FY 2026-27 Prevention and Wellness Measure

October 29, 2025

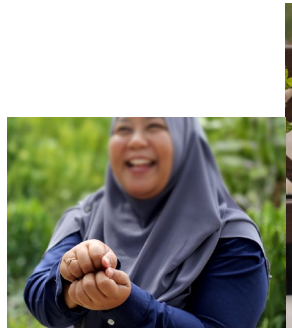
DDS Department of Developmental Services













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

- Raise hand, say first name and **speak slowly**



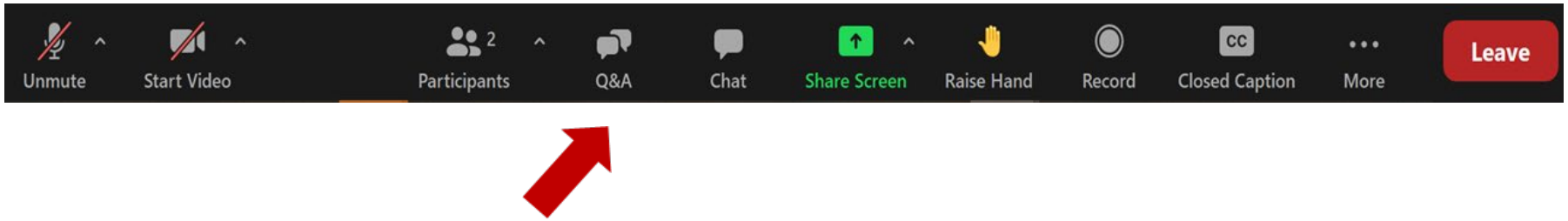
This meeting is being recorded



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.



AGENDA

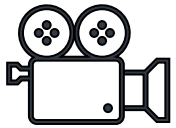
- Welcome
- Housekeeping
- Overview of QIP
- Prevention and Wellness Measure
- Reporting and Logistics
- Questions and Supports



THINGS TO KNOW



- **QIP Webpage**



- Training is recorded



- Type questions into the Q&A



- Email questions about the QIP or the Prevention and Wellness reporting measure to: **QIPquestions@dds.ca.gov**

QUALITY INCENTIVE PROGRAM

- The QIP allows service providers to earn 10% of their benchmark rate by completing quality measures.
- For the upcoming data collection period (beginning on November 3, 2025), **residential service providers** will be invited to complete:
  - **Prevention and Wellness measure**
    - Report on preventative health screenings for child and adult residents
  - **Provider Capacity measure**
    - Report on provider characteristics and workforce capacity



PREVENTION AND WELLNESS ELIGIBILITY



Eligible to earn the Quality Incentive rate:

- **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 & 915
- **Residential Facilities Serving Children** – Service Codes 910 & 920
- **Residential Care Facilities for the Elderly (RCFE)** – Service Code 113, 905, & 915

Eligible to earn the one-time incentive: ($1,000 per individual)

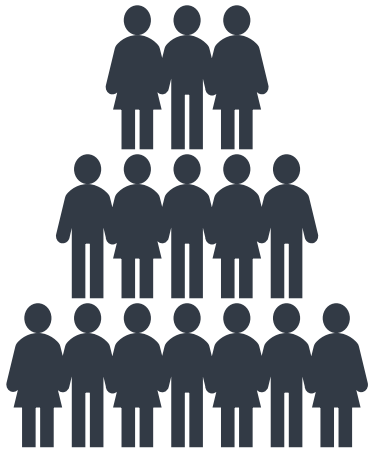
- **Residential Care Facilities for the Elderly** – Service Code 096 & 114
- **Enhanced Behavioral Support Homes** – Service Codes 900 & 901
- **Group Home for Children with Special Health Care Needs (GHCSHN)** – Service Code 163

PREVENTION AND WELLNESS DATA

POS data will be used to prepare a census of eligible residential service providers

Service providers will report on all individuals who lived in the residential setting for one or more months during Fiscal Year (FY) 2024-25.

All individuals will be listed in the survey for the provider



Questions will be displayed based on:

- DOB & Age
- Gender
- Recommended screenings/ immunizations based on individual's demographics

PREVENTION AND WELLNESS MEASURE

Residential service providers will:

- **Report** on whether individuals are up-to-date on select preventative screenings.

