

# QIP Workgroup

June 16, 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**



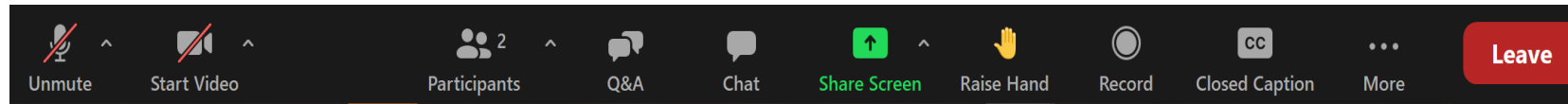
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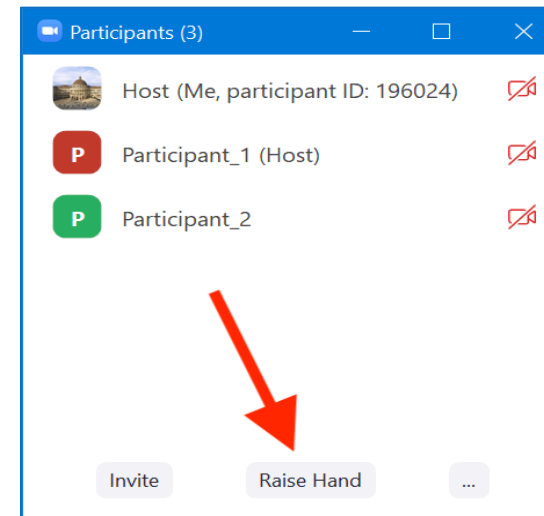
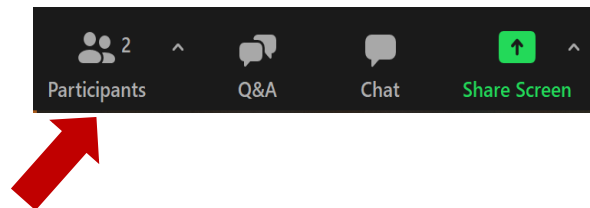
Materials are available at: <https://www.dds.ca.gov/initiatives/stakeholder-events/>

# 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 Vision

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Fiscal Year (FY) 26/27 QIP Reporting Measures

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PAVE Update: Development and Progress

28

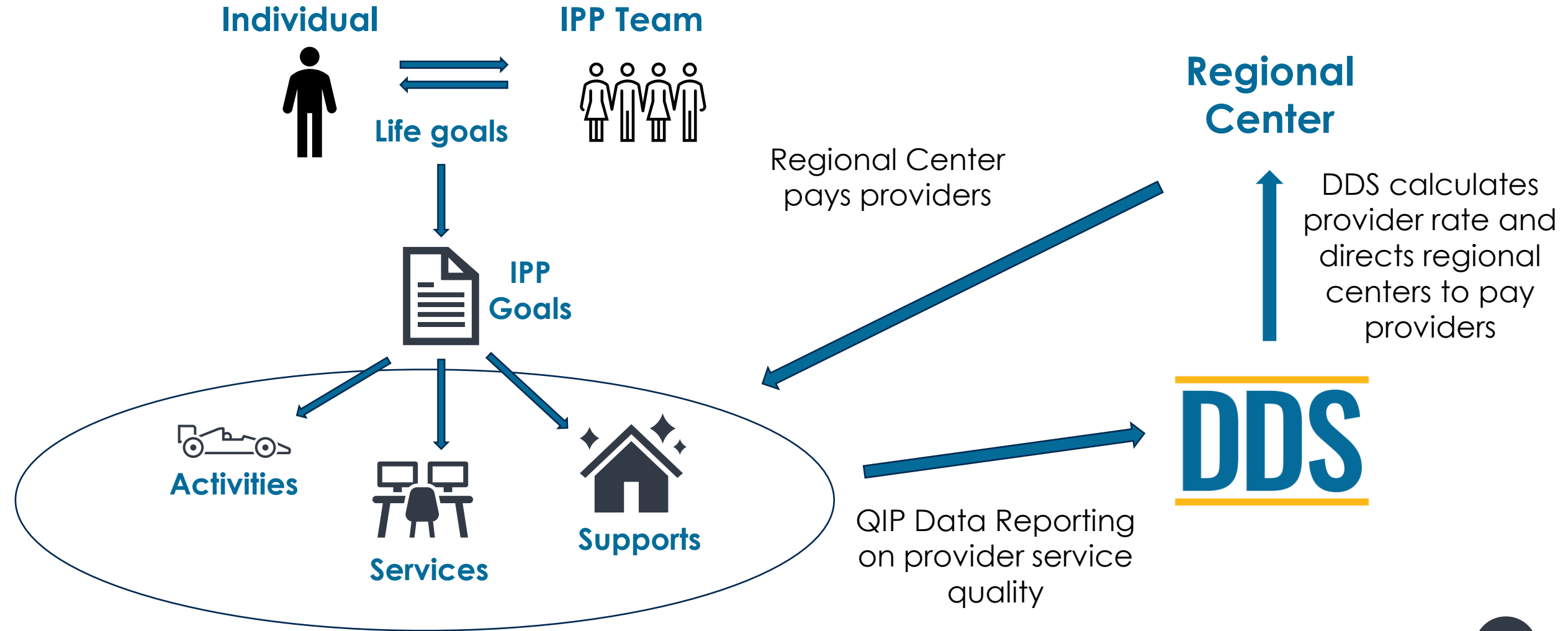
Future QIP Development and Upcoming Measures

40

Questions and Answers

44

# 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*) ✓

## **FY 2026-27 QIP Measures**

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# 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 performance measures**
  - **Goal: All providers achieve 100% of their benchmark rate through the QIP.**
6. Adjust services and supports as appropriate.



# COMMUNITY PARTNER ENGAGEMENT TO DATE

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

# FY 2026-27 MEASURES AND RELATED SERVICE CODES

Domain	FY 2026-27 Reporting Measure (Finalized)	QIP Provider
<b>Provider Capacity</b>	<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
<b>Employment</b>	<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
<b>Prevention &amp; Wellness</b>	<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: 113, 904, 905, 910, 915, 920

# PROVIDER REPORTING ACTIVITIES AND RATES



# PROVIDER CAPACITY MEASURE DEVELOPMENT

DDS initially pursued two separate FY 2026-27 measures: Provider Directory updates and workforce capacity reporting. DDS has chosen to combine these measures into one “Provider Capacity” measure via a single survey tool that all QIP-impacted service codes will complete. For many providers, this will be their sole measure for FY 2026-27.

