

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PUBLIC HEALTH SERVICES - FAMILY HEALTH ADMINISTRATION
Secretariat Program

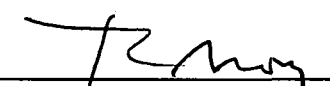
This schedule supersedes schedules 856A, 950, 956A2, 1115, 1141, 1419, 1419-A1, 1420, 1760, 1759, and 1958.

The Family Health Administration (FHA) was created from the former Community and Public Health Administration (CPHA) on July 1, 2001. The Family Health Administration works to improve the health status of individuals and families by ensuring the provision of high quality primary, preventive and specialty care services. This schedule is organized functionally, by each component of the Administration.

Item	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
1.	<p><u>CENTER FOR CANCER SURVEILLANCE & CONTROL</u></p> <p>A. BREAST & CERVICAL CANCER SCREENING PROGRAM AND DIAGNOSIS & TREATMENT PROGRAM</p> <p>1. These files contain patient records of program applications, biopsy results, operative results, PAP tests, mammograms, clinical breast examinations and other records related to prescribed screening, diagnosis and treatment of MD patients.</p> <p>2. These files contain patient records of bills processed for breast and cervical cancer screening, and for diagnosis and treatment of MD patients.</p> <p>3. These files contain reimbursement records for the diagnosis and treatment of MD patients.</p> <p>B. MARYLAND CANCER REGISTRY</p> <p>1. Patient information on cancer, benign brain, and CNS tumor incidence and mortality, demographics, diagnosis, staging, operative results, vital status and other data.</p> <p>2. Electronic records (Master Database).</p> <p>C. CANCER PREVENTION, EDUCATION, SCREENING, AND TREATMENT PROGRAM (CRFP)</p> <p>1. Patient records of screening, diagnosis and treatment, program notes, biopsy results, operative results, medical bills, and other records related to the prescribed diagnosis and treatment.</p> <p>2. CFRP DATABASE (Electronic Master Database).</p>	<p>Retain for ten (10) years, then destroy.</p> <p>Retain for six (6) years, then destroy.</p> <p>Retain for ten (10) years, then destroy.</p> <p>Retain for five (5) years, then destroy.</p> <p>Retain permanently. Periodically transfer to Archives.</p> <p>Screen annually. Discard material that is no longer needed.</p> <p>Retain permanently. Periodically transfer to Archives.</p>

APPROVED BY DHMH OFFICIAL: DATE: 01/30/03

AUTHORIZED BY STATE ARCHIVES: DATE: FEB 27 2003

SIGNATURE: 
 NAME/TITLE: DR. RUSSELL MOY, DIRECTOR, FHA

SIGNATURE: 
 NAME/TITLE: EDWARD PAPENFUSE, JR., STATE ARCHIVIST

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE
PUBLIC HEALTH SERVICES - FAMILY HEALTH ADMINISTRATION

Secretariat

Program

Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period/Instructions
2.	<p>The Office for Genetics and Children with Special Health Care Needs (formerly Children's Medical Services and Hereditary Disorders.)</p> <p>A. METABOLIC NUTRITION PROGRAM File series includes the following records:</p> <ol style="list-style-type: none"> 1. lab reports; 2. clinic visits/ reports; 3. test results; and 4. general correspondence. <p>B. CHILDREN'S MEDICAL SERVICES File series includes the following records:</p> <ol style="list-style-type: none"> 1. eligibility application (interview); 2. medical and nursing records; 3. physician's request for clinic consultations; 4. correspondence and memos; 5. authorization for service; 6. case mangement reports; and 7. any other pertinent Children's Medical Services case file data 8. transmittal payments:invoices, encumberances, other reports re services, provided to CMS children. 9. list of children dropped from CMS history list 10. payment vouchers/ reports 11. audit trail letters: letters sent to parents to verify services were actually provided that CMS paid. <p>C. UNIVERSAL NEWBORN SCREENING File series includes the following records:</p> <ol style="list-style-type: none"> 1. test results 2. related correspondence <p>D. SENTINEL BIRTH DEFECTS PROGRAM File series includes the following records:</p> <ol style="list-style-type: none"> 1. sentinal birth defect form 2. related correspondence 	<p>Screen file annually. Non-record material may be discarded and information that is obsolete or no longer needed may be removed to inactive files; send inactive files that are five (5) years old to record center; hold in record center twenty (20) years, then destroy.</p> <p>Retain records of clients under age twenty-two (22) until ten (10) years after the last notation in the file, or until age twenty-four which ever is longer, then destroy (shred). Records may be sent to State Records Center for storage when no longer needed in office.</p> <p>Retain for six (6) years or until audited which ever is longer, then destroy. Send to State Records Center after audit for remainder of the six (6) years except when retention is less than eighteen (18) months.</p> <p>Retain forms of children below age twenty-four (24) for eight (8) years, then destroy. Records may be sent to State Records Center for storage.</p> <p>Retain forms of children below age twenty-four (24) for eight (8) years, then destroy. Records may be sent to Records Center for storage.</p>

