

How to Complete the Initial QIP Provider Survey

For Newly Vendored, Reactivated or Re-
Vendored Service Providers participating in
the
Quality Incentive Program (QIP)

Department of
Developmental
Services



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SECTION 1 - INTRODUCTION

This user guide provides instructions on how to submit data on:

1. Agency profile such as information on languages in which you provide services, and
2. Staff employed by your agency as part of the Initial QIP Provider measure.

The survey will be administered via Qualtrics, an online survey platform. The Department of Developmental Services (Department) Quality Assurance Branch will send an email from “dds-oqa@qualtrics-survey.com” with a unique URL link to the provider’s administrative email address registered in the Provider Directory for each agency. The URL link is unique and should **not** be used for any other agency.

1.1 Before Starting Data Entry

Gather information on your agency characteristics, including information on languages in which you provide services, agency structure, and service type. To facilitate the process, the Department has provided a survey prep worksheet that can be used to organize the data needed to complete this survey.

1.2 Entering Data into the Survey

The survey will include 2 sections: Agency Profile and Workforce Characteristics. Some of the data entry fields are free entry (text, number or currency) and others can be selected from a dropdown list. Do not enter information other than what is in the dropdown lists of the survey worksheet as that is what will only be available in the actual survey.

1.3 Contact Us

If you need help filling out this form or have questions regarding the QIP or incentive payments, please email QIPquestions@dds.ca.gov

SECTION 2 - ENTERING DATA IN SURVEY

2.1 Accessing the Survey

1. Open the email sent to you by the Department of Developmental Services' Quality Assurance Branch (DDS QA) from email address dds-oqa@qualtrics-survey.com.
 - a. Read all instructions carefully.
 - b. Sharing the email or link is not recommended.
 - i. This survey link is only sent to the email associated with the parent agency on file.
 - ii. It is strongly recommended that you do not forward the email to anyone else.
 - iii. Two people cannot fill out the survey simultaneously without affecting each other's responses.
 - iv. If multiple people need to collaborate on the survey, we recommend filling it out together.
 - c. Make note of **New Vendor ID**, as you will need it for your survey link.

2.2 Introduction page

Initial QIP Provider Survey FY 2026–27

Introduction

The Department of Developmental Services (Department) is collecting data from service providers as part of the Quality Incentive Program (QIP). The Initial Provider Survey collects information about an agency's profile and workforce characteristics.

Eligibility: Service providers are eligible to participate in this survey if they:

- Were vendored on or after July 1, 2025, or
- Were re-vendored as part of rate reform or for other reasons, or
- Were reactivated during FY 2025–26, or
- Become vendored during FY 2026–27, or
- Were active but did not provide or bill for services during FY 2024–25.

About the Survey: All data for this measure must be entered here in the Qualtrics Survey platform. The desired outcome of the Initial QIP Provider survey is to enhance the Provider Directory, gather information about the capacity of new service providers to serve individuals, identify service gaps, inform policy development, and plan future quality measures.

Service providers will be asked to report on several characteristics and aspects of their current and planned workforce capacity including, but not limited to, the following:

- Languages in which services are provided
- Location where services will be provided
- Number of staff at the time of the survey
- Starting and average wages

2.3 Confidentiality Statement

Read through the Data Confidentiality Statement. Once you have read through the Data Confidentiality Statement, you must check next to the statement indicating that you consent to participate to proceed to the survey questions. Click next to proceed to the next page.

Data Confidentiality Statement

The Department of Developmental Services (Department) is conducting the Initial QIP Provider Survey to collect data from provider agencies about their staff and the individuals they serve.

Provider agencies who participate in this survey will be eligible for the FY 2026-2027 Quality Incentive Rate. See directive for information on eligibility and compliance requirements. Participation will not impact your eligibility for future programs.

The Department is committed to promoting and protecting the privacy rights of individuals as enumerated in Article I of the California Constitution, the Welfare and Institutions Code, the Information Practices Act of 1977, and other state and federal privacy laws.

