

QIP Workgroup

June 15, 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 Zoom's live closed captioning is active



This meeting is being recorded



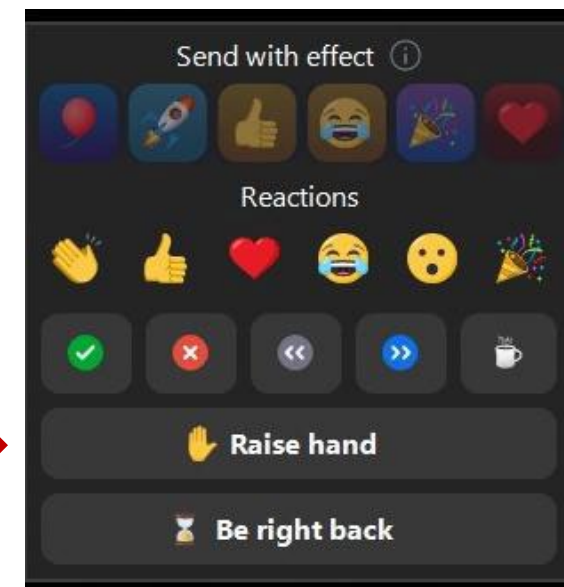
Materials are available at: <https://www.dds.ca.gov/initiatives/stakeholder-events/>

PROVIDING COMMENTS – PANELISTS

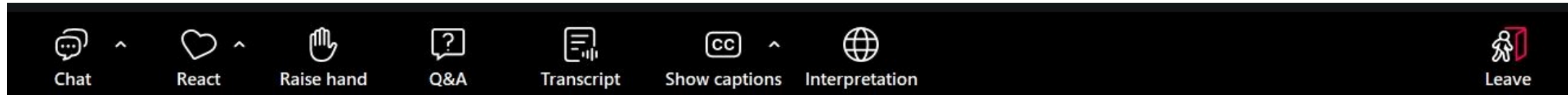
Panelists: Please use the “Chat” or “Raise Hand” to comment



- Please say your name before you start your comment or question
- Speak **slowly** to assist the interpreters



ZOOM TIPS (Webinar)



Chat is available for Panelists only; send chats to "Everyone"

Panelists can raise their hand when they want to speak

All participants can type questions/comments in the Q&A for everyone to see and/or upvote

Leave the webinar at the end of the meeting



- For attendees, your video and microphone will not be available
- You will only see/hear workgroup members, DDS staff and presenters on screen
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AGENDA



Measuring Quality - QIP



QIP Survey Data Analysis



Upcoming Data Collection



Future Measure Planning – Focus Groups



PAVE - Program Updates



MEASURING QUALITY (QIP)



WHY QIP EXISTS

In 2022, the Quality Incentive Program (QIP) was introduced.

The QIP:

- Moves the system from paying for hours of service to paying for quality of service
- Is part of the multi-year Rate Reform (W&I 4519.10)



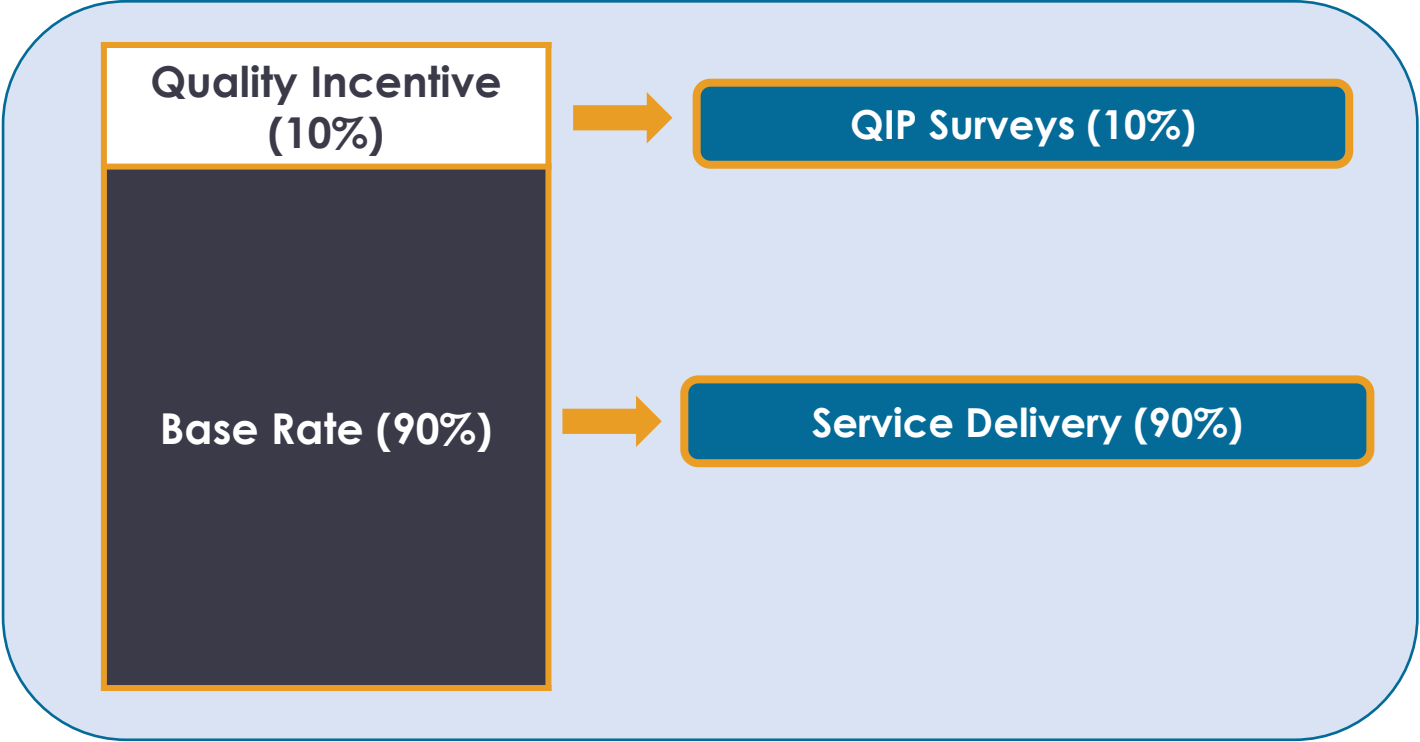
California is paying for high quality services for individuals and families.



Statute mandates DDS to develop quality measures for service providers to support and improve services to Californians.

RATE REFORM & QUALITY INCENTIVE PROGRAM

As of 2025, the “Full Rate Model” consists of a base rate (90%) and quality incentive rate component (10%).



Participating in the QIP allows providers access to Quality Incentive rate and helps to build performance/quality measures for the future.

STRATEGIC QIP GOALS

What are the Goals of the QIP?

- **Understand the Provider and Service Landscape (Reporting Measures):** Survey providers on services they provide and the outcomes of individual they serve.
- **Develop Performance Baselines (Performance Measures):** Establish baselines for provider performance that can be used to develop performance goals and measures.
- **Support Individual Outcomes (Individual Outcome Measures):** Understand, monitor, and support individuals in achieving their desired outcomes.



ELIGIBILITY: WHO CAN PARTICIPATE?

Which providers can participate and what are the requirements?

Eligible Service Codes: All service codes in rate reform can participate in QIP



Requirements to Participate:

- ✓ Active vendorization with regional center
- ✓ Register and validate in Provider Directory (PD)
- ✓ Meet eligibility requirements
 - Home and Community Based Services (HCBS)
 - Electronic Visit Verification (EVV)
 - Independent Audits/Financial Reviews
- ✓ Complete applicable QIP survey(s)



QIP SURVEY DATA ANALYSIS



CURRENT QIP MEASURES – INFORMS FY 2026-27 RATE

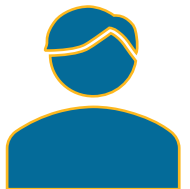
What information was collected from providers in FY 25/26?



1. **Provider Capacity:** Size of the workforce, wages, languages, types of providers, etc.



2. **Employment:** Staff training, type(s) of employment attained, duration of employment



3. **Prevention and Wellness:** Age/gender appropriate health screenings received, reasons for not receiving health screenings

4. **Initial Provider Survey:** Size of the workforce, wages, languages, location

PRELIMINARY SURVEY RESULTS

What does the data that was collected in FY 2025-26 tell us?

**QIP survey data are currently being cleaned and analyzed. Any results shown in today's meeting are preliminary with more results to be shared in future QIP workgroup meetings.*

- At this point, only data from 3 of 4 QIP surveys has been cleaned. The Initial Provider Survey data will be presented at the September QIP workgroup.
- We can see survey response frequencies and participation rates.
- We will develop research questions as we analyze the data to guide our analysis in a way that helps to establish the information needed to develop baselines for provider performance.
- Data may later be analyzed alongside other existing datasets to develop a more comprehensive picture of services and individual outcomes.

SURVEYS & ELIGIBILITY REQUIREMENTS

Who were the QIP surveys sent to?

Survey Cycle Breakdown (Surveys Sent to Providers)

| | | |
|--------------------------|---------------|-------------|
| QIP Rate (FY 24/25 Data) | 16,800 | 80.2% |
| One-Time Incentives | 240 | 1.1% |
| *New Service Providers | 3,908 | 18.7% |
| Total | 20,948 | 100% |

- Numbers shown are at vendor ID level.
- The “New Service Providers” row includes providers whose vendor numbers were changed, those who submitted billing late, etc.

SURVEYS & ELIGIBILITY REQUIREMENTS

How many providers completed the eligibility requirements to participate in the QIP?

| Eligibility Requirements | | | | | | |
|--------------------------|----------------|-------------|---------------|-------------|---------------|-------------|
| | Audits/Reviews | | EVV | | HCBS | |
| No | 3,390 | 16% | 409 | 2% | 0 | 0% |
| Yes | 17,558 | 84% | 20,539 | 98% | 20,948 | 100% |
| Total | 20,948 | 100% | 20,948 | 100% | 20,948 | 100% |

Providers are included in the:

- “Yes” row if they were required and met the requirement, or not required.
- “No” row if they were required but did not complete the requirement.

QIP SURVEY PARTICIPATION

How many providers earned their QIP rate for FY 2026-27?

| QIP Earnings | | |
|------------------------------------|---------------|-------------|
| Earned QIP Rate | 14,507 | 69.3% |
| Could Earn QIP (EVV, Audits, HCBS) | 2,792 | 13.3% |
| One-Time Incentive Only | 97 | 0.5% |
| Will Not Earn FY 26/27 QIP | 3,552 | 17.0% |
| Total | 20,948 | 100% |

- QIP Surveys have been sent to over 20,000 providers (vendor IDs)
- Those who completed their surveys on time and still need to meet compliance, may still earn a portion of their QIP rate for FY 26/27.
- 3,552 providers did not participate in the QIP surveys at all and will not earn their QIP rate in FY 26/27.



