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Purpose

The purpose of this policy is to ensure that all participant services and outcomes within the Pathways Home 3 program are properly documented and supported by appropriate source documentation. Compliance with source documentation requirements is essential to verify services provided, outcomes achieved and ensure alignment with the Department of Labor (DOL) regulations. This policy addresses the identified gaps in source documentation, establishes standards for documentation, and defines procedures for collecting, verifying, and maintaining required records

Procedural Guidelines

Source Documentation Requirements

1. Participant Eligibility Documentation:

- **Documentation Required:**
 - **Age:** A valid state or federal ID, birth certificate, driver's license, or passport.
 - **Incarceration Status:** Official records from the correctional facility showing the participant's name, incarceration dates, and release date. ○
- **Release Date:** Documentation from the Date Calculator reflecting the projected release date.
 - **Target Area Residency:** Self-attestation or documentation proving plans to return to Thurston or Lewis Counties.
 - **Work Eligibility:** I-9 documentation (e.g., passport, social security card, or other legal proof of work eligibility).
 - **Selective Service Registration:** Documentation verifying compliance with Selective Service requirements, such as a registration card or online verification.

2. Service Provision Documentation:

- **Documentation Required:**
 - **Job Readiness and Skills Training:** Sign-in sheets for workshops, training certificates, completion letters, and notes in the Grantee Performance Management System (GPMS).
 - **Individual Development Plan (IDP):** Completed IDP forms that include participant signatures, case manager signatures, and service updates.

- **Supportive Services:** Documentation of the supportive services provided (e.g., transportation vouchers, housing referrals), including receipts, invoices, or referral records.

3. Outcome Documentation:

- **Documentation Required:**
 - **Employment Status:** Pay stubs, employment verification forms, or self-attestation forms verified by employers.
 - **Credential Attainment:** Copies of certificates, diplomas, or training completion records issued by education or training providers.
 - **Measurable Skill Gains:** Test scores, progress reports, and training evaluations showing progress toward educational or vocational goals.
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Procedures

1. Documentation Collection and Verification

A. Participant Eligibility:

- **Responsibility:** Case managers must collect all required eligibility documents during intake and ensure that they are uploaded into GPMS.
- **Procedure:**
 1. During intake, the case manager will collect the necessary documents (ID, incarceration records, work eligibility forms, etc.) from the participant.
 2. Verify the authenticity and accuracy of all eligibility documents and upload them to GPMS within five (5) business days of receipt.
 3. If eligibility is unclear or documentation is missing, escalate to the Quality Assurance (QA) Manager for review and approval.

B. Service Provision:

- **Responsibility:** Case managers must document all services provided to participants, ensuring that all service interactions are supported by appropriate documentation.
- **Procedure:**
 1. Record services provided (e.g., workshops, job readiness training, supportive services) in GPMS within forty-eight (48) hours of service delivery.
 2. Collect and upload supporting documentation (e.g., signed training attendance sheets, vouchers for transportation assistance) into the participant's file.
 3. For ongoing services, update the participant's IDP and ensure that progress is documented in real-time.

C. Outcome Verification:

- **Responsibility:** Case managers and program staff are responsible for verifying participant outcomes such as employment, credential attainment, and measurable skill gains.
- **Procedure:**

1. Collect employment verification forms or pay stubs within thirty (30) days after placement in employment. If pay stubs are not available, use employer provided employment verification or self-attestation.
2. Obtain copies of credentials or certificates from training providers and upload them into GPMS within ten (10) business days of receipt.
3. Document measurable skill gains by obtaining test scores or training progress reports and ensuring they are stored in the participant's file.

2. Quality Assurance and Validation

A. Internal Data Audits:

- **Responsibility:** The QA Manager will conduct internal audits to validate the completeness and accuracy of source documentation for all participants.
- **Procedure:**
 1. Conduct quarterly audits of participant files to ensure all eligibility, service, and outcome documentation is present and accurate.
 2. Cross-check the data in GPMS with the physical or digital copies of supporting documents to verify that services and outcomes are properly documented.
 3. Provide feedback to case managers on any missing or incomplete documentation, and ensure corrective actions are taken within ten (10) business days.

B. Data Reconciliation:

- **Responsibility:** The QA Manager will reconcile discrepancies between GPMS records and source documentation to ensure accuracy.
- **Procedure:**
 1. Identify discrepancies between the data entered in GPMS and the supporting documents during monthly reviews.
 2. Work with case managers to correct any missing or inaccurate data within five (5) business days.
 3. Submit a reconciliation report to the Program Manager outlining the steps taken to resolve discrepancies.

3. Documentation Retention A. Record

Retention Policy:

- **Responsibility:** All program staff must adhere to the organization's record retention policy, ensuring that all documentation is stored for a minimum of three years post exit.
- **Procedure:**
 1. All physical and digital participant files must be retained in secure storage for at least three (3) years after the participant exits the program, in compliance with federal regulations.
 2. Ensure that all electronic documentation is securely backed up and accessible for audits or monitoring visits.

3. After the three-year retention period, the QA Manager will review files for potential archiving or disposal according to PacMtn's records retention policy.
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Corrective Actions for Non-Compliance

A. Identifying Non-Compliance:

- **Responsibility:** The QA Manager will identify non-compliance with source documentation requirements during regular audits or reviews.
- **Procedure:**
 1. If missing or inaccurate documentation is identified, the QA Manager will issue a corrective action notice to the responsible case manager.
 2. The case manager will have five (5) business days to provide the missing documentation or correct inaccuracies.
 3. The QA Manager will verify that corrective actions have been completed and document the resolution in the participant's file.

B. Ongoing Monitoring:

- **Responsibility:** The Program Manager and QA Manager will oversee ongoing compliance monitoring to ensure continued adherence to documentation standards.
 - **Procedure:**
 1. Perform monthly compliance checks to identify any recurring issues with source documentation.
 2. Implement additional training or monitoring if patterns of non-compliance are identified.
 3. Document all compliance checks and corrective actions in GPMS for future audits.
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Staff Training

A. Documentation Training:

- **Responsibility:** The QA Manager is responsible for providing training to all program staff on proper documentation procedures and standards.
 - **Procedure:**
 1. Provide documentation training during onboarding for all new case managers and program staff.
 2. Offer quarterly refresher training on source documentation requirements, focusing on eligibility verification, service tracking, and outcome reporting.
 3. Monitor compliance through regular reviews and provide additional training for any staff found to be non-compliant.
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Internal Auditing and Reporting

A. Internal Audit Process:

- **Responsibility:** The QA Manager will conduct internal audits of all participant files to ensure compliance with source documentation requirements.
- **Procedure:**
 1. Conduct quarterly internal audits of a random sample of participant files to ensure that all required source documentation is present and accurate.
 2. Submit audit reports to the Program Manager outlining findings, corrective actions, and recommendations for process improvements.

References

- **WIOA Section 116:** Compliance requirements for documenting participant outcomes and services.
- **TEGL 10-16, Change 3:** Guidance on performance accountability under WIOA.
- **GPMS User Manual:** Instructions for data entry and documentation in the GPMS system

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