

# 435-HEALTH SERVICES

RDA #	RDA Title	Retention	Disposition	PII
<u>00000400.</u>	<u>PUBLICATION HISTORY FILE</u>	<u>EVT+10</u>	<u>SHSW</u>	<u>N</u>
<p>PURPOSE: DIVISION PUBLICATION FILES ARE MAINTAINED FOR THE PUBLICATIONS FOR EACH DIVISION, THE EXECUTIVE OFFICES AND OFFICE OF THE SECRETARY. THE PURPOSE OF THE HISTORY FILE IS TO PROVIDE A HISTORY OF THE DEVELOPMENT AND REVISION FOR SPECIFIC PUBLICATIONS.</p> <p>CONTENT: THESE FILES CONTAIN INFORMATION ON EACH PUBLICATION, SUCH AS EXTERNAL INFORMATION APPROVAL EMAIL OR EQUIVALENT FORMS; F-82024 FORM/PUBLICATION PRINTING HISTORY OR EQUIVALENT DOCUMENTATION SHOWING: ORDER AND REORDER QUANTITIES; PUBLICATION USERS OR AUDIENCE; AND TRANSLATION REQUESTS. THEY INCLUDE ONE SAMPLE OF EACH REVISION AND STATEMENT OF CAUSE OR AUTHORITY TO OBSOLETE THE PUBLICATION. THEY ALSO CONTAIN ALL THE PRODUCTION INFORMATION FROM THE LAST REVISION, SUCH AS PURCHASE ORDER, PRINT REQUEST, AND INVOICE.</p> <p>DEFINITION: CLOSED - THE PUBLICATION IS NO LONGER USED/TAKEN OUT OF CIRCULATION, OSBOLETE. THE PUBLICATION FILE BECOMES A HISTORY FILE AFTER THE FORM OR PUBLICATION IS OBSOLETE.</p> <p>NOTE: PUBLICATIONS ARE SUBMITTED TO DPI AS PART OF THE DOCUMENT DEPOSITORY PROGRAM. FORM HISTORY FILES ARE COVERED BY RDA FORMS001.</p> <p>RETENTION: EVENT(CLOSED) + 10 YEARS AND TRANSFER TO STATE ARCHIVES (WHS).</p>				
<u>00256A00.</u>	<u>MANAGED CARE PROGRAM REPORTS / HMO PROVIDER CORRESPONDENC CR+7</u>	<u>CR+7</u>	<u>DEST</u>	<u>Y</u>
<p>PURPOSE: PURSUANT TO S.S. 49.45, THE MANAGED CARE PROGRAM GENERATE REPORTS FROM HMO PROVIDERS REGARDING MEDICAID AND BADGERCARE PLUS MEMBER PERSONAL HEALTH INFORMATION FOR PROGRAM EVALUATION, DISPUTE RESOLUTION, SYSTEM MONITORING, FEDERAL REPORTING, CAPITATION OF PAYMENTS MADE TO THE HMO'S AND NOTIFICATION TO THE HMO'S OF THEIR MEMBERSHIP. TO DOCUMENT AND FOLLOW UP ON THE ADJUDICATION OF CONTRACT DISPUTES, RESEARCH PROPOSALS, SPEECHES AND POLICY STATEMENTS; AND ANSWER INFORMATIONAL REQUESTS.</p> <p>CONTENT: ALL CORRESPONDENCE REGARDING MEMBERS OR INFORMATIONAL PAPERWORK WITH PHI (PERSONAL HEALTH INFORMATION), GRIEVANCE, APPEALS, LOCK-INS (MANAGED CARE), CORRESPONDENCE, REPORTS OR ANY OTHER MATERIALS SPECIFIC TO A MEMBER IN A HMO. LETTERS TO AND FROM MEDICAID AND BADGERCARE PLUS HMO PROVIDERS (MAY INCLUDE MEMBER PHI), LEGISLATORS, GOVERNMENT AGENCIES, OTHER STATES, INFORMATIONAL MATERIAL ON HMO ENROLLMENT AND INTERNAL MEMOS, MEETING MINUTES AND PAPERS.</p> <p>RDA 257 IS SUPERSEDED BY RDA 256A</p> <p>EVENT = CR + 7 YEARS AND DESTROY CONFIDENTIAL</p>				
<u>00297000.</u>	<u>CLIENT FILES</u>	<u>EVT+7</u>	<u>DEST</u>	<u>Y</u>
<p>PURPOSE: TO RECORD TREATMENT PROVIDED AND INTERACTIONS WITH CLIENTS IN A PROGRAM.</p> <p>CONTENT: CLIENT FILES CONSIST OF A VARIETY OF DOCUMENTS DEPENDING ON THE PROGRAM; INCLUDING, BUT NOT LIMITED TO ADMINISTRATIVE HEARING REQUESTS AND DECISIONS, CORRESPONDENCE, COMPLAINTS AND PROGRAM RESPONSE OR OUTCOME, ENROLLMENT DOCUMENTATION, APPLICATIONS FOR SERVICE, SERVICE PLANS, COUNSELING SESSIONS.</p> <p>LIST OF PROGRAMS INCLUDES, BUT IS NOT LIMITED TO:</p> <ol style="list-style-type: none"> <li>1. COMMUNITY INTEGRATION PROGRAM (CIP)</li> <li>2. WORK INCENTIVE BENEFITS COUNSELING</li> <li>3. SOCIAL SECURITY DISABILITY INSURANCE</li> <li>4. DISABILITY BENEFITS</li> <li>5. HEALTH AND EMPLOYMENT COUNSELING</li> <li>6. OFFICE FOR THE BLIND AND VISUALLY IMPAIRED</li> </ol> <p>THIS AMENDMENT IS TO REFLECT THE CHANGE IN THE AGENCY NAME, DIVISION NAME, AND TYPE OF MEDIUM; AND CLARIFICATION OF THE PURPOSE AND CONTENT.</p> <p>EVENT = CLOSED/TERMINATED/DEATH</p>				
<u>00391000.</u>	<u>FORWARDHEALTH PROVIDER PRIOR AUTHORIZATION REQUESTS FOR MEI</u>	<u>EVT+7</u>	<u>DEST</u>	<u>Y</u>
<p>PURPOSE: WIS. ADMIN. CODE CH. DHS 101.03: "PRIOR AUTHORIZATION" MEANS THE WRITTEN AUTHORIZATION ISSUED BY THE DEPARTMENT TO A PROVIDER PRIOR TO THE PROVISION OF A SERVICE. NOTE: SOME SERVICES ARE COVERED ONLY IF THEY ARE AUTHORIZED BY THE DEPARTMENT BEFORE THEY ARE PROVIDED. SOME OTHERWISE COVERED SERVICES MUST BE PRIOR AUTHORIZED AFTER CERTAIN THRESHOLDS HAVE BEEN REACHED.</p>				

CONTENTS: FOWARDHEALTH(INCLUDING MEDICAID, BADGERCARE PLUS, SENIORCARE) MEMBER REQUESTS FOR PRIOR AUTHORIZATION BENEFITS INCLUDING COMPLAINTS; CORRESPONDENCE WITH COUNTY AGENCIES, PROVIDERS, VENDORDS AND THE OFFICE OF ADMINISTRATIVE HEARINGS.

CLOSED: AFTER ALL ISSUES RELATED TO THE PRIOR AUTHORIZATION HAVE BEEN FINALIZED. FINALIZED MEANS ONE OR MORE OF THE FOLLOWING ACTIONS HAVE BEEN COMPLETED "APPROVED, APPROVED WITH MODIFICATIONS, DENIED, AMENDED, OR BECOMES INACTIVE.

RETENTION: EVENT(CLOSED DEFINED ABOVE) + 7 YEARS AND DESTROY CONFIDENTIAL

<b>00393000.</b>	<b><u>MEMBER APPEALS FOR FAIR HEARINGS</u></b>	<b><u>EVT+7</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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PURPOSE: PER WI ADMIN. CODE DHS 104.01(5) (MA), 104.01(12)(C)(PRIOR AUTHORIZATION) AND 109.63 (SENIORCARE), THE MEMBER OR PARTICIPANT IS ALLOWED A FAIR HEARING TO APPEAL DEPARTMENT ACTIONS THAT RESULT IN THE DENIAL OF A CLAIM OR PRIOR AUTHORIZATION.

CONTENT: MEMBER CASE FILES CONSISTING OF REQUESTS FROM MEDICAID, BADGERCARE PLUS AND SENIORCARE MEMBERS FOR A FAIR HEARING RELATED TO DENIALS OF PRIOR AUTHORIZATIONS OR PAYMENT FOR SERVICES, INCLUDING CORRESPONDENCE WITH THE DIVISION OF HEARINGS AND APPEALS, MEMBERS PROVIDERS, COUNTY AGENCIES, VENDORS, RESEARCH RECORDS INCLUDING ELIGIBILITY, PRIOR AUTHORIZATION AND CLAIM STATUS INFORMATION FROM MMIS (MEDICAID MANAGEMENT INFORMATION SYSTEM), PROVIDER HANDBOOKS, MEMBER HANDBOOKS, FORWARD HEALTH UPDATES, EMAIL OR MEMOS TO GATHER SPECIFICS RELATED TO THE PRIOR AUTHORIZATION OR CLAIM APPEAL.

EVENT DATE: THE DATE THAT A DECISION HAS BEEN MADE BY DHA AND/OR OTHER LITIGATION ISSUES ARE RESOLVED.

RETENTION: EVENT DATE(SEE BELOW) + 7 YEARS AND DESTROY CONFIDENTIAL

<b>00595000.</b>	<b><u>HEALTH CARE PROVIDER LICENSING, CERTIFICATION AND ENFORCEMENT</u></b>	<b><u>EVT+10</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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PURPOSE: THIS RECORD SERIES CONSISTS OF RECORDS THAT HAVE BEEN CREATED AND COLLECTED FOR THE PURPOSE OF STATE AND FEDERAL LICENSURE, APPROVAL, CERTIFICATION, REGISTRATION AND ENFORCEMENT OF HEALTH CARE AND ASSISTED LIVING PROVIDERS. HEALTH CARE AND ASSISTED LIVING PROVIDERS INCLUDE, BUT ARE NOT LIMITED TO, LICENSED NURSING HOMES, FACILITIES FOR THE DEVELOPMENTALLY DISABLED, HOME HEALTH AGENCIES, HOSPICES, COMMUNITY BASED RESIDENTIAL CARE FACILITIES AND ADULT FAMILY HOMES; APPROVED HOSPITALS; REGISTERED AND CERTIFIED RESIDENTIAL CARE APARTMENT COMPLEXES; CERTIFIED ADULT DAY CARE CENTERS AND MENTAL HEALTH PROVIDERS, MEDICARE CERTIFIED RURAL HEALTH CLINICS, PORTABLE X-RAY SERVICES, OUTPATIENT PHYSICAL THERAPY SERVICES, PHYSICAL THERAPIST IN INDEPENDENT PRACTICE, END STAGE RENAL DIALYSIS CENTERS, AND AMBULATORY SURGICAL CENTERS, AND UNLICENSED OR NONCERTIFIED PROVIDERS. CHAPTERS 50 AND 51, WIS STATS REGULATE STATE LICENSURE, CERTIFICATION, REGISTRATION OR APPROVAL OF HEALTH CARE PROVIDERS OR ASSISTED LIVING FACILITIES. THE BUREAU DETERMINES COMPLIANCE WITH ADMINISTRATIVE CODES INCLUDING, BUT NOT LIMITED TO, HFS 34, 40, 61, 63, 75, 83, 88, 89, 92, 94, 124, 131, 132, 133, 134 FOR STATE LICENSED, APPROVED, REGISTERED OR CERTIFIED PROVIDERS AND 42CFR, FEDERAL CODE OF REGULATIONS, FOR MEDICARE AND MEDICAID CERTIFIED PROVIDERS.

CONTENT: RECORDS INCLUDE, BUT ARE NOT LIMITED TO, LICENSE, APPROVAL, REGISTRATION OR CERTIFICATION APPLICATIONS, APPLICATIONS TO PARTICIPATE IN THE MEDICARE OR MEDICAID PROGRAMS, FEDERAL AND STATE INSPECTION REPORTS, PRVIDER STAFFING SCHEDULES, COMPLAINT INVESTIGATIONS, RESIDENT AND FAMILY INTERVIEWS, RESIDENT CARE REVIEWS, STATEMENTS OF DEFICIENCIES AND PLANS OF CORRECTION, FORFEITURE ASSESSMENTS, APPEALS OF ENFORCEMENT ACTIONS AND RESULTING LITIGATION AND DECISIONS, DEATH INVESTIGATIONS, STATE MONITORING OR RECEIVERSHIP RECORDS, RECOMMENDATIONS FOR LICENSURE APPROVAL OR REVOCATION AND FEDERAL CERTIFICATION, RECERTIFICATION OR DECERTIFICATION, REQUESTS FOR VARIANCES AND WAIVERS, AND ANY RELATED CORRESPONDENCE. RECORDS CREATED OR COLLECTED DURING THE SURVEY PROCESS OR COMPLAINT INVESTIGATIONS MAY CONTAIN MEDICAL INFORMATION OR COPIES OF MEDICAL RECORDS.

PLICABLE CONFIDENTIALITY STATUTES: WISCONSIN STATE STATUTE SECTIONS 50.09(1)(F3), 50.03(2)(E), 51.30(4)(B)4, AND 146.82(B).

NOTE: CLOSED IS CLOSE OF SURVEY OR COMPLAINT INVESTIGATION. THIS RDA EXCLUDES ASSISTED LIVING FACILITIES.

<b>00621000.</b>	<b><u>CLIENT MOVEMENT / CENSUS RECORD</u></b>	<b><u>CR+7</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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PURPOSE: RECORD IS CREATED TO TRACK CLIENT MOVEMENTS FOR BILLING AND SECURITY PURPOSES; TO PROVIDE OUTPUT REPORTS TO ACCOUNT FOR CLIENT POPULATIONS ON FACILITY UNITS; FOR THE DEVELOPMENT OF CLIENT AND THIRD PARTY BILLING FOR CARE, ADMINISTRATIVE CAPACITY REPORTS, ETC. RECORDS ARE ALSO USED TO UPDATE FACILITY STAFF ON CURRENT UNIT POPULATIONS. REPORTS ARE GENERATED ON A DAILY, MONTHLY AND YEAR-END BASIS.

THESE RECORDS DO NOT INCLUDE DLTC/DMHSAS CLIENT SERVICE BILLING RECORDS COVERED UNDER RDA 16.

CONTENT: COMPUTER RECORD OF CLIENT MOVEMENT REPORTS AND CENSUS REPORTS SUBMITTED BY UNITS WITHIN THE FACILITY WHICH IDENTIFY MOVEMENT WITHIN THE FACILITY, ABSENCES FROM THE FACILITY WHICH INCLUDE HOME VISITS, COURT APPEARANCES, HOSPITAL VISITS, ETC.

INPUT DOCUMENTS ARE COVERED UNDER RDA 828.  
 OUTPUT DOCUMENTS ARE COVERED UNDER ADM00027.

RETENTION: CR + 7 YEARS AND DESTROY CONFIDENTIAL

<b><u>00626000.</u></b>	<b><u>MEDICARE BENEFITS EXPLANATION</u></b>	<b><u>CR+0/6</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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Purpose: To be able to check the status of accounts.

Content: This is a monthly statement received at the institution from WPS Medicare Part B, for each client for whom a Medicare payment was completed.

Note: Six months is the period of time allowed for filing a claim review.

Records series contains content that is confidential per Wis. Stat. § 51.30.

Creation; Destroy Confidentially

<b><u>00683A00.</u></b>	<b><u>CASE RECORDS - MENTAL HEALTH INSTITUTES</u></b>	<b><u>EVT+25</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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Purpose: To provide documentation for the care and treatment of the individual.

Content: Case records are those files containing the primary administrative, legal, and clinical records directly related to the events in the admission, treatment, care, and termination of an individual's stay during any one period of care and treatment.

A case record will be purged within 25 years, but no earlier than eight years after patient discharge or death:

1. The record Face Sheet will be retained under RDA 000683B (permanently).
2. The following three sections will be retained as a new record series, Case Files - Core Treatment, RDA 00683C (total retention is 50 years): Discharge Summary, Psychological Data/Testing or Initial Assessment, Social Service History. Physician orders and monthly summaries of daily data for cases closed prior to 1985 may also be a core treatment record.
3. Historically significant cases can be identified by the facility's Medical Record Committee and are covered by RDA 00683H.

Records series contains content that is confidential per Wis. Stat. § 51.30.

EVT = Patient discharge or death; EVT + 25 yrs; Destroy Confidential

<b><u>00683B00.</u></b>	<b><u>CASE RECORD FACE SHEET OR EQUIVALENT</u></b>	<b><u>P</u></b>	<b><u>PERM</u></b>	<b><u>Y</u></b>
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Purpose: To maintain a permanent record of all clients/patients/inmates admitted to DHS facilities . It records basic demographic information.

Content: The patient/client face sheet records, at minimum:

- Name Of Individual
- Date Admitted
- Date Discharged
- Physician's Name
- Diagnosis

Other Likely Information To Be Recorded Includes:

- Birthdate
- Birthplace
- Sex
- Race
- Height
- Hair And Eye Coloring
- Citizenship
- Religious Preference
- Marital Status
- Social Security Number
- Reason For Admission Or Referral
- Type of Admission
- Legal Status
- Language Spoken
- Sources of Support

Records series contains confidential content per Wis. Stat. § 51.30

Permanent

<b><u>00683C00.</u></b>	<b><u>CASE RECORDS - MENTAL HEALTH INSTITUTES, CORE TREATMENT</u></b>	<b><u>EVT+25</u></b>	<b><u>SHSW</u></b>	<b><u>Y</u></b>
<p>Purpose: To preserve core documentation of the care and treatment for a longer period of time so that it is available for the counseling of families, adoption search, and patient care.</p> <p>Content: Case records are those files containing the primary administrative, legal, and clinical records directly related to the events in the admission, treatment, care, and termination of an individual's stay during any one period of care and treatment.</p> <p>It was determined that core treatment clinical record is:</p> <ol style="list-style-type: none"> <li>1. General demographics</li> <li>2. Discharge summary</li> <li>3. Psychological data/testing or initial assessment</li> <li>4. Social services history</li> <li>5. Physician orders and monthly summaries of daily data for cases closed prior to 1985 may also be a core treatment record.</li> </ol> <p>Note: Retention of the complete case record is covered by RDA 683A for 25 years; these core records are retained for another 25 years under this RDA, for a total of 50 years.</p> <p>Records series contains confidential content per Wis. Stat. § 51.30.</p> <p>EVT = Patient discharge or death; EVT + 25 yrs; Transfer - State Archives (WHS)</p>				

<b><u>00683H00.</u></b>	<b><u>CASE RECORDS - HISTORICAL</u></b>	<b><u>EVT+50</u></b>	<b><u>SHSW</u></b>	<b><u>Y</u></b>
<p>Purpose: The purpose is to preserve records that are determined to be historical by the Medical Records Committee of each facility. This is an optional function but it is envisioned that the committees will each accept approximately five inactive case records each year for preservation.</p> <p>Any staff member can nominate a case during the active or inactive period for inclusion in the historical records of the facility. The Medical Records Committee will make the final selection and may purge the record. This final selection will be made at the time when inactive cases are scheduled for disposition. See RDAs 683C and 683D.</p> <p>Content: Nominated cases need to be cases of historical value; cases recording an event, treatment or situation which will be helpful or interesting for medical, administrative or social research. The contents of the file will be determined by the Medical Records Committee.</p> <p>Note: It is important to maintain this RDA because it provides a history that all facilities were provided the opportunity to preserve historical records. There is also the possibility that one of the facilities may, in the future, want to preserve historical records. This RDA will assist them to accomplish this task.</p> <p>Records series contains confidential content per Wis. Stat. § 51.30.</p> <p>EVT = Closed, Terminated, Deceased; EVT + 50 yrs; Transfer - State Archives (WHS)</p>				

<b><u>00961000.</u></b>	<b><u>EXTERNAL PROGRAM POLICY / PROCEDURE MANUALS</u></b>	<b><u>EVT+7</u></b>	<b><u>SHSW</u></b>	<b><u>N</u></b>
<p>Purpose: Policy/procedure manuals are usually maintained in work areas and used to outline and communicate rights and responsibilities to individuals implementing or affected by program or policy information. For purposes of this RDA, external programs are identified as those programs and policies that impact the rights and responsibilities of public participants.</p> <p>Content: The information usually contains lengthy and detailed explanations covering processes, rights and responsibilities of participants, duties of program staff, and scope of program or policy.</p> <p>EVENT: Discontinued or superseded</p>				

<b><u>00978000.</u></b>	<b><u>MEDICATION ERROR REPORTS</u></b>	<b><u>EVT+5</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
<p>Purpose: To track trends and patterns; to report the facts (who, what, where, why) to meet documentation requirements; to allow the physician to make any subsequent therapeutic decisions necessary; identify points in medication administration where errors are occurring so that teaching, counseling, and/or reinforcement of procedures may be provided to prevent further incidents.</p> <p>Some facilities have a paper process and others have an electronic process.</p> <p>The medication error is also noted in the patient's chart, which is covered by RDAs 435-00683A and 00683D.</p> <p>Content: The data fields on the Medication Error Report (forms F-20416A, F-20416B, F-20416C, or equivalent) include, but are not limited to: name of client, name of medication and dose, cited error reason, error type, person involved, medication route, description of incident, time elapsed before error discovered, physician rating, and plan of action.</p> <p>The content of these records is confidential health information protected by Wisconsin and federal laws including Wis. Stat. §§ 51.30 and 146.82, and 45 CFR Parts 160 and 164.</p> <p>EVENT: date of incident</p>				

RDA #	RDA Title	Retention	Disposition	PII
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<b>01121000.</b>	<b><u>NON-POLICY COMMUNICATION</u></b>	<b><u>EVT+1</u></b>	<b><u>DEST</u></b>	<b><u>N</u></b>
<p>The web is a primary environment for provision of information related to DHS programs and staff communication. DHS webpages are often the first point of contact for customers seeking information and explanation of the agency's programs and policies. Notices to customers are frequently posted on the DHS website only; however, some may be made available in other formats.</p> <p>This content is frequently updated and is often presented as FAQ pages, fact sheets, and notices. These materials are intended to convey and simplify DHS policies for customers and staff; they do not take the place of the official policy documents.</p> <p>EVENT = Removal from production server + 1 Year</p>				

Dept #: /102/ Department Name: DPH - ENVIRONMENTAL & OCCUPATIONAL HEALTH

RDA #	RDA Title	Retention	Disposition	PII
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<b>00106500.</b>	<b><u>HAZARDOUS SUBSTANCES EMERGENCY EVENTS SURVEILLANCE (HSEES)</u></b>	<b><u>EVT+20</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
<p>PROGRAM PURPOSE: TO TRACK AND ANALYZE ADVERSE HEALTH EFFECTS (VICTIMS, SYMPTOMS, EVACUATIONS) WHICH OFTEN OCCUR FOLLOWING THE UNCONTROLLED RELEASE OF HAZARDOUS CHEMICALS; AND TO DESIGN AND IMPLEMENT OUTREACH STRATEGIES TO REDUCE THE NUMBER OF INCIDENTS AND CORRESPONDING NUMBER OF VICTIMS RESULTING FROM EXPOSURES TO THOSE HAZARDOUS SUBSTANCES. (PURSUANT TO SS. 250)</p> <p>PROGRAM HISTORY: SINCE 1993 THIS WI HSEES SURVEILLANCE SYSTEM HAS BEEN THE ONLY TRACKING SYSTEM IN THE STATE THAT HAS FOCUSED ON THE ADVERSE PUBLIC HEALTH OUTCOMES (VICTIMS, SYMPTOMS, EVACUATIONS) OFTEN ASSOCIATED WITH HAZMAT RELEASES. THE SYSTEM ALSO IDENTIFIES CHEMICAL NAMES, QUANTITIES RELEASED, GEO CODED SPILL LOCATIONS, AND DEMOGRAPHIC INFORMATION, AND RECORDS THE DATA IN A WEB-DEPLOYED, SECURE, ELECTRONIC DATA COLLECTION SYSTEM.</p> <p>ARCHIVAL CONTENTS AND JUSTIFICATION: HARD COPY CONTENTS ARE PRIMARILY MADE UP OF SUBSTANCE RELEASE NOTIFICATION FORMS FROM MULTIPLE AGENCIES INCLUDING DNR; DATCP; WEM; DCI-NARCOTICS BUREAU; NATIONAL RESPONSE CENTER (NRC); US DEPT. OF TRANSPORTATION (USDOT); AND LOCAL FIRE DEPARTMENTS. CONTENT ALSO INCLUDES, BUT IS NOT LIMITED TO, COPIES OF E-MAIL COMMUNICATIONS, PHOTOS, MEDIA ACCOUNTS, INFORMATION ABOUT CAUSALITY, AND OTHER DOCUMENTATION THAT CANNOT BE MADE PART OF THE ELECTRONIC REPORTING SYSTEM. ANTICIPATE THAT DATA ENTRY OF EXISTING RECORDS WILL BE COMPLETED BY 2012. ELIMINATION OF THESE FILES WOULD SERIOUSLY HINDER ANY COMPLETE ANALYSIS OF THE DATA SINCE NOT ALL RELEVANT INFORMATION IS AVAILABLE ELECTRONICALLY, ESPECIALLY SUBSETS OF CERTAIN INDUSTRIAL CATEGORIES, INFORMATION ABOUT TREATING HOSPITALS AND EMERGENCY RESPONDERS, AND OTHER INFORMATION THAT WILL PROVIDE PERSPECTIVE AND CONTEXT.</p> <p>DISPOSITION REQUEST: RETAIN ALL DOCUMENTS FOR 20 YEARS AFTER ALL INFORMATION IS ENTERED ELECTRONICALLY, OR UNTIL JANUARY 1, 2032 (APPROXIMATELY 20 YEARS).</p>				

<b>00235000.</b>	<b><u>RADIOLOGICAL EMERGENCY PREPAREDNESS/RESPONSE</u></b>	<b><u>CR+5</u></b>	<b><u>SHSW</u></b>	<b><u>N</u></b>
<p>PURPOSE: DEVELOPMENT OF PLANS, PROCEDURES, EXERCISE SCENARIOS AND TRAINING TO ENSURE THE STATE IS PREPARED TO RESPOND TO A NUCLEAR PLANT OR OTHER TYPE OF RADIOLOGICAL INCIDENT.</p> <p>CONTENT: CORRESPONDENCE, DATA, REPORTS, REFERENCE MATERIALS, ETC., REGARDING RADIOLOGICAL EMERGENCY RESPONSE IN WISCONSIN. INCLUDES INFORMATION REGARDING STATE PEACETIME RADIOLOGICAL EMERGENCY RESPONSE PLAN, NUCLEAR POWER PLANTS, TRANSPORTATION OF RADIOACTIVE MATERIALS, TRAINING OF EMERGENCY/RESPONSE PERSONNEL, ETC.</p> <p>CR + 5 YEARS &amp; TRANSFER TO STATE ARCHIVES (WHS).</p>				

<b>00236000.</b>	<b><u>RADIOLOGICAL ENVIRONMENTAL MONITORING</u></b>	<b><u>CR+5</u></b>	<b><u>DEST</u></b>	<b><u>N</u></b>
<p>PURPOSE: ENVIRONMENTAL RADIATION MONITORING OF COMMERCIAL NUCLEAR POWER PLANTS AS REQUIRED BY S. 254.11 STATS.</p> <p>CONTENT: ENVIRONMENTAL MONITORING STUDIES AROUND COMMERCIAL NUCLEAR POWER PLANTS AND CORRESPONDENCE INCLUDING DATA SHEETS, REPORTS, CORRESPONDENCE AND RELATED MATERIALS FOR NUCLEAR POWER PLANTS IN WISCONSIN AND THOSE OUT-OF-STATE AFFECTING THE CITIZENS OF WISCONSIN. ALSO, INCLUDES REPORTS OF ANALYSES OF MILK SAMPLES FROM WISCONSIN MILK SAMPLING LOCATIONS INCLUDING LABORATORY RESULTS OF ANALYSES OF MILK SAMPLES; NEWS RELEASES AND GENERAL CORRESPONDENCE.</p> <p>CR + 5 YEARS AND DESTROY.</p>				

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<u>00237000.</u>	<u>U.S. NUCLEAR REGULATORY COMMISSION AND DHS LICENSES-IN-STATE</u>	<u>EVT</u>	<u>DEST</u>	<u>Y</u>
<p>PURPOSE: LICENSING AND INSPECTION OF FACILITIES USING RADIOACTIVE MATERIALS IN WISCONSIN. REGULATORY AUTHORITY OVER RADIOACTIVE MATERIALS (EXCLUDING NUCLEAR REACTORS AND FEDERAL FACILITIES) TRANSFERRED FROM THE NUCLEAR REGULATORY COMMISSION TO THE STATE UNDER FORMAL AGREEMENT IN 2003.</p> <p>CONTENT: COPIES OF LICENSES ISSUED BY THE U.S. NUCLEAR REGULATORY COMMISSION OR THE DEPARTMENT OF HEALTH SERVICES TO MEDICAL FACILITIES, INDUSTRIES AND EDUCATIONAL INSTITUTIONS TO USE RADIOACTIVE MATERIALS IN WISCONSIN, INSPECTION REPORTS OF LICENSED FACILITIES.</p> <p>EVENT= SUPERSEDED AND DESTROY CONFIDENTIAL.</p>				
<u>00238000.</u>	<u>RADIATION INSTALLATION REGISTRATIONS</u>	<u>EVT+10</u>	<u>DEST</u>	<u>N</u>
<p>PURPOSE: REGISTRATION AND INSPECTION OF RADIATION PRODUCING MACHINES.</p> <p>CONTENT: APPLICATIONS FOR REGISTRATION OF ALL SOURCES OF MACHINE PRODUCED IONIZING RADIATION NOT REGULATED BY THE US NUCLEAR REGULATORY COMMISSION AND ADMINISTERED BY THE DIVISION OF PUBLIC HEALTH UNDER S. 254.34, STATS.; REPORTS OF INSPECTION SURVEYS OF EACH REGISTERED SOURCE; AND RELATED MATERIALS.</p> <p>CLOSED - OUT-OF-BUSINESS DUE TO RETIREMENT, DEATH, SELLING TO ANOTHER PARTY, ETC.</p> <p>EVENT = CLOSED + 10 YEARS AND DESTROY.</p>				
<u>00244000.</u>	<u>SURVEYS OF MEDICAL X-RAY INSTALLATIONS</u>	<u>EVT+3</u>	<u>DEST</u>	<u>N</u>
<p>PURPOSE: STATE STATUTE 254.34(1)(C) STATES THE DEPARTMENT...SHALL...DEVELOP COMPREHENSIVE POLICIES AND PROGRAMS FOR THE EVALUATION, DETERMINATION AND REDUCTION OF HAZARDS ASSOCIATED WITH THE USE OF RADIATION.</p> <p>CONTENT: THE DEPARTMENT SHALL MAINTAIN ALL OF THE FOLLOWING REPORTS: FILES OF ALL REGISTRANTS UNDER S. 254.35 AND ANY RELATED ADMINISTRATION OR JUDICIAL ACTION. SURVEYORS' WRITTEN REPORT OF MEDICAL X-RAY INSPECTIONS.</p> <p>EVENT = SUPERSEDE + 3 YEARS AND DESTROY.</p>				
<u>00245000.</u>	<u>ASBESTOES MANAGEMENT PLANS</u>	<u>CR+50</u>	<u>DEST</u>	<u>N</u>
<p>PURPOSE: IN ACCORDANCE WITH S.254 AND FEDERAL REGISTER 40 CFR PART 763, SUBPART E (ASBESTOS-CONTAINING MATERIALS IN SCHOOLS), THE STATE RETAINS ORIGINAL ASBESTOS MANAGEMENT PLANS OF NEW SCHOOL DISTRICTS, MERGED SCHOOL DISTRICTS, NEW SCHOOL BUILDINGS, PRIVATE NON-PROFIT SCHOOLS, AND CHARTER SCHOOLS. THE ASBESTOS MANAGEMENT PLANS PROVIDE CONFIRMATION OF INSPECTION FOR THE PRESENCE OR ABSENCE OF ASBESTOS IN THE SCHOOL'S BUILDINGS. THE PLANS CAN ALSO ASSIST IN DOCUMENTATION OF LATENCY PERIODS FOR ASBESTOS EXPOSURE AND MAY ALSO PROVIDE HISTORICAL DATA FOR THE SCHOOL DISTRICT. RETAINING THESE PLANS PROVIDES THE ASBESTOS AND LEAD SECTION AND THE SCHOOL DISTRICTS WITH A COPY OF THEIR ASBESTOS MANAGEMENT PLANS WHEN THE LOCAL EDUCATION AGENCY CAN NO BE ACCESSED.</p> <p>CONTENTS: CONTAINS ORIGINAL MANAGEMENT PLANS.</p> <p>RETENTION: THE LONG RETENTION PERIOD IS NEEDED TO SUBSTANTIATE POTENTIAL LATENCY PERIODS FOR ASBESTOS EXPOSURE AND REGULATION COMPLIANCE.</p> <p>EVENT = CR + 50 YEARS AND DESTROY.</p>				
<u>00280A00.</u>	<u>TRAINING AND EVALUATION OF FOOD SAFETY AND RECREATIONAL LICEN</u>	<u>CR+3</u>	<u>DEST</u>	<u>N</u>
<p>PURPOSE: ENFORCEMENT OF SANITATION STANDARDS IS REQUIRED IN ACCORDANCE WITH CHAPTER 254, SUB CHAPTER IV THROUGH VII AND 252 WISCONSIN STATUTES. SANITARIANS RECEIVE TRAINING AND ANNUAL EVALUATION OF PERFORMANCE IN CARRYING OUT THE ENFORCEMENT REQUIREMENTS FOR ESTABLISHMENTS. ESTABLISHMENTS INCLUDE RESTAURANTS, HOTELS, MOTELS, SWIMMING POOLS, CAMPGROUNDS, RECREATIONAL CAMPS, VENDING MACHINES AND VENDING MACHINE COMMISSARIES, TOURIST ROOMING HOUSES, BED AND BREAKFAST ESTABLISHMENTS AND TATTOO AND BODY PIERCING.</p> <p>CONTENT: INCLUDES, BUT IS NOT LIMITED TO, SELF ASSESSMENTS, EVALUATIONS AND SURVEYS AND SANITARIAN'S PERFORMANCE, IN CARRYING OUT THE ENFORCEMENT ACTIVITIES WITHIN THE STATE. SERIES MAY CONTAIN CORRESPONDENCE RELATED TO EVALUATION AND INSPECTIONS.</p> <p>CR + 3 YEARS AND DESTROY.</p>				
<u>01022000.</u>	<u>HAZARDOUS EVENT SURVEILLANCE DATA</u>	<u>EVT+5</u>	<u>DEST</u>	<u>N</u>



RDA #	RDA Title	Retention	Disposition	PII
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PURPOSE: SURVEILLANCE TO PREVENT ACCIDENTAL EXPOSURE TO TOXIC SUBSTANCES.

CONTENT: DEMOGRAPHICS (AGE, BIRTH DATE, GENDER, RACE); CASE CHARACTERISTICS (TYPE OF TOXIC EXPOSURE, TIME OF EPISODE, NUMBER EXPOSED, HEALTH OUTCOMES OF THOSE EXPOSED).

INPUT: SURVEILLANCE REPORT FORM. DOCUMENTS ARE DESTROYED AFTER ENTERED INTO DATA SYSTEM, PER RDA 435-00828.

OUTPUT: ANNUAL PROGRESS REPORT - STATISTICAL SUMMARY (WITHOUT CASE LEVEL IDENTIFIERS); PERIODIC PUBLICATIONS IN SUMMARY STATISTICAL FORM.

EVENT = AFTER DATA IS ENTERED INTO DATABASE + 5 YEARS AND DESTROY CONFIDENTIAL.

<b><u>01023000.</u></b>	<b><u>X-RAY AND TANNING REGISTRATION AND FACILITIES DATA</u></b>	<b><u>EVT+5</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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Purpose: Registration of Radiation sources and devices, responsible person, and any inspection information.

Contents: Application for Registration of Ionizing Radiation, F-47097, and Application for Registration of a Tanning Device F-47337. Data collected includes but is not limited to: name, Social Security Number or Federal Employee Identification Number, equipment, address, dates, contact person, as part of the approval process of the registration, and noncompliances, per Wis. Stat. ss 250.041(1).

Confidentiality: Under Wis. Stat. ss 250.041(2) Department of Health Services may not disclose any information received to any person except the Department of Children and Families for the purpose of making certifications required under Wis. stat. ss 49.857.

Closed means out of business due to retirement, death, selling to another party, etc.

Event = Closed

<b><u>01024000.</u></b>	<b><u>ADULT BLOOD LEAD EPIDEMIOLOGY AND SURVEILLANCE (ABLES)</u></b>	<b><u>EVT+50</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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PURPOSE: SURVEILLANCE FOR THE PREVENTION AND THE CONDITION OF ADULT EXPOSURE/POISONING.

CONTENT: THIS RECORD SERIES WILL COVER ALL LEAD POISONING AND EXPOSURE REPORTS FROM PROVIDERS, LABORATORIES, AND LOCAL HEALTH DEPARTMENTS. INFORMATION CONCERNING THE REPORTING OF ADULT BLOOD LEAD LEVEL; FOLLOW-UP WITH ADULTS WHO HAVE ELEVATED BLOOD LEAD LEVELS, AND REFERRALS TO THE WISCONSIN STATE LABORATORY OF HYGEINE ONSITE SAFETY AND CONSULTATION (WISCON) PROGRAM AND/OR OSHA OF EMPLOYERS WHEN APPROPRIATE. INCLUDES, BUT IS NOT LIMITED TO, DEMOGRAPHICS (AGE, BIRTHDATE, GENDER, RACE) AND CASE CHARACTERISTICS (DIAGNOSIS, LAB TEST, PROCEDURE, INDUSTRY, OCCUPATION). WIS. ADMIN. CODE CH. DHS 140.05(1), 140.01, 254.13.

