



## Department of Developmental Services

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### Quality Incentive Program Prevention and Wellness Measure Fact Sheet

*(This fact sheet applies to residential services providers who were vendedored and provided services during FY 2024-25. Guidance for providers who completed vendorization on or after July 1, 2025, will be issued separately.)*

#### 1. WHAT IS THE QIP PREVENTION AND WELLNESS QUALITY MEASURE?

The QIP Prevention and Wellness reporting measure, which informs the fiscal year (FY) 2026-27 provider rate, requires residential providers to report data about key preventative health screenings on individuals receiving residential services to the Department of Developmental Services (Department) through an online survey. This survey will be sent to residential services providers that provided residential services to individuals during fiscal year (FY) 2024-25. Service providers will be asked questions related to:

- ✓ Preventative health screenings completed by individuals served by the provider.
- ✓ Age-appropriate immunizations received by any children who were served.

Accurate and on-time reporting lets eligible service providers earn a portion of the overall Quality Incentive rate in FY 2026-27.

#### 2. WHAT ARE THE REQUIREMENTS PROVIDERS MUST MEET TO PARTICIPATE IN DATA COLLECTION?

To participate in the QIP Prevention and Wellness data collection effort, a residential service provider must meet these requirements by:

- ✓ Existing provider that delivered services during FY 2024-25 and had a Purchase of Service (POS) Authorization for one of the following service codes:
  - **113** – Adult Residential Facilities for Persons with Special Health Care Needs (ARSPSHNs)
  - **904** – Family Home Agency (FHA)
  - **905/915** – Residential Facilities Serving Adults – (Owner & Staff operated)
  - **910/920** – Residential Facilities Serving Children – (Owner & Staff operated)
  - **163** – Group Homes for Children with Special Health Care Needs (GHCSHNs)
  - **900/901** – Enhanced Behavioral Support Homes (EBSHs)
  - **096, 113, 114, 905 or 915** – Residential Care Facilities for the Elderly (RCFE)
- ✓ Are not newly vendedored. Service providers vendedored or re-vendedored on or after July 1, 2025, are not eligible for the quality measure's current data collection.
- ✓ Fully and accurately registered in the [Provider Directory](#) by **October 30, 2025**.
- ✓ Be compliant with [Electronic Visit Verification](#) (EVV) by:
  - Registering at the [California Provider Self-Registration Portal](#) or,
  - Getting confirmation from your vending regional center that you are exempt from EVV.
- ✓ Home and Community Based Services (HCBS) – Vendoring RC must:
  - Make an initial determination that you meet the HCBS settings final rule, and
  - Report that determination to DDS (per the [January 8, 2024, directive](#)).

- ✓ Independent Audits or Reviews
  - If total payments from one or more RC in a state FY equal \$2,000,000 or more, then an independent audit or independent review by an accounting firm must be conducted relating to payments made by RC(s).
  - If total payments from one or more RC in a state FY equal between \$500,000 and \$2,000,000, then an independent review by an accounting firm must be conducted relating to payments made by RC(s).
  - All service providers must submit their independent audit or independent review to their vendoring RC within 9 months after the end of the most recent fiscal year or have an approved exemption under Welfare and institutions code 4652.5.

### **3. WHAT ARE THE INCENTIVE AMOUNTS?**

For submitting complete and accurate QIP Prevention and Wellness measure reporting on the preventative health screenings and immunizations of individuals the provider served in FY 2024-25, residential providers will earn half (5%) of their FY 2026-27 Quality Incentive rate. To earn the remaining half (5%) of their FY 2026-27 Quality Incentive rate, providers must participate in the QIP Provider Capacity measure. For providers submitting data on home types that are not included in rate reform (RCFEs, EBSH, and GHCSHN), one-time incentives of \$1,000 per individual reported on will be paid to the eligible provider.

### **4. WHO MUST EACH RESIDENTIAL SERVICE PROVIDER REPORT ON?**

Beginning on November 3, 2025, eligible residential service providers will receive a hyperlink to an online survey at the email address they registered in the Provider Directory. Service providers will receive a list of all eligible residents living in their facility/home, including information regarding all required preventative health screenings and/or immunizations for each resident.

- Eligible residents are individuals who have lived in the residential facility/home for one or more months during FY 2024-25.
- Providers will have until **February 27, 2026**, to submit reporting on all eligible residents for this QIP measure.

### **5. WHICH INCENTIVE APPLIES TO ME?**

The QIP Prevention and Wellness measure requires providers to report on individuals served in fiscal year (FY) 2024-25. Providers who provided services under service codes that are included in rate reform will receive a portion (5%) of their FY 2026-27 quality incentive rate for reporting. Providers who operated and billed under the service codes listed below which were not included in rate reform will receive a one-time incentive payment for each eligible individual reported on.

