How to Complete the QIP Provider Capacity Survey

For All Providers Participating in the Quality Incentive Program (QIP)

Department of Developmental Services

October 2025

DDS Department of Developmental Services

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SECTION 1: INTRODUCTION

This user guide provides instructions on how to submit data on 1) agency characteristics such as information on languages in which you provide services, 2) the regions you serve, and 3) staff employed by your agency as part of the QIP Provider Capacity reporting measure. 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., administrator) for each agency. The URL link is unique and should not be used for any other agency.

1.1 Before Starting Data Entry

Gather information on your agency characteristics, including information on languages in which you provide services, languages in which you cannot provide services, and service type and zip codes served for each active vendorization. To facilitate the process, the Department has provided a worksheet that can be used to organize the data needed to complete this survey.

1.2 Entering Data into the Survey

The survey will include 2 sections: Agency Profile and Workforce Characteristics. All vendors will answer questions for Agency Profile. Only vendors with payroll staff paid

1.3 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

SECTION 2: ENTERING DATA

2.1 Accessing the Survey

1) Open the email sent to you by The Department of Developmental Services Office of Quality Assurance (DDS OQA).

- **a.** Read all instructions carefully.
- **b.** Sharing the email or link is not recommended.
  - i. This survey link is only sent to the email associated with the parent agency on file.
  - ii. We strongly recommend that you do not forward the email to multiple people.
  - iii. Two people cannot fill out the survey simultaneously without affecting each other's responses.
  - iv. If multiple people need to collaborate on the survey, we recommend filling it out together.
- **c.** Note your Parent ID as you will need it for your survey link. Write it down or memorize it.

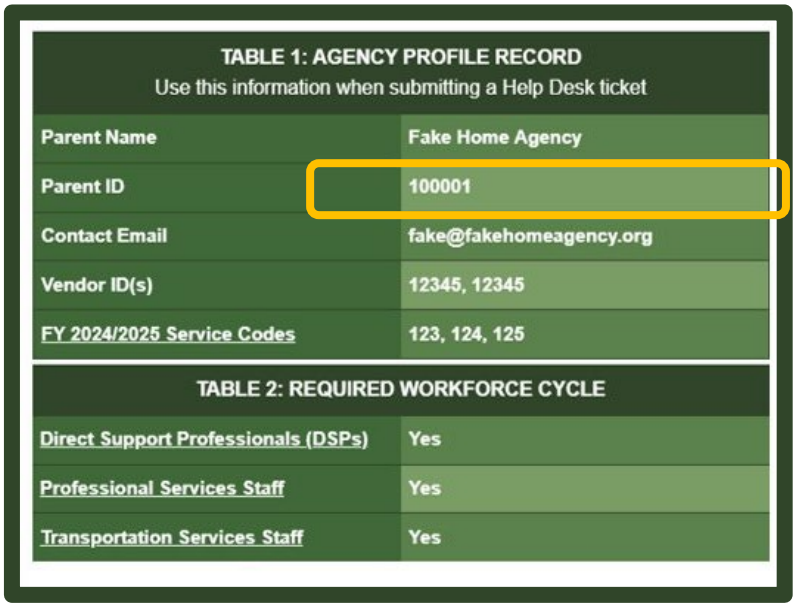
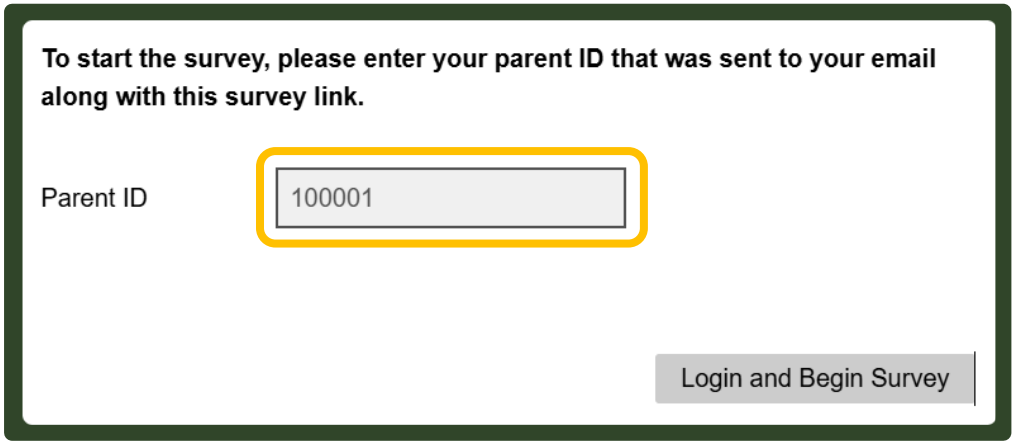


TABLE 1: AGENCY PROFILE RECORD Use this information when submitting a Help Desk ticket	
Parent Name	Fake Home Agency
Parent ID	100001
Contact Email	fake@fakehomeagency.org
Vendor ID(s)	12345, 12345
FY 2024/2025 Service Codes	123, 124, 125
TABLE 2: REQUIRED WORKFORCE CYCLE	
Direct Support Professionals (DSPs)	Yes
Professional Services Staff	Yes
Transportation Services Staff	Yes

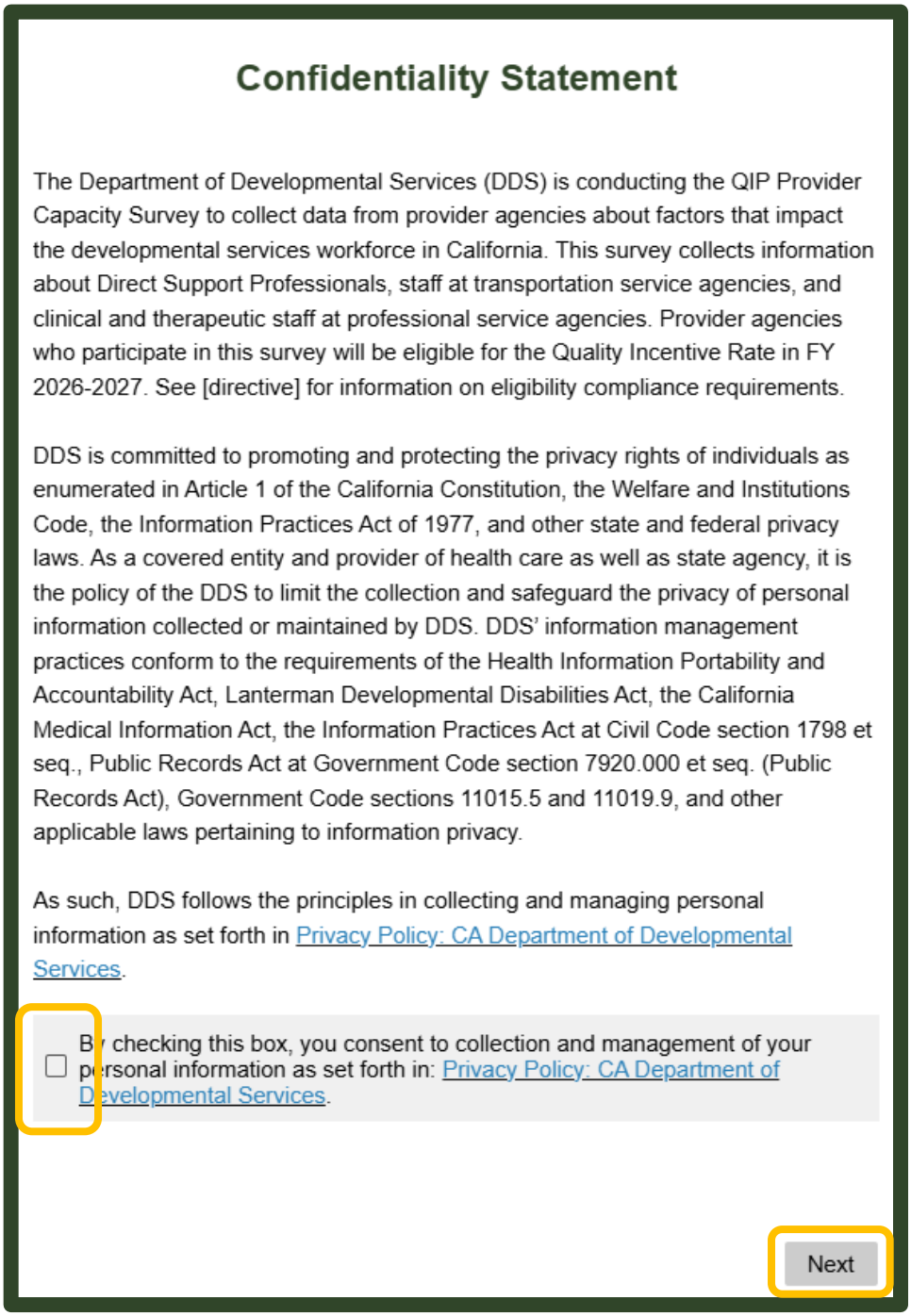
d. Click on the link or copy and paste the URL into your internet browser.

2) Once you click the link, the survey will ask you to enter your Parent ID for verification purposes.

a. Please find your Parent ID in the email that contains the survey link.

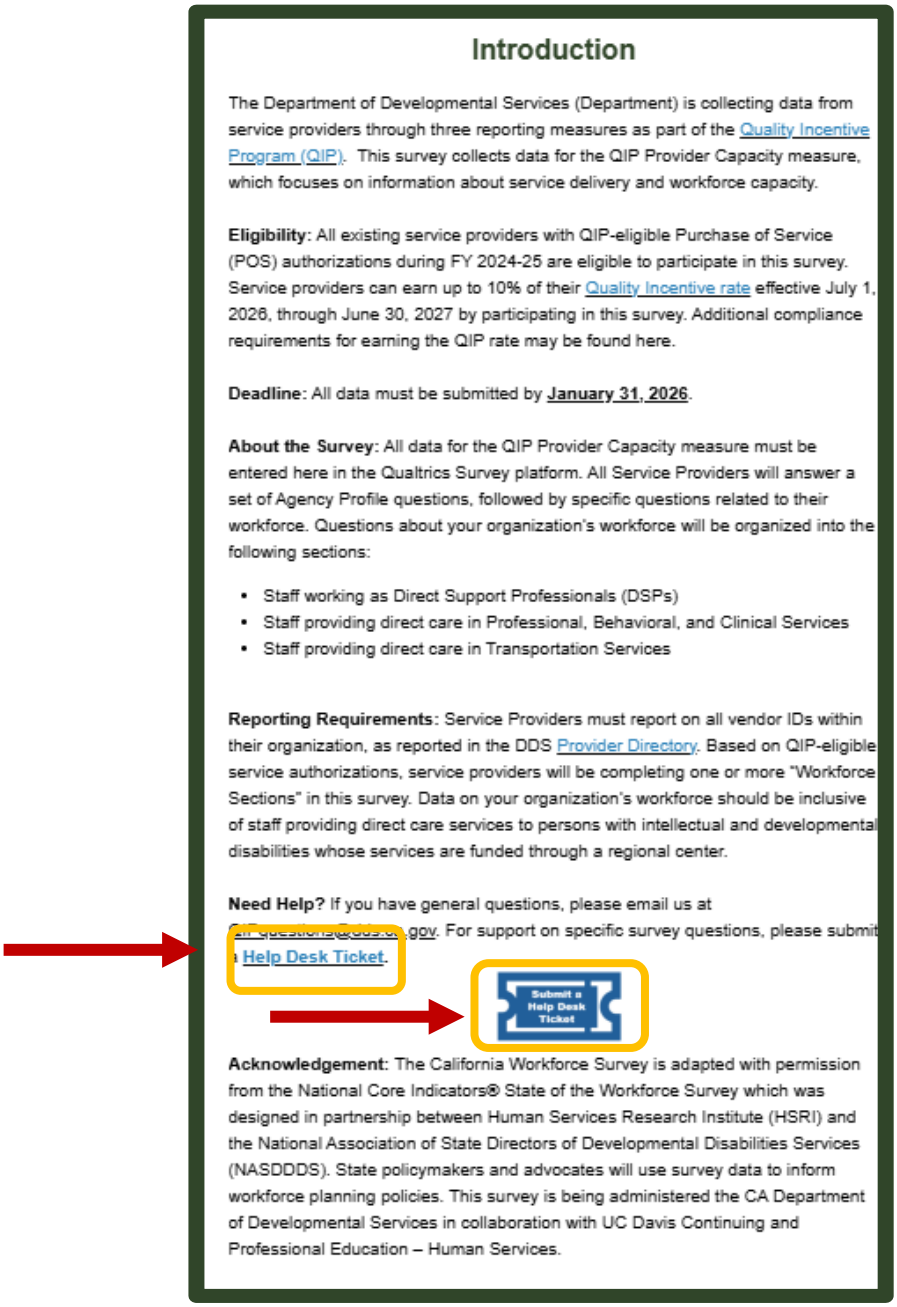


3) Read through the Data Confidentiality Statement. Once you have read through the Data Confidentiality Statement, you must the checkbox next to the statement indicating that you consent to participate to proceed to the survey questions. Click next to proceed to the next page.



4) Read through the Introduction page. No other action is needed to proceed.

   a. Optional: If you have questions, please click the Help Desk icon or the Help Desk link to open and submit a Help Desk ticket. The Department has contracted with UC Davis to run the help desk, when interacting with Help Desk feature you may see emails from CPE-HSResearch@ucdavis.edu.



Introduction

The Department of Developmental Services (Department) is collecting data from service providers through three reporting measures as part of the Quality Incentive Program (QIP). This survey collects data for the QIP Provider Capacity measure, which focuses on information about service delivery and workforce capacity.

Eligibility: All existing service providers with QIP-eligible Purchase of Service (POS) authorizations during FY 2024-25 are eligible to participate in this survey. Service providers can earn up to 10% of their Quality Incentive rate effective July 1, 2026, through June 30, 2027 by participating in this survey. Additional compliance requirements for earning the QIP rate may be found here.

Deadline: All data must be submitted by **January 31, 2026**.

About the Survey: All data for the QIP Provider Capacity measure must be entered here in the Qualtrics Survey platform. All Service Providers will answer a set of Agency Profile questions, followed by specific questions related to their workforce. Questions about your organization's workforce will be organized into the following sections:

- Staff working as Direct Support Professionals (DSPs)
- Staff providing direct care in Professional, Behavioral, and Clinical Services
- Staff providing direct care in Transportation Services

Reporting Requirements: Service Providers must report on all vendor IDs within their organization, as reported in the DDS Provider Directory. Based on QIP-eligible service authorizations, service providers will be completing one or more "Workforce Sections" in this survey. Data on your organization's workforce should be inclusive of staff providing direct care services to persons with intellectual and developmental disabilities whose services are funded through a regional center.

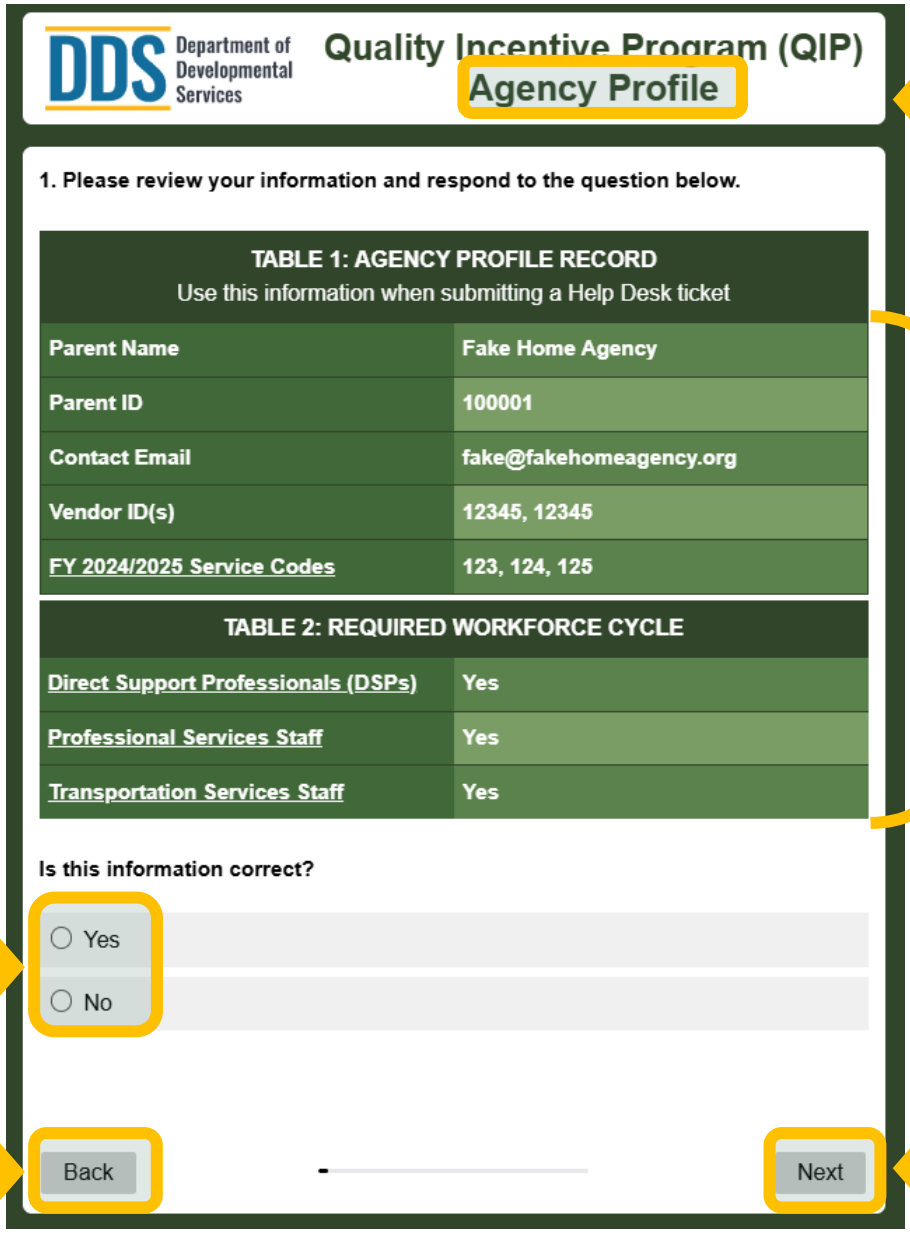
Need Help? If you have general questions, please email us at [redacted].gov. For support on specific survey questions, please submit a Help Desk Ticket.

Submit a Help Desk Ticket

Acknowledgement: The California Workforce Survey is adapted with permission from the National Core Indicators® State of the Workforce Survey which was designed in partnership between Human Services Research Institute (HSRI) and the National Association of State Directors of Developmental Disabilities Services (NASDDDS). State policymakers and advocates will use survey data to inform workforce planning policies. This survey is being administered the CA Department of Developmental Services in collaboration with UC Davis Continuing and Professional Education – Human Services.

2.2 Entering Data: Agency Profile

Navigation – Agency Profile



Header denotes section

From Provider Director

Answer the question by selecting your response

Click here to move back and change or review

Click here to move forward

1) You will be asked to review important information from the Provider Directory.

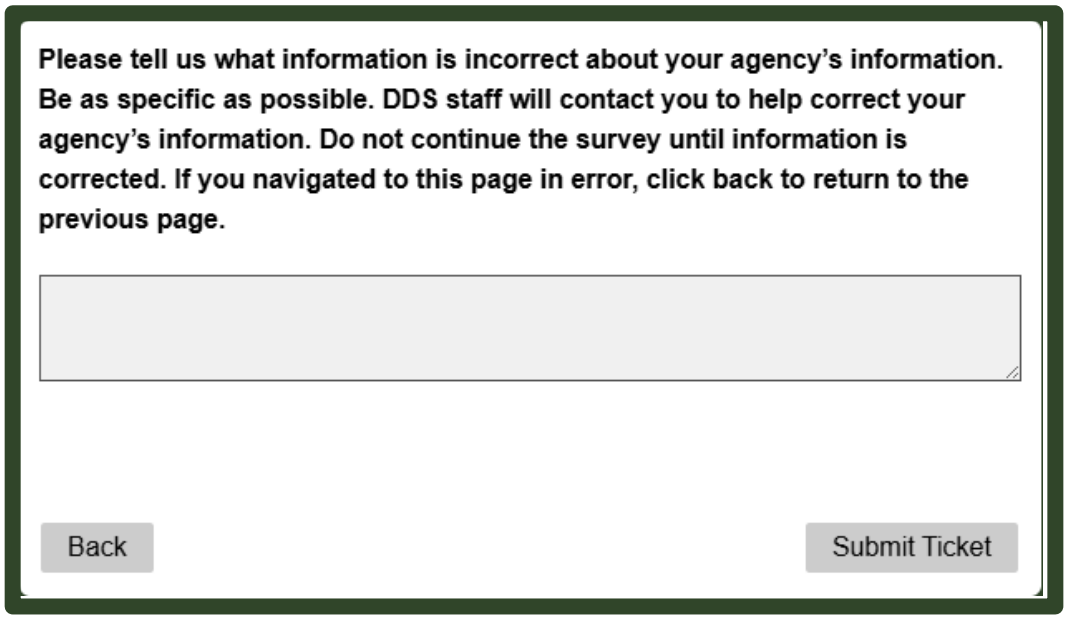
1. Please review your information and respond to the question below.

TABLE 1: AGENCY PROFILE Use this information when submitting a Help Desk ticket	
Parent Name	**Fake Home Agency**
Parent ID	**100001**
Contact Email	**fake@fakehomeagency.org**
Vendor ID(s)	**AB1001, AB1002**
FY 2024-2025 Service Codes	**123, 124, 125**

TABLE 2: REQUIRED WORKFORCE SECTION	
Direct Support Professionals (DSPs)	**Yes**
Professional Services Staff	**Yes**
Transportation Services Staff	**Yes**

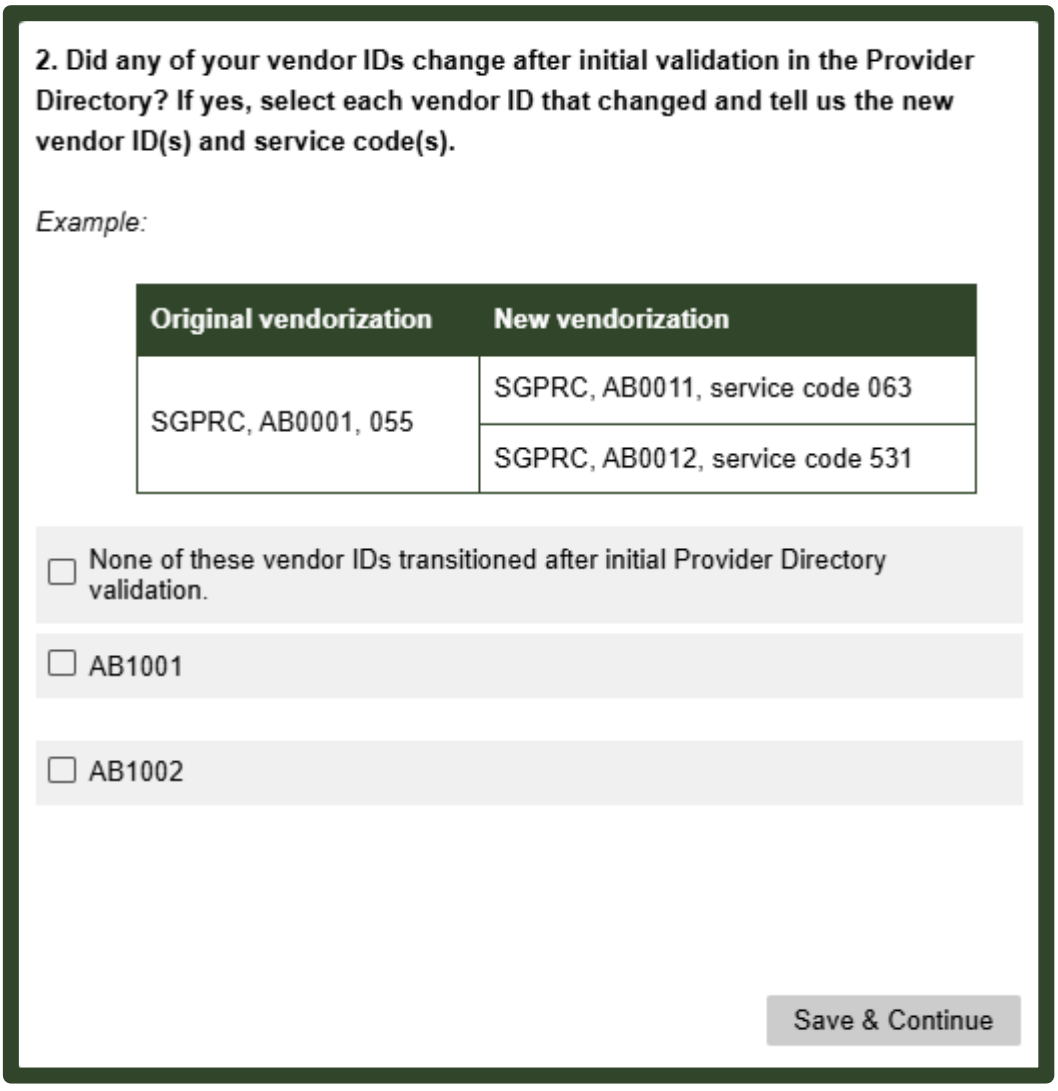
a. If the information is correct, choose “Yes”; if the information is not correct, choose “No”. Click “Save & Continue”. If you choose “Yes”, you will move to Question 2.

b. If you selected “No”, you will be directed to a question where you can explain your response. Please describe what is incorrect about the information in the table and click “Submit Ticket”. Your survey will be paused until an administrator reconciles your ticket. You will then be sent a new survey link.

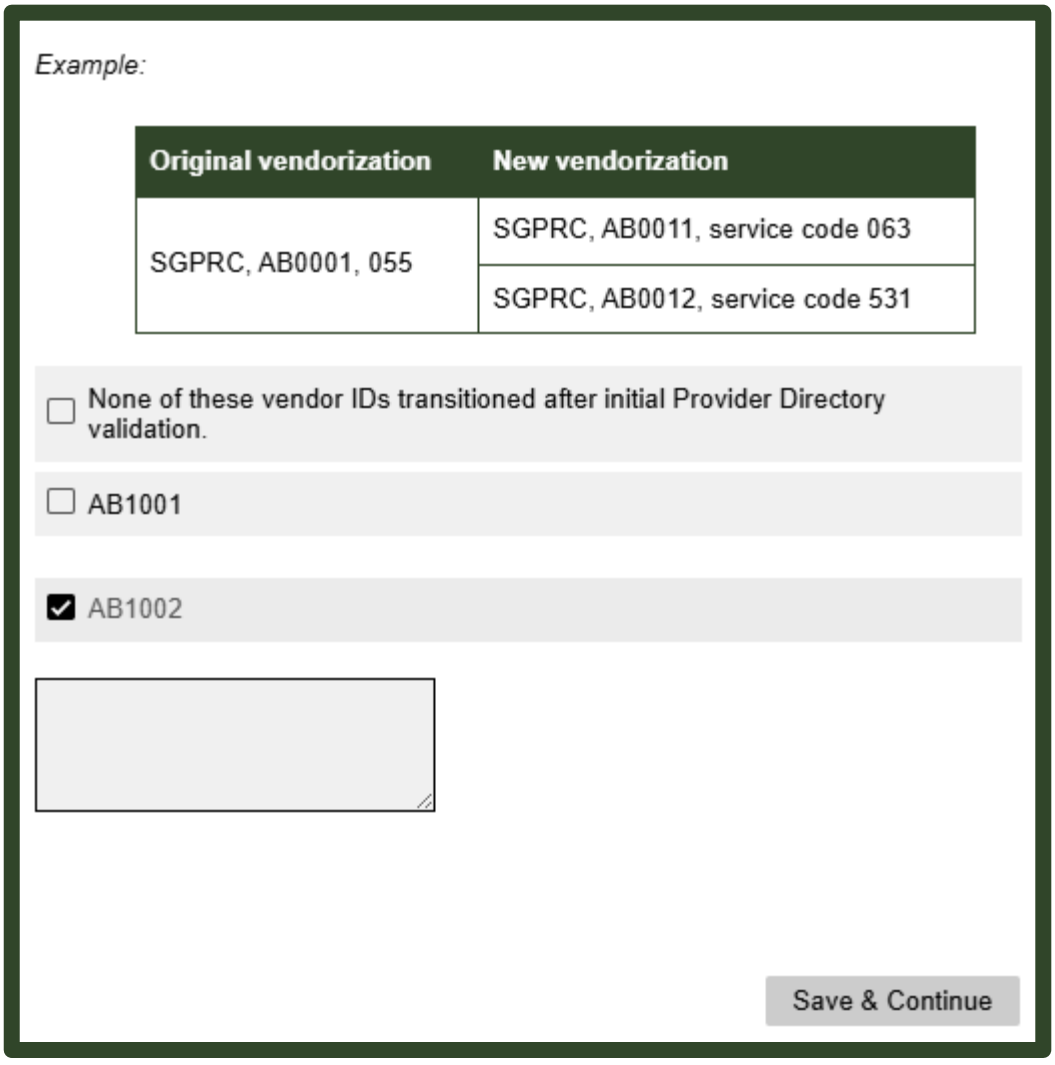


2) You will be asked if your vendor IDs have changed since they were validated in the initial Provider Directory and a list of your Vendor IDs will be displayed.