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE
PUBLIC HEALTH SERVICES – FAMILY HEALTH ADMINISTRATION

Secretariat

Program

Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period/Instructions
3	<p><u>OFFICE OF PRIMARY CARE AND RURAL HEALTH</u></p> <p>A. Contracts, Grants, Mini-grants, and Unified Grant Awards</p> <p>B. Provider Applications and Updates.</p> <p>C. Provider agreements, Security ID Agreements</p> <p>D. Patient Intake Forms</p> <p>E. Quality Assurance Audit Reports</p> <p>F. Primary Care Visit Reports</p> <p>G. Active Physician Files</p> <p>H. Community Health Center Files</p> <p>I. FMIS runs-backup data for Medicare/Medicaid appeals.</p> <p>J. Medicare and Medicaid cost reports and back-up materials.</p> <p>K. Maryland Primary Care Database</p>	<p>Retain completed contracts in office for five (5) years or until audit requirements are met, then destroy.</p> <p>Screen annually. Destroy outdated information. Retain original application in file until replaced by an updated, complete application.</p> <p>Retain for five (5) years or until audit requirements are met, then destroy.</p> <p>Destroy forms initiated before November 1999. Forms initiated after November 1999 are to be evaluated, and if appropriate, entered into the MPC database, then destroyed.</p> <p>Retain for five (5) years and then destroy.</p> <p>Retain for three (3) years and then destroy.</p> <p>Screen annually. Destroy files no longer active after five (5) years.</p> <p>Screen annually. Destroy information that is obsolete or no longer needed.</p> <p>Retain until appeals are settled, then destroy with approval of Home Health accountant.</p> <p>Retain for five (5) years after cost reports are settled, then destroy.</p> <p>Retain permanently. Periodically transfer to Archives.</p>

DMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY PAGE <u>1</u> OF <u>1</u>	
Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division DHMH/CPHA		3. Unit or Section Center for Cancer Surveillance and Control	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
Record Series Title Correspondence, Budget, Program, & Personnel Records				5. Earliest Year/Latest Year <u>1990</u> to <u>2001</u>	
Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Records required for Center Management including administrative correspondence, budget and accounting records, contracts, audits, personnel files, technical, regulatory, and legislative reports. RECORDS REQUIRED FOR PROGRAM MANAGEMENT INCLUDING PATIENT PROGRAM APPLICATION AND RELATED RECORDS, PATIENT CLAIMS FOR BREAST AND CERVICAL CANCER DIAGNOSIS AND TREATMENT, AND REIMBURSEMENT RECORDS FOR THE DIAGNOSIS AND TREATMENT OF BREAST AND CERVICAL CANCER. UPDATED 01/30/02 Pat Mackay					
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 checked="" type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>cu ft</u> 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>cu ft</u>	
File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File Becomes Inactive After <u>See Below. Varies.</u> <input type="checkbox"/> Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)			
Current Location(s) (Bldg., Floor, Room) <u>201 W Preston, 3rd + 4th Floor</u>		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))		16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent			
Is an Index System used? If yes, explain briefly and describe any hardware/software requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention <u>In accordance with DHMH/CPHA Records Retention and Disposal Schedules</u>			
Name and Title of Preparer <u>Naomi Halverson</u> <u>Chief, Administrative Support</u>		20. Room Number <u>314</u> Telephone Number <u>410 767 6430</u>		21. Date <u>29 May 2001</u>	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY A PAGE <u>1</u> OF <u>4</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division <i>Office for Genetics and Children w/ Special Health Care Needs</i>		3. Unit or Section <i>Metabolic Nutrition Program</i>	
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 <i>Metabolic Nutrition Program</i>				5. Earliest Year/Latest Year <i>1965 to 2001</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <ul style="list-style-type: none"> • General patient information • Lab notes • Clinic visits/reports • Test results 					
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 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 <u>5</u> Number <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 <u>1</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <i>Yearly</i>			12. File Becomes Inactive After <u>28</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <i>4th fl., 421</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>DHMH</i> (If Yes, cite Law(s) & Regulation(s)) <i>Preventive Medicine Chapter 18504, Title 10</i>			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 requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>28 years.</i>		
19. Name and Title of Preparer <i>Barbara L. Green Records Retention Coordinator</i>		20. Room Number <i>423 A</i> Telephone Number <i>5585</i>		21. Date <i>6-8-01</i>	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Record Series inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY PAGE <u>4</u> OF <u>4</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division <i>CPHA / Office for Genetics and Children with Special Health Care Needs</i>		3. Unit or Section <i>SICKIE Cell Disease</i>	
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 <i>SICKIE Cell Disease Program</i>				5. Earliest Year/Latest Year <i>1985 to 2001</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Sickle Cell Disease Program Services</i> <i>a. Medical records</i> <i>b. physicians annual report</i> <i>c. correspondence</i> <i>d. lab results</i> <i>e. case management</i> <i>f. home visit reports</i>					
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 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 <u>8</u> Number <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 <u>1</u> Number <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) <i>201 Bldg., 4th floor, RM 421A</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			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 requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>PHM, Preventive Medicine Chapter 18.504</i>			18. Recommended Retention <i>5 years</i>		
19. Name and Title of Preparer <i>Barbara L. Greer Records Retention Coordinator</i>		20. Room Number <i>RM 423A</i> Telephone Number <i>410-767-5585</i>		21. Date <i>June 8, 2001</i>	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY C	
				PAGE <u>3</u> OF <u>4</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division <i>CPHA / Office for Genetics and Children with Special Health Care Needs</i>		3. Unit or Section <i>Newborn Screening and Follow-up</i>	
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 <i>Newborn Screening and Follow-up Program</i>				5. Earliest Year/Latest Year <i>Computerized 1984 to 1999 After 1999</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Newborn Screening and Follow-up Program Services</i> <ul style="list-style-type: none"> • medical records • physicians annual reports • correspondents • lab results • case management 					
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 type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <i>Birthdate</i>		9. Volume <u>3</u> Number <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 <u>NONE</u> Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <i>Yearly</i>			12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) <i>201 W. Preston St RM 421A</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s)) <i>Can share records with Medical Care Provider</i>			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 requirements) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>ACCESS</i>			18. Recommended Retention <i>5 Years</i>		
19. Name and Title of Preparer <i>Barbara L. Greer Record Retention Coordinator</i>		20. Room Number <i>423A</i> Telephone Number <i>X5585</i>		21. Date <i>JUNE 8, 2001</i>	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 799-1379

AGENCY RECORDS INVENTORY

PAGE 2 OF 4

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Division, Office for Services and Children w/ Special Health Care Needs

3. Unit or Section

Birth Defect

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

Birth Defects Program

5. Earliest Year/Latest Year

1980 to 2001

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Sentinel Birth Defects Reporting info system. Identifies all infants who are diagnosed at birth with one of twelve "sentinel" birth defects.

