

**BOARD OF DIRECTORS MEETING**  
**THURSDAY, JULY 24, 2014**  
A~G~E~N~D~A

<p><b>Call to Order - 4 pm</b></p>	<p><b>Dr. Boufford</b></p>
<p>1. Adoption of Minutes: June 26, 2014</p>	
<p><b><u>Acting Chair's Report</u></b></p>	<p><b>Dr. Boufford</b></p>
<p><b><u>President's Report</u></b></p>	<p><b>Dr. Raju</b></p>
<p>&gt;&gt;Action Items&lt;&lt;</p>	
<p><b><u>Corporate</u></b></p>	
<p>2. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute a contract with <b>Simpler North America, LLC</b> to provide "Lean" coaching, consultation and training services in support of the further implementation of <b>Breakthrough</b> throughout the Corporation, as well as for the acceleration of independence from outside expertise. This contract shall be for a total amount not to exceed \$10,494,000 for the period from November 1, 2014 through October 31, 2017, with two one-year options for renewal, solely exercisable by the Corporation, subject to additional funding approval by the Corporation's Board of Directors. <i>(Strategic Planning Committee – 07/08/2014)</i> <b>EEO: Approved / VENDEX: Pending</b></p>	<p><b>Mrs. Bolus</b></p>
<p><b><u>South Manhattan Health Network</u></b></p>	
<p>3. RESOLUTION authorizing the <b>naming of Conference Room 1B35 at Metropolitan Hospital Center</b> the "<b>Dr. Richard K. Stone Conference Room</b>" in recognition of the substantial contributions that Dr. Richard K. Stone has made to Metropolitan Hospital over 48 years of distinguished, compassionate and dedicated service. <i>(Capital Committee – 07/10/2014)</i></p>	<p><b>Ms. Youssouf</b></p>
<p><b><u>Southern Brooklyn/SI Health Network</u></b></p>	
<p>4. RESOLUTION authorizing the expenditure by the New York City Health and Hospitals of \$8,619,510 for the <b>construction and outfitting of a temporary primary medical clinic</b> in a pre-fabricated structure on Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn to be <b>licensed</b> from the <b>New York City Department of Housing Preservation and Development ("HPD")</b> for the Corporation's operation of the <b>Ida G. Israel Community Health Center</b> under the management of <b>Coney Island Hospital</b>. <i>(Capital Committee – 07/10/2014)</i></p>	<p><b>Ms. Youssouf</b></p>
<p>5. RESOLUTION authorizing the President of the New York City Health and execute a three-year revocable <b>license agreement</b> with the <b>New York City Department of Housing Preservation and Development ("HPD")</b> for the Corporation's use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the Corporation's operation of a <b>temporary primary medical clinic in a pre-fabricated structure</b> at an annual payment to HPD of \$130,000. This resolution amends and supersedes a similar resolution adopted by the Board of Directors July 25, 2013. <i>(Capital Committee – 07/10/2014)</i></p>	<p><b>Ms. Youssouf</b></p>
<p style="text-align: right;"><i>(over)</i></p>	

**BOARD OF DIRECTORS MEETING**  
**THURSDAY, JULY 24, 2014 ~ AGENDA ~ PAGE 2**

<p><b><u>Committee Reports</u></b></p> <ul style="list-style-type: none"> <li>➤ Capital</li> <li>➤ Finance</li> <li>➤ Medical &amp; Professional Affairs / Information Technology</li> <li>➤ Strategic Planning</li> </ul> <p><b><u>Subsidiary Board Report</u></b></p> <ul style="list-style-type: none"> <li>➤ MetroPlus Health Plan, Inc.</li> </ul> <p><b><u>Facility Governing Body / Executive Session</u></b></p> <ul style="list-style-type: none"> <li>➤ Queens Hospital Center</li> </ul> <p><b>Diagnostic &amp; Treatment Center Annual Quality Assurance Plan / Evaluation 2013</b> (Written Submission Only)</p> <ul style="list-style-type: none"> <li>➤ East New York Diagnostic &amp; Treatment Center</li> </ul> <p><b>Semi-Annual Report (Written Submission Only)</b></p> <ul style="list-style-type: none"> <li>➤ Kings County Hospital Center ➤ Dr. Susan S. McKinney Nursing &amp; Rehabilitation Center</li> </ul> <p>&gt;&gt;Old Business&lt;&lt; &gt;&gt;New Business&lt;&lt;</p> <p><b>Adjournment</b></p>	<p><b>Ms. Youssouf</b> <b>Mr. Rosen</b> <b>Dr. Calamia</b> <b>Mrs. Bolus</b></p> <p><b>Mr. Rosen</b></p> <p><b>Dr. Boufford</b></p>
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**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

A meeting of the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 26th of June 2014 at 4:00 P.M. pursuant to a notice which was sent to all of the Directors of the Corporation and which was provided to the public by the Secretary. The following Directors were present in person:

Dr. Jo Ivey Boufford  
Dr. Ramanathan Raju  
Mr. Steven Banks  
Dr. Mary T. Bassett  
Josephine Bolus, R.N.  
Ms. Anna Kril  
Dr. Hillary Kunins  
Mr. Robert F. Nolan  
Mr. Mark Page  
Mr. Bernard Rosen  
Ms. Emily A. Youssef

Patricia Yang was in attendance representing Deputy Mayor Lilliam Barrios-Paoli in a voting capacity. Dr. Boufford chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof.

**ADOPTION OF MINUTES**

The minutes of the meeting of the Board of Directors held on May 22, 2014 were presented to the Board. Then on motion made by Dr. Boufford and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on May 22, 2014, copies of which have been presented to this meeting, be and hereby are adopted.

### CHAIRPERSON'S REPORT

Dr. Boufford received the Board's approval to convene in Executive Session to discuss matters of quality assurance.

Dr. Boufford updated the Board on approved and pending Vendex.

### PRESIDENT'S REPORT

Dr. Raju's remarks were in the Board package and made available on HHC's internet site. A copy is attached hereto and incorporated by reference.

### ACTION ITEMS

#### RESOLUTION

2. **Adopting**, pursuant to Arts and Cultural Affairs Law §57.25[2], **Records Retention and Disposition Schedule M1-1** 1988; rev. 2006) issued by the Commissioner of the New York State Education Department and found at 8 NYCRR §185.14 and 8 NYCRR Appendix K.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

#### RESOLUTION

3. Approving the **designation** of **William Gurin**, Deputy Corporate Compliance Officer, as the New York City Health and Hospitals Corporation's **Records Management Officer**, as that term is defined under New York State Education Department regulations found at 8 NYCRR §185.1[a], to coordinate the development of and oversee HHC's records management program in accordance with the requirements set forth under Article 57-A of the Arts and Cultural Affairs Law and the implementing regulations thereof.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

**RESOLUTION**

4. Authorizing the President of the New York City Health and Hospitals Corporation to execute five successive one-year revocable **license agreements** with the **New York City Human Resources Administration** for the use and occupancy of approximately 2,738 square feet of space at 413 East 120<sup>th</sup> Street, Borough of Manhattan, to house **La Clinica del Barrio** operated by **Metropolitan Hospital Center** at an occupancy fee of \$23 per square foot, a \$2 per square foot utility surcharge, a \$1 per square foot seasonal cooling charge, and a Saturday occupancy charge not to exceed \$25,000 per year. The total occupancy fee to be paid over the five years authorized shall not exceed \$471,810.

Ms. Youssouf moved the adoption of the resolutions which were duly seconded and adopted by the Board with 11 in favor.

Mr. Banks recused himself.

**RESOLUTION**

5. Authorizing the President of the New York City Health and Hospitals Corporation to execute a five-year **lease extension agreement** with **Welner Associates** for 10,900 square feet of space at 279 Graham Avenue, Borough of Brooklyn, to house the **Williamsburg Community Health Center**, operated by **Woodhull Medical and Mental Health Center** at an initial rent of approximately \$41 per square foot to increase at a rate of 3.5% per year with the Corporation responsible for the payment of real estate taxes, water and sewer rents, gas, and electricity and with the Corporation holding an option for an additional five years at a rental rate that will continue the pattern of annual 3.5% increases provided that the exercise of the Corporation's option shall be made only upon the further authorization of the Corporation's Board of Directors to be requested not less than one year prior to the date of the proposed exercise. The total to be paid in rent, exclusive of real estate taxes, water and sewer rents, gas and electricity, shall not exceed \$2,776,486 over the initial five-year term.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

**RESOLUTION**

6. Authorizing the President of the New York City Health and Hospitals Corporation to execute a revocable five-year **license agreement** with **Eyes and Optics** for the use and occupancy of approximately 140 square feet of space on the 8<sup>th</sup> floor of the "E Building" to operate an optical dispensary at **Kings County Hospital Center** at an occupancy fee of \$30 per square foot for a total annual occupancy fee of \$4,200 to be escalated by 3% per year.

Ms. Youssouf moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

**RESOLUTION**

7. Authorizing the Executive Director of MetroPlus Health Plan, Inc. to negotiate and execute a contract with **Beacon Strategies LLC**, to provide administration of behavioral health services for a term of two (2) years with three (3) options to renew for a one (1) year term each, solely exercisable by MetroPlus, for an amount not to exceed \$76 million for the total five (5) years.

Arnold Saperstein, MD, Executive Director of MetroPlus Health Plan, stated that the purpose of the request for proposal was to select a behavioral health organization which could provide administration of behavioral health and substance abuse services for the membership of all lines of business in addition to the home and community based services required for a Health and Recovery Plan (HARP). The services required include credentialing and maintenance of a behavioral health provider network, network management, claims processing, customer services, provider and member call center support, utilization management, intensive case/disease management, and quality

management and ambulatory follow-up services that will meet MetroPlus' needs. In addition, Dr. Saperstein stated that these services are required in order to manage the current business, to qualify for the new HARP line of business and the transition of SSI Medicaid membership to managed care.

Mr. Rosen moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

#### **SUBSIDIARY AND BOARD COMMITTEE REPORTS**

Attached hereto is a compilation of reports of the HHC Board Committees and Subsidiary Boards that have been convened since the last meeting of the Board of Directors. The reports were received by the Acting Chair at the Board meeting.

#### **FACILITY GOVERNING BODY/EXECUTIVE SESSION**

The Board convened in Executive Session. When it reconvened in open session, Dr. Boufford reported that the Board of Directors, 1) as the governing body of Elmhurst Hospital Center, received an oral report and a written governing body submission from Elmhurst Hospital Center and reviewed, discussed and adopted the facility report presented; 2) as the governing body, received and approved both the Renaissance Healthcare Network and Diagnostic and Treatment Center annual quality assurance plan and its 2013 evaluation document; and 3) as governing body of Bellevue Hospital Center, received and approved their semi-annual written report.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:03 P.M.



Salvatore J. Russo  
Senior Vice President/General Counsel  
and Secretary to the Board of Directors



# COMMITTEE REPORTS

**Audit Committee (Special) - May 22, 2014**  
**As presented by Dr. Jo Ivey Boufford on behalf of the**  
**Committee Chair, Ms. Emily Youssouf**

The action item on the agenda was introduced by Mr. Salvatore Russo, Senior Vice President and General Counsel.

Mr. Russo read the resolution for record purposes: "Approving the engagement of the consulting arm of KPMG to assist the Corporation in the preparation of its applications in connection with the Delivery System Reform Incentive Payment program (DSRIP)."

Mr. Russo explained that under the Public Authority's Accountability Act of 2005, it requires, specifically in the case of the certified independent public accounting firm that performs the audit services for a public authority, that prior to engaging such accounting firm's either consultant arm while they are the auditors requires the written approval by the Audit Committee. It is in that vein that it is being presented along with a presentation to the Audit Committee. He asked the representatives from KPMG to approach the table.

They introduced themselves as follows: Joe Kuehn, Partner with KPMG's healthcare advisor and Mr. Marc Berg, Partner located in Wash DC.

Mr. Kuehn began his presentation and stated that they have been asked to speak this afternoon regarding the resolution just presented. We have quick slides that introduce the topic of DSRIP. DSRIP is a program that was negotiated as far as the Medicaid waiver with CMS. It is worth approximately \$6.4 billion statewide, and it is designed to help fund the development of new care delivery ad business models in the State of New York to accommodate and help healthcare organizations achieve triple aim. In essence, taking our healthcare system from what it is today, by all accounts a system that despite its best efforts in the past to integrate still had non-employee clinically integrated, which is still driven by volume as the main source of our revenue streams. We tend to treat illnesses through episodic care and very much focused on providers and often times retrospective. The ideas here is to help build the healthcare system of the future, one that is more coordinated and collaborative, and that is the key word in DSRIP guidelines to collaborate with other partners in our region to develop integrated care to focus more than on quality and the value that is being presented and to migrate to a system where we are focused on population health, the true needs of the individuals in our communities, and to be funded and paid for based on how well we are performing. In order to receive those funds, the Corporation will need to submit applications. There are two main applications that are being developed. The phase one application is due on June 26th and that is to actually apply for the monies to do the study and analysis in an effort to prepare and submit your application with the plan that is ultimately due in December. We have been requested to assist at this point, initially with phase one, and with the Corporation's applications and at the moment there is consideration that there will be seven applications.

Dr. Boufford noted that this is obviously a very important process and very complicated. She asked if Ms. Zurack will be leading this project. You mentioned you need a focal point; will there be a focal point in the Organization?

Mr. Antonio Martin, Executive Vice President and COO informed the Committee that he and Dr. Ross Wilson, Senior Vice President and Chief Medical Officer are the co-leads.

Mr. Page asked if we are going to address why KPMG is convening at some point.

Dr. Boufford explained that this was the purpose for this meeting, because it is asking permission to have the same firm working on both sides. Mr. Martin further explained that another entity was interviewed and gave a presentation as part of the selection process.

Mr. Page inquired about the identity of the other firm. Mr. Martin replied Health Management Associates (HMA) and that the Selection Committee seemed a bit under-whelmed with their presentation.

Mr. Page asked if we did some kind of RFP. Ms. Zurack responded that this is not for a government GSA contract, so we are using methodology that was limited in requirement and it is under \$3 million. Typically we are not even required to get Board approval.

Mr. Russo said that the purpose of this is to make sure the Audit Committee is comfortable that the independence of the firm for purposes of auditing is preserved. The selection is not really the subject of this meeting or any other meeting of the Board because it comports with the under \$3 million and the Board does not usually assert any jurisdiction, but it can.

Mr. Russo stated that for the purpose of saying that the Audit Committee has said that they are convinced that, in fact, while there are legitimate concerns, they are of the belief that this can go forward without damaging the independent auditing function.

Dr. Boufford said that it is not necessarily to set up precedent that this is a preferred model. She then asked if the members were comfortable with that and asked if they were all in favor. It was seconded and approved.

**Audit Committee – June 12, 2014**  
**As presented Ms. Emily Youssouf**

Ms. Youssouf then stated that there are two action items on the agenda. For the first one she turned the floor over to Mr. Wayne McNulty, Chief Compliance Officer.

Mr. McNulty introduced the resolution to adopt pursuant to the Cultural Affairs Law Section 57.25 [2] the records retention and disposition MI-I, which was promulgated by the Commissioner of the Department of Education in 1998 and revised in 2006. We found that 8 NYCRR 185.14 and 8 NYCRR Appendix K to section 57.25 of Article 57 of the Arts and Cultural Affairs Law which is also known as the Local Government Records Law, instructs that no officer or public-benefit corporation may destroy or otherwise dispose of a record as the term is defined the Arts and Cultural Affairs Law 57.17[4] without the consent of the Commissioner of the New York State Department of Education. HHC is a public-benefit corporation created under the State of New York and is therefore a covered entity under the Local Government Records Law pursuant to Arts and Cultural Affairs Law 57.25[2]. The Commissioner has formally consented to the disposition of records held by local government public-benefit corporations provided that the disposition schedule MI-I found at 8 NYCRR 185.14 and 8 NYCRR Appendix K pursuant to the Cultural Arts and Affairs Law 57.252 and 8 NYCRR Sections 185.4B and 185.A2, the government body -- HHC -- must formally by resolution adopt records retention and disposition schedule MI-I wherein the Office of Corporate Compliance and the Office of Legal Affairs have reviewed Schedule MI-I and have determine that the following categories or records contained therein apply to HHC.

The general categories: archives and records management, attorney or counsel, building and property regulations, disaster preparedness, electric, gas and utility, electronic-data processing, energy, environmental health, executive, manager or administrator, fiscal, human rights, economic opportunity, insurance, miscellaneous, personal, civil service, public access to records, public employment and training, public health, public property and equipment, public safety, recreation and taxation assessment.

There being no further discussion on this item, the Committee approved the resolution for the full Board's consideration.

Mr. McNulty introduced the next resolution which is approving the designation of William Gurin, who is currently the Deputy Corporate Compliance Officer within the Office of Corporate Compliance as the Records Management Officer of the Corporation as that term is defined in the New York State Education Department of Regulations found at 8 NYCRR Section 185.1[a] to coordinate the development of and oversee HHC's record-management program in accordance with the requirements set forth under Article 57-A.

Ms. Youssouf asked Mr. Gurin to introduce himself and to briefly summarize his background.

Mr. Gurin introduced himself and stated that he has more than forty years of experience in law enforcement. He was with the United States' Attorney Office, Eastern District of New York for 16 years. He was with the Kings County District Attorney's Office and was Chief of their Economic Crimes Arson Bureau for a period of more than 13 years. At the US Attorney's Office, he was the Deputy Chief in the General Crimes Division in addition to being to being the Assistant US Attorney in the Organized Crime and White Collar Division. He worked for the New York State Attorney General's Office for about four years and was working as the Inspector General for the New York State Workers' Compensation Board involved in regulatory enforcement and fraud investigations.

Ms. Youssouf stated that his background was very impressive and welcomed him. She then asked if there were any questions. There being none, she asked for motion to approve. The resolution was approved for consideration by the full Board.

Ms. Youssouf then moved on to the information items.

Mr. Jay Weinman introduced himself as the Corporate Comptroller and Mr. Martin Genee, Deputy Corporate Comptroller. As a result of an audit, there were some findings related to the Social Security numbers, specifically on the reports used by the

Finance Department. We also found a couple of other reports and took the liberty to change the payroll register to eliminate social security numbers. Even though it was not referenced within the report, there was some mention of eight payroll registers and have fixed that as well. As of the last pay period, the Social Security numbers have been removed. In addition, the paycheck stubs also contained social security numbers and those were also removed. As for the actual grants report that is being used and widely known throughout the Corporation as the PAM report, it is a payroll report. It does contain social security numbers, but it is a report that is used within the Payroll Department for W-2s and therefore requires the social security numbers so that the employees can look up individuals based on the federal tax identification numbers. We have begun to identify those employees that are not part of the Payroll Department or in HR and will be removing their access from that report entirely. We are working with IT so that we could adjust further for the Payroll Department to have limited access, but we have to go through each and every one of the users and assess whether they actually need it. For now, we know that Payroll needs it, so we are going to review the access for Payroll employees until we actually identify every employee and their need to access this information.

Ms. Youssouf asked how many people are currently in the Payroll Department. Mr. Genee said that it varies – obviously we have a number of facilities, and could run from two to maybe seven per facility. They are probably at least a hundred staff in Payroll across the Corporation. Ms. Youssouf asked if there has been any breaches. To which Mr. Genee responded no.

Ms. Youssouf asked if IT believes that they can manage this additional task. Mr. Ramlakhan from Business Applications responded yes, that they are comfortable they can work with the Weinman's team.

Ms. Youssouf stated that she was glad that they addressed it so quickly and came to a solution that is fairly easy to do and that will continue to protect everyone's personal information. She then asked Mrs. Bolus if she had any questions.

Mrs. Bolus asked how long they will keep those records. Mr. Ramlakhan said that they do not destroy those records.

Ms. Youssouf said that the only remaining vulnerability is that every facility seems to have its own storage area.

Mr. McNulty said that most of the facilities do have an appropriate storage area and so long as the documents are kept securely and the record-retention schedule has not expired. Then it is appropriate to keep the documents whether they are kept onsite or within appropriate storage facilities offsite.

Mr. Martin stated that his concern is that there may be other departments where there may be the same exposure, and Chris Telano will be looking at that to assure corporate-wide that we do not have this type of exposure in other departments.

Mr. Telano said he already met with Mr. Ramlakhan last week in regard to this matter and have a meeting with Human Resources next week to address it again.

Mrs. Bolus asked if the record retention order would include records of ten or fifteen years ago with social security numbers. Mr. McNulty responded that depending if the social security number is part of a file and that file under the records-distribution schedule calls for keeping the records for 15 years.

Mrs. Bolus asked if it's retroactive. To which Mr. McNulty answered that it is retroactive. Even when they revised the schedule in 2006, the majority of the schedule stays intact from 1988.

Mr. McNulty stated that the Office of Corporate Compliance is working with the various networks to reduce the number of records unnecessarily stored at the City Storage and any other offsite facility. He has begun to work with Queens Health Network and the North Bronx Health Network, and in fact Jacobi Medical Center just submitted a request to destroy ten thousand records. His goal is to reduce the amount now, which is four million dollars a year for City Storage to get that down to two million by next year.

Mrs. Bolus stated that HHC pays a lot for storage. We have a lot of facilities that are being downsized and whole buildings are just sitting there with nothing. Is it possible to use them for storage? To which Mr. Martin responded that yes, we can look at that, but one of things particularly when you are considering storing records is the weight on the floor because the paper records are very heavy. That is why medical records department and file charts are usually in the basement or first floor because the weighting of the floor has to be able to sustain the weight.

Mr. McNulty added that humidity control, temperature control. There are a number of environmental factors that the Commissioner of Education mandates in place when you store records.

Ms. Youssouf said that it is a big task and she is glad it is addressed because it is something that could obviously hurt a lot of people in the wrong hands. She thanked them and moved on to KPMG to discuss the 2015 audit plan.

Ms. Maria Tiso introduced herself as the new engagement partner rotating on taking over for Mr. Jim Martell for the 2015 audit going forward and she introduced Mr. Joe Bukzin as the new senior manager on the account responsible for coordinating and monitoring and dealing with management on the day-to-day activities of the Corporation. He comes to the team with a significant amount of healthcare experience and assists with the accounts. Many of the items in the 2015 audit plan presentation have probably been seen before so we will not go through everything. Once again we will utilize BCA Watson Rice as the minority business enterprise and we changed the women's business enterprise, we will utilize Healthcare Management Solutions staff. They have significant expertise working in the reimbursement area.

Ms. Tiso began the presentation by stating that they will utilize as in the past subject-matter professionals in areas that require significant audit judgments such as tax, pension, facility compliance, reimbursement, and IT. Those team members will be incorporated as part of the audit, and then other partners, Mr. Jim Martell will be available to us as a healthcare resource. There is always another partner that reviews the set of financial statements when they are done to make sure nothing was missed. We have assembled a significant team and spent a lot of time making sure we have an A-team serving the Corporation. Pages three and four are the KPMG deliverables that we will be issuing. These are consistent with what was listed in the RFP, consistent to what we have issued in the past except for one deliverable on the first page, the HHC ACO. During the year, we need to work with management to identify if it is going to be significant enough to warrant issuance of financial statements.

Page five, objectives of an audit, obviously it is for KPMG to issue an opinion on the financial statements of the Corporation and to make sure that they are materially stated. Pages six, management's responsibility – it is very important to make sure that internal controls are working effectively, making sure that HHC complies with the existing laws and regulations. Making sure financial records and information is available to the auditors and making sure that the financial statements are correct. Page seven, Audit Committee's responsibility is one of oversight and monitoring. The Audit Committee does rely on auditors, the internal auditors and management as it relates to the fair presentation of the financial statements. KPMG's responsibility is to make sure the financial statements are appropriate and material, making sure that we comply with all of the professional standards.

Ms. Tiso turned the presentation over to Mr. Joe Bukzin, to walk through the audit timeline. Ms. Tiso recalled the meeting with Jay Weinman that occurred two weeks ago to discuss significant items to be addressed during the year. This has been incorporated as part of the audit plan and as things change, Mr. Weinman will inform the audit team and plan changes will be made as needed.

Mr. Bukzin saluted the Committee and asked to turn to page eight, which is where we start going through the financial statement audit timetable. It runs over the course of three pages and at a quick high level you can see significant time is spent on the HHC audit during the year. It coincides with KPMG's audit process, April through June, this is really the planned process of the audit, meeting with management as well as meeting internally to determine the audit approach and the audit strategy for all deliverables. During June through July is KPMG control-evaluation phase. This is when specific sites are visited, testing certain controls are conducted and also incorporating some elements in the audit are done. On page nine, the August through September phase, this is the nuts and bolts of the audit. This is when we are really digging through and going through our substantive audit procedures, forming our conclusions, addressing any matters of management and ultimately finalizing and issuing financial statements. Some ancillary items subsequently follow, in October the covenant compliance letter is issued and in November the final management letter to the Audit Committee is presented.

Ms. Youssouf stated that regarding the final management letters, it seems that we are going back to what it was a couple of years ago and we have been doing so well about getting it sooner. So I do not think this is acceptable – it's has to come sooner.

Mr. Bukzin responded that there may have been a draft as mentioned earlier, but it does say that we plan to have draft available in the August-September time line and asked if that was acceptable. To which Ms. Youssouf answered yes, if you add that in. Mr. Bukzin pointed out that page nine of the report indicates the draft is due August-September.

Mr. Bukzin continued by stating that we are already starting to work with management on revisiting the status of prior-year page of the timetable. For December and February through March, this is MetroPlus time in terms of interim and year-end fieldwork, and then May through July, this is the whole host of regulatory reports, cost reports, charity affairs as well as the insurance company audit. Page eleven highlights certain audit matters; we have categorized these matters into different buckets. The critical audit areas, these are areas that typically involve some level of management judgment and estimation, for example, the evaluation of patient accounts receivable. We will look at management's process, which is typically the result of past history collections and how that impacts current evaluations, so we will continue to look at that and use our computer-assisted audits as we have done in the past. Also, post-employment benefit obligations and OPEB, that is an actuarially-determined item, we will have one of the subject-matter professionals involved in that.

The other audit areas are part of the audit that do not fall into the category of critical but do merit attention as part of our audit process. As another example, patient accounts receivable, different assertions being addressed under this bucket of other audit areas in terms of reviewing, existence and accuracy. We may also inspect the medical records and verify physicians' orders as well. Based on the preliminary discussions with Mr. Weinman and his team we did highlight a handful of non-routine transactions for the Committee to be aware of as part of the audit process and we involve certain professionals to assist us in reviewing the IT general controls, user access, things of that nature.

Page twelve summarizes how we plan to utilize the minority business enterprise, the women's business enterprise and internal audit. The other areas are fairly consistent with the prior year in how we plan to have the internal audit and minority business assist us during this year's audit.

Ms. Youssef asked Mr. Telano if this is something he has looked at and signed off with his team. Mr. Telano responded that they have discussed this in prior years – we have not met yet, but this is in line.

Mr. Bukzin continued with page thirteen, which covers how we consider fraud in the financial statement audit. We are not opining on fraud in the financial statement audit, but we do need to consider it as part of the audit process. We do through various meetings with management, evaluate broad controls. Page fourteen highlights some of the individuals we plan to interview and meet during the process. Pages fifteen and sixteen, deal with our responsibility in terms of assessing going concern and liquidity. It is not just an auditor's responsibility; it is also management's responsibility as well to consider the ongoing nature of the organization.

Mr. Martin informed the audit team that the Corporation's procurement processes are now centralized and asked to have Mr. Paul Albertson, Procurement Officer added to the list of people being interviewed. The team members indicated they would do so.

Mr. Bukzin continued with page seventeen which highlights certain new accounting pronouncements as well as a couple that are in the horizon. We will not go in great detail at this point; we are still working on assessing the impact of these pronouncements on the organization. I will however, highlight the pension plans – this is something the City plans on adopting, so that we know will certainly impact the organization. It is my understanding that Mr. Weinman has some plans to meet with the City's actuaries and review how this will impact the organization.

Ms. Youssef asked if the other ones are not as significant. To which Mr. Bukzin answered that based on preliminary review, there is a small piece that talks about assets that are reported and whether they should be talked about, different financing costs as an example, so the organization does have some bond-issuance costs that were recorded and that historically have been advertised over the course of time and the guidance is really saying it should not be.

Mr. Weinman added that we do have some amortized expenses, but they may have to be reported as an expense item. It is not material but the new GASB establishes new categories under the assets and liabilities. Now it will be assets, current inflows, liabilities and current outflows. The new guideline impacts that and there will be a slight change to the reporting.

Ms. Youssef asked if they have to restate for any of these changes. Mr. Bukzin said that it talks about retrospective application but it would not be a restatement.

Ms. Tiso added that we would have to adjust prior years, but the one that we looked at to us would be a more significant change than the financial statements because what they are talking about is that all employers regardless that there is a multi-employer plan will have to show on your balance sheet, your net pension liability as well as your expense. There is going to be a whole host of disclosures in the financial statements. This already happened in the world, so it trickles down to GASB years later.

Mr. Weinman stated that currently we have no liability for pension because we pay what our liability is and therefore there is nothing on the balance sheet. These new requirements may have us report certain pieces of the assets and liabilities and have this unfunded liability actually being reported. Right now we have none, and that is dependent on the interest rates and what they feel is at the present moment what is on the balance sheet.

Ms. Zurack said that the New York City Pension Fund decides who could be the greatest return they are going to get on their assets, 7% at this point. This methodology makes you true up; explain in some real earnings, which it may make an additional liability for booking purposes.

Ms. Tiso said that the other significant piece is the disclosure of all of the information, which we will be working with management on that.

Mrs. Bolus asked if we have a lot of union contracts left over to deal with. To which Ms. Zurack stated that we are going to be looking for those contracts and hopefully by September we will have a lot more information – a lot is happening.

Ms. Tiso stated that this concludes their presentation.

Ms. Youssouf turned the meeting over to Mr. Telano for an audit update.

Mr. Telano saluted the Committee and stated that he will go right to pages three, four and five in the briefing, which summarizes the four audits being performed by the New York City Office of the Comptroller. On page three the first one is the Emergency Room Wait Time. That audit began in April 2013, and we just received the preliminary draft report on May 12<sup>th</sup> of 2014. The draft report only had one finding --there was insufficient evidence that the hospitals evaluated their efforts to reduce ED wait time. HHC decided not to have an exit conference to discuss that lone issue and we expect a final draft report to be issued shortly. On page four is the Navigant audit – there is still no activity since September 2013. That audit began in July 2013 and we have not heard from them in nine months. On the bottom of page four the audit of the affiliation agreement with the Physician Affiliate Group of New York (PAGNY) at Lincoln Medical and Mental Health Center -- that audit began on July 19, 2013 and it is still ongoing. They are still gathering information and meeting with staff to document processes. It is the same on page five the Review of Patient Revenue and Accounts Receivable. That audit started in October 2013 and it is still ongoing – they are just gathering information at this point also.

Mr. Telano continued with page six – completed audits. This audit was Work Orders at Elmhurst Hospital Center and he asked the representatives to come up to the table. They approached and introduced themselves as follows: Peter Lynch from Office of Facilities Development (OFD); Dean Mihaltses, Associate Executive Director, Elmhurst I and Roslyn Weinstein, Senior Assistant Vice President.

Mr. Telano said that he will go through the three issues first and then you can address them. The first issue was that we found inconsistent recordkeeping and documentation for construction projects primarily due to the Construction Procedures Manual not reflecting current practices. For example, procedures were not addressed for small-scale projects, and as a result we did not see detailed scope of work, estimates, sketches, drawings and schedules, but if they did include all those documents, it would delay these projects tremendously. In essence, the manual needs to be updated to reflect these small-scale projects.

The second issue involves in some instances there is a lack of communication between construction management at the facility and OFD. For example, during our audit it was noted that there was no evidence of approval of subcontractors hired during the projects. OFD was of the opinion that the facility project manager would assure that the subcontractor approvals were submitted and the facility believed that the subcontractors were approved and logged in at OFD.

The last issue is regarding the eGordian construction procurement system that is used throughout the Corporation and that there is no central administrator of the system. We recommended that OFD become that administrator so they can start to monitor who has access and as what is going with that system.

Mr. Lynch responded that after the audit, Elmhurst and OFD responded separately, and then we got together, met several times to see what we could do to improve. Clearly, there had been a communications issue. We implemented that OFD and the facilities' managers would meet on a regular basis to strengthen the agenda and begin training to try and improve the process. At July's meeting, we will have the Comptroller's office coming in to do a presentation on prevailing wages and we will keep working in this direction. We will assemble a workgroup and we will work to make the revisions in the policies and procedures so that what we align with the eGordian system and we are working with the modern protocol.

Ms. Youssouf asked if they will notify the Committee of any procedural changes. To which Mr. Mihaltses responded that they will develop this new set of policy and procedures that will reflect what is appropriate and bring it back to the Committee in six months with these changes.

Ms. Youssouf asked Mr. Lynch that as she understands it, there is no dollar appointment on a small project, and some of them could be small like \$5,000 or \$10,000. Mr. Mihaltese agreed and, that they are going to look at both the cost point and also the scope of work. To which Ms. Youssouf said that while we are very cost conscious obviously, especially about big projects, these small ones that need to be taken care of quickly at a facility, there has to be a way that they do not get held up.

Mrs. Bolus asked if they are aware of how many policies need to be updated and are they on the system yet. Are they still on paper or are they in the computer? To which Mr. Lynch answered that we have an existing policy and we are really going to start at the beginning and work our way through it.

Mrs. Bolus asked if every department has been notified that they should look at all their policies and bring them up to date. Mr. Lynch said that this is just with regard to our construction projects.

Mrs. Bolus added that generally the whole hospital may have problems. Mr. Martin stated that he will assure that we take a look broadly at all of our policies and procedures.

Ms. Youssef asked if OFD knows what is going on at the various facilities, do you feel that you got that under control now. Ms. Weinstein responded that there can always be improvement and part of our new plan as we go through facilities' management and look at construction and also as we look at how we work JCI because there is a very close link between the facilities and Central Office and there is a lot of areas that we see can improve. Part of the facility-managers meeting is to improve that communication.

Ms. Youssef asked if someone has been selected for the eGordian work. Ms. Weinstein said that that is something they will be discussing. Mr. Lynch added that it has to be someone within OFD.

Ms. Youssef added that they look forward to hearing about all your hard work and thanked them.

Mr. Telano continued with his presentation and said that on page seven of the briefing; it is the IT audit of the PeopleSoft application and asked for the representatives to approach the table. They did and introduced themselves as follows: Enrick Ramlakhan, Assistant Vice President, Business Applications and Gloria Velez, Senior Director, Human Resources.

Mr. Telano said that he is happy to report that this audit was a good audit. Overall PeopleSoft is a very efficiently run system, adequate controls in monitoring application design and interfaces and updates. We also looked at the financial aspects of PeopleSoft and we found that payments related to software purchased and ongoing user license agreements all appear to be proper. We found one minor issue related to controlling access to PeopleSoft for consultants and temporary employees, but I believed that has been addressed.

Ms. Velez added that yes, it is and one of the issues that came up is we have consultants and we have some who have hands on in the system, and because they are not employees and they are not in PeopleSoft, there is no way for us to know when they are not working for us anymore. Human resources contacted all those areas that had individuals that had role access to the system to verify that they were still here and that they still needed the access because we rent access. We met with HR directors to remind them that they need to let us know to take away the access. To enforce that I put into place that every two weeks we are looking at the list of individuals that are not employees that have access.

Ms. Youssef added that that sounds like a great solution, and asked Mr. Bert Robles to stand up and if he was pleased with the outcome. Mr. Robles credited the staff, in particular the team and the advice received over the time spent with the PeopleSoft application audit. The improvements are evident and he expressed his delight in the outcome of the report.

Mr. Telano said that on page eight of the briefing is the listing of the audits in progress and page nine is the progress status of follow-up audits, which are up to date on that and said that that concludes his presentation.

Ms. Youssef said great and turned the meeting back to Mr. McNulty for the Compliance report.

Mr. McNulty saluted the Committee once again and said to turn to page three and start with item I-a, the revision of our record management operating procedures. The Schedule MI-1 that was previously adopted by the Audit Committee was made an attachment to the new HHC Operating Procedure 120-19, which is a guideline for corporate record retention and disposal. The operating procedure will basically implement the Schedule MI-1.

Some of the key points of OP 129-19 are that we reestablished a Records Retention Counsel, which is co-chaired by myself and Mr. Bert Robles, who is the Senior Vice President, Chief Information Officer for the Corporation and the Records Retention Counsel was implemented to issue and enforce rules with regard to the operating procedure and to recommend to the President of the Corporation changes to operating procedure. At the end of the year, 45 days after the end of the fiscal year, the Records Retention Counsel will prepare a report that documents the total number of records stored by the Corporation, the current cost to store those records and initiative taken the RRC to show compliance with this procedure to the Audit Committee in September.

One of the key points of the resolution that was adopted was that no records of significant value will be disposed of, even though the record-retention period, for example, for particular record may call for the disposal in six years, if the record is considered an archival record as designated by the Records Retention Counsel, then that record is to be kept for a longer period of time, and that is required under the regulation since archival records are records required to meet the fiscal, legal or administrative needs of the Corporation or records that contain historically-significant information.

Turning to page six, paragraph six and seven, I just want to call to attention records that are damaged by disaster whether manmade or natural may only be disposed of if in fact the period of retention has been met or if we have period approval from the Commission of the Department of Education. We do have records at one of our facilities that were damaged during Sandy; we are seeking permission from the Commissioner of the Department of Education to destroy those records and try to evaluate to see if they could be restored. For most of those records that is not an option.

Ms. Youssef asked if we have ever asked permission to destroy anything else, and how is it going to take? Mr. McNulty said that he spoke to the Department of Education; they assured me that it does not take a long time in regard to these requests.

On the same page seven, subdivision Roman numeral vii. When we utilize offsite storage facilities, the contract itself must be approved by the Department of Education because they have to approve any offsite storage vendors, and the new operating procedures that call for the approval of those contracts by the Office of Legal Affairs to make sure that the Commissioner of Education has set forth are in those contracts, and if they any records concerning electronic records they would have to be approved by Corporate Information Services before we store such electronic records offsite.

Turning to page seven, the policy procedure will call for the destruction of inactive records unless an exception exists such as archival records or records that the records-retention period requires to be furthered because of clinical, legal, operational, financial, research or other special values.

Mrs. Bolus asked that if we had records dating back to 1930. Mr. McNulty answered yes.

Mrs. Bolus then asked how you destroy them. Mr. McNulty responded that with regard to the records at the facilities themselves, one of the questions I asked Jacobi was you have to do an assessment of whether or not these records have historical, operational, clinical or other value before those records are destroyed. Any new operating procedure on the form, only a corporate officer could approve the destruction of records and they have to acknowledge that the records do not have any value. If the Records Retention Counsel has designated a particular series of records as archival, then that choice is not up to the facility.

Ms. Zurack asked if there are any records that go forever in terms of retention, like medical records. Mr. McNulty responded no. Medical records, they vary based on what facility the patient was treated at. If they are treated at a mental-hygiene facility certain records have to be kept 15, 20 years. Medical records pertaining to patients at an Article 28 facility, a general hospital, generally have to be kept different in the Department of Education regulations from the Department of Health regulations from CMS regulation. We adopted by policy the record-retention period that will cover all three of those regulations, which is generally six years if it is an adult patient, if it is a minor 18 years plus three years after that to turn 21. However, due to the False Claims Act, both federal and state, because those records are used basically to support coding and billing, all patient records have to be kept a minimum of ten years to be in accordance with the False Claims Act.

Ms. Zurack asked what records we have from 1920 and 1930. Mr. McNulty said that those patient records were kept longer than necessary. Some of the patients though were active patients and it was after they passed away those records met the period of retention, but some of those records were appropriately kept. If a patient keeps visiting the facility, the physician is likely to go back with regard to those records, that would be an instance where you may have a record for 50 years, but they have determined from a clinical-value standpoint that those records should be kept.

Mr. McNulty continued to page eight – the designation/assignment of the HHC HIPAA Privacy Officer and Security Officer. Under the federal HIPAA regulations, HHC must designate a HIPAA Privacy Security Officer. I have been the acting HIPAA Privacy Security Officer for the past five or six months. I am formally, publicly announcing the selection of William Gurin, who came up earlier, who is going to be serving as the Record Management Officer is also serving as the HIPAA Privacy and Security Officer and he will be responsible for developing and implementing HHC's HIPAA security policies and procedures and the management and supervision of security measures to protect data related to HIPAA and also from a privacy standpoint develop and implement HHC's HIPAA privacy policies and procedures and receiving privacy complaints from members of the Corporation or members of the population that we have. Mr. McNulty then asked if there were any question with regard to Mr. William Gurin's designation.

Mr. Martin asked if he will be meeting with the representatives from the facilities to make sure that they are knowledgeable and educated on the revised policies and procedures. To which Mr. McNulty responded absolutely. Each facility has a privacy officer that will have a dotted line to Mr. Gurin. They also have facility security officers too that meet regularly.

Mr. McNulty continued to page nine – the privacy reports, there is one report that I would like to disclose to the Audit Committee. In April there was a loss of a parcel mailed by the US Postal Service that contained copies of medical records pertaining to three Jacobi Medical Center patients. The notification letters were sent to each patient in May. At the next



Audit Committee in September, we will provide the report for all of the privacy complaints received for the second quarter of 2014 from April 1, 2014 to June 30<sup>th</sup>. Moving along to the Office of Corporate Compliance staff update, we have one current vacancy in Central Office. The recruitment process for this vacancy has commenced. Actually we have two vacancies now that Mr. Gurin has been appointed the Record Manager Officer. He was previously the Senior Executive Compliance Officer at the South Manhattan Healthcare, so we will be posting that particular vacancy. Continuing to Monitoring of Excluded Providers, we have not received any reports with regard to excluded providers since the last time the Audit Committee has convened. We have procured the services of a healthcare provider sanction screening vendor, OIG Compliance Now and now they review all of our reports, all of our employees on a monthly basis and workforce members on a monthly basis to make sure that they are not on any of the three exclusion lists, and the three exclusion list is the Department of Health and Service Office of the Inspector General List of Excluded Individuals, the US Government Services Administration List of Excluded Individuals and the New York State Office of the Medicaid Inspector General Exclusion list. They will also be reviewing three additional new lists, the New York State Office of Professional Medical Conduct Misconduct and Physician Discipline List and the New York State OMIG List of Terminations and the State Disciplinary and Disbarment List. They not only look at the list for New York State as far as whether or not a provider has been disbarred or excluded in New York State – they look at all 50 states. They will have a much more thorough search than we have had in the past. I look forward to reporting to the Audit Committee in September with regard to the findings in the last quarter. The Office of Corporate Compliance with the assistance of Office of Legal Affairs outside counsel, Katten Muchin Rosenman, is finalizing the operating procedure concerning the screening of employees, vendors and workforce members.

Continuing, he informed the Board about his meeting with the chairperson of Gotham Federally Qualified Health Center Incorporated on the topic of compliance oversight. They met initially in April and again in May to discuss the responsibilities of the Office of Corporate Compliance as it pertains to the diagnostic/treatment centers and to talk about the Board's responsibility with respect to their compliance oversight functions as that pertains to their fiduciary duties. We met with Dr. Dolores McCray who is the chairperson of Gotham and two other board members Paul Covington and Elissa Mackun and Gotham's Chief Operating Officer, Anita Lee. At the meeting we discussed the revision of compliance policies and procedures.

Continuing with page twelve, this is a follow up. At the last Audit Committee we reported that the office of Civil Rights from the United States Department of Health and Human Services was performing an audit at Metropolitan with regard to the meaningful access to services and programs for limited English proficient individuals, equal access to services and programs for individuals with HIV, and the privacy and security of individuals with regard to protected health information and HIV confidentiality. With the assistance of Metropolitan executive and senior leadership as well as the senior leadership of Central Office and also the Office of Corporate Compliance responded to OCR's query on April 30, 2014. Mr. McNulty stated that if there are no questions, this concludes my report.

Ms. Youssouf thanked Mr. McNulty, and then indicated that the Committee was going into Executive Session. (Executive Session was then held).

After Executive Session, Ms. Youssouf asked for the approval of the Internal Audit Plan 2015, which was seconded and approved.

### **Capital Committee – June 12, 2014** **As reported by Ms. Emily Youssouf**

#### **Senior Assistant Vice President's Report**

Roslyn Weinstein, Senior Assistant Vice President, Office of the President, advised that the meeting agenda included three (3) lease arrangements, in various networks. She addressed discussion from the Audit Committee meeting, which took place prior to the Capital Committee meeting, regarding inconsistencies found in the audit conducted on Elmhurst Hospital Center, which found a number of inconsistencies regarding small construction projects. She advised that they were found to be a result of the Construction Procedures Manual (CPM), which had not been updated to reflect how to deal with Indefinite Quantity Construction Contracts (IQCCs) and utilization of e-Goridan. She explained that the Office of Facilities Development (OFD) would be proceeding with improvements to that manual, and would report back to the appropriate Committees in December.

That concluded Ms. Weinstein's report.

#### **Action Items**

*Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a five year lease extension agreement with Welner Associates (the "Landlord") for 10,900 square feet of space at 279 Graham Avenue, Borough of Brooklyn, to house the Williamsburg Community Health Center (the "Health Center"), operated by Woodhull Medical and Mental Health*

Center (the "Facility") at an initial rent of approximately \$41 per square foot to increase at a rate of 3.5% per year with the Corporation responsible for the payment of real estate taxes, water and sewer rents, gas, and electricity and with the Corporation holding an option for an additional five years at a rental rate that will continue the pattern of annual 3.5% increases.

Vincent Mulvihill, Senior Administrator, Woodhull Medical and Mental Health Center, read the resolution into the record on behalf of Mr. George Proctor, Senior Vice President, Central/North Brooklyn Health Network. Mr. Mulvihill was joined by Rick Walker, Chief Financial Officer, Lisa Scott-McKenzie, Senior Associate Executive Director, and Ricardo Corrales, Senior Associate Director, Woodhull Medical and Mental Health Center.

Ms. Youssouf stated that a 3.5% annual increase was a high rate, particularly when all services and taxes are included, and it is not a triple-net-lease. She asked for an explanation of the increase rate, and Mark Page asked for an explanation of the current lease arrangement to be included in that response.

Mr. Walker said the number was a function of what the landlord thought was necessary to maintain a ten (10) year lease. It was similar to the past agreement of ten (10) years, with the exception of dollar amounts, for which the landlord had expressed specific concern regarding annual rent numbers. Mr. Walker explained that negotiations were done primarily by Central Office Department Legal Affairs.

Jeremy Berman, Deputy Counsel, explained that 3.5% is high and the rate was very vigorously negotiated but the main concern was that there were no acceptable alternative sites. Mr. Berman advised that Dion Wilson, Legal Affairs, had done an extensive search for alternate sites, including in public space in New York City Housing Authority (NYCHA) and human Resources Administration (HRA) buildings, and the location, which is on the end of Williamsburg, is a hot area and landlords are aware of that and there is a lot of activity in that neighborhood. He explained that the landlord felt as though he were in a position to push but HHC negotiated very hard on the rent and the escalation.

Dion Wilson, Legal Affairs, and Michael Dubin, Savitt Partners, LLC, joined the discussion.

Mr. Wilson explained that original requests from the landlord were for a four (4) percent per year escalation rate, and \$44 per square foot base rent but HHC managed to get the escalation down to three and a half (3.5) percent and \$41 per square foot. Mr. Wilson explained that rezoning in 2005 increased real estate values and that moving the clinic would have resulted in additional capital costs for construction.

Ms. Youssouf noted that the consultant report reflected the \$41 per square foot rate was at the higher end, and asked whether there was no other space available. Mr. Dubin advised that an extensive search was conducted but square footage was a factor in their decision. Mr. Wilson explained that he had reached out to the Department of Citywide Administrative Services (DCAS) for public space and one Department of Health (DOH) site was eliminated after DOH said they had plans for the site, there was an alternate option in the Williamsburg Houses but that space was too small, and two other proposed sites were outside of the clinics' catchment area.

Antonio Martin, Executive Vice President, asked how many visits were conducted at the site. Mr. Mulvihill said 9,000 visits annually, with potential for growth. He noted that the population serving the clinic is quite different than the population visiting the nearest facilities.

Mark Page asked what the square footage cost was under the current lease. Mr. Wilson said that current rates were \$17 per square foot under the lease that was originally signed and negotiated 20 years ago. Mr. Page said he was startled by not having previous information expressed upfront and was angered by the feeling that he thought the information had to be pulled out of the presenters.

Ms. Youssouf said that she found it distressing that projections showed the site in a \$1.3 million deficit annually, and that is prior to rent and utilities being escalated. Mr. Walker acknowledged that the deficit numbers were not pleasing but added that the presentation was all inclusive, with real estate taxes and fully loaded expenses included. Ms. Youssouf said that is appreciated but does not lower the number. She expressed concern that this not be the way things were going with the Corporation not in a great financial situation. Mr. Walker said that from a financial perspective he agreed and understood, but explained that from an operational perspective community based clinics are needed and are being utilized increasingly. He noted that some operational changes were being reviewed and negotiated to match healthcare delivery and goals of meeting the bottom line. He advised that programmatic factors were being reviewed also, but with the awareness that clinical needs must be met but in a way that takes advantage of capacity. He said that productivity indicators were being reviewed, and added that HHC has to convert to more of a private practice model. Ms. Youssouf said she was pleased to hear that all those considerations were being made, and those ideas should be reflected in these types of agreements. She asked if all services were necessary, whether they get enough volume, was the extensive square footage really necessary in order to operate. Mr. Mulvihill stated that the population was changing and therefore services will likely be changing. Mr. Walker said that while the

main function is that of a primary care clinic, the site also houses a WIC program and a Child Health program. He said that he felt that if community based clinics were managed well then additional referrals would benefit the hospitals. That is a benefit not recognized here. Ms. Youssouf said she understood but asked, as the community changes, which is why the landlord is set on such a significant increase in rent, then HHC needed to be sure that the new population is one that will be visiting public health facilities. Will the population shift help or hurt us, she asked. Mr. Walker said his time at Harlem Hospital proved that there are changes and alterations that would need to be made, and Central/North Brooklyn is currently considering and reviewing those factors. We know we need to be able to compete with private, he said.

Mrs. Bolus asked when the current lease expired. Mr. Mulvihill said it expired at the end of June 2014. Mrs. Bolus asked why the agreement was being presented in the same month, and not six months prior as previously requested by Capital Committee members. Mrs. Bolus remembered a lease agreement for another clinic site run by Woodhull (875 Manhattan Avenue) where work still had not been completed. She reiterated that agreements should be presented months prior to the expiration date so that the Committee was not under the gun to make a decision. She advised that in the other site, at 875 Manhattan Avenue, the elevator was terrible, the stairs were terrible, and the second floor was still incomplete. She stated that other sites on the diagram were close by. Mrs. Bolus asked about roof repairs that needed to be completed and asked why they had not been done. Mrs. Scott-McKenzie advised that the roof had been repaired and the site passed a recent Joint Commission survey. Mrs. Bolus asked whether a new water heater had been installed. Mrs. Scott-McKenzie said she was unsure. She said that as far as she knows the landlord has been responsive. Mrs. Bolus said she did not feel confident that the landlord was providing adequate service and Ms. Youssouf agreed that it seems unacceptable that he apparently did not make repairs in a timely manner, and then had the nerve to increase rent by nearly three times the previous rates.

Mr. Page said he was pleased to hear that HHC had reached out to other City agencies but was not confident that the response from the Department of Citywide Administrative Services (DCAS) regarding Department of Health (DOH) plans to utilize space took into consideration HHC's needs. He asked whether something could be done prospectively to re-approach that idea. Ms. McKenzie stated that one of the sites was previously an HHC clinic but the facility was displaced due to needed abatement work, and then HHC was never allowed to return to the site. Mr. Page said he understood that was the response, but wondered if the voices of HHC were really being heard, and the significance of the need.

Mr. Martin requested that the facility review staffing numbers for the site.

Ms. Youssouf said she felt that the committee was in a place where they did not have much of a choice and that she was unaware of the fact that the Manhattan Avenue clinic mentioned by Mrs. Bolus had not been completed. She expressed concern that the agreement being proposed was not a sensible deal and suggested strongly that services be reviewed and be reported back to the committee. What the population is, who is utilizing each service, etc. She asked whether 9,000 square feet of space was needed. She said that while the community undoubtedly needed to be served, that the next time the Committee was presented with an expiring agreement they would not allow the pressure of timing to become a factor.

Mr. Page asked whether it would make sense to exercise the renewal option or, if the lease were approved for the 5 year initial term, whether that time shouldn't then be spent reviewing the needed services, staffing, volume of use, etc. He said he was familiar with the increase in residential rents, which he noted were astronomical. He asked if the resolution being presented provided the ability to exercise the five (5) year renewal option without Board authorization. Mr. Wilson said yes.

Mr. Page recommended that an amendment be made to the resolution stating that the facility would come back to the Board of Directors in four (4) years, a year ahead of the renewal option term, and seek authorization for the renewal term, adding that the option cannot be exercised without Board approval. To put a marker in the resolution indicating that HHC really needs to optimize the money spent on the space, for the business we get.

Mr. Walker said he believed that was a fair and prudent decision.

Mrs. Bolus asked why this was coming before the Committee at the last minute. Mr. Walker said that negotiations had begun a year ago and an enormous effort, at the facility level and at Central Office, was made to find alternate sites and to negotiate the rates. There was a genuine effort on this agreement.

Mrs. Bolus asked what capacity the other sites on the provided map could take over. Mr. Walker explained that not all those sites were operational HHC sites, the map showed the facility, the proposed site, and the alternate sites that were viewed.

Ms. Youssouf noted that the square footage sounded excessive and asked that the need for that amount of space also be considered moving forward. She urged that the realistic space be reviewed, the changing population be looked into, and requested that the group report back to the Committee as these factors were being discovered. She said that the 3.5% annual increase was highway robbery for HHC. Mrs. Bolus asked that revenue be presented as well. Mr. Walker said it was

approximately \$1.4 million but the mix of services would be reviewed and determinations would be made. He noted that this would be a good opportunity to create new relationships within the community.

Ms. Youssouf asked that, in the future, agreements with such a high rate of increase be brought to the Committee beforehand, for earlier discussion and advisement.

It was determined that the resolution would be revised to read, the Corporation has an option for an additional five years at a rental rate that will continue the pattern of annual increase which may be exercised only with Board approval at least one year prior to the beginning of that option period.

Committee members agreed to the wording for the amendment.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the amended resolution for the full Board's consideration.

*Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute five successive one year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of approximately 2,738 square feet of space at 413 East 120th Street, Borough of Manhattan to house for La Clinica del Barrio operated by Metropolitan Hospital Center (the "Facility") at an occupancy fee of \$23 per square foot, a \$2 per square foot utility surcharge, a \$1 per square foot seasonal cooling charge, and a Saturday occupancy charge not to exceed \$25,000 per year.*

Elizabeth Guzman, Chief Operating Officer, Metropolitan Hospital Center, read the resolution into the record on behalf of Meryl Weinberg, Executive Director, Metropolitan Hospital Center. Ms. Guzman was joined by Tracy Green, Chief Financial Officer, Metropolitan Hospital Center.

Ms. Guzman explained that La Clinica del Barrio was a community clinic that provided primary care services with a family practice model. She said the site had two family practice physicians on a full time basis and an allergist and Obstetric, Gynecologist (OB/GYN) on a part time basis. She noted that hours of operation were 8:00 AM – 6:00 PM during weekdays, and 8:00 AM – 1:00 PM on Saturdays. Ms. Youssouf asked how many annual visits the site received. Ms. Guzman said approximately 9,200 per year. Ms. Youssouf noted that this site operated in 2,748 square feet with a 9,200 annual visit volume.

Ms. Youssouf said she remembered previous discussion, in 2011, regarding the additional \$25,000 charge for operation on Saturdays. Ms. Guzman said the site was open every Saturday, to service community residents that could not visit during the week and advised that additional charges were the result of building management needing to open the building and provide security.

Mr. Page asked if the building were city owned. Mr. Wilson said the building was under the jurisdiction of the Human Resources Administration (HRA), but HRA periodically issued RFPs for non-profits to manage the building. Mr. Page asked who the rates were negotiated with. Mr. Wilson said that, as he understood it, the rates were set by HRA. Mr. Berman added that all Multi-Service Center sites had the same rate.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

*Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a revocable five-year license agreement with Eyes and Optics (the "Licensee") for the use and occupancy of approximately 140 square feet of space on the 8th floor of the "E Building" to operate an optical dispensary at Kings County Hospital Center (the "Facility") at an occupancy fee of \$30 per square foot for a total annual occupancy fee of \$4,200 to be escalated by 3% per year.*

Christopher Mastromano, Deputy Executive Director, Kings County Hospital Center, read the resolution into the record on behalf of Ernest Baptiste, Executive Director, Kings County Hospital Center.

Mr. Page asked what an optical dispensary was. Mr. Mastromano explained that the service center would dispense eye glasses, within the ophthalmology clinic at the facility. He said there was an alcove within the department where they would be located, and it would allow one stop shopping for patients.

Ms. Youssouf asked about rent. Mr. Mastromano advised the licensee would pay the facility an annual rent of \$4,200 for the first year, and 3.5% escalation annually.

Ms. Weinstein noted that the licensee operated shops in a number of other HHC facilities, with good result.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

## **Information Items**

### **Project Status Reports**

#### *Central/North Brooklyn Health Network*

##### *- Kings County Hospital: Elevator Upgrade "ABC" Buildings*

Daniel Gadioma, Associate Director, Kings County Hospital Center, advised that there were a total of ten (10) elevators within the project; three (3) in building "A", four "4" in building "B", and three (3) in building "C". He explained that all three elevators in building "A" were operational. In the "B" building, two (2) of the four (4) were operational, the third was a freight elevator with inspection expected June 24, 2014, and the fourth was a passenger elevator with completion also expected at the end of the month. The "C" building had two elevators operational and one scheduled for inspection by the Department of Buildings (DOB) on June 25, 2014.

Mr. Page asked why the project had taken so long to complete. Mr. Lynch explained that there were six (6) to seven (7) month delays at the beginning of the project because it was an older building, that never had an approved fire alarm system, and there were lengthy discussions between the Department of Buildings and the Fire Department of the City of New York (FDNY).

Mrs. Bolus asked the age of the elevators. Mr. Lynch said they were original to the building.

##### *- Woodhull Medical Center: Obstetric Unit Expansion*

Lisa Scott-McKenzie, Senior Associate Executive Director, and Ricardo Corrales, Senior Associate Director, Woodhull Medical Center, provided the report. Mrs. Scott-McKenzie advised that demolition had commenced and was roughly 85% complete. Framing was 65% complete and plumbing and electrical roughing were 25% complete. She noted that all heating, ventilation and air conditioning (HVAC) equipment had been received and would be installed post demolition. She advised that the facility had obtained the services of TDX to review estimates and project scope, and to provide construction management (CM) services to ensure the project came in within budget and on time. The revised project schedule had completion expected in February, 2015. Ms. Scott-McKenzie said the project team had also been realigned to allow for better communication and management. She explained that discussion at the March 13, 2014 meeting was the result of confusion between spent dollars and encumbered monies, and that was a reporting error within the package. The money had not previously been spent, as reported, it had only been encumbered. She advised that the project had only paid the design fees at that point, but monies would start to be drawn down now that demolition was in process and construction would begin.

#### *Queens Health Network*

##### *- Elmhurst Hospital: Women's Health Center*

Dean Mihaltses, Associate Executive Director, Elmhurst Hospital Center, reminded Committee members that this project had previously reported delays as the result of a General Contractor with insufficient financing, and a Construction Manager who had eventually been fired. He noted that the facility had continued to build from the inside-out and had made much progress along the way. He advised that there were no new delays to report and the project was still within budget. The elevators were in, the grounds were being finalized and Department of Health (DOH) and Department of Building (DOB) inspections were anticipated for late July. He said it was a rocky start but the project was in a good place at present.

## **Equal Employment Opportunity Committee – June 10, 2014**

### **As reported by Ms. Anna Kril**

Manasses C. Williams, Assistant Vice President, Affirmative Action/EEO briefed the Committee on the upcoming 21<sup>st</sup> Annual Competitive Edge Conference which is scheduled to be held on July 15, 2014 at the New York Marriott Marquis Hotel, located on Broadway in the midst of Times Square.

#### *2013-2014 Corporate M/WBE Program Annual Report*

The Assistant Vice President, Affirmative Action/EEO reported on the status of the Corporation's M/WBE Program. The report shows that there was a decrease in the overall OTPS expenditures in the Corporation below the one billion dollar benchmark for the fourth time in five years.

Expenditures of MBEs decreased by 7,958,679.00 or 30.7% while expenditures on WBEs decreased by 10,915,015 or 70.2%. The overall utilization rate for MBEs decreased from 3.06% in 2013 to 1.93% in 2014. WBE participation rates decreased from 1.84% in 2013 to 0.50% in 2014.

The results also showed that overall M/WBE goals decreased from 4.90% in 2013 to 2.43% in 2014.

#### *Conditionally Approved Contractors*

Gail Proto, Senior Director, Affirmative Action/EEO reported on three conditionally approved contractors, A&P Coat, Apron & Linen Supply, Inc., Perkins Eastman Architects, PC and Sodexo Laundry Services, Inc., all of which had underutilizations in 2013, but eliminated their underutilizations in 2014.

### **Finance Committee – June 10, 2014**

#### **As reported by Mr. Bernard Rosen**

#### **Senior Vice President's Report**

Ms. Marlene Zurack informed the Committee that Ms. Danielle Holahan of the NYS Department of Health (DOH) would present to the Committee information relative to the Exchanges and marketplace. As part of the routine reporting, as of June 10, 2014, the cash on hand (COH) with the receipt of DSH payments the cash balance was at \$479 million or 30 days of COH. It is important to note that this is a temporary improvement in the COH given that the current projection is that HHC will end the year with 12 days of COH. Additionally, due to the process that HHC is currently undergoing for the UPL payments, a number of payments are being deferred with the approval of the City. The payment of \$299 million for the medical malpractice and debt services will be deferred until FY 15 in addition to \$468 million of debt service, and EMS payments are also being deferred to FY 15.

Mr. Page asked if the year-end projection of 10 days of COH included the deferment of those two payments. Ms. Zurack stated that those deferred payments were included. The cash status is very much unresolved at this time and Dr. Raju has been involved in an effort to escalate the UPL payments issue totaling \$1.5 billion for several prior years.

Dr. Raju stated that after discussions with CMS and the regional local office in NYS the primary issue centers around the methodology in terms of what and how the payments should be made. It is anticipated that by the end of the week, HHC will have more updated information. The issue is that those payments should be expedited without any reductions in the payments.

Ms. Zurack stated that at a prior meeting the Interim Access Assurance Fund (IAAF) was discussed with the Committee. As part of the 1115 Waiver, the IAAF is not the DSRIP payment but rather another funding stream relative to the waiver for the public and safety net hospitals with cash flow issues which is what HHC is experiencing due to those delayed payments from the State. Accordingly HHC was eligible to apply for the IAAF fund that totals \$500 million for NYS, \$250 million for the public hospitals and \$250 million for the safety net hospitals. HHC submitted the application requesting assistance due to losses for Medicaid and uninsured in the clinics, specialty and primary care clinics totaling \$213 million out of the \$250 million that is available to the public hospitals statewide. There was the concern by the State regarding the need of those cash strained hospitals to get some cash initially prior to the completion of the award process which will be completed by June 30, 2014. To-date \$50 million of the \$250 million has been awarded by the State. Of the award, HHC received \$35.5 million in consideration of the application submitted which is equivalent to 71% of the \$50 million and if HHC assumes the same percentage on the \$250 million that would equate to \$177.5 million of the \$213 million applied for. The receipt of those funds is expected by June 30, 2014 which has been factored into the cash flow. This is good news; however, the State has not yet made a commitment due to the completion of the application process.