## Provider Directory Context

- To earn their quality incentive rate from January 1, 2025—June 30, 2026 , providers must submit and validate their information in DDS' **Provider Directory**.
- For FY 2026-27, DDS evaluated additional **Provider Directory** fields or functionalities that would provide DDS and Regional Center staff, providers, and eventually the public with access to accurate and useful information on providers.
- Community partners provided feedback on potential Provider Directory features.

## Workforce Survey Context

- DDS is expanding and tailoring its **Direct Support Professionals (DSP) Workforce Survey** to cover additional service codes.
- Expanding the survey to other providers will help DDS better understand key aspects of the current workforce to plan future measures and workforce development initiatives.

## Streamlined Provider Capacity Survey

- **DDS will combine these two data collection efforts into a single survey**, tailored based on service code(s)

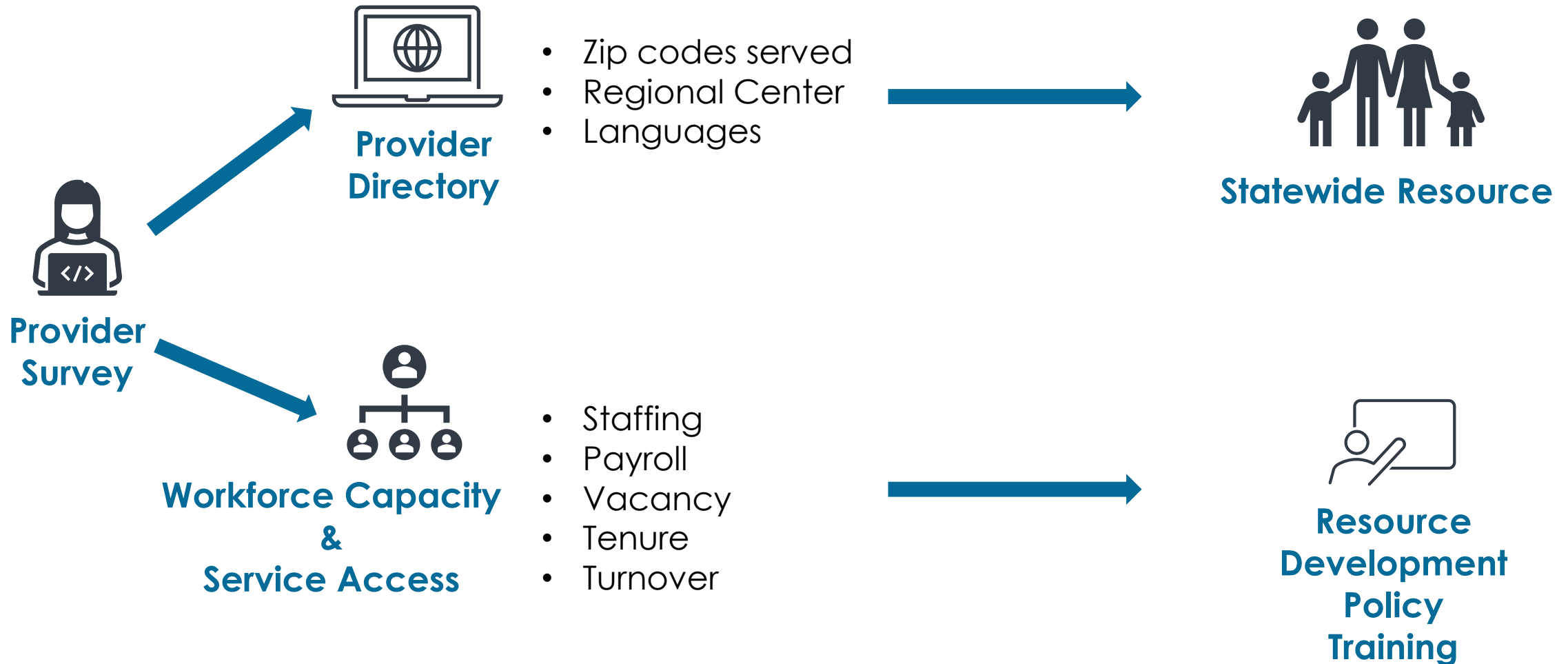
# OVERVIEW OF PROVIDER CAPACITY MEASURE

## 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.

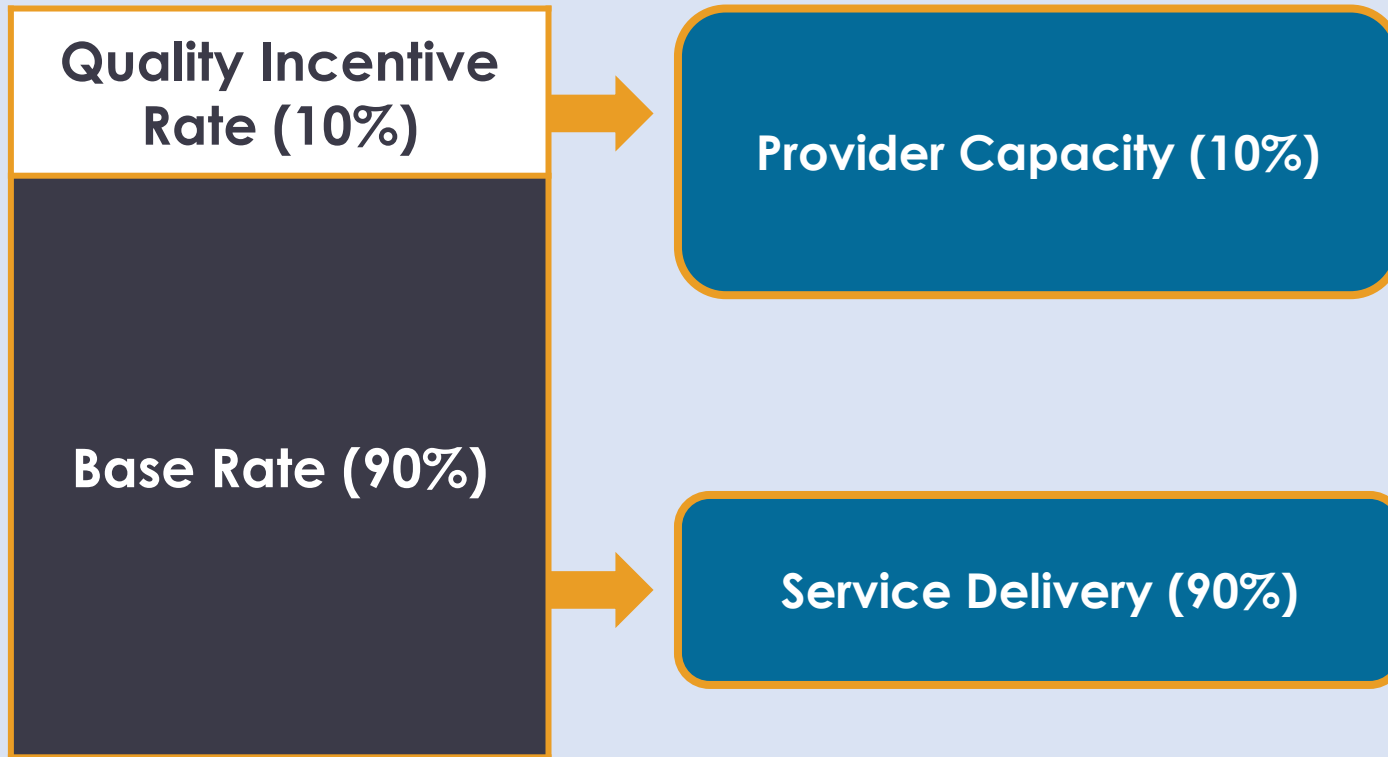
# PROVIDER CAPACITY: DATA COLLECTION AND APPLICATION