INPUT: PROVIDER AND PATIENT CONTACT INFORMATION, DEPARTMENT OF HEALTH SERVICES, DIVISION OF PUBLIC HEALTH, BLOOD LEAD LAB REPORTING FORM NUMBER F-00017, AS WELL AS LABORATORY-SPECIFIC REPORT FORMS.

RECORDS ARE CONFIDENTIAL AND ACCESS IS PROTECTED PER WIS. STAT SS 146.82.

LIFE-CYCLE LANGUAGE: PAPER AND ELECTRONIC INPUT DOCUMENTS ARE ENTERED, VERIFIED, AND DESTROYED UPON SUBMISSION OF REQUIRED REPORTS.

RETENTION: EVENT(SUPERSEDED) + 50 YEARS AND DESTROY CONFIDENTIAL

<b><u>01025A00.</u></b>	<b><u>ASBESTOS AND LEAD PROGRAM - TRAINING, ACCREDITATION AND CERTIF</u></b>	<b><u>EVT+50</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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Purpose: Pursuant to Wis. Stat. ch. 254 and Wis. Admin. Code chs. DHS 159 and DHS 163, these records are used to collect the required information to determine eligibility and compliance pertaining to the certification of individuals and companies, approval of instructors, accreditation of training courses, and lead-free/lead-safe registration of properties.

Contents: This record series includes, but is not limited to, individual and company certification applications including all notes and documents submitted or pertaining to applications. Accreditation materials include course curriculum materials, course approvals, course audit findings, and related correspondence and documentation. Lead Principal Instructor Application (F-44063) and Asbestos Principal Instructor (F-00049) or equivalents and any related notes and documentation. Application for Registration of Lead-Free or Lead-Safe Property (F-44011) or equivalent and any related documentation.

Collection and confidentiality of individual social security numbers and exam scores is authorized under Wis. Stat. § 254.115(2).

Closed: Defined as an expired certification, approval, accreditation, or registration.

Paper records will be retained onsite for three years after entry and verification in the electronic system, and then destroyed confidentially.

We need the entire data history for the program to track trends over time and provide programmatic data in support of program needs. For instance, if we expunge people and companies that have not been certified for several years, we can no longer query the database to determine how many certified persons and companies we had in any given year. The data helps us project future needs and gives a picture over time of the asbestos and lead industries in Wisconsin.

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EVENT: Closed

**01025B00.** **ASBESTOS AND LEAD PROGRAM - ACTIVITY NOTIFICATIONS** **EVT+50** **DEST** **Y**

Purpose: Pursuant to Wis. Stat. ch. 254 and Wis. Admin. Code chs. DHS 159 and DHS 163, these records pertain to the notification of regulated asbestos and lead activities. The information provided on notification forms assist in the tracking and monitoring of the regulated activities of certified individuals and companies.

Contents: This record series includes, but is not limited to the following or the equivalents of, Notification of Lead-Based Paint Activity (F-44012), Asbestos Project Notification (F-00041), Training Course Notification (F-44099), Lead-Based Paint Investigation Summary Report (F-44013), Lead Principal Instructor Application (F-44063), Asbestos Principal Instructor (F-00049), Application for Registration of Lead-Free or Lead-Safe Property (F-44011).

Confidentiality: Collection and protection of individual social security numbers and exam scores is authorized under Wis. Stat. § 254.115(2).

Paper records will be retained onsite for one year after entry and verification in the electronic system and destroyed confidentially.

We need the entire data history for the program to track trends over time and provide programmatic data in support of program needs. For instance, if we expunge people and companies that have not been certified for several years, we can no longer query the database to determine how many certified persons and companies we had in any given year. The data helps us project future needs and gives a picture over time of the asbestos and lead industries in Wisconsin.

EVENT: Application / notification received

**01025C00.** **ASBESTOS AND LEAD PROGRAM - ENFORCEMENT FILES** **EVT+50** **DEST** **N**

Purpose: Pursuant to Wis. Stat. ch. 254 and Wis. Admin. Code chs. DHS 159 and DHS 163, these records document the investigation and enforcement actions for regulated asbestos or lead activities and certifications.

Contents: This records series includes, but is not limited to, any correspondence; final investigation notes; laboratory results; photos entered as evidence or other documentation of evidence; notices of noncompliance including forfeitures, suspensions, denials, and revocations; and other documentation related to enforcement actions for regulated asbestos and lead activities.

Closed: Defined as enforcement case conclusion or the final resolution of an enforcement action.

Paper records, including letters of noncompliance, photos, and lab results will be retained for five years after entry and verification in the electronic system, then destroyed confidentially.

We need the entire data history for the program to track trends over time and provide programmatic data in support of program needs. For instance, if we expunge people and companies that have not been certified for several years, we can no longer query the database to determine how many certified persons and companies we had in any given year. The data helps us project future needs and gives a picture over time of the asbestos and lead industries in Wisconsin.

Event: Closed

**01027000.** **GREAT LAKES TOXIC FISH CONSUMPTION EPIDEMIOLOGY DATA** **EVT+10** **DEST** **Y**

PURPOSE: EPIDEMIOLOGIC ASSESSMENT OF THE HEALTH EFFECTS FROM CONSUMPTION OF TOXIC CONTAMINATED GREAT LAKES FISH.

CONTENTS: DEMOGRAPHICS (AGE, BIRTH DATE, GENDER, RACE); CASE CHARACTERISTICS (DIAGNOSIS, LAB TEST, PROCEDURE; INDUSTRY, OCCUPATION).

INPUT: VITAL RECORDS (BIRTH); TELEPHONE SURVEY REPORT FORM. BOAT CAPTAIN'S NAME, LAB SLIPS. DOCUMENTS ARE DESTROYED AFTER ENTERED INTO DATA SYSTEM, PER RDA 435-00828

OUTPUT: QUARTERLY PROGRESS REPORT - STATISTICAL SUMMARY (WITHOUT CASE LEVEL IDENTIFIERS); PERIODIC PUBLICATION SUMMARY STATISTICAL FORMAT AND OSHA MONTHLY REPORT.

EVENT = SUPERSEDED + 10 YEARS AND DESTROY CONFIDENTIAL.

**01027A00.** **GREAT LAKES TOXIC FISH CONSUMPTION EPIDEMIOLOGY - GRANT FILES** **EVT+20** **SHSW** **Y**

PURPOSE: PURSUANT TO WISCONSIN STAT. 250.04, THE BUREAU OF ENVIRONMENTAL HEALTH MONITORS/PROVIDES ANALYSIS OF SPORT FISH CONSUMPTION AND ADVISORY TRENDS IN THE GREAT LAKES BASIN AND ANALYSIS OF DATA TO REVIEW CONSUMPTION OF FISH IN THE DIET AS A ROUTE TO EXPOSURE OF ENVIRONMENTAL CONTAMINANTS.

CONTENTS: THESE RECORDS INCLUDE, BUT ARE NOT LIMITED TO, GREAT LAKES FISH REPORTS, SURVEYS, CASE STUDIES, COMPUTER-GENERATED PRINTOUTS AND ALL OTHER RELATED INFORMATION PERTAINING TO GREAT LAKES TOXIC FISH CONSUMPTION.

INCLUDED ALSO ARE THE FOLLOWING SURVEYS, QUESTIONNAIRES AND STATEMENT(S) OF INFORMED CONSENT INFORMATION:



RDA # RDA Title Retention Disposition PII

- \* LAB REPORT DATA AND ANALYSIS
- \* MALE REPRODUCTIVE HEALTH STUDY QUESTIONNAIRE
- \* STATEMENT OF INFORMED CONSENT
- \* EXPSOURE HISTORY QUESTIONNAIRE
- \* FISH CONSUMPTION SURVEY
- \* FOX RIVER FISHING SURVEY

THESE FILES ARE ARRANGED BY GRANT NAME, THEN IN CHRONOLOGICAL ORDER.

CLOSED IS DEFINED AS WHEN THE GRANT ENDS, 20 YEARS. KEEP 20 YEARS AFTER CLOSED. MATERIALS ARE NEEDED FOR RESEARCH WORK.

RETENTION: EVENT (CLOSED - SEE ABOVE) + 20 YEARS AND TRANSFER TO STATE ARCHIVES. (WHS).

**01028000.** **CHILDHOOD LEAD POISONING PREVENTION PROGRAM DATA** **EVT** **DEST** **Y**

PURPOSE: STELLAR - SYSTEMATIC TRACKING OF ELEVATED LEAD LEVELS AND REMEDIATION, PROVIDED BY CDC ATLANTA, IBM 386. TRACKS CHILDREN WITH ELEVATED LEAD LEVELS, USED FOR TRACKING, FOLLOW-UP AND CASE MANAGEMENT AND PROPERTY INVESTIGATIONS.

INPUT: DATA ELEMENTS INCLUDE A) NAME B) ADDRESS C) DEMOGRAPHICS; D) DATA COLLECTED FROM FORMS F-44151 ACUTE AND COMMUNICABLE CASE REPORT, LABORATORY REPORTS AND RESULTS OF BLOOD LEVELS AND DATES BLOOD WAS DRAWN, COVERED IN RDA 453.

OUTPUT: QUARTERLY PROGRESS REPORT - STATISTICAL SUMMARY (WITHOUT CASE LEVEL IDENTIFIERS), PERIODIC PUBLICATIONS IN SUMMARY STATISTICAL FORM. COVERED BY RDA 1028A.

EVENT = SUPERSEDED AND DESTROY CONFIDENTIAL.

**01028A00.** **CHILDHOOD LEAD POISONING AND PREVENTION PROGRAM REPORTING** **EVT+1** **DEST** **Y**

PURPOSE: INFORMATION CONCERNING THE REPORTING OF CHILDREN'S BLOOD LEAD LEVELS, CARE COORDINATION AND FOLLOW-UP OF CHILDREN WITH LEAD POISONING OR LEAD EXPOSURE, INCLUDING LEAD INSPECTION AND LEAD HAZARD REDUCTION REPORTS.

CONTENTS: THIS RECORD SERIES WILL COVER ALL LEAD POISONING AND PREVENTION AND EXPOSURE REPORTS FROM PROVIDERS, LABORATORIES, AND HEALTH DEPARTMENTS INCLUDING BUT NOT LIMITED TO THE FOLLOWING FORMS:

F-00017 - BLOOD LEAD REPORTING, F-44771A - NURSING CASE MANAGEMENT REPORT, F-4471B - NURSING CASE CLOSURE REPORT, F-44771C - PROPERTY INVESTIGATION REPORT, F-44771D - PROPERTY INVESTIGATION CLOSURE REPORT.

JUSTIFICATION FOR REDUCTION IN RETENTION FROM 5 YEARS TO 1 YEAR: ALL DATA FROM THESE FORMS IS ENTERED INTO THE DATA SYSTEM COVERED IN RDA 01028 AND CAN BE EXTRACTED IF NECESSARY OR REPRODUCED BY THE SUBMITTING ENTITY.

EVENT = ENTERED INTO DATA SYSTEM + 1 YEAR AND DESTROY CONFIDENTIAL.

**01036000.** **SUPERFUND HAZARDOUS WASTE SITE HEALTH ASSESSMENT** **CR+10** **DEST** **N**

PURPOSE: RECORDS MUST BE KEPT FOR LITIGATION, CLAIM, NEGOTIATION, AUDIT, COST RECOVERY OR OTHER ACTIONS INVOLVING SUPERFUND SITES FOR A PERIOD OF 10 YEARS, AS MANDATED BY FEDERAL GRANT.

CONTENTS: INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING MATERIALS:

- \* HEALTH ASSESSMENTS: DPH, DNR, EPA AND PUBLIC COMMENTS,
- \* TECHNICAL DOCUMENTS: EPA, DNR, PRIVATE WELL AND SITE TESTING, FEASIBILITY STUDIES AND REMEDIAL INVESTIGATIONS,
- \* CORRESPONDENCE & PUBLIC MEETINGS: LETTERS, PUBLIC MEETING COMMENTS/NOTES, HANDWRITTEN NOTES
- \* SITE VISIT REPORTS
- \* SITE INFORMATION: SITE SUMMARIES, FACT SHEETS AND OTHER MISCELLANEOUS

NOTE: WHEN 10-YEAR RETENTION HAS BEEN MET, AS DETAILED IN THE COOPERATIVE AGREEMENT, BEOH MUST RECEIVE APPROVAL FROM THE AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR) PRIOR TO DESTROYING THESE RECORDS.

A SUPERFUND SITE IS A HAZARDOUS WASTE SITE DEFINED UNDER THE GUIDELINES PROVIDED BY THE FEDERAL SUPERFUND LAW, SECTION 104 (I)(6)(A) OF THE COMPREHENSIVE ENVIRONMENTAL RESPONSE COMPENSATION AND LIABILITY ACT OF 1980 AS AMENDED (42 U.S.C. 9604 (I)(6)(A)).

EVENT = CR + 10 YEARS AND DESTROY.

**01036A00.** **COST RECOVERY ADM. RECORDS REQUIRED BY AGENCY FOR TOXIC SUBS** **EVT+10** **TRANS OTHER** **Y**

RDA #	RDA Title	Retention	Disposition	PII
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PURPOSE: THE 2011 NOTICE OF AWARD FROM THE CENTERS FOR DISEASE CONTROL, AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (CDC/ATSDR) FOR THIS PROGRAM REQUIRES SITE-SPECIFIC AND FISCAL RECORDS MUST BE KEPT FOR LITIGATION, CLAIM, NEGOTIATION, AUDIT, COST RECOVERY OR OTHER LEGAL ACTIONS INVOLVING SUPERFUND (CERLIS) SITES IN THE STATE OF WISCONSIN.

CONTENTS: RECORDS AND REQUIRED COPIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING DOCUMENTS AND FINANCIAL TRANSACTIONS:

1. TIMESHEETS
2. TRAVEL VOUCHERS AND RELATED COSTS
3. INVOICES
4. CALCULATIONS OF INDIRECT COST RATES
5. CONTRACTS
6. WORK ASSIGNMENTS
7. PROGRESS REPORTS

CLOSED: UNDER TERMS OF THE NOTICE OF AWARD, "CLOSED" MEANS A MINIMUM OF 10 YEARS AFTER SUBMISSION OF THE FINAL FINANCIAL STATUS REPORT TO CDC/ATSDR FOR THE SPECIFIED GRANT AWARD YEAR, UNLESS THERE IS LITIGATION, CLAIM, NEGOTIATION, AUDIT, OR OTHER ACTIONS INVOLVING THE SPECIFIC SITE, THE RECORDS WILL BE MAINTAINED UNTIL RESOLUTION OF ALL ISSUES ON THAT SPECIFIC SITE. FURTHERMORE, DHS MUST OBTAIN WRITTEN APPROVAL FROM THE CDC/ATSDR COST RECOVERY PROGRAM BEFORE DESTROYING ANY RECORDS. TRANSFER CLOSED RECORDS BACK TO THE BUREAU FOR APPROVAL TO DESTROY FROM THE CDC/ATSDR COST RECOVERY PROGRAM.

EVENT = CLOSED + 10 YEARS AND TRANSFER TO BEOH, 1 WEST WILSON STREET, RM 150.

<u>01105000.</u>	<u>TREMOLITE ASBESTOS EXPOSURE FROM VERMICULITE ORE, ATSDR COOF</u>	<u>EVT+10</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: STUDY FOR POTENTIAL EXPOSURE OF TREMOLITE EXPOSURE TO WISCONSIN CITIZENS WHO HAD CONTACT WITH EXFOLIATED VERMICULITE THAT ORIGINATED FROM MINING IN LIBBY, MONTANT.

HISTORY: THE PROGRAM INTERVIEWED WISCONSIN RESIDENTS DIAGNOSED WITH MESOTHELIOMA, OR THEIR SURVIVING FAMILY MEMBERS, IN ORDER TO IDENTIFY THE SOURCE OF THEIR POTENTIAL ASBESTOS EXPOSURES, WITH EMPHASIS ON VERMICULITE.

CONTENTS/JUSTIFICATION: CONTENTS INCLUDE GRANT AWARD AND ADMINISTRATIVE DOCUMENTS; INTERVIEW TOOLS, COMPLETED INTERVIEW SURVEY FORMS, AND REPORTS TO ATSDR, THE FEDERAL FUNDING AGENCY. THESE RECORDS NEED TO BE RETAINS IN THE EVENT OF THE APPEARANCE OF ADDITIONAL CASES OF MESOTHELIOMA RELATED TO TREMOLITE ASBESTOS EXPOSURES. THE LATENCY OF MESOTHELIOMA FROM ASBESTOS EXPOSURES IS AT LEAST 10 YEARS.

DISPOSITION: EVENT DATE WOULD BE JAN. 1, 2012; RETAIN ALL DOCUMENTS 10 YEARS AFTER EVENT DATE OR UNTIL JAN.1, 2022. THESE RECORDS NEED TO BE RETURNED TO DHS BEOH STAFF, AS REQUESTED BY THE FUNDING AGENCY (ATSDR) FOR THE AGENCY'S FINAL REVIEW AND APPROVAL PRIOR TO DESTRUCTION.

DESTROY CONFIDENTIAL.

<u>01115000.</u>	<u>INSPECTION OF PORTABLE X-RAY DEVICES</u>	<u>EVT+5</u>	<u>DEST</u>	<u>N</u>
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Purpose: Inspection of portable x-ray devices and review of corresponding supplier, CMS, HHS ss 486.110(b).

Contents: Includes but is not limited to the following federal forms: CMS-2567 Statement of Deficiencies and Plan of Correction, CMS-670 Survey Team Composition and Workload Report, CMS-1882 Portable X-ray Survey Report, HCFA-1880 Request for Certification as Supplier of Portable X-rays Services, HCFA-1513 Disclosure of Ownership and Control Interest Statement, and correspondence generated by the State of Wisconsin Department of Health Services, BEOH, X-ray Program.

Closed means out of business due to retirement, death, selling to another party, etc.

EVENT = Closed

<u>01116000.</u>	<u>RADIATION-SHIELDING PLAN APPROVALS OF X-RAY DEVICES</u>	<u>CR+10</u>	<u>DEST</u>	<u>N</u>
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Purpose: Reviewing and approving radiation-shielding plans of x-ray devices for the DHS Division of Quality Assurance, as prescribed in the Wis. Admin. Code ss DHS 157.81.

Contents: Includes but is not limited to data collected, site plans, correspondence, and approvals.

Documentation and plans are kept for 10 years post approval. In the event owner(s) foes out of business due to retirement, death, or selling to another party and does not have a copy of the approved plan, the history of approved radiation-shielding plan(s) is available to new owner. These plans include information regarding lead in walls that would need special remediation if taken down.

<u>01117000.</u>	<u>MAMMOGRAPHY INSPECTIONS</u>	<u>EVT+5</u>	<u>DEST</u>	<u>N</u>
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Purpose: Documentation of inspections as required by the U.S. Food and Drug Administration, Mammography Quality Standards Act (MQSA) (as amended by MQSA of 1998 and 2004) Title 42 -- Public Health and Welfare, Chapter 6A -- Public Health Service,

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Subchapter II -- General Powers and Duties, Part F, Sec. 263b.

Contents: Includes but is not limited to inspection reports, correspondence, corrections of noncompliance, and sample films.

Closed means out of business due to retirement, death, selling to another party, etc.

EVENT = Closed

01118000. PNEUMOCOINOSSES CONSULTATION AND SURVEILLANCE EVT+6 DEST Y

Purpose: The Centers for Disease Control, National Institute for Occupational Safety and Health (NIOSH), has screened workers for over 70 years using x-ray film. NIOSH funded, via grants, the Department of Health Services, Division of Public Health, Bureau of Occupational and Environmental Health, to do consultations and provide a second opinion and surveillance for workers whose chest x-rays were submitted by physicians, clinics, employers, and individual workers.

Contents: Case files include but are not limited to individual's medical record, x-rays, survey questionnaire, International Labor Organization (ILO) 1980 X-ray Classification Report. Original chest x-rays, and records are returned to the submitting physician, clinic, employer, or individual along with the interpretation. Copies of records and notes of unusual cases and/or exposure are kept for further investigation.

Confidential and personally identifiable information (PII) is collected and protected under HIPPA, 42 CFR, Chapter 2(A), and Chapter IV, (2015 versions).

Event: Over time, BEOH had at least three qualified specialists available to do interpretation of chest x-rays. This service is discontinued effective July 1, 2016 as there will no longer be staff with the expertise nor funding to provide this service.

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00054700. HEALTH FACILITIES PROJECT - SURVEYS AND DOCUMENTATION EVT+6 DEST Y

PURPOSE: TO HOLD SURVEYS AND THE DOCUMENTATION TO ANSWER QUESTIONS ABOUT OLD DATASETS AND SUCH QUESTIONS ARISE.

CONTENTS: INCLUDE SURVEY FORMS COMPLETED BY HEALTH CARE PROVIDERS WHO PARTICIPATE IN HEALTH FACILITY AND WORKFORCE SURVEYS. DOCUMENTATION WRITTEN BY ANALYSTS FOR THE COMPILATION AND REVIEW OF DATA, INCLUDING THE WRITING OF REPORTS BASED ON THIS DATA. THE SURVEY FORMS AND PUBLISHED REPORTS CONTAIN INFORMATION ON FACILITY AND WORKFORCE CHARACTERISTICS, STAFFING AND IN SOME CASES REVENUES AND ASSETS.

DEFINITION: HEALTH CARE PROVIDERS INCLUDES HOSPITALS, NURSING HOMES, HOSPICES, OTHER HEALTH-RELATED FACILITIES, AND HOME HEALTH AGENCIES.

CLOSED: CONSIDERED CLOSED AT THE END OF THE CALENDAR YEAR FOLLOWING THE FISCAL YEAR IN WHICH THE RECORDS WERE PRODUCED. THIS MEANS THAT RECORDS WILL BE DESTROYED SIX YEARS AFTER THE CLOSE OF THE CALENDAR YEAR FOLLOWING THE FISCAL YEAR IN WHICH THE RECORDS WERE PRODUCED.

RETENTION: EVENT(CLOSED -SEE ABOVE) + 6 YEARS AND DESTROY CONFIDENTIAL

01066000. STATEWIDE PUBLIC HEALTH NURSING (PHN) LEGISLATIVE MANDATED COI CR+15 SHSW N

PURPOSE: TO DEVELOP COMMUNITY HEALTH PLANS, PERFORM COMMUNITY HEALTH ASSESSMENTS, PROVIDE OVERSIGHT TO A GENERAL HEALTH-NURSING PROGRAM UNDER THE JURISDICTION OF EVERY LOCAL HEALTH DEPARTMENT IN WISCONSIN.

CONTENTS: INCLUDE, BUT IS NOT LIMITED TO, REPORTS AND FILES OF PLANNING INITIATIVES SUCH AS PLANNING DOCUMENTATION, CORRESPONDENCE, PRESENTATION MATERIALS, MEETING MINUTES, AND QUALITATIVE DATA (FOR EXAMPLE; AGGREGATE RESULTS OF COMMUNITY ASSESSMENTS, COMMUNITY ASSESSMENT METHODOLOGIES, DOCUMENTATION OF ASSESSMENT NEEDS, PLANS, PUBLIC HEALTH NURSING INITIATIVES AND STRATEGIC PLANS FOR PUBLIC HEALTH NURSING). CONTENTS ALSO INCLUDE MATERIALS PRODUCED BY THE DEPARTMENT'S PUBLIC HEALTH NURSING PROGRAM, STATEWIDE AND REGIONAL PUBLIC HEALTH NURSING CONSULTANTS.

THESE MATERIALS INCLUDE, BUT ARE NOT LIMITED TO, TECHNICAL ASSISTANCE DOCUMENTATION AND GUIDANCE DOCUMENTS, SUPPORTIVE DOCUMENTS, REPORTS AND PLANS REGARDING PUBLIC HEALTH NURSING INITIATIVES (FOR EXAMPLE; STRATEGIC PLAN FOR PUBLIC HEALTH NURSING, ROLES AND RESPONSIBILITIES OF PUBLIC HEALTH NURSING IN KEY PROGRAMS SUCH AS SCHOOL HEALTH, TUBERCULOSIS, AND HEPATITIS).

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JUSTIFICATION: THE LONG RETENTION PERIOD IS NECESSARY FOR REFERENCE AND FUTURE LONGITUDINAL STUDIES AS MANY OF THESE DOCUMENTS SERVE AS THE BASIS FOR CURRENT PUBLIC HEALTH NURSING PRACTICES.

RETENTION: CR + 15 YEARS & TRANSFER TO STATE ARCHIVES (WHS).

<u>01099A00.</u>	<u>FAMILY HEALTH SURVEY RECORDS AND HEALTH STATUS SURVEY RECOR</u>	<u>EVT+20</u>	<u>SHSW</u>	<u>N</u>
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PURPOSE: DOCUMENTATION OF PROCEDURE FOR HOW THE FAMILY HEALTH SURVEY (FHS) IS CONDUCTED, QUALIFIED AND VERIFIED. THE FHS IS A RANDOM SAMPLE SURVEY OF WISCONSIN HOUSEHOLDS CONDUCTED ANNUALLY. THE INTERVIEWING IS DONE BY TELEPHONE BY A CONTRACT VENDOR. THE INFORMATION COLLECTED VIA THE SURVEY IS SUBMITTED IN AN ELECTRONIC FORMAT TO THE DEPARTMENT OF HEALTH SERVICES (DHS) FOR RESEARCH AND INFORMATION. THE RESEARCH AND INFORMATION RESULT IN HEALTH INFORMATION REPORTS DISTRIBUTED TO OTHER STATES AGENCIES, RESEARCHERS, INSURANCE COMPANIES, ETC.

SYSTEM: SURVEY DATA IS COLLECTED BY THE CONTRACTOR AND MADE INTO A PRELIMINARY DATA SET. DATA SET IS DELIVERED TO DHS. DATA IS REVISED USING PROGRAMS WRITTEN BY DHS PROGRAM PERSONNEL. DATA SETS ARE MAINTAINED BY PROGRAM PERSONNEL. THERE ARE NO STATUTORY REQUIREMENTS FOR THE PRODUCTION OR RETENTION OF THESE DATA SETS. SEE ATTACHED PAGE 2 (IN HARD COPY).

CONTENT: THE RECORD RECORD SERIES SET INCLUDES THE FOLLOWING: ANNUAL DATA SET, REVISED DATA SET, DATA USE AGREEMENT FORM F-00143, AND ACCOMPANYING DOCUMENTATION, WHICH INCLUDES THE SURVEY QUESTIONNAIRE, DATA DICTIONARY, CODE BOOK, DESCRIPTION OF VARIABLES, PROGRAMMER NOTES, RESPONSE RATE REPORTS, SAMPLING DESCRIPTION, WEIGHTING DESCRIPTION, INTERVIEWER TRAINING RECORDS, ORIGINAL COPY OF THE DATA USE AGREEMENT, ANALYSIS REPORTS, AND HISTORICAL RECORDS.

RETENTION:

- A) RETAIN ANNUAL AND REVISED RECORD SETS FOR 20 YEARS AND DESTROY
- B) DATA COMPILATION RECORDS FOR 8 YEARS AND DESTROY
- C) RETAIN REPORTS 20 YEARS AND TRANSFER TO WISCONSIN HISTORICAL SOCIETY
- D) VENDOR TO RETAIN RAW DATA SET FOR RECORDS FOR 5 YEARS

<u>01099B00.</u>	<u>FAMILY HEALTH SURVEY RECORDS AND HEALTH STATUS SURVEY RECOR</u>	<u>CR+8</u>	<u>DEST</u>	<u>N</u>
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SEE RDA 1099A FOR DESCRIPTION

<u>01099C00.</u>	<u>FAMILY HEALTH SURVEY RECORDS AND HEALTH STATUS SURVEY RECOR</u>	<u>CR+20</u>	<u>SHSW</u>	<u>N</u>
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SEE RDA 1099A FOR DESCRIPTION

<u>01099D00.</u>	<u>FAMILY HEALTH SURVEY RECORDS AND HEALTH STATUS SURVEY RECOR</u>	<u>CR+5</u>	<u>DEST</u>	<u>N</u>
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SEE RDA 1099A FOR DESCRIPTION

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<u>00164000.</u>	<u>FAMILY PLANNING PROGRAM</u>	<u>CR+5</u>	<u>SHSW</u>	<u>N</u>
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PURPOSE: THE FAMILY PLANNING PROGRAM PROVIDES CONSULTATION, TECHNICAL ASSISTANCE AND MONITORING SERVICES TO AGENCIES FUNDED WITH DIVISION OF PUBLIC HEALTH FUNDS, AND OTHERS INTERESTED IN APPLYING FOR FUNDS. THE TARGET POPULATION OF THE FAMILY PLANNING PROGRAM IS WOMEN WHO ARE IN THEIR REPRODUCTIVE YEARS AND WHO FOR REASONS OF INCOME OR OTHER FACTORS BEYOND THEIR CONTROL ARE NOT ABLE TO OBTAIN FAMILY PLANNING SERVICES READILY AND EASILY.

CONTENT: THIS RECORD SERIES INCLUDES: CORRESPONDENCE; INFORMATIONAL MATERIAL; MATERIALS ON THE DEVELOPMENT OF LEGISLATION AND RULES; STAFF REPORTS; POLICIES AND OTHER RELATED MATERIAL.

<u>00166000.</u>	<u>CONGENITAL DISORDERS PROGRAM (FORMERLY THE PKU PROGRAM)</u>	<u>FIS+6</u>	<u>DEST</u>	<u>N</u>
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Purpose: Pursuant To S. 253.13, Requires All Infants Born In Wisconsin To Be Tested For Congenital Disorders As Described In Admin. Rule Hss 112. Dhfs Is Authorized To Coordinate The Testing Program And To Assure Appropriate Follow-Up Is Provided And Purchases Dietary Treatment Products.

Contents: Includes But Is Not Limited To: Administrative Copies Of Contracts, Contractors Budget, Contractors' Workplan, General Correspondence And Programmatic Information.

Note: Retention Length Has Changed As A Result Of The Changes In The Statutes That No Longer Require This Program To

RDA #	RDA Title	Retention	Disposition	PII
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Purchase Dietary Products Directly And Store On Site Nor Are They Providing Any Services Directly That Would Require The Program To Retain Any Official Medical Records Or Laboratory Reports. These Types Of Services And Information Are Kept By The Provider Or The State Laboratory Of Hygiene.

<u>00187000.</u>	<u>WIC VENDOR FILES, WIC AND SENIOR FARMERS' MARKET NUTRITION PRO</u>	<u>EVT+4</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: THE NUTRITION AND PHYSICAL ACTIVITY SECTION, IN ACCORDANCE WITH CFR PART 246, SEC. 253.06 WISC. STATS. AND CHAPTER 149, WIS. ADMIN CODE, IS RESPONSIBLE FOR AUTHORIZING WISCONSIN GROCERY STORES AND PHARMACIES AS VENDORS WHO PROVIDE FOOD TO WIC PARTICIPANTS. ONCE AUTHORIZED, THE PROGRAM IS RESPONSIBLE FOR MONITORING VENDOR PRICES, PROGRAM COMPLIANCE AND SANCTIONS VENDORS FOR PROGRAM RULE VIOLATIONS. ALL VENDORS ARE SUBJECT TO REAUTHORIZATION EVERY THREE YEARS. IN ADDITION, IN ACCORDANCE WITH CFR PART 248 AND CFR PART 249, THE SECTION IS RESPONSIBLE FOR AUTHORIZING FARMERS AS VENDORS WHO PROVIDE FOOD TO WIC PARTICIPANTS AND SENIOR FMNP PARTICIPANTS. ONCE AUTHORIZED, THE PROGRAM IS RESPONSIBLE FOR PROGRAM COMPLIANCE INCLUDING SANCTIONS IMPOSED ON VENDORS FOR PROGRAM RULE VIOLATIONS.

CONTENT: THESE FILES INCLUDE, BUT ARE NOT LIMITED:

WIC: INITIAL VENDOR APPLICATION (F-44118), VENDOR AGREEMENTS AND OTHER DOCUMENTS RELATING TO VENDOR APPLICATION, LETTER OF AUTHORIZATION/DENIAL, REAUTHORIZATION APPLICATION AND RELATED MATERIALS, VENDOR APPLICATION AMENDMENT (F-40108) VENDOR MONITORING WORKSHEETS (DOH4003), VENDOR MONITORING RESULTS (F40087/40088), VENDOR TRAINING PROOF OF PARTICIPATION (F-44727), STOCK PRICE SURVEY (F-44621), REPLACED/REJECTED/COMPLIANCE BUY WIC DRAFTS AND RELATED CORRESPONDENCE AND LETTER OF TERMINATION.

FMNP: FARMER AGREEMENTS, TRAINING VERIFICATION FORMS, MONITORING WORKSHEETS, CORRESPONDENCE RELATING TO PROGRAM COMPLIANCE (I.E. SANCTIONS, COMPLAINTS), FARMERS' MARKET APPLICATIONS, FARMSTAND APPLICATIONS, FARMSTAND APPLICATIONS, FARMSTAND APPLICATIONS, FARMERS' MARKET RULES AND MAPS AND OTHER CORRESPONDENCE/DOCUMENTS RELATING TO FARMERS, MARKETS, AND STANDS.

RETENTION: EVENT + 4 YEARS. EVENT = CLOSED - TERMINATION STATUS

DEFINITION: CLOSED - TERMINATION OF VENDOR STATUS.

SS 246.26 CONFIDENTIALITY OF VENDOR INFORMATION. CONFIDENTIAL VENDOR INFORMATION IS ANY INFORMATION ABOUT A VENDOR (WHETHER IT IS OBTAINED FROM THE VENDOR OR ANOTHER SOURCE) THAT INDIVIDUALLY IDENTIFIES THE VENDOR, EXCEPT FOR VENDOR'S NAME, ADDRESS, TELEPHONE NUMBER, WEB SITE/E-MAIL ADDRESS, STORE TYPE, AND AUTHORIZATION STATUS. EXCEPT AS OTHERWISE PERMITTED BY THIS SECTION, THE STATE AGENCY MUST RESTRICT THE USE OR DISCLOSURE OF CONFIDENTIAL VENDOR INFORMATION TO: (1) PERSONS DIRECTLY CONNECTED WITH THE ADMINISTRATION OR ENFORCEMENT OF THE WIC PROGRAM OR THE FOOD STAMP PROGRAM WHO THE STATE AGENCY DETERMINES HAVE A NEED TO KNOW THE INFORMATION FOR PURPOSES OF THESE PROGRAMS.

<u>00187A00.</u>	<u>EXPIRED WIC (WOMEN, INFANTS, CHILDREN) CONTRACTS/APPLICATIONS</u>	<u>EVT+4</u>	<u>DEST</u>	<u>N</u>
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PURPOSE: THE WIC MANAGEMENT UNIT, IN ACCORDANCE WITH CFR PART 246, STATE STATUTE 253.06(1) AND HFS 149, IS RESPONSIBLE FOR AUTHORIZING WISCONSIN GROCERY STORES AND PHARMACIES AS VENDORS WHO PROVIDE FOOD TO WIC PARTICIPANTS. ONCE AUTHORIZED, THE PROGRAM IS RESPONSIBLE FOR MONITORING VENDOR PRICES, PROGRAM COMPLIANCE AND SANCTIONS VENDORS FOR PROGRAM RULE VIOLATIONS. ALL VENDORS ARE SUBJECT TO REAUTHORIZATION EVERY TWO YEARS.

CONTENT: THESE FILES ARE RELATED TO EXPIRED VENDORS AND INCLUDE, BUT ARE NOT LIMITED: INITIAL VENDOR APPLICATION ( F-44118), VENDOR AGREEMENTS AND OTHER DOCUMENTS RELATING TO VENDOR APPLICATION, LETTER OF AUTHORIZATION/DENIAL, REAUTHORIZATION APPLICATION AND RELATED MATERIALS, VENDOR APPLICATION AMENDMENT ( F-40108) VENDOR MONITORING WORKSHEETS ( DPH 4003 OR THE EQUIVALENT), VENDOR MONITORING RESULTS ( DPH 4004A/B OR THE EQUIVALENT), VENDOR TRAINING PROOF OF PARTICIPATION ( F-44727), STOCK PRICE SURVEY ( F-44621), REPLACED/REJECTED/COMPLIANCE BUY WIC DRAFTS AND RELATED CORRESPONDENCE AND LETTER OF TERMINATION.

RETENTION: CURRENT FY + 4 YEARS

<u>00576000.</u>	<u>SUDDEN INFANT DEATH SYNDROME</u>	<u>CR+10</u>	<u>SHSW</u>	<u>N</u>
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PURPOSE: PER WISCONSIN STATUTE 253.14 TO PROVIDE BEREAVEMENT SUPPORT AND SERVICES TO FAMILIES AND OTHERS WHO ARE AFFECTED BY A SUDDEN OR UNEXPECTED INFANT DEATH. THESE SERVICES EXTENDED TO FAMILIES THROUGH A CONTRACT WITH THE CHILDREN'S HEALTH ALLIANCE OF WISCONSIN. THE DEPARTMENT SHALL MAKE AVAILABLE UPON REQUEST FOLLOW-UP COUNSELING BY TRAINED HEALTH CARE PROFESSIONALS FOR PARENTS AND FAMILIES OF VICTIMS OF SUDDEN INFANT DEATH SYNDROME.

CONTENTS: INCLUDE BUT ARE NOT LIMITED TO, COPIES OF CONTRACTS, WORK PLAN, AND END OF YEAR REPORTS, CORRESPONDENCE, MEETING MINUTES, ETC. THESE RECORDS CONSIST OF MATERIALS RELATED TO THE INFANT DEATH CENTER OF WISCONSIN STATEWIDE MATERNAL AND CHILD HEALTH PROJECT, PER WISCONSIN STATUTE 253.14. THESE RECORDS REFLECT THE CORRESPONDENCE RELATED TO THE STATEWIDE CONTRACT TO MEET THIS STATUTE.

EVENT = CR+10 YEARS AND TRANSFER TO STATE ARCHIVES(WHS)

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01042000. PUBLIC HEALTH CONFIDENTIAL CANCER RECORDS-CANCER PREVENTION CR+15 DEST Y

PURPOSE: PURSUANT TO S.S. 255 AND DHS 147 THE BUREAU COMMUNITY HEALTH PROMOTION, WISCONSIN WELL WOMAN PROGRAM PROVIDES PROGRAMS RELATED TO DETECTION AND MONITORING OF CANCER RELATED DISEASES AND THE INVESTIGATION AND DETERMINATION OF CONDITIONS THAT CONTRIBUTE TO PREVENTABLE OR PREMATURE ILLNESS, DISABILITY AND DEATH.