Dr. Raju extended thanks to Ms. Zurack and staff for their efforts in the completion and submission of the IAAF application, which was a huge task. The State's initial response has been positive as indicated by the award of the \$35.5 million payment and is a reflection of the quality of the application submitted by HHC.

Ms. Zurack also extended thanks to Ms. Brown and the Corporate Planning staff for their efforts in the completion and submission of the IAAF application noting that it was a team effort. The next item in the reporting related to HHC's City Council hearing that took place last month and HHC was relieved that it was not faced with having to seek restorations to the budget as in previous years, given that all of the funds were restored with the exception of \$30,000. The Council was very supportive and is aware of HHC's financial position and is willing to assist HHC in its efforts to secure the required funds from the State.

Ms. Zurack informed the Committee that HHC would be increasing its inpatient posted charges for Long-term acute care, Skilled Nursing Facility (SNF), and Adult Day Health Care Services. Last year the Committee was informed of HHC's increase in its inpatient posted charges after twenty years which was precipitated by the need to increase commercial revenue given that commercial plans pay the lesser of the charges or the rates. This year, HHC will increase its nursing home (NH) charges that are significant in some instances in that some of the charges will be doubled. However, it is important to note that these charges have not been increased in over 15 years. This does not affect what the uninsured patients pay based on the federal poverty level (FPL) which is consistent with past increases of this type. The uninsured patients will continue to benefit from the HHC Options program that is at an affordable level. In order to maximize HHC's ability to capture commercial insurances and managed care plan revenue, there is a need to increase these charges. The State is in the process of implementing its LTC program which will mean that a number of the NH that are primarily fee for service Medicaid will be involved with a number of the insurance companies which will require an increase in the charges.

Ms. Youssouf asked how the increases compare to other hospitals outside of HHC. Ms. Zurack stated that HHC is still very low in its rates with the increase.

Mr. Page asked if this was something HHC should have done on an annual basis as opposed to waiting fifteen years to increase those charges.

Ms. Zurack explained that in terms of the NH it would not have impacted the rate given that the reimbursement is based on Medicaid fee-for-service (FFS). The delay on the acute care side was due to certain compliance triggers, whereby increasing the rates would generate. Additionally there was a legal interpretation that implied that HHC was a low-charge healthcare system; therefore, the charges were not a factor. Charges in the hospital industry are misleading. In a number of reports it has been noted that not many patients pay the posted charges. The charges are similar to hotel "rack rates" compared to the actual contract rates. The charges are the starting points and then allowances are made to get to the contract rate. There is the lesser of the rates or charges that relate to a theory that charges must be kept at a certain level given that the insurance plan will not pay if the charges are lower than the rates. In other words, a hospital will get paid the lesser of the rates or the charges. The exclusion is the low cost hospitals which would be HHC.

Mr. Page asked if the increase was retroactive. Mr. Russo replied that there is no retroactivity relative to the increase in the posted charges.

Ms. Zurack stated that HHC's position is that the plans do not have the right to take that action and that HHC is entitled to the rate which is an ongoing legal issue with Wellcare.

Mr. Russo stated that HHC would get the rate as opposed to the posted charges.

Mr. Page asked if the pending status of that litigation was the contributing factor to increase in the posted charges.

Ms. Zurack stated that to some extent it is but by increasing the charges the argument is moot.

Ms. Youssouf asked for clarification of the compliance issue relative to the increase in the posted charged.

Ms. Zurack explained that some years ago hospitals would increase their charges yearly based on recommendations of attorneys and consultants in order to maximize their Medicare outlier payments. Consequently, by increasing those charges the cost would increase. The private sector had been increasing its charges yearly which resulted in an investigation of which Tenet Health evolved; whereby if charges are increased it could be subject to a significant level of review on the hospitals. Therefore the way in which charges are increased must be done in a manner that is consistent with the required detail which is very extensive.

Ms. Youssouf asked if HHC is compliant in increasing the current charges to which Ms. Zurack replied that HHC is in compliance.

### **Key Indicators & Cash Receipts & Disbursements Reports**

Ms. Krista Olson reported that there is a slight increase in both inpatient and outpatient areas compared to last year but cautioned that the increase is due primarily to the temporary closure of Coney Island and Bellevue last FY due to the storm. Excluding those two facilities, outpatient visits are down by 2.8% similar to the decline last month. Outpatient acute visits specifically excluding Bellevue and Coney Island are down by 3.1%. D&TC visits were down by 37%. Inpatient discharges excluding Bellevue and Coney Island were down by 6.5% compared to 6.6% last month. Nursing home days are down by 14.2%, a slight improvement from earlier in the year of over 15%.

Ms. Youssouf asked what the target for the 6.5% was. Ms. Olson stated that it would be the level to get back to the level before the storm; an additional 15,000 discharges would be needed to get back to the FY 13 level.

Ms. Youssouf asked when HHC is expected to get back to that level. Ms. Olson stated that in terms of Bellevue and Coney Island, Bellevue has come back but not at a 100% capacity but at 98% and Coney Island is not yet back to its level prior to the storm and it is expected that it will take some time for the facility to get back to that level.

Ms. Youssouf asked how the additional 15,000 discharges would be made up. Ms. Olson stated that the 6.5% is excluding Bellevue and Coney Island; therefore it is what is occurring at the other facilities that are driving the decline.

Ms. Zurack asked Ms. Olson if she had the FY 12 actual so as to give the Committee a sense of what the workload was through the period. Ms. Olson stated that the data was not available and continued with the reporting, stating that the ALOS, a comparison of specific hospitals to the corporate-wide average. While there is a great deal of variation across facilities, overall the LOS has remained steady compared to last year. Compared to the corporate-wide average Kings County has shown significant improvement coming within 4/10 of a day from 7/10 at the beginning of the year. The CMI, the severity of inpatient cases is up by 1.3% over last year.

Mr. Page asked if HHC has data on what the use of hospital care is citywide and what the trends are.

Ms. Olson stated that included in the presentation that was presented to the Committee a few months ago by Corporate Planning Services, there has been a decline citywide but not as great as the decline HHC is experiencing. HHC is losing market share relative to those hospitals but overall there is a decline in inpatient utilization. All of the hospitals across the City are showing a decline but HHC is declining at a faster pace.

Mr. Rosen asked if HHC has a tentative number for May 2014. Ms. Olson stated that the data is not yet available.

Ms. Youssouf asked if the presentation that was done by Corporate Planning could be shared with Mr. Page.

Ms. Brown, Senior Vice President, Corporate Planning, Intergovernmental Relations and Community Health stated that the presentation would be forwarded to Mr. Page, adding that what Ms. Olson had stated, across the board admissions are declining and that is not a bad trend relative to those admissions that were non-reimbursable in some cases. The inpatient utilization is declining and will continue to decline given some of the waiver projects and strategies which is the expected trend. There is a goal of a 25% reduction in the inpatient service area and HHC has lost a little more but it is not across the board but rather in certain areas which was the focus of the presentation in certain geographic markets and more in certain parts of the NYC.

Ms. Youssouf asked if with the closure of some hospitals outside of HHC has increased workload at any of HHC facilities.

Ms. Brown stated that the closures that occurred in the borough of Queens a few years ago and in Brooklyn there have not been any closures as of yet except for Long Island College Hospital which was not in the HHC marketplace. There has been ongoing back and forth and ups and downs with Interfaith Hospital given that the hospital has not yet closed; however, HHC shares a market as part of the patient origin in Woodhull and Kings County hospitals' catchment areas. There are some increases but to-date the increase has not been a ground swell of patients.

Mr. Rosen asked if the data excludes rehab and behavioral health services. Ms. Olson stated that those services are excluded in the data. Mr. Rosen asked if the psych and rehab data could be included in the reporting once a year.

Mr. Page added that the mental health services that are provided are not 100% adequate; therefore, it would be important to look at that sector of the usage as an indicator.

Ms. Zurack added that the outpatient mental health series are included in the visits but the inpatient usage has been excluded.

Mr. Page asked if the reason for the exclusion was due to the discharge measure not being consistent with the service. Ms. Zurack added that it does not fit and nor does it fit the SNF but the data can be added back to the reporting on an annual basis. Noting that at one time the Committee had asked for the data and decided after a review of the reporting that the frequency of the reporting would be decided by the Committee.

Mr. Fred Covino continuing with the reporting stated that FTEs were down by 49.5 but that Coney Island variance reflected an increase of 97 FTEs higher than last year. There has been some improvement and the variance has decreased to 33 over the target. Receipts were \$205 million worse than budget and disbursements were \$23 million over budget for net negative variance of \$228 million. A comparison of actual for the current FY 14 to the prior year FY 13, receipts were \$70 million



more than last due to a \$124 million increase in MetroPlus risk pool payments. There was also a \$41 million increase in Medicaid due to the restoration of services at Bellevue and Coney Island. Medicare managed care was up by \$75 million which includes \$19 million for Bellevue and Coney Island. There was also an increase in DSH payments. Those increases were offset by \$101 million decline in grants revenue and intra-city grants were down by \$62 million received last year and non-recurring FEMA funds and some Hill grant funds that are also non-recurring. The decrease in intra-city by \$26 million is due to the timing of payments from the City for prisoners and child health clinics. Expenses were \$144 million greater than last year which was primarily due to a pension payment of \$213 million as well as an increase in health insurance payments of \$37 million that included a \$27 million prior year equalization payment. There was an increase of \$20 million in FICA payments due to a non-recurring resident refund. Those increases were offset by a decline in payment to the City for medical malpractice and stabilization in health fund payments. A comparison of the actuals to budget, inpatient receipts were down by \$116 million due to a decrease in Medicaid fee-for-service of \$150 million. As previously reported during the year, utilization is down significantly compared to budget; a decrease of 7,900 paid Medicaid discharges; decrease of 45,000 psych days; and a decrease of 79,000 paid SNF days.

Ms. Youssouf asked if that data included what was excluded from the prior reporting. Mr. Covino stated that the budget includes everything. The 45,000 psych days is against the budget.

Ms. Youssouf stated that in trying to reconcile what is included and excluded in the data; why and what the impact of the exclusion or inclusion has on the data in order to have a better understanding of what is being reported was not very clear.

Ms. Zurack stated that it would only improve the outcome if the data is increasing and that is yet to be determined. However, Ms. Olson has some data on the trends that could help in understanding the data.

Ms. Olson stated that it varies by hospital in that there are some hospitals that are improving slightly and others are going down but overall it would require a more detailed review in order to determine the impact.

Mr. Page noted that there appears to be an increase in inmates with behavioral health issues and asked if HHC has any connection to that population.

Ms. Zurack stated that there is a forensic unit at Bellevue and Elmhurst for women; therefore, some of the utilization does include that population that has been covered by the media.

Dr. Raju added that some of the patients in HHC facilities are from Rikers Island; however, the daily treatment of those inmates at the prison is done by an independent contractor who provides those services to the inmates. Therefore, HHC would not generally see those patients on an outpatient basis but on an inpatient basis, HHC is the admitter.

Mr. Page added that it appears that HHC's business is declining and there are aspects of the business that HHC should be focusing on in terms of where HHC's capacity could be better used. The private contracting compared to the services HHC provides.

Dr. Raju stated that in terms of the bigger picture, the market share is declining on the acute care side and whether there is potential to increase the market share on the mental health side is the question. The issue has always been whether HHC has the capacity to provide care to that population which will require further study and detailed strategic planning.

Ms. Brown added that aside from the question regarding forensic, the inpatient psychiatric services, the non-forensic psych services are currently under review and taking advantage of the volatility of other hospitals that now play a role in the community and the need for those services in the various communities. The issue cannot be solely on beds but rather ambulatory care services that are needed for those individuals who need ongoing services and support. Therefore, if HHC expands its inpatient services and partners with others to do the outpatient work; the goal would be not to have those patients cycled in and out of the inpatient services. There is a scheduled call with the NYSDOH, mental health and OASIS regarding the expansion of adult psychiatric services at Kings County due to the need and volatility in central Brooklyn. HHC has converted or increased what had been adolescent beds to a young adult based on the emerging need. On the ambulatory care side there are a number of new models that the State is looking to put in place as a supplement or alternative to inpatient utilization. Therefore, the State will not allow HHC to inordinately expand significantly given their policy directive in terms of the range of services that are not inpatient focus.

Ms. Zurack stated that the State is set to implement managed care for the behavioral health population in an effort to obtain reductions in the cost of those services.

Mr. Rosen added that MetroPlus and other HMOs will be a major player in providing access to care for that population.

Ms. Brown stressed that HHC cannot focus on the inpatient given the need policies and payment structure that are forthcoming.

Ms. Youssef asked if HHC had completed its review of what had been discussed a while ago regarding specialty care services within HHC and the expansion of those services.

Dr. Raju stated that HHC is working with the City on the mental health issues and the City has formed a task force on the mental health and criminal justice system for those individuals who are incarcerated and who do not have adequate treatment which will probably open up some avenues in addressing that issue in terms of connecting with those individuals who are released from prison to outpatient services for the care needed. As indicated by both Ms. Zurack and Ms. Brown as HHC move forward with addressing the mental health issue there is a need to be financially prudent in how those needs are addressed and consistent with the State without increasing cost.

Mr. Covino completing the reporting stated that expenses were up by \$12.5 million compared to budget due to increases in allowances and overtime during the year. OTPS expenses were up by \$17 million due partially to an increase in the cash cap for payment to vendors. The days in accounts payable have increased to 84 days compared to 50 to 60 days in prior years. The reporting was concluded.

### **Information Items:**

#### *Statement of Revenue and Expenses For The Period Ended March 2014 and 2013*

Mr. Jay Weinman brought to the attention of the Committee the bottom line net loss for 2014 of \$273 million compared to last year 2013 of \$843 million. Some of the highlights of the major variances included an increase of \$672 million in net patient service revenue. Half of that increase was due to various UPL increases, \$348 million and DSH maximization of \$58 million; \$54 million in Medicare settlements and some increases in inpatient services due to the temporary closures at Coney Island and Bellevue last year of \$190 million. Appropriations from the City increased by \$20 million due to an increase in interest paid by the City of \$22 million and premium revenue increased by \$51 million or 3%. MetroPlus membership decreased by 3% but there were offsets to the supplemental Medicaid monies of \$41 million and higher premium rates for increased services. Grants revenue decreased by \$58 million due to a decrease in funding for the Hill grant of \$35 million and meaningful use decreased by \$10 million. Personal services (PS) increased by \$27 million due to MetroPlus increasing FTEs by \$65 million and HHC decreased by \$24.5 million, net increase of \$40 million. There was an increase in the cost of vacation and sick leave balances of \$8 million. OTPS increased by \$71 million. Pharmaceuticals and laboratories expenses increased by \$20 million. The overall increase in OTPS was 3%. MetroPlus increased by \$39 million due to the increase in services related to the increase in premiums. Fringe benefits increased by \$41 million or 4.5%. Affiliation contracted services increased by \$24 million or 3.4%. Last year there was a \$6 million adjustment to one of the affiliation contracts. There was a total of \$15 million in general contract additions this year. Interest expenses increased by \$13 million due to a reduction in capitalized interest for the City, thereby increasing HHC's interest expense.

Ms. Youssef asked if HHC had included the cost of the labor contracts settlements in the expenses.

Ms. Zurack stated that the question related to both the accrual and the budget. In terms of the amount included in the budget for the labor contract settlements, on an accrual basis there is an amount that Mr. Weinman can address and in terms of the financial plan, Mr. Covino can respond.

Mr. Weinman stated that in the current FY 14 there is an accrual and in last year's as well. The difference between the two years is minimal but every quarter there is an adjustment of an additional small percentage for collective bargaining.

Ms. Youssef asked where on the report that would be included. Mr. Weinman stated that it would be in the personal services expenses. Ms. Zurack added that it was diminutive.

Mr. Rosen added that what Ms. Youssef was asking was how much is in reserves for collective bargaining agreements.

Ms. Zurack stated that it is important to be clear about what is included which is a very small amount for some unions which is not the bigger question and that is in the accrual on the books for all the years which in past years have been for the trades and others.

Mr. Covino stated that prospectively going forward in the financial plan there is a 1.5% annually for the life of the plan which is consistent with the City.

Ms. Youssef asked if there are in provisions in the budget for retroactivity for the latest settlements.

Ms. Zurack stated that there are none; however, HHC has been working very closely with the City's office of labor relations (OLR) and OMB on this issue. The reporting was concluded.

#### *NYSDOH/Exchanges Update*

Ms. Zurack welcomed Ms. Danielle Holahan of the NYSDOH and extended thanks for taking the time to come and present to the Committee data on the progress of the Exchange and NYS marketplace.

Ms. Holahan stated that NYSDOH is expecting to release a detailed enrollment report in the coming weeks where a significant amount of information will be available. However, the reporting to the Committee would include some of the highlights of the information that is available and if HHC requires an update of additional information it can be presented to the Committee. Included in the presentation are DOH value propositions at the marketplace. The application process has significantly eased and consumers can apply at a variety of modes, on-line, by phone or by mail. The in-person assistor channel has increase over time. A huge advantage this year over last year was the reduction in premiums offered by the plans through the marketplace. The reduction was 53% on average relative to last year. And that is before the tax credits that the majority of the enrollees are eligible for. All of the plans offered on the marketplace are comprehensive and are required to offer ten essential health benefits so it is a comprehensive package of benefits. NYS has greatly expanded the choice of health plans to individuals. There are sixteen health insurers offering medical coverage and ten stand-alone dental plans which is the most choice across all the marketplaces in the country. As of April 15, 2014, the close of the open enrollment for the first year, with an additional two weeks that were added at the end. Of all of the last minute enrollees, there were nearly a million NYers through the market place; 525,000 through the Medicaid program, 65,000 child health plan (CHP), and 375,000 through qualified health plans (QHP). Within the Medicaid enrollment 12% of the enrollment population is newly eligible childless adults the rest were the usual population. Through May 2014, there were 11,685 enrollees through the emergency Medicaid program. Some of the volume statistics, there are thousands of people enrolled daily that continue as part of the public enrollment. There was a spike increase and during the last week, 34,000 people enrolled. The two highest enrollment days were the two deadline days, March 31, 2014, 39,000 enrolled and December 23, 2013, 26,000 enrolled. The customer service center has been extremely busy responding to calls of over 1.2 million since opening. During the middle of September 2013, 1,300 calls an hour were received peaking to 3,000 calls an hour. The center is equipped to handle approximately 170 languages by the staff who are bilingual, language lines and translators.

Ms. Youssef asked how many people operate the help center. Ms. Holahan stated that there are 777 across sites, Albany and New York. Over time there are 9,000 in person assistors, who are the navigators and certified application counselors (CAC) and licensed insurance brokers. Of the enrollees few of the statistics more than 80% of people indicated that they were uninsured at the time the application. Across the programs the prior uninsured is much higher in the public programs as expected. The Medicaid numbers are 94%, CHP 87% and QHP 63%. The tax credits are only allowed at the federal level. More than 70% of the enrollees in QHPs are eligible for financial assistance. Some of the statistics for the QHP enrollment showed that there was enrollment for every county of the state. For NYC, QHPs were 45% of the statewide enrollment and publics at 52%. There was enrollment in every metal level, gold, silver, bronze and platinum. The age distribution which NYS did better than the nation, 31% of the enrollment was between the ages of 18 and 34. Overall there was a good distribution across the age groups. MetroPlus was the 4<sup>th</sup> highest enrollment plan. One of the top four plans with 14% or more of statewide enrollment.

Ms. Zurack informed the Committee that next month Dr. Saperstein would present to the Committee MetroPlus enrollment as the second piece of the update.

Ms. Holahan added that the NYS report will be out at that time and HHC will have more information. Some of the activities launched by NYS towards the end of the open enrollment period included targeted outreach campaigns focused on Latinos and young adults. The call wait time has decreased due to an increase in staff in the past three months to get the wait time down to less than two minutes; e-mail reminders were sent to NYers who had come in and completed the first part and gotten an eligibility determination but had not selected a plan reminding them of the deadline which contributed to some people coming in by the end of the enrollment period. Of the tools made available to consumers the websites are the most used in the premium estimator in a web based form to allow individuals to use it on the iPhone. There are four major questions that are asked relative to income, household size, the county residence and metal level of interest. It is a consumer tool to encourage enrollment.

Ms. Holahan stated that the lessons learned during the first open enrollment period, similar to all states, NYS did implement a one stop-shopping, whereby the marketplace is an integrated place, more consumer- friendly. There was a need to respond quickly; therefore the IT systems must be flexible and upgraded accordingly. The call lines are expected to be higher than. Consumers do not want a range of application channels. New assistors are trained daily. In terms of HHC data, applications submitted through MetroPlus, there are two metrics that are tracked. One is the number of applications and life status

changes. There were 70,000 submitted, 54,000 received eligible determination. HHC hospitals and D&TCs and others, 18,000 applications were submitted and 13,000 eligible determination totaling 68,000 eligibility determinations for HHC, one of the highest performer in that area. Another lesson learned is that plan selection is a very complex and highly individualized decision. Refresher training will be on-going for assistors to assist in expediting the process in providing assistance to the consumers by walking them through the decision making process. Continuous improvement is a daily task. Enrollment is ongoing for public programs. The enrollment for QHP ended on April 15, 2014; however, NYS is in a special enrollment period for people who have a life status change, marriage, birth of a child, individuals who become unemployed and lost their health coverage. Outside of the open enrollment the next open enrollment period will be November 15 through February 15, 2015. The health plan invitation has been released and applications are expected by the end of the week. Proposals and rates are due on June 13, 2014. Some expansions are expected as well as some of network coverage are expected to be proposed. Plans will be required to be more careful about how their health plans are labeled for consistency in comparison of the various plans by the consumers. Network clarifications are also required. Network charges are reviewed as they occur. There are various tools available to the consumers to assist in choosing plan provider participation. Policies for consumers are required by the insurance law if plans are discontinued and if there are changes in rates. The reports that will be available will include data relative to the various plans. An administrative renewal campaign will be launched in the summer and fall. Grassroots outreach efforts will be ongoing and expanded. NYS will continue to build and refine the website as much as possible.

Mr. Rosen asked if the counselors work through the website. Ms. Holahan responded in the affirmative.

Ms. Zurack stated that it was surprising to learn that the on-line sign-up has been as high as it is.

Ms. Holahan stated that at the end of the enrollment on-line in person assistors channel is the highest at this time. Public program enrollees are likely to work with an assistor. Having more assistors has increased the use in that area.

Mr. Rosen asked if the different plans offer different premiums. Ms. Holahan stated that they do and that MetroPlus was the lowest plan in terms of premiums and it is evidenced that people do buy on price.

Dr. Raju extended thanks to Ms. Holahan for presenting to the Committee.

**Medical & Professional Affairs / Information Technology Committee**  
**- June 12, 2014 – As reported by Dr. Vincent Calamia**

**Chief Medical Officer Report**

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer, reported on the following initiatives:

*DSRIP*

As has been recently discussed, preparation of HHC's response to the 1115 waiver requirements has involved a large amount of effort from central office and facility leaders. Finance has led the application for the IAAF (Interim Access Assurance Fund), "to stabilize the financial position of safety net hospitals." The application process for DSRIP (Delivery System Reform Incentive Payment) is being coordinated by Dr. Christina Jenkins in Medical & Professional Affairs, with support from KPMG. Executive sponsorship of the process currently rests with Mr. Antonio Martin and me; with enormous input from Finance and Intergovernmental Relations. Selection of partners, partnership structures and projects is being managed through an Executive Steering Committee that also includes network Senior Vice Presidents, as well as the central office leadership, including the CIO.

We are on track to have an application for planning dollars lodged by the due date of June 24. This is non-binding, and NYS DOH will provide feedback on both projects and partnerships (PPS) which will then form the basis for our final application in December 2014. DSRIP dollars are expected to flow in April 2015

*HHC ACO*

On May 21st, ACO Clinical Leads at all acute facilities and D&TCs reconvened for their second Leadership Retreat. This meeting was a valuable opportunity to share data, best practices, and compare notes on approaches to optimally manage the ACO's patients through the High Risk Patient Review process now occurring at all 17 facilities.

The ACO is ramping up its partnership with our HHC Health Homes, reaching out and identifying dual Medicare-Medicaid eligible beneficiaries who will benefit from the support of Health Home care coordinators. Sixty-nine ACO patients have been enrolled in Health Home thus far, with many more being screened for eligibility by facility ACO leadership.

We have received final quality performance results for 2013 for 22 quality measures in domains of preventive care and chronic disease management. The HHC ACO performed better than national ACO medians in 21 of 22 measures, placing in the 74th percentile overall in a cohort of the nation's highest performing health systems. 2013 performance results in the remaining areas of patient satisfaction and care coordination are expected by the end of the summer.

In order to support quality performance improvement from this 2013 starting point, ACO leadership is working closely with IT colleagues to enhance EMR functionality for ACO performance workflows. Quadramed enhancements will begin pilots this summer to support standardized falls risk screening, screening and counseling for obesity and depression, and medication reconciliation post-discharge. The ACO is also finishing a draft set of customized workflows to support ACO performance in Epic.

The ACO is required by federal regulation to notify Medicare fee-for-service patients about the ACO at the point of care. On June 2nd, we launched a pilot of an in-person notification process and a new field in the Unity registration system at Woodhull, which has been a success so far. The ACO expects to expand this notification process across HHC facilities this summer.

The ACO recently received its expenditure data from CMS for the first quarter of calendar year 2014. While these data are preliminary and subject to adjustments, there were some promising indicators of progress toward the ACO's core goals of better health, better care, and lower costs. Compared to the prior quarter, the ACO's emergency department utilization rate was down by 4.5%, hospitalization rate was down by 6.5%, 30-day readmissions rate down 0.5%, with stable outpatients costs and utilization. Overall per-beneficiary costs, our ultimate ACO performance measure for shared savings, were down a total of 7%. We will continue to work closely with our CMS data as it evolves over the course of the year, and remain vigilantly focused on keeping our ACO patients healthy and out of the hospital with robust primary care.

#### *Tobacco Cessation*

Treatment guidelines updated to target 'harder core' smokers through providing 1-week nicotine replacement supplies at point of care by primary care physician or nurse. Funding has been provided to all facilities to support NRT purchases. Implementation of POC NRT distribution is under way at DTCs and will be rolled out to the acute care facilities over the next two months.

#### *Emergency Management*

Central Office Emergency Management has begun its comprehensive assessment of the Corporation's emergency management status, to answer the question, "how prepared are we?" Key steps include the formation of an Emergency Management Council, development of a strategic plan, charter and balanced scorecard that detail and assess the Corporation's all-hazards approach to emergency management; focused visits to our 11 acute care facilities and 4 long-term care facilities, and meetings with key internal and external stakeholders to place the Corporation front and center in the healthcare emergency management sphere.

Work continues on the Central Office Emergency Operations Center (EOC), which will serve as the hub for real-time facility operational status before, during and after emergency incidents. The expected date of completion is July 1, 2014.

Deployment of the Corporation-wide mass notification system continues. Initial contact information is being uploaded to the system, core users are being trained, and expansion options are being assessed.

#### *Hypertension*

All acute care facilities are enacting PI projects for presentation at the HHC Board QA committee. Particular areas of focus are implementation of Treat to Target for all uncontrolled hypertensives and outreach to patients who have not been seen in over six months.

As the role of the RN in the PCMH grows to meet its full potential as the team member most focused on helping our patients engage in effective self-care, we are developing a training program consisting of skills-based workshops and on-site simulation with standardized patients.

#### **MetroPlus Health Plan, Inc.**

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of May 30th, 2014 was 466,480. Breakdown of plan enrollment by line of business is as follows:

Medicaid	368,976
Child Health Plus	11,908
Family Health Plus	22,724
MetroPlus Gold	3,362

Partnership in Care (HIV/SNP)	5,227
Medicare	8,134
MLTC	540
QHP	44,989
SHOP	620

Attached are reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

As of May 30th, 2014, MetroPlus has over 46,000 paid individual and SHOP members. We have also added over 45,000 new Medicaid and Child Health Plus (CHP) members, who enrolled through the Exchange website. This 91,000 member enrollment is approximately 10% of the state's exchange enrollment, to a plan that operates in only four counties. While the addition of 45,000 Medicaid and CHP is positive, there are technical issues with auto-assignment through New York State of Health (NYSOH). The Department of Health (DOH) has acknowledged issues with auto-assignment for individuals enrolling through NYSOH. Health plans have not received the appropriate proportions of auto-assignments, and some plans that did not qualify to receive members based on their quality performance have received auto-assignments. Some individuals have been assigned to plans that do not participate in their counties, as well. DOH will attempt to rectify the situation moving forward and ensure that plans eventually receive the correct proportion of auto-assignees that they should have initially received, but offered no estimated date or details on the solution.

This month, key MetroPlus staff members have been preparing for the submission of the MetroPlus Qualified Health Plans application for the New York State of Health, due June 13th, 2014. During the week of May 19th, 2014, the Department of Financial Services (DFS) released template notices that insurers should use when drafting initial notices of proposed rate increases that must be sent to policyholders at the time an insurer submits a rate adjustment application to DFS. This notice, required by New York's prior approval law, informs consumers of the proposed rate adjustments and directs policyholders where they can get more information about the proposed rate adjustment and how they can submit comments to DFS. At this point, notices will need to be sent to policyholders no later than June 13, 2014.

Also in May, the MetroPlus Quality Management (QM) Department has been focused on HEDIS/QARR data collection. Data has been collected, entered, and reviewed across HHC and non-HHC locations over the past 3 months. The MetroPlus QM department completed reviews for approximately 13,000 medical records. Additionally, the QM department successfully passed the HEDIS audit in collaboration with many other MetroPlus departments. The HEDIS audit is completed on a yearly basis by an outside party to ensure that the plan is meeting all the necessary NCQA data collection requirements and standards. Also, significant progress has been made towards the improvement of MetroPlus Medicare Star Ratings. The most significant effort was the execution of the Medication Adherence Program (MAP). MAP is an outreach campaign aimed at improving member's medication adherence in the areas of anti-hypertensive medications, oral diabetic medications and statin medications that began in May and continues through August 2014. In addition to the MAP, work also began on a high touch telephonic campaign to our membership. The high touch member campaign aims to improve the member experience and prevent issues before they arise.

As I have reported previously, in order to meet the comprehensive requirements of the Health and Recovery Plan (HARP) for the severely mentally ill population as well the additional requirements to assume behavioral health coverage for the previously carved out SSI population, we have done an RFP for a Behavioral Health Organization to assist us in meeting these requirements. We received four responses to our RFP, and the vendor that was chosen was Beacon. The contract will be brought to the MetroPlus Board of Directors on June 10th and to the HHC Board of Directors on June 26th.

### **Chief Information Officer Report**

Bert Robles, Senior Vice President, Information Systems provided the Committee with the following updates:

#### *Meaningful Use (MU) Stage 2 Update*

On Tuesday May 20th, Centers for Medicare & Medicaid Services and the Office of the National Coordinator for Health IT announced a proposed rule that would give providers an additional year to upgrade electronic health record systems to meet reporting requirements for Stage 2 of the Medicare Meaningful Use program.

The proposed rule includes a provision that would extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

Additionally, the proposed rule would allow for relaxed attestation criteria (valid only for the 2014 reporting year) that would provide the option to attest with the updated 2014 Stage 1 objectives.

The 2014 Participation Options that apply to HHC are as follows:

Providers currently working on Stage 2 in 2014 would be able to attest using:  
 Stage 1 (2014+ Definition) using 2014 Edition Certified Electronic Health  
 Record Technology (CEHRT); or  
 Stage 2 (2014+ Definition) using 2014 Edition CEHRT.

The 2014 Stage 1 objectives were updated to include:

Provide patients the ability to view online, download and transmit information about a hospital admission. More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or Critical Access Hospitals (CAH) have their information available online within 36 hours of discharge.

2014 Stage 1 objectives do not include the TOC (Transition of Care) - Measure 12 Objective which has been the most difficult measure to meet due to the immaturity of the technology needed to support this measure (i.e., lack of direct addresses amongst providers, unavailable HISP functionality and lack of provider directories).

However, I strongly suggest we stay the course and continue with push for Stage 2. We will be required to meet these measure and objectives in 2015 and we need to ramp up our volumes so we can sustain the measure thresholds. If during the attestation window, we find facilities are not going to make Stage 2 criteria we can attest with 2014 Stage 1 criteria.

#### *ICIS Update*

The ICIS team continues facilitating Work Group meetings for work flow and content build. To date, over 110 individual meetings with clinicians, administrators, corporate office and ancillary staff have been conducted. Several meetings have been conducted with inter-department and inter-disciplinary teams to support patient flow throughout their admission/ visit. For example, discussions were facilitated on the integrated workflow between Radiology and Cardiology Nuclear Stress departments. A key discussion point addressed: Is it appropriate for the Cardiology portion of the Nuclear Stress test report to be released to the ordering physician before the Radiology report is completed? The final report is a combined report of both portions of the Cardiology and Radiology test.

To enhance the foundational knowledge of our clinicians at our facilities, the ICIS leadership team facilitated the May monthly Physician and Nurse Champion call focusing on education that would be beneficial for the Champions. This education is offered by Epic. It includes both on-line and on-site EPIC courses at the Verona, Wisconsin campus. The goal of the educational sessions is to provide our Champions a more in-depth knowledge of Epic functionality. This will foster informed decision making and provide our Champions with a solid knowledge base when addressing their colleagues in the field.

As we plan for our initial sites to come up on the Epic EMR the following planning and analysis activities are in progress:

Reviewing the credentialed EPIC /ICIS training program as well as planning how best to develop and execute a curriculum for basic computer skills training required prior to Epic training for our end users. Preparing to work with Cerner laboratory team post kick off in early June to draft, review, finalize and incorporate the Lab implementation work plan

In addition, as we move forward, we continue to work closely with both Soarian and Laboratory restructuring leadership to ensure open communication, planning and design collaboration.

#### *Active Directory (AD) Upgrade Status*

Enterprise IT Services continues to complete the Active Directory (AD) upgrade at all HHC facilities. The AD system allows for the authentication and authorizes all HHC users and computers throughout all HHC facilities and sites. AD creates user accounts, assigns and enforces security policies for all computers on the HHC network and installs and/or updates software. For example, if an HHC user logs into a HHC computer that is part of the HHC domain, AD would check the submitted password and determine whether the individual logging in would be a normal user.

To date, the AD upgrade is 85% complete with no significant problems identified. The next sites to be upgraded are North Bronx, South Manhattan and North Brooklyn networks along with Central Office. The project timeline has been accelerated so that the project can be completed by mid-October 2014. This upgrade is a pre-requisite for the Corporation to migrate from the current Groupwise email system to Microsoft Exchange email system. EITS anticipates that the migration to Microsoft Exchange will be completed by the end of second quarter calendar year 2015.

#### **Information Items:**

Lauren Johnston presented on Health Home and Transfer Center

*HEALTH HOME*

**Criteria:**

Medicaid eligible individuals must have: Two chronic conditions or one chronic condition-HIV/AIDS or serious persistent mental health condition (SPMI) and Eligible individuals are also frequent users of Medicaid services.

**Services:**

Comprehensive care management; Health promotion; Transitional care including appropriate follow-up from inpatient to other settings; Patient and family support; and Referral to community and social support services.

**HHC Health Home Design**

One HHC Health Home, multi focal; Care coordination for high-need, high-cost Medicaid recipients with chronic conditions; Single care coordinator; Unified care team; Linage to PCP; Shared Care Plan; Integrated approach to meet medical, behavioral health, substance abuse and social needs; and Per member/per Month (PMPM) capitated rate.

**HHC Health Home Enrollments**

As of March, 2014	Enrolled	Trying to Engage
<b>Bellevue</b>	170	61
<b>Coney Island</b>	75	3
<b>EHC/QHN</b>	301	15
<b>Harlem</b>	99	14
<b>Jacobi/NCB</b>	22	115
<b>Kings</b>	206	208
<b>Lincoln</b>	204	3
<b>Metropolitan</b>	100	15
<b>Woodhull</b>	509	36
<b>Total</b>	<b>1686</b>	<b>470</b>

**What's next? Expansion:**

Infrastructure; MRT Housing Pilot; Accountable Care Organizations (ACOs); Adult Homes/Olmstead Mandate; Delivery System Reform Incentive Program (DSRIP); Health and Recovery Plans (HARPs) and Beyond Medicaid

**TRANSFER CENTER****I need to send a patient:**

Contact the Transfer Center at: 844-HHC-BEDS if you need to initiate a transfer; The Transfer Center will contact the receiving provider and connect them to the referring provider for clinician report; Once accepted, the coordinator will confirm where accepted, if updates needed, type of transport required; if an update requested, the transfer center will update with an ETA and bed assignment when known; HHC Transfer Center will take care of bed placement, transportation, connecting nurse report, faxing paperwork, notifying other facility of incoming transfer as necessary and All communications are completed on a recorded line.

**Goals and Objectives:**

Establish a 24 hour transfer center that will; Expedite transfers involving HHC Hospitals with one call; Increase efficiencies; Service differentiation; Transportation coordination and Comprehensive Reporting and Minimize leakage.

**How does this happen**

Dedicated staff to answer transfer requests coming into our transfer center line; Access to on line physician on call schedules, phone lists, etc.; Coordinate physician to physician communication; Coordinate bed placement with admitting and bed management and Follow escalation policies put in place by our administration; Coordinate transportation for patients and Uses existing contracts and methods of transportation

**Reporting Capabilities**

Direct Call Provides a We Based Reporting Solution; Analyze Trends; Access to Current Protocols; Reference any transfer Data 24/7 and Data, outcomes and trends reviewed at Councils

**Activity to date: 3/17/2014 – 6/8/2014**

783	Patient Transfers
All but 55 patients bypassed receiving ED	
268	cardiology Transfers



32	transfers left HHC to other systems
19	Transfers not completed
171	Medicaid Patient Transfers
24	were MetroPlus

#### *What's Next: Expansion*

Reduce Total Transfer time (current average was: 5 hours 17 minutes; Enhance transportation capacity and contracts; Expand service to: Psychiatry transfers, skilled nursing facilities, Community providers and Market to broader audience

#### **Strategic Planning Committee – June 10, 2014**

#### **As reported by Josephine Bolus, RN**

### **SENIOR VICE PRESIDENT REMARKS**

#### **State Update**

##### *2014 State Legislative Session Draws to a Close*

Ms. Brown began her remarks by informing the Committee that the New York State Legislature would be concluding its 2014 Legislative Session on June 19, 2014. Ms. Brown also informed the Committee that, as the level of legislative activities has been increasing in Albany; HHC staff would be closely monitoring several proposals that could significantly impact the Corporation. These proposals include:

- *Job Order Contracts:* Job Order Contracts (JOCs) streamline the administrative process of designing, engineering and contracting of multiple projects and cuts down on administrative costs associated with procurement. HHC uses JOCs for renovation, repair and maintenance projects where traditional contracting is impractical. Ms. Brown explained that last year Governor Cuomo had vetoed legislation that would have prohibited the use of JOCs. She added, however, that this year, the Legislature was poised to pass a revised proposal that would prevent the use of JOCs except in very limited circumstances.
- *Staffing Ratios:* The Assembly has moved legislation that would impose mandatory nurse staffing ratios for hospitals and nursing homes. Ms. Brown reported that the Senate had not moved on this legislation. Ms. Brown reminded the Committee that if the staffing ratios legislation were to be implemented, it would have required HHC to hire 3,800 new nurses, at a cost of more than \$388 million just for the acute care hospitals.
- *Medical Malpractice:* There are several bills that would alter the rules governing medical malpractice. At this point, proponents appear to be focusing their efforts on legislation that would extend the statute of limitations from thirty months from the date of the alleged malpractice to thirty months from whenever the alleged malpractice is discovered.

Ms. Brown stated that she would keep the Committee apprised of the status of those proposals and other legislation that would have an impact on HHC at the July Committee meeting. She announced that Ms. Wendy Saunders, Assistant Vice President of the Office of Intergovernmental Relations would provide the Committee with an update on key legislative activities at the close of the session.

#### **City Update**

##### *HHC Testifies at Executive Budget Hearing*

Ms. Brown reported that Mr. Ram Raju, M.D., HHC's President, provided testimony before the City Council Finance, Health and Mental Health Committees late last month. She informed the Committee that, in his testimony, Dr. Raju highlighted key HHC priorities including the need to reduce healthcare disparities and to create and/or expand partnerships to better coordinate and improve access to care with a focus on being inclusionary rather than exclusionary. Ms. Brown informed the Committee that Councilmembers inquired about:

- HHC's budget deficit and risks to the financial plan
- HHC's plans for the new 1115 Medicaid Waiver
- HHC's labor contracts
- Status of HHC's dialysis proposal
- HHC's efforts to increase Hepatitis testing and treatment
- HHC's future plans for outsourcing or privatization

Ms. Brown reported that Dr. Raju's response to the question concerning the outsourcing of dialysis services received the most attention. She informed the Committee that Dr. Raju's response was that the implementation of dialysis outsourcing would be postponed until some future time.

Ms. Brown reported that the Council concluded its series of budget hearings on June 6, 2014. She noted that the hearing lasted late through the day. She stated that two Community Advisory Board (CAB) members, Ms. Queenie Huling, CAB Chair of Coney Island Hospital and Ms. Agnes Abraham, Chairperson of the Council of CABs and Chairperson of the Kings County Hospital Center's CAB provided testimony at the budget hearing on behalf of all of HHC's Community Advisory Boards. Ms. Brown commented that it is impressive when HHC's CAB members and consumers stay for the long haul to make their concerns and their support of HHC known.

Dr. Ram Raju, HHC's President, acknowledged Ms. LaRay Brown, Senior Vice President and her team for their incredible work in putting together the Delivery System Reform Incentive (DSRIP) and the Interim Access Assurance Fund (IAAF) applications in collaboration with HHC's Finance Department. Dr. Raju noted that these staff members had worked very hard and worked very late over several nights to put together a very good application. He also informed the Committee that for the first round, HHC received more than 70% of the IAAF funding and it was HHC's hope that this trend would continue. Dr. Raju added that this achievement demonstrated how strong the application was and how hard the staff had worked to prepare these applications within a very short timeframe.

Ms. Brown thanked Dr. Raju for his acknowledgement. She acknowledged Mrs. Zurack and Ms. Dona Green and her team for their hard work in meeting the applications' deadlines. She commented that, "It takes a village."

### **Information Item**

#### *ED Care Management Initiative: Preventing Avoidable ED/Inpatient Use*

Anthony Divittis, Associate Director of Grants, Woodhull Medical and Mental Health Center and Marlaina Norris, MD, MBA, Director of Care/Case Management, Queens Health Network

Ms. Brown introduced and invited Mr. Anthony Divittis, Associate Director of Grants, Woodhull Medical and Mental Health Center and Marlaina Norris, MD, Director of Care, Case Management, Queens Health Network to present the ED Care Management Initiative: Preventing Avoidable ED/Inpatient Use. Ms. Brown informed the Committee that on May 21st, HHC was notified by the Centers for Medicare and Medicaid Services (CMS) that it was a recipient of its CMMI Round II Innovations Grant. She explained that this grant award was extremely important to HHC because it would enable HHC to enhance and expand upon a pilot program that HHC had initiated several years ago in the Emergency Departments (EDs) throughout the corporation. Ms. Brown informed the Committee that HHC had initially requested a larger amount of funding than was eventually awarded. Ms. Brown acknowledged the two presenters Mr. Divittis and Dr. Norris along with other members of the HHC team who had worked to prepare and submit the grant application. Team members included Ms. Wendy Saunders, Assistant Vice President; Ms. Kathleen Whyte, Senior Director; Christopher Philippou, Assistant Director; Anita Lee, Associate Director, Grants and Contracts; Krista Olson, Deputy Budget Director; Martin Castaneda, Associate Director; Mr. Mahendra Patel, Senior Director, Grants Management; and Mr. Mark Winiarski, Assistant Director, Corporate Planning Services. Ms. Brown informed the Committee that the team included Central Office and facility staff who worked over the course of several weeks via conference calls, in person meeting and late into the night to ensure that HHC's CMMI grant application was completed and submitted in a timely manner. Ms. Brown informed the Committee that HHC received \$17.9 million. Ms. Brown invited Mr. Divittis and Dr. Norris to present the grant funded program to the Committee.

Dr. Norris thanked Ms. Brown and Committee Members for the opportunity to present the ED Care Management Initiative. She began her presentation with an overview of the CMS Health Care Innovation Awards Round Two Funding opportunity. She reported that, on May 15, 2013, CMS had announced the CMMI Round II Health Care Innovations Grant Funding Opportunity, with a Letter of Intent (LOI) due on June 28, 2013 and final application due on August 15, 2013. Dr. Norris noted that the purpose of the grant opportunity was to fund new payment and service delivery models and reduce Medicaid spending. Dr. Norris clarified that a service delivery model, as defined by CMS, referred to how providers organize and deliver care to patients. A payment model is how Medicare, Medicaid, or CHIP pays providers to incentivize efficient, high quality care. She informed the Committee that HHC applied within the innovations category for models that test approaches for specific types of providers to transform their financial and clinical models, which is a model to test a specific care structure attached to a newly developed financial model.

Dr. Norris reported that CMS had announced that there would be \$900 million in funding available and that the awards would range from \$1 million to a maximum of \$30 million. In addition, grant funds were to be provided over a period of three years (April 2014 – March 2017). Dr. Norris stated that CMS had officially announced the first batch of prospective recipients for the Health Care Innovation Awards Round Two funding on May 22, 2014. She reported that HHC was included in the first round of announcements and would receive \$17,916,663 over three years. Dr. Norris informed the Committee that there

were 12 national contract awards in this phase and that a few more may be added over the summer. She noted that contractual agreements would ensue following the second round of funding announcements.

Dr. Norris reported that HHC's pilot ED Care Management Program was launched in 2008 with pilot initiatives explored at Elmhurst, Bellevue, and Queens Hospitals. Dr. Norris explained that the goals of these independent trials were to:

- Expand patient care coordination and move it earlier to the front door at the beginning of the patient admission process. As an example, Dr. Norris stated that before diabetic patients could be admitted, they would need to know how to do their finger sticks, how to take their insulin medication by themselves, and be educated about their diet. Therefore, it becomes beneficial for the emergency rooms to be staffed with a patient care coordinator whose role would be to educate patients in that process.
- Arrange and coordinate with a patient care coordinator to check on the patients after they were discharged
- Partner more with patients to decrease unnecessary ER utilization and develop ways to decrease admissions for these types of conditions.
- Provide care and case management services to targeted patient population
- Use an interdisciplinary team to facilitate and coordinate care for patients who can be safely treated and released

Dr. Norris reported that the Agency of Healthcare Research and Quality (AHRQ) has identified prevention quality indicators (PQIs), which are a set of measures that could be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions" (ACSCs) such as:

- Skin infections
- Chronic Heart Failure (CHF) or Cardiomyopathy
- Asthma/COPD
- Hypertension
- Diabetes
- Pneumonia

Dr. Norris explained that the need for hospitalization for patients who present to the EDs with ACSCs and for those patients who returned to the EDs within 30 days of inpatient discharge would have been avoided or potentially prevented if those patients had received the education needed for appropriate self-management and had a stronger connection to primary care. Dr. Norris stated that more should be done to get patients more engaged in their health maintenance. Dr. Norris added that MetroPlus and Health First had begun to track PQIs across all HHC facilities.

D. Norris reported on the key care management activities of HHC's Pilot ED Care Management Program. They included:

- Identify avoidable admissions
- Team STEPPS communication model
- Assess patients and determine needs
- Connect patients into primary care services (Medical Home)
- Educate and engage patients on maintaining their health, medication adherence and navigating health care system
- Provide appropriate alternative options to hospitalization
- Align with IHI Triple AIM and HHC Road Ahead

Dr. Norris reported that, in 2012, under the guidance of the former Senior Vice President for the Queens Health Network, Ann Marie Sullivan, M.D., a Breakthrough project was initiated involving at least two staff members from every facility to share some of the pilots' experiences and to roll-out the ED Care Management Program to look at standard work, to promote enterprise-wide collaboration and the sharing of best practices. Dr. Norris added that, with the support of the HHC's leadership staff, in 2012, the ED Care Management Program was expanded across all acute care facilities with a funding commitment of \$15 million. With the funding commitment, every facility was able to expand their staffing model to include the following staff complement:

- 0.5 FTE ED Physician Advisor
- FTE ED Care Manager (to provide patient bed education)
- FTE ED Case Manager (to help improve emergency department documentation)

The physician advisor, care and case managers work with other members of the team including social workers, extenders and residents to educate both patients and staff. Dr. Norris commented that HHC's \$15 million investment provided some credibility to the CMMI grant as it demonstrated HHC's commitment in ED Care Management program.

Dr. Norris reported that, between January 2012 and December 2013, HHC's ED Care Management program had provided services to a total of 26,698 cases. By the end of 2012, every facility had at least one shift of coverage of the ED Care Management Program. Of the 26,698 cases, 12,909 cases had ambulatory care sensitive conditions (ACSCs). She highlighted some outcomes, which are described in the chart below:

*Table 4: Evaluation of Pilot ED Care Management Results from 3 HHC Hospitals*

	<b>Woodhull Medical and Mental Health Center</b>	<b>Coney Island Hospital Center</b>	<b>Lincoln Medical and Mental Health Center</b>
<b>Intervention Period</b>	<i>3 months</i>	<i>15 months</i>	<i>4 months</i>
<b>% kept PCP appointment post intervention</b>	Increased from 30.7% to 44.1%	Increased from 21.1% to 32.8%	Increased from 70.8% to 81.5%
<b>% of ED visits within 7 days post intervention</b>	Reduced from 21.2% to 8.3%	Reduced from 10.5% to 8%	Reduced from 20.8% to 12%
<b>% of admission within 30 days post intervention</b>	Reduced from 19% to 14.3%	Reduced from 9.1% to 5.6%	Reduced from 4.2% to 1.1%

Dr. Norris explained that the percentages of kept primary care physicians' appointments (PCP) were increasing. She noted that, while many of the patients hadn't known the value of primary care before, they were able to appreciate the program as the team continued to work on it and encourage it. In addition, Dr. Norris noted that, within seven days of implementing the ED Care Management Program at Woodhull Medical and Mental Health Center, ED visits had been reduced from 21.2% to 8.3%. The ED Care Management team was able to identify the education gaps at the onset of the encounter and to determine what resources would be needed in order to coordinate and sustain a safe discharge.

Dr. Norris reported that HHC's initial funding request to CMS was for a total of \$28 million to expand the program with some enhancements at all HHC hospitals to address the following gaps:

- Lack of medication management/adherence
- Need for better linkages to home care
- Need for better coordination with community provider
- Need for improved and extended follow-up with patient at home (48 to 70 hours after discharge to ensure that they are linked to PCP and keep connection for over a week)
- Need for more robust data collection/analysis

In addition, Dr. Norris reported that the application included a proposed payment model.

Mr. Divittis continued the presentation by providing an overview of HHC's proposal to CMS. He explained that the aim was to respond to CMS' requirement of reducing Medicaid spending by \$75 million and to create an infrastructure that supported the sustainability and enhancement of the pilot program across the acute care facilities, with a focus on successfully preventing avoidable hospitalizations and readmissions as well as reducing unnecessary ED visits and revisits of patients with ambulatory care sensitive conditions (ACSCs). In essence, this is a demonstration project that would show a successful way of managing ACSCs.

Mr. Divittis stated that HHC's initial proposal of \$28 million for all 11 HHC hospitals was to operate seven days per week, with on-site care management teams covering two shifts. Services were to be enhanced by adding:

- Full-time Physician Advisor Team Leader (instead of part time)
- Community Service Liaison Worker (CLW) who would follow the patients for up to 90 days after their ED visits ensuring that they are linked to primary care; and to help address mitigating issues should the patients have additional issues or barriers.
- Clinical Pharmacist to help with education and treatment adherence including issues of health literacy which come with management of medication for these conditions
- On-site Home Care Intake Nurse and follow-up
- Social Workers and other clinical staff available to the ED will be involved when appropriate
- Capacity for sophisticated analysis
- Strong centralized leadership support and a uniform program across all the 11 facilities

Mr. Divittis reported that, in order to sustain the program beyond the funding period, applicants were charged with designing an innovative payment model. He described the three components of this model as the following:

- HHC's application highlighted its existing risk arrangements with MetroPlus and Health First, which already allowed savings from reduced healthcare expenditures to flow back to HHC.
- The State Department of Health has committed to working with HHC to develop a new payment model for Medicaid Fee-For-Service, particularly focused on Emergency Medicaid. Reducing hospitalizations and ED visits will not become a disincentive. There would be a way of generating a new stream of revenues.

- HHC secured letters of commitment from two commercial plans that currently pay on a fee for service basis to explore value-based reimbursement models.

Ms. Brown added that Empire Blue Cross Blue Shield and Aetna were the two commercial health insurers plans that would explore the value-based reimbursement models with HHC over the three year period. Mr. Divittis informed the Committee that overall, the targeted reductions in avoidable admissions would result in a net decrease of \$75 million in Medicaid expenditures over the three years.

Mr. Divittis reported that, because the ED Care Management initiative is a demonstration project, it would require a strong evaluation plan. To that end, independent evaluators will be contracted to create an evaluation plan to assess the impact of the standardized program across six HHC sites. Mr. Divittis explained that, while the original proposal was to roll out the ED Care Management Program to all 11 acute facilities, it was scaled back due to CMS' recommendation to only include six facilities. Mr. Divittis reported that a CMS Coordinating Center would also assist with finalizing the selection of variables that "operationalize" improved healthcare and cost savings. Mr. Divittis noted that CMS was highly invested in this project and would have an oversight role in HHC's program. Mr. Divittis informed the Committee that from time to time evaluators will statistically compare the funded program with several similar groups to determine:

- Did the enhanced program achieve clinical goals of improving healthcare?
- Did it achieve the financial goal of cost savings and sustainability?

Mr. Divittis reported that HHC's evaluation tasks would include:

- Setting up internal systems to collect these data across all groups
- Creating an evaluation plan
- Ensuring that patients' rights are protected
- Collecting valid data and double-checking
- Statistical analyses by independent evaluator

Mr. Divittis reported that in April 2014, CMS recommended that HHC should scale back the program by reducing the number of participating hospitals in the proposal from 11 to 6. The following criteria were used to objectively determine which six HHC facilities would be part of the grant funded program:

1. Percentage of cases with potentially avoidable admissions
  - % of cases in which principal diagnosis is an AHRQ Ambulatory Care Sensitive Case Condition
  - Case with a prior admission within past 30 days
  - Cases with start of home care services
2. Percentage of cases in which patients returned to the ED within 7 days
3. Percentage of cases in which patients returned to the ED within 30 days
4. Percentage of cases that received post-discharge follow-up

Mr. Divittis stated that first criterion helped to determine if there would be a sufficient patient population to draw from, while the remaining three focused on performance during the pilot phase. Ms. Brown clarified that HHC wanted to balance both the opportunity for improvement with the grant and also to be successful. Mr. Divittis announced that based on the above criteria, the six HHC facilities that were selected included:

- Bellevue – high performance on 3 of 4 metrics
- Elmhurst– high performance on all metrics
- Jacobi– high performance on all metrics
- Kings County– high performance on 1 of 4 metrics, however highest volume
- Lincoln– high performance on 1 of 4 metrics, however highest volume
- Queens– high performance on 3 of 4 metrics

Mr. Divittis added that facility selections ensured key geographic coverage for the four boroughs, the potential for reduction in ED use and a mix in the baseline outcomes to provide the opportunity for health outcome improvement.

Mr. Divittis described the grant funded program budget as outlined in the chart below:

Description	Total
Personnel – 2 Program Management FTE; 36 Clinical FTE	\$15,051,329
OTPS – Includes 2 Contracts (Evaluation; Community Health Worker Training)	\$394,070

Indirect Costs @ 16%	\$2,471,264
Grand Total	\$17,916,663

Mr. Divittis stated that HHC would receive nearly \$18 million in funding over the course of the three year grant funding period. He explained that the vast majority of the funding would cover personnel costs to expand coverage to two shifts, seven days a week. In addition, it also included central management of two full time positions (FTEs), 36 clinical physicians to be distributed across the six sites. The Other than Personnel Services (OTPS) expenses include general supplies and equipment for the project as well as the management of two contracts. One contract will be for the evaluation of the project. The other contract will be for Community Health Worker Training, which has been proven to be an evidenced-based process. An indirect cost of \$2.5 million is also included in the program's budget.

Mrs. Bolus, Committee Chairperson asked how the grant funded program related to behavioral health. Ms. Brown answered that the location of the staff would be in the non-psych emergency rooms. However, as it has been HHC's experience during the pilot, there would likely be patients with ACSCs and behavioral health needs who present to the EDs. She added that the program would touch patients with behavioral health needs and other health issues. Ms. Brown added that based on many studies and HHC's recent experience, many individuals with ACSCs also have the comorbidity of a psychiatric or substance abuse diagnosis. Ms. Brown also noted that some of these patients also have some of the greatest challenges.

Mr. Divittis concluded his presentation by outlining the next steps for implementing the grant funded program. He informed the Committee that after all the awards are announced later this summer, HHC would sign a contract with CMS; hire the staff; enter into a contract with an independent evaluator; and begin a series of internal meetings with key staff and with CMS. Mr. Rosen commented that the pilot study was very important as it made more apparent that additional staff would be needed to carry out the project. He asked if the pilot study had led to the \$18 million CMMI grant award. Ms. Brown clarified that the pilot study provided the basic threshold for HHC to be able to apply. She explained that a key criterion for applying for these innovative funds was past experience in the model that funds are being sought; and based on that experience, what needs to be done to enhance the model to improve on the outcomes and make the deductions in Medicaid expenditures. Ms. Brown commented that the fact that HHC already had this model and had invested \$15 million to spread it from the two facilities in the pilot study to the remaining nine was absolutely impressive to CMS. Ms. Brown noted that HHC rarely received grant funding from CMS. However, the fact that HHC had been able to provide credible information about the roll out of this model had helped HHC. Ms. Brown reiterated that the pilot was the threshold.

Mr. Rosen asked about the responsible party for the selection of the independent evaluators. Ms. Brown answered that even though CMS had set the evaluators' criteria, HHC had to identify an evaluator as part of the grant application to facilitate the engagement of the evaluator at the onset of the project.

Mrs. Bolus asked if the ED Care Management Project would jeopardize the fact that HHC had to achieve a certain level of staff reductions. Ms. Brown reminded the Committee that originally the number of staff was reduced to cut the budget due to the lack of resources. However, because of the CMMI grant of nearly \$18 million, the additional staff of 38 people would be spread across the six facilities (with the exception of two staff that would be at Central Office). She emphasized that the reason for seeking the grant was to ensure that HHC's staffing problem would not be exacerbated by bringing in new people and not having resources at the end of the grant to support them.

Dr. Raju congratulated Ms. Brown and her team for HHC's award of the CMMI grant. He added that HHC's goal is to be the leader in transformation not only in New York City but also nationally. He added that the CMMI grant would provide HHC with wider exposure as there were only 10 awardees throughout the country. He added that this is testament that the federal government is reaching out to change the healthcare delivery system for patients. Dr. Raju noted that in that regard, HHC had made a difference. He referred to Mrs. Bolus' question about how to sustain the project after the life of the grant and answered that the program would be self-sustaining. He explained that there were penalties for readmissions and the money HHC's would pay back (the cost of these penalties) could be reinvested up front for better quality of care while at the same time bringing down the number of readmissions. Dr. Raju asked the Committee to think about the issue globally instead of revenue and expenditures separately. Dr. Raju added that the CMMI grant award is a great opportunity for HHC and that the program would show its benefits by educating patients and by reducing expenditures. Dr. Raju added that HHC was the only public system that had been awarded this grant. Mrs. Bolus joined Dr. Raju in congratulating Ms. Brown for spearheading the CMMI grant application.

Ms. Brown informed the Committee that, on June 28, 2013, she and Dr. Sullivan had learned about this grant opportunity while attending a Leadership meeting. The due date for the Letter of Intent (LOI) was 3:00 pm on that very same day. Ms. Brown explained that Leadership's support was needed to apply for the grant because it would have been risky to undertake a demonstration project with CMS as the project will be visible and placed under scrutiny. The process started with a phone call

to Ms. Whyte and Dr. Norris who pulled together all of the necessary program information and prepared and submitted the Letter of Intent.

Mr. Rosen asked if a readmission after 30 days would result in a penalty. Dr. Raju responded affirmatively. Ms. Brown added that a penalty would result if the readmission was for the same condition. Dr. Raju reiterated that, by looking at the evolution of the healthcare system, revenue and expenditures should not be looked at separately but globally. Dr. Raju warned that sometimes reduction of expenditures may also mean reduction of revenue; as such, the pilot projects serve as instruments to demonstrate how we will be able to manage it better.

Mr. Antonio Martin, Executive Vice President, Corporate Chief Operating Officer, congratulated Ms. Brown for her hard work. He asked about the five remaining hospitals that were excluded from the CMMI grant funded program. Ms. Brown responded that the remaining five hospitals would continue their ED Care/Case Management efforts as described in the staffing model that had been presented earlier. She informed the Committee that their work was not going to dissipate. She added that, as part of the Delivery System Reform Incentive Payment (DSRIP) planning, HHC had identified at least two of those DSRIP projects that would, not only depend on the foundation established by the pilot, but also build on the pilot. As such, two streams of money will fund the program corporate-wide. Ms. Brown informed the Committee that one of the requirements of the DSRIP waiver application was that funding requested through DSRIP could not be duplicated with any other sources such as CMS or the State. Accordingly, six of the 11 facilities will be funded by the CMMI grant and the remaining facilities would be funded through DSRIP.

Dr. Norris added that the active communication through ED care management that had been established throughout the 11 facilities over the last couple of years would continue. Ms. Brown added that the learning collaborative introduced by Dr. Norris and the other senior sponsors of this program would also continue. Moreover, learning from the CMMI grant will also be shared with others. Ms. Brown explained that, like anything else, the goal is to ensure that one part of the corporation is working with the other and that all staff is working towards the same end goal of transforming the delivery of service.

Ms. Brown informed the Committee that Dr. Sullivan, who is now the Acting Commissioner for the Office of Mental Hygiene, was very happy to learn of HHC's grant award notice.

Mr. Martin asked if the acceptance by the ED physicians contributed to the success of the program as there had been barriers at the onset of the program. He also asked if the facilities that had been successful in achieving key performance targets had better cooperation from the emergency room staff. Dr. Norris concurred that the acceptance of the overall staff, including the ED attending physicians, nurses and social workers, had been essential to the team. She added that there were some enhanced successes depending on where the team is located and how embedded team members are within the geographic structure of the facility. Dr. Norris noted that, in some facilities, team members have to go around the corner and down the hall versus just being stationed side by side, elbow to elbow with the people they are working with. Therefore, this strategic structure makes those close conversations easier. In addition, because of the ongoing training throughout the corporation, team members are more confident in the process. For that reason, training is also included in the new grant to continue to teach team members some of the things that are essential to the success of the program. Dr. Norris reported that some ED staff were more into the traditional structure and had taken more time than others had before gaining trust. Dr. Norris noted that even slower adapters have noticed how the program had added value to their departments over the course of the last year and a half. She stated that the team was very eager about the grant and the project being expanded.

Dr. Raju stated that it was projected that in 2019, the federal government, as the major payer for Medicare and Medicaid insurance, would constitute 70% of the payer mix. Dr. Raju added that HHC had done very well internally with the pilot programs and that the CMMI grant would give HHC some credibility externally and nationally as a transformative leader in healthcare delivery.

