

- B. Medicaid Enrollee: A Medicaid beneficiary who is currently a Consumer enrolled in the MCCMH PIHP
- C. Medicaid Grievance: An expression of dissatisfaction by a Medicaid Enrollee about any matter other than a Medicaid Adverse Benefit Determination. Medicaid Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or Consumer, or failure to respect the Medicaid Enrollee's rights regardless of whether remedial action is requested. Medicaid Grievance includes a Medicaid Enrollee's right to dispute an extension of time proposed by MCCMH to make a service authorization decision. Refer to MCCMH MCO 2-009, "Medicaid Grievances; Non-Medicaid Grievances," for additional information.
- D. Non-Public Recorded Information: Recorded information which are common and to which retention and disposal schedules do not apply. They have no administrative, legal, archival, or fiscal value. Examples include, but are not limited to:
1. Telephone messages and carbon copies of phone messages;
 2. Extra or identical duplicate copies of documents if the official records have been retained by the agency;
 3. Preliminary drafts of letters, memoranda, reports, worksheets, and internal notes (including those that are word processed) that do not represent significant basic steps in the preparation of public documents;
 4. Sign-in sheets;
 5. Shorthand notes and recordings that have been transcribed into another format for official retention purposes;
 6. "For your information" courtesy copies, letters of transmittal (including routing slips) which do not add any information to the transmitted material, and other types of routine correspondence (may include e-mail) that do not document significant activities of the agency;
 7. Miscellaneous notices or memoranda which do not relate to the legal and functional responsibilities of the agency, such as notices about community events, holidays, etc.;

8. Media used for printing or other records reproduction; and processes, publications, forms, and printed documents that are superseded or outdated; and
 9. Catalogs or other publications received from outside sources that are not essential to the operation of the agency.
- E. Non-Records: Records which are not covered on state retention and disposal schedules and may be destroyed as soon as they have served their intended purposes. Examples include, but are not limited to:
1. Extra copies of documents retained only for convenience of reference, such as “for your information,” tickler and follow-up of correspondence, word processed files when the official record-copy is printed out, and extra or identical duplicate copies of records if the official record has been retained by MCCMH;
 2. Publications, forms and printed documents, including stocks of those that are superseded or outdated;
 3. Preliminary drafts of letters, memoranda, reports, worksheets and internal notes (including those that are word processed) that do not represent significant basic steps in the preparation of public records;
 4. Letters of transmittal (including routing slips) which do not add any information to the transmitted material, and other types of routine correspondence (may include e-mail messages) that do not document significant activities of MCCMH;
 5. Shorthand notes and recordings that have been transcribed into another format for official retention purposes;
 6. Miscellaneous notices or memoranda (may include e-mail messages) which do not relate to the legal and functional responsibilities of MCCMH, such as notices of community events, employee benefits, holidays, etc.;
 7. Media used for printing or other record reproduction processes; and/or
 8. Catalogs, trade journals, and other publications or papers that are received from outside sources and are not essential to the operation of MCCMH.

- F. PIHP Contract: The current contract between MCCMH and MDHHS, wherein MDHHS contracts to obtain the services of the MCCMH PIHP to manage the Concurrent 1915(b)/(c) Programs, the Healthy Michigan Plan and SUD Community Grant Programs, and relevant Waivers in a designated services area and to provide a comprehensive array of specialty mental health and substance abuse services and supports as indicated in the contract.
- G. Public Record: A record created or possessed by an agency pursuant to law or under color of law in connection with an activity relating to or affecting the transaction of the agency's business, and that is created or maintained by the agency as evidence of the agency's organization, function, policy, decisions, operation, or activity, or because of the record's informational value.

V. Standards

A. General:

- 1. MCCMH public records may be disposed of only in accordance with this policy.
- 2. MCCMH non-records may be disposed of as soon as they have served their intended purpose.

