

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN	<i>Policy and Procedure</i>		
Category Regulatory Compliance	Policy Number		
Policy Name RECORD RETENTION AND DESTRUCTION OF RECORDS POLICY	Type of Policy: <input type="checkbox"/> MCMHA <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Network		
# of Pages: 6	Approval Date	Effective Date	Revision Date(s) 7/18/06
Administrative/Board of Directors Sign Off			
Administrative Signature:			Date:

I. PURPOSE

To establish the safe keeping of records including retention and destruction in accordance with the applicable standards.

II. APPLICATION

This policy applies to the Prepaid Inpatient Health Plan (PIHP) and the Comprehensive Specialty Services Programs (CSSN's) and look alike.

All Community Mental Health of Southeast Michigan affiliation partners, all WCHO staff, students and volunteers, and those of organizations under contract with WCHO, subcontracted providers and substance abuse agencies under contract with the WCHO.

III. DEFINITIONS

Active Records – A record, which is regularly referred to and required for current use.

Comprehensive Specialty Services Network (CSSN) – An organization that is certified As a CMHSP, including a recipient rights systems, services across all populations, has a Publicly appointed Board of Directors, and has accreditation from JCAHO.

Inactive Records – A record that does not have to be readily available; which must be kept for legal or historical purposes.

Non-Records – Copies for administrative record, convenience file, day file, reference material, or other records not included within the scope of official records.

Official Record or Record Copy – A record that is legally recognized as establishing some fact. In case of multiple copies, the record copy is listed on the Records Retention and Disposition Schedule and other copies is considered to be non-records.

Pre-paid Inpatient Health Plan (PIHP) – The organization that manages specialty health care services under the Michigan Medicaid Waiver Program for Specialty Services. The PIHP provides specialty health care services to enrollees under contract with the state, and on the basis of prepaid capitation payments or other payments that do not use State plan payment rates. The PIHP provides, arranges for, or otherwise has the responsibility for the provisions of hospital or institutional services for its enrollees, and does not have a comprehensive risk contract.

Record – Recorded information, regardless of medium or characteristics, such as hard copy, magnetic tape, electronic format, microfilm or scanning.

Records Management – The systematic control of all records from their creation or receipt, through their processing, distribution, organization and retrieval to their ultimate disposition.

Records management includes form design and analysis, form control, micrographics, filing systems, records retention and disposition schedules and disaster recovering.

Retention Schedule – Lists the time frame that records need to exist before they can be destroyed. All retention schedules must be approved by the State Archives of Michigan.

IV. POLICY

All records will be handled in an effective and efficient record keeping system that will ensure that records will be maintained in a proper manner to protect the rights of the consumers of the Prepaid Inpatient Health Plan (PIHP) and the Comprehensive Specialty Services Programs (CSSN's) and look alike for as long as the records are needed and no longer than 20 years after the last contact date or death.

A Certified Record Retention and Disposal Schedule will form the basis for all retention and disposition of records. The schedule will be updated continuously as new record series occur or record series are eliminated, with the assistance of management of the Prepaid Inpatient Health Plan (PIHP) and the Comprehensive Specialty Services Programs (CSSN's) and look alike, DCH and State Archivist. Each department will be responsible for their own record retention schedule. Any changes to the schedule need to be submitted to management of the Prepaid Inpatient Health Plan (PIHP) and the Comprehensive Specialty Services Programs (CSSN's) and look alike so an amendment to the schedule can be done and resubmitted to the State Archives of Michigan for approval.

All active records shall be maintained in an organized system located in a secure and locked area. The filing system shall be in accordance with accepted practice. In the event that a consumer's record is considered to be lost after extensive efforts have been

made to locate it, the record shall be reconstructed as accurately as possible to the best of the clinician's abilities. A detailed letter describing the efforts made to locate the original record and the circumstances, which necessitated initiating the record reconstruction process, shall be filed in the beginning of the consumer record.

Microfilming can be used to replace paper records whenever feasible. Record series shall be identified for microfilming based on the criteria of saved time, money and space.

The objectives to having a record retention program is to:

SAVE SPACE. Office space can be better utilized by removing those records not required for daily operation from the centralized location to a off-site climate controlled storage unit that will be locked and only accessible by the management of the Prepaid Inpatient Health Plan (PIHP) and the Comprehensive Specialty Services Programs (CSSN's) and look alike or designee authorized by management.

