BOARD OF DIRECTORS MEETING
THURSDAY, JUNE 26, 2014
A~G~E~N~D~A

Call to Order - 4 pm	Dr. Boufford
1. Adoption of Minutes: May 22, 2014	
Acting Chair's Report	Dr. Boufford
President's Report	Dr. Raju
>>Action Items<<	
Corporate	
2. 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. *(Audit Committee – 06/12/2014)*	Ms. Youssouf
3. RESOLUTION 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. *(Audit Committee – 06/12/2014)*	Ms. Youssouf
South Manhattan Health Network	
4. RESOLUTION 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 120th 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. *(Capital Committee – 06/12/2014)*	Ms. Youssouf
North Central Brooklyn Health Network	
5. RESOLUTION 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. *(Capital Committee – 06/12/2014)*	Ms. Youssouf
6. RESOLUTION 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 8th 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. *(Capital Committee – 06/12/2014)* *VENDEX: Pending*	Ms. Youssouf

(over)

MetroPlus Health Plan, Inc.	
7. RESOLUTION authorizing the Executive Director of MetroPlus Health Plan, Inc. 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 five (5) years. *(MetroPlus Finance Committee –06/10/2014)* *EEO: / VENDEX: Pending*	Mr. Rosen
Committee Reports	
➢Audit	Ms. Youssouf
➢Capital	Ms. Youssouf
➢Equal Employment Opportunity	Ms. Kril
➢Finance	Mr. Rosen
➢Medical & Professional Affairs / Information Technology	Dr. Calamia
➢Strategic Planning	Mrs. Bolus
Subsidiary Board Report	
➢HHC Capital Corporation	Dr. Boufford
Facility Governing Body / Executive Session	
➢Elmhurst Hospital Center	
Diagnostic & Treatment Center Annual Quality Assurance Plan / Evaluation 2013 (Written Submission Only)	
➢Renaissance Health Care Network Diagnostic & Treatment Center	
Semi-Annual Report (Written Submission Only)	
➢Bellevue Hospital Center	
>>Old Business<<	
>>New Business<<	
Adjournment	Dr. Boufford

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 22nd of May 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
Dr. Vincent Calamia
Dr. Herbert F. Gretz, III
Ms. Anna Kril
Dr. Hillary Kunins
Mr. Robert F. Nolan
Mr. Mark Page
Mr. Bernard Rosen

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 April 24, 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 April 24, 2014, copies of which have Been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Dr. Boufford announced Reverend Lacey's resignation after 35 years of service as the longest serving member on the Board. Dr. Boufford acknowledged her commitment to HHC's mission, as well as to the community.

Dr. Boufford received the Board's approval to convene in Executive Session to discuss matters of quality assurance. She received the Board's approval for the appointments of Anna Kril to serve as Chair of the EEO Committee and Mark Page to serve as a member of the HHC Capital Corporation Board.

Dr. Boufford stated that the Joint Commission conducted its triennial survey at Woodhull Medical and Mental Health Center and Coler Specialty Hospital and Nursing Facility, and congratulated the hospitals on their successful surveys.

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

Dr. Boufford congratulated Board member, Anna Kril, on her recognition as one of the United Hospital Fund's 2014 Hospital Trustee honorees for exemplary service.

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.

In addition, Dr. Raju noted that Senators Schumer and Gillibrand announced over $4.3 million in federal Sandy funding for Bellevue Hospital Center.

Dr. Boufford disclosed to the Board that she has uncompensated academic appointments at the New York University School of Medicine and the Robert F. Wagner Graduate School of Public Service of New York University, and therefore would preside over the meeting but would neither participate in the discussion nor vote on the three action items regarding the New York University School of Medicine affiliation agreement.

ACTION ITEMS

RESOLUTIONS

2. Authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute an **extension** of **Affiliation Agreement with the New York University School of Medicine** for the provision of General Care and Behavioral Health Services at **Woodhull Medical and Mental Health Center** and **Cumberland Diagnostic and Treatment Center** for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement; AND further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

- AND -

3. Authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute an **extension** of

the **Affiliation Agreement with New York University School of Medicine** for the provision of General Care Health Services at **Coler Specialty Hospital and Nursing Facility** and **Henry J. Carter Specialty Hospital and Nursing Facility** for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement; AND further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

- AND -

4. Authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute an **extension** of the **Affiliation Agreement** with **New York University School of Medicine** for the provision of General Care and Behavioral Health Services at **Bellevue Hospital Center** and **Gouverneur Healthcare Services** for a period on one year, commencing July 1, 2014 and terminating June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negot9iations for a new agreement; AND further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five (25%) of the amounts set forth in Attachment A.

Antonio Martin, Executive Vice President, explained that the reason for the extension is to provide the Corporation an opportunity develop a standardized approach to Affiliation Agreements.

Dr. Calamia moved the adoption of the resolutions which were duly seconded and adopted by the Board with 11 in favor. Dr. Boufford recused herself.

RESOLUTION

5. Authorizing the President of the New York City Health and Hospitals Corporation and **Base Tactical Disaster Recovery, Inc.** to provide expert consulting services for disaster recovery, project management, and filing claims for reimbursement from **the Federal Emergency Management Agency (FEMA)** for expenses incurred by the Corporation in connection with damages caused by **Super-storm Sandy**. The extension will be for a term of 12 months commencing August 1, 2014 through July 31, 2015, with one option to extend for an additional 12 months exercisable solely by the Corporation for an amount not to exceed $2,590,600.

John Levy, President of Base Tactical, described the status of their work securing reimbursement from FEMA.

Mr. Rosen 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 negotiate and execute an agreement with **BSI Healthcare Audit Services, LLC** to provide the Corporation with **payment recapture/recovery services** and to improve the Corporation's ability to detect, recover and prevent future improper payments on a contingency basis, at a fee of 17% of net recoveries. The contract is for an initial term of three (3) years with an option to extend for up to two additional one-year terms, solely exercisable by the Corporation.

Marlene Zurack, Senior Vice President, Finance, explained that the firm has specialty technology to review payments to vendors to identify overpayments. She estimated a benefit to HHC of approximately $3.1 million through their efforts.

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

RESOLUTION

7. Authorizing the President of the New York City Health and Hospitals Corporation to execute a revocable **license agreement** with **Bellevue Day Care Center, Inc.**, for its use and occupancy of space at **Bellevue Hospital Center** as a childcare center.

Dr. Boufford moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

INFORMATION ITEMS

Dr. Boufford reported that a special meeting was held by the Audit Committee to confirm the use of KPMG, HHC's auditors, to assist the Corporation in a consulting capacity in working on the DSRIP program. It was agreed that in addition to auditing services provided by KPMG, HHC will also retain KPMG in a consulting capacity for this purpose, but the Corporation does not wish to set a precedent using the same firm for auditing and consulting services.

In addition, Dr. Boufford reported that KPMG did a presentation at the Audit Committee and that the Audit Committee has passed the report.

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, as the governing body of Jacobi Medical Center and North Central Bronx Hospital, 1) received an oral report and reviewed, discussed and adopted the facility reports presented; 2) received and approved the Morrisania Diagnostic and Treatment Center's annual quality assurance plan and its 2013 evaluation document; and 3) received and approved the semi-annual written report for Harlem Hospital Center.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:19 P.M.

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

COMMITTEE REPORTS

Audit Committee – April 10, 2014
As reported by Ms. Emily Youssouf

An Audit Committee meeting was held on Thursday, April 10, 2014. The meeting was called to order at 11:00 A.M. by Ms. Emily Youssouf, Committee Chair. Ms. Youssouf stated that before she calls the meeting to order Mr. Steven Newmark, Deputy Mayor Lilliam Barrios-Paoli's Agent Designee, is here representing her in a voting capacity [in accordance with Article VI, §12 of the HHC By-Laws]. She then asked for a motion to adopt the minutes of the Audit Committee meeting held on February 13, 2014. A motion was made and seconded with all in favor to adopt the minutes. An additional motion was made and seconded to hold an Executive Session of the Audit Committee to discuss matters of potential litigation.

Ms. Youssouf said that the first thing on the agenda is an action item and she turned the presentation over to Ms. Marlene Zurack, Senior Vice President for Finance/CFO.

Authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute an agreement with KPMG LLP to provide the Corporation with auditing services and other directly related services including debt-issuance-related services, debt-compliance letter, tax services and certification/attestation for cost reports for a term of four years, for an amount not to exceed $3,487,000 plus a 10% contingency reserve of $340,000.

Ms. Zurack introduced Mr. Jay Weinman, Corporate Comptroller, who will go through the basics of the process that was used by the selection committee.

Mr. Weinman stated that a Request for Proposal (RFP) was issued in the beginning of January. The RFP was sent out to twenty-one firms on the City's list of eligible CPA firms – we received responses from three. Based on the selection criteria we selected KPMG – they were the lowest bidder and they have been our auditors for over twenty years.

Ms. Youssouf asked for introductions since there is a new partner as part of the rotation, and asked to describe her role and her prior experience with HHC. The partner introduced herself as Maria Tiso, the new lead engagement partner on the audit of HHC. She said she was the leading engagement partner five years ago on the previous contract and had other roles during her course at KPMG. She is very familiar with the Corporation and its issues and the management team. She will be working with members of management making sure that they incorporate the new transactions that are occurring this year and incorporate a level of predictability as we go through the audit process.

Ms. Youssouf asked Mr. Newmark if he had any questions for KPMG. He responded no. Ms. Youssouf then stated that if there are no other questions, she will request a motion for approval. Motion was approved and seconded. The resolution will go to the full Board for its consideration.

Ms. Youssouf then proceeded to the first information item about an A-133 Single Audit Grants Management by Ms. Zurack.

Ms. Zurack said informed the Committee that every year, HHC is a part of New York City's A-133 Audit, which is an audit that is conducted of all grants. For HHC, that audit is led by Mahendra Patel, Director, Grants Management. This year the HHC audit had no findings, which we thought was incredible, and I wanted the Committee to understand that we really stood out among other City entities.

Ms. Youssouf moved on the next item – audits update from Mr. Chris Telano.

Mr. Telano stated pages three through five of the briefing document are a summary of the four current audits being conducted by the New York City Comptroller's Office at HHC. The first one is related to Emergency Room Wait Time, and that audit is still ongoing. One noteworthy item is that in a memorandum sent from them in January, they stated that they found insufficient evidence that many of the efforts made to reduce ED wait times were formally evaluated. We took exception to that preliminary conclusion; as a result we will be sending a letter from the Corporation's Executive Vice President/COO, Antonio Martin.

Mr. Martin stated that it is already sent. To which Ms. Youssouf asked if he had heard from them. Mr. Martin responded that the signed letter went out two days ago.

Mr. Telano then asked them to turn to page four; number two is related to the Navigant Consulting's billing practices. We have not heard from them since September 2013, so we really do not know the status of that audit. The next audit they are conducting is of the Lincoln/PAGNY Affiliation agreement, and that audit is also ongoing. They are still collecting information and interviewing individuals. The audit began in July of 2013. The last audit which started in October 2013 on page five is Patient Revenue and Accounts Receivable. They are also collecting information through various individuals throughout the Corporation.

Ms. Youssouf asked if these audits started under the previous Comptroller. To which Mr. Telano responded yes. Then Ms. Youssouf asked if there have been any interaction with the new administration. Mr. Telano answered not from his point of view.