CONTENTS: RECORDS INCLUDE, BUT ARE NOT LIMITED TO, CLINIC AND HOSPITAL PATIENT RECORDS, OUTREACH TRAINING MATERIALS, ANNUAL TRAINING PLANS AND WORK PLANS, SUBCONTRACTING REPORTS, QUARTERLY AND ANNUAL REPORTS. FORMS STORED INCLUDE, BUT ARE NOT LIMITED TO, F-44723, F-44724, F-44725, F-44737, UB-92 HCFA 1450, HCFA-1500 AND DOA-3066N.

RETENTION: RETAIN 15 YEARS AND DESTROY CONFIDENTIAL.

NOTE: PROGRAMS TO BE UTILIZING THIS RECORD SERIES, INCLUDE BUT ARE NOT LIMITED TO, WWCCP, BREAST CANCER SCREENING PROGRAM.

01043000. CLOSED WIC SERVICE PROVIDER PARTICIPANT RECORDS EVT+6 DEST N

PURPOSE: PURSUANT TO 7CFR PART 246.25 EACH STATE AND LOCAL AGENCY SHALL MAINTAIN FULL AND COMPLETE RECORDS CONCERNING THE WIC PROGRAM ADMINISTRATION, REPORTS AND TRACKING OF INDIVIDUAL PARTICIPANTS.

CONTENT: THIS RECORD SERIES WILL INCLUDE, BUT NOT LIMITED TO, FILES RELATING TO:

- \* CLOSING OF WIC AGENCIES
- \* TERMINATED INDIVIDUAL FILES
- \* ANY DOCUMENT WITH A PARTICIPANT/PROXY SIGNATURE, I.E., SIGNATURE LOGS FOR FOOD INSTRUMENTS/PARTICIPANT RIGHTS AND RESPONSIBILITIES, RELEASE OF INFORMATION
- \* CORRESPONDENCE PERTAINING TO THE ABOVE

CLOSED: DATE FACILITY IS CLOSED. RETAIN 6FY YEARS AFTER CLOSED, PROVIDED NO LITIGATION, CLAIMS, NEGOTIATIONS, AUDIT OR OTHER ACTIONS, INVOLVING THESE RECORDS ARE UNRESOLVED AND DESTROY CONFIDENTIAL.

EVENT = SEE BELOW + 6 YEARS AND DESTROY CONFIDENTIAL.

Dept #: /105/ Department Name: DPH- LOCAL HEALTH SUPPORT & EMERGENCY MEDICAL SERVICES

RDA # RDA Title Retention Disposition PII

00226000. EMS COMMUNICATION RECORDS CR+7 DEST N

Purpose: To assure compliance with mandates of Wisconsin Emergency Medical Services (EMS) Communication/Telemetry Plan and Federal Communications Commission (FCC) regulations and a source of reference.

Content: Correspondence, memoranda, and related materials regarding FCC licensed Wisconsin EMS Communication Network covering basic, intermediate, and paramedic services for frequencies 155.280, 155.340, 155.400, and 468 MHz; annual inspection forms and vendor information. FCC licenses are valid for 10 years. Current licensing information is available on the FCC website.

EVENT: FCC License is no longer valid

00228000. FR/EMT CERTIFICATION / LICENSE EVT+8 DEST Y

Purpose: To verify eligibility for certification as a First Responder (FR) or license as an Emergency Medical Technician (EMT) pursuant to Wis. Stat. ch. 256 and Wis. Admin. Code ch. DHS 110.

Contents: Electronic records, E-Licensing, includes documents supporting eligibility for certification and or license. Data includes applications, copies of CPR and/or ACLS cards, verification of successful completion of the required education and examination, documentation of criminal history, traffic violations, evidence of rehabilitation, correspondence to and from the licensee or their affiliate services, letters of reprimand, and documentation of other disciplinary action. Some older paper records still exist.

Definitions:  
CPR- Cardiopulmonary Resuscitation  
ACLS - Advanced Cardiac Life Support

Confidential information including social security number may not be disclosed to any person with the exception of the Department of Children and Families, the Department of Revenue, and the Department of Workforce Development as cited under Wis. Stat. § 256.17



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(2) and 256.18 (2).

EVENT: license expires

<u>00229000.</u>	<u>EMS COMPLAINT FILES</u>	<u>EVT+5</u>	<u>DEST</u>	<u>Y</u>
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Purpose: To document complaints and investigations involving licensed emergency medical services (EMS), licensed emergency medical technicians (EMTs), or certified first responders.

Content: Files contain documentation of complaints and investigations conducted by the Office of Preparedness and Emergency Health Care involving licensed emergency medical service ambulance providers, certified first responder services, licensed emergency medical technicians, or certified first responders pursuant to Wis. Admin. Code chs. DRS 110 through 113. Files may include patient information that is considered confidential under Wis. Stat. § 146.38.

Documentation includes, but is not limited to, the following: original complaint, requests for records, ambulance run reports, written statements from witnesses, recorded interview tapes, medical records of patients, dispatch logs and/or dispatch audio tapes, investigative summaries, and administrative or disciplinary action. The official record of any administrative or disciplinary action that maybe imposed are retained in the FR/EMT Certification/Licensure file covered by RDA 435-228 or in the EMS Service Provider Application file covered by RDA 435-231.

Closed means the investigation has concluded with or without administrative or disciplinary action.

EVENT: Closed

<u>00231000.</u>	<u>EMERGENCY MEDICAL SERVICE APPLICATION</u>	<u>EVT+5</u>	<u>DEST</u>	<u>N</u>
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Purpose: To verify eligibility for certification as a First Responder (FR) or license as an Emergency Medical Technician (EMT) pursuant to Wis. Stat. ch. 256 and Wis. Admin. Code ch. DHS 110.

Contents: Electronic records, E-Licensing, includes documentation required for certification/license to operate as an emergency medical services provider. Data includes, but is not limited to, complete provider applications(s), current operational plan, current approved protocols, administrative correspondence to and from the provider, documentation of Funding Assistance Program (FAP) funds awarded to the service, letters of reprimand, investigative summaries, and other administrative/disciplinary action taken against the service provider.

Note: Providers have direct access to the database to access E-Licensing. Access to the database allows them to add or delete staff from their roster, and update various information pertaining to their service.

Lifecycle Language: Paper records will be retained onsite for 30 days after entry and verification in the electronic system, then destroyed.

EVT = 5 = Provider ceases to provide service; destroy

Dept #: /108/ Department Name: DPH - COMMUNICABLE DISEASE

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<u>00358000.</u>	<u>TOXIC SHOCK SYNDROME</u>	<u>EVT+1</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: DPH INVESTIGATED TOXIC SHOCK SYNDROME CASES AND FOLLOWED OUTCOMES TO COMPILER DATA ON RISK FACTORS AND FOR OTHER STUDIES. INFORMATION IS ALSO STORED AS REFERENCE TO ACCOMMODATE INQUIRES BY COURTS ON AN ONGOING BASIS, AS LITIGATION OCCURS. ACTIVITY IS PURSUANT TO S.S. 252.05(REPORTS OF CASES OF COMMUNICABLE DISEASES) AND DHS 145.04.

CONTENTS: RECORD SERIES MAY CONTAIN, BUT IT NOT RESTRICTED TO, THE FOLLOWING: CASE QUESTIONNAIRES, MEDICAL RECORDS FROM PHYSICIANS AND HOSPITALS, LABORATORY REPORTS, RECORDS OF TELEPHONE COMMUNICATIONS, CORRESPONDENCE, DATA ANALYSIS WHICH WERE PREPARED PERIODICALLY, DRAFTS OF MANUSCRIPTS CONTAINING TABLES AND OTHER INFORMATION UTILIZED IN PREPARING PUBLICATIONS.

CLOSED: STUDY ENDED IN 2011 AND CONCLUSIVE STUDIES/REPORTS HAVE BEEN COMPLETED. THERE IS NO VALUE IN RETAINING THE RECORD.

THIS RECORD SERIES WAS PREVIOUSLY DESIGNATED TO GO TO THE WISCONSIN STATE HISTORICAL SOCIETY UPON REACHING THE END OF ITS RETENTION PERIOD. A REVIEW OF THE CONTENTS OF THIS RECORD SERIES INDICATES THAT MEDICAL RECORDS ARE CONTAINED IN THIS SERIES; THESE MUST BE HANDLED IN A WAY TO BE HIPAA COMPLIANT. WE REQUEST THAT THIS RECORD SERIES NOT BE FORWARDED TO THE STATE HISTORICAL SOCIETY BECAUSE THEY ARE NOT HIPAA COMPLIANT; DISPOSITION SHOULD BE CHANGED TO CONFIDENTIAL DESTRUCTION.

RDA # RDA Title Retention Disposition PII

**00447000.** **LABORATORY TEST REPORTS/STD** **CR+1** **DEST** **Y**

PURPOSE: MONITORING AND REPORTING OF SEXUALLY TRANSMITTED DISEASE (STD) IS A REQUIREMENT UNDER S.S. 252.11. A COOPERATIVE EFFORT BETWEEN HEALTH CARE PROFESSIONALS, LABORATORIES AND PUBLIC HEALTH AGENCIES IN WISCONSIN PROVIDES THE STATE WITH POSITIVE AND NEGATIVE RESULTS OF LABORATORY TESTS. SECURE STORAGE IS NEEDED TO ASSURE PRIVACY OF THESE RECORDS.

CONTENTS: DATA INCLUDED IN THIS SERIES CONTAINS, BUT IS NOT RESTRICTED TO, DPH FORM F-44242 (REV. 06/10), AND F-44151 (REV. 08/08) OR ITS EQUIVALENT FORM OR EQUIVALENT COMPUTER PRINTOUT. INFORMATION INCLUDES, BUT IS NOT RESTRICTED TO, NAME OF LABORATORY, ADDRESS OF LABORATORY, PERIOD COVERED BY THE REPORT, NAME OF PATIENT, TYPE OF TEST, RESULT AND TITER, NAME AND ADDRESS OF PATIENT'S PHYSICIAN.

**00448000.** **SEXUALLY TRANSMITTED DISEASE CASE REPORT** **EVT+3** **DEST** **Y**

PURPOSE: PHYSICIANS ARE REQUIRED TO REPORT POSITIVE RESULTS OF COMMUNICABLE DISEASE, AS REQUIRED BY DHS 145 AND STATE STATUTES SS 252.11. STD INFORMATION IS SENT BY PHYSICIANS TO THE STATE, ON THE FORMS REFERENCED IN THIS RDA. THE RECORD CONTAINS PERSONALLY IDENTIFIABLE INFORMATION AND MAY BE REQUESTED BY PATIENTS AND THEIR LAWYERS FOR USE IN LITIGATION MATTERS. THIS INFORMATION IS ALSO USED BY THE STATE FOR RESEARCHING RELATED STD CASES AND FOR TREND ANALYSIS.

CONTENT: THE INDIVIDUAL CASE FILES INCLUDE, BUT ARE NOT RESTRICTED TO, THE FOLLOWING FORMS:

- \* F-44243 (REV. 06/10), STD LABORATORY & MORBIDITY EPIDEMIOLOGIC CASE REPORT.
- \* F-44151 (REV. 08/08), ACUTE AND COMMUNICABLE DISEASE CASE REPORT, OR EQUIVALENT FORMS.
- \* LAB TESTING FORMS SUBMITTED TO THE STATE AND LOCAL HEALTH DEPARTMENTS FOR POSITIVE FINDINGS ONLY (S.143).

EVENT = AFTER ENTERED INTO COMMUNICABLE DIS SYSTEM + 3 YEARS AND DESTROY CONFIDENTIAL.

**00448A00.** **STD (SEXUALLY TRANSMITTED DISEASE) REPORTING** **CR+50** **DEST** **N**

PURPOSE: STD STATISTICS ARE PREPARED FOR THE DCD (CENTERS FOR DISEASE CONTROL) AND FOR STATE USE. FEDERAL CDC REPORTS AND SELECTED STATE REPORTS ARE STORED FOR REFERENCE, LEGAL, AND AUDIT PURPOSES.

CONTENT: REPORTS STORED INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING MONTHLY, QUARTERLY AND/OR ANNUAL REPORTS: PHS 9.2638 (CDC), (SEMI-ANNUAL REPORT OF CIVILIAN CASES OF SYPHILIS, GONORRHEA), CDC 73.2127 (F.9.2127) (QUARTERLY EPIDEMIOLOGIC ACTIVITY REPORT), CDC 73.998 (MONTHLY SURVEILLANCE REPORT OF EARLY SYPHILIS BY COUNTY), CDC 73.688 (FEDERAL QUARTERLY MORBIDITY REPORT).

RECENT MATERIALS STORED IN THIS SERIES MAY ALSO INCLUDE SUPPORTING DOCUMENTATION DESCRIBING METHODS USED IN GENERATING OR COMPILING THE REPORTS, AND OTHER ASSOCIATED MATERIALS. REPORTS STORED IN THIS SERIES WERE PREPARED USING DATA SUBMITTED ON DPH FORMS: F-44243 AND F-44151 OR THEIR EQUIVALENT, WHICH (AT THE TIME OF THIS 2012 RDA REVIEW) IS NOW DATA ENTERED INTO COMPUTER FILES. ( THE COMPLETED FORMS ARE COVERED BY RDA 448).

EVENT = CR+50 YEARS AND DESTROY.

**00453000.** **ACUTE AND COMMUNICABLE DISEASE CASE REPORTS & REALTED MATER** **EVT** **DEST** **Y**

PURPOSE: PURSUANT TO S.S. 252.05 AND S.S. 143.03 COMMUNICABLE DISEASE INFORMATION IS REPORTED BY PHYSICIANS, LABORATORIES AND LOCAL HEALTH DEPARTMENTS ON FORM F-44151 ACUTE AND COMMUNICABLE DISEASE CASE REPORT OR EQUIVALENT. THESE DATA ARE USED FOR REQUIRED PREVENTION ACTIVITIES AND MONITORING OF POPULATION HEALTH STATUS AND ARE ALSO USED TO DEVELOP MORBIDITY TRENDS AND OTHER STATISTICAL REPORTING. DATA COLLECTED FROM THESE REPORTS, WHETHER RECEIVED ON PAPER OR ELECTRONICALLY, ARE ENTERED INTO A COMPUTER DATA SYSTEM, WISCONSIN ELECTRONIC DISEASE SURVEILLANCE SYSTEM. (SEE RDA 453B).

CONTENTS: COMPLETED ACUTE AND COMMUNICABLE DISEASE CASE REPORT OR OTHER EQUIVALENT REPORTING FORM(S) WHICH INCLUDE, BUT ARE NOT LIMITED TO, NAME, ADDRESS, DATE OF BIRTH, MARITAL STATUS, SEX, RACE AND ETHNIC ORIGIN. A FILE MAY ALSO CONTAIN MEDICAL DATA CONCERNING DIAGNOSIS AND STATUS OF THE DISEASE (E.G., LABORATORY TESTS, DIAGNOSIS AND EPIDEMIOLOGICAL DATA), NAME OF PERSON OR AGENCY REPORTING THE CASE AND ATTENDING PHYSICIAN, VACCINATION HISTORY AND TREATMENT.

NOTE: PAPER RECORDS CAN BE DESTROYED AFTER THE INFORMATION IS ENTERED INTO THE WISCONSIN ELECTRONIC DISEASE SURVEILLANCE SYSTEM (WEDSS) AND VERIFIED.

**00453B00.** **ELECTRONIC REPORTING OF COMMUNICABLE DISEASES** **P** **PERM** **Y**

PURPOSE: PURSUANT TO S.S. 252.05 AND S.S. 143.03 COMMUNICABLE DISEASE INFORMATION IS REPORTED BY PHYSICIANS, LABORATORIES, AND LOCAL HEALTH DEPARTMENTS ON FORM F-44151 ACUTE AND COMMUNICABLE DISEASE CASE REPORT OR EQUIVALENT. THESE DATA ARE USED FOR REQUIRED PREVENTION ACTIVITIES AND MONITORING OF POPULATION HEALTH STATUS AND ARE ALSO USED TO DEVELOP MORBIDITY TRENDS AND OTHER

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RDA # RDA Title Retention Disposition PII

STATISTICAL REPORTING.

CONTENT: DATA FIELDS INCLUDE, BUT ARE NOT LIMITED TO, NAME, ADDRESS, DATE OF BIRTH, MARITAL STATUS, SEX, RACE AND ETHNIC ORIGIN. A FILE MAY ALSO CONTAIN MEDICAL DATA CONCERNING DIAGNOSIS AND STATUS OF THE DISEASE (E.G., LABORATORY TESTS, DIAGNOSIS AND EPIDEMIOLOGICAL DATA), NAME OF PERSON OR AGENCY REPORTING THE CASE AND ATTENDING PHYSICIAN.

INPUT: ACUTE AND COMMUNICABLE DISEASE CASE REPORT (F-44151), OR THE CDC EQUIVALENT, AND ANY RELATED MATERIAL. COVERED BY RDA 453.

OUTPUT: SURVEILLANCE, STATISTICAL REPORTS, EPIDEMIOLOGIC ANALYSIS. NON RECORD NO RDA NEEDED.

THE ELECTRONIC RECORD IS PERMANENT BECAUSE THERE ARE SEVERAL CHRONIC DISEASES TRACKED IN THE WI ELECTRONIC DISEASE SURVEILLANCE SYSTEM (WEDSS) THAT REQUIRE HISTORY SO PUBLIC HEALTH DOES NOT REPEATEDLY CALL FOR INITIAL CONSULTATION/INTERVENTION FOR A CONDITION SOMEONE HAS HAD AND BEEN AWARE OF FOR 20 YEARS. IN ADDITION, THE TB PROGRAM NEEDS THE DATA STORED PERMANENTLY BECAUSE DOCUMENTATION OF THIS TREATMENT IS FREQUENTLY REQUIRED BY EMPLOYERS AND SCHOOLS MANY YEARS AFTER THE FACT; PUBLIC HEALTH IS THE MAJOR PROVIDER OF THIS TREATMENT; AND THE WEDSS IS THE OFFICIAL METHOD OF DOCUMENTATION OF REPORTABLE DISEASES FOR WISCONSIN. WEDSS WILL BECOME THE SYSTEM FOR COLLECTING CHILDHOOD LEAD DATA IN THE NEAR FUTURE, THEY REQUIRE HISTORY BOTH TO TRACK INDIVIDUAL CHILDREN AND LEAD RESULTS AND LOCATIONS THAT HAVE BEEN INVESTIGATED TO TRACK HOUSING THAT HAS NOT BEEN REMEDIATED OVER TIME. IT ALLOWS FOR APPLYING LIMITED RESOURCES WHERE IT IS MOST NEEDED. THE IMMUNIZATION PROGRAM NEEDS TO TRACK BOTH VACCINE PREVENTABLE CONDITIONS OVER TIME BUT ALSO VACCINATED PERSONS WHO GET AN ILLNESS FOR WHICH THEY ARE VACCINATED.

RETENTION: PERMANENT

00497000. SEXUALLY TRANSMITTED DISEASE EPIDEMIOLOGIC REPORT CR+1 DEST Y

PURPOSE: CASES OF SYPHILIS, GONORRHEA, AND OTHER SEXUALLY TRANSMITTED DISEASES OF PATIENTS AND CONTACT RESIDING IN WISCONSIN IS REPORTED AND MONITORED PURSUANT TO STATE STAT. 252.11 THE CASES ARE REPORTED IN AN EFFORT TO FOLLOW-UP ON POSITIVE CASES. SECURE STORAGE IS NEEDED TO ASSURE PRIVACY OF THESE RECORDS.

CONTENT: FORMS STORED IN THIS SERIES INCLUDE, BUT ARE NOT RESTRICTED TO, INTERSTATE TRANSMISSION CONTROL IDENTIFICATION, F-44243 (REV. 06/10), AND F-44151 (REV. 08/08), CDC 73.2936S (REV. 05/01), OR ITS EQUIVALENT. FORMS ARE COMPLETED BY THE KEENAN HEALTH CENTER CLINIC IN MILWAUKEE, DISTRICT AND LOCAL HEALTH OFFICES, OUT-OF-STATE HEALTH DEPARTMENTS, AND THE SELECTIVE SERVICE. INFORMATION REPORTED MAY INCLUDE BUT IS NOT RESTRICTED TO RACE, SEX, MARITAL STATUS, DIAGNOSIS, DATE OF EXPOSURE AND ADDRESS.

EVENT = CR+1 YEAR AND DESTROY CONFIDENTIAL

01114000. AIDS/HIV LABORATORY TEST REPORT EVT+1 DEST Y

PURPOSE: MONITORING AND REPORTING OF HIV AND AIDS IS REQUIRED UNDER WIS. STAT. SS 252.15(7B); LABORATORY REPORTING REQUIREMENTS FOR PUBLIC HEALTH IS A REQUIREMENT UNDER SS 252.05(02). A COOPERATIVE EFFORT BETWEEN HEALTH CARE PROFESSIONALS, LABORATORIES, AND PUBLIC HEALTH AGENCIES IN WISCONSIN PROVIDES THE STATE WITH POSITIVE RESULTS OF LABORATORY TESTS.

CONTENTS: COMPUTER OR HANDWRITTEN LABORATORY REPORTS, INCLUDING BUT NOT LIMITED TO, NAME AND ADDRESS OF LABORATORY, PERIOD COVERED BY THE REPORT, PATIENT'S NAME, DATE OF BIRTH, ADDRESS, TELEPHONE NUMBER, TYPE OF TEST AND RESULTS, NAME AND ADDRESS OF PATIENT'S PROVIDER. ALL RESULTS AND CASE DATA ARE ENTERED IN THE ENHANCED HIV/AIDS REPORTING SYSTEM (EHARS), A NATIONAL CDC DATABASE.

RECORD SERIES IS CONFIDENTIAL PER WIS. STAT. SS 252.15(3M).

RETENTION: EVENT(DATA TRANSFERRED TO CDC) + 1 YEAR AND DESTROY CONFIDENTIAL

Dept #: /109/ Department Name: DPH - COMM DISEASE - HIV/AIDS

RDA # RDA Title Retention Disposition PII

00652000. WI HIV COUNSELING, TESTING, AND REFERRAL SERVICES EVT+1 DEST Y

PURPOSE: PAPER FORMS SUBMITTED TO THE BCDER AIDS/HIV PROGRAM FOR REIMBURSEMENT AND DOCUMENTATION OF HIV ANTIBODY TESTS PERFORMED BY PROGRAM GRANTEEES. THESE FORMS ARE IMMEDIATELY SCANNED INTO THE CDC-REQUIRED EVALUATION WEB DATABASE, THEN STORED IN A LOCKED SECURE LOCATION WITHIN THE PROGRAM OFFICES. FORMS ARE RETAINED BY THE PROGRAM THEN DESTROYED CONFIDENTIAL AFTER ONE YEAR.

Dept #: 109/ Department Name: DPH - COMM DISEASE - HIV/AIDS

RDA # RDA Title Retention Disposition PII

CONTENT: RECORDS STORED IN THIS SERIES INCLUDE, BUT ARE NOT RESTRICTED TO, WI HIV COUNSELING, TESTING AND REFERRAL SERVICES FORMS OR AN EQUIVALENT. INFORMATION ON THE FORMS INCLUDES, BUT IS NOT RESTRICTED TO, DATE OF HIV ANTIBODY TEST, RESULT OF HIV ANTIBODY TEST, CLIENT DEMOGRAPHIC DATA (AGE, SEX, RACE/ETHNICITY, ETC.) DRUG USAGE HISTORY AND SEXUAL BEHAVIOR HISTORY. THIS INFORMATION IS VOLUNTARILY SUBMITTED BY THE CLIENT.

EVENT = PAPER COPOY IS SCANNED AND VALIDATED + 1 YEAR AND DESTROY CONFIDENTIAL.

01070000. AIDS / HIV DRUG ASSISTANCE AND INSURANCE PROGRAM EVT+7 DEST Y

PURPOSE: IN ACCORDANCE WITH S. 49.686, STATS., THIS SERIES PROVIDES DOCUMENTATION OF ELIGIBILITY FOR ASSISTANCE FROM THE AIDS/HIV DRUG ASSISTANCE PROGRAM (TARGETED TO QUALIFIED LOW-INCOME INDIVIDUALS WITH HIV) TO PAY FOR CERTAIN MEDICATIONS USED IN TREATING HIV DISEASE. IN ACCORDANCE WITH S. 252.16, S. 252.16, S. 252.17, STATS. AND DHS 138, THIS SERIES PROVIDES DOCUMENTATION OF ELIGIBILITY FOR PREMIUM SUBSIDIES UNDER THE AIDS/HIV HEALTH INSURANCE PREMIUM SUBSIDY PROGRAM TO MAINTAIN ACCESS TO HEALTH INSURANCE COVERAGE FOR QUALIFIED LOW-INCOME INDIVIDUALS WITH HIV DISEASE.

CONTENTS: THIS SERIES INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

1. APPLICATION FORMS (F-44614A, F-44614B, F-44511) AND OLDER FORMAT FORMS (DPH 4614 AND PH 4511)..
2. DOCUMENTATION OF CLIENT FINANCIAL STATUS
3. DOCUMENTATION OF CLIENT INSURANCE STATUS
4. APPLICATION APPROVAL LETTERS AND TERMINATION LETTERS
5. OTHER ROUTINE CORRESPONDENCE RELATED TO PROGRAM ELIGIBILITY AND FILE NOTES

DEFINITIONS: FILE NOTES ARE NOTES MAINTAINED IN THE CLIENT FILE DOCUMENTING VERBAL CONTACT WITH THE CLIENT REGARDING PROGRAM ELIGIBILITY AND PROGRAM PARTICIPATION.

CLOSED/TERMINATED IS THE DATE THE INDIVIDUAL IS NO LONGER ELIGIBLE TO PARTICIPATE IN THE AIDS/HIV DRUG ASSISTANCE PROGRAM AND/OR THE AIDS/HIV HEALTH INSURANCE PREMIUM SUBSIDY PROGRAM.

RETENTION: EVENT(CLOSE/TERMINATED) + 7 YEARS AND DESTROY CONFIDENTIAL

Dept #: 201/ Department Name: DCTS - MENDOTA MENTAL HEALTH INSTITUTE

RDA # RDA Title Retention Disposition PII

00201000. STIPEND PSYCHIATRIC RESIDENCY, NURSE, OT, ACTIVITY THERAPY CR+50 DEST Y

Purpose: To Provide A Record Of Enrollment, Attendance And Certification.

Content: This Series Consists Of Records For Individual Students Who Received Stipends From The Division Of Mental Hygiene From The 1950'S Through The 1970'S. These Stipends Provided Educational Training For Social Work Students And Psychiatric Residents. Later The Stipends Were Extended To Nurses, Occupational Therapists And Activity Therapy Assistants. This Training Provided Certification To The Student And Thereby Permitted The Student To Work At A Higher Level, Where Certification Is Required.

These Programs Are Eliminated But Certification Remains Valid.

NOTE: SUBMITTED FOR SUNSET RENEWAL AND AMENDMENT TO DIVISION NAME. CHANGE TO DISPOSITION METHOD

Dept #: 202/ Department Name: DCTS - WINNEBAGO MENTAL HEALTH INSTITUTE

RDA # RDA Title Retention Disposition PII

00758000. LIBERTY REQUESTS CR+3 DEST Y

PURPOSE: LIBERTY IS ANY ABSENCE FROM THE UNIT. LIBERTY IS GRANTED ONLY UPON REQUEST FROM THE PATIENT. IT MAY BE LIMITED LIBERTY OR UNESCORTED LIBERTY. EXAMPLES OF LIMITED LIBERTY - PATIENT ESCORTED BY ANOTHER PATIENT, LIBERTY LIMITED TO SPECIFIC FACILITY GROUNDS AREAS, LIBERTY GRANTED FOR SPECIFIED TIMES, OR GENERAL LIBERTY RULES ARE ADJUSTED TO MEET THE NEED.

Dept #: /202/ Department Name: DCTS - WINNEBAGO MENTAL HEALTH INSTITUTE

RDA # RDA Title Retention Disposition PII

CONTENT: THE LIBERTY REQUEST FORM F-21195 HAS THE REQUEST STATEMENT, THE LIBERTY RULES, DENIAL OR APPROVAL AND AUTHORIZED SIGNATURE. THE OFFICIAL RECORD IS MAINTAINED BY THE INSTITUTE AND A COPY IS GIVEN TO THE PATIENT.

NOTES REGARDING THE LIBERTY ARE ENTERED IN THE PATIENT'S MEDICAL RECORD PROGRESS NOTES. THE PATIENT'S MEDICAL RECORD IS COVERED BY RDA 683A-H.

RECORD SERIES CONTAINS CONTENT THAT IS CONFIDENTIAL PER HIPAA, 45 C.F.R. PTS 160 AND 164 AND WIS. STAT. SS 51.30

RETENTION: CR + 3 YEARS AND DESTROY CONFIDENTIAL

Dept #: /205/ Department Name: DCTS - WISCONSIN RESOURCE CENTER

RDA # RDA Title Retention Disposition PII

00773000. INMATE UNIT FILE EVT+8 DEST Y

Purpose: This record is required per Wis. Admin. Code § DHS 132.45. It records treatment information on the inmate while at the facility.

Content: The list of documents includes, but is not limited to:

- F-20095 Awareness Reports
- F-24783A Inmate Problem Rating Scale
- F-20106 On Unit Medication Record for Individual
- F-25675 Work Evaluation-Weekly Inmate
- F-25768 Room Condition Checklist
- F-204571 Progress Notes
- F-25955C Columbia-Suicide Severity Rating Scale
- F-20580 Assessment Rating Scale-Maladaptive Psychosocial
- F-20637 Daily Incentive Program
- F-21376 High Management Level Progression
- F-26053 Meal Refusal Documentation
- F-26066 Security Unit Placement

NOTE: Any copies of DOC documents in the record are destroyed when the file is closed. The DOC inmate record is covered under DOC RDA 72.

Access is protected per Wis. Stat. § 51.30.

EVENT= Inmate transfers, is released or dies

00776000. PATIENT / INMATE MAIL AND PROPERTY RECORDS EVT+7 DEST Y

Purpose: To document activity associated with the mail and property of the patient/inmate.

Content: The file includes, but is not limited to:

1. Original and intermediary inventories of property
2. Supply Requisition (F-24548A)
3. Property receipt/ disposition
4. Contraband Report/Property Notification
5. Disbursement Request (F-25511)
6. Property Inventory -Patient (F-25448A)
7. Catalog Order Request (F-20090)
8. Property in Vault (F-26160)
9. Inmate Handbooks/Coaxial Cable Agreement (F-26167B)
10. Patient Request (F-20443)
11. Various DOC forms

Some other mail and property documents are included in the patient/inmate record and covered by RDAs 435-774, 435- 1044, 435-683A.

Access i protected per Wis. Stat. § 51.30.

EVENT = Issue or action is closed/completed

00993000. INMATE / PATIENT CANTEEN ORDER - ORIGINAL EVT+1 DEST Y

Dept #: /205/

Department Name: DCTS - WISCONSIN RESOURCE CENTER

<u>RDA #</u>	<u>RDA Title</u>	<u>Retention</u>	<u>Disposition</u>	<u>PII</u>
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PURPOSE: THE PURPOSE OF THIS RECORD IS TO MAINTAIN AN ACCURATE ACCOUNT FOR EACH INMATE / PATIENT WEEKLY CANTEEN ORDER -- FROM PROFIT AND NONPROFIT ORGANIZATIONS.

CONTENT: THE CANTEEN ORDER FORM, F-26144A - D, CONTAINS SUCH DATA AS:

1. INMATE / PATIENT NAME, UNIT, AND ID NUMBER
2. ACCOUNT TO BE POSTED AGAINST
3. QUANTITY, ITEM, AND COST OF EACH

PRIOR TO JANUARY 2008, THE CANTEEN ORDERS FOR BOTH REGULAR AND NONPROFIT WERE POSTED AT WMHI FROM A SEPARATE BATCH LIST. EFFECTIVE JANUARY 2008, THE PROFIT ORDERS ARE PROCESSED ON VENDOR ORDER SHEETS AND THEN POSTED DIRECTLY TO THE INMATE'S / PATIENT'S ACCOUNT, EXCEPT FOR F-26144B WHICH IS KEYED INTO THE COMPUTER. THE NONPROFIT ORDERS ARE POSTED DIRECTLY TO THE UNIT BUDGET ACCOUNTS.

DEFINITION: CLOSED - THE ORDER IS CONSIDERED CLOSED AFTER IT IS DETERMINED THAT THE ORDER IS CORRECT AND ITEMS RECEIVED ARE CHECKED AGAINST ITEMS ORDERED, AND THE RECEIPT WITH THE ORDER IS SIGNED.

EVENT = CLOSED

<u>00994000.</u>	<u>PATIENT RESEARCH AND STATISTICAL RECORD</u>	<u>CR+25</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO PROVIDE A PLACE FOR DEPOSIT OF DOCUMENTS THAT WILL PROVIDE DATA TO PRODUCE STATISTICS, TRENDS, OR PERFORM STATISTICAL RESEARCH ON THE FACILITY POPULATION.

CONTENTS: THE DOCUMENTS ARE PULLED FROM THE PATIENT RECORD (RDA 01044) AFTER ITS RETENTION PERIOD IS MET AND WERE CAREFULLY SELECTED - THEY ARE: ADMISSION ASSESSMENT PACKET, F-25666 PSYCHOLOGICAL ASSESSMENT REPORT, PSYCHOLOGICAL ASSESSMENT PROTOCOLS, PRE-SENTENCE INVESTIGATION REPORT, CRIME INFORMATION BUREAU REPORT, FBI RAP REPORT, CRIMINAL COMPLAINTS/VICTIM STATEMENTS, REVOCATION SUMMARIES, AND ALL DISPOSITION SUMMARIES.

EVENT = CR + 25 YEARS AND DESTROY CONFIDENTIAL



Dept #: /205/ Department Name: DCTS - WISCONSIN RESOURCE CENTER

RDA # RDA Title Retention Disposition PII

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Changed Title & Description To Identify The Particular Records In This Series; Changed Retention From Cr+20/D To Cr+25/D.

00995000. RESEARCH AND EVALUATION RECORD - CHIEF PSYCHOLOGIST CR+20 DEST N

PURPOSE: TO GATHER INFORMATION TO EVALUATE A PROGRAM'S EFFECTIVENESS.

CONTENT: THE RECORD SERIES INCLUDES:

1. STAFF RATINGS
2. RATING FORMS
3. ASSESSMENT RESULTS
4. SIMILAR RESEARCH TOOLS

EVENT = CR + 20 YEARS AND DESTROY

00999000. INMATE TRACKING DATA CR+2 DEST N

PURPOSE: TO TRACK INMATE ROOM ASSIGNMENTS AND LOCATION WITHIN AND OUTSIDE THE FACILITY, AND TO VERIFY CORRECT COUNT.

CONTENTS: THE DATA INCLUDES, BUT IS NOT LIMITED TO, INMATE'S NAME, ROOM ASSIGNMENT, ROOM HISTORY, OUT TO COURT ORDER, OUT WARDEN ORDER, TRANSFER ORDER, AND COUNT HISTORY.

EVENT = CR + 2 YEARS AND DESTROY

01019000. INMATE / PATIENT SCHOOL SCHEDULE CR+1 DEST Y

PURPOSE: PROVIDE INMATE/PATIENT SCHOOL SCHEDULE

CONTENT: WIN SCHOOL 5.4 CONTAINS THE FOLLOWING DATA FIELDS: NAME, ID NUMBER, DATE OF BIRTH, LAST FIVE TERM SCHEDULES (5 TERMS PER CALENDAR YEAR), AND ACADEMIC CAREER HISTORY.

THIS RDA COVERS THE SCHEDULE DATA ONLY. THE ACADEMIC CAREER HISTORY RECORDS ARE COVERED BY RDA 435-00485 SCHOOL TRANSCRIPTS, DIPLOMAS, HSED.

EVENT = CR + 1 YEAR AND DESTROY CONFIDENTIAL

01044000. PATIENT RECORD EVT+8 DEST Y

PURPOSE: TO DOCUMENT THE CARE AND TREATMENT THE PATIENT RECEIVED WHILE AT WRC.

CONTENTS: THE RECORD IS DIVIDED INTO LEGAL, HISTORICAL, TREATMENT, MEDICAL, EDUCATION, AND SECURITY. IT IS A NON-CENTRAL FILE AND IS MAINTAINED IN FIVE SEPARATE AREAS AS FOLLOWS:

1. REGISTRAR'S OFFICE -HISTORICAL, LEGAL
2. HEALTH SERVICES - MEDICAL
3. SECURITY - SECURITY
4. LIVING UNIT - TREATMENT
5. SCHOOL - EDUCATION

AFTER EIGHT (8) YEARS STATISTICAL RESEARCH DOCUMENTS ARE FILED AS A NEW RECORD SERIES AND RETAINED FOR AN ADDITIONAL 25 YEARS, SEE RDA 00994.

EVENT = CLOSED: DISCHARGE/TRANSFER/DEATH + 8 YEARS AND DESTROY CONFIDENTIAL

Dept #: /216/ Department Name: DCTS - CENTRAL WISCONSIN CENTER

RDA # RDA Title Retention Disposition PII

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00751000. GENETIC/PEDIGREE RECORD EVT+50 SHSW Y

RDA #	RDA Title	Retention	Disposition	PII
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PURPOSE: TO GATHER PERTINENT MEDICAL INFORMATION USED FOR GENETIC COUNSELING, AND TO PROVIDE THAT COUNSELING TO FAMILIES - ESPECIALLY SIBLINGS - DURING THEIR CHILD BEARING YEARS.