7. Record Series Format(s)

- Letter Size
- Legal Size
- Bound Book
- Audio Tape
- Other (specify) _____
- Microfilm
- Computer Tape
- Floppy Disk
- Video Tape

8. Record Series Sequence

- Alphabetical
- Numerical
- Chronological
- Geographical
- Other (specify) Birthdays

9. Volume

5
Number

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

10. Annual Accumulation

5
Number

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

11. File is Used

- Daily
- Weekly
- Monthly

Annually

12. File Becomes Inactive After

- 28
Number
- Month(s)
- Year(s)

13. Current Location(s) (Bldg., Floor, Room)

4th floor, 421 A

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) DHMH Title 10 Preventive Medicine, Chapter 18504

16. Audit Requirements

- None
- State
- Federal
- Independent

17. Is an Index System used?

(If yes, explain briefly and describe any hardware/software requirements)

- Yes
- No

Access

18. Recommended Retention

28 year

19. Name and Title of Preparer

Barbara L. Bruns

20. Room Number

423 A

Telephone Number

5585

21. Date

6-8-01

Records Retention Coordinator

<p>DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>1</u> OF <u>1</u></p>
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<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Division Community and Public Health Administration</p>	<p>3. Unit or Section Office of Primary & Rural Health</p>
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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.

<p>4. Record Series Title Office of Primary Care & Rural Services</p>	<p>5. Earliest Year/Latest Year 1995 to 2000</p>
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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.)

**Control correspondence on service to provide health care to the underserved
General correspondence
Contracts
Budget
Policies**

<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p>10 <input checked="" type="checkbox"/> File Drawer(s)</p> <p>Number <input type="checkbox"/> Microfilm Reel(s)</p> <p> <input type="checkbox"/> Computer Tape(s)</p> <p> <input type="checkbox"/> Other (specify)</p> <hr/> <p>10. Annual Accumulation</p> <p> <input checked="" type="checkbox"/> File Drawer(s)</p> <p> <input type="checkbox"/> Microfilm Reel(s)</p> <p> <input type="checkbox"/> Computer</p> <p> <input type="checkbox"/> Other (specify)</p> <p>Tape(s) _____</p> <p>Number _____</p>
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<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>	<p>12. File Becomes Inactive After</p> <p>7</p> <p>_____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p> <p>Number</p>
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<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>RM. 428</p>	<p>14. Is Record Series Duplicated Elsewhere?</p> <p>(If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>
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<p>17. Is an Index System used?</p> <p>(If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Recommended Retention</p> <p>seven yrs.</p>
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<p>19. Name and Title of Preparer:</p> <p>Grace S. Zaczek, Director OPC&RH</p>	<p>20. Room Number: Rm. 428</p> <p>Telephone Number: 410-767-5746</p>	<p>21. Date:</p> <p>5/18/01</p>
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DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division Community and Public Health Administration		3. Unit or Section Office of Primary & Rural Health	
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 Medicare Rural Hospital Flexibility Grant Application				5. Earliest Year/Latest Year <u>01</u> to <u>01</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.) Application, budget, attachments in binder					
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 type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume N/A <input 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 N/A <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer <input type="checkbox"/> Other (specify) _____ Tape(s) Number _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number _____		
13. Current Location(s) (Bldg., Floor, Room) 4th floor, 201 W. PRESTON, O'CONOR BLDG.			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No P. Boehm, Rm. 425		
15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input 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 requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention Five years after the cost report is settled.		
19. Name and Title of Preparer: Carolyn Alexander, Administrator		20. Room Number: Rm. 428 Telephone Number: 410-767-5301		21. Date: 5/17/01	

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DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379	AGENCY RECORDS INVENTORY
		PAGE <u>1</u> OF <u>1</u>

1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/Division Community & Public Health Administration	3. Unit or Section Office of Primary & Rural Health
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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 MD Primary Care	5. Earliest Year/Latest Year 2000 to 2000
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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.)
Provider Applications
Patient's In-Take Forms for Primary Care these forms are filled out by the provider for qualified primary care patients.
Provider Agreements
Security ID Agreements
Quality Assurance Reports
Active Physician Files