Mrs. Bolus thanked Dr. Norris and Mr. Divittis for their presentation.

## SUBSIDIARY BOARD REPORT

### **HHC Capital Corporation – May 22, 2014** **As reported by Dr. Jo Ivey Boufford**

Dr. Boufford introduced Ms. Linda DeHart, Assistant Vice President of the Debt Finance and Corporate Reimbursement Department of HHC.

### ***Equipment Financing Program***

Ms. Dehart spoke about the authorization from the HHC Board of Directors for Debt Finance to seek financing of up to \$40 million for medical equipment and IT needs. HHC worked with its financial advisor (PFM), Ms. Emily Youssouf and Mr. Mark Page to develop the RFP which was released May 14, 2014 and has a due date of June 4, 2014. Debt Finance will consult again with Ms. Youssouf and Mr. Page when it comes time to evaluate those responses.

### **HHC Bonds Issuance History**

According to Ms. Dehart, the current par amount of bonds outstanding is \$880.2 million of which \$164 million is variable rate debt, the balance is fixed rate.

### **HHC Debt Structure**

Ms. Dehart stated that variable rate bonds representing 18.6% of HHC's total outstanding par amount is supported by two Letters of Credit ("LOC") – one from TD Bank ("TD") and the other by JP Morgan Chase ("JPM"). TD supports 61.5% of the outstanding variable rate debt while JPM's share is 38.5%.

The TD LOC expires in September 2015. Debt Finance has already had discussions with the bank about extending the LOC rather than waiting until the expiration date. JPM's LOC expires July 2017.

Mr. Page asked if HHC has contacted any other banks about replacement credit support and if the same two banks are willing to extend their LOCs. Ms Dehart replied that these two institutions have already extended their LOCs several times and have always been willing and happy to work with HHC. Their renewal rates have, to-date, been competitive. Therefore HHC has not sought out other banks.

Ms. Zurack repeated Mr. Page's concerns about: (1) whether or not there is a chance that either bank would terminate their LOC relationship with HHC, and (2) if the rates received are competitive with other banks – Ms. Zurack's response was "no" to the first question and "yes" to the second.

Mr. Rosen asked if a list of projects has been identified for the \$40 million equipment financing. Ms. Dehart said that Debt Finance worked with Enterprise Information Technology Services ("EITS") and the Laboratory Restructuring Group to develop a list and is confident that once the funds are in place, HHC would be able to spend down the amounts in less than a year. Ms. Zurack added that Finance allowed several Facilities to start spending approximately \$5 million of the \$40 million on urgent needs. The \$5 million will first be paid out of HHC's operating budget then later reimbursed with proceeds from the equipment financing. The financing is structured so that HHC does not start paying interest on the money until the funds are drawn down.

Dr. Boufford recommended that during the next round of LOC renewal negotiations, it might be worthwhile for HHC to check with other credit support providers because the Federal Reserve is putting public pressure on banks to increase their community banking obligations. There is more social investing pressure which would benefit HHC given our status as a public hospital system. The action may not result in any financial savings but it is worth looking into. Ms Dehart agreed.

Mr. Page added that when reviewing the responses to the RFP, it is important to consider the cost of credit support given the low interest rates on variable rate debt.

### **Construction Fund Balance on the 2010 Bonds**

Ms. Dehart indicated that the construction fund balance on HHC's Series 2010 bonds is \$25.8 million as of April 2014. Of the total encumbrances, \$16.7 million is unspent. The unencumbered balance is \$9.1 million.

Mr. Page asked if this is separate and apart from the \$5 million advanced as part of the \$40 million equipment financing. Both Ms Zurack and Ms Dehart answered "yes". Ms Zurack added that the construction fund detailed on this page refers to bonds issued by HHC in 2010 and that the uses of the proceeds are different than on the upcoming equipment financing. Regarding Mr. Rosen's concern about the uses for the equipment financing, Ms. Zurack response was that equipment and small renovation projects are better suited for the new \$40 million financing. Ms. Zurack reminded the Board that HHC continues to rely heavily on New York City General Obligation and other NYC debt instruments for major reconstruction and other larger projects.

**\*\*\*\*\* End of Reports \*\*\*\*\***



**RAMANATHAN RAJU, MD  
HHC PRESIDENT AND CHIEF EXECUTIVE  
REPORT TO THE BOARD OF DIRECTORS  
JUNE 26, 2014**

**STATE MEDICAID WAIVER FUNDING UPDATE**

We recently learned from the State Department of Health that HHC will receive an initial award of \$35.5 million from the state's Interim Access Assurance Fund (IAAF), a Waiver fund intended to temporarily support participating providers under significant financial threat. This early infusion of funds will help with our cash flow shortages. But, more importantly, it will ensure HHC can take the first steps to be much more than an active participant in this process and become an indispensable leader in the transformation of healthcare delivery in our city and our state. We are grateful to the State for releasing these funds so promptly. We initially submitted a request to the state for \$213 million, and have received indications that HHC will receive more funding at a later time.

Today, HHC submitted its initial planning applications for the Delivery System Reform Incentive Program (DSRIP), the \$6.42B Medicaid Waiver program intended to both transform care delivery in NYS and significantly reduce costs, with overall program goal of 25% statewide reduction in preventable admissions over a five-year timeframe.

In our planning applications, we specify that seven HHC hospitals will lead seven Performing Provider Systems (PPS), each of which will undertake 7-10 clinical projects intended to improve the health of Medicaid and uninsured patients in its local geographic area. My thanks to the members of our Corporate Steering Committee, who continue to guide the difficult work of strategic alignment, partnership formation, community needs assessment, and project selection, with advice from our consultant vendor KPMG.

We will continue to monitor forthcoming guidance from NYS DOH on the remainder of Waiver funding dedicated to development of Long-Term Care workforce and Health Homes.

**TENTATIVE CONTRACT AGREEMENTS REACHED WITH 1199SEIU AND NYSNA**

Mayor Bill de Blasio announced yesterday that the City of New York reached tentative contract agreements with 1199 SEIU United Healthcare Workers East (1199SEIU) and the New York State Nurses Association (NYSNA). As part of the tentative contracts, the City and the unions have agreed to set up a first-of-its-kind childcare and eldercare fund for member's dependents and to fund and restructure a new, innovative employee-training fund. The City and NYSNA have also agreed to create Nursing Practice

Councils at each HHC facility, focused on evidence-based initiatives to improve the patient experience, ensure excellent outcomes and encourage recruitment and retention of the best nurses.

I am deeply appreciative of the sustained efforts of Mayor de Blasio's office and our organized labor partners in reaching these tentative contract agreements. They reflect the reform-minded, innovative thinking that benefits our employees and our health system, as we pursue the transformations required to better serve our patients in a rapidly changing healthcare delivery environment. I am particularly pleased by the collaboration envisioned by the Nursing Practice Councils to enhance the patient experience and the quality of care at our facilities. My congratulations to all those who have worked tirelessly in reaching these milestone agreements.

### **QUEENS HOSPITAL FIRST HOSPITAL IN QUEENS DESIGNATED BABY-FRIENDLY**

Queens Hospital Center was recently the third hospital in New York City and the first one in Queens to be designated "Baby-Friendly" by Baby-Friendly, USA. The international designation is sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to recognize hospitals with maternity facilities that offer optimum levels of breastfeeding support and a strong environment for maternal-infant bonding. The other two NYC hospitals to achieve the designation were HHC's Harlem Hospital, in 2008 and NYU Medical Center in 2011.

The certification process for Baby-Friendly status has validated QHC's efforts to advance the care of pregnant women, mothers and newborns at health facilities that provide maternity services for protecting, promoting and supporting breastfeeding, which is known to lower risks for certain diseases and improve health outcomes for mothers and babies.

### **GROUNDBREAKING HIV AND GENOMICS STUDY AT JACOBI MEDICAL CENTER**

Researchers at HHC's Jacobi Medical Center in the Bronx have helped to develop a method to genetically modify T-cells within the body to make them more resistant to HIV, the human immunodeficiency virus that causes AIDS. The researchers believe that similar technology could be used in the future to target problematic genes and cells to reduce disease for a variety of other illnesses and infections as well.

The results of the study were recently published in the prestigious New England Journal of Medicine.

Under the clinical leadership of David K. Stein, MD, Director of Adult HIV Research at Jacobi and Associate Professor of Clinical Medicine at Albert Einstein College of Medicine, five patients who have the HIV virus participated in the study at Jacobi.

Another seven patients with HIV participated at the University of Pennsylvania.

Jacobi Medical Center has an extensive history of pioneering HIV/AIDS research and treatments. These efforts are part of a citywide initiative have produced measurable results. Just this year, the New York City Department of Health announced that AIDS is no longer among the top ten causes of death in New York City. This is the first time the disease has fallen off this list since the epidemic began in 1983.

### **CONEY ISLAND, WOODHULL AND QUEENS RECOGNIZED BY HEALTHGRADES FOR WOMEN'S HEALTH**

Three HHC hospitals were recognized in June by Healthgrades for top performance and high patient safety ratings in women's health services. Coney Island Hospital and Queens Hospital Center both received the Healthgrades 2014 Maternity Care Excellence Award, a distinction that Coney Island also earned in 2012 and 2013. Woodhull Medical Center received the Healthgrades 2014 Gynecologic Surgery Excellence Award, which it also won in 2013. The awards are given to hospitals that perform in the top ten percent of all hospitals analyzed by Healthgrades across 17 states, and patients who have procedures at these top-performing hospitals have a significantly lower chance of experiencing complications than they do at hospitals rated poorly by Healthgrades. I commend Coney Island, Queens and Woodhull for their quality work in this area.

### **FARMERS MARKETS SUPPORT HEALTHY EATING ON HHC HOSPITAL CAMPUSES**

Eight HHC hospitals will host farmers markets this year, helping to make fresh fruits and vegetables available and promote healthy eating habits for all New Yorkers. Farmers markets directly support HHC's efforts to make communities healthy and bring affordable food options to more and more neighborhoods.

HHC's farmers markets offer a variety of regionally-grown vegetables, fruits, fresh juices and flowers in communities where residents sometimes lack access to fresh fruits and vegetables at reasonable prices. Numerous programs are in place to help residents take advantage of farmers markets, and shoppers can take advantage of a variety of payment options, including EBT/SNAP, Health Bucks, Green Checks, Senior Farmers Market Nutrition Program (FMNP) coupons and Women, Infants and Children (WIC) coupons.

### **TOURO COLLEGE AND HHC ANNOUNCE PARTNERSHIP TO TRAIN PHYSICIAN ASSISTANTS IN PSYCHIATRY**

To help meet the growing need for mental health professionals, Touro College and University System and HHC are joining to educate physician assistants (PAs) with a

focus in psychiatry. The new initiative is designed to help address the growing shortage of psychiatrists in the United States and the tri-state area, which is expected to worsen exponentially over the next few years. The shortage requires innovative training that will produce an adequate number of clinicians to keep up with the demand for mental health services and address the limited access to care for thousands of patients suffering from mental illness.

Beginning with a pilot initiative in summer 2014, Touro's School of Health Sciences will offer a new "Behavioral Health Option" that includes a four-month rotation in psychiatry at HHC public hospitals. This goes beyond the core curriculum and rotations currently offered to master's level students enrolled in Touro's Manhattan PA program. HHC is the major provider of behavioral and mental health services in New York City, and will link Touro students to an extensive health network within the tri-state area.

PAs are healthcare professionals certified to practice medicine as part of a health care team with physician supervision. They can prescribe medication, perform physical exams, diagnose and treat illnesses, and order and interpret lab tests in collaboration with physicians. Students enrolled in Touro's behavioral health option who complete the PA curriculum and clinical experiences will perform day-to-day psychiatric evaluations and management tasks in in-patient, emergency and out-patient settings for psychiatric disorders; identify and triage medical/medication complications, changes in conditions, psychiatric and overlapping medical emergencies; and provide psychotherapeutic methods to improve outcomes for common mood, anxiety and psychotic illnesses.

#### **JOINT COMMISSION SURVEYS HENRY J. CARTER SPECIALTY HOSPITAL**

The Joint Commission arrived on Tuesday this week for its first survey of the recently opened Henry J. Carter Specialty Hospital and Nursing Facility. The surveyors completed the survey earlier today. Both the Nursing Facility and Hospital did very well. The facility received a full three-year accreditation. The Life Safety surveyor complimented Leadership, staff and systems in place, saying "hats off to the organization for what they've done to protect their patients during Hurricanes Irene and Sandy. They lived it and proved it". The Long Term Care Nurse Surveyor commented that "she observed that staff were really engaged in quality and safety, and that families she spoke to were extremely complimentary of the care received by their family member." The Physician Surveyor also noted during the leadership session that the organization is very committed to becoming a high reliability organization, as demonstrated by their patient safety and performance improvement outcomes.

Congratulations to Executive Vice President/Acting Senior Vice President Antonio D. Martin; Executive Director, Robert Hughes; Medical Director Yolanda Bruno, MD; Chief Nurse Leah Matias, RN; Associate Executive Director of Quality Management/Regulatory

Affairs Steven Catullo; and the staff.

This concludes the last survey in the 2014 cycle. In 2015, Coney, Kings County, Lincoln and Metropolitan are scheduled to be surveyed.

### **STATE LEGISLATURE ADJOURNS**

The New York State Legislature adjourned on June 20th. HHC was successful in advocating against legislation that would have largely prevented the Corporation from using Job Order Contracts, which are an important procurement option employed to complete critical projects in a timely manner. We were pleased that both houses passed legislation to eliminate duplicative surveys of outpatient mental health and substance abuse services. Other legislation that would have impacted HHC failed to pass both houses, including bills that alter the rules governing medical malpractice and legislation imposing inflexible nurse-to-patient staffing ratios in hospitals and nursing homes. Staff will provide a comprehensive overview of the outcome of the 2014 Legislative Session at the July Strategic Planning Committee Meeting

### **FY 15 CITY BUDGET ADOPTED**

The City Council formally passed the FY15 Budget late last night following the announcement at the end of last week that an agreement had been reached. The \$75 billion spending plan maintained the level of financial support for HHC that was proposed in the Executive Budget. Funding for City Council initiatives that was baselined last year was also maintained and includes support for HHC's Child Health Clinics, Expanded HIV Testing, Behavioral Health programs and HHC's unrestricted subsidy. The spending plan includes \$12 million in Capital funding for several of HHC's facilities to purchase new equipment or make needed renovations so that we can better serve our patients. We are very appreciative of the support that the Council and Mayor provided to HHC in this year's budget.

### **THE FUND FOR HHC HOSTS A *GUNS DOWN, LIFE UP* RETREAT TO PLAN FALL EVENT**

On June 11th, about 100 HHC staff members gathered at Harlem Hospital Center for the first *Guns Down, Life Up* (GDLU) Internal Planning Retreat organized by The Fund for HHC.

The event brought together staff from HHC facilities with existing hospital-based violence interruption programs and those who are interested in learning more about GDLU efforts to reduce violence in our neighborhoods and communities. They were joined by leaders of other gun violence reduction movements (Harlem Mothers S.A.V.E. and I Love My Life/LifeCamp) and representatives of HHC's non-governmental partner

organizations (Operation SNUG, Man Up!, and S.O.S. Crown Heights) for a day of networking, sharing of best practices, and strategic planning for The Fund's citywide *Guns Down, Life Up* Summit to be held in the fall.

*Guns Down, Life Up* is the broad title under which HHC's response to violence in our communities is organized and supported by The Fund for HHC. The planning retreat showcased GDLU programs already established successfully within HHC and advanced the discussion for facilities that are interested in building programs that can address, reduce, and intervene in the cycle of violence.

Network Senior Vice President Denise Soares, RN, provided opening remarks and I delivered the keynote address at the event. Every HHC hospital was represented at the planning retreat, and actively participated in the first stages of The Fund's planning of the citywide summit that will bring together all stakeholders committed to reducing gun violence in New York City.

### **HHC TO RELEASE *BETTER*, THE 2014 REPORT TO THE COMMUNITY, IN JULY**

HHC will release *Better*, its first report to the community in eight years, in early July. An early copy is included in your packet today. This comprehensive document highlights the many accomplishments of HHC's leadership and staff since 2006 that enabled us to make significant progress toward our strategic and organizational goals.

*Better* captures our improvements in patient safety and quality, the adoption of new care delivery models, and describes how advancements in IT and robust work in Breakthrough are supporting our transformation into a more integrated, efficient, and effective healthcare system.

Although the document speaks to the challenges and uncertainties that we face, it also tells the story of the many ways in which HHC is a better healthcare organization -- providing better patient care and better population health at a better value. The report to the community, which will be available in print and electronically, will provide a compelling portrait of HHC's work on many fronts to a wide range of audiences and stakeholders.

I want to give the warmest possible thanks to my predecessor, Alan D. Aviles, whose inspired leadership as President of HHC drove most of the changes that are spoken of in this report. His unwavering dedication to the best healthcare for all New Yorkers has produced a quality organization, committed to constant improvement -- a pleasure for me to lead.

## **LGBT AWARENESS, TRAINING AND HEALTHCARE AT HHC**

Today I want to bring your attention to one of the many areas where HHC's commitment to providing high quality healthcare to all New Yorkers shines -- our work with our Lesbian, Gay, Bisexual and Transgender (LGBT) patients.

HHC practitioners have long been aware that LGBT adults face barriers to seeking healthcare. Many will delay medical care and limit information they share with healthcare providers out of fear of discrimination and uncomfortable environments.

We also saw early that our employees will benefit from special training to ensure that they provide respectful, patient-centered and culturally competent healthcare services to LGBT New Yorkers who are served by the public hospitals, community health centers and nursing homes each year.

In 2011, HHC became the first public healthcare system in the United States to mandate a Cultural Competence Training program for staff. Part of the training included a video "To Treat Me, You Have to Know Who I Am," to help staff better understand LGBT patients to improve access to healthcare and help reduce health disparities related to sexual orientation and gender identification. HHC continues to offer staff training sessions to secure the Human Rights Campaign's (HRC) designation "Leader in LGBT Healthcare Equality" for hospitals and health centers in the system.

To demonstrate the excellent care we provide, HHC recently announced the opening of a new health center in East Harlem -- the Comprehensive LGBT Health Center at HHC's Metropolitan Hospital -- to provide primary, preventive and specialty care by a team of professionals who are specially trained to manage the health care needs of the LGBT community. The hospital is designated as a "Leader in LGBT Healthcare Equality" by HRC and has earned top marks for its commitment to equitable, inclusive care for LGBT patients and their families. I recently joined Metropolitan Hospital Executive Director Meryl Weinberg, patients and community advocates to mark the opening of the health center.

The Metropolitan Hospital Comprehensive LGBT Center will be staffed by primary care physicians, nurses, health educators, patient advocates, and other healthcare professionals who have been working across disciplines, and in conjunction with community based organizations and patients, to ensure that the center meets the needs of LGBT patients. Services include men's health, OB/GYN and women's health, trans/affirmative care, senior health, HIV screening and treatment, infectious disease risk reduction and prevention, family planning, specialty immunizations, addiction counseling and rehabilitation services, behavioral health services, community-specific support groups, art therapy groups, referrals and other specialty service linkages.

Through awareness, training and top quality healthcare, we hope to make it clear to our LGBT patients -- and indeed all New Yorkers -- that no one will be left behind in our mission to provide comprehensive health services of the highest quality to ALL New Yorkers, regardless of their ability to pay.

**EMPLOYEE RECOGNITION:  
SOCIAL WORKER TEAM AT METROPOLITAN HOSPITAL**

Now I want to tell you a brief story.

Earlier this month, a 14-year-old boy was struck by a car as he crossed a Brooklyn street near an intersection that neighbors say is notorious for accidents. The teenager was taken to the hospital in critical condition and, sadly, he died a short time later.

The boy was not treated at HHC hospital. Yet some special HHC employees were called on to provide an important service to the community after this tragic accident.

The boy who died attended school just a few blocks from Metropolitan Hospital and his classmates were in need of grief counseling. Without hesitation, the members of the Behavioral Health Social Work Team at Met were immediately available to serve the children in that school who were left behind in sadness and confusion.

I'm talking about a team of social workers at Metropolitan Hospital who together have decades of experience working with adults and children with chronic and persistent mental illness. On any given day, they provide counseling and support to the patients in our care and are a vital part of the clinical team. But on this day, the day the boy was killed by a car, they were called on to serve our community and share their expertise beyond the walls of our facility.

Over the course of three days, these five HHC employees, trained and licensed social workers, most of them bilingual, individually counseled more than 50 children. The students were extremely sad at losing a friend and some of them recounted other losses they had experienced. The social workers used supportive techniques, allowing the students to express their fears and anger and helping them come to grips with the fact that sometimes bad things do happen. The social workers were able to help ease the students' pain and process their grief.

These employees, and so many like them, are our organization's best kept secret. They represent the best HHC has to offer -- in social work, behavioral work, community service and human kindness.

I'd like to recognize these five social workers:



John Cancel, Nancy Singer, Kedelyn Urbaniak, Roberto Guerrero and Carlos Ramos.

Thank you for your service.

## **HHC IN THE NEWS HIGHLIGHTS**

### **Broadcast**

New President Brings New Vision to City's Health & Hospitals Corporation, Dr. Ram Raju, President, NY1, 6/24/14

Lawyers, Doctors Join Forces to Help Children with Mental Illness, Dr. Jennifer Havens, Director and Chief of Service for Child & Adolescent Psychiatry, Bellevue, WNBC, 6/24/14

HHC received initial \$35.5M from Medicaid waiver, Dr. Ram Raju, President, Marlene Zurack, Chief Financial Officer, HHC, Capital New York, 6/24/14

The Revolutionaries Who Rescued a Hospital, Lincoln, WNYC Radio, 6/2/14

Feds Cut Cash for Local Hospitals with High Infection Rates, HHC, WNYC Radio, 6/22/14

Harlem Hospital Hosts Commemorative Performance of Play Highlighting HIV/AIDS, NY1, 6/22/14

At A Glance: Bellevue Hospital to Receive Federal Funding for Sandy Damage, NY1, 5/22/14

### **Print**

Cool and Calm at Center of an E.R. Maelstrom in the Bronx, Dr. Ram Raju, President, Milton Nunez, Executive Director, Lincoln, Dr. Fernando Jara, Chair of Emergency Medicine, Lincoln, The New York Times, 5/28/14

Metropolitan Hospital offers LGBT health center , Dr. Ram Raju, President, Meryl Weinberg, RN, Executive Director, Metropolitan , Dr. Nadia Duvilaire, Chief of Family Medicine, Metropolitan, New York Daily News, 6/5/14 ( Also covered in HarlemWorldMag.comGlobalnewsupdates.net)

HHC Launches First LGBT Health Clinic, in Harlem, Dr. Ram Raju, President, Dr. Nadia Duvilaire, Chief of Family Medicine, Metropolitan, EDGE NY, 6/24/14

Harlem nonprofit fights youth drug use, Dr. Maurice Wright, Medical Director, Harlem,

New York Daily News, 6/23/14

New York Today: Public Servants of the Year, Janice A. Halloran, Network Senior Associate Director, Department of Emergency Medicine, North Bronx Healthcare Network, HHC, The New York Times, 6/4/14

2014 Sloan Public Service Awards, Janice A. Halloran, Network Senior Associate Director, Department of Emergency Medicine, North Bronx Healthcare Network, HHC, The New York Times, 6/4/14 (Also covered in Bronx Times, New York Daily News, Huffington Post, The Bronx Chronicle)

New York Grows More Physician Assistants, HHC, Crain's Health Pulse, 6/3/14

Touro College And NYC Health and Hospitals Corporation Announce Partnership to Educate Physician Assistants in Psychiatry, Dr. Ram Raju, President, Ein Newsdesk, 6/4/14 (Also covered in Yahoo! Finance)

Collaborating for Medicaid Reform, Dr. Ram Raju, President Crain's Health Pulse, 5/27/14

HHC receives initial \$35.5M from Medicaid waiver, Capital New York, 6/24/14

New York's Medicaid Waiver Windfall Comes With a Catch, Dr. Ram Raju, President, Capital New York, 6/3/14

H.H.C. president postpones controversial dialysis outsourcing, Dr. Ram Raju, President, Capital New York, 5/27/14

H.H.C. explains plan to close \$200 budget gap, Dr. Ram Raju, President, Marlene Zurack, Chief Financial Officer, Capital New York, 5/27/14

Lincoln, Jacobi and North Central Bronx Farmers Markets Bring Fresh Frutis and Vegetables To The Bronx, The Bronx Chronicle, 6/18/14

HHS invests close to \$1 billion in healthcare innovation, HHC, EHRintelligence.com, 5/22/14

CMS Grants \$1 Billion For Care Improvement, HHC, Politico, 5/27/14

On HIV, HHC, Capital New York, 5/29/14

Safety Program , Dr. Toni Stern, Coney Island, Melencio Friginal, RN, Metropolitan

Crain's Health Pulse, 6/11/14

NCBH Maternity Goal, Crain's Health Pulse, 6/20/14

Panel to Create Plan to Reduce Number of Mentally Ill People in New York City Jails, Dr. Ram Raju, President, The New York Times, 6/1/14

Mayor De Blasio Appoints Physician to New Task Force Dr. Ram Raju, President, NewsIndiaTimes.com, 6/3/14

Boardroom Beats Broadway – Service, not stardom is ticket to success for Antonio Martin, Antonio Martin, Executive Vice President and Chief Operating Officer, Positive Community Magazine, 5/16/14

Depression During Pregnancy: What Moms Need to Know, Dr. Judy Greene, Bellevue, Cafemom.com, 6/19/14

Ambulatory care nurse give power to their patients, Emina Useinovic, RN, Bellevue, Nurse.com, 6/9/14

When Asthma Appears After Childhood, Dr. Riyad Basir, Lincoln, Bronx Free Press, 6/11/14

Celebrity Chefs Hosting Healthy Food Fundraiser at Elmhurst Hospital, DNAinfo, 6/9/14

Prescription for Treatment: Hospital Examines Violence As A Disease, Kings County, Canarsie Courier, 5/22/14

Building a Healthier B'klyn, Ernest Baptiste, Executive Director, Dr. Mauvareen Beverly, Deputy, Executive Director, Case Management, Ronald Pedalino, Director of Service, Cardiology, Suzette, Williams, Family Nurse Practitioner, Kings County, Caribbean Life, 6/10/14

## RESOLUTION

Adopting, pursuant to Arts and Cultural Affairs Law § 57.25[2], Records Retention and Disposition Schedule MI-1 (1988; rev. 2006) issued by the Commissioner of the New York State Education Department and found at 8 NYCRR § 185.14 and 8 NYCRR Appendix K.

**WHEREAS**, pursuant to § 57.25[2] of Article 57-A of the Arts and Cultural Affairs Law (Local Government Records Law) no officer of a public benefit corporation may destroy or otherwise dispose of a record, as that term is defined under Arts and Cultural Affairs Law § 57.17[4], without the consent of the Commissioner of the New York State Education Department (the "Commissioner");

**WHEREAS**, the New York City Health and Hospitals Corporation ("HHC"), as a public benefit corporation created under the laws of the State of New York, is a covered entity under the Local Government Records Law;

**WHEREAS**, pursuant to Arts and Cultural Affairs Law § 57.25[2], the Commissioner has formally consented to the disposition of records held by local government public benefit corporations provided that such disposition is in accordance with Records Retention and Disposition Schedule MI-1 (1988; rev. 2006) found at 8 NYCRR § 185.14 and 8 NYCRR Appendix K;

**WHEREAS**, pursuant to Arts and Cultural Affairs Law § 57.25[2] and 8 NYCRR §§ 185.4[b] and 185.5[a][2], the governing body of HHC must adopt by formal resolution Records Retention and Disposition Schedule MI-1 (1988; rev. 2006) found at 8 NYCRR § 185.14 and 8 NYCRR Appendix K in order to allow HHC to use Schedule MI-1 to legally dispose of HHC records;

**WHEREAS**, the Office of Corporate Compliance ("OCC") and the Office of Legal Affairs reviewed Schedule MI-1 and have determined that the following categories of records contained therein apply to HHC: *General; Archives/Records Management; Attorney or Counsel; Building and Property Regulation; Disaster Preparedness; Electric Gas Utility; Electronic Data Processing; Energy; Environmental Health; Executive, Manager, and/or Administrator; Fiscal; Human Rights/Economic Opportunity; Insurance; Miscellaneous; Personnel/Civil Service; Public Access to Records; Public Employment and Training; Public Health; Public Property and Equipment; Public Safety; Recreation; and Taxation and Assessment.*

**NOW, THEREFORE, be it**

**RESOLVED**, that the Audit Committee of the HHC Board of Directors hereby formally adopts, for use by all workforce members in legally disposing of HHC records, the applicable provisions of Records Retention and Disposition Schedule MI-1 (1988; rev. 2006), issued pursuant to Article 57-A of the Arts and Cultural Affairs Law, as found at 8 NYCRR § 185.14 and 8 NYCRR Appendix K, and which is attached to the instant resolution.

**IT IS FURTHER RESOLVED**, that in accordance with Article 57-A of the Arts and Cultural Affairs Law and its implementing regulations, only those records will be disposed of that: (i) are described in Records Retention and Disposition Schedule MI-1 after they have met the minimum retention periods described therein; and (ii) do not have sufficient administrative, fiscal, legal or historical value to merit retention beyond established legal minimum periods.

# **NEW YORK CITY HEALTH AND HOSPITALS CORPORATION RECORDS RETENTION AND DISPOSAL SCHEDULE<sup>1</sup>**

**Revised June 2, 2014**

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<sup>1</sup> This Schedule and the items contained therein are adopted and duplicated from 8 NYCRR § 185.14 (Appendix "K") except for those items found in Appendix "K" that do not apply to HHC. These excluded items are as follows: Community College, Community Development/Urban Renewal, Cooperative Extension Association, Economic/Industrial Development, Educational Opportunity Center, Election, Environmental Management, Heritage Area (Urban Cultural Park), Library/Library System, Local Development Corporation, Museum, Off-Track Betting Corporation, Port Facility, Regional Market Authority, Soil and Water Conservation District, Transportation and Engineering, and Youth Services.

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**General**

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## INTRODUCTION

### I. HOW TO USE THE SCHEDULE<sup>2</sup>

#### A. New or Revised Items

If a diamond symbol (◆) precedes an item on this Schedule, the item is new or has been substantively changed from the previous Schedule. Thus, the retention periods for those items may have increased or decreased. Additionally, those items have added or amended explanatory notes. It is crucial that all internal control forms used for record retention purposes are accordingly adjusted, since only the items contained in this Schedule are legally applicable.

#### B. Unique Item Numbering System

Each Schedule item is numbered consecutively within each section/subsection of the Schedule and assigned a unique identifying number that appears in brackets [ ] in the Schedule. The unique identifying number remains unchanged from the previous Schedule regardless of whether items are revised or relocated to different sections of the Schedule. If an item is new, it will be assigned a new unique identifying number notwithstanding the location of the item on the Schedule.

#### C. Interpreting Schedule Items

A large portion of the Schedule items are broad and are categorized by the purpose and function of a given record rather than by a specific document or form. Accordingly, HHC personnel must match the records kept by their offices with the generalized descriptions on the Schedule to determine appropriate retention periods and when disposal is appropriate. If there is a question regarding how long a particular record must be retained, personnel should look at the content and function of the record and determine whether the Schedule has an item that is substantially the same. If so, it should be assumed that the record in question is covered by the substantially similar item in the Schedule.

#### D. Records that have an unclear period of retention

The Corporate RMO shall contact the State Archives when unsure about the retention period of a particular item. If records of varying retention periods are kept in a single file and cannot be practically separated to apply the various applicable periods of retention, then all the records in the file should be kept in accordance with the retention item with the longest period of retention.

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<sup>2</sup> Adopted and duplicated

E. The “Official” copy of a record

Unless otherwise provided by applicable law, HHC policy or directive, or elsewhere in this Policy/Schedule, the record retention periods provided hereunder apply to one "official" copy designated by HHC.

F. The record form or medium

The records retention periods provided hereunder relate to the information contained in the record that is the subject of retention, regardless of the record’s physical form, medium, or characteristic, whether a paper record or electronic record (i.e., computer disk, flash drive, tape, or other device that stores electronic information). “Duplicate copies of records, including copies maintained on different media (paper, electronic, etc.), may be disposed of in accordance with item number 19[19] of the General section of this Schedule.”

# RECORDS DESCRIPTIONS AND RETENTION PERIODS

Schedule MI-1

General

## GENERAL

**NOTE:** Records common to most offices are listed under this section of the Schedule. In using the Schedule, one should first attempt to locate a specific item under a functional heading. If the record you are locating cannot be found under a functional heading, then proceed to this General section to search for a less specific item covering the record.

- ◆ 1.[1] Official minutes and hearing proceedings of governing body or board, commission or committee thereof including all records accepted as part of minutes:

**RETENTION:** PERMANENT

- ◆ ◆ 2.[2] Recording of voice conversations, including audio tape, videotape, stenotype or stenographer's notebook and also including verbatim minutes used to produce official minutes and hearing proceedings, report, or other record

- a. Recording of public or other meeting of governing body or board, committee or commission thereof:

**RETENTION:** 4 months after transcription and/or approval of minutes or proceedings

**NOTE:** Videotapes of public hearings and meetings which have been broadcast on local government public access television are covered by item no. 581, below.

**NOTE:** Appraise these records for historical significance prior to disposition. Audio and videotapes of public hearings and meetings at which significant matters are discussed may have continuing value for historical or other research and should be retained permanently. Contact the State Archives for additional advice on the long-term maintenance of these records.

- b. Other recordings:

**RETENTION:** 0 after no longer needed

- ◆ 3.[3] Meeting files for meeting of governing body or board or agency, commission or committee thereof, including agendas, background materials and other records used at meetings:

**RETENTION:** 1 year

**NOTE:** Appraise these records for continuing administrative or historical value

prior to disposition. Agendas may have continuing administrative value and may be useful for accessing information in unindexed minutes and for indexing those minutes. Other records prepared for or used at meetings may have administrative or historical value for documenting issues discussed at the meetings and referenced in the minutes. See item no. 1, above, for records which are accepted as part of the minutes.

◆4.[4] Legal opinion or legal directive rendered by government agency:

**RETENTION: PERMANENT**

5.[5] Local law (including certification that law was properly enacted), rule, regulation, ordinance, resolution, proclamation or court order:

**RETENTION: PERMANENT**

◆6.[6] Legal agreement, including contract, lease, and release involving local government:

**RETENTION:** 6 years after expiration or termination or 6 years after final payment under contract, whichever is later

**NOTE:** This item does not apply to contracts (collective bargaining agreements) between a local government and a public employee labor organization. These contracts are covered by item no. 321 in the Personnel/Civil Service section, and must be retained permanently.

7.[7] Signature card, or equivalent record, showing signature of individual legally authorized to sign specific transaction:

**RETENTION:** 6 years after authorization expires or is withdrawn

◆8.[8] Proof of publication or posting, legal notices, or certification thereof

**NOTE:** This item does not apply to notice of forthcoming election (see item no. 143 in the Election section).

a. Relating to bond or note issue or tax limit increase:

**RETENTION:** 6 years after issue or increase disapproved or retired

b. Not relating to bond or note issue or tax limit increase:

**RETENTION:** 6 years

◆9.[9] Manual of procedures, or policies and standards

a. Involving major procedures, policies and standards affecting local

government operations, critical functions or issues of public visibility or concern:

**RETENTION: PERMANENT**

- b. Involving routine day-to-day procedures, policies and standards pertaining to internal administration of a local government:

**RETENTION: 6 years after superseded**

◆ 10.[10] **Correspondence**, and supporting documentation maintained in a subject file (generated or received by a local government), **except** correspondence that is part of a case file or other record series listed elsewhere on this Schedule

- a. Documenting significant policy or decision making or significant events, or dealing with legal precedents or significant legal issues:

**RETENTION: PERMANENT**

**NOTE:** Significant correspondence is often maintained by the chief executive or administrative officer, and sometimes in subject file format. See item no. 198 in the Executive, Manager, and/or Administrator section.

- b. Containing routine legal, fiscal or administrative information:

**RETENTION: 6 years**

- c. Of **no** fiscal, legal or administrative value (including letters of transmittal, invitations and cover letters):

**RETENTION: 0 after no longer needed**

◆ 11.[11] **Official copy of publication**, including newsletter, press release, published report, bulletin, homepage or other website file, educational or informational program material prepared by or for local government

**NOTE:** Specific publications are listed in other places in this Schedule. Before using this item to determine the minimum legal retention for a publication, determine if that publication is covered by a more specific item.

- a. Publications which contain significant information or substantial evidence of plans and directions for government activities, **or** publications where critical information is **not** contained in other publications:

**RETENTION: PERMANENT**

- b. Publications where critical information is **also** contained in other publications or reports, publications which document routine activities,

publications which contain **only routine** information, or publications (such as webpages) that facilitate access to government information on the Internet:

**RETENTION:** 0 after no longer needed

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. Local governments should consider permanent retention of samples of publications covered by part "b" of the above item. Contact the State Archives for additional advice in this area.

- ◆ 12.[12] **Special project or program files**, including official copy of publications, videotapes, or informational literature prepared for public distribution, background materials and supporting documentation:

**RETENTION:** 6 years after project or program ends

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. If special projects or programs deal with significant subjects, then certain documentation from these files, such as summary reports and resulting publications, should be retained permanently.

- ◆ 13.[13] **Grant program file**

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently.

- a. Application, proposal, narrative, evaluation, and annual report for grants that have been awarded:

**RETENTION:** 6 years after renewal or close of grant

**NOTE:** Local governments may find that some of the records covered by part "a" have ongoing administrative value. These records may be useful beyond the minimum retention period for preparing future grant applications.

- b. Background material, fiscal records, and supporting documentation for grants that have been awarded and all records relating to grant applications that have been rejected:

**RETENTION:** 6 years after renewal or close of grant or denial of application

◆ 14.[33] **Complaint, petition or request for service** received by local government

**NOTE:** Appraise these records for historical significance prior to disposition. Petitions by citizens involving very significant issues should be retained permanently.

**NOTE:** For additional fiscal items, see Fiscal section of this Schedule.

- a. Summary record (such as log or register) of complaints, petitions or requests:  
**RETENTION:** 6 years after disposition of all complaints, petitions or requests listed
- b. Complaints, petitions or requests relating to other than routine services or activities:  
**RETENTION:** 6 years after final disposition of complaint, petition or request
- c. Complaints, petitions or requests relating to routine government services or activities:  
**RETENTION:** 1 year after final disposition of complaint, petition or request

◆ 15.[15] **Opinion survey records**

- a. Survey results, including official copy of survey form:  
**RETENTION:** 6 years

**NOTE:** Appraise these records for historical significance prior to disposition. Survey results and sample forms involving very significant issues should be retained permanently.

- b. Completed survey forms:  
**RETENTION:** 0 after survey results prepared

◆ 16.[16] **Repair, installation, maintenance or similar record**, including but not limited to request for service, work order, record of work done, and summary or log of service performed:

**RETENTION:** 6 years

**NOTE:** For maintenance, testing, service, operational and repair records for public equipment or vehicle, see item no. 424 in the Public Property and

Equipment section.

◆ 17.[17] **Internal investigation or non-fiscal audit records**

**NOTE:** Fiscal audit records are covered by item no. 214 in the Fiscal section, Audit subsection. Investigations of personnel are covered by item no. 311 in the Personnel/Civil Service section, Personnel subsection.

a. Report and recommendation resulting from investigation:

**RETENTION: PERMANENT**

b. Background materials and supporting documentation:

**RETENTION: 6 years**

◆ 18.[18] **Internal information record**, including but not limited to calendars of appointments, office and travel schedule, memoranda and routing slips, routine internal reports, reviews and plans, used solely to disseminate information or for similar administrative purposes:

**RETENTION: 0 after no longer needed**

19.[19] **Duplicate copy of record**, created for administrative convenience, **except** where retention is specified elsewhere in this Schedule:

**RETENTION: 0 after no longer needed**

◆ 20.[20] **Log or schedule** used for internal administrative purposes only:

**RETENTION: 0 after no longer needed**

◆ 21.[21] **Mailing list** used for billing or other administrative purposes:

**RETENTION: 0 after superseded or obsolete**

◆ 22.[22] **Daily, weekly, monthly, quarterly or other periodic internal or external report, summary, review, evaluation, log, list, statement or statistics:**

**RETENTION: 6 years**

**NOTE:** For annual, special, or final report, summary, review or evaluation, see item no. 23. For routine internal reports and reviews, see item no. 18.

◆ 23.[23] **Annual, special or final report, summary, review or evaluation**

**NOTE:** Specific annual reports are listed in many places in this Schedule. Before using this item to determine the minimum legal retention for an annual report, determine that a report is not covered by a more specific item.



- a. Reports which contain substantial evidence of government policy, procedures, plans and directions:

**RETENTION: PERMANENT**

- b. Reports where critical information is contained in other reports, reports which document internal management and housekeeping activities, or reports which contain **only routine** legal, fiscal and administrative information:

**RETENTION: 6 years**

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently.

- ◆ 24.[24] **Program plan (annual, special or long-range):**

**RETENTION: PERMANENT**

**NOTE:** Program plans of a routine nature covering internal activities are covered by item no. 18. Program plans where significant information is duplicated in other records (which are retained permanently) are covered by item no. 19.

- 25.[25] **List, index or summary** used for internal administrative convenience or for informational purposes:

**RETENTION: 0 after obsolete**

- 26.[26] **Working document**, such as draft, worksheet or posting record **except** worksheets containing fiscal information:

**RETENTION: 0 after no longer needed**

- ◆ 27.[27] **Communication log** recording each communication between caller and receiving unit:

**RETENTION: 1 year**

**NOTE:** Item nos. 27 & 28 do **not** apply to records found in the public safety area. See the Public Safety section of this Schedule.

- 28.[28] **Telephone call log, statement or equivalent record:**

**RETENTION: 1 year**

- ◆ 29.[29] **Identification card** (duplicate copy or record of issuance) issued to client, patron or resident:

**RETENTION: 0 after invalid**

**NOTE:** This does **not** apply to identification cards issued by a law-enforcement agency as proof of age or residency **or** identification cards issued by local government to its employees. For these, see item no. 465 in the Public Safety section and item no. 316 in the Personnel/Civil Service section.

30.[30] **Postal records**, including returned registered or certified mail card or receipt and insurance receipt:

**RETENTION:** 1 year

◆ 31.[31] **Accident report** and related records:

**RETENTION:** 3 years, or 0 after individual attains age 21, whichever is later

◆ 32.[32] **Report of incident of theft, arson, vandalism, property damage or similar occurrence:**

**RETENTION:** 6 years

**NOTE:** This item does **not** apply to records found in the public safety area. See the Public Safety section of this Schedule.

◆ 33.[581] **Local government public access television records**

a. Videotape (or other information storage device) recording local government public access television program, where program is produced by a local government

Where program constitutes an important public meeting, significant event, important subject or documents local government policy making:

**RETENTION: PERMANENT**

**NOTE:** In order to ensure the continued preservation and availability of videotapes, local governments should consider using broadcast-quality tapes where possible. Those tapes should be periodically inspected and copied to newer tapes and formats. Consult the State Archives for additional advice.

Where program constitutes a routine meeting, event or subject:

**RETENTION:** 1 year

Where program is aired but **not** produced by a local government:

**RETENTION:** 0 after no longer needed

- b. Viewer guide or other periodic listing of programs:  
**RETENTION:** 1 year

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. The State Archives recommends that local governments retain a sampling of these records on a monthly, seasonal or other periodic basis.

- c. Program files on local government cable television programs:  
**RETENTION:** 6 years

◆ 34.[582] **Records covering photocopying and other reproduction** of records, books, or other materials, including usage logs and individual copying requests

- a. For materials subject to U.S. Copyright Law:  
**RETENTION:** 3 years
- b. For materials **not** subject to U.S. Copyright Law:  
**RETENTION:** 0 after no longer needed

◆ 35.[583] **Copyright records**, for materials copyrighted by local government, including but not limited to copy of application, notice of copyright and correspondence:  
**RETENTION:** 6 years after copyright expires or application denied

◆ 36.[584] **Training course information records**, including but not limited to memoranda, flyers, catalogues and other records related to specific training courses including information on course content, program registration, instructor, credits, hours and roster of agency registrants:  
**RETENTION:** 0 after superseded or obsolete

**NOTE:** This item does not cover training in the Public Safety area; see item nos. 435 and 441 in the Public Safety section. This item does not cover training in dealing with toxic substances; see item no. 325 in the Personnel/Civil Service section.

◆ 37.[585] **Training course registration processing records**, including but not limited to employees' application and enrollment records for courses including employee data forms, course applications, and supervisors' and training officers' authorizations or denials:  
**RETENTION:** 3 years after date of application to take course

## ARCHIVES/RECORDS MANAGEMENT

◆ 1.[34] **Records disposition documentation**

a. Consent of the Commissioner of Education to the use of records retention and disposition schedules and the legal disposition of records:  
**RETENTION:** 0 after superseded

b. Documentation of final disposition of records, describing records disposed of and manner and date of disposition:  
**RETENTION:** 6 years after final disposition of records

**NOTE:** Local governments may wish to retain records covered by part "b" longer than the minimum retention period, to provide evidence that records have been legally disposed of, in response to requests for public access to records. In addition, documentation of the final disposition of archival records is covered by item no. 36, below.

◆ 2.[35] **Inventory of records:**  
**RETENTION:** 0 after superseded

3.[36] **Records transfer list**

a. For archival records:  
**RETENTION:** **PERMANENT**

b. For inactive records:  
**RETENTION:** 0 after disposition of records on list

◆ 4.[37] **Retrieval request** for records in storage:  
**RETENTION:** 0 after return of records, or 3 years after retrieval when records **not** returned

5.[38] **Archival administration records**

a. Appraisal and accessioning documentation, including assessment of conservation needs:  
**RETENTION:** **PERMANENT**

b. Processing and management working papers, drafts, notes, and related

records:

**RETENTION:** 0 after no longer needed

- ◆ 6.[39] Guide, listing, index, or other finding aid to archival records:

**RETENTION:** 0 after superseded

**NOTE:** Local governments should retain any superseded guides, lists, indices or other finding aids containing record numbering and identification information, or any other significant information not carried forward to newer versions.

- ◆ 7.[40] Records on use of archival materials

- a. Log or register of researchers, and patron's registration for use of archival records:

**RETENTION:** 6 years

- b. Researcher interviews, reference statistics, requests for records, or similar reference service records:

**RETENTION:** 0 after no longer needed

## ATTORNEY OR COUNSEL

- ◆1.[41] Legal case file, including but not limited to notice of claim, attorney and investigator activity logs, complaints, court order, motions, notes, briefs, releases and closing sheet:  
**RETENTION:** 6 years after case closed, or 0 after any minor involved attains age 21, whichever is later
- NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. Local governments should consider permanent retention of significant cases which have importance or which set major legal precedents. For instance, local governments may wish to permanently retain files for cases concerning major local controversies, issues, individuals and organizations which are likely to be the subject of ongoing research or which result in decisions or rulings of major significance to the local government or community or to the entire state. Contact the State Archives for advice in this area. In addition, local governments may wish to retain the complaint and release for routine cases longer for convenience of reference.
- 2.[42] Legal brief file ("brief bank") containing duplicate copies of legal briefs from case files, retained separately for future reference:  
**RETENTION:** 0 after no longer needed
- ◆3.[43] Legal case log giving chronological listing of cases:  
**RETENTION:** 0 after no longer needed
- 4.[44] Legal case index, including notations on activities related to case:  
**RETENTION:** PERMANENT
- 5.[45] Subject file assembled and kept for reference purposes:  
**RETENTION:** 0 after no longer needed
- ◆◆6.[880] Subpoena, along with documentation of response, issued to local government agency or officer, when not part of legal case file or any other series of records listed on this Schedule:  
**RETENTION:** 6 months after date of response
- NOTE:** Subpoenas relating to legal case files or other series of records listed on this Schedule should be retained as part of or as long as that respective series.

# **BUILDING AND PROPERTY REGULATION**

## **BUILDING/PROPERTY HISTORY SYSTEMS**

**NOTE:** Some local governments in the state use automated systems to keep track of various functions of their offices regarding building and property regulation. These systems, which we are referring to generically as "Building/Property History Systems," contain information in such areas as planning, zoning, building permits and inspections, fire safety, code enforcement, violations and complaints. In general, these systems do not replace existing hard copy-based systems, but do create some of the forms and other paper records in these files. In addition, these systems contain data files and other electronic records not found in manual systems. The items below are meant to cover not only electronic records contained in these automated systems, but also maps, reports and other system output maintained in both traditional hard copy and electronic format as well.

More importantly, these systems often contain summary information on various local government activity regarding a specific building and/or parcel of real property. The building/property history data file, listed below, may contain retrospective information on building permit issuance, building inspection, certificate of occupancy issuance, site plan review or other planning actions, zoning variances, special use permits and fire inspections for a single parcel of property over a period of time.

- ◆1.[586] **Building/property history data file contained in building/property history system**, and related records, created for informational and reference purposes, containing information on such areas as building permit issuance, building inspection, certificate of occupancy issuance, site plan review or other planning actions, zoning variances, special use permits and fire inspections:  
**RETENTION:** 0 after no longer needed

**NOTE:** Local governments should **consider** permanent retention of the basic data elements of these building/property history systems for all parcels of property in the local government. This information may be useful for long-range planning purposes, and for community, urban planning and architectural history research. More importantly, this data provides for ease of access to summary data on individual parcels of real property and the structures located on them. In addition, this data file may be used to access more detailed records maintained in electronic data output or maps, plans, permits and other paper records in inactive storage. Contact the State Archives for additional advice.

- ◆2.[587] **Street address/parcel number authority data file**, used to supply

building/property history system with accurate, up-to-date information on real property tax parcel numbers, property owners' names and addresses, parcel sizes, E-911 or other street addresses, and other essential data necessary for system to operate:

**RETENTION:** Retain until superseding or updated file received.

**NOTE:** This data is often received from an assessor's or tax office. See items covering real property data systems in the Taxation and Assessment section.

◆3.[588]

**Lists, reports, studies, queries, searches for information, special project records and analyses** created from data contained in one or more data files in building/property history system

- a. Final reports and studies resulting from analysis of system data, including background materials and supporting documentation containing significant information on real property and structures located thereon, used for such purposes as long-range planning, change of zoning boundaries and regulations, or planning infrastructure improvements or new facility construction:

**RETENTION:** 6 years after project completed, or after date of final entry in record

**NOTE:** Appraise these records for historical significance prior to disposition. Records for important projects have historical value and should be retained permanently. Contact the State Archives for additional advice.

- b. Reports and studies resulting from analysis of system data, including background materials and supporting documentation, queries, searches for information, lists, logs or other internal information records, containing routine information on real property and structures located thereon, or used to produce final reports and studies:

**RETENTION:** 0 after no longer needed

**NOTE:** Queries conducted in automated systems are not considered "records" unless the query and/or its results are saved in electronic or manual format. See also related items in the Electronic Data Processing section.



**BUILDING AND CONSTRUCTION  
(REGULATION AND INSPECTION)**

**NOTE:** Applications for permits necessary for connection to public water supply system or municipal sewer, for individual water supply or sewage disposal system, for groundwater drainage, and for soil or stream disturbance or realty subdivision construction, are found in the Environmental Health section of this Schedule.

◆1.[589] **Master summary record**, including index, log or journal, covering building code complaints, inspections, investigations, and violations:  
**RETENTION: PERMANENT**

◆2.[590] **Housing maintenance or building inspection records**, including but not limited to complaints, inspection reports, notice of violation, cumulative building inspection record, appeal or review and final disposition of case

a. For school, public building, multifamily dwelling, commercial or industrial structure, or hazardous structure:

**RETENTION:** 6 years after building no longer exists, but not less than 21 years

b. For single family home:

**RETENTION:** 6 years after last entry in record

**NOTE:** Building inspection records relating to building permit issuance are covered by item no. 593, below.

◆3.[591] **Fire safety inspection records**

a. Master summary record of inspections performed:

**RETENTION: PERMANENT**

b. Report on inspection at school, public building, multifamily dwelling, or commercial or industrial facility and notice of violation:

**RETENTION:** 21 years

**NOTE:** If fire safety inspection records are combined or interfiled with building inspection records, use item no. 590a, immediately above.

c. Report on inspection of single family dwelling and notice of violation:

**RETENTION:** 6 years

- ◆4.[592] **Building inspection data file** contained in building/property history system, and related records, created for informational and reference purposes, containing information on building inspections **not** related to building permit issuance, certificate of occupancy issuance, fire inspections, and other relevant detailed information:

**RETENTION:** 0 after no longer needed

**NOTE:** Local governments should **consider** permanent retention of the basic data elements of this building inspection data for all parcels of property in the local government, **unless** that data is preserved by the building/property history system overall summary data file (see item no. 586, above.) This information may be useful for long-range planning purposes, and for community, urban planning and architectural history research. More importantly, this data provides for ease of access to summary building permit data on individual parcels of real property and the structures located on them. In addition, this data file may be used to access more detailed building permit records in electronic data output or maps, plans, permits and other paper records in inactive storage. Contact the State Archives for additional advice.

- ◆5.[593] **Building permit and certificate of occupancy issuance records**

**NOTE:** Building permit files often contain plans, sketches, photographs, and other records that provide valuable information on individual structures. These records may have continuing value for historical or other research, and the State Archives suggests they be retained permanently.

- a. Master summary record of applications for building, plumbing, electrical, demolition or related permits, or for certificates of occupancy granted:  
**RETENTION: PERMANENT**
- b. Log or other chronological list recording permits or certificates of occupancy issued:  
**RETENTION:** 1 year after last entry in record, or 1 year after posting
- c. Building, plumbing, electrical, demolition or related permit file, including application and supporting materials; plans, maps and drawings; specifications; inspection reports; copies of all required permits and approvals; affidavit of compliance or completion of work; records of appeal when permit is denied; certificate of occupancy and correspondence

When permit is granted:

**RETENTION:** 6 years after building no longer exists

When permit is denied:

**RETENTION:** 6 years after final decision

When application is discontinued, has lapsed or is incomplete:

**RETENTION:** 90 days after date of most recent entry in record

For **non-structural modifications** to shopping mall, office complex or similar structure (modifications **not** involving changes to fire suppression or alarm systems), when permit is granted:

**RETENTION:** 10 years

**NOTE:** Certain records covered by this item may be included under item no. 594, below, such as in instances where they are maintained in electronic format and not created as hard-copy output and included in the building permit file. In these cases, the electronic records covered by item no. 594 must be retained as long as specified by this item.

d. Certificate of occupancy and application when not related to building permit application:

**RETENTION:** 6 years after building no longer exists

e. Detailed construction specifications submitted as part of building permit application:

**RETENTION:** 6 years after denial of permit or completion of work

◆ 6.[594] **Building permit issuance data file** contained in building/property history system, and related records, created for informational and reference purposes, containing information on applications for and issuance of building permits, including related inspections, certificate of occupancy issuance, and other relevant detailed information:

**RETENTION:** 0 after no longer needed

**NOTE:** Local governments should **consider** permanent retention of the basic data elements of this building permit issuance data for all parcels of property in the local government, **unless** that data is preserved by the master summary record (see item no. 586, above.) This information may be useful for long-range planning purposes, and for community, urban planning and architectural history research. More importantly, this data provides for ease of access to summary building permit data on individual parcels of real property and the structures located on

them. In addition, this data file may be used to access more detailed building permit records in electronic data output or maps, plans, permits and other paper records in inactive storage. Contact the State Archives for additional advice in this area.

- ◆7.[595] **Building condemnation and demolition files**, including application, copy of permit, correspondence, and notice of condemnation:  
**RETENTION: PERMANENT**

- ◆8.[596] **Contractors' liability insurance records**

- a. Certificate of insurance or copy of insurance policy:  
**RETENTION: 6 years after denial or expiration of relevant permit**
- b. Master summary record of contractors doing business in municipality and their insurance coverage:  
**RETENTION: 1 year after superseded or obsolete**

- ◆9.[597] **Building complaints/violations records**, including data file contained in building/property history system, and related records, containing information on complaint tracking and violation processing, and other relevant information:  
**RETENTION: 6 years**

**NOTE:** For citizen complaints and requests for services, not covered by items in this section, see item no. 33 in the General section. For sanitary code violations, see item no. 173 in the Environmental Health section.

**NOTE:** Local governments should **consider** longer retention of the basic data elements of this complaints/violations data for all parcels of property in the local government, **unless** that data is preserved by the building/property history system overall summary data file (see item no. 586, above.) This information may be useful for long-range planning purposes in conjunction with building permit issuance and building inspection data. Contact the State Archives for additional advice.

## **PLANNING**

- 1.[340] **Comprehensive plan development file**, including but not limited to official copy of comprehensive plan and all background surveys, studies, reports, and draft versions of plan:  
**RETENTION: PERMANENT**

- ◆2.[598]      **Planning action data file** contained in building/property history system, and related records, created for informational and reference purposes, containing information on mandatory or discretionary planning review, planning projects, and other relevant detailed information:  
**RETENTION:**            0 after no longer needed

**NOTE:** Local governments should **consider** permanent retention of the basic data elements of this planning action data for all parcels of property in the local government, **unless** that data is preserved by the building/property history system overall summary data file (see item no. 586, above.) This information may be useful for long-range planning purposes, and for community and land use history research. More importantly, this data provides for ease of access to summary building permit data on individual parcels of real property and the structures located on them. In addition, this data file may be used to access more detailed building permit records in electronic data output or maps, plans, permits and other paper records in inactive storage. Contact the State Archives for additional advice.

- 3.[341]      **Planning project or program file** for project or program developed by or for planning agency
  - a.      Final report and essential supporting information used to develop report, including but not limited to maps, plans, technical memoranda and environmental impact studies:  
**RETENTION:**            **PERMANENT**
  - b.      Background material, including but not limited to notes, memos, worksheets and correspondence:  
**RETENTION:**            6 years

- 4.[342]      **Master summary record** (log or register) maintained by planning agency to record receipt of planning or zoning reviews and projects, and to record subsequent action taken:  
**RETENTION:**            **PERMANENT**

- 5.[343]      **Geographic reference file** maintained by planning agency for internal reference purposes, usually arranged by name of government agency or other service organization:  
**RETENTION:**            0 after obsolete

- ◆6.[344]      **Mandatory planning review case file** for required review of site plan, zoning

variance, special permit, change of zoning, subdivision creation or enlargement, local government planning action, or other required review, including but not limited to maps, plans, sketches, photographs, engineering reports, environmental impact statements and studies, copies of zoning records, project narrative, correspondence, and record of final determination

- a. Subdivision, historic structure, major commercial or industrial development, or capital construction, where application is approved or denied (**except** records covered by part "d"):  
**RETENTION: PERMANENT**
  
- b. Subdivision, historic structure, major commercial or industrial development, or capital construction, where application is withdrawn or abandoned (**except** records covered by part "d"):  
**RETENTION: 10 years after last entry**
  
- c. Any other mandatory review:  
**RETENTION: 6 years after last entry**
  
- d. Detailed construction specifications, receipts and transmittal documents, lists of abutting properties, superseded versions of plans and drawings, routine correspondence and internal notes and memoranda from all files:  
**RETENTION: 6 years after last entry**
  
- e. Informal consultation records, created as a result of informal meeting with prospective applicant, prior to actual submission of application:  
**RETENTION: 1 year after last entry**

**NOTE:** "Subdivision," as used in this item, means the division of one parcel of land into two or more lots, blocks, plots or sites.

7.[345] **Discretionary planning review case file**, including review of planning review cases, federal or other aid projects, review of mining permit application, environmental impact or similar studies, or other reviews, including but not limited to application, correspondence, copies of local planning or zoning records, maps, plans, sketches, and other supporting materials

- a. When review is carried out, and comments are forwarded by planning agency:  
**RETENTION: 3 years after last entry**
  
- b. When **no** comments are forwarded by planning agency:

**RETENTION:** 1 year after receipt of request to review

**ZONING**

◆ 1.[599] **Master summary record** (log or register) maintained by zoning agency to record receipt of zoning variance and special use permit applications, change of zoning applications for individual parcels, and other zoning activity, and to record subsequent action taken:

**RETENTION: PERMANENT**

2.[576] **Zoning maps**, and all updates:

**RETENTION: PERMANENT**

◆ 3.[600] **Zoning action data file** contained in building/property history system, and related records, created for informational and reference purposes, containing information on zoning variances, special use permits, and other relevant detailed information:

**RETENTION:** 0 after no longer needed

**NOTE:** Local governments should **consider** permanent retention of the basic data elements of this zoning action data for all parcels of property in the local government, **unless** that data is preserved by the building/property history system overall summary data file (see item no. 586, above.) This information may be useful for long-range planning purposes, and for community and land use history research. More importantly, this data provides for ease of access to summary building permit data on individual parcels of real property and the structures located on them. In addition, this data file may be used to access more detailed building permit records in electronic data output or maps, plans, permits and other paper records in inactive storage. Contact the State Archives for additional advice.

◆ 4.[577] **Change of zoning records**, including application, petition, protest, hearing minutes, preliminary and final reports and correspondence, relating to changes proposed in zoning boundaries or regulations:

**RETENTION: PERMANENT**

**NOTE:** Change of zoning records relating to changes in zoning classification for individual parcels of property, not affecting other parcels or larger areas, are covered by item no. 578, below, as if these were zoning variance applications.

◆ 5.[578] **Zoning variance or special permit file**, including application and supporting materials, hearing results, decision and appeal records

a. For commercial, industrial, historic structure or multi-unit residential variance or permit (**except** records covered by part "c"):  
**RETENTION: PERMANENT**

b. For single-unit residential variance or permit:  
**RETENTION: 25 years after date of last entry**

**NOTE:** Certain single-unit residential variance and permit files may be significant because they set legal precedents and should be retained permanently. Those involving the definition of what constitutes a "family" may be particularly important.

c. Detailed construction specifications, receipts and transmittal documents, lists of abutting properties, superseded versions of plans and drawings, routine correspondence and internal notes and memoranda from all files:  
**RETENTION: 6 years after last entry**

d. Informal consultation records, created as a result of informal meeting with prospective applicant, prior to actual submission of application:  
**RETENTION: 1 year after last entry**

6.[579] **Notification of proposed zoning change**, received from adjacent town:  
**RETENTION: 1 year**

7.[580] **Zoning ordinance violation records**, not related to zoning variance or special permit application

a. For alleged but unfounded violation:  
**RETENTION: 1 year**

b. Violation files:  
**RETENTION: 6 years after date of last entry in record**

c. Master summary record of violations:  
**RETENTION: PERMANENT**



## DISASTER PREPAREDNESS

- ◆ 1.[135] **Disaster preparedness or crisis relocation records**
  - a. Official copy of plans, including supporting maps, when prepared by local government under provisions of Section 23, Executive Law:  
**RETENTION: PERMANENT**
  - b. Copies of plans held by local government, including supporting maps, when official copies prepared under Section 23, Executive Law, are maintained by county or other local government which created them, along with other disaster preparedness plans, not prepared under Section 23, Executive Law, intended for specific buildings or for use by specific local government units:  
**RETENTION: 3 years after superseded**
  - c. Background materials and supporting documentation used in preparation of plans:  
**RETENTION: 3 years**
  
- ◆ 2.[136] **Disaster response and damage files** compiling information on the response of all agencies to a major disaster, including such records as photographs, press clippings, property damage reports, records of emergency response, summary reports of personal injuries, records relating to demolition and new construction, and correspondence:  
**RETENTION: PERMANENT**

## **ELECTRIC AND GAS UTILITY**

1.[151] **Operational permit records**, including application, copy of permit and correspondence:  
**RETENTION:** 6 years after denial of application or expiration, renewal or revocation of permit

◆2.[152] **Construction, modification, demolition or retirement records** for electric or gas production plant and transmission and distribution system, including but not limited to detailed construction specifications and other supplementary documentation, progress and completion reports, work orders, memoranda, worksheets, records of inspection and work evaluation and correspondence:  
**RETENTION:** 10 years after retirement of plant or system

**NOTE:** Appraise these records for historical significance prior to disposition. Significant records deriving from the construction, retirement or other major changes in municipal power facilities may have long-term value deriving from and relating to the importance of these facilities in the community and should be retained permanently. Contact the State Archives for additional advice.

