

# How to Complete the QIP Prevention and Wellness Survey

For Residential Service Providers

Department of Developmental Services

October 2025



# TABLE OF CONTENTS

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|                                               |          |
|-----------------------------------------------|----------|
| <b>SECTION 1: INTRODUCTION .....</b>          | <b>3</b> |
| 1.1 Before Starting Data Entry .....          | 3        |
| 1.2 Entering Data into the Survey .....       | 3        |
| 1.3 Contact Us .....                          | 3        |
| <b>SECTION 2: ENTERING DATA.....</b>          | <b>4</b> |
| 2.1 Accessing the Survey .....                | 4        |
| 2.2 Entering Data – Resident Information .... | 5        |
| <b>SECTION 3: REVIEW AND SUBMIT .....</b>     | <b>7</b> |

# SECTION 1: INTRODUCTION

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This user guide provides instructions on how to submit preventative health screening data for individuals living in residential settings. The survey will be administered via Qualtrics, an online survey platform. The Department of Developmental Services (Department) 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 facility/home. The URL link is unique and specific to each site and should not be used for any other facility/home.

## **1.1 Before Starting Data Entry**

Gather information for each of the following preventative health screenings for each individual that lived in the facility/home during fiscal year (FY) 2024-25. To facilitate the process, the Department has provided a worksheet on the QIP webpage that can be used to organize the data needed to complete this survey.

### **Adult Individuals:**

- Physical Exam
- Dental Exam
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Exam

### **Child Individuals:**

- Wellness Visit
- Dental Exam
- Vision Exam

## **1.2 Entering Data into the Survey**

Surveys will be pre-populated with data about each individual to be reported on. Questions will be personalized to ask only about preventative health screenings that apply to each individual. Data submission/reporting is required for each individual listed inside the survey, even if the provider does not have their detailed medical information or the individual has passed away. Please note that the survey does not support the ability to go back through the survey. **We strongly encourage service providers to confirm the accuracy of their responses before proceeding to the next page.**

## **1.3 Contact Us**

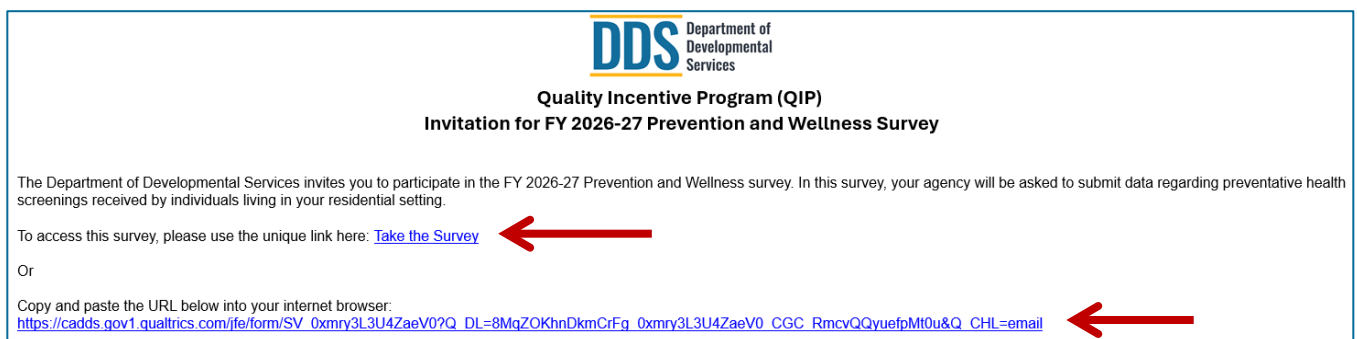
If you need help filling out this form, need to make changes to a survey that you have already submitted, or have questions regarding the QIP or incentive payments, please email [QIPquestions@dds.ca.gov](mailto:QIPquestions@dds.ca.gov) with the subject line "QIP – Prevention and Wellness FY 2026-27". Please review the [Prevention and Wellness Quality Measure](#) directive and [Quality Incentive Program \(QIP\)](#) webpage for more information.

