

**Standard:**

AccessCNY is committed to ensuring that necessary records and documents are adequately protected, maintained and destroyed in a manner that complies with applicable laws, regulations and professional practice.

**Procedure:**

1. All AccessCNY departments will develop a written procedure detailing records maintained in the participant's current record and on site and the timeframe for when records are moved to the archive storage.
2. All required documents that are maintained on site as well as off site will be stored in a protected and secured manner.
3. All electronic records will be backed up overnight and stored off site.
4. Each participant record should contain documents of the past 12 current months. Eligibility documentation should be kept in the participant record until discharge. Other documentation that the program deems necessary should also be kept in the participant record (i.e.: one-time evaluations).
5. The previous year of documentation should be kept on site (i.e.: 2016 in record; 2015 on site in a file cabinet). Any earlier documentation should be boxed and stored in the agency's archive room at the Court St campus or a designated space.
6. The program's Administrative Assistants will complete a documentation checklist form as the record is archived. This should be done at the beginning of each year for the previous year. The Program Director will be notified of any missing documentation. If documentation cannot be located and is required for billing, the Program Director will ensure that the billing is accurate (not billed or void the claim) and the Quality Enhancement Department will be notified. A copy of the documentation checklist will be kept with the archived documentation. If a person is discharged or deceased, the date will be documented on the documentation checklist.
7. The Program Administrative Assistant or designated employee will be responsible for completing the archive log for each box that is stored at the Court St archive room or a designated space (see attached form).
8. When preparing a box for archive, only a standard (letter/legal size) Banker box will be used. Each box should have only one year in it. For small programs a box could have two years so that the box is full but needs to be clearly labeled. Archiving by year and not by participant allows the entire box to be shredded at one time. Records must be removed from binders and hanging files.

It is recommended that each participant's archived records be filed in the archive box in a folder labeled with the participant's name. The box must have a top that fits securely.

9. The outside of each box should be labeled with marker; do not use sticky labels or taped paper labels as these fall off after time. The box should be labeled on each side. The department box number (is: DCLC #1), the contents of the box (i.e.: 2014 DCLC records A-G), and destroy date should be clearly written on each side of the box. If the box contains numerous participants' documentation, a copy of the names of records could be kept on the inside of the box as well.
10. Destroy Date: Most waiver services can be destroyed after 10 years. This includes records stored electronically outside of an electronic health record (L:drive, SharePoint, etc.). Some services' documentation must be kept longer such as children's services. See program specific record retention standard for timeframes.
11. Once a year between Jan-Feb the designated program staff will contact the Facilities Department to schedule a time to take the archive records to the archive room at Court St or the designated space. The Program staff will be responsible to accompany the Facilities staff to the archive room to direct Facilities staff on what records to pull from the shelf at the same time the new records are put on the shelf. If the Program staff wants the boxes placed in a certain order than they should provide direction to the Facilities' staff at the time boxes are being placed.
12. Each department has shelves that are clearly labeled for their department records in the archive room at Court St. Boxes of records should only be placed on the department's designated shelves. If more space is needed, the Associate Executive Director of Quality & Performance should be notified.
13. The Program staff bringing records over to Court St. is responsible for obtaining and signing out the archive building key which is kept in the facilities building and returning the key immediately when finished. The Program staff is responsible for ensuring that all doors in the archive room are locked when leaving.
14. Records that are due to be shredded will be placed in a separate designated area until the shredding company is contacted. The Program Administrative staff is responsible to document records shredded and month/year they were shredded. At the same time, any files stored electronically that are outside of an electronic health record should be permanently deleted according the program's retention policy.
15. Once a year, the Facilities Director or designee will schedule the shredding company to shred designated records. The Facilities Director or designee will witness the completion of the shredding process and obtain a receipt. The Facilities Director or designee will send out an email to notify departments when the shredding process has been completed.
16. In the event that a record needs to be obtained during the year, the Program staff will obtain the archive key and obtain the documentation required. If assistance is needed in moving boxes, the Program staff is responsible to contact the Facilities Department to arrange a time for assistance. The Program staff is responsible to return the box to the appropriate shelf in the archive room.

There are ladders in the archive building to assist. No boxes are to be stored on the floor at any time. If boxes are found left on the floor, the department staff's supervisor will be contacted to address this.

17. In the event of a governmental audit, investigation, or pending litigation, record destruction may be suspended at the direction of the Associate Executive Director of Quality Enhancement, Executive Director or legal counsel. In addition, the Associate Executive Director of Quality Enhancement, Executive Director and legal counsel should be informed of any situation that might give rise to legal action as soon as the situation becomes apparent.

### **Records Damaged or Destroyed as a result of natural or manmade disaster:**

Whenever records are destroyed in whole or part by fire or flood or as a result of any natural or manmade disaster, the Program Director responsible for the custody of the records damaged or destroyed shall:

1. Notify the Executive Director and Associate Executive Director of Quality & Performance as soon as possible as to the nature, type and quantity of the records damaged or destroyed and the circumstances surrounding their damage and destruction.
2. Take immediate steps to protect the damaged records from further deterioration in accordance with technical advice furnished by the State Archives and Records Administration.
3. Initiate action, when appropriate and in accordance with technical advice from the State Archives and Records Administration to retrieve, resemble and reconstruct the information contained in the damaged or destroyed records.

The Associate Executive Director of Quality & Performance, upon notification of damage or destruction of records by fire, flood or as the result of any natural or manmade disaster or human error, shall notify legal counsel of such damage or destruction.

Within 60 days after the fire, flood or natural or manmade disaster causing damage or destruction to records, the Program Director shall furnish the Associate Executive Director of Quality & Performance with information about the nature, type and quantity of records no longer available for use; and the types of information contained in those records. All information will be recorded on the Archive Record log.