Prevention and Wellness Reporting

FY 2027–28

Service Provider Training

DDS Department of Developmental Services



Photo by Chona Kasinger, from Disabled and Here

Today's Training

- Confirm your vendor number's participation and incentive path
- Identify adult and child survey assignments
- Prepare resident lists and preventive health records
- Report the required dates and complete final submission
- Know where to get help



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



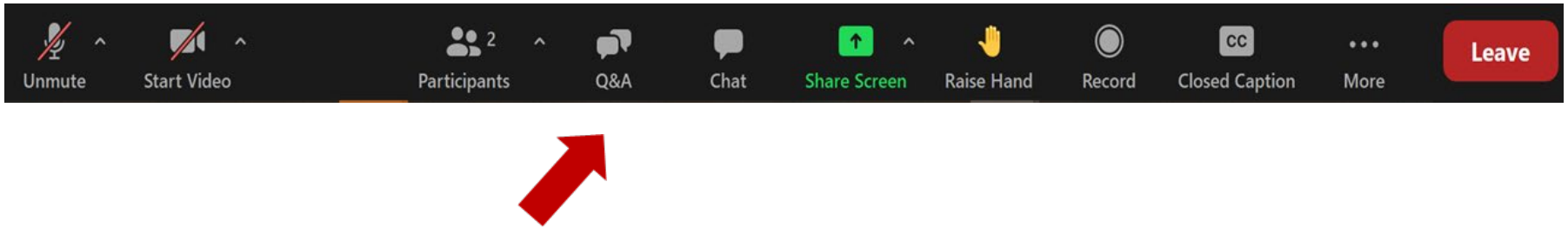
This meeting is being recorded



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.



Understanding QIP

Why preventive health reporting matters for people and services



What Is the QIP?

- The QIP supports high-quality services and better individual outcomes
- Eligible rate-reform vendors can earn a QIP component of up to 10%
- Prevention and Wellness is one of the assigned reporting measures
- A separate one-time incentive applies to specified residential codes



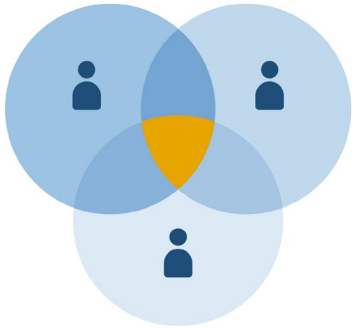
Why DDS Collects Prevention and Wellness Data

- Understand access to preventive health care
- Collect dates of assigned screenings and immunization information
- Identify gaps and needs across residential and SLS services
- Inform statewide planning and future quality measures



How Your Reporting Helps

- Individuals and Families: Clearer information about preventive health access
- Providers: Coordinated records and follow-up on reporting gaps
- DDS and Regional Centers: A stronger picture of service needs
- Statewide Planning: Information to support future quality improvement



Your Requirements and Preparation

The correct vendor number, incentive path, and resident list



Participation Paths and Service Codes

Participation Path and Codes	Reporting
Annual rate-reform path 113, 896, 904, 905, 910, 915, 920	Prevention and Wellness + Provider Capacity
One-time incentive path 096, 114, 163, 900, 901, 925, 930, 935	Prevention and Wellness, subject to eligibility
New or other newly eligible vendor number Meeting Attachment A, Part B criteria	Initial Provider Survey path

Confirm each vendor number's path. ICF Provider Capacity reporting is voluntary and has no monetary incentive.

QIP Rate Component and One-Time Incentive

Incentive Path	How It Works
Annual QIP rate component	5% Prevention and Wellness + 5% Provider Capacity For eligible rate-reform vendor numbers
Separate one-time incentive	$1,000 per eligible resident, up to $10,000 per vendor number For the listed one-time incentive codes

The payment cap does not limit reporting. Report all eligible residents, including those beyond the cap.

