



FY 2026-27 Prevention and Wellness Measure FAQ

OVERVIEW

Q1. What is the Quality Incentive Program (QIP)?

A1. The Quality Incentive Program (QIP) is a Department of Developmental Services (DDS) program to improve individual outcomes, service provider performance, and quality of services. Participating service providers that meet or exceed quality measures developed with input from stakeholders, are eligible up to 10% of a Quality Incentive rate. The [Prevention and Wellness data collection](#) is one of three measures informing the fiscal year (FY) 2026-27 rate. See the [QIP webpage](#) for more details and the QIP FAQ for QIP-specific frequently asked questions.

Q2. What is the Fiscal Year (FY) 2026-27 Prevention and Wellness measure?

A2. The Prevention and Wellness measure asks residential service providers to report the most recent dates when each eligible resident received recommended preventive health screenings (for adults and children). The Department uses this information to understand resident's needs and plan future quality efforts.

Q3. Is participation mandatory?

A3. No, participation in the QIP or any of the quality measures is voluntary. However, eligible service providers will not earn their incentive (one-time lump sum or Quality Incentive rate) if they do not participate in the Prevention and Wellness measure.

Q4. When does this data collection take place? What rate does it affect?

A4. The Department begins collecting data in Fall 2025 and it will inform the QIP portion of the rate model for FY 2026-27 (July 1, 2026 – June 30, 2027).

Q5. Why is my facility/home being asked to participate?

A5. All qualifying residential facilities or homes with individuals that have lived in the facility/home for at least one (1) month during July 1, 2024 – June 30, 2025, are being invited to participate. If you have questions about whether your facility/home should participate in the Prevention and Wellness quality measure or want to verify eligibility information, please email QIPquestions@dds.ca.gov.

Q6. If my residential facility/home participated in the Prevention and Wellness quality measure last year, will it be included in the FY 2026-27 data collection?

A6. Invitations and links will be emailed to the residential facilities that participated in calendar year (CY) 2023 Prevention and Wellness data collection. If a service provider's information needs to be updated, please send an email to QIPquestions@dds.ca.gov.

New residential service providers will receive an invitation with survey link at the email address that was submitted to the Provider Directory.

ELIGIBILITY AND COMPLIANCE

Q7. What are the eligibility requirements to participate in the QIP Prevention and Wellness data collection?

- A7. Existing residential service providers that complete the following may participate, if:
- They delivered services and had a Purchase of Service of Authorization for eligible QIP residential services (see [attachment B](#)) during July 1, 2024, through June 30, 2025, and
 - They were fully vendorized before July 1, 2025; and
 - They were fully registered in the DDS Provider Directory by **October 30, 2025**.

Providers that were vendored or re-activated on or after July 1, 2025, are **NOT** eligible to participate in the Prevention and Wellness data collection. Guidance for newly vendored /re-activated service providers will be issued in a separate directive.

Q8. What are the [compliance requirements](#) to participate in the quality measure?

- A8. Service providers must complete the following by **February 27, 2026**:
- [Electronic Visit Verification](#) (EVV) – be compliant in one of two ways:
 - Register at the [California Provider Self-Registration Portal](#) or,
 - Get confirmation from vendoring RC that service provider is 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 fiscal year 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 fiscal year 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](#)

Q9. Who counts as an “eligible resident” to report on?

- A9. Any individual that lived in a home/facility for one month or more during July 1, 2024 through June 30, 2025.

Q10. If an individual lived in a home/facility for one month or more but is now deceased, are they eligible for reporting?

- A10. Yes. Service providers must report all eligible residents, including those that have passed away.

Q11. Who will be eligible to earn a Quality Incentive rate in the FY 2026-27 QIP Prevention and Wellness measure?

A11. To be eligible to participate in the data collection for the FY 2026-27 Prevention and Wellness measure to earn their Quality Incentive rate, providers must be providing services under one of the following service codes and residential facility types:

- 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 (owner operated) and 915 (staff operated)
- Residential Facilities Serving Children – Service Codes 910 (owner operated) and 920 (staff operated)
- Residential Care Facilities for the Elderly (RCFE) – *Service code 113, 905 & 915*

Q12. Will there be any one-time incentives available for the FY 2026-27 Prevention and Wellness QIP measure?

