

DDS Training Webinar: Quality Incentive Program – Prevention and Wellness

October 2023



HOUSEKEEPING



Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretación." 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

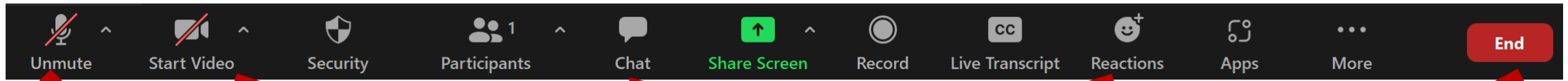


Email questions about the Prevention and Wellness quality measure to:
QIPWellness@dds.ca.gov



Submit written comment via email to: QIPquestions@dds.ca.gov

Zoom Tips



Unmute mic only when it's your turn to speak



Turn your webcam on/off

Type questions and comments into the chat

Use "Reactions" to raise your hand when you want to speak

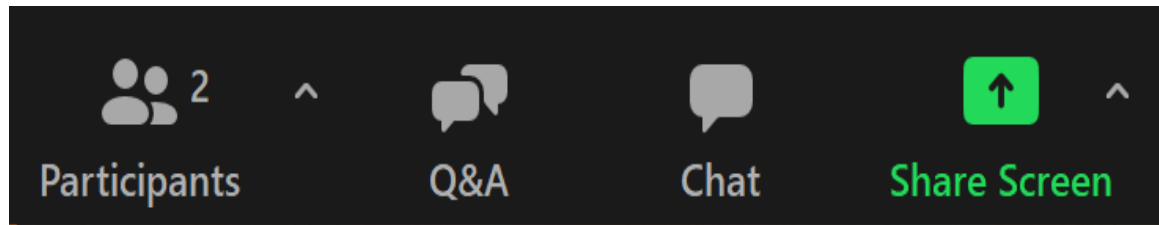
Leave at the end of the meeting



- Features may vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants

COMMENTS or QUESTIONS

Participants: Please use the “Q & A” function on your toolbar to ask questions or comment.



Agenda

- Welcome
- Training Registration and House Keeping
- Overview of Prevention and Wellness Quality Measure
- Eligibility
- Reporting and Logistics
- Incentive Payments
- Questions & Support

Training Registration

- Prevention and Wellness webpage: [Quality Incentive Program \(QIP\) - CA Department of Developmental Services](#)
- Training is recorded
- Type questions in Q and A
- Email questions about the QIP or the Prevention and Wellness measure to: QIPquestions@dds.ca.gov

Overview – Prevention and Wellness Quality Measure

- The desired outcome of the Quality Incentive Program (QIP) Prevention and Wellness quality measure is for individuals living in residential facilities to receive preventative health services at U.S. Preventative Services Task Force ([USPSTF](#)) medically recommended frequencies during calendar year (CY) 2023
 - ✓ Incentives are available to service providers that ensure their residents receive all applicable preventative health screenings according to their age and gender.

Residential & Service Type Providers Included in Quality Measure

The four types of residential and service providers are:

- Adult Residential Facilities for Persons with Special Health Needs (**ARFPSHN**) – service code **113**
- Enhanced Behavioral Support Homes (**EBSH**) – service codes **900** and **901**
- Family Home Agency (**FHA**) – service code **904**
- Residential Care Facility for the Elderly (**RCFE**) – service code **096**

Prevention and Wellness Screening Intervals

Preventative Screening	Demographic Characteristics	Recommended Service Interval
Physical Exam	All adults ages 18 & older	At least once per year
Dental Exam	All adults ages 18 & older	At least once per year
Colorectal Screening	All adults ages 45-75	<u>One of the following:</u> <ul style="list-style-type: none">• Stool-based test (at least once per year)• Flexible sigmoidoscopy (within the past 5 years)• Colonoscopy (within the past 10 years)
Mammogram	Women ages 50-74	At least once in the past 2 years
Pap Smear	Women ages 21-65	At least once in the past 3 years

Prevention and Wellness Screening Exceptions

In **limited** circumstances, individuals may be excluded from all or part of the incentive calculation if:

1. A preventative health screening is medically contraindicated **or**
2. If an individual, a family member, or their conservator/legal guardian declines a health screening.