CONTENT:

1. SELECTED MEDICAL RECORDS THAT DOCUMENT OR SUBSTANTIATE GENETIC ABNORMALITIES.
2. GENETIC PHYSICAL EXAMINATION: PHYSICAL SIGNS AND SYMPTOMS AS ANTHROPOMETRIC MEASUREMENTS, DERMATOGLYPHICS, AND PHYSICIAN'S DESCRIPTION OF CONDITION.
3. TRANSCRIPTIONS OF GENETIC COUNSELING AND COMMUNICATIONS BETWEEN THE FAMILY AND GENETIC SOCIAL WORKER AND/OR PHYSICIAN GENETICIST.
4. GENETIC COUNSELING REPORT GENERATED BY THE PHYSICIAN GENETICIST AND GENETIC SOCIAL WORKER, AND CONTAINS SUCH INFORMATION AS THE NAME OF THE CONDITION, PROGNOSIS, AND RISK OF REOCCURRENCE.
5. PEDIGREE: A GRAPHIC REPRESENTATION OF INTRA-FAMILIAL RELATIONSHIPS. A PEDIGREE IS PERFORMED ONLY IF GENETIC COUNSELING IS ANTICIPATED. NOT EVERY CLIENT HAS A PEDIGREE.

SOFTWARE: SYSTEM SPECIFICATION DOCUMENTATION IS COVERED UNDER RDA IT000010.

SECURITY: THE ELECTRONIC DATA IS STORED ON THE CWC NETWORK AND HARD COPIES IN MURPHY HALL.

NOTES: 1. ALL RECORDS ARE IN PAPER FORM, WITH SOME AVAILABLE ELECTRONICALLY IN AN ACCESS DATABASE (RECENTLY CONVERTED FROM Q&A). THE PLAN IS TO MAKE ALL RECORDS AVAILABLE ELECTRONICALLY AS TIME PERMITS.

2. THIS AMENDMENT COMBINES THE GENETIC RECORD (FORMERLY RDA00751 AND 00751A), GENETIC PHYSICAL EXAMINATION (FORMERLY RDA01041), AND PEDIGREES (FORMERLY RDA01040 AND 01040A) INTO ONE RECORD. ALSO CHANGES RETENTION FROM PERMANENT TO 50 YEARS AND TRANSFER TO THE STATE HISTORICAL SOCIETY.

<u>00945000.</u>	<u>ADVOCACY REFERRALS</u>	<u>CR+3</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO MAINTAIN A RECORD OF PEOPLE WHO APPLY TO BE AN ADVOCATE AND CLIENTS REFERRED FOR AN ADVOCATE.

CONTENT: THIS RECORD MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING:

1. REFERRAL INFORMATION INCLUDING NAMES OF CLIENTS AND PROPOSED ADVOCATES.
2. LETTERS OF ADVOCACY AGENCY (DANE COUNTY)
3. COMPLETED FORMS THAT CONTAIN CLIENT RELATED DATA SUCH AS NAME, AGE, DIAGNOSIS, LIKES AND DISLIKES.
4. BROCHURES - AGENCY INFORMATION.

EVENT = CR + 3 YEARS AND DESTROY CONFIDENTIAL

<u>00952000.</u>	<u>BEHAVIOR TREATMENT PROGRAM DATA</u>	<u>EVT+8</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO CAPTURE CURRENT BEHAVIOR TREATMENT PROGRAM DATA TO BE USED FOR REPORTS INCLUDING TRENDS AND FREQUENCIES.

CONTENT: THE DATABASE INCLUDES, BUT IS NOT LIMITED TO, SUCH INFORMATION AS:

- A. CLIENT IDENTIFYING INFORMATION
- B. BEHAVIOR TARGET
- C. TREATMENT INTERVENTIONS USED
- D. CONSENT DATES
- E. PSYCHOTROPIC MEDICATIONS - NAME, DOSES

HARDWARE: LAN

SOFTWARE: Q&A

DOCUMENTATION: ON MENU SCREEN

INPUT: UPDATED HARD COPY FROM DATABASE, COVERED BY RDA 435-828  
ANNUAL REVIEW, TREATMENT RECORDS, COVERED BY RDA 435-683D  
DAILY DATA - COVERED BY RDA 435-664

OUTPUT: REPORTS, COVERED BY RDA 435-953 AND 435-953A

EVENT = SUPERSEDED AND DESTROY CONFIDENTIAL

<u>00952A00.</u>	<u>BEHAVIOR TREATMENT PROGRAM DISASTER RECOVERY RECORDS</u>	<u>EVT+2</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO CAPTURE CURRENT BEHAVIOR TREATMENT PROGRAM DATA TO BE USED FOR REPORTS, INCLUDING TRENDS AND FREQUENCIES.

CONTENT: THE DATABASE INCLUDES, BUT IS NOT LIMITED TO, SUCH INFORMATION AS:

- A. CLIENT IDENTIFYING INFORMATION

Dept #: /216/ Department Name: DCTS - CENTRAL WISCONSIN CENTER

<u>RDA #</u>	<u>RDA Title</u>	<u>Retention</u>	<u>Disposition</u>	<u>PII</u>
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B. BEHAVIOR TARGET  
C. TREATMENT INTERVENTIONS USED  
D. CONSENT DATES  
E. PSYCHOTROPIC MEDICATIONS - NAME, DOSES

HARDWARE: LAN

SOFTWARE: Q&A

DOCUMENTATION: ON MENU SCREEN

OUTPUT: REPORTS, COVERED BY RDA 435-953 AND 435-953A

BACK TO PROCEDURE: LAN BACKED UP NIGHTLY. THIS DATABASE IS BACKED UP WHEN CHANGE TO DATA OCCURS.

RETENTION: RETAIN 2 YEARS AFTER SUPERSEDED AND DESTROY CONFIDENTIAL.

<u>00965000.</u>	<u>EMPLOYEE DATA</u>	<u>EVT+1</u>	<u>DEST</u>	<u>N</u>
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PURPOSE: TO KEEP A CURRENT RECORD OF EMPLOYEES. THIS IS AN ACCESS DATABASE FROM WHICH VARIOUS REPORTS AND STATISTICS ARE RUN UPON REQUEST FROM SUPERVISORS, AS WELL AS INFORMATION FOR BUREAU OF HUMAN RESOURCES, DIVISION OF LONG TERM CARE, AND AFFIRMATIVE ACTION.

CONTENT: DATA INCLUDES INFORMATION SUCH AS NAME, ADDRESS, TELEPHONE NUMBER, SOCIAL SECURITY NUMBER, SENIORITY DATE, CLASSIFICATION, POSITION NUMBER, WORK UNIT, SCHEDULE/PAY RANGE, SEX, AND AIDE REGISTRY INFORMATION. INFORMATION IS UPDATED WHEN NOTIFIED OF CHANGES.

DEFINITION: CLOSED: EMPLOYEE IS NO LONGER EMPLOYED BY THE FACILITY.

SYSTEM SPECIFICATION DOCUMENTATION IS COVERED UNDER RDA IT000010.

OUTPUT REPORTS ARE COVERED UNDER RDA 435-00953A

AMENDMENT: TO UPDATE DIVISION NUMBER, AS NORTHERN WISCONSIN CENTER NO LONGER KEEPS A SEPARATE DATABASE.

Dept #: /219/ Department Name: DCTS - SOUTHERN WISCONSIN CENTER

<u>RDA #</u>	<u>RDA Title</u>	<u>Retention</u>	<u>Disposition</u>	<u>PII</u>
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<u>00903000.</u>	<u>DAILY CARE DATA - PSYCHOLOGY</u>	<u>CR+2</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: DAILY DATA IS DOCUMENTATION THAT IS ENTERED INTO THE SUMMARY.

CONTENT: DATA IS RECORDED DAILY TO MONITOR THE WELL BEING AND PROGRESS OF A CLIENT. DUE TO THE VOLUME OF THIS DATA, THE DAILY DATA IS SUMMARIZED PERIODICALLY (WEEKLY/MONTHLY) AND THE SUMMARY IS ENTERED IN THE MEDICAL RECORD. DAILY DATA INCLUDES, BUT IS NOT LIMITED TO, SLEEP OBSERVATION, BEHAVIOR, PERFORMANCE EFFORT AND WELL BEING NOTES. THE MEDICAL RECORD IS COVERED BY RDA 683D.

RECORDS ARE CONFIDENTIAL PER WISCONSIN STAT. S 51.30

RETENTION: CR + 2 YEARS AND DESTROY CONFIDENTIAL

<u>00905000.</u>	<u>BEHAVIOR TREATMENT TECHNIQUE COMMITTEE CHECKLIST/SCREENING</u>	<u>EVT+4</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: USED TO SCRUTINIZE BEHAVIOR TREATMENT PLAN TO SEE IF IT MEETS CRITERIA OF SWC POLICY, ALSO STATE AND FEDERAL REGULATIONS. COMMITTEE REVIEW OF BEHAVIOR PROGRAMS IS REQUIRED BY 42 FEDERAL CODE OF REGULATIONS SS 483.430 THROUGH 483.450.

CONTENT: THIS COMMITTEE USES SEVERAL FORMS TO ACCOMPLISH THEIR REVIEW. THE REVIEW DATA INCLUDES, BUT IS NOT LIMITED TO:

- 1) CLIENT PROGRESS
- 2) RESTRAINT USAGE
- 3) BEHAVIOR CONTROL MEDICATIONS
- 4) RESIDENT RIGHTS LIMITATIONS
- 5) BEHAVIOR PROGRAM CONTENT

FORMS: F-23610, F-23528



Dept #: /219/ Department Name: DCTS - SOUTHERN WISCONSIN CENTER

RDA # RDA Title Retention Disposition PII

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Dept #: /220/ Department Name: DLTC - FACILITIES

RDA # RDA Title Retention Disposition PII

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**00683D00.** **CASE RECORDS - DD CENTERS** **EVT+8** **DEST** **Y**

Purpose: To Provide Documentation For The Care And Treatment Of The Individual.: and To Counsel Families, Especially Siblings During Their Child Bearing Years.

Content: Case Records Are Those Files Containing The Primary Administrative, Legal And Clinical Records Directly Related To The Events In The Admission, Treatment And Eventual Disposition Of An Individual During Any One Period Of Hospitalization And Treatment.

This Record May Include But Is Not Limited To Preadmission Reports And Exams, Multidisciplinary Data Bases, Treatment Plans, Conference Summaries, Progress Notes, Flow Sheets, Medication Reports, Immunization, Laboratory And Radiology Reports, Incident And Seclusion Records, Height/Weight And TPRCharts, Death Certificate, Ancillary Service Reports As Therapy, Psychological, Dental, Social Service And Out-Patient.

Definitions: Closed - Individual'S Treatment Must Be Terminated In Discharge, Transfer Or Death. The Records Of A Deceased Minor, And A deceased, Transferred, Or Discharged Adult Are Closed At The Time Of Event. The Records Of A Discharged Or Transferred Minor Are Considered Closed When The Individual Reaches Age Twenty. The Record Must Be Completed In Accordance With Title XIX And H134.

At the time of disposition, for all cases that meet criteria listed below, the following documents will be transferred to Adoption Search for the expressed purpose of assisting adoption research to meet statutory requirements:

Face Sheet  
Pre-Admission Social Summary  
Medical History And Genetic History  
Annual Physical Exams  
Psychological Examination  
Discharge Summary

Criteria:  
Individual Born Or Raised At Northern Wisconsin Center  
Individual Transferred From Sparta  
Individual Under Guardianship Of Dhfs At One Time  
Individual Adopted Or Relative(S) Adopted  
Parental Rights Terminated

Evt=Closed.

SUPERSEDES 435/219/000915000 AND 435/219/000916000 PER PAT BRINKMAN 4/4/2007

**00772000.** **PRE-ADMISSION RESIDENT RECORDS** **EVT+2** **DEST** **Y**

PURPOSE: THIS IS A FUNCTIONAL RECORD; A COLLECTION OF DATA ON AN INDIVIDUAL WHO WAS CONSIDERED FOR ADMISSION BUT NOT ADMITTED.

CONTENT: INCLUDES, BUT NOT LIMITED TO: PATIENT HISTORY OUTLINES, EDUCATION OUTLINES, COUNTY LETTERS OF AUTHORIZATION, AND PRE-CONSULTATION INFORMATION REQUEST (F-21824).

DEFINITION: CLOSED - THIS RECORD IS CONSIDERED CLOSED WHEN ADMISSION IS DENIED, WITHDRAWN, OR NO ACTIVITY FOR A YEAR.

EVENT = CLOSED

**00902000.** **PSYCHOLOGY TEST PROTOCOLS** **EVT+8** **DEST** **Y**

PURPOSE: THE TESTING IS PART OF THE ASSESSMENT PROCESS AND ASSESSES FUNCTIONING, ACADEMIC ACHIEVEMENT LEVEL, AND PERSONALITY.

CONTENT: ACCESS TO TESTS IS PROTECTED BY APA'S (AMERICAN PSYCHOLOGICAL ASSOCIATION) ETHICAL CODE. VARIOUS TESTS AT VARIOUS LEVELS ARE USED TO TEST IN AREAS OF IQ, ACHIEVEMENT, AND PERSONALITY.  
- INCLUDES WIS. BEHAVIOR RATING SCALE, F-26055 (CWC)

DEFINITION: CLOSED - CLIENT IS DISCHARGED, TRANSFERRED, OR DIES.

Dept #: /220/ Department Name: DLTC - FACILITIES

RDA # RDA Title Retention Disposition PII

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EVENT = CLOSED/TERMINATED/DEATH  
EVENT = 8 YEARS AND DESTROY CONFIDENTIAL

**00957000.** **HEALTH CARE SERVICES PROVIDED DATA** **CR+0/1** **DEST** **Y**

PURPOSE: THIS IS DATA USED FOR COMPLETING CLAIM FORMS.

CONTENT: THIS DATA IS COLLECTED ON FORM F-23511, PHYSICIAN'S SERVICE FOR MEDICARE-PART B AT SWC AND F-24357 PHYSICIAN'S SERVICE CHARGE INFORMATION - MEDICARE AT NWC, OR A COMPARABLE FORM TO SIMPLIFY COMPLETING A CLAIM FORM.  
THE DATE OF SERVICE, TYPE OF SERVICE AND THE PHYSICIAN'S NAME IS RECORDED ALONG WITH THE CLIENT'S NAME AT EACH ENCOUNTER. ALL INFORMATION ON THIS FORM IS RECORDED IN THE MEDICAL RECORD.

DEFINITION: CLOSED - CLAIM FORM COMPLETED.

RECORDS ARE CONFIDENTIAL PER WISCONSIN STAT. SS. 51.30

RETENTION: CR + 1 MONTH AND DESTROY CONFIDENTIAL

**00964000.** **PLAN OF CARE - AUTOMATED** **CR+7** **DEST** **Y**

PURPOSE: TO TRACK CARE OBJECTIVES AND PROGRESS OF CLIENTS.

CONTENT: THE DATABASE INCLUDES THE FOLLOWING: CLIENT IDENTIFYING INFORMATION, ASSIGNED STAFF, SPECIFIC OBJECTIVES, IMPLEMENTERS, AND IMPLEMENTATION PERIODS.

INPUT: PREPRINTED FORMS ARE RETURNED TO SENDER AS VERIFICATION OF ENTRY AND DESTROYED UPON RECEIPT OF THAT VERIFICATION - NO FURTHER FUNCTION, COVERED BY RDA 435-00828:

1. OBJECTIVE DEVELOPMENT
2. LEVELS OF MEASUREMENT
3. CLIENT INFO CHANGES
4. STAFF INFO CHANGES
5. DESIGNER W/ DELINQUENT OBJECTIVES
6. APPROACHES LIBRARY
7. CLIENT OBJECTIVES TO BE ARCHIVED
8. CLIENT OBJECTIVES TO BE SUPERSEDED

OUTPUT: VARIOUS REPORT INCLUDED IN THE MEDICAL RECORD AND COVERED BY RDA 435-00683D: ACTIVE TREATMENT, GOALS AND OBJECTIVES, AND PROGRESS CHARTS.

VARIOUS REPORTS COVERED BY RDAS 435-00953 AND 00953A: LEVELS OF MEASUREMENT, LISTING OF IMPLEMENTERS, DESIGNER WITH DELINQUENT LISTING, CLIENT LISTING, STAFF LISTING, AND EXPIRED TARGET DATE.

EVENT = CR + 7 YEARS DESTROY CONFIDENTIAL

Dept #: /225/ Department Name: DCTS - FACILITIES

RDA # RDA Title Retention Disposition PII

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**00264000.** **EXCEPTIONAL NEEDS EDUCATION NEEDS (EEN) STUDENT FILES** **EVT+1** **DEST** **Y**

PURPOSE: TO TRACK THE EXCEPTIONAL EDUCATION NEEDS (EEN) OF STUDENTS, AND THE SUPPORTS/SERVICES PROVIDED TO THE STUDENT/FAMILY.

CONTENT: EEN RECORDS ARE CONSIDERED "BEHAVIORAL" AND MAY INCLUDE:

1. EEN REFERRAL INFORMATION
2. PARENTAL CONSENT FOR EVALUATION AND PLACEMENT
3. INDIVIDUAL MULTIDISCIPLINARY TEAM MEMBERS' EVALUATION REPORTS
4. MULTIDISCIPLINARY TEAM FINDING AND REPORTS
5. EEN PLACEMENT DECISIONS
6. INDIVIDUAL EDUCATION PLANS
7. OTHER RELATED PREVIOUS AND ONGOING RECORDS
8. ANY CORRESPONDENCE OR OTHER DOCUMENTS RELATED TO THE STUDENT'S INVOLVEMENT IN EEN PROGRAMMING
9. RELEASE AUTHORIZATIONS REQUIRED IN S. 118.125(3), WIS. STATS., FOR BEHAVIORAL RECORDS

EVENT + 1 YEAR AND DESTROY CONFIDENTIAL



RDA #	RDA Title	Retention	Disposition	PII
<u>00485000.</u>	<u>SCHOOL TRANSCRIPTS / DIPLOMAS / HSED</u>	<u>CR+75</u>	<u>DEST</u>	<u>Y</u>
	PURPOSE: TO RECORD COMPLETION OF COURSES AND / OR PROGRAMS			
	CONTENT: SCHOOL TRANSCRIPTS -- IDENTIFIES COURSES AND GRADES PRIOR TO AND DURING TIME SPENT AT A DHS FACILITY. COPIES CAN BE SENT TO OTHER INSTITUTIONS UPON REQUEST. DIPLOMAS ARE AWARDED UPON SUCCESSFUL COMPLETION OF THE EDUCATION PROGRAM; HSED OR GED CERTIFICATES ARE AWARDED WHEN THE HIGH SCHOOL EQUIVALENCY PROGRAM IS SUCCESSFULLY COMPLETED.			
	DIPLOMAS AND HSED CERTIFICATES WILL ONLY BE PART OF THIS RECORD IF NOT CLAIMED BY THE STUDENT.			
<u>00523000.</u>	<u>DIETARY AND NOURISHMENT ORDERS - DIETARY OFFICE</u>	<u>EVT+1</u>	<u>DEST</u>	<u>Y</u>
	PURPOSE: TO TRACK NOURISHMENT AND DIETARY ORDERS IDENTIFYING PATIENTS' DIETARY NEEDS FOR THE YEAR.			
	CONTENT: INCLUDES A COPY OF NOURISHMENT AND DIETARY ORDERS PREPARED BY THE DIETITIAN AND SIGNED BY THE PHYSICIAN.			
	DEFINITION: SUPERSEDED MEANS AFTER NEW NOURISHMENT ORDERS ARE WRITTEN.			
	NOTE: THE OFFICIAL ORDERS ARE FILED IN THE MEDICAL RECORD AND COVERED UNDER RDA'S 00683A, 00683D, 00773, AND 01044.			
<u>00525000.</u>	<u>FOOD SERVICE - MEALS SERVED REPORTS</u>	<u>FIS+4</u>	<u>DEST</u>	<u>N</u>
	PURPOSE: REPORTS ARE SUBMITTED TO FOOD MANAGEMENT COORDINATOR TO PROVIDE ACCOUNTABILITY FOR MEALS SERVED, NUMBER ELIGIBLE FOR DEPARTMENT OF PUBLIC INSTRUCTION SURPLUS COMMODITY PROGRAM, REQUISITIONS FOR MEALS, FREE EMPLOYEE MEALS, USED AS DATA FOR REPORTS SUBMITTED TO THE FEDERAL SCHOOL LUNCH PROGRAM, ETC.			
	CONTENT: ROUTINE MEAL REPORTS IDENTIFYING MEALS PREPARED, MEALS SERVED TO PATIENTS/CLIENTS AND EMPLOYEES.			
	RETENTION: FIS + 4 YEARS AND DESTROY.			
<u>00530000.</u>	<u>PATIENT / CLIENT FOOD SERVICE QUESTIONNAIRES</u>	<u>EVT+0/1</u>	<u>DEST</u>	<u>N</u>
	PURPOSE: PROVIDE FOOD SERVICE ADMINISTRATION, DIETITIAN AND CLINICAL DIETITIAN WITH PATIENT INFORMATION TO INPUT INTO SUMMARY DOCUMENTS FOR IMPLEMENTING CHANGES OR CORRECTING CONDITIONS.			
	CONTENT: QUESTIONNAIRES COLLECTING INFORMATION FROM PATIENTS ON FOOD PREFERENCES, QUALITY, SANITATION, ETC. AN EXAMPLE OF A QUESTIONNAIRE IS F-21091.			
	DEFINITION: CLOSED MEANS AFTER FINDINGS SUMMARY IS COMPLETED.			
	NOTE: FINDINGS SUMMARY IS COVERED UNDER RDA00953A			
	THIS SUBMITTAL IS DUE TO SUNSET; REVISED DIVISION NAME AND SERIES TITLE			
	EVENT = CLOSED/TERMINATED/DEATH			
<u>00532A00.</u>	<u>SCHOOL LUNCH PROGRAM REPORTS - INSTITUTION REPORTS</u>	<u>CY+3</u>	<u>DEST</u>	<u>N</u>
	PURPOSE: DOCUMENTS ARE REQUIREMENTS FOR PARTICIPATION IN THE USDA SCHOOL LUNCH & BREAKFAST PROGRAM ADMINISTERED BY WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION. SOME OF THE INFORMATION IS SENT TO THE FOOD MANAGEMENT COORDINATOR, OTHERS IS RETAINED AT THE FACILITY. INFORMATION IS KEPT ON FILE FOR 3 YEARS TO MEET PROGRAM REQUIREMENTS.			
	CONTENT: RECORDS INCLUDE:			
	1) DATA USED TO CALCULATE NUMBER OF ELIGIBLE PERSONS			
	2) LOG ON MINORITY PARTICIPATION			
	3) COMPLIANCE REQUIREMENTS FOR CIVIL RIGHTS LAW			
	4) MONTHLY LUNCH & BREAKFAST REIMBURSEMENT CLAIM			
	5) MONTHLY MEAL COUNTS			
	6) MENUS			
	7) PRODUCTION SHEETS			
	8) FOOD SAFETY PROGRAM MANUAL AND UPDATES			
	9) BIENNIAL SANITATION REVIEWS			
	10) WELLNESS PROGRAM PLAN AND ACTIVITIES			
	RETENTION: RETENTION REQUIREMENTS FOR FEDERAL PROGRAM IS CURRENT PLUS 3 YEARS			

RDA #	RDA Title	Retention	Disposition	PII
	AMENDED TO REFLECT ORGANIZATIONAL NAME AND DIVISION NUMBER CHANGE AND TO INCLUDE ELECTRONIC RECORDS.			
<u>00555000.</u>	<u>PHARMACY RECORDS: CONTROLLED (SCHEDULE II) DRUG USE / ORDERS</u>	<u>CR+5</u>	<u>DEST</u>	<u>N</u>
	PURPOSE: TO RECORD THE USE AND ORDER OF CONTROLLED DRUGS.			
	CONTENT: THE DATA FIELDS INCLUDE, BUT ARE NOT LIMITED TO: 1) NAME OF DRUG, 2) CLASS OF DRUG, 3) DATE ORDERED, 4) AMOUNT ORDERED, 5) WHERE USED, AND 6) HOW MUCH IS USED.			
	EVENT = CR + 5 YEARS AND DESTROY			
<u>00557000.</u>	<u>PRESCRIPTIONS - GO HOME</u>	<u>CR+7</u>	<u>DEST</u>	<u>Y</u>
	Purpose: To supply the client with medication while outside the facility			
	Content: A physician will write a prescription for a medication to be filled at the facility for use by the client while outside the facility.			
	The pharmacy maintains this filled prescription file.			
	Access to confidential information is protected under Wis. Stat. § 51.30.			
<u>00565000.</u>	<u>DIET LISTINGS - PRODUCTION</u>	<u>EVT</u>	<u>DEST</u>	<u>N</u>
	PURPOSE: DIET LISTINGS ARE USED FOR PRODUCTION IN DIETARY SERVICES.			
	CONTENT: LIST INCLUDES THE MENU BEING SERVED AND WHICH DIET EACH PATIENT RECEIVES.			
	THIS SUBMITTAL IS DUE TO SUNSET; REVISED DIVISION NAME.			
	EVENT = SUPERSEDED			
<u>00625000.</u>	<u>ADMISSIONS OR DISCHARGE LISTINGS</u>	<u>CR+7</u>	<u>DEST</u>	<u>Y</u>
	PURPOSE: THIS IS THE MOST CURRENT LISTING OF CLIENTS/PATIENTS; LISTING MAY ALSO SERVE AS THE ID NUMBER ASSIGNMENT INDEX.			
	CONTENT: THE BASIC INFORMATION USUALLY INCLUDES:			
	1. NAME			
	2. SEX			
	3. ADDRESS			
	4. COUNTY			
	5. DATES OF ADMISSION AND/OR DISCHARGE			
	THIS INFORMATION IS ALSO RECORDED ON OTHER DOCUMENTS SUCH AS INSTITUTION PERMANENT RECORDS, CASE RECORDS, AND FISCAL SERVICES.			
	CR + 7 YEARS AND DESTROY CONFIDENTIAL			
<u>00664000.</u>	<u>DAILY CARE DATA THAT IS SUMMARIZED IN CASE RECORD</u>	<u>EVT+1</u>	<u>DEST</u>	<u>Y</u>
	PURPOSE: DATA IS RECORDED DAILY TO MONITOR THE WELL BEING AND PROGRESS OF A CLIENT/PATIENT/INMATE. DUE TO THE VOLUME OF THIS DATA, THE DAILY DATA IS SUMMARIZED PERIODICALLY (WEEKLY/MONTHLY) AND THE SUMMARY IS ENTERED INTO THE MEDICAL RECORD.			
	CONTENT: DAILY DATA RECORDINGS INCLUDE, BUT ARE NOT LIMITED TO:			
	1. SLEEP OBSERVATION			
	2. BEHAVIOR OBSERVATION			
	3. PERFORMANCE EFFORT			
	4. AIDES' GENERAL WELL-BEING NOTES			
	DEFINITION: CLOSED- THE DAILY DATA IS CONSIDERED CLOSED ONCE THE SUMMARY IS ENTERED INTO THE CASE RECORD.			
	THIS AMENDMENT IS FOR SUNSET/RENEWAL AND TO REFLECT THE CHANGE IN THE AGENCY NAME, DIVISION NAME, AND TYPE OF MEDIUM.			
	EVENT = CLOSED/TERMINATED/DEATH			

Dept #: /225/

Department Name: DCTS - FACILITIES

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Was Cr+1 Yr And Destroy.

<u>00664A00.</u>	<u>DAILY CARE DATA THAT IS NOT SUMMARIZED IN CASE RECORD</u>	<u>EVT+8</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: DATA IS RECORDED DAILY TO MONITOR THE WELL BEING AND PROGRESS OF A CLIENT/PATIENT/INMATE. DAILY DATA IS DOCUMENTATION OF THE CARE AND TREATMENT OF THE INDIVIDUAL.

CONTENT: DAILY DATA RECORDINGS INCLUDE, BUT ARE NOT LIMITED TO:

1. SLEEP OBSERVATION
2. BEHAVIOR OBSERVATION
3. PERFORMANCE EFFORT
4. AIDES' GENERAL WELL-BEING NOTES

DEFINITION: CLOSED - THE DAILY DATA IS CLOSED AFTER THE CLIENT/PATIENT/INMATE IS TRANSFERRED, DISCHARGED, OR DIES.

THIS AMENDMENT IS FOR SUNSET RENEWAL AND TO REFLECT THE CHANGE IN THE AGENCY NAME, DIVISION NAMES, AND TYPE OF MEDIUM

EVENT = CLOSED/TERMINATED/DEATH

RDA #	RDA Title	Retention	Disposition	PII
<u>00665000.</u>	<u>UTILIZATION REVIEWS</u>	<u>EVT+5</u>	<u>DEST</u>	<u>Y</u>
<p>PURPOSE: TO DETERMINE APPROPRIATE ADMISSIONS AND CONTINUED STAYS.</p> <p>CONTENT: UTILIZATION REVIEWS ARE COMPLETED FOR EACH PATIENT/CLIENT WITH SOME SORT OF INSURANCE. THESE REVIEWS BRING TOGETHER SUCH INFORMATION AS ADMISSION TYPE, INSURANCE, WORKING DIAGNOSIS, ADMISSION HISTORY, NAME OF PHYSICIAN, REVIEW COORDINATOR, DISCHARGE DATE AND PLACE.</p> <p>THE MEDICAL INFORMATION RECORDED FOR THE REVIEW IS ALSO RECORDED IN THE MEDICAL RECORD.</p> <p>DEFINITION: CLOSED-CASE IS CLOSED WHEN A PATIENT IS DISCHARGED, DIES OR TRANSFERS.J</p> <p>EVENT = CLOSED/TERMINATED/DEATH EVENT = 5 YEARS AND DESTROY CONFIDENTIAL</p>				
<u>00673000.</u>	<u>ABSENCE CALL IN REPORT</u>	<u>CR+3</u>	<u>DEST</u>	<u>N</u>
<p>PURPOSE: THE PURPOSE OF THIS RECORD IS TO DOCUMENT EMPLOYEE ABSENCE AND SERVE AS A VEHICLE FOR STARTING COVERAGE PROCEDURES. THE RECORD MAY BE USED AS SUPPORTING DOCUMENTATION FOR DISCIPLINARY ACTION.</p> <p>CONTENT: EMPLOYEES TELEPHONE TO REPORT SHIFT ABSENCE REPORT INCLUDES, BUT IS NOT LIMITED TO ,THE EMPLOYEE'S NAME AND TIME CALL IS RECEIVED. THE SUPERVISOR IS NOTIFIED OF THE ABSENCE.</p> <p>EVENT = CR + 3 YEARS AND DESTROY</p>				
<u>00676000.</u>	<u>CLIENT / PATIENT ACCOUNTS</u>	<u>CR+6</u>	<u>DEST</u>	<u>Y</u>
<p>PURPOSE: THIS RECORD SERIES COVERS ACCOUNTING RECORDS FOR CLIENT FUNDS. THE ACCOUNTING RECORDS FORM AN AUDIT TRAIL TO DOCUMENT THE DEPOSITS AND EXPENDITURES, IN ADDITION TO BEING PART OF A SYSTEM THAT PROVIDES A BUSINESS PROCESS FOR TRANSACTIONS.</p> <p>CONTENT: THESE RECORDS MAY INCLUDE, BUT ARE NOT LIMIKTED TO:</p> <ol style="list-style-type: none"> <li>1) LEDGER / BIENNIAL ANNUAL ACCOUNT STATEMENT</li> <li>2) CANTEEN JOURNAL</li> <li>3) FISCAL BUREAU JOURNAL</li> <li>4) DEPOSIT DOCUMENTS</li> <li>5) INCOME POSTINGS</li> <li>6) DISBURSEMENT REQUESTS</li> <li>7) PURCHASE ORDERS</li> <li>8) PAID INVOICES</li> <li>9) RECEIPTS</li> <li>10) CANCELLED CHECKS</li> <li>11) TRIAL BALANCES</li> <li>12) GENERAL LEDGER ACCOUNTS</li> <li>13) BATCH TRANSACTION REGISTERS: DISBURSEMENTS, INTEREST, JOURNAL ENTRIES, WORK ACTIVITY, INCOME, RECEIPTS,</li> <li>14) MONTHLY STATEMENTS</li> </ol> <p>EXCLUSIONS: CASH REGISTER TAPES, CASH REGISTERS, AND BATCH RUN PRINTOUTS</p> <p>CONFIDENTIALITY: SS 51.30 WI STATE STATUTES; DHS 92.12ADM CODE</p>				
<u>00750000.</u>	<u>CLIENT / PATIENT INCIDENT REPORTS</u>	<u>EVT+0/1</u>	<u>DEST</u>	<u>Y</u>
<p>PURPOSE: TO RECORD AN INCIDENT TO A CLIENT / PATIENT AND TO COMMUNICATE IT TO THE APPROPRIATE STAFF.</p> <p>CONTENT: THIS REPORT IS AN ADMINISTRATIVE REPORT DESCRIBING IN DETAIL AN INCIDENT INVOLVING A CLIENT / PATIENT. A SUMMARY OF THIS REPORT IS ALSO RECORDED IN THE MEDICAL RECORD.</p> <p>DEFINITION: AN INCIDENT REPORT IS CONSIDERED CLOSED AFTER THE SUMMARY IS ENTERED IN THE MEDICAL RECORD, ENTERED IN THE DATABASE, AND CORRECTIVE ACTION, WHEN NEEDED, IS COMPLETED.</p>				
<u>00750A00.</u>	<u>CLIENT INCIDENT REPORT DATA</u>	<u>EVT+10</u>	<u>DEST</u>	<u>Y</u>
<p>PURPOSE: TO TRACK INCIDENT REPORTS AND TO GENERATE SPECIAL REPORTS.</p> <p>CONTENT: INCIDENT REPORT DATA IS ENTERED INTO AN ACCESS DATABASE OR EXCEL SPREADSHEET AND INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING DATA FIELDS:</p> <ol style="list-style-type: none"> <li>1. CLIENT'S NAME</li> <li>2. NAME OF PERSON WRITING REPORT</li> </ol>				

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3. ACTION TAKEN
4. WHEN THE INCIDENT TOOK PLACE
5. WHEN THE INCIDENT TOOK PLACE
6. NAME OF WITNESS(ES)
7. TYPE OF LOCATION OF INJURY
8. MEDICAL CARE GIVEN

DEFINITION: A RECORD IS CONSIDERED CLOSED AT THE END OF THE CALENDAR YEAR.

EVENT = CLOSED/TERMINATED/DEATH  
 EVENT = 10 YEARS AND DESTROY CONFIDENTIAL

<b><u>00759000.</u></b>	<b><u>MEDICAL TEST TRACINGS / GRAPHS (EEG, EKG, X-RAY)</u></b>	<b><u>EVT+8</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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Purpose: Medical tests ordered by physicians to assist with diagnosis and treatment, and/or document progress. Reports from these tests are filed in the medical record. The source documents (raw data) are not practical for inclusion in the medical record, but are used as documentation and reference.

Content: Examples include: electrocardiographs, electroencephalograms, and x-rays.

If any of these are deemed historically significant, they can be retained by including in the medical record and following the procedure outlined in RDA 435-00683H. In the case of minors, the documents are retained until they turn 19 years old, per Wis. Admin. Code § DHS 92.12.

Notes: The reports from these tests are part of the medical record and covered by the 435-00683 series. The tracings and x-ray films are not needed for the same duration as the complete medical record. This RDA does not include dental x-rays, which are part of the medical record and covered by the 435-00683 series.

The content of these records is confidential health information protected by Wisconsin and federal laws including Wis. Stat. § 146.82 and 45 CFR Parts 160 and 164.

EVENT: CR or patient becomes 19 years of age

<b><u>00907000.</u></b>	<b><u>CASELOAD NOTES</u></b>	<b><u>EVT+1</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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Purpose: To record or collect additional information on patient/client caseload.

Content: Caseload notes may contain explanations, additional information to further explain or gives details of these items recorded in the official record as, but not limited to:

- Data upon which a decision is made
- Observations that may prove to be important
- Treatment problems
- Reminders
- References
- Contacts
- Feedback

Access to confidential information protected under Wis. Stat. § 51.30

EVENT: Client is no longer part of workload

<b><u>00933000.</u></b>	<b><u>CLIENT ROSTER</u></b>	<b><u>P</u></b>	<b><u>PERM</u></b>	<b><u>Y</u></b>
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PURPOSE: A CROSS-REFERENCE USED TO IDENTIFY A CLIENT THROUGH AN IDENTIFICATION (ID) NUMBER.

CONTENT: THE ROSTER INCLUDES THE FOLLOWING DATA ITEMS:

1. CLIENT'S NAME
2. CLIENT'S ID NUMBER
3. DATE OF ADMISSION
4. DATE OF DISCHARGE

THIS AMENDMENT IS TO REFLECT THE CHANGE IN THE DIVISION NUMBER, AGENCY NAME, DIVISION NAME, AND TYPE OF MEDIUM.

<b><u>00940A00.</u></b>	<b><u>PATIENT/CLIENT GRIEVANCE RECORDS</u></b>	<b><u>EVT+3</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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Purpose: To Document Grievances Filed By The Facilities Population And Steps Taken To Satisfy The Grievance.

Content: This Series Contains But Is Not Limited To The Following:

1. Original Complaint
2. Appeals
3. Decisions At Each Stage Of The Grievance Process

Dept #: /225/ Department Name: DCTS - FACILITIES

RDA # RDA Title Retention Disposition PII

4. Any Other Information Relevant To Decision/Issue Involved

Retention: A Master File For All Grievances Filed Is Maintained In The Client Rights Office For 7 Years - See Rda 435-940.

Definition: Closed - When The Grievance Has Exhausted All Steps And/Or A Decision Was Reached At Any Stage And The Complaint Not Appealed To The Next Stage Regarding This Grievance.

00949000. PHARMACY RECORDS: INVENTORY/REQUISITIONS CR+5 DEST N

PURPOSE: TO RECORD PURCHASING INFORMATION ON EACH DRUG USED BY THE FACILITY, INVENTORY OF DRUGS, AND THE DISPENSING OF DRUGS.

CONTENT: THE INVENTORY INCLUDES THE NAME OF DRUG, DATE ORDERED, AMOUNT ORDERED, AND COST. THE REQUISITIONS ARE REQUIRED BEFORE DISPENSING ANY DRUG PRODUCTS AND THE ENTRIES ARE USED TO KEEP THE INVENTORY CURRENT.