Mr. Telano continued with page six, which is a discussion of the audits that the Office of Internal Audits has completed since the last meeting. The audit at MetroPlus of the procurement process – he asked the representatives, Arnold Saperstein, Executive Director and John Cuda, CFO to approach the table.

Mr. Telano began with the findings. The purchasing department at MetroPlus consists of two individuals, and as a result there were some separation-of-duty concerns, but the individuals within Finance and the Purchasing Department have taken necessary steps to resolve that. We also found a terminated employee had system access to OTPS, and an active employee had access to the GHX system although it was not part of their current job function. Lastly, we found some documentation issues regarding for payment purchase orders. There were some justification letters missing and their informal bid package was also missing some documentation to support the quotation.

In response to the findings, Mr. Cuda stated that regarding access to systems, we have a process in place where we do something called a LAN form that goes from the department to HR. One of the things that sometimes fall through the cracks as we discovered due to this internal audit was that we were very tight on closing down our MetroPlus systems. Sometimes it did not get into the record that someone had access to any HHC system. So what we have done is we put that back into the process to terminate the HHC access so now that has become part of the questioning in the exit conference. Before it was sporadic and it should have been tighter, so we have addressed that issue.

Ms. Youssouf asked if it's a LAN form; it's not electronic? Mr. Telano said that we use a paper LAN form. We want to get to an electronic request system that either goes through GroupWise or another electronic function, but right now it's a paper form.

Ms. Youssouf then asked how difficult is it to make it electronic – I'm also concerned, when you have a LAN form, the length of time it takes someone to actually get it and read it. Is it possible your HR people could also potentially send an email? Dr. Saperstein stated that the LAN form triggers the email, but they have been using the LAN form document, hard-copy documentation because it lists all of the specific system access. When somebody comes on board, the systems they are signed for requires the executive team member's supervision to sign off on what access was given to employees. They use it more for recordkeeping, all the communication is done electronically through GroupWise and there is an email of that job completed as requested. The issue was that we were shutting down access into our system and all of ours, but we did not follow through on some of the HHC systems. That has now been implemented -- anytime an employee leaves, we have a record of all the systems actually being turned off. All of the communication is done electronically. Our CIO wanted to have hard-copy record of somebody actually signing off on a request. We have a paper LAN form, but all of the work is done electronically.

Mr. Cuda went on – for the bid process, we found that MetroPlus is adhering to getting the three quotations, telephone quotations. We were not adhering to keeping the non-winning bid documents, the documents were being disposed. We brought examples of how we actually have the outreach and the context of each of the three bidding vendors, and we only kept the actual bid from the winner. We have changed our policies since the audit; we now scan it electronically into a file. That has been addressed through this audit. The for-payment-only (FPOs), we went and looked at what the issues were, and internal audit found that we had some FPOs without proper justifications. This basically falls into two categories that we were able to define. One was executive sponsorships. When we buy a table at Jacobi's fair or we have Harlem week or the NYCHA Chinese-American Association, these are usually processed by the president's office. Being the president, we did not put in place that there was a justification signed by anyone over Dr. Saperstein because internally there is not anyone over Dr.

Saperstein. We worked out with Mr. Telano that I or Dr. Dunn will be the signature to his orders and sign the justifications so a record goes in that two people looked at this and that goes into the folder. The others found were Sandy related FPOs.

Ms. Youssouf asked if this was electronic. Mr. Cuda said that the justifications usually come by email and a response is put into the system – it is not exactly a piece of paper.

Mr. Cuda continued by stating that the other issue they found was after Super Storm Sandy. We were displaced from 160 Water Street, so some of the other ones that we did were parking situations, replacement of cars that we did in an emergency situation and we did not have every I dotted or T crossed. That fell through a little bit during the recovery period.

Ms. Youssouf thanked them and said that it sounds like you made the corrections and everything in under control.

Mr. Telano proceeded with his update by stating that the next audit on page seven is an audit of Surgical Instruments at Metropolitan Hospital Center. He asked for the representatives to approach the table and identify themselves. They introduced themselves as follows: Kathi Mullaney, Peri-Op Service Line Administrator and the Prevention Control Director; Meryl Weinberg, Executive Director. Mr. Telano said that the review involved viewing instruments such as forceps, clamps, scissors, etc. We went to ten different utility rooms in which the soiled and the clean instruments are maintained and we found that five of those ten rooms were unlocked. We also found that in two of these rooms the Central Service Department did not have access although they are responsible for restocking the clean instruments and retrieving the soiled ones. The second issue we found is related to the inventory controls. For the individual instruments, manual inventory records are maintained. For the trays, the Abacus system, the inventory system is utilized. We found some instances in which our counts did not agree to the manual cards and we also found that items, trays included on the Abacus inventory system were not found at the location that was indicated. The last review comment we have is that we found terminated employees still have access to the Abacus inventory system.

Ms. Mullaney stated that the list has been reviewed and people who have access to Abacus are new employees.

Ms. Youssouf asked what they are doing to ensure that other terminated employees won't have the gap in time again. To which Ms. Mullaney answered that Central Sterile manager will be responsible for checking that every month with the OR manager. Also, the corporation is upgrading Abacus to Abacus II. This is very timely for us; we are now going through everything related to Abacus as far as the trays. Our rollout is May 20th. They will be there the whole week to in-service Central Sterile and the operating room and everyone who has access to the trays. Ms. Mullaney asked if this answered her question. Ms. Youssouf responded no, let's say you terminate three people next week – how are you assured that they won't have access anymore? Ms. Mullaney said that it's an internal check; Central Sterile manager will make sure the list is current. He will generate a monthly report to me, so I will know that it was checked by the Service Line Administrator. Also, having the upgraded Abacus system for us will be much more comprehensive.

Ms. Youssouf stated that the system is only as good as the information you put in. She then asked if it goes to HR.

Ms. Mullaney answered no, they do not have access to the Abacus, but we know who we terminated and we know who is in the department and who should have access. As far as the access to the rooms, hospital police and I went around and checked every single room and looked into card access. Card access lets you know who went in and when they left. We are teaching everyone that there is no tailgating and they will be somebody teaching them how to use the card access. This is another report that will be generated each month and we are working very closely with hospital police. For the inventory room, there are clamps and there are scissors, so we are using the combine card. We have standard work for that, and staff is going to be in-serviced. It is a small room with our instruments and they are not big-ticket items.

Ms. Youssouf stated that that's the point, they are not big-ticket items, the point is that they are surgical instruments; some of them could in fact be dangerous. You do not want inventory to go missing. Ms. Youssouf then asked Mr. Telano if he was satisfied with their implementation. He indicated that he was and commented that Ms. Mullaney and her staff were very proactive during the course of the audit in addressing most if not all of these findings.

Mr. Telano continued by stating that the last audit to be discussed is on page eight. It is related to service grants at Kings County. He asked the representatives, Mohsen Mansour, Director, Julian John, Chief Financial Officer, and Anthony Saul, Senior Associate Director to approach the table.

Mr. Telano said that other than a few minor recordkeeping discrepancies noted, the only finding of significance was that on some of the payroll registers that were being utilized to account for the expenditures related to the grants, the Social Security numbers of employees were indicated and also to the attached report. Sometimes there was a spreadsheet attached to those that also indicated the Social Security number, and those documents are all sent over to the Corporate Grants Management area for review and approval.

Mr. Saul stated that as required, we normally provide payroll documentation for each employee who is listed on the grant. We utilize the internal system, which is actually payroll access. Grants Management has a view print for the access, and it is a specific screen that prints a copy of the actual paycheck. Unfortunately, when we print that screen, it prints both the TKID and the Social Security number. The requirement that we are going to implement immediately is that we are going to manually redact the Social Security information. We have also contacted Corporate Office and we have shown them the actual screens that we utilize and how we access the information. They are going to be working with IT and Payroll where they will be able to print that screen without the Social Security number because the TKID number is sufficient.

Ms. Youssouf asked Corporate Office, if that was sufficient. Mr. Weinman responded that we are working with facilities. The report that is being referenced is on screen; it is a direct link to the payroll system and we want to take out the extra link, the Social Security number, not only for print but also for view. We are working with IT to either substitute the report or somehow blank out the Social Security number.

Ms. Youssouf asked if that is true at all facilities. Mr. Weinman answered yes.

Mr. Fred Covino, Central Office, stated that just to be very clear, even though it was submitted to Central Office, it did not go to the grantor. It was retracted by our staff and was not forwarded beyond that.

Ms. Zurack said that in terms of the more policy answer to the question is as a Corporation we have challenged ourselves in the past to eliminating any Social Security number that we do not need to know. We have missed a couple in that review, so I keep pushing, Mr. Telano can tell you, that we have to be vigilant. We are on it in Payroll, not the hospital. Mr. Weinman is right, it should not even be available to people. We have legacy systems, it is not always so easy to find. We find a few over time, and every time we think we have found them all, something else crops up. Mr. Covino is right, it did not get out in the world, but it was a risk, and we are very concerned about it.

Ms. Youssouf asked when it does not get out in the world, but it is available internally to a large number of people is that something you have to notify the employees on. Is that considered any kind of violation? Mr. McNulty from Corporate Compliance responded that under the General Business Law 399AA that will qualify as a disclosure of private information or under 899DD – it is a risk. Ms. Youssouf then asked who has the ability to change this.

Mr. Weinman responded and said that we are working with IT. IT will have to do some programmatic changes to the system in order to wipe out the Social Security numbers. Ms. Zurack added that it is Corporate Finance's responsibility to tell IT we need this done.

Ms. Youssouf requested that Mr. Telano come back to the next meeting and let them know whether they have been able make those changes.

Mr. Martin added that Ms. Zurack is right because we do not know corporate-wide what our exposure is. This is one department, Finance, but I think of a couple of other departments where there may be similar exposure. I would really welcome Mr. Telano's audit throughout the Corporation so we can catch everything that may be out there.

Ms. Youssouf asked Mr. Telano if that is something he can do? Mr. Telano responded yes. She then stated that the other issue is Social Security numbers reported on the HIV treatment adherence report.

Mr. Saul said that as Mr. Telano denoted, we have already made those changes to that spreadsheet. Basically, it is a copy of the information that came from the reports, we have a summary report and this is the actual detail that backs it up.

Mr. Telano presented the summary report. Ms. Youssouf asked if this is an issue that they have to be contacted. Mr. Russo answered no.

Mr. Telano continued with the briefing and stated that on page nine is the listing of the audits in progress and on page ten is the follow-ups. Then said if there are no other questions then I conclude my presentation.

Ms. Youssouf thanked him and then turned over to Mr. Wayne McNulty Chief Corporate Compliance Officer (CCO) for his Compliance Report update.

