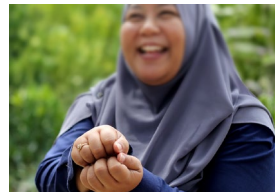# Quality Incentive Program (QIP) Measure Workgroup

April 11, 2024

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."

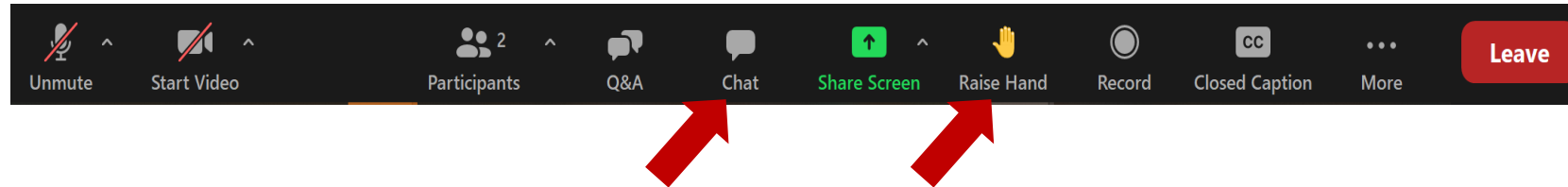ASL interpreters have been "Spotlighted" and live closed captioning is active

This meeting is being recorded

Materials are available at: https://www.dds.ca.gov/initiatives/stakeholder-events/
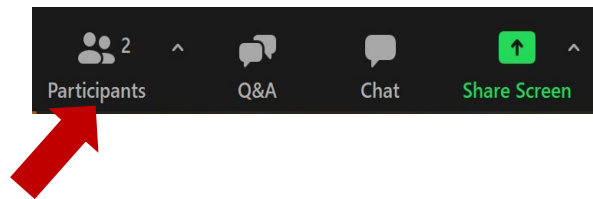
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Providing Comments – Workgroup Members

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"

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Agenda
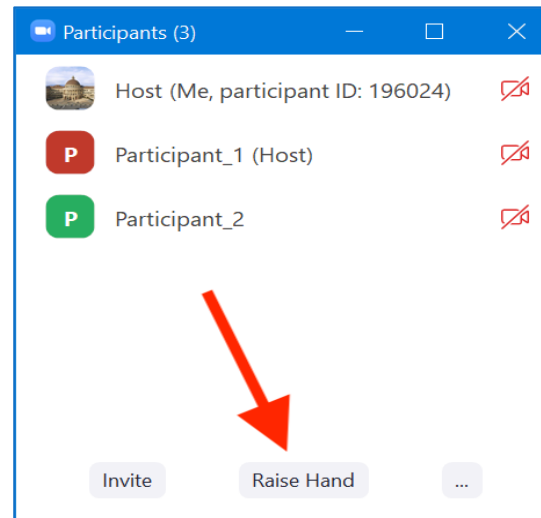
1. Service Provider Directory Update

2. QIP Measures Update

3. PAVE Update - QIP Informed Choice and User Satisfaction

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Measure Roadmap: Development Phases