EVENT = CR + 5 YEARS AND DESTROY

01035000. AUDIT / SURVEY / REVIEW RECORDS EVT+3 DEST Y

PURPOSE: THE AUDITS ARE MADE TO DOCUMENT IF THE FACILITY IS OPERATING WITHIN HTE STATE AND FEDERAL REGULATIONS / GUIDELINES WHICH WERE DEVELOPED TO ESTABLISH STANDARDS FOR THE CARE, DEVELOPMENT AND PROTECTION OF THE CLIENT IN APPROPRIATE ENVIRONMENT.

CONTENT: THE AUDIT IS OR MAY BE PERFORMED PERIODICALLY BY SUCH ORGANIZATIONS AS THE DEPARTMENT OF HEALTH SERVICES, CENTERS FOR MEDICARE AND MEDICAID SERVICES, THE JOINT COMMISSION, DIVISION OF QUALITY ASSURANCE, NATIONAL COMISSION ON CORRECTIONAL HEALTH CARE, OR THE US DEPARTMENT OF JUSTICE. THE CONTENT OF THE RECORD WILL PROBABLY INCLUDE, BUT IS NOT LIMITED TO, SUCH DOCUMENTS AS:

- 1) AUDIT REPORT WITH PLAN OF CORRECTION
- 2) DOCUMENTS SUPPORTING ACTION TAKEN TO CARRY OUT PLAN OF COORECTION
- 3) STAFFING LEVEL SUMMARIES
- 4) CORRESPONDENCE

DEFINITIONS: AUDIT, SURVEY, REVIEW -- FOR THE PURPOSES OF THIS RDA, THESE TERMS ARE USED INTERCHANGEABLY

CLOSED -- THIS RECORD IS CLOSED AFTER THE FOLLOWING ACTION(S) TAKE PLACE:

- 1) ALL ACTION UNDER PLAN OF CORRECTION IS IN PLACE
- 2) CORRECTIVE ACTION IS DOCUMENTED
- 3) CORRECTIVE ACTION HAS BEEN ACCEPTED BY AUDITING ORGANIZATION
- 4) FACILITY NOT FOUND OUT OF COMPLIANCE DURING FOLLOWING AUDIT FOR ITEMS COVERED IN THE PLAN OF CORRECTION.

01102000. PHARMACY RECORDS: MEDICARE PART D CR+10 DEST Y

PURPOSE: TO RECORD MEDICARE PART D ACTIVITY PER 42 CFR 423.505(D).

CONTENT: RECORDS INCLUDE FILLED PRESCRIPTIONS, MEDICARE PART D BILLING STATEMENTS, AND PATIENT CARE DOCUMENTATION (SUCH AS PHARMACIST DRUG REGIMEN REVIEWS).

THE CENTERS FOR MEDICARE AND MEDICAID SERVIES (CMS) REQUIRE THE 10 YEAR RETENTION = 42 CFR 423.505 (D).

EVENT = CR + 10 YEARS AND DESTROY CONFIDENTIAL

Dept #: /401/ Department Name: DMS - BENEFITS MANAGEMENT

RDA # RDA Title Retention Disposition PII

00366000. WISCONSIN CHRONIC DISEASE PROGRAM - MEMBER FILES EVT+3 DEST Y

PURPOSE: PATIENTS WITH A CHRONIC DISEASE SUCH AS RENAL DISEASE, ADULT CYSTIC FIBROSIS, OR HEMOPHILIA ELIGIBLE TO RECEIVE BENEFITS FOR COVERED SERVICES AND SUPPLIES AS DEFINED IN WIS. STAT. 49.68.

CONTENT: PATIENT RECORDS INCLUDE BUT ARE NOT LIMITED TO A COMPLETED APPLICATION FORM, PATIENT AGREEMENT, PATIENT FINANCIAL STATUS/NEED STATEMENT, AND PATIENT MEDICAL NEED INFORMATION.

RETENTION: RETAIN FOR 3 YEARS AFTER CLOSED AND DESTROY CONFIDENTIAL.

RDA # RDA Title Retention Disposition PII

CLOSED DEFINITION: CLOSED MEANS DEATH OF PATIENT, NO LONGER A WISCONSIN RESIDENT, OR TERMINATION OF BENEFITS FOR OTHER REASONS.

CONFIDENTIALITY: RECORDS CONTAIN PERSONAL IDENTIFIABLE INFORMATION ARE COVERED UNDER SS146.82 WI STATUTE, DHS 118, DHA 153.05(4) ADMIN CODE

RECORDS RELATED TO PAID CLAIMS FOR ELIGIBLE SERVICES UNDER THE WISCONSIN CHRONIC DISEASE PROGRAM ARE COVERED BY RDA 90000021

RDA 638 AND 644 ARE SUPERSEDED BY RDA 366.

00392000. PHARMACY SERVICES LOCK-IN PROGRAM EVT+7 DEST Y

PURPOSE: DHS 104.03 "PRIMARY PROVIDER...IF THE DEPARTMENT DISCOVERS THAT A RECIPIENT IS ABUSING THE PROGRAM INCLUDING ABUSE UNDER DHS 104.02(5), THE DEPARTMENT MAY REQUIRE THE RECIPIENT TO DESIGNATE, IN ANY OR ALL CATEGORIES OF HEALTH CARE PROVIDER, A PRIMARY HEALTH CARE PROVIDER OF THE RECIPIENT'S CHOICE, EXCEPT WHEN FREE CHOICE IS LIMITED UNDER S. DHS 104.035"

CONTENTS: MEDICAID, BADGERCARE PLUS AND SENIORCARE MEMBER CASE FILES CONSISTING OF ENROLLMENT PROCEDURES FOR "LOOKING-IN" SELECTED MEMBERS INTO THE PHARMACY SERVICES LOCK IN PROGRAM - INCLUDING REPORTS, CORRESPONDENCE WITH MEMBERS, COUNTY AGENCIES, PHYSICIANS, VENDORS, AND/OR CORRESPONDENCE WITH ADMINISTRATIVE HEARINGS, ETC.

RETENTION: 7 YEARS AND DESTROY CONFIDENTIAL

CLOSED: TWO YEARS WITHOUT RE-ENROLLMENT.

CONFIDENTIALITY: DHS 104.01(3)

01104000. MEDICAID PROGRAM: PAYMENTS FOR COVERED OUTPATIENT DRUGS UND P PERM Y

42 CFR 447.510

PURPOSE: THE STATE IS REQUIRED TO REPORT THEIR QUARTERLY UTILIZATION TO DRUG REBATE MANUFACTURERES (LABELERS) THROUGH QUARTERLY INVOICES. THE LABELERS THEN SEND THE STATE A REBATE PAYMENT BASED ON THAT UTILIZATION. AFTER THE LABELERS HAVE REVIEWED THE STATE'S INVOICE, SOMETIMES LABELERS QUESTION UTILIZATION - WHEN THEY DO, IT IS CALLED A DISPUTE. THE STATE AND LABELERS THEN WORK TOGETHER TO RESOLVE THE DISPUTES. PER CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DISPUTE GUIDELINES, THERE ARE NO TIME LIMITS ON HOW FAR BACK LABELERS CAN DISPUTE. THEREFORE THE STATE NEEDS TO RETAIN THIS INFORMATION FOR THE RESOLUTION OF DISPUTES FOR PRIOR YEARS.

CONTENT: DRUG REBATE INVOICE UTILIZATION (PAYMENTS AND RESOLUTIONS). ALL RECORDS ARE STORED AT HP.

CONFIDENTIALITY: SECTION 1927(B)(3)(D) OF THE SOCIAL SECURITY ACT (THE ACT) AND THE MEDICAID DRUG REBATE AGREEMENT REQUIRES THAT, NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE UNIT REBATE AMOUNT (URA) INFORMATION BE KEPT CONFIDENTIAL AND SHALL NOT BE DISCLOSED BY A STATE AGENCY (OR CONTRACTOR THEREWITH) IN A FORM WHICH DISCLOSES THE IDENTITY OF THE MANUFACTURER OF ANY URAS BY THAT MANUFACTURER.

PERMANENT

01111000. MEDICATION THERAPY MANAGEMENT (MTM) CASE MANAGEMENT SOFTWA/ EVT+3 DEST Y

PURPOSE: FOWARDHEALTH MEMBERS MAY BE ELIGIBLE TO RECEIVE ASSISTANCE IN MANAGING THEIR MEDICATIONS. FOWARDHEALTH WILL APPROVE MTM CASE MANAGEMENT SOFTWARE VENDORS THAT MEET CERTAIN CRITERIA TO ACCESS FOWARDHEALTH CLAIM INFORMATION. APPROVED SOFTWARE VENDORS WILL IDENTIFY BADGERCARE PLUS, SENIORCARE, AND WISCONSIN MEDICAID MEMBERS WHO ARE ELIGIBLE FOR MTM SERVICES, SUBMIT CLAIMS FOR MTM SERVICES ON BEHALF OF A PHARMACY, CAPTURE, STORE, AND MAINTAIN CLINICAL INFORMATION, AND EXCHANGE CLINICAL INFORMATION WITH FORWARDHEALTH.

CONTENT: VENDOR COVER LETTER, MTM CASE MANAGEMENT SOFTWARE REQUIREMENTS ATTESTATION (F-00855), TRADING PARTNER PROFILE (F-13043), TRADING PARTNER AGREEMENT AND ACKNOWLEDGMENT OF TERMS AND PARTICIPATION (F-00446), BUSINESS ASSOCIATE AGREEMENTS, LETTERS OF RECOMMENDATION, TEST FILE TO IDENTIFY ELIGIBLE MEMBERS (CONFIDENTIAL INFORMATION PER WIS. STAT. 49.81), TEST FILE TO SEND DATA, AND PERFORMANCE EVALUATIONS.

RETENTION: EVENT(AGREEMENT END DATE) + 3 YEARS AND DESTROY CONFIDENTIAL

01112000. FORWARDHEALTH DRUG ADDITION REVIEW CR+0/6 DEST N

PURPOSE: A PROVIDER SUBMITS AN INQUIRY TO HAVE A NATIONAL DRUG CODE (NDC) REVIEWED FOR INCLUSION AS A COVERED SERVICE IN ONE OF THE FOWARDHEALTH BENEFITS PLANS. THE MAJORITY OF REQUESTS CAN BE EVALUATED BASED ON STATE AND FEDERAL REGULATIONS AND THE PROVIDER IS NOTIFIED OF THE STATUS OF THE INQUIRY WITH AN EXPLANATION. IF THE INQUIRY IS MORE INVOLVED, THE CLINICAL CONSULTATNS AND POLICY



Dept #: 401/ Department Name: DMS - BENEFITS MANAGEMENT

RDA # RDA Title Retention Disposition PII

ANALYST ARE ENGAGED TO PROVIDE ADDITIONAL REVIEW AND RENDER A DECISION. WHEN ADDITIONAL TIME IS NEEDED, AN ESTIMATED TIMELINE IS PROVIDED. THE REQUESTING PROVIDER IS NOTIFIED OF THE FINAL DECISION. IN THE NDC HAS BEEN DETERMINED TO BE A COVERED SERVICE, THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) IS UPDATED AND THE PROVIDER IS NOTIFIED.

CONTENT: COMPLETED F-00020/DRUG ADDITION REVIEW REQUEST FORM, RESPONSES, AND ANY OTHER RELATED CORRESPONDENCE.

RETENTION: CR + 6 MONTHS AND DESTROY

01113000. FORWARDHEALTH DRUG PRICING REVIEW REQUEST FIS+4 DEST N

PURPOSE: PHARMACY PROVIDERS HAVE THE OPPORTUNITY TO REQUEST A REVIEW OF AN EXISTING STATE MAXIMUM ALLOWABLE COST (SMAC) RATE BY PROVIDING DOCUMENTATION OF THEIR ACQUISITION COST FOR THE NATIONAL DRUG CODE (NDC). WHEN A SMAC PRICING REVIEW REQUEST IS RECEIVED, IT IS REVIEWED AGAINST SPECIFIC THRESHOLDS, ESTABLISHED BY THE STATE. THE SMAC PRICING REVIEW REQUESTS ARE EVALUATED BY THE FISCAL AGENT. IF THE THRESHOLD IS MET, THE FISCAL AGENT SENDS THE SMAC PRICING REVIEW REQUEST TO THEIR SUBCONTRACTOR TO ASSESS THE CURRENT SMAC RATE FOR CHANGES. IF THE SUBCONTRACTOR DETERMINES A REVISION IS APPROPRIATE, THE RECOMMENDED RATE IS SUBMITTED TO THE STATE FOR APPROVAL. UPON STATE APPROVAL, THE RECOMMENDED SMAC RATE IS IMPLEMENTED.

CONTENT: COMPLETED F-00030/FORWARDHEALTH STATE MAXIMUM ALLOWED COST DRUG PRICING REVIEW REQUEST AND PROVIDER INVOICES. THE FORM CONTAINS INFORMATION ON A DRUG PRICE A PHARMACY PAID AS AN AGREEMENT WITH THE MANUFACTURER OR WHOLESALER. PRICES THAT ARE NEGOTIATED WITH A PHARMACY DERIVE INDEPENDENT ECONOMIC VALUE FROM BEING PROPRIETARY TO THE PHARMACY (THIS MEETS THE TRADE SECRETS STATUE BELOW).

RETENTION: FIS+4 YEARS AND DESTROY CONFIDENTIAL

Dept #: 402/ Department Name: DMS - ENROLLMENT POLICY & SYSTEMS

RDA # RDA Title Retention Disposition PII

00109000. QUALITY ASSURANCE CASE REVIEW EVT+3 DEST Y

PURPOSE: TO REVIEW LOCAL AGENCY DETERMINATIONS OF ELIGIBILITY FOR BENEFIT PROGRAMS ADMINISTERED BY DHCAA.

CONTENT: ACTIVE AND NEGATIVE REVIEW WHICH INCLUDES, BUT NOT LIMITED TO, WORKSHEETS, BENEFIT DETERMINATIONS, VERIFICATION ITEMS, DISASTER AND SPECIAL REVIEWS AS REQUESTED, INFORMATIONAL REQUESTED FROM A THIRD PARTY USED TO DETERMINE THE ACCURACY OF THE ELIGIBILITY DETERMINATION.

CLOSED: THE DATE THAT FEDERAL OR STATE GOVERNING AUTHORITY REVIEW HAS BEEN COMPLETED.

MEDIUM CHANGE RETENTION: FOODSHARED RECORDS ARE NOW SCANNED. PAPER RECORDS ARE RETAINED FOR 6 MONTHS FROM THE EVENT DATE. EVENT DATE IS THE LAST DATE OF THE FEDERAL FISCAL YEAR THAT RECORDS WERE CREATED. THESE PAPER RECORDS ARE RETAINED FOR THE U.S. FOOD AND NUTRITION SERVICE UNTIL THE END OF MARCH YEAR TO ASSURE CRITICAL INFORMATION WAS NOT MISSED DURING THE SCANNING PROCESS.

STATUS REGARDING CONFIDENTIALITY:

FEDERAL: HIPAA IS 45 CFR 164.502 (A) WHICH STATES THAT A COVERED ENTITY MAY NOT USE OR DISCLOSE INFORMATION, EXCEPT AS PERMITTED OR REQUIRED BY THE SUBPART OR BY SUBPART C OF PART 160 OF THIS SUBCHAPTER.

STATE: WISCONSIN STATUTES 49.45(4) WHICH STATES INFORMATION RESTRICTED. THE USE OR DISCLOSURE OF ANY INFORMATION CONCERNING APPLICANTS AND RECIPIENTS OF MEDICAL ASSISTANCE NOT CONNECTED WITH THE ADMINISTRATION OF THIS SECTION IS PROHIBITED.

DHCAA BENEFIT PROGRAMS ARE MEDICAID AND FOODSHARE. REVIEW OF MEDICAID ELIGIBILITY DETERMINATION ARE ALSO KNOWN AS PAYMENT ERROR RATE MEASUREMENT (PERM) AND MEDICAID ELIGIBILITY QUALITY CONTROL REVIEW (MEQC).

MEDICAID RECORDS SHOULD BE FILED SEPARATELY BY PROGRAM TYPE, THEN WHETHER OR NOT IT IS ACTIVE OR NEGATIVE AND THEN ALPHABETICALLY. ONCE THE EVENT DATE HAS BEEN ESTABLISHED RECORDS WILL BE BOXED UP AND SHIPPED TO THE RECORDS CENTER USING THE FOLLOWING TITLES. (SEE CLOSED DATE DEFINITION ABOVE TO DETERMINE EVENT DATE.)

1. MEQC QA REVIEWS/ACTIVE/EVENT DATE/ALPHA
2. MEQC QA REVIEWS/NEGATIVE/EVENT DATE/ALPHA

RDA #	RDA Title	Retention	Disposition	PII
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3. PERM QA REVIEWS/ACTIVE/EVENT DATE/ALPHA  
4. PERM QA REVIEWS/NEGATIVE/EVENT DATE/ALPHA

EVENT + 3 YEARS AND DESTROY CONFIDENTIAL

<u>00383000.</u>	<u>MEMBER ELIGIBILITY REPORTS</u>	<u>CR+7</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: THE RECIPIENT DATA MAINTENANCE-REPORTS PROVIDES A COMPUTER FILE OF INFORMATION THAT SUPPORTS MEMBER ELIGIBILITY AND RELATED DATA. THIS FILE SUPPORTS MEMBER DATA RESEARCH, CLAIMS PROCESSING, SURVEILLANCE AND UTILIZATION REVIEW ACTIVITIES, AND MANAGEMENT OVERSIGHT FOR ALL PROGRAMS (MEDICAID, BADGERCARE PLUS, WISCONSIN WELL WOMAN, SENIORCARE, WISCONSIN CHRONIC DISEASE PROGRAM (WCDP), CARETAKER SUPPLEMENT (CTS) AND SSI (SUPPLEMENTAL SECURITY INCOME).

CONTENT: COMPUTER GENERATED REPORTS CONTAINING THE FOLLOWING: IDENTIFICATION OF ALL MEMBER ELIGIBILITY INCLUDING MEDICARE PART A/B BUY-IN PROCESSING PART D ENROLLMENT AND DUAL ELIGIBILITY STATUS.

EVENT = CR + 7 YEARS AND DESTROY CONFIDENTIAL.

<u>00752A00.</u>	<u>SSI/E PAYMENT CERTIFICATION FORMS</u>	<u>EVT</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: THE SSI-E PAYMENT (SSI EXCEPTIONAL EXPENSE SUPPLEMENT) IS PROVIDED TO QUALIFIED INDIVIDUALS OR COUPLES IN ORDER TO SUPPLEMENT THEIR FEDERAL AND STATE SSI BENEFITS WHO MEET CERTAIN FINANCIAL AND NON-FINANCIAL ELIGIBILITY CRITERIA.

CONTENT: PAPER COPIES OF COMPLETED FORMS USED TO CERTIFY INDIVIDUALS FOR EXCEPTIONAL EXPENSE PAYMENTS OVER AND ABOVE THE FEDERAL SSI (SUPPLEMENTAL SECURITY INCOME) PAYMENTS. THESE FORMS INCLUDE (BUT ARE NOT LIMITED TO) THE FOLLOWING OR THEIR EQUIVALENTS.

F-20817 / ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING),  
F-20818 / SSI-E EXCEPTIONAL EXPENSE SUPPLEMENT / NATURAL RESIDENTIAL SETTING  
F-20819 / EXCEPTIONAL EXPENSE SUPPLEMENTAL / SUBSTITUTE CARE LIVING ARRANGMENTS

THE DHS CONTRACTOR WILL MAINTAIN ALL RECORDS.

A RECORDS DISPOSITION AUTHORIZATION IS FORTHCOMING FOR THE SCANNED / VALIDATED ELECTRONIC VERSIONS.

EVENT = WHEN SCANNED DOCUMENT IS VALIDATED AND DESTROY CONFIDENTIAL.

<u>01058000.</u>	<u>SENIOR CARE PRESCRIPTION DRUG ASSISTANCE PROGRAM BENEFIT APP</u>	<u>EVT+5</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO COLLECT DATA FROM THE ORIGINAL OR RENEWED APPLICATIONS TO DETERMINE APPLICANT ELIGIBILITY FOR BENEFITS AND COLLECT OTHER PERTINENT INFORMATION TO ADMINISTER THE PROGRAM.

CONTENT: THIS RECORD SERIES CONSISTS OF THE PAPER AND SCANNED VERSIONS OF VALID PRESCRIPTION DRUG ASSISTANCE PROGRAM BENEFIT APPLICATION FORMS THAT HAVE BEEN SUBMITTED BY WISCONSIN RESIDENTS WHO HAD THEIR DATA CAPTURED ELECTRONICALLY AND ENTERED INTO THE AUTOMATED SYSTEM. SEE ATTACHED FOR FULL DESCRIPTION OF PROGRAM AS AUTHORIZED IN WIS. STAT. 49.688.

RETENTION: RETAIN UNTIL A SUCCESSFUL PROCESS FOR ELECTRONIC CAPTURE OF THE APPLICATION FORM HAS BEEN COMPLETED - IT HAS BEEN IMAGED AND THE DATA FILE CREATED.

LIFECYCLE LANGUAGE: PAPER RECORDS ARE SCANNED, VERIFIED, AND DESTROYED ONE DAY AFTER VERIFICATION.

RETENTION: EVENT(SEE RETNETION ABOVE) + 5 YEARS AND DESTROY CONFIDENTIAL

<u>01071000.</u>	<u>MEMBER ELIGIBILITY CASE FILE</u>	<u>EVT+4</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO COLLECT DATA FROM ORIGINAL OR RENEWAL APPLICATIONS TO DETERMINE APPLICANT ELIGIBILITY FOR BENEFITS AND COLLECT OTHER PERTINENT INFORMATION TO ADMINISTER THE FOLLOWING WISCONSIN HEALTH PROGRAMS: MEDICAID (STANDARD), MEDICAID PURCHASE PLAN, AND WISCONSIN WELL WOMAN MEDICAID, BADGERCARE PLUS (ADULTS WITH OR WITHOUT DEPENDENT CHILDREN), FOODSHARE, SENIORCASE, AND FAMILY PLANNING ONLY SERVICES.

CONTENT: THIS RECORD SERIES CONSISTS OF THE PAPER AND SCANNED VERSIONS OF VALID APPLICATION FORMS, ALL SUPPLEMENTAL INFORMATION PROVIDED BY WISCONSIN RESIDENTS, AND ALL OTHER FORMS RELATED TO ELIGIBLE STATUS (INCLUDING BUT NOT LIMITED TO INCOME CHANGE REPORTS, OVERPAYMENT NOTICES, EMPLOYMENT AND TRAINING, FINANCIAL RECORDS, STATEMENT OF IDENTIFY, ETC.)

RETENTION: RETAIN PAPER VERSIONS UNTIL A SUCCESSFUL PROCESS FOR ELECTRONIC CAPTURE OF RECORDS HAS BEEN COMPLETED, IMAGED AND INSERTED IN THE APPLICANT/MEMBER DATA FILE IN CARES (CLIENT ASSISTANCE FOR REEMPLOYMENT AND ECONOMIC SUPPORT) OR OTHER DATABASES. ELECTRONIC VERSIONS MAY BE DELETED 4 YEARS FROM THE DATE THE LAST RECORD WAS INSERTED IN THE APPLICANT OR MEMBER'S FILE.

LIFECYCLE LANGUAGE: PAPER RECORDS ARE SCANNED, VERIFIED, AND DESTROYED ONE DAY AFTER VERIFICATION.

Dept #: /402/ Department Name: DMS - ENROLLMENT POLICY & SYSTEMS

RDA #	RDA Title	Retention	Disposition	PII
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RETENTION: EVENT(SEE ABOVE) + 4 YEARS AND DESTROY CONFIDENTIAL

Dept #: /403/ Department Name: OFFICE OF THE INSPECTOR GENERAL

RDA #	RDA Title	Retention	Disposition	PII
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<u>00404000.</u>	<u>MEDICAL ASSISTANCE CASE INVESTIGATION MATERIAL</u>	<u>EVT+7</u>	<u>DEST</u>	<u>Y</u>
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Purpose: Wis. Stat. § 49.45(3)(g) "The secretary may authorize personnel to audit or investigate and report to the department on any matter involving violations or complaints alleging violations of statutes, regulations, or rules applicable to the medical assistance program and to perform such investigations or audits as are required to verify the actual provision of services or items available under the medical assistance program and the appropriateness and accuracy of claims for reimbursement submitted by providers participating in the program."

Content: Any materials used in case investigations, including, but not limited to: working papers, remittance and status reports, claims and other fiscal agent reference materials, fraud and abuse case files, Division of Medicaid Services reports, data runs, individual member's medical records, preliminary findings letters, Notice of Intent to Recover letters, audit reports, and requests for administrative hearings.

Lifecycle: The original paper applications may be imaged and subjected to review to ensure the images of these applications are electronically stored and the quality is acceptable. Upon verification of the quality and retention of the electronic images, the paper documents will be kept on-site for 30 days and then confidentially destroyed.

Restricted Access: Wis. Stat. § 49.45(4) INFORMATION RESTRICTED. The use or disclosure of any information concerning applicants and recipients of medical assistance not connected with the administration of this section is prohibited.

EVT + 7 yrs = After all issues are resolved; Destroy Confidential

<u>00812000.</u>	<u>STAR (SYSTEM FOR TRACKING AUDIT REPORTS) - AUTOMATED</u>	<u>EVT+3</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TRACK AUDIT REPORTS. TRACK THE STATUS OF SUB RECIPIENT AND PROVIDER AUDIT REPORTS AND AUTOMATE MANY REPORTING AND CORRESPONDENCE TASKS FOR THESE AUDIT REPORTS.

CONTENT: INPUT INFORMATION COMES FROM THE DEPARTMENT'S PAYMENT SYSTEMS, THE BUREAU OF REGULATION AND LICENSING'S DATABASE AND FROM AUDIT REPORTS AND RELATED CORRESPONDENCE. THE INFORMATION INCLUDES CONTRACT AMOUNT, ENTITY CONTROL NUMBER, ENTITY NAME, ENTITY ADDRESS, ENTITY CONTACT PERSON, AUDIT FIRM NAME, AUDIT FIRM ADDRESS, AUDIT FIRM CONTACT PERSON, SUMMARY OF REVIEW OF AUDIT REPORT AND DATES OF KEY EVENTS IN THE REVIEW PROCESS (FOLLOW-UP ON LATE AUDITS, RECEIPT REVIEWED, REQUESTED INFO, RESOLVED AND FINALIZED).

HARDWARE / SOFTWARE: STAR IS A CUSTOM PROGRAM WRITTEN IN VISUAL BASIC 6.0 THAT USES CRYSTAL REPORTS 6.0 FOR REPORT GENERATION. THE DATA IS SECURED ON A DHFS DEPARTMENT FILE SERVER. THE CURRENT DATABASE MANAGEMENT SYSTEM (DBMS) IS SQL SERVER VERSION 7.0. THIS IS IN THE PROCESS OF BEING CHANGED TO MS SQL SERVER 2000.

DOCUMENTATION: IS LOCATED IN THE DIVISION OF ENTERPRISE SERVICES, BUREAU OF INTERGOVERNMENTAL RELATIONS AND CONTRACT MANAGEMENT. ADDITIONAL TECHNICAL INFORMATION AND DOCUMENTATION IS LOCATED WITH THE DEVELOPERS IN BIS.

CLOSED: THE RECORD SERIES IS CONSIDERED CLOSED AT THE TIME THE AUDITS ARE COMPLETED / CLOSED. REPORTS ARE COVERED BY STATE GENERAL SCHEDULE 90000004.

RETENTION: 3 YEARS AFTER CLOSED AND DESTROY.

<u>01084000.</u>	<u>FRAUD PREVENTION, INVESTIGATION AND THEIR BUDGETS</u>	<u>EVT+8</u>	<u>DEST</u>	<u>N</u>
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Purpose: Required by Wis. Stat. §§ 49.197 and Federal Regulations 20.901(1) to provide a tool for DHS to supervise county fraud programs that monitor public assistance programs administered by DHS. To assess what counties have established as a fraud program.

Content: Fraud Prevention and Investigation Program (FPIP) Plans - County/tribal annual FPIP plans submitted via hard copy or PDF to Central Office DHS that comply with state and federal fraud policies and with regulations and contractual requirements for the public assistance programs administered by DHS. FPIP is administered by DHS and based on the Shared Services memorandum of understanding between the Department of Workforce development (DWD) and DHS. This includes policies and procedures that provide direction and guidelines for the programs.

EVENT: Date Received

Dept #: /403/ Department Name: OFFICE OF THE INSPECTOR GENERAL

RDA # RDA Title Retention Disposition PII

**01108000.** **FORWARD HEALTH PROVIDER CERTIFICATION RECORDS** **EVT+5** **DEST** **Y**

PURPOSE: TO CERTIFIED OR RE-CERTIFY HEALTH CARE PROVIDERS THAT PROVIDE MEDICAL SERVICES FOR MEMBERS OF ALL FORWARDHEALTH PROGRAMS INCLUDING (BUT NOT LIMITED TO) MEDICAID, BADGERCARE PLUS, AND SENIORCARE PRESCRIPTION DRUGS.

CONTENTS: PROVIDER CERTIFICATION MATERIALS INCLUDE (BUT NOT LIMITED TO) COMPLETED APPLICATIONS, SANCTION LETTERS, OTHER CORRESPONDENCE RELATED TO CERTIFICATION, CHANGE OF ADDRESS, CHANGE OF STATUS OR CHANGE IN SPECIALTY. RECORDS CONTAIN PERSONALLY IDENTIFIABLE INFORMATION SUCH AS SSN AND DATE OF BIRTH.

CLOSED DEFINITION: THE DATE THE CONTRACT WITH THE PROVIDER HAS TERMINATED. (NOTE: IF PROVIDER WAS TERMINATED AND THEN RECERTIFIED BEFORE THE 5 YEARS IS UP - THEN RECORDS WILL CONTINUE TO BE RETAINED UNTIL THE CONSERVATION 5 YEARS HAS PASSED.)

PROVIDERS ARE REQUIRED TO RETAIN CERTIFICATION RECORDS FOR 5 YEARS PER DHS 105.02(4).

RETENTION: EVENT + 5 YEARS AND DESTROY CONFIDENTIAL.

Dept #: /404/ Department Name: DMS - OPERATIONAL COORDINATION

RDA # RDA Title Retention Disposition PII

**00370000.** **WISCONSIN MEDICAID STATE PLAN** **EVT+10** **SHSW** **N**

Purpose: To maintain an accurate, chronological file of the State Plan for Wisconsin's Medicaid program as a reference resource/research.

Content: Application to the federal government ; submitting proposed amendments to the State Plan. Correspondence between Wisconsin and the federal government regarding amendments. (This correspondence takes the form of requests for additional information and Wisconsin's response to them.) A letter from the federal government approving or disapproving amendments or a letter from Wisconsin to the federal government with drawing up an amendment.

NOTE: In conjunction with state statutes, the Medicaid state plan is the governing document for administration of the Medicaid program, and being able to trace its history is just as critical as being able to trace historical state statutory changes. The Division of Medicaid Services (DMS) needs to be able to review, trace, and justify all federal approvals since the inception of the Medicaid program to support program precedents and procedures , determine future policy, and support program audits and potential litigation. Reform of Medicaid is frequently on the agenda at both the state and federal level. Some reform proposals would represent fundamental changes to the program , which would require revisiting some of the materials related to the earliest State Plan changes. Long-term retention is appropriate because of the importance these documents play in governing the program and because of potential future changes to the program that would require DMS access to documents through which the program was created in the first place.

EVT = plan is terminated; EVT + 10 yrs; Transfer - State Archives (WHS)

**00634000.** **SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) ISSUANCE RE** **CR+3** **DEST** **Y**

PURPOSE: FEDERAL REGISTER 274.5(B)...THE FEDERAL REGISTER STATES "THE STATE AGENCY SHALL CONTROL ALL ISSUANCE DOCUMENTS WHICH ESTABLISH HOUSEHOLD ELIGIBILITY WHILE THE DOCUMENTS ARE TRANSFERRED AND PROCESSED WITHIN THE STATE AGENCY. THE STATE AGENCY SHALL USE NUMBERS, BATCHING INVENTORY CONTROL LOGS, OR SIMILAR CONTROLS FROM THE POINT OF INITIAL RECEIPT THROUGH THE ISSUANCE AND RECONCILIATION PROCESS."

CONTENT: ALL DAILY FOODSHARE SETTLEMENTS CONTAINING REPORTS DOCUMENTING AUTHORIZATION, USAGE OF BENEFITS AN THE RUNNING TOTAL AMOUNTS REMAINING THAT MATCH THE FEDERAL RESERVE FROM BOTH CARES AND 12 DIFFERENT VENDOR REPORTS.

EVENT = CR + 3 YEARS AND DESTROY CONFIDENTIAL

Dept #: /405/ Department Name: DMS - FISCAL MANAGEMENT

RDA # RDA Title Retention Disposition PII

Dept #: 1405/ Department Name: DMS - FISCAL MANAGEMENT

RDA # RDA Title Retention Disposition PII

00386000. CLOSED CASUALTY RECOVERY CASES EVT+5 DEST Y

PURPOSE: USED AS LEGAL AND AUDIT INFORMATION IN COMPLETING MEDICAL ASSISTANCE SUBROGATION UNDER WISCONSIN STATUTE 49.89 BY STATE STAFF AND/OR A CONTRACOTR.

CONTENTS: INCLUDES, BUT NOT LIMITED TO RECORDS MAINTAINED ON EACH PERSON UPON WHICH A SUBROGATION ACTION HAS TAKEN PLACE UNDER WISCONSIN STATUTE 49.89. RECORDS INCLUDE, BUT NOT LIMITED TO, NOTICE OF SUBROGATION, CORRESPONDENCE TO AND FROM ATTORNEYS, INSURANCE COMPANIES, MEDICAL PROVIDERS AND/OR MEMBERS INVOLVED IN RECOVERY OF CHAPTER 49 PUBLIC ASSISTANCE BENEFITS UNDER WISCONSIN STATUTE 49.89. INCLUDED ARE COPIES OF MEMBER PAID CLAIM REPORTS INDICATING THE SERVICE AND CHARGES RENDERED THE MEMBER BY PROVIDER AND DATE OF SERVICE. COPIES OF CHECKS ARE INCLUDED IN THOSE CASES WHERE RECOVERY IS MADE.

RETENTION: RETAIN 5 YEARS AFTER CLOSED AND DESTROY. CLOSED IS DEFINED AS UNCOLLECTIBLE OR COLLECTED/SETTLED.

NOTE: AS OF 11/9/2008, RECORDS CREATED FOR NEW CASES ARE ELECTRONIC. IF A CASE WAS STILL OPEN AS OF THIS DATE, THERE WILL BE PAPER COPIES THAT NEED TO BE RETAINED UNTIL THE CASE HAS BEEN CLOSED FOR 5 YEARS.

00441000. MEDICAID HOSPITAL FILES, COST REPORTS AND COMPUTERIZED FINANCI. CR+25 DEST Y

PURPOSE: DOCUMENTATION SUPPORTING THE FUTURE DEVELOPMENT OF HOSPITAL REIMBURSEMENT RATES, ADMINISTRATIVE ADJUSTMENT REQUESTS AND CLARIFICATION OF PAST, PRESENT OR ONGOING PROBLEMS. HOSPITAL CONFIDENTIAL REPORTS PROVIDE DETAILED FINANCIAL SUPPORT FOR SETTLEMENT AMOUNTS SHOWN ON YEARLY HOSPITAL COST REPORTS ( 49.65 STATE STATUTE). THESE RECORDS ARE USED TO CALCULATE RATES UNDER THE MEDICAID STATE PLANS AND RECORDS UP TO 15 YEARS OF AGE MAY BE REQUIRED AS BACKGROUND TO DEVELOP AN APPROPRIATE HOSPITAL RATE."

CONTENTS: HOSPITAL FILES CONTAIN RATE NOTIFICATION LETTERS, DIAGNOSIS RELATED GROUP (DRG) WEIGHT CALCULATION, ADMINISTRATION ADJUSTMENT REQUEST, CORRESPONDENCE TO AND FROM HOSPITALS, REIMBURSEMENT HISTORY FOR TRANSPLANTS, AIDS, VENTILATOR, OUTLIERS, OFFICE OF INSPECTOR GENERAL (OIG), AUDITS, I/P PSYCH HOSPITAL UNDER 21 YEARS - CERTIFICATION OF NEEDS (CON'S). HOSPITAL YEARLY COST REPORTS CONTAIN INFORMATION USED AS A BASIS FOR FINAL SETTLEMENTS. INCLUDED ARE VARIOUS ALLOCATIONS, STATISTICAL DATA, FINANCIAL INFORMATION AND GENERAL INFORMATION PERTAINING TO EACH APPROXIMATELY 180 HOSPITALS IN THE MA PROGRAM AS WELL AS BORDER STATUS HOSPITALS. REPORTS CONTAIN SUPPLEMENTS THAT VARY FROM YEAR TO YEAR. REPORTS INCLUDE DETAILED COST AND CHARGE INFORMATION PER HOSPITAL AND PER PATIENT.

RDA 442 AND 443 ARE SUPERSEDED BY RDA 441.

EVENT = CR + 15 YEARS AND DESTROY CONFIDENTIAL

01007000. ESTATE RECOVERIES AND WFCAP MEDICAL ASSISTANCE ELIGIBILITY REQ FIS+3 DEST Y

Purpose: Used as legal audit information in completing medical assistance estate recovery under Wis. Stat. §§ 49.496, 46.27(7g), 46.287(7), and 49.682 by state staff and/or the public and in completing Wisconsin Funeral and Cemetery Aids Program (WFCAP) medical assistance eligibility requirements under Wis. Stat. § 49.785 by state staff only.

Content: Includes, but not limited to, records maintained on each person upon which an estate recovery or WFCAP action has taken place. Records include, but are not limited to, general correspondence, estate claims, voluntary payments, affidavit and lien documents, file notes, medical assistance payment printouts, medical assistance medical records, WFCAP applications, and notices of decisions.

Records contain personally identifiable information and other confidential material as indicated at 45 C.F.R. § 164.502(a).

