

# QIP Workgroup

March 17, 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

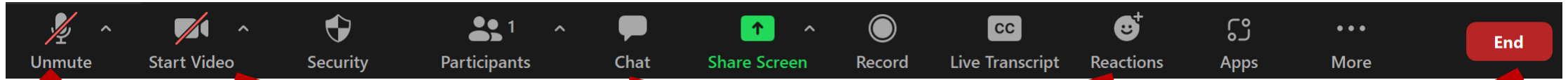


This meeting is being recorded



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

# 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

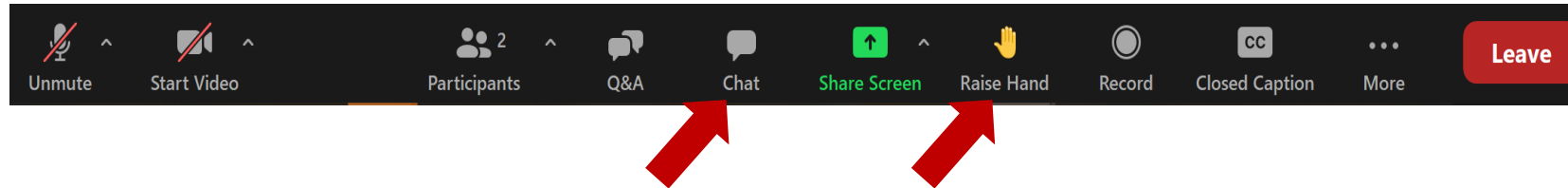
Leave at the end of the meeting



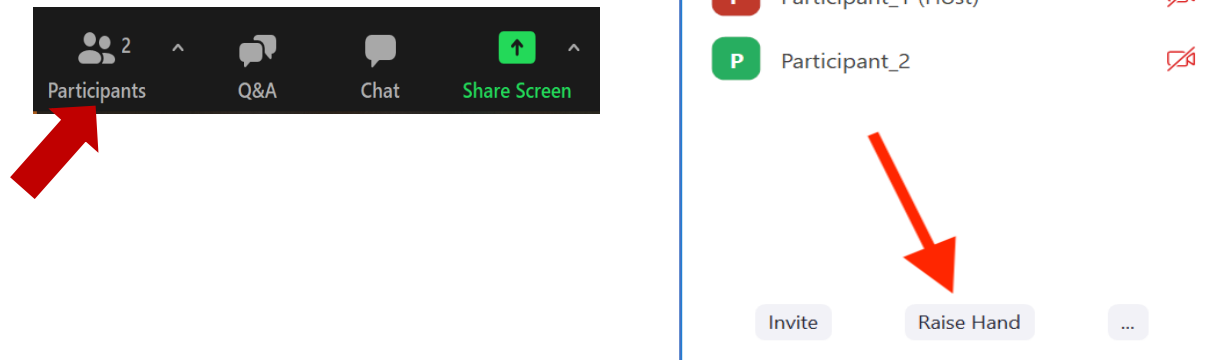
- Features may vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants

# 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 Overview

Focus Groups and Community Participation

Next Steps

Questions and Feedback



# QIP Vision and Principles

**QIP payment measures for FY26-27 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

<div>\$</div> <div>CATEGORY 1</div>	<div></div> <div>CATEGORY 2</div>
	<div>Quantity Based Payment – LINK TO QUALITY &amp; VALUE</div>
	<div>A</div>
	<div>Foundational Payments for Infrastructure &amp; Operations</div> <div>(e.g., care coordination fees and payments for HIT investments)</div>
	<div>B</div>
	<div>Pay for Reporting</div> <div>(e.g., bonuses for reporting data or penalties for not reporting data)</div>
	<div>C</div>
	<div>Quality-Based-Payments</div> <div>(e.g., bonuses for quality performance)</div>

Quantity Based Payment – NO LINK TO QUALITY & VALUE

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?

