



ETLWDA  
WORKFORCE INNOVATION AND  
OPPORTUNITY ACT  
POLICY MANUAL

# Pages: 2  
Issued: 16 October 2018  
Effective: Immediately

APPROVED ETLWDB CHAIR:

**SUBJECT: ELECTRONIC CASE FILES WIOA TITLE I**

**POLICY STATEMENT:** The ETLWDB directs Board staff to monitor and report on a quarterly basis WIOA Title I contractor's adherence to the guidance within this policy.

**INTRODUCTION:** This guidance originates from multiple regulations related to government agencies' transition from paper to electronic files. Among these are the: *E-Government Act of 2002, Government Paperwork Elimination Act of 1998, Paperwork Reduction Act of 1995, State of Tennessee's Paperwork Reduction and Simplification Act of 1976, and Tennessee Electronic Records Policy*. Section 185 of the Workforce Innovation and Opportunity Act (WIOA) requires recipients of Title I funds to keep records that are sufficient to prepare reports and permit tracing of expenditures to adequately ensure that funds have not been spent unlawfully. This guidance applies to electronic file storage and documentation imaging standards in the administration of the following Federal programs: WIOA, Wagner-Peyser (WP), Trade Adjustment Assistance (TAA), and related assistance programs.

**PURPOSE:** This Guidance provides instruction for the collection, dissemination, storage, and protection of information contained within electronic files.

**PROCESS:**

**Electronic Records**

1. In order to case manage participants in the American Job Center (AJC) system, career specialists **must use Jobs4TN to:**
  - a) create participant applications
  - b) record provided services
  - c) upload supporting documentation to verify eligibility
  - d) provide case notes regarding interactions with participants
  
2. **Staff should utilize the electronic registration whenever possible.** The use of electronic records:
  - a) Provides for an easily accessible, single-point of access for file review
  - b) Reduces staff time accessing hard copy documentation
  - c) Ensures more secure storage of sensitive information
  - d) Increases the consistency of file documentation
  - e) Ensures complete verification for program eligibility

**A. Medical Records**

Records containing identifiable health information-also known as protected health information (PHI) under the HIPAA Act of 1996 – such as health status, provision of health care, or payment for health care should be maintained in a secure area and in paper format.

**B. Data Validation**

Data validation is an annual review of a sample of participants from the federal report. Staff to the Board and career service provider management shall review reports generated by the Tennessee Department of Labor and Workforce Development staff and prepare corrective action plans and/or responses to the Department when deemed necessary.

**C. Deleting Images**

Only under limited circumstances will staff be allowed to delete an image that has already been saved to a participant's electronic file. Requests to delete files should be submitted via email to the Director of Career Services with a copy to the ETHRA Performance and Information manager. The ETHRA Performance and Information manager will make the final decision.

**D. Record Maintenance**

Sub-recipients of funds shall keep records that are sufficient to permit the preparation of reports and to permit the tracing of funds to a level of expenditure adequate to ensure that the funds have not been spent on non-allowable activities (WIOA § 185(a)(1)). This guideline applies to both paper and electronic records. Although electronic files are intended to replace paper documents, records must be maintained in a manner that enables staff to produce a tangible, paper copy immediately upon request. TDLWD requires the maintenance of records for a period of five (5) years.

**E. Confidentiality of Data or Information and Required Release Forms**

Data or information acquired from participant or for the participant are confidential and to be used exclusively for statistical purposes. Data will not be released in a manner that can identify a unique individual except for reporting and statistical purposes. Use of this information is prohibited except with the informed consent of the respondent.

**F. Required Release Forms**

The accompanying ETLWDB *AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION AND RECORDS* form must be signed and dated by the participant and career specialist (if applicable). The signed form will be uploaded to the participant's file in VOS by a career specialist in order to validate that the participant agrees to the release of information for reporting purposes.

Education records are covered under the Family Educational Rights and Privacy Act enacted in 1974. Under this law, students have the right to control disclosure of their education records. Participants who attend training through WIOA-funded programs must sign and date ETLWDB *AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION AND RECORDS* in order to obtain information or copies of certifications or diplomas from educational institutions for data validation and reporting purposes.

**G. Legal Status of Electronic Documents**

Electronic records submitted or maintained in accordance with procedures developed under this title, or electronic signatures or other forms of electronic authentication used in accordance with such procedures, shall not be denied legal effect, validity, or enforceability because such records are in electronic form (Public Law 105-277 Title XVII Section 1707).

# AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION AND RECORDS

## PURPOSE OF THIS FORM

The purpose of this form is to obtain your permission to share your confidential information and records, including your social security number, among the partner agencies of the American Job Center (AJC) system. By sharing your confidential information and records, the partner agencies of the AJC system will be able to better assist you in identifying and accessing employment, training, and educational services.

## PLEASE READ THE FOLLOWING CAREFULLY

I understand that the partner agencies of the AJC are requesting my permission to share my confidential information and records in order to facilitate access to programs under the United States Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128, July 22, 2014.

**I understand that I am not required to give permission to share my confidential information and records, including my social security number, among the partner agencies.**

I understand that if I agree to share my confidential information and records, including my social security number, the information will be shared solely with members of the AJC partner agencies for the sole purposes of enabling members of the system to provide me employment and training services.

I understand that if I do not agree to share my confidential information and records, that information, and those records, will only be shared to the extent allowed by Federal and state law.

I understand that my eligibility to participate in WIOA Title I programs does not depend on my agreement to share my confidential information and records including my social security number. In fact, if I request that private and confidential information not be shared among the partner agencies of the AJC system, my eligibility for services will not be affected. [RCW 50.13.060(11)].

I understand that my confidential information and records may contain information regarding medical diagnosis or treatment for drug or alcohol abuse (42 CFR, Part 2).

## I CONSENT AND AGREE TO SHARE MY RECORDS:

I, (Print Name) \_\_\_\_\_ hereby consent and agree that the partner agencies of the American Job Center system may share my confidential information and records including, but not limited to, my name; address, telephone number; email address; social security number; date of birth; age; educational records, as described in the Family Education Rights and Privacy Act of 1974, 20 USC 1232g; gender; race/ethnicity; employment history (e.g., employer name, wages, work hours, etc.) financial information (such as household income and student financial aid information, including award status and amounts); and my eligibility for special programs (e.g., disability, veteran, dislocated worker, economically disadvantaged, public assistance, food stamps, or unemployment insurance programs).

OR,

## I DO NOT CONSENT AND AGREE TO SHARE MY RECORDS:

I, (Print Name) \_\_\_\_\_ hereby do not agree or consent to share my confidential information and records with the partner agencies of the American Job Center system.

\_\_\_\_\_  
CUSTOMER SIGNATURE

DATE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
CASE SPECIALIST SIGNATURE

DATE

\_\_\_\_\_  
CASE SPECIALIST PRINTED NAME