EVENT = Fiscal

Dept #: 1406/ Department Name: DMS - DISABILITY DETERMINATION

RDA # RDA Title Retention Disposition PII

01107000. DISABILITY ELIGIBILITY DETERMINATION EXPENDITURE RECORDS EVT+7 DEST Y

PURPOSE: TO DETERMINE ELIGIBILITY FOR TITLE 2 (SOCIAL SECURITY ACT, SECTION 201), TITLE 16 (SOCIAL SECURITY ACT, SECTION 1601), AND TITLE 19 (SOCIAL SECURITY ACT, SECTION 1900) (MEDICAL ASSISTANCE) DISABILITY APPLICATIONS.

Dept #: 406/ Department Name: DMS - DISABILITY DETERMINATION

RDA #	RDA Title	Retention	Disposition	PII
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CONTENT: INVOICES AND VOUCHERS FOR MEDICAL RECORDS, TRAVEL, CONSULTATIVE EXAMINATIONS, TELE-DICTION SERVICES; AND BUDGETARY RECORDS. ALL INVOICES AND VOUCHERS INCLUDE PERSONALLY IDENTIFIABLE INFORMATION SUCH AS THE CLAIMANT NAME, SOCIAL SECURITY NUMBER, AND DATE OF BIRTH.

RECORDS ARE CONFIDENTIAL AND ACCESS IS PROTECTED: 5 U.S.C. PARAGRAPH 552A

RETENTION: EVENT(END OF FEDERAL FISCAL YEAR) + 7 YEARS AND DESTROY CONFIDENTIAL

<u>01124000.</u>	<u>PRO CONSULTATIVE EXAMINATION VENDOR FILES</u>	<u>EVT+7</u>	<u>DEST</u>	<u>Y</u>
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Purpose: To manage the Professional Relations Officer (PRO) Consultative Examination (CE) vendor files.

Content: The licensing and credential file is similar to personnel files. The files contain the vendor's professional information such as Tax ID, licensing, professional qualifications, panel interest, and contract information.

Record is confidential per the Privacy Act of 1974.

EVT = When vendor ceases to provide services; EVT + 7 yrs; Destroy Confidential

Dept #: 500/ Department Name: DCTS - ADMINISTRATION

RDA #	RDA Title	Retention	Disposition	PII
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<u>00935000.</u>	<u>CLIENT RIGHTS OFFICE PROGRAM FILES</u>	<u>CR+30</u>	<u>SHSW</u>	<u>Y</u>
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PURPOSE: REFERENCE AND HISTORY

CONTENT: THIS IS A RECORD OF THE CLIENT RIGHTS OFFICE CONTAINING:

1. THE HISTORY OF THE PROGRAM
2. CLIENT RIGHTS TOPIC
3. INFORMATION PERTAINING TO TOPICS SUCH AS DIAGNOSIS, MEDICATIONS, TREATMENT AND TRAINING.
4. INFORMATION ON EACH DHS FACILITY.
5. CLIENT RIGHTS ISSUE CONSULTATIONS

NOTE: CLIENT RIGHTS ISSUE CONSULTATION FILES MAY CONTAIN CONFIDENTIAL MATERIAL, WHICH WILL NEED TO BE PURGED PRIOR TO TRANSFER TO WHS.

RECORD SERIES CONTAINS CONTENT THAT IS CONFIDENTIAL UNDER WIS. STAT. SS 51.30

RETENTION: CR + 30 YEARS AND TRANSFER TO STATE ARCHIVES(WHS)

<u>00940000.</u>	<u>CLIENT GRIEVANCE RECORDS</u>	<u>EVT+7</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO MAINTAIN RECORD OF INCIDENTS AND TO TRACK AND CHECK PRECEDENTS.

CONTENT: THESE CASE RECORDS CONTAIN, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1. FACE SHEET - GENERAL INFORMATION
2. ORIGINAL COMPLAINT
3. DECISIONS AT EACH STAGE OF THE GRIEVANCE PROCESS
4. ANY OTHER INFORMATION RELEVANT TO THE DECISION/ISSUE INVOLVED

DEFINITION: FOR PURPOSES OF THIS RDA 'CLOSED' MEANS AFTER GRIEVANCE HAS BEEN RESOLVED.

THIS SUBMITTAL IS DUE TO SUNSET; REVISED DIVISION NAME AND NUMBER.

EVENT = CLOSED/TERMINATED/DEATH

<u>00941000.</u>	<u>CLIENT GRIEVANCE DATA AND STATISTICS</u>	<u>EVT+10</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO MAINTAIN RECORD OF GRIEVANCES, TO CHECK PRECEDENTS, AND TO PROVIDE STATISTICS REGARDING GRIEVANCES OVER TIME.

PAPER CONTENT: THESE CASE RECORDS CONTAIN, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- 1) FACE SHEET - GENERAL INFORMATION, 2) ORIGINAL COMPLAINT, 3) DECISIONS AT EACH STAGE OF THE GRIEVANCE PROCESS, 4) ANY OTHER INFORMATION RELEVANT TO THE DECISION/ISSUE INVOLVED.

ELECTRONIC CONTENT:

- 1) CASE NUMBER, 2) DATE FILED, 3) CLIENT NAME, 4) CLIENT ID, 5) CLASS ACTION, 6) UNIT, 7) WHO FILED 8) HOW FILED 9) VIOLATION 10) SUBCATEGORY, 11) STATE 1 INFORMATION, 12) STAGE 2 INFORMATION, 13) STAGE 3 INFORMATION 14)

Dept #: /500/ Department Name: DCTS - ADMINISTRATION

<u>RDA #</u>	<u>RDA Title</u>	<u>Retention</u>	<u>Disposition</u>	<u>PII</u>
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STAGE 4 INFORMATION, 15) FACILITY, 16) EMPLOYEE ID, 17) COMPLAINT ID, 18) MULTIPLE, 19) SYSTEMIC.

RECORD SERIES CONTAINS CONTENT THAT IS CONFIDENTIAL UNDER WIS. STAT. SS. 51.30

RETENTION: EVENT(GRIEVANCE IS RESOLVED) + 10 YEARS AND DESTROY CONFIDENTIAL

<u>00942000.</u>	<u>DIGEST OF STAGE 3 &amp; 4 DECISION PRECEDENTS</u>	<u>EVT</u>	<u>DEST</u>	<u>N</u>
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PURPOSE: ASSIST WITH LOCATING STAGE 3 AND 4 DECISION PRECEDENTS.

CONTENT: THE DIGEST OF DECISIONS IS A DOCUMENT AVAILABLE ON THE INTERNET OR WORKWEB AND ORGANIZED BY CLIENT RIGHT. EACH RIGHT IS CLEARLY STATED AND UNDER EACH RIGHT ARE SUMMARIES OF THE DECISIONS MADE BY THE CLIENT RIGHTS OFFICE THAT APPLY TO THE STATED RIGHT. THERE ARE THREE SEPARATE DIGESTS, AND THEY ARE UPDATED AT LEAST ANNUALLY:

1. COMMUNITY GRIEVANCES
2. MENTAL HEALTH INSTITUTES GRIEVANCES
3. CHAPTER 980 PATIENT GRIEVANCES

REASON FOR AMENDMENT: RETENTION PERIOD OF 40 YEARS EXCEEDS USEFUL LIFE OF RECORDS.

EVENT = SUPERSEDED

<u>00943000.</u>	<u>CLIENT / COMMUNITY RIGHTS - GRIEVANCE DECISIONS FOR STAGES 3 AND 4</u>	<u>CR+40</u>	<u>DEST</u>	<u>N</u>
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PURPOSE: THIS RECORD IS USED FOR REFERENCE AND TO CHECK PRECEDENTS.

CONTENT: THIS RECORD IS COMPOSED OF COPIES OF STAGE 3 & 4 DECISIONS OF CLIENT GRIEVANCES FROM STATE-RUN MENTAL HEALTH FACILITIES AND SECURE TREATMENT CENTERS. THERE ARE ALSO LEVEL 3 AND 4 DECISIONS FROM COMMUNITY GRIEVANCES.

THIS RECORD IS FILED BY CASE NUMBER TO FACILITATE TRACKING OF CLIENT RIGHTS OFFICE AND ADMINISTRATOR'S DECISIONS.

THIS AMENDMENT IS DUE TO A CHANGE IN THE SERIES TITLE AND ADDITION OF THE COMMUNITY GRIEVANCES; REVISED DIVISION NAME AND NUMBER.

Dept #: /502/ Department Name: DCTS - COMMUNITY FORENSICS

<u>RDA #</u>	<u>RDA Title</u>	<u>Retention</u>	<u>Disposition</u>	<u>PII</u>
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<u>01095000.</u>	<u>CONDITIONAL RELEASE AND OPENING AVENUES TO REENTRY SUCCESS (OARS)</u>	<u>EVT+20</u>	<u>DEST</u>	<u>Y</u>
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Purpose: To maintain a record of Conditional Release and OARS clients .

Content: The client data recorded includes, but is not limited to:

Name of Individual  
Guardian's Name  
County of Residence  
Diagnosis  
Payee's Name  
Social Security Number  
Case Manager's Name  
Ethnicity  
Medication  
Date of Birth  
County of Placement Gender  
Treatment Plan

Legal information: case number, DOC number, charges, judge 's name, commitment date, conditional release date, probation agent's name.

Records series contains confidential content per Wis. Stat. § 51.30

EVT = Client discharge by the courts or death; EVT + 20 yrs; Destroy confidential

<u>01096000.</u>	<u>CONDITIONAL RELEASE/OPENING AVENUES REENTRY SUCCESS (OARS)</u>	<u>EVT+7</u>	<u>DEST</u>	<u>Y</u>
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Dept #: /502/ Department Name: DCTS - COMMUNITY FORENSICS

RDA # RDA Title Retention Disposition PII

Purpose: To provide documentation of the conditionally released and OARS clients' legal status, treatment plan, and progress in the program.

Content: The file contains the following info:

Legal: documents related to the client's commitment to DHS, other paperwork on criminal convictions, criminal complaint, placement order, petition for revocation of conditional release and/or supervision.

Treatment Plans: documents that identify the client's clinical needs, services to meet those needs, etc.

Progress Notes: documents that track how the client is progressing in meeting treatment plan goals.

Fiscal: documents that track individual contract costs. Demographic information is covered under RDA 435-1095.

EVT = Discharged by the courts, terminated, deceased; EVT + 7 yrs; Destroy Confidential

Dept #: /520/ Department Name: DCTS - PREVENTION TREATMENT AND RECOVERY

RDA # RDA Title Retention Disposition PII

01039000. PREADMISSION SCREENING & ANNUAL RESIDENT REVIEW FILES EVT+7 DEST Y

PURPOSE: Used to determine the need for nursing facility placement and specialized services for persons who have a developmental disability or serious mental illness. Pertinent historical and clinical information supplement the Level II screen. The files are also used in response to appeals of the determinations or to provide an audit trail.

CONTENT: PASRR (Preadmission Screening and Annual Resident Review) Level II screen and other documents from the client's medical records, which have been provided by the client's attending physician, a hospital, nursing home, or county agency. Other documents may include, but are not limited to, mental status exam, psychiatric progress notes, medication orders, social history, and nursing progress notes.

Most clients are nursing home residents and each file contains a "point in time" assessment of the client's strengths and needs.

NOTE: Federal regulations no longer require that an annual review be completed, therefore the last determination made for a client remains in effect unless there is a significant change in condition.

Records series contains confidential content per Wis. Stat. § 51.30.

EVT = SUPERSEDED; EVT + 7 YRS; Destroy Confidential

01123000. PROJECT FOR ASSISTANCE IN THE TRANSITION FROM HOMELESSNESS (P, EVT+5 DEST N

THE PROJECTS FOR ASSISTANCE IN THE TRANSITION FROM HOMELESSNESS (PATH) IS A FEDERAL FORMULA GRANT PROGRAM, CREATED IN 1991 UNDER THE MCKINNEY ACT, AND ADMINISTERED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA). PATH FUNDS SERVE INDIVIDUALS WITH SERIOUS MENTAL ILLNESS, AS WELL AS INDIVIDUALS WITH CO-OCCURRING SUBSTANCE ABUSE DISORDERS, WHO ARE HOMELESS. UNDER THE PATH GRANT PROGRAM, SAMHSA PROVIDES A FLEXIBLE STREAM OF FUNDING THAT ENCOURAGES COMMUNITY COMMITMENT TO SERVING INDIVIDUALS WHO ARE HOMELESS AND LIVING WITH SERIOUS MENTAL ILLNESS AND HELPS FILL CRITICAL GAPS IN SERVICES. PATH, BY NATURE OF THE SELECTIVE FOCUS, DRAWS ATTENTION TO THE MOST VULNERABLE OF THE HOMELESS POPULATION AND ALLOWS FOR IMPLEMENTATION OF PROGRAMMING TO MEET THEIR NEEDS. FUNDING FROM SOAR IS USED TO COMPLEMENT THESE ACTIVITIES TO ENSURE SUPPORT FOR HOMELESS PERSONS WITH MENTAL ILLNESSES OR CO-OCCURRING SUBSTANCE DISORDERS.

EVENT = DATE OF CONTRACT SIGNATURE + 5 YEARS AND DESTROY.

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RDA # RDA Title Retention Disposition PII

00762000. NURSE ASSISTANT/HOME HEALTH AIDE REGISTRY APPLICATIONS EVT+5 DEST Y

PURPOSE: APPLICATION FORMS ARE SUBMITTED BY NURSE AIDES TO THE DIVISION OF QUALITY ASSURANCE (DQA), OFFICE OF CAREGIVER QUALITY (OCQ) FOR DETERMINATION OF ELIGIBILITY, TO BE PLACED ON THE WISCONSIN NURSE

RDA # RDA Title Retention Disposition PII

AIDE REGISTRY. THE REGISTRY IS ESTABLISHED UNDER FEDERAL REQUIREMENTS, 42CFR483.75, AND WI STATUTE 146.40(2). APPLICANTS SEEKING PLACEMENT ON THE REGISTRY BASED ON SUCCESSFUL COMPLETION OF AN APPROVED NURSE AIDE INSTRUCTIONAL AND TESTING PROGRAM.

CONTENT: DOCUMENTS INCLUDE, BUT ARE NOT LIMITED TO, NURSE AIDE REGISTRY APPLICATION - OUT-OF-STATE, DOCUMENTS VERIFYING THE AIDE'S PERSONAL IDENTIFIABLE INFORMATION, INCLUDING NAME, SOCIAL SECURITY NUMBER, AND DATE OF BIRTH, SUPPORTING DOCUMENTATION, CORRESPONDENCE RELATED TO APPROVAL OF THE APPLICATION, AND OTHER ADMINISTRATIVE FUNCTIONS.

RETENTION: RETAIN RECORDS FOR FIVE YEARS AFTER CLOSED AND DESTROY IN A CONFIDENTIAL MANNER. CHANGE IN RETENTION IF NO CONTACT WITH THE REGISTRY. APPROVED NURSE AIDE REGISTRY APPLICATIONS ARE FILED IN THE OCQ ACCORDING TO DATE OF INCLUSION, WITHIN INCLUSION DATE, ACCORDING TO SOCIAL SECURITY NUMBER.

CLOSED IS DEFINED AS RECORDS OF NURSE AIDES LISTED ON THE WISCONSIN NURSE AIDE REGISTRY, OR WHO DO NOT HAVE A SUBSTANTIATED FINDING OF CAREGIVER MISCONDUCT, AND HAVE FAILED TO CONTACT THE REGISTRY WITHIN FIVE YEARS.

**00762A00.** **WISCONSIN NURSE AIDE REGISTRY REQUESTS** **EVT+1** **DEST** **Y**

PURPOSE: NURSE AIDE REGISTRY REQUESTS ARE SUBMITTED BY NURSE AIDES TO THE DIVISION OF QUALITY ASSURANCE (DQA), OFFICE OF CAREGIVER QUALITY (OCQ) FOR DETERMINATION OF ELIGIBILITY TO TRANSFER FROM ANOTHER STATE'S NURSE AIDE REGISTRY, TO UPDATE EMPLOYMENT ELIGIBILITY ON THE WISCONSIN NURSE AIDE REGISTRY OR TO TRANSFER TO ANOTHER STATE'S NURSE AIDE REGISTRY AS ESTABLISHED UNDER FEDERAL REQUIREMENTS, 42CFR 483.156(B)(3) AND WI STATUTE SECTION 146.40(2), AND TO APPLY FOR SPECIAL ACCOMODATION WHEN TAKING THE NURSE AIDE COMPETANCY EVALUATION EXAMINATION.

CONTENT: DOCUMENTS INCLUDE DENIED NURSE AIDE REGISTRY APPLICATION - OUT-OF-STATE APPLICATION, OTHER STATE'S NURSE AIDE REGISTRY- OUT-OF-STATE APPLICATIONS, NURSE AIDE REGISTRY RENEWAL FORMS, WISCONSIN NURSE AIDE COMPETENCY EVALUATION SPECIAL ACCOMODATION REQUESTS, APPLICATION FOR COMPETENCY EVALUATION, HEALTHCARE PROVIDER RECORDS, INDIVIDUAL EDUCATION PROGRAM RECORDS, SUPPORTING DOCUMENTS FOR EACH APPLICATION, DOCUMENTS VERIFYING THE AIDE'S PERSONAL IDENTIFIABLE INFORMATION INCLUDING NAME, SOCIAL SECURITY NUMBER, AND DATE OF BIRTH, CORRESPONDENCE RELATED TO APPLICATIONS, DENIALS, APPEALS, NAME CHANGES, AND OTHER ADMINISTRATIVE FUNCTIONS.

RETENTION: RETAIN RECORDS FOR ONE YEAR AFTER CLOSED AND DESTROY CONFIDENTIAL. APPLICATIONS AND SUPPORTING DOCUMENTS ARE FILED IN OCQ, ALPHABETICALLY, AND ACCORDING TO DATE PROCESSED.

**00762B00.** **PEARSON VUE NNAAP REPORTS** **EVT+5** **DEST** **Y**

PURPOSE: PEARSON VUE NATIONAL NURSE AIDE ASESMENT PROGRAM (NNAAP) REPORTS ARE SUBMITTED TO THE DIVISION OF QUALITY ASSURANCE (DQA) OFFICE OF CAREGIVER QUALITY (OCQ) AS REQUIRED BY THE CONTRACT BETWEEN PEARSON VUE AND OCQ. THE REPORTS PROVIDE MONTHLY AND QUARTERLY DATA AS TO THE ACCURACY AND EFFICIENCY FOR THE PROCESSING OF APPLICATIONS AND SCHEDULING OF NURSE AIDE CANDIDATES FOR TESTING, CAPACITY AND UTILIZATION OF EACH REGIONAL TEST SITE, LISTING OF NURSE AIDE CANDIDATES SCHEDULED, AND THE OUTCOME OF EACH TEST, LISTING OF PASS/FAILURE RATE BY TRAINING PROGRAM, AND LISTING BY PROGRAM OF TEST AREAS FAILED BY STUDENTS FROM EACH PROGRAM.

CONTENT: DOCUMENTS INCLUDE, BUT ARE NOT LIMITED TO, NURSE AIDE CANDIDATE PERSONAL IDENTIFICATION INFORMATION, TRAINING PROGRAM INFORMATION, AND TEST SITE INFORMATION.

RETENTION: RECORDS OF THE PEARSON VUE NNAAP REPORTS WILL BE RETAINED FOR A PERIOD OF FIVE YEARS FROM THE END OF THE NURSE AIDE REGISTRY AND TESTING SERVICES CONTRACT WITH PEARSON VUE. THE FILE WILL BE DESTROYED IN A CONFIDENTIAL MANNER.

**00788000.** **WISCONSIN NURSE AIDE/FEEDING ASSISTANT TRAINING PROGRAM FILES** **EVT+3** **DEST** **N**

Purpose: Organizations submit application forms and curriculum for nurse aide and/or feeding assistant instructional programs to the Division of Quality Assurance (DQA). These forms are reviewed to determine whether nurse aide and feeding assistant instructional programs meet established requirements.

Content: The applications are DQA form F-62220 or F-62588 , as required under 42 CFR 483.151 and Wis. Admin. Code § DHS 129.07. Other documents include, but are not limited to, classroom description and location, contract(s) with approved clinical site(s), training program waiver requests, equipment listing, approved program trainers, approved curriculum, on-site visit reports, and annual program review reports. Documents are filed alphabetically by program name.

EVT = 3 = Program Closure; Destroy

**00788A00.** **WISCONSIN NURSE AIDE AND FEEDING ASSISTANT TRAINING PROGRAM PI** **EVT+5** **DEST** **Y**

Purpose: Application forms and documents are submitted to the Division of Quality Assurance (DQA) by applicants seeking approval to be primary instructors with approved nurse aide or feeding assistant training programs.

Content: The application forms are DQA forms F-62610 and F-62692, as required under 42 CFR 483.152(a)(5)(i) and Wis. Admin. Code § DHS 129.06(1). Additional documents include, but are not limited to, training program primary instructor application forms,

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personal identification information, resumes, training certificates, valid health professional licensure, background check information, and correspondence related to the application.

Confidentiality: Records may include confidential information as described in Wis. Stat. § 146.82(1) (for example, SSNs and other personally identifiable information).

EVT = 5 yrs = Primary instructor becomes inactive; Destroy confidential

00788D00. DISCREPANT NURSE AIDE TRAINING PROGRAM EVT+5 DEST Y

PURPOSE: THE DEPARTMENT WILL TAKE POSSESSION OF ALL RECORDS REQUIRED TO BE MAINTAINED BY A NURSE AIDE TRAINING PROGRAM WHEN THAT PROGRAM'S TRAINING PRACTICES HAVE BEEN FOUND TO BE UNSATISFACTORY, PURSUANT TO HSS CODE 42 CFR 483.151 AND HFS ADMINISTRATIVE CODE 129.07, DURING AN ONSITE REVIEW OR FOLLOWING A COMPLAINT SURVEY.

CONTENT: DOCUMENTS INCLUDE, BUT ARE NOT LIMITED TO, PERSONAL IDENTIFICATION INFORMATION OF THE PROGRAM CONTACT, OWNER(S) OR AGENCY PRIMARY INSTRUCTOR(S), AND TRAINERS ASSOCIATED WITH THAT TRAINING PROGRAM, AND ALL INDIVIDUAL FILES OF STUDENTS TRAINED BY THAT PROGRAM, TO INCLUDE ATTENDANCE RECORDS, EXAMINATION RESULTS, HEALTH RECORDS, ETC. THESE MAY ALSO INCLUDE BACKGROUND CHECKS OF THE PRIMARY INSTRUCTOR AND STUDENTS.

RETENTION: RECORDS OF THE DISCREPANT NURSE AIDE TRAINING PROGRAMS WILL BE RETAINED FOR A PERIOD OF FIVE YEARS FROM THE TERMINATION DATE OF THAT SPECIFIC NURSE AIDE TRAINING PROGRAM. THE FILE WILL BE DESTROYED IN A CONFIDENTIAL MANNER.

01086000. CAREGIVER MISCONDUCT INCIDENT REPORTS -NO JURISDICTION OR NO C EVT+25 DEST Y

Purpose: DQA-regulated entities and third parties submit reports alleging incidents of caregiver misconduct regarding non-credentialed caregivers to the DQA Office of Caregiver Quality (OCQ) on a form provided by the department (F-62447, Misconduct Incident Report), as required under Wis. Stat. § 146.40(4r)(am)(1) and Wis. Admin. Code § DHS 13.05(3)(b).

The report is reviewed to determine if an investigation will be initiated. Reports that do not fall under the jurisdiction of OCQ (individual is a credentialed caregiver or does not work in an entity regulated by the DQA) are closed and referred to the appropriate agency, when applicable. Reports that lack merit for further investigation (effect on the client is minor, insufficient information, allegation does not meet definition) and/or do not provide name of the accused caregiver are closed.

Content: Documents include, but are not limited to, incident report forms, witness statements, entity personnel records, client care plans, medical records, pictures of the victim or location, screening decision letters, and any correspondence regarding the incident. These cases do not fall under the jurisdiction of the office, are unsubstantiated, or no investigation was conducted. The "data system" is not the Caregiver Misconduct Registry, but an internal ACCESS database that the office uses for tracking the complaint process.

Lifecycle and Confidentiality Language: Paper records will be retained onsite for one year after entry and verification in the electronic system and then destroyed confidentially due to client records and SSNs, per Wis. Admin. Code § DHS 13.08(b).

EVENT: closed

01098000. ENTITY BACKGROUND CHECKS EVT+4 DEST Y

PURPOSE: EVERY FOUR YEARS, CAREGIVERS ARE REQUIRED TO SUBMIT AN APPLICATION FOR A CAREGIVER BACKGROUND CHECK, IN ACCORDANCE WITH 50.065 WI STATS. AND DHS 12.

CONTENT: REGULATED HEALTHCARE PROVIDERS SUBMIT THE REQUIRED BACKGROUND INFORMATION DISCLOSURE FORM AND BACKGROUND INFORMATION DISCLOSURE APPENDIX FORM TO THE OFFICE OF CAREGIVER QUALITY (OCQ).

OCQ STAFF COMPLETE THE CAREGIVER BACKGROUND CHECK, REQUEST ADDITIONAL INFORMATION IF NEEDED AND ENTER OUTCOME IN THE ENTITY BACKGROUND INFORMATION DISCLOSURE (EBID) ACCESS DATABASE.

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01086B00. CAREGIVER MISCONDUCT REPORTS-UNSUBSTANTIATED ALLEGATIONS OF EVT+10 DEST Y

PURPOSE: Division of Quality Assurance (DQA)-regulated entities and third parties submit reports alleging incidents of caregiver misconduct regarding non-credentialed caregivers to the DQA Office of Caregiver Quality (OCQ) on DQA form F-62447, Misconduct Incident Report, as required under Wis. Stat. § 146.40(4r)(am)(l) and Wis. Admin. Code § DHS 13.01.

CONTENT: The reports covered by this RDA have been investigated by OCQ staff or a contracted investigation service and have not

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been substantiated.

Documents include, but are not limited to, paper and electronic files (incident report forms, witness statements, entity personnel records, client care plans, medical records, pictures of the victim or location, screening decision letters, any correspondence regarding the incident, and documents resulting from litigation). The files of previous complaints are also used to determine if there is a pattern of inappropriate behavior by a particular caregiver.

CONFIDENTIALITY: These records may contain confidential information as described in Wis. Stat. § 146.82(1) (e.g., SSNs, patient medical records).

EVT + 10 yrs = Date of receipt; Destroy confidentially

<u>01086C00.</u>	<u>CAREGIVER MISCONDUCT REPORTS-SUBSTANTIATED FINDING OF MISCON</u>	<u>EVT+25</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: Division of Quality Assurance (DQA)-regulated entities and third parties submit reports alleging incidents of caregiver misconduct regarding non-credentialed caregivers to the DQA Office of Caregiver Quality (OCQ) on DQA form F-62447, Misconduct Incident Report, as required under Wis. Stat. § 146.40(4r)(am)(l) and Wis. Admin. Code § DHS 13.01.

CONTENT: The reports covered by this RDA have been investigated by OCQ staff or a contracted investigation service and have been substantiated. All appeal rights have been exhausted and litigation concluded. A notice that the caregiver has a substantiated finding of misconduct is recorded on the Caregiver Misconduct Registry.

Documents include, but are not limited to, paper and electronic files (incident report forms, witness statements, entity personnel records, client care plans, medical records, pictures of the victim or location, screening decision letters, any correspondence regarding the incident, and documents resulting from litigation). The files of previous complaints are also used to determine if there is a pattern of inappropriate behavior by a particular caregiver.

CONFIDENTIALITY: These records may contain confidential information as described in Wis. Stat. § 146.82(1) (e.g., SSNs, patient medical records).

EVT + 25 yrs = Date of Receipt; Destroy confidential

Dept #: /642/ Department Name: DQA - BUREAU OF EDUCATION SERVICES & TECHNOLOGY

RDA #	RDA Title	Retention	Disposition	PII
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<u>00593000.</u>	<u>MEDICATION COURSE</u>	<u>CR+10</u>	<u>DEST</u>	<u>N</u>
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PURPOSE: RECORDS OF THE STATE APPROVED MEDICATION COURSE CONDUCTED FOR UNLICENSED PERSONNEL WORKING IN MEDICAID CERTIFIED FACILITIES. INDIVIDUALS WHO COMPLETE THIS COURSE COMPLY WITH WISCONSIN ADMIN. CODES DHS 131, 132, 134, AND 42 CFR, CODE OF FEDERAL REGULATIONS, AND MAY ADMINISTER MEDICATIONS TO RESIDENTS IN INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED, SKILLED NURSING FACILITIES, NURSING FACILITIES, NURSING FACILITIES AND HOSPICES.

CONTENT: COURSE DOCUMENTS INCLUDE, BUT ARE NOT LIMITED TO COPIES OF FINAL EXAM QUESTION DATABASE, QUIZ QUESTIONS, PRACTICAL QUESTIONS, SKILL EVALUATION FORMS, INSTRUCTOR QUALIFICATIONS, COURSE CONTENT, AND TEXT BOOK.

RETENTION: RETAIN FOR 10 YEARS AND DESTROY.

<u>00595A00.</u>	<u>HEALTH CARE PROVIDER APPLICATIONS - NOT APPROVED</u>	<u>EVT+2</u>	<u>DEST</u>	<u>N</u>
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PURPOSE: THE DIVISION OF QUALITY ASSURANCE (DQA) REVIEWS APPLICATIONS AND SUPPORTING DOCUMENTATION SUBMITTED BY HEALTH CARE PROVIDERS FOR THE PURPOSES OF OBTAINING LICENSURE OR CERTIFICATION OF A HEALTH CARE FACILITY. HEALTH CARE AND ASSISTED LIVING PROVIDERS INCLUDE, BUT ARE NOT LIMITED TO LICENSED NURSING HOME, FACILITIES FOR THE DEVELOPMENTALLY DISABLED, HOME HEALTH AGENCIES, HOSPICES, COMMUNITY-BASED RESIDENTIAL CARE FACILITIES AND ADULT FAMILY HOMES, APPROVED HOSPITALS, REGISTERED AND CERTIFIED RESIDENTIAL CARE APARTMENT COMPLEXES, CERTIFIED ADULT DAY CARE CENTERS, MENTAL HEALTH PROVIDERS, MEDICARE CERTIFIED RURAL HEALTH CLINICS, PORTABLE X-RAY SERVICES, OUTPATIENT PHYSICAL THERAPY SERVICES, PHYSICAL THERAPIST IN INDEPENDENT PRACTICE, END STAGE RENAL DIALYSIS CENTERS AND AMBULATORY SURGICAL CENTERS, AND UNLICENSED OR NON-CERTIFIED PROVIDERS. WISCONSIN STATE STATUTE CHAPTERS 50 AND 51 REGULATE STATE LICENSURE, CERTIFICATION, REGISTRATION OR APPROVAL OF HEALTH CARE PROVIDERS OR ASSISTED LIVING FACILITIES. THE DIVISION DETERMINES COMPLIANCE WITH ADMINISTRATIVE CODES, INCLUDING, BUT NOT LIMITED TO, DHS 34, 40, 61, 63, 75, 83, 88, 89, 92, 94, 124, 131, 132, 133, 134 FOR STATE LICENSED, APPROVED, REGISTERED, OR CERTIFIED PROVIDERS, AND 42 CFR FEDERAL CODE OF REGULATIONS FOR MEDICARE AND MEDICAID CERTIFIED PROVIDERS.

CONTENTS: RECORDS INCLUDE, BUT ARE NOT LIMITED TO APPLICATIONS FOR LICENSURE OF FACILITIES, SUPPORTING

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DOCUMENTATION, AND ANY RELATED CORRESPONDENCE. APPLICATIONS MAY BE DENIED BY DQA, OR BY THE HEALTH CARE FACILITY AS THEY NO LONGER DESIRED TO OPEN AND/OR OPERATE A FACILITY.

EVENT = DATE OF DENIAL

00719000. HEALTH CARE FACILITY PATIENT FILES - RECEIVERSHIP FILES EVT+7 DEST Y

PURPOSE: MEDICAL RECORDS FOR RESIDENTS OF HEALTH CARE FACILITIES, INCLUDING BUT NOT LIMITED TO NURSING HOMES, FACILITIES FOR THE DEVELOPMENTALLY DISABLED OR COMMUNITY BASED RESIDENTIAL FACILITIES, THAT HAVE CLOSED DUE TO BANKRUPTCY OR OTHER PROBLEM SITUATIONS.

CONTENTS: RECORDS MAY INCLUDE BUT ARE NOT LIMITED TO IDENTIFICATION AND SUMMARY SHEETS; ADMISSION MEDICAL EVALUATIONS; NURSES NOTES; PHYSICIAN'S ORDERS CONCERNING ADMISSION TO THE FACILITY, MEDICATIONS, TREATMENTS, DIETS, REHABILITATION SERVICES, LIMITATIONS ON ACTIVITIES, RESTRAINT ORDERS AND DISCHARGE OR TRANSFER ORDERS; PHYSICIAN PROGRESS NOTES; AND LABORATORY TEST RESULTS.

CLOSED: CLOSED IS THE CLOSE OF THE FACILITY FUNCTIONS.

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RDA # RDA Title Retention Disposition PII

01100000. PROVIDER LICENSING, CERTIFICATION, AND ENFORCEMENT RECORDS EVT+10 DEST Y

PURPOSE: THIS RECORD SERIES CONSISTS OF RECORDS THAT HAVE BEEN CREATED AND COLLECTED FOR THE PURPOSE OF STATE LICENSURE, APPROVAL, CERTIFICATION, REGISTRATION, AND ENFORCEMENT OF ASSISTED LIVING PROVIDERS. ASSISTED LIVING PROVIDERS INCLUDE COMMUNITY-BASED RESIDENTIAL CARE FACILITIES, ADULT FAMILY HOMES, CERTIFIED RESIDENTIAL CARE APARTMENT COMPLEXES, AND CERTIFIED ADULT DAY CARE CENTERS. WISCONSIN STATE STATUTE CHAPTERS 50 AND 51 REGULATE STATE LICENSURE, CERTIFICATION, REGISTRATION OR APPROVAL OF HEALTH CARE PROVIDERS OR ASSISTED LIVING FACILITIES. THE DIVISION DETERMINES COMPLIANCE WITH ADMINISTRATIVE CODES, SUCH AS DHS 83, FOR STATE LICENSED APPROVED, REGISTERED, OR CERTIFIED PROVIDERS.

CONTENTS: RECORDS INCLUDE LICENSE, APPROVAL, REGISTRATION OR CERTIFICATION APPLICATIONS, APPLICATIONS TO PARTICIPATE IN THE MEDICAID PROGRAM, STATE INSPECTION REPORTS, PROVIDER STAFFING SCHEDULES, COMPLAINT INVESTIGATIONS, RESIDENT AND FAMILY INTERVIEWS, RESIDENT CARE REVIEWS, STATEMENTS OF DEFICIENCIES AND PLANS OF CORRECTION, FORFEITURE ASSESSMENTS, APPEALS AND ENFORCEMENT ACTIONS AND RESULTING LITIGATION AND DECISIONS, DEATH INVESTIGATIONS, STATE MONITORING OR RECEIVERSHIP RECORDS, RECOMMENDATIONS FOR LICENSURE APPROVAL OR REVOCATION, REQUESTS FOR VARIANCES AND WAIVERS, AND ANY RELATED CORRESPONDENCE. RECORDS CREATED OR COLLECTED DURING THE SURVEY PROCESS OR COMPLAINT INVESTIGATIONS MAY CONTAIN MEDICAL INFORMATION OR COPIES OF MEDICAL RECORDS.

APPLICABLE CONFIDENTIALITY STATUTES: WISCONSIN STATE STATUTE SECTIONS 50.09(1)(F3), 50.03(2)(E), 51.30(4)(B)4, AND 146.82(B).

NOTE: CLOSED IS THE CLOSE OF THE FACILITY

EVENT = FACILITY CLOSURE

01100A00. PROVIDER LICENSING, CERTIFICATION, AND ENFORCEMENT RECORDS - PI EVT+10 DEST Y

THE PURPOSE OF THIS RECORDS SERIES IS TO PROVIDE FOR THE PURGING OF OLDER RECORDS FROM ASSISTED LIVING FACILITY FILES. ASSISTED LIVING FACILITY FILES ARE RETAINED PURSUANT TO RDA 1099 FOR TEN YEARS AFTER THE CLOSURE OF THE FACILITY. ASSISTED LIVING FACILITIES MAY INCLUDE COMMUNITY-BASED RESIDENTIAL CARE FACILITIES, ADULT FAMILY HOMES, CERTIFIED RESIDENTIAL CARE APARTMENT COMPLEXES, AND CERTIFIED ADULT DAY CARE CENTERS. RECORDS THAT ARE TEN YEARS OR OLDER, CAN BE PURGED ANNUALLY FROM THE FACILITY FILE.

RECORDS CONTAINED IN THIS RECORDS SERIES MAY INCLUDE STATEMENTS OF DEFICIENCY, PLANS OF CORRECTION, COMPLAINTS, SURVEYOR NOTES, AND OTHER RECORDS RELATED TO A SURVEY OR COMPLAINT INVESTIGATION. RECORDS CREATED OR COLLECTED DURING THE SURVEY PROCESS OR COMPLAINT INVESTIGATIONS MAY CONTAIN MEDICAL INFORMATION OR COPIES OF MEDICAL RECORDS.

APPLICABLE CONFIDENTIALITY STATUTES: WISCONSIN STATE STATUTE SECTIONS 50.09(1)(F3), 50.03(2)(E), 51.30(4)(B)4, AND 146.82(B).

NOTE: CLOSED IS DEFINED AS THE CLOSE OF THE SURVEY OR COMPLAINT INVESTIGATION.

EVENT = CLOSED / TERMINATED / DEATH

Dept #: /644/ Department Name: DQA - ASSISTED LIVING, BUREAU OF

RDA #	RDA Title	Retention	Disposition	PII
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Dept #: /646/ Department Name: DQA - OFFICE OF PLAN REVIEW INSPECTION

RDA #	RDA Title	Retention	Disposition	PII
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00592000. HEALTH CARE CONSTRUCTION EVT+1 DEST N

PURPOSE: Paper and electronic health care construction documents/materials are submitted to the Division of Quality Assurance for review per Wis. Admin. Code §§ DHS 83.63, DHS 124.30, DHS 131.37, DHS 132.812, and DHS 134.812.