- 3.[153] **Gas and electric utility reports**
- a. Station or system power generation report:  
**RETENTION:** 25 years
  - b. Station or system inspection report, including operating tests:  
**RETENTION:** 6 years
  - c. Inspection and repair reports on street openings, such as for correcting gas leaks:  
**RETENTION:** 6 years
  - d. Analysis of gas produced and purchased, including BTU and sulfur content:  
**RETENTION:** 6 years
  - e. Gas measuring records:  
**RETENTION:** 3 years
  - f. Gas pressure department reports:  
**RETENTION:** 3 years

- 4.[154]      **Substation, transformer, pole, tower or generator records**, or records of other specific component part of system, including sketches and measurements; and installation, maintenance and discontinuance information:  
**RETENTION:**      6 years after component part replaced or its use discontinued
- NOTE:** All records relating to any gas pipeline designed to operate at 125 PSIG or more must be retained as long as that pipeline remains in service, per Section 255.17 (b) of *16 NYCRR*.
- 5.[155]      **Log book of electric or gas plant** or any part of electricity or gas production, transmission and distribution system:  
**RETENTION:**      6 years after last entry
- 6.[156]      **Charts, graphs and related data recording records**
- a.      Summary chart, graph or equivalent record compiled from records of original entry showing long term trends and developments:  
**RETENTION:**      **PERMANENT**
  - b.      Recording chart or other record of original entry, including load curve; and temperature, pressure, specific gravity or water level chart:  
**RETENTION:**      3 years
  - c.      Gas measuring records, when information is transferred to summary record:  
**RETENTION:**      6 months
  - d.      Gas measuring records, when information is not transferred to summary record:  
**RETENTION:**      1 year
  - e.      River flow data collected in connection with hydro-electric plant operation:  
**RETENTION:**      **PERMANENT**
- 7.[157]      **Municipal lighting records**, including but not limited to installation, repair, inspection and replacement records for street lights and other lighting devices:  
**RETENTION:**      6 years after device no longer in use
- 8.[158]      **Subsidiary ledgers** or journals of electric or gas utility:  
**RETENTION:**      50 years

- 9.[159]      **Service interruption records**, including but not limited to storm damage, downed and severed power lines, circuit overloading or other related power failure or transmission problem, or apparatus failure reports for gas utility:  
**RETENTION:**      6 years
- 10.[160]     **Board of Fire Underwriters' certificate:**  
**RETENTION:**      3 years
- 11.[161]     **Records of electric or gas meter tests:**  
**RETENTION:**      2 years after subsequent test conducted, but not longer than 6 years
- 12.[162]     **Electric or gas meter history records:**  
**RETENTION:**      0 after meter no longer in use

# **ELECTRONIC DATA PROCESSING**

## **GENERAL ADMINISTRATION**

- ◆1.[642] **Data processing unit subject files, correspondence, memoranda, reports, publications, and related records** used to support the administration of data processing services. This item does not include local government Information Resource Management (IRM) plans, long-range or strategic plans, EDP and IRM policies, records that document fiscal transactions, and any records covered by other items in this schedule:  
**RETENTION:** 0 after superseded or obsolete
  
- ◆2.[643] **Information resources management and data processing services plans**, local government IRM plans, data processing services plans, strategic plans, and related records used to plan for information systems development, technology acquisitions, data processing services provision, or related areas
  - a. Master copy of plan and essential background documentation:  
**RETENTION:** Retain for 3 planning cycles after the plan is completed, superseded, or revised.  
  
**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. Some of these records may document the development and advancement of technology used by the local government. Contact the State Archives for additional advice in this area.
  - b. Copies, drafts, and routine material:  
**RETENTION:** 0 after no longer needed
  
- ◆3.[644] **Data processing policies**, records of data processing policies including those covering access and security, systems development, data retention and disposition, and data ownership:  
**RETENTION:** 3 years after policy is withdrawn, revised, updated, or superseded
  
- ◆4.[645] **Data processing product/vendor and state contracts reference files**, information on data processing equipment, software, and other products and their vendors:  
**RETENTION:** 0 after no longer needed for reference

## **SYSTEMS AND APPLICATION DEVELOPMENT**

- ◆1.[646] **Application development project files**, records created and used in the development, redesign, or modification of an automated system or application including project management records, status reports, draft system or subsystem specifications, draft user requirements and specifications, and memoranda and correspondence. This item does not cover system or application documentation (see item nos. 647 and 648):

**RETENTION:** 3 years after completion of project

**NOTE:** In some circumstances, local governments may wish to maintain these files longer for reference. All relevant information and final documentation should be contained in system and application documentation files (see item nos. 647 and 648).

- ◆2.[647] **Data systems specifications**, user and operational documentation describing how an application system operates from a functional user and data processing point of view including records documenting data entry, manipulation, output and retrieval (often called "system documentation records"), records necessary for using the system, including user guides, system or sub-system definitions, system flowcharts, program descriptions and documentation (or other metadata), job control or workflow records, system specifications, and input and output specifications. This item does not cover data documentation and other records used to explain the meaning, purpose, or origin of data (see item no. 648):

**RETENTION:** 3 years after discontinuance of system, but not before system data is destroyed or transferred to new operating environment

- ◆3.[648] **Data documentation**, records generally created during development or modification and necessary to access, retrieve, manipulate and interpret data in an automated system including data element dictionary, file layout, code book or table, and other records that explain the meaning, purpose, structure, logical relationships, and origin of the data elements (sometimes known as metadata):

**RETENTION:** 3 years after discontinuance of system or application but not before system's or application's data is destroyed or transferred to a new structure or format

**NOTE:** In some cases, local governments will retain data for extended periods, sometimes offline. It is essential that they retain related documentation in an accessible format. This is particularly crucial if the documentation is stored in

electronic form or the related records are appraised as archival. Application design documentation and user guides covered by item no. 647 may also serve to explain how data was interpreted and used. Contact the State Archives for additional advice in this area.

- ◆4.[649] **Automated program listing/source code**, automated program code which generates the machine-language instructions used to operate an automated information system:

**RETENTION:** Retain for 3 system update cycles after code is superseded or replaced.

**NOTE:** This item coincides with item no. 656, system backup files. It assumes that the files are maintained (backed-up) and disposed in accordance with accepted data processing practice; i.e., that 3 generations of backups be retained (see item no. 656).

- ◆5.[650] **Technical program documentation**, paper copy of program code, program flowcharts, program maintenance log, system change notices, and other records that document modifications to computer programs:

**RETENTION:** 1 year after replacement, modification, or related programs cease to be used

**NOTE:** Local governments may consider retaining documentation for critical systems for a longer period. Contact the State Archives for additional advice in this area.

- ◆6.[651] **Test database/files**, routine or benchmark data sets, related documentation, and test results constructed or used to test or develop a system:

**RETENTION:** 0 after no longer needed, but **not** before user accepts and management reviews and approves test results

## **COMPUTER OPERATIONS AND TECHNICAL SUPPORT**

- ◆1.[652] **Data processing operating procedures**, records of procedures for data entry, the operation of computer equipment, production control, tape library, system backup, and other aspects of a data processing operation:

**RETENTION:** 3 years after procedure is withdrawn, revised, updated, or superseded

- ◆2.[653] **Data processing hardware documentation**, records documenting the use,

operation, and maintenance of a local government's data processing equipment including operating manuals, hardware/operating system requirements, hardware configurations, and equipment control systems:

**RETENTION:** 0 after the local government no longer uses related hardware and all data is transferred to and made useable in new hardware environment

**NOTE:** Routine records that do not contain substantial information on the maintenance history or equipment should be destroyed on an annual basis, using item no. 18 in the General section.

◆3.[654] **Operating system and hardware conversion plans**, records relating to the replacement of equipment or computer operating systems:

**RETENTION:** 1 year after successful conversion

◆4.[655] **Disaster preparedness and recovery plans**, records related to the protection and reestablishment of data processing services and equipment in case of a disaster:

**RETENTION:** 0 after superseded by revised plan

**NOTE:** The State Archives recommends that local governments store disaster preparedness and recovery plans in a secure area off-site from the computer installation to which they refer.

◆5.[656] **System backup files**, copies of master files or databases, application software, logs, directories, and other records needed to restore a system in case of a disaster or inadvertent destruction:

**RETENTION:** 0 after 3 system backup cycles

**NOTE:** Backups used to document transactions or retained for purposes other than system security are covered by the relevant sections of this schedule. For fiscal systems, monthly system backups are often retained for the entire fiscal year to provide an audit trail, and annual system backups are retained to meet all legal and fiscal requirements in lieu of copies of the individual master files or databases. These records should be disposed using items from the Fiscal section of this schedule. It is advisable that for many application systems 2 or 3 copies of backups be produced during each cycle.

◆6.[657] **System users access records**, created to control or monitor individual access to a system and its data, including but not limited to user account records and password files:

**RETENTION:** 0 after the individual no longer has access to the system, **but not before** audit requirements for the records modified by that individual have



been met.

**NOTE:** System users access records and computer usage records may also serve some security purposes.

- ◆7.[879] **Computer system security records**, records used to control or monitor the security of a system and its data, including but not limited to intrusion detection logs, firewall logs, logs of unauthorized access, and other security logs:  
**RETENTION:** 10 years after date of last entry
  
- ◆8.[658] **Computer usage files**, electronic files or automated logs created to monitor computer system usage including but not limited to login files, system usage files, charge-back files, data entry logs, and records of individual computer program usage:  
**RETENTION:** 0 after 3 system backup cycles
  
- ◆9.[659] **Summary computer usage reports**, summary reports and other paper records created to document computer usage for reporting or cost recovery purposes:  
**RETENTION:** 1 fiscal year after creation
  
- ◆10.[660] **Computer run scheduling records**, records used to schedule computer runs including daily schedules, run reports, run requests, and other records documenting the successful completion of a run:  
**RETENTION:** 0 after end of current fiscal year
  
- ◆11.[661] **Input documents**, copies of records or forms designed and used solely for data input and control when the data processing unit provides centralized data input services and original records are retained by the program unit:  
**RETENTION:** 0 after all data has been entered into the system and, if required, verified  
  
**NOTE:** Input records retained for fiscal audit or legal purposes, or, containing information needed by a local government, are covered by the relevant section of this schedule. Input records that document valid transactions are covered by item no. 663. Input records which serve a fiscal audit purpose may be covered by items in the Fiscal section of this schedule.
  
- ◆12.[662] **Work/intermediate files**, records used to facilitate the processing of a specific job/run or to create, update, modify, transfer, export, import, manipulate, or sort data within an automated system, including "macro" or "startup" file or other electronic record created to preserve a combination of data elements and/or method of displaying these data elements

- a. When export, import or relational data file is used to supply data to or receive data from other system, or to exchange data between files in this system:

**RETENTION:** 0 after no longer needed

**NOTE:** This data may have secondary value beyond the purpose for which it is created. Consider additional uses for this data in determining when it is no longer needed.

- b. When all transactions are captured in a master file, central file, valid transaction file, or database, and the file is not retained to provide an audit trail:

**RETENTION:** 0 after the transaction is completed.

**NOTE:** This item does not cover intermediate files retained to recreate or document valid transactions, to serve as an audit trail, or needed for system recovery backup.

- c. When electronic file is needed to recreate or document a valid transaction, such as creation of a specific report or study:

**RETENTION:** Retain as long as the reports, studies and other principal records for which the file is created are retained.

**NOTE:** A local government's ability to recreate or properly document the output may be tied to long-term retention of these records. Contact the State Archives for additional advice regarding the long-term retention of electronic records.

- ◆ 13.[663] **Valid transaction files**, records used to update and/or document a transaction in database or master file including valid transaction files, database management system (DBMS) log, update files, and similar records, and not retained to document a program unit action or for fiscal audit purposes:

**RETENTION:** 0 after 3 database/master file backup cycles

**NOTE:** Records used to document a program unit's actions (e.g., receipt of a voucher, issuance of a check), as opposed to a strictly data processing transaction, or needed for fiscal audit or legal purposes, are covered by the relevant sections of this schedule.

- ◆ 14.[664] **Print files** (not used to document a transaction), source output data extracted from the system to produce hard copy publications, printouts of tabulations, ledgers,

registers, reports, or other documents when the files are not needed for audit purposes or to document program unit transactions:

**RETENTION:** 0 after all print runs are completed, output verified (if required), and local government has no need to reproduce the report

**NOTE:** Print files needed for fiscal audits or retained to document transactions are covered by the relevant sections of this schedule.

- ◆ 15.[665] **Audit trail files**, data generated during the creation of a master file or database used to validate a master file or database during a processing cycle:  
**RETENTION:** 0 after 3 database/master file backup cycles

- ◆ 16.[666] **Data processing unit's copies of output reports**, data processing unit's copy of output reports produced for client program units:  
**RETENTION:** 0 after output is distributed

- ◆ 17.[667] **Summary or extracted data files**, summary or aggregate data from a master file or database, including "snapshots" of data, created solely to distribute data to individuals or program units for reference and use, but not altered or augmented to support program-specific needs:  
**RETENTION:** 0 after data is distributed

**NOTE:** Appraise these records for historical significance prior to disposition. Some snapshots of data, created and maintained as either electronic files saved to disk, tape or diskette, or as hard-copy output such as printed maps, or in both formats, may warrant longer retention. Contact the State Archives for additional advice on the creation and maintenance of these records.

- ◆ 18.[668] **Finding aids (indexes) or tracking systems**, electronic indexes, lists, registers, and other finding aids used only to provide access to the hard copy and electronic records in the custody of the data processing unit:  
**RETENTION:** 0 after the related hard copy or electronic records have been destroyed

**NOTE:** Finding aids and tracking systems of program units other than data processing units are covered by the relevant sections of this schedule and are frequently covered by the same item covering related program records.

- ◆ 19.[669] **Automated tape library system files**, automated records used to control the location, maintenance, and disposition of magnetic media in a tape library:  
**RETENTION:** 0 after related records or media are destroyed or withdrawn from the tape library

- ◆ 20.[670]     **Reports on the destruction of files ("scratch reports")**, records containing information on the destruction of files stored on electronic media in a tape library:  
**RETENTION:**         0 after superseded or (if required) management review and approval
  
- ◆ 21.[671]     **Tape library control records**, records used to control the location, maintenance, and disposition of magnetic media in a tape library including list of holdings and control logs:  
**RETENTION:**         0 after superseded

### **DATA ADMINISTRATION**

- ◆ 1.[672]     **Data/database dictionary records**, usually in an automated system, used to manage data in a local government's information systems including information on data element definitions, data structures or file layout, code tables, and other data attribute information or records that explain the meaning, purpose, logical relationships, ownership, use, or origin of data:  
**RETENTION:**         0 after discontinuance or modification of the related application but not before the application's data is destroyed or transferred to a new structure or format
  
- ◆ 2.[673]     **Data/database dictionary reports**, periodic printouts from a data/database dictionary system including data element attribute reports, database schema, and related records used for reference purposes:  
**RETENTION:**         0 after superseded or obsolete

**NOTE:** The official copy of essential data documentation is covered by either item no. 648 or no. 672.

### **USER/OFFICE AUTOMATION SUPPORT**

- ◆ 1.[674]     **Site/equipment support files**, records documenting support services provided to specific data processing equipment or installations including site visit reports, program and equipment service reports, service histories, and correspondence and memoranda
  - a.     Site visit reports, problem and equipment service reports, and routine correspondence and memoranda:

**RETENTION:** 3 years after creation

b. Service histories and other summary records:

**RETENTION:** 0 after the related equipment is no longer in use

◆2.[675] **Help desk telephone logs and reports**, records used to document requests for technical assistance and responses to these requests as well as to collect information on the use of computer equipment for program delivery, security, or other purposes:

**RETENTION:** 1 year after creation

◆3.[676] **Software review files**, records related to the review and recommendations for software for local government use including vendor information, manuals, software reviews, and related material:

**RETENTION:** 0 after obsolete

## **NETWORK/DATA COMMUNICATION SERVICES**

◆1.[677] **Network site/equipment support files**, records documenting support services provided to specific sites and computer to computer interfaces on a network including site visit reports, trouble reports, service histories, and correspondence and memoranda

a. Site visit reports, trouble reports, and related correspondence:

**RETENTION:** 3 years after creation

b. Service histories and other summary records:

**RETENTION:** 0 after the related equipment or site is no longer in use

c. Routine records that do not contain substantial information on the maintenance history or site:

**RETENTION:** 1 year

◆2.[678] **Inventories of circuits**, automated or paper records containing information on network circuits used by the local government including circuit number, vendor, cost per month, type of connection, terminal series, software, contact person, and other relevant information about the circuit:

**RETENTION:** 0 after the circuit is no longer used by the local government

◆3.[679] **Network or circuit installation and service files**, copies of requests by local

governments to service provider for data communication service, installation, or repair and response to the request including work orders, correspondence, memoranda, work schedules, and copies of building or circuitry diagrams:

**RETENTION:** 1 year after request is filled or repairs are made:

- ◆4.[680] **Network usage files**, electronic files or automated logs created to monitor network usage including but not limited to login files and system usage files:  
**RETENTION:** 0 after 3 system backup cycles after creation
- ◆5.[681] **Network usage reports**, summary reports and other records created to document computer usage for reporting or other purposes:  
**RETENTION:** 1 fiscal year after creation
- ◆6.[682] **Network implementation project files**, local government records used to plan and implement a network including reports, justifications, working diagrams of proposed network, wiring schematics, and diagrams:  
**RETENTION:** 0 after superseded

## **INTERNET SERVICES**

- ◆1.[683] **Internet services logs**, electronic files or automated logs created to monitor access and use of local government services provided via the Internet, including, but not limited to, services provided via FTP (file transfer protocol), or website, or Telnet services:  
**RETENTION:** 0 after 3 backup cycles, but not before relevant audit and documentation requirements have been met
- ◆2.[684] **Employee Internet use logs**, electronic files or automated logs created to monitor and control use of the Internet by employees, including but not limited to proxy server logs:  
**RETENTION:** 0 after 3 backup cycles, but not before any appropriate review and verification

## ENERGY

- ◆ 1.[167]      **Energy consumption monitoring records** showing use of electricity or fuel or operation of heating and/or cooling equipment, or energy audit, when **not** relating to facility owned or operated by local government:  
**RETENTION:**          1 year  
  
**NOTE:** Energy consumption monitoring records showing use of electricity or fuel, operation of heating and/or cooling equipment, or environmental conditions (temperature, humidity, air quality) in various parts of publicly owned or operated building or other facility, is covered by item no. 878 in the Public Property and Equipment section.
- ◆ 2.[685]      **Weatherization client case files**, covering assistance provided to individuals and families to improve heating efficiency and reduce fuel expenditures, including but not limited to application, income documentation, description of property and work needed to improve heating efficiency, results of energy efficiency testing, description of work performed, copies of fuel bills, fuel information form, landlord agreement, notes and correspondence:  
**RETENTION:**          6 years after date of last entry
- ◆ 3.[686]      **Master listing of clients** participating in weatherization program:  
**RETENTION:**          6 years
- ◆ 4.[687]      **Annual state plan** (final copy) for weatherization assistance program:  
**RETENTION:**          6 years
- ◆ 5.[688]      **Status report** on clients referred to local subgrantee agency:  
**RETENTION:**          1 year
- ◆ 6.[689]      **Interagency referral form**, maintained by referring agency:  
**RETENTION:**          1 year

## ENVIRONMENTAL HEALTH

**NOTE:** Records relating to laboratories are listed in the Public Health section, Laboratory subsection. Radiological health records are now found in that section as well. Lead poisoning records are covered by item no. 406 in the Public Health section, Miscellaneous subsection.

### ANIMAL INDUSTRY AND VETERINARY MEDICINE

**NOTE:** See also item no. 608 in the Cooperative Extension Association section, Miscellaneous subsection.

- ◆ 1.[168]      **Rabies and animal bite records**
  - a.      Antirabies protection certificate:  
**RETENTION:**      5 years
  - b.      Records concerning certification of area for rabies, including but not limited to correspondence, notices, and copy of resolution:  
**RETENTION:**      20 years
  - c.      Investigation records for bite or other potentially dangerous contact with animal, including potentially rabid animal:  
**RETENTION:**      6 years

### MISCELLANEOUS

- 1.[169]      **Environmental disturbance permit file:**  
**RETENTION:**      **PERMANENT**
- 2.[171]      **Property acquisition or regulation file** documenting acquisition of real property or easements for drainage control or other environmental health purposes:  
**RETENTION:**      **PERMANENT**
- ◆ 3.[172]      **Master summary record** of applications relating to realty subdivisions, private water supply, private sewage disposal systems, or hazardous substance (or petroleum) spill, release or investigation records:  
**RETENTION:**      **PERMANENT**



- ◆4.[170] **Spill, release or investigation records** covering hazardous substance or petroleum
  - a. Records of investigation of spill or release of hazardous substance exceeding minimum reportable quantity (as defined in *6NYCRR*, Section 597.2, Table 1):  
**RETENTION: PERMANENT**
  - b. Records of investigation of spill or release of hazardous or toxic substance **not** exceeding minimum reportable quantity (as defined in *6NYCRR*, Section 597.2, Table 1):  
**RETENTION: 7 years after close of investigation**
  - c. Records of investigation of spill or release of petroleum (as defined in *6NYCRR*, Section 597.1 (7)) exceeding 25 gallons:  
**RETENTION: PERMANENT**
  - d. Records of investigation of spill or release of petroleum (as defined in *6NYCRR*, Section 597.1 (7)) **not** exceeding 25 gallons:  
**RETENTION: 7 years after close of investigation**
  
- ◆5.[173] **State and local sanitary and related code violation records**, including locally enacted regulations, such as "clean indoor air acts"
  - a. Violation files:  
**RETENTION: 3 years after violation abated**
  - b. Alleged but unfounded violation files:  
**RETENTION: 1 year after last entry**
  - c. Master summary record (log or register) of complaints, violations and inspections:  
**RETENTION: 3 years after last entry**
  
- ◆6.[690] **Records of minor repairs, enlargements or cleaning** of drainage ditches, or in drainage districts, including but not limited to those defined in Sections 15-1943 and 15-1945, Environmental Conservation Law:  
**RETENTION: 6 years after date of completion of work**
  
- ◆7.[691] **Hazardous waste site identification records**, including survey of suspected hazardous waste disposal sites, including that created pursuant to Section 27-1303,

Environmental Conservation Law; copy of state registry listing of sites for a specific jurisdiction; review of registry listings; and determination and notification records for newly identified sites:

**RETENTION: PERMANENT**

- ◆ 8.[692] **Informational copies of reports and studies**, received from environmental facilities or from county or state agencies, including copies of reports created pursuant to Section 5-1.72 of *10 NYCRR*, public health hazard notification, or relating to unsatisfactory water samples, watershed rules violations, and water quality monitoring violations, including testing records and records of action taken by supplier of water to correct violations:

**RETENTION: 0** after no longer needed

## **ENVIRONMENTAL FACILITIES: GENERAL**

- ◆ 1.[693] **Capital construction or public improvement project file for environmental facility**, covering water treatment plant; public water supply system; wastewater treatment plant and disposal system; and solid waste management facility (including landfill gas recovery facility)

- a. Feasibility studies; successful bids; plans, specifications and designs; project description; in-progress and completion photographs; construction inspection reports; final or "as built" plans, maps, designs, sketches, architectural drawings and photographs; environmental impact statement; annual project statement; fiscal and other final reports; significant change orders; retrofitting records; and significant correspondence:

**RETENTION: PERMANENT**

**NOTE:** Some draft or intermediary plans, maps, designs, sketches or architectural drawings, or detailed construction specifications may need to be retained permanently under part "a," above, if they document significant changes with long-term fiscal and other implications. Local governments should review these records for these possible uses prior to disposition under part "b," below. Contact the State Archives for additional advice.

- b. Supplementary documentation, including interim fiscal reports, claims, contracts, vouchers, work orders, memoranda, worksheet, non-significant change orders; routine correspondence, detailed construction specifications and **draft or intermediary** plans, maps, designs, sketches or architectural drawings:

**RETENTION:** 6 years after completion of project or date of most recent entry, whichever is longer

c. Unsuccessful bids, to which contract is **not** awarded:

**RETENTION:** 6 years

d. All records, when project is proposed but **not** undertaken:

**RETENTION:** 6 years after date of last entry

**NOTE:** Appraise these records for historical significance prior to disposition. Certain records for important environmental facility projects that are proposed but not undertaken may have historical and other research value and should be retained permanently. Contact the State Archives for additional advice.

◆2.[181] **Permit or registration files for construction, operation and maintenance** of environmental facility, covering water treatment plant; public water supply system; wastewater treatment plant and disposal system; and solid waste management facility (including landfill gas recovery facility):

a. Permit, application, approval or disapproval; related plans, maps, specifications and engineering drawings; variance from New York state regulations, approval of use of emergency source of water, approval to supply water to or take water from other system, approval of fluoridation process, progress and inspection reports, final and annual reports, summaries of data collected relating to permit issuance, and significant correspondence:

**RETENTION:** **PERMANENT**

b. Routine correspondence, cover and internal memoranda, draft or intermediary plans, designs and photographs, detailed data that has been summarized in other records, and other records of transitory value:

**RETENTION:** 6 years after date of last entry

◆3.[183] **Component part** sketches, measurements, installation, inspection and maintenance records:

**RETENTION:** 6 years after part replaced or its use permanently discontinued

◆4.[694] **Automated operating system records**, covering Supply Control and Data Acquisition (SCADA) or equivalent systems, covering operation, monitoring, problems or emergencies, and maintenance of environmental facility

- a. Detailed data collected from sensors or monitors, and detailed reports generated from such data:

**RETENTION:** 0 after no longer needed

**NOTE:** Because of the amount of detailed data collected by such systems, such data may only be maintained online for a limited period of time. Some of this data may need to be retained longer to meet both administrative needs and legal requirements, such as those contained in Section 756.2(c), *6NYCRR*. It is recommended that local government environmental facilities store this data offline long enough to meet such requirements. Also, maintenance of a history file (see below) containing the most significant data elements may satisfy these administrative and legal needs.

- b. System operation history file, containing significant data and/or periodic data snapshots, generated from detailed system data:

**RETENTION:** 5 years

**NOTE:** Appraise these records for archival value. History files may contain valuable information to document system operation over a period of time. Contact the State Archives for additional advice in this area.

◆5.[184] Log or equivalent record containing information such as changes in pressure and level, proportion of chemicals present, operational changes, problems and emergencies, and personal observations

- a. Containing summary information collected at periodic intervals and information on significant readings, events or observations:

**RETENTION:** **PERMANENT**

- b. Containing all or routine information collected at frequent intervals:

**RETENTION:** 5 years

**NOTE:** If no logs containing summary information are generated, local government environmental facilities may wish to retain all or some records covered by part "b" of this item, for both long-term administrative use and for potential research purposes.

**NOTE:** Certain inspection logs of solid waste management facilities must be retained for 7 years after date of inspection. See item no. 712, below.

- ◆6.[185] **Charts, graphs and similar records** of pumpage, flow, pressure, emissions, temperature, levels of chemicals, and related information
  - a. Summary records showing long-term trends and developments:  
**RETENTION: PERMANENT**
  - b. Records of original entry, containing significant information:  
**RETENTION: 10 years**
  - c. Records of original entry, containing **only** routine information with no long-term value:  
**RETENTION: 1 year**

**NOTE:** Some of these records may need to be retained longer to meet both administrative needs and legal requirements, such as those contained in Section 756.2(c), *6NYCRR*. Consult your attorney or counsel and the State Department of Environmental Conservation to determine which records, if any, must be retained longer than 1 year.

- d. Intermediary records, compiled from records of original entry, but **not** showing long-term trends and developments:  
**RETENTION: 5 years**

7.[186] **Operator qualifications records:**  
**RETENTION: 6 years** after disapproval, renewal, or expiration of approval

- ◆8.[695] **Reports, studies or data queries**, including those generated from SCADA or equivalent environmental facility operating system (including documentation of macros, queries, and reports), when **not covered** by specific report items in this section:  
**RETENTION: 0** after no longer needed

**NOTE:** Appraise the records for archival value. Reports and studies documenting various aspects of system operation may be valuable for long-term planning and for historical and other research. Contact the State Archives for additional advice.

- ◆9.[696] **Environmental facility alarm, problem and emergency records**

- a. Narrative records documenting serious problems or emergencies, including charts, graphs, and data necessary to support such records:

**RETENTION: PERMANENT**

- b. Records documenting minor or routine alarms or problems, including detailed data generated by automated systems when certain parameters are exceeded:  
**RETENTION: 5 years**
- c. Contingency or similar plans to deal with emergency situations:  
**RETENTION: PERMANENT**

**ENVIRONMENTAL FACILITIES: PUBLIC WATER SUPPLY**

- ◆ 1.[187] **Permits, approvals**, and related records, **excluding** those related to public water supply system construction or operation, covered by item no. 181, above.
  - a. Approval necessary for connection to public water supply system:  
**RETENTION: 6 years** after connection no longer in use, or after denial of application
  - b. Waiver or variance from mandatory disinfection or other requirements:  
**RETENTION: 5 years** after superseded or invalid
  - c. Permit files for fluoridation plans, backflow prevention devices, fire pump chlorinators, distribution of bottled or bulk water, or for interconnecting water systems, where local government agency issues permit:  
**RETENTION: 6 years** after cessation of operation or denial of application
  - d. Informational copies of permit records for fluoridation plans, backflow prevention devices, fire pump chlorinators, distribution of bottled or bulk water, or for interconnecting water systems, where State Department of Health issues permit:  
**RETENTION: 0** after no longer needed
- ◆ 2.[188] **Reports and studies** relating to plant, system or facility operation
  - a. Annual and final reports (including annual report submitted to federal Environmental Protection Agency [EPA]), comprehensive water supply study and report, special studies and detailed reports, including facility inspection reports, reports on watershed rules and rules violations, sanitary

surveys, comprehensive performance evaluations, environmental facility monitoring, overall operational reports and reports of emergencies, containing summary or detailed information of long-term value:

**RETENTION: PERMANENT**

- b. Reports and studies covering routine information only, not covered by other item in this Schedule:

**RETENTION: 0** after no longer needed

- c. Monthly operational report submitted to New York State Department of Health:

**RETENTION: 5** years

**NOTE:** Appraise the records for archival value. Reports and studies documenting various aspects of system operation may be valuable for long-term planning and for historical and other research. Contact the State Archives for additional advice.

- d. Records relating to water quality monitoring violations, watershed rules violations or unsatisfactory water samples, and major changes in aquifer or watershed, including test results and records of corrective actions taken:

**RETENTION: 5** years after superseded

**NOTE:** Appraise these records for long-term uses prior to disposition, warranting longer, if not permanent, retention. These records may be useful in the future in documenting cases of serious drinking water contamination. Contact the State Archives for additional advice.

◆3.[697] **Water systems periodic operation reports**, created pursuant to *10 NYCRR*, Section 5-1.72 (d) and forwarded to county health department or regional office of New York State Department of Health

- a. Report of microbiological sample results (copy retained by supplier of water):

**RETENTION: 5** years

- b. Report of surface water systems, showing chemical and turbidity analyses, (copy retained by supplier of water):

**RETENTION: 10** years

◆4.[189] **Reports** not relating directly to system or treatment facility construction or operation

- a. Operational and testing records for fire pump chlorinator, backflow prevention device, where local agency issues permit:  
**RETENTION:** 5 years
- b. Informational copies of operational and testing records for fire pump chlorinator, backflow prevention device, where State Department of Health issues permit:  
**RETENTION:** 0 after no longer needed
- c. Report of bottled or bulk water distribution:  
**RETENTION:** 3 years
- d. Small privately owned water system detailed evaluations, including sanitary surveys and comprehensive performance evaluations:  
**RETENTION:** 10 years after superseded
- e. Interstate water carrier reports and other records:  
**RETENTION:** 10 years

◆5.[698] **Automated hydrological monitoring system records**, covering system infrastructure, system service area or aquifer

- a. Detailed data collected from sensors or monitors (both collected by this system or obtained from another source, such as a SCADA system), and detailed reports generated from such data:  
**RETENTION:** 0 after no longer needed

**NOTE:** Because of the amount of detailed data collected by such systems, such data may only be maintained online for a limited period of time. Some of this data may need to be retained longer to meet both administrative needs and legal requirements. In some cases it may be necessary to maintain this detailed data as long as reports or studies based on the data are retained. It is recommended that local government environmental facilities store this data offline long enough to meet such requirements. Also, maintenance of a history file (see below) containing the most significant data elements may satisfy these administrative and legal needs.

- b. System operation history file, containing significant data and/or periodic data snapshots, generated from detailed system data:  
**RETENTION:** 5 years



**NOTE:** Appraise these records for archival value. History files may contain valuable information to document system operation over a period of time. In some cases it may be necessary to maintain this detailed data as long as reports or studies based on the data are retained. Contact the State Archives for additional advice in this area.

- ◆6.[699] **Reports, studies, analytical models or data queries,** generated from hydrological monitoring system (including documentation of macros, queries, and reports), when **not covered** by specific report items in this section
  - a. Reports and studies documenting major system operational capabilities and proposed modifications, long-range water use planning and aquifer or watershed protection, and/or for long-term planning, for historical and other research, or leading to major future capital expenditures:  
**RETENTION: PERMANENT**
  - b. Report and studies of short-term or transitory value, containing incomplete or otherwise invalid data, or drafts generated in the process of creating reports and studies covered by part "a," above:  
**RETENTION: 0** after no longer needed
  
- ◆7.[700] **Water supply emergency plan,** prepared pursuant to Section 1125, Public Health Law and Section 5-1.33 of *10 NYCRR*, including revisions and review records
  - a. Copy maintained by public water supplier:  
**RETENTION: PERMANENT**
  - b. Copy held by local health agency:  
**RETENTION: 5** years after superseded

**ENVIRONMENTAL FACILITIES:  
WASTEWATER TREATMENT**

- ◆1.[701] **Permits, approvals,** and related records, **excluding** those related to system or treatment facility construction or operation, covered by item no. 181, above, or those relating to receiving significant industrial or high-discharge users, covered by item no. 702, below.
  - a. Approval necessary for connection to wastewater disposal system:  
**RETENTION: 6** years after denial or approval

- b. Permit for septic tank cleaner or industrial waste collectors to deliver waste to treatment facility:  
**RETENTION:** 6 years

◆2.[702] **Records relating to receipt and pretreatment of significant industrial or other high-discharge waste**

- a. Permits for discharge of effluent into wastewater treatment system and related records, such as copies of SPDES permits issued to waste generator, discharge monitoring reports, detailed intake records, and laboratory test results:  
**RETENTION:** 6 years after denial, renewal or expiration of permit

- b. Summary records of waste received for treatment, including records relating to waste received that exceeds acceptable volume or content parameters:  
**RETENTION:** 20 years

**NOTE:** Certain records covered by parts "b" and "c" relating to significant industrial or other high-discharge waste generation and disposal may warrant longer, if not permanent, retention, for administrative or research reasons. Contact the State Archives for additional information.

- c. Survey or similar records of significant industrial or other high-discharge waste generators in an area served by a specific wastewater treatment facility:  
**RETENTION:** 5 years after superseded or obsolete

◆3.[703] **Reports and studies relating to plant, system or facility operation**

- a. Annual and final reports (except annual report submitted to federal Environmental Protection Agency [EPA]), comprehensive wastewater study and report, special studies and detailed reports, including facility inspection reports, sanitary surveys, environmental facility monitoring, overall operational reports and reports of emergencies, containing summary or detailed information of long-term value:  
**RETENTION: PERMANENT**

- b. Annual report submitted to federal Environmental Protection Agency (EPA), also known as "503 report":  
**RETENTION:** 5 years

**NOTE:** As a rule this report does not contain as useful information as do the monthly discharge and operation reports, covered by part "d," below. However, facilities which include more information in this report may wish to retain these reports longer, even permanently, for administrative or research reasons. Contact the State Archives for additional information.

- c. Filter inspection reports (such as sieve analysis) for wastewater treatment system:  
**RETENTION:** 5 years
  
- d. Monthly discharge monitoring and operation reports, submitted to New York State Department of Environmental Conservation in conjunction with SPDES permit requirements:  
**RETENTION:** 5 years after facility no longer in use

**NOTE:** Appraise the records for archival value. Data contained in these reports may be valuable for long-term planning and for historical and other research, warranting permanent retention of these records. Contact the State Archives for additional advice.

- e. Septic tank cleaner or industrial waste collector reports and related records:  
**RETENTION:** 6 years
  
- f. Reports and studies covering routine information only, not covered by other item in this Schedule:  
**RETENTION:** 0 after no longer needed

- ◆4.[704] **Records relating to sludge, biosolids, unprocessable solids or other waste byproduct** produced as a result of wastewater treatment process, including both detailed records of waste byproducts generated, including laboratory test results and individual load transfer records, and summary records of waste byproducts produced (including unprocessable solids) and disposed of by facility:  
**RETENTION:** 5 years

**NOTE:** Certain records relating to sludge, biosolids, unprocessable solids or other waste byproduct produced as a result of wastewater treatment process may warrant longer, if not permanent, retention, for administrative or research reasons. Contact the State Archives for additional information.

- ◆5.[705] **Records relating to leachate received from solid waste management facilities**

for processing, including both detailed records of leachate received, including laboratory test results and individual load delivery records and summary reports and other records of leachate received and disposed of:

**RETENTION:** 5 years

**NOTE:** Certain records relating to leachate received from solid waste management facilities for processing may warrant longer, if not permanent, retention, for administrative or research reasons. Contact the State Archives for additional information.

- ◆6.[706] **Co-composting records**, including but not limited to testing records for materials used and product generated, and marketing and distribution records, including both detailed records, including laboratory test results and individual load delivery records and summary reports and other records of materials used and compost generated and its distribution:

**RETENTION:** 5 years

**NOTE:** Certain records relating to co-composting may warrant longer, if not permanent, retention, for administrative or research reasons. Contact the State Archives for additional information.

## **ENVIRONMENTAL FACILITIES: SOLID WASTE MANAGEMENT FACILITIES**

**NOTE:** Records relating to co-composting facilities are covered in the Environmental Facilities: Wastewater Treatment subsection, immediately above.

**NOTE:** Records relating to disposal of sludge, biosolids, unprocessable solids or other waste byproduct produced as a result of wastewater treatment process, are covered by item no. 704, above. Records relating to public educational recycling programs are covered by item nos. 11 and 12 in the General section.

- ◆1.[707] **Permit for use of solid waste management facility** by business or resident of local government:

**RETENTION:** 6 years after denial or expiration of permit

- ◆2.[708] **Reports and studies** relating to plant, system or facility operation

- a. Annual summary reports, final reports, special studies and detailed reports, including facility inspection reports, environmental facility monitoring, overall operational reports and reports of emergencies, water

quality records, containing summary or detailed information of long-term value:

**RETENTION: PERMANENT**

- b. Quarterly or monthly or operational reports, including reports of exceedances generated by resource recovery facilities and condensate sampling reports of landfill gas recovery facilities:

**RETENTION: 10 years**

**NOTE:** Appraise the records for archival value. Reports documenting various aspects of system operation may be valuable for long-term planning and for historical and other research. Contact the State Archives for additional advice.

- c. Detailed tonnage or similar reports (**including** summary reports or other records generated from individual load delivery records) which contain significant information, for solid waste management facility:

**RETENTION: 10 years**

- d. Monthly discharge monitoring and operation reports, submitted to New York State Department of Environmental Conservation in conjunction with SPDES permit requirements, for use of water as coolant, including thermal water temperature data:

**RETENTION: 5 years**

- e. Reports and other records of unauthorized waste collected and its final disposition, created pursuant to Section 360-1.14 (i-1), *6NYCRR*:

**RETENTION: 5 years**

- f. Reports and studies covering routine information only, not covered by other item in this Schedule:

**RETENTION: 0 after no longer needed**

◆3.[190] **Hazardous waste collection and disposal records**

- a. Summary reports and other records of substances and quantities collected and disposed of by outside transfer:

**RETENTION: PERMANENT**

- b. Individual load delivery and other detailed records, including manifest form:

**RETENTION: 10 years**

**NOTE:** Certain records covered by part "b" may warrant longer retention for legal and administrative reasons, because of the toxic nature of materials collected and transported for disposition at another site. Contact your attorney or counsel to determine if longer retention of these records is necessary.

- c. Contract for removal of materials collected, along with related performance bond or certificate of insurance:  
**RETENTION:** 6 years after superseded or invalid

◆4.[191] **Individual load delivery records** for solid waste management facility (including materials recycling facility - MRF), including "scalehouse" information records

- a. Individual load delivery records for residential waste:  
**RETENTION:** 6 years\*
- b. Individual load delivery records for **other than** residential waste:  
**RETENTION:** 10 years\*
- c. Summary reports and other records created from individual load delivery records:  
**RETENTION:** 10 years

**\*NOTE:** The individual load delivery records may be disposed of after 1 year, providing the summary records created from them contain sufficient information on the date of disposal, name of the generator, transporter and disposer of the waste, types and quantity of waste disposed. To ascertain if the summary records suffice to meet requirements of the State Department of Environmental Conservation, contact D.E.C.'s Division of Solid and Hazardous Materials at (518) 402-8660.

- d. Reports and studies covering routine information only, not covered by other item in this Schedule:  
**RETENTION:** 0 after no longer needed
- e. Automated "scalehouse" data file, containing information on type, weight and source of waste collected and disposed of, as well as billing information:  
**RETENTION:** 10 years after information is superseded or invalid

◆5.[192] **Proof of liability insurance coverage** (insurance policy, certificate of insurance)

or equivalent record), and proof of financial assurance for solid waste management facility

- a. For landfill:  
**RETENTION:** 30 years after closure of landfill
- b. For solid waste management facility other than landfill:  
**RETENTION:** 6 years after closure of facility

- ◆6.[193] **Recycling marketing records**, including but not limited to annual, final or summary reports and studies, and background files on markets and materials:  
**RETENTION:** 6 years

**NOTE:** Routine marketing reports and other records are covered by item no. 708f, above.

- ◆7.[194] **Recycling waste collection** annual or summary records and reports, including necessary supporting data:  
**RETENTION:** **PERMANENT**

- ◆8.[709] **Records relating to ash, leachate, or other waste byproduct** generated and/or disposed of by solid waste management facility

- a. Detailed records of waste byproducts generated, including laboratory test results, leaching potential test report and individual load transfer records:  
**RETENTION:** 5 years
- b. Summary records of waste byproducts generated and/or disposed of by facility:  
**RETENTION:** 10 years

**NOTE:** Certain records covered by parts "a" and "b" relating to ash, leachate other waste byproduct generated and/or disposed of by solid waste management facility may warrant longer, if not permanent, retention, for administrative or research reasons. Contact the State Archives for additional information.

- ◆9.[710] **Local solid waste management plan**, created pursuant to Section 27-0107, Environmental Conservation Law, covering all updates, and including necessary supporting documentation:  
**RETENTION:** **PERMANENT**

- ◆ 10.[711] **Research, development or demonstration project or program files**, including required permits and related records created pursuant to Section 360-1.13, 6 NYCRR, official copy of publications, videotapes, or informational literature prepared as a result of the project, background materials and supporting documentation:

**RETENTION:** 6 years after project or program ends

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. If research, development or demonstration projects or programs deal with significant subjects of a scientific or public improvement nature, then certain documentation from these files, such as summary reports and resulting publications, should be retained permanently.

- ◆ 11.[712] **Self-inspection records of solid waste management facility**, created pursuant to Section 360-1.14 (f-3) and (i-2), including inspection log:

**RETENTION:** 7 years from date of inspection

- ◆ 12.[713] **Landfill closure records**, including but not limited to site investigation records, conceptual and final closure plans, environmental and facility monitoring records, close and post-closure registration report, closure construction certification report, and periodic inspection reports

- a. All records, except periodic routine inspection reports, routine notes, memoranda, correspondence and detailed data collected as part of project:

**RETENTION: PERMANENT**

- b. Routine notes, memoranda, correspondence and detailed data collected as part of project:

**RETENTION:** 30 years after date of closure

- c. Periodic routine inspection reports:

**RETENTION:** 7 years after date of closure



## **EXECUTIVE, MANAGER, AND/ OR ADMINISTRATOR**

- 1.[198] **Executive, Manager, or Administrator's office files**, including but not limited to correspondence, memoranda, reports, studies, publicity items, non-record copies of contracts, and other legal documents
- a. Where file documents a significant subject, or major policy-making or program-development process:  
**RETENTION: PERMANENT**
  - b. Where file documents routine activity:  
**RETENTION: 6 years**

## **FISCAL**

### **AUDIT**

- ◆ 1.[214] Report of audit of financial affairs
  - a. Audit filed pursuant to Section 35, General Municipal Law, conducted by Office of the State Comptroller or by New York City Comptroller or by an outside auditing firm:  
**RETENTION: PERMANENT**
  - b. Other external audits:  
**RETENTION: 6 years**
  - c. Internal audits, conducted by local government officials:  
**RETENTION: 6 years**
- 2.[215] Audit background documentation, including summaries, posting records, and related records created by an auditing office as part of the auditing procedure:  
**RETENTION: 6 years**
- 3.[216] Audit hearing or review file:  
**RETENTION: 6 years after audit accepted**

### **BANKING AND INVESTMENT**

- 1.[217] Banking communications, including but not limited to bank statement, reconciliation, notification of voiding or return of check, cancellation of payment, or other notice for checking or savings account:  
**RETENTION: 6 years**
- 2.[218] Canceled check (including payroll check), or other instrument of payment, such

as bank check, warrant check, order check, or order to fiscal officer to pay when used as a negotiable instrument, including voided check:

**RETENTION:** 6 years

**NOTE:** It is recommended that a list of destroyed unused checks be created and maintained for legal or audit purposes.

3.[219] Copy of check or check stub:

**RETENTION:** 6 years

4.[220] Depository agreement, including designation of depository, bond or surety, or other record relating to deposition of local government funds:

**RETENTION:** 6 years after agreement, contract, designation, bond or surety has expired or been superseded or rescinded

5.[221] Deposit book for checking account:

**RETENTION:** 6 years after date of most recent entry

6.[222] Deposit book for savings account:

**RETENTION:** 6 years after cancellation

7.[223] Deposit slip:

**RETENTION:** 6 years

## BONDS AND NOTES

**NOTE:** The following record series provide disposition authority for records related to the issuance of bonds, notes or obligations. However, the actual bonds, notes or obligations are not covered by these items. Instead, bonds, notes or obligations may only be destroyed pursuant to Section 63.10 of the Local Finance Law. Questions should be addressed to the Office of the State Comptroller, Division of Legal Services, 110 State Street, Albany, NY 12236; phone, (518) 474-5586.

◆1.[224] Bond issue preparation file, covering bonds issued by local governments

a. Master summary record of bonds issued:

**RETENTION: PERMANENT**

b. Other records, including those relating to bond attorneys, preparation

the prospectus, prospectus distribution to bond buyers, bond printing, list of prospective or actual buyers, bond printing bids, bond ratings, and proof of publication of notice of estoppel:

**RETENTION:** 6 years after bond issue retired

2.[225] **Bond or note issue and cancellation register**, including information on the type, amount, number of obligations in issue, rate of interest, date of maturity, holders, cancellation of the bond or note, and other pertinent information:

**RETENTION:** 6 years after cancellation of last bond or note

◆3.[226] **Debt-contracting power statement** filed with Office of the State Comptroller before sale of bonds:

**RETENTION:** 6 years after bond issue retired

◆4.[227] **Master summary record of bonds, notes, or securities** purchased by the government for investment, identifying the security, the fund for which held, the place where kept, and listing the date of sale and the amount realized:

**RETENTION:** PERMANENT

◆5.[228] **Periodic reports and similar records** of yield received from or status of bonds, notes, securities or other obligations purchased for investment:

**RETENTION:** 6 years after bond issue retired

◆6.[717] **Records relating to exclusion of self-liquidating indebtedness** by a local government, including copy of application filed with Office of the State Comptroller, notice and proof of publication, and State Comptroller's written certificate:

**RETENTION:** 6 years after date of certificate

## **BUDGET**

◆1.[46] **Budget preparation file** for budget request or estimate submitted by department head, including but not limited to the preliminary or tentative budget, budget appropriation and staffing requests, estimates of revenues or expenditures, narrative of services, budget message, budget hearing and review files, and related records:

**RETENTION:** 6 years

2.[49] **Annual budget**

a. Official copy when not included in minutes:

**RETENTION: PERMANENT**

- b. When budget is included in minutes:  
**RETENTION:** 0 after officially recorded in minutes
- c. Reporting office copy:  
**RETENTION:** 0 after no longer needed

3.[50] **Special budget** filed with state or federal agency:

**RETENTION: PERMANENT**

4.[51] **Budget status report** on allocation, receipts, expenditures, encumbrances, and unencumbered funds

- a. Cumulative report:  
**RETENTION:** 6 years
- b. Monthly or quarterly report:  
**RETENTION:** 1 year

5.[52] **Budgetary change request**, (if not included in minutes) including approval or denial for change in approved budget and including but not limited to transfer of funds from one budget item to another, overtime authorization, or request for supplemental funds:

**RETENTION:** 6 years

◆6.[718] **Copies of county, town or other budgets**, received and maintained for informational purposes:

**RETENTION:** 0 after no longer needed

## **CLAIMS AND WARRANTS**

◆1.[229] **Claim for payment** (approved or disallowed), including claim, vendor's voucher and bill:

**RETENTION:** 6 years

2.[231] **State or federal-state reimbursement claim file (federal revenue sharing)**, including but not limited to summary and detail of claim, worksheets and other supporting documents:

**RETENTION:** 6 years

- 3.[232] Summary record of outstanding or paid warrants or claims:  
**RETENTION:** 6 years
- 4.[233] Notice of claim record and index as required by Section 50-f of the General Municipal Law:  
**RETENTION:** 6 years after final disposition of claim
- 5.[234] Order or warrant to pay monies
  - a. For any funds held in a savings bank:  
**RETENTION:** 20 years
  - b. For any funds not held in a savings bank:  
**RETENTION:** 6 years
- 6.[235] Outstanding warrants listing, including adding machines tapes:  
**RETENTION:** 6 years
- 7.[236] Assignment of claim:  
**RETENTION:** 6 years after satisfaction or 10 years, whichever is less

**GENERAL ACCOUNTING AND MISCELLANEOUS**

- ◆1.[199] General ledger showing summary receipts and disbursements from all funds and accounts:  
**RETENTION:** 6 years after last entry  
  
**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. General ledgers containing detailed entries that include information on nature of transaction and parties involved may be valuable in documenting financial transactions involving a local government.
- ◆2.[200] Subsidiary ledger providing details of the general ledger accounts:  
**RETENTION:** 6 years after last entry  
  
**NOTE:** This does not apply to subsidiary ledgers of municipal electric utilities. See item no. 158 in the Electric and Gas Utility section.  
  
**NOTE:** Appraise these records for historical significance prior to disposition.

Records with historical value should be retained permanently. Subsidiary ledgers containing detailed entries that include information on nature of transaction and parties involved may be valuable. In documenting financial transactions involving a local government, if this detailed information is not contained in general ledgers.

◆3.[201]

Journal recording chronological entries of all fiscal transactions:

**RETENTION:** 6 years after last entry

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. Journals containing detailed entries that include information on payor, payee and purpose may be valuable in documenting financial transactions involving a local government.

4.[202]

Accounting register, including but not limited to check register, transfer of funds register, encumbrance register, and register of claims presented for payment and paid claims:

**RETENTION:** 6 years after last entry

5.[203]

Cash transaction record showing cash received from collection of various fees and petty cash disbursed:

**RETENTION:** 6 years

6.[204]

Tolls or fares collection record, including but not limited to record of receipts and log of operations:

**RETENTION:** 6 years

7.[205]

Daily cash record, including adding machine tapes, cashier's slips showing daily cash receipts and analysis of cash receipts:

**RETENTION:** 6 years

◆◆8.[206]

Notice of encumbrance indicating funds encumbered and amount remaining unencumbered:

**RETENTION:** 6 years

◆◆9.[207]

Past due account fiscal records and summaries:

**RETENTION:** 6 years after account satisfied or otherwise closed

10.[208]

Intermediary fiscal record of receipts and disbursements, including but not limited to detail record, analysis, proof sheet or trial balance worksheet, and adding machine tapes: **RETENTION:** 6 years

11.[209]

Abstract of receipts, disbursements, or claims:

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**RETENTION:** 6 years

12.[210] **Billing records covering services provided by local government**

a. Customer's individual account:

**RETENTION:** 6 years after last entry

b. Records used to determine billing and charges including "flat rate" computation record and copies of bills and charge slips:

**RETENTION:** 6 years

c. Billing address records:

**RETENTION:** 0 after superseded or obsolete

13.[211] **Bill of sale** of property owned by local government other than real property:

**RETENTION:** 6 years

14.[212] **Sales tax records**, covering sales tax collected by local governments and transmitted to State Department of Taxation and Finance:

**RETENTION:** 6 years

15.[213] **Tax exemption records**, showing that local government is exempt from paying sales, use or other taxes:

**RETENTION:** 1 year after superseded or obsolete

◆ 16.[719] **Payment recoupment records**, documenting the process of recovering monies paid erroneously by local government to employee, vendor or other payee:

**RETENTION:** 6 years after date of most recent entry in record

17.[237] **Receipt (received) or copy of receipt (issued)** other than for payment of taxes:

**RETENTION:** 6 years

◆ 18.[720] **Grant, award or gift files**, covering grants, awards and gifts given by local governments to other local governments, not-for-profit corporations, businesses or individuals

a. Master summary record of grants, awards or gifts:

**RETENTION:** PERMANENT

b. Detailed records of grants, awards and gifts, excluding master summary record:

**RETENTION:** 6 years



- ◆ 19.[721]     **Credit card records** documenting payments received by credit cards or electronic transactions, including credit card payment receipts, and statements showing amounts of payments received and fees deducted:  
                  **RETENTION:**         6 years

**PAYROLL**

**NOTE:** The copy of payroll, or payroll report, submitted to civil service office for certification or approval, is covered by item no. 748 in the Personnel/Civil Service section, Civil Service subsection.

**NOTE:** The State Archives does not prescribe the amount of detail and nature of information necessary to be maintained for salary verification for retirement and social security purposes. Contact the Office of the State Comptroller or other retirement system to verify that you are maintaining the necessary payroll information.

- ◆ 1.[291]     **Payroll**, including information on gross and net pay, base pay, taxes, and other deductions
  - a.     Year-end payroll, including detailed information necessary for salary verification for retirement and social security purposes:  
          **RETENTION:**         55 years
  - b.     Periodic payroll, including detailed information necessary for salary verification for retirement and social security purposes, when **no** year-end payroll is maintained **or** year-end payroll does not contain this required detailed information:  
          **RETENTION:**         55 years
  - c.     Periodic payroll, **not** including detailed information necessary for salary verification for retirement and social security purposes:  
          **RETENTION:**         6 years
  - d.     Warrant authorizing payment of salaries based on a specific payroll, if maintained separate from payroll itself:  
          **RETENTION:**         6 years
  - e.     Preliminary draft of payroll:  
          **RETENTION:**         0 after warrant authorizing payment of salaries is

signed

- f. Local government's information copy of school, fire or special district payroll:  
**RETENTION:** 0 after no longer needed

◆2.[292] Payroll or related report covering all employees or an individual employee, and not covered by specific item in this section

- a. When needed for audit or other fiscal purposes:  
**RETENTION:** 6 years
- b. When not needed for audit or other fiscal purposes:  
**RETENTION:** 0 after no longer needed

**NOTE:** Local governments may wish to retain records covered by item nos. 292 and 293 longer for social security or retirement documentation purposes.

3.[293] Payroll distribution breakdown record used to distribute or classify labor costs:  
**RETENTION:** 6 years

4.[294] Summary record of employee's payroll changes:  
**RETENTION:** 6 years after termination of employment

5.[295] Employee's time cards, sheets, or books:  
**RETENTION:** 6 years

6.[296] Record of employee absences or accruals

**NOTE:** This item does not apply to an employee's time cards or sheets.

- a. When not posted to periodic cumulative time summary record:  
**RETENTION:** 6 years
- b. When posted to periodic cumulative time summary record:  
**RETENTION:** 1 year

◆7.[297] Employee request for and/or authorization given to employee to use or donate sick, vacation, personal or other leave, or to work overtime:  
**RETENTION:** 6 years

- 8.[298] Record of assignments, attachments, and garnishments of employee's salary
- a. When employment was terminated prior to satisfaction:  
**RETENTION:** 6 years after termination of employment
  - b. When satisfied:  
**RETENTION:** 5 years after satisfaction
- ◆9.[299] Employee's voluntary payroll deduction request form:  
**RETENTION:** 5 years after authorization expires
- 10.[300] Schedule or other notification from issuing bank showing savings bond purchased for employee:  
**RETENTION:** 5 years after latest bond issue
- ◆11.[301] Employee's personal earnings record used to prove end-of-year total earnings, retirement or other deductions and taxes withheld:  
**RETENTION:** 6 years
- NOTE:** Local governments may need to retain these records longer for social security or retirement documentation purposes.
- 12.[302] Employee's declaration of intention to accept or reject Social Security:  
**RETENTION:** 10 years after employee dies or reaches age 75, whichever is shorter
- ◆13.[303] Quarterly or other periodic report of wages paid prepared for Social Security, and report of any adjustments or corrections:  
**RETENTION:** 6 years after year in which wages were reported
- 14.[304] Copy of federal determination of error in wage reports (Form OAR-S30 or equivalent record):  
**RETENTION:** 6 years after determination received
- 15.[305] Payroll report submitted to New York State Employee's Retirement System, Policemen's and Firemen's Retirement System, or any other official pension system:  
**RETENTION:** 6 years
- ◆◆16.[306] Employer's copy of Annual Federal Tax Return (Form 940), Quarterly Federal Tax Return (Form 941E) and Continuation Sheets (Form 941a), Notice of Tax Return Due (Form TY 14), or equivalent forms:  
**RETENTION:** 4 years after tax paid

- ◆◆17.[307] Employer's copy of U.S. Information Return for Calendar Year (Form 1099), Withholding Tax Statement (Form W-2) or Transmittal of Wages and Tax Statements (Form W-3), or equivalent forms:  
**RETENTION:** 4 years
- ◆◆18.[308] Employee's Withholding Exemption Certificate (Form W-4), or equivalent form:  
**RETENTION:** 4 years after a superseding certificate is filed or employment is terminated
- ◆◆19.[309] Employer's copy of New York state income tax records relating to employees:  
**RETENTION:** 4 years after tax was paid
- ◆20.[722] Direct deposit records, covering direct deposit of employee's salary, including but not limited to application to begin or terminate direct deposit, and transaction log or similar reports:  
**RETENTION:** 5 years after authorization expires
- ◆21.[723] Employee's declaration of intention to decline membership or participation in retirement system or benefit plan, including copy of written notification of options provided employee by local government
  - a. For retirement system:  
**RETENTION:** 6 years after termination of employment

NOTE: Local governments may wish to retain these records for the life of the employee. State legislation in effect between 1993 and 1996 allowed for retroactive retirement system membership, for employees who were not previously offered membership, and the possibility exists that similar legislation may be passed into law in the future. If this occurs, these declarations of non-membership may be valuable for local governments to document intentions of present or former employees.

  - b. For benefit plan:  
**RETENTION:** 6 years after termination of employment

## PURCHASING

- ◆1.[496] Purchase order, purchase requisition, or similar record, used to obtain materials, supplies, or services:  
**RETENTION:** 6 years

- ◆◆2.[498] Purchasing file, including but not limited to bid (successful, unsuccessful), contract, specifications and related records for purchase of materials, supplies and services not connected with capital construction:  
**RETENTION:** 6 years after completion of purchase or 6 years after final payment under contract, whichever is later
- NOTE:** For capital construction, see item no. 415 in the Public Property and Equipment section and item no. 544 in the Transportation and Engineering section. Local governments may wish to retain records documenting purchases for additional periods if those records may be needed for warranty claims concerning the purchased items.
- 3.[499] Vendor file, including but not limited to list of vendors doing business with the local government, vendor evaluation forms, price lists or other information received from vendors:  
**RETENTION:** 0 after obsolete
- 4.[500] Performance guarantee or written warranty for products or similar record:  
**RETENTION:** 6 years after expiration
- ◆5.[501] Invoice, packing slip, shipping ticket, copy of bill of lading or similar record used to verify delivery and/or receipt of materials or supplies:  
**RETENTION:** 6 years
- ◆6.[502] Invoice register, or similar record used to list invoices:  
**RETENTION:** 6 years after last entry
- 7.[504] List or abstract of purchase orders, claims or contracts:  
**RETENTION:** 6 years
- 8.[505] Standing order file, used for purchase of materials and supplies which are received on a regular basis:  
**RETENTION:** 6 years
- ◆9.[724] Chargeback records, showing specific fund to be charged for in-house expenditure:  
**RETENTION:** 6 years
- ◆◆10.[905] Canceled bids file, including purchase requisitions, vendor solicitations, requests for proposals (RFPs), price quotations and related records concerning bids for goods or services which were canceled without a purchase being completed:  
**RETENTION:** 1 year after subsequent procurement of the same goods or services completed under a re-initiated procurement, or 1 year after decision not to purchase such goods or services

**REPORTS**

- 1.[238] **Daily, weekly, monthly, quarterly, or other periodic fiscal reports**, including but not limited to daily funds report, daily cash report, statement of monthly balances, recapitulation of disbursements, and departmental reports:  
**RETENTION:** 6 years
  
- 2.[239] **Annual or final fiscal reports**
  - a. When report is **not** included in minutes:  
**RETENTION: PERMANENT**
  
  - b. When report **is** included in minutes:  
**RETENTION:** 0 after officially recorded
  
- 3.[240] **Fiscal reports from state agencies:**  
**RETENTION:** 6 years
  
- 4.[241] **Fiscal report** on management of court funds and of securities or depositories in which court funds are invested or deposited:  
**RETENTION:** 6 years
  
- 5.[242] **Certificate, demand or direction to fiscal officer to pay monies:**  
**RETENTION:** 6 years
  
- 6.[243] **Verification of travel expenses**, including but not limited to certificate of accuracy and receipts:  
**RETENTION:** 6 years

## **HUMAN RIGHTS/ECONOMIC OPPORTUNITY**

- ◆1.[244] **Individual complaint or problem case file** of human rights, economic opportunity, equal employment, community relations or similar function, including individual case summary record

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. Local governments should consider permanent retention of significant cases handled at the local level. Contact the State Archives for additional advice in this area.

- a. For case handled at local level (includes cases referred to New York State Division of Human Rights but **returned** to local agency for adjudication):  
**RETENTION:** 6 years after last entry
- b. For case referred to New York State Division of Human Rights:  
**RETENTION:** 2 years after last entry

**NOTE:** Agencies may wish to retain records covered by parts “a” and “b” of this item beyond the minimum retention period for use in establishing patterns of complaints and for investigating and resolving future complaints. For records of affirmative action cases involving local government employees, see item no. 317c in the Personnel/Civil Service section, Personnel subsection.