Eligible Service Types: All QIP eligible service codes

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

## QIP Rate Structure: FY 26/27 (Data Reporting: 2025)



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.

# OVERVIEW OF EMPLOYMENT MEASURES

**DDS is transitioning one-time cash incentives for Supported Employment providers (950 and 952) into pay-for-reporting measures.**

## Employment Measure Development

Employment providers are eligible for **multiple one-time cash incentives** authorized under QIP and statute.

- As non-statutory QIP-related one-time cash incentives sunset, DDS sought **feedback from community partners on how best to transition incentives related to provider training and job attainment/retention** into pay-for-reporting measures.

# 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

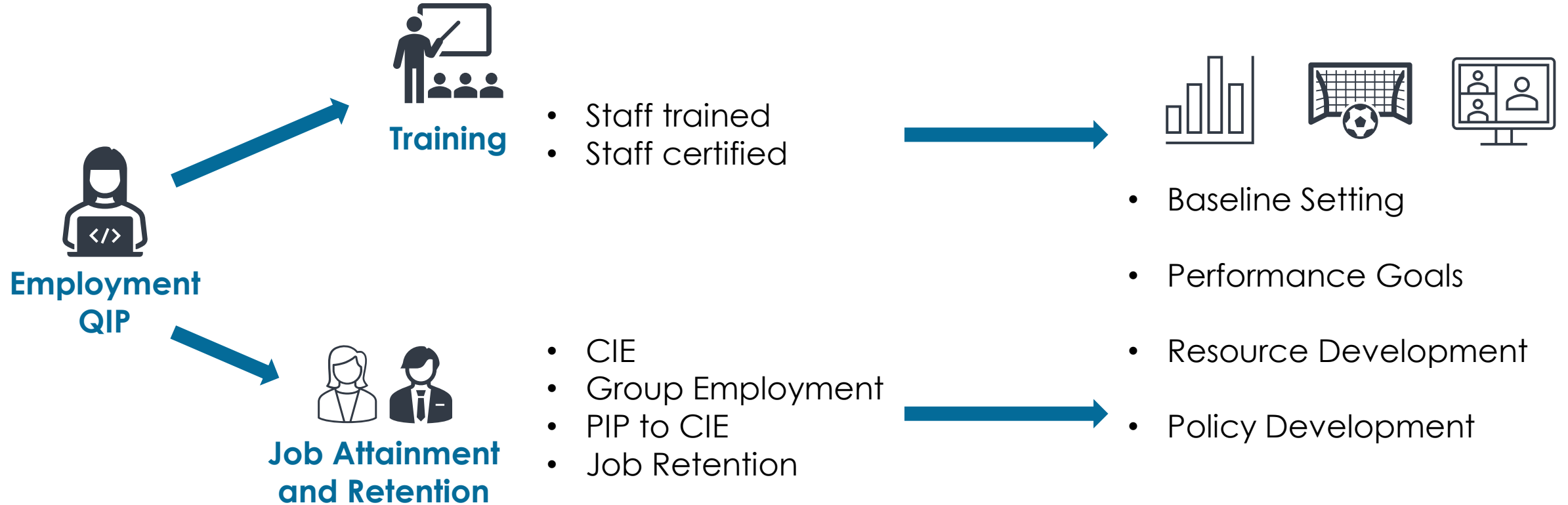
## Job Attainment and Retention Measure

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.***

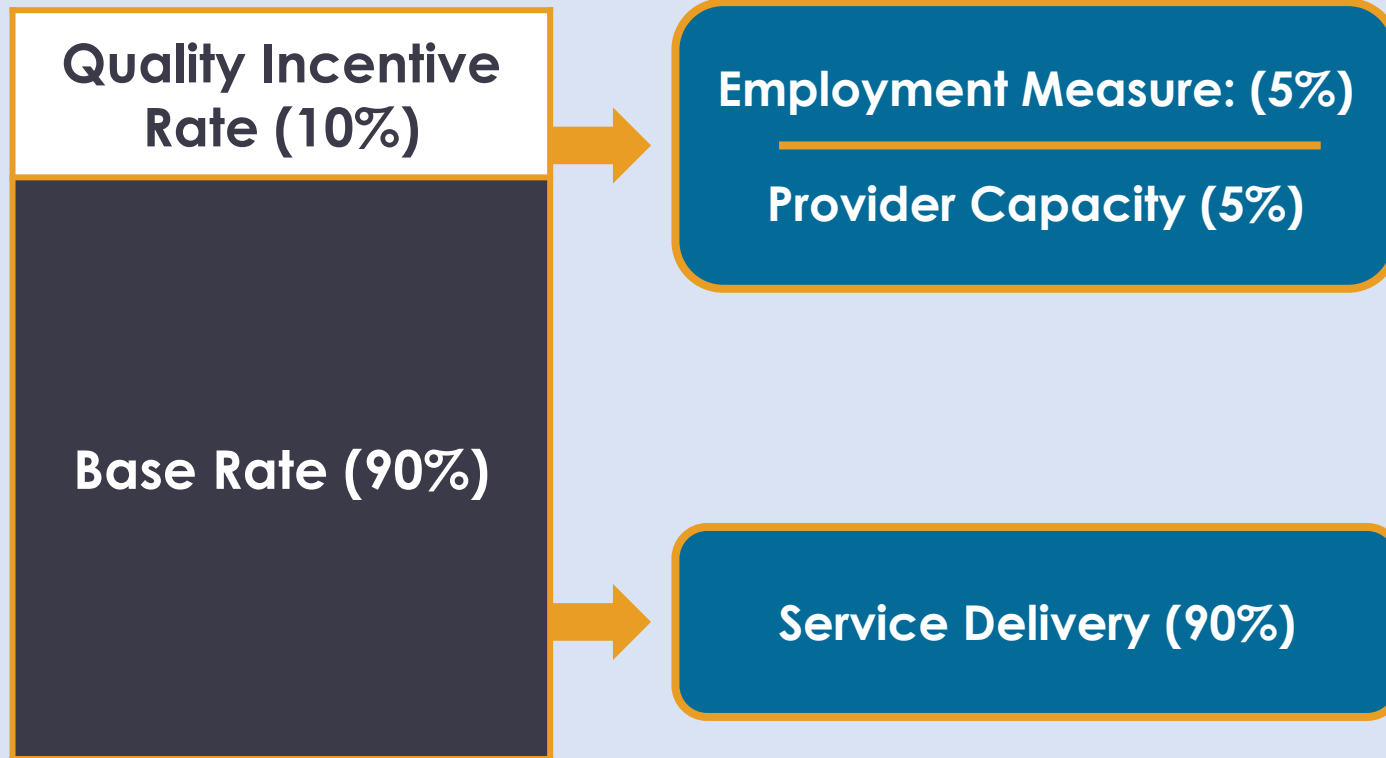
# EMPLOYMENT: DATA COLLECTION AND APPLICATION



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

# EMPLOYMENT– RATE STRUCTURE (FY 26/27)

## QIP Rate Structure: FY 26/27 (Data Reporting: 2025)



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.