CONTENT: These records include facility applications, pre-design agendas, checklists, plans, plan-related documents, specs/calculations, compliance statements, final inspection reports, and project-related correspondence. Facility types include hospital, community-based residential facility (CBRF), hospice, nursing home, and facility for the developmentally disabled (FDD). Also included are any structures attached to these facilities.

Project Expiration: If health care construction has not begun within one year of plan approval, the project expires and cannot be renewed; a new application, fees, and approval are required. At the one-year expiration date, electronic records are deleted and paper records are destroyed.

Project Completion: A health care construction project is considered complete upon receipt of a Compliance Statement or, in the case of a 6- to 8-bed community-based residential facility, upon receipt of the final inspection report. One year after project completion, electronic records are deleted and paper records are destroyed.

Note: This RDA has been amended to include CBRFs (previously reviewed by DSPS); to make it consistent with DHS processes and requirements by reducing the retention period from three years to one year; and, to remove unnecessary references to DSPS code and retention periods.

EVENT: project expiration or completion

Dept #: /707/ Department Name: DMS -CHILDRENS SERVICES

RDA #	RDA Title	Retention	Disposition	PII
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00105200. BIRTH TO 3 MEDIATION REQUESTS CR+5 DEST Y

PURPOSE: TO RECORD MEDIATION REQUESTS AND DOCUMENT DISPUTE RESOLUTION REGARDING EARLY INTERVENTION SERVICES FOR CHILDREN WITH SIGNIFICANT DEVELOPMENTAL DELAYS OR DISABILITIES.

CONTENT: THE RECORD CONSISTS OF, AT THE VERY LEAST, THE MEDIATION REQUEST AND EVALUATION RESULTS.

NOTE: IN 2008 THIS PROCESS WAS OUTSOURCED TO BURNS MEDIATION SERVICES; HOWEVER, THE RECORDS GENERATED CONTINUE TO BELONG TO DHS.

EVENT = CR + 5 YEARS AND DESTROY CONFIDENTIAL

00667000. KATIE BECKETT CASE FILES EVT+6 DEST Y

Purpose: Case files maintained on children with disabilities or serious medical conditions who, through the Katie Beckett Program, are eligible to receive Wisconsin Medicaid while continuing to live in their own homes rather than in a group or institutional setting.

Content: The individual files include, but are not limited to: case face sheets, medical and school records, parents' application (F-20582), worker notes/narratives, physician's plan of care, recertification work forms (F-20585 and F-20585C), Social Security Disability forms (SSA-831-U3 or its equivalent), and related correspondence and supporting documentation. The files can include both approved and denied cases. (The medical and school records included in this series are duplicates of the original material maintained by the child's physician and school.)

Closed: A case is considered closed when a child has been discontinued from the program. This can occur when a child no longer meets one or more of the eligibility criteria, or reaches their 19th birthday, or receives Medicaid through another source.

Lifecycle Language: Paper records are scanned and destroyed after verification.

Access to confidential information is protected under Wis. Stat. § 51.30



Dept #: 707/ Department Name: DMS -CHILDRENS SERVICES

RDA #	RDA Title	Retention	Disposition	PII
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EVENT: Closed

Dept #: 750/ Department Name: DPH - AGING AND DISABILITY RESOURCES

RDA #	RDA Title	Retention	Disposition	PII
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<u>00550000.</u>	<u>WHITE HOUSE CONFERENCE ON AGING</u>	<u>EVT+10</u>	<u>SHSW</u>	<u>N</u>
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Purpose: To record activities of conference and pre-conference events to develop the issues that are then forwarded to the White House Conference on Aging policy committee who develop the platform and resolutions that are discussed and voted on by conference delegates.

Content: Consists of materials including, but not limited to: correspondence, committee reports, workbooks for the delegates, reports from pre-White House District (local) and State Conferences on Aging and Post-conference reports.

Note: White House Conferences on Aging are held every 10 years, which is why the record is kept for 10 years.

EVENT = Date of last meeting for conference

<u>00551000.</u>	<u>AGING STATE PLANS</u>	<u>CR+6</u>	<u>SHSW</u>	<u>N</u>
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Purpose: The Office on Aging is required to submit a State Plan on Aging to the Federal Administration on Aging for their approval.

Content: Consists of material on the planning and implementation of the State Plan on Aging. The contents include the information gathered through state plan public hearings and investigative research, all of the completed state plan information, and related material.

EVENT= Creation

<u>01103000.</u>	<u>MEDICAID BASED EMPLOYMENT SERVICES AND OUTCOMES</u>	<u>EVT+10</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO TRACK EMPLOYMENT OUTCOMES ON INDIVIDUALS RECEIVING WI-FUNDED MEDICAID SERVICES, TRACKING AT BOTH AN AGGREGATE AND INDIVIDUAL LEVEL.

CONTENT: INCLUDES ANSWER TO THE QUESTION: DOES THE MEMBER HAVE AN INTEGRATED, COMMUNITY EMPLOYMENT OUTCOME/GOAL IN THEIR MEMBER CENTERED PLAN? OTHER DATA FIELDS INCLUDE, BUT ARE NOT LIMITED TO: JOB SETTING, HOURS WORKED, GROSS WAGES EARNED, PAYER OF GROSS WAGES, STABILITY OF EMPLOYMENT, ELIGIBILITY OF EMPLOYER HEALTH BENEFITS, RECEIPT OF EMPLOYER HEALTH BENEFITS, OCCUPATION, BIRTH DATE, GENDER, RACE, ETHNICITY, NAME, PRIMARY DISABILITY GROUP AND TYPE, LIVING SITUATION TYPE, AND HEALTH BENEFIT INFORMATION.

DEFINITIONS: PDCS: PROGRAMS DATA COLLECTION SERVICES SYSTEM

EVENT = AFTER ENTERED INTO PDCS SYSTEM + 10 YEARS AND DESTROY CONFIDENTIAL

Dept #: 760/ Department Name: DMS - LONG TERM CARE FINANCING

RDA #	RDA Title	Retention	Disposition	PII
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<u>00438000.</u>	<u>NURSING HOME FINANCIAL SUMMARY REPORTS, SURVEYS AND RESOURC</u>	<u>FIS+6</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: THESE REPORTS, SUMMARIES AND SURVEYS PROVIDE DETAILED SUPPORT FOR RETRO ADJUSTMENTS AND/OR RECOVERIES FOR OVER PAYMENT AND HELP TO ANALYZE PROBLEM SITUATIONS.

CONTENT: INCLUDES, BUT NOT LIMITED TO, DETAILED COST AND CHARGES INFORMATION BY PATIENT WITHIN A NURSING HOME, ACTIVE TREATMENT RESOURCE MATERIAL, OUT-OF-STATE COST AND CHARGES, 1993 NURSING HOME KEY EMPLOYEE SURVEY, 1992 RFB NURSING HOME MODELING CONTRACT AND 1992 SURVEY OR NURSING HOMES.

FINANCIAL REPORTS ARE RECEIVED FROM MEDICAL ASSISTANCE FISCAL AGENT UPON REQUEST BY THE BUREAU.



Dept #: 760/ Department Name: DMS - LONG TERM CARE FINANCING

RDA # RDA Title Retention Disposition PII

RETENTION: RETAIN 6 FY AND DESTROY.

EVENT = FISCAL YEAR + 6 YEARS AND DESTROY CONFIDENTIAL

00440000. MEDICAID NURSING HOME AUDITED COST REPORTS CR+10 DEST N

PURPOSE: AUDITED INFORMATION IS USED IN DEVELOPMENT OF REVISED NURSING HOME RATE FORMULAS, AUDIT RECOVERIES AND SETTLEMENTS.

CONTENT: AUDITED NURSING HOME COST REPORTS FOR NURSING HOMES LOCATED IN CENTRAL DISTRICT OFFICE (MADISON AREA).

RETENTION: RETAIN 10 YEARS AND DESTROY.

00440A00. MEDICAID NURSING HOME AUDITED COST REPORTS (DISTRICT OFFICES) CR+10 DEST N

DISTRICT OFFICES INCLUDING, MILWAUKEE, EAU CLAIRE AND GREEN BAY

PURPOSE: AUDITED INFORMATION IS USED IN DEVELOPMENT OF REVISED NURSING HOME RATE FORMULAS, AUDIT RECOVERIES AND SETTLEMENTS.

CONTENTS: AUDITED NURSING HOMES COST REPORTS FOR NURSING HOMES LOCATED IN DISTRICT OFFICES - MILWAUKEE, EAU CLAIRE AND GREEN BAY.

RETENTION: RETAIN 10 YEARS AND DESTROY.

00584000. CER / RAP CLOSED FILES EVT+10 SHSW N

PURPOSE: PURSUIT TO CHAPTER 150 WIS. STAT., THE STATE IS REQUIRED TO REVIEW AND APPROVE/DISAPPROVE ANY HOSPITAL/NURSING HOME EXPANSION, RENOVATION, OR CHANGE IN SERVICE PROGRAMS TO DETERMINE EFFECTS ON EXISTING HEALTH CARE DELIVERY AND CONTAINMENT OF COSTS OF HEALTH CARE DELIVER.

CONTENT: THESE PROJECT FILES INCLUDE BUT ARE NOT LIMITED TO: NECESSARY FORMS, APPLICATION MATERIALS AND CORRESPONDENCE SUBMITTED FOR THE REVIEW AND APPROVAL OR DISAPPROVAL OF PROPOSALS SUBMITTED BY OR ON BEHALF OF HEALTH CARE INSTITUTIONS FOR CONSTRUCTION, RENOVATION, AND NEW OR CHANGED SERVICES.

DEFINITION: CLOSED MEANS APPROVAL/DISAPPROVAL DECISION HAS BEEN MADE ON A PROJECT AND IS NOT IN LITIGATION. CER/RAP (CAPITAL EXPENDITURE REVIEW/RESOURCE ALLOCATION PROGRAM)

EVENT = CLOSED/TERMINATED/DEATH

EVENT = 10 YEARS AND TRANSFER TO WISCONSIN HISTORICAL SOCIETY

Dept #: 810/ Department Name: SECRETARY AND EXECUTIVE OFFICES

RDA # RDA Title Retention Disposition PII

00863000. PUBLIC INFORMATION OFFICE EXTERNAL COMMUNICATION CR+3 SHSW N

Purpose: The Communications Office ensures that the agency responds to requests for information from the media in an accurate and timely fashion. It works to ensure that the agency remains consistent in messaging, and assists upper management in relationships with the public and media.

Content: These records consist of external communications with media and the public on items related to agency programs, events, or other information. Examples include: press releases, media advisories, speeches/talking points, photos, images, infographics, audio or video recordings. Format examples include: email, Twitter, Facebook, YouTube, website announcements, articles, or postings.

NOTE: Website records are harvested biannually by the State Historical Society and do not need any further "transfer" action, they can simply be removed from the production server.

EVENT = Creation

Dept #: 1820/ Department Name: DES - ADMINISTRATOR'S OFFICE

RDA #	RDA Title	Retention	Disposition	PII
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<u>01091000.</u>	<u>CONFIDENTIAL TRAINING RECORDS</u>	<u>CR+4</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: TO BE ABLE TO ASSIST EMPLOYEES WITH PERSONAL DEVELOPMENT AND OR INCREASED PERFORMANCE.

CONTENT: THIS MATERIAL CAN INCLUDE SUCH TOOLS AS THE MEYER BRIGGS TYPE INVENTORY, THE 360 SURVEY AND LIKE TEST AND MATERIALS TO ASSIST WITH STAFF GROWTH AND PERFORMANCE.

NOTE: THIS MATERIAL IS CONFIDENTIAL BETWEEN THE SUBJECT AND "TESTER / COUNSELOR" AND IS NOT TO BE RELEASED TO ANY OTHER PARTY WITHOUT EXPLICIT WRITTEN AUTHORIZATION FROM THE EMPLOYEE / SUBJECT.

RETENTION: DESTROY 4 YEARS AFTER CREATION.

Dept #: 1821/ Department Name: DES - FISCAL SERVICES

RDA #	RDA Title	Retention	Disposition	PII
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<u>00014000.</u>	<u>COLLECTIONS CASE FILES</u>	<u>EVT+5</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: FILES ARE USED FOR CONTROL, RECORDING ACTIVITY AND HANDLING OF INDIVIDUAL COLLECTION ACCOUNTS.

CONTENT: CASE FILES ON BILLING AND COLLECTION ACTIVITIES INCLUDE INVESTIGATION REPORTS, REGISTRATION NOTICE, FINANCIAL INFORMATION ROOMS, HOSPITAL INVOICES, HOSPITAL OUTPUT CHARGES, WORKSHEETS, STATEMENT OF CHARGES, MEDICARE PAPERWORK, INSURANCE CLAIMS, PRORATING CHARTS, RECEIPTS AND OTHER MATERIAL RELATING TO COLLECTION ACTIVITIES.

DEFINITION: A CLOSED FILE IS DEFINED AS (1) A FILE WHICH HAS ZERO BALANCE, OR (2) THE BALANCE DUE HAS BEEN DETERMINED TO BE ADMINISTRATIVELY UNOBTAINABLE AND HAS THEREFORE BEEN DISCHARGED CAUSING A ZERO BALANCE TO OCCUR. IN EITHER CASE, THE FILE IS DETERMINED TO BE INACTIVE AS DEFINED IN DHS 1.06(3)(E).

FILING: ACTIVE FILES ARE FILED ALPHABETICALLY; CLOSED FILES ARE FILED BY "CLOSED" NUMBER. THE CLOSED NUMBER IS MAINTAINED IN A DATABASE COVERED BY RDA 435-1092.

NOTE: CLOSED FILES ARE SENT TO THE RECORDS CENTER FOR THE 5 YEARS AFTER CLOSED RETENTION PERIOD.

SUNSETS: JUNE, 2018

NOTE: AMENDMENT CHANGES RETENTION PERIOD, ADDS DEFINITION OF CLOSED AND UPDATES DEPARTMENT AND DIVISION NAME.

EVENT = CLOSED/TERMINATED/DEATH

<u>00016000.</u>	<u>DHS FACILITY BILLING AND COLLECTION FINANCIAL RECORDS</u>	<u>FIS+5</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: THESE FINANCIAL RECORDS ARE USED IN THE DHS FACILITY BILLING AND COLLECTION PROCESS.

CONTENT: INPUT RECORDS INCLUDE, BUT ARE NOT LIMITED TO, DAILY DEPOSITS WITH SUPPORTING DOCUMENTATION, COUNTY CHECKS AND PAYMENT DOCUMENTATION, CARS INVOICES AND SUPPORTING DOCUMENTATION, MEDICARE REMITTANCE ADVICES, MEDICAID REMITTANCE ADVICES, CREDIT CARD PAYMENT DOCUMENTATION, ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS DOCUMENTATION, AND ALL RELATED ELECTRONIC FILES.

OUTPUT RECORDS INCLUDE, BUT ARE NOT LIMITED TO, COUNTY BOARD INVOICES, INTENSIVE TREATMENT PROGRAM INVOICES, MISCELLANEOUS BILLINGS, FINANCIAL REPORTS FINANCIAL ANALYSES, COST REPORT SCHEDULES, INSURANCE CLAIMS, AND ALL RELATED ELECTRONIC FILES.

NOTE: DHS 1.06(3)(3) STATES, "WHERE A LIABILITY FOR INPATIENT MENTAL HEALTH SERVICES REMAIN, CLIENT RECORDS SHALL BE KEPT A MINIMUM OF 5 YEARS AFTER THE LAST TRANSACTION POSTED TO THE RECORD."

SUBMITTAL IS FOR AMENDING RETENTION DUE TO REVISION OF DHS 1.06(3)(E), REVISED DEPT/DIV/SERIES TITLE, AND TO COMBINE WITH RDA00741 AND 00741A.

EVENT = FIS + 5 YEARS AND DESTROY CONFIDENTIAL

<u>00018000.</u>	<u>COUNTY COST OF PROCEEDINGS FORMS AND REPORTS</u>	<u>FIS+5</u>	<u>DEST</u>	<u>Y</u>
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Purpose: To certify and transmit, from the County of Proceedings to the Subject's County of Legal Residence; costs incurred in civil mental health proceedings under Wis. Stat. § 51.20(14), (18)(d).

Dept #: 1821/

Department Name: DES - FISCAL SERVICES

<u>RDA #</u>	<u>RDA Title</u>	<u>Retention</u>	<u>Disposition</u>	<u>PII</u>
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Content: This record series consists of annual report forms F-807 51, Non-County Resident Proceedings Cost Certification; required documentation of court-ordered change of venue; summary reports for proof of subtotals and totals; and certified reports by county. The costs of proceedings are summarized by county and sent as certified reports of charges and credits to DOA for inclusion as special charge adjustments on the State Controller's Office Statement of Valuation of Taxable Property of the counties of the State of Wisconsin under Wis. Stat. § 70.60(1).

Confidentiality: Wis. Stat. § 51.30(4)(b)(2)

EVENT = Fiscal

No Change

<u>00837000.</u>	<u>FACILITY CLIENT SERVICE BILLING AND COLLECTION ACCOUNTING DATA</u>	<u>EVT+5</u>	<u>DEST</u>	<u>Y</u>
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PURPOSE: DATA IS LOADED INTO THE SYSTEM BY DES AND/OR FACILITIES. THE SYSTEM IS CAPABLE OF GENERATING BILLS AND KEEPING LEDGERS TO MANAGE BILLABLE CHARGES TO AND PAYMENT RECEIVED FOR INDIVIDUAL CLIENT ACCOUNTS; CAN ALSO TRACK REVENUE AND ACCOUNTS RECEIVABLE INFORMATION.

CONTENT: DATA ELEMENTS IN THE INSIGHT ACCOUNTING SYSTEM INCLUDE, BUT ARE NOT LIMITED TO: CLIENT NAME, BIRTHDATE, ADDRESS, FACILITY, DURATION OF STAY, INSURANCE TYPE, RESPONSIBLE PARTY, BILLABLE CHARGES, PAYMENTS RECEIVED, RESPONSIBLE COUNTY 51 BOARD, LEGAL STATUS, ETC.

NOTE: DHS 1.06(3)(E) STATES, "WHERE A LIABILITY FOR NPATIENT MENTAL HEALTH SERVICES REMAIN, CLIENT

Dept #: 1821/ Department Name: DES - FISCAL SERVICES

RDA #	RDA Title	Retention	Disposition	PII
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RECORDS SHALL BE KEPT A MINIMUM OF 5 YEARS AFTER THE LAST TRANSACTION POSTED TO THE RECORD."

EVENT = CLOSED-PAYMENT IN FULL OR WRITE OFF + 5 YEARS AND DESTROY CONFIDENTIAL.

<u>01092000.</u>	<u>BILLING AND COLLECTION CLOSED CASE TRACKING FILES</u>	<u>EVT+10</u>	<u>DEST</u>	<u>Y</u>
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Purpose: To track closed collection cases and make retrieval easier and faster.

Content: After a case is closed, it is boxed and sent to the Record Center. The following case data is entered into the database. The data includes the patient's name (last, first, MI) Patient ID number (assigned when patient is admitted to institution) closed date, assigned box number.

The 10-year retention is required per Wis. Stat. § 893. 87.

Records are confidential per Wis. Stat. § 51.30.

EVT + 10 yrs = File has a zero balance; Destroy Confidential

Dept #: 1822/ Department Name: DES - HUMAN RESOURCES

RDA #	RDA Title	Retention	Disposition	PII
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<u>00848000.</u>	<u>CONFLICT RESOLUTION RECORDS</u>	<u>EVT+7</u>	<u>DEST</u>	<u>Y</u>
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Purpose: To resolve conflict and have management documentation of problems, which may end in litigation.

A facilitated meeting is held when there is a conflict between two or more employees, such as a supervisor and subordinate(s), that can not be resolved without intervention from a "non-involved" third party. Following the meeting of all parties involved with the third party, a resolution document is drafted and distributed to the participants and their managers. About 8 weeks is given to the group to "try out" the resolution. After this second meeting, the resolution becomes "final", goes into effect and remains with the group.

Content: Includes, But Not Limited To, All Correspondence During The Conflict Resolution Process Such As Meeting Notes, Memos and agreements

Retention: Retain 2 Years after event And Destroy As Confidential. Evt = closed - after "final" meeting

Dept #: 1824/ Department Name: DES - FACILITIES, SAFETY, AND RISK MANAGEMENT

RDA #	RDA Title	Retention	Disposition	PII
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<u>00072A00.</u>	<u>SCHOOL LUNCH PROGRAM REPORTS</u>	<u>CY+3</u>	<u>DEST</u>	<u>N</u>
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PURPOSE: TO DOCUMENT DHS PARTICIPATION IN THE USDA LUNCH AND BREAKFAST PROGRAM AND COMMODITY DISTRIBUTION. DATA FROM INSTITUTIONS IN THE DIVISION OF LONG TERM CARE AND THE DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE IS CONSOLIDATED INTO REPORTS AND CLAIMS FOR REIMBURSEMENT FROM USDA FOR ELIGIBLE MEALS. MONTHLY AND YEARLY REPORTS ARE REQUIRED.

CONTENT: PAPER AND EXCEL REPORTS SUBMITTED BY INSTITUTIONS AND ENTERED INTO INTERNET BASED DATA ENTRY AT DPI SITE. INCLUDE THE FOLLOWING DOCUMENTS FROM DHS INSTITUTIONS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: EXCEL SPREADSHEETS THAT INDICATE THE NUMBER OF MEALS SERVED TO ELIGIBLE YOUTH AND ADULT POPULATION ARE CONSOLIDATED INTO A MONTHLY CLAIM FOR REIMBURSEMENT FOR LUNCH AND BREAKFAST. THE CONSOLIDATED DATA IS ENTERED ON THE DPI WEBSITE UNDER THE USDA SCHOOL LUNCH AND BREAKFAST MEAL REIMBURSEMENT PROGRAM.

REPORTS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: MONTHLY LUNCH AND BREAKFAST REIMBURSEMENT CLAIM; MONTHLY DEPOSIT FORM F-80392 FOR CHECK DEPOSIT TO BFS; ELIGIBILITY VERIFICATION SUMMARY; CIVIL RIGHTS COMPLIANCE SELF EVALUATION; FEDERAL OCTOBER DATA; ON-SITE MONITORING DOCUMENTATION; ANNUAL FINANCIAL REPORT; ANNUAL COMMODITY ORDER AND MONTHLY DISTRIBUTION; YEARLY LUNCH AND BREAKFAST REIMBURSEMENT TOTALS FOR FISCAL YEAR REPORTED TO BFS

RETENTION: RETENTION REQUIREMENTS FOR FEDERAL PROGRAM IS CURRENTPLUS 3 YEARS

RDA #	RDA Title	Retention	Disposition	PII
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NOTE: RDA AMENDED TO REFLECT DOCUMENTS ACTUALLY GENERATED. PREVIOUSU RDA INDICATED AN AUTOMATED DATABASE WHICH IS NOT THE CASE. THIS RDA SUPERSEDES 435-72, 435-73, 435-73A, 435-73B. FOR FACILITY RECORDS SEE RDA 435-532A.

<u>00084000.</u>	<u>MENUS - INSTITUTION</u>	<u>CY+3</u>	<u>DEST</u>	<u>N</u>
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CONTENT: COPIES OF MENUS FOR MEALS SERVED IN THE DHS'S INSTITUTIONS. THESE MENUS ARE REVIEWED BY A DIETITIAN FOR ADEQUACY OF VITAMIN A AND C, ETC.

PURPOSE: THESE RECORDS ARE KEPT IN ACCORDANCE WITH THE ADMINISTRATION OF USDA SCHOOL LUNCH & BREAKFAST PROGRAM.

RETENTION: RETAIN CURRENT YEAR PLUS 3 YEARS AND DESTROY. THE 3 YEAR RETENTION IS REQUIRED BY THE DEPARTMENT OF PUBLIC INSTRUCTION WHICH ADMINISTERS THE USDA SCHOOL LUNCH & BREAKFAST PROGRAMS FOR THE STATE OF WISCONSIN.

NOTE: RDA AMENDED TO REFLECT ORGANIZATIONAL NAME CHANGE AND DIVISION CODE. RETENTION REVISED TO REFLECT DPI AND USDA REQUIREMENTS.

<u>00085000.</u>	<u>FOOD SERVICE CORRESPONDENCE FILE</u>	<u>CY+3</u>	<u>DEST</u>	<u>N</u>
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CONTENT: THIS RECORD SERIES INCLUDES CORRESPONDENCE BETWEEN THE FOOD MANAGEMENT COORDINATOR AND OTHER DHS DIVISIONS, INSTITUTIONS, ETC., RELATIVE TO FOOD MANAGEMENT.

PURPOSE: CORRESPONDENCE RELATES TO THE MANAGEMENT AND IMPLEMENTATION OF FOOD SERVICE OPERATIONS IN ACCORDANCE WITH STATE AND FEDERAL MEAL PROGRAM REQUIREMENT THROUGHOUT THE DEPARTMENT.

RETENTION: RETAIN CURRENT YEAR PLUS 3 YEARS AND DESTROY. THE 3 YEAR RETENTION IS REQUIRED BY THE DEPARTMENT OF PUBLIC INSTRUCTION WHICH ADMINISTERS THE USDA SCHOOL LUNCH & BREAKFAST PROGRAMS FOR THE STATE OF WISCONSIN.

NOTE: RDA AMENDED TO REFLECT ORGANIZATIONAL NAME CHANGE AND DIVISION CODE. RETENTION REVISED TO REFLECT DPI AND USDA REQUIREMENTS.

<u>00967000.</u>	<u>FOOD BUDGET RECORDS AND INPUT DOCUMENTS</u>	<u>EVT+3</u>	<u>DEST</u>	<u>N</u>
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PURPOSE: TO MAKE MEAL COST PROJECTIONS FOR DHS INSTITUTION FOOD FOR BIENNIAL BUDGET. BUDGET INFORMATION IS SUBMITTED TO OFFICE OF POLICY & BUDGET TO COMBINE WITH 'EXPECTED INSTITUTION POPULATION FIGURES' TO PRODUCE THE TOTAL DOLLARS TO BE BUDGETED FOR FOOD.

HARDWARE/SOFTWARE: WORK STATION AND EXCEL

DATA ELEMENTS: INSTITUTION NAMES, MEAL COST INFLATION FACTORS AND TOTAL EMPLOYEE MEALS AND PROJECTED MEAL COSTS.

SYSTEM DOCUMENTATION: DOCUMENTATION MAY NOT BE DESTROYED AS LONG AS ASSOCIATED DATA FILES EXIST. DOCUMENTATION MUST BE RETAINED AS LONG AS DATA FILES.

RETENTION:EVENT+3 YRS AND DESTROY, EVENT = END OF BIENNIUM

<u>00968000.</u>	<u>NUTRITIONAL ANALYSIS DATA REPORTS</u>	<u>CR+3</u>	<u>DEST</u>	<u>N</u>
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PURPOSE: TO EVALUATE THE NUTRITIONAL ADEQUACY OF THE MENUS SERVED TO CLIENTS IN THE DHS INSTITUTIONS. ANALYSIS REPORTS ARE SENT TO THE INSTITUTIONS RANDOMLY OR AS REQUESTED. THIS RETENTION SCHEDULE COVERS THE CENTRAL OFFICE COPY AND ANALYSIS CONDUCTED AT INSTITUTIONS.

HARDWARE/SOFTWARE: WORKSTATION/CBORD

SYSTEM DOCUMENTATION: DOCUMENTATION MAY NOT BE DESTROYED AS LONG AS ASSOCIATED DATA FILES EXIST. DOCUMENTATION MUST BE RETAINED AS LONG AS THE DATA FILES.

DATA ELEMENTS: FOOD ITEM, PORTION SIZE, INSTITUTION NAME, TIME PERIOD, SAMPLE REFERENCE PERSON (MALE, FEMALE, AGE, WEIGHT, ETC.) AGAINST WHICH TO DO THE ANALYSIS.

INPUT: INSTITUTION MENUS (COVERED BY RDA 435-84)

OUTPUT: NUTRITIONAL ANALYSIS REPORTS

EVENT = CR + 3 YEARS AND DESTROY

<u>01101000.</u>	<u>MAILING ADDRESS LISTS</u>	<u>EVT+2</u>	<u>DEST</u>	<u>Y</u>
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CONTENT: PRINTED AND AUTOMATED MAILING LISTS USED TO SEND MAILINGS OR TO MAIL MATERIALS TO

Dept #: /824/ Department Name: DES - FACILITIES, SAFETY, AND RISK MANAGEMENT

RDA # RDA Title Retention Disposition PII

SUBSCRIBERS OR REGULAR RECIPIENTS.

PURPOSE: MAILING LISTS ARE MAINTAINED TO INSURE SUBSCRIBER AND REGULAR RECIPIENT ADDRESSES AR UP TO DATE. POSTAL REGULATIONS REQUIRE THAT RETURN SERVICE REQUESTED MAIL RESPONSES ARE USED TO UPDATE MAILING LIST DATA SOURCES. POST OFFICE RECOMMENDATIONS ARE TO RETAIN UPDATE DOCUMENTATION FOR 2 YEARS. POST OFFICE STATES THAT LACK OF DOCUMENTATION COULD RESULT IN PENALTIES FOR PROCESSING MAIL UP TO AND INCLUDING REVOCATION OF DISCOUNT MAIL STATUS.

EVENT = AFTER SUPERSEDED + 2 YEARS AND DESTROY CONFIDENTIAL

Dept #: /833/ Department Name: DES - HUMAN RESOURCES - AFFIRMATIVE ACTION

RDA # RDA Title Retention Disposition PII

00127000. AFFIRMATIVE ACTION CIVIL RIGHTS COMPLIANCE PROGRAM FILES-DEPAR EVT+10 SHSW N

PURPOSE: THE MATERIALS ARE USED FOR HUMAN RESOURCE MANAGEMENT ACTIVITIES BY THE AFFIRMATIVE ACTION/CIVIL RIGHTS COMPLIANCE PROGRAM, BUREAU OF HUMAN RESOURCES, DIVISION OF ENTERPRISE SERVICES, OFFICE OF LEGAL COUNSEL. THE POLICY AND PROCEDURES WHICH BECOME OBSOLETE ARE USED BY COURTS DURING LITIGATION. DESTRUCTION OF MATERIALS MAY RENDER THE AGENCY POWERLESS DURING FUTURE LITIGATION.

CONTENT: THESE CONTAIN REPORTS, PROJECTS, POLICY, PROCEDURES, LAWS AND REGULATIONS RELATED TO AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY. IT INCLUDES FEDERAL, STATE AND DHS MATERIALS. IT ALSO INCLUDES, BUT IS NOT LIMITED TO, ALL TERMS AND CONDITIONS OF EMPLOYMENT, IE., ACCOMMODATIONS, TRANSFERS PROMOTION, TRAINING, ETC. IT DOES NOT INCLUDE PERSONALLY IDENTIFIABLE INFORMATION.

DEFINITION: CLOSED MEANS AFTER REPORT ISSUANCE, PROJECT COMPLETION OR SUPERSEDING OF POLICY, PROCEDURE OR LAWS AND REGULATIONS.

00713000. AFFIRMATIVE ACTION AND CIVIL RIGHTS COMPLIANCE LETTERS OF ASSUF EVT+2 SHSW N

PURPOSE: AFFIRMATIVE ACTION AND CIVIL RIGHTS (AA/CRC) PLANS AND LETTER OF ASSURANCE (LOA) ARE SUBMITTED BY COUNTY HUMAN AND SOCIAL SERVICES, PUBLIC HEALTH DEPARTMENTS, AGING, COMMUNITY PROGRAMS, PRIVATE-FOR-PROFIT, AND NOT-FOR-PROFIT ORGANIZATIONS, VENDORS AND GRANTEEES THAT CONTRACT WITH DHS TO CONFIRM COMPLIANCE WITH FEDERAL AND STATE CIVIL RIGHTS EQUAL OPPORTUNITY IN SERVICES DELIVERY AND EMPLOYMENT LAWS. THESE PLANS ARE DESIGNED TO COVER A COMPLIANCE PERIOD OF 4 YEARS. A NEW CRC PLANS AND LOA ARE REQUIRED AT THE EXPIRATION OF THE 4 YEAR PLAN

CONTENT: FILES CONTAIN LETTERS OF ASSURANCES, PLANS, AND OFFICIAL CORRESPONDENCE BETWEEN RECIPIENTS AND SUB-RECIPIENTS OF THE DHS ACKNOWLEDGING THEIR EQUAL OPPORTUNITY IN SERVICE DELIVERY AND EMPLOYMENT PROGRAMS.

CLOSE MEANS: AN AA/CRC PLAN AND LOA EXPIRES AT THE END OF THE 4 YEAR COMPLIANCE PERIOD REQUIRING A NEW SIGNED AA/CRC OR LOA TO BE FILED WITH OFFICE OF AA/CRC.

EVENT = CLOSED

00713A00. AFFIRMATIVE ACTION AND CIVIL RIGHTS COMPLIANCE ON-SITE MONITORII EVT+3 DEST N

PURPOSE: DHS STAFF IS REQUIRED TO MONITOR AND EVALUATE AFFIRMATIVE ACTION AND CIVIL RIGHTS COMPLIANCE (AA/CRC) PLANS AND LETTERS OF ASSURANCE (LOA) SUBMITTED BY COUNTY HUMAN AND SOCIAL SERVICES, PUBLIC HEALTH DEPARTMENTS, COMMUNITY PROGRAMS, PRIVATE-FOR-PROFIT, AND NOT-FOR-PROFIT ORGANIZATIONS, VENDORS AND GRANTEEES THAT CONTRACT WITH DHS TO CONFIRM COMPLIANCE WITH FEDERAL AND STATE CIVIL RIGHTS EQUAL OPPORTUNITY IN SERVICE DELIVERY AND EMPLOYMENT LAWS:

CONTENT: THE RECORDS CONSIST OF; MONITORING AND EVALUATION REPORTS, CORRESPONDENCE, CORRECTIVE ACTIONS PLANS REQUESTED AS A RESULT OF ON SITE MONITORING VISITS CONDUCTED OF FUNDED RECIPIENTS AND SUB-RECIPIENTS RECEIVING FEDERAL AND/OR STATE FINANCIAL ASSISTANCE THROUGH DHS TO DETERMINE COMPLIANCE WITH THE FEDERAL AND DHS AFFIRAMTIVE ACTION AND CIVIL RIGHTS COMPLIANCE PROGRAM.

CLOSED MEANS: AFTER ALL ISSUES HAVE BEEN RESOLVED AS A RESULT OF A COMPLIANCE REVIEW BASED AND FINDINGS REQUIRING SOME FORM OF A CORRECTIVE ACTION PLAN.

EVENT = CLOSED

Dept #: 1834/

Department Name: OFFICE OF LEGAL COUNSEL

<u>RDA #</u>	<u>RDA Title</u>	<u>Retention</u>	<u>Disposition</u>	<u>PII</u>
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<u>00140000.</u>	<u>OLC CASE FILES</u>	<u>EVT+10</u>	<u>DEST</u>	<u>Y</u>
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Purpose: Records actions in which DRS Legal Counsel have involvement, including: (1) case files for appeals to State Personnel Board, Personnel Comm., DWD Equal Rights Div., Wis. Employment Relations Comm., and Federal Equal Employment Opportunities Comm.; (2) miscellaneous litigation in the court system that was served on DRS and referred to DOJ for representation; (3) claims against the state that may involve employees, companies and general public; (4) miscellaneous types of litigation in which the Office of Legal Counsel is involved; (5) actions taken by the Office of Legal Counsel to recover funds due the Department from issues that include, but are not limited to, salary and assistance benefit overpayments, hospital assessments, penalties and fees; and (6) nursing home matters.

Content: Includes but is not limited to, appeal letters and/or complaint forms, correspondence, pleadings, briefs, exhibits, interim and/or final decisions from all forums to which cases were appealed, recommendations, attorney work product, patient records, hospital records, interviews, depositions, violations, notices, investigations, and other relevant data used in the litigation process, responses, research notes, and claims.

Confidentiality: Records in these files may be classified confidential per Wis. Stat. §§ 19.35(1), 19.36(10), 19.85(1)(g), 49.45(4), and 146.82; Wis. Admin. Code § DRS 108.01; 7 CFR 272.1(c), 42 CFR 431.300-307 and 45 CFR 164; 7 UDC 2020(e); and privileged under Wis. Stat. § 905.03 and Seifert v. School District of Sheboygan Falls, 2007 W1App207.

Lifecycle Language: Paper records may be scanned and retained electronically. Upon verification of the quality and retention of the electronic images, the paper documents are confidentially destroyed.

EVENT = Date case is closed

<u>00142000.</u>	<u>OLC GENERAL OFFICE FILES</u>	<u>CR+3</u>	<u>DEST</u>	<u>N</u>
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Purpose: These are general office operations files, such as supply orders, mail logs, equipment expenditures, library materials, purchase requests, general office correspondence, and other materials related to the general office operations.

Content: These files may contain confidential information. The Office of Legal Counsel cites the following statutes:

Wis. Stat. § 905.03 regarding subject material believed to be covered under the lawyer-client privilege  
Wis. Stat. § 47.02(7)(a) regarding vocational rehabilitation services  
Wis. Stat. § 49.81 regarding records relating to public assistance recipients  
Wis. Stat. § 48.78 regarding records with the children's code  
Wis. Stat. § 51.30 regarding records with the mental health act  
Wis. Stat. § 146.82 regarding patient health care records

Lifecycle Language: Paper records may be scanned and retained electronically. Upon verification of the quality and retention of the electronic images, the paper documents are confidentially destroyed.

EVENT = Creation



No Change. 5/98-Disposition Changed To Destroy.

<b><u>00146000.</u></b>	<b><u>LEGAL OPINION CORRESPONDENCE</u></b>	<b><u>CR+50</u></b>	<b><u>SHSW</u></b>	<b><u>Y</u></b>
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Purpose: This record series records communication rendering legal advice or interpretation of statutes affecting the Department of Health Services.

Content: These files contain the correspondence regarding legal advice or an interpretation of statutes.