Mr. McNulty proceeded by moving to page three of the Corporate Compliance report and discussing the new Executive Compliance Workgroup ("ECW") members. Mr. McNulty explained that the ECW is a workgroup that consists of senior members of the Corporation, including members from Central Office and the facilities. He further explained that the function of the ECW was to provide advice and guidance to the CCO. He advised the Committee that ECW's presence is a required element under the New York State Mandatory Provider Compliance Program and the OIG Guidance to compliance programs. Mr. McNulty informed the Committee that in 2014 the standard members of the ECW included the following individuals: the Senior Assistant Vice President of Revenue Management, Maxine Katz; the Senior Vice President and Chief Information Officer, Bert Robles; the Senior Vice President and General Counsel, Sal Russo; Senior Vice President and Chief Medical Officer, Dr. Ross Wilson; and the Senior Vice President and Chief Corporate Financial Officer, Marlene Zurack. Mr. McNulty continued by advising the Committee of that the ECW also consists of several rotating members who serve on the ECW for a year. These members, Mr. McNulty provided, are as follows: Chris Constantino, Senior Vice President of Queens Healthcare Network and Executive Director of Elmhurst Hospital Center, serving as the rotating senior vice president; Elizabeth Guzman, Chief Financial Officer, Metropolitan Hospital Center, serving as the rotating chief financial officer; and Angelo Mascia, Executive Director of Sea View Hospital and Rehabilitation Center, serving as the rotating skilled nursing facility Executive Director. Mr. McNulty stated that all the rotating members will serve on the ECW for calendar year 2014.

Mr. McNulty continued by discussing the Compliance Training Update. He advised the Committee that the compliance-training modules were being updated. He stated that, although the physicians' compliance training module was expected to be updated by end of April, it appeared that it would most likely be completed around the second week of May. He explained that one of the requirements under State Law and Federal guidance is that the compliance-training modules are reviewed and examined annually to determine whether or not they need to be updated to be consistent with the current and applicable regulations and statutes. He informed the Committee that the Healthcare Professionals' Training module would be updated in June.

Mr. McNulty proceeded with the next item on page five of the report – the Compliance Reporting Index. Mr. McNulty stated that during the first quarter of calendar year 2014, the Office of Corporate Compliance ("OCC") received 92 compliance-based reports, one of which was considered Priority A report. Mr. McNulty informed the Committee that a Priority A report is a matter that requires immediate review and/or action due to an allegation of an immediate threat to a person, property or environment. He advised the Committee that 31 of the reports were considered Priority B reports. He added that the remaining 60 reports were considered Priority C reports. He stated that 43 of the reports were received through OCC's confidential Helpline. He told the Audit Committee that reports were also received through the following means: face-to-face; email; US Mail; voicemail; and website submission. He went on the discuss the different classes of allegations, which included reports pertaining to employee relations, reports pertaining to policy and process integrity, and reports pertaining to the misuse or misappropriation of assets or information.

Mr. McNulty continued by discussing the Privacy Reporting Index. Mr. McNulty stated that for the first quarter of calendar year 2014, the OCC received a total of 23 incidents reports through its HIPAA Complaint Tracking System. He explained that, out of these 23 complaints, three were found after investigation to be actual violations of HHC's HIPAA policies and procedures, two were determined to be unsubstantiated, six were determined not to be a violation, and 12 were still under investigation. He added that the three confirmed violations did not amount to a breach of confidential information that would necessitate a report to the United States Department of Health and Human Services ("HHS").

Ms. Youssouf asked Mr. McNulty to explain the difference between a confirmed violation and a breach.

Mr. McNulty responded by providing the Committee with an example. In summary, he explained that in a case where an employee improperly accesses health information, such access would constitute a HIPAA violation. However, he further summarily explained, such access would not be considered a breach if it occurred within the covered entity. He further explained that, so long as there is a low probability that the information was not comprised, then a breach has not occurred. On the other hand he explained, if the OCC found out that an employee was something criminal involving Social Security

numbers, such an incident would be considered a breach and notification of the Attorney General's office, HHS, and the affected individuals would be required.

Mr. McNulty continued with OCC's Staffing Update. He informed the Committee that there were two vacancies in the OCC. He stated that one of the vacancies was in Central Office and one was in HHC Health and Home Care. He informed the Committee that the recruitment process had commenced and was ongoing.

Mr. McNulty moved on to item number six on the agenda – Monitoring of Excluded Providers. He advised the Committee that there were no reports of excluded providers since the last time the Committee convened in February of 2014.

Mr. McNulty added that it has been a group effort between the OCC and all the staff offices throughout the facilities and Central Office, the Labor Department, and Employment and Human Resources.

Mr. McNulty proceeded with section seven on the report – the OIG Fiscal Year 2014 Work Plan. Mr. McNulty informed the Committee that the Office of the Inspector General ("OIG") for HHS released their Fiscal Year 2014 work plan in January. In summary, he informed the Committee that the ECW would be reviewing the subject OIG work plan at its next meeting to determine what items may be at risk to the Corporation. He directed the Committee to turn its attention to Attachment one of the Report, which highlighted some of the items from OIG's work plan. Following Attachment one, he continued by discussing several of the OIG work plan items.

Mr. McNulty started with the Analysis of Salaries Included in Hospital Cost Reports. Mr. McNulty stated that OIG had already initiated an audit in HHC's Queens Healthcare Network with respect to this particular item. In summary, he stated that the OIG placed this item on their work plan and promptly started an audit of the same. Mr. McNulty then discussed Oversight of Hospital Privileging, advising the Committee that this potential risk item would be discussed by the ECW.

Mr. McNulty continued by discussing the Centers for Disease Control and Prevention's World Trade Center Program. He explained that HHS and the Federal Government, who are responsible for oversight of the World Trade Center grants, have initiated an audit process of the same. He explained that HHC had already received a survey concerning the World Trade Center Grant. He explained that the federal government has specific elements that they want the Compliance Program to meet with regard to this grant. He closed the discussion of this topic by informing the Committee that the OCC would closely examine compliance with these requirements.

Ms. Zurack requested, in summation, that Mr. McNulty communicate with her team about OIG efforts regarding this topic because, as she stated, there were some special things HHC negotiated with the federal government regarding this matter. Mr. McNulty replied that he would comply with Ms. Zurack's request.

Ms. Youssouf asked if HHC had anything in writing regarding the negotiation. Mr. Covino responded that it was just a series of discussions.

Ms Youssouf suggested that an email confirming the discussions should be sent saying "Per our discussion, this is our understanding". Mr. Covino said that Mr. Miles has it on file.

Mr. McNulty added that he would work with Mr. Terry Miles on this item. Ms. Zurack stated that they have worked with Joe Willey (who is HHC's outside counsel) on this item as well.

Mr. McNulty continued by discussing the Compliance Oversight of the Gotham Federally Qualified Health Center, Incorporated ("Gotham" or the "Health Center"). He informed the Committee that HHC applied to the Health Resources Service Agency ("HRSA") for the designation of six of its diagnostic/treatment centers and all of their respective satellite clinics, which amounts to 20 satellite clinics and 13 school-based health centers, as a federally-qualified community health center look-alike pursuant to HRSA's regulations concerning the public entity/co-applicant government model. Mr. McNulty explained, in sum and substance, that compliance oversight is an important piece of this. He advised the Committee that he met with the Chairperson of the Gotham Board of Directors to review HHC's compliance program and its applicability to the diagnostic/treatment centers. In summary, he explained that, nearly three years ago, the OCC separated the diagnostic/treatment center Compliance Committees from the Network compliance committees. He advised that for the past two and half years the OCC had already instituted a very unique compliance program with regard to the diagnostic/treatment centers, which included education and training, risk assessments, and the diagnostic/treatment center's compliance program

and committees. Mr. McNulty stated that he discussed the following about HHC's compliance program with the Gotham Chairperson: compliance training education of the Health Center personnel; the different standards of conduct and code of ethics that apply to the Health Center's personnel; and the Health Center's compliance and risk assessment results. He added that, as per the Chairperson's request, he would be reporting to the Gotham board on a bi-monthly basis. He added that he would be developing a compliance-training program for the Gotham Board of Directors. He explained that such training would be unique because of the different regulations that govern the diagnostic/treatment centers and the regulation or the requirements under the HRSA agreement.

Mr. McNulty then continued with the next item, External Audits. Mr. McNulty discussed two specific external audits. The first audit originated from the Office of Civil Rights ("OCR") and involved Metropolitan Hospital Center. He advised the Committee that the OCR was looking into the meaningful access to services and programs for individuals with limited English proficiency ("LEP"); the equal access to services and programs for individuals with HIV; and the privacy and security of protected health information with regard to these individuals and their information. Mr. McNulty stated that that a response to this audit on behalf of Metropolitan and the Corporation was expected to be sent out the day after the instant Committee meeting, or by the following Monday the latest. He stated, in summary, that the audit was unique because, in the normal course, the OCR - - although they have jurisdictions over these three areas - - usually conducts audits of these three areas separately. Mr. McNulty closed his discussion regarding the subject audit by, in sum and substance, thanking the Metropolitan staff members who were very helpful in compiling information with regard to this audit. He also thanked the Facility Privacy Office at Metropolitan; Terry Hamilton, who oversees the HIV program at Central Office; and Carolyn Jacobs and her office that oversees the LEP program.

Mr. McNulty moved forward by discussing the second audit, which he advised the Committee was an HHS OIG audit. After reminding the Committee that he discussed this audit earlier in the report, he explained that OIG was looking at excessive compensation at Elmhurst Hospital Center. He informed the Committee that the OCC responded to the audit by providing summary of the five highest compensated employees at Elmhurst and Central Office for the years 2008, 2009, 2010 and 2011, as well as their respective salaries and job descriptions. He stated that the OCC issued a response on Monday, March 31, 2014. He commented that this audit was an example of HHS placing an item on their work plan and within a month instituting an audit process on said item.

Ms. Youssouf thanked Mr. McNulty and proceeded into Executive Session. Following the conclusion of the Executive Session, the meeting was adjourned.

Capital Committee – May 8, 2014
As reported by Ms. Emily Youssouf

Senior Assistant Vice President's Report

Roslyn Weinstein, Senior Assistant Vice President, Office of the President, announced the appointment of Peter Lynch as the new Assistant Vice President of the Office of Facilities Development. She noted that Mr. Lynch had so far made a significantly positive impact on the department and said she was pleased to have him assuming the position. Meeting attendees congratulated Mr. Lynch.

Ms. Weinstein advised that the meeting agenda included one action item, for a license agreement with Bellevue Day Care Center, Inc., for the use of space and services to be provided at Bellevue Hospital Center.

Ms. Weinstein asked Mr. Lynch to provide a brief update on the pre-bid meeting held earlier in May, for the Construction Management (CM) At Risk contract related to 155 Vanderbilt Avenue. Mr. Lynch explained that there were four bidders on the project, an addendum had been issued in the days following the opening, and another opportunity would be provided for any follow-up questions. Mr. Lynch said that award would likely happen in the end of May. Ms. Youssouf said she was pleased to hear that the plan was moving forward and she believed it would be an important step, that she hoped would help run projects more smoothly and more economically, to benefit the Corporation.

That concluded Ms. Weinstein's report.

Action Item:

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a five year revocable license agreement with Bellevue Day Care Center, Inc. (the "Licensee") for the use and occupancy of 3,031 square feet in the C&D Building at Bellevue Hospital Center (the "Facility") in which to operate a daycare center at no charge to the Licensee.

William Hicks, Chief Operating Officer, Bellevue Hospital Center, read the resolution into the record. Mr. Hicks was joined by Christopher Roberson, Director, Bellevue Hospital Center, and Sarah Maldonado and Barbara Duckett, Bellevue Day Care Center, Inc.

Ms. Duckett explained that the Day Care Center had been in existence for approximately 40 years, operating on the Bellevue Campus for nearly 30 years, and had provided services for Bellevue employees and affiliation employees that work at the facility.

Ms. Youssouf asked if the program was operating at capacity. Ms. Duckett said that there were 41 children in the program, ranging from infants to toddlers to preschoolers.