B. Administrative Records:

- 1. Transitory Correspondence: Transitory Correspondence is written communication of short term interest which has no documentary value and need not be retained more than 30 days. This type of correspondence message has limited administrative and evidential value which is lost soon after the communication is received. Transitory messages do not set policy, establish guidelines or procedures, certify a transaction or become a receipt. Examples of transitory correspondence include letters of transmittal that do not add information to the transmitted materials, routine requests for information which require no administrative action, policy decision, special compilation or research. This type of record also includes invitations to work-related events, notifications of an upcoming meeting, and similar records. **These records shall be retained at least 1 year beyond their creation.**
- 2. General Correspondence: General correspondence may exist in a variety of formats including memos, letters, notes and electronic mail messages. If the correspondence pertains to a specific project or case, it should be filed within that project or case file. General correspondence is often

organized chronologically or by correspondent's name. **These records shall be retained at least 2 years beyond their creation.**

3. Correspondence Pertaining to Finance Policy Manuals: **These records shall be retained for 5 years after the applicable policies have been superseded.**
4. Correspondence Pertaining to Inspection Approval Regarding Fire and Safety: **These records shall be retained at least 5 years beyond their creation.**
5. Administrative Subject File:
 - a. These records are used to support administrative analysis, program and project planning, procedure development and programmatic activities for MCCMH. Subject files are generally organized alphabetically by topic. Document types may include periodic progress reports (narrative and statistical), special reports, topical correspondence, research materials, project planning notes, organizational charts, agency descriptions, etc. Subject files do NOT include case files, files related to individual program activities, human resources files, and accounting records.
 - b. Subject files should be retained in the office while the topic is still considered to be of ongoing interest. For topics that will always be active, MCCMH may want to consider cutting off the file every year and creating a new file for subsequent years.
 - c. **Topics in the subject files from these offices may be destroyed 6 years after they become inactive.**
6. Policies, Procedures and Directives (other than those related to HIPAA): These records include executive directives, regulations, orders, circulars, official memorandum, etc. They do not include distribution and reference copies, or the documentation that is used to develop the policy, procedure or directive. [See V.B.7.] **These records shall be retained until they are superseded.**
7. Policy Development Records: These records may include memos, copies of legal decisions, statutes, bulletins, newspaper clippings, drafts, revisions, copies of policies and procedures, and other supporting documentation used in the development and promulgation of official policies and procedures. **These records shall be retained at least 2**

years from the effective date of the (new) policy/procedure or the last date of revision.

8. Policy-Related Correspondence: **These records shall be retained as long as the applicable policy is in effect and for at least 5 years after the policy has been superseded or removed from its manual.**
9. Meeting Records: These records may include agendas, supporting documentation, original signed minutes, and tape and video recordings. If tape and video recordings are transcribed the original recordings can be destroyed. These records do not include meeting notices and bulletins and documentation of expenditures. This series includes meeting minutes for the MCCMH Board, administrative committees and sub-committees, etc. **These records shall be retained at least 6 years beyond their creation.**
10. Staff Meeting Minutes: **These records shall be retained at least 2 years beyond their creation.**
11. Staff Activity Reports: These reports are prepared by staff members and document work activities. **These records shall be retained at least 5 years beyond their creation.**
12. Statistical Reports: These reports are prepared monthly, quarterly, and annually and provide information relating to services provided, etc. **These records shall be retained at least 5 years beyond their creation.**
13. Freedom of Information Act (FOIA) Records: These records will document requests for information and public records maintained by MCCMH. They may include requests for information, correspondence, a copy of the information released, and billing documentation. **These records shall be retained at least 5 years beyond their creation.**
14. Program Plans and Allotments: These records list the objectives of each program and detail the budget and staff hours which will be utilized for each program. These plans are followed by the report on the actual expenditures. **These records shall be retained at least 5 years beyond their creation.**
15. Litigation Files: These records may include depositions, transcripts, decisions, correspondence, data, exhibits, research materials, reports, press releases, media clippings, etc. **These records shall be retained at least 10 years after the case is closed.**

