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Quality Incentive Program Provider Capacity Measure Fact Sheet

(This fact sheet applies to service providers who were vendored 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 PROVIDER CAPACITY QUALITY MEASURE?

The QIP Provider Capacity reporting measure, which informs the fiscal year (FY) 2026-27 provider rate, requires providers to report data about workforce capacity and service delivery to the Department of Developmental Services (Department) through an online survey. This survey will be sent to service providers that supported individuals during FY 2024-25. Service providers will be asked questions related to:

- ✓ Service Access (where, how and in what languages services are provided in), and
- ✓ Workforce Capacity (staffing, vacancies, wages, turnover).

Accurate on-time reporting lets eligible providers earn part or all of their 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 Provider Capacity data collection effort, a 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 a QIP eligible service codes (see [attachment B](#))
- ✓ Are not newly vendored. Service Providers vendored or re-vendored 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 vendoring 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 regional center 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 Provider Capacity measure reporting on workforce capacity and service access in FY 2024-25, providers may earn up to 10% of their Quality Incentive rate.

4. WHO WILL SERVICE PROVIDERS BE ASKED TO SUBMIT INFORMATION ABOUT?

- ✓ All paid staff that delivered services in FY 2024-25.

5. WHAT WILL SERVICE PROVIDERS BE ASKED TO REPORT?

- A. Provider Directory: Service providers will submit information regarding the zip codes in which they provide and are willing to provide services, the languages in which they provide services, and their ownership structure (i.e., agency/corporation or independent provider).
- B. Service Access and Workforce Capacity: Service providers will submit information on several aspects of operation, including:
 - The number of part-time and full-time staff on payroll at the beginning and end of FY 2024-25.
 - The length of continuous employment for staff on payroll at the end of FY 2024-25.
 - The average starting and average hourly wage for staff, not including executive and managerial staff, across all services and supports during FY 2024-25.
 - The number of vacant full-time and part-time positions at the end of FY 2024-25.
 - The number of staff who permanently left/separated from the service provider during FY 2024-25.

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 FY 2024-25 payroll/training data (for staff) and service data.
- ✓ Complete the worksheet before accessing the survey link to minimize data entry errors or the need for multiple submissions.
- ✓ Complete the online survey by counts and percentages for training and outcomes by **February 27, 2026**. Late or incomplete submissions do not earn incentives.
- ✓ 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 Provider Capacity measure](#) may earn service providers with QIP-eligible purchase of service (POS) authorizations during FY 2024-25 (existing service providers) **up to** 10% of the Quality Incentive rate for the entire fiscal year (FY) 2026-27 (July 1, 2026 – June 30, 2027).

TABLE 1. QIP Eligible Service Codes Informing FY 2026-27 Quality Incentive Rate

Service Code	Type of Service	Provider Capacity	Prevention and Wellness	Employment
025	Tutor Services – Group	X		
048	Client/Parent Support Behavior Intervention Training	X		
055	Community Integration Training Program	X		
062	Personal Assistance	X		
063	Community Activities Support Services	X		
073	Parent Coordinated Supported Living	X		
091	In-home/Mobile Day Program	X		
093	Parent Coordinated Personal Assistance	X		
096	Residential Care Facilities for the Elderly (RCFE)	X*	X*	
103	Specialized Health, Treatment & Training Services	X		
108	Parenting Support Services	X		
109	Supplemental Residential Program Support	X		
110	Supplemental Day Program Support	X		
111	Supplemental Program Support – Other Services	X		
113	ARFPSHN	X	X	
115	Specialized Therapeutic Services	X		
116	Early Specialized Therapeutic Services	X		
117	Specialized Therapeutic Services	X		
163	GHCSHN	X		
456	Participant-Directed Personal Assistance	X		
457	Participant-Directed Independent Living	X		
458	Participant-Directed Supported Employment	X		
465	Participant-Directed Respite	X		
475	Participant-Directed Community-Based Training	X		

† Table continues

* Indicates service types may be vendored under different service codes.

Service Code	Type of Service	Provider Capacity	Prevention and Wellness	Employment
505	Activity Center	X		
510	Adult Development Center	X		
515	Behavior Management Program	X		
520	Independent Living Program	X		
531	Day Services	X		
532	Behavioral Day Services	X		
533	Medical Day Services	X		
605	Adaptive Skills Training	X		
612	Behavior Analyst	X		
613	Associate Behavior Analyst	X		
615	Behavior Management Assistant	X		
616	Behavioral Technician – Paraprofessional	X		
620	Behavior Management Consultant	X		
635	Independent Living Specialist	X		
645	Mobility Training Services Agency	X		
650	Mobility Training Services Specialist	X		
680	Tutor Services	X		
805	Infant Development Program	X		
858	Homemaker	X		
860	Housekeeping	X		
862	Respite	X		
864	In-home Respite Worker	X		
875	Transportation Company	X		
880	Transportation – Additional Component	X		
882	Transportation Assistant	X		

† Table continues

* Indicates service types may be vendored under different service codes.

Service Code	Type of Service	Provider Capacity	Prevention and Wellness	Employment
883	Transportation Broker	X		
894	Supported Living Services – Administrative	X		
896	Supported Living Services	X		
900	Enhanced Behavioral Supports Home (EBSH) – Facility Services	X*	X*	
901	Enhanced Behavioral Supports Home (EBSH) – Individual Services	X*	X*	
904	Family Home Agency (FHA)	X*	X*	
905	Residential Facility Serving Adults – Owner Operated	X*	X*	
910	Residential Facility Serving Children – Owner Operated	X*	X*	
915	Residential Facility Serving Adults – Staff Operated	X*	X*	
920	Residential Facility Serving Children – Staff Operated	X*	X*	
950	Supported Employment – Group	X		X
952	Supported Employment – Individual	X		X
954	Work Activity Program	X		

** Indicates service types may be vendored under different service codes.*

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: DDS emails Provider Capacity survey to the email submitted on the Provider Directory.
- February 27, 2026: Complete and accurate organizational and staffing reporting due.
- February 27, 2026: Existing service providers must meet all compliance requirements (EVV, HCBS, Independent audit/review).
- July 1, 2026 – June 30, 2027: Quality Incentive rate is applied.

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 a QIP eligible code in FY 2024-25.
- Registered in the Provider Directory by October 30, 2025.
- Received the DDS survey email on November 3, 2025.
- Collected data for each eligible staff on payroll and area(s) served.
- Submitted complete and accurate data by February 27, 2026.
- Meet all compliance requirements by February 27, 2026.

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

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

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 Provider Capacity measure, please see:

- The [FY 2026-27 Provider Capacity Measure Directive](#)
 - Plain Language Version
- The FY 2026-27 Provider Capacity Measure FAQ
- The FY 2026-27 Provider Capacity 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.
- **Service Access**: Individuals and families are supported by staff that can communicate in their preferred language.
- **Workforce Capacity**: availability, stability and qualifications of the service provider workforce.