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 _____ Number
		10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer <input type="checkbox"/> Other (specify) _____ Tape(s) Number

11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	12. File Becomes Inactive After N/A _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number
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13. Current Location(s) (Bldg., Floor, Room) RM. 428	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))	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 requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention
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19. Name and Title of Preparer: Pat Boehm, Asst. Director OPC&RH	20. Room Number: Rm. 428 Telephone Number: 410-767-5746	21. Date: 5/18/01
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DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379	AGENCY RECORDS INVENTORY PAGE <u>1</u> OF <u>1</u>
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1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/Division Community and Public Health Administration	3. Unit or Section Office of Primary & Rural Health
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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 J-1 VISA , Loan Repayment Program, Recruitment & Retention, Primary Care Cooperative Agreement	5. Earliest Year/Latest Year 98 to 01
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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.)

General Correspondence - which consist of support letters and documents; the purpose of these documents is to track the providers three years that they are here in the State.

Control Correspondence - which consist of Secretary of DHMH and Governor memoranda and letters.

Community Health Center Files - the files consist of different sites, placement of physician and monitoring of physicians' progress; the purpose of these files is to make sure the different provider sites are in compliance with the regulations which is monitor and kept on file.

Grant Application & Awards - these consist of the program's history and funding cycle

Budget - the budget consists of Physician Loan Repayment funds used for Physician awards only.

Primary Care Cooperative Agreement - consists of, operational cost and special project budget among federal, state and local access funds available primary health care.

Contracts - these contracts consist of a providers agreement, site agreement, (Memoranda of Understanding) MOU for Primary Care Psychiatry .

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 6 <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 type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer <input type="checkbox"/> Other (specify)
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11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	12. File Becomes Inactive After NEVER BECOMES INACTIVE <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number
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13. Current Location(s) (Bldg., Floor, Room) RM. 429, 201 W. PRESTON, O'CONOR BLDG.	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))	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 requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention NEVER TO BE DESTROYED
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19. Name and Title of Preparer: Antoinette Coward, Administrator	20. Room Number: Rm 428 Telephone Number: 410-767-5301	21. Date: 5/17/01
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DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY PAGE <u>1</u> OF <u>1</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division Community and Public Health Administration		3. Unit or Section Office of Primary & Rural Health	
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 FMIS Runs				5. Earliest Year/Latest Year _____ to 97	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) FMIS Runs for F.Y. 1997. This information is needed as backup data for the Medicare appeal scheduled for July 25, 2001. We may need to refer to information to support the adjustments we are requesting to the FY 97 Medicare cost report.					
7. Record Series Format(s) <input 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 5 _____ Number	
				<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 _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly Backup only for appeal			12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number Number Medicare appeal settled		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston, 4th fl. - outside Rm. 426			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention After the Medicare appeal is settled & Home Health accountants say we can remove.		
19. Name and Title of Preparer: Karen Soisson, Nurse Consultant		20. Room Number: 428 Telephone Number: 410-767-5301		21. Date: 5/17/01	

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DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY PAGE <u>2</u> OF <u>1</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division Community & Public Health Administration		3. Unit or Section Office of Primary & Rural Health	
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 Medicare & Medicaid Cost Reports				5. Earliest Year/Latest Year 1993 to 1999	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) The cost reports are retained for five years after the cost report is settled. These reports document the expenditures and reimbursements for Medicare and Medicaid home health services. The fiscal intermediaries can ask for information from these reports up to three years after the settlements.					
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 : 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) 10. Annual Accumulation <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number Parts of it are inactive after 1 year		
13. Current Location(s) (Bldg., Floor, Room) RM. 428, 201 Preston Street, O'Connor Bldg.			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention Five years after the cost report is settled		
19. Name and Title of Preparer: Karen Soisson, Nurse Consultant		20. Room Number: Rm. 428 Telephone Number: 410-767-5301		21. Date: 5/18/01	