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Phase 1 Definition
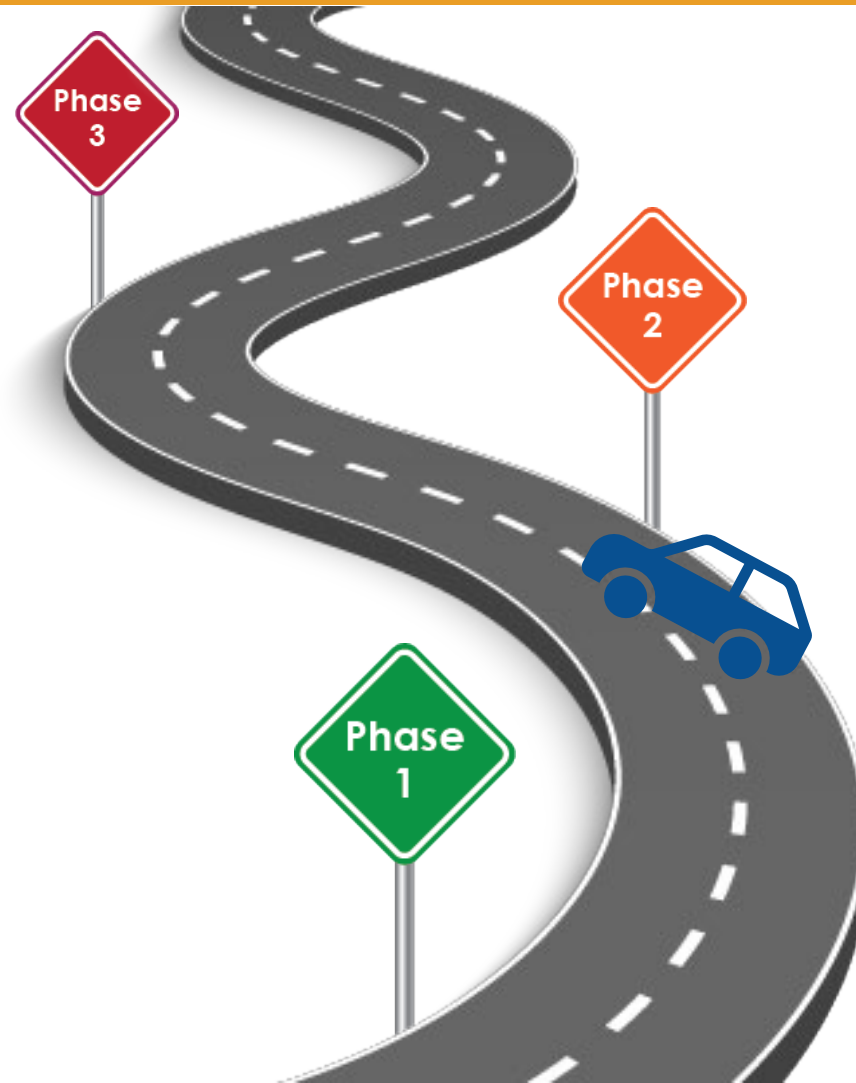
Develop reliable and feasible sources of information

- Plan activities needed to develop a system for identifying, reporting and verifying information that will show quality outcomes

- Identify the data needed and potential source for data

- Build the structure to collect, analyze, verify, and report data

- Gather information and feedback from participants

- Practice using the new procedures and adjust as necessary

Phase 2 Definition

Increase available data through consistent reporting and data collection

- Establish parameters for data collection

- Determine incentives, increase participation and gather data

- Communicate incentives

- Use data to establish quality baseline
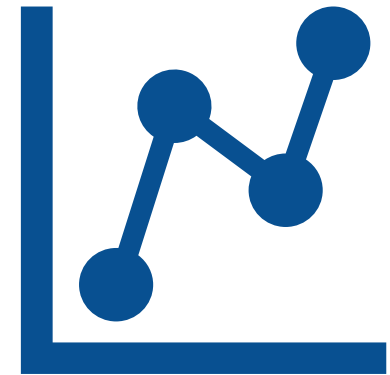
Establish quality standard(s) above baseline

- Identify indicators of high quality

- Reward quality providers (public recognition, monetary, etc.)

- Identify opportunities for evolution of measure

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Early Intervention: Phase 1

Desired Outcome: Children under 3 and families in Early Start receive rapid access to intervention services.

Phase 1 – In Progress

- Designed project plan including info needed, calculation and schedule of incentives payments.
- Identified data needed and sources of that data
- Building automated structure to analyze and verify data and issue payments.
- Gathering information and feedback from internal partners and community.
- Practicing using the new procedures and adjust as necessary

Phase 2

- Establish data points and timeliness requirements for incentive eligibility
- Determine incentives and service codes for inclusion in measure
- Communicate incentive and measure details
- Collaborate with RCPM on achieving desired outcome

Phase 3

- Identify timeliness indicating high quality
- Reward quality providers (multiple types of incentives)
- Identify opportunities for evolution of measure

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Early Intervention: Eligibility and Incentives

Service Provider Eligibility

- Provide newly authorized early intervention service to a child less than 3 years old.

- Meet eligibility criteria for [vendorization](#) per Title 17.

- Be current vendor at the time of data collection and incentive payment processing.

- No current [corrective action plans or sanctions](#).

QIP Early Intervention Incentives	
Number of Days from Purchase of Service (POS) Authorization by Regional Center to the date of delivery for first Instance of Service	**Incentive Amount**
Within **20** days	**$100**
Within **15** days	**$200**
Within **10** days	**$300**

Early Intervention: Incentive Payment Process

PROVIDERS:
QIP Early Intervention Training Webinar
to be held on May 1, 2024*

Data Collection	Quarter Ends	Data Pulled & Reviewed	Incentive Payment Calculations	Create Accounting Record	Send Payment Instructions to Regional Centers

CY 2024 - Q1
Jan – Mar 2024

Quarter Ends
March 31, 2024

DDS Calculations and Processing
June 1, 2024 – June 30, 2024

For more information, visit the Quality Incentive Program webpage.