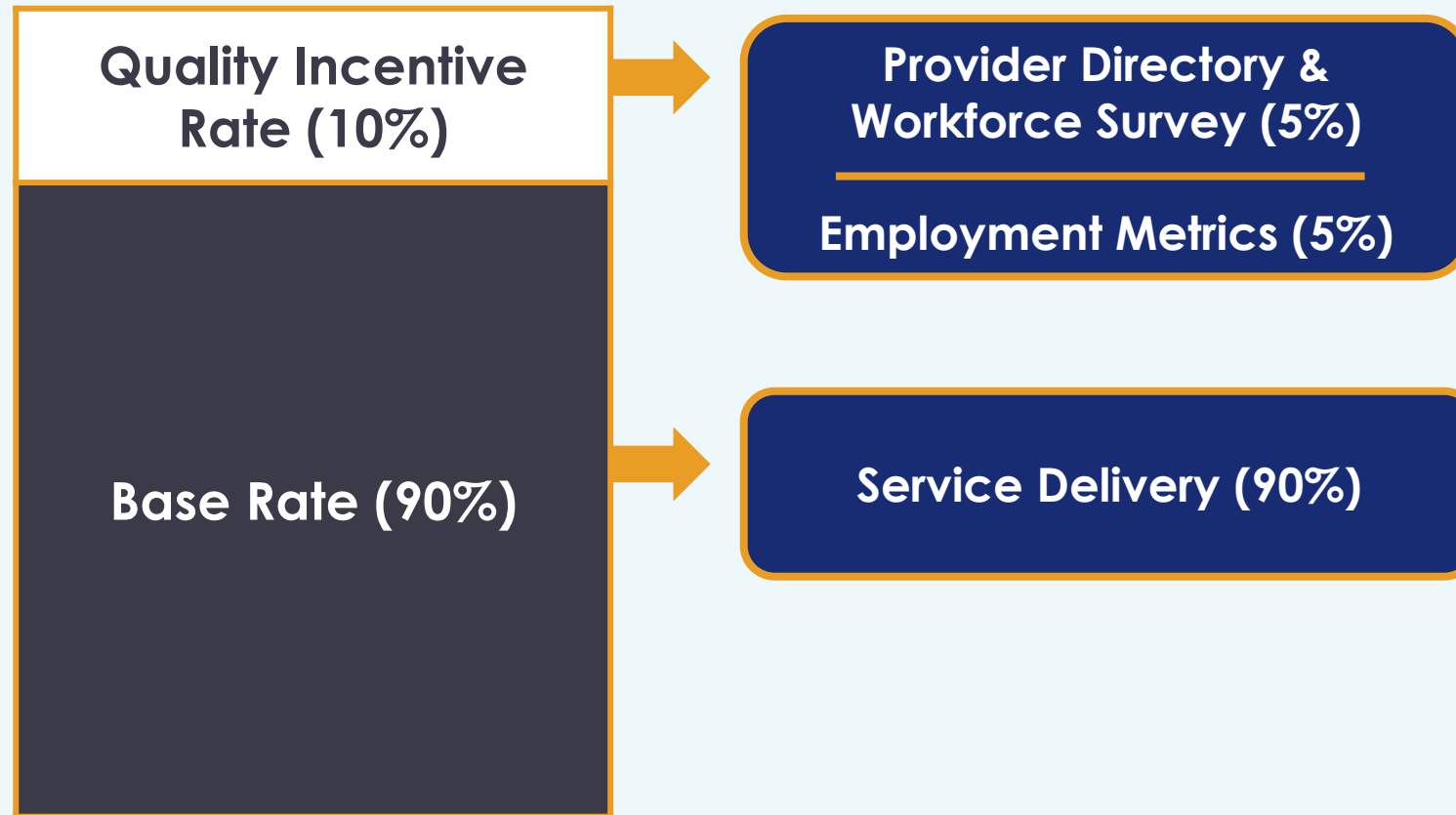
**Individual Outcomes:** Results, or consequences, of services and supports for the individual being supported.