Mark Page asked what percentage of the program participants were from Bellevue and what percent were from New York University (NYU). Mr. Hicks said that 10 of the 21 were NYU Affiliates. He explained that 26 staff members, who provide care to Bellevue patients, were participating in the program. Ms. Maldonado added that NYU employees had to be affiliates at Bellevue in order to participate.

Mr. Page asked if this was a long standing benefit for NYU staff, and expressed concern that the program ultimately subsidizes day care for NYU by giving the program free space. He said that the affiliation requirement makes slightly more sense but he was interested in whether or not it is a benefit expressed in the terms of the affiliation agreement or whether it was just a given piece of the fabric.

Mr. Roberson said that 51% of the slots were reserved for Bellevue staff and if those were not taken then the program opened up to others. Ms. Youssouf asked why only 51% and not 100%. Mr. Page asked if perhaps the program should then be half the size, and accommodates only Bellevue staff and not the general public. Ms. Maldonado said in order to receive funding and subsidies from the Administration of Children's Services (ACS) had to leave a little window open to service folks outside of the facility. She said that the program operates based on need and if 100% were filled by Bellevue staff that would be excellent but it is based on utilization and at times there is not the need. It has fluctuated recently between 51% Bellevue staff, at present, and other times it is 80%, but 51% is the minimum requirement.

Mr. Hicks noted that the NYU affiliates that are participating in the program provided direct care to Bellevue patients as well. The program supports Bellevue, he said.

Ms. Youssouf asked if it was in the affiliation agreement. Mr. Roberson said no. He explained that the program is based on salary, so many of the affiliate staff are paying a higher rate for the service than that of other Bellevue employees.

Mr. Page asked what sets the amount that ACS will pay. Ms. Maldonado said a State mandate sets rates.

Mr. Roberson expressed the benefit of having the services so conveniently available. Mr. Page said he understood the great benefit to the employees but said he was unsure about the inclusion of the affiliate staff. Ramanathan Raju, MD, President, said he understood the concern, but explained that affiliate staff were essentially Bellevue staff. Some get paid through NYU and others directly by Bellevue but they all provide services directly to the patients at Bellevue. Dr. Raju added that he thought it relevant that the next affiliation contract explore the issue further.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote; and on motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Information Items

Major Modernization Status Report: Gouverneur Healthcare Services

Martha Sullivan, PhD, Executive Director, Gouverneur Healthcare Services provided the status report. Ms. Sullivan was joined by Matthew McDevitt, Associate Executive Director, Gouverneur Healthcare Services, Steve Curro, Managing Director, Construction, Dormitory Authority of the State of New York, and John Pasicznyk, Managing Director, Downstate Operations, Dormitory Authority of the State of New York.

Ms. Sullivan advised that construction had been progressing and the facility was awaiting a Temporary Certificate of Occupancy (TCO) for part of the first floor and a public assembly permit for the same area. The Nursing Facility was certified for 215 beds to be opened and by the end of June hopefully full 295 would be certified. The Department of Health (DOH) for floors ten (10) and eleven (11), and fire suppression for the elevators needed to be completed. Ms. Youssouf asked about the fire suppression in the elevators and why it was just being discussed. Ms. Sullivan said that changes in regulatory requirements had made the addition of a fire suppression system in the machine room necessary. Mr. Lynch explained that a non-water based fire suppression had to be put into place. Mr. Page asked if this project would be in line with the new requirements. Mr. Lynch said yes.

Mr. Page asked where patients for the new facility would be coming from. Ms. Sullivan said they would come from other HHC facilities, NYU, and voluntary hospitals. Mr. Page noted that there had been a common issue of patients occupying space in acute care areas in lieu of being in appropriate nursing facilities. Ms. Sullivan agreed and said that in the recent months the facility had nearly quadrupled the number of referrals accepted from within HHC.

Antonio Martin, Executive Vice President said that over the past year it had been determined that ten percent (10%) of long term care admissions would be self-pay patients coming from HHC facilities. Mr. Page asked why the 10% threshold was set. Mr. Martin said that was the goal that parties thought could be met. Mr. Page asked if it should not be discussed whether a threshold is appropriate when in some cases weighing gains and losses should be done. Mr. Martin said that Ms. Weinstein had been taking a very close look at detailed information to meet such a balance. Dr. Raju added that HHC needed to work towards improving the number, but would do so carefully. Additionally HHC needs to be sure we are referring internally and not to outside. Ms. Youssouf agreed that was important.

Mr. Curro narrated a power point presentation. He reviewed the scope of the existing facility (316,000 sf): Phased gut renovation of an occupied facility to expand the long-term care capacity from 210 beds to 295; long-term care beds to be located on the 5th to 11th floors, as well as the 13th floor. Upgrades to, and expansion of, the Ambulatory Care facility. Major mechanical infrastructure upgrades. New construction (108,000 sf): Five stories (85,000 sf) for Ambulatory Care Services, addition of 3,000 sf per floor on the 6th through 13th floors, primarily for long term care.

Project Progress: Overall, the project is 94% complete, as measured by construction in place as of March 17, 2014.

In the existing facility: floors 2, 3, 4, 5, 6, 7, 12 and 13 have been completed and are occupied. Floors 8 and 9 received NYC DOB TCO and DOH inspection and are ready to be occupied. Floor 10 received a NYC DOB TCO on December 18, 2013. Floor 11 received a NYC DOB TCO on January 22, 2014. Floor 1 received a NYC DOB TCO on April 9, 2013. TCO for multipurpose room expected in May, 2014.
Mr. Curro advised that additional funding approval was received on April 11, 2014.

Mr. Page asked if funding was from Dormitory Authority of the State of New York (DASNY) bonds. Mr. Curro said no, it is funded through the City.

Mr. Curro overviewed additional scope work or “day two” projects, to be completed after the 1st floor TCO: Multi-purpose room – May 2014, Exterior vertical granite and parking lot paving – May 2014, Henry Street sidewalk replacement – June 2014 *, Henry Street mechanical screen – Design June 2014 *, Courtyard – July 2014 (ACM) *, Low Roof – July 2014 (ACM) *, Linde Gas- September 2014 (ACM) *, Elevator upgrade – November 2015, and Building wide code compliance – Under investigation by Consultants Construction dependent on funding. Mr. Curro advised that project completion dates are tentative as firm schedules have not been developed for the scopes of work.

Ms. Youssouf asked for an explanation of "day two" projects. Mr. Curro said that projects outside of the original scope are the projects that will be taken on after the interior TCOs are in place. Ms. Youssouf noted that there is still some contention as to what is in and out of scope. Mr. Pasicznyk stated that these projects are all in the project budget, with the exception of the last item, and are all outside of the last TCO for the first floor.

Project Budget (contract work in place as of 3/17/14). Current Available Funding of $247.1 million; Total Construction at $188.68; Total Soft Costs of $44.7; and, Furniture, Fixtures and Equipment (FF&E) at $11.3. Project Contingency is $2.7 million. Total Project Budget $247,400,000. There is approximately $267,000 not funded. Finalizing change orders on the project.

Mr. Curro explained that construction billed to date totaled $177.37 million, total project billed to date $227.1 million. Total remaining: $17.57 million, with $11.3 million remaining construction, and $6.27 million of soft costs and FF&E. Project is 94% complete and winding down from a financial standpoint.

Ms. Youssouf stated that there is still a serious disagreement with DASNY regarding the original work of scope and that was a primary cause for initiating CM at risk contracts. The cost overruns and delays associated with this project should not happen again and we hope to work out an agreement with DASNY to finish this up. This is not acceptable and we are attempting to ensure that doesn't happen again.

Project Status Reports

Daniel Collins, Director, Coney Island Hospital, provided delay reports for two projects in the South Brooklyn/Staten Island Health Network; the Boiler Replacement Project at Coney Island Hospital and Renovation of the Isolation Building at Sea View Hospital Rehabilitation Center and Home.

Mr. Collins explained that Coney Island Hospital Center Boiler Plant Replacement project was delayed due to re-designing that was done as a result of Hurricane Sandy and the need to elevate the plant beyond 100 year flood plans. He advised that the project was 80% complete with start-up expected the week of June 18, commissioning and approval, with operation, anticipated by the end of July, 2014.

Mr. Collins advised that the Isolation Building Renovation project at Sea View Hospital Rehabilitation Center and Home, three months in delay, was substantially complete and was delayed due to information items that needed to be followed up upon by the architects.

Mr. Page asked if the Coney Island project would be fully funded by the Federal Emergency Management Administration (FEMA). Mr. Collins said it was still being determined, as parts of the project were in the works prior to the storm and it is unclear whether boiler plants would be covered. Mr. Martin confirmed that discussions with FEMA were ongoing.

Community Relations Committee – May 6, 2014
As reported by Mr. Robert Nolan on behalf of
Josephine Bolus, RN, Committee Chair

Chairperson's Report

Mr. Nolan welcomed attendees to this session of the Community Relations Committee (CRC) of the Board of Directors.

Mr. Nolan announced that tonight's Annual Activity Reports will be from the Community Advisory Boards (CABs) of the Generations Plus and Northern Manhattan Networks. He acknowledged CAB leadership from Lincoln Medical and Mental Health Center, Morrisania Diagnostic and Treatment Center and the Segundo Ruiz Belvis Diagnostic and Treatment Center from the Bronx as well as CAB leadership from Harlem Hospital, and Renaissance Healthcare Network Diagnostic and Treatment Center in Manhattan.

Mr. Nolan also acknowledged HHC's newly elected President, Dr. Ram Raju, who was making his first appearance in this capacity at the CRC meeting.

Mr. Nolan began his remarks by highlighting some notable occurrences since the last Community Relations Committee meeting.

Mr. Nolan reported that the staffs of Harlem and Metropolitan Hospitals had made us all especially proud for the exemplary care they had provided to more than 30 victims of the East Harlem building explosion. He stated that, while much of the media attention had been focused on Dr. Maurice Wright, Chief Medical Officer of Harlem Hospital, and Dr. Gregory Almond, Chief of Emergency Medicine at Metropolitan, dozens of staff deserve recognition. It had been noted at the press conferences that all HHC hospitals routinely conduct emergency preparedness drills that include mass-casualty scenarios so that they are as prepared as they can be for when these unfortunate events actually happen.

Mr. Nolan reported that the father of the most seriously injured victim, a 16-year-old young man, had spoken at a press conference to express his appreciation to the Harlem Hospital staff. Ms. Denise Soares, the Generations Plus/Northern Manhattan Senior Vice-President had also praised the response of Harlem's Trauma and Burn Unit teams. Dr. Arthur Cooper, Harlem's Director of Trauma and Pediatric Surgical Services, who had led the young man's treatment team, had called Harlem's Burn Unit nurses "angels", for their work to prevent his burn wounds from becoming infected.

Mr. Nolan reported that coincidentally a little more than a week later, Harlem Hospital staff, HHC representatives, elected officials and community leaders had marked the opening of Harlem Hospital's new, expanded Adult and Pediatric Emergency Departments (ED) and Level 1 Trauma Center. Mr. Nolan noted that this 30,000-square foot, $19 million, state-of-the-art facility doubled the adult ED space and nearly tripled the pediatric ED space.

Mr. Nolan reported that the new ED will continue to be named in honor of Marshall C. England, a respected health care advocate and former chairperson of the Harlem Hospital Center CAB.