Confidentiality: These records are classified confidential per Wis. Stat. §§ 19.85(1)(g), 19.35(1) and 905.03.

Lifecycle Language: Paper records may be scanned and retained electronically. Upon verification of the quality and retention of the electronic images, the paper documents are confidentially destroyed.

Justification for 50 Year Retention: Even if the precise situation addressed in a particular opinion is not yet in active litigation when the opinion is written, litigation that will be affected by an opinion of this office can be filed long after the opinion is issued.

EVENT = Creation

<b><u>00147000.</u></b>	<b><u>OLC SUBJECT FILES - NON-APPOINTED STAFF</u></b>	<b><u>EVT+10</u></b>	<b><u>SHSW</u></b>	<b><u>Y</u></b>
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Purpose: Personal files of OLC staff dealing with activities involving all department programs. Records include research notes, policy statements concerning pertinent programs, correspondence concerning legal advice, notes from staff meetings, correspondence concerning rules, and old forms. Records also include activity that is not specifically related to litigation.

Content: Some material in these files-name, research notes, correspondence, legal advice--may be considered confidential. The Office of Legal Counsel cites the following pertaining to confidential issues:

Wis. Stat. §§ 19.85(1)(g) and 19.35(1) Wis. Stat. § 47.02(7)(a) regarding vocational rehabilitation services

Wis. Stat. § 49.81 regarding records relating to public assistance recipients Wis. Stat. § 48.78 regarding records within the children's code Wis. Stat. § 51.30 regarding records within the mental health act

Wis. Stat. § 146.82 regarding patient health care records Wis. Stat. § 905.03 regarding subject material believed to be covered under the lawyer-client privilege Wis. Stat. § 230.13 regarding certain personnel matters

Lifecycle Language: Paper records may be scanned and retained electronically. Upon verification of the quality and retention of the electronic images, the paper documents are confidentially destroyed.

EVENT = Closed/after employee leave DHA OLC

<b><u>01055000.</u></b>	<b><u>REHABILITATION REVIEW CASE FILES</u></b>	<b><u>EVT+10</u></b>	<b><u>DEST</u></b>	<b><u>Y</u></b>
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Purpose: This record series documents who has applied for a rehabilitation review through the Department of Health Services under Wis. Admin. Code ch. DHS 12, Caregiver Background Checks, and the decision made by the Department of Health Services. These records document who has applied for rehabilitation review through an agency/entity other than DHS and the decisions by those agencies/entities, which include, but are not limited to, school boards and tribal governing bodies.

Content: These records contain, but are not limited to, the following:

1. Application for rehabilitation review and accompanying documentation
2. Correspondence to and from applicant
3. Appeal and accompanying documentation
4. Decisions

Note: Reports to the Wisconsin Legislature under Wis. Stat. §§ 48.685(5g) and 50.065(5g) and general information relating to rehabilitation reviews under DHS 12 that are unrelated to specific review requests are covered under OLC's subject file, RDA 435-00147.

Confidentiality: Wis. Stat. §§ 48.78, 51.30, 146.82, and 905.03; 45 CFR 164.502

Dept #: /834/ Department Name: OFFICE OF LEGAL COUNSEL

RDA #	RDA Title	Retention	Disposition	PII
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Lifecycle Language: Paper records may be scanned and retained electronically. Upon verification of the quality and retention of the electronic images, the paper documents are confidentially destroyed.

EVENT = Date case is closed

Dept #: /840/ Department Name: OFFICE OF POLICY INITIATIVES AND BUDGET

RDA #	RDA Title	Retention	Disposition	PII
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01106000. HUMAN SERVICES REPORTING SYSTEM / PROGRAM PARTICIPATION SYSTE FIS+4 DEST Y

PURPOSE: THE DATA COLLECTED AND MAINTAINED WITHIN THE HUMAN SERVICES REPORTING SYSTEM (HSRS), PROGRAM PARTICIPATION SYSTEM (PPS), AND CORE SERVICE DATA (CSD) MODULES IDENTIFIES DEMOGRAPHIC AND STATISTICAL INFORMATION FROM COUNTIES FOR THOSE INDIVIDUAL RECEIVING SERVICES. THE DATA ALSO IDENTIFIES ALLOCATIONS BACK TO THE COUNTIES FROM THE STATE. GRANT FUNDING TO COLLECT THE DATA AND MAINTAIN THE SYSTEMS WAS PROVIDED FOR BY SOCIAL SERVICES BLOCK GRANTS (SSBG). DATA HAS BEEN COLLECTED AND MAINTAINED WITHIN THE SYSTEMS PER THE REQUIREMENTS OF THE FEDERAL REPORTING REQUIREMENTS IDENTIFIED IN 45CFR96 96.134.

CONTENT: EXPENSE REPORT AND REVENUE REPORT DATA, SUCH AS INFORMATION COLLECTED ON F-20942 AND/OR F-22540. INFORMATION COLLECTED FROM COUNTIES FOR SEVERAL DATA MODULES REGARDING VARIOUS TARGET GROUPS, PURSUANT TO WI STATUTE SECTION 46.031(2G).

NOTE: THIS RDA DOES NOT INCLUDE RECORDS IDENTIFIED, OR RETAINED PER GENERAL SCHEDULE RDA ADM00013.

RETENTION: FIS + 4 YEARS AND DESTROY CONFIDENTIAL.

Dept #: /850/ Department Name: DES - INFORMATION AND TECHNOLOGY SERVICES

RDA #	RDA Title	Retention	Disposition	PII
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01032000. OMI-303 QUARTERLY REPORTS CR+10 DEST N

PURPOSE: TO REPORT HUMAN SERVICES REPORTING SYSTEM (HSRS) DATA FOR SERVICES PROVIDED.

CONTENT: CONSISTS OF OMI-303 OUTPUT REPORTS GENERATED FROM HSRS - YEAR-TO-DATE QUARTERLY REPORTS. REPORTS ARE RUN ONE MONTH AFTER THE END OF THE QUARTER AND CONTAIN DATA FOR SERVICES THROUGH THE END OF THE QUARTER. THEY ARE MANAGEMENT REPORTS SUMMARIZING HSRS DATA INTO VARIOUS CATEGORIES OF SERVICES - TEY ARE NOT CLIENT SPECIFIC.

THE REPORTS ARE COMPRISED OF SEVEN TABLES THAT DETAOL INFORMATION BY CLIENT AGE, SEX, ETHNICITY, CHARACTERISTICS AND REASONS FOR SERVICE BY TYPE OF PROGRAM, DAYS OF SERVICE, AND OTHER BREAKDOWNS.

Dept #: /901/ Department Name: DPH - HEALTH INFORMATION AND POLICY - VITAL RECORDS

RDA #	RDA Title	Retention	Disposition	PII
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00202B00. BIRTH REGISTRATION DATA - SVRIS (STATEWIDE VITAL RECORDS INFORM. P PERM Y

PURPOSE: ACCORDING TO SS. CHAPTER 69, VITAL RECORDS IS RESPONSIBLE FOR FILING AND MAINTAINING ALL ORIGINAL BIRTH RECORDS AND AMENDMENTS TO THESE RECORDS. THE RECORDS ARE USED BY THE GENERAL PUBLIC FOR A VARIETY OF PURPOSES INCLUDING BUT NOT LIMITED TO: PROVING CITIZENSHIP, OBTAINING A DRIVER'S LICENSE, PASSPORT, SOCIAL SECURITY CARD, PROOF FOR MARRIAGE, SCHOOL, WORK, AND BENEFITS SUCH AS SOCIAL SERVICE PROGRAMS. BIRTH RECORDS ARE ALSO USED BY VARIOUS PRIVATE BUSINESSES SUCH AS INSURANCE AND FINANCIAL INSTITUTIONS AND ALSO BY ALL FORMS OF GOVERNMENT. THE ELECTRONIC BIRTH RECORD HAS BECOME THE OFFICIAL ORIGINAL RECORD AND ELIMINATES THE PAPER RECORD. BIRTH RECORDS ARE ACCESSIBLE FROM THIS SYSTEM BY BOTH STATE AND LOCAL VITAL RECORDS OFFICES.

RDA # RDA Title Retention Disposition PII

CONTENT: BIRTH INFORMATION IS ENTERED BY HOSPITAL STAFF DIRECTLY INTO THE SVRIS SYTEM. THE INFORMATION IS REVIEWED AND SIGNED OFF BY THE BIRTH CERTIFICATE DESIGNEE IN THE HOSPITAL. RECORDS ARE THOROUGHLY EDITED, ASSIGNED A FILE DATE AND A CERTIFICATE NUMBER AND THEN BECOMES THE PERMANENT ELECTRONIC FILE.

ELECTRONIC DATA INCLUDES BUT IS NOT LIMITED TO CHILD'S NAME, DATE OF BIRTH, PLACE OF BIRTH, PARENT INFORMATION AND MEDICAL BIRTH RECORD INFORMATION.

INPUT: THE HOSPITAL BIRTH WORKSHEET, PART I, FORM F-05108 (COMPLETED BY PARENT(S) AND PART II, F-05109 (COMPLETED BY HOSPITAL).

OUTPUT: INCLUDES BUT NOT LIMITED TO: (1) PUBLISHED VITAL STATISTICS REPORTS; (2) SELECTED DATA FILES FOR RESEARCH USE; (3) SELECTED DATA FILES FOR USE BY PUBLIC HEALTH PROGRAMS; (4) SELECTED DATA FILES FOR ADMINISTRATIVE PURPOSES; (5) COPIES (CERTIFIED AND UNCERTIFIED) OF THE LEGAL PORTION OF BIRTH RECORDS FOR USE BY THE GENERAL PUBLIC, PRIVATE BUSINESS AND GOVERNMENT AGENCIES. CONFIDENTIAL OUTPUT IS PROTECTED BY SIGNED CONFIDENTIALITY AGREEMENTS.

BACKGROUND: TEH PREVIOUS RDA (00202) FOR THIS SERIES WAS FOR THE VITAL RECORDS LEGACY ELECTRONIC SYSTEM CALLED ISBIRTH, WHICH WAS A LAN BASED SYSTEM THAT WAS IMPLEMENTED ON 1/1/1994 AND USED THROUGH 12/31/2010. EFFECTIVE 1/1/2011, A NEW WEB-BASED SYSTEM WAS IMPLEMENTED CALLED SVRIS (STATEWIDE VITAL RECORDS INFORMATION SYSTEM). ALL ELECTRONIC RECORDS DATA THAT WAS STORED IN ISBIRTH WAS CONVERTED INTO AND ARE NOW MAINTAINED ON SVRIS. IN ADDITION, ANY PARTIALLY ELECTRONIC BIRTH RECORDS FOR THE BIRTH YEARS OF 1907 THROUGH 1993 THAT WERE MAINTAINED ON THE VITAL RECORDS LEGACY MAINFRAME SYSTEM WERE ALSO CONVERTED INTO AND ARE NOW MAINTAINED ON SVRIS.

TYPE OF SYSTEM: SVRIS IS A WEB-BASED APPLICATION ON VIRTUAL SERVERS.

BACK-UP: FILES ARE IN A MS-SQL RELATIONAL DATABASE. THEY ARE BACKED UP DAILY AND DET MAINTAINS THE BACK-UPS.

PERMANENT

00712000. IMPOUNDED/ADOPTION RECORDS P PERM Y

THE PURPOSE OF AN IMPOUND FILE IS TO MAINTAIN THE ORIGINAL BIRTH CERTIFICATE AND THE COURT ORDERED CHANGE DOCUMENT THAT REQUIRED THE STATE REGISTRAR TO CREATE A NEW BIRTH CERTIFICATE FOR THE SAME INDIVIDUAL. EXAMPLE: WHEN A CHILD IS BORN, A BIRTH CERTIFICATE GETS FILED WITH VITAL RECORDS SHOWING THE CHILD'S NAME AT THE TIME OF BIRTH AND THE BIRTH PARENT INFORMATION. IF VITAL RECORDS RECEIVES A COPY ORDER OF ADOPTION, A NEW BIRTH CERTIFICATE IS CREATED SHOWING THE CHILD'S NAME AFTER THE ADOPTION, AND SHOWING THE NEW ADOPTIBE PARENT INFORMATION. THE ORIGINAL PRE-ADOPTIVE BIRTH CERTIFICATE AND THE ADOPTION COURT ORDER ARE IMPOUNDED, BUT PERMANENTLY MAINTAINED. ACCORDING TO STATUE, AN IMPOUND FILE CAN ONLY BE RELEASED IF VITAL RECORDS RECEIVES A COURT ORDER MANDATING IT'S RELEASE OR IF VITAL RECORDS RECEIVES A REQUEST FROM THE DEPARTMENT OF CHILDREN AND FAMILIES ADOPTION SEARCH PROGRAM. IF A PERSON HAS BEEN ADOPTED, THE IMPOUND FILE PROVIDES THE INFORMATION TO GET THE ORIGINAL IDENTITY OF AN ADOPTED PERSON AND THEIR PARENTS AND MAY INCLUDE THE NAME OF THE AGENCY THAT PROCESSED THE ADOPTION. THE AGENCY THAT PROCESSED THE ADOPTION MAY MAINTAIN MEDICAL AND/OR GENETIC INFORMATION THAT MAY BE MEDICALLY NECESSARY FOR THE ADOPTED PERSON OR THEIR FAMILY. IN ADDITION TO ADOPTION ACTIONS, THERE ARE OTHER REASONS WHY IMPOUND FILES ARE CREATED.

1. IF A MAN IS LISTED ON A BIRTH CERTIFICATE AS A HUSBAND OR FATHER, AND A COURT ACTION DETERMINES THAT THE MAN IS NOT THE FATHER OF THE CHILD, A COURT ORDER CAN REQUIRE VITAL RECORDS, TO REMOVE THE MAN'S INFORMATION FROM THE BIRTH CERTIFICATE. VITAL RECORDS MUST IMPOUND THE ORIGINAL BIRTH CERTIFICATE, THE PATERNITY COURT ORDER, AND ANY RELATED CORRESPONDENCE.
2. IF A MAN IS ADDED TO A BIRTH CERTIFICATE THROUGH A VOLUNTARY PATERNITY ACKNOWLEDGEMENT (VPA), AND VITAL RECORDS RECEIVES A REQUEST TO WITHDRAW A VOLUNTARY PATERNITY ACKNOWLEDGEMENT WITHIN THE LEGAL REQUIREMENTS OF THE FORM, VITAL RECORDS MUST IMPOUND THE ORIGINAL BIRTH CERTIFICATE AND THE REQUEST TO WITHDRAW A VOLUNTARY PATERNITY ACKNOWLEDGEMENT FORM.
3. IF VITAL RECORDS RECEIVES A COURT ORDER TO CHANGE THE NAME AND SEX OF AN INDIVIDUAL, VITAL RECORDS MUST IMPOUND THE ORIGINAL BIRTH CERTIFICATE, THE NAME NAD SEX CHANGE COURT ORDER, AND ANY OTHER RELATED CORRESPONDENCE.
4. IF VITAL RECORDS RECEIVES A MISREPRESENTATION OF A FACT ON A BIRTH CERTIFICATE BY AN INFORMANT COURT ORDER, VITAL RECORDS MUST IMPOUND THE ORIGINAL BIRTH CERTIFICATE, THE MISREPRESENTATION COURT ORDER, AND ANY OTHER RELATED CORRESPONDENCE.
5. IF A BIRTH CERTIFICATE WAS REGISTERED TO A SURROGATE MOTHER AND VITAL RECORDS RECEIVES A SURROGATE COURT ORDER FORM, VITAL RECORDS MUST THEN IMPOUND THE ORIGINAL CERTIFICATE, THE SURROGATE ORDER FORM, AND ANY OTHER RELATED CORRESPONDENCE.
6. IF VITAL RECORDS DISCOVERS THAT FRAUD ACTIVITY RELATED TO ANY VITAL RECORD IS DETERMINED WHEN REGISTERING OR AMENDING A VITAL RECORD, THE STATE REGISTRAR CAN ORDER A VITAL RECORDS TO BE IMPOUNDED.

CONTENT: LEGAL IDENTIFYING INFORMATION INCLUDING, BUT NOT LIMITED TO, NAME ON CERTIFICATE, DATE OF BIRTH, PLACE OF BIRTH, AND PARENT INFORMATION, COURT INFORMATION, SIGNATURES AND DATES.

RETENTION: PERMANENT

RDA #	RDA Title	Retention	Disposition	PII
<u>00716000.</u>	<u>SECURITY FILM: BUREAU OF HEALTH STATISTICS PUBLICATIONS</u>	<u>CR+15</u>	<u>SHSW</u>	<u>N</u>
	<p>PURPOSE: MICROFILM CONTAINING THE ONLY REMAINING IN-HOUSE COPIES OF IMPORTANT HEALTH STATISTICS PUBLICATIONS. ONLY PUBLICATIONS WITH HISTORICAL AND/OR RESEARCH VALUE WERE CHOSEN FOR MICROFILMING. WE CANNOT IDENTIFY ANOTHER LIBRARY WHICH HAS RETAINED THESE PUBLICATIONS.</p> <p>CONTENT: THE FILE INCLUDES, BUT IS NOT LIMITED TO, YEARLY WISCONSIN PUBLIC HEALTH REPORTS, YEARLY "MANPOWER" REPORTS FOR WISCONSIN HEALTH CARE OCCUPATIONS, YEARLY FACILITY UTILIZATION REPORTS FOR WISCONSIN HOSPITALS AND NURSING HOMES, SPECIAL REPORTS ON VARIOUS MORTALITY AND NATALITY HEALTH DATA AND PUBLISHED PAPERS WRITTEN BY BUREAU STAFF.</p> <p>NOTE: SEVERE SPACE SHORTAGES IN THE BUREAU'S LIBRARY MANDATE THAT WE PURGE OUR PAPER INVENTORY OF PAST PUBLICATIONS AND MICROFILM THOSE OF HISTORICAL AND/OR RESEARCH VALUE. THE SECURITY MICROFILM SHOULD BE STORED AT THE CLIMATE-CONTROLLED RECORD CENTER FACILITY.</p> <p>CR+ 15 YEARS AND TRANSFER TO STATE ARCHIVES(WHS)</p>			
<u>00800000.</u>	<u>VITAL RECORDS CORRESPONDENCE</u>	<u>CR+2</u>	<u>DEST</u>	<u>Y</u>
	<p>PURPOSE: ORIGINAL VITAL RECORDS CORRESPONDENCE: LETTERS, REQUESTS FOR INFORMATION, AND VITAL RECORDS: BIRTH, DEATH, MARRIAGE, DIVORCE CERTIFICATES, AND RELATED CORRESPONDENCE.</p> <p>CONTENT: CORRESPONDENCE PERTAINING TO ABOVE REQUESTS IS ACCOMPANIED BY A FEE, AND AN IDENTIFICATION SLIP LINKS THE CORRESPONDENCE TO A COMPUTER FILE. THE COMPUTER FILE CONTAINS ALL PERTINENT INFORMATION ON THE HANDLING OF THE REQUEST AND ITS FINAL DISPOSITION.</p> <p>RETENTION: CR + 2 YEARS AND DESTROY CONFIDENTIAL</p>			
<u>01072000.</u>	<u>BIRTH CERTIFICATES</u>	<u>P</u>	<u>PERM</u>	<u>Y</u>
	<p>PURPOSE: 1. ACCORDING TO CHAPTER 69 OF THE WISCONSIN STATUES, THE STATE REGISTRAR IS THE RECORD CUSTODIAN FOR ALL VITAL RECORDS AND IS RESPONSIBLE FOR FILING, REGISTERING, COLLECTING AND PRESERVING ALL ORIGINAL VITAL RECORDS (BIRTH, DEATH, MARRIAGE AND DIVORCE CERTIFICATES), THEIR INDEXES, AND THEIR AMENDMENT/CHANGE DOCUMENTS INCLUDING AMENDMENT (CORRECTION/CHANGE) DOCUMENTS, COURT ORDERS, PATERNITY ACTIONS, AND IMPOUND/ADOPTION RECORDS.</p> <p>2. THE PURPOSE OF VITAL RECORDS AND THESE CERTIFICATES IS TO RECORD LEGAL EVENTS OF BIRTH, DEATH, MARRIAGE, AND DIVORCE ACTIONS THAT OCCUR IN WISCONSIN. IN ADDITION, VITAL RECORDS ARE USED TO DEVELOP ANNUAL STATISTICS AND PROVIDE INFORMATION FOR RESEARCH AND GENEALOGICAL PURPOSES. RETENTION OF THESE CERTIFICATES AND AMENDMENT DOCUMENTS IS NECESSARY FOR VARIOUS IDENTIFY DOCUMENT ESTABLISHMENT, AND BENEFIT ELIGIBILITY PURPOSES, INCLUDING BUT NOT LIMITED TO, OBTAINING A DRIVER'S LICENSE, PASSPORT, SSN, CITIZENSHIP, ELGIBILITY TO MARRY, AND BENEFIT ELIGIBILITY FOR VARIOUS GOVERNMENT AND PRIVATE AGENCIES.</p> <p>CONTENT: LEGAL IDENTIFYING INFORMATION INCLUDES, BUT IS NOT LIMITED TO, THE NAME LISTED ON CERTIFICATE OR AMENDMENT DOCUMENT, DATE OF BIRTH, PLACE OF BIRTH, DATE REGISTERED, CERTIFICATE NUMBER, AND OTHER ITEMS DETERMINED BY THE STATE REGISTRAR. CONFIDENTIAL/MEDICAL INFORMATION AS DETERMINED BY THE STATE REGISTRAR SUCH AS PREGNANCY, AND DELIVERY INFORMATION.</p> <p>RETENTION: PERMANENT</p>			
<u>01073000.</u>	<u>DEATH CERTIFICATES</u>	<u>P</u>	<u>PERM</u>	<u>Y</u>
	<p>PURPOSE: 1. ACCORDING TO CHAPTER 69 OF THE WISCONSIN STATUTES, THE STATE REGISTRAR IS THE RECORD CUSTODIAN FOR ALL VITAL RECORDS AND IS RESPONSIBLE FOR FILING, REGISTERING, COLLECTING AND PRESERVING ALL ORIGINAL VITAL RECORDS (BIRTH, DEATH, MARRIAGE AND DIVORCE CERTIFICATES), THEIR INDEXES, AND THEIR AMENDMENT/CHANGE DOCUMENTS INCLUDING AMENDMENT (CORRECTION/CHANGE) DOCUMENTS, COURT ORDERS, PATERNITY ACTIONS, AND IMPOUND/ADOPTION RECORDS.</p> <p>2. THE PURPOSE OF VITAL RECORDS AND THESE CERTIFICATES IS TO RECORD LEGAL EVENTS OF BIRTH, DEATH, MARRIAGE AND DIVORCE ACTIONS THAT OCCUR IN WISCONSIN. IN ADDITION, VITAL RECORDS ARE USED TO DEVELOP ANNUAL STATISTICS AND PROVIDE INFORMATION FOR RESEARCH AND GENEALOGICAL PURPOSES. RETENTION OF THESE CERTIFICATES AND AMENDMENT DOCUMENTS IS NECESSARY FOR VARIOUS IDENTIFY DOCUMENT ESTABLISHMENT, AND BENEFIT ELIGIBLTY PURPOSES, INCLUDING BUT NOT LIMITED TO, OBTAINING A DRIVER'S LICENSE, PASSPORT, SSN, CITIZENSHIP, ELGIBILITY TO MARRY, AND BENEFIT ELIGIBILITY FOR VARIOUS GOVERNMENT AND PRIVATE AGENCIES.</p> <p>CONTENT: LEGAL IDENTIFYING INFORMATION INCLUDING NAME LISTED ON CERTIFICATE OR AMENDMENT DOCUMENT, DATE OF DEATH, PLACE OF DEATH, DATE REGISTERED, CERTIFICATE NUMBER, AND OTHER ITEMS DETERMINED BY THE STATE REGISTRAR. CONFIDENTIAL/MEDICAL INFORMATION AS DETERMINED BY THE STATE REGISTRAR SUCH AS CASUSE OF DEATH INFORMATION.</p> <p>RETENTION: PERMANENT</p>			

RDA #	RDA Title	Retention	Disposition	PII
<u>01074000.</u>	<u>MARRIAGE CERTIFICATES</u>	<u>P</u>	<u>PERM</u>	<u>Y</u>
<p>PURPOSE: 1. ACCORDING TO CHAPTER 69 OF THE WISCONSIN STATUTES, THE STATE REGISTRAR IS THE RECORD CUSTODIAN FOR ALL VITAL RECORDS AND IS RESPONSIBLE FOR FILING, REGISTERING, COLLECTING AND PRESERVING ALL ORIGINAL VITAL RECORDS (BIRTH, DEATH, MARRIAGE AND DIVORCE CERTIFICATES), THEIR INDEXES, AND THEIR AMENDMENT/CHANGE DOCUMENTS INCLUDING AMENDMENT (CORRECTION/CHANGE) DCOCUMENTS, COURT ORDERS, PATERNITY ACTIONS, AND IMPOUND/ADOPTION RECORDS.</p> <p>2. THE PURPOSE OF VITAL RECORDS AND THESE CERTIFICATES IS TO RECORD LEGAL EVENTS OF BIRTH, DEATH, MARRIAGE, AND DIVORCE ACTIONS THAT OCCUR IN WISCONSIN. IN ADDITION, VITAL RECORDS ARE USED TO DEVELOP ANNUAL STATISTICS AND PROVIDE INFORMATION FOR RESEARCH AND GENEALOGICAL PURPOSES. RETENTION OF THESE CERTIFICATES AND AMENDEMENT DOCUMENTS IS NECESSARY FOR VARIOUS IDENTIFY DOCUMENT ESTABLISHMENT, AND BENEFIT ELGIBILITY PURPOSES, INCLUDING BUT NOT LIMITED TO, OBTAINING A DRIVER'S LICENSE, PASSPORT, SSN, CITIZENSHIP, ELIGIBLTY TO MARRY, AND BENEFIT ELIGIBILITY FOR VARIOUS GOVERNMENT AND PRIVATE AGENCIES.</p> <p>CONTENT: LEGAL IDENTIFYING INFORMATION INCLUDING NAME LISTED ON CERTIFICATE OR AMENDMENT DOCUMENT, DATE OR MARRIAGE, PLACE OF MARRIAGE, DATE REGISTERED, CERTIFICATE NUMBER, AND OTHER ITEMS DETERMINED BY THE STATE REGISTRAR. CONFIDENTIAL INFORMATION AS DETERMINED BY THE STATE REGISTRAR SUCH AS PREVIOUS MARRIAGE INFORMATION (I.E., HOW MANY PREVIOUS MARRIAGES, HOW THE PREVIOUS MARRIAGE ENDED.)</p> <p>RETENTION: PERMANENT</p>				
<u>01075000.</u>	<u>DIVORCE CERTIFICATES</u>	<u>P</u>	<u>PERM</u>	<u>Y</u>
<p>PURPOSE: 1. ACCORDING TO CHAPTER 69 OF THE WISCONSIN STATUES, THE STATE REGISTRAR IS THE RECORD CUSTODIAN FOR ALL VITAL RECORDS AND IS RESPONSIBLE FOR FILING, REGISTERING, COLLECTING AND PRESERVING ALL ORIGINAL VITAL RECORDS (BIRTH, DEATH, MARRAIGE AND DIVORCE CERTIFICATES), THEIR INDEXES, AND THEIR AMENDMENT/CHANGE DOCUMENTS INCLUDING AMENDMENT (CORRECTION/CHANGE) DOCUMENTS, COURT ORDERS, PATERNITY ACTIONS, AND IMPOUND/ADOPTION RECORDS.</p> <p>2. THE PURPOSE OF VITAL RECORDS AND THESE CERTIFICATES IS TO RECORD LEGAL EVENTS OF BIRTH, DEATH, MARRIAGE AND DIVORCE ACTIONS THAT OCCUR IN WISCONSIN. IN ADDITION, VITAL RECORDS ARE USED TO DEVELOP ANNUAL STATISTICS AND PROVIDE INFORMATION FOR RESEARCH AND GENEALOGICAL PURPOSES. RETENTION OF THESE CERTIFICATES AND AMENDMENT DOCUMENTS IS NECESSARY FOR VARIOUS IDENTIFY DOCUMENT ESTABLISHMENT, AND BENEFIT ELGIBILITY PURPOSES, INCLUDING BUT NOT LIMITED TO, OBTAINING A DRIVER'S LICESNE, PASSPORT, SSN, CITIZENSHIP, ELIGIBILITY TO MARRY, AND BENEFIT ELIGIBILITY FOR VARIOUS GOVERNMENT AND PRIVATE AGENCIES.</p> <p>CONTENT: LEGAL IDENTIFYING INFORMATION INCLUDING NAME LISTED ON CERTIFICATE OR AMENDMENT DOCUMENT, DATE OF DIVORCE, PLACE OF DIVORCE, DATE REGISTERED, CERTIFICATE NUMBER, AND OTHER ITEMS DETERMINED BY THE STATE REGISTRAR. CONFIDENTIAL INFORMATION AS DETERMINED BY THE STATE REGISTRAR SUCH AS NUMBER OF CHILDREN BORN WITHIN THE MARRIAGE.</p> <p>RETENTION: PERMANENT</p>				
<u>01076000.</u>	<u>VITAL RECORD AMENDMENTS INCLUDING ADMINISTRATIVE AND COURT-OR</u>	<u>P</u>	<u>PERM</u>	<u>Y</u>
<p>PURPOSE:</p> <p>1. According to Wis. Stat. ch. 69, the State Registrar is the record custodian for all vital records and is responsible for filing, registering, collecting and preserving all original vital records (birth, death, marriage, divorce, declaration of domestic partnership and termination of domestic partnership certificates), their indexes, and their amendment/change documents including amendment (correction/change) documents, court orders, paternity actions, and impound/adoption records.</p> <p>2. The purpose of an amendment is as follows: If information listed on a birth, death, marriage, divorce, declaration of domestic partnership or termination of domestic partnership certificate has been omitted, incorrect, or an applicant requests a change to a vital record, an administrative or court-ordered amendment can be filed in Vital Records to complete, correct or change the information. These amendment documents prove the authority for legally changing information on a vital record. Chapter 69 requires the amendment information to be documented on the vital record. These amendments have permanent retention along with the vital record that was changed.</p> <p>CONTENT:</p> <p>Legal identifying information provided on amendment document including name, date and place of birth, death, marriage, divorce, declaration of domestic partnership and termination of domestic partnership certificate. Depending on the type of vital record, other information to be amended includes, but is not limited to, parent or spouse information, parent's age, date of birth, place of birth, occupation, date of amendment, notary, or court certification information.</p> <p>Records are confidential per Wis. Stat. § 69.20(2)(a).  Lifecycle Language: The Vital Records Office is in the process of converting to an electronic system. Per Wis. Stat. § 69.03(5), once the paper original of a vital record is transferred to electronic format or microfilm reproduction, the paper record can be destroyed. It is the intent of the Vital Records Office to convert all the paper records in this series.</p>				

RDA #	RDA Title	Retention	Disposition	PII
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**01077000.**      **PATERNITY DOCUMENTS**      **P**      **PERM**      **Y**

PURPOSE: 1. According to Wis. Stat. ch. 69, the State Registrar is the record custodian for all vital records and is responsible for filing, registering, collecting and preserving all original vital records, their indexes, and their amendment/change documents including amendment (correction/change) documents, court orders, paternity actions, and impound/adoption records.  
 2. The purpose of paternity documents is to add, change, or remove father information on a birth certificate and § 69.15(3) allows for four types of paternity actions including (1) an administrative process referred to as either a Statement of Paternity (SOP) or Voluntary Paternity Acknowledgement (VPA), (2) a court-ordered paternity adjudication, (3) another type of administrative process called a Legitimation and (4) Request to Rescind father information if father information was added to a birth certificate as a result of a VPA. The following is brief description of these records. (1) If mother is not married between conception to birth of a child, the birth certificate must get filed in Vital Records with no father's information listed. Paternity information can be added to birth certificate if a SOP or VPA is filed. (2) Paternity information can be added, removed, or changed on a birth certificate by court order. (3) If the mother and biological father were not married at the time of birth, but married after the birth, a form called Acknowledgement of Marital Child (AMC) or a Legitimation can be filed in Vital Records and the husband information can be added to the birth certificate. (4) If a VPA has been filed in vital records, the parents have 60 days from the date the VPA is filed, or if the parent is under the age of 18, 60 days from the date they turn 18 to rescind the VPA and its information. If Vital Records receives a valid, acceptable rescission form, they will remove the father's information from the birth certificate.

**CONTENT**

Legal identifying information including, but not limited to, name on certificate, date of birth, place of birth, parents' information, parents' address and phone number, father's Social Security number, signatures, notary, and/or clerk of court information and dates.

Records are confidential per Wis. Stat. § 69.20(2)(a).

Lifecycle Language: The Vital Records Office is in the process of converting to an electronic system. Per Wis. Stat. § 69.03(5), once the paper original of a vital record is transferred to electronic format or microfilm reproduction, the paper record can be destroyed. It is the intent of the Vital Records Office to convert all the paper records in this series.

**01079000.**      **DELAYED REGISTRATIONS OF BIRTH, DEATH, AND MARRIAGE**      **P**      **PERM**      **Y**

PURPOSE: 1. ACCORDING TO CHAPTER 69 OF THE WISCONSIN STATUES, THE STATE REGISTRAR IS THE RECORD CUSTODIAN FOR ALL VITAL RECORDS AND IS RESPONSIBLE FOR FILING, REGISTERING, COLLECTING AND PRESERVING ALL ORIGINAL VITAL RECORDS (BIRTH, DEATH, MARRIAGE AND DIVROCE CERTIFICATES), THEIR INDEXES, AND THEIR AMENDMENT/CHANGE DOCUMENTS INCLUDING AMENDMENT (CORRECTION/CHANGE) DOCUMENTS, COURT ORDERS, PATERNITY ACTIONS, AND IMPOUND/ADOPTION RECORDS.  
 2. THE PURPOSE OF DELAYED REGISTRATION DOCUMENT IS TO RECORD A BIRTH, DEATH OR MARRIAGE THAT DIDN'T GET FILED WITH VITAL RECORDS WITHIN 365 DAYS FROM THE DATE OF THE EVENT. IF A CERTIFICATE OF BIRTH, DEATH OR MARRIAGE IS FILED IN VITAL RECORDS WITHIN 365 DAYS FROM THE DATE OF EVENT, A DELAYED REGISTRATION DOCUMENT CAN BE FILED. FOR BIRTHS, AN ADMINISTRATIVE (ESTABLISHED THROUGH EVIDENCE) OR COURT ORDERED DELAYED BIRTH REGISTRATION CAN BE FILED. FOR DEATH AND MARRIAGE, ONLY A COURT ORDERED DELAYED REGISTRATION CAN BE FILED. A DELAYED REGISTRATION IS A SUMMARY DOCUMENT THAT LISTS THE EVIDENCE USED TO SUPPORT THE FACTS THAT THE EVENT OCCURED IN WISCONSIN AND THE FACTS SURROUNDINGS THE EVENT INCLUDING, BUT NOT LIMITED TO, THE NAME LISTED ON THE DELAYED REGISTRATION, DATE OF BIRTH, DEATH OR MARRIAGE, PARENT AND/OR SPOUSE INFORMATION.

CONTENT: LEGAL IDENTIFYING INFORMATION INCLUDING, BUT NOT LIMITED TO, NAME LISTED ON CERTIFICATE, DATE AND PLACE OF BIRTH, DEATH OR MARRIAGE, PARENT AND/OR SPOUSE INFORMATION, DATE REGISTERED, CERTIFICATE NUMBER, A LIST OF THE EVIDENCE INFORMATION USED TO SUPPORT FILING THE DELAYED REGISTRATION DOCUMENT.

RETENTION: PERMANENT

**01109000.**      **DOMESTIC PARTNERSHIP CERTIFICATES - DECLARATIONS AND TERMINAT**      **P**      **PERM**      **Y**

PURPOSE:  
 1. ACCORDING TO STATE STATUTE, CHAPTER 69.03(5), THE STATE REGISTRAR IS THE RECORD CUSTODIAN FOR ALL VITAL RECORDS AND IS RESPONSIBLE FOR FILING, REGISTERING, COLLECTING AND PRESEVING ALL ORIGINAL VITAL RECORDS (BIRTH, DEATH, MARRIAGE, DIVORCE, DECLARATION OF DOMESTIC PARTNERSHIP AND TERMINATION OF DOMESTIC PARTNERSHIP CERTIFICATES), THEIR INDEXES AND THEIR AMENDMENTS/CHANGE DOCUMENTS.  
 2. THE PURPOSE OF VITAL RECORDS AND THESE CERTIFICATES IS TO RECORD LEGAL EVENTS OF BIRTH, DEATH, MARRIAGE, DIVORCE, DOMESTIC PARTNERSHIP AND TERMINATION OF DOMESTIC PARTNERSHIP ACTIONS THAT OCCUR IN WISCONSIN. IN ADDITION, VITAL RECORDS ARE USED TO DEVELOP ANNUAL STATISTICS AND PROVIDE INFORMATION FOR RESEARCH AND GENEALOGICAL PURPOSES. COPIES OF THESE CERTIFICATES ARE NECESSARY FOR VARIOUS IDENTITY DOCUMENT ESTABLISHMENT AND BENEFIT ELIGIBILITY PURPOSES INCLUDING BUT NOT LIMITED TO, OBTAINING A DRIVER'S LICENSE, PASSPORT, SSN, CITIZENSHIP, ELIGIBILITY TO MARRY OR ENTER INTO A DOMESTIC PARTNERSHIP, AND BENEFIT ELGIBILITY FOR VARIOUS GOVERNMENT AND PRIVATE AGENCIES.

CONTENT: LEGAL IDENTIFYING INFORMATION INCLUDES BUT IS NOT LIMITED TO THE NAMES LISTED ON THE CERTIFICATES, DATE OF BIRTH, PLACE OF BIRTH, DATE REGISTERED, CERTIFICATE NUMBER, AND OTHER ITEMS DETERMINED BY THE STATE REGISTRAR.

Dept #: /901/

Department Name: DPH - HEALTH INFORMATION AND POLICY - VITAL RECORDS

RDA #	RDA Title	Retention	Disposition	PII
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PERMANENT RETENTION