

**RECORDS RETENTION AND DISPOSAL SCHEDULE**

Division of Long Term Care

Medical Care Compliance Administration - DHMH

Community Services

AGENCY

DIVISION

Item No.	Description	Retention
1	<u>Home Health SURS Cases</u> - Record consists of SURS case record and exception logs. MMIS Provider File, reports, Home Health Certificates and Treatment Plans	Retain in office until case has been completed and for 2 years thereafter; transfer to Records Ctr. for additional two years; then destroy.
2	<u>Home Health Provider Agency Files</u> - Records consist of correspondence between DHMH and the Provider Agency.	Retain in office for 5 years after service activity ceases and then destroy.
3	<u>Home Health Recipient Files</u> - Records consist of Pre-authorization for home health, worksheets, medical records requests, certificates and treatment plans.	Retain in office for 1 year after service ceases, transfer to Records Ctr. for additional 4 years; then destroy.
4	<u>Home Health Unapproved Recipient Preauthorization</u> Records consist of Home Health Service requests, certificates, treatment plans, and correspondence to Provider Agency.	Retain in office for 1 year transfer to Records Ctr. for additional 4 years, then destroy.
5	<u>Personal Care SURS Cases</u> - Records consist of SURS Provider Exception Log, SURS Claim Detail reports, MMIS data, Case Manager records and provider records.	Retain in office until case completed and for 2 years thereafter; transfer to Records Ctr. for additional 3 years; then destroy.
6	<u>Personal Care Case Manager Files</u> - Records consist of Personal Care Services applications and plans of care, cases reviewed sheets, provider's record, computer printouts and correspondence.	Retain in office for 5 years after service ceases and destroy.
7	<u>Personal Care Provider Files</u> - Records consist of Personal Care Provider Applications and reference letters, agreements, invoices, contact sheets, correspondence, and termination notices.	Retain in office for 2 years after service ceases; then transfer to Records Ctr. for additional 3 years; then destroy.

Schedule Approved by Department,  
Agency, or Division Representative

*Willard Dixon*

Administrative  
Specialist I

8/29/88

Willard Dixon

Date

Signature

Title

Schedule Authorized by  
Hall of Records Commission

*10/10/88*

Date

*[Signature]*

State Archivist

**RECORDS RETENTION AND DISPOSAL SCHEDULE**  
(CONTINUATION SHEET)

No.	Description	Retention
8	<p>Personal Care Recipient Letters - Records consist of Personal Care Service Applications, Plans of Care, request for level of care, level of care preauthorization, request for transfers of case management, log books, MMIS data and providers' records.</p>	<p>Retain in office for two years after service ceases then transfer to Records Center for an additional three years; then destroy.</p>

<b>INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)</b>	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>8</u>
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<b>1. DEPARTMENT/AGENCY</b> DHMH/MCCA	<b>2. DIVISION</b> Long Term Care	<b>3. UNIT</b> Community Services
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**DEFINITION-RECORD SERIES-** A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES

<b>4. RECORD SERIES TITLE</b> Home Health SURS Cases	<b>5. EARLIEST YEAR/LATEST YEAR</b> <u>1985</u> TO <u>1988</u>
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**6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)**

Folder consists of a "SURS Provider Exception Log" attached to the left inside flap of the folder. Contents would include "SCU Case Record Log" (DHMH 1185V), "SURS Case File Summary Sheet" (DHMH 1185KK), "Contact Record" (DHMH 1185W), "Corrective Action Report" (DHMH 1185X), Request for Medical Record letter, "Home Health Certification & Plan of Treatment" (HCFA 485), MMIS Provider File, and SURS Provider Exception Profile Report. Once the case is investigated, a "Final Decision Report" (DHMH 1185Y) is written to summarize the investigator's findings.