A12. The following residential service providers will be able to earn a \$1,000 incentive for each resident for whom complete and accurate preventative health screening data is submitted for the FY 2026-27 Prevention and Wellness data collection:

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

Q13. Why are some residential services not included in the quality measure?

A13. Additional residential types may be included in future phases of the Prevention and Wellness quality measure. The Prevention and Wellness quality measure is currently limited to the following residential service codes:

- 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 (owner operated) and 915 (staff operated)*
- Residential Facilities Serving Children – *Service Codes 910 (owner operated) and 920 (staff operated)*
- Residential Care Facilities for the Elderly (RCFE) – *Service code 096, 113, 114, 905 & 915*
- Group Home for Children with Special Health Care Needs (GHCSHN) – *Service code 163*
- Enhanced Behavioral Support Homes (EBSH) – *Service codes 900 & 901*

PREVENTIVE SCREENING INFORMATION AND INTERVALS

Q14. What information is being collected?

A14. Service providers will be providing the following:

- Resident Information: UCI, Name, Gender, Date of Birth, Admission Date, Date of Death (if applicable).
- Medical Screening Information:
 - Data collection for adults will include dates for recent physical exams, dental exams, colorectal screening, breast cancer screening, cervical cancer screening.
 - Data collection for children will include dates for annual wellness visits, dental exams, vision exams, and immunizations.

Q15. What are the recommended frequencies for adult preventative health screenings?

A15. Physical Exam – all adults (18 years and older) is one exam per year.

Dental Exam – all adults (18 years and older) is one exam per year.

Colorectal Screening – all adults (45 – 75 years old) varies depending on the screening test. The Fecal Immunochemical Test (FIT) is recommended once a year. A Flexible Sigmoidoscopy test is recommended once within the past 5 years. A Colonoscopy is recommended once within the past 10 years.

Breast Cancer Screening – all women (50 – 74 years old) is once within the past 2 years.

Cervical Cancer Screening – all women (21 – 65 years old) is once within the past 3 years.

Q16. What are the recommended frequencies for children's preventative health screenings and immunizations?

A16. Annual Wellness Visits. At least once a year for children between the ages of 3 – 17 years old. Visits are recommended more frequently for children under the age of 3. See the [AAP periodicity schedule](#) for more information.

Dental Exams. At least twice a year for children between 1 and 17 years old. See the AAPD periodicity schedule for more information.

Vision Exams. At least once a year for children between 3-6 years old. At least once every two years for children between 7 and 15 years old. See the AAP periodicity schedule for more information.

Immunizations. Up to date with California immunization requirements for children (17 years or younger). See the [CDPH immunization schedule](#) for more information.

Q17. Why are the CDC health screening intervals different than the health screening intervals described in the Adult Prevention and Wellness quality measure?

A17. The recommended frequencies for the preventative health screening and exams for this measure come from the [U.S. Preventative Services Task Force \(USPSTF\)](#).

Q18. Are alternative tests included as options for recommended health screenings?

A18. No, alternative tests or alternative screenings are not options for reporting in the FY 2026-27 Prevention and Wellness measure.

Q19. Is the upload of screening or exam documentation necessary?

A19. No, if additional information is required to validate screening data submitted in the data collection form, the Department will contact the service provider during the validation phase.

REPORTING PROCESS

Q20. How will the information be collected?

A20. Beginning **November 3, 2025**, eligible residential service providers (i.e., those operating ARFPSHNs, FHAs, Residential Facilities Serving Adults, Residential Facilities Serving Children, RCFEs, GHCSHNs and EBSHs) will receive an email with a survey link and a list of eligible individuals, inviting them to participate in the Prevention and Wellness measure.

Q21. What can service providers do to prepare?

A21. Service providers can best prepare by:

- Confirm provider directory information is current and correct.
- List all paid staff that delivered services during July 1, 2024, through June 30, 2025.
- Save documentation in case DDS requests validation.
- Ensure all eligibility and compliance requirements are met by deadlines.

To help ensure that information is entered correctly; a blank worksheet with all the survey fields will be available to service providers on the QIP webpage. Service providers are encouraged to download a copy of the worksheet and input individuals' medical information prior to accessing the survey link to minimize the need for multiple submissions and ensure accurate data entry.

