

# FY 2026-27 Prevention and Wellness Measure

January 9, 2026



# 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



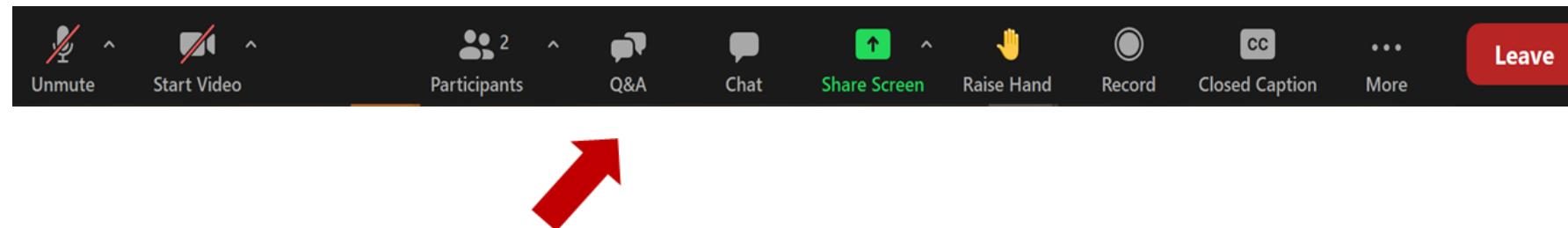
This meeting is being recorded



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

# PROVIDING COMMENTS

Please use Q&A for questions or comments, we will answer questions during the live questions period at the end of the webinar.



# AGENDA

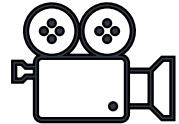
- Welcome
- Housekeeping
- Overview of QIP
- Prevention and Wellness Measure
- Reporting and Logistics
- Questions and Supports



# THINGS TO KNOW



- [QIP Webpage](#)



- Training is recorded



- Type questions into the Q&A



- Email questions about the QIP or the Prevention and Wellness reporting measure to: [QIPquestions@dds.ca.gov](mailto:QIPquestions@dds.ca.gov)

# QUALITY INCENTIVE PROGRAM

- The QIP allows service providers to earn 10% of their benchmark rate by completing quality measures.
- For this data collection period (began November 3, 2025), **residential service providers** will be invited to complete:
  - **Prevention and Wellness measure**
    - Report on preventative health screenings for child and adult residents
  - **Provider Capacity measure**
    - Report on provider characteristics and workforce capacity



# PREVENTION AND WELLNESS ELIGIBILITY



Eligible to earn the Quality Incentive rate:

- **Adult Residential Facilities for Persons with Special Health Needs (ARFPSHN)** - Service Code 113
- **Family Home Agency (FHA)** - Service Code 904
- **Residential Facilities Serving Adults** – Service Codes 905 & 915
- **Residential Facilities Serving Children** – Service Codes 910 & 920
- **Residential Care Facilities for the Elderly (RCFE)** – Service Code 113, 905, & 915

Eligible to earn the one-time incentive: (\$1,000 per individual)

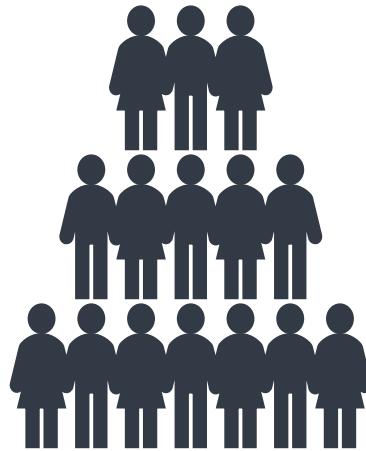
- **Residential Care Facilities for the Elderly** – Service Code 096 & 114
- **Enhanced Behavioral Support Homes** – Service Codes 900 & 901
- **Group Home for Children with Special Health Care Needs (GHCSHN)** – Service Code 163

# PREVENTION AND WELLNESS DATA

***POS data will be used to prepare a census of eligible residential service providers***

Service providers will report on all individuals who lived in the residential setting for one or more months during Fiscal Year (FY) 2024-25.