16. Publications: These records include MCCMH-developed publications used as a mechanism to distribute information or publicize MCCMH activities. They include brochures, pamphlets, training materials, fact sheets, books, magazines, newsletters, calendars, CD-Roms, maps, posters, public relations materials, etc. **These records shall be retained at least 1 year beyond their creation.**
17. Publications-Development Records: These records include drafts, development materials, correspondence, printing request, mock-ups, etc. **These documents shall be retained in the office while the topic is still considered of reference value after the publication is finalized.**
18. Press Releases: These records may contain documentation pertaining to the development of press releases. Files may include, but are not limited to, work requests, drafts, approved distribution lists, and official press releases. **These records shall be retained at least 5 years beyond their creation.**
19. Photographs: Photographs and negatives may be created to document training, MCCMH accomplishments, initiatives, personnel, and other activities of general interest, and activities of its consumers. Photographs should be labeled, in pencil, to identify people, places, and dates. **These records shall be retained until determined to no longer be essential to achieve the purpose for which they were originally created.**
20. Newsletters (Internal): This record will document official MCCMH newsletters that are published for internal distribution to MCCMH staff. **These records shall be retained at least 10 years beyond their creation.**
21. Recipient Rights Files: These records may include recipient rights complaint forms, investigation notes, treatment plans, progress notes, correspondence, incident reports, and other supporting documentation. **These records may be destroyed 10 years beyond their creation.**
22. Quality Improvement Documents: These records may include peer reviews, not subject to discovery under the Freedom of Information Act (FOIA), conducted to determine if there has been any variance from established policies and procedures in order to make improvements in the delivery of care and service. These records may include but are not limited to Reports of Consumer Death, Mortality Reviews, Root Cause Analyses, Quality Audits, Performance Improvement Projects, special

quality improvement studies, and meeting minutes of quality review activities and supporting documentation. **These documents may be destroyed 7 years beyond their creation.**

C. Accounting and Purchasing Records:

1. Budget Documentation: These files are maintained for budget planning and allocation purposes and may include copies of the following: management plans; work sheets; program revisions; expenditure details; related correspondence, etc. **These records shall be retained at least 7 years beyond their creation or until after the financial audit for the year the expense is related, whichever is longer.**
2. Monthly Budget Reports: These are prepared monthly and forwarded to the Michigan Department of Community Health (MDCH). **These records shall be retained at least 7 years beyond their creation or until after the financial audit for the year the expense is related, whichever is longer.**
3. Audit Reports: **These records shall be retained at least 7 years beyond their creation or until after the financial audit for the year the expense is related, whichever is longer.**
4. Payment Records: These records document payment transactions. Payments may be related to travel, inter-departmental billings, contracts, vendors, manual warrants, procurement cards, etc. The records may include original hard copy and electronic invoices, billings, packing slips, receivers, approvals, procurement logs, statement reconciliations, receipts, etc. (Screen prints may be a part of these records, but are not required as part of the official documentation). **These records shall be retained at least 7 years after the fiscal year to which they pertain, or until after the financial audit for the year the expense is related, whichever is longer.**
5. Journal Vouchers: These records contain journal vouchers and batch cover sheets and will document corrections, miscellaneous adjustments, reclassifications from undistributed receipts, expenditure and revenue adjustments, year-end adjusting entries, payroll corrections, and various other transactions. **These records shall be retained at least 7 years after the fiscal year to which they pertain, or until after the financial audit for the year the expense is related, whichever is longer.**

6. Contracts (Original): These records contain original contracts documenting agreements between MCCMH and vendors, and between MCCMH and MDCH. **These records shall be retained until contract expiration plus 7 years.**
7. Deposit Transactions: These records may include cash receipts, deposit slips, journal vouchers for deposits, bank statements, telephone bills with personal calls attributed to staff, and other supporting documentation. **These records shall be retained at least 7 years after the fiscal year to which they pertain, or until after the financial audit for the year the expense is related, whichever is longer.**
8. Year-end Closing Records: These records are used to support the year-end closing function. The records may include correspondence, documentation describing closeout problems and resolution, accounts receivable documents, accounts payable documents, encumbrances, fixed assets, interim assessment/closeout checklist, etc. (Electronic reports may be a part of this record, but are not required as part of the official documentation). **These records shall be retained at least 7 years after the fiscal year to which they pertain, or until after the financial audit for the year the expense is related, whichever is longer.**
9. Accounting Records: These records may include audited financial statements, annual audit preparation work papers, Summary by Account/Trial Balance, general ledgers, general journal entries, related source documents, additional documentation, etc. **These records shall be retained at least 7 years beyond their creation or until after the financial audit for the year the expense is related, whichever is longer.**
10. Accounts Receivable Records: These records document money received from revenue sources. The records may contain encumbrance transactions, copies of documents that were posted, payments, etc. **These records shall be retained at least 7 years after the fiscal year to which they pertain, or until after the financial audit for the year the expense is related, whichever is longer.**
11. Audited Financial Statements - Historical Copy: These statements are prepared at required intervals and provide financial information relating to MCCMH Board financial activity. **These records shall be retained indefinitely.**

