

QIP Workgroup

December 15, 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**



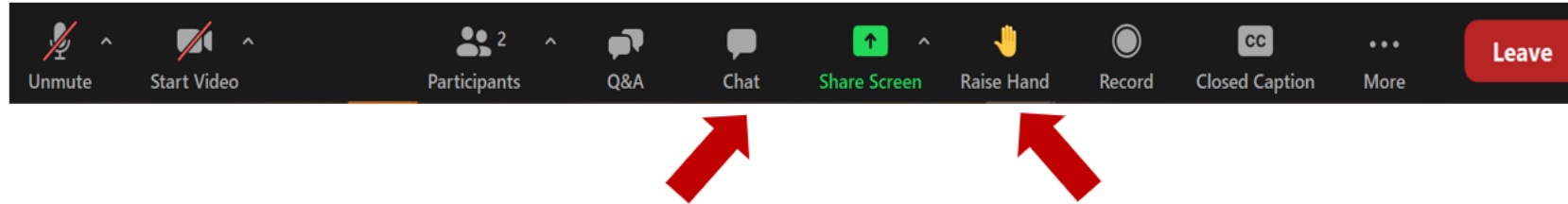
This meeting is being recorded



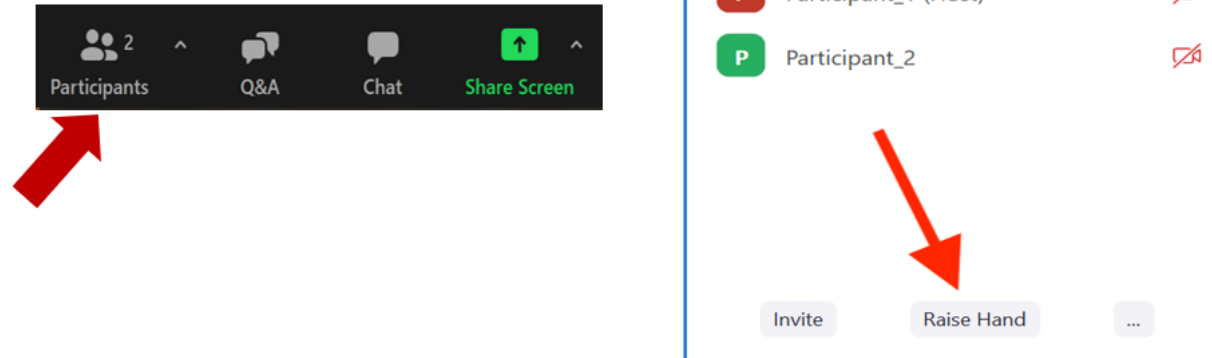
Materials are available at: <https://www.dds.ca.gov/initiatives/stakeholder-events/>

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



Program Milestones/Accomplishments



One-Time Incentives



QIP Data Collection – Informing FY 2026-27 Rate



PAVE - Program Updates



Program Review and Future Measure Development: FY 2027-28

PROGRAM MILESTONES/ACCCOMPLISHMENTS



Developed and launched QIP surveys



One-Time Incentives almost complete



Provider Training Webinars



Developed and Posted new resources for providers



Developing regular regional center office hour

QIP One-Time Incentives

QIP ONE-TIME INCENTIVE UPDATES

QIP Measure	Tentative Date Available	Participants /Payments	Amount Paid
Employment Access 24/25 (Q2)	7/22/2025	266	\$181,200
Employment Capacity 24/25 (Q2)	7/16/2025	42	\$126,000
Employment Capacity 24/25 (Q3)	9/12/2025	201	\$591,125
Employment Access 24/25 (Q3)	10/17/2025	528	\$363,500
Employment Access 24/25 (Q4)	12/10/2025	824	\$562,500
Employment Capacity 24/25 (Q4)	12/10/2025	426	\$1,270,375
Early Intervention 2024 (Final Sweep: Q1 - Q4)	*12/15/2025		
Provider Directory - Wave 2	*12/15/2025		

