1.6 Required Documentation

Created on: Nov 30 2020 Revised on: September 21, 2021

The Required Documentation section includes:

- 1.6.1 Who is required to document?
- 1.6.2 Why documentation matters??
- 1.6.3 When and where to document??
- 1.6.4 What does "special records" eategory mean?
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1.6.3 When and where to document?

Whenever there is an interaction with the participant or on behalf of a participant, the WFPS/WFSSS must document <u>in a timely manner</u> the issues, needs, and actions taken <u>in a timely manner</u>. When working with a two-parent household, document participation discussions with both parties as necessary to develop their Individual Responsibility Plans (IRPs). Be descriptive and document interactions with the participant or other parties involved in their WorkFirst participation, deferral, or exemption. Also, document any time action is taken on their case. Some examples include:

- In person or phone conversations including the contact number.
- During/after the <u>c</u>Comprehensive <u>e</u>Evaluation and <u>a</u>Assessment
- Case staffings
- Referrals
- Support service requests
- Receipt of email from the participant or a provider
- Interactions with an AREP, caregiver, or Power of Attorney
- Interactions with a provider, contractor, or partner
- Contact with landlords or vendors
- Scheduling or mailing correspondence

The type of interaction with the participant determines where to document:

- eJAS Client Notes for most contacts
 - Select the Case Notes type that best captures the contact
- Comprehensive EeEvaluation Pathway Development (CE) Ttool

- See WFHB section 3.2.1 and 3.2.3 for more information on creating the CE
- Social Services Assessments
 - See WFHB section 6.2 and 3.2.3 for more information on creating an assessments
- Individual Responsibility Plans (IRP)
 - See WFHB section 3.3.1 for expectations in IRP
- Case Staffing/Extension Review
- Sanction Review
- Sanction Re-Engagement Summary Page
- Time Limit Extension tool
- Referral
- Confidential Note Types or "Special Records" are crucial to protect the participant's privacy, as well as, adhere to state and federal confidentiality laws for substance abuse, mental health needs and domestic violence. When adding personal/private information into the data systems, staff must follow a "do no harm" approach. See WFHB section 3.7.2.4 for instructions on how to have confidential notes removed from a non-protected note type(s). (see WorkFirst Handbook section 1.6.4)

Note: Do no harm means; not putting people's safety in jeopardy, always use a confidential note type when documenting the following notes; domestic violence, mental health, substance abuse, and protected health information such as HIV.

1.6.4 What does "special records" category mean?

A participant's information is confidential under state and federal law. In eJAS, there are certain categories of client information, called "Special Records", with increased protection. These categories contain information about:

- Mental Health
- Family Violence
- Chemical Dependency
- HIV/AIDS/STD
- Confidential Payments

Entering information on these topics in s"Special #Records" categories in eJAS Client Notes is crucial to protect the participant's privacy and to adhere to state and federal confidentiality laws for substance abuse, mental health needs and domestic violence. When adding personal/private information into data systems, staff must follow a "do no harm" approach. See WorkFirst Handbook section 3.7.2.4 for instructions on how to have confidential notes/special records removed from a non-protected note type(s).

If these topics come up in discussion with a participant, the WorkFirst staff is toshould only use the corresponding note type in eJAS Client Notes when documenting the discussion and participant's circumstances relating to the topic. The Pathway Development Tool in its entirety is protected as Special Records – only CSD WorkFirst staff can view it.

NOTE: WorkFirst staff use the HIV/AIDS/STD note type only when a participant voluntarily provides information about HIV/AIDS/STD issues that could interfere with WorkFirst activities. It can also be documented in the PDT *Medical/Health* topic.

1.6.54 What are the documentation standards?

Every interaction must be documented; however, not all documentation requires the same amount of detail and depth. Documentation needs vary based on the type of interaction you have with a participant and builds on the ongoing story and goals of the participant. Types of interactions that should include documentation are as follows:

Comprehensive Evaluation/Assessments:

- Household composition
- Circumstances that led to TANF application
- o Areas of stability and strength for the family
- o Areas of instability or obstacles identified by the family
- o Identified goals for the family

Case Staffing:

- Who participated and their role with the family
- Reasons for the staffing (examples: transition from activity to another, good cause determination, celebrate participant's success)
- o Outcome of the staffing and next steps
- Ongoing plan (IRP, deferral, referrals)

IRP Development:

- o Reflect the participant's agreement to a chosen activity and the IRP
- Activities and hours of participation
- How transportation and child care are addressed
- o How the IRP is working towards customer goals
- For two-parent households: document under note type **Participation** in both cases (e.g. "Participation was discussed and agreed upon with both parties").

• Support Service Request(s): See WFHB Section 2.2

- Type of support(s) being requested
- Discussion about any resources that may currently be available
- Any lower cost alternatives that might be available
- How do they plan to take over the ongoing costs in the future
- Outcome of request:
 - If approved, explanation for the amount provided
 - If denied, explanation for why
- Other Ongoing Interactions: Describe elements of the situation and document the plan by using:
 - **Description:** What's the reason for the contact
 - Who was contacted

- How did the contact occur (in person, phone call <u>including contact number</u>, document in ECR)
- Why is the contact being made
- o **Intervention:** What was decided during the contact
 - What is the need the participant disclosed
 - Information or suggestions provided
- o **Plan/Outcome:** What are the participant's next steps
 - When is the next step due
 - Any referrals needed or made

1.6.<u>6</u>5 How to stay objective?

No revisions for this section (only header numbering update).

1.6.<u>7</u>6 What are the best practices in documentation?

No revisions for this section (only header numbering update).

Resources

The Social Services Desk Aid Documentation Expectation Desk Aid

Related WorkFirst Handbook Sections

- 3.2 Comprehensive Evaluation
- 3.3.1 IRP
- 6.1 Resolving Issues