EMPLOYMENT – PRELIMINARY RESULTS

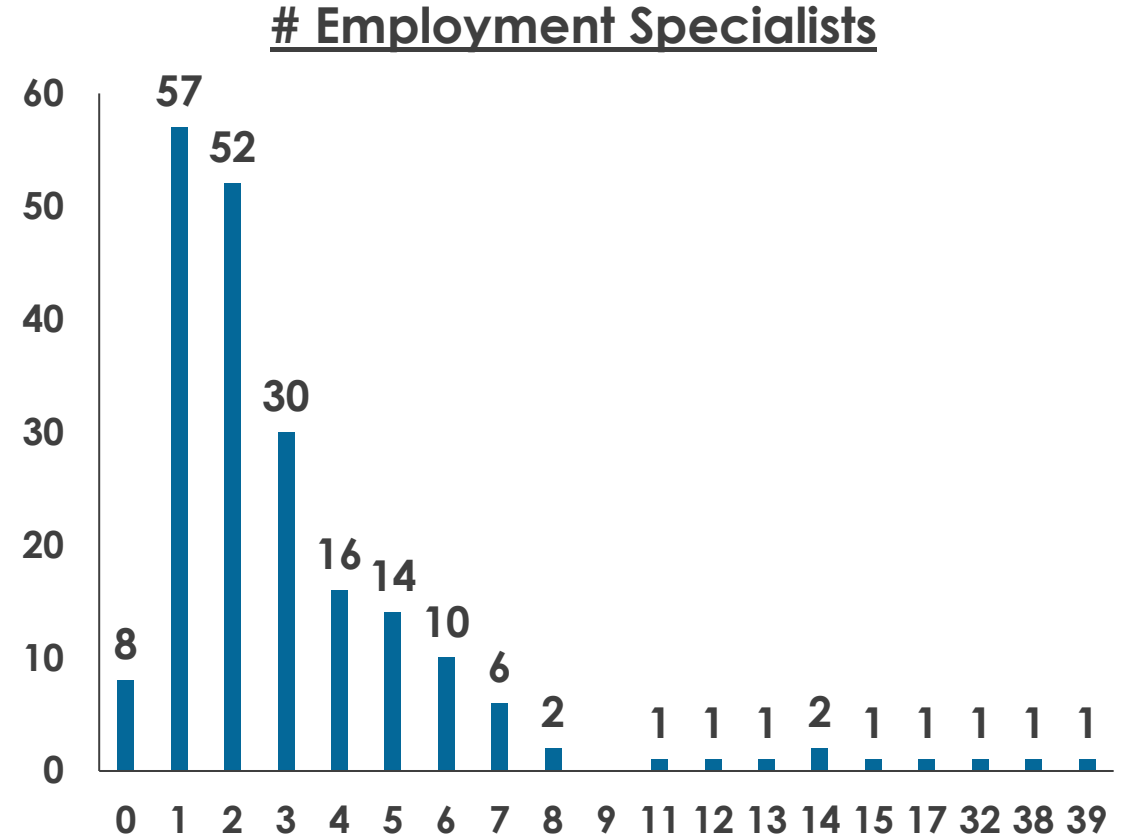


PRELIMINARY RESULTS – EMPLOYMENT

How many job developers/employment specialists are there throughout CA?

- Of 210 providers surveyed, an average of **4 employment specialists** were reported to be on payroll.
- However, the number of employment specialists varied greatly between providers, **ranging between 0-39 employment specialists** reported by each provider.

**Employment specialists are also known as job developers.*



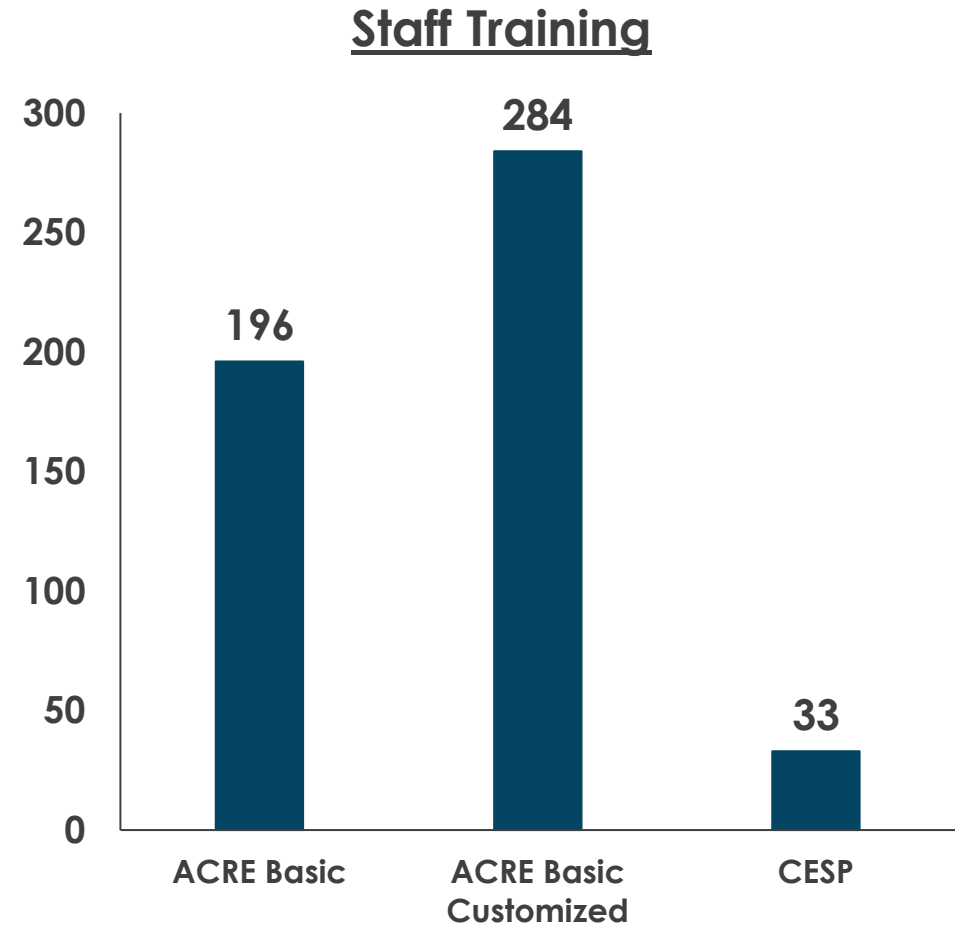
PRELIMINARY RESULTS - EMPLOYMENT

How many of employment specialists have completed training/certification through ACRE or CESP?

210 providers reported data on trainings received by **753 Employment Specialists**.

- **196** Employment Specialists received ACRE Basic
- **284** Employment Specialists received ACRE Basic Customized
- **33** Employment Specialists received CESP

*Response options are not mutually exclusive.

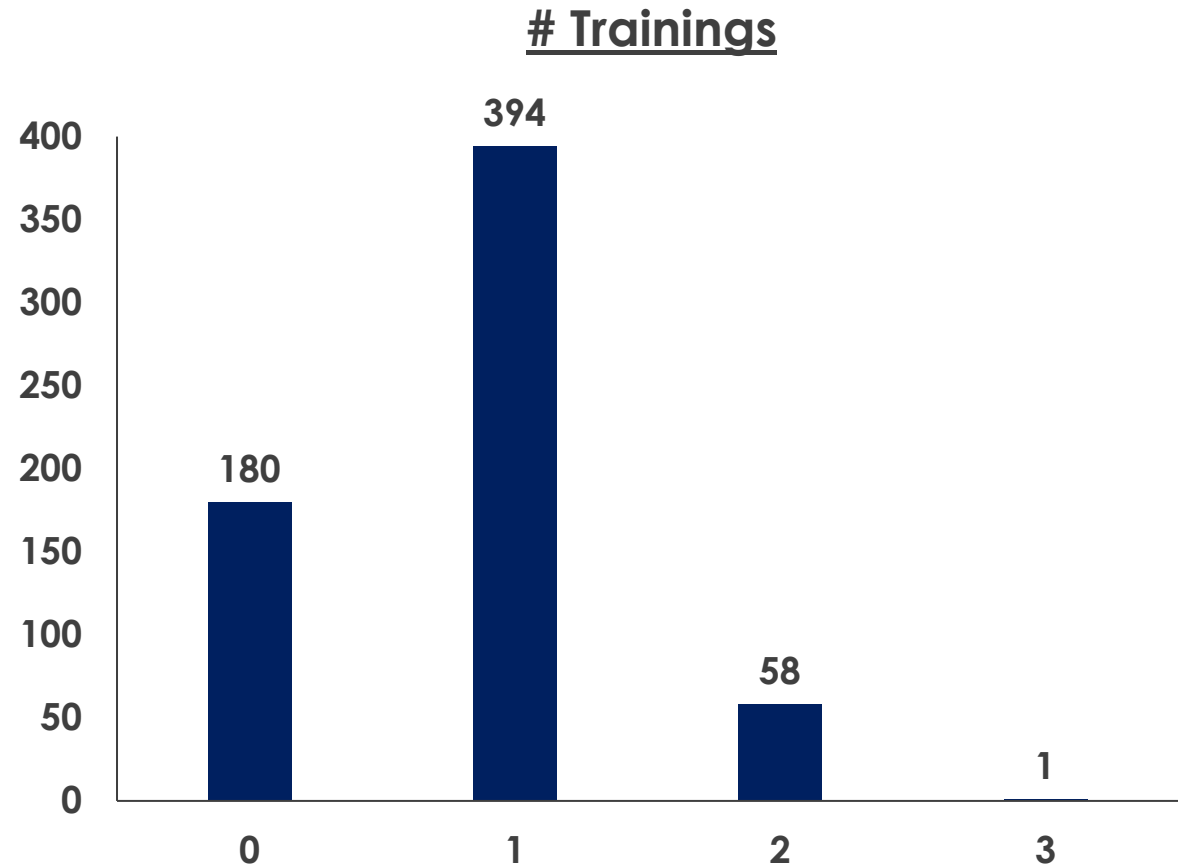


PRELIMINARY RESULTS - EMPLOYMENT

How many trainings/certifications have employment specialists completed?

