

Initial QIP Provider Measure FAQ FY 2026-27

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 for up to 10% of a Quality Incentive rate. Please see the [QIP webpage](#) for more details and published QIP resources for specific measure information.

Q2. What is the Initial QIP Provider Measure Fiscal Year (FY) 2026-27?

A2. The Initial QIP Provider Measure is for newly vendored service providers who were not eligible for other QIP measures because they didn't bill for services in FY 2024-25 or were re-vendored or reactivated after July 1, 2025. These service providers must register and validate in the DDS Provider Directory and complete the Initial QIP Provider Survey within 60 days of receiving the emailed survey link to receive their QIP Rate ([10% of their full rate model](#)) for the entirety of FY 2026-27 (effective July 1, 2026, through June 30, 2027). Other providers, based on their status, may also receive the Initial QIP Provider Survey. These providers are subject to the same 60-day timeline for survey submission.

Q3. What kind of data will be collected in the Initial QIP Provider Survey?

A3. The Initial QIP Provider Survey asks eligible service providers for basic organization and workforce information (like where provide services, languages services are provided in and staff) to improve the Provider Directory and help DDS plan future quality measures.

Q4. Is participation in the Initial QIP Provider measure mandatory?

A4. No, participation in the QIP or any of the quality measures is voluntary. However, service providers will not earn their Quality Incentive rate if they do not participate in the Initial QIP Provider Survey.

Q5. When does this data collection take place? What rate does it affect?

A5. DDS began collecting data in February 2026, and the data will inform the QIP portion of the rate model for FY 2026-27 (July 1, 2026 – June 30, 2027).

Q6. When must all reporting be submitted ?

A6. All information for qualified individuals and staff must be submitted within 60 days of receiving email survey link.

Service providers who complete the Initial QIP Provider Survey within 60 days of receipt will begin earning their Quality Incentive Rate on the first day of the month, which starts at least 30 days after they complete the survey. For example, if the survey is completed April 15, the QIP rate will be applied on June 1, 2026.

Q7. For what periods of time is DDS collecting information?

A7. DDS is collecting information from service providers who became newly vendedored, reactivated, re-vendedored during FY 2025-26 (July 1, 2025 - June 30, 2026). The Initial QIP Provider Survey will be administered to all newly vendedored, reactivated, and re-vendedored providers on a rolling basis beginning February 2026 and continuing through at least FY 2026-27 (July 1, 2026 - June 30, 2027).

ELIGIBILITY AND COMPLIANCE

Q8. What are the [eligibility requirements](#) to participate in the Initial QIP Provider Survey?

A8. Service providers who were not covered under previous directives (D-2025-Quality Incentive Program-[018](#), [019](#), or [020](#)) may participate in the [Initial QIP Provider Measure](#), if they:

- Are Newly Vendedored (vendedored on or after January 1, 2026, through June 30, 2026); or
- Become vendedored during FY 2026-27, or
- Are Reactivated or Re-vendedored (as part of rate reform or for other reasons) during FY 2025-26; or
- Were vendedored on or after July 1, 2025; or
- Were active but did not provide or bill for services during FY 2024-25; and
- Meet all other requirements ([D-2026-Quality Incentive Program-003](#)); and
- Complete the Initial QIP Provider Survey within 60 days of receiving email survey link.

Q9. What are the [compliance requirements](#) to participate in the Initial QIP Provider Survey?

A9. 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

Q10. What service codes will earn a provider their FY 2026-27 Quality Incentive rate?

A10. To be eligible to participate in the data collection and earn their Quality Incentive rate, service providers must have delivered one of the services in Table 1.

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

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

* Indicates service types may be vended under different service codes

† Table continues

Service Code	Type of Service	Provider Capacity	Prevention and Wellness	Employment	Initial QIP Provider Survey
458	Participant-Directed Supported Employment	X			X
465	Participant-Directed Respite	X			X
475	Participant-Directed Community-Based Training	X			X
505	Activity Center	X			X
510	Adult Development Center	X			X
515	Behavior Management Program	X			X
520	Independent Living Program	X			X
531	Day Services	X			X
532	Behavioral Day Services	X			X
533	Medical Day Services	X			X
605	Adaptive Skills Training	X			X
612	Behavior Analyst	X			X*
613	Associate Behavior Analyst	X			X
615	Behavior Management Assistant	X			X
616	Behavioral Technician – Paraprofessional	X			X
620	Behavior Management Consultant	X			X
635	Independent Living Specialist	X			X
645	Mobility Training Services Agency	X			X
650	Mobility Training Services Specialist	X			X
680	Tutor Services	X			X
805	Infant Development Program	X			X
858	Homemaker	X			X
860	Housekeeping	X			X
862	Respite	X			X
864	In-home Respite Worker	X			X

† Table continues

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

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

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

REPORTING PROCESS

Q11. How will information be collected?

A11. Eligible service providers will receive an email with a survey link inviting them to participate in the Initial QIP Provider Survey.

Q12. What can service providers do to prepare?

A12. Service providers can best prepare by:

- Confirm provider directory information is current and correct.
- List all paid staff during first year of operation.
- Access survey prep worksheet and use it to collect information before accessing survey.
- Save documentation in case DDS requests validation.
- Ensure all eligibility and compliance requirements are met by deadlines.

Q13. What information is being collected?

A13. Service providers will be providing the following:

- Agency Profile:
 - community versus site-based services,
 - languages in which they provide services, and
 - ownership structure (i.e., agency/corporation or independent provider).
- Workforce Characteristics:
 - number of part-time and full-time staff on payroll during first year of operation,
 - total number of direct care staff on payroll during first year of operation, and
 - average starting and average hourly wage for staff during first year of operation.

Q14. Under what circumstances will a service provider fail to earn their Quality Incentive Rate after participating in the Initial QIP Provider Survey data collection?

A14. Providers will not earn their Quality Incentive rate if they:

- Do not meet criteria for vendorization under [Subchapter 2, Chapter 3, Division 2 of Title 17 of the California Code of Regulations](#).
- Did not submit up-to-date information to the [Provider Directory](#)
- Do not comply with [Electronic Visit Verification \(EVV\)](#) regulation, [Home and Community Based Services \(HCBS\) Final Rule](#) regulations and [independent audits/reviews](#).
- Do not complete and submit the Initial QIP Provider Survey within 60 days of its receipt.

TRAINING AND SUPPORT

Q15. How can a service provider verify/update their information?

A15. To verify/update information or ensure that a service provider is recognized as an eligible service provider, please email QIPquestions@dds.ca.gov.

Q16. Will there be resources on how to use the Initial QIP Provider Survey on QIP webpage?

A16. Yes, a user guide, survey questions and survey prep worksheet will be available.

Q17. Who do service providers contact if they do not receive the survey link or need to update information?

A17. Service providers can email QIPquestions@dds.ca.gov to update information or for data collection assistance.

Q18. Can the Initial QIP Provider Survey link be shared with someone within same service agency or with another service agency?

A18. Each survey link is for one service agency and cannot be used by another agency. The survey link may be shared within same service agency, but the last person to use will replace any answers already entered. For this reason, DDS recommends that one person (service agency manager, HR manager or agency licensee) completes the survey.