12. Cash Management Files: These files may include written policies, daily cash receipts logs, pre-numbered cash receipts, bank reconciliations, cash receipts, journals, etc. **These records shall be retained at least 7 years beyond their creation or until after the financial audit for the year the expense is related, whichever is longer.**
13. Cash Disbursement Records: These include Imprest Cash and Disbursement Vouchers, Travel Expense Vouchers, Purchase Requisitions and Orders, Cash Disbursement Journals, purchasing policies documenting the bid process, related source documents, additional documentation, etc. **These records shall be retained at least 7 years beyond their creation or until after the financial audit for the year the expense is related, whichever is longer.**
14. Grant Files: These records pertain to grants received and/or administered by the MCCMH Board, including the grant award, financial reports, final reports, related workpapers, etc. **These records shall be retained until grant expiration plus 7 years.**
15. Consumer Fees: These records include policies, procedures, approved fee schedules, pro-ration reports, third party billings, private pay billings, Medicaid vouchers, remittance advices, peg board sheets, related revenue supporting documentation, etc. **These records shall be retained at least 7 years beyond their creation or until after the financial audit for the year the expense is related, whichever is longer.**
16. Consumer Ledger Cards: **These records shall be retained until 7 years after the consumer ledger cards have expired.**
17. Inventory and Equipment Records: These include the annual inventory of fixed assets, the inventory ledger, etc. **These records shall be retained until they are updated plus 7 years.**
18. Approvals for Payment: These records contain approvals to pay prior year payments over \$1000, in the current year, because they were not set up as an accounts payable in the prior year. **These records shall be retained at least 7 years after the fiscal year to which they pertain, or until after the financial audit for the year the expense is related, whichever is longer.**
19. Stopped, Cancelled, Undeliverable, and/or Reissued Warrants: These records may contain signed affidavits and may also include other applicable backup documentation deemed necessary by MCCMH. The

records may also include any reissued payroll warrants. **These records shall be retained at least 7 years after the fiscal year to which they pertain.**

20. Transaction Error Reports: These records contain supporting documentation to the batch error correction process. The supporting documentation may include screen-prints of errors and selected electronic reports. **These records shall be retained at least 7 years after the fiscal year to which they pertain.**
21. Procurement Card Application Records: These records include procurement cardholder applications, cardholder agreement forms, and cardholder maintenance forms. **The record will be retained for as long as the procurement card is held by the cardholder plus 7 years.**
22. Procurement Card Billing Statements: These records contain billing statements and supporting documentation detailing purchases made with procurement cards. **These records shall be retained at least 7 years after the fiscal year to which they pertain.**
23. Procurement Logs: These logs contain descriptions of each purchase, vendors names, total transaction amounts, dates received, etc., and document the status of purchases made with procurement cards. **These records shall be retained at least 7 years after the fiscal year to which they pertain.**
24. Purchase Orders: These records include purchase requisitions and purchase orders. **These records shall be retained at least 7 years after the fiscal year to which they pertain.**
25. Billing Summary: These records contain copies of billing statements that provide a summary of department purchases. **These records shall be retained at least 7 years after the fiscal year to which they pertain.**
26. Job Tickets: These records are electronically generated and are used to order supplies. The records may also include Advice of Changes. **These records shall be retained at least 7 years after the fiscal year to which they pertain.**
27. Accounting of Medicaid Services: See subsection V(F), below, for specific accounting records related to Medicaid Services provided through the PIHP, **which must be retained for a period of no less than 10 years.**