<b>7. RECORD SERIES FORMAT(S)</b> <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY) _____	<b>8. RECORD SERIES SEQUENCE</b> <input checked="" type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY) _____	<b>9. VOLUME</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) <u>six</u> <small>NUMBER</small>
		<b>10. ANNUAL ACCUMULATION</b> <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) <u>two</u> <small>NUMBER</small>

<b>11. FILE IS USED</b> <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> MONTHLY	<b>12. FILE BECOMES INACTIVE AFTER</b> after <u>two</u> <small>NUMBER</small> <input type="checkbox"/> MONTH(S) <input checked="" type="checkbox"/> YEAR(S) completion
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<b>13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)</b> 300 W. Preston Street - 3rd floor Room 308	<b>14. IS RECORD SERIES DUPLICATED ELSEWHERE?</b> (IF YES, SPECIFY AGENCY OR OFFICE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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<b>15. ACCESS RESTRICTIONS</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, CITE LAW(S) & REGULATION(S)) COMAR 10.01.08	<b>16. AUDIT REQUIREMENTS</b> <input type="checkbox"/> NONE <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT
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<b>17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE)</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>18. RECOMMENDED RETENTION</b> Retain in office until case has been completed and for two (2) years thereafter. Then transfer to State Records Center for three (3) years and destroy.
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<b>19. NAME AND TITLE OF PREPARER</b> Judith A. Angell Administrative Specialist	<b>20. TELEPHONE NUMBER</b> 225-1448	<b>21. DATE</b> 7/18/88
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INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794

AGENCY RECORDS INVENTORY

PAGE 2 OF 8

1. DEPARTMENT/AGENCY  
DHMH/MCCA

2. DIVISION  
Long Term Care

3. UNIT  
Community Services

DEFINITION-RECORD SERIES- A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES

4. RECORD SERIES TITLE  
Home Health Provider Agency Files

5. EARLIEST YEAR/LATEST YEAR  
1985 TO 1988

6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)

Folder consists of correspondence between the Department and the Provider Agency.

7. RECORD SERIES FORMAT(S)  
 LETTER SIZE  MICROFILM  
 LEGAL SIZE  COMPUTER TAPE  
 BOUND BOOK  FLOPPY DISK  
 AUDIO TAPE  VIDEO TAPE  
 OTHER(SPECIFY)

8. RECORD SERIES SEQUENCE  
 ALPHABETICAL  
 NUMERICAL  
 CHRONOLOGICAL  
 GEOGRAPHICAL  
 OTHER(SPECIFY)

9. VOLUME  
 FILE DRAWER(S)  
 MICROFILM REEL(S)  
 COMPUTER TAPE(S)  
 OTHER(SPECIFY)  
two  
NUMBER

10. ANNUAL ACCUMULATION  
 FILE DRAWER(S)  
 MICROFILM REEL(S)  
 COMPUTER TAPE(S)  
 OTHER(SPECIFY)  
1/2  
NUMBER

11. FILE IS USED  
 DAILY  WEEKLY  MONTHLY

12. FILE BECOMES INACTIVE AFTER  
five  MONTH(S)  YEAR(S) Service Activity ceases to

13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)  
300 W. Preston Street - 3rd floor  
Room 308

14. IS RECORD SERIES DUPLICATED ELSEWHERE? (IF YES, SPECIFY AGENCY OR OFFICE)  
 YES  NO

15. ACCESS RESTRICTIONS  YES  NO  
(IF YES, CITE LAW(S) & REGULATION(S)  
COMAR 10.01.08

16. AUDIT REQUIREMENTS  
 NONE  STATE  FEDERAL  INDEPENDENT

17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE)  
 YES  NO

18. RECOMMENDED RETENTION- Retain in office for five (5) years after service activity ceases and then destroy.

19. NAME AND TITLE OF PREPARER  
Judith A. Angell  
Administrative Specialist

20. TELEPHONE NUMBER  
225-1448

21. DATE  
7/18/88

INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794

AGENCY RECORDS INVENTORY

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1. DEPARTMENT/AGENCY  
DHMH/MCCA

2. DIVISION  
Long Term Care

3. UNIT  
Community Services

DEFINITION-RECORD SERIES--A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES

4. RECORD SERIES TITLE  
Home Health Recipient Files

5. EARLIEST YEAR/LATEST YEAR  
1985 TO 1988

6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)  
Folder consists of a Home Health Preauthorization Flag Sheet attached to the left inside flap of the folder. Contents would include "Preauthorization Request for Home Health Services" (DHMH 3339), a worksheet, letter requesting medical records, "Home Health Certification and Plan of Treatment" (HCFA 485), and "Plan of Treatment Update and Patient Information Addendum" (HCFA 487).