# PREVENTION & WELLNESS MEASURE DEVELOPMENT

DDS is also transitioning one-time cash incentives for residential providers (113, 904, 905, 910, 915, 920) into pay-for-reporting measures.

## Prevention and Wellness Measure Development

Certain residential providers (ARFPSHNs and EBSHs) have received one-time cash incentives for assisting a resident in receiving certain preventative screenings.

With the transition to the FY 2026-27 pay-for-reporting measure:

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

# 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** (At least once in the last year, Children ages 3-17; greater frequency for infants and younger children)
- **Dental exam** (At least once in the last six months, Children ages 1-17)
- **Vision exam or risk assessment** (At least once in the last year, Children ages 3-6; at least twice per year for children 7 - 15)
- **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.

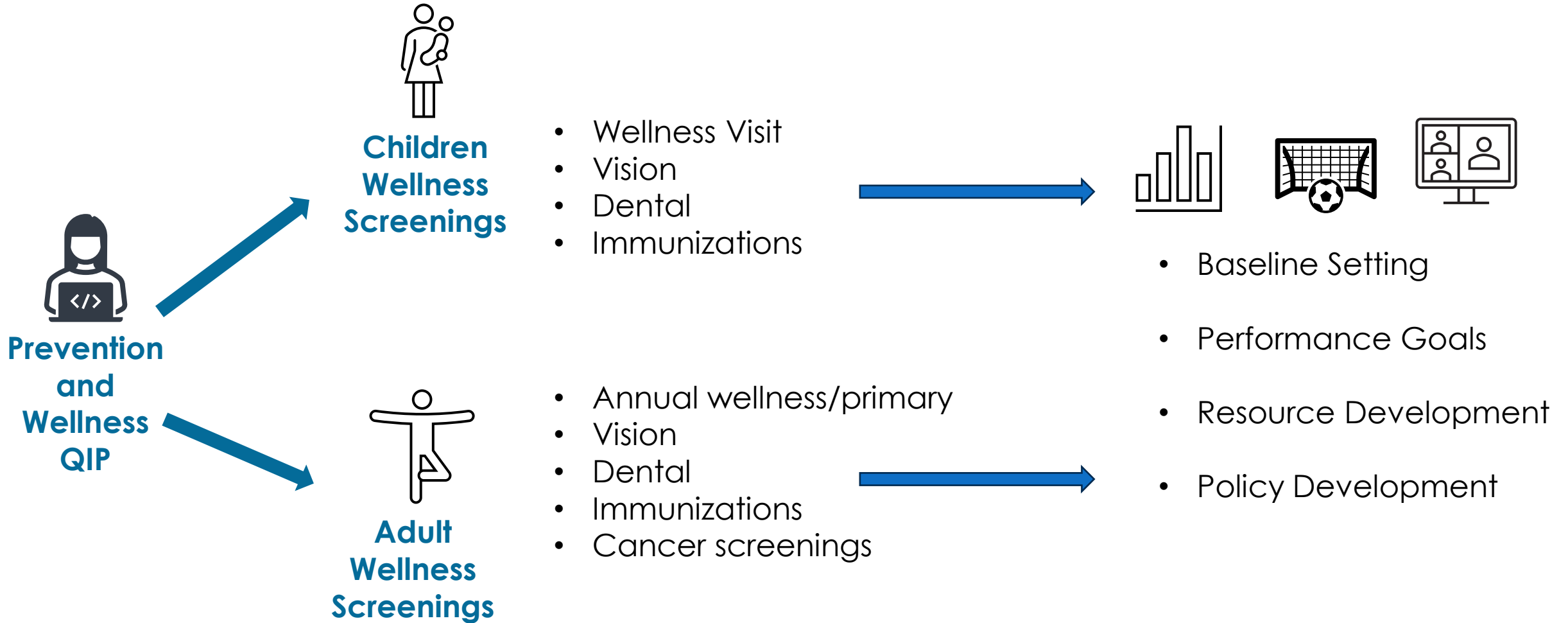
• **Reporting.** To earn their quality incentive rate for FY 2026-27, providers would need to report on whether each resident is up-to-date for each applicable preventive screening.

- 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.