- 2.[245] **Summary record for individual case and/or master summary record of all cases:**  
**RETENTION: PERMANENT**

- ◆3.[731] **Periodic statistical or narrative activity or progress reports** on human rights or economic opportunity office activities:  
**RETENTION:** 6 years

**NOTE:** Appraise these records for historical significance prior to disposition. Periodic reports containing summary information not found in annual reports may have continuing value for historical or other research and should be retained permanently.

## INSURANCE

**NOTE:** Proof of liability insurance coverage must be retained longer for solid waste management facilities. See item no. 192 in the Environmental Health section.

- ◆ 1.[246] **Insurance (including self-insurance) case records, except** workers' compensation case record, including but not limited to notice of claim, copies of filed court documents, accident reports, medical reports, motor vehicle reports, appraisal report, copy of check, correspondence, and other supporting documentation:

**RETENTION:** 6 years after claim closed, but not until any minor reaches age 21, whichever is later

**NOTE:** The local government may wish to retain the release longer for convenience of reference. Proof of liability insurance coverage must be retained longer to cover claims relating to exposure to asbestos and other toxic substances. Consult your counsel or attorney to ensure that insurance policies and other appropriate documentation are retained as long as needed.

- ◆ 2.[247] **Workers' compensation case records (including Volunteer Firefighters Benefit Law) case records**

- a. If claim allowed:

**RETENTION:** 18 years after injury or illness, but not less than 8 years after last payment

- b. If claim disallowed after trial, or case otherwise disposed of without an award after the parties have been given due notice:

**RETENTION:** 7 years after injury or illness

**NOTE:** The employee injury record must be retained for 18 years after date of accident or injury, as required by Section 110, Workers' Compensation Law, even for disallowed claims. See item no. 741 in the Personnel/Civil Service section.

- ◆ 3.[248] **Master summary record** (log or register), of all (including workers' compensation) claims:

**RETENTION:** 0 after all claims and/or cases listed in master summary record have been disposed of

- ◆ 4.[249] **Insurance policy** covering fire, theft, property damage, personal injury liability,



general liability, insurance of life or property, when **no outstanding claims are involved:**

**RETENTION:** 6 years after expiration, or until the report on examination is filed, whichever is later

5.[250] **Workers' compensation and employer's liability insurance policy**, when no outstanding claims are involved:

**RETENTION:** 18 years after expiration

6.[251] **Title insurance policy**, when **no** outstanding claims are involved:

**RETENTION:** 20 years after expiration

◆7.[252] **Certificate of insurance** certifying as to name of insured, type of insurance, limits of liability, date of expiration and policy number, when **no** outstanding claim is involved, **except** a certificate of insurance certifying as to a security bond or undertaking:

**RETENTION:** 6 years after expiration

**NOTE:** For the exceptions mentioned above, see item no. 326 in the Personnel/Civil Service section, item no. 596 in the Building and Property Regulation section, item no. 220 in the Fiscal section, item no. 192 in the Environmental Health section and item no. 415 in the Public Property and Equipment section.

8.[253] **Insurance appraisal and/or survey:**

**RETENTION:** 0 after superseded or obsolete

## MISCELLANEOUS

- ◆ 1.[276] Ombudsman/referral service records covering citizen complaint services, landlord/tenant advisory services, job placement consultation, handicapped person's assistance, and related services, including but not limited to log or master index, copies of complaints, intakes and referrals, and individual case file materials
- a. Relating to other than routine services or activities:  
**RETENTION:** 6 years after final disposition of matter
- b. Relating to routine services or activities:  
**RETENTION:** 1 year after final disposition of matter
- ◆ 2.[277] Noise level monitoring records, including but not limited to summary records, showing long-term trends and developments and original entry and intermediary records, including charts, graphs and statistics:  
**RETENTION:** 6 years
- NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. Local governments should consider permanent retention of summary records, showing long-term trends and developments, in cases where noise levels are a matter of public concern. Contact the State Archives for additional advice in this area.
- 3.[280] Governmental establishment and reorganization records, covering establishment, incorporation, annexation, consolidation, dissolution or charter revision, for political subdivision, including but not limited to petitions, special studies and surveys, correspondence with state agencies, records of voter action and reports:  
**RETENTION: PERMANENT**
- 4.[281] Census records of all regular and special local, New York state and federal censuses:  
**RETENTION: PERMANENT**
- ◆ ◆ 5.[906] Annual financial disclosure statements, filed by local political party official or candidate for local elected office, pursuant to Section 812.1 (a), General Municipal Law:  
**RETENTION:** 7 years
- ◆ 6.[733] Financial or political interest disclosure records, filed by vendor or contractor

doing business with the local government:

**RETENTION:** 6 years

- ◆ 7.[282] Minority- and women-owned business files, covering minority- and women-owned businesses doing business with or in the jurisdiction of a local government

- a. Summary record listing businesses, eligibility criteria and official government policy statement:

**RETENTION: PERMANENT**

- b. Detailed application/questionnaire/response completed by business:

**RETENTION:** 5 years after date of most recent entry in record

**NOTE:** Appraise these records for historical significance prior to disposition. If the local government uses its own rather than statewide criteria for approving these businesses, then these records may document minority- and women-owned business operating in the community.

- c. Directory of state-approved minority- and women-owned businesses, supplied by State Department of Economic Development:

**RETENTION:** 0 after superseded

- d. Other records, including job quotes, bid lists, referrals, credit and character references and affidavits, but not including summary record, detailed application/questionnaire/response, eligibility criteria and official government policy statement, and state-supplied directory of businesses:

**RETENTION:** 6 years after contract expiration

- ◆ 8.[283] Record of gifts and bequests to a local government, including copy of will, copies of deeds, maps and surveys (if applicable) and records of establishment of and use of monies generated by trust fund or endowment

**NOTE:** This does not apply to donations of real property, which are covered by item no. 412 in the Public Property and Equipment section.

- a. When trust fund or endowment is involved:

**RETENTION: PERMANENT**

- b. For gift of work of art, historical or other artifact or historical manuscript:

**RETENTION: PERMANENT**

- c. For gift or bequest not covered under parts "a" or "b", or by note above:

**RETENTION:** 6 years

- ◆9.[734] Community service records, showing time worked and type of tasks performed by person sentenced by court to community service:

**RETENTION:** 6 years, or 3 years after individual attains age 18, whichever is longer

- ◆◆10.[735] Miscellaneous non-government records, received by local government:

**RETENTION:** 0 after no longer needed

**NOTE:** Appraise these records for historical significance prior to disposition. Records which document the history of the community and its citizens may have continuing value for historical or other research and should be retained permanently. These records may contain valuable information which supplements records created by the local government itself. Records not retained permanently may be offered to a local historical records repository. Contact the State Archives for additional advice.

**NOTE:** Upon the receipt of these non-public records by a local government, these records become "local government records." Published materials received by a local government are not considered to be public records.

- ◆11.[736] Photographs or other visual media records, created by a local government, which are not part of a record series listed elsewhere in this Schedule:

**RETENTION:** 0 after no longer needed

**NOTE:** Appraise these records for historical significance prior to disposition. Some photographs and other visual media records may have continuing value for historical or other research and should be retained permanently. Contact the State Archives for additional advice.

- ◆12.[737] Child abuse or maltreatment reports and related records, reporting agency copy:

**RETENTION:** 3 years

**NOTE:** This item covers copies of child abuse and maltreatment reports and related records retained by agencies reporting suspected abuse and maltreatment to the State Central Register or to child protective services units of county social services departments. Reporting agencies may be in such areas as education, youth services and recreation. Reporting copies maintained by law enforcement agencies are covered by item no. 473 in the Public Safety section.

- ◆13.[738] Lobbying activity records, including but not limited to registration records,

individual reporter designation records, and periodic reports of lobbying activity filed with New York Temporary State Commission on Lobbying:

**RETENTION:** 3 years

◆14.[739] Project review records, covering projects requiring approval by the Adirondack Park Agency, Lake George Commission, or other government entity or agency, where local government receives records for comment or review, or for informational purposes

a. When permit or other approval must be granted by local government involved:

**RETENTION:** Retain as long as related building, land use, planning, zoning, or environmental permit or approval records covered elsewhere in this schedule.

b. When no permit or approval by local government is needed, and records are received for comment or informational purposes only:

**RETENTION:** 3 years after date of most recent entry

◆◆15.[907] Child day care program records

a. Participant records, including applications to attend day care program; children's immunization and health records, including parent's consents for emergency medical treatment; and related records:

**RETENTION:** 3 years after child attains age 18

b. Program records not covered by other items on this Schedule, including those required to be maintained by 18 NYCRR Sections 414.15, 418-1.15 and 418-2.15, including program registration records; video surveillance tapes; daily attendance records; staff health statements; Statewide Central Register clearance forms and related records; documentation of facility compliance with Uniform Fire Prevention and Building Code and other state requirements; description of program activities; and related records:

**RETENTION:** 6 years or 6 years after superseded or obsolete, whichever is longer

c. Applications from parent/guardian for enrollment of child in program, where child is not accepted or is not enrolled in program:

**RETENTION:** 3 years

## PERSONNEL/CIVIL SERVICE

### PERSONNEL

- ◆1.[310] Personnel records of local government employees (includes volunteers and interns)
  - a. Master summary record from personnel case file, including but not limited to age, dates of employment, job titles and civil service status:  
**RETENTION: PERMANENT**
  - b. Personnel case file materials, except summary information record, and including but not limited to application for employment, resume, report of personnel change, evaluation, civil service examination results, notice of resignation or termination, and correspondence:  
**RETENTION: 6 years after termination of employment**  
  
**NOTE:** Reports of personnel changes may be included in personnel case files, in which case they are subject to the indicated minimum retention period. Other copies of these reports are maintained by other offices and are covered by item no. 332, below.
  
- ◆2.[311] Investigative records and disciplinary proceedings, including but not limited to statement of charge, transcript of hearing, notice of decision, letter of termination or resignation, letter of reinstatement, record of appeal procedure, and correspondence:  
**RETENTION: 3 years after final decision rendered**  
  
**NOTE:** Records covered by this item may be destroyed before this retention period has been reached, if specified either in a union contract or settlement between the employer and employee.  
  
**NOTE:** Affirmative action and related complaints may be covered by item no. 317c, below.
  
- 3.[312] Employee's time records covering leave, absences, hours worked and scheduling, and including but not limited to employee's time cards or sheets, request for change of work schedule, vacation schedule, report of absence and request for leave without pay:  
**RETENTION: 6 years**
  
- ◆4.[313] Annual or other financial disclosure statements, filed by local government

employees or officials, pursuant to Section 812.1 (a), General Municipal Law, or local law:

**RETENTION:** 7 years

- ◆◆5.[314] Employee training history records documenting employee continuing education, training and development, including employee identification, training received, dates of training, and related records:

**RETENTION:** 6 years after termination of employment

**NOTE:** Additional records providing detailed information on training history can be destroyed when no longer needed, provided that summary records are retained for the indicated retention period. For retention requirements for specific types of employee training history records, see specific items in this Schedule.

- ◆6.[315] Administrative organization chart and related records showing administrative and supervisory organization:

**RETENTION:** 0 after superseded or obsolete

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently. Contact the State Archives for additional advice.

- ◆7.[316] Identification card records, when card is issued to local public employee:

**RETENTION:** 6 months after becoming invalid

- ◆8.[317] Equal employment opportunity report and related records

- a. Annual, long-term or special (narrative or statistical) reports, goals and achievements:

**RETENTION:** PERMANENT

- b. Periodic reports, statistics and other records used in compiling annual, long-term or special (narrative or statistical) reports, goals and achievements:

**RETENTION:** 1 year

- c. Affirmative action and related complaint investigation records:

**RETENTION:** 3 years after date of final determination

**NOTE:** Agencies may wish to retain records covered by part "c" of this item beyond the minimum retention period for use in establishing patterns of complaints and for investigating and resolving future complaints.

- ◆9.[318] Health and life insurance records
- a. For employee with or without dependent survivor:  
**RETENTION:** 3 years after termination of employee's or dependent survivor's coverage, whichever is later
  - b. Claim for benefits (copy, where original is submitted directly by employee):  
**RETENTION:** 1 year
  - c. Health and life insurance coverage reports:  
**RETENTION:** 6 years
  - d. Declination statement filed by employee:  
**RETENTION:** 6 years after separation from service
- 10.[319] Unemployment insurance records
- a. Claim filed by employee, when claim is approved:  
**RETENTION:** 6 years after final payment
  - b. Claim filed by employee, when claim is disqualified:  
**RETENTION:** 3 years after filing
  - c. Claim payment reports:  
**RETENTION:** 6 years
- ◆11.[320] Labor-management meeting records, including minutes of meeting, agenda, reports, and correspondence
- a. Minutes and reports:  
**RETENTION:** **PERMANENT**
  - b. Meeting agenda, correspondence, and other records:  
**RETENTION:** 6 years
- ◆12.[321] Public employee contract negotiations records, including but not limited to proposals, summary of proceedings, copies of salary schedules and contracts, P.E.R.B. fact-finding report, and correspondence
- a. All documentation in record, except routine correspondence, routine memoranda and drafts:  
**RETENTION:** **PERMANENT**
  - b. Routine correspondence, routine memoranda and drafts:



**RETENTION:** 1 year

◆ 13.[322] **Job action records** documenting strikes, work stoppages, informational picketing and other job actions conducted by local government employees, including but not limited to correspondence and memoranda, press clippings, copies of notices of violation, detailed and summary records of employees’ participation, and penalties levied upon participants

a. All documentation in record, **except** detailed listings of all employees present at various events and other records lacking substantive informational value:

**RETENTION: PERMANENT**

b. Detailed listings of all employees present at various events, and other records lacking substantive informational value:

**RETENTION: 6 years**

◆ 14.[323] **Public employee grievance records**, including but not limited to grievance, investigative records, hearing proceedings, decision rendered by employer, employee appeal, records of arbitration procedure, final decision, and correspondence:

**RETENTION: 3 years after grievance is resolved**

◆ 15.[324] **On-site safety inspection records**, including individual inspections and summary of findings:

**RETENTION: 3 years after last entry**

◆ 16.[325] **Toxic substance exposure records**

a. Records of exposure or possible exposure of an employee to a toxic substance or other harmful physical agent, including background data to environmental monitoring or measuring, biological monitoring records which are designated as exposure records, material safety data sheets or chemical inventory records indicating use and identity of a toxic substance or harmful physical agent, and related records:

**RETENTION: 30 years**

**NOTE:** Environmental monitoring background data may be destroyed after 1 year provided that sampling results, methodology, a description of the analytical method used, and a summary of other background data relevant to the interpretation of results are retained for at least 30 years, as provided in 29 *CFR* 1910.1020 (d-1) (ii-A).

- b. Lists, or material safety data sheets, of toxic substances present in the workplace and of employees who handle those substances:  
**RETENTION:** 40 years after superseded or obsolete

- c. Material safety data sheet or fact sheet, providing detailed information on specific toxic or other substance at workplace, when **not** used for parts “a” or “b”, above, as the list of toxic substances (as defined in 29 *CFR* 1910, Subpart Z) in the workplace **or** for substances **not** defined in 29 *CFR* 1910, Subpart Z as being toxic:  
**RETENTION:** 3 years after substance no longer present at workplace

**NOTE:** If material safety data sheets or fact sheets are used for parts “a” or “b”, above, as the list of toxic substances (as defined in 29 *CFR* 1910, Subpart Z) in the workplace, then those sheets should be maintained for the time periods indicated by parts “a” or “b”.

- d. Training records covering training of individual employee in handling toxic substances:  
**RETENTION:** 3 years after separation from service

- e. Summary records of toxic substance training, including but not limited to minutes of meetings and training sessions and summary descriptions of training given employees:  
**RETENTION:** 3 years after separation from service of all employees involved

**NOTE:** This retention may be difficult to calculate in instances where a number of employees have attended the same training. Local officials may wish to retain these summary training records for 60 years or another period sufficient to ensure that all concerned employees have separated from service.

- f. Policy statements and procedures issued by local government relative to dealing with toxic substances:  
**RETENTION:** **PERMANENT**

17.[326] **Personal surety bond** or undertaking of public official:  
**RETENTION:** 20 years after coverage expires

18.[327] **Listing or roster of local government officials or employees**, including names,

addresses, titles and other pertinent information:

**RETENTION: PERMANENT**

- 19.[328] Oath of office or record of official signature of public employee
- a. Official copy:  
**RETENTION: PERMANENT**
- b. Oath of any election official:  
**RETENTION: 1 year after election**
- ◆20.[329] Log and summary of occupational injuries and illnesses, created pursuant to 12 NYCRR 801.7 and 29 CFR 1904.6:  
**RETENTION: 5 years**
- NOTE:** If these records are intended to also satisfy the legal requirements of Section 110, Workers' Compensation Law, and no separate records covered by item no. 741, below, are created, then these records must be retained for 18 years after date of injury or illness.
- ◆21.[741] Employee injury record, covering work-related accident or occupational disease, created pursuant to Section 110, Workers' Compensation Law:  
**RETENTION: 18 years after date of injury or illness**
- ◆◆22.[330] Employee medical records concerning exposure to toxic substances or harmful physical agents
- NOTE:** This item does not include health insurance records, which are covered by item no. 318, above, or non-medical toxic substance exposure records, which are covered by item no. 325, above.
- a. First aid records of one-time treatment and subsequent observation of minor illnesses and injuries, as defined in 29 CFR 1910.1020 (d-1) (i-B), if made onsite by a non-physician and maintained separately from the employee medical records:  
**RETENTION: 3 years after completion of treatment and subsequent observation**
- b. Medical records, other than those covered by part "a", including medical questionnaires and histories, the results of medical examinations and laboratory tests, medical opinions, diagnoses and recommendations, first aid records, descriptions of treatments and prescriptions, employee medical

complaints, and related records, for employee who worked one year or longer:

**RETENTION:** 30 years after termination of employment

- c. Medical records, other than those covered by part "a", including medical questionnaires and histories, the results of medical examinations and laboratory tests, medical opinions, diagnoses and recommendations, first aid records, descriptions of treatments and prescriptions, employee medical complaints, and related records, for employee who worked less than one year, provided copies were given to the employee upon termination of employment, pursuant to 29 *CFR* 1910.1020 (d-1) (i-C):

**RETENTION:** 3 years after termination of employment

**NOTE:** If copies are not given to the employee upon termination of employment, the retention specified in part "b," above, must be followed.

- ◆◆23.[910] Employee medical records not related to exposure to toxic substances or harmful physical agents:

**RETENTION:** 3 years after termination of employment

- 24.[278] Notification of vacancy in office, or filling of vacant position:

**RETENTION:** 0 after position filled or abolished

- ◆25.[742] Drivers' license review records for local government officials, employees or volunteers

- a. When no action is taken as result of review:

**RETENTION:** 0

- b. When action is taken as result of review:

**RETENTION:** 3 years

- ◆26.[743] Employee attestation of knowledge of code of ethics, staff policy manual or other official policies or procedures:

**RETENTION:** 3 years after attestation superseded or upon termination of employment

- ◆27.[744] Records documenting the specimen collection and testing process, for commercial motor vehicle driver alcohol and drug testing

- a. Official copy of all policies and procedures, including documentation of the random selection process:

**RETENTION: PERMANENT**

- b. Quality control records, including calibration records for testing equipment, assuring that testing equipment is operating correctly:

**RETENTION:** 5 years

- c. Annual statistical and other reports:

**RETENTION:** 6 years

**NOTE:** Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently.

- d. Other records, including periodic reports and statistics and collection logbooks:

**RETENTION:** 2 years

◆◆28.[745] Drivers' test results and related records

**NOTE:** Local governments may want to maintain these records concerning employees for an additional period or include them in the employee's personnel files, especially when they affect an employee's job status.

- a. Verified positive controlled substance test results or alcohol test results indicating a breath or blood alcohol concentration equal to or greater than 0.02, documentation that individual employee's or job applicant's test was conducted and specimen handled properly, records of dispute of test results by driver, justification for conducting other than random test, records of compliance with Substance Abuse Professional's (SAP's) recommendations, correspondence and related records:

**RETENTION:** 5 years

- b. Negative or canceled controlled substance test result or alcohol test result indicating a breath or blood alcohol concentration less than 0.02:

**RETENTION:** 1 year

- c. Records relating to an individual employee's or job applicant's refusal to take alcohol or substance abuse test:

**RETENTION:** 5 years

◆29.[746] Documentation of other violations of alcohol or substance abuse rules, including results of alcohol or substance abuse tests administered by law enforcement personnel, copies of police reports and medical records:

**RETENTION:** 6 years after termination of employment

◆ 30.[747] Staff training and evaluation records for commercial motor vehicle driver alcohol and drug testing

a. Official copy of course syllabus or any local government produced training or advisory publication or videotape:

**RETENTION:** 6 years after superseded

b. Other training records including lists of attendees, copies of instructors' course or class notes, documentation of instructors' training and proof that employees have received required reading materials:

**RETENTION:** 6 years

◆ ◆ 31.[911] Employment Eligibility Verification Form I-9, completed by employee and employer for all employees hired after November 6, 1986, verifying that the individual is eligible to work in the United States, including verification documents attached to the form:

**RETENTION:** 3 years from date of hire or 1 year after employment is terminated, whichever is later

◆ ◆ 32.[912] Employee assistance program records

a. Reports and statistical compilations:

**RETENTION:** 6 years after date of most recent entry

b. Program (including course and seminar) and literature files:

**RETENTION:** 1 year after program no longer offered or literature superseded or otherwise obsolete

c. Employee consultation records:

**RETENTION:** 3 years after date of most recent entry in record

## CIVIL SERVICE

◆ 1.[748] Copy of payroll, or payroll report, submitted to civil service office for certification or approval:

**RETENTION:** 0 after superseded

**NOTE:** Official copy of payroll must be retained for 55 years. See item no. 291 in the Fiscal section.

- ◆2.[749] Official civil service employee roster card:  
**RETENTION: PERMANENT**
- ◆3.[331] Established position record showing a history of each position and names and other pertinent information about persons who occupied it
- a. If record contains detailed information about the position and persons who occupied it:  
**RETENTION: PERMANENT**
- b. If record only provides lists of names of employees:  
**RETENTION: 1 year after final entry in record**
- NOTE:** The official listing or roster of all local government officials or employees, covered by item no. 327, must be retained permanently.
- ◆4.[332] Report of personnel change, (including employee transfer record), except copy retained in employee's personnel records
- a. Copy held by office with official civil service function:  
**RETENTION: 0 after termination of employment, but not less than 6 years**
- b. Copy retained by fiscal office, where official civil service copy is maintained by other local government having the official civil service function:  
**RETENTION: 6 years**
- c. Employee transfer record:  
**RETENTION: 0 after termination of employment, but not less than 6 years**
- NOTE:** Reports of personnel changes may also be found in employee personnel records. When filed in an employee personnel record, such copies are subject to lengthier retention requirements. See item no. 310, above.
- ◆5.[333] Job classification records, including job classification questionnaire, analysis of job duties and request for reclassification:  
**RETENTION: 1 year after subsequent classification action completed, but not less than 10 years**
- NOTE:** Appraise these records for historical significance prior to disposition.  
Local

governments with official civil service functions should consider permanent retention of these records. Contact the State Archives for additional advice.

- ◆ 6.[334] Official copy of job posting and position duties statement
  - a. When duties of position are described in detail:  
**RETENTION:** PERMANENT
  - b. When duties of position are not described in detail:  
**RETENTION:** 6 years
  
- ◆ 7.[335] Personnel requisition made to civil service or personnel office, requesting that vacancy be filled:  
**RETENTION:** 0 after obsolete
  
- ◆ 8.[336] Civil service eligible list records
  - a. Official eligible list and certification of eligible list:  
**RETENTION:** 20 years after expiration of eligible list
  - b. Certification of eligible list sent to and retained by appointing authority: **RETENTION:** 3 years after expiration of eligible list
  - c. Request for certification of eligible list:  
**RETENTION:** 1 year after expiration of eligible list, but not less than 3 years
  - d. Individual's request for reinstatement to eligible list and reply:  
**RETENTION:** 1 year after expiration of eligible list, but not less than 3 years
  - e. Eligible list canvass records, including but not limited to prec canvass questionnaire and letter of canvass and reply:  
**RETENTION:** 6 months after expiration of eligible list, but not less than 3 years
  - f. Military record of applicant, when applicant was not hired:  
**RETENTION:** 3 years after expiration of eligible list
  
- ◆ 9.[337] Application for employment, including resume, when applicant not hired:  
**RETENTION:** 3 years



**NOTE:** When the applicant is hired, the application is retained in or as long as the personnel file. See- item no. 310 in the Personnel subsection, above.

- ◆ 10.[750] Recruitment, hiring, interview and selection records, including but not limited to correspondence, reports, selection criteria, interview notes, background check records, rating and ranking forms, evaluations and other records pertaining to the hiring, promotion, demotion, transfer, layoff and termination of employees:  
**RETENTION:** 3 years after completion of personnel action

**NOTE:** This item does not cover personnel records of individual employees. See item no. 310 in the Personnel subsection, above.

- ◆ 11.[751] Application for examination
- a. When eligible list is established:  
**RETENTION:** 3 years after expiration of eligible list
  - b. When no eligible list is established:  
**RETENTION:** 3 years after examination date
  - c. Supplemental documentation filed in conjunction with application, including but not limited to student loan statement, credentials and copies of transcripts:  
**RETENTION:** 1 year

- ◆ ◆ 12.[339] Civil service examination records and appointment review records
- a. Civil service examination and announcement (official copy held by office with official civil service function):  
**RETENTION:** **PERMANENT**
  - b. Civil service examination and announcement (other than official copy held by office with official civil service function):  
**RETENTION:** 0 after no longer needed
  - c. Candidate identification or admission card:  
**RETENTION:** 3 years after date of examination
  - d. Examination preparation, administration, and rating records:  
**RETENTION:** 5 years after date of examination
  - e. Veteran credit records:

**RETENTION:** 50 years

- f. Qualifying medical, physical fitness or agility examination report, when person is hired, and worked one year or longer:  
**RETENTION:** 30 years after termination of employment
- g. Qualifying medical, physical fitness or agility examination report, when person is hired, and worked less than one year, provided copies were given to the employee upon termination of employment, pursuant to 29 CFR 1910.1020 (d-1) (i-C):  
**RETENTION:** 3 years after termination of employment
- h. Qualifying medical, physical fitness or agility examination report, when person is not hired:  
**RETENTION:** 3 years after date of examination
- i. Summary listing of examination results:  
**RETENTION:** 1 year after date of examination
- j. Notification of examination results mailed to candidate:  
**RETENTION:** 3 years
- k. Examination review records including but not limited to employee request, correspondence, and objection:  
**RETENTION:** 3 years after expiration of eligible list
- l. Appointment review records, documenting review of applicant qualifications for non-competitive, temporary or other positions not requiring examinations:  
**RETENTION:** 5 years

13.[338] Seniority list ranking employees by length of service:  
**RETENTION:** 3 years after superseded or obsolete

◆14.[752] Disclosures related to student loan status, received as part of civil service examination application, transmitted to New York State Higher Education Services Corporation, along with transmittal documents:  
**RETENTION:** 1 year

◆15.[753] Local government requests to State Civil Service Commission for approval of changes in policies or jurisdictional classifications:  
**RETENTION:** 3 years after date of last entry in record

## **PUBLIC ACCESS TO RECORDS**

- ◆ 1.[349]     **Subject matter list** of records held by local government, required under Freedom of Information Law:  
**RETENTION:**         6 months after superseded
  
- ◆ 2.[350]     **Listing of officers or employees** of local government required by Freedom of Information Law:  
**RETENTION:**         6 months after superseded
  
- ◆ 3.[351]     **Register or list** of applicants seeking access to public records:  
**RETENTION:**         6 months
  
- ◆ 4.[352]     **Freedom of Information records request file**
  - a.         Request for access to public records, when request is granted:  
**RETENTION:**         6 months
  
  - b.         Request for access to public records, when request is denied, including statement of denial, appeal records, documentation of review and decision:  
**RETENTION:**         6 months after final determination
  
  - c.         Certificate that record does not exist or cannot be found:  
**RETENTION:**         6 months

## **PUBLIC EMPLOYMENT AND TRAINING**

- ◆1.[353]     **Employment and training program file** for Job Training Partnership Act, Comprehensive Employment and Training Act (C.E.T.A.), Manpower Development and Training Act, youth employment training, Work Force Investment Act, and other job training programs
  - a.     Project application, proposal, narrative, evaluation, and annual report:  
       **RETENTION:**     6 years  
  
       **NOTE:**     Appraise these records for historical significance prior to disposition. Records with historical value should be retained permanently.
  - b.     Background material and supporting documentation:  
       **RETENTION:**     6 years
  
- 2.[354]     **Employment and training program individual participant file**, including but not limited to application, work schedule, evaluations, and notice of transition to non-grant employment:  
       **RETENTION:**     6 years after last entry
  
- 3.[355]     **Denied employment and training enrollment application:**  
       **RETENTION:**     3 years

# PUBLIC HEALTH

## GENERAL

◆ 1.[356] **Certification, licensing, and accreditation records** covering review and approval by state or federal agency or professional review organization, to operate facility or program, to conduct tests, or to perform specified work, including lists of permissible procedures or tests:

**RETENTION:** 7 years after superseded, revoked, or no longer valid

2.[357] **Survey, evaluation, and inspection records** covering review of facilities and programs by state or federal agency or professional review organization, including but not limited to medical care evaluation and similar studies:

**RETENTION:** PERMANENT

◆ 3.[359] **Appointment records**, including slips, return cards, sign-in sheets, and clinic schedules kept by facility or public health program:

**RETENTION:** 0 after obsolete

**NOTE:** Appointment records for certain patients may have legal value to supplement patient medical records in documenting services provided to these patients.

4.[360] **Screening and assessment records** and referrals, for persons evaluated but **not** treated by facility or program:

**RETENTION:** 3 years

◆ 5.[754] **Advice and referral records**, covering medical, mental health or other information provided to individuals in person or over the telephone, including but not limited to telephone logs and individual call records

a. When person involved is or becomes a patient:

**RETENTION:** Retain as long as patient case record.

b. When person involved is not or does not become a patient:

**RETENTION:** 6 months

## FISCAL

**NOTE:** Other fiscal records are covered by items on this Schedule found in the Fiscal section.

- 1.[361] **Annual expenditure report or budget** submitted to state or federal agency or professional review organization:  
**RETENTION: PERMANENT**
  
- 2.[362] **Patient's individual financial case record and account**
  - a. Individual case record, account card, or ledger card:  
**RETENTION: 7 years** after account closed, but not less than 9 years
  
  - b. Individual charge records, posted to case record or card:  
**RETENTION: 7 years**
  
- 3.[363] **Medicare, Medicaid or insurance carrier claim records**, including but not limited to schedule of payments, copy of claim, listing of invalid or rejected claims, vendor payment list, list of claims submitted for payment, and list of checks received:  
**RETENTION: 7 years**
  
- 4.[364] **Insurance and reimbursement related reports**, including Medicare/Medicaid cost report and certified uniform financial or statistical report, and all necessary supporting documentation:  
**RETENTION: 9 years**
  
- ◆ 5.[365] **Patient personal property records**, including log or register of personal property of patients and receipts and related property records of original entry:  
**RETENTION: 6 years** after death or discharge of patient

**FACILITY AND PATIENT SERVICES**

- 1.[366] **Establishment, major alteration, or change of occupancy or use records**
  - a. Records of review and approval of plans, schedule of costs, feasibility studies, plans, specifications and drawings, final report, and significant correspondence:  
**RETENTION: PERMANENT**
  
  - b. Memoranda, routine correspondence, and supplemental fiscal documentation:  
**RETENTION: 6 years** after last entry

- 2.[367]      **Facility committee records**
  - a.      Minutes of medical staff committees, including but not limited to utilization review committee, joint conference committee or patient care conference:  
**RETENTION:            PERMANENT**
  - b.      Records of medical staff committees, **excluding minutes**, including but not limited to agenda, worksheets and notes:  
**RETENTION:            6 years**
  - c.      Minutes and all other records of facility committee **other than** medical staff committees, such as dietary services committee or activities committee:  
**RETENTION:            6 years**
  
- 3.[368]      **Dietary services records**
  - a.      Food service records, including meal counts, roster of patients' diet orders, and dietary services studies:  
**RETENTION:            3 years**
  - b.      Menus:  
**RETENTION:            1 year**
  
- 4.[369]      **Patient activities records**, including information on courses and activities offered to patients:  
**RETENTION:            2 years**
  
- 5.[370]      **Medical information index**, including but not limited to physician's index, disease index and operative index:  
**RETENTION:            PERMANENT**
  
- ◆ 6.[371]      **Census record of patients:**  
**RETENTION:            6 years**
  
- 7.[372]      **Nursing services report**, including substation, shift and ward report:  
**RETENTION:            1 year**
  
- 8.[373]      **Hospital stay data collection records** covering data collection and review by Statewide Planning and Research Cooperative System (S.P.A.R.C.S.) and Data

Protection Review Board (D.P.R.B.)

- a. Request for data or review of data:  
**RETENTION:** 2 years
- b. Results of data processing:  
**RETENTION:** 0 after data verified
- c. Data received from S.P.A.R.C.S.:  
**RETENTION:** 0 after no longer needed for administrative purposes

◆9.[374] **Quality assurance records**

- a. Quality assurance plan, including staff privileges review procedures:  
**RETENTION:** **PERMANENT**
- b. Relating to quality of care provided by individual hospital staff members:  
**RETENTION:** 10 years after termination of employment
- c. Relating to quality of care provided individual patient, when **not** duplicated in medical case record:  
**RETENTION:** Retain as long as medical case record.
- d. Relating to more than one patient:  
**RETENTION:** Retain as long as all relevant medical case records are retained.

10.[375] **Health facility infection control and monitoring records:**  
**RETENTION:** 10 years

◆11.[755] **Medical waste disposal records**, relating to generation, transportation and disposal of regulated medical waste

- a. Medical waste tracking records, including exception reports:  
**RETENTION:** 3 years after waste accepted for transport
- b. Records created by generators who destroy regulated medical waste on site:  
**RETENTION:** 3 years after date waste destroyed
- c. Annual reports prepared by waste generator or transporter:  
**RETENTION:** 3 years



## PATIENT CASE RECORDS AND RELATED MATERIALS

1.[358] **Master summary record**, master index file, or principal register giving basic data on individual patients:

**RETENTION:** PERMANENT

◆2.[756] **Patient data file**, providing summary and/or detailed information on patient:

**RETENTION:** Maintain as long as patient medical or other case record.

**NOTE:** Health agencies and facilities should **consider** permanent or long-term retention of the basic data elements of these systems for both administrative convenience and for potential research purposes. This data may provide for ease of access to other electronic and paper-based files and may create a record which replaces or supplements the master summary record (see item no. 358, above). Contact the State Archives for additional advice.

3.[376] **Patient's leave records**, including leave book or slip, patient's request, physician's consent and record of leave taken:

**RETENTION:** 6 years

4.[377] **Utilization review records** for individual patient, **excluding** those contained in medical case record:

**RETENTION:** 6 years

5.[378] **Pre-admission screening records** for long-term care health facility

a. When person is **not** admitted:

**RETENTION:** 0 after obsolete

b. When person is admitted, and information is not duplicated in medical case record:

**RETENTION:** Retain as long as medical case record.

◆6.[379] **Medical case record of hospital patient**, (in-patient and out-patient), **excluding** film, tracing, or other record of original entry when information contained is posted to or summarized in case record:

**RETENTION:** 6 years after death or discharge of patient, but not until 3 years after individual attains age 18

**NOTE:** Appraise these records for historical significance. These records may

have continuing value for historical or other research, and the State Archives suggests hospitals consider permanent retention, or if not permanent, for at least 10 years after death or discharge of patient, based on American Medical Records Association guidelines. In addition, records of adoptive children may need to be retained longer for legal and medical reasons. Also, medical records of mothers may, in certain cases, need to be retained longer if needed relative to their children's health. The State Archives recommends that these factors be considered in disposing of medical case records, and that these records be evaluated for disposition on a case-by-case basis.

- 7.[380] **Medical case record of long-term care health facility patient:**  
**RETENTION:** 6 years after death or discharge of patient, but not until 3 years after individual attains age 18
  
- 8.[381] **Medical case record of out-patient**, including but not limited to diagnostic or treatment center patient; child health, maternity, family planning, lead poisoning, medical rehabilitation, dental health, Indian reservation health, nutrition or tuberculosis clinic patient; health related social services and home health agency patient, **but excluding** early intervention program:  
**RETENTION:** 6 years after discharge or last contact, but not until 3 years after youngest patient attains age 18
  
- ◆9.[382] **Original entry patient care records** which exist separately from case record, including nurses' notes, operating room record, therapy record, nursery and obstetrics record, emergency room treatment record, triage records, and temperature charts
  - a. When significant information is posted to medical case record:  
**RETENTION:** 6 years
  
  - b. When significant information is **not** posted to medical case record:  
**RETENTION:** Retain as long as medical case record.
  
- ◆10.[383] **Film or tracing**, including X-ray, EKG tracing, EEG tracing, sonogram, echo cardiogram and holter monitor printout, when report of film or tracing is retained as long as medical case record:  
**RETENTION:** 6 years  
  
**NOTE:** Holter monitor tapes need only be retained for one month after printouts ("disclosures") are produced from them.  
  
**NOTE:** Older X-rays on nitrate-base films, which have deteriorated to the point

where they are no longer usable, should **not** be retained. Retention of older nitrate-base X-rays may pose a serious fire hazard.

**NOTE:** Certain mammograms (covered by this item or by item no. 360, above) must be retained for 10 years pursuant to requirements found in *21 CFR*, Section 900.12 (c-4-i). Consult your attorney or counsel to determine what action is necessary to meet this requirement.

11.[384] **Patient care conference records**, including worksheets and evaluations, **but** excluding minutes

- a. When significant information is posted to medical case record:  
**RETENTION:** 0 after posting
- b. When significant information is **not** posted to medical case record:  
**RETENTION:** Retain as long as medical case record.

◆ 12.[385] **Communicable disease individual case records**

- a. Communicable disease case report or equivalent record, including copy of laboratory report:  
**RETENTION:** 6 years after discharge or last contact, or 3 years after individual attains age 18, whichever is longer
- b. Supplementary reports on communicable diseases:  
**RETENTION:** 2 years
- c. Typhoid carrier records:  
**RETENTION:** 2 years after death or release of carrier
- d. Syphilis treatment case record:  
**RETENTION:** 40 years
- e. Sexually transmitted disease case record, **except** syphilis:  
**RETENTION:** 6 years, or 3 years after individual attains age 18, whichever is longer

◆ 13.[757] **Mental health incident report:**  
**RETENTION:** 20 years

◆ 14.[386] **Mental health individual case record**

- a. Clinical discharge summary:  
**RETENTION:** 25 years
- b. Psychiatric test answer sheets:  
**RETENTION:** 6 years
- c. Case record materials, **except** clinical discharge summary and psychiatric test answer sheets:  
**RETENTION:** 10 years after discharge or last contact with patient, or 3 years after individual attains age 18, whichever is longer

**NOTE:** Appraise these records for historical significance. Records covered by item nos. 386 and 387 may have continuing value for historical or other research. Contact the State Archives for additional advice in this area.

- ◆ 15.[387] **Alcohol or substance abuse individual case record** including clinical discharge summary:  
**RETENTION:** 6 years after date of discharge or last contact, **or** 3 years after individual attains age 18, **or** for the period required by contractual arrangements, whichever is longest

- ◆ 16.[758] **Reports, studies or data queries**, including those generated from patient data system (including documentation of macros, queries, and reports)
  - a. Reports, studies or queries relating to individual patient:  
**RETENTION:** Retain as long as or as part of medical or other patient case record.
  - b. Reports, studies or queries **not** relating to individual patient:  
**RETENTION:** 0 after no longer needed

**NOTE:** Appraise records covered by part "b" for archival value. Reports and studies analyzing specific medical conditions and their treatments may be valuable for long-term planning and for medical, historical and other research. Contact the State Archives for additional advice.

## **LABORATORY**

- ◆ 1.[388] **Master summary record**, including accession sheet or register

- a. Register of laboratory tests performed:

**RETENTION:** 7 years

**NOTE:** Appraise these records for archival value. These records may contain detailed information on the subject, nature and results of laboratory tests and may have long-term or permanent scientific or historical research value. Contact the State Archives for additional advice.

- b. Record of collection of specimens:

**RETENTION:** 7 years

◆2.[759] **Laboratory test data file**, providing summary and/or detailed information on laboratory tests performed

- a. For clinical laboratory tests:

**RETENTION:** Maintain as long as related laboratory tests results.

- b. For forensic or toxicology tests:

**RETENTION:** 6 years

- c. For environmental health tests:

**RETENTION:** Maintain as long as related laboratory tests results.

**NOTE:** Laboratories should **consider** permanent or long-term retention of the basic data elements of these systems for both administrative convenience and for potential research purposes. This data may provide for ease of access to other electronic and paper-based files (such as accession records and laboratory test results) and may create a record which replaces or supplements the master summary record (see item no. 388, above). Contact the State Archives for additional advice.

◆3.[389] **Request for laboratory test:**

**RETENTION:** Retain as long as the related test results or 7 years, whichever is shorter.

◆4.[760] **Referral information for cytogenetic cases:**

**RETENTION:** 6 years

◆5.[390] **Laboratory worksheet, workslip, history slip, or similar record**

- a. For environmental health, or toxicology or forensic test:

**RETENTION:** Retain as long as related test results.

- b. For clinical laboratory tests:  
**RETENTION:** 1 year

◆6.[391] **Preventive maintenance, service, or repair record** for laboratory equipment or instrument:  
**RETENTION:** Retain as long as the equipment or instrument remains in use, and also as long as test results using this equipment are retained.

**NOTE:** If equipment is used to produce laboratory tests which have differing minimum legal retention periods, then these preventive maintenance records must be retained as long as the longest period of time these laboratory test results need to be retained.

◆7.[392] **Quality control records** covering laboratory equipment and procedures:  
**RETENTION:** Retain as long as test results using this equipment are retained, but not less than 2 years.

**NOTE:** If equipment is used to produce laboratory tests which have differing minimum legal retention periods, then these quality control records must be retained as long as the longest period of time these laboratory test results need to be retained.

8.[393] **Laboratory protocol** detailing procedures for conducting tests, disposing of specimens, samples and supplies, or other activity, including superseded or obsolete procedures:  
**RETENTION:** **PERMANENT**

◆9.[394] **Laboratory reports, studies or data queries**, including those generated from automated data system

- a. Forensic and other related investigation reports:  
**RETENTION:** 6 years
- b. All other reports, studies or queries:  
**RETENTION:** 0 after no longer needed

**NOTE:** Appraise these records for archival value. Reports and studies analyzing specific types of tests, test results and the population being tested may be valuable for long-term planning and for medical, historical and other research. Because these records will vary greatly as to content, subject and detail, they should be appraised for archival value. Contact the

State Archives for additional advice.

◆ 10.[395]     **Laboratory specimens and slides**

- a.     Blood film, routine:  
       **RETENTION:**         6 months
- b.     Blood film, other than routine:  
       **RETENTION:**         1 year
- c.     Cytology slide, showing abnormality:  
       **RETENTION:**         7 years
- d.     Cytology slide, showing **no** abnormality:  
       **RETENTION:**         3 years
- e.     Bone marrow biopsy, tissue block, and histopathology slide:  
       **RETENTION:**         20 years
- f.     Bacteriology slide, on which **no** diagnosis depends:  
       **RETENTION:**         0
- g.     Bacteriology slide, on which a diagnosis depends:  
       **RETENTION:**         1 year
- h.     Cytogenetic slide:  
       **RETENTION:**         6 years
- i.     Photographic record of cytogenetic karyotype:  
       **RETENTION:**         25 years
- j.     Recipient blood specimens:  
       **RETENTION:**         1 week

◆ 11.[396]     **Blood collection, release, transfusion and related records**

- a.     When plasmapheresis, cytapheresis, intraoperative and postoperative blood recovery, isovolemic hemodilution or reinfusion is involved:  
       **RETENTION:**         7 years after procedure involved
- b.     Other blood related records, including autogenic or allogenic transfusions:  
       **RETENTION:**         7 years, or 6 months after the expiration date of the

individual product, whichever is later

12.[397] **Biologics receipt and distribution record**

- a. Detailed delivery record:  
**RETENTION:** 2 years
- b. Summary record of receipt and distribution:  
**RETENTION:** 5 years

13.[398] **District laboratory supply station records**

- a. Notification of establishment or discontinuance of station or of appointment or termination of its caretaker:  
**RETENTION: PERMANENT**
- b. Certificate of approval of station maintenance:  
**RETENTION:** 2 years
- c. Periodic inventory of station supplies:  
**RETENTION:** 6 years

◆ 14.[399] **Laboratory examination test results (clinical)**

- a. Positive report of syphilis serology:  
**RETENTION:** 7 years
- b. Negative report of syphilis serology:  
**RETENTION:** 2 years
- c. Tissue pathology (including exfoliate cytology) report:  
**RETENTION:** 20 years
- d. Cytogenetics report:  
**RETENTION:** 25 years
- e. Clinical, **except** those listed above:  
**RETENTION:** 7 years

◆ 15.[761] **Forensic and toxicology test results:**  
**RETENTION:** 6 years



**NOTE:** These records may need to be retained as long as related case investigation records. Consult the appropriate law enforcement or investigative agency to determine if these records may be needed longer for legal purposes.

◆ 16.[400] **Laboratory examination test results (environmental health)**

- a. Chemical analysis of potable water supply:  
**RETENTION:** 10 years
- b. Routine analysis of water at pool or beach:  
**RETENTION:** 0 after posted to summary record, or 3 years if not posted
- c. All other environmental health test results:  
**RETENTION:** 3 years
- d. Sampling data and other test results maintained by laboratory of public water supply facility, created pursuant to Section 5-1.49, *10 NYCRR*:  
**RETENTION:** 12 years
- e. Local health agency copy of any environmental analysis received from laboratory:  
**RETENTION:** 1 year

**RADIOLOGICAL HEALTH**

◆ 1.[177] **Approvals** and registrations relating to radiological equipment and materials

- a. Approval to possess or use radioactive materials, received from New York State Department of Health, and related records:  
**RETENTION:** 3 years after local government, facility or program no longer possesses or uses radiological materials
- b. Registration of radiation-producing equipment with New York State Department of Health, and related records:  
**RETENTION:** 2 years after expiration or renewal

◆ 2.[178] **Radiation-exposure records** for an individual

- a. Records of diagnostic misadministrations:  
**RETENTION:** 3 years

- b. Records of therapeutic misadministrations:  
**RETENTION:** 6 years
- c. Radiation-exposure data for an individual, including records of radioactive material deposited or retained in body:  
**RETENTION:** 0 after individual attains age 90

◆3.[762] **Records of occupational doses** for an individual using radiation-producing equipment or radiological materials

- a. Annual or other summary occupational dose records:  
**RETENTION:** 0 after individual attains age 90
- b. Detailed occupational dose records:  
**RETENTION:** 0 after annual or other summary record containing this information is produced
- c. Records of prior occupational dose:  
**RETENTION:** 0 after individual attains age 90
- d. Records of planned special exposures:  
**RETENTION:** 0 after individual attains age 90

◆4.[179] **Radiation equipment testing and inspection records**

- a. Regulatory inspection and audit records, including master summary record and "index card":  
**RETENTION:** 6 years after equipment no longer in use
- b. Equipment accuracy testing records, including surveys, calibrations, measurements, and quality control tests:  
**RETENTION:** 3 years

◆5.[180] **Records of disposal, theft, loss, or excessive release of radiation**

- a. Records concerning theft or loss of radiation source, excessive release of radiation, or excessive exposure of individual to radiation, including documentation of notification:  
**RETENTION: PERMANENT**
- b. Record of disposal by burial in soil:

**RETENTION: PERMANENT**

- c. Records of authorized transfer or receipt, or issue and return of radiation source or radioactive materials, or disposition by incineration or release into sanitary sewer system:

**RETENTION: 6 years**

◆6.[763] **Radiation program safety records**

- a. Records documenting provisions of program:  
**RETENTION: 3 years after program ceases to exist**
- b. Audits and other reviews of program content and implementation:  
**RETENTION: 3 years**
- c. Records documenting specific instructions given to workers:  
**RETENTION: 3 years**

**MISCELLANEOUS**

- ◆1.[401] **Birth and death records held by health agency or facility**, including copies of birth and death certificates, and related electronic records:  
**RETENTION: 0 after no longer needed**

**NOTE:** The New York State Department of Health requires these records be destroyed as soon as no longer needed. Paper copies of birth and death certificates shall be destroyed within one year of the date of their receipt. Copies of fetal death certificates **must** be destroyed by the end of each month, pursuant to Section 4160, Public Health Law.

- 2.[402] **Medical rehabilitation service card:**  
**RETENTION: 6 months after completion of annual report**

◆3.[764] **Dental clinic records**

- a. Dental hygienist's clinic record:  
**RETENTION: 0 after youngest person on record attains age 21**
- b. Dental referral card, notifying clinic of work done by private dentist:  
**RETENTION: 2 years**

- c. Individual dental treatment summary record:  
**RETENTION:** 6 years after dental work completed, or 3 years after individual attains age 18, whichever is longer

4.[403] **Maternal and child health reports**

- a. Clinic service report, including but not limited to school health service report, and report of poisoning case, **except** lead poisoning:  
**RETENTION:** 1 year
- b. Individual newborn infant metabolic defects screening report:  
**RETENTION:** 0 after individual attains age 21

5.[406] **Lead poisoning reports and screening results**

- a. Positive results of screening, when **not** duplicated in case record:  
**RETENTION:** Retain as long as case record.
- b. Positive results of screening, when duplicated in case record:  
**RETENTION:** 0
- c. Negative results of screening, when posted to summary record:  
**RETENTION:** 0 after posting
- d. Negative results of screening, when **not** posted to summary record:  
**RETENTION:** 0 after individual attains age 21
- e. Blood level determination report:  
**RETENTION:** 10 years
- f. Summary report of screening program:  
**RETENTION:** **PERMANENT**

◆6.[765] **Cancer study and control program records**

- a. Cancer case report for individual, received and used for statistical purposes:  
**RETENTION:** 6 years, or 3 years after individual attains age 18, whichever is longer
- b. Cancer summary record for individual:  
**RETENTION:** 2 years after individual dies or attains age 90

- 7.[766]      **Negative tuberculosis X-ray films or interpretive reports** resulting from screening program:  
**RETENTION:**      3 years
- ◆8.[407]      **Individual immunization record**, including authorization and/or parental consent:  
**RETENTION:**      6 years, or 3 years after individual attains age 18, whichever is longer
- 9.[408]      **Vaccine distribution and usage records**
- a.      Official record of distribution and usage:  
**RETENTION:**      25 years
- b.      Statistical or similar record of vaccines administered:  
**RETENTION:**      5 years
- ◆10.[409]      **Results of screening programs, except lead poisoning**
- a.      Summary reports on screening results:  
**RETENTION:**      **PERMANENT**
- b.      Master index or listing of participants:  
**RETENTION:**      50 years
- c.      Positive report of individual screened, including statement of consent or participation and authorization for release of information:  
**RETENTION:**      6 years, or 3 years after individual attains age 18, whichever is longer
- d.      Negative report of individual screened, including statement of consent or participation and authorization for release of information:  
**RETENTION:**      1 year
- e.      Log or other working record of screening and testing, used to compile statistics and other data:  
**RETENTION:**      1 year
- f.      Anonymous H.I.V. test results and related records:  
**RETENTION:**      7 years

**NOTE:** Identifiable H.I.V. related records are covered by item nos. 379 and 381, and related laboratory records are covered by items in the Laboratory subsection.

- ◆ 11.[410] **Receipt and storage records** for controlled substances (or other drugs or medication), including inventory, authorized requisition, receipt and vendor record:  
**RETENTION:** 5 years
  
- ◆ 12.[411] **Usage and distribution records** for controlled substances (or other drugs or medication)
  - a. Record of withdrawal from stock, distribution and administration to patients:  
**RETENTION:** 5 years
  
  - b. Order or prescription form used for administering to patients:  
**RETENTION:** 6 years
  
  - c. List of narcotic registrants (persons registered to possess or prescribe controlled substances):  
**RETENTION:** 0 after obsolete
  
  - d. Report on habitual user of narcotics:  
**RETENTION:** 6 years
  
- ◆ 13.[767] **Tissue donation and transfer records**
  - a. Master summary record (index or log) of all tissue donations and transfers:  
**RETENTION:** **PERMANENT**
  
  - b. Reproductive tissue donation records, including but not limited to information on donor and donation, referral records, tissue storage and processing records, documentation of delivery or receipt and records of tissue disposal and/or use (other than those contained in patient medical records), of donated reproductive tissue in artificial insemination and/or assisted reproductive procedures which result in a live birth:  
**RETENTION:** 25 years
  
  - c. Reproductive tissue donation records, including but not limited to information on donor and donation, referral records, tissue storage and processing records, documentation of delivery or receipt and records of

tissue disposal and/or use (other than those contained in patient medical records), of donated reproductive tissue in artificial insemination and/or assisted reproductive procedures which **do not** result in a live birth:  
**RETENTION:** 7 years after release or discard of tissue

- d. Other tissue donation and transfer records, including but not limited to information on donor and donation, referral records, tissue storage and processing records, documentation of delivery or receipt and records of tissue disposal and/or use (other than those contained in patient medical records), **for tissue intended for transplantation:**  
**RETENTION:** 7 years after release or discard of tissue
- e. Records of release of tissue or nontransplant anatomic parts for research or educational purposes:  
**RETENTION:** 5 years after release

◆ 14.[768] **Organ procurement and transplant records**

- a. Master summary record (index or log) of all organ donations and transplants:  
**RETENTION:** **PERMANENT**
- b. Other organ donation and transplant records, including but not limited to information on donor and donation, referral records, documentation of delivery or receipt, information on recipient and records of use (other than those contained in patient medical records), when organ is procured:  
**RETENTION:** 7 years after date of procurement
- c. Other organ donation and transplant records, including but not limited to information on donor and donation, referral records and explanation of why organ is not procured (other than those contained in patient medical records), when organ is **not** procured:  
**RETENTION:** 7 years after date of most recent entry in record

## **PUBLIC PROPERTY AND EQUIPMENT**

- ◆1.[412] **Real property acquisition or sale file** for property owned by local government including but not limited to copy of deed, copy of appraisal or valuation, copy of site or plot plan, photographs, recommendation or justification for acquisition or sale, approval for acquisition or sale, closing statement, memoranda and correspondence
  - a. Copy of site or plot plan, photographs, and recommendation or justification for acquisition or sale:  
**RETENTION: PERMANENT**
  - b. Other records in file, including but not limited to copy of deed, copy of appraisal or valuation, closing statement, approval for acquisition or sale, memoranda and correspondence:  
**RETENTION: 6 years after property no longer owned by local government**

**NOTE:** This does **not** apply to a sale of real property tax liens conducted by the local government. See the Taxation and Assessment section.
- 2.[413] **Master summary record** (book, log or register) recording acquisition or sale of property by local government:  
**RETENTION: PERMANENT**
- 3.[414] **Official copy of sale or auction list, and notice or advertisement of sale of real property by local government:**  
**RETENTION: PERMANENT**
- ◆4.[415] **Capital construction or public improvement project file**, including but not limited to bids, specifications, contracts, performance guarantees, inspection reports, and environmental impact statements
  - a. Feasibility studies; successful bids; plans, specifications and designs; project description; in-progress and completion photographs; inspection reports; environmental impact statement; annual project statement; fiscal and other final reports; significant change orders; and significant correspondence:  
**RETENTION: 6 years after building or facility no longer exists or is no longer owned by local government**



**NOTE:** Appraise these records for historical significance prior to disposition. Records for important projects or historic structures have historical value and should be retained permanently. Contact the State Archives for additional advice.

- b. Supplementary documentation, including application for assistance, project budget, interim fiscal reports, claims, contracts, vouchers, work orders, memoranda, worksheet, non-significant change orders; routine correspondence and detailed construction specifications:  
**RETENTION:** 6 years after last entry in project file
- c. Unsuccessful bids, to which contract is **not** awarded:  
**RETENTION:** 6 years
- d. All records, when project is proposed but **not** undertaken:  
**RETENTION:** 6 years after last entry

**NOTE:** For plans, maps, designs, sketches, designs, architectural drawings and photographs of buildings and facilities, see item no. 416, below.

◆5.[416] **Official plans, maps, designs, architectural drawings, and photographs** for buildings or other facilities owned by local government, including index, and also including design file for capital construction or renovation project

- a. Final or "as built" plans, maps, designs, sketches, architectural drawings and photographs, for significant building or other facility:  
**RETENTION: PERMANENT**
- b. Final or "as built" plans, maps, designs, sketches, architectural drawings and photographs, for **other than** significant building or other facility:  
**RETENTION:** 6 years after building or facility no longer exists or is no longer owned by local government
- c. Mechanical, electric and other detailed schematic drawings, not covered by parts "a" or "b," including detailed specifications not appearing on plans, maps, designs, sketches, architectural drawings:  
**RETENTION:** 6 years after building or facility no longer exists or is no longer owned by local government
- d. Other related non-graphic design file documents, including correspondence, cost estimates, reports, planning studies and other records:  
**RETENTION:** 6 years after completion of project

**NOTE:** Some of these non-graphic documents may need to be retained for 6 years after the building or other facility no longer exists, if they document significant changes with long-term fiscal and other implications. Local governments should review these records for these possible uses prior to disposition.

- e. Template or other similar automated framework or reference files used in conjunction with more specific automated design files:  
**RETENTION:** Retain as long as the related specific automated design files are retained.
- f. Index or similar record used to locate, identify and access plans, maps, designs, sketches, architectural drawings, photographs and other existing records:  
**RETENTION:** Maintain as perpetual data file or other record, deleting information only relating to records that have been disposed of.

- ◆6.[417] Draft or intermediary plans, maps, designs, sketches or architectural drawings, including explanatory textual files, tracings and other than final or "as built" automated design files:  
**RETENTION:** 0 after no longer needed

**NOTE:** Some of these design documents may need to be retained for 6 years or longer, possibly as long as the building or other facility exists, if they document significant changes with long-term fiscal and other implications. Local governments should review these records for these possible uses prior to disposition.

- ◆7.[769] Maintenance, testing, service, operational and repair records for buildings and other facilities or their mechanical, electrical systems or other infrastructure
  - a. Cumulative summary records:  
**RETENTION:** 6 years after building or other facility no longer in use
  - b. Individual detailed report or related record, such as work request, work order, personnel deployment record, preventive maintenance schedules and records of work completed, when posted to cumulative summary record:  
**RETENTION:** 6 years
  - c. Individual report or related record, such as work request, work order,

personnel deployment record and records of work completed, when not posted to cumulative summary record:

**RETENTION:** 6 years after building or other facility no longer in use

d. Log, maintenance schedule or similar record of ongoing activity:

**RETENTION:** 6 years after last entry

e. Descriptive information on specific equipment or component parts:

**RETENTION:** 6 years after equipment or part no longer in use

f. Descriptive information on maintenance personnel, vendors or contractors:

**RETENTION:** 1 year after superseded or obsolete

g. Inventories of parts, materials and supplies needed for maintenance and repairs:

**RETENTION:** 6 years

h. Requests for inspection, repair or service, when no work is performed and no funds expended:

**RETENTION:** 1 year

**NOTE:** For plans, designs and schematic drawings of buildings and facilities, including their systems and component parts, see item no. 416, above.

◆8.[770] Reports and studies relating to maintenance, testing, service, operation and repairs for buildings and other facilities or their mechanical, electrical systems or other infrastructure:

**RETENTION:** 6 years

**NOTE:** Some of these reports may need to be retained longer for long-term facility management purposes, such as for 6 years after building or other facility no longer in use. Some may even have permanent historical or other research value. Contact the State Archives for additional information.

◆◆9.[418] Building or facility security records, including but not limited to visitor's register, watchman's or automated security system or false alarm reports, and records of building/room keys or passes issued:

**RETENTION:** 3 years, or 3 years after cancellation or return of key or pass

**NOTE:** This item does not cover airport security records, which are covered by item no. 537 in the Transportation and Engineering section, Airport subsection.

- ◆ 10.[419] **Public facility use file**, including but not limited to requests, correspondence, fiscal records and authorizations:  
**RETENTION:** 6 years

**NOTE:** Appraise these records for historical significance prior to disposition. In some cases, facility use files may document significant attempts by the local government to broaden its support base by reaching out to community groups.

- ◆ 11.[420] **Fire safety records**, including but not limited to fire safety inspection reports, fire drill report, fire alarm records, fire inspection reports and fire investigation reports

**NOTE:** Records maintained by the public safety agency which performs official fire safety functions are covered by item nos. 446, 448 and 449 in the Public Safety section, Fire Fighting and Prevention subsection.

- a. Fire safety inspection reports:  
**RETENTION:** 3 years, or until all violations noted on report are corrected, whichever is later
- b. Records **other than** fire safety inspection reports:  
**RETENTION:** 3 years

- ◆ 12.[421] **Property inventory** records, covering buildings, facilities, vehicles, machinery and equipment, including "fixed assets" records:  
**RETENTION:** 0 after superseded by updated inventory, or 6 years after replacement, sale, or discontinuance of use of all property listed, whichever is sooner

- 13.[422] **Inventory of supplies:**  
**RETENTION:** 6 years

- 14.[423] **Public property sale or discard records, except** real property, including but not limited to description of property, bids or offers, and receipt of deed of gift:  
**RETENTION:** 6 years

- ◆ 15.[424] **Maintenance, testing, service, operational and repair records** for equipment or vehicle, but **not** covering buildings and other facilities or their mechanical, electrical systems or other infrastructure

- a. Cumulative summary record for vehicle or equipment:  
**RETENTION:** 6 years after vehicle or equipment no longer in use
- b. Individual report when posted to cumulative summary record:  
**RETENTION:** 6 years
- c. Individual report when **not** posted to cumulative summary record:  
**RETENTION:** 6 years after vehicle or equipment no longer in use
- d. Maintenance or repair log or similar record:  
**RETENTION:** 6 years after last entry
- e. Reports and studies relating to maintenance, testing, service, operation and repairs for equipment or vehicles:  
**RETENTION:** 6 years
- f. Requests for inspection, repair or service, when no work is performed and no funds expended:  
**RETENTION:** 1 year

16.[425] **Specifications, warranty and descriptive information** received from vendor for vehicle or equipment:  
**RETENTION:** 6 years after vehicle or equipment no longer in use

◆ 17.[426] **Vehicle routing, scheduling and usage records**, including automated system used to schedule and assign routes of service and maintenance vehicles

**NOTE:** This does **not** apply to emergency use of law-enforcement, fire or other emergency vehicles, which are covered by items in the Public Safety section. For usage records covering busses and other public transportation vehicles, see the Transportation and Engineering section, Public Transportation subsection.

- a. Detailed data file containing information such as on vehicle stops, usage, locations at specific times or intervals:  
**RETENTION:** 0 after no longer needed

**NOTE:** Because of the amount of detailed data collected by such systems, such data may only be maintained online for a limited period of time. Some of this data may need to be retained longer to meet both administrative needs and legal requirements. It is recommended that local officials store this data offline long enough to meet such requirements.

Also, maintenance of a history file (see below) containing the most significant data elements may satisfy these administrative and legal needs.