Staying in the Village of Harlem, Mr. Nolan acknowledged those CAB members who have attended the Commission on the Public's Health System's Annual Marshall England Public Health Awards Gala that had been held in the Mural Pavilion at Harlem Hospital. He noted that Ms. Agnes Abraham, Chairperson of the Kings County Hospital CAB and of the Council of CABs, had been one of the honorees.

Moving to his home borough, the Bronx, Mr. Nolan reported that Lincoln Medical and Mental Health Center's had celebrated the opening of an expanded Emergency Department last month. He added that a $24 million capital project had enabled the hospital to increase the capacity of the adult, pediatric, and psychiatric emergency areas by almost 70 percent.

Mr. Nolan reported that at the end of March, Elmhurst Hospital had opened its new Women's Pavilion. He noted that the new ambulatory care center provides expanded access for women to OB-GYN and Perinatal Care services, including walk-in pregnancy testing, high-risk pregnancy care management, antepartum fetal testing and postpartum services. He added that there is also space for classes in childbirth, breastfeeding, nutrition and diabetes education.

Mr. Nolan reported that Council Member Julissa Ferreras, the Chairperson of the City Council's Finance Committee, had spoken at the event and commented: "As a new mother, I am extremely pleased to be part of the creation of the Women's Pavilion. For many of my constituents Elmhurst is the premiere destination to receive their health care services." Mr. Nolan added that the Corporation is thankful for the financial support that members of the City Council, both past and present, have provided to make the new pavilion a reality.

In Brooklyn, Mr. Nolan reported that Woodhull Medical and Mental Health Center is preparing to open a $2 million pediatric dental clinic. He noted that the clinic is expected to serve more than 10,000 children annually.

In addition, Mr. Nolan reported that there was front page attention given last month to the successful trauma care provided by Kings County Hospital's physicians and other clinicians to a young victim of gun violence. He added that Gama Droiville has been discharged after the Trauma and Pediatric Ophthalmology teams had led his treatment and recovery from two stray bullets that hit the Brooklyn teen in the head.

Mr. Nolan stated that given this unfortunate incident, it is timely that the Kings County CAB is holding its Annual Public Meeting on Saturday, May 17th with the topic being "Violence As It Affects Your Health". Mr. Nolan announced that panelists will include representatives of the Brooklyn District Attorney's Office, the Kings County Hospital's Kings Against Violence Initiative (KAVI) and Sexual Assault Response teams, and the 67th and 71st Precincts.

Mr. Nolan announced that North Central Bronx Hospital intends to reopen its labor and delivery (L&D) services by this September. He added that an experienced team of physicians who specialize in obstetrics and gynecology care are being recruited to provide these services; and the L&D services will have a new staffing model that includes physician assistants, specially trained registered nurses and licensed midwives. He noted that the reopening plan includes an investment of $4.5 million for restructuring the staff and operations of the Women's Health Services at NCB. In addition, HHC's Intergovernmental Relations Office and the North Bronx Health Care Network leadership are working with various community stakeholders, labor representatives, advocates and elected officials to develop communications and outreach strategies to ensure the successful reinstitution of these important services.

Mr. Nolan reported that HHC facilities have held several art, music and culinary events recently. He informed the Committee that in March, five hospitals hosted free, on-site concerts, courtesy of an ongoing partnership with the Carnegie Hall-Weill Music Institute's Musical Connections program. He added that these health and wellness themed concerts had been called "A Celebration of Healthy Living"; and had been convened in observance of National Nutrition Month. Moreover, hospital staff provided information on healthy eating and even provided samples of healthy snacks. Mr. Nolan noted that the events have been held at Bellevue, Queens Hospital Center, Kings County, Jacobi, and Lincoln.

Mr. Nolan reported that on April 17th, at the Henry J. Carter facility in Harlem, HHC Global Ambassador Kasseem "Swiss Beatz" Dean had unveiled his painting "Victory" to the residents and staff. Mr. Nolan stated that, as the Ambassador visited residents to "learn more about their inspirational stories", he shared that his painting was to serve as "a powerful statement representing patients' struggles to triumph over the challenges of profound physical disability".

Mr. Nolan reported that in March, it was an honor for Queens Hospital Center to host former Mayor David Dinkins for a book signing of his new memoir, "A Mayor's Life". Mr. Nolan added that Mayor Dinkins had been very well received and had held a long conversation with Queens Hospital Center Community Advisory Board Chair Anthony Andrews.

Mr. Nolan informed the Committee that last week was "Patient Experience Week." Out of the many initiatives being carried out by the facilities to improve the care experience of patients and their families, Mr. Nolan highlighted one in particular. He informed the Committee that at Queens Hospital Center, a group of doctors, residents, and nurses meet regularly to discuss surgical findings, review lab results, or reconcile medications. In this huddle, they talk about the experience of care from the patient's perspective, as reported in the patient surveys used to determine QHC's HCAHPS scores. Mr. Nolan reminded the Committee that HCAHPS is short for national Hospital Consumer Assessment of Healthcare Providers and Systems. It is a publicly reported survey of patients' perspectives of hospital care. For instance, it is being considered as a component of determining Medicare's health care reimbursement rates for particular facilities and systems.

Mr. Nolan shared with the Committee that the HCAHPS huddle is the brainchild of Marie Elivert, RN, the hospital's Senior Associate Executive Director for Patient Care Services. Ms. Elivert noticed that HCAHPS scores tend to be higher when caregivers receive regular feedback on their work, because they can use it immediately to improve their interactions with patients and families.

Mr. Nolan concluded his remarks by recognizing a physician, administrator, and public servant who has demonstrated leadership over many years at many levels and in various roles at HHC. He informed the Committee that Dr. Raju has dedicated his 30-year career in public health to helping who he calls "the most vulnerable people" gain access to health care.

Mr. Nolan noted that Dr. Raju was away from for two years to serve as CEO of Chicago's Cook County Health & Hospitals System. Before that, he was HHC's Executive Vice-President, Chief Operating Officer and Chief Medical Officer. In addition, Dr. Raju has served the New York health care community as a vascular surgeon, director of emergency and trauma services, and in a myriad of executive level positions. Mr. Nolan noted that Dr. Raju has been on the job for a little more than a month and was honored to introduce him this evening.

President's Remarks

Dr. Raju greeted everyone. He stated that he is very happy to return to his sweet HHC home. Dr. Raju began his remarks by reminding the Committee that April was national volunteer month. He stated that there are no better volunteers in the health care system than our own Community Advisory Board members. He acknowledged that CAB members spend a lot of time and energy in dedicating themselves to ensuring that better health care is accessible to their communities. Dr. Raju informed the CAB members that his goal is to make HHC the provider of choice of New Yorkers. He shared with the Committee that he

would like the CAB members to work with him to make HHC the best health care system in the nation. As such, he is looking forward to working closely with the CABs. Dr. Raju reiterated that he is very happy to return home and thanked the CAB members for their support.

Dr. Raju shared with the Committee that he has been touring many facilities and meeting a lot of front line people not only to have a sense of what is happening in the health care system but also to share his vision for HHC with them. Dr. Raju commended Mr. Aviles for his outstanding job in running HHC over the last nine years. Dr. Raju noted, however, that due to the Affordable Care Act, the health care system is changing rapidly. He stated that, as a result, more HHC patients had an option to choose another health care provider. Dr. Raju reminded the Committee that HHC has a social mission to keep its patients. He added that HHC's leadership and the CAB members ought to work together to ensure that the patient experience at HHC is remarkable. Dr. Raju noted that the patients that are seeking our services are very anxious and afraid and rely on our help and support in their vulnerable moments. Dr. Raju shared with the Committee his intention to work together with the CAB members to ensure that the patients receive good care in a much more compassionate way.

Dr. Raju reminded the Committee that open enrollment in the health insurance marketplace ended last month. He announced that MetroPlus is one of the major success on the New York State Exchange with more than 90,000 enrollees. Dr. Raju commented that more and more New Yorkers feel that they would get culturally competent and better care at the New York City Health and Hospitals Corporation. He noted that multilingual services have been used to enroll the members. He acknowledged that the Corporation is rich in diversity and attributed MetroPlus' success to multilingual counselors and navigators.

Dr. Raju announced that May is Mammography Month. He reminded everyone that Mammograms can significantly reduce the risk of breast cancer. He also announced that HHC will be undertaking the Mammogram Awareness Campaign in all the boroughs. Dr. Raju called the Committee's attention to health care access to women with disabilities. He stated that women with disabilities were faced with many barriers to accessing health care services as these women could not get access to mammography services and GYN examinations. Dr. Raju informed the Committee that the City Council provided HHC with a $5 million grant which will be used to fit the facilities with "disability careful" places (including spacious exam tables, bigger rooms, etc.) to improve health care access for people with disabilities. He also informed the Committee that replicating a pilot across the system is now underway.

Dr. Raju reported that the Joint commission on Accreditation of Healthcare Organization (JCAHO) is visiting the facilities. He reported that to date, Bellevue and NCB have completed their surveys and that their scores are outstanding. Both facilities were highly commended by JACHO staff. He also informed the Committee that JACHO was conducting its survey at Woodhull Hospital today and that he was confident that they will also score well.

Lastly, Dr. Raju informed the Committee that the New York State has been approved for a waiver from the federal government to transform the healthcare delivery system. He added that HHC is a major component of the waiver, especially since HHC is using an intergovernmental transfer (IGT) that will enable the state to draw down significant amounts of federal dollars. HHC plays a very crucial role both in the waiver's economic part as well as its clinical delivery system part. Dr. Raju explained that the waiver requires HHC to develop geographically convenient access for people as well as geographically-based program for the people to do that. He added that HHC will partner with many groups in the next few months to be able to develop specific programs and specific geography to improve the health care needs of specific population.

Dr. Raju ended his remarks by restating that he is glad to rejoin his HHC family.

Frederick Monderson, DUniv, KCHC Community Advisory Board member, asked about the pilot program for health care access for people with disabilities. Dr. Monderson asked Dr. Raju where the pilot program will start.

Ms. Brown answered that the program with people with disabilities was first piloted at Morrisania Diagnostic and Treatment Center and then at Woodhull Medical and Mental Health Center. She reiterated Dr. Raju's comment that the success of those two pilot programs was due to City Council who provided HHC with $5 million in capital funds. Ms. Brown commented that there are a large group of people, women in particular, who had avoided the health care system and/or, when trying to get health care services in other health care institutions; it was intimidating, disrespectful and could not get accommodated in terms of physical space, etc. Ms. Brown added that the City Council funds have helped HHC to make an assessment of physical space improvement throughout the HHC facilities including the diagnostic and treatment centers D(&TC's) and the long term care facilities (LTC's). She noted that, because the LTC's are specifically designed for people with disabilities, they would not be

significant beneficiaries of these improvements. Ms. Brown reported that HHC is working in partnership with Independent Care System (ICS), an organization whose sole purpose is to work on access for people with disabilities. Ms. Brown added that ICS is working with HHC to do the assessment, as well as training with HHC's clinicians (which was also part of the pilot at Morrisania and Woodhull) and to roll out this program throughout the system. Ms. Brown commented that we all should be very proud of this initiative. She noted that in addition to wheelchair accessibility, special equipment and spacious examination rooms, other issues were involved such as the sensitivity needed by all levels of staff (not just the doctors, not just the nurses) in how they interact with a person with disability. Ms. Brown took the opportunity to acknowledge a champion, Ms. Dinah Surh, Morrisania's Administrator, who has done so much work at the beginning of the program. Ms. Brown also informed the Committee that HHC has been recognized by the state who was interested to get our story out so that it can be shared with other hospitals and other health care providers.