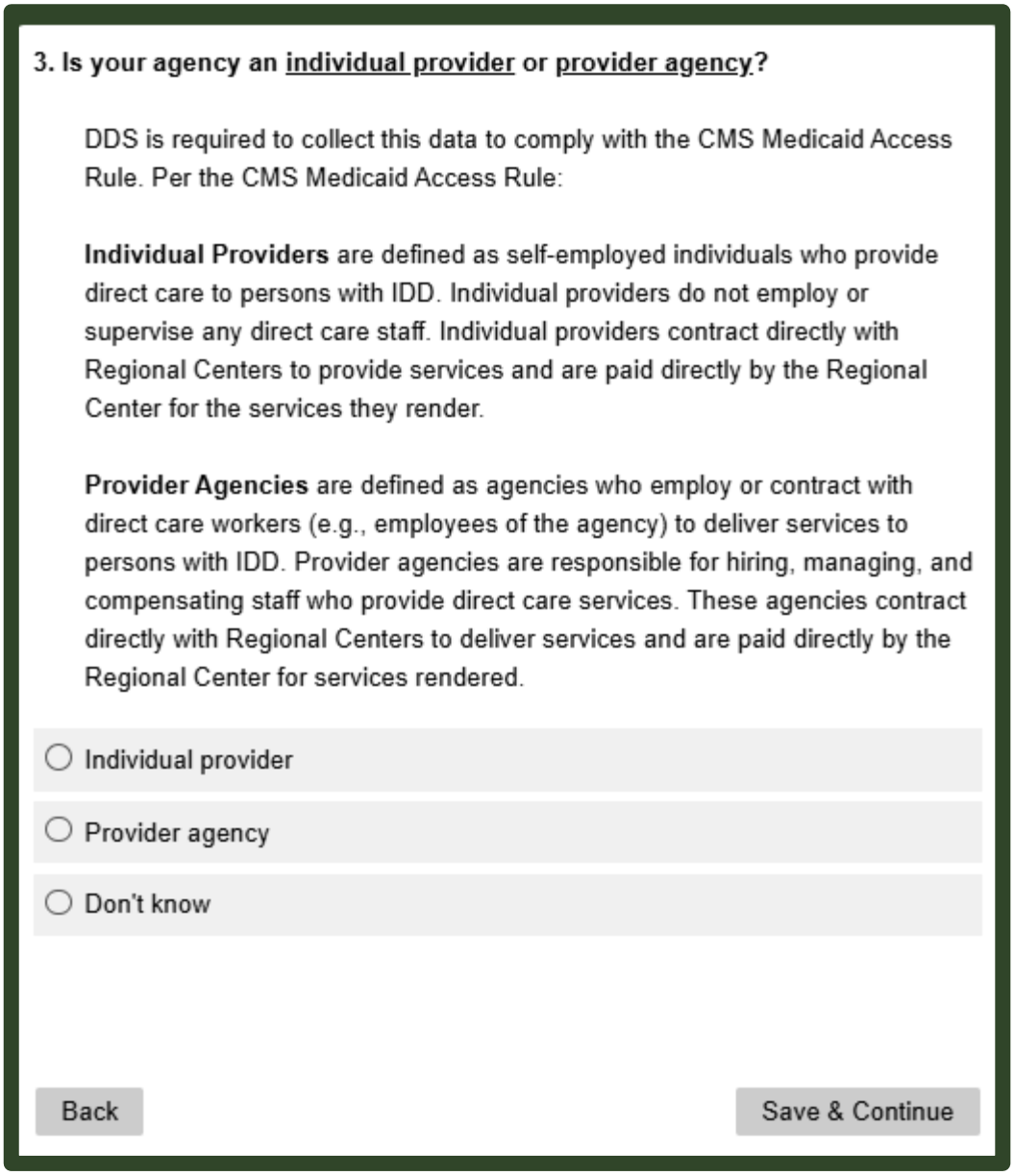
a. If none of your Vendor IDs have changed, select “None of these vendor IDs transitioned after the initial Provider Directory validation”. Then click “Save & Continue”.



b. If one or more Vendor ID has changed, please select which one(s). A text box will appear. In the box, please list the new vendorization(s), using the example shown on the page. Then click “Save & Continue”.



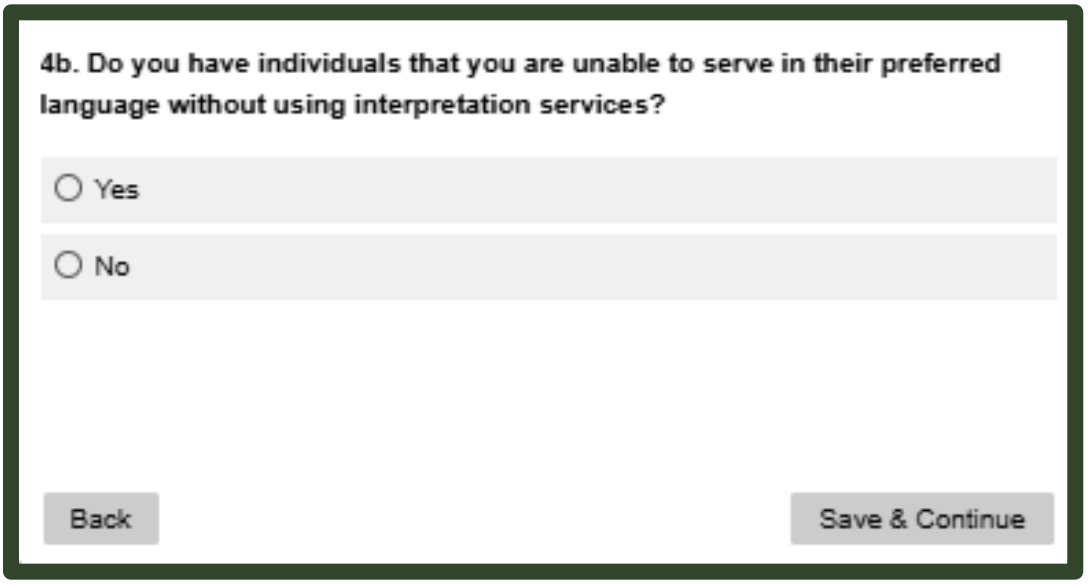
3) Next, you will be asked if your agency is an individual provider or provider agency. Please read through the descriptions of each and choose the one that best fits your agency. If you still are unclear or do not know, choose “Don’t know” then click “Save & Continue”.



4a) Next, you will be asked about the languages in which you offer services. Check all that apply.

4b) You will then be asked if you have any individuals, you are unable to serve in their preferred language without using interpretation services.

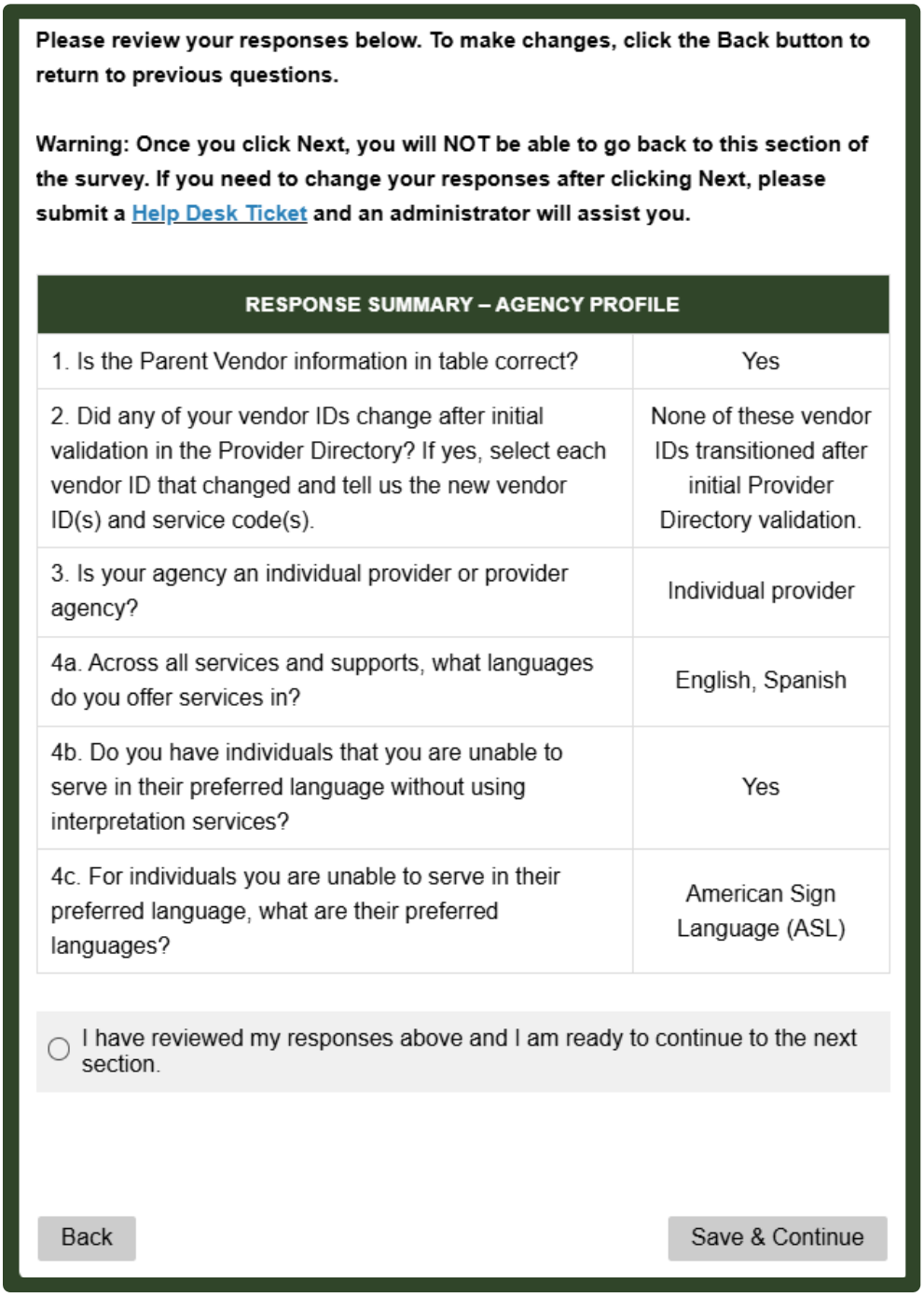
a. If there are individuals you are unable to serve in their preferred language, choose “Yes” and then click “Save & Continue”.
b. If you can serve all individuals in their preferred language, choose “No”. Then click “Save & Continue”.



4c) If you clicked “Yes” to 4b, you will be asked to select which languages you are unable to serve. Check all that apply. You will only be shown languages that you did not choose in 4a. Then click “Save & Continue”.

Navigation – Response Summary

Once you have completed Question 4, you will be shown a Response Summary for Questions 1-4. Please review your responses. If you need to edit them, click “Back”. If they are all correct, please choose “I have reviewed my responses”. Then click “Save & Continue”.



Please review your responses below. To make changes, click the Back button to return to previous questions.

Warning: Once you click Next, you will NOT be able to go back to this section of the survey. If you need to change your responses after clicking Next, please submit a Help Desk Ticket and an administrator will assist you.

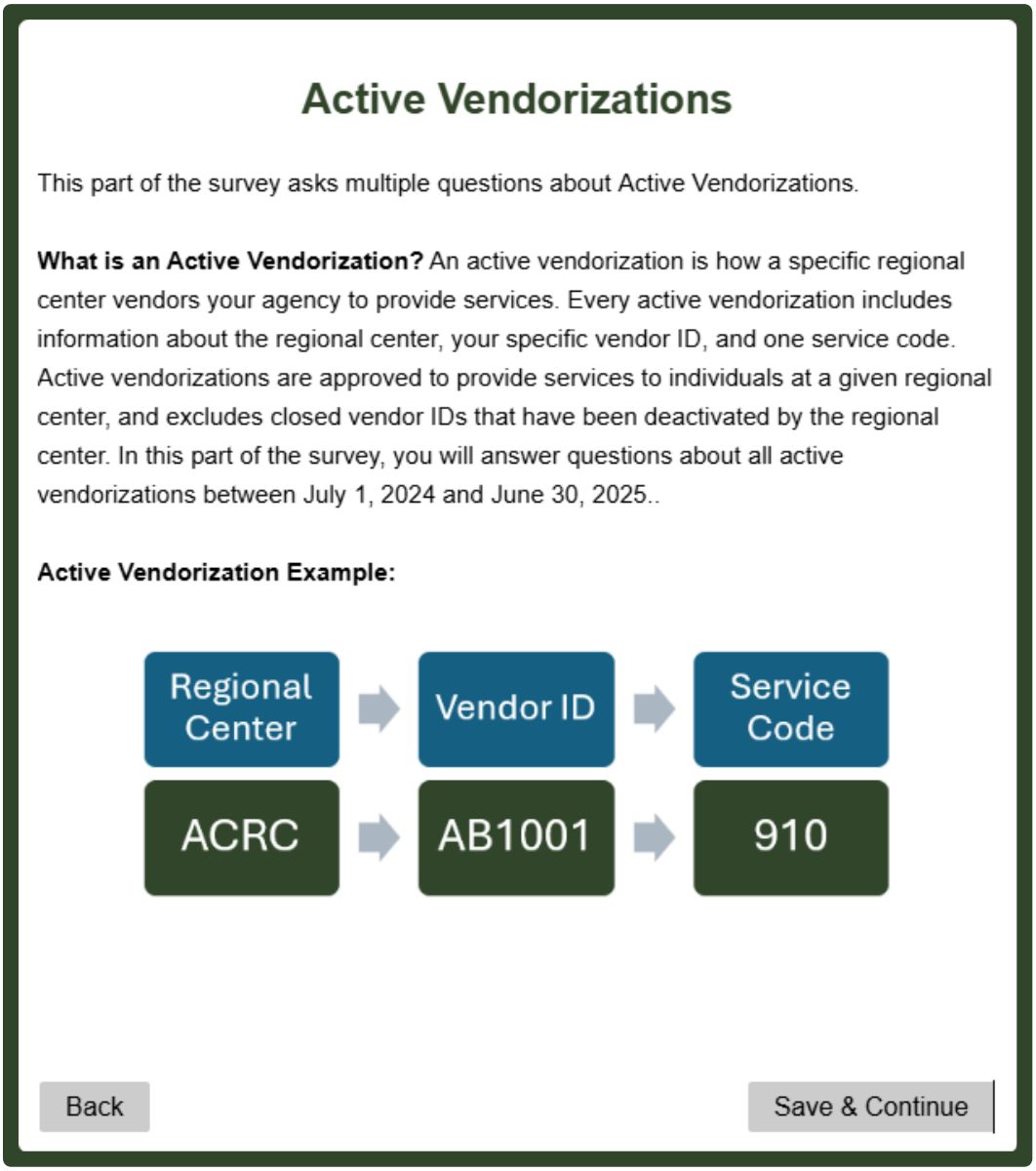
RESPONSE SUMMARY – AGENCY PROFILE	
1. Is the Parent Vendor information in table correct?	Yes
2. Did any of your vendor IDs change after initial validation in the Provider Directory? If yes, select each vendor ID that changed and tell us the new vendor ID(s) and service code(s).	None of these vendor IDs transitioned after initial Provider Directory validation.
3. Is your agency an individual provider or provider agency?	Individual provider
4a. Across all services and supports, what languages do you offer services in?	English, Spanish
4b. Do you have individuals that you are unable to serve in their preferred language without using interpretation services?	Yes
4c. For individuals you are unable to serve in their preferred language, what are their preferred languages?	American Sign Language (ASL)

○ I have reviewed my responses above and I am ready to continue to the next section.

Back Save & Continue

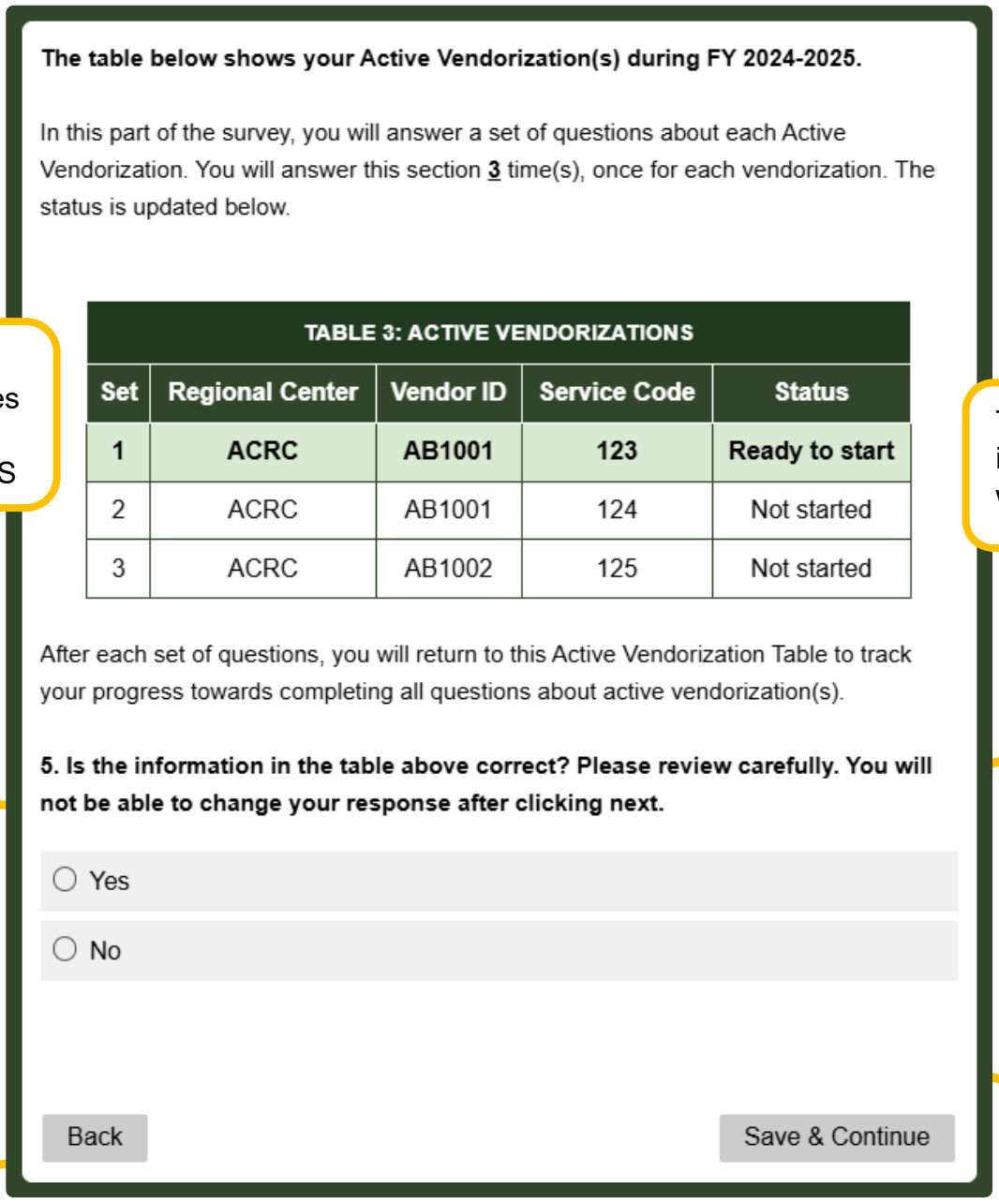
Navigation – Active Vendorizations Definition

Next, you will see a definition for “Active Vendorizations”. Please read the definition. Then click “Save & Continue”.
Note: If you are a large vendor (24 active vendorizations or more), then you will skip Q5 -Q8 in the survey and be asked to submit data another way.



Navigation – Active Vendorizations

Next, you will see a list of your agency's "Active Vendorizations" and a "Status" where the first set is "Ready to Start".



The system auto-populates the set list based on POS

The active row is highlighted with status

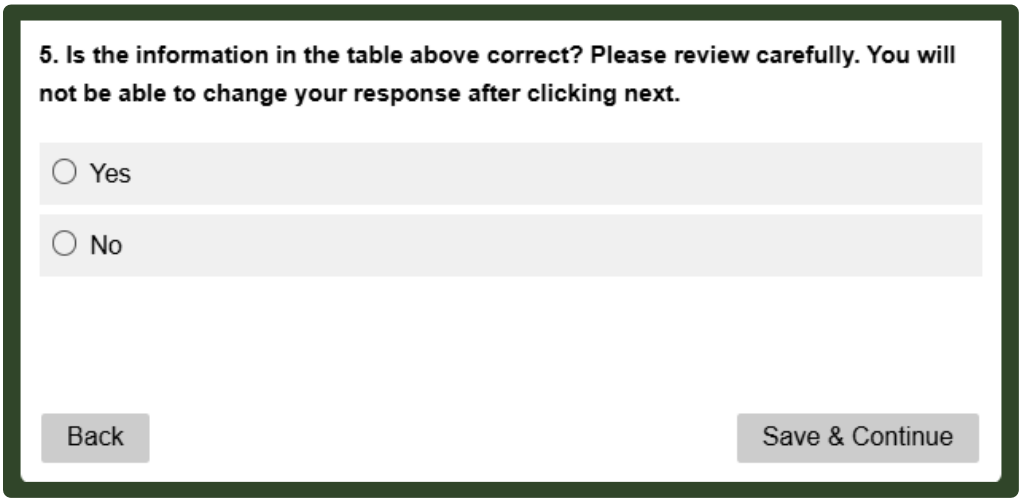
Confirm the set list is accurate. If not, a Help Desk ticket will be created and the survey paused

You will answer 3-6 questions for the first set before moving onto the next one

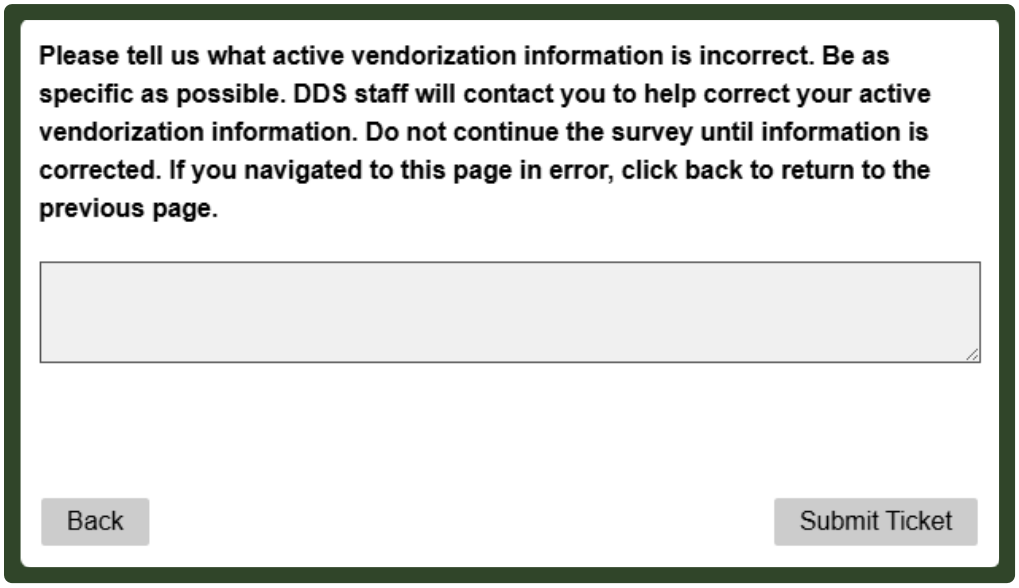
5) You will answer up to four questions for each active vendorization. Please review the information

a. If the information is correct, choose “Yes”. Then click “Save & Continue”. You will move to Question 6.

b. If the information is not correct, choose “No”. Then click “Save & Continue”.

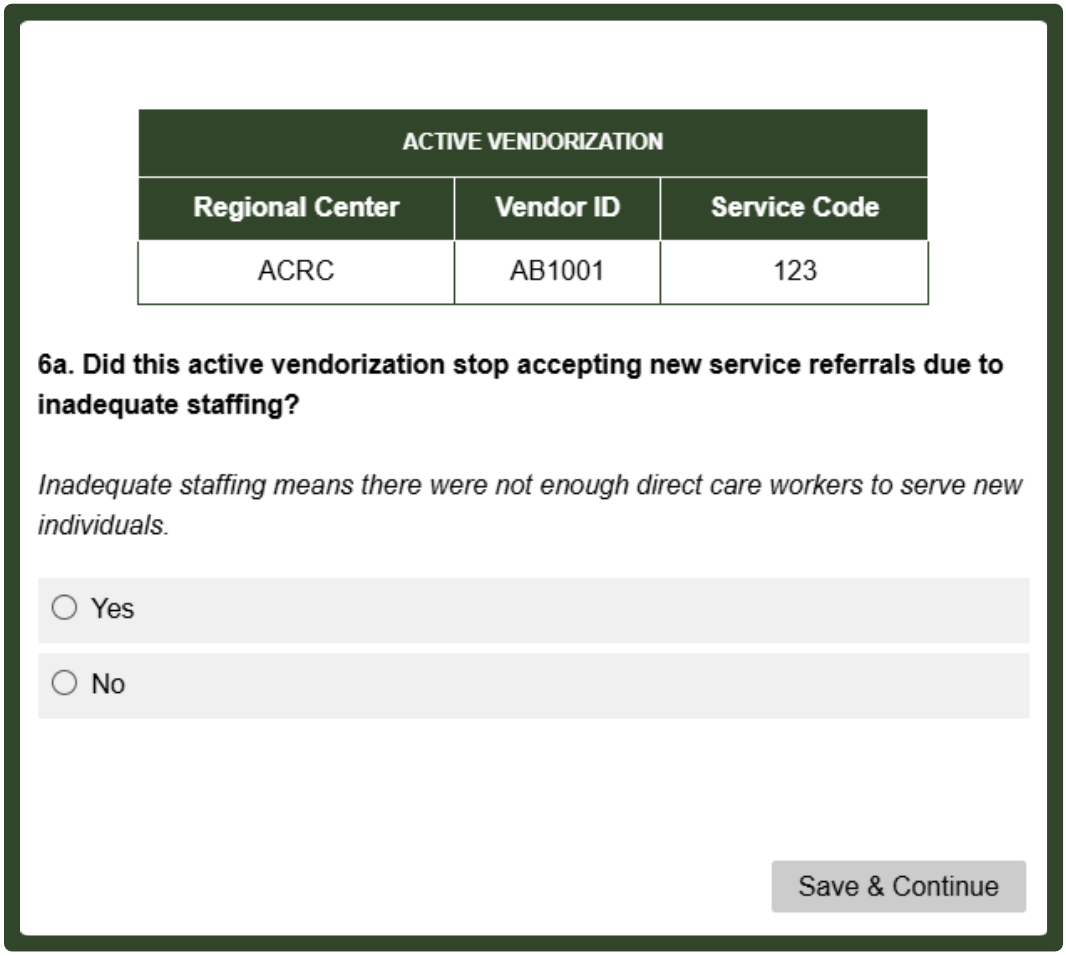


c. If you chose “No”, you will be directed to a question where you can explain your response. Please describe what is incorrect about the information in the table and click “Submit Ticket”. Your survey will be paused until an administrator reconciles your ticket. You will then be sent a new survey link.