Requirements Beyond the Surveys

- Confirm applicable HCBS, EVV, and audit/review requirements
- SLS code 896 is marked for EVV in Attachment B
- Many residential rate-reform codes are marked for HCBS
- Audit/review requirements depend on applicable organization thresholds and conditions
- A blank matrix field alone does not establish an exemption



Key Dates for This Reporting Cycle

Date	Action or Milestone
By November 13, 2026	Verify PD records and Primary Email Contact
November 30, 2026	Survey distribution begins
December 31, 2026	At least 60% EVV compliance, when applicable
January 31, 2027	Full HCBS compliance, when applicable
February 26, 2027, 5 p.m. PST	Complete annual surveys and applicable requirements
July 1, 2027–June 30, 2028	Annual earned QIP rate period

Reporting period: July 1, 2025–June 30, 2026

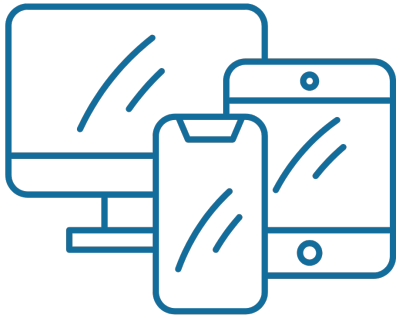
No grace period after the annual submission deadline.

Before Opening the Survey

- Verify the Provider Directory Primary Email Contact and parent association **by Friday 11/13/2026.**
- Confirm the vendor number, incentive path, and assigned surveys
- Identify who will coordinate resident and screening records
- Gather the most recent dates of residents' preventative health screenings
- Use approved processes to protect personal and health information

Eligible Residents and Survey Assignments

- Eligible residents lived in the associated home or facility for one or more months in FY 2025–26
- DDS provides the eligible resident list and required screenings
- Under 18 on June 30, 2026: child survey
- Age 18 or older on June 30, 2026: adult survey
- Vendor numbers serving both groups receive both surveys



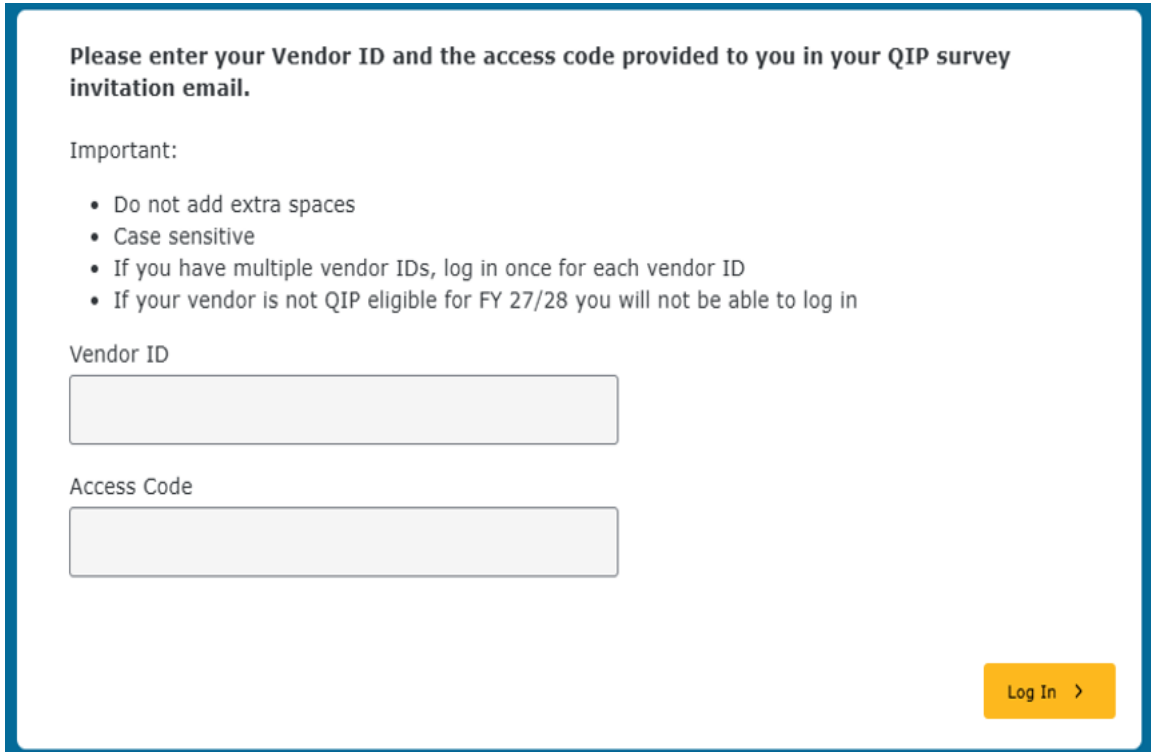
Completing the Prevention and Wellness Survey