Mr. Nolan thanked Dr. Raju for his remarks and Ms. Brown for her comments.

Generations Plus/Northern Manhattan Network CAB Reports

Lincoln Medical & Mental Health Center (Lincoln) Community Advisory Board

Mr. Nolan introduced George Rodriguez, Chairperson of the Lincoln Medical and Mental Health Center Community Advisory Board (CAB) and invited him to present the CAB's annual report.

Mr. Rodriguez began his presentation by greeting members of the Committee, fellow CAB Chairpersons, invited guests and acknowledged Denise Soares, Senior Vice President, Executive Director, Generations+/Northern Manhattan Network and he acknowledged Milton Nunez, Executive Director, Lincoln Medical and Mental Health Center for his willingness to work the community on mutual goals of strengthening the hospital and ensuring its viability in the community.

Mr. Rodriguez reported that on Saturday, May 3rd Lincoln Medical and Mental Health Center in partnership with the Bronx Borough President's Office recognized the Battle of the Puebla also known as "Cinco De Mayo" with a celebration. Mr. Rodriguez added the day was filled with honoring community members and leaders. Mr. Rodriguez noted participants of the event included; local elected officials, clergy, community based organizations, patient and the community. Mr. Rodriguez added the event was well attended and he noted that Lincoln Hospital serves a diverse community.

Mr. Rodriguez concluded his report by commending the hospital's leadership for the recent ribbon cutting ceremony on the opening of an expanded Emergency Department.

Mr. Nolan referred to question five (5), the rating of Lincoln Medical and Mental Health Center as satisfaction in cleanliness of the facility. Mr. Nolan asked if he knew what Mr. Nunez is doing to move that rating from satisfactory to very good. Mr. Rodriguez explained that there is always room for improvement.

Ms. Soares responded that she and Mr. Nunez had met with Crothall management and the environmental service team to discuss the issues as it pertains to heavy traffic areas. Ms. Soares noted that as a solution to the problem they are looking to hire more staff to rotate and accommodate the high volume of foot traffic.

Morrisania Diagnostic and Treatment Center (Morrisania) Community Advisory Board

Mr. Nolan introduced George Robinson, CAB Chairperson of Morrisania Community Advisory Board and invited him to present the CAB's annual report.

Mr. Robinson began his report with greetings to members of the Committee, CAB Chairpersons and invited guests.

Mr. Robinson reiterated comments made earlier that great things are happening with the D&TC, specifically, Morrisania D&TC. In addition, Mr. Robinson noted that Dentistry will now be offered at Morrisania.

Mr. Robinson reported that the Morrisania CAB work with the community to ensure quality health care is provided. Mr. Robinson noted that if there is a problem, the administration is quick to resolve the issue.

Mr. Robinson concluded the Morrisania's CAB report by acknowledging and thanking Dinah Surh, Sr. Associate Executive Director, Generations+/Northern Manhattan Network and the staff of Morrisania D&TC for their unwavering support.

Segundo Ruiz Belvis Diagnostic and Treatment Center (Belvis) Community Advisory Board

In the absence of Segundo Ruiz Belvis Diagnostic and Treatment Center's (D&TC) CAB Chairperson, Mr. Gaberial DeJesuse Mr. Nolan introduced Antonio Montalvo, CAB Liaison and invited him to present the CAB Annual Report.

Mr. Montalvo extended apologies on behalf the CAB Chairperson, and explained that Mr. DeJesus recently became the father of a bouncing boy.

Mr. Montalvo concluded the Belvis' CAB report by informing members of the Committee, CAB Chairpersons and invited guest that Belvis CAB would like all to know it's a pleasure working with the Belvis D&TC's administration and staff to help provide the best possible healthcare to the community at-large.

Congratulations were extended to the Chair on his newest family member.

Ms. Surh responded that she too had met with Crothall Management team to pinpoint and evaluate challenging areas within the facility. Ms. Surh added that a shortage of staff was identified. Ms. Surh noted that all lines had been filled and the administration will monitor the situation closely.

Harlem Hospital Center (Harlem) Community Advisory Board

Mr. Nolan introduced Mr. Bette White, Chairperson of the Harlem Hospital Center Community Advisory Board (CAB) and invited her to present the CAB's annual report.

Ms. White began her presentation with a warm welcome to the Committee members, CAB's Chairpersons and invited guests. Ms. White informed members of the Committee, CAB Chairpersons and invited guests that in lieu of giving the Harlem Hospital Center's CAB annual report; which everyone can read in their leisure, she would use the time to publically acknowledge staff for their dedication and commitment.

Ms. White thanked Ms. Denise Soares, Sr. Vice President Generation+/Northern Manhattan Network, Maurice Wright, M.D., Medical Director, Matthews Hurley, M.D., Doctor's Council President, Kencle Satchell, Director Public Affairs, Yuvania Espino, CAB Liaison, LaRay Brown, Sr. Vice President, Renee Rowell, Director of Community Affairs, Alvin Young, Director of Community Affairs and Manelle Belizaire.

Ms. White concluded the Harlem's CAB report by asking the Harlem CAB members in attendance to stand and be acknowledged.

Renaissance Health Care Network (Renaissance) Community Advisory Board

In the absence of Renaissance Health Care Network's CAB Chairperson, Ms. Jackie Rowe-Adams Mr. Nolan introduced Virginia Robinson, CAB member and invited her to present the CAB annual report.

Ms. Robinson began her presentation by thanking members of the Committee for the opportunity give the Renaissance CAB's report and she acknowledged the Renaissance's administration. Ms. Robinson stated that "Ms. Adams sends her regards and that she is home recuperating and getting much needed rest."

Ms. Robinson reported that since the CAB's last report, the Renaissance CAB has seven (7) new members, bringing the total of membership to fourteen (14). Ms. Robinson noted that recruitment is an ongoing process.

Ms. Robinson conclude the Renaissance CAB report by informing members of the Committee, CAB Chairperson and invited guests that some of the patients at Renaissance Health Care Network did not understand why they were being referred to Harlem Hospital Center and Lincoln Medical and Mental Health Center for specialty services. Ms. Robinson noted that patients did not understand the use of the word "Network." Ms. Robinson explained that through educational materials and outreach patients are now beginning to understand the connection between the diagnostic and treatment center and the hospitals.

Finance Committee – May 13, 2014
As Reported by Mr. Bernard Rosen

Chair's Report

Mr. Bernard Rosen welcomed Mrs. Bolus' return, announced Mr. Steven Banks, Commissioner, Human Resources Administration newly appointed to the Committee and that Ms. Patsy Yang would be representing Deputy Mayor Lilliam Barrios- Paoli in a voting capacity.

Senior Vice President's Report

Ms. Marlene Zurack informed the Committee that her report would include an update of the City's Executive Budget; HHC's cash flow and a review of the Delivery System Reform Incentive Payment (DRIP) funding. The City's Executive Budget was released last week with very limited changes for HHC. There was on minor adjustment of less than $30,000. There were no PEGs or new needs for HHC. HHC's cash flow problem which has been reported monthly at this Committee continues to be at risk due to the probability that there might be slippage in some of the UPL payments from the State. As of May 9, 2014, HHC's cash balance was $210 million or 13 days of cash on hand (COH), which is dangerously low. There are a number of outstanding retroactive UPL payments that are funded 50% City and 50% Federal. The process for securing those payments requires an agreement between NYS and CMS on some of the calculations. There have been some discussions between those two entities regarding the methodology. However the state has agreed to accelerate some of the DSH payments that would have been made in the first quarter of next year and move them into this quarter. Arguably, that would alleviate the current cash flow situation.

Ms. Youssouf asked if the advancement of those payments would be reduced from what HHC is due. Ms. Zurack stated that it would be an acceleration of those payments. However, there is an issue with one of the larger payments that totals $432 million, which was initially expected to be an easy review process but is now being questioned by CMS. HHC has developed two cash flows with those two proposed assumptions of which one assumes that the inpatient UPL payments will be received as plan and the cash will be sufficient through the end of the FY 14. The other scenario assumes that the payments will be delayed until the first quarter of next FY which would mean that HHC cash would drop below four days of COH during the week of June 6, 2014 and on the last day of the year when HHC makes all of the payments to the City totaling $845 million, HHC would go negative.

Ms. Youssouf asked what was included in the $845 million payment to the City. Ms. Zurack stated that it includes malpractice payment and GO debt on HHC's behalf.

Ms. Youssouf asked if those payments were deferred. Ms. Zurack stated that those payments were deferred from last year to this year.

Mr. Rosen added that it is a double payment.

Ms. Youssouf asked if the City's budget included those payments from HHC. Ms. Zurack stated that the FY 13 payment was set aside as a payable from HHC and a receivable for the City in the close of the City's FY 13 books. The City's 14 books have not yet closed. Therefore, it is in the budget for FY 14 and there for FY 13 which concluded that reporting. Before moving to the last item in the reporting, Ms. Zurack announced the retirement of Roslyn Nunez, Senior Director, Revenue Management who retired last month after more than thirty five years. Ms. Nunez began her career at HHC, Coney Island Hospital and later moved to Corporate Revenue Management as a Senior Director for all of the revenue management data. HHC extends its congratulations to Ms. Nunez on her retirement.

Ms. Zurack moved to the final item, the DSRIP funding bringing to the attention of the Committee the DSRIP chart which was taken directly from the State's website was included in the package. The chart is also included in the terms and conditions of the 1115 waiver.

Mr. Rosen asked what the purpose of the chart was. Ms. Zurack stated that the purpose was to show the way in which the State will fund the DSRIP program and the mechanism that is being used and what the funds will be used for on a statewide basis. HHC at this point does not know what it will be getting. However, what will be discussed is the process and how the determination of what HHC will be getting will be made. The chart was intended to display the sources of funds for the $8

billion 1115 waiver and the usage of funds. The Medicaid program is a matching program that is comprised of City, State and federal financial participation (FFP), the matching funds from the federal government. The chart has been developed in an unusual way in that it is not being displayed in total funds but rather uniquely by the sources which are the matching funds and the uses which are the spending of the federal funds. The purpose of reporting this information is to inform the Committee and the Board before HHC completes the process of applying for the funds and exactly where the source of the funds for the matching funds will come from that will affect HHC and how the uses for the distribution will be determined. The State has argued that NYS through the Medicaid Redesign Team (MRT) has dramatically changed the Medicaid program of NYS. As a result of that change the federal government has realized significant savings given that the new Medicaid program is less expensive than the old one. Therefore, the federal government through the 1115 waiver process should reinvest the savings back into the healthcare system to allow the system to adapt to the changes that were developed by the MRT. In August 2012, the state submitted its application and was recently approved. Essentially, the MRT waiver amendment is an agreement that allows the State over five years to reinvest $8 billion in federal savings generated by the MRT reforms to implement an action plan to save and transform the State's healthcare system; change the Medicaid cost curve and assure access to quality care. A large part of the discussions have centered on how the State will provide matching funds. The top portion of the chart reflected the sources of the matching funds for the $8 billion consisting of two sources, $2 billion and $6 billion. The $6 billion will come from the Intergovernmental Transfers (IGT). In essence, any other element of the local government a local taxing entity may pay the State money and it may be used for Medicaid but not considered a provider payment and will not be subject to prohibitions against providers paying the local share of Medicaid.

