

INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: N1-440-94-001

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 Items are either obsolete or have been superseded by newer NARA approved records schedules.

Explanation / Description:

N1-440-94-001 Has been superseded by DAA-0440-2015-0004-0001

Date Reported: 01/05/2023

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REQUEST FOR RECORDS DISPOSITION AUTHORITY

(See Instructions on reverse)

TO NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR)
WASHINGTON, DC 20408

1. FROM (Agency or establishment)
DHHS/Health Care Financing Administration

2. MAJOR SUBDIVISION
Medicaid Bureau

3. MINOR SUBDIVISION

4. NAME OF PERSON WITH WHOM TO CONFER 5. TELEPHONE
Vickie Robey *Vickie Robey* (410) 786-7883

DO NOT WRITE IN THESE SPACES (NARA use only)

JOB NUMBER
N1-440-94-1

DATE RECEIVED
11-9-93

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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10

DATE ARCHIVIST OF THE UNITED STATES
11-25-96 *John W. Cal*

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 1 page(s) are not now needed for the business of 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,

is not required; is attached; or has been requested.

DATE SIGNATURE OF AGENCY REPRESENTATIVE TITLE
NOV 18 1996 *A Prentice Barnes, Sr.* **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 GRS OR SUPERSEDED JOB CITATION	10.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>Attached are two new items for two Medicaid Bureau series.</p> <p>The files described in the schedule are created in the administration of Title XIX of the Social Security Act, as amended, and are accumulated by HCFA Headquarters and HCFA Regional Offices.</p>		

DEC -3 1996 *MW copy to: Agency WNT*

Revision to NC1-440-94-1 - Medicaid Records Schedule**1. Waiver Programs**

Includes approved waiver(s), correspondence, memoranda, background material and other working papers relating to State Waiver Programs maintained by Headquarters and the Regional Office.

Disposition: Cut off file annually upon replacement by another waiver renewal or when the waiver program is no longer operational. Destroy 5 years after cutoff.

2. State ADP Systems Plans Files (Integrated Eligibility Determination Systems or Medicaid-Related Administrative Systems). (HQ only)

Copies of all State requests for title XIX grant monies including Advance Planning Documents and Updates, Requests for Proposals, Contracts, and correspondence including progress information from the States, and headquarters approvals. HCFA Headquarters files are used in HCFA's approval of title XIX grant money to the States for the HCFA Headquarters post-implementation reviews.

Disposition: Cut off file upon termination or completion of project. Hold until post-implementation review is complete. Destroy 3 years and 6 months after cutoff.