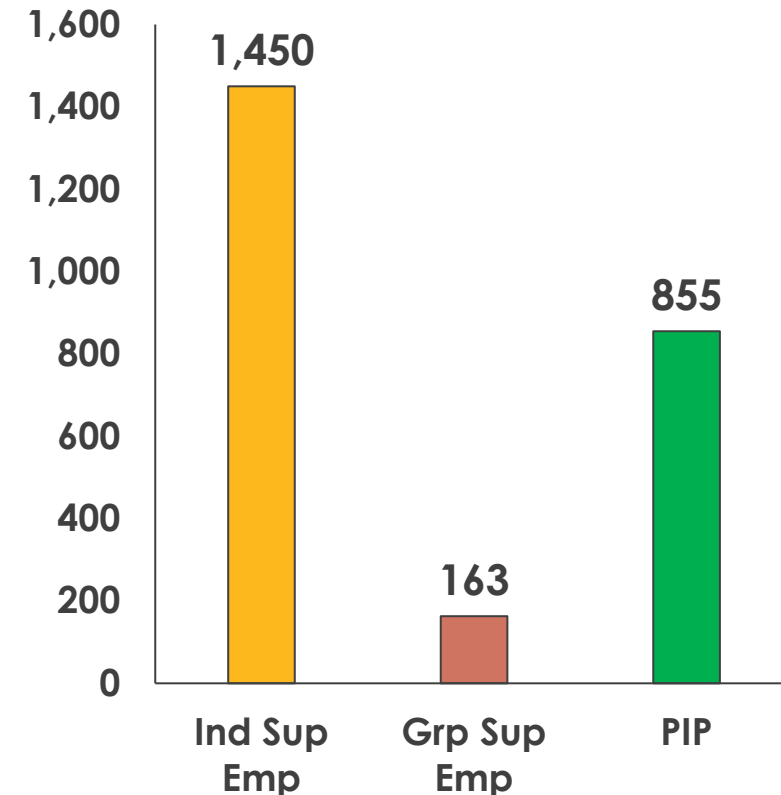
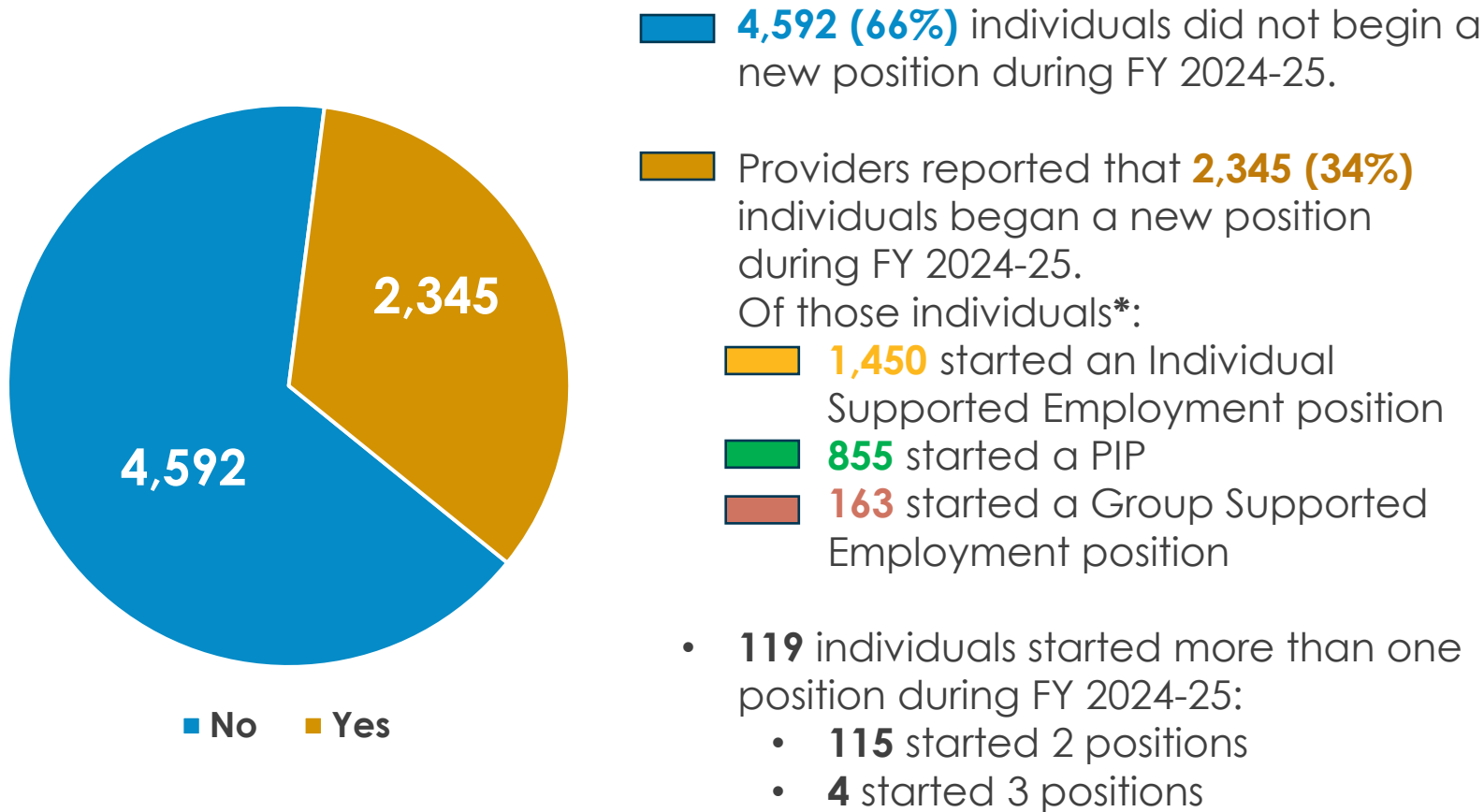
- Employment Specialists ranged from having **0-3 trainings** each:

- **0 trainings** – 180
- **1 training** – 394
- **2 trainings** – 58
- **3 trainings** – 1



PRELIMINARY RESULTS - EMPLOYMENT

How many people receiving employment services started a new position in FY 2024-25?



*Response options are not mutually exclusive.

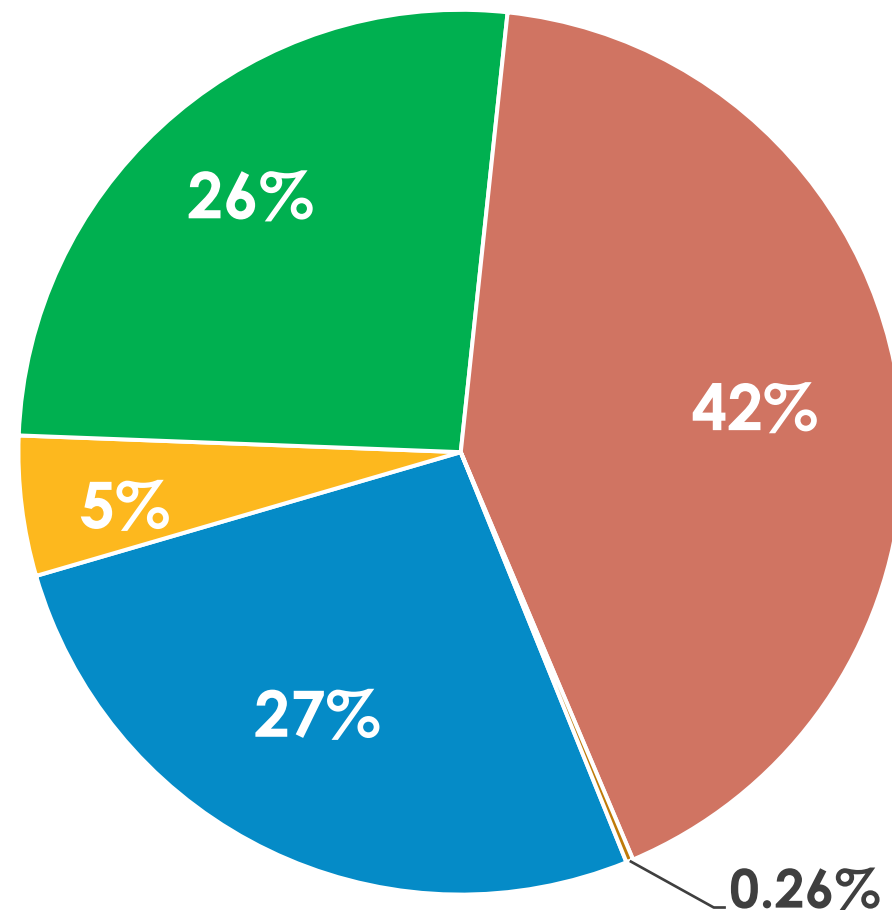
PRELIMINARY RESULTS - EMPLOYMENT

Of the individuals who began Individual Supported Employment in FY 2024-25, what positions did they hold immediately prior?

- Providers reported **391 (out of 1,450)** individuals held another position directly prior to beginning their Individual Supported Employment position, including:



*Response options are not mutually exclusive.



PRELIMINARY RESULTS - EMPLOYMENT

Of the individuals who began Group Supported Employment in FY 2024-25, what positions did they hold immediately prior?

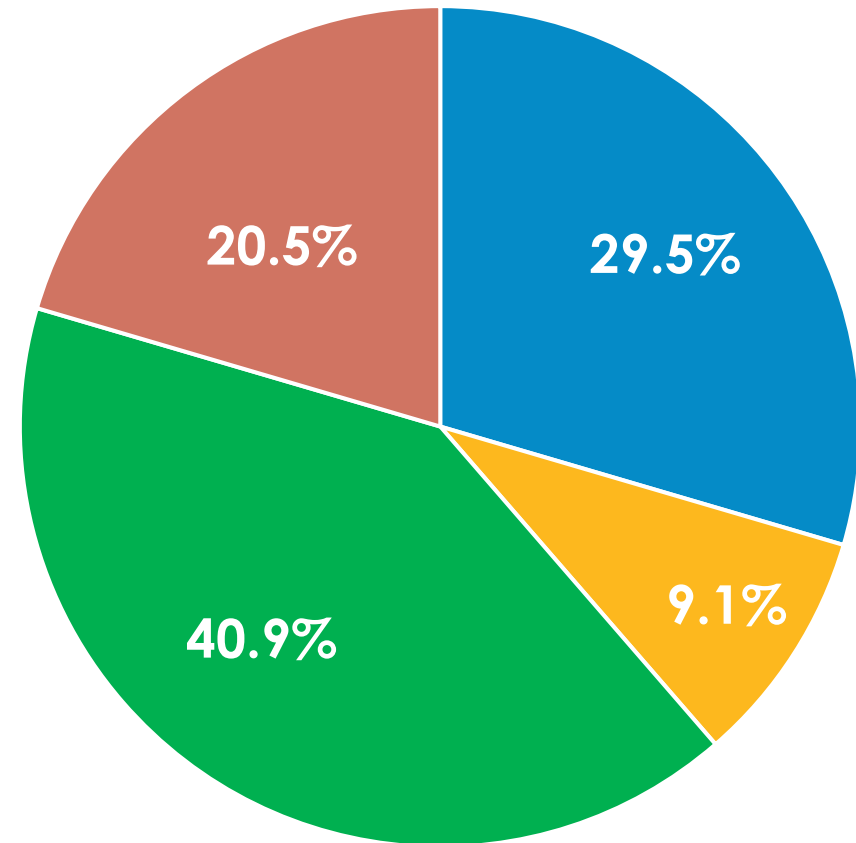
- Providers reported **44 (out of 163)** individuals held another position directly prior to beginning their Group Supported Employment position, including:

 Day Program **(13)**

 Educational Program **(4)**

 Individual Supported Employment **(18)**

 PIP **(9)**

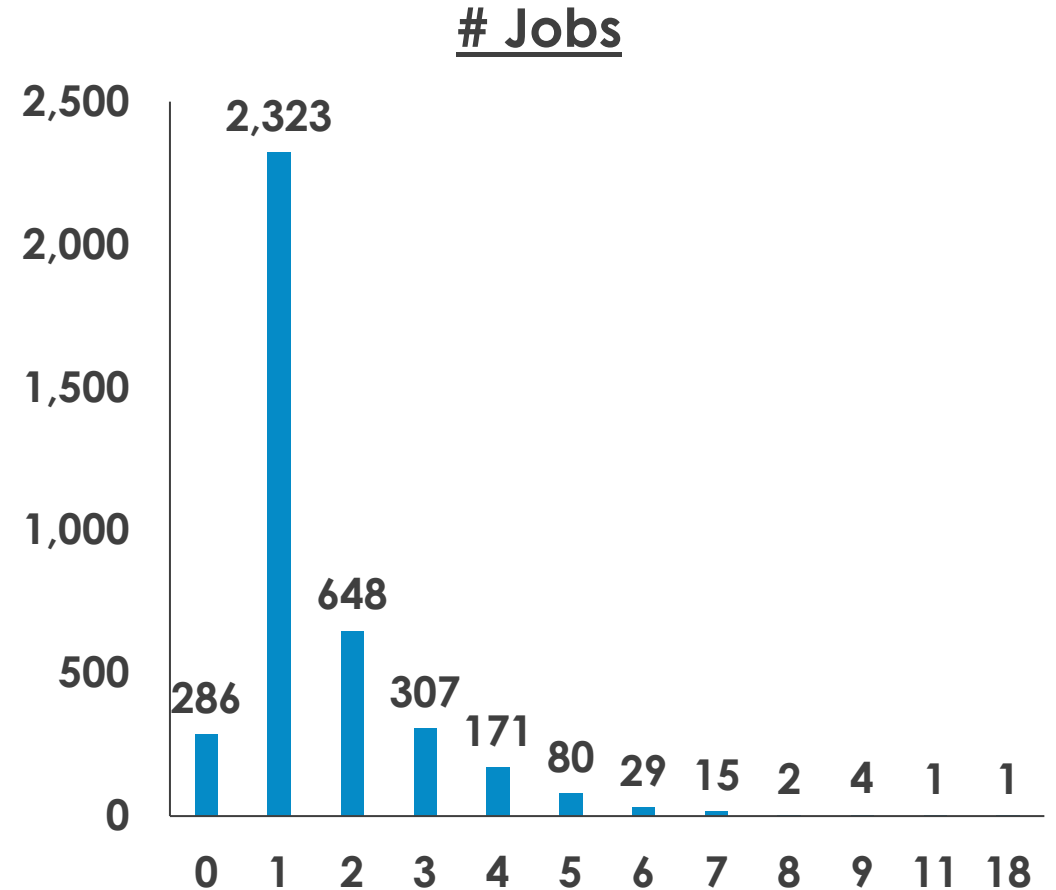


*Response options are not mutually exclusive.

PRELIMINARY RESULTS - EMPLOYMENT

How many jobs do individuals hold concurrently?

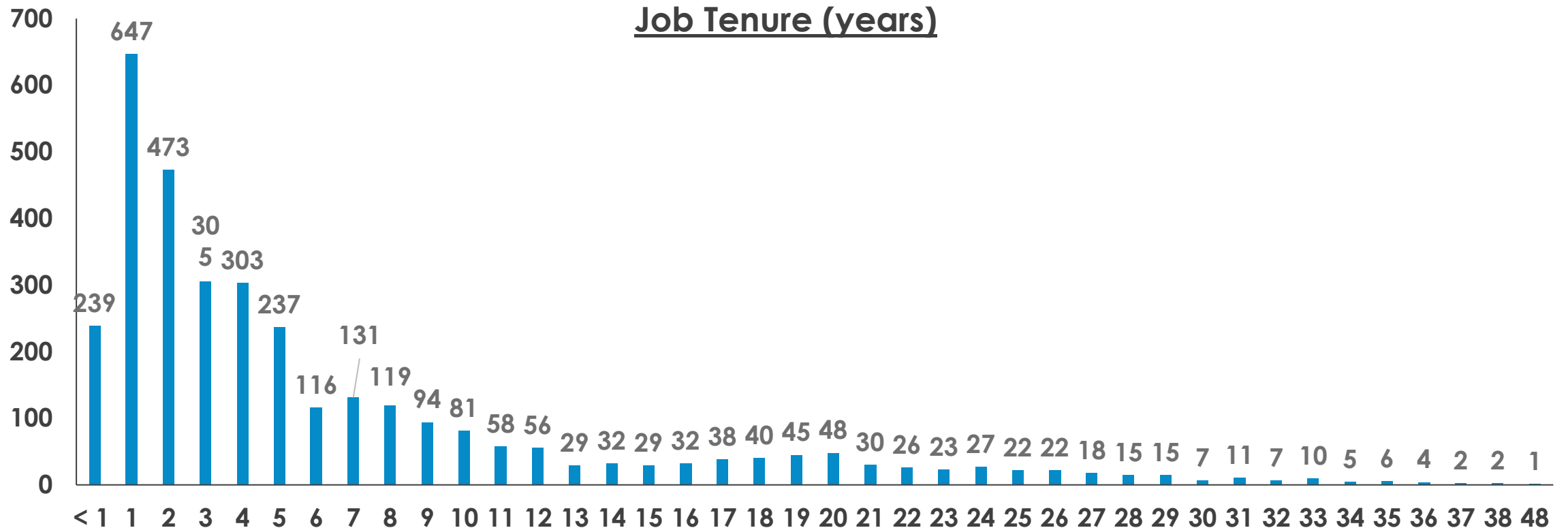
- Providers submitted data on # of Jobs for **3,867 individuals**:
 - Individuals ranged from having 0 – 18 jobs, with an average of **2 jobs** reported.
- Providers reported not having job history for **1,092 (22%) individuals** served.



PRELIMINARY RESULTS - EMPLOYMENT

How long do individuals tend to hold their jobs?

- The average job tenure reported for individuals in this sample is **6.5 years**.
- Most individuals (68%) were reported to have remained in their job between **0-14 years**.



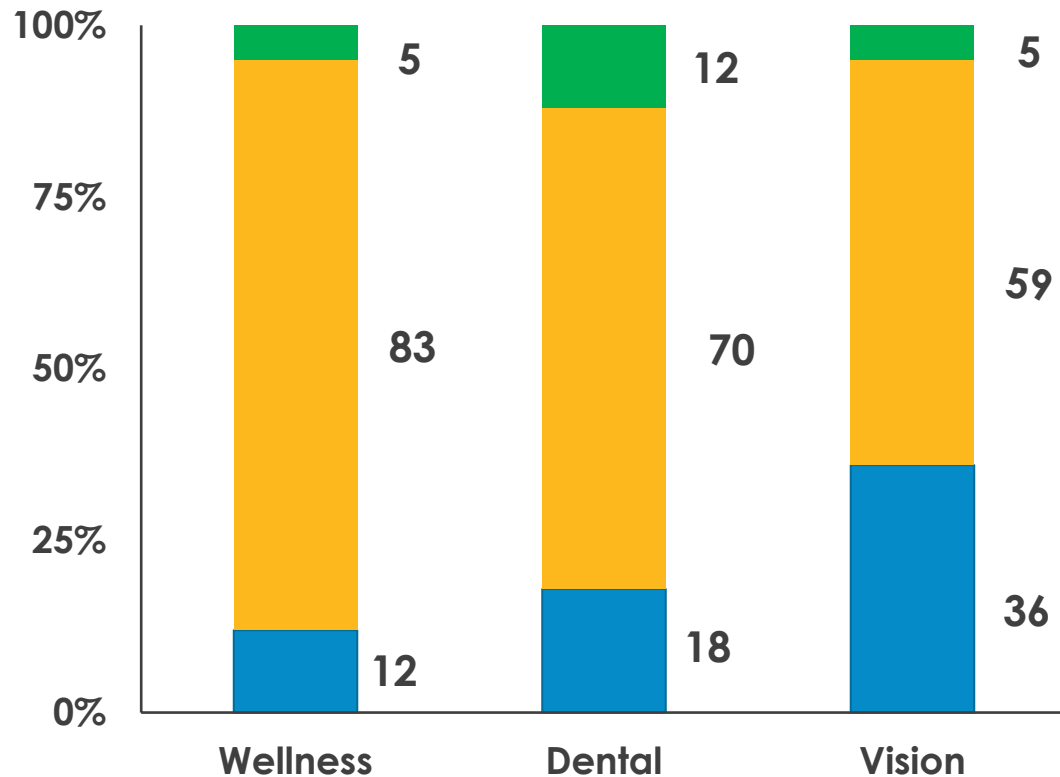
PREVENTION & WELLNESS PRELIMINARY RESULTS



PRELIMINARY RESULTS – PREVENTION & WELLNESS

For children served in residential services, how many received their preventative health screenings at the medically recommended age/frequency?

Screenings



- 212 providers submitted data on 468 children.

- No Data to Report / On Time / Not On Time:

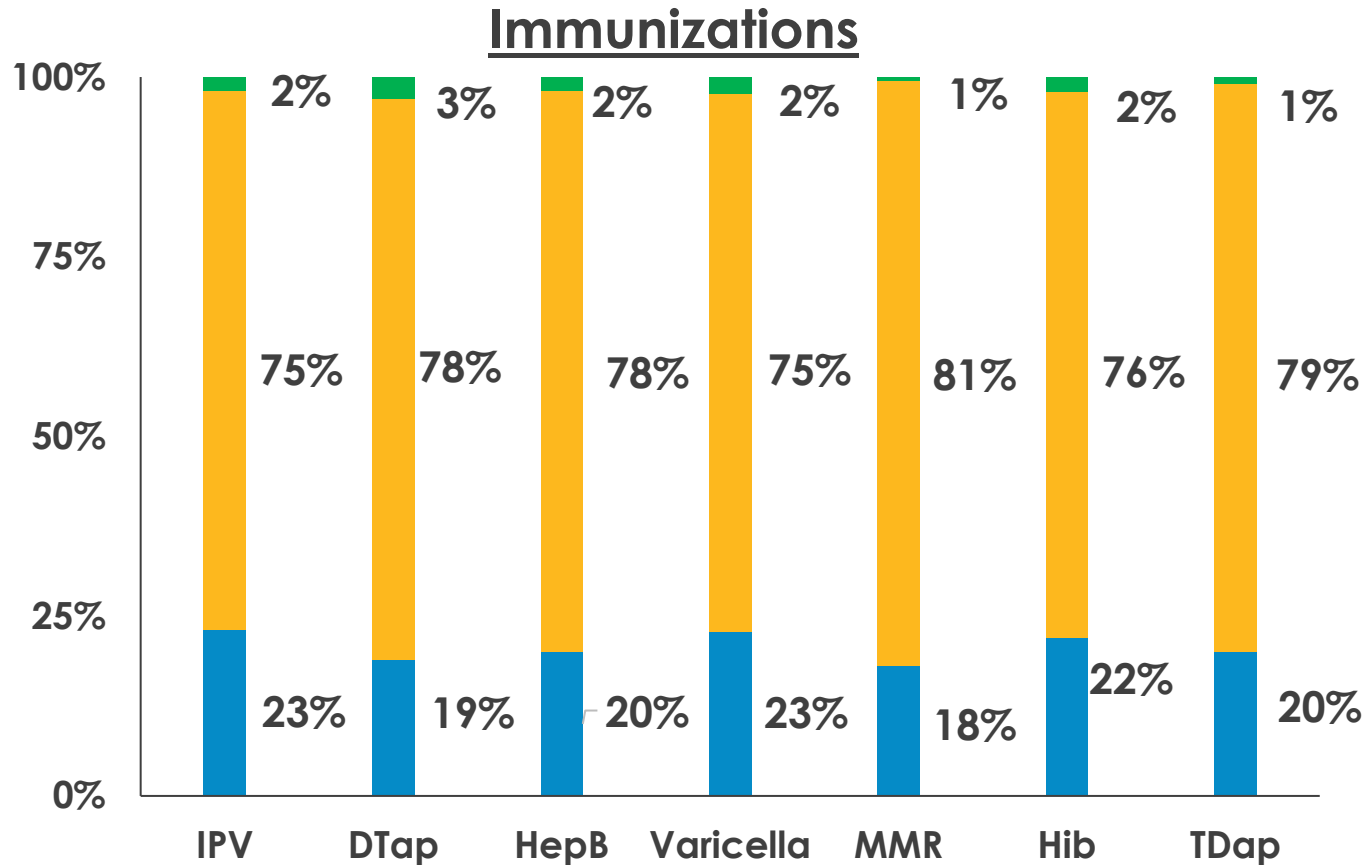
- Wellness Visit: 56 / 388 / 24

- Dental Exam: 86 / 328 / 54

- Vision Exam: 168 / 275 / 25

PRELIMINARY RESULTS – PREVENTION & WELLNESS

For children served in residential services, how many received their immunizations at the medically recommended age/frequency?