<sup>1</sup>[Screening timeframes](#) and specific risk assessments are set by the [American Academy of Pediatrics](#) and [American Academy of Pediatric Dentistry](#), varying by the child's stage of development.

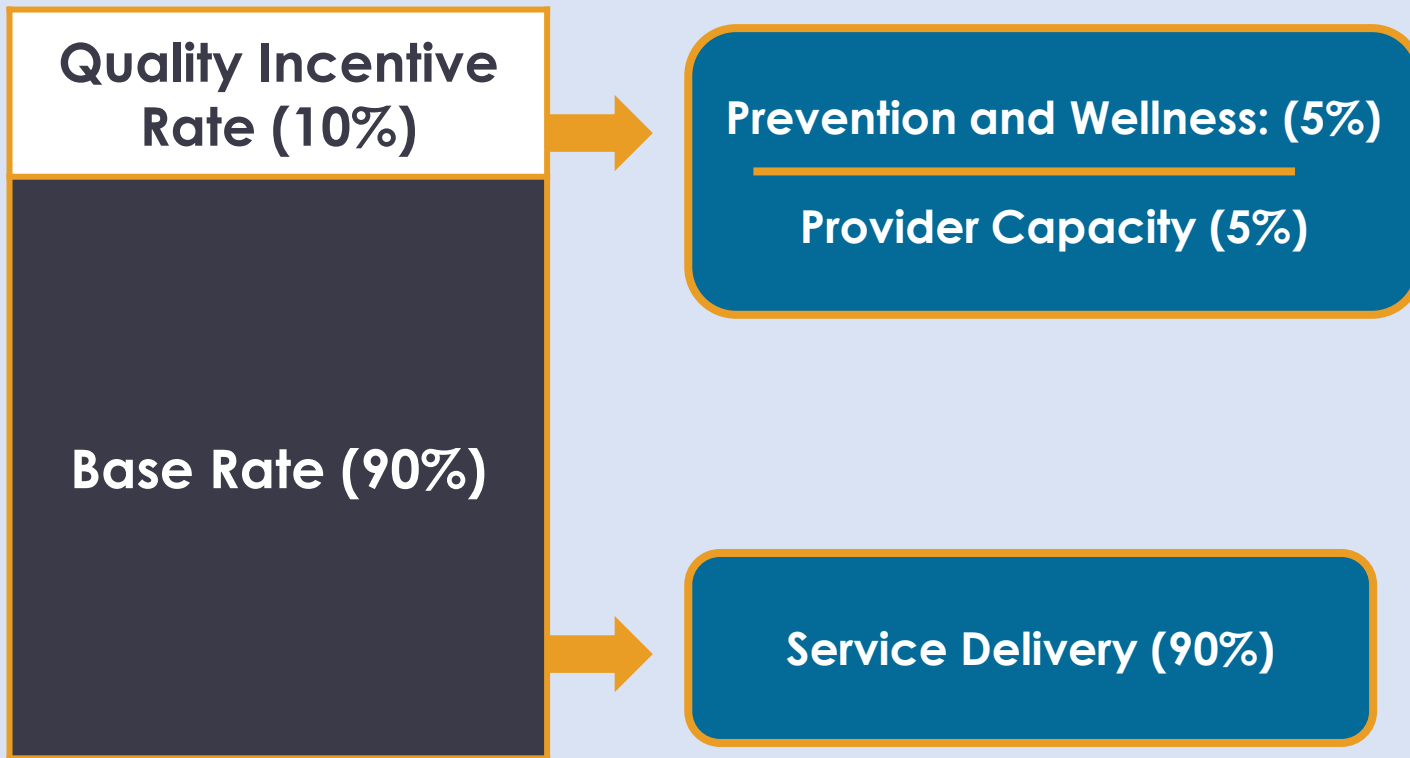
# PREVENTION AND WELLNESS: DATA COLLECTION AND APPLICATION



Eligible Service Types: Residential service providers

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

## QIP Rate Structure: FY 26/27 (Data Reporting: 2025)



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.

# 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.

# ALIGNING DEPARTMENT VISION AND MEASURE AREAS OF FOCUS

With input from individuals and the community, the Department has defined a vision and six measurement priorities for both RCs and providers to guide the development of measures for FY 2022-2025:

## California Department of Developmental Services Vision

People with intellectual and developmental disabilities experience **respect** for their culture and language preferences, their choices, beliefs, values, needs, and goals, from a **person-centered** service system made up of a network of community agencies that provide **high quality, outcome-based** and **equitable services**.

## Supporting Regional Center Performance Measurement Priorities to Advance Vision

Early Start

Employment

Equity and  
Cultural  
Competency

Individual and  
Family  
Experience  
and  
Satisfaction

Person-  
Centered  
Services  
Planning

Service  
Coordination  
and Regional  
Center  
Operations

## Supporting Provider Quality Incentive Program Measurement Priorities to Advance Vision

Early  
Intervention

Employment

Informed  
Choice and  
Satisfaction

Prevention and  
Wellness

Service  
Access

Workforce

# Update on the PAVE Service Outcomes Project

**California Community Living Network**



# The PAVE Service Outcomes Project

The aim of the project is to ***develop, pilot and test the feasibility, reliability, and validity of a new system*** that will:

- Support people to experience better quality of life outcomes – “live their best lives”
- Gather robust data on quality and outcomes
- Provide access to that data at different levels to inform service development

## The PAVE Service Outcomes System

### Software system

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

### Training system

- for people receiving services, Direct Support Professionals, families, and those responsible for leading, providing, coordinating and approving/funding services.