- A. Providers who operated under these service codes earn 5% of FY 2026-27 Quality Incentive rate for accurate and complete reporting:
  - Adult Residential Facilities for Persons with Special Health Care Needs (ARSPSHNs) – Svc. Code 113
  - Family Home Agency (FHA) – Svc. Code 904
  - Residential Facilities Serving Adults – Svc. Codes 905 (Owner operated) & 915 (Staff operated)
  - Residential Facilities Serving Children – Svc. Codes 910 (Owner operated) & 920 (Staff operated)
  - Residential Care Facilities for the Elderly (RCFE) – Svc. Codes 113, 905, and 915

B. Providers who operated under these service codes earn a one-time incentive for accurate and complete reporting on each eligible individual reported on:

- Group Homes for Children with Special Health Care Needs (GHCSHNs) Svc. Code 163
- Enhanced Behavioral Support Homes (EBSHs) - Svc. Code 900 & 901
- Residential Care Facilities for the Elderly (RCFE) – Svc. Codes 096 and 114

## 6. HOW DOES THE REPORTING WORK (STEP-BY-STEP)?

- ✓ On or after **November 3, 2025**, watch the inbox of the email address submitted on Provider Directory for the survey link.
- ✓ Gather records for preventative screenings and/or immunizations for individuals served during FY 2024-25.
- ✓ Complete the worksheet before accessing the survey link to minimize data entry errors or the need for multiple submissions.
- ✓ Complete the online survey by **February 27, 2026**. Late or incomplete submissions do not earn incentives.
- ✓ Existing service providers must meet all compliance requirements (EVV, HCBS, independent audit/review) by **February 27, 2026**.
- ✓ Validation and rate programming – DDS will review and validate all data. Regional centers (RC) will then program FY 2026-27 rate to include any QIP portion earned.

## 7. WHEN WILL INCENTIVES BE APPLIED OR DISBURSED?

Participation in the QIP Prevention and Wellness measure will earn residential providers half (5%) of their Quality Incentive rate for the entire fiscal year (FY) 2026-27 (July 1, 2026 – June 30, 2027). For residential providers, the other half (5%) of the Quality Incentive rate can be earned by participating in the QIP Provider Capacity reporting measure.

## 8. WHAT MUST A RESIDENTIAL SERVICE PROVIDER REPORT?

For each eligible individual that was provided residential services, enter the date of the most recent preventative exam/screening in Tables 1 and 2:

**Table 1.** Adult Preventative Health Screenings

Health Screening	Population	Recommended Service Interval
Physical Exam	All adults (18 years or older)	At least once in the last fiscal year
Dental Exam	All adults (18 years or older)	At least once in the last fiscal year
Colorectal Screening	Adults aged (45 - 75 years)	<ul style="list-style-type: none"><li>Stool-based test in last fiscal year</li><li>Flexible sigmoidoscopy in the last 5 fiscal years</li><li>Colonoscopy in the last 10 fiscal years</li></ul>
Breast Cancer Screening	Women aged (50 – 74 years)	At least once in the last two fiscal years
Cervical Cancer Screening	Women aged (21 – 65 years)	At least once in the last three fiscal years

**Table 2.** Child Preventative Health Screenings

Health Screening	Population	Recommended Service Interval
Annual Wellness Visit	All children (17 years or younger)	<ul style="list-style-type: none"><li>At least once a fiscal year for children aged 3-17</li><li>higher frequency for children under 3 years old</li><li>See the <a href="#">AAP periodicity schedule</a> for more details</li></ul>
Dental Exam	Children (Aged 1 – 17 years)	At least twice a fiscal year as recommended by the <a href="#">AAPD</a>
Vision Exam	Children (Aged 1 – 17 years)	<ul style="list-style-type: none"><li>At least once a fiscal year for children aged 3 - 6 years old.</li><li>Once every other year for children between 7 - 15 years old.</li></ul>
Immunizations	All children (17 years or younger)	<ul style="list-style-type: none"><li>Up to date on California immunization requirements</li><li>For Routine Immunization Intervals, <i>see Tables 3 and 4</i></li></ul>

*Note:* Regional center (RC) and service providers should prioritize family /caregiver home or family-based settings. If the IPP team determines residential placement is required, use the guidelines in table 2 for reporting on residents aged 1 – 17 years old.

**Table 3.** Routine Immunization Intervals for Children (Birth – 18 months old)

Age	RSV	Hep B	Polio	DTaP	HiB	PCV	RV	Hep A	MMR	VAR
<b>0 - 6 Months</b>	Birth	Birth, 2,4 & 6 Months	2,4 & 6 Months	4 & 6 Months	2,4 & 6 Months	2, 4 & 6 Months	2, 4 & 6 Months			
<b>7 – 18 Months</b>				15 Months	12 Months	12 Months		12 & 18 Months	12 Months	12 Months

Source: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/immunize.aspx>

**Table 4.** Routine Immunization Intervals for Children (4 – 18 years old)

Age	Polio	DTaP	MMR	VAR	MenACWY	HPV	MenB
<b>4 – 6 Years</b>	X	X	X	X			
<b>11 – 12 Years</b>		X			X	X*	
<b>13 – 18 Years</b>					X		X