6a) For the active vendorization listed, you will be asked if it stopped accepting new service referrals due to inadequate staffing.

a. If the active vendorization listed stopped accepting new service referrals at any time and for any length of time in FY 2024-2025, choose “Yes”. Then click “Save & Continue”.
b. If the active vendorization listed did not stop accepting new service referrals, choose “No”. Then click “Save & Continue”.



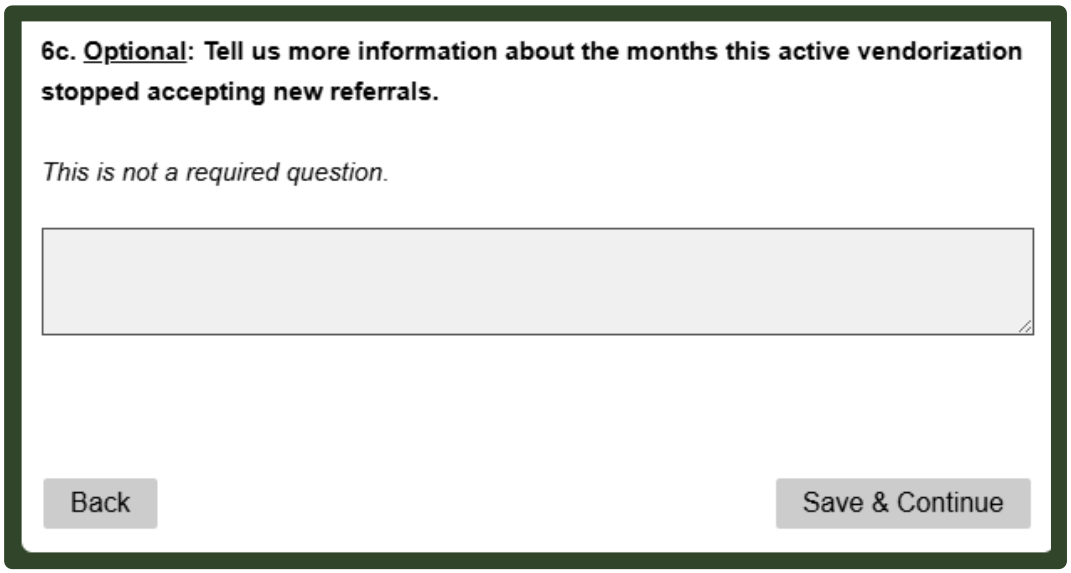
6b) If you said “Yes” to Question 6a, you will be asked to select the months in FY 2024-2025 during which the active vendorization listed stopped accepting new service referrals. Check all that apply.

ACTIVE VENDORIZATION		
Regional Center	**Vendor ID**	**Service Code**
ACRC	AB1001	123

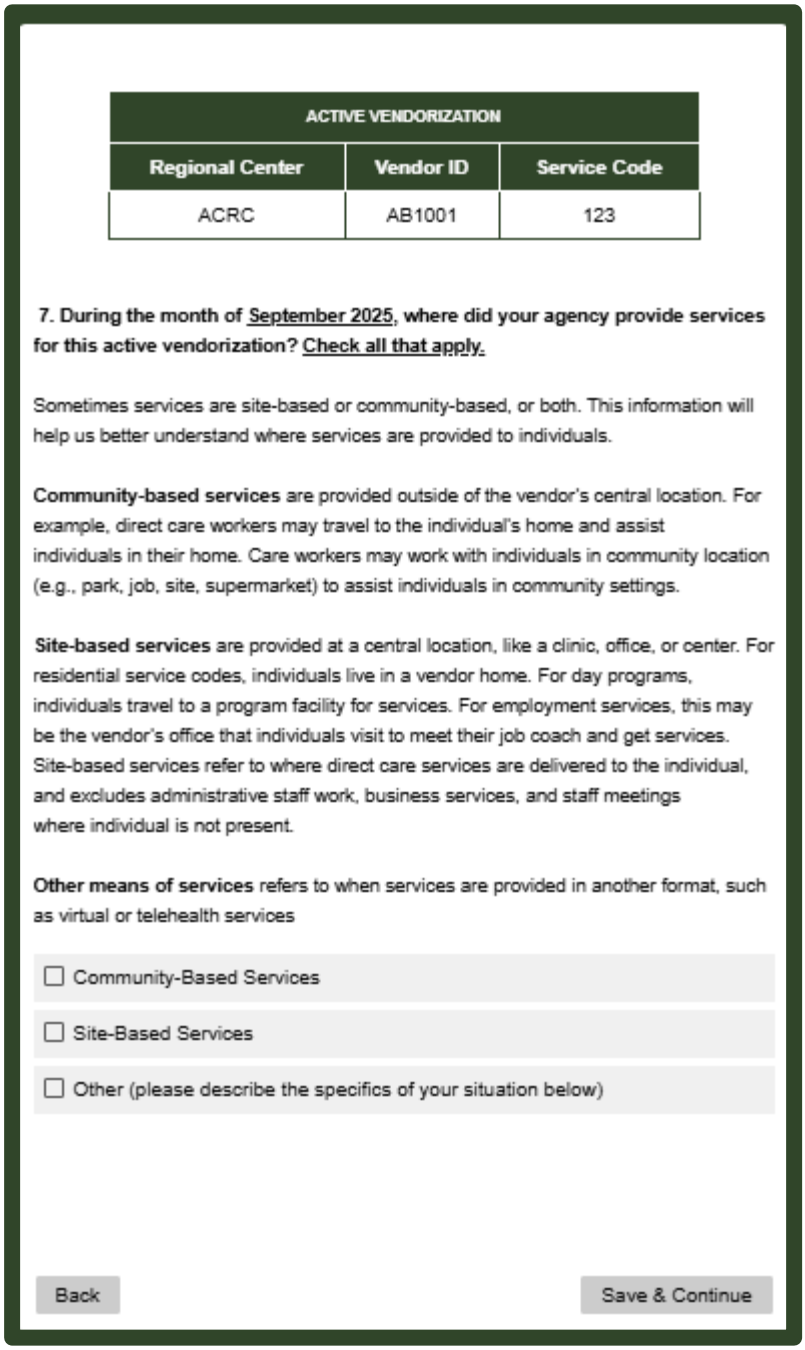
6b. Please select which months during FY 2024-2025 that this active vendorization stopped accepting new service referrals. Check all that apply

☐ July 2024	☐ January 2025
☐ August 2024	☐ February 2025
☐ September 2024	☐ March 2025
☐ October 2024	☐ April 2025
☐ November 2024	☐ May 2025
☐ December 2024	☐ June 2025

6c) If you said “Yes” to Question 6a, you will be asked to provide additional information about the months during which the active vendorization listed stopped receiving new referrals. This question is optional. Then click “Save and Continue”.



7) You will be asked to report where the active vendorization provided services during the month of September 2025. Please read through the options and choose the one(s) that best fit this active vendorization. Check all options that apply.



ACTIVE VENDORIZATION		
Regional Center	**Vendor ID**	**Service Code**
ACRC	AB1001	123

7. During the month of September 2025, where did your agency provide services for this active vendorization? Check all that apply.

Sometimes services are site-based or community-based, or both. This information will help us better understand where services are provided to individuals.

Community-based services are provided outside of the vendor's central location. For example, direct care workers may travel to the individual's home and assist individuals in their home. Care workers may work with individuals in community location (e.g., park, job, site, supermarket) to assist individuals in community settings.

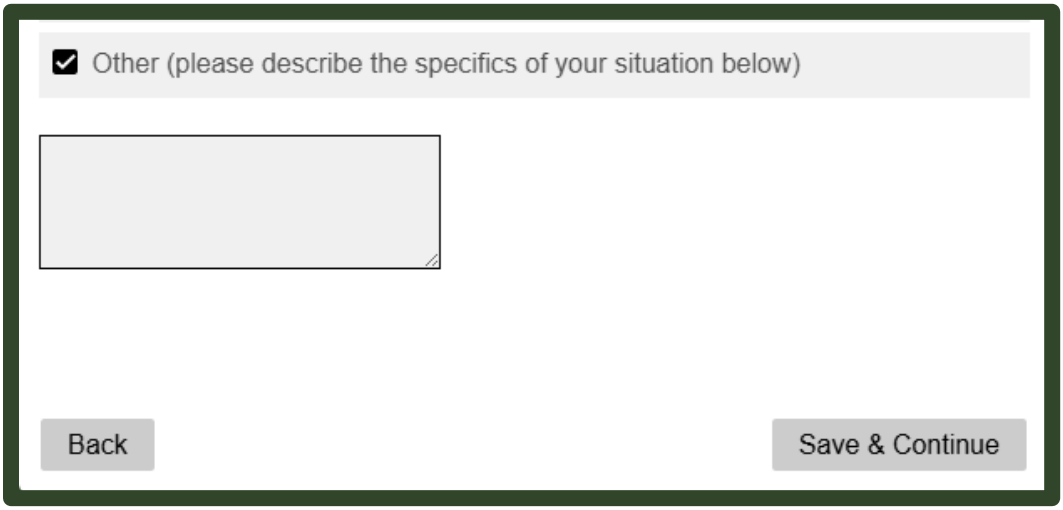
Site-based services are provided at a central location, like a clinic, office, or center. For residential service codes, individuals live in a vendor home. For day programs, individuals travel to a program facility for services. For employment services, this may be the vendor's office that individuals visit to meet their job coach and get services. Site-based services refer to where direct care services are delivered to the individual, and excludes administrative staff work, business services, and staff meetings where individual is not present.

Other means of services refers to when services are provided in another format, such as virtual or telehealth services

- ☐ Community-Based Services
- ☐ Site-Based Services
- ☐ Other (please describe the specifics of your situation below)

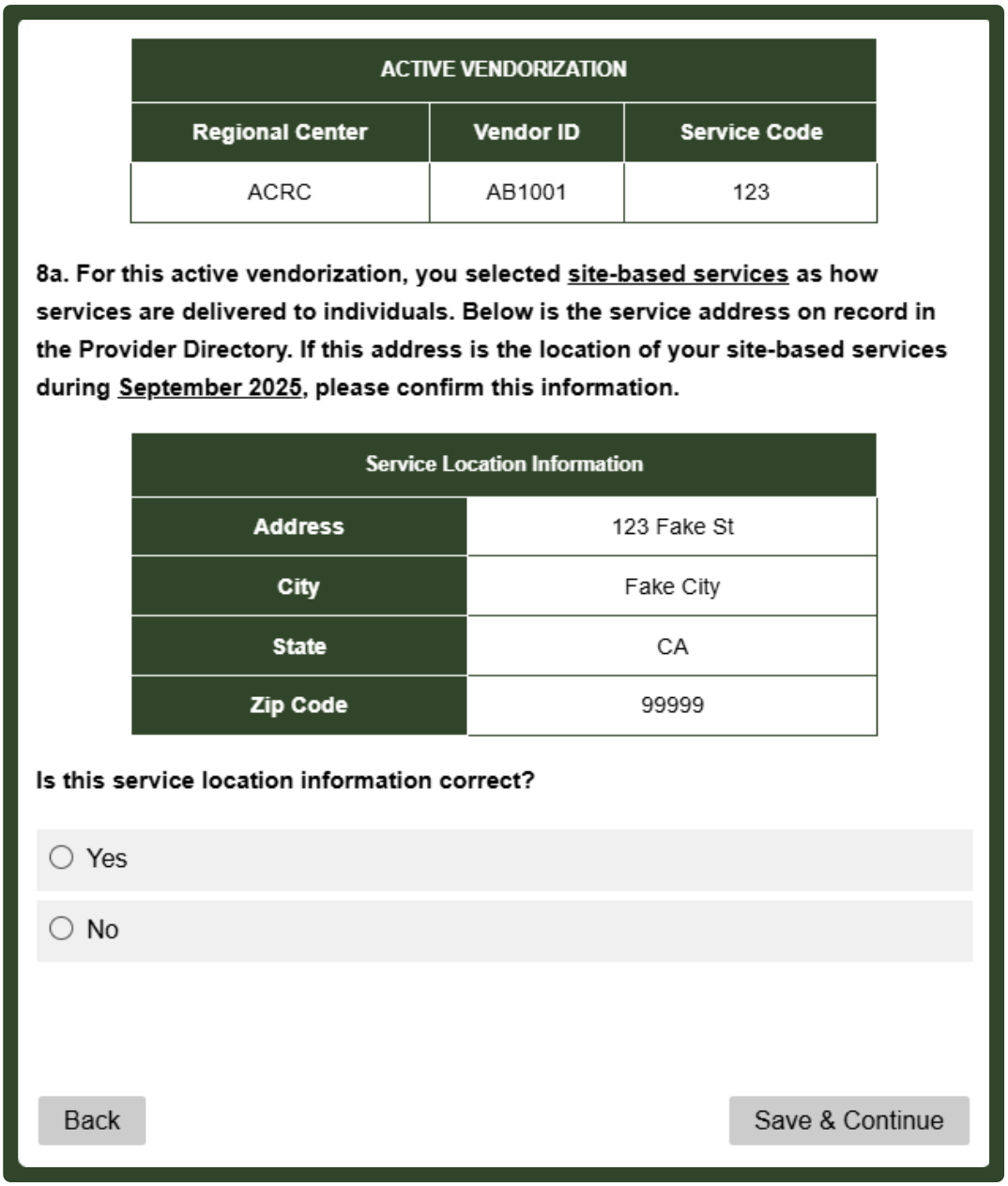
Back | Save & Continue

7a) If you choose “Other”, a text box will appear. Please provide more information about where the active vendorization provided services and click “Save and Continue”.



8a) If you choose “site-based” location for Question 7, the address associated with the vendor in the Provider Director will be listed. Please review the information.

a. If the information is correct, choose “Yes”. Click “Save and Continue”. You will move to Question 8b.



ACTIVE VENDORIZATION		
Regional Center	**Vendor ID**	**Service Code**
ACRC	AB1001	123

8a. For this active vendorization, you selected site-based services as how services are delivered to individuals. Below is the service address on record in the Provider Directory. If this address is the location of your site-based services during September 2025, please confirm this information.

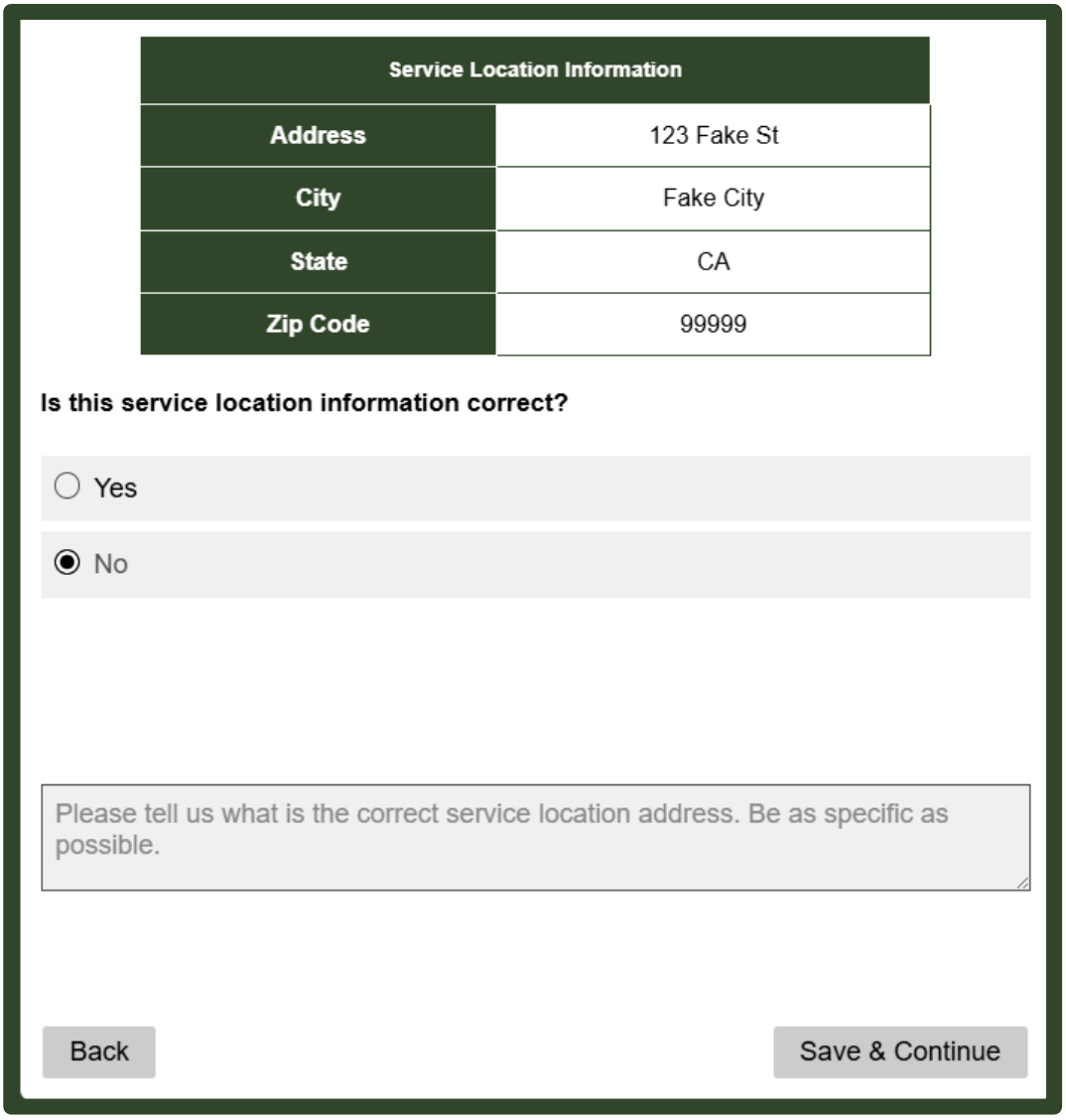
Service Location Information	
Address	123 Fake St
City	Fake City
State	CA
Zip Code	99999

Is this service location information correct?

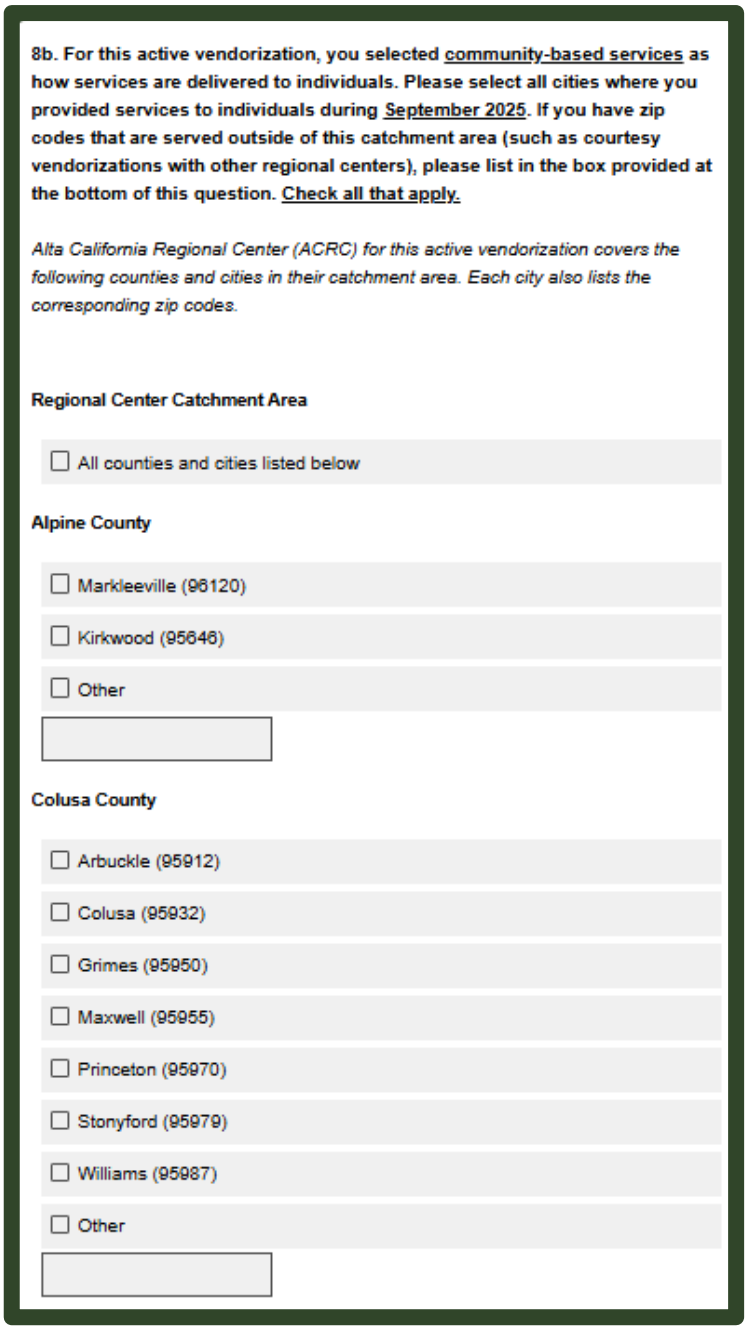
- ○ Yes
- ○ No

Back | Save & Continue

b. If the information is incorrect, choose "No". If you choose “No”, you will be asked to explain your response. Please describe what information in the table is incorrect and click “Save and Continue”.



8b) If you choose “community-based” location for Question 7, you will see a list of cities and zip codes. These are organized by County or Los Angeles County Service Planning Area (SPA) for the regional center catchment area associated with the active vendorization. Please select all cities and zip codes that this active vendorization serves. You may choose “All counties and cities listed below” if you serve them all.



8b. For this active vendorization, you selected community-based services as how services are delivered to individuals. Please select all cities where you provided services to individuals during September 2025. If you have zip codes that are served outside of this catchment area (such as courtesy vendorizations with other regional centers), please list in the box provided at the bottom of this question. Check all that apply.

Alta California Regional Center (ACRC) for this active vendorization covers the following counties and cities in their catchment area. Each city also lists the corresponding zip codes.

Regional Center Catchment Area

- ☐ All counties and cities listed below

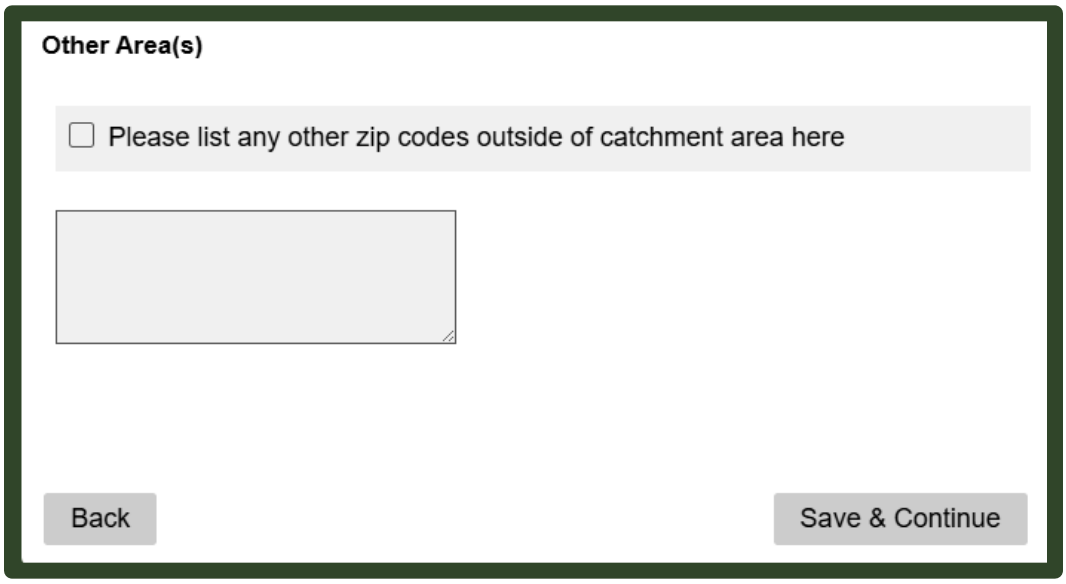
Alpine County

- ☐ Markleeville (96120)
- ☐ Kirkwood (95646)
- ☐ Other

Colusa County

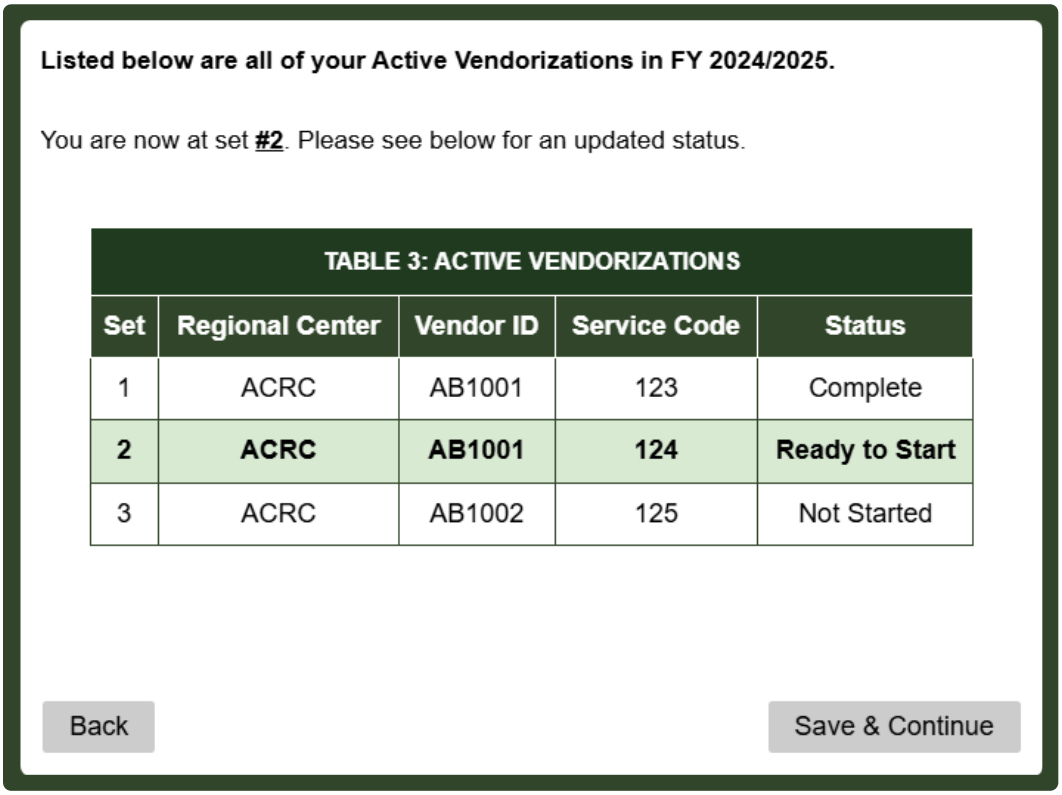
- ☐ Arbuckle (95912)
- ☐ Colusa (95932)
- ☐ Grimes (95950)
- ☐ Maxwell (95955)
- ☐ Princeton (95970)
- ☐ Stonyford (95979)
- ☐ Williams (95987)
- ☐ Other

a. If a city/zip code you serve is not listed, go to the bottom of the page under **Other Area(s)**. Add the city/zip code in the box and click “Save and Continue”.



Navigation – Active Vendorizations Update

The next screen will display an updated table of your active vendorizations. The active vendorizations you completed will be marked as “Complete” in the status column. The next active vendorization will be highlighted in green and will be marked as “Ready to Start” in the status column.



Listed below are all of your Active Vendorizations in FY 2024/2025.

You are now at set **#2**. Please see below for an updated status.