Ms. Youssouf asked where the State is expecting the funding to come from. Ms. Zurack stated that there is an exception to that which is the IGT. In other words, it is forbidden for Mount Sani hospital to pay the local share of Medicaid that could result in the States paying nothing which occurred some years ago. Another exception is that government hospitals are not held to that same standard. There is a prohibition from what is called recycling. If a local government hospital paid the local share of Medicaid and received a Medicaid payment that payment must remain with the hospital for the 1115 waiver. Six billion dollars of the total matching funds of $8 billion must come from the public hospitals throughout the State making the IGT.

Ms. Youssouf asked how much HHC is on the books for. Ms. Zurack stated that it is not yet determined in term of the distribution between public hospitals. The public hospitals at issue are SUNY and its three medical centers, HHC, Eerie, Westchester and Nassau counties.

Ms. Youssouf asked for clarification of the $6 billion. Ms. Zurack stated that it was over a five year period.

Mr. Rosen asked for clarification of Year 00 for the first year. Ms. Zurack explained that Year 00 started last month the first is April 15, 2015. The next category is called the designated safe programs. In the last several waivers the federal government has allowed the states including NYS to identify a certain amount of healthcare that is not for the Medicaid population that would be counted as matching for Medicaid dollars such as early intervention services for children who are above the level of Medicaid eligibility but the State pays for it. The remaining $2 billion funds are designated programs operated by the State that were not Medicaid programs that were in the last Waiver and had been the source of local match. Those are the sources of the local match.

Ms. Youssouf asked how the State will spend the $8 billion in matching funds. Ms. Zurack stated that the first year which is called the interim access insurance fund of $500 million will be used to provide cash flow relief for hospitals that are safety net hospitals with significant financial problems, consisting of $250 million for public and $250 million for non-public. The requirements for those funds were released last week and are slightly different for the public than for the non-profit.

Ms. Youssouf asked if the State is required to do it that way. Ms. Zurack stated that it must be done that way given that it is the State's plan that outlines that manner in which it will be done. HHC will be applying for the interim access insurance funding which is due by the end of the month. HHC has a large team working on putting the various required submissions.

Ms. Bolus asked if the State could change the process in the future. Ms. Zurack stated that it is not likely that the State would do that. In Year 1 there is $70 million for planning. The big dollar amount for the uses of the federal funds if $6.48 billion in performance payments. These are payments with similar logic that half to publics and the other half for the non-publics targeted for delivery services performed. The State is expecting to see the healthcare delivery system in NY change in many fundamental ways. One is to establish the concept of performing provider systems. There are systems that involve multiple healthcare entities getting together to collaborate to provide population base healthcare in their communities which can either

be public or safety net provider systems. HHC has spent a lot time over the year explaining what the safety net definition should be. However, the definition has become very broad that allows for almost any hospital in NY to be considered a safety net. Years ago, a safety net hospital was defined as providing 50% of care to Medicaid and the uninsured populations. In the current definition the threshold is much lower and includes Medicare.

Ms. Youssouf asked what the threshold is. Ms. Zurack stated that it is 35% but Medicare is also allowed as part of the count whereas in the past it was not and has created a scenario whereby very few hospitals are excluded. There is a methodology that the State is also putting forth, all hospitals must submit applications for those projects and form a performing provider systems and collaborate within and outside of the systems. It is anticipated that through this process a number of good things will evolve.

Ms. Youssouf asked are the other provider's community health systems, other provider hospitals, etc.
Ms. Brown stated that it includes all of those in addition to nursing homes, federally qualified health centers (FQHC), physician groups, housing providers, etc.

Ms. Zurack stated that the performing provider systems objectives are to improve and transform their own system and work together with the objective to achieve reductions in unnecessary admissions and re-admissions, quality improvement in both clinical standards within the hospitals as well as population health standards. Additionally it must involve a transformation that makes the hospitals' systems more integrated in sharing information and share patients.

Ms. Youssouf asked if the organizations that collaborate with HHC would share in getting some of that money. Ms. Zurack stated that it would depend. There are multiple ways HHC can approach the application. HHC's letter of intent is due Thursday, May 15, 2014. The Interim Access Assurance Fund (IAAF) is due May 30, 2014; planning grants are due June 16, 2014 and the ultimate applications are due December 17, 2014. As this indicates there is a lot of work that has to be done. The purpose of sharing this chart with the Committee is to provide an overview of the risk and the sources and uses of funding; the determination of how the funding will be split that will be a function of the quality scores that are received on the quality of the application and the topics that are selected.

Mrs. Bolus asked if the State would be counting the actual performance or the results. Ms. Zurack stated that it would be the results. The awards will be made after an assessment by an independent entity is completed and a quality score and topic score will be made to each system and will have a number of Medicaid lines associated. The sum of all those factors will determine the maximum grant that system is eligible for. The IGT for the public system is awarded $1 billion over the five years. The public system has to put up the match for its $1 billion plus the match for the safety net system. Essentially the way it will work is that the public system would need to put up $2 billion match to get $4 billion payment and then make another $1 billion payment to support the match of the safety net system. Reiterating the sequence of the process, the application is due December 17, 2014 and the awards will be made in January 2015 and the monies are scheduled to flow to the hospitals April 2015. There is a trigger that will start the flow of the monies in the first year that might be the submission of the plan. In the first year before the public hospitals receive its first payment, an IGT payment must be made for both to support the local share of the payment, an equivalent local share for a safety net hospital. In summary, if the public hospitals get a $1 billion, the public hospitals if the DSRIP formula was indicating the public hospitals were entitled to a $1 billion, the hospital must make a $2 billion payment that will then be match with $2 billion in federal funds for a total of $4 billion of which the public hospital must return $1 billion to the state whereby the state will make another matching payment of $1 billion and make another $2 billion to the sister safety net hospital in the voluntary sector. The public would keep $3 billion of the $2 billion payment resulting in a net $1 billion payment for the public hospital.

Dr. Raju stated that the public hospital will get back its IGT share plus $1 billion.

Ms. Youssouf asked if HHC would need to have the $2 billion initially. Ms. Zurack stated that the $2 billion would be needed and what has to happen is that the State is aware of HHC's cash flow problem. Consequently, the $610 million is awarded to HHC for the UPL retroactive payment, the State will know the date of receipt for that payment to HHC. HHC will need to time its IGT within a three-day window in order to make the IGT. The State infrastructure for initiating that type of transaction is currently not in place. However, there is a $50 million budget for an administration program.

Mrs. Bolus asked if the HHC's application is not approved would HHC lose it funds. Ms. Zurack stated that the money is not fronted without an approval. The application must be approved and the award sealed that meet the metrics.

Ms. Bolus added that it is a convoluted process that will only get HHC $1 billion.

Ms. Zurack stated that in other words, HHC would put up $2 billion and get a net of $1 billion.

Dr. Raju added that it would be in addition to what is put up and if HHC does not put the money up, it will not get the $1 billion. The $1 billion must be earned. It is no longer automatically given. Therefore, HHC has to compete with the other safety net hospitals in order to get its share. The funding must be upfront but no payments are made until the application is approved and the projects are equivalent to what was put in. If the approval is for $500 million then the payment would only be for that amount.

Ms. Zurack stated that the way this will appear is that HHC will have an additional expense of $3 billion with additional revenue of $4 billion for a net of $1 billion DSRIP payment.

Ms. Bolus raised concerns regarding the process that requires HHC to put the money upfront and the affect that would have on HHC's operations. Determining what would be put on hold while HHC is undergoing the process is of great concern. Ms. Zurack stated that HHC shares those concerns and that a request has been made to have the payment processed within 24 hours. However, the State is indicating a three-day turnaround.

Ms. Bolus commented that if there is no system in place, how the State will make that determination without a process in place.

Ms. Zurack stated that the State has set aside funding to get that process in place in order to manage the program. Mr. Page asked whose budget the $50 million will go into. Ms. Zurack stated that it would be the State Department of Health (SDOH).

Mr. Rosen noted that the receipts and expenses will not occur in the same year.

Ms. Zurack stated that issue was raised with the State as well as the timing. In determining what HHC's maximum IGT would be, an analysis of the payments was done by Mr. Weinman's office and that amount totals, $600 million which would be HHC's maximum for IGT excluding the federal share without recycling other federal funds. In Year 3, the State has bunched a number of IGT payments and it does not match from year to year. However, the State has indicated that the issue has been addressed with CMS and is confident that it will work.

Dr. Raju stated that one of the issues besides fronting the $1 billion is that the entire program is contingent on the fact that the money for the IGT is on the table and the State cannot leverage to get the money back from the federal government. Therefore, it is in the best interest of the State to ensure that HHC has enough money to put up front in order to get the federal government matching funds. Again there is no defined infrastructure; however, the State has devised a plan that will quickly allow the State to meet the goal of getting those matching funds from the federal government. The success of the program is dependent upon this.

Ms. Youssouf asked if was a state or federal creation and whether it is only NY or country-wide. Ms. Zurack stated that it was a collaborative effort and that there are other waivers in other states that have elements of this but not all of the pieces.

Ms. Youssouf asked if there is a simpler way of achieving this process. Ms. Zurack stated that the only way would have required the State to put up State funding.

Dr. Raju stated that there are some simpler ways having been out of HHC and a couple of variables although the process is more complex it forces the SDOH to change the entire delivery system model given that it somewhat assures CMS that there is some collaboration between the various healthcare providers in NYS. Therefore, one way to force that collaboration is to have the matching money as an incentive. There are four principles involved in the collaboration. There are complex methodologies and no other State has as many varied players in the system.

Mr. Page asked if it turns out that one technical condition or another is unattainable who has the authorization to let it go, the State or CMS and whether those two entities realize that HHC could go belly-up because it is impossible to get through this process to get the money and it if it is decided that HHC should get the money who would have control over that action.

Ms. Zurack stated that the SDOH has shared with HHC the concept that if in the future the State needed more of the interim access insurance funding there might be the ability to take what might have been the DSRIP funding and move it and modify it to be IAAF which might require a State plan amendment which would require the approval of the federal government, CMS. In that scenario where there is a particular hospital that might go belly-up, public or safety net and there is an effort to save that hospital, with the approval of CMS, NYSDOH could transfer monies from the DSRIP funding to the IAAF which is the cash flow emergency funding that would still involve the IGT.

Mr. Rosen added that the question is how a hospital would get the upfront money if it's going belly-up.

Ms. Zurack stated that the State's view the source of funding as either the hospital or the county. In the case of SUNY or the hospitals there is a little cushion in Westchester, Eerie, Nassau, NYC and SUNY and not solely on the backs of the individual hospitals. The matching funding for SUNY may not come from the three hospitals, University Hospital of Brooklyn, Stony Brook, and Syracuse may come from SUNY.

Ms. Youssouf asked if there is a new administration at the State level will there be an opportunity to change the process.

Ms. Zurack stated that there would be but there would be a number of risks that could derail the process. There is the risk of it not being approved at the federal level by individuals other than those who approved the initial process; there is the risk of having to spend more than what this is worth but there is an opportunity for HHC to transform a very big, expensive, inefficient, non-collaborative, very non-patient centered healthcare system.

Mrs. Bolus added that there are a number of expenses that will become due soon that will affect HHC ability to come up with the upfront monies, contracts, etc. Additionally, it is difficult to find the funding when HHC has cut back substantially.