\* 2 doses of HPV, can be started as early as 9 years of age

Source: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/immunize.aspx>

## AT A GLANCE RESOURCES

### FISCAL YEAR DATES

1. FY 2024-25: July 1, 2024 – June 30, 2025
2. FY 2025-26: July 1, 2025 – June 30, 2026
3. FY 2026-27: July 1, 2026 – June 30, 2027

### KEY MILESTONES

- Fall 2025: DDS begins QIP data collection.
- October 30, 2025: Provider Directory deadline to be fully and accurately registered.
- November 3, 2025: The Department emails a survey link and a list of individuals residing at a facility/home to the email submitted on the Provider Directory.
- February 27, 2026: Complete and accurate reporting due on all eligible individual on facility/home list.
- February 27, 2026: Existing service providers must meet all compliance requirements (EVV, HCBS, & Independent audit/review).
- July 1, 2026 – June 30, 2027: Incentive is applied (either a one-time incentive or Quality Incentive rate).

*Note:* Nine months after most recent Fiscal Year, applicable service providers must submit either their Independent Audit or Independent Review to their vendoring RC.

### CHECKLIST

- Had POS authorizations for QIP eligible residential code in FY 2024-25.
- Registered in the Provider Directory by October 30, 2025.
- Received the DDS survey email on November 3, 2025.
- Collected screening data for each eligible resident.
- Submitted complete and accurate data by February 27, 2026
- Met all compliance requirements by February 27, 2026.

TRAINING & SUPPORT - Webinar announcements will be posted in the DDS QIP webpage. Attendance is strongly encouraged. DDS will host training webinars for RCs and eligible providers. Topics include:

- How the Prevention and Wellness measure works.
- Eligibility & compliance requirements.
- Reporting instructions and use of the data collection tool.

SERVICE CODES AT A GLANCE - a service provider's residential type controls which incentive they receive.

- Fall under Rate Reform (Up to 5% Quality Incentive Rate).
  - 113 - Adult Residential Facility for Persons with Special Health Care Needs (ARFPSHN).
  - 904 - Family Home Agency (FHA).
  - 905 - Residential Facilities Serving Adult (owner-operated).
  - 910 - Residential Facilities Serving Children (owner-operated).
  - 915 - Residential Facilities Serving Adult (staff-operated).
  - 920 - Residential Facilities Serving Children (staff-operated).
  - 113, 905 & 915 - Residential Care Facilities for the Elderly (RCFE)
- Do not fall under Rate Reform (One-Time Incentive \$1,000 per resident).
  - 096 - Geriatric Facility / Residential Care Facilities for the Elderly (RCFE)
  - 114 - Specialized Residential Facility / Residential Care Facilities for the Elderly (RCFE)
  - 163 - Group Homes for Children with Special Health Care Needs.
  - 900 - Enhanced Behavioral Support Home Facility.
  - 901 - Enhanced Behavioral Support Home Individual Support.

## ONLINE RESOURCES

For more information on the QIP, please see:

- The QIP webpage: <https://www.dds.ca.gov/rc/vendor-provider/quality-incentive-program/>
- The QIP FAQ

For more information on the Prevention and Wellness measure, please see:

- The [FY 2026-27 Prevention and Wellness Measure Directive](#)
  - Plain Language Version
- The FY 2026-27 Prevention and Wellness Measure FAQ
- The FY 2026-27 [Prevention and Wellness Measure webinar training slides](#)

## APPENDIX

### DEFINITIONS

- **DDS** - Department of Developmental Services.
- **RC** – Regional Center.
- **QIP (Quality Incentive Program)** – A program that rewards providers for actions that improve quality.
- **POS (Purchase of Service)** Authorization - Approval from a regional center for services provider delivers.
- **Vendored/Re-vendored** – Approved or re-approved by a regional center to provide services.
- **Provider Directory** – DDS system where service providers register contact information.
- **Quality Incentive Rate** – An ongoing “rate add on”. When a provider meets a QIP measure, a portion of their reimbursement rate (up to 10% of the full rate) is turned on for the period DDS specifies.
- **FY** – Fiscal Year.
- **EEV** - Electronic Visit Verification.
- **HCBS** - Home and Community-Based Services.
- **One-Time Incentive** – A lump-sum payment tied to completing defined actions or milestones in a measure.
- **ARSPSHN** - Adult Residential Facilities for Persons with Special Health Care Needs residential facility.
- **EBSH** - Enhanced Behavioral Support Homes residential facility.
- **FHA** - Family Home Agency residential facility.
- **GHCSHN** - Group Homes for Children with Special Health Care Needs residential facility.
- **RCFE** - Residential Care Facilities for the Elderly residential facility.
- **IPP Team** – Individual Program Plan team that helps decide a person’s services and supports.