Total Incentives Approved: \$94,748,975

QIP Data Collection for Fiscal Year 2026-27

DATA COLLECTION STATUS

Data Collection

- Began 11/3/2025
- Ends 1/31/2026

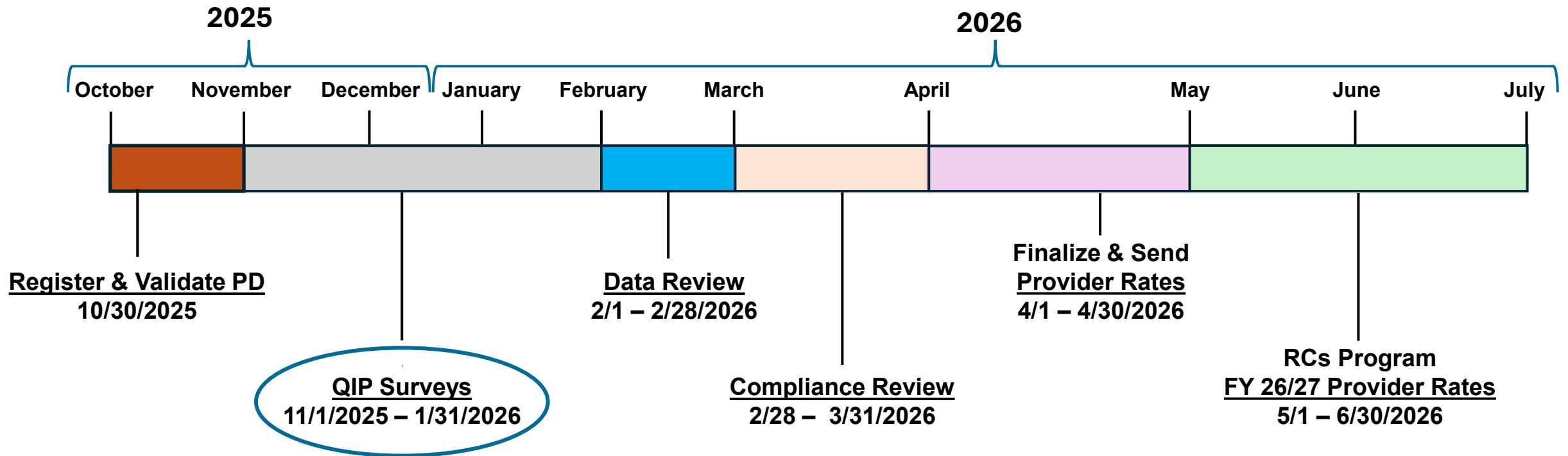
<u>Survey</u>	<u>Number of Surveys Sent</u>	<u>Number Completed</u>
Provider Capacity	7,593	2258
Prevention and Wellness	7,259	1,007
Employment	210	19

**As of November 26, 2025*

DATA COLLECTION CHALLENGES

<u>Issues</u>	<u>Solutions</u>
1. Have not yet received survey(s)	<ul style="list-style-type: none">• Large providers will receive surveys by 12/15.• PD information must be updated.
2. Survey is missing vendor numbers (Provider Capacity)	<ul style="list-style-type: none">• Vendor number did not have POS in FY 24/25.• Service code is not part of rate reform.
3. Survey is missing UCIs (Prevention & Wellness)	<ul style="list-style-type: none">• Qualtrics issue which has since been corrected (surveys reissued).• No POS for individual in FY 24/25.
4. Received survey for different provider	<ul style="list-style-type: none">• Qualtrics issue which has since been corrected (surveys reissued).• PD information must be updated.

NEXT STEPS: FINALIZING FY 2026-27 QIP RATES



PAVE – Informed Choice and User Satisfaction

Update on the PAVE Service Outcomes Project

California Community Living
Network



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.



Development of
toolkit and
process for
evaluator visits



Development of
PAVE training
curriculum



Development of
helpful tools and
resources for the
Portal.

The pilot in the ACRC

Alta California Regional Center(ACRC) is working with us as the first Regional Center.

CCLN and ACRC have developed a process which DDS has approved

Current plan:

- Recruitment of 30-40 people receiving Regional Center (January)
- People start to use the Portal to create their profile, think about their lives and evaluate their services (February).
- For a small sample, we will pilot the evaluator visits, the person-centered planning tools and the IPP tools (March/April).
- Evaluation of people's initial experiences and views in April/May.
- Training modules and other resources (e.g. Provider and DSP portals) will be piloted in ACRC as they are developed and feedback gained before going live in the main evaluation.

Progress so far



Lead service coordinators identified and completed initial briefing re the pilot.



We presented briefly to Provider Advisory Committee on September 11th.



ACRC and DDS feedback received on the recruitment information and consent forms

- Additional briefing for Lead Service Coordinators to provide them all the recruitment materials & the process to follow (early January)
- Lead Service coordinators will identify and invite
 - 30-40 individuals from 2 or 3 counties that vary in geography & socio-economic status (SES).
 - Ideally from different ethnic/cultural backgrounds.
 - Around half the participants should be able to complete the portal themselves (needing support is ok).
 - Around half would have a representative complete the information.
 - Receiving one or more of the four focal service types.