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Employment Access: Phase 2

Desired Outcome: Individuals who want CIE are employed.

Phase 1 – Complete

- Created plan to report, verify, and track providers and individuals achieving CIE.
- Identified data needed for verification and its source
- Built structure to collect, analyze, verify, and report data
- Gathered information and feedback from regional centers and providers
- Practiced processes and made necessary adjustments

Phase 2 – In Progress

- Established processes for data collection, analysis, and verification
- Determined incentives began planning long term strategy for measure
- Communicated incentives
- Using data to establish quality baseline

Phase 3

- Identify number of CIE jobs indicating quality employment support
- Issue incentives (multiple types) to reward quality providers
- Identify opportunities for evolution of measure

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Employment Capacity: Phase 2

Desired Outcome: Individuals receive CIE placement support that is in accordance with their preferences and needs.

Phase 1 – Complete

- Planned for development of system needed to incentivize employment specialist growth
- Identified data needed and potential sources of employment specialist training
- Built structure to collect, analyze, verify, and report data
- Gathered input from providers and internal DDS sources
- Reviewed with regional centers and providers

Phase 2 – In Progress

- Established parameters for piloting and provider reporting requirements
- Determined incentives, projected participation and began long term development plan
- Communicated incentives
- Collecting data to establish baseline for trained specialists

Phase 3

- Review effect of measure on CIE job growth
- Issue incentives (multiple types) to reward quality providers
- Identify opportunities for evolution of measure

Prevention and Wellness: Phase 2

Desired Outcome: Individuals receive preventive health services at medically recommended frequency.

Phase 1 – Complete

- Developed plan to identify, report, and verify health screening data
- Identified data points needed and potential source for data
- Built structure to collect, analyze, verify, and report data
- Gathered information and feedback from DDS clinical team and providers
- Tested system and process and made necessary adjustments (piloted with ARFPSHNs)

Phase 2 – In Progress

- Established parameters and timelines for data verification and analysis
- Determined incentives and developed strategy to increase participation
- Communicated incentives
- Using gathered data to establish quality baseline

Phase 3

- Identify indicators of quality related to health
- Issue incentives (multiple types) to reward quality providers
- Identify opportunities for evolution of measure

Service Access / Workforce Capacity: Phase 2

Desired Outcomes:
1. Individuals are satisfied by the continuity of their Direct Service Professional (DSP).
2. Individuals and families are supported by staff who communicate in individual's preferred language.
3. Individuals have timely access to services.

Phase 1 – Complete

Phase 1

- Developed strategy and plan for identifying and customizing system needed to report and verify necessary survey data
- Identified data needed for measures and DSP workforce survey as survey tool.
- Customized and tested system and tool with providers and developed necessary IT solutions based on feedback and test results
- Collected, analyzed, and verified survey data and adjusted approach

Phase 2 – In Progress

Phase 2

- Developed and refined parameters for survey implementation and data collection
- Determined incentives, worked to increase participation and gathered data
- Communicated incentives
- Using data to establish baseline

Phase 3

Phase 3

- Determine effectiveness of measures and data collected
- Issue incentives (multiple types) to reward quality providers
- Identify opportunities for evolution of measure

Next Steps: Enhancing QIP Communication

Additional coordination with the Regional Center Performance Measure (RCPM) program

Joint correspondence to the community, based on topics that align with RCPMs

Communicate deliverables and due dates to the community in advance

Recurring QIP webpage refresh and maintenance

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Department of Developmental Services: Quality Incentive Program Workgroup - PAVE Presentation update

June 28, 2023

The PAVE Service Outcomes system comprises

PAVE is a system that is primarily about improving the quality of services and the outcomes experienced by people with developmental disabilities. An essential part of that is gathering accurate, robust and up-to-date data. But data on its own is not enough to improve quality.

A software system that provides helpful tools, supports planning and monitors outcomes in a person-centered way and at an individual level.

A new training program and training management system for people receiving services, Direct Support Professionals, families, and those responsible for leading, providing, coordinating and approving/funding services.

A system for evaluating the quality, accuracy and reliability of the data gathered from the software system and makes sure the views and lived experiences of people themselves are captured.

CCLN
California Community Living Network

PAVE
The Way Forward

The Uniqueness of the PAVE System

- **PERSON-CENTERED and PERSON-LED** – puts the person served in the driving seat

- **OUTCOMES focused** – looks at the impact of services on the quality of people's lives and whether they are achieving what they want to be achieving

- **HOLISTIC** – covers the whole of people's lives, not just their services

- **EVIDENCE-BASED** – the PAVE Service outcomes and quality framework is based on international research and implementation practice

- **REAL-TIME DATA** – can be easily updated

- **DESIGNED TO IMPROVE SERVICE QUALITY** – data available to inform service improvement; training and resources provided to improve quality and outcomes

The Uniqueness of the PAVE System

- **INCLUSIVE** – information provided in a way that is accessible to as many as possible. Visits ensure the lived experience of those with more severe disabilities is captured.

