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# STATE OF ALASKA

## Records Retention and Disposition Schedule

**Agency I.D: 606      Schedule No: 06-606.1**

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
 606 - DIVISION OF SENIOR AND DISABILITIES SERVICES**

The Agency will follow retention periods for common records as listed in the most current State of Alaska General Administrative Records Retention Schedule (GARRDS), unless those records have been listed on this schedule.

Unless otherwise noted all records series may be confidential under AS 47.05.030, AS 47.24.050, AS 47.30.845, 7 AAC 37.010-130, AS 18.23.030-040, AS 47.33.500. This schedule supersedes #67600.

All records that have potential permanent legal and historical value may be reviewed by the State Archivist for possible permanent retention in the State Archives in accordance with AS 40.21.030.

Under 4 AAC 59.005, it is the responsibility of agencies to ensure that records created and maintained in electronic systems remain accessible and durable for their prescribed retention period. This requires addressing the issues of periodic media refreshment, digital migration strategies and security plans. Backups produced for system recovery purposes do not serve a recordkeeping function or substitute for archived business essential duplicates.

Pursuant to the provisions of AS 40.21 and 4 AAC 59, the records listed on this schedule are approved for retention and disposition as indicated.

Division Director	Signature of Division Director		Date
Duane Mayes			9/21/12
Attorney General/Designee	Date	Commissioner of Administration/Designee	Date
	12/28/12	FOR	11/19/12
State Archivist	Date	Records Analyst	Date
D. Dawson	11/28/12		11/28/12

RRDS Continuation		Agency I.D: 606	Schedule No: 06-606.1	Page 2 of 7
Item No - Record Series Title & Description	Format	Total Retention	Bus. Ess.	Remarks
<p><b>001.1 - Provider Certification (Currently Certified)</b>            Approved Medicaid Provider files consist of the application and supportive documentation for home and community based waiver service agencies, personal care assistance agencies, care coordinators and intermediate care facilities for developmentally disabled (ICFMR).</p> <p>This includes but is not limited to licenses, verification of insurance, policies, fiscal agent information and correspondence. May also include reports of investigation, audits, reviews, complaints etc.</p>	H & E	C+20		C = Until re-certified.  Arranged alphabetically by name of provider.
<p><b>001.2 - Provider Certification (Voluntary Closure)</b>            Approved Medicaid Provider files consist of the application and supportive documentation for home and community based waiver service agencies, personal care assistance agencies, care coordinators and intermediate care facilities for developmentally disabled (ICFMR).</p> <p>This includes but is not limited to licenses, verification of insurance, policies, fiscal agent information and correspondence. May also include reports of investigation, audits, reviews, complaints etc...</p>	H & E	C+7		C = Date provider closed.  In the event a provider ceases doing business, the division may assume management of patient records for the duration of the required retention period.
<p><b>001.3 - Provider Certification (Auxilliary Files - Voluntary Closures)</b>            These files consist of reports and supportive materials of site reviews, complaint investigations, utilization reviews, corrective action files, and audits. These files relate to the certification file and are maintained along with item #001.1, 001.2 and 001.4.</p>	H & E	C+7		C = Until provider has closed.  At closure, the effort to consolidate all auxiliary files with the certification file is preferred but may be transferred to a records center separately.

**You can transfer records to an approved records center at any point - complete a Records Transfer List (RTL) and submit it to your Records Officer for approval.**

Retention Key	Format Key	Bus. Ess = Business Essential
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		1. Are necessary for emergency response 2. Are necessary to resume or continue operations