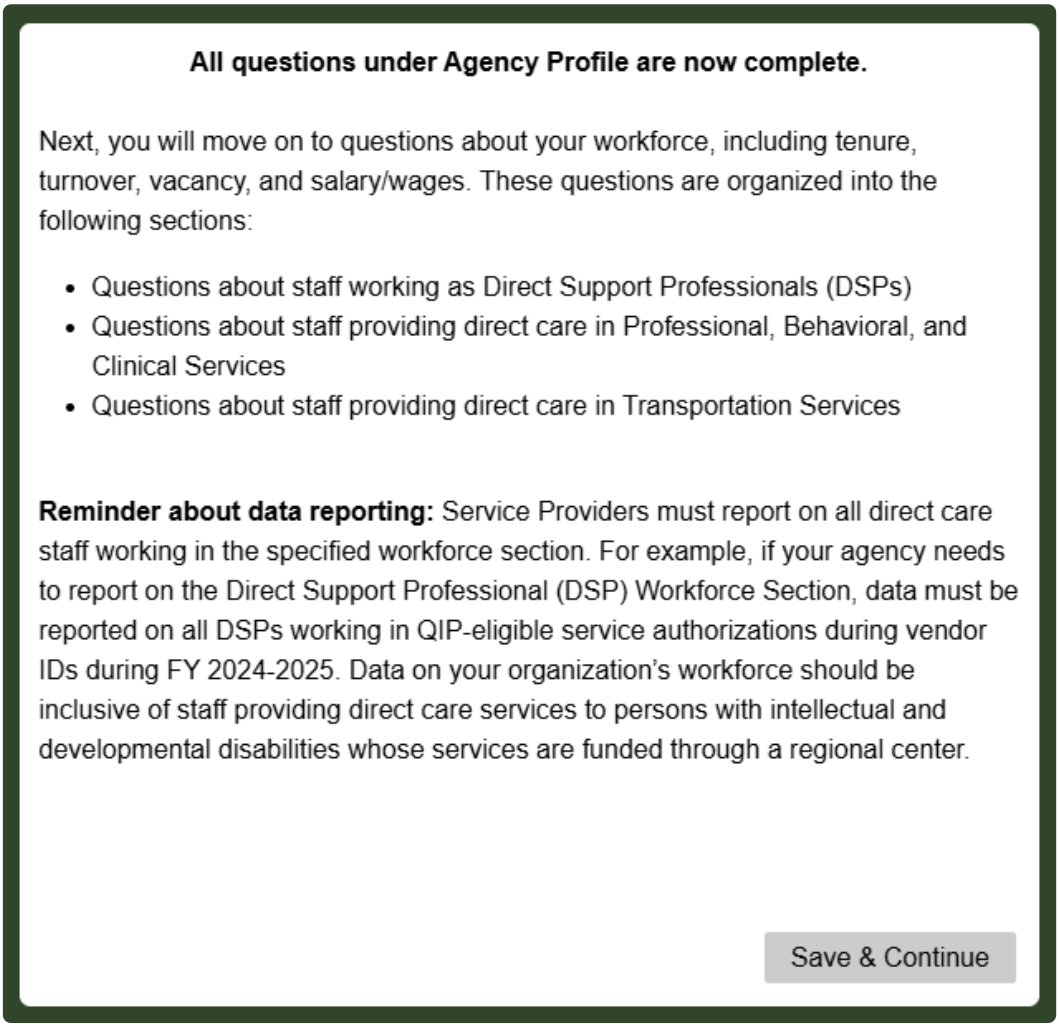
TABLE 3: ACTIVE VENDORIZATIONS				
Set	**Regional Center**	**Vendor ID**	**Service Code**	**Status**
1	ACRC	AB1001	123	Complete
2	**ACRC**	**AB1001**	**124**	**Ready to Start**
3	ACRC	AB1002	125	Not Started

Back

Save & Continue

Navigation - End of Active Vendorizations/Agency Profile

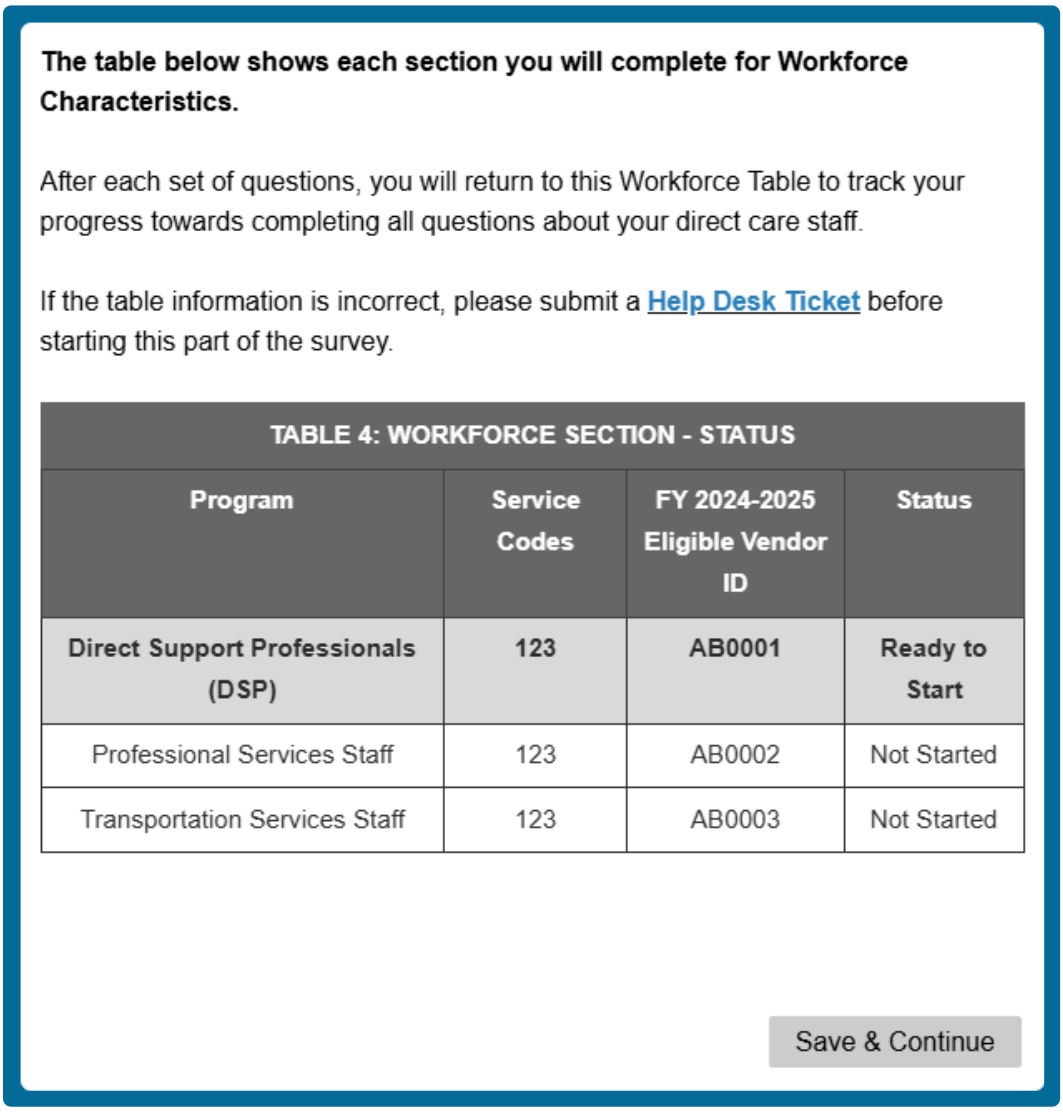
Once you have completed all required Agency Profile questions, you will see a page confirming the section is complete.



Navigation – Workforce Characteristics

Next you will see one of two pages.

a. If you have Workforce Characteristic sections to complete, you will see this screen.



The table below shows each section you will complete for Workforce Characteristics.

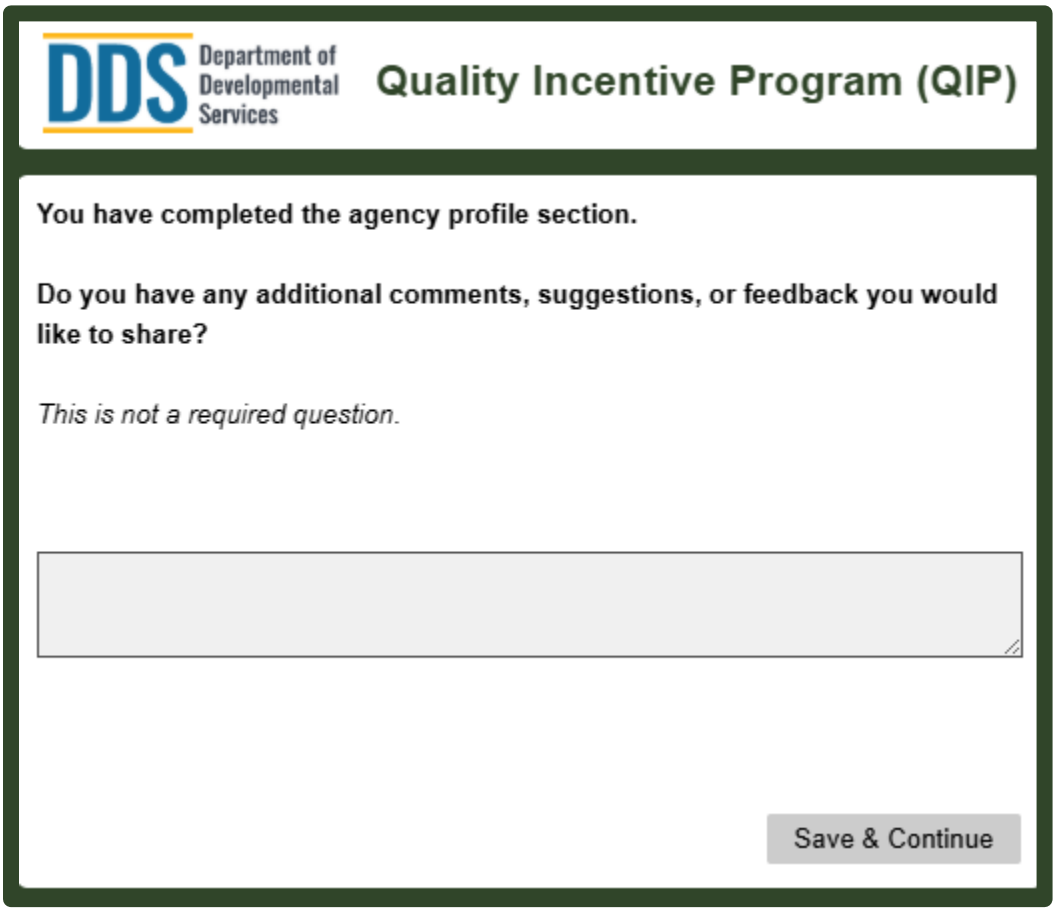
After each set of questions, you will return to this Workforce Table to track your progress towards completing all questions about your direct care staff.

If the table information is incorrect, please submit a Help Desk Ticket before starting this part of the survey.

TABLE 4: WORKFORCE SECTION - STATUS			
Program	**Service Codes**	**FY 2024-2025 Eligible Vendor ID**	**Status**
Direct Support Professionals (DSP)	**123**	**AB0001**	**Ready to Start**
Professional Services Staff	123	AB0002	Not Started
Transportation Services Staff	123	AB0003	Not Started

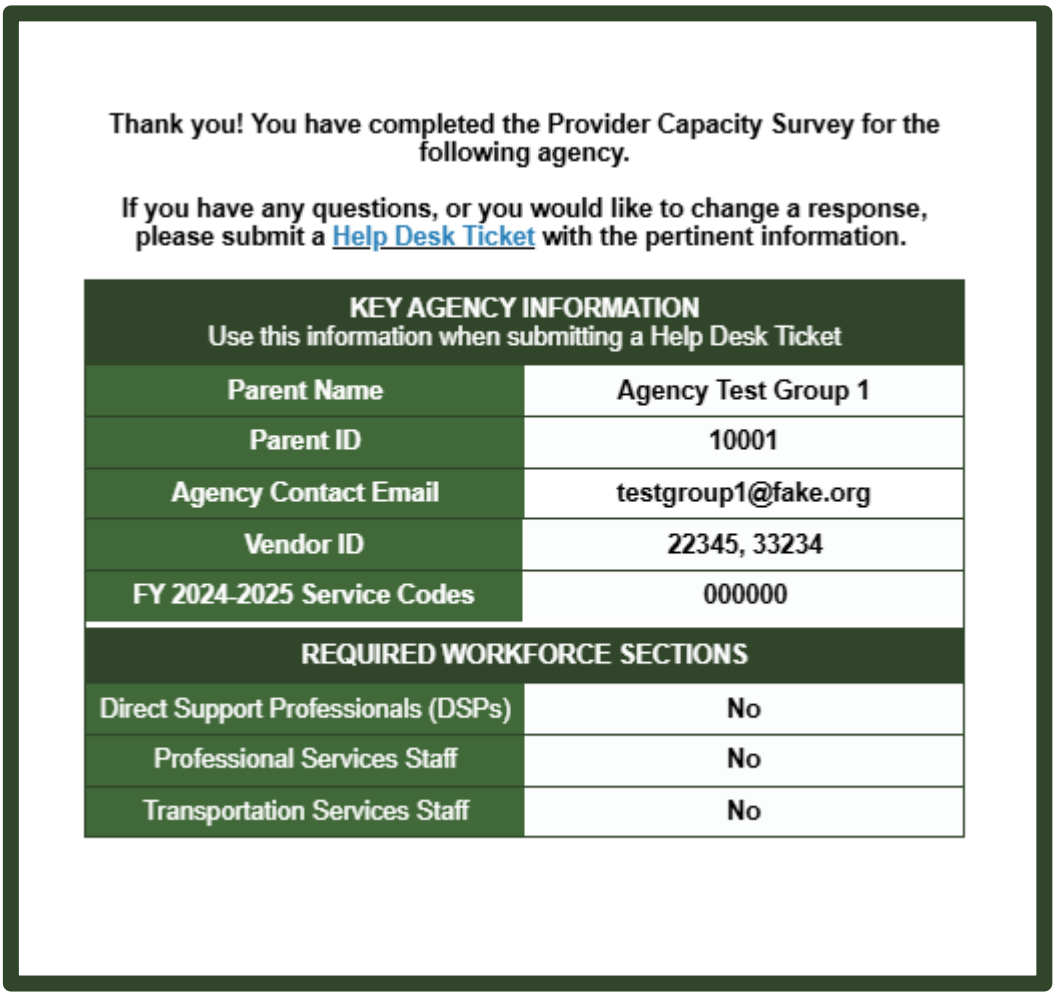
Save & Continue

b. If you do not have Workforce Characteristic sections to complete, the next screen you will see will be a text box where you can add any additional comments or questions. This question is optional.



c. For agencies who do not fill out Workforce Characteristics, you will see the Certification Statement screen next. Please select “Yes” and click “Submit Survey” to finalize your submission.

d. For agencies who do not fill out Workforce Characteristics, you will see the confirmation that you have submitted your survey. The process is complete, and an administrator will review your responses.



Thank you! You have completed the Provider Capacity Survey for the following agency.

If you have any questions, or you would like to change a response, please submit a Help Desk Ticket with the pertinent information.

KEY AGENCY INFORMATION Use this information when submitting a Help Desk Ticket	
Parent Name	Agency Test Group 1
Parent ID	10001
Agency Contact Email	testgroup1@fake.org
Vendor ID	22345, 33234
FY 2024-2025 Service Codes	000000
REQUIRED WORKFORCE SECTIONS	
Direct Support Professionals (DSPs)	No
Professional Services Staff	No
Transportation Services Staff	No

2.3 Entering Data: Workforce Characteristics

Before starting Workforce Characteristics, please consider using the *Helper Worksheet* provided to help organize your data. When filled out completely, this worksheet will auto-calculate all your responses for each required workforce section, apart from vacancies.

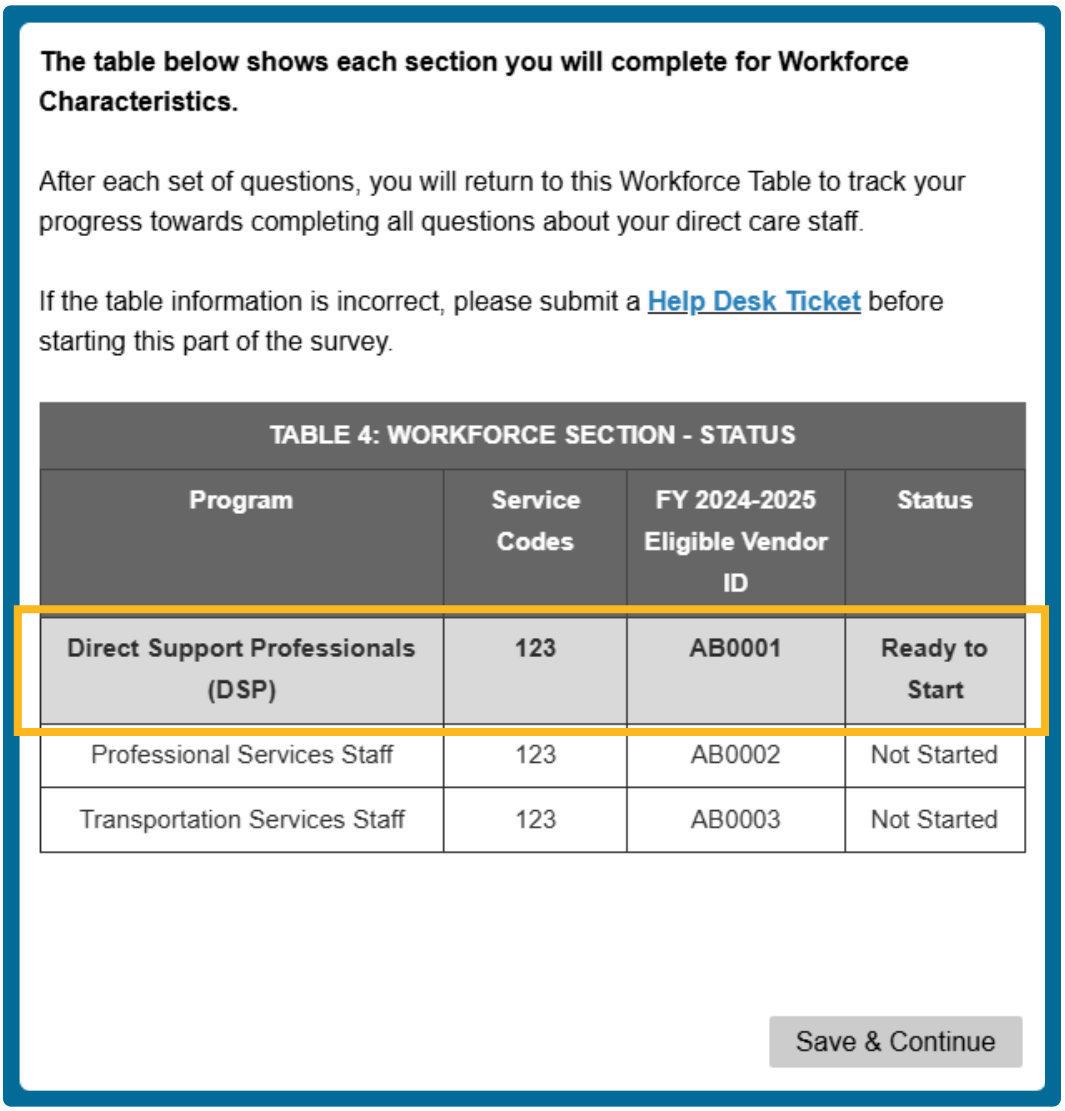
> **Note**: The *Helper Worksheet* is for your internal use only. You will not be asked to upload this document anywhere in the survey

a. Compile a list of your staff in a list or in the *Helper Worksheet.*
b. When listing each staff member, you can name your staff, use their initials, or add a unique number to keep track of who each line represents.
c. Start by adding which workforce they represent. The *Helper Worksheet* provides a dropdown field with options. If a staff member does not work in one of the workforce types listed, they do not belong on your list or *Helper Worksheet*.

Staff	Workforce
Staff 1	DSP
Staff 2	DSP
Staff 3	Professional
Staff 4	Professional
Staff 5	Professional

Navigation – Transition to Workforce Questions

Direct Support Professionals (DSP – blue background) will be shown if you have staff who are categorized as DSPs. This page includes a table listing each workforce section you will complete along with a column noting the status of each section. Your service codes and vendor ids will also be listed for each section. The section you are about to enter will be highlighted and the status will be "Ready to Start".



The table below shows each section you will complete for Workforce Characteristics.

After each set of questions, you will return to this Workforce Table to track your progress towards completing all questions about your direct care staff.

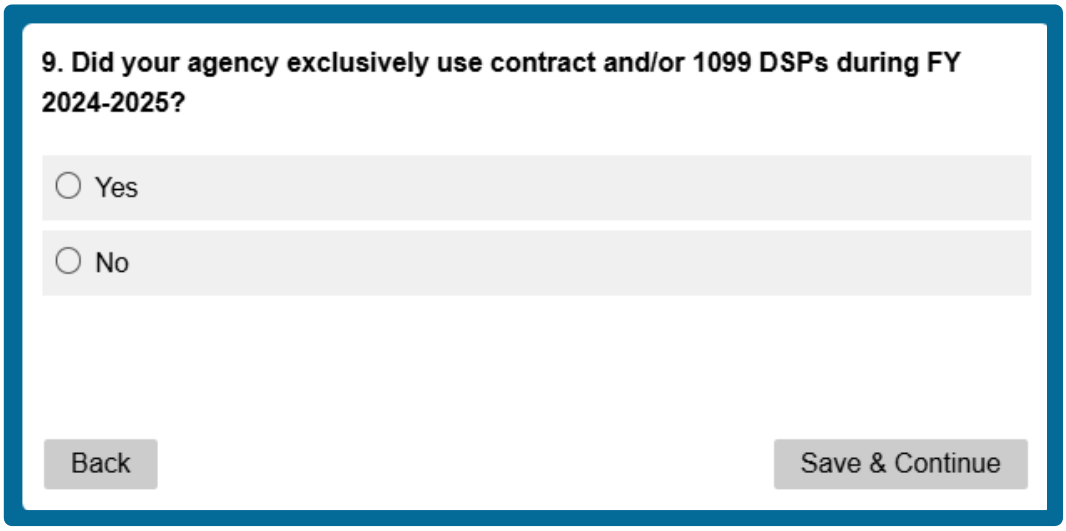
If the table information is incorrect, please submit a Help Desk Ticket before starting this part of the survey.

TABLE 4: WORKFORCE SECTION - STATUS			
Program	**Service Codes**	**FY 2024-2025 Eligible Vendor ID**	**Status**
Direct Support Professionals (DSP)	**123**	**AB0001**	**Ready to Start**
Professional Services Staff	123	AB0002	Not Started
Transportation Services Staff	123	AB0003	Not Started

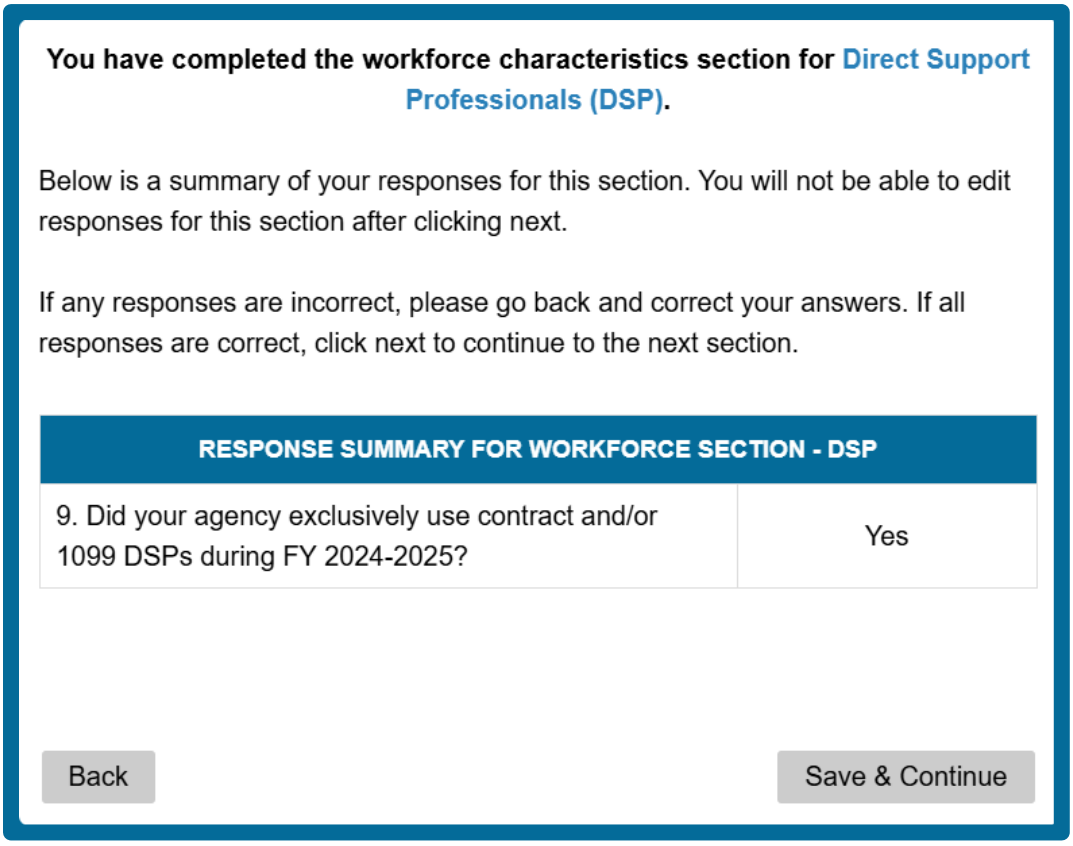
Save & Continue

DSP9) You will be asked if all your DSP staff for FY 2024-2025 were exclusively contract and/or 1099 staff. Please choose “Yes” or “No” and click Save and Continue.

a. If you choose "No”, and then click “Save & Continue”, you will move to Question 10.

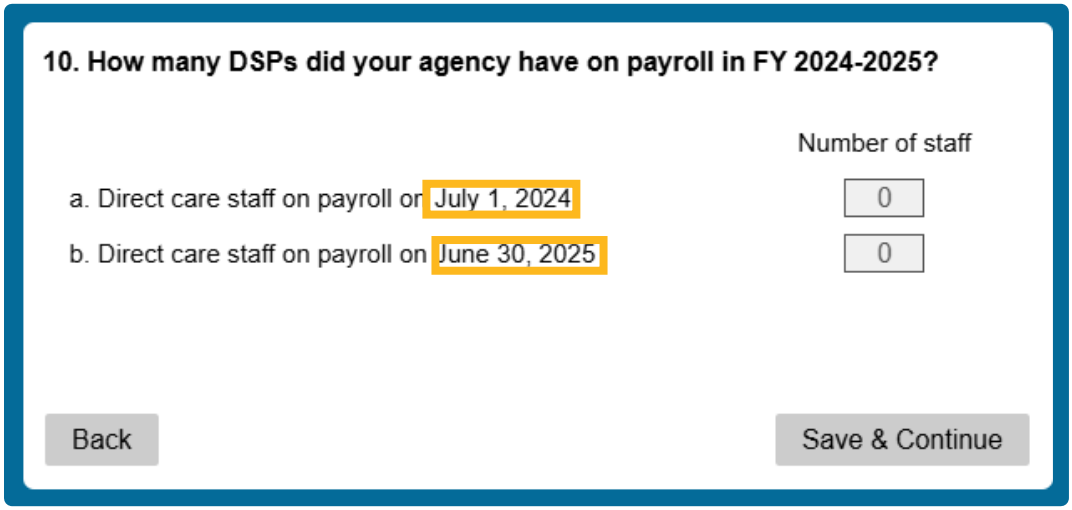


b. If you choose “Yes” you will be directed to the following page.



DSP10) You will be asked to report how many DSPs your agency had on specific dates in FY 2024-2025 (see below).