- b. Automated system operation history file, containing significant data and/or periodic data snapshots, generated from detailed system data:  
**RETENTION:** 6 years
- c. Logs, schedule, reports, and queries (including macros, queries and necessary documentation used in report and query generation), which contain information of legal or fiscal value:  
**RETENTION:** 6 years
- d. Logs, schedules, reports, and queries (including macros, queries and necessary documentation used in report and query generation), which **do not** contain information of legal or fiscal value:  
**RETENTION:** 0 after no longer needed
- e. Geographic Information System (G.I.S.) street/road data file used for vehicle routing scheduling, derived from official G.I.S. data maintained by other unit of local government:  
**RETENTION:** 0 after no longer needed

- ◆ 18.[427] **Consumption and dispensing records** for fuel, oil, or similar products used by publicly owned vehicles or equipment:  
**RETENTION:** 6 years

**NOTE:** This item does not cover fuel (jet fuel and service vehicle fuel), de-icer or other chemical storage and dispensing records for airport, which are covered by item no. 862 in the Transportation and Engineering section, Airport subsection.

- ◆ 19.[428] **Request for services or supplies**, including stockroom supplies, forms and publications, duplication, or use of any vehicle or equipment
  - a. When a chargeback or fee is involved:  
**RETENTION:** 6 years
  - b. When **no** chargeback or fee is involved:  
**RETENTION:** 0 after no longer needed

- 20.[429] **Federal Communications Commission (F.C.C.) private radio licensing records**

- a. Original application and other related records not created for renewal applications:  
**RETENTION:** 5 years after **final** termination of license or denial of application
- b. Renewal application and related records, including copy of license:  
**RETENTION:** 5 years after renewal or termination of license or denial of application
- c. Request for frequency data research:  
**RETENTION:** 1 year
- d. Listing of locations of radios using local government private radio frequency:  
**RETENTION:** 0 after superseded or obsolete

◆21.[430] **Petroleum bulk storage records**

- a. Registration, including application and related records:  
**RETENTION:** 7 years after expiration or termination of registration or denial of application
- b. Monthly and ten-year mandatory inspection reports:  
**RETENTION:** 10 years
- c. Daily and other periodic inspection reports:  
**RETENTION:** 1 year
- d. Test certification for underground storage tank:  
**RETENTION:** 7 years
- e. Site assessment and related records, required when an underground storage tank is abandoned:  
**RETENTION:** **PERMANENT**
- f. Records relating to leakage and spillage:  
**RETENTION:** **PERMANENT**
- g. Inventory monitoring records:  
**RETENTION:** 5 years

◆22.[771] **Aquatic weed harvesting and/or control records** (covers harvesting by

mechanical or manual means or control by use of herbicides):

**RETENTION:** 3 years

◆◆23.[913] Hazardous waste generation records

a. Individual load delivery and other detailed records, including manifest form:

**RETENTION:** 3 years after waste accepted by transporter

b. Annual and exception reports:

**RETENTION:** 3 years after due date of report

c. Test results and waste analyses:

**RETENTION:** 3 years after date waste was removed

**NOTE:** This item covers records of local governments which generate hazardous waste but do not operate programs to collect and dispose of hazardous waste. For governments that operate such programs, item no. 190 in the Environmental Health section, Environmental Facilities: Solid Waste Management Facilities subsection, covers records of the generation, collection and disposal of hazardous waste.

◆◆24.[773] Building rehabilitation and reconstruction project files when asbestos is installed, removed, encapsulated, applied, distributed or otherwise involved:

**RETENTION:** 30 years

◆25.[774] Lead or copper content testing and remediation files covering lead or copper content in drinking water of public facilities

a. Water sample test results and related records, when lead or copper level exceeds the action level as defined in Section 5-1.41, *State Sanitary Code*:

**RETENTION:** 50 years

b. Water sample test results and related records, when lead or copper level does not exceed the action level as defined in Section 5-1.41, *State Sanitary Code*:

**RETENTION:** 10 years

c. Records of remediation by replacement of lead or copper plumbing:

**RETENTION:** 6 years after building no longer exists

d. Records of remediation by elimination or replacement of water cooler not connected to plumbing:

**RETENTION:** 6 years after cooler eliminated or replaced



- ◆26.[775] Pesticide (including herbicide, rodenticide and disinfectant) application record (showing kind and quantity used, dosage rate, method of application, target organism, area and time of application):  
**RETENTION:** 3 years  
  
**NOTE:** Records of incidents of possible exposure to pesticides (including herbicides, rodenticides and disinfectants), and other records created because pesticides are considered "toxic substances," are covered by item no. 325 in the Personnel/Civil Service section.
- ◆27.[776] Inventory of pesticides (including herbicides, rodenticides and disinfectants) maintained by local government:  
**RETENTION:** 40 years after superseded or obsolete
- ◆28.[777] Annual report of pesticides (including herbicides, rodenticides and disinfectants) used, submitted to New York State Department of Environmental Conservation:  
**RETENTION:** 2 years
- ◆29.[778] Application for business/agency pesticide registration, including all related records:  
**RETENTION:** 1 year after superseded or invalid
- ◆30.[779] Records relating to certification for individual certified commercial applicator, including copy of application, records of training in use of pesticides, examination results, copy of certificate and recertification records:  
**RETENTION:** 6 years
- ◆31.[780] Permits and approvals from state or county health department to operate pool or beach:  
**RETENTION:** 3 years after denial or expiration
- ◆32.[781] Reports of pool or beach operation and inspection:  
**RETENTION:** 21 years
- ◆33.[782] Facility inmate work crew records, covering crews from state or county correctional facilities performing work outside the facilities for local government or not-for-profit organization, including but not limited to request for work crew and site visit report:  
**RETENTION:** 2 years
- ◆◆34.[783] Self-evaluation records, required under Americans with Disabilities Act (ADA), Rehabilitation Act of 1973 as amended, or similar state/federal laws, regulations or requirements

- a. Voluntary compliance plan for facility, including list of persons consulted, description of areas examined, transition plan, list of problems identified and description of modifications anticipated and made:  
**RETENTION: PERMANENT**
- b. Copies of work orders, progress notes and other supporting documentation:  
**RETENTION: 1 year after modifications completed**
- ◆◆35.[784] Inspection reports, reviews and audits (internal and external) created relative to the Americans with Disabilities Act (ADA), Rehabilitation Act of 1973 as amended, or similar state/federal laws, regulations or requirements:  
**RETENTION: 6 years after building or facility involved is no longer in use**
- ◆◆36.[785] Individual case records, filed under the provisions of the Americans with Disabilities Act (ADA), Rehabilitation Act of 1973 as amended, or similar state/federal laws, regulations or requirements, including but not limited to complaint, charge or request for reasonable accommodation, medical reports, responses, records of appeals, correspondence and internal memoranda, records documenting work done in response to complaint or request, and documentation of final resolution
  - a. When complaint or request is filed by officer or employee of the local government involved:  
**RETENTION: 3 years after resolution of case and termination of any reasonable accommodation provided**
  - b. When complaint or request is filed by person other than officer or employee of the local government involved:  
**RETENTION: 3 years after date of final entry in record, but not less than 3 years after person involved attains age 18**
- ◆◆37.[786] Master summary record of all cases under the Americans with Disabilities Act (ADA), Rehabilitation Act of 1973 as amended, or similar state/federal laws, regulations or requirements:  
**RETENTION: PERMANENT**
- ◆38.[787] Videotape or other recording maintained for security purposes
  - a. Videotape or other recording containing incidents warranting retention for administrative or potential legal uses:  
**RETENTION: 3 years, but not until any minor has attained age 21**
  - b. Videotape or other recording not containing incidents warranting retention for administrative or potential legal uses:

**RETENTION:** 0 after no longer needed

- ◆ 39.[788] Records relating to protection of underground facilities
  - a. Notice of or request for excavation, received by local government from excavator, pursuant to *16 NYCRR*, Section 753-5.2, including notice of postponement or cancellation and notice of discovery of unknown facility:  
**RETENTION:** 4 years
  - b. Master list or central registry of operators of underground facilities located within borders of county or municipality:  
**RETENTION:** 0 after superseded or obsolete

- ◆ 40.[789] Records filed by contractor or sub-contractor with local government related to public works project, pursuant to Section 220 (3-a), Labor Law, including but not limited to copy or abstract of payroll, classification of workers employed on a project, and statement of work to be performed by each classification:  
**RETENTION:** 3 years after contract completion

- ◆ 41.[790] Water supply system records, covering water supply system (such as private well) maintained by local government for its own use

**NOTE:** Public water supply records, where a local government provides water for public consumption, are covered by items in the Environmental Health section, Environmental Facilities: General and Environmental Facilities: Public Water Supply subsections.

- a. Permits and approvals necessary to establish or operate system, including supporting data and other related records:  
**RETENTION: PERMANENT**
- b. Original entry and intermediary charts, graphs and other data collected relating to water usage, water levels and water quality:  
**RETENTION:** 10 years
- c. Reports and related data collection and other summary records showing long-term trends and developments:  
**RETENTION: PERMANENT**
- d. Reports and related records not showing long-term trends and developments:  
**RETENTION:** 10 years
- e. Reports and test results on unsatisfactory water supply samples:  
**RETENTION:** 20 years

- f. Log recording summary information collected at periodic intervals such as changes in pressure and level, proportion of chemicals present, operational changes and problems:

**RETENTION: PERMANENT**

- g. Log recording all or routine information such as changes in pressure and level, proportion of chemicals present, operational changes and problems:

**RETENTION: 5 years**

**NOTE:** If no logs containing summary information are generated, local governments may wish to retain all or some records covered by part "g" of this item longer, for both long-term administrative use and for potential research purposes.

- ◆42.[878] **Energy consumption monitoring records** showing use of electricity or fuel, operation of heating and/or cooling equipment, or environmental conditions (temperature, humidity, air quality) in various parts of publicly owned or operated building or other facility

- a. Detailed data collected from sensors or monitors, and detailed reports generated from such data:

**RETENTION: 0 after no longer needed**

**NOTE:** Some of this data and these detailed reports may need to be retained for 6 years for energy consumption trending analysis or energy consumption audit purposes. The State Archives recommends that local governments consult the Office of the State Comptroller or their own auditor to determine which data may have long-term value.

- b. Equipment maintenance, testing and service records, **except** detailed records of routine activities:

**RETENTION: 6 years after equipment no longer in use**

- c. Detailed records of routine maintenance, testing and service:

**RETENTION: 6 years**

- d. Reports relating to energy consumption and environmental conditions, including reports of problems and corrective actions taken, summary reports of environmental conditions, and reports showing long-term energy consumption trends, along with accompanying charts, graphs and data tables:

**RETENTION: 6 years**

**NOTE:** Appraise these records for historical or other long-term significance prior to disposition. Records showing long-term trends in energy use may need to be retained permanently, or at least 6 years after the building or other facility is no longer in use. Contact the State Archives for additional advice.

◆43.[791] **Records relating to mines owned or operated by local government**

- a. Plans, maps and environmental impact statements generated as part of application process to obtain permit from New York State Department of Environmental Conservation to operate mine, or to obtain permit renewal:  
**RETENTION: PERMANENT**
- b. Other records generated as part of application process to obtain permit from New York State Department of Environmental Conservation to operate mine, or to obtain permit renewal, including but not limited to original and renewal application, actual permit, reports and correspondence:  
**RETENTION: 3 years after mine closed and land reclaimed**
- c. Mine registration with the United States Department of Labor, Mine Safety and Health Administration (MSHA) known as "Legal Identity Report":  
**RETENTION: 3 years after mine closed and land reclaimed**
- d. Listing of employment, accident and injury data, submitted annually by MSHA to local government:  
**RETENTION: 5 years**
- e. Quarterly mine employment and coal production report, submitted to MSHA, as required by *30 CFR*, Section 50.30:  
**RETENTION: 5 years**
- f. Basic information on employees working at mine, known as "population survey," submitted to MSHA, as required by *30 CFR*, Section 45.4:  
**RETENTION: 0 after no persons listed on report still work at mine**

**NOTE:** The annual training plan for employees who work at a mine is covered by item no. 584 in the General section. Accident and personal injury reports are covered by item no. 741 in the Personnel/Civil Service Section, Personnel subsection. The rescue plan is covered by item no. 449 in the Public Safety section, Fire Fighting and Prevention subsection.

Training certification records for each employee working at a mine are covered by item no. 314 in the Personnel/Civil Service section, Personnel subsection.

## PUBLIC SAFETY

### E-911 AND RELATED RECORDS

- ◆ 1.[792] **Master Street Address Guide (MSAG) and related records**
- a. MSAG data base, containing such information as road/street names, address ranges, addresses, community names, telephone numbers, and information on properties, structure and individuals:  
**RETENTION:** Maintain as perpetual data file, and 1 year after replaced by superseding MSAG data file.
- NOTE:** Appraise these records, which may contain valuable information on properties, structures and residents, for secondary uses as well as historical significance prior to disposition. Periodic "snapshots" of this data may be created and maintained as either electronic files saved to disk, tape or diskette, or as hard-copy output such as printed maps, or in both formats. Contact the State Archives for additional advice on the creation and maintenance of these records.
- b. Street alias file, containing alternative road or street names:  
**RETENTION:** Maintain as perpetual data file, and 3 years after replaced by superseding street alias file.
- c. Records of updates, corrections and confirmations to MSAG database, including assignments of new or revised street addresses:  
**RETENTION:** 3 years
- d. Non-permanent road/street related information, such as relating to temporary closure of road or street:  
**RETENTION:** 3 years after information becomes invalid
- ◆ 2.[793] **Telephone utility address records**
- a. Copy of database or printout received from telephone utility:  
**RETENTION:** 0 after no longer needed
- b. Updates, corrections, trouble reports and Automatic Location Information (ALI) discrepancy reports, submitted to and received from telephone utility:  
**RETENTION:** 1 year

◆3.[794] **Non-emergency call receipt and response records**, such as those contained in E-311 system, E-911 system module, or other electronic or manual system by which non-emergency calls are handled:  
**RETENTION:** 1 year

◆4.[795] **Automatic Number Information (ANI) and Automatic Location Information (ALI) records**

a. ALI database, containing street address information on each telephone number:  
**RETENTION:** 0 after no longer needed

**NOTE:** Local governments which do not maintain MSAG data files may wish to retain this record as a perpetual data file, and for 1 year after replaced by a superseding data file.

b. ANI and ALI reports, such as printouts of ANI or ALI screen displays and similar records, but **not** including ALI discrepancy reports:  
**RETENTION:** 0 after no longer needed

**NOTE:** Local governments should consult their attorney or counsel before these records are disposed of regarding any potential legal value.

◆5.[796] **E-911 system development and implementation records**

a. Feasibility and implementation reports and studies:  
**RETENTION:** 6 years after completion of project

**NOTE:** Appraise these records for historical significance prior to disposition. Because of the costs involved and significance of implementing E-911 and related systems, these records may be important in documenting the system itself as well as the implementation process. Contact the State Archives for additional advice.

b. Background materials used in preparing feasibility and implementation reports and studies, preliminary maps, and detailed statistical and other supplementary data accompanying reports and studies:  
**RETENTION:** 6 years after completion of project

c. Records relating to establishment of road/street names, address ranges and addresses, including changes in names of roads/streets and address range



changes, including standards followed for naming, addressing and address conversions:

**RETENTION: PERMANENT**

- d. Aerial photographs and final maps created in conjunction with system implementation:

**RETENTION: PERMANENT**

### **COMPUTER-AIDED DISPATCH (CAD)**

- ◆1.[797] **Computer-aided dispatch (CAD) or incident data file**, containing data on each call received and equipment dispatch or other resulting action taken:

**RETENTION: 3 years**

**NOTE:** In some automated systems no MSAG data file exists, and the CAD or incident data file assumes this function. In these cases local governments should consider maintaining this record as a perpetual data file, and 1 year after replaced by superseding data file.

**NOTE:** Incidents involving minors, casualties, serious injuries, homicides, fires which are incendiary in nature or under investigation, or unsolved law enforcement cases, may necessitate retention of data relating to these incidents longer for potential or ongoing legal needs. Contact the State Archives for additional advice.

- ◆2.[431] **Emergency call receipt and/or equipment dispatch record**, including but not limited to police or fire incident report or alarm report, generated each time an alarm or call is received and equipment is dispatched or other resulting action taken

- a. When record contains **no** information on emergency medical treatment of an individual:

**RETENTION: 3 years**

**NOTE:** Incidents involving minors, casualties, serious injuries, homicides, fires which are incendiary in nature or under investigation, or unsolved law enforcement cases, may necessitate retention of data relating to these incidents longer for potential or ongoing legal needs. Records custodians may wish consult their attorney, counsel or law enforcement agency before these records are disposed of regarding any potential longer legal value. Contact the State Archives for additional advice.

- b. When record contains information on emergency medical treatment of an individual:  
**RETENTION:** 6 years, or 3 years after individual attains age 18, whichever is longer

◆3.[798] **Geographic Information System (G.I.S.) records used in emergency dispatch process**

- a. Street, road right-of-way, road centerline, hydrant, tax parcel or other data layer (official copies maintained and/or updated by dispatching unit):  
**RETENTION:** Maintain as perpetual data files, and 1 year after superseded.
- b. Street, road right-of-way, road centerline, hydrant, tax parcel or other data layers (other than official copies, where official copy is maintained by other unit of local government which maintains the G.I.S.):  
**RETENTION:** 0 after no longer needed
- c. G.I.S. file and process documentation records, covering G.I.S. operations where dispatch unit creates, revises or performs analyses on data layers and related files:  
**RETENTION:** Maintain until G.I.S. system used in dispatch is superseded or no longer used.

◆4.[432] **Communications log** (radio, telephone, alarm or other) recording each communication between caller and receiving unit **or** between dispatch unit and mobile unit or field personnel, for law enforcement agency, fire department or district, emergency medical or central emergency dispatch unit:  
**RETENTION:** 3 years after last entry

**NOTE:** Local governments should consult their attorney or counsel before these records are disposed of regarding any potential legal value.

◆5.[433] **Tape recording of communications** kept by dispatch unit of law-enforcement agency, fire department or district, emergency medical service or central emergency dispatch unit:  
**RETENTION:** 0 after information posted to emergency call receipt and/or equipment dispatch record

**NOTE:** Records custodians may wish consult their attorney, counsel or law enforcement agency before these records are disposed of regarding any potential

legal value. The State Police suggests that these tapes be retained for at least 30 days if economically feasible. Recordings of serious incidents may warrant longer retention for legal reasons. These tapes should be retained until legal action is resolved, or the relevant specific communications should be transferred onto a separate tape. Contact the State Archives for additional advice.

- ◆ 6.[799] **Call receipt and dispatch related reports**, other than individual incident reports
  - a. Incident data files submitted to New York Department of State:  
**RETENTION:** 2 years
  - b. Summary data reports and detailed reports containing information of potential legal or fiscal value:  
**RETENTION:** 6 years
  - c. Internal information reports of no legal or fiscal value, such as daily activity reports:  
**RETENTION:** 0 after no longer needed

### **PUBLIC SAFETY: GENERAL**

**NOTE:** Software and software manuals and documentation are not considered "records" under the Local Government Records Law. Local governments may need, however, to retain older versions of software, as well as relevant manuals and documentation, to document the operation of public safety related systems for legal purposes, such as defending the integrity of systems in court actions. Contact your counsel or attorney for advice in this area prior to destroying outdated software and related documentation.

- ◆ 1.[471] **Accreditation records for law enforcement, firefighting or prevention or emergency medical services agency or unit:**  
**RETENTION: PERMANENT**

- ◆ 2.[800] **Emergency vehicle, apparatus and equipment records**

**NOTE:** Items covering purchase, warranty, repair, fuel use, and replacement are found in the Public Property and Equipment section.

- a. Vehicle upkeep and use records, including records of incidents where vehicle responded and equipment was used:  
**RETENTION:** 3 years

- b. Vehicle readiness checklist, or equivalent record, for any emergency vehicle, needed to ensure that necessary equipment and material is in place and in proper order:  
**RETENTION:** 3 years
- c. Record of equipment (other than firearms) issued to public safety personnel:  
**RETENTION:** 1 year after equipment returned or otherwise disposed of

◆3.[435] **Training records for law-enforcement officers, E-911, dispatch or fire-fighting personnel, but excluding emergency medical personnel**

- a. Individual's record of courses attended and/or completed, including basic information on course content:  
**RETENTION:** 6 years after individual leaves service

**NOTE:** Local officials may wish to keep these records longer, possibly for the career of the individual, if the records are consulted throughout that period.

- b. Official copy of training manual or bulletin:  
**RETENTION:** 50 years
- c. Course instruction records, including attendance lists and lesson plan:  
**RETENTION:** 1 year

◆4.[801] **Alarm records**

- a. Permit files for connecting fire, water or burglar alarm to public safety agency emergency telephone system, including applications, copies of permits, inspection reports and related records:  
**RETENTION:** 6 years after denial, expiration or renewal
- b. Alarm or fire alarm box call record containing basic information on each alarm transmitted:  
**RETENTION:** 3 years
- c. False alarm records, including but not limited to lists of false alarms, notices sent to property owners and records of assessing and collecting fines for responses to false alarms:  
**RETENTION:** 6 years

- d. Alarm location records, including maps and listing and descriptions of alarms:  
**RETENTION:** 3 years after superseded or obsolete

- ◆5.[802] **Public safety personnel service data file** or equivalent record, including incident and activity attendance information showing names of personnel present at fire or other emergency, including attendance at training, drills, meetings and other official activities

**NOTE:** This item does not cover the personnel records of officer, employee or volunteer. See the Personnel/Civil Service section of this schedule.

- a. Summary data on an individual:  
**RETENTION:** 3 years
- b. Detailed data on an individual, when posted to or listed on summary data file or other record:  
**RETENTION:** 1 year
- c. Detailed data on an individual, when **not** posted to or listed on summary data file or other record:  
**RETENTION:** 3 years

- ◆6.[803] **Public safety real property data file**, containing basic and detailed information on land and structures, including hazards, property inspections, and individuals associated with properties

- a. Basic or "history file" data:  
**RETENTION:** Maintain as updated perpetual data file, for as long as system remains in use and property covered comes under service area.

**NOTE:** Local governments should **consider** permanent retention of the basic data elements of these property "history" files for all parcels of property, or the creation and permanent retention of "snapshots" of this data. This information may be useful for long-range planning purposes, and for community, urban planning, public safety issues, and other research. Contact the State Archives for additional advice.

- b. Detailed data, including plans and computer-assisted design records:  
**RETENTION:** 0 after superseded or obsolete

- c. Records of updates and corrections to property data:  
**RETENTION:** 3 years after update or correction made

◆◆7.[804] Documentation of macros, queries, and reports

- a. Relating to specific case investigation or subject file:  
**RETENTION:** Retain as long as the case investigation or subject file for which the documentation is created is retained.
- b. Not relating to specific case investigation or subject file:  
**RETENTION:** 0 after no longer needed

**NOTE:** Depending on the results obtained from generating these macros, queries and reports, local officials may wish to retain these records for potential legal and other uses.

◆8.[805] Hazardous materials records

- a. Hazardous materials location report or exemption filed with fire department or district, or equivalent record:  
**RETENTION:** 3 years after hazardous materials no longer stored at site

**NOTE:** Local officials may wish to retain these records longer, possibly as long as 40 years, if the hazardous materials listed on this record include substances listed in Subpart Z, 29 *CFR* (federal O.S.H.A. Regulations).

- b. Textual reference information containing medical, chemical or other information used to assist dispatchers and responding personnel, and maps of agency/service coverages:  
**RETENTION:** 3 years after superseded or obsolete

- c. Reports on hazardous materials found in the service area in its entirety, or at specific locations:  
**RETENTION:** 3 years after hazardous materials listed in report are no longer present at listed sites

**NOTE:** Local officials may wish to retain these records longer, possibly as long as 40 years, if the hazardous materials listed on this record include substances listed in Subpart Z, 29 *CFR* (federal O.S.H.A. Regulations). In addition, if these reports document the presence of hazardous materials in a community at a given time, they should be appraised for historical

significance. These records may have immediate significance for fire fighting and disaster prevention and long-term research value in situations where the hazardous materials found in the area had a significant impact on the community. Contact the State Archives for additional advice.

- ◆ 9.[806] Standard Operating Procedures for call receipt and dispatch, including codes, abbreviations and authority file data:  
**RETENTION: PERMANENT**

**NOTE:** Detailed routine procedures are covered by item no. 9 in the General section.

- ◆ 10.[807] Reference files on municipalities, districts and volunteer entities in service or neighboring areas:  
**RETENTION:** 0 after superseded or obsolete

**NOTE:** Appraise these records for historical significance prior to disposition. These records may have long-term historical value in documenting emergency services in a given area. Contact the State Archives for additional advice.

## **EMERGENCY MEDICAL SERVICES**

- ◆ 1.[808] Patient care records
  - a. Ambulance run or prehospital care record created each time a patient is transported by emergency vehicle and/or administered medical treatment:  
**RETENTION:** 6 years, or 3 years after individual treated and/or transported reaches age 18, whichever is longer
  - b. Patient care data file, containing medical treatment and/or billing information on individual treated by emergency medical personnel:  
**RETENTION:** 6 years, or 3 years after individual treated and/or transported reaches age 18, whichever is longer
  - c. Summary record of all patients treated and/or transported:  
**RETENTION:** 3 years
- ◆ 2.[440] Ambulance run or emergency medical treatment chronological log, or equivalent record:  
**RETENTION:** 6 years after last entry

◆3.[441] **Emergency medical training records**, covering local government employees who receive training

- a. Application for training or certification filed by individual:  
**RETENTION:** 6 months
- b. Original entry training records, when posted to summary record:  
**RETENTION:** 1 year
- c. Original entry training records, when **not** posted to summary record:  
**RETENTION:** 7 years
- d. Summary record of training:  
**RETENTION:** 7 years

**NOTE:** Local officials may wish to keep these records longer, possibly for the career of the individual, if the records are consulted throughout that period.

- e. Course materials, **except** final or annual reports:  
**RETENTION:** 7 years after course completed

◆4.[809] **Emergency medical training records**, covering local governments which are course sponsors, including but not limited to information on individuals, course files, and information on instructors, as required by Section 800.20, *10 NYCRR*

- a. Information on individuals and course files:  
**RETENTION:** 5 years
- b. Information on instructors:  
**RETENTION:** 5 years after working association of each instructor ceases

◆5.[810] **Rescue and disaster response reports** and related records, covering specific incidents:

**RETENTION:** 3 years, but not until 3 years after any minor involved attains age 18

**NOTE:** Specific rescue and disaster response records should be appraised for historical value, and may warrant permanent retention, based on the serious nature of the incident involved. These records may not be duplicated in disaster response files, covered by item no. 136 in the Disaster Preparedness section. Contact the



State Archives for additional advice.

- ◆6.[811] **Emergency medical services reports**, containing information on such subjects as specific types of medical emergencies, types of supplies used, and call frequency
  - a. Reports containing billing information:  
**RETENTION:** 7 years
  - b. Reports **not** containing billing information:  
**RETENTION:** 1 year
  - c. Summary data received from New York State Department of Health:  
**RETENTION:** 0 after no longer needed

## **FIRE FIGHTING AND PREVENTION**

- ◆1.[442] **Blotter** or equivalent record providing summary information on all significant activities of a fire department or district:  
**RETENTION:** PERMANENT
- ◆2.[443] **Log**, journal or similar chronological record of all activity at a fire station:  
**RETENTION:** 3 years after date of most recent entry
- ◆3.[444] **Fire department or district incident listing or report**, received from New York State Department of State
  - a. When blotter or equivalent record is **not** kept by department or district:  
**RETENTION:** PERMANENT
  - b. When incidents listed on printout are also shown on blotter or log:  
**RETENTION:** 0 after no longer needed
- ◆4.[445] **Reports on fire-fighting activity, not including** incident reports
  - a. Reports dealing with serious incidents or problems, or major issues with long-term implications, such as covering overall status of fire-fighting apparatus, equipment and facilities, fire-fighting readiness capability and personnel performance evaluation, and fire casualty reports:  
**RETENTION:** PERMANENT
  - b. Reports on routine activities, including but not limited to daily activity

report, daily communications report, false alarm investigation report, and other periodic report, which contain information of legal or fiscal value:

**RETENTION:** 6 years

- c. Reports on routine activities, which **do not** contain information of legal or fiscal value, and reports which contain information duplicated in reports covered by part "a" or part "b," above:

**RETENTION:** 0 after no longer needed

- d. Informational reports received from county fire coordinator:

**RETENTION:** 0 after no longer needed

◆ 5.[446] **Fire investigation records**

- a. First, second or third degree arson investigation records, disaster or casualty investigation records, or records of investigations of major fires or significant fires of suspicious origin:

**RETENTION: PERMANENT**

- b. Fourth degree arson investigation records:

**RETENTION:** 10 years

- c. Routine fire investigation records, not covered by parts "a" or "b," above:

**RETENTION:** 3 years

- d. Master summary record of all fire investigations:

**RETENTION: PERMANENT**

◆ 6.[447] **Fire mutual aid plan**

- a. Final plan, including maps and other attachments:

**RETENTION: PERMANENT**

- b. Background materials and supporting documentation used in producing final plan:

**RETENTION:** 3 years after final plan completed

◆ 7.[448] **Fire safety inspection records**

- a. Master summary record of inspections performed:

**RETENTION: PERMANENT**

- b. Report on inspection at school, public building, multifamily dwelling, or commercial or industrial facility and notice of violation:  
**RETENTION:** 21 years
  - c. Report on inspection of single family dwelling and notice of violation:  
**RETENTION:** 6 years
  
- ◆ 8.[449] **Fire evacuation plan, disaster response plan, fire drill report, fire safety survey, but not including mutual aid plan:**  
**RETENTION:** 3 years after superseded or obsolete
  
- ◆ 9.[450] **Fire hydrant records**
  - a. Master record of hydrant locations:  
**RETENTION:** 0 after superseded
  - b. Installation, repair, location, maintenance, inspection and replacement records:  
**RETENTION:**
  
- ◆ 10.[453] **Copies of volunteer department or organization fund-raising records, maintained by municipality or fire district:**  
**RETENTION:** 6 years
  
- ◆ 11.[454] **Volunteer Firefighter Service Awards benefit plan**
  - a. Benefit plan (including all revisions):  
**RETENTION:** 0 after superseded and no longer needed to determine benefits
  - b. Drafts and supporting documentation used in producing and updating plan:  
**RETENTION:** 1 year
  
- ◆ 12.[455] **Annual report ("census of members") received from Volunteer Firefighters Insurance Service (VFIS):**  
**RETENTION:** 0 after superseding report received
  
- ◆ 13.[456] **Summary records of volunteers listing credits earned and providing breakdown of types of services and how credits earned**
  - a. Annual summary report or listing:  
**RETENTION:** 55 years

- b. Monthly or other periodic reports or listings:  
**RETENTION:** 3 years

◆14.[457] Volunteer Firefighter Service Awards records relating to individual volunteer

- a. Records showing credits earned and providing breakdown of types of services and how individual earned credits:  
**RETENTION:** 6 years after individual leaves service
- b. Copy of initial and vested certificates of membership in awards plan: **RETENTION:** 6 years after individual leaves service
- c. Copy of application to join service awards plan and/or life insurance plan, along with declination statement and related records:  
**RETENTION:** 6 years after individual leaves service
- d. Beneficiary designation records:  
**RETENTION:** 0 after superseded or obsolete
- e. Records relating to individual's challenge to plan's, department's or district's assignment or of number of points earned:  
**RETENTION:** 3 years after appeal concluded or other disagreement otherwise resolved

◆15.[812] Controlled burn records, covering legally approved burning of leaves and debris permitted by fire department or district:  
**RETENTION:** 3 years

**LAW ENFORCEMENT: GENERAL**

◆1.[458] Incident data summary record, including blotter, "desk record book," or equivalent record containing summary record of department or station activities:  
**RETENTION: PERMANENT**

◆◆2.[466] Law enforcement reports, studies or data queries, including their documentation

- a. Reports, studies or queries having legal or fiscal value, such as reports covering use of equipment and personnel resources, reports on crime in specific neighborhoods or on specific kinds of criminal activity, daily

activity reports and individual officer "diaries":

**RETENTION:** 6 years

**NOTE:** Appraise records covered by part "a" for archival value. Reports and studies analyzing law enforcement activity within a municipality for specific kind of criminal activity or a given area may be valuable for long-term planning, analysis of trends in law enforcement, and for historical and other research. Contact the State Archives for additional advice.

- b. Reports, studies or queries having no legal or fiscal value, such as daily communications or other routine internal reports:

**RETENTION:** 0 after no longer needed

- c. Uniform Crime Reports submitted to State Division of Criminal Justice Services:

**RETENTION:** 1 year

- d. Incident-based reports or queries:

**RETENTION:** 3 years

- e. Report or study of law enforcement activity within municipality, generated for local law enforcement agency by county, regional or state law enforcement agency (local law enforcement agency copy):

**RETENTION:** 0 after no longer needed

**NOTE:** Appraise records covered by parts "e" and "f" for archival value. Reports and studies analyzing law enforcement activity within a municipality or specific area may be valuable for long-term planning, analysis of trends in law enforcement, and for historical and other research. Contact the State Archives for additional advice.

- f. Report or study of law enforcement activity within municipality, generated for local law enforcement agency by county, regional or state law enforcement agency (copy retained by county or regional creating agency):

**RETENTION:** 3 years

- ◆◆3.[460] Case investigation record for adult, juvenile offender, youthful offender or juvenile delinquent, including but not limited to complaint, investigation report, arrest report, property record, and disposition of the case

- a. For homicides, suicides, arson (first, second or third degree), missing persons (until located), active warrants, and stolen or missing firearms (until

recovered or destroyed):

**RETENTION:** PERMANENT

- b. For all felonies except those covered by parts "a" and "c", and fatalities other than homicides:

**RETENTION:** 25 years after case closed

**NOTE:** Appraise case investigation files for these felonies for historical and other research value, as well as for analysis of long-term trends. Contact the State Archives for additional advice.

- c. For fourth degree arson and non-fatal accidents:-

**RETENTION:** 10 years after case closed

- d. For misdemeanor:

**RETENTION:** 5 years after case closed

- e. When offense involved was a violation or traffic infraction:

**RETENTION:** 1 year after case closed

- f. When investigation reveals no offense has been committed by adult:

**RETENTION:** 5 years

- g. When individual involved was a juvenile and no arrest was made, or no offense was committed:

**RETENTION:** 1 year after individual attains age 18

- h. Domestic incident report, created pursuant to Section 140.10(5), Criminal Procedure Law, when case investigation record is created:

**RETENTION:** Retain for 4 years or as long as rest of case investigation report, whichever is longer.

- ◆4.[813] Master summary record of case investigation information:

**RETENTION:** 0 after no longer needed to access case investigation records

**NOTE:** Appraise this record for archival value. This record may supplement the incident data summary record in providing summary information on all case investigations conducted by the law enforcement agency. Contact the State Archives for additional advice.

- ◆5.[461] Individual identification file, except jail or penitentiary prisoner case record, including but not limited to fingerprint cards, photographs, record sheets from other

agencies, local arrest and disposition records, and miscellaneous reports

**NOTE:** Section 160 of the Criminal Procedure Law requires that individual identification records be returned to the individual involved or destroyed when criminal actions are terminated in favor of the accused or by conviction for a noncriminal offense.

- a. When offense involved was a crime (misdemeanor or felony):  
**RETENTION:** 5 years after death of individual, or 0 after individual attains age 80, whichever is shorter, provided no arrest in the last 5 years

**NOTE:** Records created before establishment of the D.C.J.S. statewide automated identification system in 1966 are not duplicated at the state level and should be appraised for both archival value and ongoing legal and administrative purposes. Contact the State Archives for additional information.

- b. When offense involved was a violation or traffic infraction:  
**RETENTION:** 5 years

- c. Digital "mug shot" file, containing digital photos and relevant accompanying data on an individual, when official copies of photos are retained in hard copy as part of part "a" or "b," above:  
**RETENTION:** 0 after no longer needed

**NOTE:** Digital "mug shot" file, containing digital photos and relevant accompanying data on an individual, when official copies of photos are not retained in hard copy, must be retained as specified in part "a" or "b," above.

**NOTE:** Appraise these digital files for archival, legal and administrative value. They may have long term value in criminal investigation. Contact the State Archives and the Division of Criminal Justice Services for additional advice.

- d. Digital fingerprint file, containing digital images used to produce fingerprint cards:  
**RETENTION:** 0 after no longer needed
- e. Photo arrays, created by combining identification photos for identification and investigative purposes:  
**RETENTION:** Retain as long as relevant case investigation record.
- f. Criminal record summaries ("rap sheets"), received from Federal Bureau of Investigation or other law enforcement agency:  
**RETENTION:** Retain most current copy as long as relevant case investigation, or 0 after superseded or obsolete if unrelated to case investigation.
- g. Authorized requests for criminal information contained in local government law

enforcement agency records, along with response and record of action taken:

**RETENTION:** 6 years

- ◆6.[814] Personal information data me
  - a. Data on criminals and suspects:  
**RETENTION:** Retain data for 5 years after death of individual, or 0 after individual attains age 80, whichever is shorter, provided no arrest in the last 5 years.
  - b. Data on associated persons, such as victims, relatives and witnesses:  
**RETENTION:** Retain data as long as, or information as part of, relevant case investigation record.
  - c. Documentation of updates and changes to data:  
**RETENTION:** Retain as long as data which has been changed or updated.
  - d. Trouble and discrepancy reports regarding personal information data: **RETENTION:** 3 years
  
- ◆7.[815] County- or region-wide arrest information cumulative data me, covering county- or region-wide area:  
**RETENTION:** Maintain as perpetual data file, with superseded or corrected data maintained for 3 years after data updated.
  
- ◆8.[816] Profiling reports and related records, including macros, workspaces or other files (including all documentation) created in profiling process
  - a. Relating to specific case investigation:  
**RETENTION:** Retain as long as relevant case investigation record.
  - b. Not relating to specific case investigation:  
**RETENTION:** 0 after obsolete
  
- ◆◆9.[914] Confidential informant records, maintained separately from confidential informant information contained in case investigation records
  - a. Master index or listing of confidential informants:  
**RETENTION: PERMANENT**
  - b. Detailed information on confidential informant:  
**RETENTION:** 0 after individual is deceased or attains age 90



## LAW ENFORCEMENT: PERSONAL PROPERTY

- ◆ 1.[462] Personal property record
  - a. For dangerous weapon, including but not limited to receipt, identification tag, and report of destruction:  
**RETENTION:** 6 years after disposition of property, or 0 after disposition of any related case investigation records, whichever is longer  
  
**NOTE:** Local law enforcement officials may wish to retain these records longer for investigative or other long-term administrative purposes. See also item no. 492, below.
  - b. For other property, including but not limited to receipt, confiscated currency report, identification tag, and report of public auction or destruction:  
**RETENTION:** 6 years after disposition of property
- ◆ ◆ 2.[465] Identification records for an individual person or for number-engraved property
  - a. Personal identification card for an individual, including Sheriff ID, copies of child fingerprint records and records of distribution of child identification kits:  
**RETENTION:** 0 after no longer needed  
  
**NOTE:** Local governments should consult with their legal counsel to determine if these records merit continuing retention due to legal value or for law enforcement purposes, such as in locating and identifying missing children.
  - b. Property number assignment register:  
**RETENTION:** 0 after obsolete
  - c. Identification/validation records for missing or stolen property, license plates, licenses, registrations or ID cards (if not part of case investigation records):  
**RETENTION:** 0 after no longer needed
- 3.[469] Pawn shop records, including lists of pawn shops, purchase and sale reports and reports on stolen property:  
**RETENTION:** 5 years
- 4.[487] Bicycle licensing or registration record
  - a. When a fee is charged:

**RETENTION:** 6 years after expiration or renewal

b. When **no** fee is charged:

**RETENTION:** 1 year after expiration or renewal

## **LAW ENFORCEMENT: FIREARMS**

◆ 1.[490] **Firearm licensing file**, including application for license to sell, carry, possess, repair and dispose of firearms, and supporting records such as affidavit of character reference, and verification of reason for license

a. When application is approved:

**RETENTION:** 6 years after license was renewed, canceled, revoked, or expired, or after individual is known to have deceased or reached age 90

b. When application is disapproved, after any litigation is completed:

**RETENTION:** 6 months

2.[491] **Individual firearm purchase record:**

**RETENTION:** 6 years

◆ 3.[492] **Certificate of nondestruction of, or notice of intent to destroy, weapon or dangerous instrument, appliance, or substance**, including results of New York State Police files search:

**RETENTION:** 6 years after disposition of property, or 0 after disposition of any related case investigation records, **whichever is longer**

**NOTE:** See also item no. 462, above.

◆ 4.[494] **Records of issuance of firearms or other weapons to law enforcement personnel:**

**RETENTION:** 3 years after return or other disposition of weapon

◆ 5.[495] **Repair and maintenance records for firearms or other weapons used by law enforcement personnel:**

**RETENTION:** 3 years after weapon no longer in use

◆ 6.[817] **Record of stolen or missing firearms:**

**RETENTION:** 0 after all firearms are located or destroyed

## LAW ENFORCEMENT: MOTOR VEHICLES (including watercraft)

- ◆1.[481] **Traffic and parking violation records**, including parking, speeding or other appearance ticket (other than court's copy); officer's supporting deposition; parking violation hearing records; "boot and tow" records; and related records:  
**RETENTION:** 2 years after any litigation has been completed
- ◆2.[485] **Speed-timing records**
- a. Original record produced by radar or other speed-timing device:  
**RETENTION:** 2 years after any litigation has been completed
- b. Records of use of speed-timing, such as radar activity log and reports of speed monitoring:  
**RETENTION:** 3 years
- NOTE:** These records may have long-term value in transportation planning, in providing information on average and excessive speeds for specific road segments.
- c. Calibration and other quality control and testing records for speed-timing devices:  
**RETENTION:** 3 years after device no longer in use
- ◆3.[482] **Vehicle accident case record**, including vehicle accident report and related records, after any litigation has been completed:  
**RETENTION:** 6 years, or 3 years after youngest individual involved attains age 18, whichever is longer
- NOTE:** This item does not cover the case investigation record. See item no. 460, above.
- ◆4.[483] **Vehicle history files**, including information on specific vehicles or vehicle models, including those which have been involved in accidents or used in the commission of crimes:  
**RETENTION:** 0 after no longer needed
- ◆5.[484] **Individual's driving and accident records**

- a. Order, report, or notice concerning vehicle operator's license or registration, including but not limited to order of suspension or revocation of license, notice of compliance with order of suspension or revocation, notice of noncompliance, notice of restoration of license, and report of lost or stolen plates:

**RETENTION:** 3 years

- b. Driver's summary record of accidents, violations and other activities:

**RETENTION:** 0 after death of individual, or 90 years after date of birth, if death not verified

- ◆6.[486] **Impounded or abandoned vehicle record**, including but not limited to impound report, tow-away notice to owner, request for information to determine the last owner, notice to owner and lien holders that vehicle has been taken into custody as abandoned, affidavit stating how ownership was acquired by municipality, transfer of ownership document, and bill of sale:

**RETENTION:** 6 years after disposition of vehicle by local government

- 7.[488] **Reports or other records of repossessed vehicles, not impounded by law enforcement agency:**

**RETENTION:** 1 year

- ◆8.[489] **Vehicle towing records**

- a. Lists of companies available for towing vehicles:

**RETENTION:** 0 after superseded or obsolete

- b. Contract or agreement with towing firm:

**RETENTION:** 6 years after expiration or termination

- ◆9.[818] **Driver-vehicle examination report or equivalent record**, created when local law enforcement agency conducts motor carrier safety inspection:

**RETENTION:** 7 years

- ◆10.[819] **Motor vehicle accident and other summary data**, reports and other records:

**RETENTION:** 6 years

**NOTE:** Appraise these records for archival value. These records may be useful in providing summary information on all motor vehicle accidents, and may reveal long-term trends and accident-prone areas and vehicles. Contact the State Archives for additional advice.

**LAW ENFORCEMENT: INCARCERATION**

- ◆ 1.[474] **Master summary record of all prisoners**, including "daily record of the commitments and discharges of all prisoners," including date of entrance, name, offense, term of sentence and other information required by Section 500-f, Correction Law:  
**RETENTION: PERMANENT**
- ◆ 2.[820] **Prisoner data file:**  
**RETENTION:** Maintain data for each prisoner 15 years after death or discharge of that prisoner.
- NOTE:** If this record takes the place of the master summary record (item no. 474, above) then it must be retained permanently.
- ◆ 3.[475] **Prisoner case record**
- a. Case records, including but not limited to commitment, general information history, presentence investigation reports, record sheets from other agencies, record of personal property taken from prisoner upon commitment, record of letters written and received, copies of general correspondence concerning prisoner, reports of infractions of rules, prisoner's health records, and suicide prevention screening records, **but not including** commissary records:  
**RETENTION:** 15 years after death or discharge of prisoner
- b. Commissary records, including listing of items requested by prisoner, and prisoner transaction record:  
**RETENTION:** 3 years
- ◆ 4.[476] **Facility housing supervision records, including prisoners' activities log**, including such information as identities of visitors, prisoners' phone calls and mail, and records of visits to cells by officers checking on condition of prisoners:  
**RETENTION:** 3 years
- ◆ 5.[477] **Prisoners' periodic work report** listing names of prisoners by work assignments:  
**RETENTION:** 3 years after all prisoners listed have been discharged
- ◆ 6.[478] **Complaint or incident report involving alleged prisoner abuse, injury, or similar occurrence** showing description of the problem, identifying the individuals involved and stating the action taken, after any litigation has been

completed:

**RETENTION:** 6 years, or 0 after individual involved attains age 21, whichever is longer

- ◆7.[479] **Inspection, audit and other reports or studies**, conducted by New York State Commission of Correction or other state or local agency, covering such subjects as jail conditions, compliance with state standards, and prisoner fatalities:

**RETENTION:** 6 years

**NOTE:** Appraise these records for archival value. Local officials should retain permanently any reports or studies documenting serious incidents or problems. Contact the State Archives for additional advice.

- ◆8.[480] **Reports relating to local correctional facility or lock-up**

- a. Reports containing legal and fiscal information:

**RETENTION:** 6 years

**NOTE:** Appraise these records for archival value. Reports and studies analyzing facility prisoners, occupancy or conditions may be useful for long-term planning, analysis of trends in law enforcement, and for historical and other research. Contact the State Archives for additional advice.

- b. Reports of short-term internal administrative value:

**RETENTION:** 0 after no longer needed

- ◆9.[821] **Population counts, including daily census of prisoners:**

**RETENTION:** 3 years

- ◆10.[822] **Visitation records**, including schedule of visits and visitor identification information:

**RETENTION:** 3 years

- ◆11.[823] **Dietary services records**

- a. Food service records, including meal counts, roster of prisoners' diet orders, and dietary services studies:

**RETENTION:** 3 years

- b. Menus:

**RETENTION:** 1 year

- ◆ 12.[824] **Health and sanitation inspection and related records**, including records of action taken to correct any problems:  
**RETENTION:** 6 years
- ◆ 13.[825] **Review and censorship records for incoming printed materials and publications**, including evaluations by staff and suitability determinations:  
**RETENTION:** 3 years
- ◆ 14.[826] **Prisoner exercise records**, including schedule of exercise periods, results of exercise area searches and explanation of any limitations of exercise:  
**RETENTION:** 3 years
- ◆ 15.[827] **Application of change in maximum facility capacity**, including determination from New York State Commission of Correction, facility staffing determinations, and related records:  
**RETENTION:** 3 years after superseded by subsequent change in capacity
- ◆ 16.[828] **Substitute jail order** issued by New York State Commission of Correction, authorizing the confinement of some of all prisoners in another correctional facility, and related records:  
**RETENTION:** 3 years

**NOTE:** Appraise these records for archival value. These records may provide important information on conditions at the correctional facility which warrant the moving of prisoners to another facility. Contact the State Archives for additional advice.

**LAW ENFORCEMENT: MISCELLANEOUS**

- ◆ 1.[459] **Warrant execution and subpoena or summons service records**
  - a. Original signature copies of arrest and other warrants executed by law enforcement agency:  
**RETENTION:** 5 years after warrant executed or recalled
  - b. Other warrant related records, including copies without original signatures and warrant control records:  
**RETENTION:** 5 years after date of most recent entry in record
  - c. Copies of subpoenas and summonses, and records of their service:

**RETENTION:** 2 years

d. Warrant information file:

**RETENTION:** Maintain data on each warrant as long as that warrant is valid.

◆2.[829] **Domestic violence records**, covering single or multiple incidents, not relating to specific case investigation records, including domestic incident report, created pursuant to Section 140.10(5), Criminal Procedure Law, when **no** case investigation record is created:

**RETENTION:** 4 years

3.[472] **Results of alcohol and drug tests administered by law enforcement personnel**, when not included in case investigation records:

**RETENTION:** 5 years

◆4.[463] **Escort service record**, including activities such as funeral, parade, military escort, escorting prisoner to and from court or jail, and delivery of blood to hospital:

**RETENTION:** 3 years

5.[464] **Vacant place check record**, including vacant houses and other places to be checked during patrols:

**RETENTION:** 0 after obsolete

◆6.[467] **Alcoholic beverage establishment sale and use reports**, including checks of New York State Division of Alcoholic Beverage Control (ABC) violations:

**RETENTION:** 5 years

◆7.[468] **Parolee and sex offender records**

a. Lists of parolees or sex offenders living within a jurisdiction:

**RETENTION:** 0 after superseded or obsolete

b. Detailed records on individual parolee or sex offender:

**RETENTION:** 0 after person's parole terminated

**NOTE:** This does not include records created pursuant to the Sex Offender Registration Act, which are covered by item nos. 830 and 831, immediately below.

◆8.[830] **Subdirectory of High-Risk (Level 3) Sex offenders:**



**RETENTION:** 0 after superseded

**NOTE:** The Division of Criminal Justice Services (DCJS) strongly recommends the destruction of superseded information as soon as superseding information is received.

◆9.[831] **Sex offender registration records**, including but not limited to official notification upon registration, change of address information, determination of final risk level, notification of error or change in jurisdiction, notification that offender is no longer registerable, annual address verification, 90-day personal verification (for level 3 offenders), and community notification information

a. For level 1 or 2 offender, when offender remains in local law enforcement agency's jurisdiction:

**RETENTION:** 0 after death of individual, or 5 years after completion of registration period, whichever is earlier

b. For level 1 or 2 offender, when offender has left local law enforcement agency's jurisdiction:

**RETENTION:** 0 after death of individual, or 5 years after offender leaves that jurisdiction, whichever is earlier

c. For level 3 offender, when offender remains in local law enforcement agency's jurisdiction:

**RETENTION:** 0 after death of individual, or individual attains age 100

d. For level 3 offender, when offender has left local law enforcement agency's jurisdiction:

**RETENTION:** 0 after death of individual, or 5 years after offender leaves that jurisdiction, whichever is earlier

◆10.[470] **Missing person records**

a. Missing person files, covering any records not included in case investigation records:

**RETENTION:** 10 years, or 0 after individual attains age 90, whichever is longer

b. Validation records, received from and submitted to State Division of Criminal Justice Services (D.C.J.S.):

**RETENTION:** 6 months

- ◆ 11.[832]     **Videotape or other recording of booking or arrest processing**
- a.     When litigation and/or criminal proceedings have commenced:  
       **RETENTION:**     3 years, but not until any individual has attained age 21, and not until 1 year after any litigation or criminal proceedings have concluded
  - b.     When litigation and/or criminal proceedings have **not** commenced:  
       **RETENTION:**     3 years, but not until any individual has attained age 21
- ◆ 12.[833]     **Copy of order of protection, filed with local law enforcement agency having jurisdiction, pursuant to Article 530, Criminal Procedure Law, and related records**
- a.     Copy of order of protection:  
       **RETENTION:**     6 months after order expires or otherwise becomes invalid
  - b.     List or similar record of orders of protection in effect in local jurisdiction:  
       **RETENTION:**     Maintain data on each order as long as that order is valid.
- ◆ 13.[834]     **Videotape or other recording taken from mobile unit**
- a.     When recording relates to specific case investigation:  
       **RETENTION:**     Retain as long as the case investigation to which the recording relates is retained.
  - b.     When recording does **not** relate to specific case investigation, such as routine traffic stop:  
       **RETENTION:**     6 months
- NOTE:** Recordings of potentially important incidents may warrant longer retention for legal reasons, even if no case investigation has been initiated. Local law enforcement agencies should carefully review these recordings before destroying or reusing them. In addition, recordings of specific pursuits, arrests and other serious incidents should be appraised for archival or long-term administrative value. Contact the State Archives for additional advice.
- ◆ 14.[473]     **Child abuse or maltreatment reports** and related records, reporting law

enforcement agency copy, when **not** included in case investigation record:

**RETENTION:** 3 years

**NOTE:** This item covers copies of child abuse and maltreatment reports and related records retained by law enforcement agencies reporting suspected abuse and maltreatment to the State Central Register or to child protective services units of county social services departments. If these records are included in case investigation records, see item no. 460.

## **LAW ENFORCEMENT: N.Y.S.P.I.N. AND RELATED RECORDS**

- ◆ 1.[835] **Lists and posters showing "most wanted" persons, and all points bulletins (APBs):**

**RETENTION:** 0 after superseded or no longer needed

- ◆ 2.[836] **N.Y.S.P.I.N. validation records**, including monthly print-out received from New York State Police and related system entry validation records:

**RETENTION:** 13 months from date report received

- ◆ 3.[837] **N.Y.S.P.I.N. system purging records**, including "purge reports" received from New York State Police and records relating to data reentry:

**RETENTION:** 0 after any necessary data reentry completed

- ◆ 4.[838] **N.Y.S.P.I.N. message records**, covering any messages sent or received over N.Y.S.P.I.N. system:

**RETENTION:** 0 after no longer needed

**NOTE:** The State Archives and the State Police strongly recommend that local law enforcement agencies consider retaining significant messages as part of case investigation records.

- ◆ 5.[839] **Daily "archive" information** retained in electronic format (on removable electronic media) from N.Y.S.P.I.N. system:

**RETENTION:** 0 after no longer needed

**NOTE:** The State Archives and the State Police strongly recommend that local law enforcement agencies consider retaining archive data as long as may be needed for convenience of reference.

- ◆ 6.[840] **Log of all transactions**, covering all data entry into N.Y.S.P.I.N. system:

**RETENTION:** 0 after no longer needed

**NOTE:** The State Archives and the State Police strongly recommend that local law enforcement agencies consider retaining electronic logs as long as may be needed for convenience of reference.

◆7.[841] **Individual person's authorization** to use the N.Y.S.P.I.N. system

a. Records created by local law enforcement agency, including records of individual's training and acknowledgment of test results:  
**RETENTION:** 0 after individual no longer authorized to use the system

b. Listing of authorized individuals, received from State Police:  
**RETENTION:** 0 after no longer needed

◆8.[842] **Miscellaneous paper records created from former version of N.Y.S.P.I.N. system** in use prior to 1996:  
**RETENTION:** 0 after no longer needed

## RECREATION

### PARKS, RECREATIONAL PROGRAMS AND CIVIC CENTERS

- ◆1.[506] **Participation, attendance, or enrollment records** for park, recreational facility, camp, civic center, or club
- a. Summary record or report:  
**RETENTION:** 6 years
  - b. Records of original entry, including worksheets, used admission tickets and ticket stubs:  
**RETENTION:** 6 years, or 1 year after posting to summary record or report, whichever is shorter
  - c. Statement of disposition of unused tickets, when a fee is charged:  
**RETENTION:** 6 years
- ◆2.[507] **Park, recreational facility, marina, civic center, or club permits**, granted to individual or family, including but not limited to application, affidavit, and copy of stub or license
- a. Permit records, when a fee is charged:  
**RETENTION:** 0 after invalid, but not less than 6 years
  - b. Permit records, when **no** fee is charged:  
**RETENTION:** 0 after invalid, but not less than 1 year
  - c. Lease or rental agreement for marina slip:  
**RETENTION:** 6 years after expiration, termination or denial
  - d. Records of dispensing of fuel or other goods or services at marina:  
**RETENTION:** 6 years
- ◆3.[508] **Parental consent records** allowing child's participation in recreational activities, including authorization for medical treatment:  
**RETENTION:** 6 years, or 3 years after child attains age 18, whichever is longer
- ◆4.[509] **Planning and development records** covering such topics as facility construction, improvement and usage:

**RETENTION:** 6 years

**NOTE:** Construction records for recreation facilities are covered by item no. 415 in the Public Property and Equipment section.

**NOTE:** Appraise these records for historical significance prior to disposition. Final reports and studies, especially for major facilities and significant programs, may have continuing value for historical or other research and should be retained permanently. Contact the State Archives for additional advice.

- ◆5.[510] **Special event file**, including but not limited to official copy of any program or promotional literature, or photographs of events or performances, background materials and supporting documentation:

**RETENTION:** 6 years

**NOTE:** Appraise these records for historical significance prior to disposition. Official copies of programs or promotional literature, or photographs of significant events or performances, may have continuing value for historical or other research and should be retained permanently. Contact the State Archives for additional advice.

- ◆6.[511] **Athletic program records**

- a. Lists of athletes or participants, records of competitions, and other records **except** scouting records and scouting and training videotapes:

**RETENTION:** 6 years

**NOTE:** Appraise these records for historical significance prior to disposition. Official score and record books, team and action photographs and videotapes of and programs for significant competitions may have historical value in documenting community-based amateur athletics. Records with historical value should be retained permanently.

**NOTE:** Parental consents are covered by item no. 508, above.

- b. Scouting reports and videotapes used for scouting and training purposes:

**RETENTION:** 0 after no longer needed

- ◆7.[843] **Field trip records**, including but not limited to trip request data; bus driver, staff and chaperone assignments; list of attendees and trip reports:

**RETENTION:** 6 years after date of most recent entry

- ◆8.[844] **Bus or other vehicle use file**, covering school bus or other vehicle used for transporting persons involved in recreational activities, including but not limited to copies of contracts, certificates of insurance, driver information, daily logs or other reports, and copies of applicable rules and regulations:  
**RETENTION:** 6 years
  
- ◆9.[845] **Applications for individual acceptance to camp**, or participation in specific recreational programs and activities
  - a. If applicant is accepted or allowed to participate, and a fee is charged:  
**RETENTION:** 6 years after attendance or participation ends
  
  - b. If applicant is accepted or allowed to participate, and **no** fee is charged:  
**RETENTION:** 3 years after attendance or participation ends
  
  - c. If applicant is **not** accepted:  
**RETENTION:** 3 years

**MENTAL RETARDATION AND DEVELOPMENTAL  
DISABILITIES (M.R.& D.D.) RECREATIONAL PROGRAMS**

- 1.[512] **Master summary record** of participants in M.R. & D.D. recreation program:  
**RETENTION:** 6 years after last entry
  
- 2.[513] **Case record of participant in M.R. & D.D. recreational program**, including individual registration, medical evaluation, social development evaluation, intake/screening report and discharge evaluation:  
**RETENTION:** 6 years after participation ends, or 3 years after individual attains age 18, whichever is longer

**CAMPS**

- ◆1.[846] **Facility information data record** containing basic data on camp facilities:  
**RETENTION:** 6 years after facility no longer exists
  
- ◆2.[847] **Permits and approvals** to operate camp, covering pool, beach, food service and all related permits, including applications and related materials:  
**RETENTION:** 3 years after approval, denial, withdrawal or expiration

- ◆3.[848]     **Reports of camp operation and inspection**, including facility safety, health and food service reports:  
**RETENTION:**       21 years
  
- ◆4.[849]     **Routine reports**, including analysis of pool or beach water samples:  
**RETENTION:**       1 year
  
- ◆5.[850]     **Health records for individual camper:**  
**RETENTION:**       6 years, but not less 3 years after than camper attains age 18
  
- ◆6.[851]     **Log or list of illnesses, accidents, injuries** or other health and safety related incidents
  - a.       When information is also contained in individual health records files:  
**RETENTION:**       1 year
  
  - b.       When information is **not** contained in individual health records files:  
**RETENTION:**       6 years, but not less than 3 years after youngest person listed in record attains age 18
  
- ◆7.[852]     **Food management records**
  - a.       Program participation agreement, including attachments and amendments:  
**RETENTION:**       6 years after termination of agreement
  
  - b.       Other program records, including but not limited to application to participate as a sponsor, individual child participation application records, requisition and approval of requisition for donated commodities, **and** fiscal records such as adding machine tapes, purchase orders, claims and vouchers:  
**RETENTION:**       6 years
  
  - c.       Free and reduced meal policy statement, with attachments and certificate of acceptance:  
**RETENTION:**       3 years after policy superseded
  
  - d.       Meal counts and dietary services studies:  
**RETENTION:**       3 years
  
  - e.       Menus:  
**RETENTION:**       1 year



- ◆8.[853]     **Food inspection and investigation records**, including inspection report for preparation or serving area and food sanitation complaint investigation records
  - a.     When any significant problem is encountered:  
          **RETENTION:**     21 years
  - b.     When **no** significant problem is encountered:  
          **RETENTION:**     3 years
  
- ◆9.[854]     **Scholarship records** including but not limited to applications, recommendations, authorization of awards, financial statements, accounting data, list of scholarships awarded campers, and correspondence:  
          **RETENTION:**     6 years

## TAXATION AND ASSESSMENT

### VALUATION AND ASSESSMENT

- ◆ 1.[525] **Equalization rate records**
  - a. Certificate of final equalization rate, as determined by New York State Office of Real Property Services:  
**RETENTION: PERMANENT**
  - b. Equalization rate determination records **other than** certificate of final rate, including but not limited to notice of tentative rate, data submitted and reports submitted to State Office of Real Property Services:  
**RETENTION: 3 years**
  
- ◆ 2.[526] **Copy of tax map**, held by local government which **does not** conduct assessments, where official copy is held by county or municipality:  
**RETENTION: 0 after no longer needed**

### ASSESSMENT ROLL/TAX ROLL

- 1.[527] **Working papers or other intermediary records** used in preparation of, or in posting changes to, assessment roll or tax roll, including but not limited to assessor's notes, Record of Taxable Status and automated data file:  
**RETENTION: 3 years after filing of roll**
  
- ◆ 2.[528] **Assessment and tax rolls** (including records relating to correction of errors on assessment and/or tax rolls)
  - a. Tentative assessment roll:  
**RETENTION: 5 years after filing**
  - b. Final assessment roll:  
**RETENTION: 10 years after filing**
  - c. Non-warrant copy of tax roll, when warrant copy is retained permanently:  
**RETENTION: 1 year after filing**

- d. Abstract of tax roll:  
**RETENTION: PERMANENT**

## **TAX COLLECTION**

- ◆ 1.[529] Tax collection records
  - a. Tax collection data file, returned copy of tax bill, copy of receipt issued taxpayer, collector's daily accounts, receiving office tapes, records of overpayment, rebate or refund, record or notice of payment of post-due taxes, report on tax monies collected, request for extension of time to collect taxes, and similar records:  
**RETENTION: 6 years**
  - b. Tax collection history data, containing summary tax collection history information, created from tax collection data file:  
**RETENTION: 0 after no longer needed**  
  
**NOTE:** Appraise these records for historical significance prior to disposition. This data may be useful for a number of years for convenience of reference, and may possibly have long-term historical value.
  - c. Documentation of regular updates or corrections made to tax collection data file:  
**RETENTION: 6 years**
- ◆ 2.[530] Statement or list of unpaid taxes or taxes due, or other lists, reports or studies relating to tax collection:  
**RETENTION: 6 years**
- ◆◆ 3.[531] Tax escrow account records
  - a. Notification of creation, transfer or termination of escrow account:  
**RETENTION: 1 year after termination of account**
  - b. List of tax escrow accounts:  
**RETENTION: 1 year after superseded or obsolete**

**MISCELLANEOUS**

◆1.[532] Informational listing or index used in relation to taxation and assessment, including but not limited to lists of property owners, real estate transfers, address changes, exempt properties, filed grievances, tax redemptions, notice of bankruptcy or foreclosure proceeding, and billing addresses:  
**RETENTION:** 1 year after superseded or obsolete

2.[533] Records of apportionment of tax monies

- a. Annual certificate of apportionment sent to municipality or district:  
**RETENTION: PERMANENT**
- b. Apportionment records, except annual certificates:  
**RETENTION: 6 years**

3.[534] Tax search record, including but not limited to record of searches conducted, abstract of search results, correspondence and memoranda:  
**RETENTION: 6 years**

4.[535] Tax levy and tax rate determination records, including computation of constitutional tax margin and statement filed with State Comptroller's Office:  
**RETENTION: 6 years**

◆5.[859] Master summary record of real property transfers within area served by local government:  
**RETENTION: 0 after no longer needed, but not less than 6 years**

**NOTE:** Appraise these records for historical significance. These records, compiled from real property transfer reports received from the county, may have continuing value for historical or other research. Contact the State Archives for additional advice.