A guided review of access, resident assignments, and screening dates



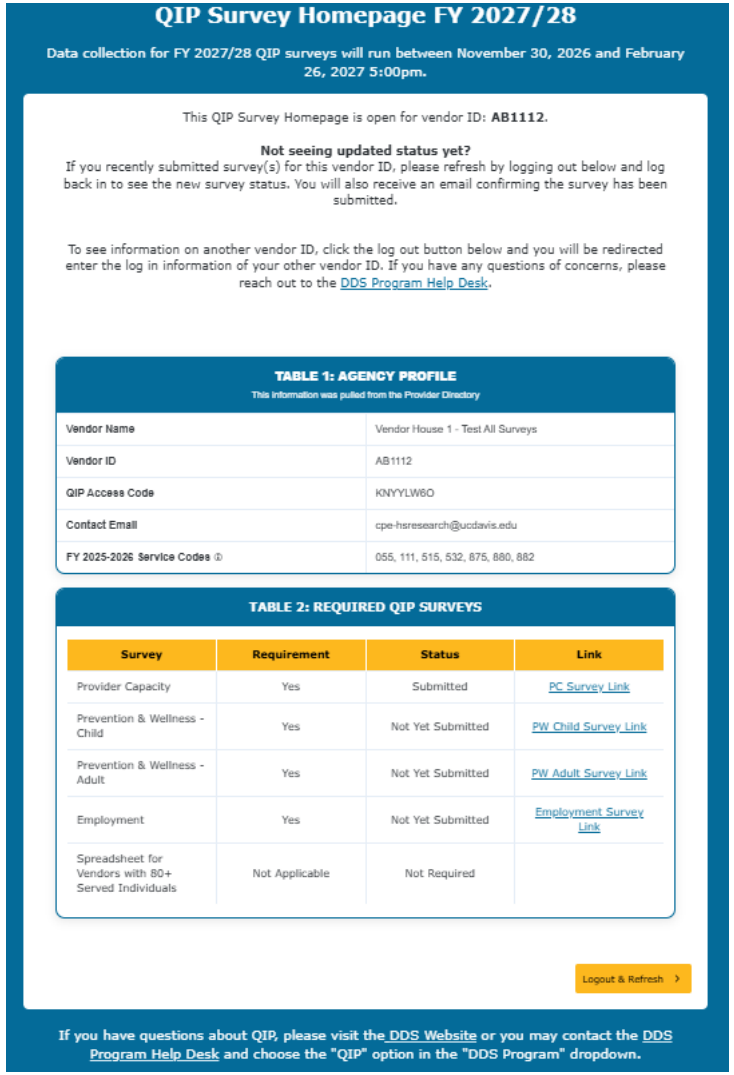
Walkthrough: Survey Login

- Search the Primary Email Contact's inbox and spam folder
- Sender: DDS-OQA@qualtrics-survey.com
- Look for the Prevention and Wellness survey invitation
- Use the invitation link, Vendor ID, and access code
- Check the vendor number before logging in



Sample login screen from the regional center training guide

Walkthrough: Your Survey Homepage



QIP Survey Homepage FY 2027/28

Data collection for FY 2027/28 QIP surveys will run between November 30, 2026 and February 26, 2027 5:00pm.

This QIP Survey Homepage is open for vendor ID: **AB1112**.

Not seeing updated status yet?
If you recently submitted survey(s) for this vendor ID, please refresh by logging out below and log back in to see the new survey status. You will also receive an email confirming the survey has been submitted.

To see information on another vendor ID, click the log out button below and you will be redirected enter the log in information of your other vendor ID. If you have any questions of concerns, please reach out to the DDS Program Help Desk.

TABLE 1: AGENCY PROFILE
This information was pulled from the Provider Directory

Vendor Name	Vendor House 1 - Test All Surveys
Vendor ID	AB1112
QIP Access Code	KNYYLW6O
Contact Email	cpe-hsresearch@ucdavis.edu
FY 2025-2026 Service Codes	055, 111, 515, 532, 875, 880, 882

TABLE 2: REQUIRED QIP SURVEYS

Survey	Requirement	Status	Link
Provider Capacity	Yes	Submitted	PC Survey Link
Prevention & Wellness - Child	Yes	Not Yet Submitted	PW Child Survey Link
Prevention & Wellness - Adult	Yes	Not Yet Submitted	PW Adult Survey Link
Employment	Yes	Not Yet Submitted	Employment Survey Link
Spreadsheet for Vendors with 80+ Served Individuals	Not Applicable	Not Required	

Logout & Refresh

If you have questions about QIP, please visit the DDS Website or you may contact the DDS Program Help Desk and choose the "QIP" option in the "DDS Program" dropdown.