7. RECORD SERIES FORMAT(S)  
 LETTER SIZE  MICROFILM  
 LEGAL SIZE  COMPUTER TAPE  
 BOUND BOOK  FLOPPY DISK  
 AUDIO TAPE  VIDEO TAPE  
 OTHER(SPECIFY)

8. RECORD SERIES SEQUENCE  
 ALPHABETICAL  
 NUMERICAL  
 CHRONOLOGICAL  
 GEOGRAPHICAL  
 OTHER(SPECIFY)

9. VOLUME  
 FILE DRAWER(S)  
 MICROFILM REEL(S)  
eight  COMPUTER TAPE(S)  
NUMBER  OTHER(SPECIFY)

10. ANNUAL ACCUMULATION  
 FILE DRAWER(S)  
 MICROFILM REEL(S)  
two  COMPUTER TAPE(S)  
NUMBER  OTHER(SPECIFY)

11. FILE IS USED  
 DAILY  WEEKLY  MONTHLY

12. FILE BECOMES INACTIVE AFTER one after service ceases  
NUMBER  MONTH(S)  YEAR(S)

13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)  
300 W. Preston Street - 3rd floor  
Room 308

14. IS RECORD SERIES DUPLICATED ELSEWHERE?  
(IF YES, SPECIFY AGENCY OR OFFICE)  
 YES  NO

15. ACCESS RESTRICTIONS  YES  NO  
(IF YES, CITE LAW(S) & REGULATION(S)  
COMAR 10.01.08

16. AUDIT REQUIREMENTS  
 NONE  STATE  FEDERAL  INDEPENDENT

17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE)  
 YES  NO

18. RECOMMENDED RETENTION  
Retain in office for one (1) year after service ceases. Then transfer to the State Records Center for four (4) years and destroy.

19. NAME AND TITLE OF PREPARER  
Judith A. Angell  
Administrative Specialist

20. TELEPHONE NUMBER  
225-1448

21. DATE  
8/25/88

INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794	AGENCY RECORDS INVENTORY
		PAGE <u>4</u> OF <u>8</u>

1. DEPARTMENT/AGENCY DHMH/MCCA	2. DIVISION LONG TERM CARE	3. UNIT COMMUNITY SERVICES
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DEFINITION-RECORD SERIES- A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES

4. RECORD SERIES TITLE Home Health Unapproved Recipient Preauthorizations	5. EARLIEST YEAR/LATEST YEAR <u>1985</u> TO <u>1988</u>
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6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES )

Folder contents include a "Preauthorization Request for Home Health Services" (DHMH 3339), "Home Health Certification and Plan of Treatment" (HCFA 485), and any correspondence to the provider agency.

7. RECORD SERIES FORMAT(S) <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY)	8. RECORD SERIES SEQUENCE <input checked="" type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY)	9. VOLUME <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <u>one</u> <input type="checkbox"/> COMPUTER TAPE(S) <u>NUMBER</u> <input type="checkbox"/> OTHER(SPECIFY)
		10. ANNUAL ACCUMULATION <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <u>1/2</u> <input type="checkbox"/> COMPUTER TAPE(S) <u>NUMBER</u> <input type="checkbox"/> OTHER(SPECIFY)