- 212 providers submitted data on 468 children.

- **No Data to Report/On Time/Not On Time:**

- IPV : 107 / 350 / 11

- DTap: 91 / 363 / 14

- HepB : 95 / 354 / 9

- Varicella : 107 / 348 / 12

- MMR: 87 / 377 / 3

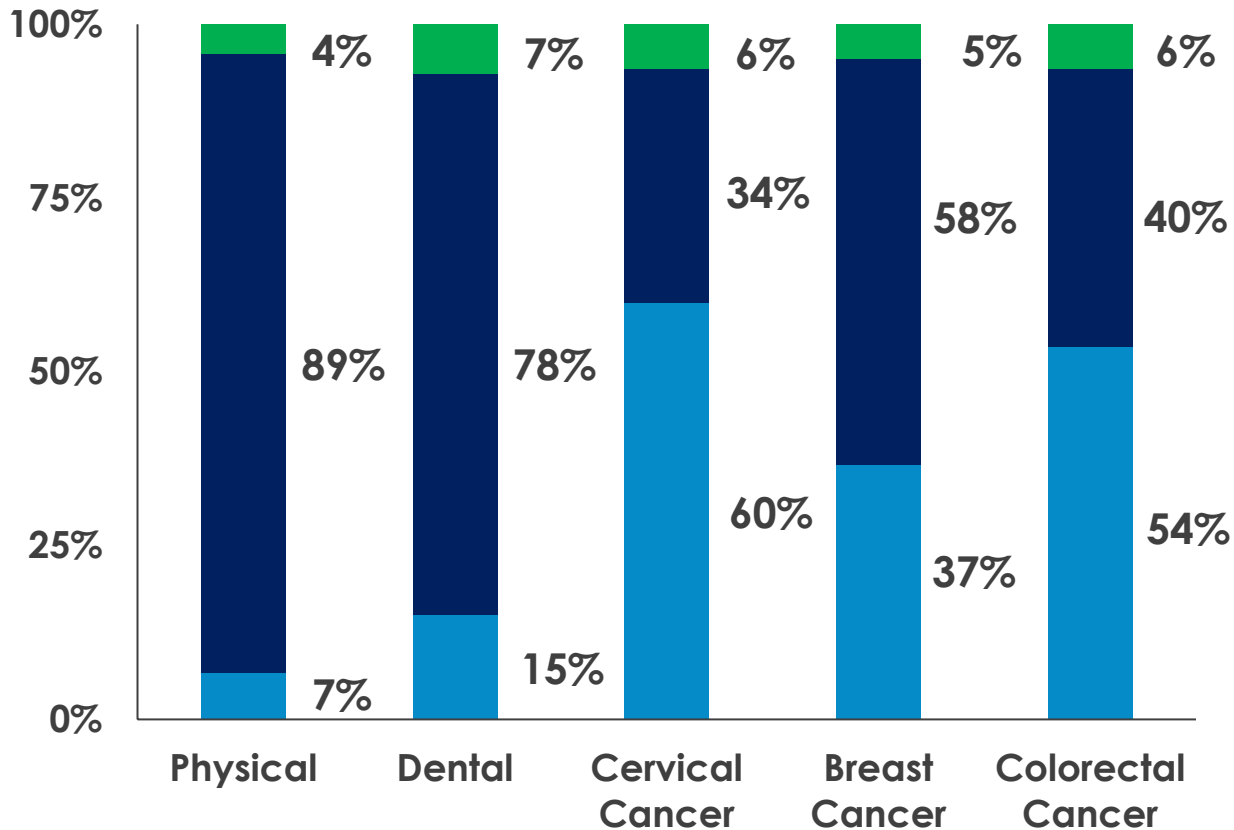
- Hib: 102 / 356 / 10

- TDap : 81 / 324 / 5

PRELIMINARY RESULTS – PREVENTION & WELLNESS

For adults served in residential services, how many received their preventative health screenings at the medically recommended age/frequency?

Screenings



- 4,620 providers submitted data on 20,961 residents.
- **No Data to Report/On Time/Not On Time:**
 - Physical Exam: 1,403 / 18,714 / 882
 - Dental Exam: 3,166 / 16,328 / 3,700
 - Cervical Cancer Screening: 3,700 / 2,074 / 394
 - Breast Cancer Screening : 1,268 / 2,013 / 193
 - Colorectal Cancer Screening : 5,276 / 2,084 / 408

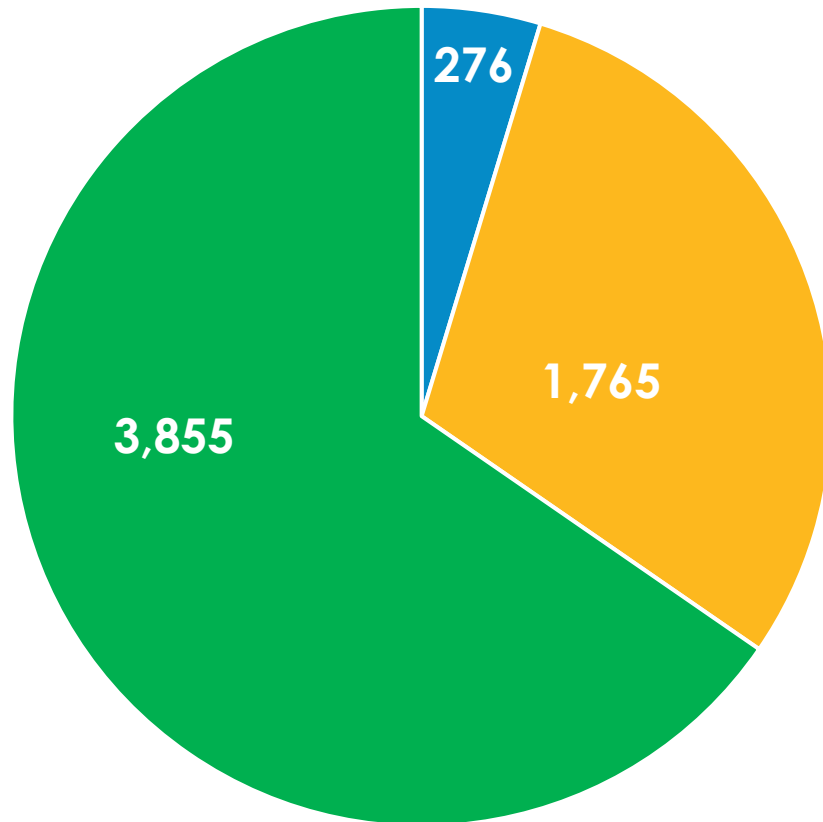
PROVIDER CAPACITY PRELIMINARY RESULTS



PRELIMINARY RESULTS – PROVIDER CAPACITY

What portion of service providers consider themselves to be a “provider agency” as opposed to one individual delivering services?

Provider Agency Structure



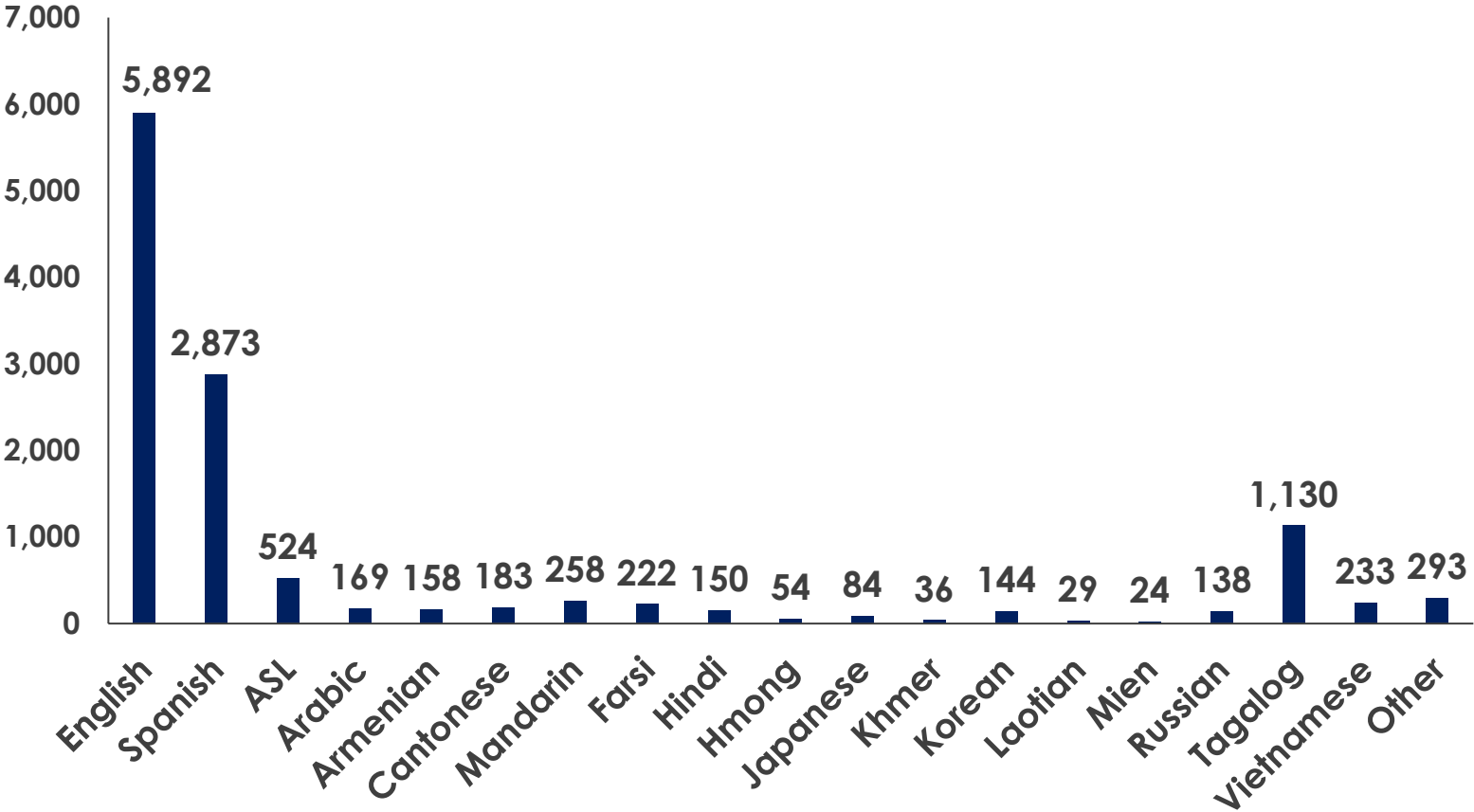
Most service providers in California report being a “Provider Agency”

- **Don't know** – 5%
- **Individual Provider** – 30 %
- **Provider Agency** – 65%

PRELIMINARY RESULTS – PROVIDER CAPACITY

In what languages are services delivered across California?