**RESOLUTION**

Approving the designation of William Gurin, Deputy Corporate Compliance Officer, as the New York City Health and Hospitals Corporation's ("HHC") Records Management Officer ("RMO"), as that term is defined under New York State Education Department regulations found at 8 NYCRR § 185.1[a], to coordinate the development of and oversee HHC's records management program in accordance with the requirements set forth under Article 57-A of the Arts and Cultural Affairs Law and the implementing regulations thereof.

**WHEREAS**, Mr. Gurin currently holds the functional title of Deputy Corporate Compliance Officer within HHC's Office of Corporate Compliance ("OCC") and is charged with senior executive compliance oversight of HHC's HIPAA Privacy/Security and Records Management Programs, as well as the compliance activities of HHC's South Manhattan Health Network;

**WHEREAS**, § 57.19 of Article 57-A of the Arts and Cultural Affairs Law (Local Government Records Law), and its implementing regulations found at 8 NYCRR § 185.2[a][1], require the chief executive official of each local government, subject to the approval of the local government's governing body, to designate a RMO who will be responsible for developing and coordinating the local government's records management program;

**WHEREAS**, HHC, as a public benefit corporation created under the laws of the State of New York, meets the definition of a local government under Arts and Cultural Affairs Law § 57.17[1];

**WHEREAS**, Wayne A. McNulty, HHC Senior Assistant Vice President/Chief Corporate Compliance Officer ("CCO"), OCC, has selected Mr. Gurin to be designated as HHC's RMO;

**WHEREAS**, Ramanathan Raju, M.D., HHC President and Chief Executive Officer, concurred with the CCO's selection and subsequently designated Mr. Gurin as HHC's RMO;

**WHEREAS**, the OCC now respectfully requests that the Audit Committee of the HHC Board of Directors ("Audit Committee") approve Mr. Gurin's designation as HHC's RMO;

**WHEREAS**, we believe that Mr. Gurin is qualified to carry out the functions of the RMO as set forth under applicable law;

**NOW, THEREFORE**, be it

**RESOLVED**, that the Audit Committee hereby approves the designation of William Gurin, Deputy Corporate Compliance Officer, OCC, as HHC's RMO, as that term is defined under the New York State Education Department regulations found at 8 NYCRR § 185.1[a].

## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute five successive one year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of approximately 2,738 square feet of space at 413 East 120<sup>th</sup> Street, Borough of Manhattan to house for La Clinica del Barrio operated by Metropolitan Hospital Center (the "Facility") at an occupancy fee of \$23 per square foot, a \$2 per square foot utility surcharge, a \$1 per square foot seasonal cooling charge, and a Saturday occupancy charge not to exceed \$25,000 per year. The total occupancy fee to be paid over the five years authorized shall not exceed \$471,810.

**WHEREAS**, in October June 2011 the Board of Directors of the Corporation authorized the President to execute three one-year revocable license agreements with HRA for the use of approximately 2,738 square feet of space at 413 East 120<sup>th</sup> Street at \$20 per square foot and surcharges per square foot of \$2 for utilities and \$1 for cooling; and

**WHEREAS**, the prior license agreement allowed the Corporation to continue to operate the facility known as La Clinica del Barrio providing to the community surrounding 413 East 120<sup>th</sup> Street family practice, pediatrics, internal medicine, OB/GYN, immunization, family planning, primary care, an outpatient mental health program for adults and children and a maternal/infant health program as it had done at the same location since 2003; and

**WHEREAS**, in October 2012 the Board of Directors of the Corporation authorized the President to increase the payments to HRA for the occupancy of La Clinica del Barrio (and two other sites licensed by HRA to the Corporation) to bring the basic occupancy fee from \$20 per square foot to \$23 per square foot; and

**WHEREAS**, the Board's authorization to execute the successive one-year license agreements offered by HRA has expired but the Facility desires to continue operating La Clinica del Barrio at the current occupancy rates at its current location.

**NOW, THEREFORE**, be it

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation be and is hereby authorized to execute five successive one-year revocable license agreements with the New York City Human Resources Administration for the use and occupancy of approximately 2,738 square feet of space at 413 East 120<sup>th</sup> Street, Borough of Manhattan to house La Clinica del Barrio operated by the Metropolitan Hospital Center at an occupancy fee of \$23 per square foot, a \$2 per square foot utility surcharge, a \$1 per square foot seasonal cooling charge, and a Saturday occupancy charge not to exceed \$25,000 per year. The total occupancy fee to be paid over the five years authorized shall not exceed \$471,810.

## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a five year lease extension agreement with Welner Associates (the "Landlord") for 10,900 square feet of space at 279 Graham Avenue, Borough of Brooklyn, to house the Williamsburg Community Health Center (the "Health Center"), operated by Woodhull Medical and Mental Health Center (the "Facility") at an initial rent of \$41 per square foot to increase at a rate of 3.5% per year with the Corporation responsible for the payment of real estate taxes, water and sewer rents, gas, and electricity and with the Corporation holding an option for an additional five years at a rental rate that will continue the pattern of annual 3.5% increases provided that the exercise of the Corporation's option shall be made only upon the further authorization of the Corporation's Board of Directors to be requested not less than one year prior to the date of the proposed exercise. The total to be paid in rent, exclusive of real estate taxes, water and sewer rents, gas and electricity shall not exceed \$2,776,486 over the initial five-year term.

**WHEREAS**, the Health Center is a community-based health care center that has been providing primary care services to residents of the community since 1994; and

**WHEREAS**, the services the Health Center provides include pediatrics, adolescent and adult gynecology, obstetrics, family planning, post-partum and well-baby counseling, and HIV counseling; and

**WHEREAS**, there remains a need for primary care services in this section of Brooklyn and extending the lease for this site will allow the Health Center to continue to serve the community; and

**WHEREAS**, the retention of this site serves the mission of HHC and the changing focus of health care by bringing primary care into a community with limited access to primary care providers; and

**NOW, THEREFORE, be it**

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation be, and hereby is, authorized to execute a five year lease extension agreement with Welner Associates (for 10,900 square feet of space at 279 Graham Avenue, Borough of Brooklyn, to house the Williamsburg Community Hill Health Center, operated by Woodhull Medical and Mental Health Center at an initial rent of \$41 per square foot to increase at a rate of 3.5% per year with the Corporation responsible for the payment of real estate taxes, water and sewer rents, gas and electricity and with the Corporation holding an option for an additional five years at a rental rate that will continue the pattern of annual 3.5% increases provided that the exercise of the Corporation's option shall be made only upon the further authorization of the Corporation's Board of Directors to be requested not less than one year prior to the date of the proposed exercise. The total to be paid in rent, exclusive of real estate taxes, water and sewer rents, gas and electricity shall not exceed \$2,776,486 over the initial five-year term.

**RESOLUTION**

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a revocable five-year license agreement with Eyes and Optics (the "Licensee") for the use and occupancy of approximately 140 square feet of space on the 8<sup>th</sup> floor of the "E Building" to operate an optical dispensary at Kings County Hospital Center (the "Facility") at an occupancy fee of \$30 per square foot for a total annual occupancy fee of \$4,200 to be escalated by 3% per year.

**WHEREAS**, the Facility's Ophthalmology Department, located on the 8<sup>th</sup> floor of the Ambulatory Care Center, performs vision screenings, diagnostic tests and ophthalmic procedures for its patient population, and the department's outpatient visits continue to trend upward; and

**WHEREAS**, since 2008 the Licensee has operated an on-site ophthalmic dispensary at Gouverneur Healthcare Services ("Gouverneur") pursuant to resolutions of the Board of Directors adopted in 2008 and again in 2012; and

**WHEREAS**, the Licensee's dispensary at Gouverneur has been successful and the Facility now desires to augment its own department's resources by establishing an ophthalmic dispensary providing moderate to low cost options for its patient population; and

**NOW, THEREFORE, be it**

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five-year revocable license agreement with Eyes and Optics for its use and occupancy of approximately 140 square feet of space on the 8<sup>th</sup> floor of the "E Building" at Kings County Hospital Center to operate an optical dispensary at an occupancy fee of \$30 per square foot for a total annual occupancy fee of \$4,200 to be escalated by 3% per year.



**RESOLUTION**

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Beacon Health Strategies LLC ("Beacon"), to provide administration of behavioral health services for a term of two (2) years with three (3) options to renew for a one (1) year term each, solely exercisable by MetroPlus, for an amount not to exceed \$76 million for the total 5 years*

**WHEREAS**, MetroPlus, a wholly-owned subsidiary corporation of the New York City Health and Hospitals Corporation ("HHC"), is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York and;

**WHEREAS**, the Certificate of Incorporation of MetroPlus reserves to HHC the sole power with respect to MetroPlus entering into contract, other than with HHC or a health care service provider, with an annual value in excess of \$3,000,000; and

**WHEREAS**, the New York State Department of Health, the Office of Mental Health and the Office of Alcohol and Substance Abuse Services has issued a Request for Qualification requiring Health Plans to assume coverage for Mental Health and Substance Abuse for SSI recipients and for seriously and persistently mentally ill adult members; and

**WHEREAS**, the program requires that staff from all areas of the organization have specific mental health expertise and MetroPlus must meet all qualification requirements as a Behavioral Health Managed Care Organization to continue managing the existing Medicaid population plus the carve-in of the additional SSI recipients; and

**WHEREAS**, MetroPlus requires a qualified vendor to provide behavioral health and substance abuse and home and community based services for membership in all lines of business including the new FIDA and Health and Recovery Plan lines of business, as well as managing credentialing and maintenance and management of all behavioral health provider, claims processing, customer, provider services, utilization, case and quality management etc; and

**WHEREAS**, an RFP for administration of these services was issued in compliance with MetroPlus' contracting policies and procedures; and

**WHEREAS**, Beacon was the vendor selected to provide these services; and

**WHEREAS**, the Finance Committee of the Board of Directors of MetroPlus has duly considered and approved the proposed contract between MetroPlus and Beacon.

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus is hereby authorized to negotiate and execute a contract with Beacon Health Strategies LLC, to provide administration of behavioral health services for a term of two (2) years with three (3) options to renew for a one (1) year term each, solely exercisable by MetroPlus, for an amount not to exceed \$76 million for the total 5 years.

## **RESOLUTION**

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a contract with Simpler North America, LLC ("Simpler") to provide "Lean" coaching, consultation and training services in support of the further implementation of Breakthrough throughout the Corporation, as well as for the acceleration of independence from outside expertise. This contract shall be for a total amount not to exceed \$10,494,000 for the period from November 1, 2014 through October 31, 2017, with two one-year options for renewal, solely exercisable by the Corporation, subject to additional funding approval by the Corporation's Board of Directors.

**WHEREAS**, a selection committee comprised of Corporation Central Office and HHC facility officials has considered applications received pursuant to a competitive bid process from six companies and has recommended that the Corporation enter into a contract for "Lean" coaching, consultation and training with Simpler; and

**WHEREAS**, the current contract with Simpler will expire on October 31, 2014; and

**WHEREAS**, the Breakthrough Improvement System has effectively and satisfactorily been implemented at nineteen Corporation sites, and the Corporation desires to strengthen its Breakthrough infrastructure to operate without outside assistance, align Breakthrough with strategic goals and fully implement the Daily Management System; and

**WHEREAS**, the Corporation has realized \$429.71 million in new revenue and \$35.36 million in cost savings through 1,600 Breakthrough improvement events, reaching 11,225 employees; and

**WHEREAS**, given the significant operational, clinical, financial and staff development benefits generated through Breakthrough activities with support from Simpler, and given the widespread support among leadership across the Corporation for a deeper and broader application of Breakthrough, the Corporation seeks to more fully imbed Breakthrough with expert guidance from Simpler; and

**WHEREAS**, the overall management of this contract will be under the direction of the Senior Vice President for Organizational Innovation and Effectiveness.

### **NOW THEREFORE, BE IT**

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute a contract with Simpler North America, LLC to provide "Lean" coaching, consultation and training services in support of the further implementation of Breakthrough throughout the Corporation, as well as for the acceleration of independence from outside expertise. This contract shall be for a total amount not to exceed \$10,494,000 for the period from November 1, 2014 through October 31, 2017, plus two one-year options for renewal, solely exercisable by the Corporation, subject to additional funding approval by the Corporation's Board of Directors.

## **EXECUTIVE SUMMARY**

### **Simpler, NA LLC Contract**

#### **PURPOSE**

For 6 years, pursuant to a competitive bidding process, HHC held a multi-year contract with Simpler, NA to provide lean consultation and training. At the termination of this contract, HHC issued a sole source contract with the firm for a 7<sup>th</sup> year. The application of lean in health care, while still novel in the industry has grown significantly over this period of time. In order to continue to have necessary external expertise available, while ensuring that the most appropriate and expert consultation was obtained, and further, in keeping with good contracting policy, HHC put the scope of work out to competitive bid in the Spring of 2014.

The division of Organizational Innovation and Effectiveness (OI&E) issued notice of the Lean Coaching, Consultation, and Training Request for Proposal to a list of vendors that have expertise in providing Lean-related services identified through discussion with colleagues in the field and our own experience, and posted the announcement of this issuance in the City Record. Forty-three (43) firms requested and received the Request for Proposal and six (6) firms submitted formal proposals. An internal Selection Committee comprised of seven (7) individuals was selected based on their high level of knowledge about and engagement in Breakthrough, and representing each HHC network and all levels of HHC senior leadership (SVP, ED, COO, CMO, clinical chief, Breakthrough Deployment Officer, OI&E). After OI&E determined that all submitted proposals were responsive, members of the selection committee independently reviewed all of the proposals and provided an initial ranking to each proposal based on pre-established criteria. The committee then chose the 3 top ranked proposing firms for oral presentations. This last step allowed for clarification of the written proposals and resulted in a final ranking. Simpler, NA ranked significantly higher than the other two firms who participated in oral presentations and was ranked number 1 of the 3 by each individual committee members as well as overall. Simpler, NA was selected for this scope of work as the firm that had the proposal best responding to the substantive and expense needs and requirements of HHC.

OI&E proposes that HHC enter into a three-year contract for the period of November 1, 2014 through October 31, 2017 with Simpler, NA for a total amount of \$10,494,000. The contract includes two optional, one-year periods which will be exercised and funded solely upon approval of the President of HHC according to current procurement policy.

Under this new contract, HHC will use Simpler's expertise, materials, approaches and development tools to continue, expand and improve HHC's transformation toward deeply embedding lean as HHC business system. Simpler has been engaged at all levels of the organization from the executive leadership for strategic planning (Hoshin Kanri), mentoring and development to conducting classes for all levels of staff and being 'sensei' for improvement events. During the new three-year period Simpler's role will evolve into advanced coaching, consulting and developmental support for leadership and managers as well as Breakthrough staff, supporting specific enterprise and site value streams and in assisting the implementation of model value streams. Concentration will be placed on building HHC's infrastructure to support improvement, promote alignment and develop current and future leaders. In the three years of this contract, HHC will not only continue on its journey to transform into a Lean problem solver

enterprise but will also develop a large cadre of leaders and managers who have the behaviors and skills to administer their areas of responsibility utilizing Lean methods. A new Leadership Institute will be instituted to accelerate the learning and development of HHC's current and future leadership. With the support and expertise from Simpler, HHC will accelerate its engagement and training of HHC leaders and staff in Breakthrough philosophy and tools as well as increase the efficiency, patient and staff satisfaction, strategic growth and financial well-being of all aspects of HHC.

## BACKGROUND

In November 2007, the New York City Health and Hospitals Corporation (HHC) executed a contract with Simpler Consulting, Incorporated (now Simpler North America, LP) for a three year period ending October 31, 2010. The contract for Lean training and consultation was procured through a competitive Request for Proposals process. From five qualified respondents, Simpler was selected based on experience, approach and cost. Three optional years were exercised as well as the current one year contract continuation of these services.

## CONTRACT HISTORY

Process and Date	Period/Purpose	Amount	Cumulative Total
Approval of original contract (November 2007)	Years 1-3 (11/1/07 - 10/31/10) with 2, 1-year optional renewal years	\$5,000,000 for Years 1-3	\$5,000,000
First Amendment (January 2010)	Increase budget authority for the original period (Years 1 – 3) to add depth and breadth to contractor scope*	Add \$2,000,000 to Years 1-3	\$7,000,000
Renewal and Second Amendment (October 2010)	Execute the first of 2 optional renewal years (Year 4: 11/1/10-10/31/11) and add a third optional renewal year to ensure development of all sites and build self-sustaining infrastructure	Add \$3,112,700 for Year 4	\$10,112,700
2 <sup>nd</sup> Renewal and Third Amendment	Executed 2 <sup>nd</sup> of 3 optional renewal years (Year 5: 11/1/11-10/31/12)	Add \$4,879,650 for Year 5	\$14,992,350
3 <sup>rd</sup> Renewal and Fourth Amendment	Executed 3 <sup>rd</sup> of 3 optional renewal years (Year 6: 11/1/12-10/31/13)	Add \$5,500,000 for Year 6	\$20,492,350
New Simpler Contract	Executed new contract with Simpler for one year period: 11/1/13-10/31/14	New amount of \$4,416,000	\$24,908,850

In March, 2014 approval was obtained from the Contracts Review Committee to submit a Request for Proposal for Lean Coaching, Consultation and Training services. A total of 43 companies received the RFP and 6 submitted formal proposals. A selection committee comprised of administrative and clinical leaders from across HHC facilities reviewed all proposals, held in-person interviews with the selected top proposers and through a formal written evaluation process selected Simpler, NA as the top proposal.

The total amount of the contract for the three-year period November 1, 2014 through October 31, 2017 is \$10,494,000.

## **OUTCOMES TO DATE**

In the almost seven years that HHC has implemented Breakthrough with Simpler's support, HHC has realized \$429.71 million in new revenues and \$35.4 in cost savings on a contract budgeted expense of \$24,908,850. In addition, over 11,225 staff has been engaged in Breakthrough events and over 1,600 Rapid Improvement Events have been completed. Breakthrough has now been implemented at 19 of HHC's 23 major sites and sub-organizations<sup>1</sup> resulting in improvements in areas such as peri-operative services, emergency departments, inpatient units, ambulatory care, revenue cycle, imaging and behavioral health. Not only has this effort resulted in increased revenue and cost savings but it has also improved safety, efficiency and capacity, and decreased patient waits, unnecessary staff and patient movement and unneeded steps in numerous processes. ROI continues to grow at an increased rate: the cumulative ROI over these 7 years is \$18.67 financial contribution for each \$1 spent on the contract.

## **CONTRACT SCOPE**

During the proposed three-year period, Simpler will focus on the strategic areas below that have been identified as critical to Breakthrough's and HHC's success:

### **1. Visioning and Strategy**

The Vision and Strategy services provide coaching to executives and helps tighten the strategic alignment between HHC's business goals and Breakthrough's efforts to ensure the highest client benefits and return-on-investment, while balancing the efforts of performance improvement and culture change. Included in this service are: More in-depth Hoshin Kanri (strategic) planning and TPOC (transformational plan of care) reviews and guidance.

### **2. Architecture and Infrastructure (A&I) – 'Building Capability'**

The goal of the A&I services is to convert the Simpler Business System® (SBS) to an "HHC Business System". This will become the business system that HHC will own and use going forward in HHC's Lean journey. Included in this initiative are three new initiatives:

- a. Leadership Institute Service
- b. 'Self-sufficiency' Coaching and Writing Cell Service
- c. Human Development Value Stream Service

### **3. Value Stream Improvement – 'Creating Flow'**

Unlike previous HHC contracts, network/site support in the 2015-2017 contract will be specifically assigned and supported either by a Simpler Sensei or by the HHC Corporate Breakthrough Office. Simpler will assign Sensei to 5 of the 6 HHC Networks to support specific sites and 'model value stream' work to help create 'What Good Looks Like' for HHC. This approach is intended to accelerate the pace of HHC learning; drive HHC internal capability building and self-sufficiency; enable a holistic approach to system development and; improve the True North performance of the value streams targeted for Sensei support.

### **4. Managing for Daily Improvement (MDI) – 'Developing Discipline'**

MDI, *branded as Daily Management System (DMS)* at HHC, is focused on implementing a management system that creates, accommodates, and sustains a culture of continuous

improvement. Participants will gain an understanding of the fundamentals of the MDI System which is used as part of your transformation to a data driven, action oriented, engaged, and empowered Lean organization. Simpler will provide Sensei and Gemba Coaches to help implement and sustain your long-term goal of implementing DMS in ~244 areas at HHC.

### **5. Enterprise Opportunity Identification**

Simpler will provide resources to identify enterprise-wide performance and financial opportunities to inform your strategy, Hoshin Kanri deployment, and direct your improvement or innovation activities. Simpler will conduct a 'diagnostics', typically over a 4-8 week period, to identify both cost and revenue opportunities. As a result of the diagnostics, HHC will have a list of areas with quantifiable financial or performance gaps. Simpler intends to combine the power of Truven analytics, such as '100 Top', Action OI, and their information on population health, with the diagnostics to provide meaningful financial and performance

### **6. Lean Innovation Service**

In the changing healthcare landscape, each healthcare system has two priorities:

- Conversion - Continue to improve the current processes as it relates to quality, safety, access, cost and patient satisfaction
- Innovation - Develop innovative methods that ensure vitality for the future

Simpler uses the *Simpler Business System*® to help organizations convert the current clinical and non-clinical processes. Simpler uses the *Simpler Design System*<sup>SM</sup> (SDS) to help companies innovate. We help organizations innovate in 5 key areas:

Develop an Innovation Center

- Develop a New Value Proposition (e.g. Develop a population health business model)
- Develop a New Care Pathway across the enterprise (e.g. Chronic Disease, Children or Healthy Adult)
- Develop a New Service Line (e.g. Oncology)
- Develop a New Technology

It is important that a percentage of all continuous improvement efforts be focused on innovation and now that we have embedded the core principles across significant parts of HHC, we are better positioned to drive Innovation than ever before.

A notational schedule depicting Simpler's resource deployment over the three year period is attached.

### **CONTRACT BENEFIT TO HHC:**

November 1, 2014 through October 31, 2017:

- New Revenue: \$ 205 million      Cost Savings: \$10 million

Other anticipated outcomes of Breakthrough efforts include:

- Number of Rapid Improvement Events: 720
- Number of additional employees participating in Breakthrough activities: 8,000
- Rapidly expanded number of sites will be trained in the Daily Management System and thereby being able to continuously improve and sustain these improvements.
- Leadership will be placed on an accelerated pace to become more skilled and knowledgeable about the application of tools to plan, implement and sustain Breakthrough activities.

Managers will be able to improve their own and their areas of responsibility's productivity through the use of Breakthrough tools and philosophies on a daily basis

- HHC will become more self-sufficient to implement Breakthrough improvements with a leadership, management, staff and systems which are empowered and support improvement.
- Sites will have increased capability to manage projects, increase the effectiveness of their Breakthrough events and the ability to use more advanced tools to achieve greater success. Employees will be empowered to problem solve and improve the processes in their own areas.
- Patient and employee satisfaction will be increased due to the elimination of wasteful, unneeded processes, wait times and unnecessary movements.

## **CONTRACT MANAGEMENT**

The contract will continue to be monitored by Joanna Omi, Senior Vice President, the Division of Organizational Innovation and Effectiveness.

<sup>1</sup> Breakthrough had been adopted at Central Office, Queens Hospital Center, Metropolitan Hospital Center, Jacobi Medical Center, Gouverneur Healthcare Services (D&TC and SNF), Renaissance, S.R. Belvis, Morrisania and Cumberland Diagnostic and Treatment Centers, Coney Island Hospital, Bellevue Hospital Center, North Central Bronx Hospital, Woodhull Medical and Mental Health Center, Kings County Hospital Center, Lincoln Medical and Mental Health Center, Elmhurst Hospital Center, Harlem Hospital Center, Coler/Carter Specialty Hospital, and Health and Home Care.

# CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

**Contract Title:** Simpler North America, LLC  
**Project Title & Number:** Lean Coaching, Consultation and Training Services  
**Project Location:** Enterprise Wide  
**Requesting Dept.:** Organizational Innovation and Effectiveness

<b>Successful Respondent:</b> <u>Simpler, North America, LLC</u>
<b>Contract Amount:</b> <u>\$10,494,000.</u>
<b>Contract Term:</b> <u>November 1, 2014 through October 31, 2017</u>

**Number of Respondents:** Six (6)  
(If sole source, explain in Background section)

**Range of Proposals:** \$ 149,500 + travel expenses to \$12.95 Million

**Minority Business Enterprise Invited:**  M/WBE Waiver granted If no, please explain:

**Funding Source:**  General Care  Capital  
 Grant: explain \_\_\_\_\_  
 Other: explain \_\_\_\_\_

**Method of Payment:**  Lump Sum  Per Diem  Time and Rate  
 Other: explain Deliverable-based

**EEO Analysis:** Approved:

**Compliance with HHC's McBride Principles?**  Yes  No

**Vendex Clearance** Yes No Submitted: 6/1/14

(required for contracts in the amount of \$50,000 or more awarded pursuant to an RFP or as a sole source, or \$100,000 or more if awarded pursuant to an RFB.)



## CONTRACT FACT SHEET (continued)

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**Background** (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

In November 2007, the New York City Health and Hospitals Corporation (HHC) executed a contract with Simpler Consulting, Incorporated (now Simpler North America, LP) for three years with 2 optional one-year renewal periods. The contract for Lean training and consultation was procured through a competitive Request for Proposals process. From five qualified respondents, Simpler was selected based on experience, approach and cost. The contract was amended in January 2010 to increase the contract amount by \$2,000,000 for a total of \$7,000,000 in order to develop a larger cadre of internal Breakthrough experts and to increase the length of the Contractor's consultants (sensei) engagement at each site in order to make deep, substantive improvements within critical value streams. The contract was renewed and amended in October, 2010, exercising the first of the original one-year optional renewals (extending the period of the contract through October 31, 2011) and increasing the contract to an amount not to exceed \$10,112,700. The contract was renewed and amended for a second time in October, 2011, exercising the second one-year renewal (extending the period of contract through October 31, 2012), adding a third one-year optional renewal, and increasing the total contract to an amount not to exceed \$14,992,350. This original contract was renewed and extended for a third time in October, 2012 (exercising the third, optional renewal year) for an amount not to exceed \$5.5 million (total contract amount of \$20,492,350) to end on October 31, 2013.

A new sole source contract was executed for a one year period (November 1, 2013 through October 31, 2014) in the amount of \$4,416,000. The total amount of these 2 contracts with Simpler to date is \$24,908,850. The contract is managed by Joanna Omi, Senior Vice President in the Division of Organizational Innovation and Effectiveness.

HHC proposes to execute a new, three-year contract with 2 optional one-year, unfunded renewal years with Simpler NA for the period of November 1, 2014 through October 31, 2017. The total amount for this three year period is: \$10,494,000. The funding and exercising of the option for these years will be at the discretion of the President following HHC procurement policy.

### **SCOPE:**

During the proposed three year period, Simpler will focus on the strategic areas that have been identified as critical to Breakthrough and HHC's success:

#### **1. Visioning and Strategy**

The Vision and Strategy services provide coaching to executives and help tighten the strategic alignment between HHC's business and transformation

goals providing significant return-on-investment, while balancing the efforts of performance improvement and culture change. Included in this service are:

**a. Hoshin Kanri Service**

Executive Coaches and Sensei will provide group and one-on-one coaching to develop the Hoshin Kanri methodology from Level 0-3 (*President to Site Leadership*). This service supports top level leadership in setting enterprise direction and taking ownership of the process and its results

**b. Transformation Plan of Care Reviews / Service**

Executive Coaches will conduct onsite progress reviews of the enterprise and specific network/sites. These reviews will help leadership gain insights, understand ‘what good looks like’, close strategic and tactical implementation gaps, and recommend follow-up action plans to leadership.

**2. Architecture and Infrastructure (A&I) – ‘Building Capability’**

The goal of the A&I services is to convert the Simpler Business System® (SBS) to an “HHC Business System”. For HHC, this means making **Breakthrough** specific to our value proposition and business strategies and goals. This will become the business system that HHC will own and use going forward in our Lean journey. Included in this initiative are:

**a. Leadership Institute Service**

Leading a Lean transformation requires the knowledge and commitment to drive results. To ensure a leader’s success, Simpler will provide a *Lean Leadership Institute* designed to challenge current thinking and provide feedback on participants’ strengths and opportunities. Participants will learn key skills and practice new behaviors that instill the concepts, principles, and practices of lean thinking throughout the organization. Designed to span a nine to twelve month period that includes five, two-day workshops, the learning methodology includes a combination of:

- Assessment Center
- Diagnostics
- One-on-one coaching and peer feedback
- Collaborative discussions in small groups practicing real-life challenges within the organization
- Practice in the work place with colleagues and employees
- Self-reflection

Results from these critical learning opportunities will be incorporated into the leader’s individual Personal Development Plans (PDP), Leader Standard Work, and most importantly, practiced through new behaviors in the work place. Ongoing development and feedback will be facilitated by on-site Sensei in between the workshops.

**b. 'Self-sufficiency' Coaching and Writing Cell Service**

Simpler will help HHC co-develop a customized 'Self-sufficiency' Transformation Continuum (*maturity model*), with well-defined measures and targets, readiness assessments, progress reviews and reporting, that will monitor and advance Breakthrough competencies towards NYCHHC's objective of becoming self-sufficient

**c. Human Development Value Stream Service**

Simpler will provide HR SMEs to help co-develop an enterprise-wide Human Development Value Stream as a countermeasure to talent attrition and a long-term solution for retaining and developing the next generation of Lean Leaders at HHC.

**3. Value Stream Improvement – 'Creating Flow'**

Network/site support in the 2015-2017 contract will be specifically assigned and supported by either a Simpler Sensei or by the HHC Corporate Breakthrough Office. Simpler will assign Sensei to 5 of the 6 HHC Networks to support specific sites and 'model value stream' work to help create 'What Good Looks Like' for HHC. This approach is intended to accelerate the pace of HHC learning; drive HHC internal capability building and self-sufficiency; enable a holistic approach to system development and; improve the True North performance of the value streams targeted for Sensei support.

The HHC Network Sensei will support the following, with an emphasis on Breakthrough System Development and Value Stream Improvement (*creating flow*):

- Group and Individual Coaching for Site Leadership
- Individual Coaching for Site Leaders assigned to the Leadership Institute.
- Level 3 Hoshin Kanri Coaching with some Level 2 as requested by Network SVPs.
- Coaching for the Site ESC, VSST, Managers, BDOs, and facilitators.
- Value Stream Analysis and RIE prep, events, and follow-up.
- DMS follow-up as needed.
- Specific Model Value Streams assigned to their Network/Site.

**4. Daily Improvement – 'Developing Discipline'**

**Managing for Daily Improvement (MDI) Service**

MDI, *branded as Daily Management System (DMS)* at HHC, is focused on implementing a management system that creates, accommodates, and sustains a culture of continuous improvement. Participants will gain an understanding of the fundamentals of the MDI System which is used as part of your transformation to a data driven, action oriented, engaged, and empowered Lean organization.

Simpler will provide Sensei and Gemba Coaches to help implement and sustain HHC's long-term goal of implementing DMS in ~244 areas at HHC. The implementation Sensei will 'standup' the process and the Gemba Coach(s) will provide daily coaching to sustain and improve the process.

One of the primary tools used in the MDI concept is visual management. The RIE process will produce a visual management system that will help members and staff to "see" issues as they happen in real time. Participants will learn the value of regular process reporting in achieving Takt Time. Takt Attainment, or meeting customer demand, is one of the foundational aspects of transformation. Visual management is also used to visually "see" if a process is in normal or abnormal condition.

Post-RIE, Gemba Coaches will work with front line leaders to quickly identify problems, implement temporary solutions, determine root cause and finally implement permanent corrective action using the visual management system. This rigorous problem solving process gets the process back to achieving Takt or normal condition quickly. The MDI process combined with visual management drives a strong culture of problem solving, a significant key to long term sustainment.

Some concepts covered are how to:

- Manage "Flow" of materials and process outputs (Visually)
- Adjust staffing (up and down) to customer demand (i.e. operate to Standard Work within Takt Time)
- Identify and prioritize anomalies of performance and make improvements (Normal vs. Abnormal)
- Encourage management, staff and physicians to identify and eliminate waste
- Create environment where associates are responsible

## **5. Enterprise Opportunity Identification**

Simpler will provide resources to identify enterprise-wide performance and financial opportunities to inform HHC's strategy, Hoshin Kanri deployment, and direct improvement or innovation activities. Simpler will conduct a 'diagnostics', typically over a 4-8 week period, to identify both cost and revenue opportunities. As a result of the diagnostics, HHC will have a list of areas with quantifiable financial or performance gaps. Simpler intends to combine the power of Truven analytics, such as '100 Top', Action OI, and their information on population health, with the diagnostics to provide meaningful financial and performance

Some areas identified may indicate incremental improvement is needed. If so, that work should be incorporated into HHC's HK and Breakthrough System work. Other opportunity areas may require a radical change in how HHC delivers a service or specific care to patients. If so, Simpler offers 'SDS' as a lean methodology for innovation – radical change

## **6. Lean Innovation Service**

In the changing healthcare landscape, each healthcare system has two priorities:

- Conversion - Continue to improve the current processes as it relates to quality, safety, access, cost and patient satisfaction
- Innovation - Develop innovative methods that ensure vitality for the future

Simpler uses the *Simpler Business System*® to help organizations convert the current clinical and non-clinical processes. Simpler uses the *Simpler Design System*<sup>SM</sup> (SDS) to help companies innovate. Simpler will help HHC innovate in 5 key areas:

Develop an Innovation Center

- Develop a New Value Proposition (e.g. Develop a population health business model)
- Develop a New Care Pathway across the enterprise (e.g. Chronic Disease, Children or Healthy Adult)
- Develop a New Service Line (e.g. Oncology)
- Develop a New Technology

It is important that a percentage of all continuous improvement efforts be focused on innovation and now that we have embedded the core principles across significant parts of HHC, we are better positioned to drive Innovation than ever before.

## CONTRACT FACT SHEET(continued)

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### **Contract Review Committee**

*Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):*

The current contract with Simpler, NA was presented and approved by the CRC on October 10, 2013. The Request for Proposal application for the new contract was presented to the CRC on March 26, 2014.

The proposed contract referenced in the FACT SHEET will be presented to the CRC on June 18, 2014.

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*Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:*

The Contract Review Committee approved an RFP for Lean Coaching, Consultation and Training Services on March 26, 2014. The scope of work included in the RFP was necessarily broad and no guidance was provided regarding a potential budget. The proposed contract resulting from that RFP is appropriately more specific as negotiated by the Senior Vice President. The BAF proposed budget for the total 3 year contract is approximately \$1 million less than the amount approved in the BAF with funds distributed across the period differently than defined in the BAF.

## CONTRACT FACT SHEET (continued)

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**Selection Process** (attach list of selection committee members, list of firms responding to RFP, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

Upon approval from the CRC, an RFP was distributed to a researched list of 16 different companies and advertised in the City Record. A total of 43 companies ultimately requested and/or were sent the RFP. Ten companies submitted an 'Expression of Interest' form and six companies submitted formal proposals.

The selection committee was chosen to represent each HHC network/different levels of management at HHC. The selection committee was composed of the following members:

- Joanna Omi, Senior Vice President, Chair, Central Office
- William Walsh, Senior Vice President, North Bronx Health Network
- William Hicks, Chief Operating Officer, Bellevue Hospital Center
- Julius Wool, Executive Director, Queens Hospital Center
- Maurice Wright MD, Chief Medical Officer, Harlem Hospital Center
- Michael Mendeszoon MD, Chief of Anesthesiology Service, Kings County Hospital Center
- Lawrence Hansley, Director, Organizational Innovation and Effectiveness, Central Office

Note: Shirley Appelhans, representing Coney Island Hospital, was originally on the committee but excused herself due to scheduling conflicts with the committee meeting dates on the first day of the review. Her late notification did not allow the committee to find a suitable alternate.

The Committee reviewed all proposals submitted from the six (6) firms and completed a written evaluation form for each proposal. The committee met, discussed their ratings, highlights and concerns and invited the three firms which received the highest scoring on the evaluations to participate in an oral interview.

The firms were requested to respond to written questions from the Committee prior to an oral presentation. Each firm responded and the responses were reviewed by the committee members prior to the in-person meetings with the committee.

The committee then met with representatives from each of the three top ranked firms (McKinsey and Company, Simpler, NA and John Kim and Associates). Each firm made a formal presentation regarding their firm and proposal. This was followed by a question and answer period with the Committee.

After review of the responses and in-person presentations as a group, the Committee members were asked to submit a final written evaluation for each of the six firms. The summary of the scoring of these evaluations were shared with the Committee. Simplr was scored the highest by the whole Committee as well as by each Committee member. Based upon these results the Committee agreed Simplr would be the selected vendor.

*Scope of work and timetable:*

See Notional Schedule from Simplr (contractor) as per attachment

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**Costs/Benefits** (based upon the current Simplr contract)

**Progress to Date:**

Current Contract Period: 11/1/07-10/31/14

Current Contract Value: \$24,908,850

Expenditures to date (5/4/14): \$22,626,389

Encumbrances to date (5/18/14): \$244,861

Anticipated expenditures by 10/31/14: \$2,037,600

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**Benefits:**

Under the current contract with Simplr NA during the period of November 1, 2007 through April 30, 2014 Breakthrough Events have generated:

- New Revenue: \$429.71 million (sources include improved charge capture, collections, reduced average length of stay, reduction of denied claims, increased inpatient and ED volumes, reduction 1:1 patient observation nursing expense, etc.)
- Cost Savings: \$35.4 million (sources include reduction in volume of med/surg supplies purchased, reduced use of agency/temporary personnel, reduction in pharmacy expenses, reduction in respiratory supply expenses)
- Total benefit: \$465.0 million
- Number of Rapid Improvement Events completed: over 1,600
- Total number of HHC Employees engaged in Breakthrough Events: 11,225



**Manasses C. Williams**  
Assistant Vice President  
Affirmative Action/EEO  
manasses.williams@nychhc.org

**TO:** Larry Hansley  
Director  
Central Office - Office of Corporate Planning & HIV Services

**FROM:** Manasses C. Williams

**DATE:** June 12, 2014

**SUBJECT:** EEO CONTRACT COMPLIANCE

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The proposed contractor/consultant, Simpler North America, LLC, has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

Minority Business Enterprise  Woman Business Enterprise  Non-M/WBE

Project Location(s): HHC Corporate-Wide.

Contract Number: \_\_\_\_\_

Project: Provide Lean Consulting Services

Submitted by: Office of Corporate Planning & HIV Services

EEO STATUS:

1.  Approved
2.  Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3.  Not approved
4.  Conditionally approved subject to EEO Committee Review

COMMENTS:

c:



# Coaching, Consultation and Training

Contract with Simpler, North America LLC

Presentation to the HHC Board of Directors

July 24, 2014

# Agenda

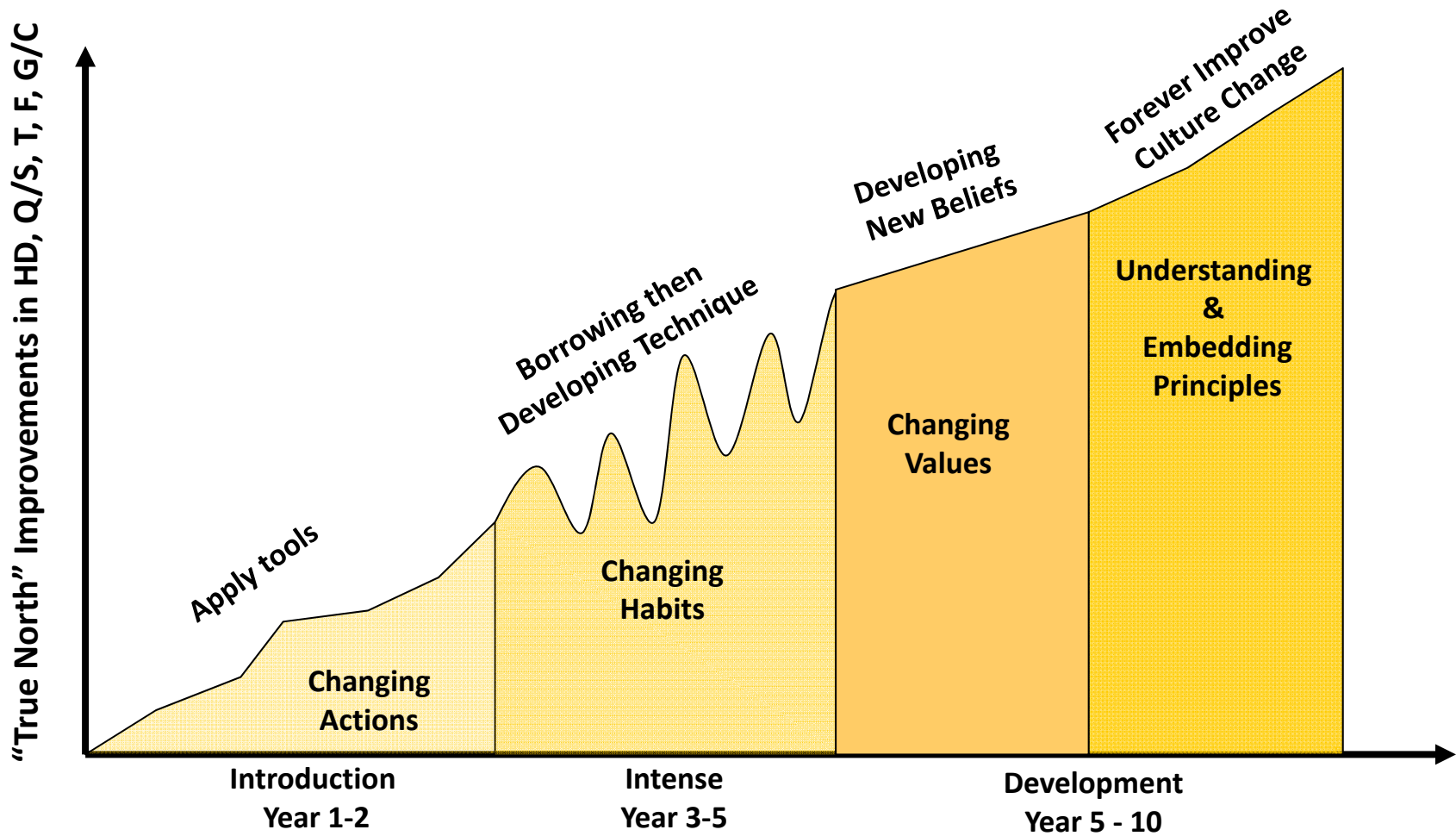
- Background
- Achievements
- Proposed Contract



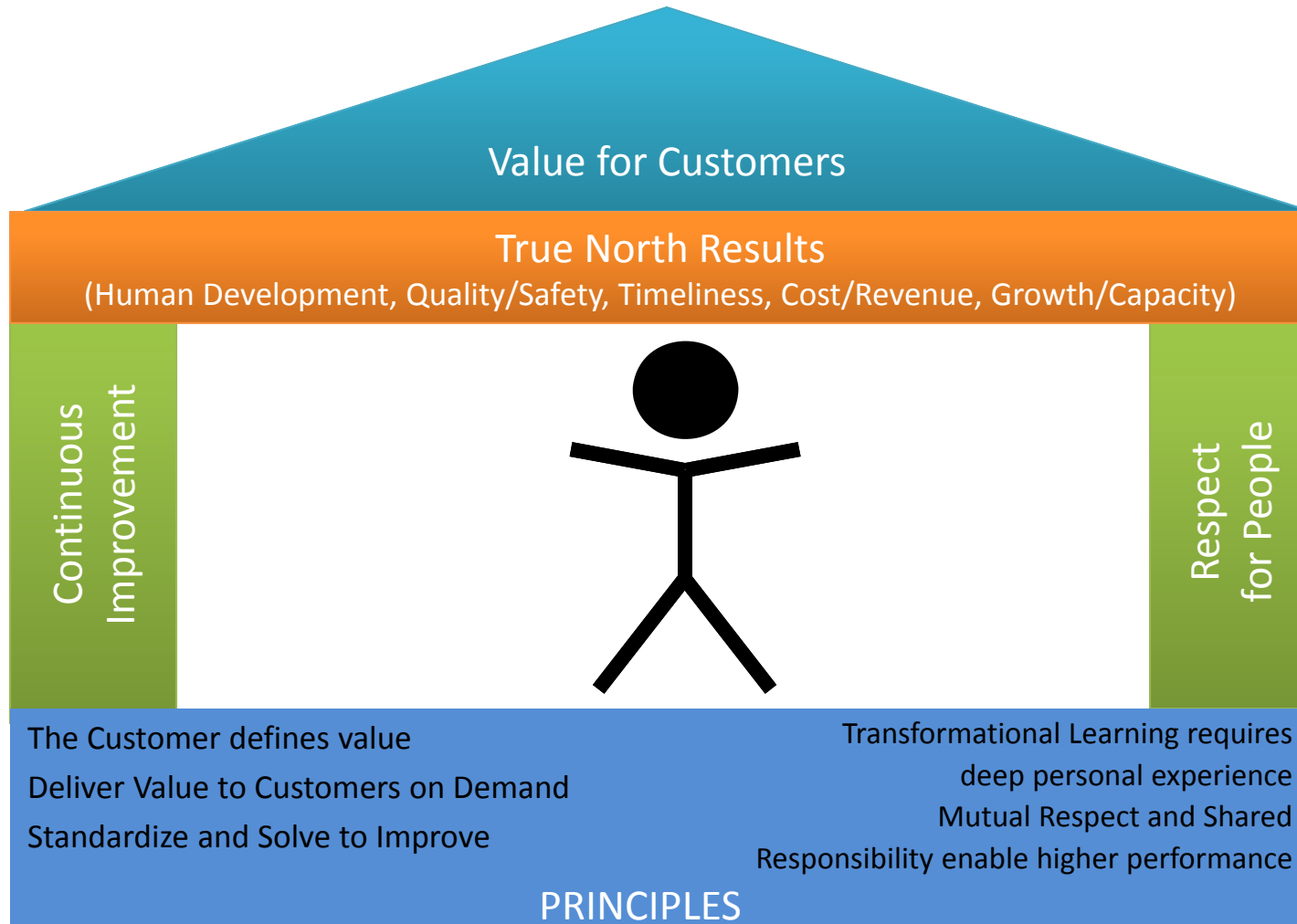
# Breakthrough is...

A ***principled operating system*** with powerful tools for improvement and change founded in a philosophy of ***continuous improvement*** and **respect for people**. We strive to effectively provide ***high quality services to customers without waste***. Breakthrough is transforming the way we conduct business at HHC; we are becoming a community of ***empowered problem solvers*** that embraces innovation in the pursuit of ***zero defects***.

# Transformation Journey



# Pillars and Principles



“Management commits to continuously invest in its people and promote a culture of continuous improvement.”[The Toyota Way, Liker, J. 2004.]

# Approach and Essential Tools

- Identify demand
- Calculate takt time
- Solve for takt time
- Create flow
- Eliminate
  - Waste
  - Overburden
  - Unevenness
  - Improve flow to deliver value on demand
- Standardize
- Manage visually



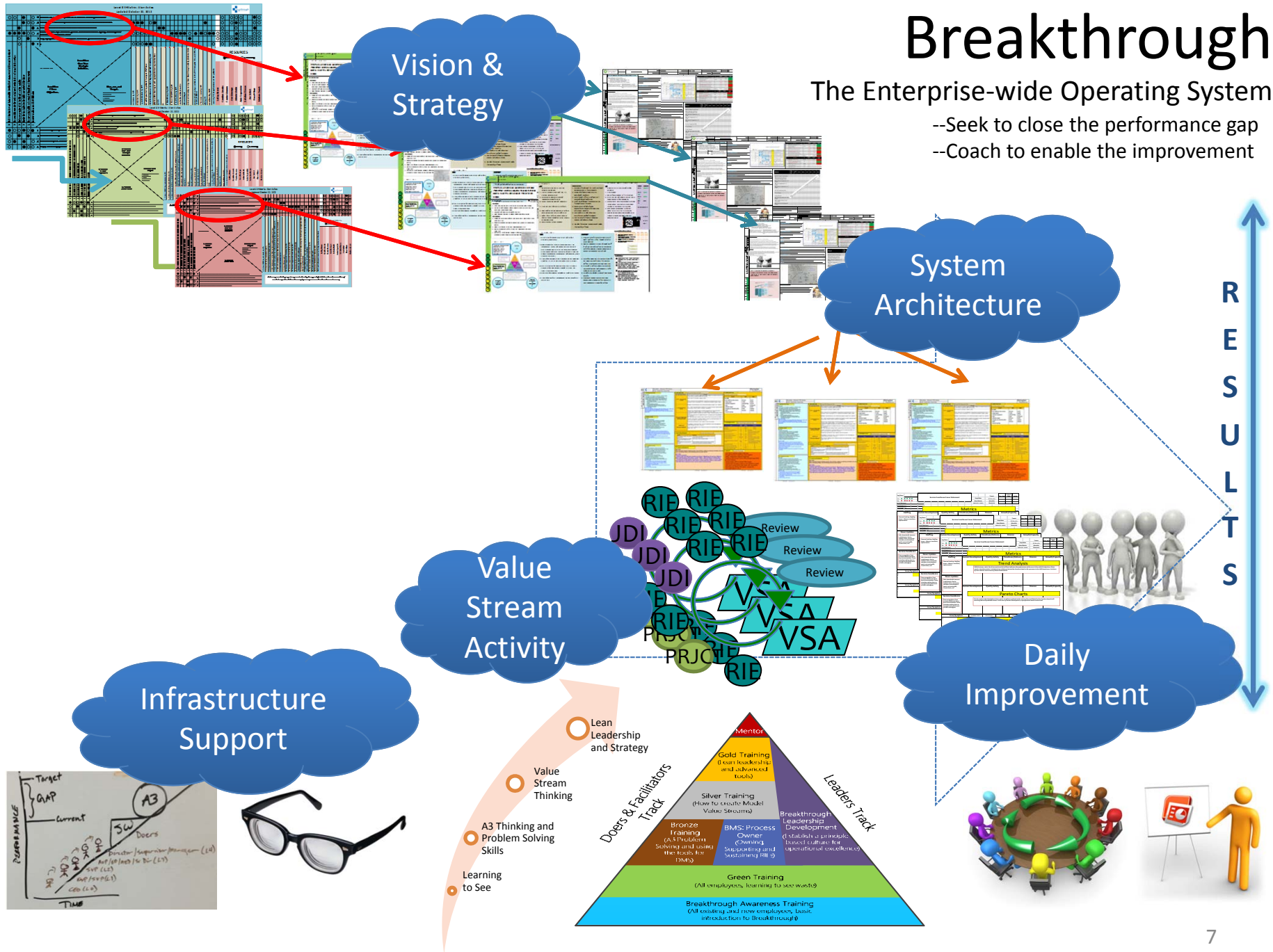
- A3 Thinking
- Visioning Workshops
- Value Stream Analysis
- Vertical Value Stream Mapping
- Rapid Improvement Events
- Daily Management System
- Process Preparation (2P)



# Breakthrough

The Enterprise-wide Operating System

- Seek to close the performance gap
- Coach to enable the improvement





# Typical 8 Wastes in Healthcare

## D Defect

*(Errors , near misses, inspection)*



## O Overproducing

*(Too much & too early)*



## W Waiting

*(Queuing, idle time)*



## N Not Using Skills

*(Not using problem solving of people)*



## T Transportation

*(All patient, staff and material movement)*



## I Inventory

*(All stock & corresponding control systems)*



## M Motion

*(Reaching, bending, searching .....)*



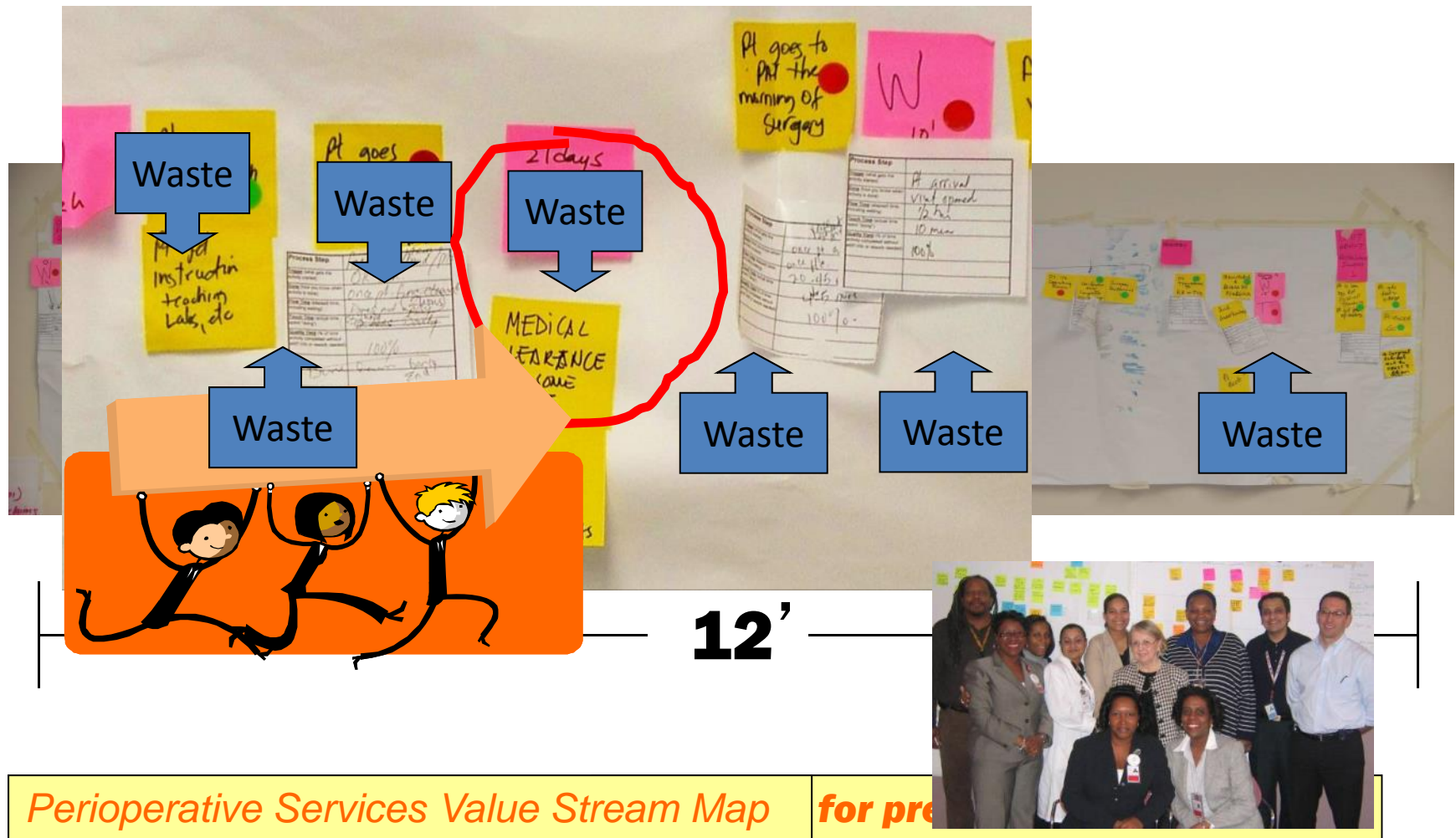
## E Extra Processing

*(Unnecessary activities, overly complicated processes)*



# Value Stream Mapping

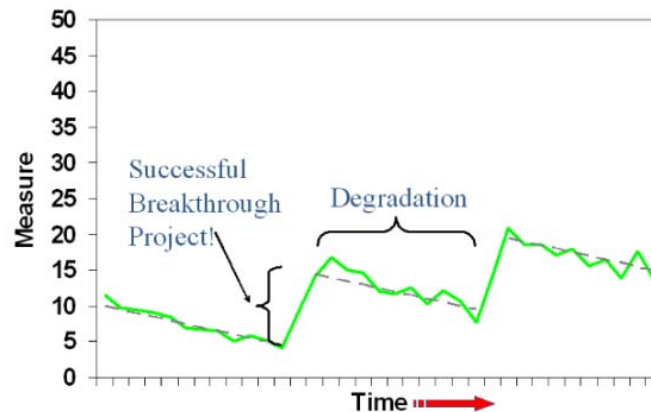
- Select and Map Value Streams
- Eliminate Waste and Improve



We expect BREAKTHROUGH improvement with RIES



But in fact, absent a management system, degradation of the improvement occurs



Combined, we achieve continuous incremental improvement punctuated with stair-step breakthroughs



# Synergistic RIEs and DMS

# Daily Management System

A system for identifying work site goals and managing performance to these goals...

... through the engagement of staff and managers in the

... collection and review, in real-time, of data, as well as the application of

... problem solving tactics to remove obstacles and continuously improve performance

DMS is about People.