## 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)

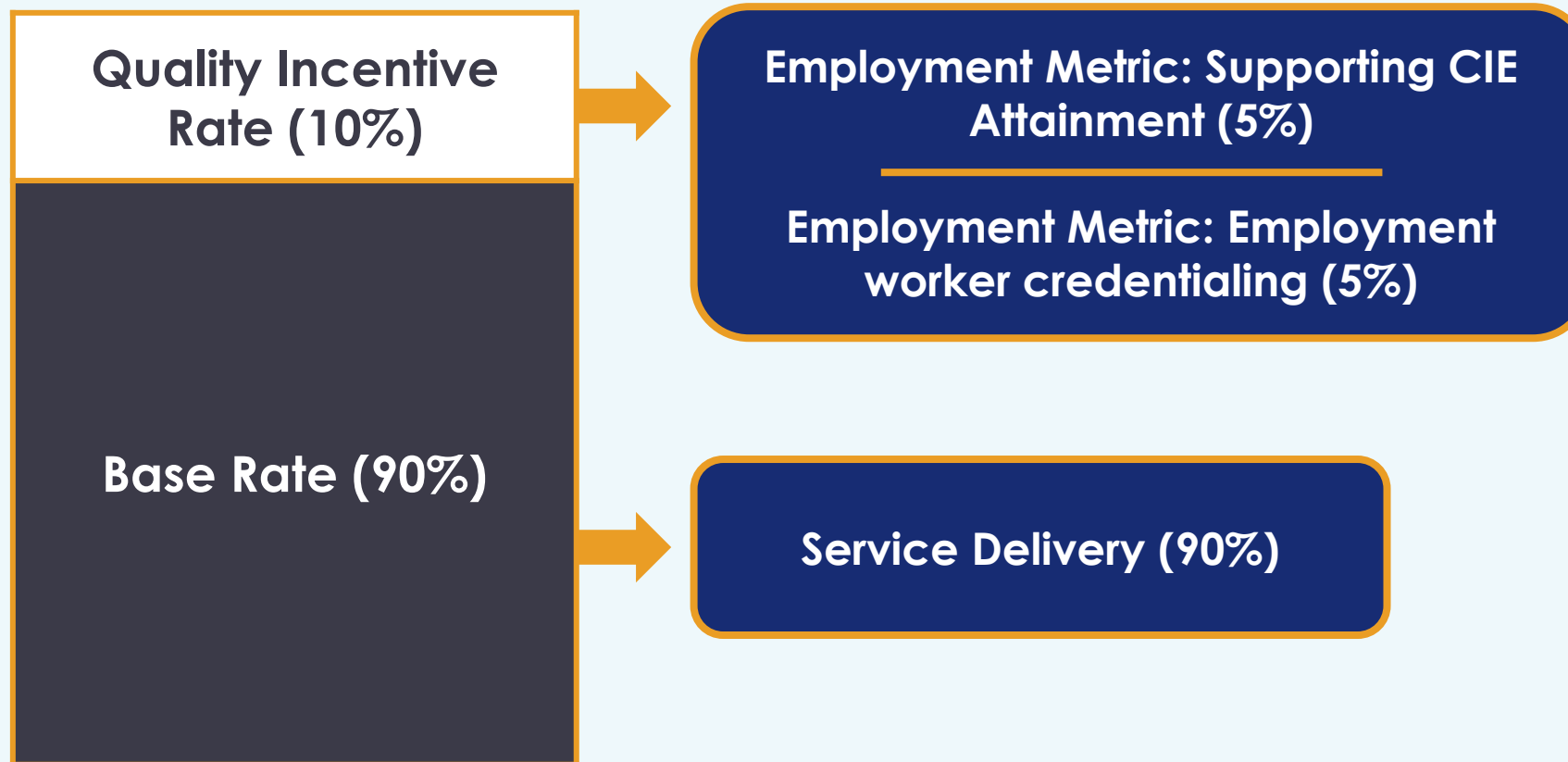


### Note:

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.

