



**DEPARTMENT OF PERSONNEL & ADMINISTRATION  
STATE ARCHIVES AND PUBLIC RECORDS  
RECORDS DISPOSITION SCHEDULE**

ARCHIVES NO. <b>08-70</b>
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<b>DEPARTMENT</b> Department of Public Health and Environment	<b>DIVISION</b> Prevention Services	<b>SECTION</b> Maternal and Child Health (Center for Healthy Families & Communities)	PERMANENT <input type="checkbox"/> NON-PERMANENT <input checked="" type="checkbox"/>
<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>RETENTION PERIOD</b>	<b>SPECIAL INSTRUCTIONS</b>
1.	Maternal and Child Health Medicaid Certification Files <i>Certification forms from health agencies that allow continued participation in the Medicaid Program for reimbursement of prenatal services</i> Record copy  Duplicate copies	Retain for 6 years after cutoff then destroy Retain until no longer needed then destroy	All records need to be retained until issues with HCPF have been resolved.

I request approval of the above records disposition schedule. Retention periods have been established by this agency after careful evaluation of all of the factors listed in the State Records Management Policies and Procedures Manual. I hereby certify that I am authorized to act for the head of this agency in matters pertaining to disposal of records. I also certify that I will comply with all conditions listed in the Records Management Policies and Procedures Manual.

State Archivist's Signature <i>Terry Ketchum</i>	Date <i>4/21/2008</i>	Records Liaison Officer's Signature <i>Betsy Hannah</i>	Date <i>01/25/2008</i>
Attorney General's Signature <i>John Suthers</i> <i>by Laurie Rottman</i>	Date <i>6-25-08</i>	State Auditor's Signature <i>David G. Lee</i>	Date <i>4/24/08</i>

**NO RECORD SHALL BE DESTROYED THAT PERTAINS TO ANY  
PENDING LEGAL CASE, CLAIM, ACTION OR AUDIT.**