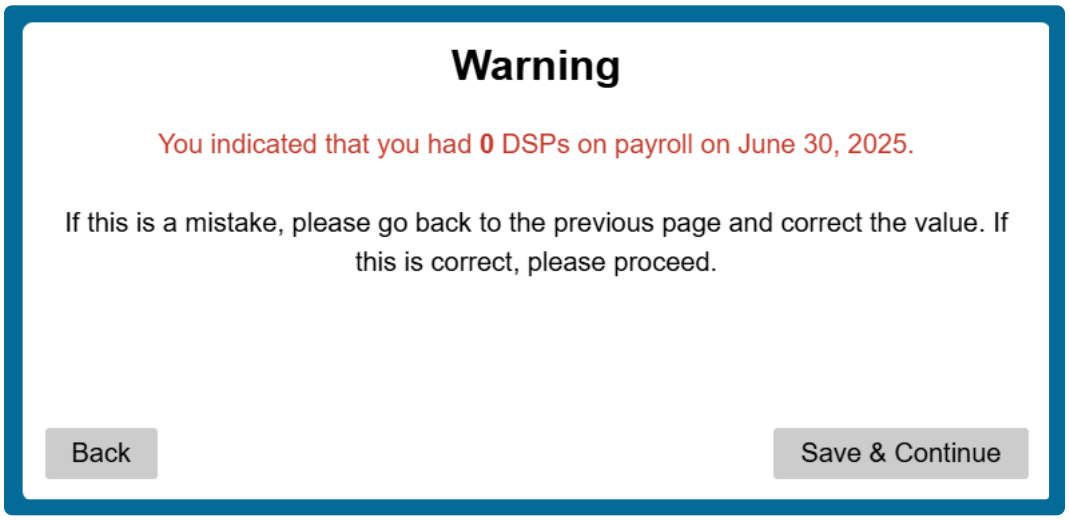
a. Please enter the number of staff or the numbers generated on tab 3 of the *Helper Worksheet* if you are utilizing the tool. Then click "Save and Continue".



b. You must have at least one DSP on payroll on June 30, 2025, to be eligible for the Workforce – DSP section. A warning will be displayed if you reported that you had 0 DSPs on payroll on that date.

i. If this was a mistake, click "Back" and correct your response.

ii. If this is correct, click "Save and Continue".



DSP11) You will be asked to report the number of your staff who on June 30, 2025, were employed full-time and part-time. Please enter the number of staff or the numbers generated on tab 3 of the ***Helper Worksheet*** if you are utilizing the tool. Then click "Save and Continue".

a. A ***part-time employee*** is an employee who is regularly scheduled to work fewer than 30 hours per week (less than 1.0 FTE). This includes both salaried and hourly staff.

b. A ***full-time employee*** is an employee who is regularly scheduled to work **30 hours or more per week** (or the equivalent of 1.0 full-time equivalent [FTE]). This includes both salaried and hourly staff, regardless of benefits eligibility.

c. The total must equal the value entered on question 10b.

11. How many full-time and part-time DSPs were on payroll on June 30, 2025?

A ***full-time employee*** is an employee who is regularly scheduled to work **30 hours or more per week** (or the equivalent of 1.0 full-time equivalent [FTE]). This includes both salaried and hourly staff, regardless of benefits eligibility.

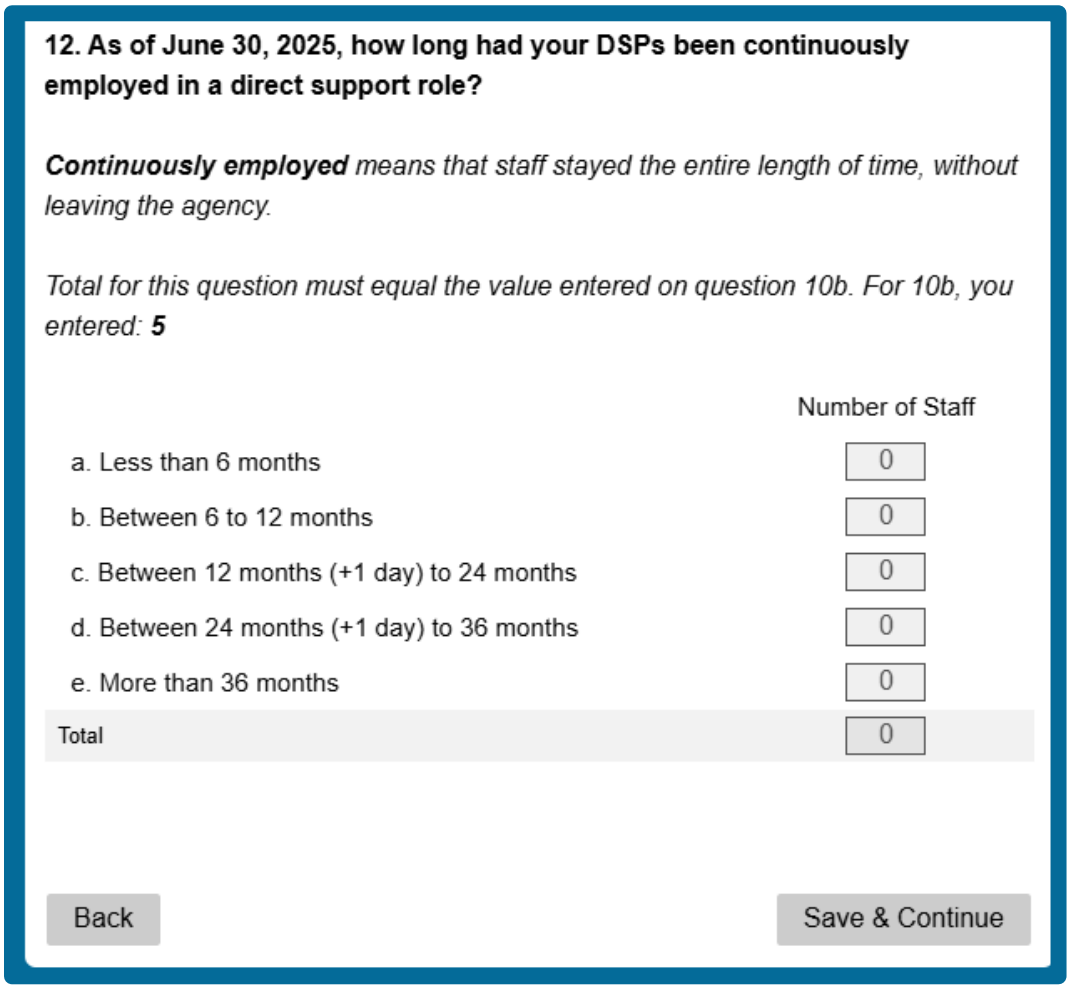
A ***part-time employee*** is an employee who is regularly scheduled to work **fewer than 30 hours per week** (less than 1.0 FTE). This includes both salaried and hourly staff.

*Total for this question must equal the value entered on question 10b. For 10b, you entered: **5***

	Number of Staff
a. Full-time DSPs	0
b. Part-time DSPs	0
Total	0

DSP12) You will be asked to enter the number of staff who were continuously employed for certain amounts of time.

- **a.** You need to know the start date for each staff member.
- **b.** Calculate each staff member's individual length of employment from their start date to June 30, 2025.
- **c.** Then count the total number of staff in each employment category. Please do not count staff who are permanently separated.
- **d.** Please enter the number of staff or the numbers generated on tab 3 of the *Helper Worksheet* if you are utilizing the tool. Then click "Save and Continue".
- **e.** The total must equal the value entered on question 10b.



12. As of June 30, 2025, how long had your DSPs been continuously employed in a direct support role?

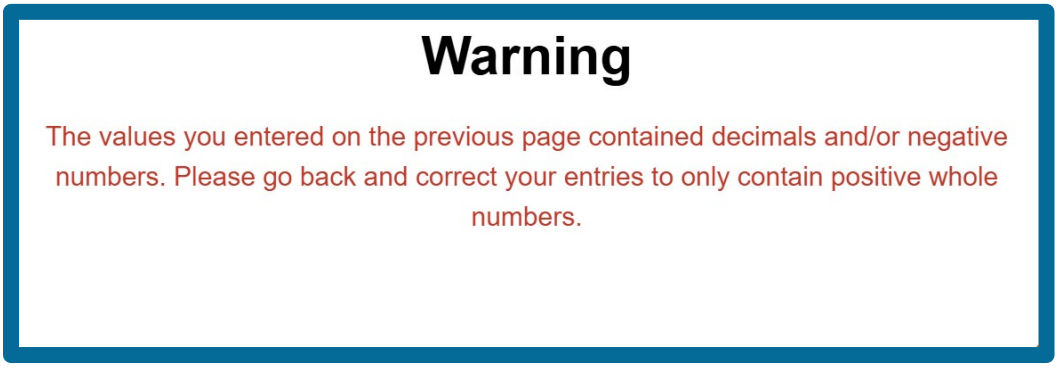
Continuously employed *means that staff stayed the entire length of time, without leaving the agency.*

Total for this question must equal the value entered on question 10b. For 10b, you entered: ***5***

	Number of Staff
a. Less than 6 months	0
b. Between 6 to 12 months	0
c. Between 12 months (+1 day) to 24 months	0
d. Between 24 months (+1 day) to 36 months	0
e. More than 36 months	0
Total	0

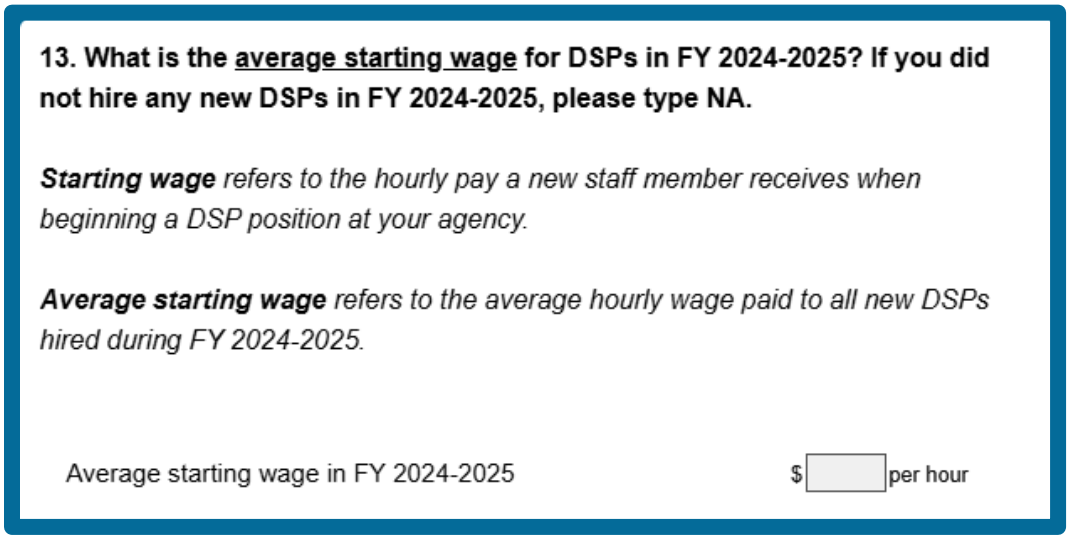
Back Save & Continue

f. You can only enter positive whole numbers. If you enter a number with a decimal and/or a negative number, you will get a warning message. Click “Back” and correct your responses.



DSP13) You will be asked to report the average starting wage for all new staff who were hired in FY 2024-2025.

a. If you are using the *Helper Worksheet*, on tab 2, you only need to add this for new staff who started between July 1, 2024, and June 30, 2025.
b. If you have an annual, monthly or weekly wage, please use the calculator on tab 1 to convert it to an hourly wage.
c. If you do not have any new staff who started between July 1, 2024, and June 30, 2025, please enter NA.
d. Then go to tab 3 of the *Helper Worksheet* which will show your average starting wage.



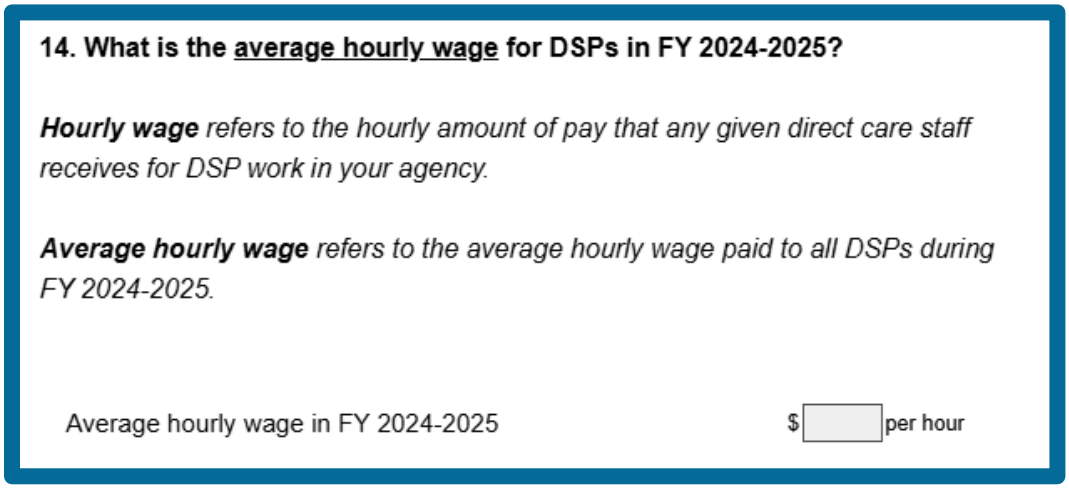
e. If you enter an average starting wage that is very high, you will be asked to double-check the number. If the number is correct, you can continue without making changes.

DSP14) You will be asked to report the average hourly wage for all staff in FY 2024-2025.

a. If you are using the *Helper Worksheet*, on tab 2, fill out each individual's current hourly wage.

b. If you have an annual, monthly or weekly wage, please use the calculator on tab 1 to convert it to an hourly wage.

c. Then you will go to tab 3 on the *Helper Worksheet* for your average hourly wage number.



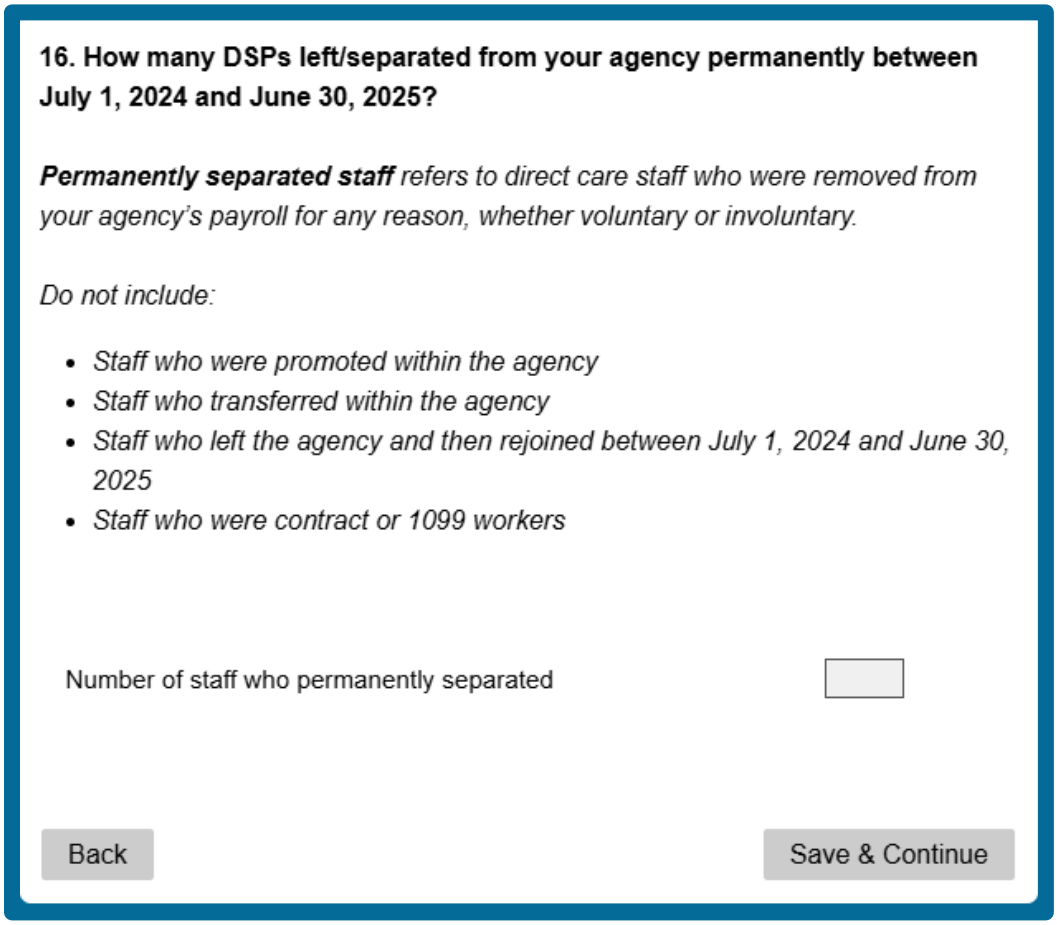
d. If you enter an average hourly wage that is very high, you will be asked to double-check the number. If the number is correct, you can continue without making changes.

DSP15) You will be asked to report the number of vacancies you had for DSP positions on June 30, 2025. Please count each vacancy by full-time positions and part-time positions.

a. Note: This question is not calculated using individual staff data, so it is not included on the *Helper Worksheet*.

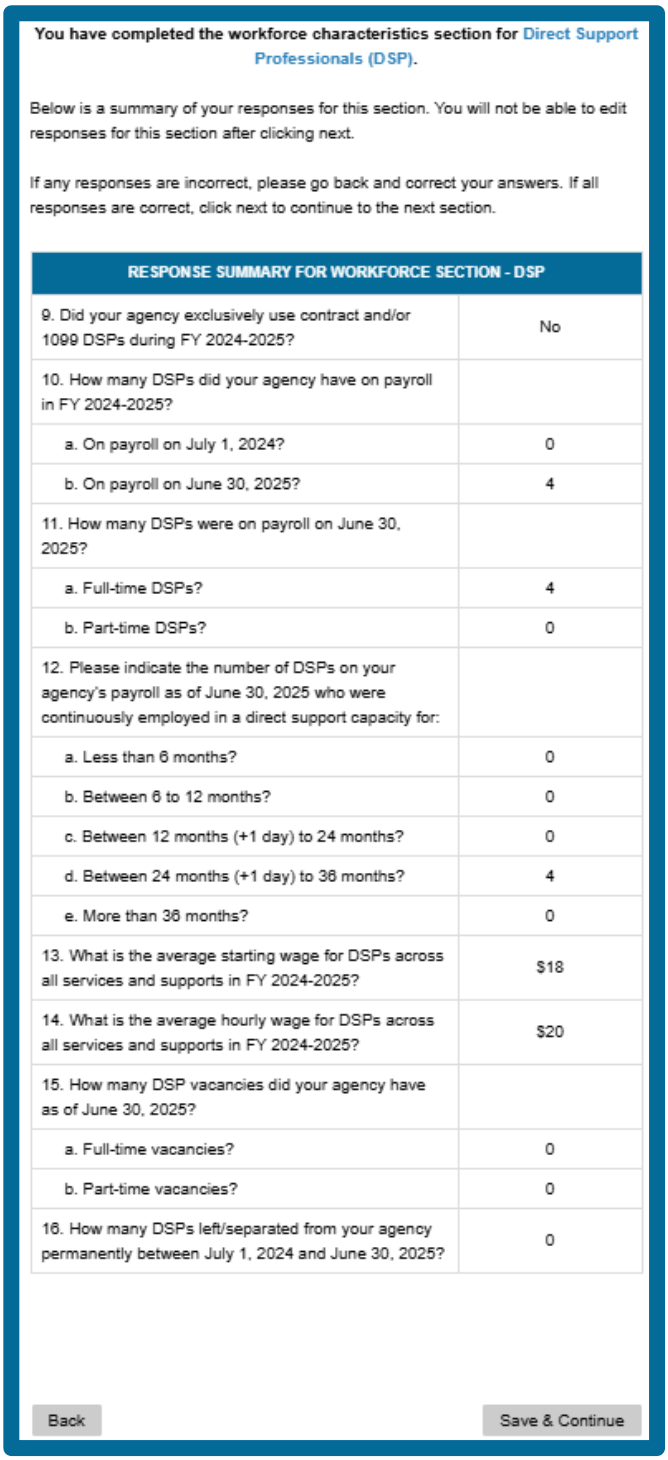
DSP16) You will be asked to report the number of DSPs who left or were permanently separated from your agency in FY 2024-2025. Add the count in the open text field. Click “Save and Continue”.

a. If you already filled out the *Helper Worksheet*, please go to tab 3 for the number or staff who permanently separated.



Navigation – Response Summary for Workforce Section – Direct Support Professionals (DSP)

You will be asked to review your responses for the DSP section before continuing. Please click "Back" to edit responses. Please click "Save & Continue" to proceed. You will not be able to change your responses within Qualtrics after submitting this section. If you need to change a response after submission, please submit a Help Desk ticket.



You have completed the workforce characteristics section for Direct Support Professionals (DSP).

Below is a summary of your responses for this section. You will not be able to edit responses for this section after clicking next.

If any responses are incorrect, please go back and correct your answers. If all responses are correct, click next to continue to the next section.

RESPONSE SUMMARY FOR WORKFORCE SECTION - DSP	
9. Did your agency exclusively use contract and/or 1099 DSPs during FY 2024-2025?	No
10. How many DSPs did your agency have on payroll in FY 2024-2025?	
a. On payroll on July 1, 2024?	0
b. On payroll on June 30, 2025?	4
11. How many DSPs were on payroll on June 30, 2025?	
a. Full-time DSPs?	4
b. Part-time DSPs?	0
12. Please indicate the number of DSPs on your agency's payroll as of June 30, 2025 who were continuously employed in a direct support capacity for:	
a. Less than 6 months?	0
b. Between 6 to 12 months?	0
c. Between 12 months (+1 day) to 24 months?	0
d. Between 24 months (+1 day) to 36 months?	4
e. More than 36 months?	0
13. What is the average starting wage for DSPs across all services and supports in FY 2024-2025?	$18
14. What is the average hourly wage for DSPs across all services and supports in FY 2024-2025?	$20
15. How many DSP vacancies did your agency have as of June 30, 2025?	
a. Full-time vacancies?	0
b. Part-time vacancies?	0
16. How many DSPs left/separated from your agency permanently between July 1, 2024 and June 30, 2025?	0

Back Save & Continue

Navigation – Transition to Workforce Questions

Professional Services (purple background) will be shown if you have staff who are categorized as Professional Services Staff. This page includes a table listing each workforce section you will complete along with a column noting the status of each section. Your service codes and vendor ids will also be listed for each section. The section you are about to enter will be highlighted and the status will be "Ready to Start". If you do not need to fill out a section, it will not be listed. If you have questions about why a section is missing or present, please submit a Help Desk ticket.

The table below shows your each section you will answer for Workforce Characteristics.

After each set of questions, you will return to this Workforce Table to track your progress towards completing all questions about your direct care staff.

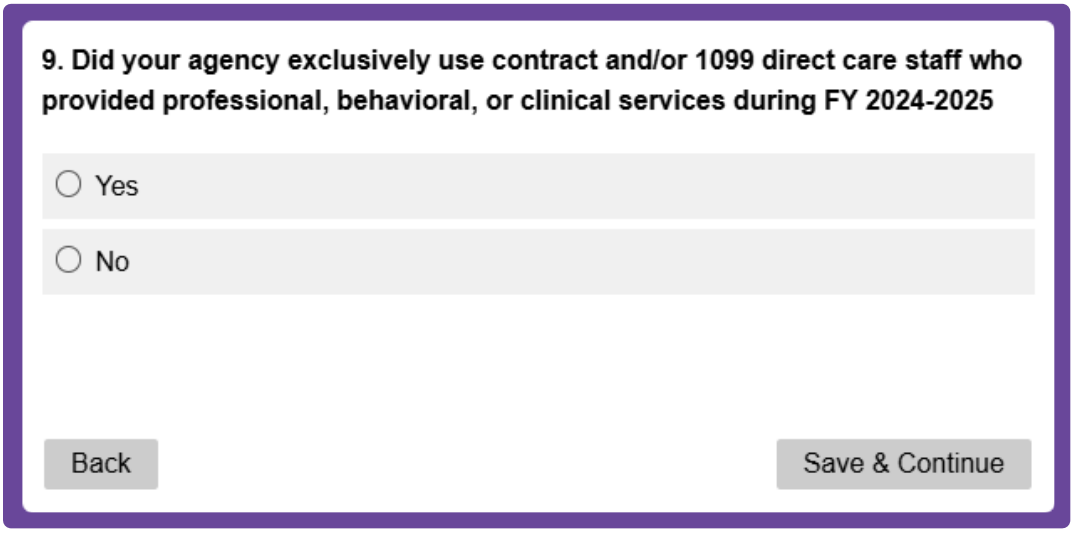
If the table information is incorrect, please submit a **Help Desk Ticket** before starting this part of the survey.

TABLE 4: WORKFORCE SECTION - STATUS			
Program	**Service Codes**	**FY 2024-2025 Eligible Vendor ID**	**Status**
Direct Support Professionals (DSP)	123	AB0001	Complete
Professional Services Staff	**123**	**AB0002**	**Ready to Start**
Transportation Services Staff	123	AB0003	Not Started

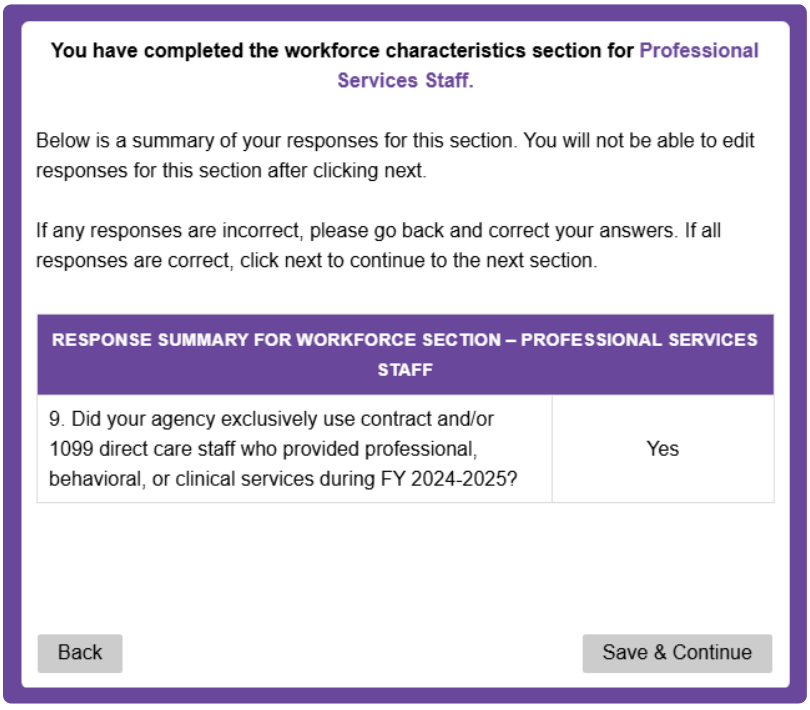
Save & Continue

PSS9) You will be asked if all your Professional Services Staff for FY 2024-2025 were exclusively contract and/or 1099 staff. Please choose “Yes” or “No” and click Save and Continue.

a. If you choose "No”, and then click “Save & Continue”, you will move to Question 10.

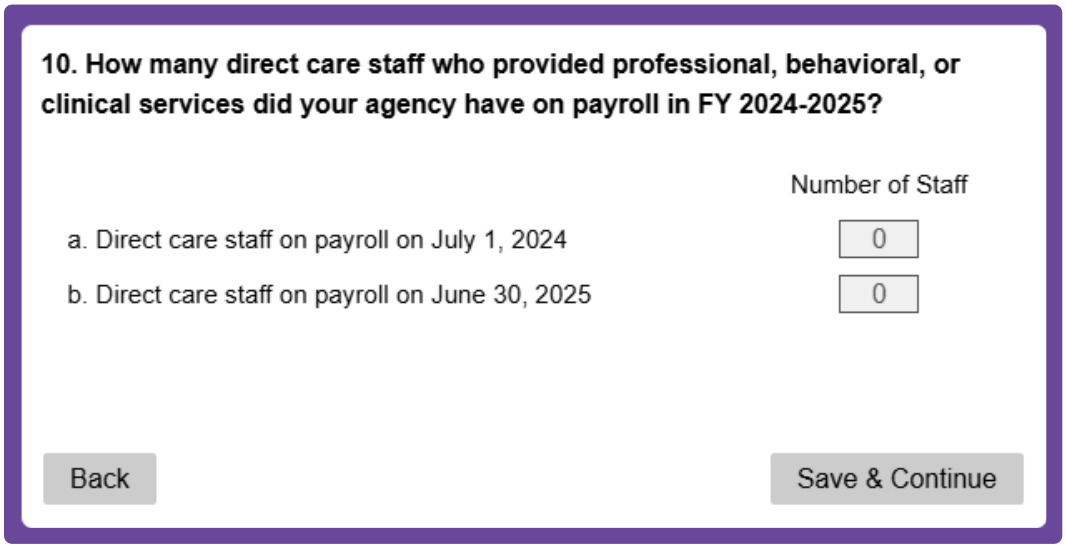


b. If you choose “Yes” you will be directed to the following page.