As a covered entity and provider of health care as well as state agency, it is the policy of the Department to limit the collection and safeguard the privacy of personal information collected or maintained by the Department.

The Department's information management practices conform to the requirements of the Health Information Portability and Accountability Act, Lanterman Information Practices Act at Civil Code section 1798 et seq., Public Records Act at Government Code section 7920.000 et seq. (Public Records Act), Government Code sections 11015.5 and 11019.9, and other applicable laws pertaining to information privacy.

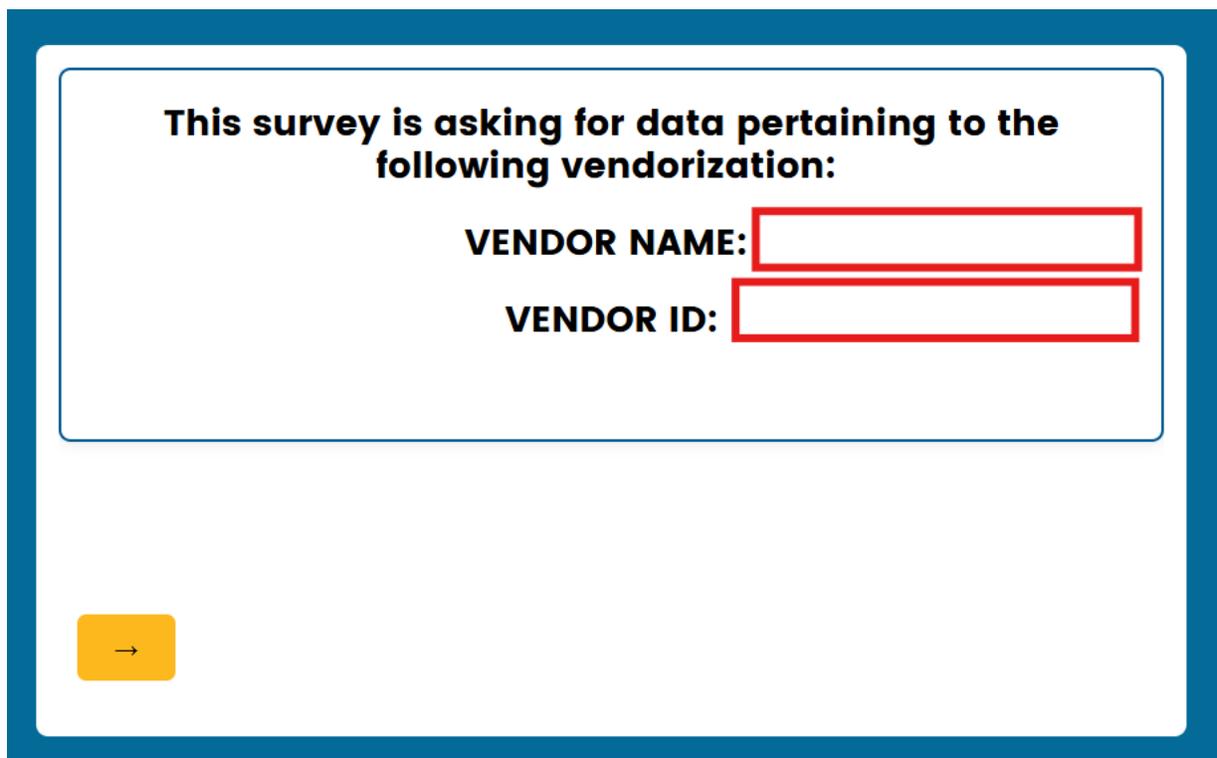
As such, the Department follows the principles in collecting and managing personal information as set forth in [Privacy Policy : CA Department of Developmental Services](#).

By checking the box below, you consent to collection and management of your personal information as set forth in: [Privacy Policy : CA Department of Developmental Services](#).

I consent

The next section will show your Vendor Name and ID.