D. Human Resource Records:

1. Selection Files: These records contain all documents that support appointment and selection activity for employment. They may contain employment lists, transfer lists, selection criteria, evaluation of candidates, position descriptions, applications, interview questions, reference checks, rating forms, and appointment recommendations / notifications. **These records may be destroyed 7 years after they become inactive.**
2. Position Files: These files are created for established positions and may include the following: Position Action Request; Position Description; Application for Classification Redetermination; related correspondence; compensation information, etc. These files document the establishment, reclassifications, restriction, and modification of all MCCMH positions. **These records may be destroyed 5 years after they become inactive.**
3. Time, Attendance, Payroll, and Staff Billing Record: These records contain all supporting documentation of payroll activity within MCCMH and are maintained by pay period. Documents include time and attendance reports, leave usage approvals, time cards or sheets signed by employees or individual contractors, attendance records, payroll registers and payroll deduction registers, etc., doctors' schedules and appointment books, staff activity log (SAL) codes, and events lists. NOTE: These records may be found at individual worksites. **These records shall be retained as a permanent record.**
4. Request for Personnel Services Files: These files contain Requests for Personnel Services for use in hiring contractual services provided by outside vendors. A request includes information such as the date the request was created and/or updated, the vendor and vendor ID, the amount requested for each independent contractor and special personnel services, the effective and ending dates of the services requested, employees who may be affected by the hiring of a contractor, funding source, justification for requesting services, and other pertinent information as well as approval paths. **These records shall be retained at least 5 years beyond their creation.**
5. Medical Records (Non-exposures) and may contain the following documentation: medical leave applications; insurance forms (including long term disability forms); leave extension requests; medical certifications by physician; application for continuation of insurances; doctors' releases; supporting medical documentation; blood tests; vision and hearing tests, etc. [See V.D.5. for Medical Records where exposure to hazardous

materials has occurred.] **These records may be destroyed 7 years after they become inactive.**

6. Grievance Files: These files are maintained to document grievances filed against MCCMH. These records may include: pre-hearing reports; grievance forms; related correspondence; summary sheets; employee history information; decisions, etc. **These records may be destroyed 7 years after the grievance is closed.**
7. Medical Records (Exposure): These records are maintained separate from the employee personnel files and may contain the following documentation: medical leave applications; insurance forms (including long term disability forms); leave extension requests; medical certifications by physician; application for continuation of insurances; doctors' releases; supporting medical documentation; exposure documentation; blood tests; vision and hearing tests, etc. [See V.D.5. for Medical Records where no exposure to hazardous materials has occurred.] **These records may be destroyed 30 years after they become inactive.**

E. Training Records:

1. Employee Training Record. This record will document internal/external training received by employees and is used to verify that employees have met applicable standards including licensing and Department of Health and Human Services requirements. The record may include tests, handouts, sign-in sheets, and other supporting documentation. **The records will be retained for the duration of employment plus 10 years. Records may be in hard copy or electronic format.**
2. Direct Service Workers Training Record: Direct service workers in specialized residential settings are required to take initial and ongoing training relevant to the type of care delivered. Training is obtained from individuals or training organizations that use a curriculum which has been reviewed and approved by the Michigan Department of Health and Human Services. Employee competency is assessed annually. This record will document training and certification of direct service workers and will contain transcripts.
3. Recipient Rights Training Record: Recipient Rights training is provided on an annual basis to employees, providers, and others in the health network system. Training is also provided to new employees as part of their orientation. This record will contain attendance slips documenting employees who have received Recipient Rights training.

4. Credentialing Records: Credentialing is the process of validating the qualifications of a licensed practitioner or facility to provide services in a health care network or its components. This record will document a review of providers to verify that they are in compliance with applicable standards and Michigan Department of Health and Human Services credentialing standards and guidelines.
- F. Records Related to Medicaid Services Provided through the PIHP: **MCCMH and its contract network providers shall retain the following documents for a period of no less than 10 years:**
1. Medicaid Grievances and Appeals: At least the following minimum information for each Medicaid Grievance and Appeal initiated by a Medicaid Enrollee:
 - a. A general description of the reason for the Medicaid Grievance or Appeal;
 - b. The date received.
 - c. The date of each review or, if applicable, review meeting.
 - d. Resolution at each level of the Appeal or Medicaid Grievance, if applicable.
 - e. Date of resolution at each level, if applicable.
 - f. Name of the covered person for whom the Appeal or Medicaid Grievance was filed.
 2. Base Data Supporting Rate Development: Data, information and documentation related to the PIHP's:
 - a. Validated encounter data, FFS data (as appropriate), and annual audited financial reports specific to the Medicaid contract that demonstrate the experience for the populations served by MCCMH. The audited financial statements must be conducted in accordance with GAAP and GAAS.
 - b. Documentation of non-benefit rate data, including reasonable, appropriate, and attainable expenses related to PIHP administration, taxes, licensing and regulatory fees, contribution to reserves, risk

margin, cost of capital, and other operational costs associated with the provision of services identified in 42 CFR 438.3(c)(1)(ii) to the populations covered under the PIHP Contract.