All individuals will be listed in the survey for the provider



Questions will be displayed based on:

- DOB & Age
- Gender
- Recommended screenings/immunizations based on individual's demographics

# PREVENTION AND WELLNESS MEASURE

## Residential service providers will:

- **Report** on whether individuals are up-to-date on select preventative screenings.
- **Provide a rationale** for any individuals who are not up-to-date, including:
  - The screening is medically contraindicated
  - The individual, a family member, or their conservator/legal guardian declines the screening.
  - The vendor was unable to find a provider willing/able to provide the screening
  - The vendor does not have access to medical records (e.g., new transfers)



*This  
includes residential  
providers serving  
children*

# RESIDENTIAL SERVICE PROVIDERS WILL REPORT ON

**ALL individuals residing in their facility/home for one month or longer from July 1, 2024 through June 30, 2025, including:**

- Residents who are deceased at the time of reporting
- Residents who do not have up-to-date health screenings, regardless of rationale
- Residents for whom the service provider does not have access to medical records as of yet (i.e., new transfers)



# PREVENTION AND WELLNESS MEASURE

## Complete Reporting

- Providing the date of last preventative health screening
- Indicating that there is “no data to report” and providing rationale (e.g., medically contraindicated)

## Incomplete Reporting

- Not providing any response regarding a resident’s preventative screenings

*Service providers who do not provide complete reporting on all eligible residents will **NOT** earn their Quality Incentive rate payment*

# RECOMMENDED SCREENING FREQUENCIES FOR ADULTS

## Preventative Screening

## Screening Interval

### Physical Exam

At least **once a year** for adults 18 years and older

### Dental Exam

At least **once a year** for adults 18 years and older

### Colorectal Screening

For adults 45 – 75:

- Stool-based test at least once in the last year, **or**
- Flexible sigmoidoscopy at least once in the last 5 years, **or**
- Colonoscopy in the last 10 years

### Mammogram

For women 50 – 74, at least once in the last two years

### Pap Smear

For women 21 – 65, at least once in the last three years

## Gather Resident Screening Information Prior to Accessing Form

Gender	Age Groups	Physical Exam	Dental Exam	Colorectal Exam	Mammogram	Pap Smear
Men	All Ages	✓	✓			
Men	45 - 75			✓		
Women	All Ages	✓	✓			
Women	45 - 75			✓		
Women	50 - 74				✓	
Women	21 - 65					✓

# RECOMMENDED SCREENING INTERVALS FOR CHILDREN

All children (0–18 years old) will report the following information

## Preventative Screening

## Screening Interval

### Annual Wellness Visit

- At least **once a year** for children between 3 – 18 years
- (see [AAP periodicity guidelines](#) for children under 3 years)

### Dental Exam

- First exam at 12 months of age (or at eruption of first tooth)
- Subsequent visits **every 6 months** thereafter

### Vision Exam

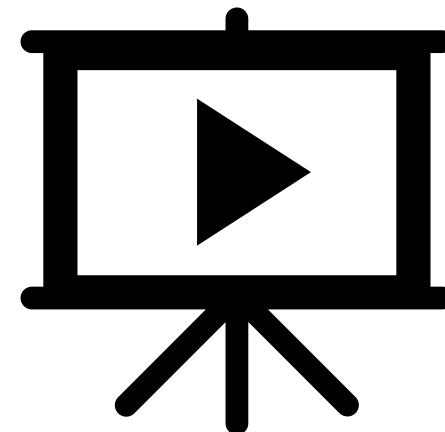
- At least **once a year** for children between 3-6 years
- Once **every other** year for children between 7- 15 years

### Immunizations

See the [CDPH immunization schedule](#) for details

# Walkthrough data collection tool

## LIVE DEMONSTRATION



# OTHER REQUIREMENTS FOR EARNING QUALITY INCENTIVE



- Service providers must **meet criteria for vendorization\***, and have been validated in the Provider Directory by October 30, 2025.
- Service providers must **maintain compliance** with
  - **Electric Visit Verification (EVV)**
  - **Home and Community Based Services (HCBS) Settings Final Rule**
  - **Independent audits**

*\* Subchapter 2, Chapter 3, Division 2 of Title 17 of the California Code of Regulations,*

# ISSUING QUALITY INCENTIVE PAYMENTS



*The Department will review the survey data, determine provider QIP rates earned, and direct regional centers to program rates for FY 2026-27 once all requirements are confirmed.*

# PROVIDER RESOURCES

**DDS has posted resources for each of the three reporting measures  
(Prevention and Wellness, Employment, and Provider Capacity).**



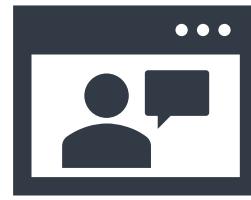
**FACT SHEET**



**FAQ**



**WORKSHEET**



**Recorded  
Trainings**

# 5 Minute Break

# Live Q&A



# QUESTIONS & SUPPORT

Email QIP questions to:

**QIPquestions@dds.ca.gov**

***Thank you for attending!***