



Implementing Incentivized Prevention Programs: Program Guidance (FY27)

July 1, 2026- June 30, 2027

Overview:

This document provides an overview of implementing incentivized prevention programs in Washington State. It will provide an overview of what an incentivized prevention program is; considerations when deciding to implement an incentivized prevention program; and details about the requirements for implementing an incentivized prevention program in alignment with state and federal guidance.

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What Is An Incentivized Prevention Program?

Incentivized prevention programs use monetary (eg: gift cards) or non-monetary (eg: transit vouchers, food incentives) to increase engagement in prevention-focused services. Incentives can be used in many ways including:

- Promote accessing an HIV/STI/HCV test
- Promote accessing treatment for HIV/STI/HCV after a test event
- Promote retention in prevention services, including attending medical appointments or adhering to medication
- Incentivize peers to recruit others in their social or sexual networks to access prevention services

Incentivized prevention programs are most successful when designed for specific target populations that are historically challenging to reach or who face more barriers to accessing services or care.

Considerations For Incentivized Prevention Programs

1. Focus Efforts on the Right Populations

Incentives are highly effective for "hard-to-reach" demographics or populations facing the highest barriers to care. It is important to ensure that incentives are not available to a broader base of clients but rather highly-targeted to those experiencing disparities in accessing or utilizing prevention services. [Data is available from OID](#) to help you learn more about where disparities may be occurring in your region or county.

[Social Network Strategy \(SNS\)](#) can also help you recruit additional folks from priority populations by incentivizing the recruitment of peers into prevention services. Incentives can be provided to both the individual who recruits others into prevention services as well as the peers that are recruited.

2. Structure Incentives Effectively

There are many ways to structure incentives. It is important to keep incentive values proportional to avoid coercive behavior while still addressing immediate financial needs. Studies show that incentivized testing program incentives are most effective in the \$5-\$25 range. It is also important to ensure that incentives are not accessed by the same individuals more than once every three months.

Additionally, using phased incentives is a strategy to support an individual accessing a series of prevention-related services with a different incentive amount. For example, you can provide a smaller incentive for a client to access an HIV/STI/HCV test but a larger incentive to return for treatment or care (if a positive result is identified).

3. Ensure Privacy and Confidentiality

Client trust is important. However, incentivized testing cannot be offered anonymously in Washington. This means you will need to clearly communicate to clients the process for accessing an incentive and how data may be stored or used and by whom.

4. Evaluate and Adapt

Not all incentivized prevention programs will be successful. It is important to continuously evaluate and adapt your incentivized prevention program to ensure that the use of incentives is improving prevention outcomes in alignment with your incentivized prevention program goals.

OID staff will help you monitor and evaluate your incentivized program through the year to identify successes or challenges. OID will support sharing successful incentivized prevention program examples for our partners across the state as we learn more about best practices and program successes.

OID Incentivized Prevention Program Requirements

In order to be in alignment with federal and state laws/rules, there are a few requirements that incentivized testing programs must adhere to.

No Cash Incentives

While there is flexibility in the type of incentives that can be used, cash incentives cannot be used in DOH funded programs. Gift cards may be used and the amount of these can vary (in alignment with the considerations mentioned above).

Use Of Incentives Must Be Approved

If using DOH resources for an incentivized prevention program, approval by OID staff must be obtained prior to implementation. Agencies should complete the *OID Incentivized Prevention Program Approval Form* so that OID staff can learn more about your proposed use of incentives. OID staff will approve or offer feedback before approving the use of incentives.

Learning more about each agencies' use of incentives will help us identify how different agencies are using incentives across the state and about where we may be identifying success or barriers to implementing incentivized prevention programs.

Incentive Distribution Must Be Documented

Documenting the distribution of incentives to individuals is important for both a program and fiscal monitoring. OID staff need to be sure that all incentives purchased are distributed and used for their intended purposes. OID staff may review:

- Incentivized Testing Approval Form: Ensure that approval was given to utilize incentives including what kind and amount. This only needs to be submitted once but can be

updated if your incentivized testing program changes.

- A19 Submissions: Review when incentives are purchased to ensure it aligns with what was approved.
- Incentive Distribution Tracking Log: Ensure that what is purchased aligns with what is distributed. Each individual client incentive distributed must be linked to an individual client. This is also important for DOH Fiscal Monitoring Unit (FMU) when they audit each agency. OIA staff may review client incentive logs during site visits as well. This may be reviewed at any point during the contract period but does not need to be submitted routinely.
- The individual responsible for distribution **cannot** be the only person keeping track of the log. For gift cards, tracking log needs submitted to us when we ask for it and should track amount, card number, date issued, client it was issued to (link to EvalWeb AGF # or Local ID #) and signatures from the staff person distributing the card and the recipient.

Incentivized Distribution Tracking Template

This template may be used but your agency may develop their own tracking tool, if preferred. Each individual client incentive distributed must be linked to an individual client. This can be done using EvalWeb AGF # or Local ID #.

The diagram shows a table titled "Syndemic Prevention Incentive Tracker" with the following columns: EvalWeb AGF #, Local Form ID #, Date Given, Gift Card #, Amount Given, Staff Signature, Client Signature, and Incentive Purpose/Additional Information. Callouts with arrows point to specific parts of the table: "Link to local EHR/EMR, if used" points to the Local Form ID # column; "Link to EvalWeb test event" points to the EvalWeb AGF # column; "The individual responsible for distribution cannot be the only person keeping track of the log" points to the Staff Signature column; and "What was the purpose of this incentive? Any other additional information should go here." points to the Incentive Purpose/Additional Information column.

Syndemic Prevention Incentive Tracker							
EvalWeb AGF #	Local Form ID #	Date Given	Gift Card #	Amount Given	Staff Signature	Client Signature	Incentive Purpose/Additional Information

Resources & References

[Effectiveness of and best practices for using contingency management and incentives for health care issues related to HIV, sexually transmitted infections \(STIs\), and pre-exposure prophylaxis \(PrEP\)](#) (Ontario HIV Treatment Network)

[STD Program Evaluation Tools & Trainings](#) (NCSD)

[Retrospective Cohort Study of Financial Incentives for Sexually Transmitted Infection Testing and Treatment in an Outreach Population in Edmonton, Canada, 2018-2019](#) (NIH)

[Scaling Up CareKit: Lessons Learned from Expansion of a Centralized Home HIV and Sexually Transmitted Infection Testing Program](#) (NIH)