Item No - Record Series Title & Description	Format	Total Retention	Bus. Ess.	Remarks
<p><b>001.4 - Provider Certification (Involuntary Closure)</b>                      Approved Medicaid Provider files consist of the application and supportive documentation for home and community based waiver service agencies, personal care assistance agencies, care coordinators and intermediate care facilities for developmentally disabled (ICFMR).</p> <p>This includes but is not limited to licenses, verification of insurance, policies, fiscal agent information and correspondence. May also include reports of investigation, audits, reviews, complaints etc...</p>	H & E	C+10		<p>C = Date provider closed.</p> <p>In the event a provider ceases doing business, the division may assume management of patient records for the duration of the required retention period.</p>
<p><b>001.5 - Provider Certification (Auxilliary Files - Involuntary Closures)</b>                      These files consist of reports and supportive materials of site reviews, complaint investigations, utilization reviews, corrective action files, and audits. These files relate to the certification file and are maintained along with item #001.1, 001.2 and 001.4.</p>	H & E	C+10		<p>C = Until provider has closed.</p> <p>At closure, the effort to consolidate all auxiliary files with the certification file is preferred but may be transferred to a records center separately.</p>
<p><b>002.1 - Consumer Case Files (Active Files)</b>                      This series documents individual consumers receiving the following services: Long-term facility care, Personal Care Assistance Program, Medicaid Waiver. Includes intake form, application, plan of care, case notes, complaints, informed consent/information release forms, fair hearing materials and decisions, correspondence, etc.</p>	H & E	20*		<p>* = This is only a review date as the case files may still be active.</p> <p>See file index for explanation of open files administered at records center.</p>
<p><b>002.2 - Consumer Case Files (No Longer Receiving Services)</b>                      This series documents individual consumers receiving the following services: Long-term facility care, Personal Care Assistance Program, Medicaid Waiver. Includes intake form, application, plan of care, case notes, complaints, informed consent/information release forms, fair hearing materials and decisions, correspondence, etc.</p>	H & E	C+7		<p>C = Until consumer no longer receives services.</p>

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<p><b>002.3 - Consumer Case Files (Children No Longer Receiving Services)</b>                      This series contains case files for children with complex medical conditions in the Medicaid CCMC Waiver program.</p> <p>Includes intake form application, plan of care case notes, incident reports, complaints, informed consent/information release forms, fair hearing materials and decisions, correspondence, etc.</p>	H & E	C+7		C = Until consumer is 22 years old.  AS 47.80.900.
<p><b>002.4 - Consumer Case Files (Deceased)</b>                      This series documents individual consumers receiving the following services: Long-term facility care, Personal Care Assistance Program, Medicaid Waiver Includes intake form, application, plan of care, case notes, complaints, informed consent/information release forms, fair hearing materials and decisions, correspondence, etc.</p>	H & E	C+7		C = Date consumer died.
<p><b>002.5 - Consumer Case Files (TEFRA Reports)</b>                      In agreement with the Division of Public Assistance, DSDS determines the institutional level of care for applicants and ongoing recipients for TEFRA Medicaid. These files consist of referral information, medical documentation and the DSDS level of care determination.</p> <p>Arranged alphabetically by name of consumer.</p>	H & E	C+7		C = Until consumer is 19 years old or case is closed.  TEFRA = Tax Equity & Fiscal Responsibility Act of 1996, aka the Katie Beckett option.  TEFRA allows states to extend Medicaid coverage to Children With Complex Medical Conditions, Mental Retardation/Developmental Disabilities under the age of 19 and provides care to disabled children in their homes/communities rather than in institutions.