PSS10) You will be asked to report how many DSPs your agency had on specific dates in FY 2024-2025 (see below).

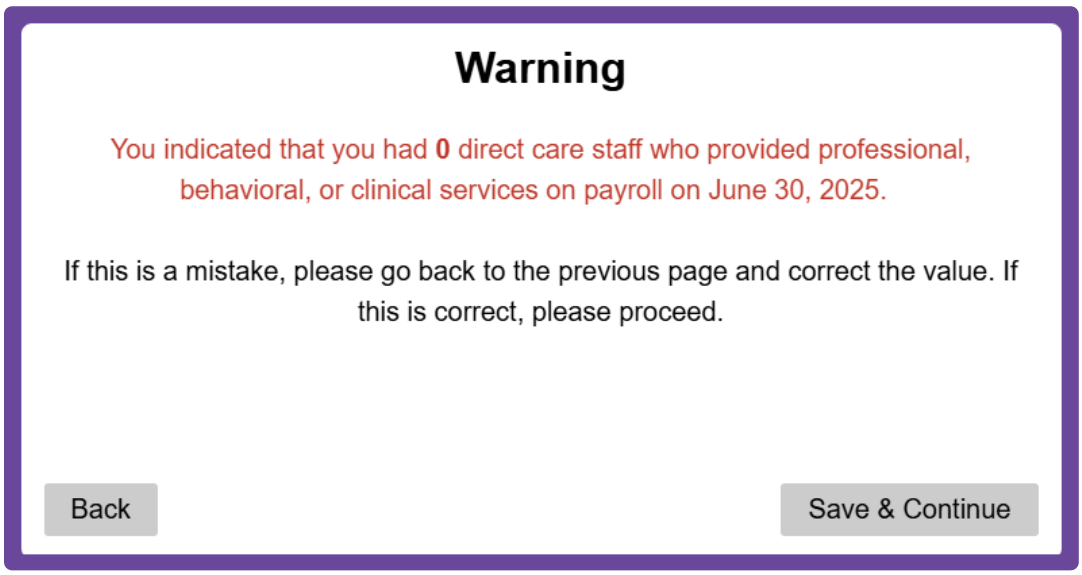
a. Please enter the number of staff or the numbers generated on tab 3 of the *Helper Worksheet* if you are utilizing the tool. Then click "Save and Continue".



b. You must have at least one professional services staff on payroll on June 30, 2025, to be eligible for the Workforce – Profession Services section. A warning will be displayed if you reported that you had 0 professional services staff on payroll on that date.

iii. If this was a mistake, click "Back" and correct your response.

iv. If this is correct, click "Save and Continue".



PSS11) You will be asked to report the number of your staff who on June 30, 2025, were employed full-time and part-time. Please enter the number of staff or the numbers generated on tab 3 of the ***Helper Worksheet*** if you are utilizing the tool. Then click "Save and Continue".

a. A ***part-time employee*** is an employee who is regularly scheduled to work fewer than 30 hours per week (less than 1.0 FTE). This includes both salaried and hourly staff.

b. A ***full-time employee*** is an employee who is regularly scheduled to work **30 hours or more per week** (or the equivalent of 1.0 full-time equivalent [FTE]). This includes both salaried and hourly staff, regardless of benefits eligibility.

c. The total must equal the value entered on question 10b.

11. How many full-time and part-time direct care staff who provided professional, behavioral, or clinical services were on payroll on June 30, 2025?

*A **full-time employee** is an employee who is regularly scheduled to work **30 hours or more per week** (or the equivalent of 1.0 full-time equivalent [FTE]). This includes both salaried and hourly staff, regardless of benefits eligibility.*

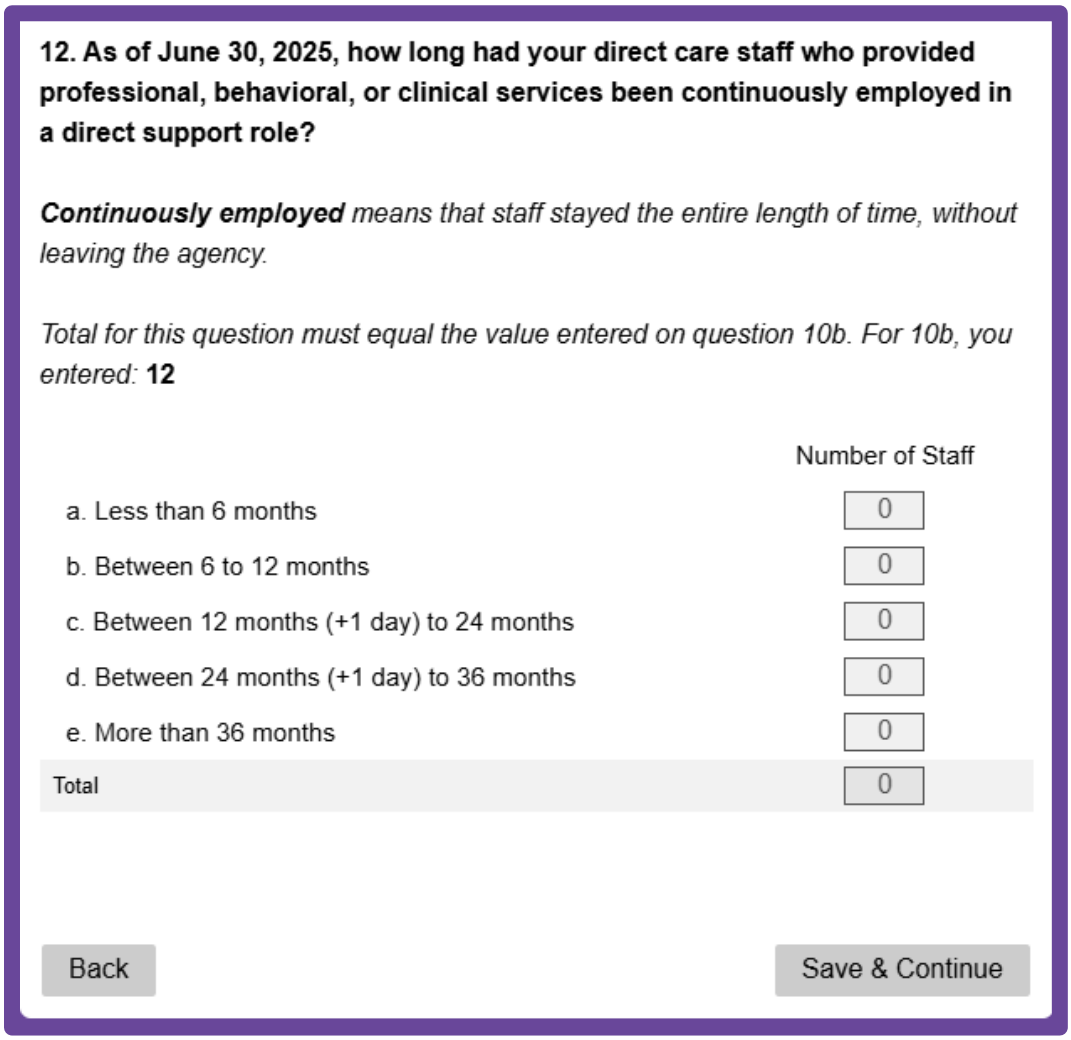
*A **part-time employee** is an employee who is regularly scheduled to work **fewer than 30 hours per week** (less than 1.0 FTE). This includes both salaried and hourly staff.*

Total for this question must equal the value entered on question 10b. For 10b, you entered: **3**

	Number of Staff
a. Full-time direct care staff	0
b. Part-time direct care staff	0
Total	0

PSS12) You will be asked to enter the number of staff who were continuously employed for certain amounts of time.

a. You need to know the start date for each staff member.
b. Calculate each staff member's individual length of employment from their start date to June 30, 2025.
c. Then count the total number of staff in each employment category. Please do not count staff who are permanently separated.
d. Please enter the number of staff or the numbers generated on tab 3 of the *Helper Worksheet* if you are utilizing the tool. Then click "Save and Continue".
e. The total must equal the value entered on question 10b.



12. As of June 30, 2025, how long had your direct care staff who provided professional, behavioral, or clinical services been continuously employed in a direct support role?

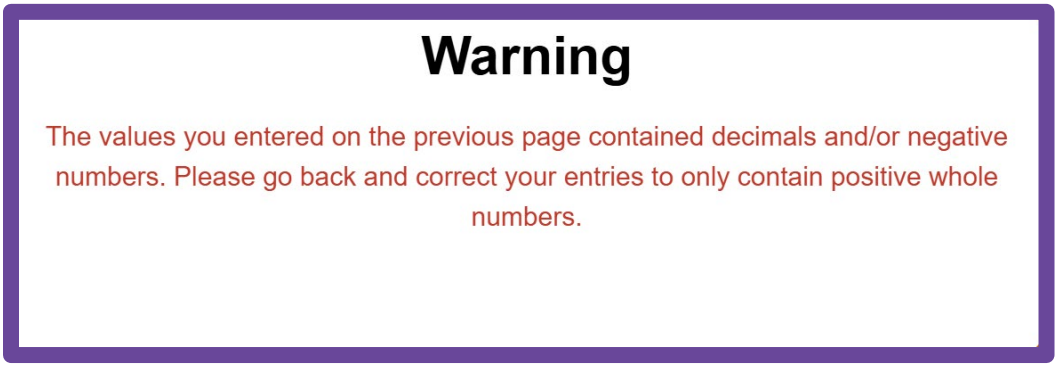
Continuously employed *means that staff stayed the entire length of time, without leaving the agency.*

Total for this question must equal the value entered on question 10b. For 10b, you entered: **12**

	Number of Staff
a. Less than 6 months	0
b. Between 6 to 12 months	0
c. Between 12 months (+1 day) to 24 months	0
d. Between 24 months (+1 day) to 36 months	0
e. More than 36 months	0
Total	0

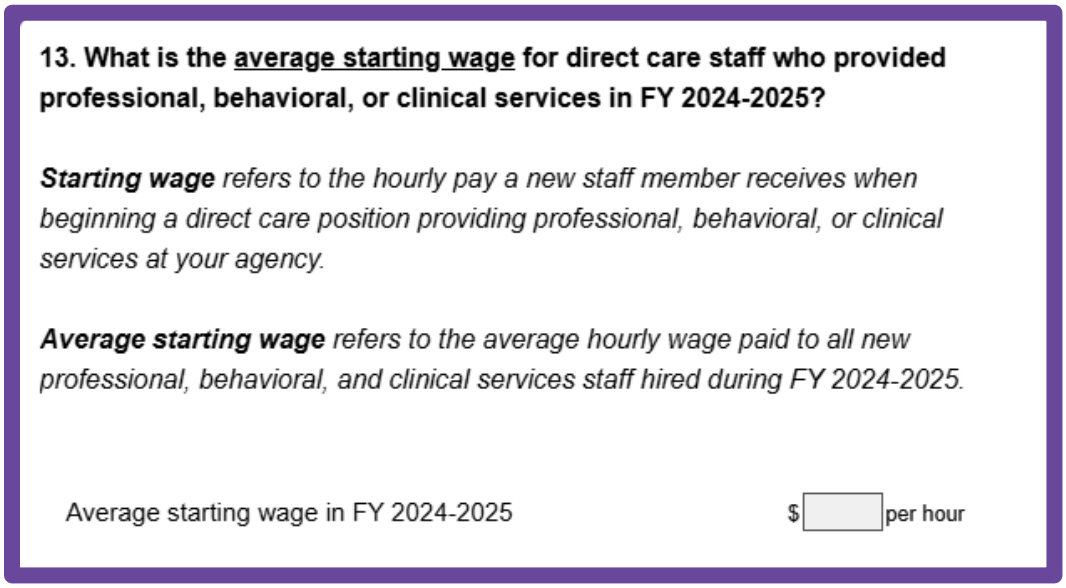
Back Save & Continue

f. You can only enter positive whole numbers. If you enter a number with a decimal and/or a negative number, you will get a warning message. Click “Back” and correct your responses.



PSS13) You will be asked to report the average starting wage for all new staff who were hired in FY 2024-2025.

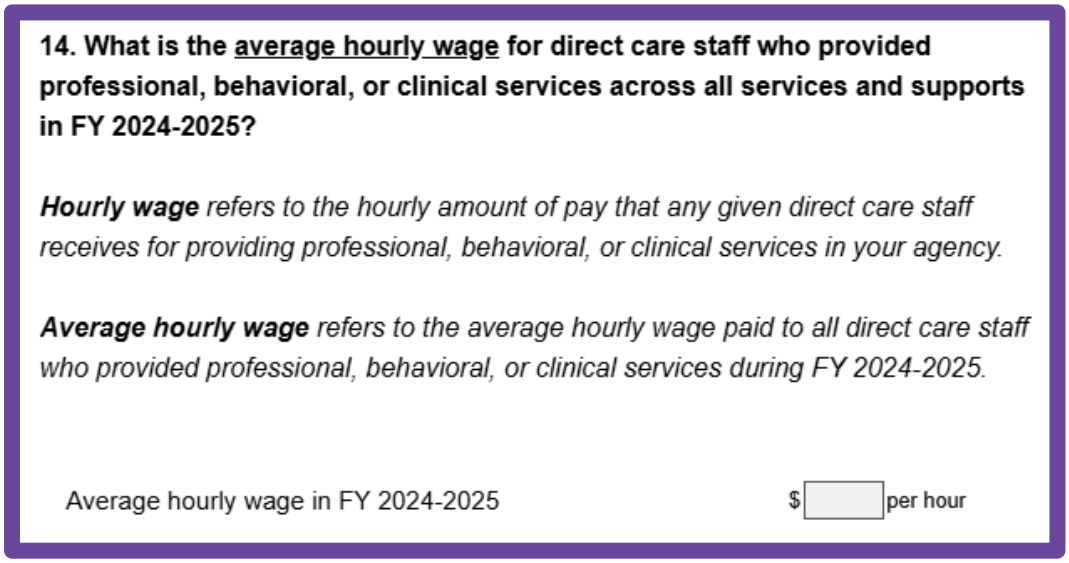
- **a.** If you are using the *Helper Worksheet*, on tab 2, you only need to add this for new staff who started between July 1, 2024, and June 30, 2025.
- **b.** If you have an annual, monthly or weekly wage, please use the calculator on tab 1 to convert it to an hourly wage.
- **c.** If you do not have any new staff who started between July 1, 2024, and June 30, 2025, please enter NA.
- **d.** Then go to tab 3 of the *Helper Worksheet* which will show your average starting wage.



- **e.** If you enter an average starting wage that is very high, you will be asked to double-check the number. If the number is correct, you can continue without making changes.

PSS14) You will be asked to report the average hourly wage for all staff in FY 2024-2025.

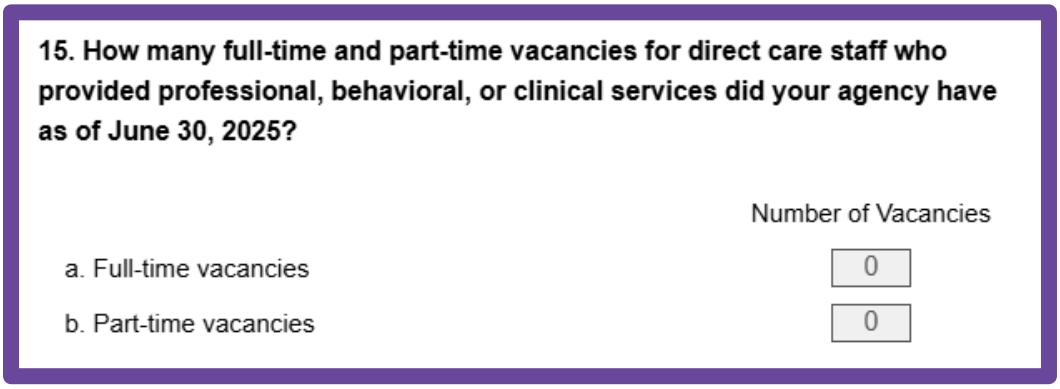
- **a.** If you are using the *Helper Worksheet*, on tab 2, fill out each individual's current hourly wage.
- **b.** If you have an annual, monthly or weekly wage, please use the calculator on tab 1 to convert it to an hourly wage.
- **c.** Then you will go to tab 3 on the *Helper Worksheet* for your average hourly wage number.



- **f.** If you enter an average hourly wage that is very high, you will be asked to double-check the number. If the number is correct, you can continue without making changes.

PSS15) You will be asked to report the number of vacancies you had for Professional Services Staff positions on June 30, 2025. Please count each vacancy by full-time positions and part-time positions.

a. Note: This question is not calculated using individual staff data, so it is not included on the *Helper Worksheet*.

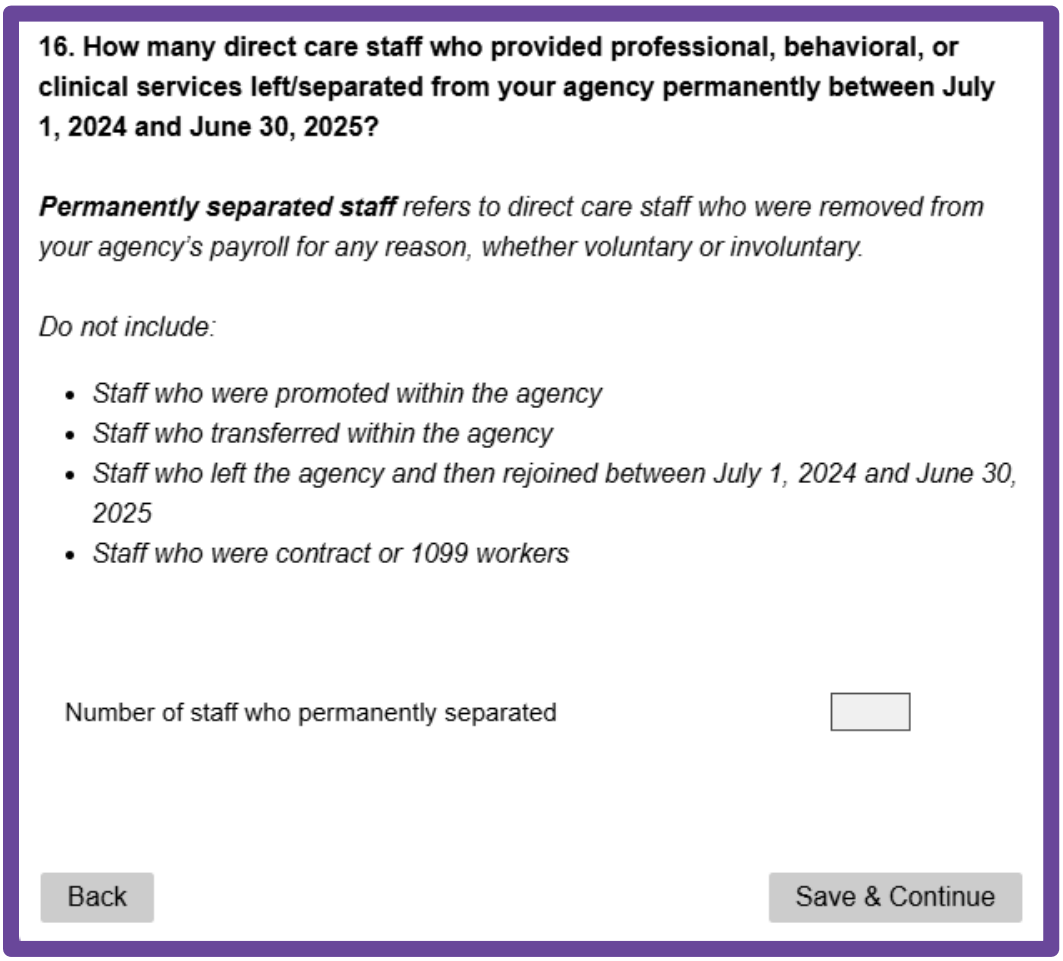


15. How many full-time and part-time vacancies for direct care staff who provided professional, behavioral, or clinical services did your agency have as of June 30, 2025?

	Number of Vacancies
a. Full-time vacancies	0
b. Part-time vacancies	0

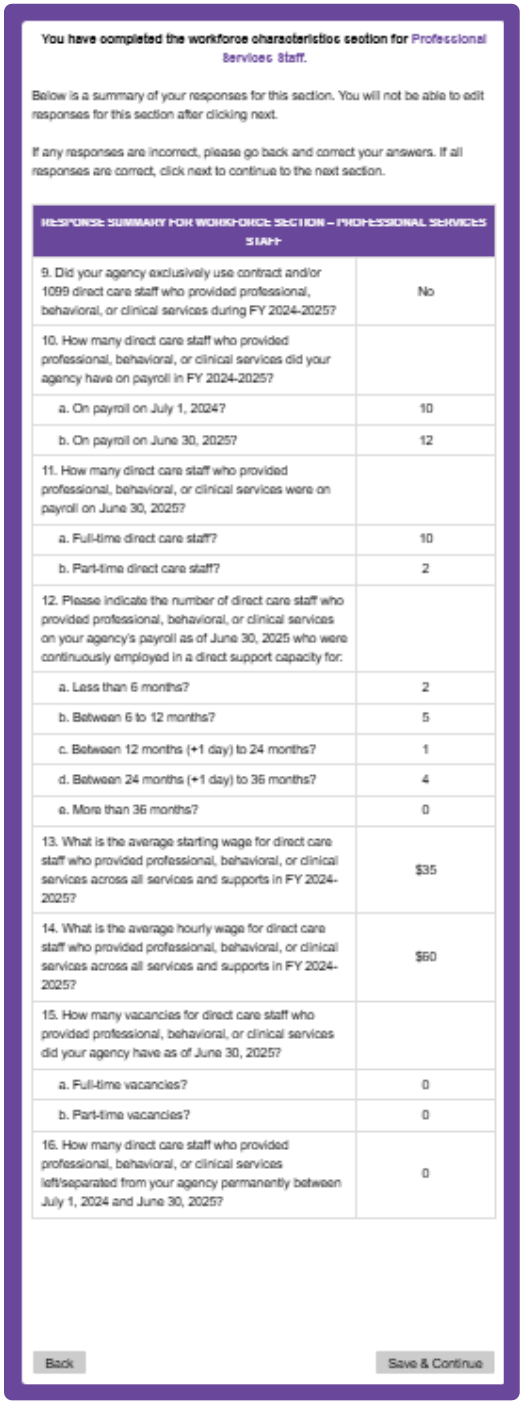
PSS16) You will be asked to report the number of DSPs who left or were permanently separated from your agency in FY 2024-2025. Add the count in the open text field. Click “Save and Continue”.

a. If you already filled out the *Helper Worksheet*, please go to tab 3 for the number or staff who permanently separated.



Navigation – Response Summary for Workforce Section - Professional Services Staff

You will be asked to review your responses for the Professional Services Staff section before continuing. Please click “Back” to edit responses. Please click “Save & Continue” to proceed. You will not be able to change your responses within Qualtrics after submitting this section. If you need to change a response after submission, please submit a Help Desk ticket.



You have completed the workforce characteristics section for Professional Services Staff.

Below is a summary of your responses for this section. You will not be able to edit responses for this section after clicking next.

If any responses are incorrect, please go back and correct your answers. If all responses are correct, click next to continue to the next section.

RESPONSE SUMMARY FOR WORKFORCE SECTION – PROFESSIONAL SERVICES STAFF	
9. Did your agency exclusively use contract and/or 1099 direct care staff who provided professional, behavioral, or clinical services during FY 2024-2025?	No
10. How many direct care staff who provided professional, behavioral, or clinical services did your agency have on payroll in FY 2024-2025?	
a. On payroll on July 1, 2024?	10
b. On payroll on June 30, 2025?	12
11. How many direct care staff who provided professional, behavioral, or clinical services were on payroll on June 30, 2025?	
a. Full-time direct care staff?	10
b. Part-time direct care staff?	2
12. Please indicate the number of direct care staff who provided professional, behavioral, or clinical services on your agency's payroll as of June 30, 2025 who were continuously employed in a direct support capacity for:	
a. Less than 6 months?	2
b. Between 6 to 12 months?	5
c. Between 12 months (+1 day) to 24 months?	1
d. Between 24 months (+1 day) to 36 months?	4
e. More than 36 months?	0
13. What is the average starting wage for direct care staff who provided professional, behavioral, or clinical services across all services and supports in FY 2024-2025?	$35
14. What is the average hourly wage for direct care staff who provided professional, behavioral, or clinical services across all services and supports in FY 2024-2025?	$60
15. How many vacancies for direct care staff who provided professional, behavioral, or clinical services did your agency have as of June 30, 2025?	
a. Full-time vacancies?	0
b. Part-time vacancies?	0
16. How many direct care staff who provided professional, behavioral, or clinical services left/separated from your agency permanently between July 1, 2024 and June 30, 2025?	0

Back Save & Continue

Navigation – Transition to Workforce Questions

Transportation Services (orange background) will be shown if you have staff who are categorized as transportation staff (specific service codes only). This page includes a table listing each workforce section you will complete along with a column noting the status of each section. Your service codes and vendor ids will also be listed for each section. The section you are about to enter will be highlighted and the status will be “Ready to Start”.

The table below shows your each section you will answer for Workforce Characteristics.

After each set of questions, you will return to this Workforce Table to track your progress towards completing all questions about your direct care staff.

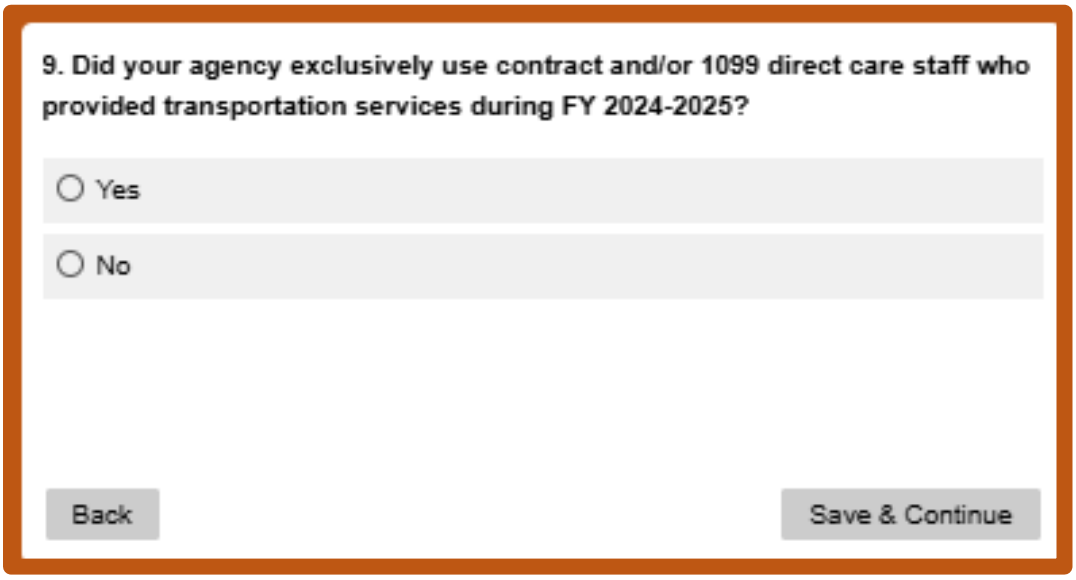
If the table information is incorrect, please submit a Help Desk Ticket before starting this part of the survey.