Number of Providers Offering Each Language

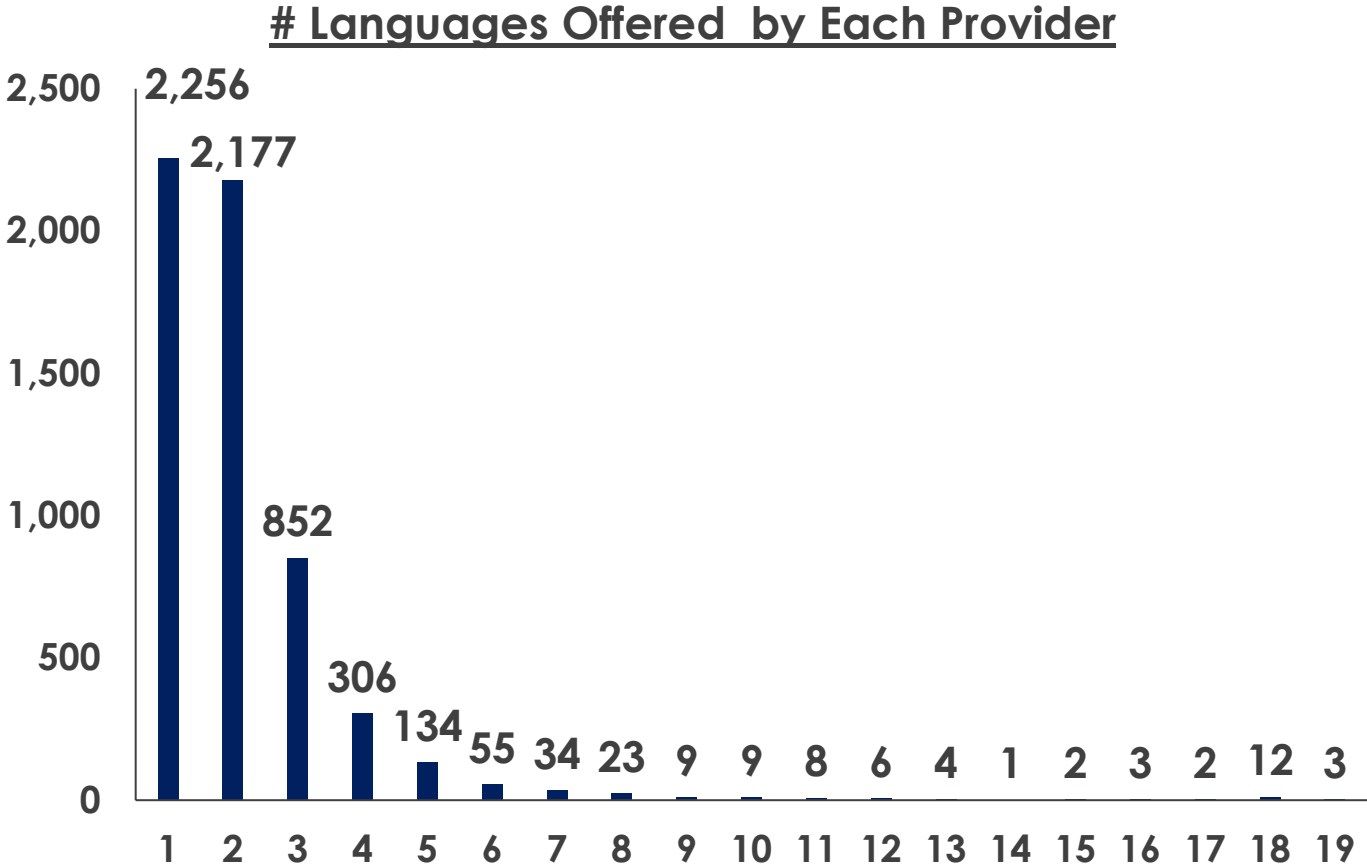


Across California, services are being provided in:

- 106 languages (combining languages listed & “Other”)
- English & Spanish offered most often

PRELIMINARY RESULTS – PROVIDER CAPACITY

In how many languages do providers offer services across California?

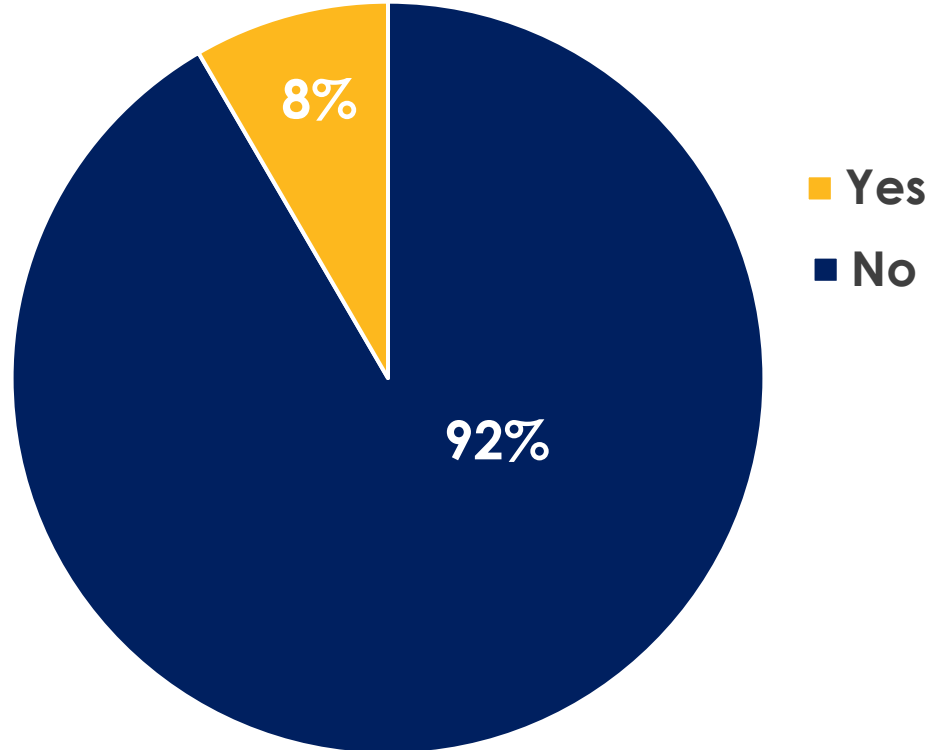


- Service Providers most often report providing languages in
 - **1 language** (38% of providers)
 - **2 languages** (37% of providers)
- Providers vary greatly in number of languages offered (Range = 1 – 19 languages)

PRELIMINARY RESULTS – PROVIDER CAPACITY

Are there providers that do not have staff who can communicate with individuals in their preferred language(s)?

Providers Cannot Provide Services in Preferred Language

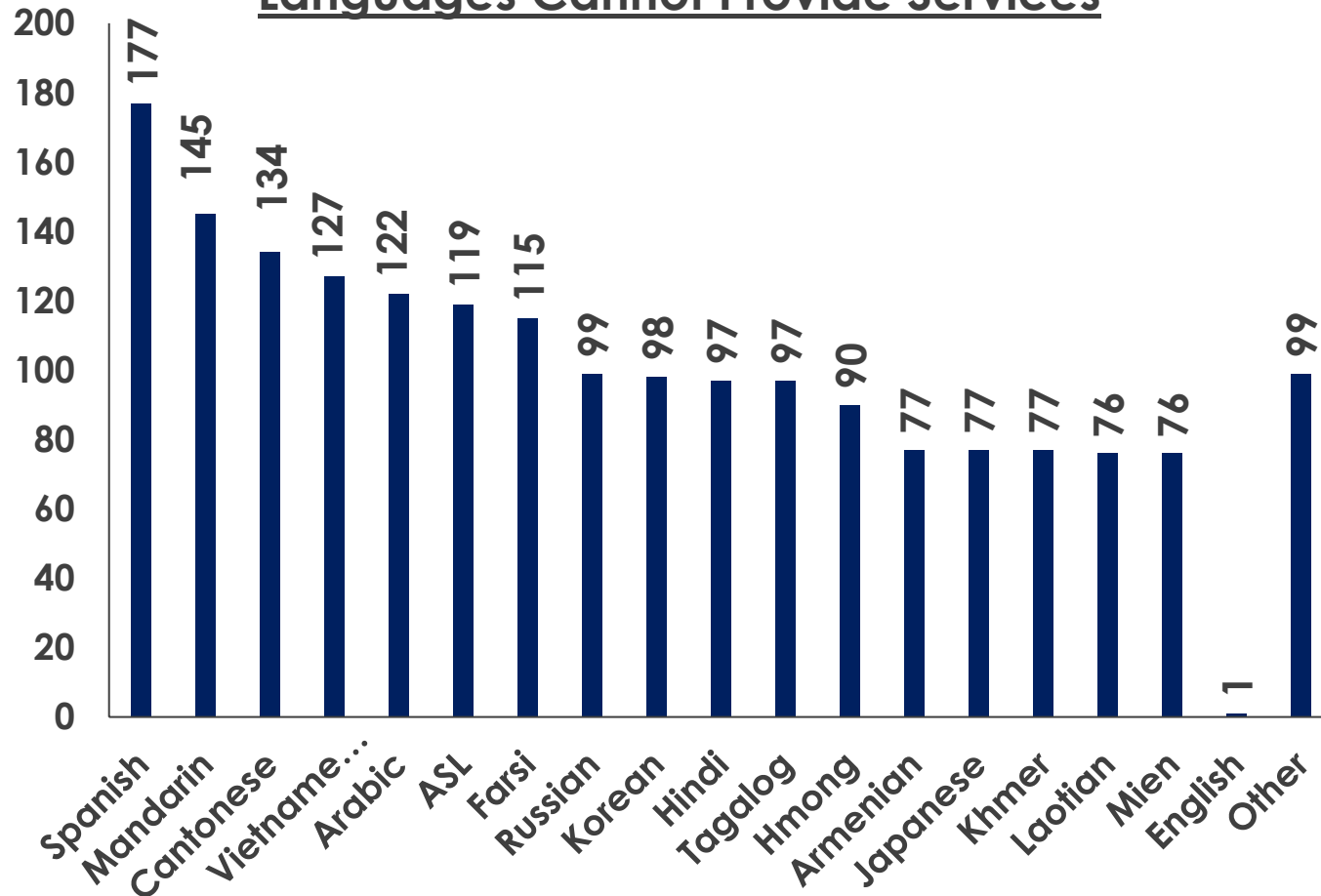


- **495 (8%)** providers reported being unable to provide services in preferred language
 - **250 providers** reported that not being able to provide services in in an individual's preferred language
 - **245 providers** reported not being able to provide language in 2+ languages (Range = 2 – 18)

PRELIMINARY RESULTS – PROVIDER CAPACITY

Among the 495 providers on the previous slide, what languages were they not able to support?