Prevention and Wellness Screening Eligibility Criteria

At the time of submission, licensed or certified service providers must be in good standing to be eligible for an incentive payment. Specifically, the service provider must **NOT**:

- a) Be under a corrective action plan(s) or received a sanction(s) in CY 2023 from a RC; or
- b) Have received a Type A deficiency in CY 2023 from the Department of Social Services' Community Care Licensing (CCL) Division:

<https://www.ccl.dss.ca.gov/carefacilitysearch/>

At the time the incentive payment is made, the service provider must meet eligibility criteria for vendorization under [Subchapter 2, Chapter 3, Division 2 of Title 17 of the California Code of Regulations](#)

Gather Resident Screening Information Prior to Accessing Form

Gender	Ages	Physical Exam	Dental Exam	Colorectal Screening	Mammogram	Pap Smear
Men	All ages	✓	✓			
Men	45-75			✓		
Women	All ages	✓	✓			
Women	45-75			✓		
Women	50-74				✓	
Women	21-65					✓

Accessing Online Data Collection Form

Each service provider will receive an email with instructions, including the **user guide with username and password** to access the form.

The online data collection form:

- is **specific** to each eligible service or residential provider; and
- is **accessible only by email invitation** sent to a facility/program directors or other staff

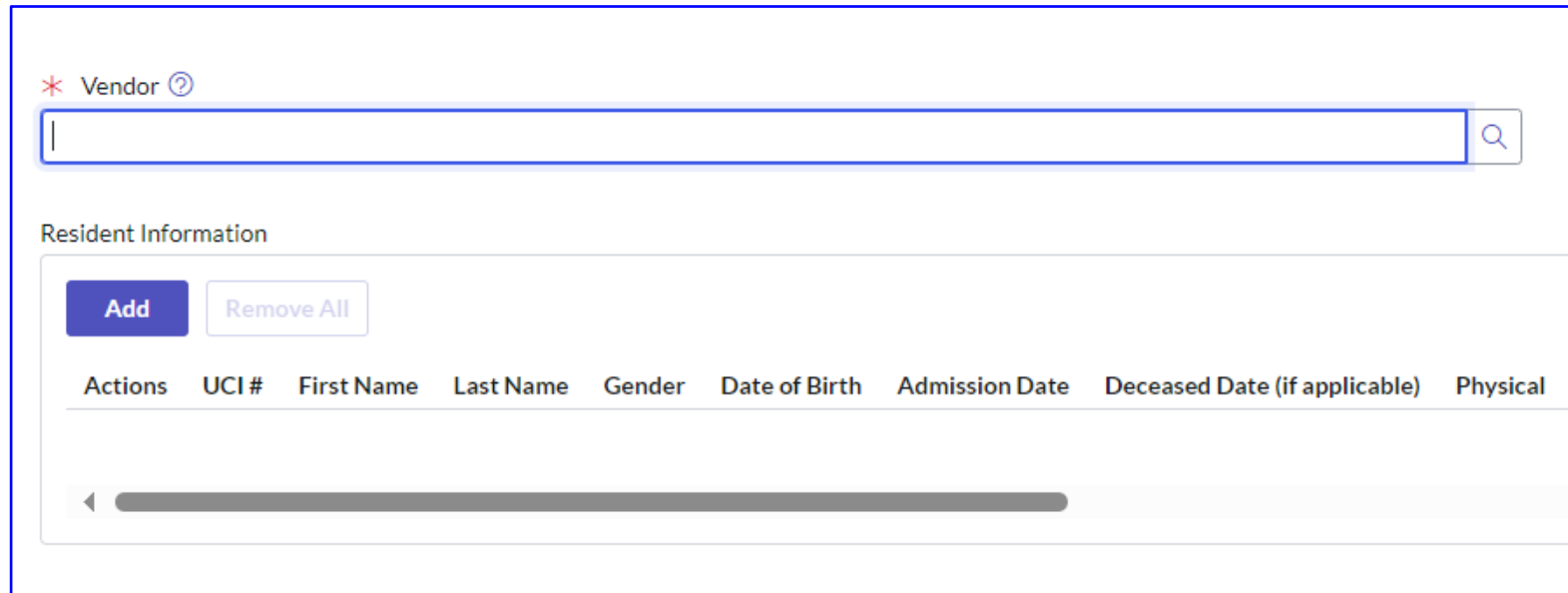
Online Data Collection Form – Sections

After logging in, you will see the following sections:

