

# Fresno Regional Workforce Development Board

A proud member of America's Job Center of California<sup>SM</sup> Network

2125 Kern Street, Suite 208 • Fresno, California 93721 • 559.490.7100 • Fax 559.490.7199 • www.frwdb.net

Blake Konczal, Executive Director

## **OPERATIONAL DIRECTIVE**

**FRWDB OD # 25-21**

**Date Released: November 12, 2021**

**To: All Fresno Regional Workforce Development Board Providers of Services**

**From: Blake Konczal, Executive Director**

**Effective Date: November 12, 2021**

**Subject: Health/Medical Information Handling Protocols**

**Applicable Program: All**

**Revision History: Initial Release**

This Operational Directive (OD) provides guidance on the requirements for the security of personal and confidential information WIOA Providers of Services collect from applicants/participants as part of the WIOA eligibility application process and/or for the purpose of providing other WIOA funded services (i.e. supportive services).

This OD outlines the steps necessary to ensure the privacy of health/medical information obtained from applicants/participants and to protect information from unauthorized disclosure.

The collection and data entry of health/medical information, including disability-related information, may be required as part of the initial WIOA eligibility application and to determine the need for additional WIOA funded services. Each Provider of Services must collect and maintain such information, in accordance with procedures prescribed by the FRWDB Equal Opportunity (EO) Officer.

Any health/medical information, including information that could lead to the disclosure of a disability, must be treated confidentially, stored in a manner that ensures confidentiality, and must be used only when appropriate for the purposes of eligibility requirements and reporting (i.e., determining eligibility for WIOA Title I-financially assisted services).

Providers of Services must adhere to the following steps to ensure the privacy and confidentiality of health/medical information obtained from an applicant/participant.

### **Collection of Information:**

If an applicant/participant discloses they have a disability Provider staff must review the information provided by the applicant/participant and certify that they have reviewed the eligibility information and the applicant/participant meets the eligibility requirements for WIOA Title I-funded services, as appropriate.

Provider staff will:

- Complete and sign Statement WIOA Title I Document Inspection Verification Form
- Return the documents to the applicant/participant

- Do not make copies of any documents.

### **Data Entry:**

- Provider staff must check the disability box in the WIOA CalJOBS<sup>sm</sup> application.

### **Case Notes:**

- Provider staff must case note that they have received and verified eligibility information and the WIOA Title I Document Inspection Verification Form has been completed.
  - Case notes, must **NOT** include any health/medical or disability-related information including, but not limited to the use of any of the following words: “health/medical, disability, reasonable accommodation, SSDI,” or anything similar.
    - Acceptable wording would be: “verification document securely uploaded”.

### **Digital Case File Naming Convention/Upload Process:**

- The completed WIOA Title I Document Inspection Verification Form must be uploaded in a password protected CalJOBS<sup>sm</sup> file that only authorized staff will have access to (i.e., current ACA/ERS, Provider named Security Officer, and FRWDB EO Officer, if the circumstances require) and labeled “Document Inspection Verification Form.”
  - The password is to be generated and controlled by the Provider’s Security Officer.
- Providers are **not** to maintain or upload any copies of the eligibility verification documents.

Any documents or case notes in CalJOBS<sup>sm</sup> that include health/medical or disability related information will be considered a finding for the Provider of Service during a monitoring process.

Please direct any questions to the FRWDB EO Officer.

### **Form:**

QUA-070, Health/Medical Document Verification Form