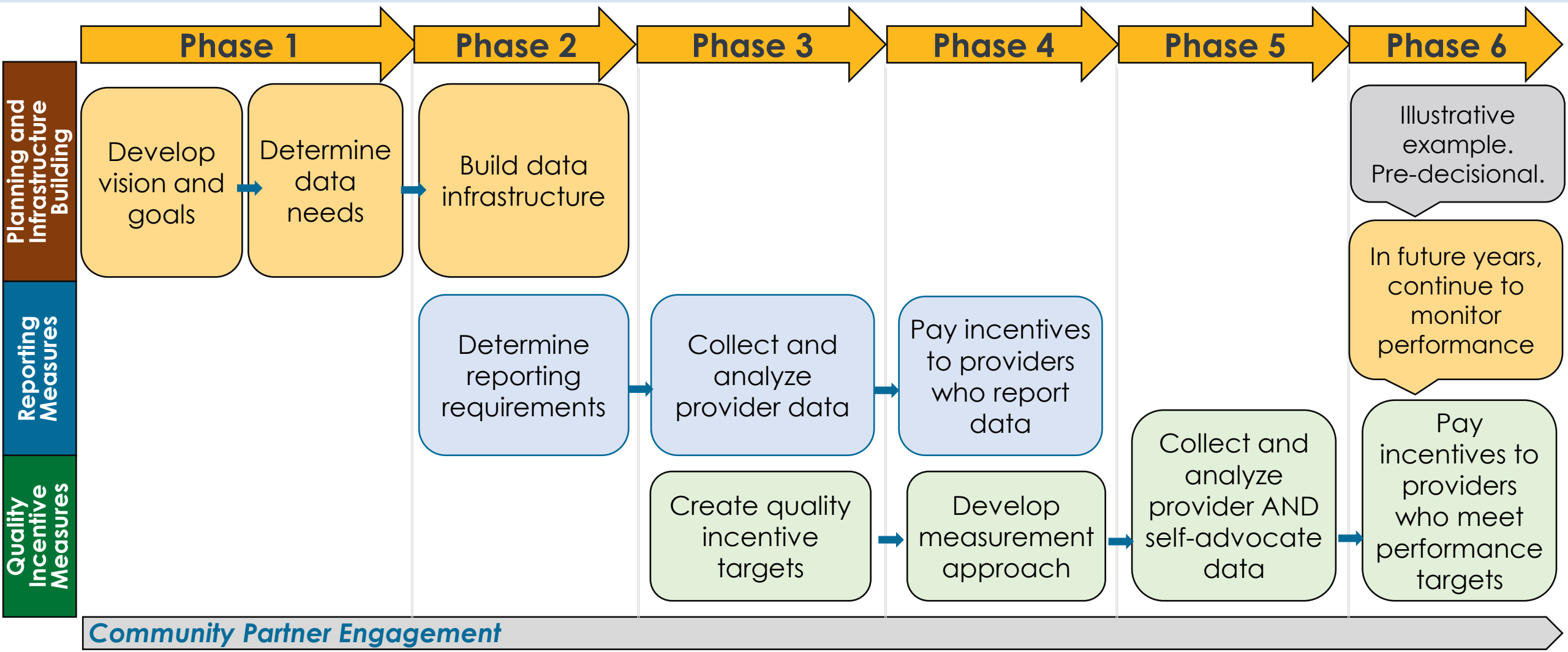
## Individual Outcome Measurement

- QIP begins analyzing how increases in workforce credentialing impacts individuals' employment outcomes.
- QIP develops individualized employment outcome measures and provides training to employment providers.

Assess data and infrastructure needs and develop solutions (technology, practices, etc.)

# QUALITY INCENTIVE MEASURE DEVELOPMENT PROCESS - ILLUSTRATION

For each service code grouping/ QIP domain, DDS will engage in a multi-step process to develop individual outcome measures and other quality incentive measures. This process will look different for each group of service codes.



# QIP COMPONENT: FY 24/25 – FY 27/28