11. FILE IS USED <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	12. FILE BECOMES INACTIVE AFTER <u>one</u> <input type="checkbox"/> MONTH(S) <input checked="" type="checkbox"/> YEAR(S) <u>NUMBER</u>
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13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM) 300 W. Preston Street - 3rd floor Room 308	14. IS RECORD SERIES DUPLICATED ELSEWHERE? (IF YES, SPECIFY AGENCY OR OFFICE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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15. ACCESS RESTRICTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, CITE LAW(S) & REGULATION(S) COMAR 10.01.08	16. AUDIT REQUIREMENTS <input checked="" type="checkbox"/> NONE <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT
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17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18. RECOMMENDED RETENTION Retain in office for one (1) year. Then transfer to the State Records Center for four (4) years and destroy.
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19. NAME AND TITLE OF PREPARER Judith A. Angell Administrative Specialist	20. TELEPHONE NUMBER 225-1448	21. DATE 7/18/88
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<b>INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)</b>	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>5</u> OF <u>8</u>
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1. DEPARTMENT/AGENCY DHHM/MCCA	2. DIVISION LONG TERM CARE	3. UNIT COMMUNITY SERVICES
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**DEFINITION-RECORD SERIES--A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES**

4. RECORD SERIES TITLE Personal Care SURS Cases	5. EARLIEST YEAR/LATEST YEAR <u>1981</u> TO <u>1988</u>
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6. RECORD SERIES DESCRIPTION (BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)  
 Folder consists of a "SURS Provider Exception Log" attached to the left inside flap of the folder. Contents would include SURS Claim Detail, "SCU Case Record Log" (DHHM1185V), "SURS Case File Summary Sheet" (DHHM 1185KK), Contact Record, "Corrective Action Report" (DHHM 1185 X), MMIS Provider File, MMIS Provider Location Segment, correspondence regarding the case, and "Final Decision Report" (DHHM 1185Y). The case manager record would also include Case Mgr. Medical Record Review. The provider record would also include "Personal Care Services Agreement" (DHHM 307), "Case Manager's Care Plan " (DHHM 306), "Provider Instructions "(DHHM 310), Provider's Record" (DHHM 311), and MMIS Provider Category Segment.

7. RECORD SERIES FORMAT(S) <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY) _____	8. RECORD SERIES SEQUENCE <input checked="" type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY) _____	9. VOLUME <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY)  10. ANNUAL ACCUMULATION <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY)
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11. FILE IS USED <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> MONTHLY	12. FILE BECOMES INACTIVE AFTER <u>two</u> <input type="checkbox"/> MONTH(S) <input checked="" type="checkbox"/> YEAR(S) after completion
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13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM) 300 W. Preston Street, 3rd floor Room 308	14. IS RECORD SERIES DUPLICATED ELSEWHERE? (IF YES, SPECIFY AGENCY OR OFFICE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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15. ACCESS RESTRICTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, CITE LAW(S) & REGULATION(S) COMAR 10.01.08	16. AUDIT REQUIREMENTS <input type="checkbox"/> NONE <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT
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17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18. RECOMMENDED RETENTION Retain in office until case has been completed and for two (2) years thereafter. Then transfer to the State Records Center for three (3) years and destroy.
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19. NAME AND TITLE OF PREPARER Judith A. Angell Administrative Specialist	20. TELEPHONE NUMBER 225-1448	21. DATE 7/19/88
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<b>INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)</b>	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>6</u> OF <u>8</u>
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1. DEPARTMENT/AGENCY DHHM/MCCA	2. DIVISION Long Term Care	3. UNIT Community Services
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**DEFINITION-RECORD SERIES-** A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES

4. RECORD SERIES TITLE Personal Care Case Manager Files	5. EARLIEST YEAR/LATEST YEAR <u>1981</u> TO <u>1988</u>
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6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)

Folder would include "Personal Care Services Application and Plan of Care (DHHM 302), "Provider's Record" (DHHM 311), "Contact Sheet" (DHHM 328), correspondence regarding the case, computer printouts, "Case Manager Record Review, and "Cases Reviewed Sheets."