TABLE 4: WORKFORCE SECTION - STATUS			
Program	**Service Codes**	**FY 2024-2025 Eligible Vendor ID**	**Status**
Direct Support Professionals (DSP)	123	AB0001	Complete
Professional Services Staff	123	AB0002	Complete
Transportation Services Staff	**123**	**AB0003**	**Ready to Start**

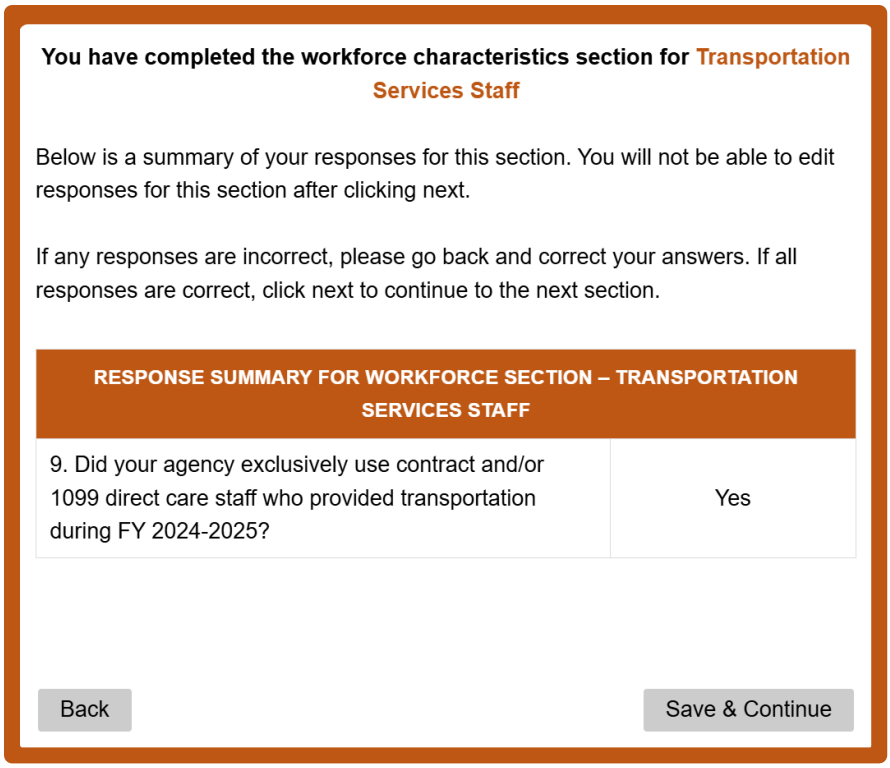
Save & Continue

TSS9) You will be asked if all your Transportation Services Staff for FY 2024-2025 were exclusively contract and/or 1099 staff. Please choose “Yes” or “No” and then “Save & Continue”.

a. If you choose "No”, and then click “Save & Continue”, you will move to Question 10.

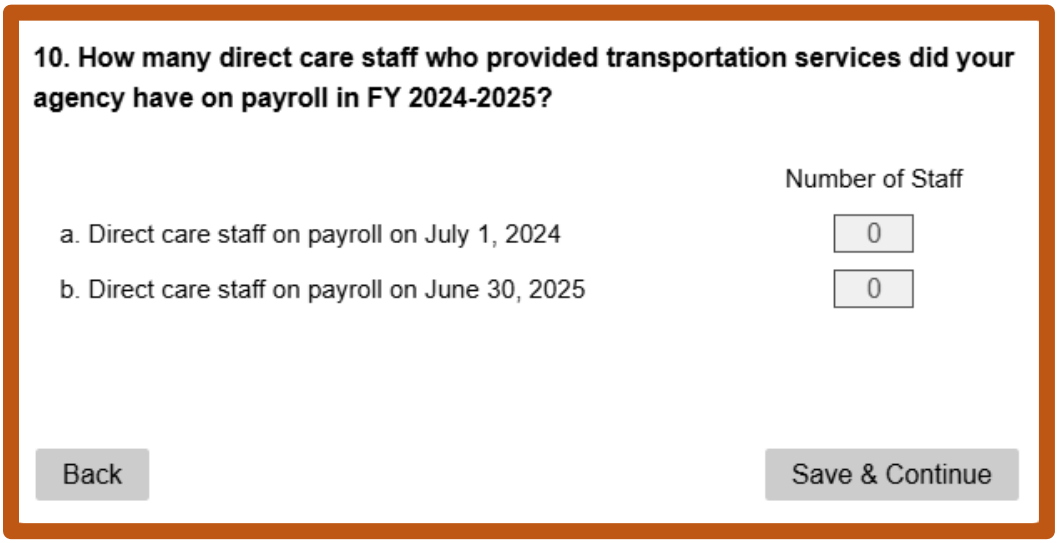


b. If you choose “Yes” and click “Save & Continue”, you will see the following screen:



TSS10) You will be asked to report how many Transportation Services Staff your agency had on specific dates in FY 2024-2025 (see below).

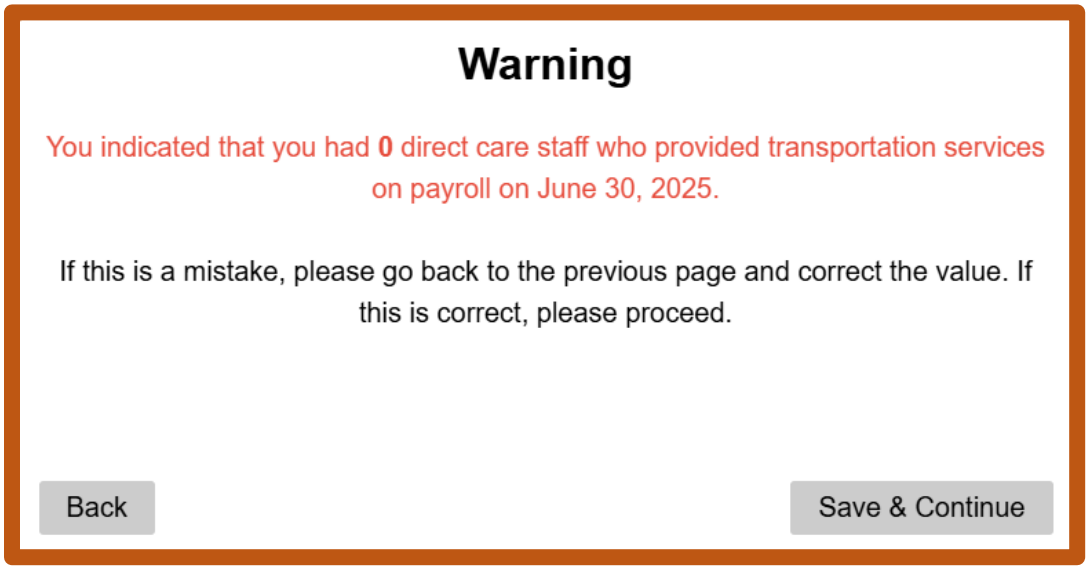
a. Please enter the number of staff or the numbers generated on tab 3 of the Helper Worksheet if you are utilizing the tool. Then click “Save and Continue”.



b. You must have at least one professional services staff on payroll on June 30, 2025, to be eligible for the Workforce – Profession Services section. A warning will be displayed if you reported that you had 0 professional services staff on payroll on that date.

i. If this was a mistake, click “Back” and correct your response.

ii. If this is correct, click “Save and Continue”.



TSS11) You will be asked to report the number of your staff who on June 30, 2025, were employed full-time and part-time. Please enter the number of staff or the numbers generated on tab 3 of the ***Helper Worksheet*** if you are utilizing the tool. Then click "Save and Continue".

a. A ***part-time employee*** is an employee who is regularly scheduled to work fewer than 30 hours per week (less than 1.0 FTE). This includes both salaried and hourly staff.

b. A ***full-time employee*** is an employee who is regularly scheduled to work **30 hours or more per week** (or the equivalent of 1.0 full-time equivalent [FTE]). This includes both salaried and hourly staff, regardless of benefits eligibility.

c. The total must equal the value entered on question 10b.

11. How many full-time and part-time direct care staff who provided transportation services were on payroll on June 30, 2025?

*A **full-time employee** is an employee who is regularly scheduled to work **30 hours or more per week** (or the equivalent of 1.0 full-time equivalent [FTE]). This includes both salaried and hourly staff, regardless of benefits eligibility.*

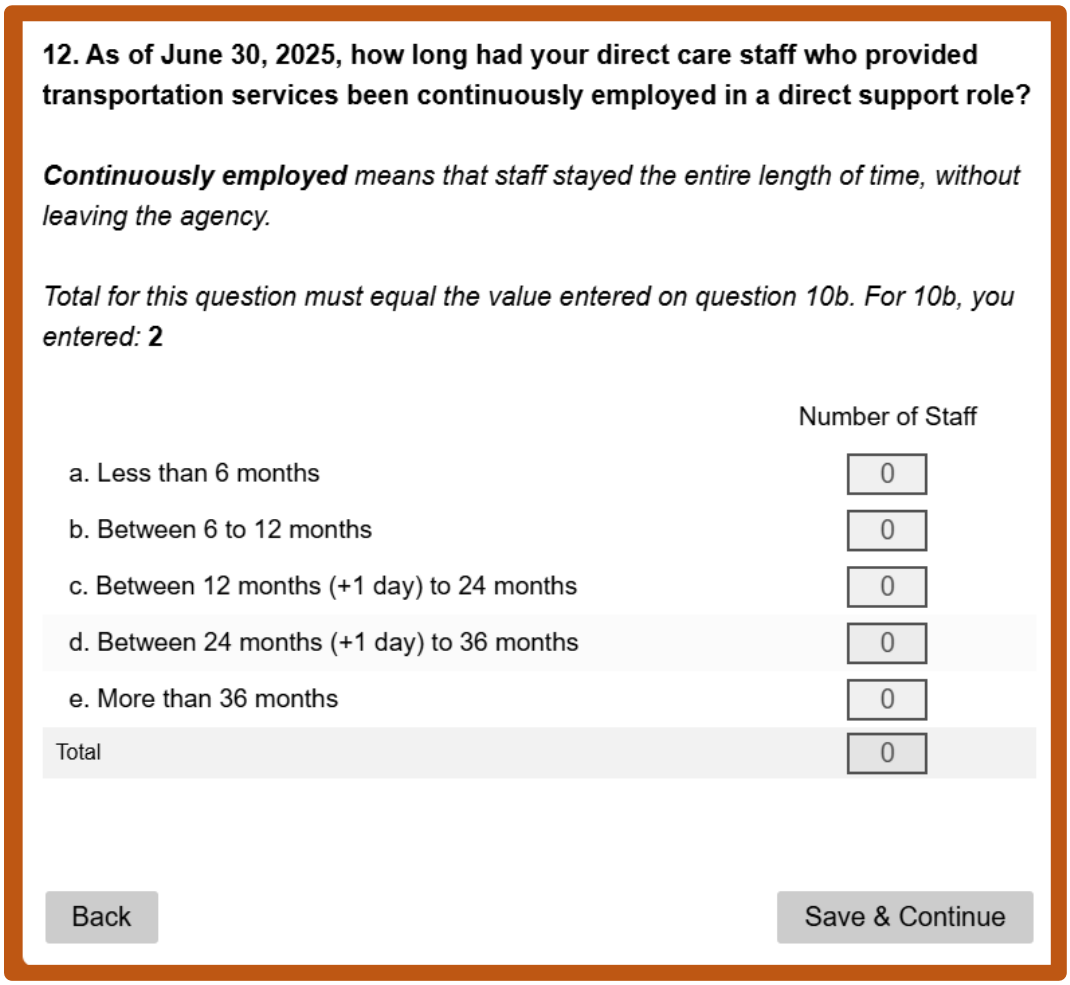
*A **part-time employee** is an employee who is regularly scheduled to work **fewer than 30 hours per week** (less than 1.0 FTE). This includes both salaried and hourly staff.*

Total for this question must equal the value entered on question 10b. For 10b, you entered: **2**

	Number of Staff
a. Full-time direct care staff	0
b. Part-time direct care staff	0
Total	0

TSS12) You will be asked to enter the number of staff who were continuously employed for certain amounts of time.

- **a.** You need to know the start date for each staff member.
- **b.** Calculate each staff member's individual length of employment from their start date to June 30, 2025.
- **c.** Then count the total number of staff in each employment category. Please do not count staff who are permanently separated.
- **d.** Please enter the number of staff or the numbers generated on tab 3 of the *Helper Worksheet* if you are utilizing the tool. Then click "Save and Continue".
- **e.** The total must equal the value entered on question 10b.



12. As of June 30, 2025, how long had your direct care staff who provided transportation services been continuously employed in a direct support role?

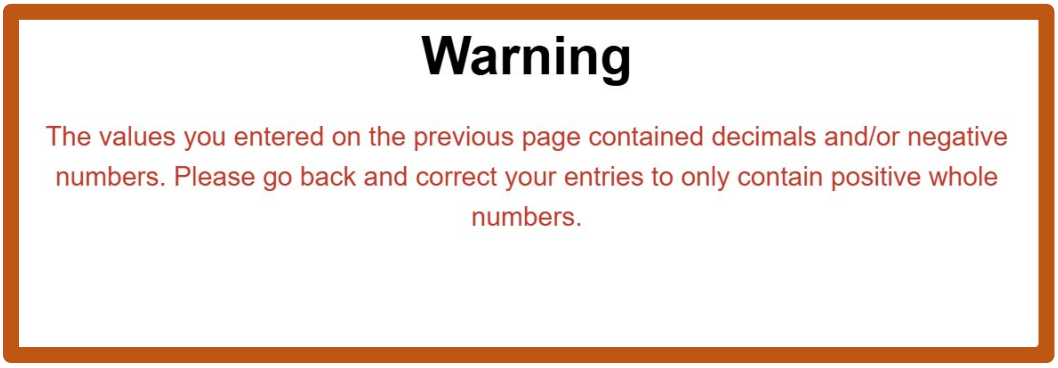
Continuously employed *means that staff stayed the entire length of time, without leaving the agency.*

Total for this question must equal the value entered on question 10b. For 10b, you entered: **2**

	Number of Staff
a. Less than 6 months	0
b. Between 6 to 12 months	0
c. Between 12 months (+1 day) to 24 months	0
d. Between 24 months (+1 day) to 36 months	0
e. More than 36 months	0
Total	0

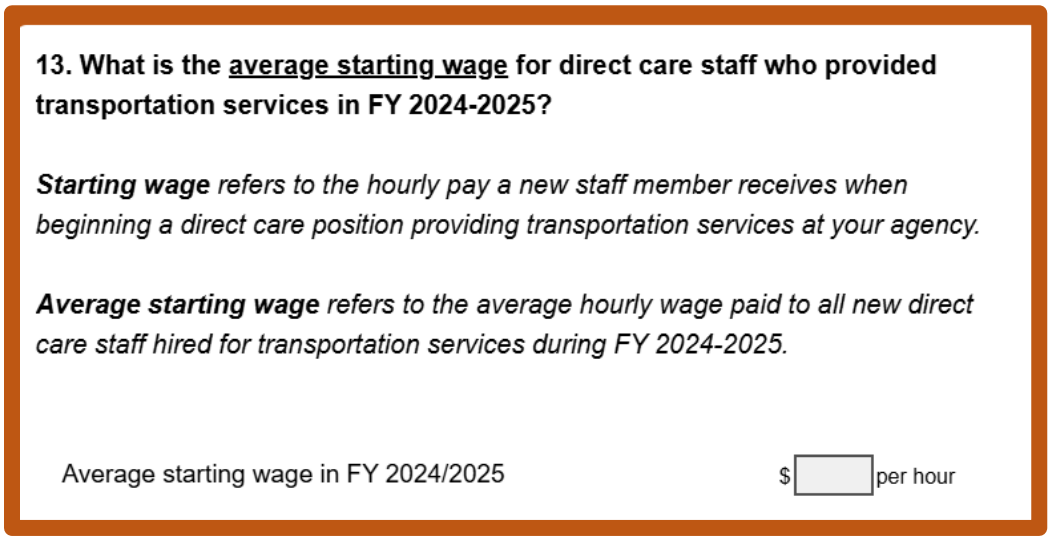
Back Save & Continue

f. You can only enter positive whole numbers. If you enter a number with a decimal and/or a negative number, you will get a warning message. Click “Back” and correct your responses



TSS13) You will be asked to report the average starting wage for all new staff who were hired in FY 2024-2025.

- **a.** If you are using the *Helper Worksheet*, on tab 2, you only need to add this for new staff who started between July 1, 2024, and June 30, 2025.
- **b.** If you have an annual, monthly or weekly wage, please use the calculator on tab 1 to convert it to an hourly wage.
- **c.** If you do not have any new staff who started between July 1, 2024, and June 30, 2025, please enter NA.
- **d.** Then go to tab 3 of the *Helper Worksheet* which will show your average starting wage.



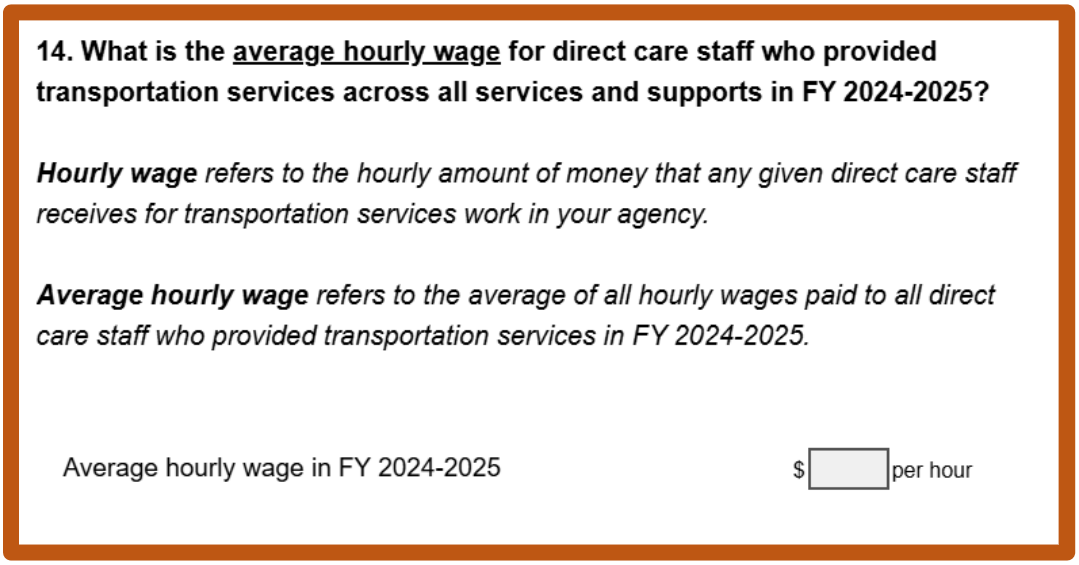
- **g.** If you enter an average starting wage that is very high, you will be asked to double-check the number. If the number is correct, you can continue without making changes.

TSS14) You will be asked to report the average hourly wage for all staff in FY 2024-2025.

h. If you are using the *Helper Worksheet*, on tab 2, fill out each individual's current hourly wage.

i. If you have an annual, monthly or weekly wage, please use the calculator on tab 1 to convert it to an hourly wage.

j. Then you will go to tab 3 on the *Helper Worksheet* for your average hourly wage number.



k. If you enter an average hourly wage that is very high, you will be asked to double-check the number. If the number is correct, you can continue without making changes.

TSS15) You will be asked to report the number of vacancies you had for Transportation Services Staff positions on June 30, 2025. Please count each vacancy by full-time positions and part-time positions.

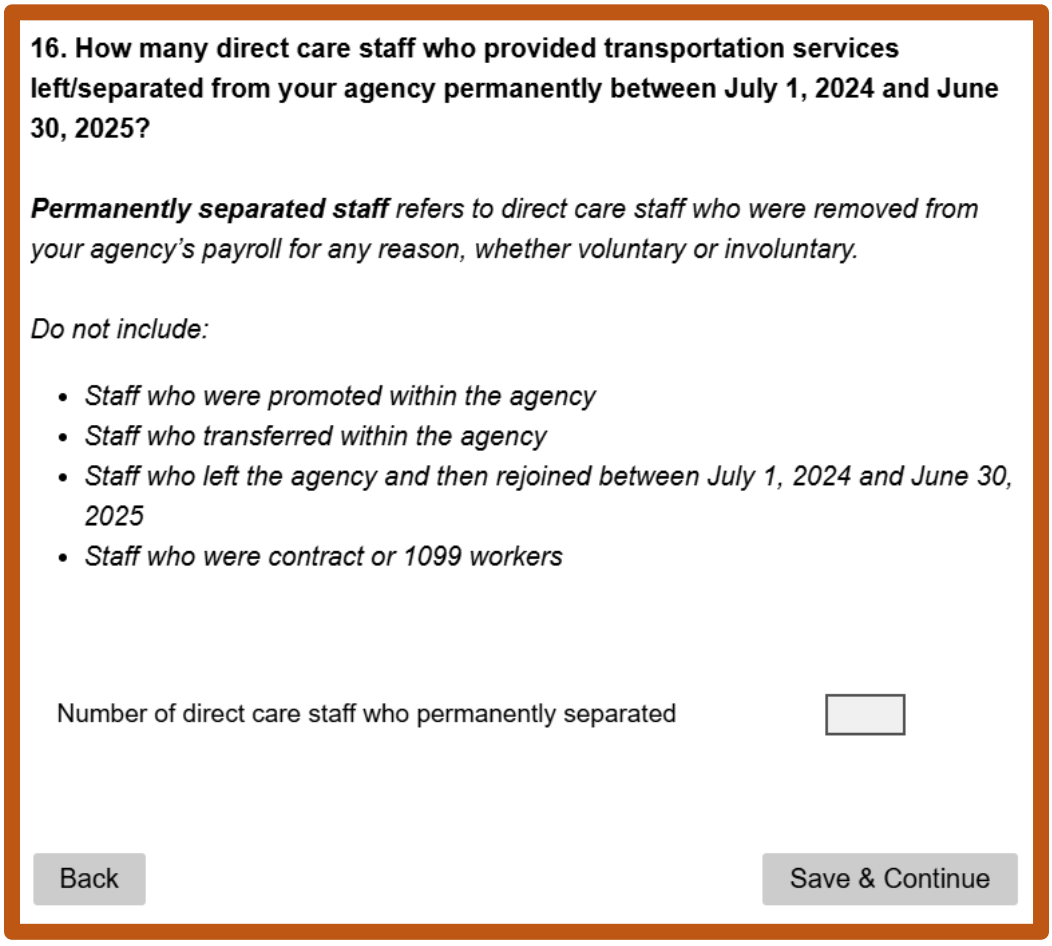
a. Note: This question is not calculated using individual staff data, so it is not included on the *Helper Worksheet*.

15. How many full-time and part-time vacancies for direct care staff who provided transportation services did your agency have as of June 30, 2025?

	Number of Vacancies
a. Full-time vacancies	0
b. Part-time vacancies	0

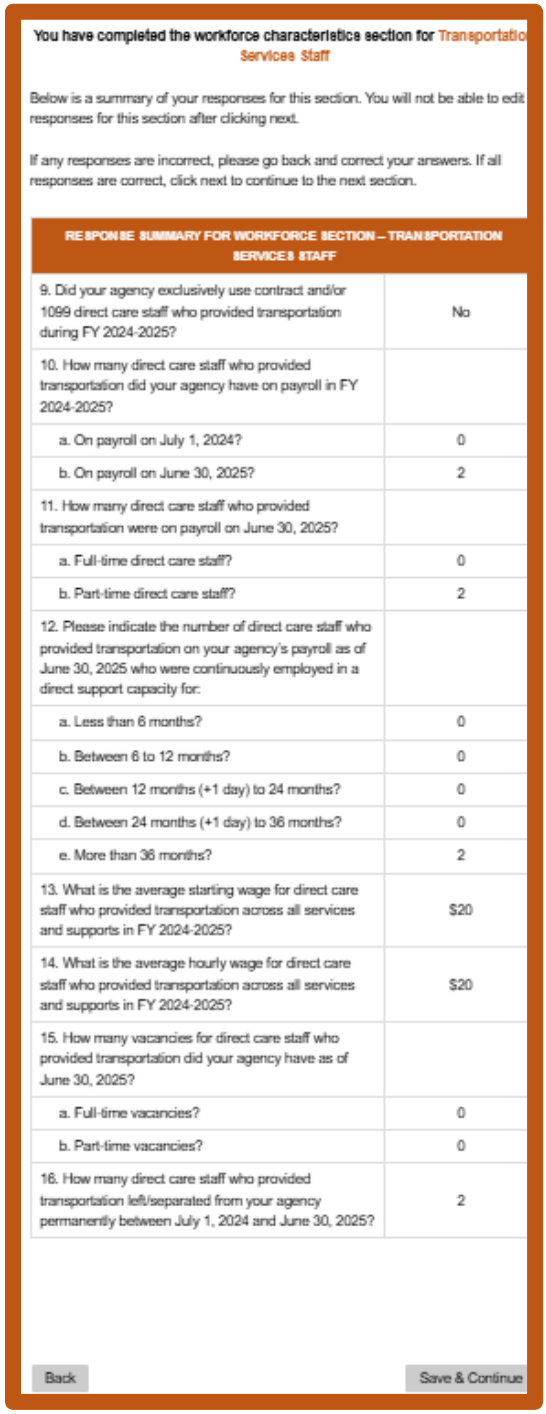
TSS16) You will be asked to report the number of Transportation Services Staff who left or were permanently separated from your agency in FY 2024-2025. Add the count in the open text field. Click “Save and Continue”.

a. If you already filled out the *Helper Worksheet*, please go to tab 3 for the number or staff who permanently separated.



Navigation – Response Summary for Workforce Section-Transportation Services Staff

You will be asked to review your responses for the DSP section before continuing. Please click "Back" to edit responses. Please click "Save & Continue" to proceed. You will not be able to change your responses within Qualtrics after submitting this section. If you need to change a response after submission, please submit a Help Desk ticket.



You have completed the workforce characteristics section for Transportation Services Staff

Below is a summary of your responses for this section. You will not be able to edit responses for this section after clicking next.

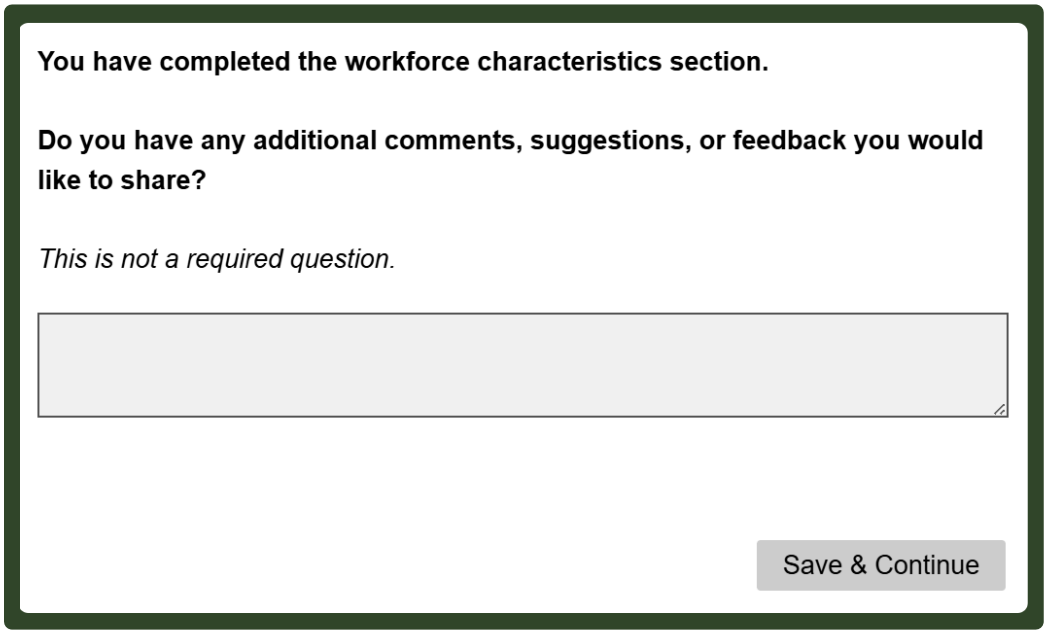
If any responses are incorrect, please go back and correct your answers. If all responses are correct, click next to continue to the next section.