Languages Cannot Provide Services



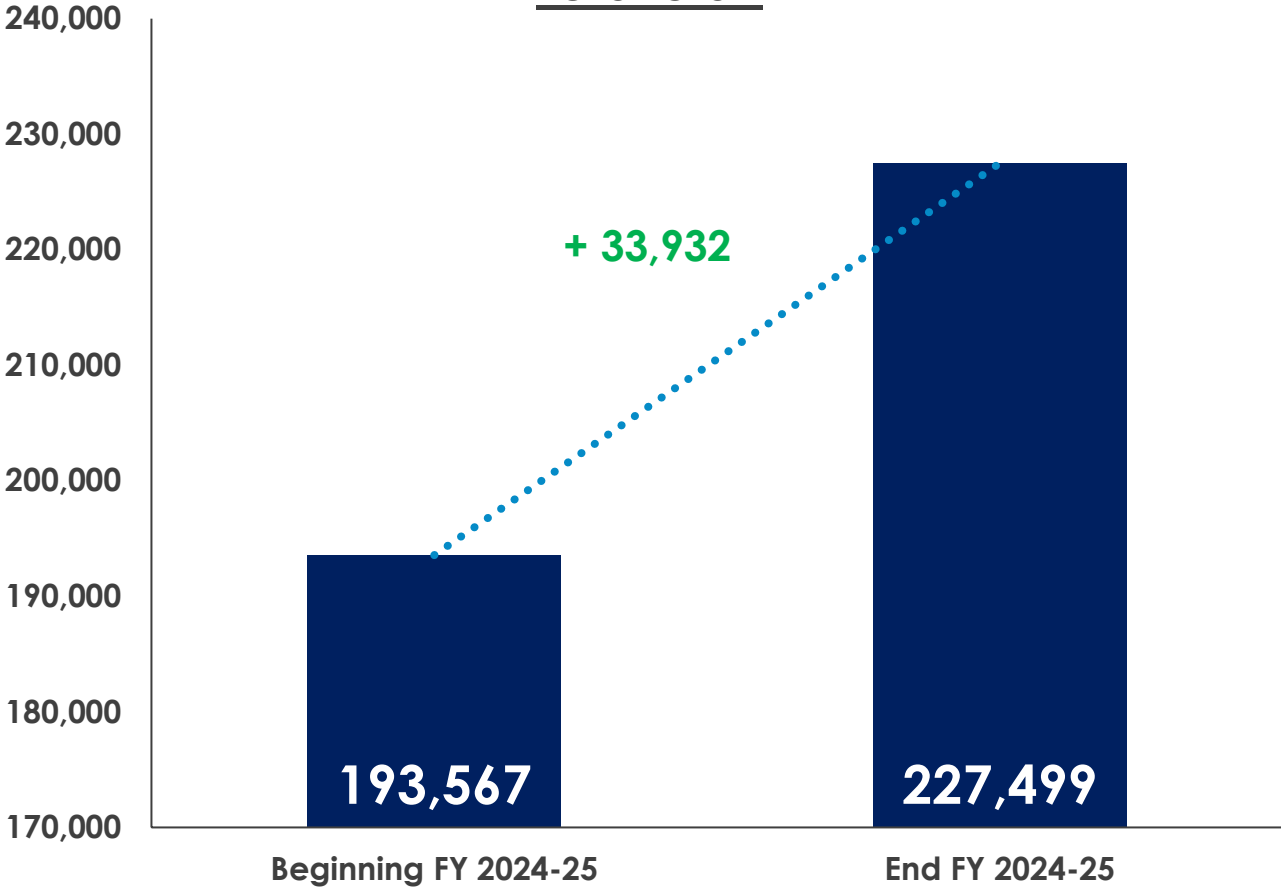
- Providers reported being unable to provide services in **46 languages** (combining languages listed & “Other”)
- Providers most often reported being unable to provide services in **Spanish and Mandarin.**

**Response options are not mutually exclusive.*

PRELIMINARY RESULTS – PROVIDER CAPACITY

To what extent is the Direct Support Professional (DSP) workforce in California growing?

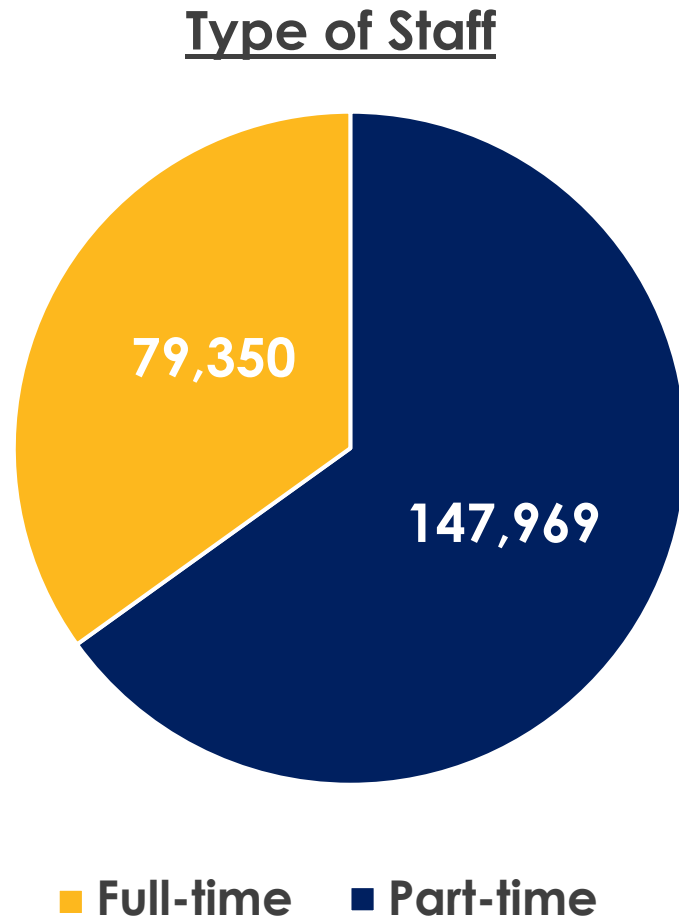
Total Staff



- The total number of DSPs reported in California grew by **33,932** between July 1, 2024 and June 30, 2025
- Providers reported having an average of **44 DSPs** on July 1, 2024 and an average of **52 DSPs** on June 30, 2025.
 - The average number of DSPs grew by **8** in FY 2024-25

PRELIMINARY RESULTS – PROVIDER CAPACITY

What portion of DSPs are full-time vs. part-time employees?



- The majority of DSPs reported to be employed by service providers were **Part-Time workers (65%)**
- Providers employed an average of **20 Full-Time DSPs** and **37 Part-Time DSPs**

** Numbers reported as of June 30, 2025*

DATA ANALYSIS – NEXT STEPS

How should we analyze the data? Your input is welcome!

Potential Data Analysis Approaches:

➤ Employment Data

- Compare numbers of those who began a job to EDD and CIE numbers.
- Explore associations and factors related to attaining employment.

➤ Prevention and Wellness

- Analyze qualitative data for preventative health screenings.
- Compare health screening data with health outcomes.

➤ Provider Capacity

- Analyze factors associated with services being provided in preferred languages.
- Explore regional differences in provider capacity.

➤ Initial Provider Survey

- Initial data cleaning and review of response frequencies
- Summary statistics



UPCOMING DATA COLLECTION

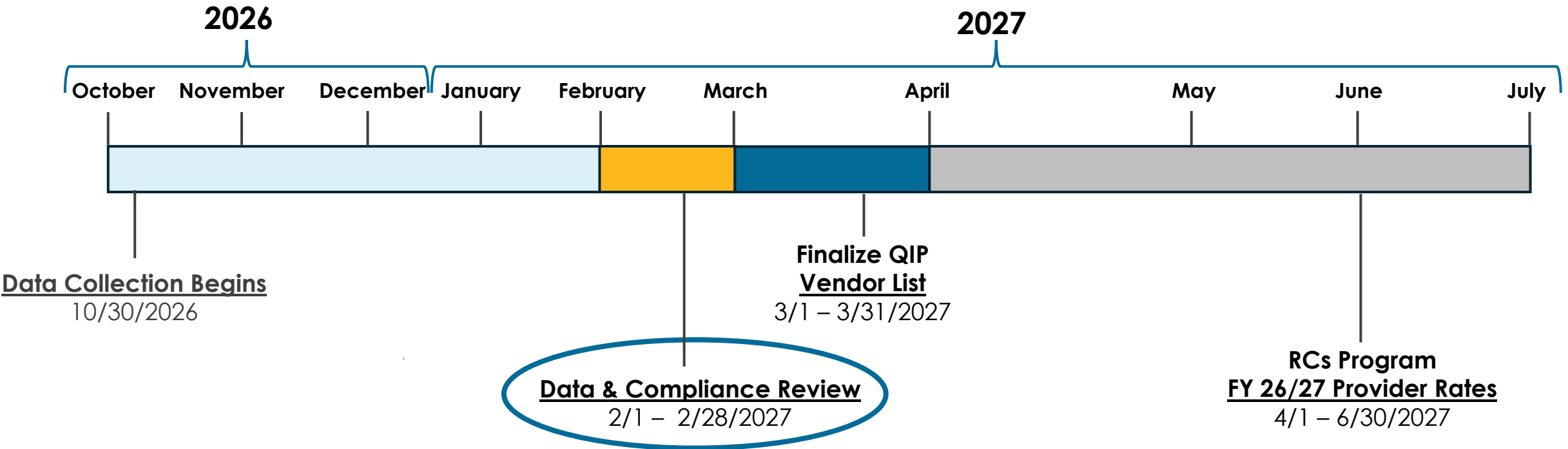


DATA COLLECTION – INFORMING FY 27/28 RATES

What can we anticipate in the fall 2026 QIP Data Collection (informs FY 27/28 Rates)?

1. Trainings – Schedules to be announced in summer 2026
2. Resources – New resources will continue to be developed and posted to website.
3. Eligibility Requirements – Requirements to participate in the QIP remain the same.
4. Provider Directory – QIP surveys and communications will continue to be sent directly to providers based on information in the PD. More detailed information will be provided.
5. Surveys – QIP surveys will remain the same with two updates:
 - Supported Living Services (SLS) will be eligible to participate in Prevention & Wellness Survey
 - Provider Capacity Survey to be conducted at vendor ID level
6. Data Collection Platform – Data collection will continue to be conducted via Qualtrics.
7. Enhanced Support – Program Help Desk to be introduced in summer 2026.

TIMELINE: QIP INFORMING FY 27/28 RATES



ELIGIBILITY: WHO CAN PARTICIPATE?

Which providers can participate and what are the requirements?