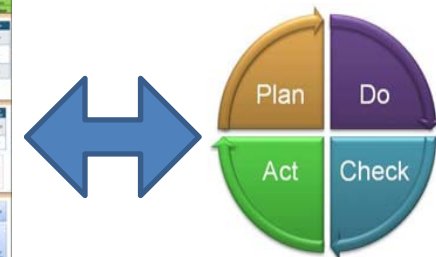
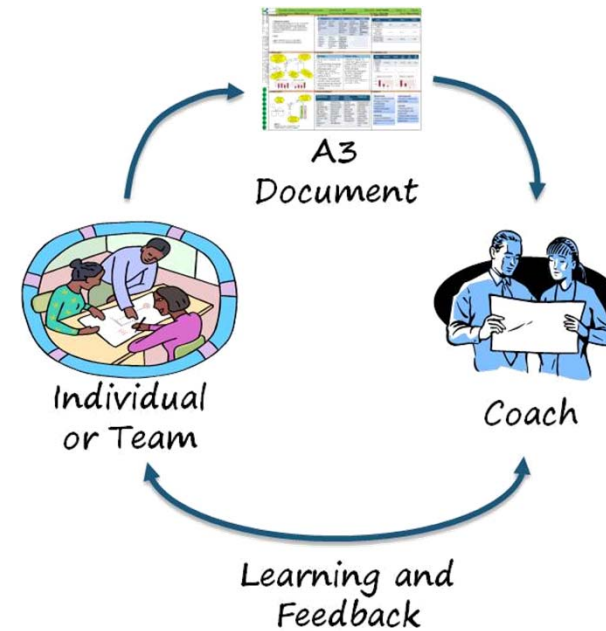
*DMS at Woodhull*



*DMS at Metropolitan*

# A3 Thinking

- A3 an 11" x 17" sheet of paper ...but what else?
- It is a foundational **management process** that enables and encourages learning through the **scientific method**
- It is a problem-solving structure involving **visual manifestation** and **continual dialogue** between the owner of the problem and others
- It forces individuals to **observe reality**, present facts, propose working **countermeasures** designed to achieve the stated goal, and **follow up** with a process of checking and adjusting for actual results (PDCA)





# Breakthrough Training Conceptual Framework

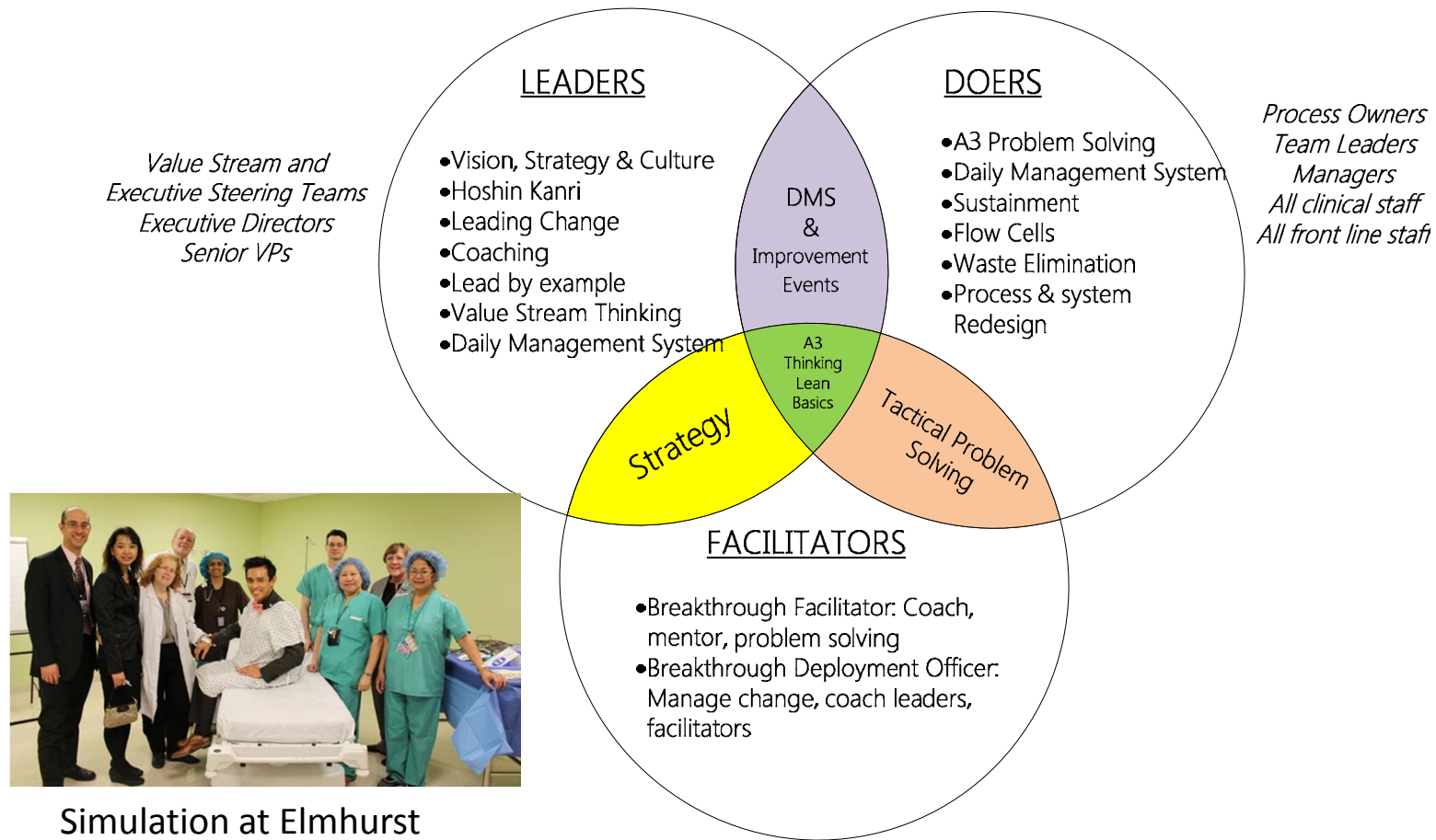
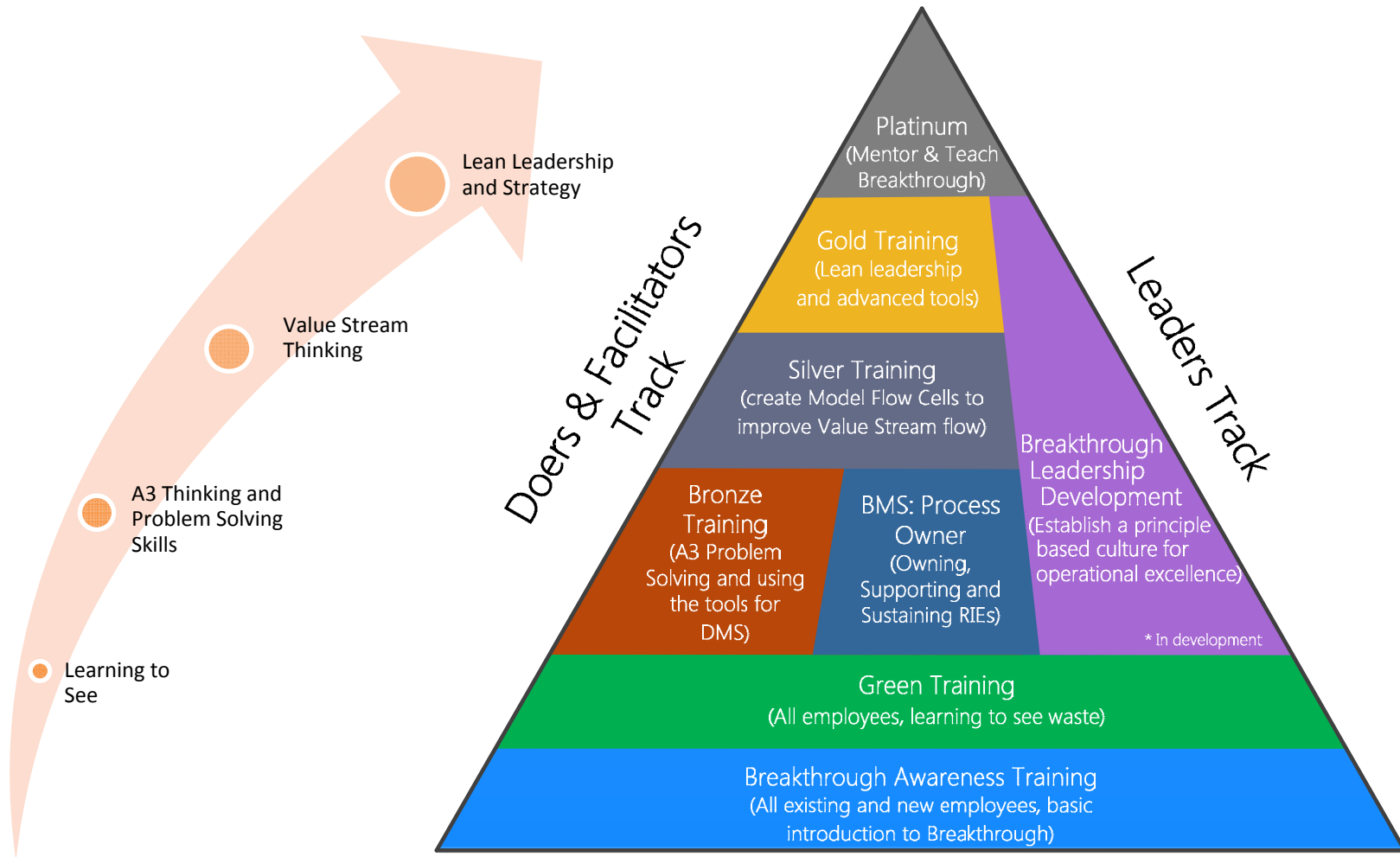
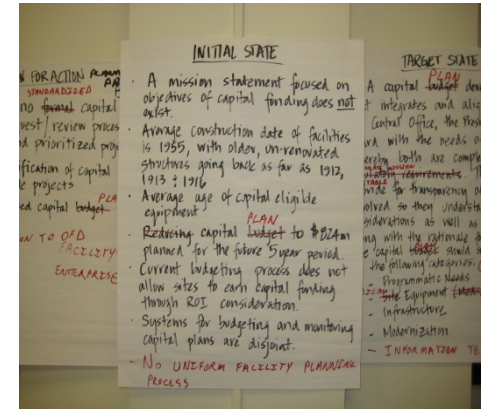
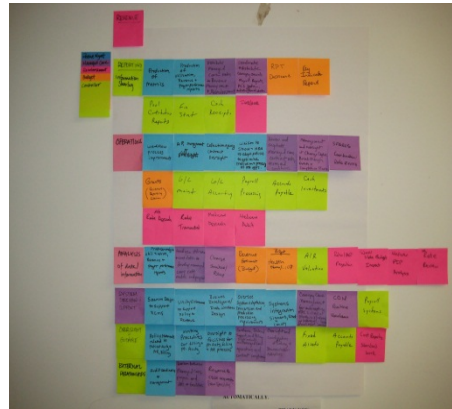


Fig. 1 Breakthrough Training Conceptual Framework

# Breakthrough Training Program

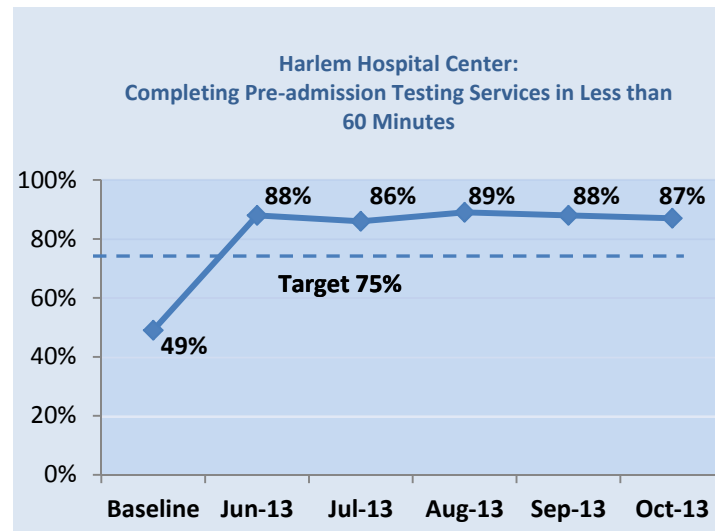
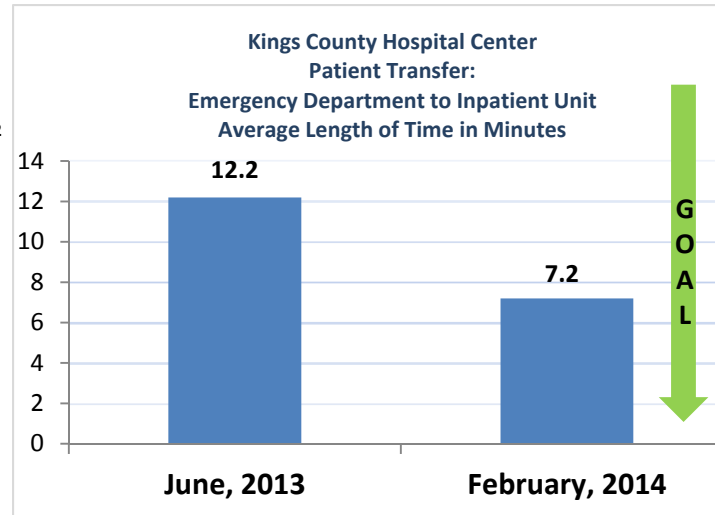
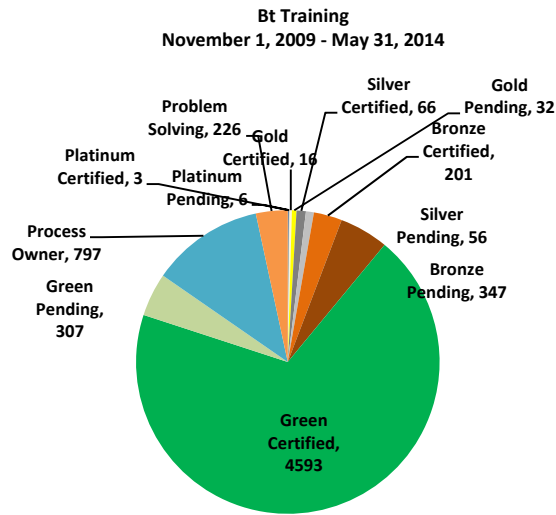


# Achievements



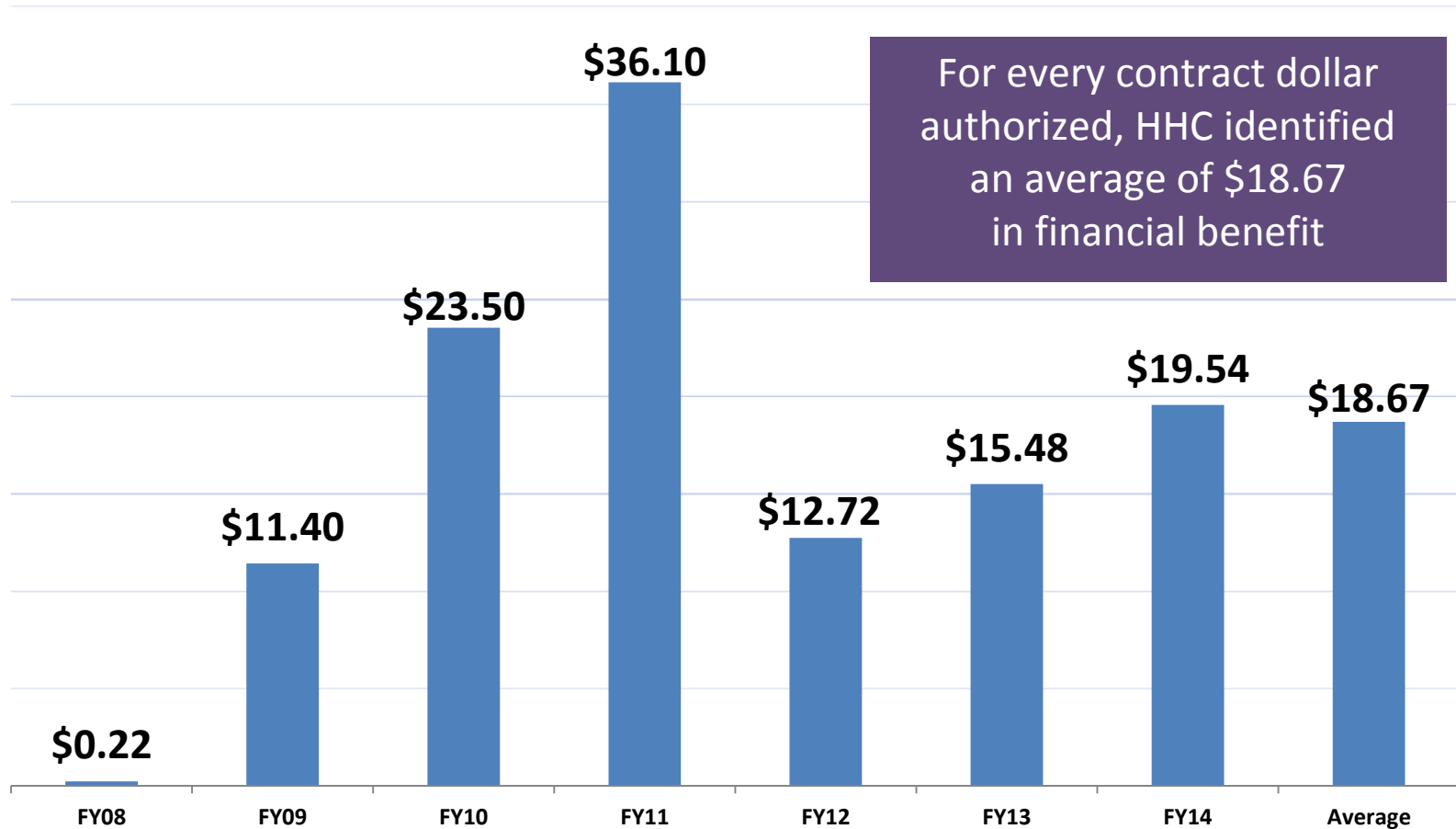


# Improvement Across the System



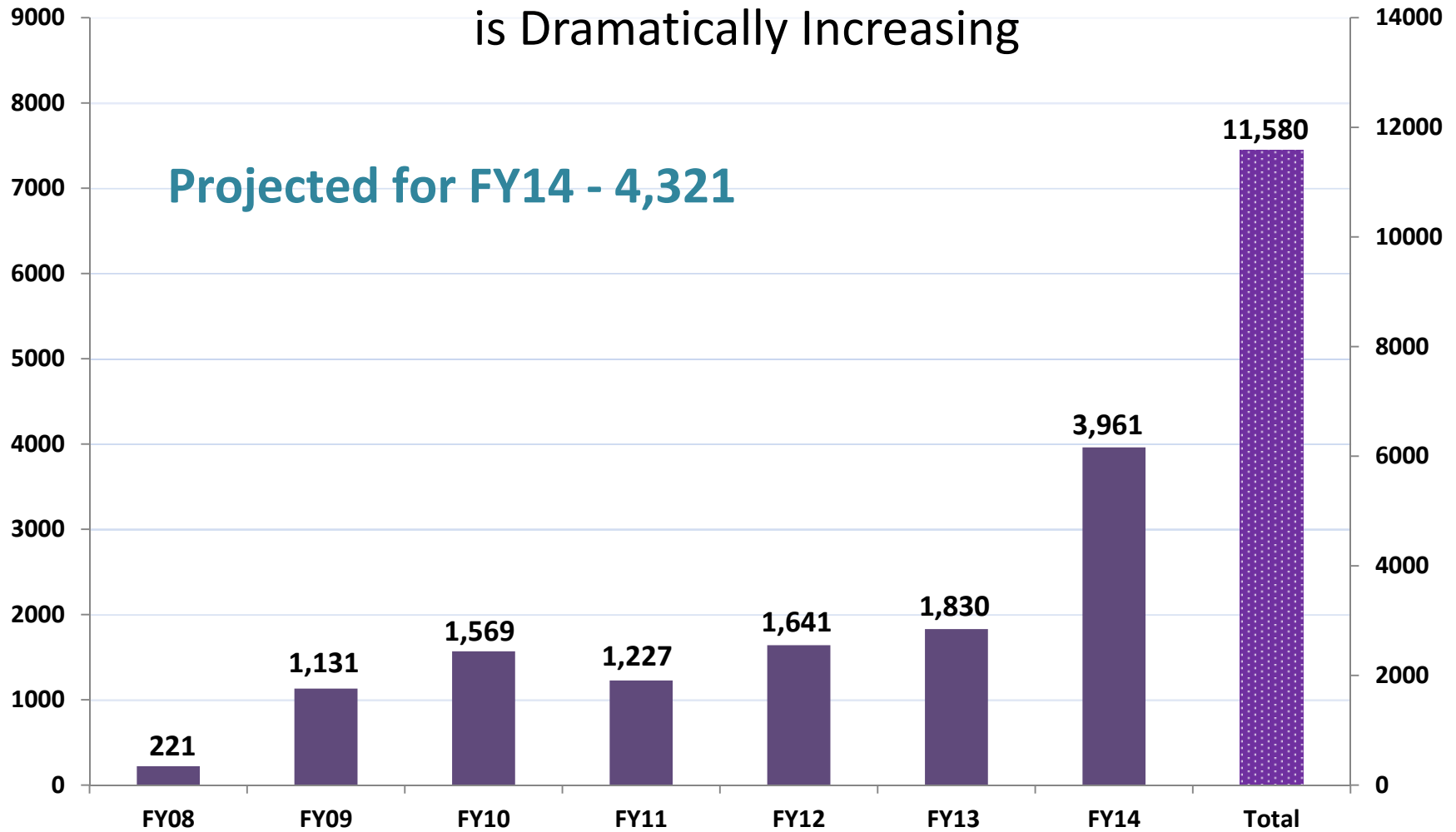
# Strong Return on Investment

Annual Financial Benefit per Authorized Contract Spend by Fiscal Year  
(based upon \$465M cumulative actual financial benefit)



# Employee Engagement

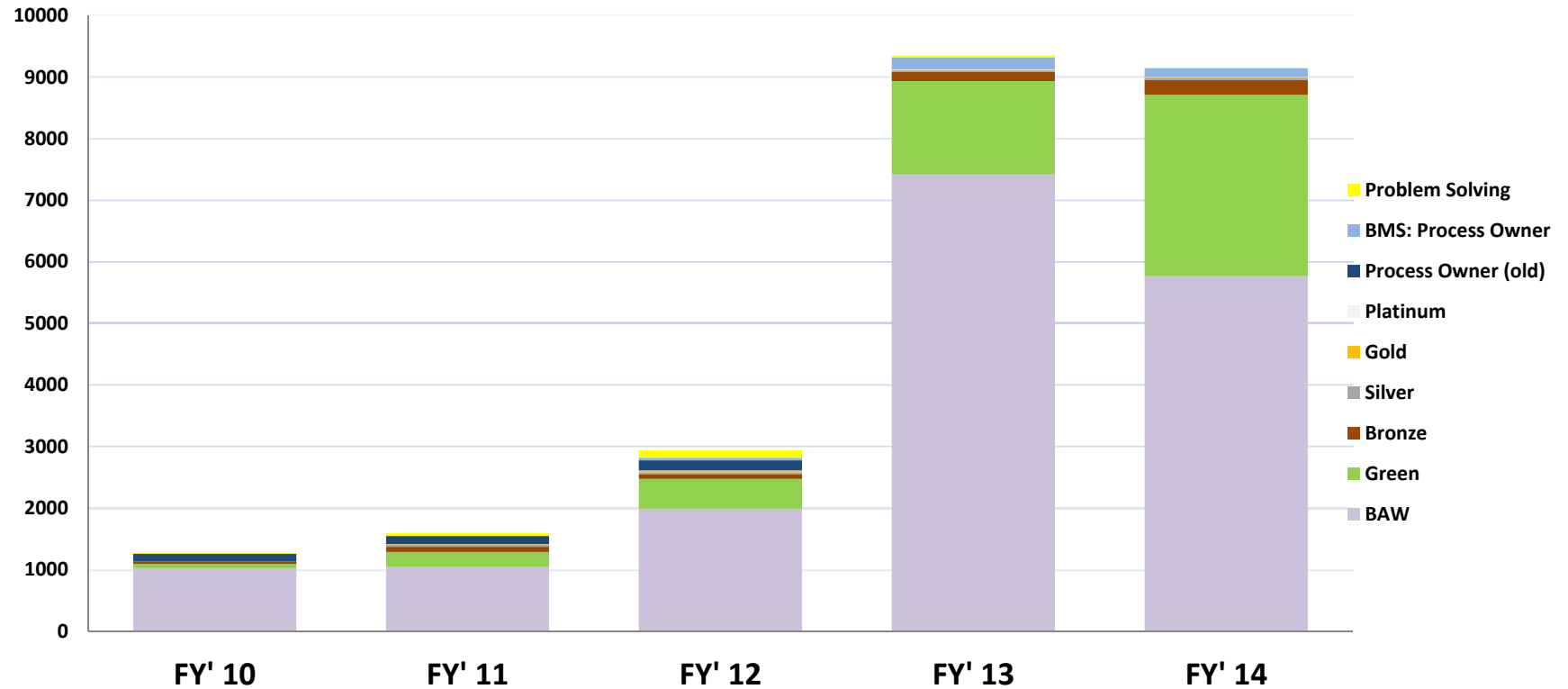
New Employee Participation in Training and Events  
is Dramatically Increasing



# HHC Breakthrough Training Program

HHC Assumed Complete Responsibility for the Breakthrough Training Program in FY 14

Breakthrough Training by Fiscal Year through May, 2014



# Harlem Hospital Center

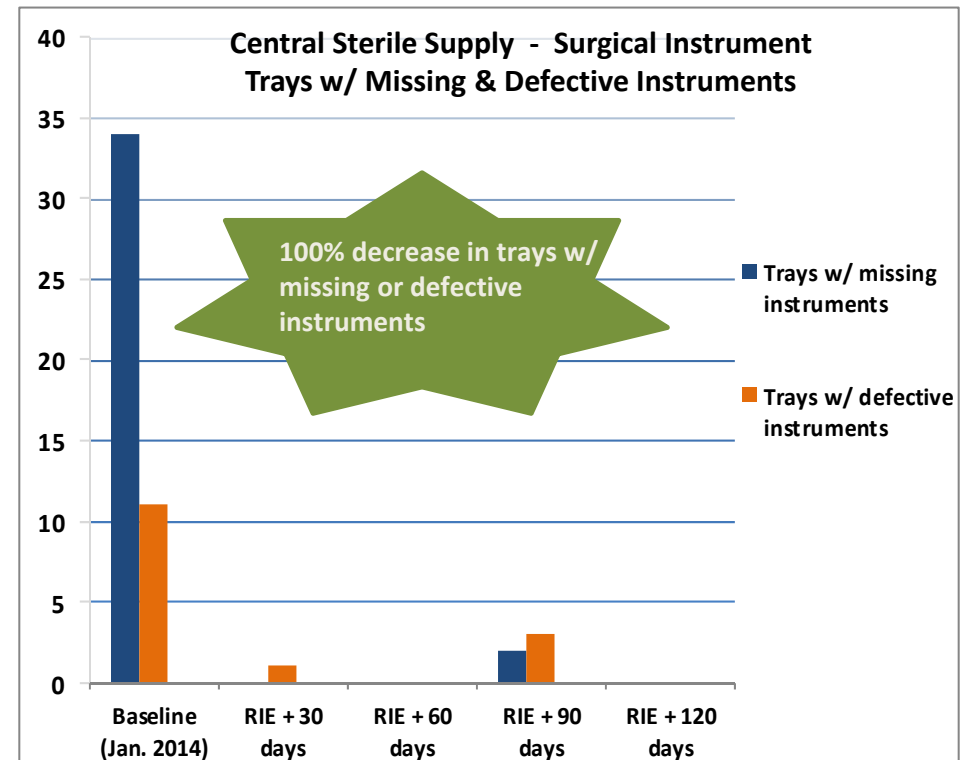
## Perioperative Service

### Problem statement:

Analysis of flow in Operating Rooms identified surgical instrument trays with missing and/or defective instruments as a major source of delays. These delays are both in providing patients with timely services as well as poor use of the O.R.s, providers and staff time.

### Improvements:

- Created standard work for the identification of missing and defective instruments
- New standard work developed for revising case counts in Abacus system
- Implemented process control board to visually manage the preparation and delivery of surgical trays
- Created communication loop between OR (point of use) and Central Sterile Supply



Trays with missing instruments	34	0	0	2	0
Trays w/ defect instruments	11	1	0	3	0

**Targets = 0**

# Kings County Hospital Center

## Inpatient Adult Medicine Value Stream

### Patient Escort Services

#### Problem Statement:

Frequent delays in transportation create dissatisfaction among staff and patients; and can lead to delays in discharges. Demand and capacity of transport services needs to be assessed in order to optimize our transport services and ensure resources are allocated to meet demands.

#### Improvements



Improved communication among escorts and dispatcher

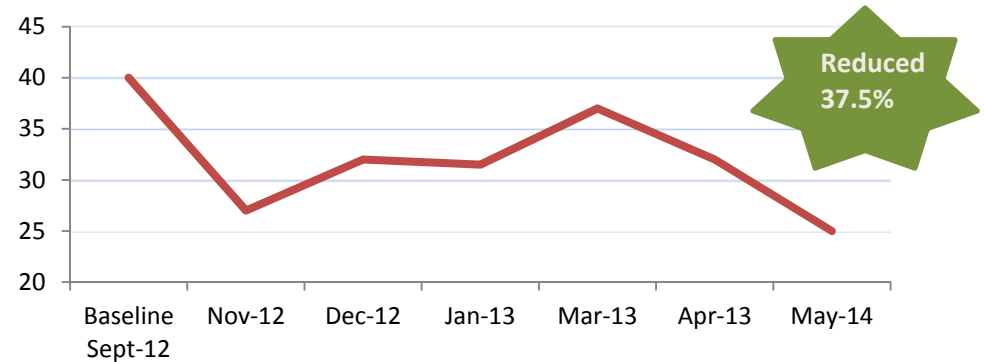


Procedure schedules communicated to Units

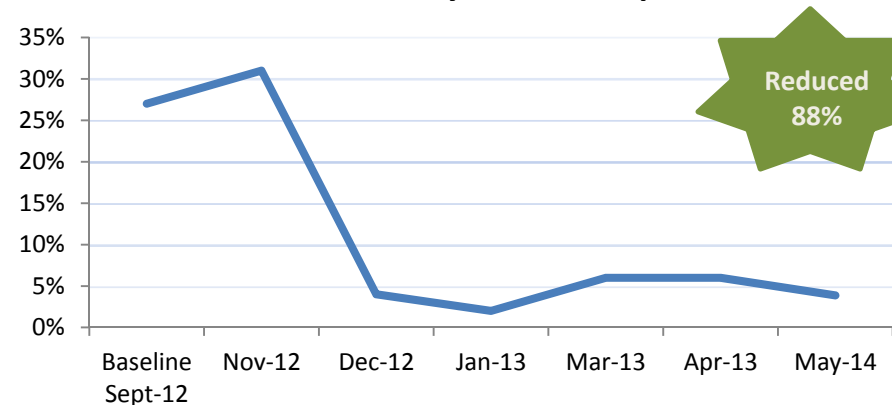


Balanced workload among escorts. Accountability built-in

Cycle time from request to patient transport



Patients not ready to be transported



# Bellevue Hospital Center

## Patient Waits for Pharmacy Services

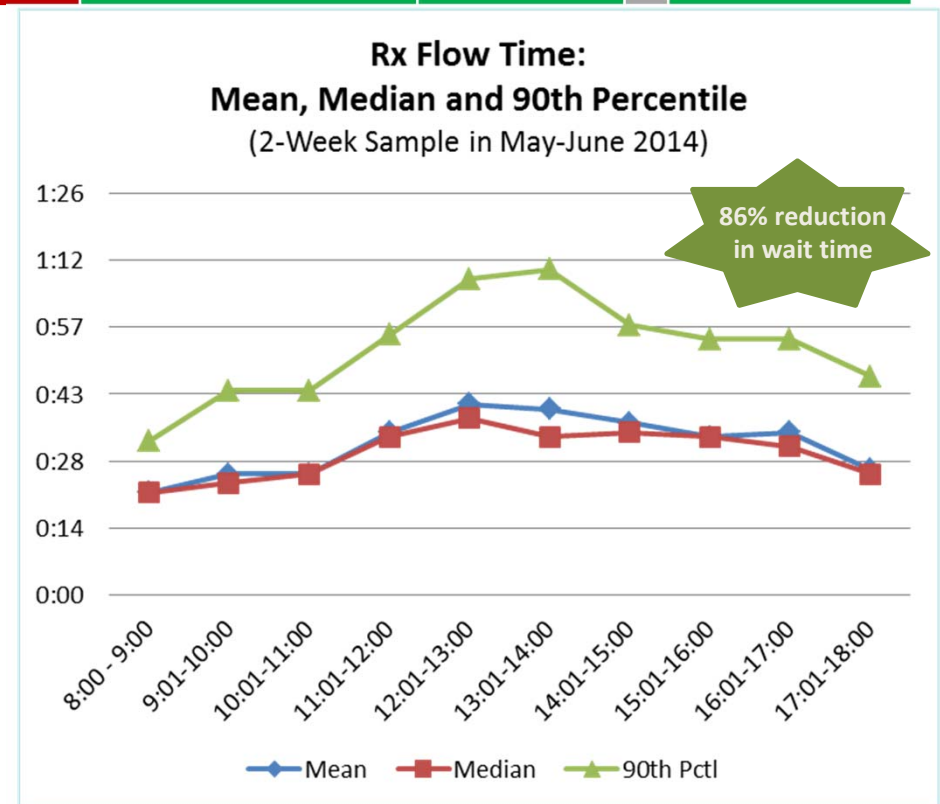
Metric	Baseline	Target	Jan' 14	Feb '14	June '14
Flow time	4 hours	1 hour	39 Min	33 Min	34 Min

### Problem Statement:

Current Pharmacy process result in extensive wait. We don't manage patients expectations well; We don't communicate effectively with our patients. These processes in turn cause stress to our staff. In addition, we must relocate the drop off area, which may improve our overall process. If we do not improve Patient Experience and reduce wait times we will not be able to compete in the near future.

### Improvements:

- Created two flow cells
- 6S conducted to improve flow
- New standard work for labeling/bagging
- Patient alert system installed
- Reduced time from 4 hours to 34 minutes



This graph allows us to predict patient wait by time of the day. Data will be validated on the ongoing basis.

# Lincoln Hospital

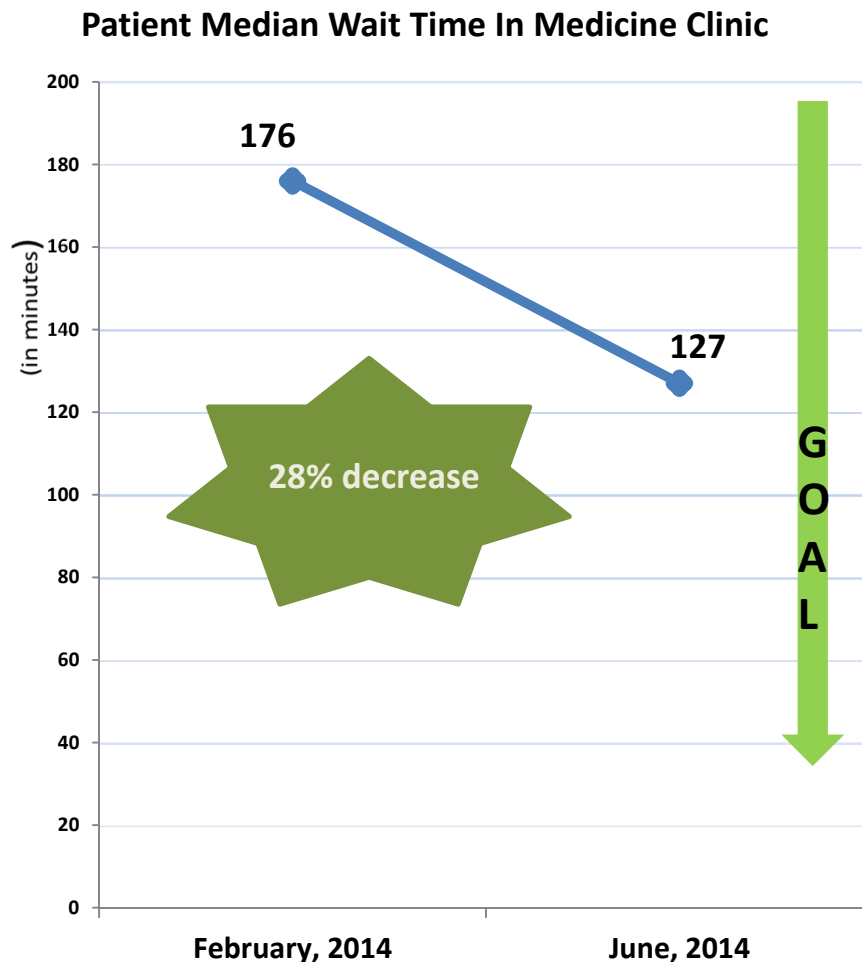
## Decreasing Patient Median Wait Time In Medicine Clinic

### Problem Statement:

Patients dissatisfied with long waits for services in the Adult Medicine Clinic

### Improvements:

- New standard work for patient flow
- Utilize process control board to improve clinic operation
- Conduct daily briefs to improve provider/staff communication and preparation for clinic
- Conducted A4 Problem Solving and Time Observation studies to identify and remove inefficiencies in patient flow





# Metropolitan Hospital Center

## Reduction of Inpatient Detox Denials

Metric	Baseline	Target	Jan' 14	Feb '14	March '14
Detox Documentation of Medical Necessity	0%	50%	81%	88%	94%
CIWA and CINA Evaluation in ED	0%	50%	97%	97%	99%
Detox Denials	\$847,000 (30)	\$347,000	0	0	\$5,954 (2)

### Problem Statement:

The Metropolitan Psychiatric ED admits patients for inpatient detoxification that can be directed to another level of care. As a result, we receive a large volume of denials. In FY 13 there was an average of 30 denials per month at a cost of \$847,000 to the facility (\$70,583/month).

### Improvements:

- ✓ ED staff trained on HHC redirection policy
- ✓ ED nurses trained on the use of CINA/CIWA
- ✓ ED residents trained on the use of the ASAM document template criteria for admission
- ✓ Track amount of patients admitted to Detox with medical necessity documented
- ✓ Track patients admitted to Detox have CIWA/CINA completed and in the chart
- ✓ Develop a list of OPD detox recourses and accepted insurance
- ✓ Develop a spread sheet for residents to track detox admission with appropriate doc and CIWA/CINA assessment
- ✓ Implementation of updated HHC pre-admission screening form

Documentation increased by 94%

Denied payments decreased by 97.2%

# Jacobi Medical Center

## Peri-operative Services Model Value Stream

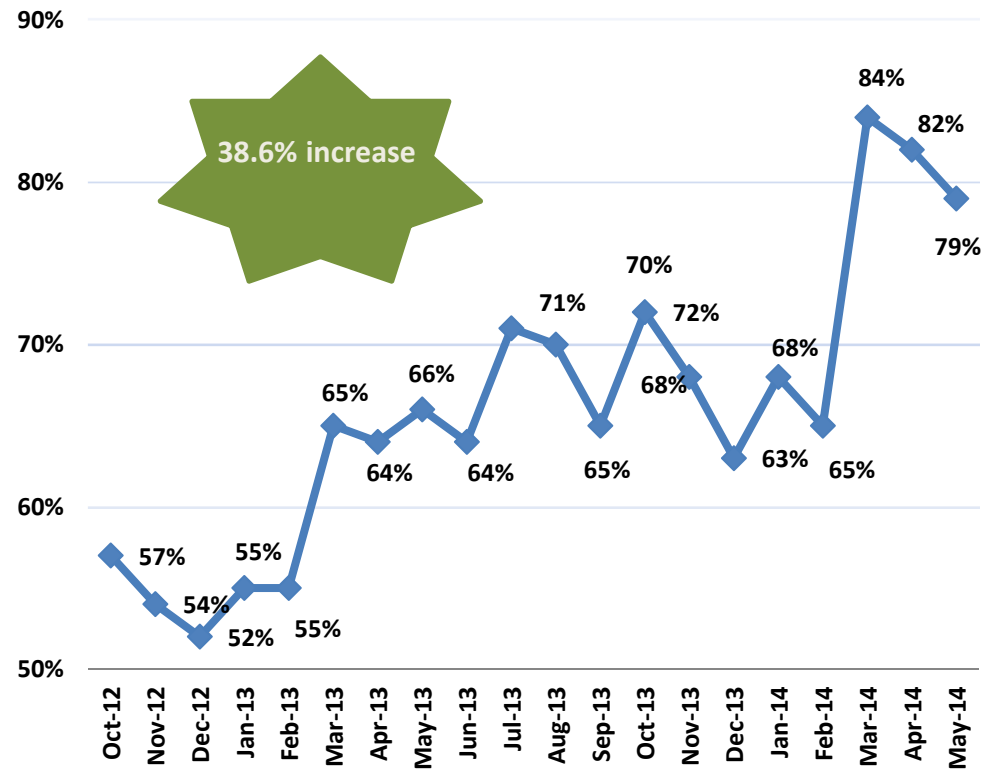
### Problem Statement:

Delays in the start of the first cases in the Operating Rooms causes patient waiting and inefficient utilization of room, instrument, physician, nursing and staff times

### Improvements:

- Process Control Board
- Pre-Op checklist implemented
- Holding area bay readiness
- 2P to improve patient flow for PAT

### 1st Case On-Time Start



# Daily Management System Achievements

## *6 Sites' Results—2013- 2014*

- Patients seen by their Primary Care Provider in the Adult Practice increased from 75% to 95%-Kings County
- Patients leaving within 15 minutes of being identified for discharge increased from 86% to 93%-Bellevue
- Urgent Care patients seen by provider within 30 minutes increased from 30% to 52%-Metropolitan
- Patient cycle time in Adult Medicine Clinic reduced an average of 25 min-Lincoln
- Percent of self-pay patients who were in contact with a Financial Counselor increased by 260% -from 27% to 97%-Queens
- Percent of patients seen within one business day of admission increased 58% - from 36% to 57%-Elmhurst



# Contract History

- Breakthrough initiated November 2007
- Simpler procured via competitive RFP
  - **SCOPE:** Lean consultation and support services
  - **TERM:** 3 years (2007—2010 with 2 one-year optional renewals)
  - **ORIGINAL BUDGET:** \$5M
  - **FIRST AMENDMENT:** Increase total to \$7m; no change in term (January 2010)
  - **FIRST OPTION RENEWAL AND AMENDMENT:** (October 2010)
    - Exercise first one-year renewal option (Year 4)
    - Add \$3.1m for Year 4
    - Add a third optional renewal year to the contract (for a total potential of 6 years)
  - **SECOND OPTION RENEWAL AND AMENDMENT:** (October 2011)
    - Exercise second one-year renewal option (Year 5)
    - Added \$4.9 m for year 5
  - **THIRD OPTION RENEWAL AND AMENDMENT:** (October 2012)
    - Exercise third and final one-year renewal option (Year 6)
    - Added \$5.5m for year 6
    - Contract Total: \$20.5 m for 6 years
  - **SOLE SOURCE CONTRACT (October 2013)**
    - One year term (through October 2014)
    - Value: \$4.4m (20% reduction from the prior year contract amount of \$5.5m)

# Vendor Selection



- Decision to initiate RFP process
  - When HHC first started Breakthrough few competitors with Simpler; the field is larger now
- 43 companies received RFP
- 6 companies submitted formal proposals
- Selection Committee evaluated all 6 proposals
  - 3 respondents participated in interviews
- Committee completed final written evaluation/scoring
- Simpler ranked highest against all other proposals

# New Contract



**Period:** November 1, 2014 through October 31, 2017 (3 years)

**Contract Amount:** \$10,494,000.

CY 2015= \$4,404,000

CY 2016=\$3,323,500

CY 2017=\$2,766,500

(CY 2017 amount is 37% less than CY 2014 contract amount)

**Projected Financial Return:** For every \$1 spent on this contract, HHC will collect and report \$ 20.49 in new revenues and cost savings.

# Contract Deliverable Summary

DELIVERABLE SUMMARY	Year One		Year Two		Year Three		TOTAL	
	Delivery Weeks	Annual Cost	Delivery Weeks	Annual Cost	Delivery Weeks	Annual Cost	Delivery Weeks	3 Year Cost
Enterprise Strategy Support - 'Setting Direction'	44	\$748,000	34	\$578,000	28	\$476,000	106	\$1,802,000
Infrastructure Support - 'Building Capability'	10	\$256,000	6	\$188,000	6	\$188,000	22	\$632,000
Network / Site Support - 'Creating Flow'	96	\$1,800,000	70	\$1,312,500	62	\$1,162,500	228	\$4,275,000
Staff Level Support - 'Developing Discipline'	94	\$1,500,000	76	\$1,185,000	60	\$900,000	230	\$3,585,000
Enterprise Opportunities - 'Lean Innovation'	5	\$100,000	3	\$60,000	2	\$40,000	10	\$200,000
<b>Total Weeks and \$ Investment</b>	<b>249</b>	<b>\$ 4,404,000</b>	<b>183</b>	<b>\$ 3,323,500</b>	<b>152</b>	<b>\$ 2,766,500</b>	<b>584</b>	<b>\$10,494,000</b>

# Partnership with Simpler

	Simpler	Purpose	HHC
VISION AND STRATEGY	Teach/coach leadership on hoshin kanri	Set and align organizational strategy and business goals; establish approach for collaborative achievement	Adopt multi-year goals and plans for annual achievement
ARCHITECTURE AND INFRASTRUCTURE	Teach/coach Simpler Business System (SBS)	Establish a comprehensive system for setting vision, planning, managing, improving and sustaining gains in which all employees contribute to the mission and goals of the organization. Embrace development of people as a fundamental priority.	Modify SBS to create Breakthrough—the HHC Operating System; Create training and development programs.
VALUE STREAMS	Teach A3 thinking and tools --VSA, VVSM, RIE, 2P	Establish the approach and component parts of the operating system -- tools and processes.	Develop internal capacity for continuous and sustained improvement.
DAILY IMPROVEMENT	Teach and coach managing for daily improvement	Enable managers throughout HHC to operate through a standardized program of behaviors, tasks and administrative actions.	Develop and implement the Daily Management System with just in time modular expansions.



# HHC FY15 Goals



- Improve alignment of Breakthrough resources to strategic business goals
  - Deepen application of hoshin kanri
  - Identify enterprise-level strategic value streams
  - Establish enterprisewide measures and targets
  - Prioritize resource allocation
  
- Improve spread of best practices and sustainment of improvements
  - Establish and spread standard work (what good looks like)
  - Create process and repository for use of tested and validated solutions (“Yokoten” repository)
  
- Embed Breakthrough expertise more broadly across the organization to grow independence from external expertise
  - Accelerate spread of DMS and model value streams
  - Spread capacity for Bronze and Silver training to facilities
  - Conduct leader and manager training
  - At least 4 (now 2) sites will rely only on the Enterprise Breakthrough Office for coaching and consultation

# Future Simpler Role (Contract Scope)

Utilizing the full bench strength of Simpler and Truven, deploy expertise to sites and the corporate office:

## ➤ Visioning and Strategy:

- Deploy lean Leadership Institute for senior leaders
- Coach leadership in hoshin kanri application
- Create innovation model

## ➤ Architecture and Infrastructure:

- Create a Human Development strategy
- Create model value streams in areas of strategic priority

## ➤ Value Stream Activity

- Ensure facility Breakthrough office staff and leaders have a deep understanding of Breakthrough, are expert on tools and techniques and can move easily between different applications
- Establish model value streams in areas of strategic priority
- Establish flow cells in all value streams
- Strengthen enterprise and site level analytic and evaluative capacity, including ROI

## ➤ Daily Management System

- Accelerate spread of DMS with the goal of implementing in 250 areas
- Add audit boards, leader standard work, “idea generation”

“The core work of the transformation is changing the culture---changing how we respond to problems, how we think about patients, how we interact with each other...When lean thinking goes only skin deep and management does not change, improvements cannot be sustained.”

John Toussaint, MD  
Founder and CEO  
Thedacare Center for Healthcare Value

## RESOLUTION

Authorizing the naming of Conference Room 1B35 at Metropolitan Hospital Center ("Metropolitan Hospital") the "Dr. Richard K. Stone Conference Room" in recognition of the substantial contributions that Dr. Richard K. Stone has made to Metropolitan Hospital over 48 years of distinguished, compassionate and dedicated service.

**WHEREAS**, Operating Procedure 100-8 permits facilities of the New York City Health and Hospitals Corporation (the "Corporation") to be named for individuals to recognize the significant contribution of the individual to be so honored; and

**WHEREAS**, Dr. Richard K. Stone first came to Metropolitan Hospital in 1966 as a third year New York Medical College medical student; and

**WHEREAS**, since 1966 Dr. Stone has been a pediatric resident, Chief Resident in Pediatrics, Pediatric Residency Director, Director of Ambulatory Pediatric Services, Chief of Pediatrics, President of the Metropolitan Hospital Medical Staff and Medical Director of Metropolitan Hospital; and

**WHEREAS**, in addition to his positions at Metropolitan Hospital, Dr. Stone has also served at the U.S. Naval Hospital, as a Professor of Clinical Pediatrics in the School of Medicine, as a Professor of Health Sciences and Practice at New York Medical College and as Senior Associate Dean at that school; and

**WHEREAS**, in all of his roles, Dr. Stone has been respected and admired as for his leadership, commitment and knowledge; and

**WHEREAS**, Metropolitan Hospital's administration, its Medical Board and its Community Advisory Board have each petitioned for Dr. Stone to be recognized for his service and contributions.

**NOW THEREFORE, be it**

**RESOLVED**, that Conference Room 1B35 at Metropolitan Hospital Center be named the "Dr. Richard K. Stone Conference Room" in recognition of the substantial contributions that Dr. Richard K. Stone has made to Metropolitan Hospital over 48 years of distinguished, compassionate and dedicated service.

## Executive Summary

Metropolitan Hospital Center is a 331-bed hospital, which provides primary care to patients from each of the five boroughs while utilizing the latest advances in medical science.

We are requesting approval to name Room 1B35 after the dedicated pediatrician who served the Metropolitan Community for over forty years, Dr. Richard K. Stone. The formal name for the Room will be the "The Dr. Richard K. Stone Conference Room."

Dr. Stone first came to Metropolitan forty-eight years ago in 1966 as a third year New York Medical College medical student. Following his graduation from New York Medical College in 1968, he was a resident and then Chief Resident in Pediatrics at Metropolitan. After active duty at the National Naval Medical Center in Bethesda in 1973, Dr. Stone returned to Metropolitan where he served first as Pediatric Residency Director and Director of Ambulatory Pediatric Services, and then in 1981 became Chief of Pediatrics. Dr. Stone served as President of the Medical Staff from 1987 to 1989. He was appointed Metropolitan's first Medical Director in 1989.

Dr. Stone is currently a Professor of Clinical Pediatrics in the School of Medicine, and Professor of Clinical Public Health in the School of Health Sciences and Practice at New York Medical College, where he is also a Senior Associate Dean. He is a Board Certified Pediatrician, Fellow of the American Academy of Pediatrics, the New York Academy of Medicine and a member of numerous professional organizations. Dr. Stone has published books and articles in the medical literature and is the recipient of many awards including a 2008 Tow Award for Humanism in Medicine from the Arnold Gold Foundation.

This action to honor Dr. Richard K. Stone's significant contribution of the pediatric profession is supported by Metropolitan Hospital Center's Medical Board, the Community Advisory Board, as well as, the Executive Director (see attached letters.)

Ram Raju, MD, MBA, FACS, FACHE  
President and CEO

July 8, 2014

Jo Ivey Boufford, M.D.  
Acting Chairperson of the Board of Directors  
New York City Health and Hospitals Corporation  
125 Worth Street,  
Suite 519  
New York, NY 10013

Dear Acting Chairperson Boufford:

I am honored to ask the Board to consider the resolution to rename Room 1B35 after the former Medical Director who served the Metropolitan Community for over forty years, Dr. Richard K. Stone.

Dr. Stone has devoted his entire professional life in support of HHC's mission, especially caring for its patients and residents at Metropolitan Hospital Center. Dr. Stone is a beloved physician, educator and humanitarian of high integrity who has earned the respect and admiration of countless physicians, staff, patients and Community Advisory Board members. His leadership, commitment and knowledge have been instrumental to the success of many regulatory and accreditation surveys.

Throughout HHC, our patients, residents, staff, and friends know and appreciate Dr. Stone for his extensive years of service and relentless contributions. We support the resolution to rename Room 1B35, "The Dr. Richard K. Stone Conference Room."

Sincerely,



Dr. Ram Raju  
President and CEO

cc: HHC Board of Directors



# METROPOLITAN HOSPITAL CENTER

1901 FIRST AVENUE, NEW YORK, NY 10029

TEL.: 212-423-8993 • FAX: 212-423-8535 • Email: [maryl.weinberg@nychhc.org](mailto:maryl.weinberg@nychhc.org)

**Meryl Weinberg, BSN, MA**  
Executive Director

June 25, 2014

Ramanathan Raju, M.D.  
President  
New York City Health and Hospitals Corporation  
125 Worth Street  
New York, NY 10001

Dear Dr. Raju, *Ram*

In accordance with Operating Procedure No. 100-8, we are respectfully requesting to name Room 1B35, The Dr. Richard K. Stone Conference Room, in recognition of Dr. Stone's contributions to Metropolitan Hospital Center and HHC.

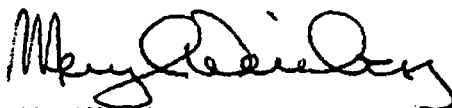
Richard K. Stone, M.D., Metropolitan's Medical Director, is retiring this summer after a long, dedicated and successful tenure. Dr. Stone first came to Metropolitan forty-eighty years ago in 1966 as a third year New York Medical College medical student. Following his graduation from New York Medical College in 1968, he was a resident and then Chief Resident in Pediatrics at Metropolitan. After active duty at the National Naval Medical Center in Bethesda in 1973, Dr. Stone returned to Metropolitan where he served first as Pediatric Residency Director and Director of Ambulatory Pediatric Services, and then in 1981 became Chief of Pediatrics. Dr. Stone served as President of the Medical Staff from 1987 to 1989. He was appointed Metropolitan's first Medical Director in 1989.

Dr. Stone is a beloved physician, educator and humanitarian of high integrity who has earned the respect and admiration of countless physicians, staff, patients and Community Advisory Board members. His leadership, commitment and knowledge have been instrumental to the success of many regulatory and accreditation surveys.

Dr. Stone is currently a Professor of Clinical Pediatrics in the School of Medicine, and Professor of Clinical Public Health in the School of Health Sciences and Practice at New York Medical College, where he is also a Senior Associate Dean. He is a Board Certified Pediatrician, Fellow of the American Academy of Pediatrics, the New York Academy of Medicine and a member of numerous professional organizations. Dr. Stone has published books and articles in the medical literature and is the recipient of many awards including a 2008 Tow Award for Humanism in Medicine from the Arnold Gold Foundation.

In recognition of Dr. Stone's exceptional contributions, we request to name Room 1B35, a 939 square foot conference room located on the first floor of the Main Building, The Dr. Richard K. Stone Conference Room.

Sincerely,



Meryl Weinberg



# METROPOLITAN HOSPITAL CENTER

1901 FIRST AVENUE, NEW YORK, NY 10029

TEL: 212-423-6262

June 25, 2014

Ramanathan Raju, M.D.  
President  
New York City Health and Hospitals Corporation  
125 Worth Street  
New York, NY 10013

Dear Dr. Raju,

As the President of the Metropolitan Hospital Center Medical Board, I submit this letter on behalf of the entire medical staff in full support to name Room 1B35, The Dr. Richard K. Stone Conference Room.

Richard K. Stone, M.D., has dedicated his professional life to the mission and vision of Metropolitan Hospital Center, its patients, staff and the communities we serve. Dr. Stone is an esteemed physician with a genuine concern for the welfare and health of our patients. As a mentor and inspirational educator, he has helped develop the careers of countless number of physicians. Dr. Stone has served the last twenty-five years of his tenure at Metropolitan as its Medical Director and left an indelible mark in the strategic path of the hospital.

The Metropolitan Hospital Center Medical Board is grateful to Dr. Stone for his strong leadership and extraordinary contributions. We fully support the request to name Room 1B35, The Dr. Richard K. Stone Conference Room.

Sincerely,

Ronnie Gorman Swift, M.D.  
Medical Board President



**MHC  
CAB**

**Metropolitan Hospital Center  
Community Advisory Board**

1901 First Avenue, Room 1B30-1, New York, NY 10029  
Telephone 212-423-6128 Fax 212-423-8636

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ADVISORY  
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Hon. Olga Mendez*

**NON-MANAGERIAL  
EMPLOYEE REP.**  
*Charles Mighty, RN*

**EX-OFFICIO MEMBERS**  
*Maryl Weinberg, BSN, MA  
Executive Director*

*Richard K. Stone, MD  
Medical Director*

*Lillian Diaz, BSN, MBA, MS  
Deputy Executive Director,  
Nursing*

June 25, 2014

Ramanathan Raju, M.D.  
President  
New York City Health and Hospitals Corporation  
125 Worth Street  
New York, NY 10013

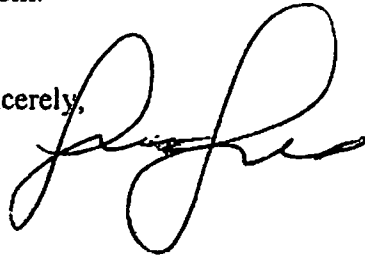
Dear Dr. Raju,

The Metropolitan Hospital Community Advisory Board submits this letter of support for naming Room 1B35, The Dr. Richard K. Stone Conference Room.

As the Medical Director of Metropolitan Hospital Center, Dr. Stone has been an ex-officio member of the Community Advisory Board (CAB) for many years. It has been a pleasure for the CAB members to collaborate with Dr. Stone, an outstanding physician and public health advocate. The Community Advisory Board presented Dr. Stone at its Annual Public Meeting in June 2014 with a Recognition Award for his dedicated service to Metropolitan, its patients and the communities we proudly serve.

The full board meetings of the CAB are held in Room 1B35 and we truly hope that the room will be named, The Dr. Richard K. Stone Conference Room.

Sincerely,



Jewel Jones  
Chairperson

## RESOLUTION

Authorizing the expenditure by the New York City Health and Hospitals Corporation (the "Corporation") of \$8,619,510 for the construction and outfitting of a temporary primary medical clinic in a pre-fabricated structure on Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn (the "Lots") to be licensed from the New York City Department of Housing Preservation and Development ("HPD") for the Corporation's operation of the Ida G. Israel Community Health Center (the "Health Center") under the management of Coney Island Hospital ("CIH").

**WHEREAS**, CIH had operated the Health Center at 2201-2202 Neptune Avenue in the Coney Island area of Brooklyn until the Health Center was destroyed by Hurricane Sandy; and

**WHEREAS**, the Coney Island neighborhood's need for primary health services is not being adequately met without the Health Center; and

**WHEREAS**, by resolution adopted in July 2013, the Corporation's Board of Directors authorized its license of the Lots from HPD on which to locate the Health Center; and

**WHEREAS**, in conjunction with the presentation of this Resolution, the Corporation's Board of Directors is being asked for authority to modify the prior resolution authorizing the license of the Lots to permit payment of an occupancy fee to HRA and to establish a five-year term for the license; and

**WHEREAS**, the Executive Summary accompanying the prior resolution authorizing the license of the Lots had indicated that a further resolution would be presented to authorize the expenditure of the funds necessary to construct the Health Center; and

**WHEREAS**, bids for the construction of the Health Center have been received and a budget for the costs for construction and outfitting has been developed; and

**WHEREAS**, it appears that the Federal Emergency Management Agency will reimburse substantially all of the costs of the Health Center's construction and outfitting.

**NOW THEREFORE, be it**

**RESOLVED**, that the New York City Health and Hospitals Corporation shall be authorized to spend \$8,619,510 the construction and outfitting of a temporary primary medical clinic in a pre-fabricated structure on Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn to be licensed from the New York City Department of Housing Preservation and Development for the Corporation's operation of the Ida G. Israel Community Health Center under the management of Coney Island Hospital.

**New York State Department of Health  
 Certificate of Need Application  
 Schedule 8A Summarized Project Cost and Construction Dates**

This schedule is required for all Establishment Applications and Full or Administrative Review Construction Applications.

**1.) Project Cost Summary data:**

	<b>Total</b>	<b>Source</b>
<b>Project Description:</b>		
<b>Project Cost</b>	<b>\$8,591,735</b>	Schedule 8b, column C, line 6
<b>Total Basic Cost of Construction</b>	<b>\$8,591,735</b>	Schedule 8b, column C, line 6
<b>Total Cost of Moveable Equipment</b>	<b>\$100,000</b>	Schedule 8b, column C, line 5.1
<b>Cost/Per Square Foot for New Construction (calculated on Table 10)</b>	<b>\$643</b>	Schedule 10
<b>Cost/Per Square Foot for Renovation Construction</b>	<b>NA</b>	Schedule 10
<b>Total Incremental Operating Cost (From Schedule 13C, 17C, or 19D)</b>		Schedule 13c, 17c or 19d
<b>Amount Financed (as \$)</b>	<b>\$0</b>	Schedule 9
<b>Percentage Financed as % of Total Cost (From Schedule 9)</b>	<b>0.00%</b>	Schedule 9
<b>Depreciation Life (in years)</b>	<b>temporary space</b>	

**2) Construction Dates**

<b>Anticipated Start Date</b>	<b>9/1/2014</b>	
<b>Anticipated Completion Date</b>	<b>2/28/2015</b>	Schedule 8b

**New York State Department of Health**

**Certificate of Need Application**

**Schedule 8B - Total Project Cost - For Projects without Subprojects.**

For Article 28, 36, and 40 Establishment & Construction Requiring Full, Administrative or Limited Review  
 For Limited Review, escalation amounts may be entered as "0".

<b>Constants:</b>	<b>Value</b>	<b>Comments:</b>
Design Contingency - New Construction	0.00%	Normally 10%
Construction Contingency - New Construction	7.00%	Normally 5%
Design Contingency - Renovation Work	0.00%	Normally 10%
Construction Contingency - Renovation Work	0.00%	Normally 10%
Anticipated Construction Start Date:	9/1/2014	as mm/dd/yyyy
Anticipated Midpoint of Construction Date	12/1/2014	as mm/dd/yyyy
Anticipated Completion of Construction Date	2/28/2016	as mm/dd/yyyy
Year used to compute Current Dollars:	2014	

<b>Subject of attachment:</b>	<b>Attachment Number</b>	<b>Filename of attachment - PDF</b>
For new construction and addition, at the schematic stage the design contingency will normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment.		
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment.		

**New York State Department of Health  
Certificate of Need Application  
Schedule 8B - Total Project Cost - For Projects without Subprojects.**

	A	B	C
Item	Project Cost In Current Dollars	Escalation amount to Mid-point of Construction	Estimated Project Costs
Source:	Schedule 10 Col.7	Computed by applicant	(A + B)
1.1 Land Acquisition	\$0	X	\$0
1.2 Building Acquisition	\$0		\$0
2.1 New Construction	\$6,522,808	\$0	\$6,522,808
2.2 Renovation & Demolition	\$0	\$0	\$0
2.3 Site Development	\$1,039,762	\$0	\$1,039,762
2.4 Temporary Utilities	\$0	\$0	\$0
2.5 Asbestos Abatement or Removal	\$0	\$0	\$0
3.1 Design Contingency	\$0	\$0	\$0
3.2 Construction Contingency	\$529,365	\$0	\$529,365
4.1 Fixed Equipment (NIC)	\$400,000	\$0	\$400,000
4.2 Planning Consultant Fees	\$0	\$0	\$0
4.3 Architect/Engineering Fees	\$0	\$0	\$0
4.4 Construction Manager Fees	\$0	\$0	\$0
4.5 Other Fees (Consultant, etc.)	\$0	\$0	\$0
Subtotal (Total 1.1 thru 4.5)	\$8,491,735	\$0	\$8,491,735
5.1 Movable Equipment (from Sched 11)	\$100,000	\$0	\$100,000
5.2 Telecommunications	\$0	\$0	\$0
6. Total Basic Cost of Construction (total 1.1 thru 5.2)	\$8,591,735	\$0	\$8,591,735
7.1 Financing Costs (Points etc)	\$0	X	\$0
7.2 Interim Interest Expense: \$ <input type="text"/> At <input type="text"/> % for <input type="text"/> months	\$0		\$0
8. Total Project Cost: w/o CON fees Total 6 thru 7.2	\$8,591,735	\$0	\$8,591,735
Application fees:		X	
9.1 Application Fee. Articles 28, 36 and 40. See Web Site.	\$2,000		\$2,000
9.2 Additional Fee for projects with capital costs. Not applicable to "Establishment Only" projects. See Web Site for applicable fees. (Line 8, multiplied by the appropriate percentage.)  Enter Multiplier ie: .25% = .0025 --> <input type="text"/> 0.003	\$25,775	\$0	\$25,775
10 Total Project Cost with fees	\$8,619,510	\$0	\$8,619,510

## RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a three-year revocable license agreement with the New York City Department of Housing Preservation and Development ("HPD") for the Corporation's use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the Corporation's operation of a temporary primary medical clinic in a pre-fabricated structure at an annual payment to HPD of \$130,000. This resolution amends and supersedes a similar resolution adopted by the Board of Directors July 25, 2013.

**WHEREAS**, Coney Island Hospital ("CIH") had operated the Ida G. Israel Community Health Center at 2201-2202 Neptune Avenue in the Coney Island area of Brooklyn (the "Center") until such clinic was destroyed by Hurricane Sandy; and

**WHEREAS**, the Coney Island neighborhood's need for primary health services is not being adequately met without the Center; and

**WHEREAS**, CIH will require more than a year to complete the selection of a new site for the Center and to complete the necessary construction once a site is selected; and

**WHEREAS**, HPD controls a number of vacant lots in the area and is willing to license them to the Corporation for the Corporation's use to site a pre-fabricated modular structure from which to operate a temporary version of the Center; and

**WHEREAS**, the Corporation is able to quickly erect a pre-fabricated modular structure from which to operate a temporary version of the Center; and

**WHEREAS**, on July 25, 2013 the Corporation's Board of Directors adopted a resolution that had authorized the execution of similar license for a shorter term and no occupancy fee; and

**WHEREAS**, HPD determined that in view of the longer term of the proposed license and other considerations, an occupancy fee should be assessed.

**NOW THEREFORE**, be it

**RESOLVED**, that the President of the New York City Health and Hospitals Corporation (the "Corporation") is authorized to execute a three-year revocable license agreement with New York City Department of Housing Preservation and Development ("HPD") for the Corporation's use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the Corporation's operation of a temporary primary medical clinic in a pre-fabricated, modular structure at an annual payment to HPD of \$130,000. This resolution amends and supersedes a similar resolution adopted by the Board of Directors July 25, 2013.

## EXECUTIVE SUMMARY

The President of the New York City Health and Hospitals Corporation (the "Corporation") seeks authorization to execute a three-year revocable license agreement with the New York City Department of Housing Preservation and Development ("HPD") for the Corporation's use and occupancy of Block 7061, Lots 16, 39, 40, 41, 42, 43, 44 and 45 in the Coney Island area of Brooklyn for the Corporation's operation of a temporary primary medical clinic in a pre-fabricated structure. These are all vacant lots that are currently unused by HPD. Under the proposed license agreement, HPD will charge the Corporation \$130,000 for the use and occupancy of the licensed property.

Hurricane Sandy destroyed the Ida G. Israel Community Health Center at 2201-2202 Neptune Avenue in the Coney Island area of Brooklyn (the "Center"). Since then, Coney Island Hospital ("CIH") has been working with the community, local elected officials and various agencies of the City of New York to find a suitable replacement site for the Center. Even once a location is found, it is likely that it will take from 6 to 18 months to complete all of the work at such location to enable the Center to begin its operations there. In the meantime, the Coney Island neighborhood's need for primary health services is not being adequately met. Thus, it is appropriate to implement a temporary solution that can serve the community until a new home for the Center is found and renovated to meet the Center's needs.

CIH has identified a reputable manufacturer of modular, prefabricated structures, through public bid process. CIH, working with an architect, has developed plans for a structure of approximately 13,000 square feet that can be erected on the property to be licensed.

The Board of Directors of the Corporation had adopted a resolution on July 25, 2013 authorizing the execution of an earlier version of the proposed license. In that previous version, the license was only for one year (renewable by HPD for successive one-year periods) and there was to be no occupancy fee. Subsequently, HPD was persuaded to revise the term of the license agreement to make it be for three years (though revocable). In connection with that negotiation, HPD and the New York City Office of Management and Budget determined that the Corporation should pay the fair market value of the lots in the amount of \$130,000 per year. The proposed resolution amends and supersedes the prior one.

CIH will present a separate resolution to the Capital Committee of the Board for authorization for the expense funding required for this project based on a detailed budget.

When the structure is erected, outfitted and fully operational, CIH anticipates providing dental, pediatric, general primary medical care and chemical dependency services.