3. Medical Loss Ratio (MLR) Reports: The annual reports that MCCMH is required to submit to the State, which include at least the following information for each MLR reporting year:
 - a. Total incurred claims.
 - b. Expenditures on quality improvement activities.
 - c. Expenditures related to program integrity requirements under the PIHP Contract, including those related to:
 - i. The compliance program;
 - ii. Reporting of overpayments;
 - iii. Notifying the State about changes in Medicaid Enrollee circumstances that may affect eligibility, including change of address or death;
 - iv. Notifying the state about changes in network provider's circumstances that may affect eligibility to participate in the PIHP;
 - v. Verifying on a regular basis whether services that have been represented to have been delivered by network providers were received by Medicaid Enrollees;
 - vi. Prompt referral of potential fraud, waste, or abuse identified by MCCMH to the State Medicaid program integrity unit, or any potential fraud directly to the State Medicaid Fraud Control Unit;
 - vii. Suspension of payments to a network provider for which the State determines there is a credible allegation of fraud; and
 - viii. Screening and enrollment of network providers.
 - d. Non-claims costs.
 - e. Premium revenue.

- f. Taxes, licensing and regulatory fees.
 - g. Methodology(ies) for allocation of expenditures.
 - h. Any credibility adjustment applied.
 - i. The calculated MLR.
 - j. Any remittance owed to the State, if applicable.
 - k. A comparison of the information reported in this subsection with the audited financial report required under 42 CFR 438.3(m).
 - l. A description of the aggregation method used under 42 CFR 438.3(i).
 - m. The number of member months.
4. Program Integrity Disclosures: Data, information and documentation related to the PIHP's:
- a. Written disclosures of prohibited affiliations;
 - b. Written disclosures of information on ownership and control required under 42 CFR 455.104;
 - c. Reports to the State when the PIHP has identified capitation payments or other payments in excess of amounts specified in the contract;
 - d. Recovery of overpayments, and of reporting of same to the State;
 - e. Documentation specified by the PIHP Contract required for reporting the recovery of all overpayments and payment of recoveries of overpayments to the State in situations where the PIHP is not permitted to retain some or all of the recoveries of overpayments;
 - f. Notification from contract network providers of any overpayments identified by such contract network provider; and
 - g. Annual reporting to the State of all overpayment recoveries
5. Specified Data, Information, and Documentation. Additional data which the PIHP is required to submit to the State:

- a. Encounter data in the form and manner described in § 438.818;
 - b. Data on the basis of which the State certifies the actuarial soundness of capitation rates to an MCO, PIHP or PAHP under § 438.4, including base data described in § 438.5(c) that is generated by the MCO, PIHP or PAHP;
 - c. Data on the basis of which the State determines the compliance of the MCO, PIHP, or PAHP with the medical loss ratio requirement described in § 438.8;
 - d. Data on the basis of which the State determines that the MCO, PIHP or PAHP has made adequate provision against the risk of insolvency as required under § 438.116;
 - e. Documentation described in § 438.207(b) on which the State bases its certification that the MCO, PIHP or PAHP has complied with the State's requirements for availability and accessibility of services, including the adequacy of the provider network, as set forth in § 438.206;
 - f. Information on ownership and control described in § 455.104 of this chapter from MCOs, PIHPs, PAHPs, PCCMs, PCCM entities, and subcontractors as governed by § 438.230;
 - g. The annual report of overpayment recoveries as required in § 438.608(d)(3); and
 - h. Any other data, documentation, or information relating to the performance of the entity's obligations under this part required by the State or the Secretary.
 - i. Certification of the above data, as required by § 438.606.
6. Prohibited Affiliations. Data, information and documentation that provide evidence of compliance with the restrictions against prohibited affiliations, as described in 42 CFR 438.610, including but not limited to monthly conflict and exclusion check reports.
- G. Records Related to HIPAA Obligations: **MCCMH and its contract network providers shall retain the following documents for a period of no less than 6 years from the date of creation or from the date when last effective, whichever is later:**