## SECTION 2: ENTERING DATA

### 2.1 Accessing the Survey

Entering the data essentially consists of verifying that the names listed include all individuals that you served in the home sometime in FY 2024-25. Then, you will be asked to confirm the types of preventative health screenings the individual received and when those screenings were completed. Below are the steps to entering the survey, confirming the individuals served, and then confirming the preventative health screenings completed for each individual.

- 1) Open the email sent to you by the Department of Developmental Services Office of Quality Assurance (DDS OQA) and click on the link or copy and paste the URL into your internet browser.



**DDS** Department of Developmental Services

**Quality Incentive Program (QIP)**  
**Invitation for FY 2026-27 Prevention and Wellness Survey**

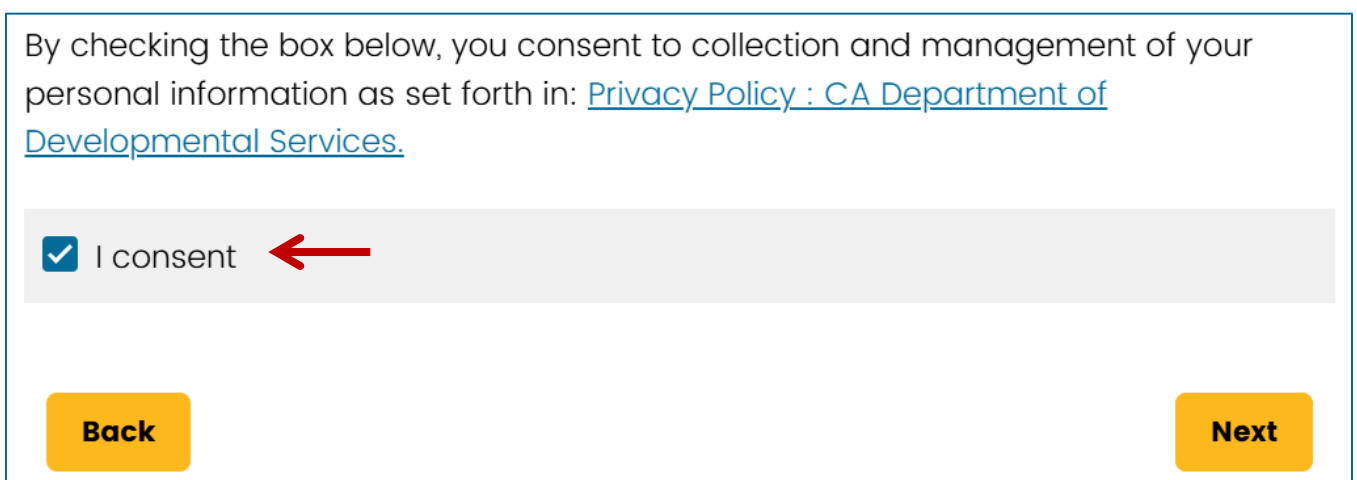
The Department of Developmental Services invites you to participate in the FY 2026-27 Prevention and Wellness survey. In this survey, your agency will be asked to submit data regarding preventative health screenings received by individuals living in your residential setting.

To access this survey, please use the unique link here: [Take the Survey](#)

Or

Copy and paste the URL below into your internet browser:  
[https://cadds.gov1.qualtrics.com/jfe/form/SV\\_0xmry3L3U4ZaeV0?Q\\_DL=8MqZOKhnDkmCrEq\\_0xmry3L3U4ZaeV0\\_CGC\\_RmcvQQyuefpMt0u&Q\\_CHL=email](https://cadds.gov1.qualtrics.com/jfe/form/SV_0xmry3L3U4ZaeV0?Q_DL=8MqZOKhnDkmCrEq_0xmry3L3U4ZaeV0_CGC_RmcvQQyuefpMt0u&Q_CHL=email)

- 2) Read through the Introduction and Data Confidentiality Statement. Once you have read through the Data Confidentiality Statement, you must select “I consent” to proceed to the survey questions.