### Validation 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.

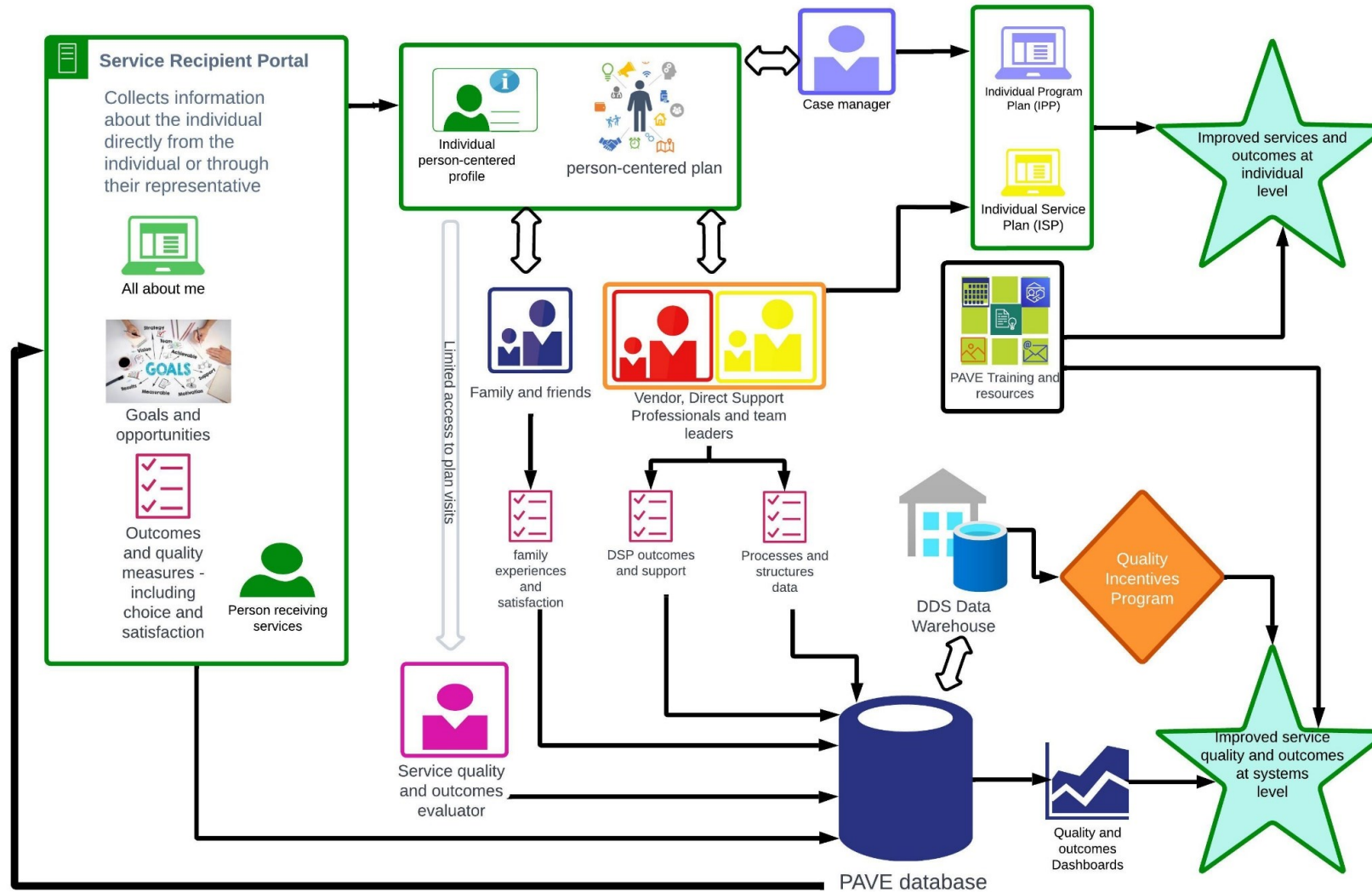
# THE PAVE PORTAL - INTRODUCTION

Individual receiving services (or their trusted representative) is the primary user.

## Objectives for the Portal:

- Support the individual and their circle of support to develop a person-centered profile that can be shared with those who provide support to the person. Person has control over who sees what information.
- Support the individual, their circle of support and their independent (hopefully) facilitator to develop a Person-centered Plan (with person-centered goals) that can feed IPP and ISP processes.
- Provide information, training and resources that will support informed decision-making and improve outcomes and experiences of services over time.
- Provide a way for individuals and their families to report their experiences and provide feedback on services, without fear of repercussion.
- Evaluate the impact of services and State investments on individuals' lives over time, using robust measures.
- Provide data summaries to providers, regional center and the state to document quality and outcomes, which in turn will support the implementation of the QIP and RCPM processes, HCBS values and practices and the HCBS Final Access Rule.
- Provide accurate up-to-date information on the characteristics and needs of individuals that can feed regional center and state data requirements
- Help service coordinators to easily complete a person-centered IPP And to identify and offer choice of vendors to individuals and families

## PAVE Service Outcomes System overview



# Type of data that PAVE system will collect

- Demographic information
- Services and support received
- Quality of Life – across eight domains
- Perceived impact of services on each domain of quality of life
- Views and experiences of services and regional centers (service recipient AND Family/friends)
- Type of goals and whether goals achieved.
- Organizational and service characteristics
- DSP characteristics, training
- At Individual level
- Over time

# Links to 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)

# ACTIVITIES AND OUTCOMES SO FAR

- Operational Definitions created for the four service types we will initially measure outcomes for:
  - Supported living
  - Independent living
  - Supported employment
  - In-home respite
- Completed Review of research literature, frameworks and measures of service quality and outcomes (will be made available on our website)
- Developed and consulted on a suite of measures of outcomes and quality that will be tested for reliability and validity.
- Measures all set up in Qualtrics ready for people to complete (link to website)
- Conducted selection process for Regional Centers to invite for main implementation and evaluation phase.
- Business Requirements document for the PAVE Portal Phase 1 complete.

# 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**

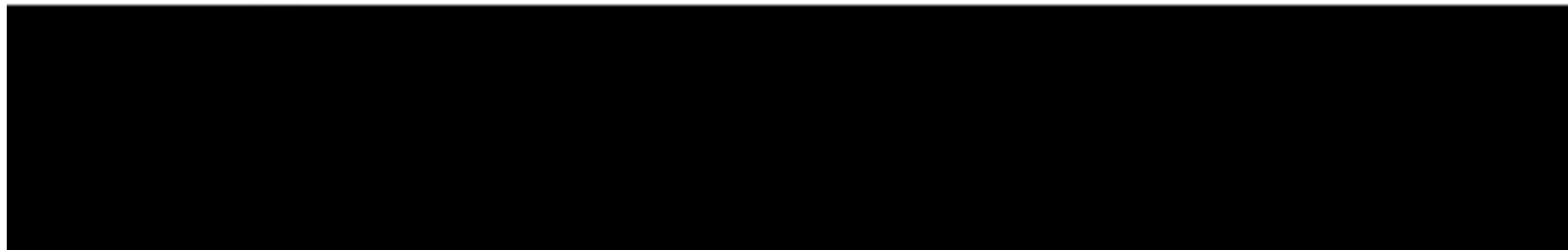


**Development of helpful  
tools and resources for  
the Portal**

# NEXT STEPS

- Analyze data from measure testing and finalize the indicators (single items) and measures (scales) that we will use in the main PAVE implementation and evaluation.
- Identify the most useful indicators and measures that could be used for Quality Incentive Program.
- Complete Pilot in first Regional Center and review findings.
- Develop next phase of PAVE Portal development – for service coordinators, DSPs, Service Providers and LMS
- Finalize methodology for the main implementation and evaluation in 5 Regional centers (with 400-500 individuals).