- **VALIDATED** – Information collected in different ways, from different sources, including visits.

- **Measurement OVER TIME** – will allow us to see how people's outcomes change over time.

- **Independently administered** – may build trust and increase willingness to use.

Operational Definitions of 4 Service Types

Supported Living

(896)

Independent Living

(520)

In Home Respite

(862)

Employment (950; 925)

CCLN Operational Definitions Status/Process

1. CCLN Drafts Operational Definitions with Subject Matter Experts and a robust environmental scan of what is already out there ✓

2. CCLN Board of Directors reviews and provides input/feedback ✓

3. Sent to DDS PAVE Team for review and to provide input/feedback ✓

4. Present to Operational Definitions to the PAVE Stakeholder Advisory Group for review and to provide input/feedback ✓

5. Incorporate all input/feedback ✓

6. State Council on Developmental Disabilities supporting Plain Language versions

We are here →

7. Present to wider community of people served, families, Providers, Regional Centers and subject matter experts for provide input/feedback

8. Finalize Operational Definitions Version 1

Measure development (work authorization still pending)

- Identify useful Frameworks for defining and measuring quality from the research. ✓

- Review how other states are monitoring the Outcomes of HCBS services. Preliminary findings shared with Stakeholder advisory group by Institute on Community Integration. ✓

- Identify and develop in depth case study of one State using innovative approach to measure service quality and consider lessons learning. ✓

- Gain stakeholder Feedback on approach to measurement - Stakeholder advisory group and NQF expert panel. ✓

We are here →

- <mark>Produce initial drafts of potential measures of quality of life outcomes and of user and family experiences and satisfaction with services they receive.</mark>

- Consult Stakeholder Advisory group on potential measures.

- Revise first draft and then go to wider consultation and initial User Acceptance Testing.

- Try out measures with wider sample as survey.

- Try out measures as part of software system in one regional center.

- Gain feedback and revise as necessary ready for

Preparing the software system to collect the data

We are here →

- Software contract has been signed.
- Kick off meeting held.
- Training of CCLN team in how to configure the system for PAVE content.
- The existing system configured to collect the data needed.
- User Acceptance testing of PAVE configured software in demo mode.
- Transfer final draft versions of measures and person-centered planning tools to Live version.
- Testing with 30-40 individuals in First regional center.
- SWOT analysis and additional configuration and potentially customization made.
- Main implementation phase – Starting with person-centered planning elements and quality and outcomes monitoring elements, then building out functions and resources over time.

QIP Choice and Satisfaction Roadmap and timeline

Focus area	Phase 1 ✔	Phase 2	Phase 3	Phase 4	Phase 5
Informed choice **User and family satisfaction**	• Establish and engage Stakeholder Advisory Group • Finalize service types • Collate information on operational definitions • Engage and inform IDD community on PAVE	• Establish Operational Definitions for selected service types ✓ • Review research and practice in other states ✓ • Prepare draft measures • Prepare Proposal for how QIP incentives would be implemented • Consult stakeholders and field test draft measures • Pilot measures as a survey • Analyze reliability and validity. • Finalize measures and transfer to PAVE Portal • Prepare training and support for using Portal • Implement in one Regional Center	• Continue Initial implementation in one Regional Center • Review, revise and finalize PAVE system • Implement in up to six Regional Centers	• Continue implementation in up to six Regional Centers	• Analysis, review and preparation for wider Regional Center implementation

Questions and discussion

THANK YOU!

For more information about the PAVE Service Outcomes project
please contact: pave@ccln.org

Next Steps

Upcoming FY 23/24 QIP Workgroup meetings *(Tentative)***:**

- June 27, 2024 (2:30 – 4 pm)

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Questions & Support

Email QIP or Incentive Payment questions to:
QIPquestions@DDS.CA.gov

Thank you for attending!

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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
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
Amy Hao, Self Advocate, Self-Advocate Group Empowerment
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 Los Angeles Regional Center
Mark Melanson, California Community Living Network
Kimberly Mills, Provider, A Better Life Together
Tania Morawiec, State Council on Developmental Disabilities
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
Alona Yorkshire, Family Member & Provider, The Adult Skills Center
Eric Zigman, Golden Gate Regional Center