By checking the box below, you consent to collection and management of your personal information as set forth in: [Privacy Policy : CA Department of Developmental Services](#).

☒ I consent

**Back** **Next**

## 2.2 Entering Data – Resident Information

- 1) Upon starting the survey, you will be shown a table listing all the eligible individuals for whom you will be submitting reporting.

*(Note: You will only be asked about health screenings that are recommended for each individual, based on age and gender. Please answer **ALL** questions that are displayed to you.)*

This section will be pre-populated with the names of all the individuals with active POS authorizations for residential services during FY 2024-25.

*Note: You will only see individuals served under the specific Vendor ID associated with your survey link.*

### Survey Progress

| Resident # | UCI   | First Name | Last Name | Status              |
|------------|-------|------------|-----------|---------------------|
| 1          | 10001 | John       | Smith     | Currently Reporting |
| 2          | 20002 | Joan       | Smith     | Reporting Pending   |
| 3          | 30003 | Jim        | Doe       | Reporting Pending   |
| 4          | 40004 | Jane       | Doe       | Reporting Pending   |



- 2) A series of questions will be displayed for each recommended health screenings. The questions include the following:
  - a. **Do you have data to report** on [Individual's] most recent health screening?
  - b. **If no data to report:** Please select the rationale(s) that best explains why you are unable to report on [Individual's] most recent health screening?
  - c. **If data to report:** Is the health screening within the recommended timeframe? *(Note: The recommended timeframe is specified for each health screening)*
  - d. **If health screening IS NOT within timeframe:** What is the rationale(s) that best explains why the health screening is not within the recommended timeframe?

Please choose the option that best explains why you are unable to report on John Smith's most recent Physical Exam:

- ☐ The Physical Exam was declined by the individual/a family member/a legal guardian
- ☐ We were unable to find a medical provider to complete the Physical Exam
- ☐ This is a new resident and we do not yet have access to their medical records
- ☐ Other, please explain:

Please note, the child survey will include an additional set of questions for immunizations. These questions will ask whether each child received the correct number of doses of the recommended vaccines, based on their age. This section will follow the same series of questions as listed above.

Did Jane Doe receive 3 doses of the Inactivated Poliovirus (IPV) vaccine before 06/30/2025?

☐ No

☐ Yes

- 3) **Before clicking the Next button:** Review all the responses on the page for completeness and accuracy. You will not be able to move back to a previous section and change a response once you select the “Next” button.

To earn the portion of the Quality Incentive rate associated with the Prevention and Wellness survey, providers must provide complete and accurate reporting. Providers’ ability to earn the Quality Incentive rate **WILL NOT** be impacted by selecting that they “do not have data to report” or that the “health screening is not within the recommended timeframe”.

## SECTION 3: REVIEW AND SUBMIT

- 1) Once you have completed the reporting for each individual, you will be shown the Certification Statement. You must select “I agree” and click on the Next button to submit your responses.

**QIP Prevention and Wellness Adult Survey**

Certification Statement

By submitting this survey, I certify that the information provided is accurate and complete to the best of my knowledge as of the submission date. I understand that the Department of Developmental Services (Department) may request supporting documentation to verify the data submitted. Such documentation may be requested at any time for validation purposes.

☒ I agree 

- 2) Following the Certification Statement, you will be shown a summary of your responses. You may retain a copy of these responses by clicking on the “Download PDF” link. If you believe you have made an error in your responses, please email [QIPquestions@dds.ca.gov](mailto:QIPquestions@dds.ca.gov) with the subject line “QIP – Prevention and Wellness FY 2026-27”.

**Below you will see a summary of your responses:**

[Download PDF](#) 

# QUESTIONS?

Email: [QIPquestions@dds.ca.gov](mailto:QIPquestions@dds.ca.gov)