Q22. When must the reporting be submitted by?

A22. All information for qualified residents must be submitted by **February 27, 2026**.

Q23. For what periods of time is DDS collecting health screening information?

A23. Participating service providers are asked to submit all preventative health screenings occurring through June 30, 2025.

Q24. Which individuals should my facility/home report on?

A24. Providers should submit information about all individuals residing in an eligible facility or home for at least one (1) month during July 1, 2024, through June 30, 2025.

Q25. An individual lived in a facility/home for one (1) or more months but passed away. Should the facility/home still submit that individual's medical information?

A25. Yes, to qualify and receive an incentive, service providers must report on all individuals living in the facility/home for one (1) month or more during July 1, 2024, through June 30, 2025, even if an individual is deceased at the time of reporting.

Q26. Should facilities/homes report on individuals who do not have up-to-date health screenings?

A26. Facilities/homes should report on preventative health screenings for all eligible individuals, regardless of the status. If no screening data is available to report, the provider may indicate that there is “no screening data to report” and provide the rationale for the missing data. Options for rationales include:

- The screening is medically contraindicated
- The resident, residents’ family member, or legal guardian declined the screening
- The residential service provider was unable to find a medical provider to complete the screening
- The residential service provider does not have access to the residents’ medical records (e.g., new transfer)

Submitting a “no screening data to report” response will not affect a residential service provider’s ability to earn their Quality Incentive rate.

Q27. If a health screening or exam is not completed within the recommended interval, will my facility/home still receive the incentive payment for reporting health screening information on that individual?

A27. Yes, residential service providers operating ARFPSHNs, FHAs, Residential Facilities Serving Adults, Residential Facilities Serving Children, and RCFEs will be able to earn their Quality Incentive Rate payment regardless of whether an individual is up to date on their preventative health screenings.

Residential service providers operating RCFEs, GHCSHNs and EBSHs will be able to earn their \$1,000 one-time incentive for everyone for whom complete and accurate reporting is submitted, regardless of whether they are completed in the recommended screening interval.

Q28. Under what circumstances will a residential service provider fail to earn their Quality Incentive rate or one-time incentive after participating in the data collection?

A28. Providers will not earn their Quality Incentive rate or one-time incentive if they:

- Do not meet criteria for vendorization under [Subchapter 2, Chapter 3, Division 2 of Title 17 of the California Code of Regulations](#) by July 1, 2025.
- Did not submit up-to-date information to the [Provider Directory](#) by **October 30th, 2025**.
- Do not report data on an eligible individual or, if no screening data is available, do not indicate “No Screening Data to Report”.
- Do not meet compliance with Electronic Visit Verification (EVV) regulation, Home and Community Based Services (HCBS) Final Rule regulations and independent audits/reviews by **February 27, 2026**.

DATA VALIDATION & PAYMENT PROCESSING

Q29. How can one verify/update the information for a residential home or facility?

A29. To verify/update information or ensure that a home/facility is recognized as a residential service provider (ARFPSHN, FHA, Residential Facilities Serving Adults, Residential Facilities Serving Children and RCFE or EBSH), please email QIPquestions@dds.ca.gov.

Q30. How will the Quality Incentive rate be applied?

A30. After the data submitted by service providers has been reviewed and validated, DDS will instruct regional centers to adjust Quality Incentive service rates, as appropriate, to each provider beginning July 1, 2026.

Q31. How will One-Time incentive payment be disbursed?

A31. Instructions for one-time incentives will be sent to vendoring regional centers, and the regional center will send payment in the same manner service providers currently receive payments.

TRAINING AND INFORMATION

Q32. I was not able to attend the training webinar. Is there a recording of the training webinar available?

A32. Yes. A video of the training webinar can be accessed on the QIP webpage.

Q33. Will there be resources on how to report Prevention and Wellness screening information using the data collection survey?

A33. Yes. A user guide will be provided to service providers in the email inviting them to participate in the FY 2026-27 Prevention and Wellness measure.

Q34. Who do service providers contact if they do not receive the survey link or need to update information?

A34. Service providers can email QIPquestions@dds.ca.gov to update information or for data collection assistance.