- Ensure that they are correct and pertain to your organization.
- If they do not, then email QIPquestions@dds.ca.gov



This survey is asking for data pertaining to the following vendorization:

VENDOR NAME:

VENDOR ID:

SECTION 3 - PART 1: AGENCY PROFILE

2.1 Question #1

Is your agency an individual provider or a provider agency??

Part 1: Agency Profile

Is your agency an individual provider or a provider agency??

DDS is required to collect this data to comply with the CMS Medicaid Access Rule. Per the CMS Medicaid Access Rule:

Individual providers are defined as individuals that are direct care workers and often self-employed or contract directly with the State and is paid directly by the State for services provided.

Provider agencies are defined as agencies contracted or enrolled with the State to deliver Medicaid services. The agency employs or contracts with direct care workers as employees of the agency to provide Medicaid services. Additionally, the agency bills the State directly and is paid directly by the State for services their employees or contractors provide.

Individual Provider

Provider Agency

I don't know

2.2 Question #2

Across all services and supports, what spoken languages do you/ will you offer services in?

Across all services and supports, what spoken languages do you/ will you offer services in?

English

Spanish

American Sign Language (ASL)

Arabic

Armenian

Chinese (Cantonese)

Chinese (Mandarin)

Farsi

Hindi

Hmong

Japanese

Khmer

2.3 Question #3

For this active vendorization, select how services will be provided during the first year of operation?

Community-based services are provided outside of the vendor's central location. For example, direct care workers may travel to the individual's home and assist individuals in their home. Care workers may work with individuals in community location (e.g., park, job site, supermarket) to assist individuals in community settings.

Site-based services are provided at a central location like a clinic, office, or center. For residential service codes, individuals live in a vendor home. For day programs, individuals travel to a program facility for services. For employment services, this may be the vendor's office that individuals visit to meet their job coach and get services. Site-based services refer to where direct care services are delivered to the individual, and excludes administrative staff work, business services, and staff meetings were the individual is not present.

- Site-based location
- Community-based location
- Other

If "Other" is selected, you will be directed to another page where you can enter the specifics that pertain your organization.

You selected "Other" for your location type. Please describe the specifics of your situation below:

SECTION 4 - PART 2: WORKFORCE CHARACTERISTICS

4.1 Question #4

Does your agency intend to exclusively use contract and/or 1099 DSPs?

Part 2: Workforce Characteristics

Does your agency intend to exclusively use contract and/or 1099 DSPs?

No

Yes



4.2 Question #5 & 6

For this active vendorization, what is the proposed **total number of direct care staff** that your agency will have on payroll during your first year of operation?

- You must enter a number before being allowed to move forward.
- The sub totals for full and part-time work must add up to the grand total number of direct care staff.

For this active vendorization, what is the proposed **total number of direct care staff** that your agency will have on payroll during your first year of operation?

Note: The total number of direct staff should include current care staff and vacant care staff positions.

For this active vendorization, what is the estimated **total number of full-time and part-time direct care staff** that your agency will have on payroll during your first year of operation?

Note: The total number of direct staff should include current care staff and vacant care staff positions.

Number of direct care staff

Full-time direct care
staff

Part-time direct care
staff

4.3 Question #7 & 8

What is the **estimated average starting wage** for direct care staff during your first year of operation?

- You must enter a dollar amount before being allowed to move forward.

What is the **estimated average starting wage** for direct care staff during your first year of operation?

What is the **estimated average hourly wage** for direct care staff during your first year of operation?

- You must enter a dollar amount before being allowed to move forward.

What is the **estimated average hourly wage** for direct care staff during your first year of operation?



4.5 Question #9

Do you have any additional comments, suggestions, or feedback you would like to share?

- You must enter an answer or “N/A” before being allowed to move forward, there is no moving back.

Do you have any additional comments, suggestions, or feedback you would like to share?



SECTION 5 - REVIEW AND SUBMIT

5.1 Summary

- Review your answers and if necessary, make changes before submitting.
- When done, download summary as PDF for your records.

We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses [Download PDF](#)

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QUESTIONS?

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