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Spreadsheet for Vendors with 80+ Served Individuals	Not Applicable	Not Required	

1. Confirm the vendor number and agency profile.
2. Check adult/child assignments and other required surveys.
3. Open the assigned link; refresh status after submission.

Adult Screening Information

Screening	Population in Attachment A	Reporting Reference Interval
Physical exam	Adults 18 or older	At least once in the last year
Dental exam	Adults 18 or older	At least once in the last year
Colorectal screening	Adults ages 45–75	Stool test: last year; sigmoidoscopy: last 5 years; colonoscopy: last 10 years
Breast cancer screening	Women ages 50–74	At least once in the last 2 years
Cervical cancer screening	Women ages 21–65	At least once in the last 3 years

Follow the DDS-assigned reporting items for each resident.

5-Minute Break

We will resume with child reporting, screening dates, and final review



Child Screening and Immunization Information

Item	Population in Attachment A	Reporting Reference
Annual wellness visit	Children 17 or younger	AAP schedule for screening frequency
Dental exam	Children 17 or younger	At least twice per year
Vision exam	Children 17 or younger	AAP schedule for frequency; ophthalmology recommendations for the type of exam
Immunizations	Children 17 or younger	Up to date on California immunization requirements

Child survey assignment: under age 18 as of June 30, 2026. Use the DDS-provided resident list.

Reporting Screening Data

- This survey does not feature a back button, confirm all responses before moving to the next page
- Recommended frequencies for health screenings and exams vary, read the dates closely for each question
- Provide additional details on an individual's missed screening by selecting "Other" and typing into the text box.



Missing Records and Special Situations

- Missing or uncertain date: follow the survey instructions and request guidance
- Resident list or age assignment looks wrong: ask for review
- Report all eligible residents, including those beyond a one-time payment cap



Review and Final Submission

- Confirm the vendor number, resident list, and adult/child assignments
- Review all required residents and screening items
- Check dates, missing entries, and validation messages
- Complete every assigned survey, including Provider Capacity when required
- Complete final submission and review confirmation



Submission, Next Steps, and Support

Common situations, the payment cap, and follow-up



Common Access and Reporting Issues

Issue	Next Step
Missing invitation or login difficulty	Check the Primary Email Contact inbox and spam, then ask your regional center
Wrong adult/child assignment or resident list	Confirm the vendor number and age cutoff; request review
Missing or unclear screening date	Follow the actual question instructions and seek guidance
Payment cap has been reached	Continue reporting all eligible residents
Homepage status has not refreshed	After submission, log out and back in; seek help if it persists

Knowledge Check: Has the Vendor Finished Reporting?

A one-time incentive vendor number has 12 eligible residents. The provider reports on 10 and reaches the $10,000 cap.



- May the provider stop reporting because the cap is reached?
- What must it complete to satisfy the reporting requirement?

Submission and Incentive Validation

- DDS reviews reporting and applicable eligibility information
- Regional centers implement validated annual earned rates
- Annual rate period: July 1, 2027–June 30, 2028
- One-time incentives follow their separate eligibility and payment structure
- Survey submission alone does not establish an earned incentive



Data Analysis

Your Next Steps: Action Items

- Confirm each vendor number's incentive path and survey assignments
- Coordinate eligible resident lists and preventive health records
- Complete all required adult and child reporting by February 26, 2027, at 5 p.m. PST
- Complete Provider Capacity when required and resolve applicable compliance
- Monitor the Primary Email Contact inbox and DDS updates



Resources and Support

- Start with your vendoring regional center
- DDS QIP web page: directive, training, and reporting resources
- Complex unresolved issues: DDS Program Help Desk
- For issues outside Help Desk topics, regional centers may contact QIPquestions@dds.ca.gov



Live Questions and Answers

- Participation paths, service codes, and incentives
- Resident eligibility & adult/child assignments
- Screening dates, reference intervals, & missing information
- Access, submission, and individual follow-up



Questions and Answers



Which requirement or process needs clarification?

Please keep personal information out of case examples.