

DEPARTMENT OF GENERAL SERVICES
Records Management Division

SCHEDULE
NO. 1467

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RECORDS RETENTION AND DISPOSAL SCHEDULE

Medical Care Compliance Administration - DHMH

Division of Long Term Care
MR/MH Review

AGENCY

DIVISION

Item No.	Description	Retention
	This schedules supersedes schedules 1171 and 1171 A1.	
1	<u>Inspection of Care Folders - ICF/MR Facilities</u> Records consist of Inspection of Care Reports, performance sheets, worksheets, drafts, and internal memorandum.	Retain in office two years after completion of file, then transfer to Records Center for additional four years; then destroy.
2	<u>Inspection of Care Folders - ICF/MR Waiver Programs</u> Records consist of IOC reports, performance and summary sheets, correspondence, worksheets, DDA grant and licenses. Also included is miscellaneous data.	Retain in office for two years, transfer to Records Center for additional four years; then destroy.
3	<u>Statement of Consultant Services/Travel & Expenses Claims and Personnel Files - Statement of consultant services, expenses records and personnel data.</u>	Retain in office for two years, transfer to Records Center for additional four years; then destroy.
4	<u>HCFA AT 79-61 Quarterly Showing</u> Federally mandated report of quarterly utilization control showing for ICF-MR facilities and inpatient psychiatric and addiction treatment facilities.	Retain in office for six years then dispose.

Schedule Approved by Department,
Agency, or Division Representative

Schedule Authorized by
Hall of Records Commission

9/30/92 Willard Dixon Program Specialist
Date Signature Title

11/16/92 Edward P. ... State Archivist
Date Signature Title

Willard Dixon Program Specialist
Typed Name and Title

Typed Name and Title

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 1 OF 1

1. DEPARTMENT/AGENCY
DHMH/MCCA

2. DIVISION
Long Term Care

3. UNIT
MR/MH Review

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
HCFA AT-79-61 Quarterly Showing

5. EARLIEST YEAR/LATEST YEAR
1979 TO _____

6. RECORD SERIES DESCRIPTION (BRIEFLY DESCRIBE THE TYPES OF INFORMATION/DOCUMENTS/FORMS FOUND IN THE SERIES. INCLUDE THE PURPOSE OR FUNCTION OF THE SERIES)
Federally mandated report of quarterly utilization control showing for ICF/MR facilities and inpatient psychiatric and addiction treatment facilities.

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)
20%
NUMBER

10. ANNUAL ACCUMULATION
 FILE DRAWER(S)
 MICROFILM REEL(S)
 COMPUTER TAPE(S)
 OTHER(SPECIFY)
4%
NUMBER

11. FILE IS USED
 DAILY WEEKLY Quarterly MONTHLY

12. FILE BECOMES INACTIVE AFTER
NUMBER MONTH(S) YEAR(S)

13. CURRENT LOCATION(S) (BLDG., FLOOR, ROOM)
O'Connor Bldg. 2nd Fl. Rm211

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))

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 six years then dispose

19. NAME AND TITLE OF PREPARER

20. TELEPHONE NUMBER

21. DATE

Willard Dixon, Program Specialist

225-1715

September 2, 1992

INSTRUCTIONS - TYPE OR PRINT A SEPARATE FORM FOR EACH NEW 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 _____ Of _____	
1. DEPARTMENT/AGENCY DHMH/MCFCA		2. DIVISION Long Term Care		3. UNIT	
DEFINITION - Records 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 Correspondence Files				5. EARLIEST YEAR / LATEST YEAR <u>1990</u> to <u>1996</u>	
6. RECORD SERIES DESCRIPTION (Briefly describe the types of information/documents/forms found in the Series. Include the purpose or function of the Series) Records consist of all typed correspondence (letters, memos, etc.) originating in the Division of Long Term Care.					
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 type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" 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) _____ _____ Number	
				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) _____ _____ Number	
11. FILE IS USED <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. FILE BECOMES INACTIVE AFTER _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. CURRENT LOCATION(S) (Bldg., Floor, Room) 201 W. Preston Street, 2nd floor Div. of Long Term Care		14. IS RECORD SERIES DUPLICATED ELSEWHERE? (If yes, specify agency or office) <input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No			
15. ACCESS RESTRICTIONS (If yes, cite law(s) & regulation(s)) <input checked="" type="checkbox"/> Yes <u>COMAR 10.01.08</u> <input type="checkbox"/> No		16. AUDIT REQUIREMENTS <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent			
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 2 years then transfer to records center for additional 4 years; then destroy.			
19. NAME AND TITLE OF PREPARER Jane Sacco, Section Chief		20. TELEPHONE NUMBER (410) 767-1712		21. DATE <u>10/9/96</u>	