# PAVE EXPLAINER VIDEO



Questions?



# **Future Measure Development and Upcoming Milestones**

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# SERVICE CODE GROUPINGS

Measure development for FY 2026-27 focused on evolving one-time incentives. With this phase complete, DDS is shifting its measure development approach to 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.

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

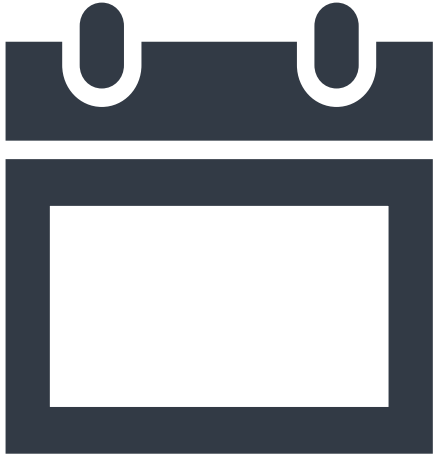
**Focus  
Groups may  
continue to  
meet as  
measure  
logistics and  
details are  
finalized for  
FY 26/27**



## Next Steps

- Employment one-time incentives end June 2025.
- Training & resource development: June – Oct. 2025
- September Workgroup Meeting: Update on measure development, training, and resource development
- Data Collection: Oct. – Dec. 2025

# UPCOMING QIP WORKGROUP MEETINGS



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

- 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'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 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
	Quality-Based-Payments (e.g., bonuses for quality performance)

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?

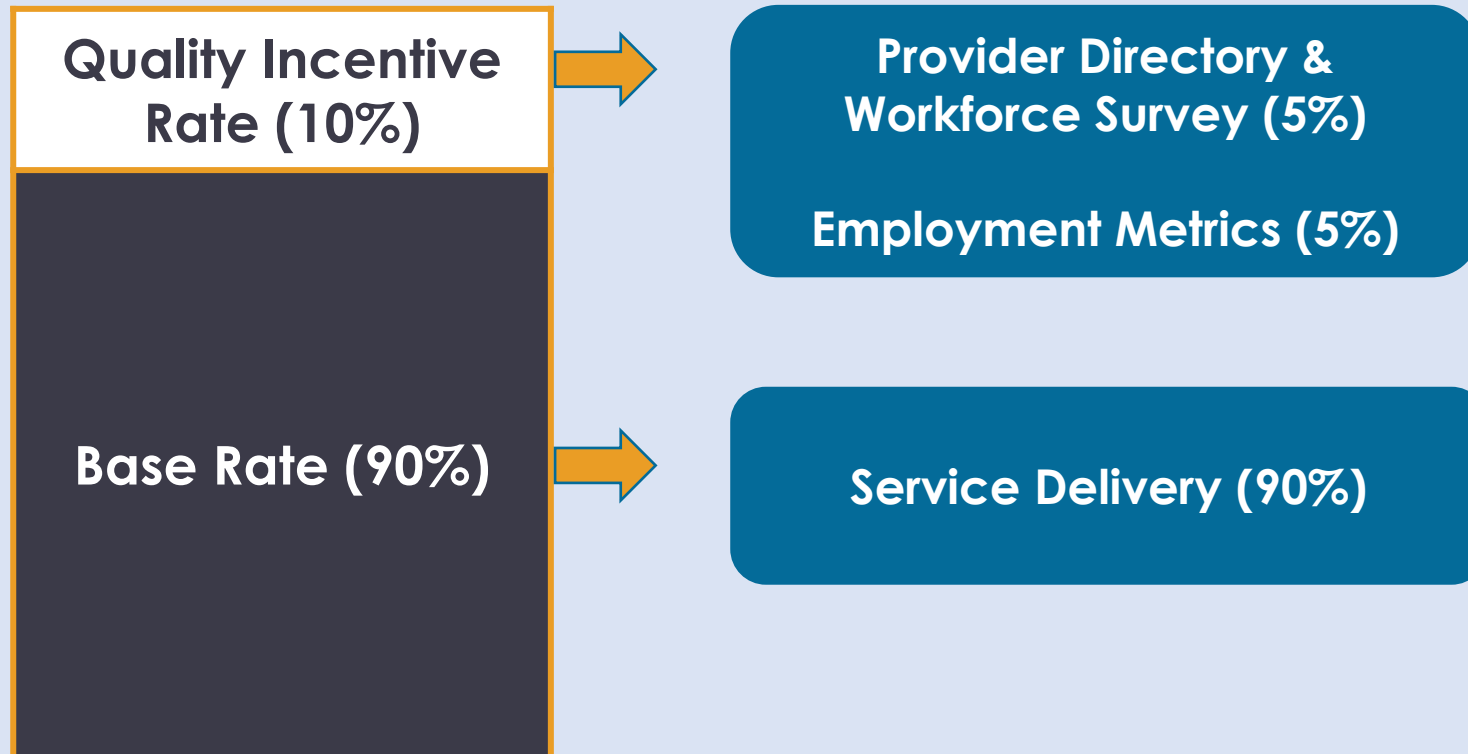
**Individual Outcomes:** Results, or consequences, of services and supports for the individual being supported.