7. RECORD SERIES FORMAT(S) <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input checked="" type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY) _____	8. RECORD SERIES SEQUENCE <input checked="" type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY) _____	9. VOLUME <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY)  10. ANNUAL ACCUMULATION <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY) _____
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11. FILE IS USED <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> MONTHLY	12. FILE BECOMES INACTIVE AFTER _____ after service ceases. <input type="checkbox"/> MONTH(S) <input checked="" type="checkbox"/> YEAR(S) five _____ NUMBER
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13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM) 300 W. Preston Street - 3rd floor Room 308	14. IS RECORD SERIES DUPLICATED ELSEWHERE? (IF YES, SPECIFY AGENCY OR OFFICE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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15. ACCESS RESTRICTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, CITE LAW(S) & REGULATION(S) COMAR 10.01.08	16. AUDIT REQUIREMENTS <input checked="" type="checkbox"/> NONE <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT
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17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18. RECOMMENDED RETENTION Retain in office for five (5) years after service ceases and destroy.
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19. NAME AND TITLE OF PREPARER Judith A. Angell <i>JA</i> Administrative Specialist	20. TELEPHONE NUMBER 225-1448	21. DATE 8/25/88
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INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)	DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794	AGENCY RECORDS INVENTORY
		PAGE <u>7</u> OF <u>8</u>

1. DEPARTMENT/AGENCY DHMH/MCCA	2. DIVISION LONG TERM CARE	3. UNIT COMMUNITY SERVICES
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DEFINITION-RECORD SERIES- A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES

4. RECORD SERIES TITLE Personal Care Provider Files	5. EARLIEST YEAR/LATEST YEAR <u>1981</u> TO <u>1988</u>
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6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES )  
Folder would include "Personal Care Provider Application " (DHMH 318), "Reference Letter" (DHMH 319), "Personal Care Service Agreements" (DHMH 307), "Notice of Termination" (DHMH 314), "Contact Sheet" (DHMH 328), "Provider Invoice" (DHMH 248), "Provider Pending Statement" (DHMH 4088), recovery letters for invoice problems, and correspondence pertaining to the provider.

7. RECORD SERIES FORMAT(S) <input checked="" type="checkbox"/> LETTER SIZE <input type="checkbox"/> MICROFILM <input type="checkbox"/> LEGAL SIZE <input type="checkbox"/> COMPUTER TAPE <input type="checkbox"/> BOUND BOOK <input type="checkbox"/> FLOPPY DISK <input type="checkbox"/> AUDIO TAPE <input type="checkbox"/> VIDEO TAPE <input type="checkbox"/> OTHER(SPECIFY)	8. RECORD SERIES SEQUENCE <input checked="" type="checkbox"/> ALPHABETICAL <input type="checkbox"/> NUMERICAL <input type="checkbox"/> CHRONOLOGICAL <input type="checkbox"/> GEOGRAPHICAL <input type="checkbox"/> OTHER(SPECIFY)	9. VOLUME <input checked="" type="checkbox"/> FILE DRAWER(S) <input type="checkbox"/> MICROFILM REEL(S) <u>nineteen</u> <input type="checkbox"/> COMPUTER TAPE(S) <u>NUMBER</u> <input type="checkbox"/> OTHER(SPECIFY)
		10. ANNUAL ACCUMULATION <input checked="" type="checkbox"/> FILE DRAWER(S) <u>four</u> <input type="checkbox"/> MICROFILM REEL(S) <u>NUMBER</u> <input type="checkbox"/> COMPUTER TAPE(S) <input type="checkbox"/> OTHER(SPECIFY)

11. FILE IS USED <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	12. FILE BECOMES INACTIVE AFTER <u>two</u> <input type="checkbox"/> MONTH(S) <input checked="" type="checkbox"/> YEAR(S) of in-activity. <u>NUMBER</u>
--	--

