NANCY BARGMANN
DIRECTOR

GAVIN NEWSOM
GOVERNOR

Quality Incentive Program (QIP)
Prevention & Wellness Screening Form
CY 2023 User Guide

Office of Quality Assurance
January 2024

Background: This user guide provides instructions on how to submit preventative health screening data for residents living in ARFPSHN, EBSH, FHA, and RCFE homes. DDS Office of Quality Assurance will send an email with a unique URL link to the identified contact person (e.g., facilitator or home administrator) for each vendor home. The URL link is unique and specific to each home and should not be used for any other vendor home.

Before Starting Data Entry:

1. Gather information for each of the following preventive screenings for each resident who has lived in the home for at least six months in calendar year 2023:
   - physical exam
   - dental exam
   - colorectal exam
   - mammogram
   - pap test
2. Gather information about whether any of the screenings were medically contraindicated or declined by the resident, resident's family member, or resident's legal guardian or conservator.

Entering Data on Form:

1. One entry must be submitted for each vendor home.
2. The form includes a Resident Table for submitting data on each resident living in the vendor home for at least six months during calendar year 2023.
3. Data submission is required for each resident residing in home for at least six months even if their screening information is missing or resident is deceased.
4. Please note that screening form times out after 15 minutes of inactivity. Any entered data will not be saved and must be re-entered.
5. Changes cannot be made to a submitted screening form. If you need to edit or add information to a submitted form, a new form for the vendor home must be completed.

Contact Us: If you need help filling out this form or have questions regarding the QIP or incentive payments, please email QIPQuestions@dds.ca.gov with subject line "QIP-Prevention and Wellness CY 2023 Form." More information on the Prevention & Wellness Quality Measure and Quality Incentive Program (QIP) is available here.

Step 1: Accessing Prevention & Wellness Screening Form

1) Open email and click on the unique link..

2) Use the username and password in the User Guide included as a link in the invitation email sent to eligible providers to log into form. Please contact DDS at QIPQuestions@dds.ca.gov if you are unable to locate the username and password.

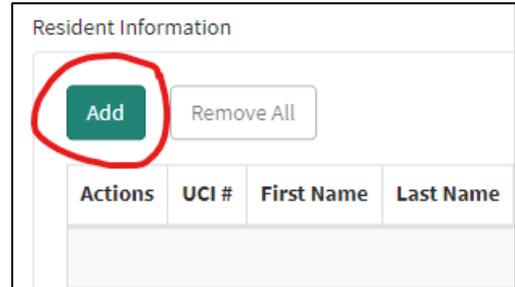3) Check that **Vendor Name** and **Vendor Type** is correct.
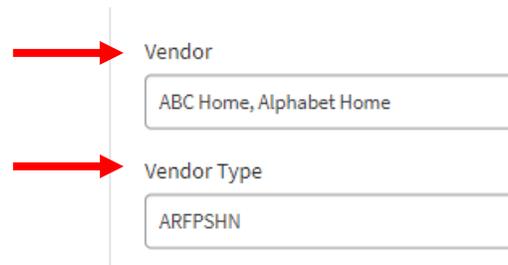
Vendor

ABC Home, Alphabet Home

Vendor Type

ARFPSHN

Step 2: Entering Resident Information

1) In the Resident Table, click **Add** to enter data for the first resident.

Resident Information

Add   Remove All

Actions	UCI #	First Name	Last Name

2) Enter information for each **<u>resident</u>**, including:
- UCI
- First Name
- Last Name
- Gender
- Date of Birth
- Admission Date
- Deceased Date (if applicable)

⚠ Enter information for each resident who has resided for at least 6 months at your home, even if required screenings have not been done or if resident is deceased.

* UCI #

Enter the resident's 7-digit Unique Client Identifier

* First Name

Enter First Name of Resident

* Last Name

Enter Last Name of Resident

* Gender

-- None --

* Date of Birth

MM-DD-YYYY

* Admission Date

MM-DD-YYYY

Deceased Date (if applicable)

MM-DD-YYYY

3) Based on the resident's age and gender, specific screening tests will then become visible for data entry.

For each screening test, there are **<u>three</u>** options:
- Most Recent Screening Date
- Exception Selection
- No Screening Data to Report

⚠ Once an option has been selected, other options are no longer visible. Reporting for this screening test is considered complete.

* PHYSICAL EXAM - Most Recent Screening Through 12/31/2023 ❓

MM-DD-YYYY

* PHYSICAL EXAM - Exception

-- None --

☐ *** PHYSICAL EXAM - No Physical Exam screening data to report**

Example

4) If you encounter any problems while entering data for a resident, please select the **Cancel** button. Restart data entry for the resident by selecting a new **Add Row.**

Step 3A: Resident Received Screening Test

1) Enter date of most recent screening through 12/31/2023. If an alternative screening method was completed, enter the date completed here.

* PHYSICAL EXAM - Most Recent Screening Through 12/31/2023 ❓

MM-DD-YYYY

2) Move on to the next screening test to submit information.

Step 3B: Resident Has an Exception for Screening Test

1) In limited circumstances, an individual may have an exception to preventative health screenings. Exceptions include **medically contraindicated** and **declined** by individual, family member, or conservator/legal guardian.

   Click the dropdown menu for ***Exception***.

   * PHYSICAL EXAM - Exception

   -- None --

2) Select the applicable exception.

3) Move on to the next screening test to submit information.

Step 3C: Resident Has No Screening Data To Report

1) If there is no preventative health screening data to report, then mark the checkbox for ***No Screening Data to Report***.

   ☐ * PHYSICAL EXAM - No Physical Exam screening data to report

Step 4: Submitting Data and Editing Data for Resident

1) After entering all data for this resident, click **Add** at bottom of screen.

   | Cancel | Add |

2) After adding resident data to Resident Table, you may need to edit the data. To edit data, select the ***Pencil Mark*** under the ***Actions*** column.

   Resident Information

   | Add | Remove All |

Actions	UCI #	First Name
✏ ✖	1234567	b

3) Return to **Step 2** (above) to add data for the next resident.

Step 5: Submitting Form

1) When information on screening tests for all residents have been entered, the form is now considered complete.

2) Read the certification statement and use the checkboxes to certify your form.

Certification Statement

By submitting this form, I certify that the following is true as of the date of this submission.
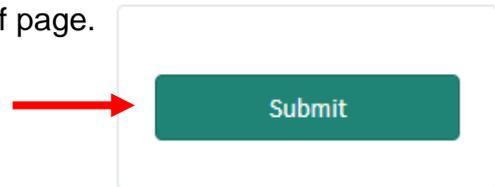
This facility is in good standing and has not received any administrative or disciplinary action from CDSS or regional centers.

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 the submission of this information.

☐ * I agree

3) Finally, click the ***Submit*** button at the top right of page.

Submit

4) Upon submission, you see a confirmation message. Please make note of the case confirmation number.

Prevention and Wellness Screening Form CY 2023 CS0010463 Confirmation

Example

Thank you for participating in the QIP Prevention and Wellness data collection for CY 2023. Please make note of your submission number CS0010463. You will also receive an email receipt with the submission number.