- **Provide a rationale** for any individuals who are not up-to-date, including:
  - The screening is medically contraindicated
  - The individual, a family member, or their conservator/legal guardian declines the screening.
  - The vendor was unable to find a provider willing/able to provide the screening
  - The vendor does not have access to medical records (e.g., new transfers)



This includes residential providers serving children

RESIDENTIAL SERVICE PROVIDERS WILL REPORT ON

ALL individuals residing in their facility/home for one month or longer from July 1, 2024 through June 30, 2025, including:



- Residents who are deceased at the time of reporting
- Residents who do not have up-to-date health screenings, regardless of rationale
- Residents for whom the service provider does not have access to medical records as of yet (i.e., new transfers)



PREVENTION AND WELLNESS MEASURE

Complete Reporting

- ☑ Providing the date of last preventative health screening
- ☑ Indicating that there is “no data to report” and providing rationale (e.g., medically contraindicated)

Incomplete Reporting

- ☒ Not providing any response regarding a resident’s preventative screenings

*Service providers who do not provide complete reporting on all eligible residents will **NOT** earn their Quality Incentive rate payment*

RECOMMENDED SCREENING FREQUENCIES FOR ADULTS

Preventative Screening	Screening Interval
Physical Exam	At least **once a year** for adults 18 years and older
Dental Exam	At least **once a year** for adults 18 years and older
Colorectal Screening	For adults 45 – 75: • Stool-based test at least once in the last year, **or** • Flexible sigmoidoscopy at least once in the last 5 years, **or** • Colonoscopy in the last 10 years
Mammogram	For women 50 – 74, at least once in the last two years
Pap Smear	For women 21 – 65, at least once in the last three years

Gather Resident Screening Information Prior to Accessing Form

Gender	Age Groups	Physical Exam	Dental Exam	Colorectal Exam	Mammogram	Pap Smear
Men	All Ages	✓	✓			
Men	45 - 75			✓		
Women	All Ages	✓	✓			
Women	45 - 75			✓		
Women	50 - 74				✓	
Women	21 - 65					✓

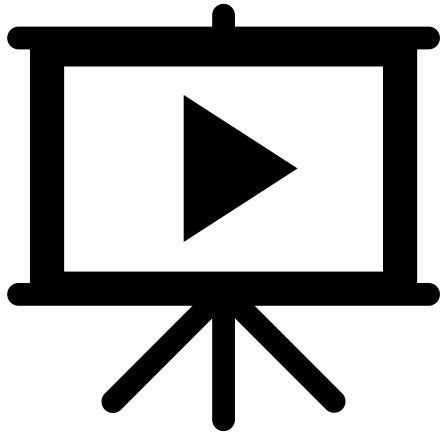
RECOMMENDED SCREENING INTERVALS FOR CHILDREN

All children (0 –18 years old) will report the following information

Preventative Screening	Screening Interval
Annual Wellness Visit	• At least **once a year** for children between 3 – 18 years • (see AAP periodicity guidelines for children under 3 years)
Dental Exam	• First exam at 12 months of age (or at eruption of first tooth) • Subsequent visits **every 6 months** thereafter
Vision Exam	• At least **once a year** for children between 3-6 years • Once **every other** year for children between 7- 15 years
Immunizations	See the **CDPH immunization schedule** for details

WALKTHROUGH DATA COLLECTION TOOL

LIVE DEMONSTRATION



OTHER REQUIREMENTS FOR EARNING QUALITY INCENTIVE



- Service providers must **meet criteria for vendorization*** and be validated in the Provider Directory by October 30, 2025.

- Service providers must **maintain compliance** with
  - **Electric Visit Verification (EVV)**
  - **Home and Community Based Services (HCBS) Settings Final Rule**
  - **Independent audits**

**** Subchapter 2, Chapter 3, Division 2 of Title 17 of the California Code of Regulations,***

ISSUING QUALITY INCENTIVE PAYMENTS



The Department will review the survey data, determine provider QIP rates earned, and direct regional centers to program rates for FY 2026-27 once all requirements are confirmed.

PROVIDER RESOURCES

DDS has posted resources for each of the three reporting measures (Prevention and Wellness, Employment, and Provider Capacity).



FACT SHEET



FAQ



WORKSHEET



Recorded Trainings

Live Q&A



QUESTIONS & SUPPORT

Email QIP questions to:

QIPquestions@dds.ca.gov

Thank you for attending!