- **Eligible Service Codes:** All service codes in rate reform can participate in QIP
- **Requirements to Participate:**
 - ✓ Active vendorization with regional center
 - ✓ Register and validate in Provider Directory (PD)
 - ✓ Meet eligibility requirements
 - Home and Community Based Services (HCBS)
 - Electronic Visit Verification (EVV)
 - Independent Audits/Financial Reviews
 - ✓ Complete applicable QIP survey(s)

FY 2027-28 (FALL 2026) REPORTING MEASURES

| Survey | FY 2026-27 Reporting Measure | QIP Provider |
|----------------------------------|---|--|
| Provider Capacity | <ul style="list-style-type: none">Report on provider capacity characteristics, such as the ZIP codes that the provider serves, language access options for consumers, information on provider workforce including the number of professionals and their compensation. | All QIP service providers |
| Employment | <ul style="list-style-type: none">Report on:<ul style="list-style-type: none">Training/credentialing of employment specialists, andJob attainment and retention for individuals receiving employment supports | Supported Employment Programs: 950, 952 |
| Prevention & Wellness | <ul style="list-style-type: none">Report on if residents are up-to-date on selected preventative screenings (e.g., annual wellness visits)Provide a rationale for any residents who are not up-to-date on selected preventative screenings (e.g., resident declined) | Residential Providers: 113, 904, 905, 910, 915, 920, 896 |
| Initial Provider Survey | <ul style="list-style-type: none">Report on provider characteristics in first year of operation. Includes questions about locations services provided in, languages offered, staffing, and wages. | All new providers operating in Rate Reform Service Codes |

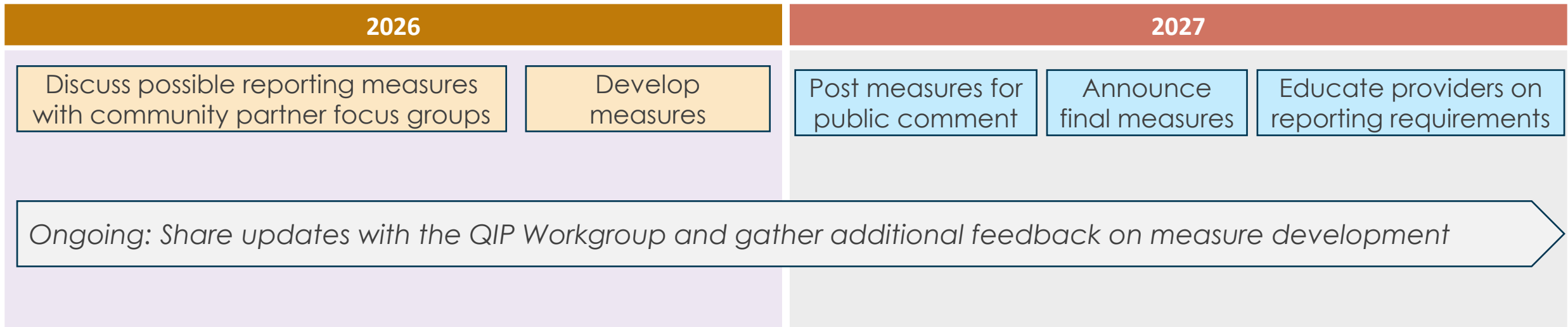


FUTURE MEASURE PLANNING



REMINDER: GOAL OF COMMUNITY PARTNER FOCUS GROUPS

DDS has been collecting feedback from focus groups made up of people receiving services, their families, service providers, Regional Centers, and other community partners. This input is being used to help create options for pay-for-reporting measures across three* service groups.



These measures would be included in provider's QIP **data reporting for Fall 2027** to inform their QIP incentive payment for FY 28-29.

*Behavioral services; Day services; Independent Living Services, Supported Living Services, and In-home Respite Services

EMERGING THEMES OF HIGH-QUALITY SERVICES

Focus group have identified characteristics of what high-quality service delivery looks like based on their experiences. They are helping create potential definitions of high-quality services.

DDS can use these definitions as a reference for quality improvement. These definitions can help shape the initial pay-for-reporting measures and inform how those measures develop over time through the QIP.

Some **quality themes across all services:**

- Communication between individuals and providers
- Person-centeredness
- Safety
- Staff training
- Cultural competency

A CLOSER LOOK AT THE QUALITY THEMES

Community partners have described high-quality services this way:

- People, their families, and staff **communicate regularly**.
- People, their families, and staff **share feedback** regularly to make services better.
- Services are **person-centered** and focus on individual's goals, strengths, and needs.
- Services are provided by **trained staff** who know the individuals goals and preferences and use best practices to support each person.
- Services are provided **without delay** and are **coordinated** to make them easy to get and use.
- Services protect each person's **dignity**, and keep people safe and help them understand their rights.
- Providers support each person's right to make their **own choices**.
- Providers are respectful of individual's **culture and values**.

PAVE – PROGRAM UPDATES



Update on the PAVE Service Outcomes Project



California Community Living Network

For more info on PAVE:
<https://www.ccln.org/About-PAVE>

Currently in process.....



The PAVE Portal –
Development, system
testing and User
Acceptance Testing



Continue recruitment for
the pilot in First Regional
Center – Alta California



Recruitment for
Measure testing survey.



Development of
remaining toolkits and
process for evaluator
visits



Development of PAVE
training curriculum



Development of helpful
tools and resources for
the Portal.

Key highlights since last meeting

- Software – Regional Center Administrator Portal complete
- Software – goal planning tool and person-centered planning template in development
- Pilot in ACRC – first 12 people have onboarded and started creating their profile. Weekly evaluation data collected.
- Training – work has started on the PAVE Service Type training and first DSP course. Working with Options for All to create new video resources.
- Service Quality and Outcomes Evaluator process and training outlines approved, all toolkits completed, Stakeholder feedback gained on 2.
- Quality Indicators – we have developed a list of potential quality indicators available in PAVE that could be used for QIP – primarily focused on informed choice and user and family satisfaction.

The Service Quality and Outcomes Evaluation (SQOE) Visits - Goals

To allow us, for a sample of people, to:

- Check the accuracy of the information provided in the Portal
- Check that information in the Portal about people's wishes and preferences can be seen in practice.
- Ensure the lived experience of people who cannot be interviewed or complete a questionnaire is not excluded from the data on quality.
- Check the quality of support from DSPs - the actual quality of interactions and support must be ***seen, heard and felt***.
- Identify gaps between services received and the operational definition of each service type.
- Identify what sample is needed going forward in widespread implementation of the PAVE system.

Proposed SQOE toolkit



- Four versions – one for each service type but with some core elements and some service-type specific elements.
- Developed using:
 - The PAVE Framework and measures of Quality and Outcomes
 - The research literature
 - The PAVE Operational Definitions (which also includes elements related to HCBS compliance)
 - The QIP domains
- Completed using:
 - Observation of engagement, interactions and environment
 - Interview with individual receiving service where possible
 - Short interview with DSP where possible
 - Phone, online or in-person interview with supervisor/team lead or other front-line manager

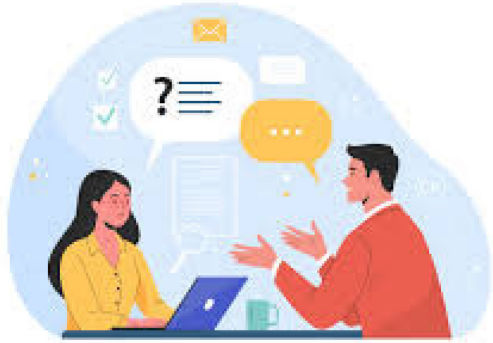
The Toolkits (one for each service type)

An online tool -
also available as a
pdf to print off and
take with them.

Written Guidance
on how to use the
toolkit.

Training on the
concepts behind
the tool and on
how to use it

The Evaluators



- At least two in each regional center area, initially.
- Experience with different service types and, ideally, of quality assessment, measurement and data collection.
- Willing and able to travel and give the time needed to do the visits (no more than 5 per month).
- Would be released from their organization to do the work – will be reimbursed for evaluator time plus administrative fee.
- Have completed Mandated Reporter training.
- Regardless of previous training and experience, would complete the PAVE Service Quality and Outcomes evaluator training.
- Need to pass the reliability checks.
- Won't visit individuals supported by their own organization.



Next steps – Potential Quality Indicators

- Identified 20-30 potential indicators for each of the following:
 - Core indicators – all service types
 - Service Specific indicators:
 - Supported living
 - Independent Living
 - In-home respite
 - Supported Employment
- Drawn from PAVE Portal:
 - Information completed by individuals receiving services or their representatives
 - Family and Friends measure

Next Steps – Potential Quality indicators

- A range of stakeholders will be invited to review the current (longer)list of indicators and select the ten indicators they think should be included for each of the lists.
- We will identify the most frequently chosen indicators across all stakeholders.
- For each selected indicator, potential sources of existing data will be identified – used to identify potential cut off for "good" support and inform decisions of whether providers to receive their incentives
- Recommended indicators submitted to DDS for review and wider consultation.

How can you help?

- If you know individuals who receive Supported living services, independent living services, supported employment services or in home respite services anywhere in California – please encourage/support them to contact us for more information about participating in the survey.
- Similarly, if you know family members or close friends of people who receive the above services, please encourage/support them to contact us for more information about participating in the survey.
- If you know/support people who receive services from Alta California Regional Center, encourage them or their representatives to get in touch if they are interested.
- Consider saying yes if you are invited (or volunteering) to test the PAVE Service Provider Portal and PAVE training when available, please get in touch.
- Considering nominating someone to be a Service Quality and outcomes Evaluator
- Consider saying yes if invited to review the potential QIP indicators

CONTACT: Pave@ccln.org

Questions?



Questions & Answers



Support

Email QIP or Incentive Payment
questions to:

QIPquestions@dds.ca.gov

**Thank you for
attending!**





CY 2026 meeting schedule:

- September 14
- December 14

All meeting times will be from 2:00 – 4:00 pm.

WORKGROUP MEMBERS

Elizabeth Arreola, Family Member of Early Start Recipient

Elizabeth Barrios Gomez, Family Member & Integrated Community Collaborative

Jessica Carter, ABA Provider, Special Needs Network

Eric Ciampa, Provider, UCP Sacramento

Pebbles Dumon, Provider, Community Catalysts of CA

Jacquie Dillard Foss, Provider, STEP

Peter Frangel, CA Department of Rehabilitation

Jonathan Fratz, Self-Advocate

Lucina Galarza, San Gabriel Pomona Regional Center

David Gauthier, Self-Advocate

Amy Hao, Self Advocate, Self-Advocate Group Empowerment (SAGE)

Vivian Haun, Disability Rights California

Carlene Holden, Easter Seals Southern CA

Barry Jardini, CA Disability Services Association

Adrienne Jesso, Self-Advocate

Diva Johnson, Tri-Counties Regional Center

Mark Klaus, San Diego Regional Center

Dorrie Koenig, Provider, Mains'I

Meuy Lee, Provider, Level Up NorCal

Jordan Lindsey, The Arc California

WORKGROUP MEMBERS

Victor Lira, Aveanna Health Care

Judy Mark, Family Member, Disability Voices United

Karen Mejia, South Central LA Reg Center

Mark Melanson, California Community Living Network

Kimberly Mills, Provider, A Better Life Together

Tania Morawiec, SCDD

Matt Omelagah, Provider, Omelagah, Inc.,

Mike Pereira, Provider, Ala Costa Centers

Michael Pham, Self-Advocate

Magdalena Pruitt, Provider, Mentor California

Michelle Ramirez, Provider, On My Own

Sheri Rosen, Provider, Sunny Days of CA

Pablo Velez, Provider, Amigo Baby

Alona Yorkshire, Family Member & Provider, The Adult Skills Center

Eric Zigman, Golden Gate Regional Center