1. Written or electronic policies and procedures designed to comply with the standards of 45 CFR 164, Subpart E - Privacy of Individually Identifiable Health Information (§§ 164.500 - 164.534), and Subpart D - Notification in the Case of Breach of Unsecured Protected Health Information (§§ 164.400 - 164.414), including but not limited to the Notice of Privacy Practices;
2. Any communication required by 45 CFR 164 Subpart E to be in writing, and documentation of any action, activity or designation required by 45 CFR 164 Subpart E to be documented, including but not limited to the following:
 - a. Signed authorizations obtained in order to use or disclose PHI;
 - b. Revocation of authorizations for use or disclosure of PHI;
 - c. Documentation regarding an individual's request for an accounting;
 - d. Documentation regarding an individual's request to inspect and copy PHI;
 - e. Documentation regarding an individual's request to amend PHI;
 - f. Restrictions related to PHI requested by an individual to which the Board agrees, and any termination of such restrictions;
 - g. Record of disclosures required so the Board can respond to an individual's request for an accounting of disclosures (See MCCMH MCO Policy No. 10-340, "Individual's Right to an Accounting of Disclosures");
 - h. Records of reported or otherwise known actual or potential unauthorized disclosures (See MCCMH MCO Policy No. 10-350, "Privacy Complaints", and 10-370, "HIPAA Privacy Breach Assessment and Notification");
 - i. Documentation breach investigation, assessment, mitigation, sanctions against workforce members (if any), and notification to individuals and the government (see MCCMH MCO Policy No 10-370, "HIPAA Privacy Breach Assessment and Notification");
 - j. Business Associate Agreements; and

- k. Documentation of training of MCCMH workforce on the policies and procedures respecting PHI, as necessary and appropriate for them to carry out their functions within the covered entity, as further described in 45 CFR 164.530(b).
3. Written or electronic copies of policies and procedures implemented to comply with 45 CFR Part 164, Subpart C - Security Standards for the Protection of Electronic Protected Health Information (§§ 164.302 - 164.318), and written or electronic documentation of any action, activity or assessment required by that subpart to be documented, including but not limited to:
 - a. Documentation of security incidents and their outcomes;

H. Disposal of Non-Clinical Records:

1. Paper Non-Clinical Records: The non-clinical records in paper format which are due for disposal shall be disposed of by shredding.
2. Electronic Non-Clinical Records: The electronic non-clinical records which are due for disposal shall be destroyed by shredding, or other comparable means.

I. Legal Processes. In the event that a lawsuit is initiated against MCCMH or an employee thereof, any pertinent clinical records which are due for disposal shall not be destroyed but shall be held until conclusion of all litigation pertaining to those records.

VI. Procedures

- A. None.

VII. References / Legal Authority

- A. Michigan Department of History, Arts and Libraries, State of Michigan Records Management General Schedule # 20 - Community Mental Health Services Programs, approved 5/1/07
- B. Michigan Department of History, Arts and Libraries, State of Michigan Records Management General Schedule #1 - Non-Records, approved 11/16/04

- C. Michigan Department of History, Arts and Libraries, State of Michigan Records Management General Schedule #5 - Administrative Records, approved 10/19/10
- D. Michigan Department of History, Arts and Libraries, State of Michigan Records Management General Schedule #6 - Accounting and Purchasing Records, approved 3/20/01
- E. Michigan Department of History, Arts and Libraries, State of Michigan Records Management General Schedule #7 - Human Resources Records, approved 12/2/03
- F. MDCH-MCCMH Managed Specialty Supports and Services Contract
- G. Commission on Accreditation of Rehabilitation Facilities (CARF) Standards Manual
- H. MDCH/CMHSP Specialty Supports and Services Managed Care Contract
- I. County of Macomb Purchasing Policy and Guideline, as adopted May/1994 by the Macomb County Board of Commissioners
- J. MCCMH MCO Policy 9-670, "Services for Consumers Affected by Physical Barriers"
- K. 42 CFR 438.230(b)
- L. 42 CFR 438.3(u)
- M. 42 CFR 438.416
- N. 42 CFR 438.5(c)
- O. 42 CFR 438.8(k)
- P. 42 CFR 438.604
- Q. 42 CFR 438.606
- R. 42 CFR 438.608
- S. 42 CFR 438.610

T. 45 CFR 164.316

U. 45 CFR 164.414

V. 45 CFR 164.508(b)(6)

W. 45 CFR 164.530(j)

VIII. Exhibits

A. None.