RESPONSE SUMMARY FOR WORKFORCE SECTION – TRANSPORTATION SERVICES STAFF	
9. Did your agency exclusively use contract and/or 1099 direct care staff who provided transportation during FY 2024-2025?	No
10. How many direct care staff who provided transportation did your agency have on payroll in FY 2024-2025?	
a. On payroll on July 1, 2024?	0
b. On payroll on June 30, 2025?	2
11. How many direct care staff who provided transportation were on payroll on June 30, 2025?	
a. Full-time direct care staff?	0
b. Part-time direct care staff?	2
12. Please indicate the number of direct care staff who provided transportation on your agency's payroll as of June 30, 2025 who were continuously employed in a direct support capacity for:	
a. Less than 6 months?	0
b. Between 6 to 12 months?	0
c. Between 12 months (+1 day) to 24 months?	0
d. Between 24 months (+1 day) to 36 months?	0
e. More than 36 months?	2
13. What is the average starting wage for direct care staff who provided transportation across all services and supports in FY 2024-2025?	$20
14. What is the average hourly wage for direct care staff who provided transportation across all services and supports in FY 2024-2025?	$20
15. How many vacancies for direct care staff who provided transportation did your agency have as of June 30, 2025?	
a. Full-time vacancies?	0
b. Part-time vacancies?	0
16. How many direct care staff who provided transportation left/separated from your agency permanently between July 1, 2024 and June 30, 2025?	2

Back Save & Continue

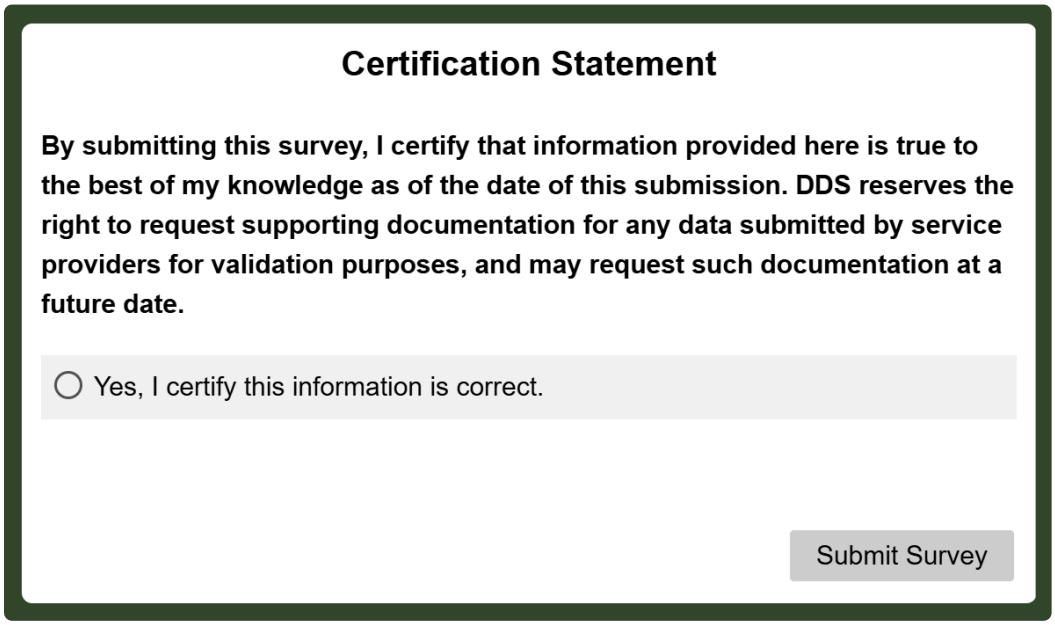
Additional Comments, Suggestions, or Feedback

Once you have completed the reporting for each workforce type, you will be able to provide comments, suggestions, or feedback on the survey. This question is optional.



Certification Statement and Submitting the Survey

Lastly, you will be shown the Certification Statement. You must select “I agree” and click “Submit Survey to submit your responses.



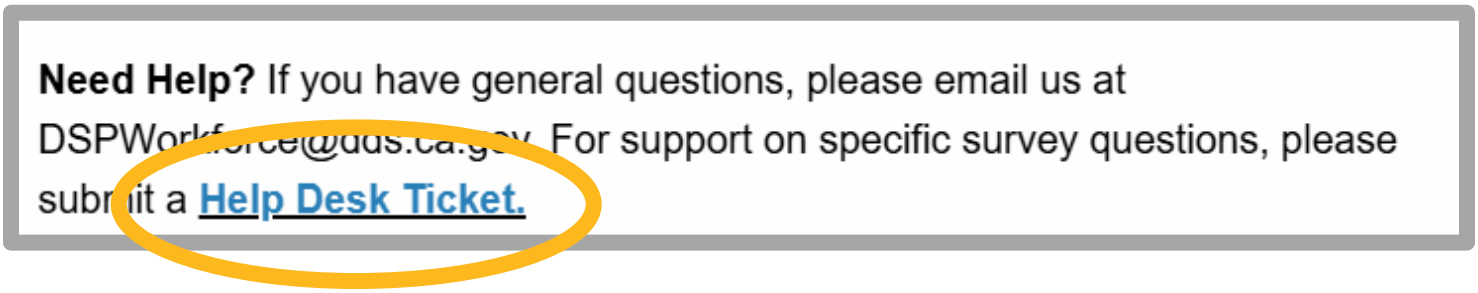
Once you submit, you will be shown a screen thanking you for completing the survey. You will also receive an email confirming that your responses were submitted.

SECTION 3: HELP DESK

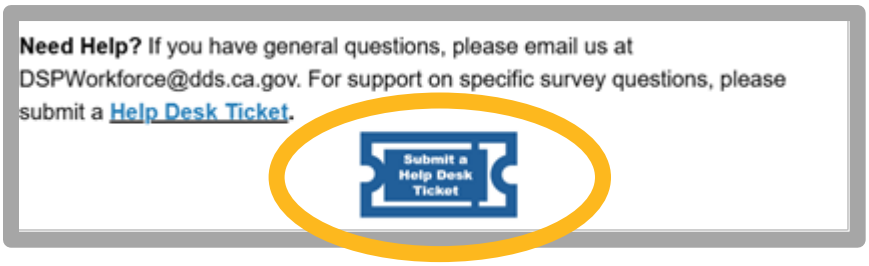
a. SCENARIO 1: Vendor has questions and submits a Help Desk ticket on the Introduction Page of survey using hyperlink or graphic

b. At the Introduction page of the survey there are two ways to submit a Help Desk ticket.

i. Through the “Help Desk Ticket” hyperlink that appears here:

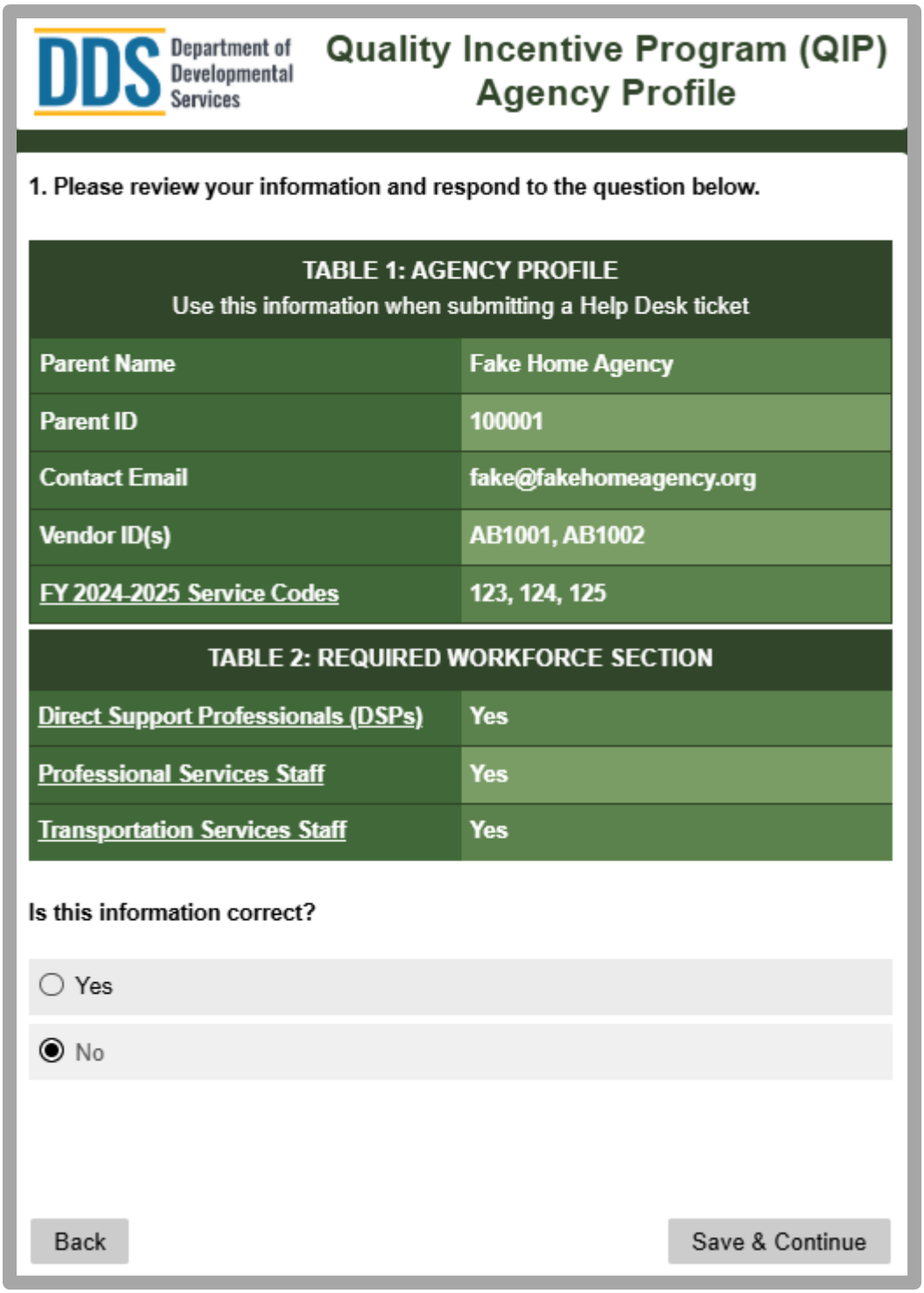


- Through the “Submit a Help Desk Ticket” graphic



SCENARIO 2: Vendor finds that information in Table 1: Agency Profile Record is incorrect

On Question 1: “Please review your information and respond to the question below:” Select “No”



DDS Department of Developmental Services

Quality Incentive Program (QIP)
Agency Profile

1. Please review your information and respond to the question below.

TABLE 1: AGENCY PROFILE Use this information when submitting a Help Desk ticket	
Parent Name	Fake Home Agency
Parent ID	100001
Contact Email	fake@fakehomeagency.org
Vendor ID(s)	AB1001, AB1002
FY 2024-2025 Service Codes	123, 124, 125

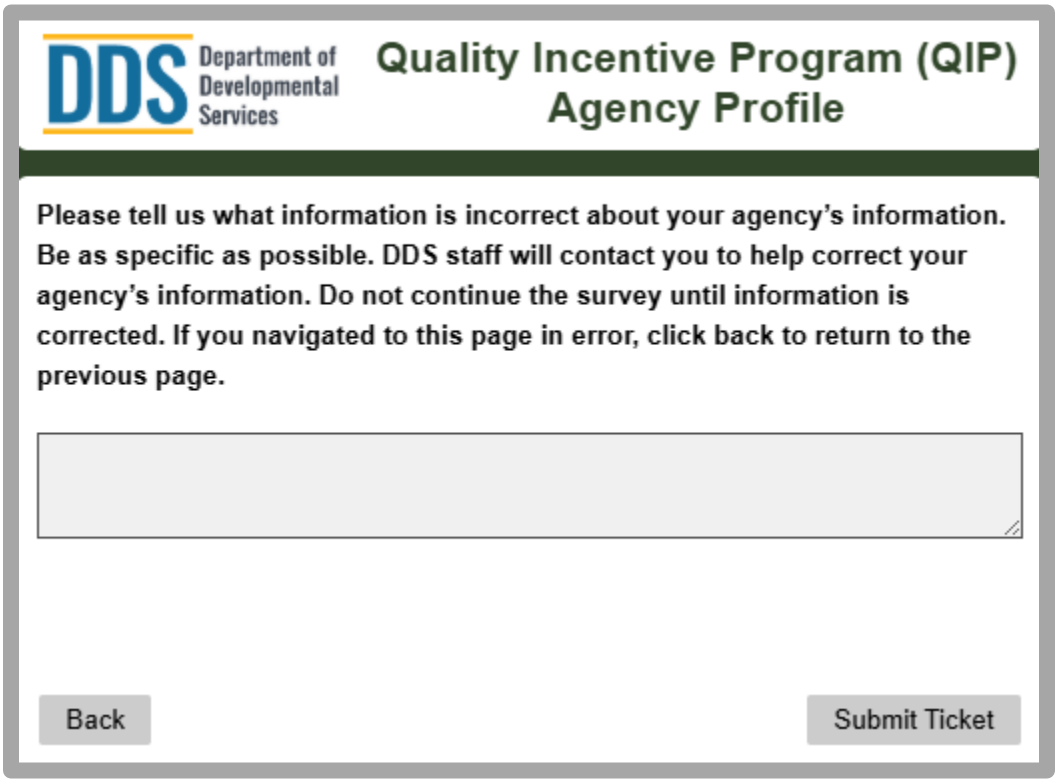
TABLE 2: REQUIRED WORKFORCE SECTION	
Direct Support Professionals (DSPs)	Yes
Professional Services Staff	Yes
Transportation Services Staff	Yes

Is this information correct?

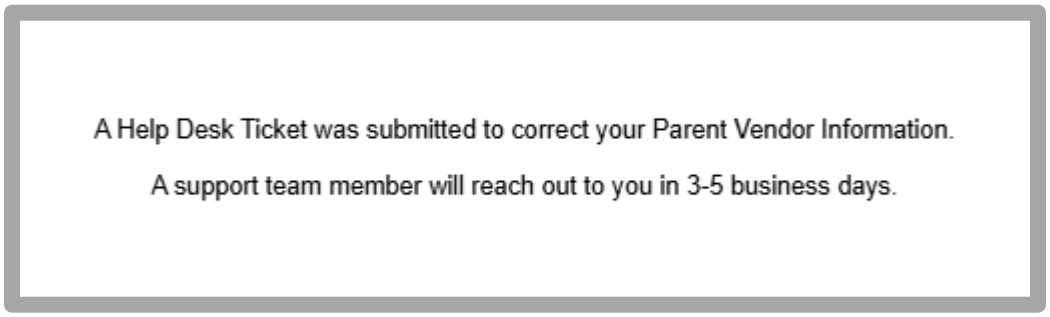
- ○ Yes
- ◉ No

Back | Save & Continue

- Follow survey prompts to submit a Help Desk ticket.
  - Please describe your Scenario in the box that appears



  - Click "Submit Ticket". Your survey will be paused, and you will not be able to continue until the information is reconciled and an administrator sends you a new survey link.

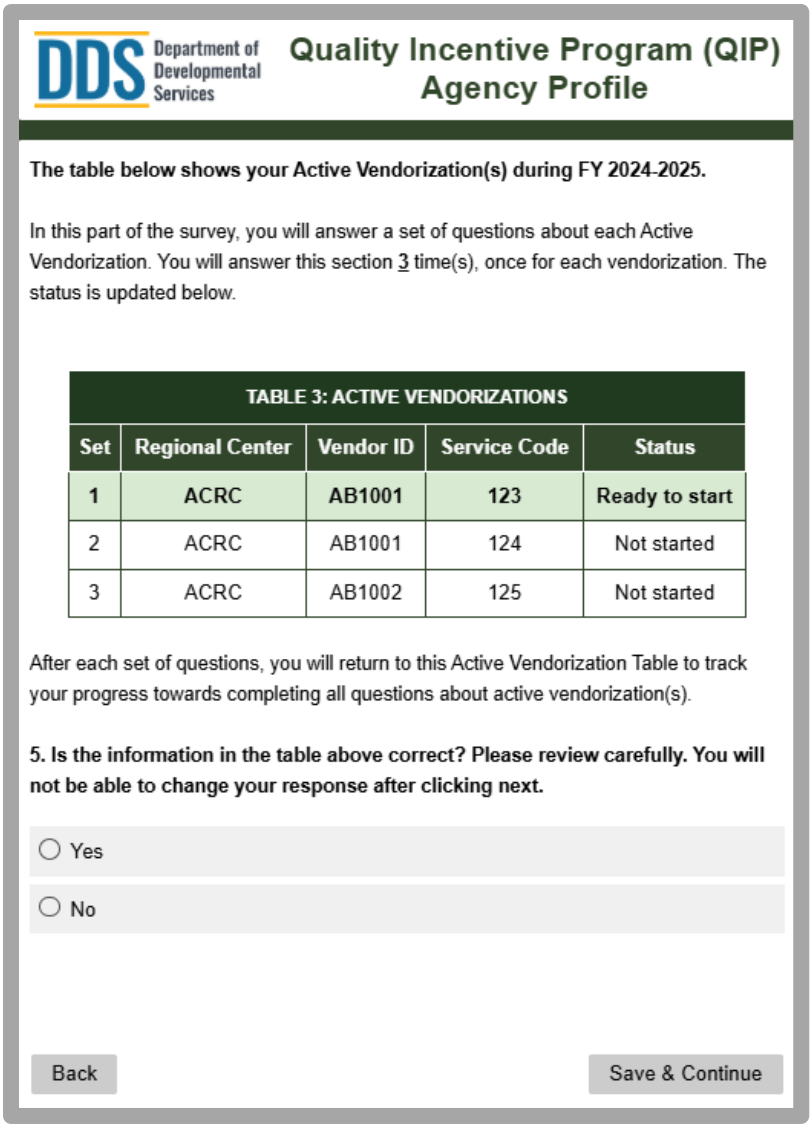


Note: Note: this will NOT take you to an outside help desk survey link. A Help Desk ticket will automatically be generated for the agency, and you will receive an email receipt including the ticket number and the description of the issue.

SCENARIO 3: Vendor believes active vendorization table information is incorrect

c. This question appears at the start of the active vendorization section.

d. Select “No”



DDS Department of Developmental Services

Quality Incentive Program (QIP) Agency Profile

The table below shows your Active Vendorization(s) during FY 2024-2025.

In this part of the survey, you will answer a set of questions about each Active Vendorization. You will answer this section 3 time(s), once for each vendorization. The status is updated below.

TABLE 3: ACTIVE VENDORIZATIONS				
Set	**Regional Center**	**Vendor ID**	**Service Code**	**Status**
1	**ACRC**	**AB1001**	**123**	**Ready to start**
2	ACRC	AB1001	124	Not started
3	ACRC	AB1002	125	Not started

After each set of questions, you will return to this Active Vendorization Table to track your progress towards completing all questions about active vendorization(s).

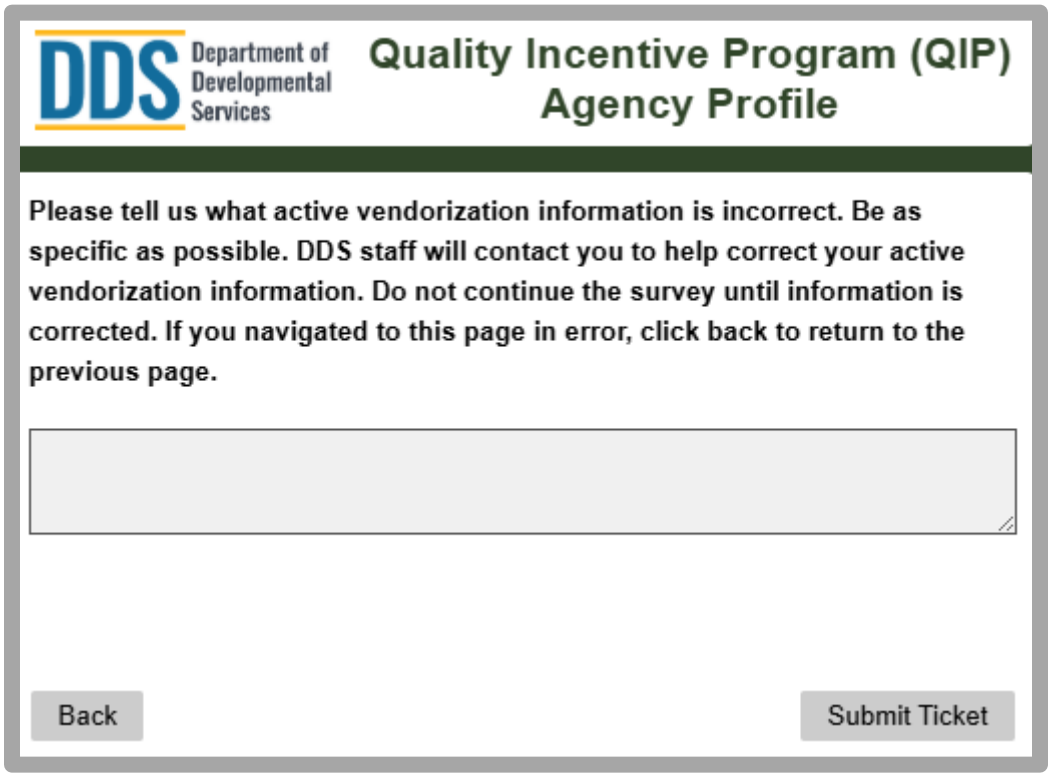
5. Is the information in the table above correct? Please review carefully. You will not be able to change your response after clicking next.

- ○ Yes
- ○ No

Back | Save & Continue

e. Follow survey prompts to submit a Help Desk ticket.

f. Please describe your issue in the box that appears



Note: Note: this will NOT take you to an outside help desk survey link. A Help Desk ticket will automatically be generated for the agency, and you will receive an email receipt including the ticket number and the description of the issue.

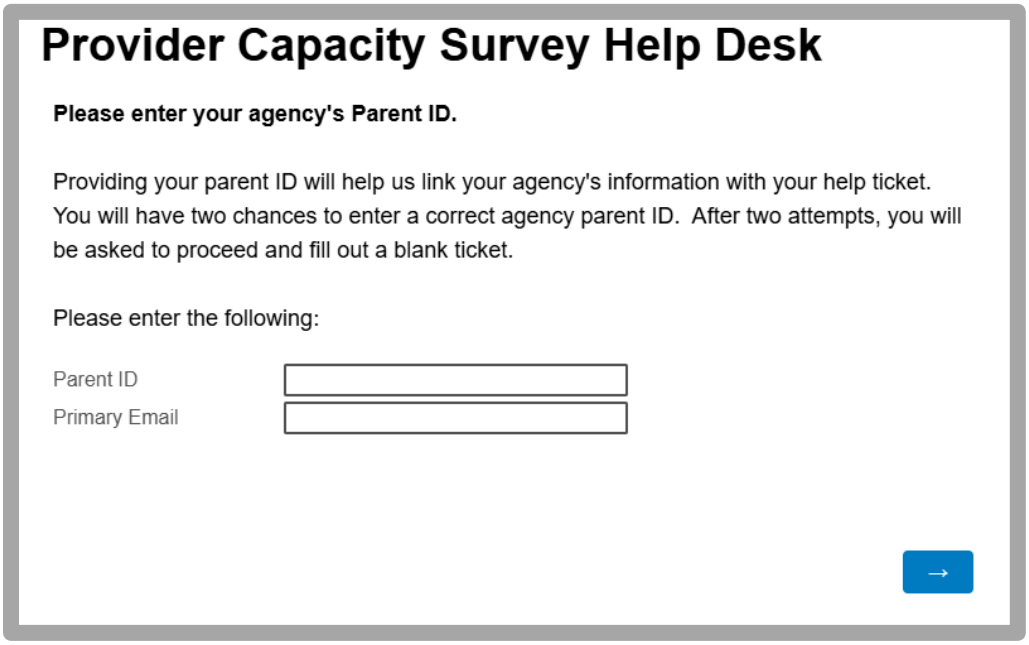
SCENARIO 4: Vendor reaches end of survey/response summary and needs to submit Help Desk ticket to change a response by using hyperlink or graphic

- There are two ways to submit a Help Desk Ticket on this page:
  - At the top of the page click the Help Desk Ticket hyperlink
  - Scroll all the way to the bottom of the page and click on the graphic below

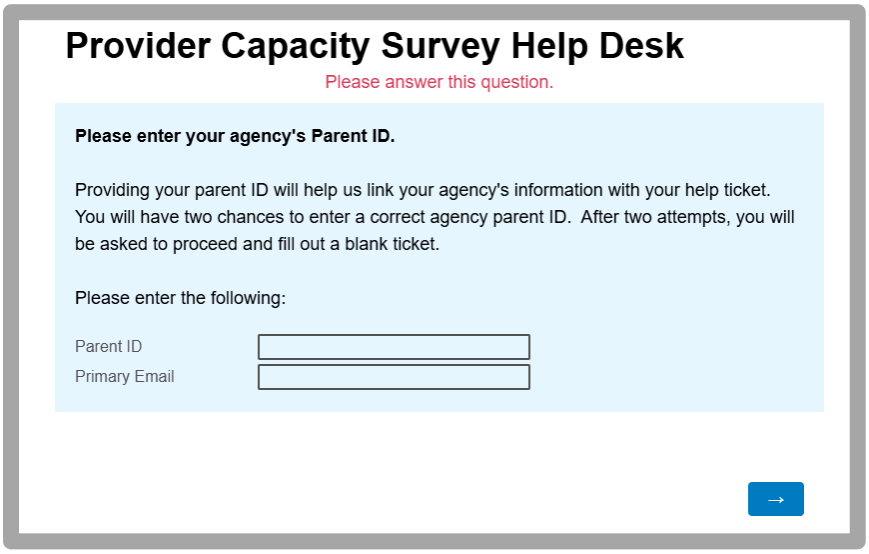
- This will open a new window with the Help Desk Ticket Survey

Help desk directions
Submitting Help Desk ticket without knowing agency information
The following directions are for submitting a Help Desk ticket when the parent ID and primary email are unknown by the vendor.

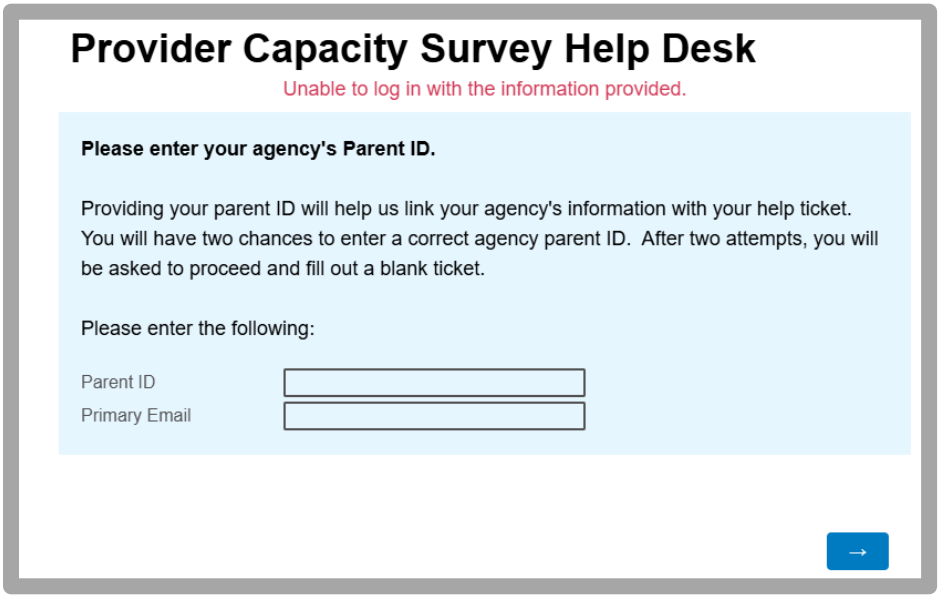
- After clicking on the Help Desk hyperlink, you will be directed to enter the following information:



- If you try to submit without entering anything an error message will appear.



- If you submit without entering valid information that is in the directory, an error message will appear.



- It will give you another opportunity to enter info -after the next try it will fail to authenticate and give you the following message below:
- Manually enter all information after providing information about why you failed to authenticate.
- You will then be able to fill out the information manually and be taken to the Help Desk main survey.
- From here, you can submit a ticket for any Scenario listed below, or “other” for anything not listed.
- This will submit the ticket and direct you to a response summary page. An email response summary will also be sent.

QUESTIONS?

Email: QIPquestions@dds.ca.gov