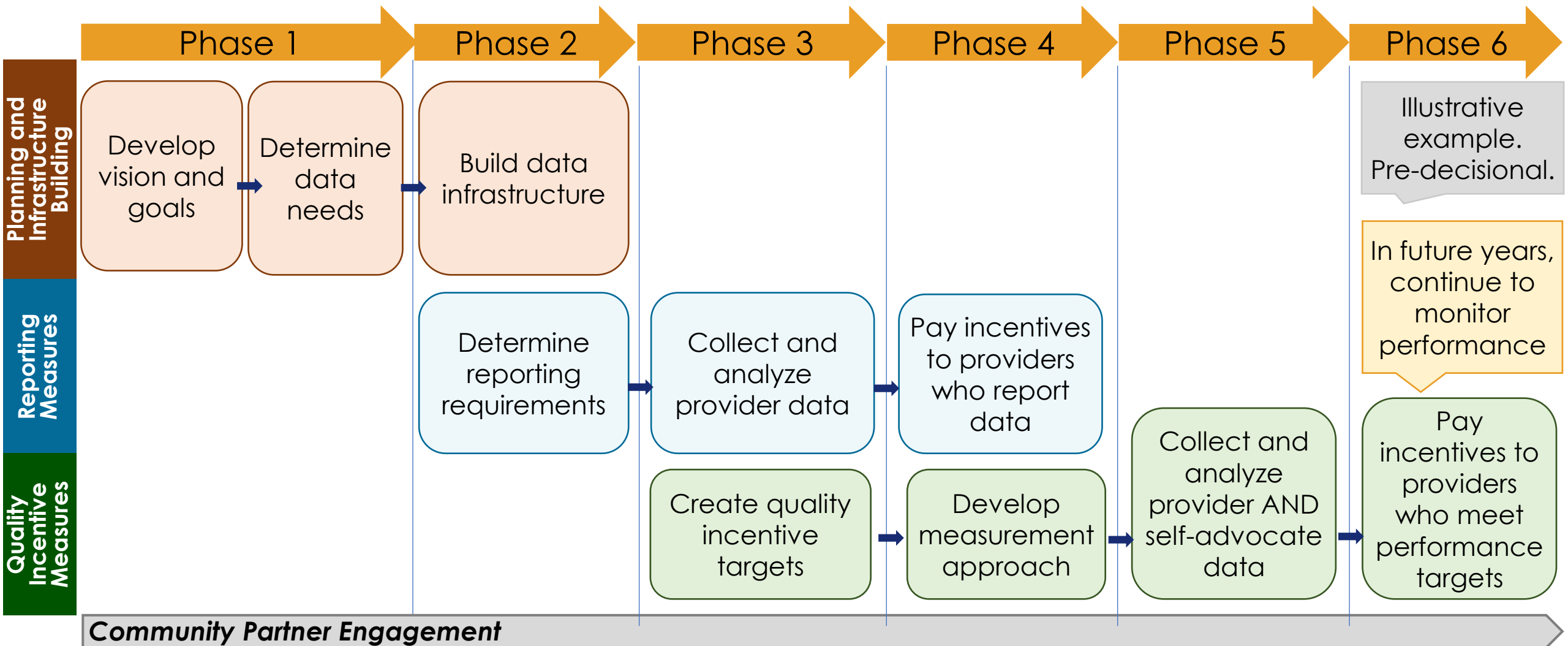
## Individual Outcome Measurement

- 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.

