

# INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-440-10-002

All items in this schedule are inactive. Items are either obsolete or have been superseded by newer NARA approved records schedules.

Description:

Presumed destroyed/deleted

Date Reported: 4/19/2021

# INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>		JOB NUMBER N1-440-10-2	
To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received 11-27-2009	
1 FROM (Agency or establishment) Department of Health and Human Services		NOTIFICATION TO AGENCY  In accordance with the provisions of 44 U.S.C. 3303a, the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10	
2 MAJOR SUBDIVISION Centers for Medicare & Medicaid Services			
3 MINOR SUBDIVISION Office of Information Services (Barbara Roth, 410-786-1857), OCSQ (Judith Tobin, 410-786-6892)			
4. NAME OF PERSON WITH WHOM TO CONFER Vickie Robey	5 TELEPHONE NUMBER (410) 786-7883	DATE 11/24/09	ARCHIVIST OF THE UNITED STATES 
6 AGENCY CERTIFICATION I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached <u>1</u> page(s) are not needed now for the business for this agency or will not be needed after the retention periods specified, and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,  <input checked="" type="checkbox"/> X is not required <input type="checkbox"/> is attached, or <input type="checkbox"/> has been requested			
DATE 11/24/09	SIGNATURE OF AGENCY REPRESENTATIVE Yvonne Wilson		TITLE DHHS Records Management Officer
7 ITEM NO	8 DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARA USE ONLY)
	<p><b><u>ONE-TIME DISPOSAL OF THREE CONTINUITY ASSESSMENT RECORD AND EVALUATION (CARE) ASSESSMENTS SUBMITTED BY A QUALITY IMPROVEMENT ORGANIZATION (QIO) PROVIDER WHOSE ACCESS WAS TERMINATED.</u></b></p> <p><b>Continuity Assessment Record &amp; Evaluation (CARE) Assessments</b></p> <p>Under Section 5008 of the 2005 Deficit Reduction Act CMS was required to develop a standardized patient assessment instrument to uniformly measure and compare Medicare Beneficiaries' health and functional status, across provider settings</p> <p>The records consist of three patient assessments submitted by a QIO provider whose access to CARE was terminated. The three assessments collected will never be used</p> <p><b>Disposition:</b> Destroy/delete immediately after approval.</p>		