Supported
Living
(896)

Independent
Living
(520)

In Home
Respite
(862)

Employment
(950; 925)

Next steps

- People will be onboarded into the PAVE Portal on a rolling basis as they are recruited.
- Over a period of 2 to 3 months:
 - They will complete the onboarding, their person-centered individual profile, their outcome evaluation and service evaluations.
 - Some will receive a visit from an evaluator.
 - Some will complete a Person-centered plan using the PAVE tools.
 - Some will have an IPP created or reviewed using the PAVE tools.
- Evaluation of people's views and experiences.

PROPOSED EVALUATION ELEMENTS

Exit question data analysis

Focus groups

- Service recipients
- Representatives/family and friends
- PCP Facilitators
- Service coordinators and regional center staff
- Service quality and outcomes evaluators
- Training participants (DSPs, Supervisors, Senior managers, Service-coordinators)

Evaluation forms from training

Reflections from ACRC on pilot



Thank you!!



Questions?



QIP – Program Review

REMINDER: WHY QIP?



California is paying for high quality services for individuals and families.



Statutory mandate to develop quality measures for service providers to support achievement of individual outcomes.

REMINDER: HOW DOES DATA HELP WITH QUALITY?

Data is needed to understand current state of services:

- Is staffing adequate to support all who need services?
- Are services delivered timely?
- Are people satisfied with the quality of services they receive?
- Are people able to get jobs?
- Do individuals receive preventative healthcare?

Once these points are known (baselines), the system can set quality targets.

For example:

- ___% of employment staff should have _____ training by FY ____.
- ___% services should be delivered within ____ days of IPP being signed by ____.
- ___% of individuals in residential settings should have the choice and means to receive timely preventative healthcare by ____.



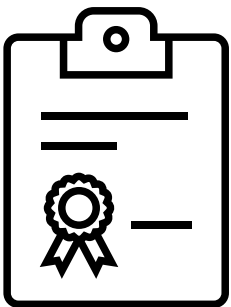
REMINDER: HOW DOES DATA HELP WITH QUALITY? *Cont.*

These examples are hypothetical only.

Provider	<u>EXAMPLE</u> Quality Targets	<u>EXAMPLE</u> Provider Performance	Receives QIP rate?
Provider A (Residential Services)	70% of individuals in residential settings receive age-appropriate health screenings	79% of individuals served by Provider A received age-appropriate health screenings.	Yes
Provider B (Employment Services)	70% of Job developers have completed employment services training through ACRE or CESP.	71% of job developers employed by provider have completed employment services training.	Yes

What Happens After Baselines are Set?

After quality baselines are determined and targets are set, performance can be measured in comparison to the targets.



All future performance targets will be determined in collaboration with the QIP Workgroup and the community.

Future Measure Development

REMINDER: MEASURE DEVELOPMENT PHASES

Measures may go through several steps of development from collecting data to see how well providers are doing today, to looking at whether providers are achieving specific goals or targets in helping individuals have the lives they want.

Data Collection

- Develop vision and goals
- Identify data needed
- Providers receive incentive rate for reporting required data

Target Setting

- Set performance targets with **community partner input**
- Providers receive training and supports to meet performance targets