## 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)

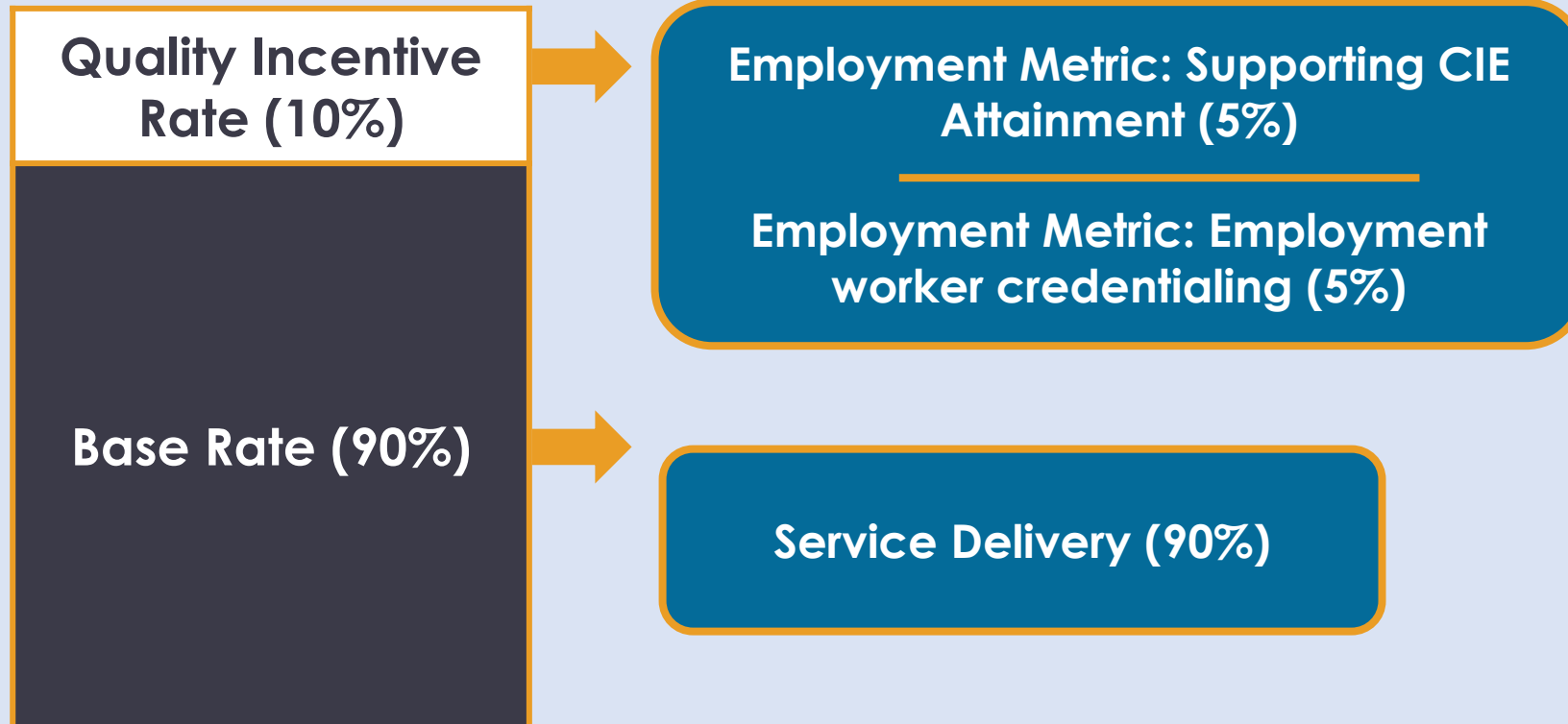


### Note:

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.

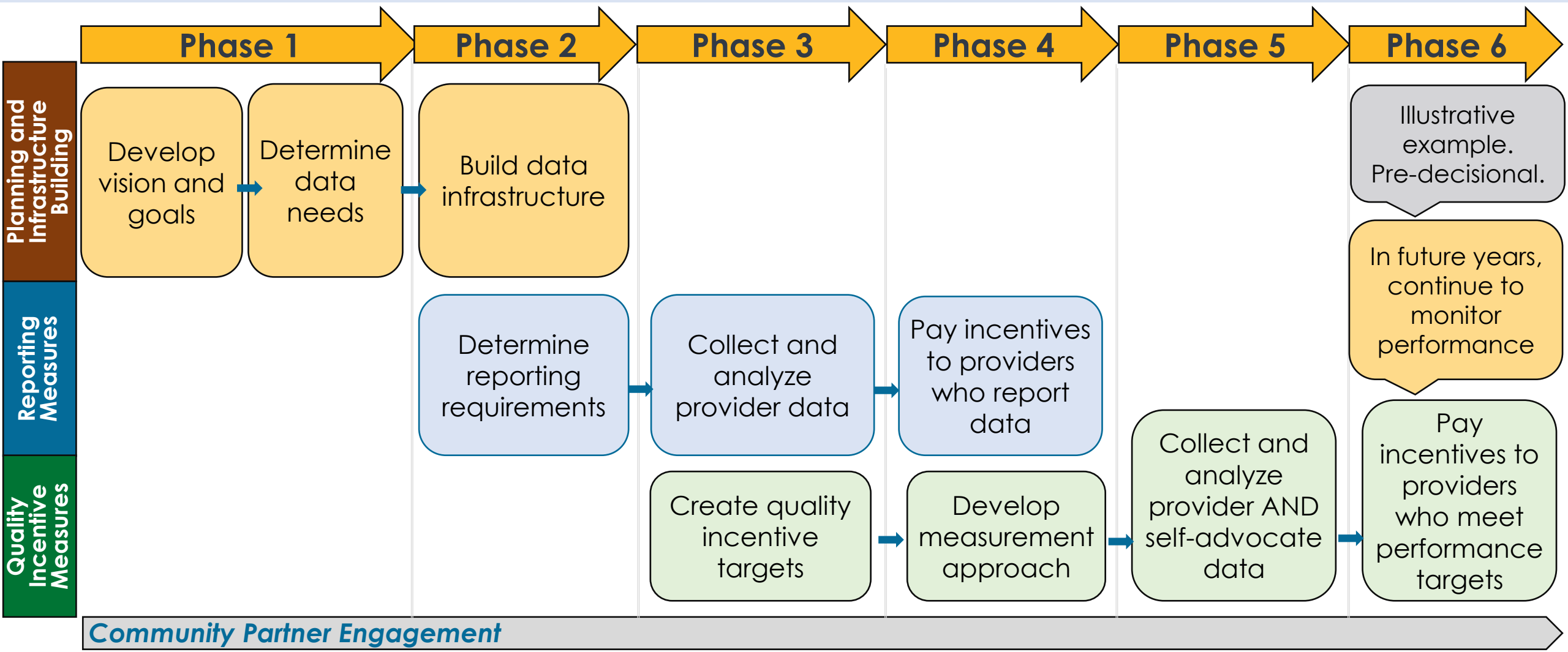
## Individual Outcome Measurement

- 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