13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM) 300 W. Preston Street - 3rd floor Room 308	14. IS RECORD SERIES DUPLICATED ELSEWHERE? ( IF YES, SPECIFY AGENCY OR OFFICE ) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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15. ACCESS RESTRICTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ( IF YES, CITE LAW(S) & REGULATION(S) ) COMAR 10.01.08	16. AUDIT REQUIREMENTS <input checked="" type="checkbox"/> NONE <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL <input type="checkbox"/> INDEPENDENT
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17. IS AN INDEX SYSTEM USED? ( IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE ) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18. RECOMMENDED RETENTION Retain in office for two (2) years after service ceases. Then transfer to the State Records Center for three (3) years and destroy.
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19. NAME AND TITLE OF PREPARER Judith A. Angell Administrative Specialist	20. TELEPHONE NUMBER 225-1448	21. DATE 7/19/88
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INSTRUCTIONS--TYPE OR PRINT A SEPARATE FORM FOR EACH NEW OR REVISED RECORD SERIES. FORWARD WITH RECORDS RETENTION SCHEDULE (DGS 550-1)

DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
7275 WATERLOO ROAD  
P.O. BOX 275  
JESSUP, MARYLAND 20794

AGENCY RECORDS INVENTORY

PAGE 8 OF 8

1. DEPARTMENT/AGENCY  
DHMH/MCCA

2. DIVISION  
Long Term Care

3. UNIT  
Community Services

DEFINITION-RECORD SERIES-A GROUP OF RELATED RECORDS NORMALLY FILED AND USED AS A UNIT FOR REFERENCE AS WELL AS RETENTION AND DISPOSITION PURPOSES

4. RECORD SERIES TITLE  
Personal Care Recipient Letters

5. EARLIEST YEAR/LATEST YEAR  
1981 TO 1988

6. RECORD SERIES DESCRIPTION ( BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)  
Folder would include "Personal Care Services Application and Plan of Care" (DHMH 302), "Request for Level 2/Level 3 Personal Care Services" (DHMH 302A), "Case Manager's Care Plan" (DHMH 306), "Provider Instruction" (DHMH-310), "Provider's Record" (DHMH 311), "Personal Care Service 60 Day Care Review" (DHMH 313), "Contact Sheet" (DHMH 328), Recipient Preauthorization Letter for Level 2 and 3, correspondence, Request for Transfer of Case Management Service, recipient log books, and MMIS Recipient History Summary and History Inquiry.

7. RECORD SERIES FORMAT(S)  
 LETTER SIZE  MICROFILM  
 LEGAL SIZE  COMPUTER TAPE  
 BOUND BOOK  FLOPPY DISK  
 AUDIO TAPE  VIDEO TAPE  
 OTHER(SPECIFY)

8. RECORD SERIES SEQUENCE  
 ALPHABETICAL  
 NUMERICAL  
 CHRONOLOGICAL  
 GEOGRAPHICAL  
 OTHER(SPECIFY)

9. VOLUME  
 FILE DRAWER(S)  
 MICROFILM REEL(S)  
 COMPUTER TAPE(S)  
 OTHER(SPECIFY)  
four  
NUMBER

10. ANNUAL ACCUMULATION  
 FILE DRAWER(S)  
 MICROFILM REEL(S)  
 COMPUTER TAPE(S)  
 OTHER(SPECIFY)  
one  
NUMBER

11. FILE IS USED  
 DAILY  WEEKLY  MONTHLY

12. FILE BECOMES INACTIVE AFTER  
two MONTH(S)  after service ceases  
 YEAR(S)

13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)  
300 W. Preston Street, 3rd floor  
Room 308

14. IS RECORD SERIES DUPLICATED ELSEWHERE?  
(IF YES, SPECIFY AGENCY OR OFFICE)  
 YES  NO

15. ACCESS RESTRICTIONS  YES  NO  
(IF YES, CITE LAW(S) & REGULATION(S)  
COMAR 10.01.08

16. AUDIT REQUIREMENTS  
 NONE  STATE  FEDERAL  INDEPENDENT

17. IS AN INDEX SYSTEM USED? (IF YES, EXPLAIN BRIEFLY AND DESCRIBE ANY HARDWARE/SOFTWARE)  
 YES  NO

18. RECOMMENDED RETENTION  
Retain in office for two (2) years after service ceases. Then transfer to the State Records Center for three (3) years and destroy.

19. NAME AND TITLE OF PREPARER  
Judith A. Angell  
Administrative Specialist

20. TELEPHONE NUMBER  
225-1448

21. DATE  
7/19/88