1. Vendor Name
2. Resident Information and Health Screening Table
3. Certification Statement

Online Data Collection Form – Section 1: Vendor Name

- Vendor Name is auto-populated – visual confirmation to ensure correct form



The screenshot displays a web form interface. At the top, there is a required text input field labeled "* Vendor" with a help icon. Below this is a section titled "Resident Information" which contains two buttons: "Add" and "Remove All". Underneath the buttons is a table with the following headers: "Actions", "UCI#", "First Name", "Last Name", "Gender", "Date of Birth", "Admission Date", "Deceased Date (if applicable)", and "Physical". A horizontal scrollbar is visible below the table, indicating it is wider than the container. Two red arrows point to the "Vendor" field and the "Resident Information" section.

- Next: Resident Information and Health Screening Table

Online Data Collection Form – Section 2: Resident Table

- Enter data as **one row per resident**
 1. UCI
 2. Name
 3. Gender
 4. Date of birth
 5. Admission Date
 6. Deceased Date (if applicable)

The screenshot shows a form titled "Add Row" with a close button (X) in the top right corner. The form contains the following fields:

- * UCI # (text input)
- * First Name (text input)
- * Last Name (text input)
- * Gender (dropdown menu, currently showing "-- None --")
- * Date of Birth (text input with format MM-DD-YYYY and a calendar icon)
- * Admission Date (text input with format MM-DDD-YYYY and a calendar icon)
- Deceased Date (if applicable) (text input with format MM-DD-YYYY and a calendar icon)

An "Add" button is located at the bottom right of the form.

Online Data Collection Form – Section 2: Resident Table (continued)

- Next, enter health screening data for the resident based on **gender and age**
 - **Example:** A resident who is male and age 50 will report on physical exam, dental exam, and colorectal screening data
 - **Example:** A resident who is female and age 21 will report on physical exam, dental exam, and pap smear screening data
 - **Example:** A resident who is female and age 55 will report on physical exam, dental exam, colorectal, mammogram, and pap smear screening data

Online Data Collection Form – Section 2: Resident Table (continued)

➤ For each screening, the following options are available:

1. Most Recent Screening Date, or
2. Exception (if applicable), or
3. Mark “No Screening Data to Report”

Example: Physical Exam

The screenshot shows a form section for a Physical Exam. It includes a header 'Physical' with a grey square icon. Below it are three options, each with a red asterisk and a help icon (question mark in a circle):

- Most Recent Screening (Physical)**: Includes a 'More information' link and a date input field with a calendar icon. The input field contains the placeholder text 'MM-DD-YYYY'.
- Exception (Physical)**: Includes a 'More information' link and a dropdown menu currently showing '-- None --'.
- No Screening Data to Report for this resident (Physical)**: Includes an unchecked checkbox.

➤ After entering all screening data for this resident, click “Add”

A rectangular box containing two buttons: a 'Cancel' button on the left and an 'Add' button on the right. The 'Add' button is highlighted with a red square border.


Online Data Collection Form – Section 3: Certification

- Enter data for all residents using “Add” button
- Then, read and complete the Certification Statement

Certification Statement

By submitting this form, I certify that the following is true as of the date of this submission.

- This facility is in good standing and has not received any administrative or disciplinary action from CDSS or regional centers.
- DDS reserves the right to modify or recoup any incentive payment made to any vendor who was not in good standing at the time of submission of this information.

* I agree 

- Finally, submit the completed form! 

Online Data Collection Form – Confirmation Page

- After submitting form, you will be directed to the confirmation page

Screening Form Submission CS Confirmation

Screening Form Submission CS [REDACTED] complete. Please make note of this confirmation number.

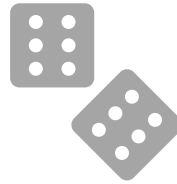
- If you do not have more information to submit, you may close browser window to end this session.

Incentive Payments - Timeline



January 1, 2024 – February 28, 2024

Data collection: ARFPSHN, EBSH, FHA, and RCFE providers submit completed electronic form to DDS



March 1, 2024 – March 31, 2024

Data validation: DDS reviews the submitted information from the service providers for completeness and accuracy



April 1, 2024 – April 30, 2024

Payment processing: DDS assigns payment instructions to each regional center detailing the provider information and amounts to be paid.

- **Questions?**
- Email questions about the QIP or the Prevention and Wellness Measure to: QIPquestions@dds.ca.gov

Thank You For Attending This Training!