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<p><b>002.6 - Consumer Case Files (TEFRA Reports - Deceased)</b>                      In agreement with the Division of Public Assistance, DSDS determines the institutional level of care for applicants and ongoing recipients for TEFRA Medicaid. These files consist of referral information, medical documentation and the DSDS determination.                       Arranged alphabetically by name of consumer.</p>	H & E	C+7		C = Until date of death.  TEFRA = Tax Equity & Fiscal Responsibility Act of 1996, aka the Katie Beckett option.  TEFRA allows states to extend Medicaid coverage to Children With Complex Medical Conditions, Mental Retardation/Developmental Disabilities under the age of 19 and provides care to disabled children in their homes/communities rather than in institutions.
<p><b>003.1 - Long-Term Facility Care Files (Preadmission Screening and Resident Review Records)</b>                      The DSDS system shall maintain records of Level I and Level II evaluation and determinations, in accordance with 42 CFR 483.104 through 42 CFR 483.130.</p>	H & E	C+7		C = Until last case action.
<p><b>003.2 - Long-Term Facility Care Files (Deceased)</b>                      The DSDS system shall maintain records of Level I and Level II evaluation and determinations, in accordance with 42 CFR 483.104 through 42 CFR 483.130.</p>	H & E	C+7		C = Until last case action.
<p><b>003.3 - Long-Term Facility Care Files (ICFMR Approvals)</b>                      This records series contains approvals for consumers in the Intermediate Care Facility for the Mentally Retarded (ICFMR) waiver.</p>	H & E	C+7		C = Until last case action.
<p><b>003.4 - Long-Term Facility Care Files (Deceased ICFMR)</b>                      This records series contains records relating to deceased consumers that were in the Intermediate Care Facility for the Mentally Retarded (ICFMR) waiver.</p>	H & E	C+7		C = Until case is closed.
<p><b>004 - Developmental Disability Determination Files</b>                      These files contain documentation and decisions related to the disability determination decision defined by AS 47.80.900.</p>	H & E	C+10		C = Until consumer is 22 years old.

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<b>005 - Wait List Reports</b> List of eligible consumers that have been approved and are waiting for services. Consumer is assigned a tracking number.  Arranged alphabetically by client.	E	CY+2		
<b>006.1 - Adult Protective Services Reports</b> Documents each call or complaint the Division receives and any subsequent investigations.  Arranged alphabetically.	H & E	7		Destroy after 7 years if case file not initiated.  Some client information is input in to DS3.
<b>006.2 - Adult Protective Services Investigation Files</b>	H & E	C+7		C = Until investigation is closed.
<b>007 - General Relief Temporary Assisted Living Payments</b> This series documents funds used to supplement or pay for services received by individuals placed into Assisted Living by Protective Services. Includes application or referral for funding supplements, financial eligibility determination/research, funding authorizations, activity reports, escort and/or consumer travel.  Arranged alphabetically by name of recipient.	H & E	C+7		C = Until the consumer is no longer eligible for or receives services.  Renewed annually.
<b>008 - General Relief Provider Files</b> These files contain the agreement between the State of Alaska and providers.	H & E	C+7		C = Until agreement with provider ends.
<b>009.1 - Quality Assurance Reviews (Originals)</b> QA review files are files which develop from complaints, planned reviews or other sources. They include but are not limited to reviews of provider practices or utilization, internal DSDS systems analysis and problem resolution, consumer issues, investigations, surveys and various studies. Also includes critical incident reports and mortality review reports.	H	S or 5		S = Until scanned or 5 years, whichever is sooner.  Original hardcopy records may be disposed of once the scanned copies have been certified as being a "true and correct" copy of the originals.  Complaints and other reviews regarding providers will be found in item #001.1, 001.2 or 001.4.

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<p><b>009.2 - Quality Assurance Reviews (Scanned Copy)</b>                      QA review files are files which develop from complaints, planned reviews or other sources. They include but are not limited to reviews of provider practices or utilization, internal DSDS systems analysis and problem resolution, consumer issues, investigations, surveys and various studies.</p>	D	5		Complaints and other reviews regarding providers will be found in item #001.1, 001.2 or 001.4.
<p><b>010 - DS 3 Database</b>                      This web-based division-wide database is used for tracking services provided to consumers by the division. Consumer and provider data is entered into the DS3 database by provider agencies when they apply for services from the division.</p>	D	PO	Y	
<p><b>011.1 - Training and Curriculum Files</b>                      This records series consists of the curriculum and training materials used such as films, compact disks, electronic files, slides, commentaries, manuals, workbooks, and other related items.</p>	H & E	C+10		C = Until curriculum is superseded or made obsolete.
<p><b>011.2 - Training and Curriculum Files (Attendance Lists)</b>                      This records series contains confirmed attendance lists at all training course ran by the division for care providers .</p>	E	PO		

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