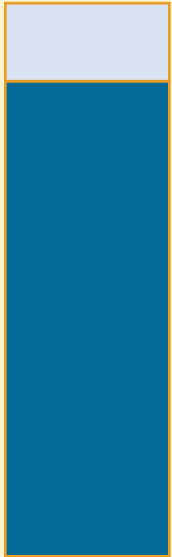




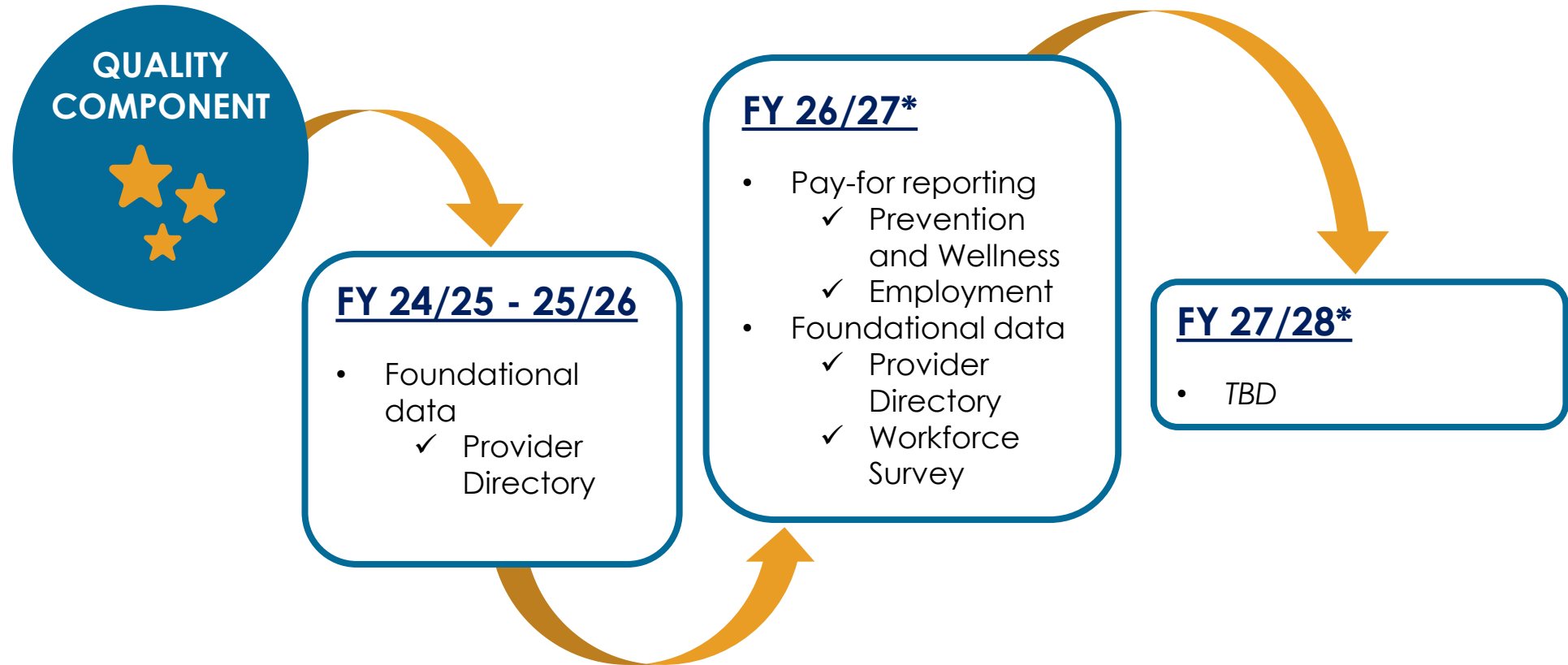
# QIP Component: FY 24/25 – FY 27/28

**Benchmark Rate=**  
**Base Rate + Quality**  
**Incentive Payment**

Quality Incentive Rate  
(10% of Rate Model)



Base Rate (90% of Rate  
Model)



\*Under development, subject to change

# Focus Groups and Community Engagement

# Community Partner Engagement To Date

QIP Domain	Previous Engagement
Provider Directory	2 meetings (12/10, 1/16)
Workforce	2 meetings (12/16/24, 2/11/25)
Employment	3 meetings (12/17/24, 1/17/25, 2/27/25)
Prevention & Wellness	1 meeting (3/3/25)

# Potential Measures and Related Service Codes for Each QIP Domain

Domain	FY26-27 Reporting Measure (Not Yet Finalized)	QIP Provider
<b>Provider Directory</b>	<ul style="list-style-type: none"><li>Complete or update Provider Directory, including new data fields (e.g., the ZIP codes that the provider serves, language access) <i>(new fields under development)</i></li></ul>	All QIP service providers
<b>Workforce</b>	<ul style="list-style-type: none"><li>Report on workforce capacity, such as the number of professionals, their compensation and benefits <i>(not yet developed)</i></li></ul>	All QIP service providers
<b>Employment</b>	<ul style="list-style-type: none"><li>Report on:<ul style="list-style-type: none"><li>Training/credentialing of employment support staff and</li><li>Job attainment for individuals receiving employment supports</li></ul><i>(Other employment reporting measures are under consideration)</i></li></ul>	Supported Employment Programs: 950, 952
<b>Prevention &amp; Wellness</b>	<ul style="list-style-type: none"><li>Report on the number of residents who are up-to-date on selected preventative screenings (e.g., annual wellness visits)</li><li>Report on the number of residents who are not up-to-date on selected preventative screenings and the rationale (e.g., resident declined)</li></ul>	Residential Providers: 096, 109, 113, 904, 905, 910, 915, 920

DDS is exploring opportunities to collect Provider Directory and Workforce data through a streamlined submission

## Proposed Measure: Timely, accurate, and complete reporting for the Provider Directory, including new, proposed fields.

