GOVERNMENT OF THE DISTRICT OF COLUMBIA

Child and Family Services Agency

 **Administrative Issuance:** CFSA-16-002

TO: All Staff

FROM: Michele Rosenberg

 Deputy Director for Planning, Policy, and Program Support (OPPPS)

DATE: May 19, 2016

RE: Use of Incentives to Promote Client Participation in Quality Assurance Activities

This administrative issuance informs staff and social workers that clients and former clients on their caseloads who are not receiving DC adoption/guardianship/foster care payments may receive gift cards as incentives for their participation in certain mandated quality assurance activities, and to outline procedures for the OPPPS quality assurance staff that obtain and distribute them. While CFSA social workers are often involved in the identification and recruitment of clients who are willing and able to participate in such activities, social workers are not directly involved in the distribution or tracking of incentives to clients. OPPPS quality assurance staff is responsible for tracking and distributing incentives.

CFSA conducts a variety of quality assurance and case review activities that require the Agency, through personal interviews and surveys, to seek input, insight, and feedback from current and former clients regarding their experiences in the District child welfare system. These activities include quality service reviews (QSR) and needs assessments as well as federal Child & Family Services Reviews (CFSR), Child & Family Service Plan (CFSP) and associated Annual Progress & Services Reports (APSR), and lastly National Youth in Transition Database (NYTD) surveys. The Agency conducts these activities as part of its continuing quality improvement efforts, to determine future service needs, and to comply with federal mandates.

CFSA wants to maximize client participation in these activities to increase the representation of client voice, and to ensure Agency compliance with its mandates. Toward that end, CFSA may provide gift cards, vouchers, and/or transportation passes, in an amount not to exceed $25, as incentives to clients and former clients who agree to participate in the activities enumerated above.

Quality Assurance activity incentives may not be provided to current foster parents, adoptive parents, or legal guardians who are receiving subsidy payments from the Agency.

**Procedures for Obtaining and Distributing Incentives**

1. OPPPS quality assurance staff may obtain (subject to allocation and availability) incentive cards, passes, and vouchers for quality assurance activities through the Agency Fiscal Officer (AFO).
2. Staff persons who obtain incentives from the AFO must secure and distribute them according to AFO requirements, and must provide inventory and distribution documentation to the AFO for audit support.
3. For every participant in a quality assurance activity who receives an incentive card, pass, or voucher, the OPPPS staff person responsible for coordinating the activity must ensure that the attached “Incentive Receipt Form” is completed and signed by the requisite parties to the transaction.
4. Incentives are to be distributed only after the recipient has completed his/her participation in the quality assurance activity.

Questions about this issuance should be directed to the Deputy Director for Planning, Policy, and Program Support or the Agency Fiscal Officer.

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# Incentive Receipt Form

**Quality Assurance Activity Information**

|  |  |  |
| --- | --- | --- |
| **Date of Activity** | **Location** | **Description of Activity** |
|  |  |  |

**Recipient Information**

|  |  |
| --- | --- |
| **Name** | **Quality Assurance Role (e.g. youth, birth parent, kin resource)** |
|  |  |

**Incentive Information**

|  |  |  |
| --- | --- | --- |
| **Incentive Type (e.g. gift card or metro card)** | **Amount** | **Serial Number** |
|  |  |  |
|  |  |  |
|  |  |  |

**Attestations**

|  |
| --- |
| I assert that this incentive is being provided for the sole purpose of the recipient’s participation in a quality assurance activity that CFSA is mandated to conduct, and that the Agency is required to solicit the recipient’s feedback on his/her experiences during or following the receipt of Agency services. I attest to the accuracy of the above-provided information.  |

|  |  |  |
| --- | --- | --- |
| **Staff Name (Printed)**  | **Staff Signature** | **Date** |
|  |  |  |

|  |
| --- |
| By signing below I acknowledge my participation in the above-listed quality assurance activity and receipt of the itemized incentives. I understand that incentives will not be replaced if lost or stolen. I acknowledge that I am not receiving any adoption/guardianship/foster care payments from the District of Columbia. |

|  |  |  |
| --- | --- | --- |
| **Recipient Name (Printed)** | **Recipient Signature** | **Date** |
|  |  |  |