

DEPARTMENT OF GENERAL SERVICES
 RECORDS MANAGEMENT DIVISION
 RECORDS RETENTION AND DISPOSAL SCHEDULE

Schedule No. 1628

Page / of /

Agency Department of Health and Mental Hygiene Division/Unit
 Medical Care Policy Administration Div. of Community Support Services

Item No.	Description	Retention
1.	<p><u>Model Waiver</u></p> <p>This series includes closed Model Waiver files.</p>	<p>Retain for five (5) years, then destroy.</p>
2.	<p><u>General Transportation</u></p> <p>This series applies to Medical Assistance General Transportation Program and includes the following:</p> <ul style="list-style-type: none"> A. Fee Analysis Reports B. General Correspondence C. Crew Certifications 	<p>Retain for five (5) years, then destroy</p>
3.	<p><u>Subject Files</u></p> <p>This series includes general correspondence for various subject files.</p>	<p>Retain for five (5) years, then destroy</p>
4.	<p><u>DMS/DME - Oxygen - Hearing Aids</u></p> <p>This series applies to Medical Assistance DMS/DME - Oxygen - Hearing Aid Programs. Material includes preauthorization for these programs.</p> <p>*Model Waiver is a Medicaid Program which allows for care of very sick children in the community instead of in a hospital setting.</p>	<p>Retain for five (5) years, then destroy</p>

Schedule Approved by Department, Agency, or Division Representative.
 Date 7/5/94
 Signature [Signature]
 Typed Name THERESA SMITH
 Title ACTING CHIEF, DIV. OF ADMIN. SVCS.

Schedule Authorized by State Archivist
 Date [Signature]
 Signature [Signature]

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 <u>1</u> Of <u>4</u>	
1. DEPARTMENT/AGENCY DHMH-Medical Care Policy Admin.		2. DIVISION Div. of Community Support Services		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 Model Waiver				5. EARLIEST YEAR / LATEST YEAR <u>1/89</u> to <u>8/93</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)					
<p style="text-align: center;">These cartons contain Model Waiver Program information relating to closed Model Waiver provider files.</p>					
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) _____ <u>5</u> 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) _____ <u>5</u> Number	
11. FILE IS USED No longer used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. FILE BECOMES INACTIVE AFTER <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. CURRENT LOCATION(S) (Bldg., Floor, Room) 201 W. Preston St., 1st Floor Baltimore, MD 21201		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 type="checkbox"/> Yes _____ <input checked="" 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 Five (5) years			
19. NAME AND TITLE OF PREPARER Arlene Williams Secretary		20. TELEPHONE NUMBER 225-1474		21. DATE 4/12/94	

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 <u>2</u> of <u>4</u>	
1. DEPARTMENT/AGENCY DHMH-Medical Care Policy Admin.		2. DIVISION Div. of Community Support Services		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 General Transportation				5. EARLIEST YEAR / LATEST YEAR 5/89 TO 7/93	
6. RECORD SERIES DESCRIPTION (Briefly describe the types of information/documents/forms found in the Series. Include the purpose or function of the Series) <p>These cartons contain General Transportation Program information relating to fee analysis reports, general correspondence and crew certifications.</p>					
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) _____ <u>5</u> 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) _____ <u>5</u> Number	
11. FILE IS USED No longer used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. FILE BECOMES INACTIVE AFTER <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. CURRENT LOCATION(S) (Bldg. Floor, Room) 201 W. Preston St., 1st Floor Baltimore, MD 21201		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 type="checkbox"/> Yes _____ <input checked="" 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 Five (5) years			
19. NAME AND TITLE OF PREPARER Arlene Williams Secretary		20. TELEPHONE NUMBER 225-1474		21. DATE 4/12/94	

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 <u>3</u> of <u>4</u>	
1. DEPARTMENT/AGENCY DHMH—Medical Care Policy Admin.		2. DIVISION Div. of Community Support Services		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 Subject Files				5. EARLIEST YEAR / LATEST YEAR <u>1980 to 1989</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)					
<p>These cartons contain subject files with general correspondence contents.</p>					
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) _____ <u>5</u> Number	
		10. ANNUAL ACCUMULATION <input 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 No longer used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. FILE BECOMES INACTIVE AFTER <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. CURRENT LOCATION(S) (Bldg., Floor, Room) 201 West Preston St., 1st Floor Baltimore, Maryland 21201		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 type="checkbox"/> Yes <input checked="" 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 Five (5) years			
19. NAME AND TITLE OF PREPARER Arlene Williams Secretary		20. TELEPHONE NUMBER 225-1474		21. DATE 4/12/94	

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 <u>4</u> of <u>4</u>	
1. DEPARTMENT/AGENCY DHMH-Medical Care Policy Admin.		2. DIVISION Div. of Community Support Services		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 DMS/DME - Oxygen - Hearing Aids				5. EARLIEST YEAR / LATEST YEAR <u>1980</u> to <u>1989</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)					
These cartons contain preauthorizations for DMS/DME - Oxygen - Hearing Aids.					
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) _____ <u>5</u> Number	
		10. ANNUAL ACCUMULATION <input 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 type="checkbox"/> Weekly <input type="checkbox"/> Monthly No longer used		12. FILE BECOMES INACTIVE AFTER <u>5</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. CURRENT LOCATION(S) (Bldg, Floor, Room) 201 West Preston St., 1st Floor Baltimore, MD 21201		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 type="checkbox"/> Yes _____ <input checked="" 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 Five (5) years			
19. NAME AND TITLE OF PREPARER Arlene Williams Secretary		20. TELEPHONE NUMBER 225-1474		21. DATE 4/12/94	