Quality Measurement

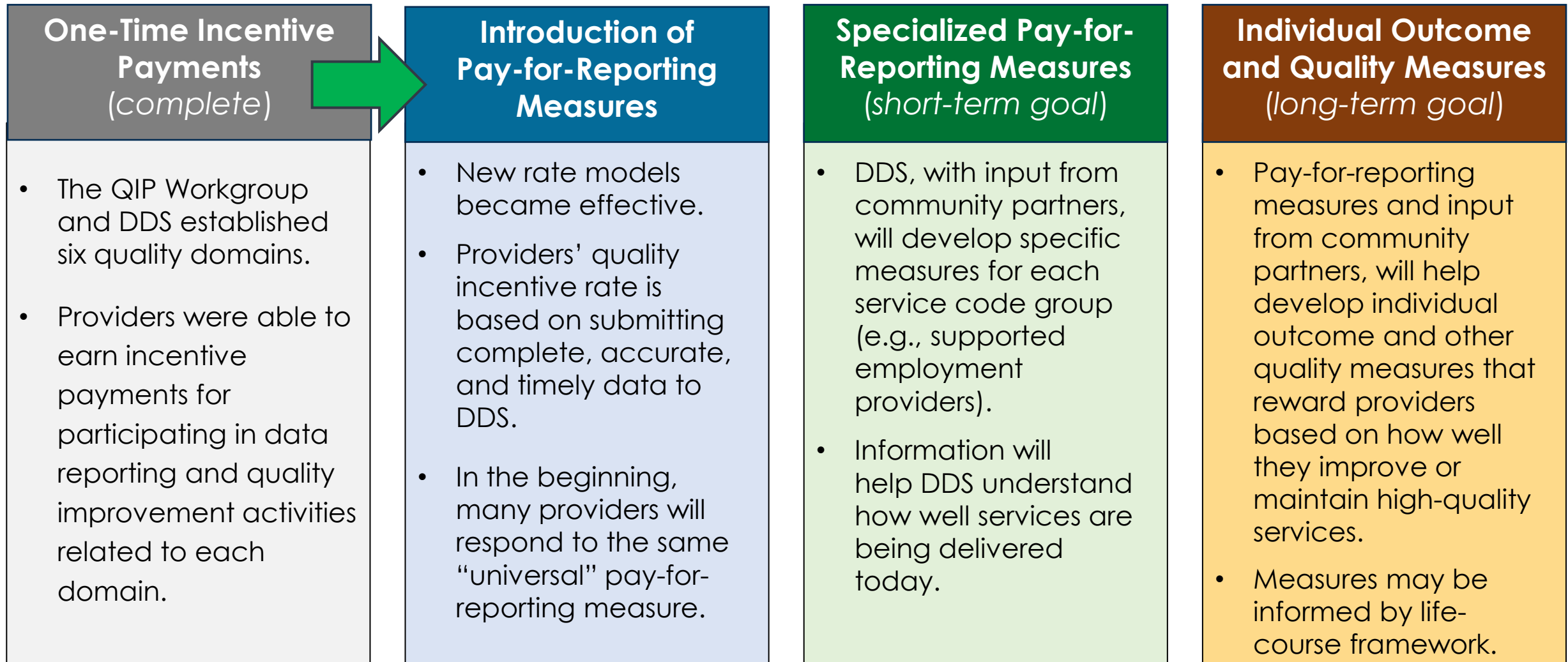
- Providers receive incentive rate if they meet or exceed performance targets
- Refine measures

Individual Outcome Measurement

- Outcome measures developed
- Provider and individual input gathered

Assess data and infrastructure needs and develop solutions (technology, practices, etc.)

QIP PROGRAM DEVELOPMENT ROADMAP



Successful QIP program development will create service-specific individual outcome and other quality measures that support the needs and wishes of individuals receiving the service. The development process will be lengthy.

CURRENT PAY-FOR-REPORTING MEASURES

<u>Measure</u>	<u>Measure Description</u>	<u>QIP Service Group</u>
Employment	Providers to report on: <ul style="list-style-type: none"> • Training/credentialing of staff providing employment services, and • Job attainment and retention for individuals receiving employment supports 	Supported Employment Services
Prevention & Wellness	<ul style="list-style-type: none"> • Providers to report on if residents are up-to-date on selected preventative screenings (e.g., annual wellness visits) • Provide a rationale for any residents who are not up-to-date on selected preventative screenings (e.g., resident declined) 	Residential Services
Provider Capacity	<ul style="list-style-type: none"> • 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. 	All QIP services

SERVICE CODE GROUPS FOR FUTURE MEASURE DEVELOPMENT

DDS and community partners will work to set goals and create measures for groups of services that are similar. Here they are called Service Code Groups.

QIP Service Code Groups:

- Behavioral Services
- Day Programs
- Employment Services
- ILS/SLS/Respite
- Professional Services / Early Start
- Residential Services
- Transportation

- DDS will work with individuals receiving these services and other community partners to develop goals and measures for each of these groups of services.
- Individuals receiving services and other community partners will help identify what goals and outcomes are important for each group of services and what data should be collected to help improve services.
- DDS will start with creating "pay-for-reporting" measures where providers are paid their incentive rate for submitting data. This data will help DDS create ways to support and incentivize providers to improve quality and outcomes for individuals.

SERVICE CODE GROUPS FOR FY27-28 INCENTIVE RATE

In 2026, the Department and community partners will work on developing measures for 3 groups of services.

Day Programs	ILS/SLS/Respite	Behavioral Services
<ul style="list-style-type: none">Improving quality and outcomes in these service groups will impact many individuals and providers.Focus on these three areas aligns with Master Plan goals and priorities: to help people be included in their communities, to have choices in their daily lives, and to better support people with complex needs.Measures will advance service-specific goals and outcomes.		

* Eventually, all services included in the Rate Reform will go through measure development.