### Community partners provided initial feedback on potential data fields and functionalities to include in the Provider Directory:

- The ZIP codes that the provider serves.
- The languages spoken by staff/ the availability of interpretive services for specific languages.
- If the provider is an agency or an independent provider (i.e., sole proprietor/ does not employ any staff).
- If the provider is accepting referrals. *(for future consideration, requires ongoing reporting and new infrastructure)*

### Next Steps:

Internal discussions with IT team to determine implementation feasibility and timeline.

**DDS needs to better understand workforce gaps and opportunities to develop quality incentive measures in the future.**

**Community partners stated that workforce capacity and quality includes:**

- Cultural and linguistical alignment.
- Staff training and supports.
- Worker advancement.
- Meeting unmet needs.
- Sufficient staffing.
- Innovative service delivery (e.g., technological supports).
- HCBS Settings Rule alignment.

## Proposed Measure: Timely, accurate, and complete workforce survey participation.

### Potential Reporting Measures for FY26-27:

- Participation in the **DSP survey**.
- Report workforce data on non-DSP staff.
  - Data would be collected on the number professionals, their compensation and benefits, variation across the state, etc.

### Next Steps:

- Develop survey to collect workforce data on professional service providers and transportation providers.
- Finalize and disseminate surveys.



**Community partners provided initial feedback on the employment supports and outcomes that should be prioritized for measure development.**

## **Community partners shared that it is important the people with I/DD:**

- Receive support to get and keep jobs in the community
- Work at jobs that match their career goals
- Work the number of hours per week that match their career goals
- Are paid fairly (minimum wage or above) and commensurate with everyone else doing similar work
- Have timely access to benefits counseling
- Experience career advancement
- Are supported to get and keep jobs by staff that is well trained
- Are supported in a culturally and linguistically responsive way
- Receive services and supports they require to be successful



## Proposed Measure: Pay-for-reporting measures on employment staff training/certification and job attainment for individuals receiving Supported Employment services.

### Potential Reporting Measures for FY26-27:

- Employment staff who have participated in 1) **ACRE training** and 2) **CESP credentialing/ re-credentialing**
- The proportion of individuals served who:
  - Transition from **internships to CIE**
  - Transition from **group to individual employment**
  - Transition from **employment-focused day programs to a Paid Internship Program (PIP) or CIE**
  - Stay in their job beyond 12 months

### The focus group shared other measurement areas, such as:

- Differences in salaries for staff with and without trainings and certifications
- Any additional trainings/certifications/in-house initiatives that employers provide to staff
- Job advancement for individuals

### Next step:

Finalize reporting measures and determine data collection processes

# Prevention and Wellness

**Proposed Measure: Transition the existing one-time incentive measures into a reporting measure for residential providers' quality incentive rate.**

**Potential Reporting Measures for FY26-27:**

- Providers report the **proportion of residents** who are up-to-date on selected preventative screenings.
  - This will include new **child-focused screening measures** (e.g., well-child visits).
- Providers report the **rationale** for any individuals who have not received screenings.

**For future years:**

- Explore transitioning to claims-based measurement.
- Develop new additional prevention and wellness measures.
- Explore other measure domains for residential providers, such as community inclusion and autonomy.

**Next Steps:**

- Continue to engage focus group.
- Define pay-for-reporting measures and required reporting on reasons why an individual does not receive screenings within recommended timeframes.

Screenings for One-Time Incentives (Adult)
Seen and examined by Primary Care Provider (Ages 18+)
Dental exam (Ages 18+)
Colorectal cancer screening (Ages 45-75)
Mammogram / breast cancer screening (Ages 50-74)
Pap test / cervical cancer screening (Ages 21-65)

## Next Steps

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**Following the finalization of FY26-27 QIP measures, DDS will begin a new process of convening individuals, families, providers, and Regional Centers in Spring 2025 to develop vision and goals for QIP measures in FY27-28 and beyond.**



## Next Steps

- Continue meeting with focus groups and finalize FY 2026/27 proposed reporting measures for all service codes
- Determine feasibility and timeline for necessary technology and infrastructure development
- Announce measures and provide training and support to providers and regional centers in advance of reporting measures.
- Launch reporting measures in fall 2025.

# Upcoming QIP Workgroup Meetings



**All meetings will be held from 2:00 – 3:30 pm.**

- June 16, 2025
- September 15, 2025
- December 15, 2025

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'I  
**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