SAVE TIME. Uncontrolled records retention practices can create a time problem by letting records build up in both office and storage areas and it becomes more and more difficult to find material. Time can be saved in locating records by removing inactive material from office files; by instituting a system whereby each department knows what records it has and where they are kept; and by providing an orderly method of storing and disposing of inactive records.

PRESERVE HISTORY. Records that contain adequate and authentic evidence of an agency's organization, function, policies, decisions, procedures, operations, or other activities have historical value. These records may show an agency's origin, its administrative development, and its present organizational structure. These records may be of interest to the State Archives.

Methods of destruction for records closed for 20 years or longer from the last date of service or death will be by deletion of shredding, burning and chemical recycling. Record destruction may be done in house (where a record must be kept of whom destroyed the record, date it was destroyed and what was destroyed) and also by a contracted Shredding company designated by the Prepaid Inpatient Health Plan (PIHP) and the Comprehensive Specialty Services Programs (CSSN's) and look alike. Destruction of records will include photographs, audiotapes, videotapes, paper records, microfilm, scanning, disks, etc. At the time of destruction a certificate must be obtained that the material was destroyed. This certificate shall be attached to the list of records that were destroyed. This will help with any future request's that may come in requesting a past consumer's record, you will then have the back-up documentation that the record was destroyed.

Record Retention and Disposal Schedule

<u>Item No.</u>	<u>Records Title & Description</u>	<u>Retention Period</u>
01	Consumer Case Records	20 years
02	Recipient Rights Information (Includes investigation reports)	10 years
03	Recipient Rights Committee Minutes	Permanent
04	Service Logs & Productivity	10 years
05	Accounting/Financial Records (Includes: Audited financial statements, annual audit preparation work papers, summary by account/trial balance, general ledgers, general journal entries, related source documents, additional documentation, reports, etc.)	7 years
06	Payroll Records (Includes: payroll register, deduction registers, employee timesheets, withholding forms, etc.)	7 years
07	Board Meeting Minutes & Agendas	Permanent
08	Committee/Staff Meeting Minutes	10 years
09	Family Support Subsidy	6 years
10	Cash Management Files (Includes: written policies, daily cash receipt logs, pre-numbered cash receipts, bank reconciliation's, cash receipts, journals, etc.)	7 years
11	Inventory & Equipment Records (Includes: Annual inventory of fixed assets, inventory ledgers, etc.)	7 years
12	Cash Disbursement Records (Includes: imprest cash & disbursement vouchers, travel expense vouchers, payment vouchers, purchase requisitions and orders, cash disbursement journals, purchasing policies documenting the bid process, related source documents, additional documentation, etc.)	7 years
13	Grant Files	7 years

(Includes: grants received and/or administered by the PIHP or CSSN's. Includes grant award, financial reports, final reports, related work papers, etc.)

14	Patient Fees (Includes: policies, procedures, approved fee schedule, pro-ration reports, third party billings, private pay billings, related revenue supporting documentation, etc.)	5 years
15	Monthly Budget Reports	7 years
16	PIHP & CSSN's Contract & Lease Information	10 years past expiration
17	Personnel Administrative Records (Includes: applications, resumes, job advertisements, salary evaluations, insurance, benefits, training, related to employees, etc.) Destruction date is 7 years past their termination date.	7 years
	(Includes: solicited applications, resumes, job advertisements, etc. related to non-employees)	1 year
	(Employee training on hazardous/toxic substance & blood-borne pathogens.	7 years
18	Alpha Central Files (Includes all correspondence)	7 years
19	DCH/PIHP/CSSN's Managed Health Supports & Services Contract	Permanent
20	DCH/PIHP/CSSN's OBRA Contract	Permanent
21	DCH/PIHP/CSSN's Homeless/Housing Project Contract	Permanent
22	OSHA (Includes: safety material, hazard comm., data sheets, etc.)	Tenure plus 30 yrs.

V. REFERENCES

- A. Certified Retention and Disposal Schedule approved by State of Michigan
- B. HIPAA
- C. JCAHO
- D. Michigan Department of Community Health
- E. Michigan Mental Health Code