FOCUS GROUP MEMBER SELECTION AND SUPPORTS

Solicit Focus Group Members: DDS will use the QIP Interest List and outreach from the Office of Community Engagement to find Focus Group participants.

- This will help to ensure there is a diverse group of individuals receiving services, family members, and other community partners.

Self-Advocates may receive support to participate: To support meaningful participation from individuals receiving services, DDS will:

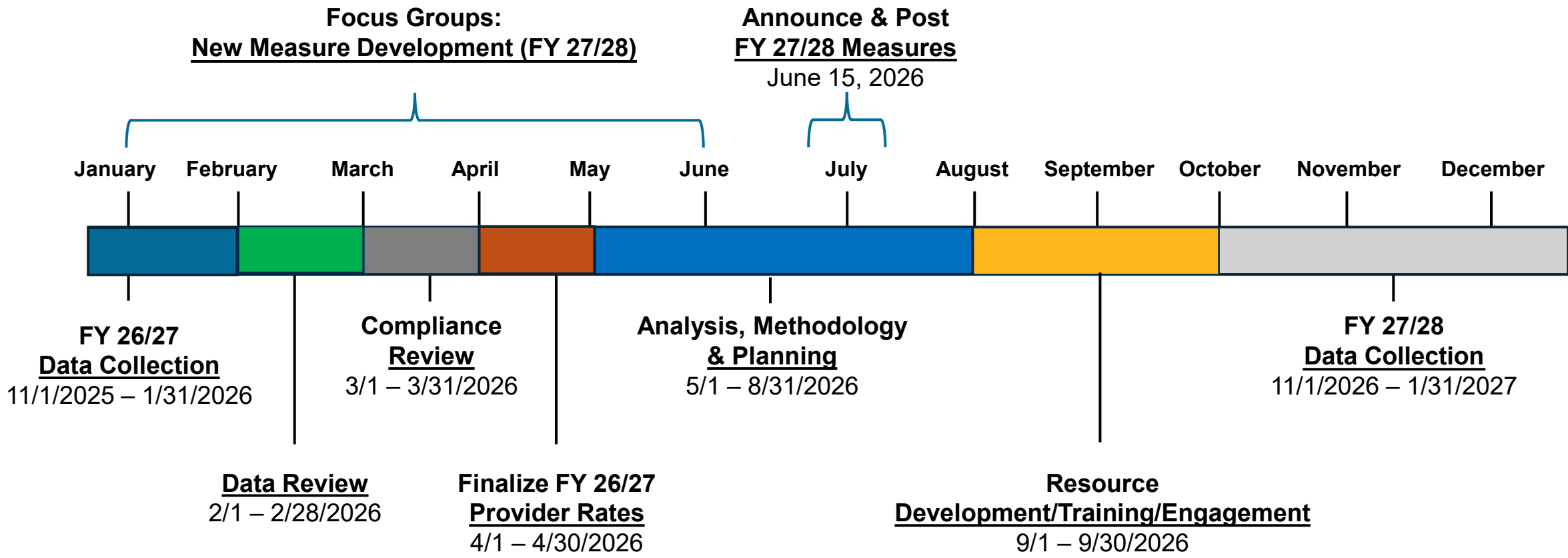
- Pay individuals stipends for their participation.
- Hold pre-meetings with self-advocates before each focus group.
- Provide additional supports during focus group meetings, if needed.

FOCUS GROUP PURPOSE

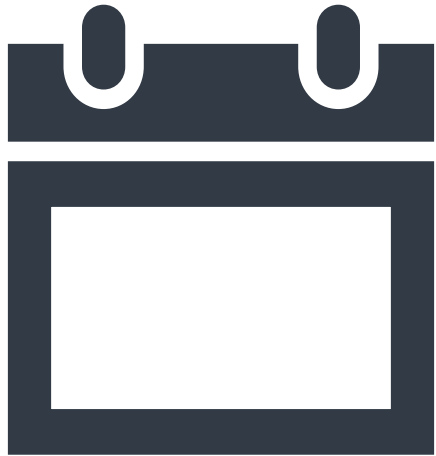
Develop Measures: Beginning in January, focus groups will work together to:

- Establish goals and define high-quality service delivery for each service code group.
- Define outcomes and propose measures for services for each service code group.
- Develop strategies to gather data to look at how well providers are doing today.

LOOKING AHEAD: QIP 2026



UPCOMING QIP WORKGROUP MEETINGS



CY 2026 meeting schedule:

- March 16
- June 15
- September 14
- December 14

All meeting times will be from 2:00 – 4:00 pm.

QUESTION & SUPPORT

Email QIP or Incentive Payment questions to:
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