Ms. Zurack stated that it would be very difficult, the coordination, planning and financing. Mr. Rosen added that it was important not to lose sight of the goal which is to improve the healthcare system. Ms. Zurack added that the ultimate goal is to reduce the inpatient utilization and if HHC cannot increase its market share through its partnerships there will be an excess capacity of beds that will need to be addressed. The current reimbursement pays more for inpatient services relative to cost than it does for outpatient services. Therefore, the success could be an economic problem.

Ms. Youssouf asked if this is included in HHC's financial plan, strategically, given that there are some approved contracts totaling multiple millions such as IT would that be an area HHC would be reviewing.

Dr. Raju stated that while it is apparent that any transformation can be daunting; however, HHC cannot afford to lose market share. It would not be sustainable. There are a lot risks but HHC has to prepare for the transformation that is quickly moving forward and not being a participant in the process would not guarantee any financial stability. All of the concerns that have been raised are understandable; however, the Committee and the Board must be aware of these risks and the need for HHC to take them. HHC is a large system and trying to keep afloat in the years ahead will put HHC on the cutting edge of transformation. This is not unique to HHC but to hospital across the country. HHC must do everything possible to keep its system intact by continuing to work at improving and managing the overall structure.

Ms. Zurack stated that through discussions with NYSDOH, HHC has raised the risk centered on the IGT transaction and have been assured by the SDOH that the State would be willing to protect HHC from that risk that would indemnify HHC in some way. However, the risk of potential revenue losses would not be included as part of that protection. HHC has submitted comments to the State regarding the documents that will achieve some of that in writing and HHC is awaiting a response. In terms of the Board there should be an urgency to get this request in writing for full disclosure as a protection in the future. This is a major concern in terms of getting that in writing.

Ms. Brown added that there could be congressional hearings that target NYS getting $8 billion through this very complicated schema and would claim that it was an in appropriate use of the IGT funds. There is the optics and there is also the possibility that there is a new Congress and a new President, new administration that might conclude that CMS erred in its ways and where that would leave HHC is uncertain. The issue would be whether the City, HHC and the other publics would need to find money to return or does the State return the money. Therefore, that indemnification is critical for HHC.

Dr. Raju stated that the purpose of this discussion is that in the past the Board engaged subject matter experts with a group of people with the intent of achieving a particular goal. However, the future in the healthcare system that HHC is embarking on

does not come with a playbook and there are no strategies. It is important for the Board to be involved in taking the risk with HHC given that there are no guarantees in this new scenario. The Corporation in conjunction with the Board must be flexible in the process of taking risks together as well as mitigating and advising on how to lessen the risk. This is the first of what is expected to be more updates on this process to the Committee and the Board.

Mr. Page added that in terms of the current direction of the healthcare industry, HHC cannot exist without being a part of the State and Federal governments going forward and this process appears to be where those two entities are attempting to go at this time. It is commendable that HHC is trying to do it as best as it can and make adjustments to reduce its risk and hopefully on the margin increase how HHC comes out in the process. It would appear that HHC does not have a choice and cannot decide to opt out of the process.

Mrs. Bolus agreeing with Mr. Page but added that meeting the requirement of the DSRIP funding was not the only thing on the table for HHC to address in shuffling monies around to stay afloat with the current cash projection of only four day of COH. This is an extremely difficult and concerning matter.

Ms. Youssouf stated that this is a very difficult step for HHC to take and it will force some very difficult decisions to be made.

Mr. Rosen asked when HHC would expect to receive funding from this process.

Ms. Zurack stated that the first application is due May 30, 2014 for the IAAF and it is the intent of the State for HHC to get the first payment in June 2014 that would help the cash flow. At this time it is difficult to project when HHC can expect to receive payments until the initial application is approved. As this process moves forward, HHC will keep the Committee and the Board informed of status. The report was concluded.

Key Indicators/Cash Receipts And Disbursements Reports

Ms. Zurack informed the Committee that in the interest of time the reports were included in the package and the presentations would be tabled to allow the action items to go forward.

Action Items:

Authorizing the President of the New York City Health and Hospitals Corporation ("Corporation") to negotiate and execute an agreement with BSI Healthcare Audit Services LLC ("BSI") to provide the Corporation with payment recapture/recovery auditing services for Corporation's programs and activities, and to improve the Corporation's ability to detect, recover and prevent future improper payments. This contract is for a term of three (3) years with an option to extend for two additional one-year periods solely exercisable by the Corporation.

Mr. Jay Weinman directed the Committee's attention to the presentation that would explain the need for a recovery vendor which is due to HHC's inability to do this process on its own and the lack of the appropriate software that identifies and tracks paying patterns within the existing accounts payable to detect over payments. Currently, HHC spends approximately $1.5 billion annually and estimates that .25% is recoverable which would translate to $3.7 million annually. The vendor fee is based on a contingency amount and if no recoveries are made there is no payment or fee expended. There are over twenty vendors that do this type of work. Through the issuance of an RFEI, HHC received five proposals. BSI was selected by the selection committee as the lowest priced vendor and the quality of work. BSI is a $5 million professional consulting firm with twenty three years of experience in this area. BSI has provided these services to healthcare clients ranging from 100 to over 1,000 beds per site, including Kaiser Permanente, Fairview Health Services, BJC Health Care and NY Medical Center. As per
BSI gross savings from recent clients range from$1.9 million to $8.5 million.

Ms. Youssouf asked if the purpose of engaging this service is to avoid a repeat of the problem going forward.

Mr. Weinman stated that BSI will provide reports throughout the process that will keep HHC informed of the problems and how and what should be done to avoid a repeat going forward.

Ms. Youssouf asked if HHC's internal audits was included in the process. Mr. Weinman stated that internal audits were not involved but had done routing checks of HHC's accounts payable and have identified some duplicate payments in their sample.

Mr. Martin stated that internal audits support this contract as a way of recouping monies.

Ms. Youssouf asked if in the future BSI and internal audits could interface in this process.

Ms. Zurack stated that Finance will arrange to have that done and perhaps do a presentation at the Audit Committee on this process and the results.

Mr. Page asked if HHC should develop the capacity in-house as opposed to it being contracted out or is it practical as something HHC is moving towards.

Ms. Zurack stated that insofar as the consultant brings the capacity to identify problems that is a technology capacity that HHC would not need to develop in-house. It is anticipated that HHC will be able to pinpoint the source of the problem that can be corrected through a change in procedures. Therefore, the feedback must include involving internal audits which is important in the process.

The resolution was approved for the full Board's consideration.

Authorizing the President to negotiate and execute a contract extension between the New York City Health and Hospitals Corporation ("HHC" or the "Corporation") and Base Tactical Disaster Recovery, Inc. ("Base Tactical") to provide expert consulting services for disaster recovery, project management, and filing claims for reimbursement from the Federal Emergency Management Agency ("FEMA") for expenses incurred by the Corporation in connection with damages caused by Super-storm Sandy. The extension will be for a term of 12 months commencing August 1, 2014 through July 31, 2015, with one option to extend for an additional 12 months exercisable solely by the Corporation for an amount not to exceed $2,590,600.

Mr. Joseph Quinones introduced Mr. John Levy, President, Base Tactical (BT) who would take the Committee through a presentation outlining the need for the extension and the status of the FEMA process.

Mr. Rosen asked if it was an extension of a new contract. Mr. Quinones stated that it is an extension of an existing contract that was approved by Board in January 2013.

Mr. Levy stated that BT in conjunction with HHC is making progress in response to the recovery process. The key at this time is to have the permanent or Category E obligated by FEMA and then develop the required submission for the big project which is the bulk of the money that includes the hardening of the facilities as the mitigation 404 and 406. Those proposals have been made and HHC administrative team went to Washington on April 11, 2014 whereby a presentation to FEMA was done and the response was favorable. Going forward it is expected that some will be done this summer and fall in order to protect the hospitals from future storms as quickly as possible. At each of the larger hospitals there are some major projects for significant improvements that require the approval of FEMA for ranging from flood walls to flood gates to also proposing a new clinical service building at Coney Island hospital. In the normal course without FEMA there are seven areas HHC's administrative staff would work on in a normal capital project. In the FEMA claim's processing there are seven additional steps that are added to the normal capital process which doubles the process of producing a construction project. The FEMA procedure ultimately slows down the process. Consequently, HHC has asked BT for experts who are familiar with the components of the FEMA process so as to keep the project moving given that there is a lot of work involved going forward in order to meet the FEMA requirements. Finally, it is anticipated that by the end of the year HHC will have a commitment from FEMA for the big projects, the hazardous mitigation projects as well as the obligation on the permanent work. The permanent work is approximately $414 million that is being requested from FEMA based on monies spent to-date and projected spending. HHC is asking FEMA and the City of NY on 404 mitigation which is State supported mitigation for $411 million and $974 million has been requested for hazardous mitigation which is primarily for Bellevue and Coney Island and the two programs for Coler and Metropolitan hospitals are currently being developed by BT's engineers.

Mr. Rosen asked if HHC has received any funding from FEMA and whether HHC has to go through the City or applies on its own. Mr. Covino stated that to-date HHC has received $65 million and an additional $4 million for capital projects through the City.

Ms. Zurack stated that HHC must go through the City as a sub-applicant.

Mr. Rosen asked if HHC were to get all of what has been requested how much would it be.

Mr. Levy responded that it would be extremely optimistic but the total amount is $1.5 billion.

The resolution was approved for the full Board's consideration.

Information Items:

PAYOR MIX REPORTS, INPATIENT, ADULT AND PEDIATRICS

Ms. Olson brought to the attention of the Committee one of the major changes in the payor mix since the last reported period three months ago which was in the self-pay uninsured population. In the prior quarter there was a slight increase in that area relative to the prior year. The increase was due in part to the Exchanges which as reflected in the current quarter has declined to the same level as the previous year for the same period. The shift in the uninsured/self-pay went directly into the Medicaid total. There were no other major changes in comparison to the prior year in the inpatient area. On the outpatient side, in the adult payor mix there were some minor changes in the total Medicaid visits increased slightly and the fee-for-service managed care also increased slightly due to a shift from the uninsured. In the outpatient pediatrics payor mix there were some minor changes, basically shifts within the various payors in comparison to the last reported period. The reporting was concluded.

Ms. Youssouf asked if the uninsured total is the same as the self-pay. Ms. Olson stated that it is a combination of both, self-pay and HHC Options.

Ms. Zurack added that HHC Options includes those patients who are fee-scaled and is tracked separately but are included in the uninsured count and therefore the self-pay and uninsured are one in the same.

PS KEY INDICATORS QUARTERLY REPORT

Mr. Covino reported that since 2010, HHC has reduced its headcount by 3,450 FTEs with an annual saving of $225 million including fringe benefits increased to $350 million. Overall as noted on the report, there has been an increase in overtime, nurse registry and allowance. This year costs have increased from 2010 to approximately $38 million including fringe benefits to $54 million on a net basis the saving have decreased from $350 million to $295 million. Through March 2014 expenses were $12.5 million greater than budget. The bulk of that increase was attributable to Goldwater Hospital which included the carrying cost for those employees who were transferred to other facilities within HHC and the overtime cost associated with the closing of the facility in addition to the opening of the new facility, Hank J. Carter Nursing Facility. The remaining increase against the budget included allowances and overtime. FTES by facility increased by nine corporate-wide with some increases in central office due to the transfer of FTEs relative to the centralization and consolidation of procurement and EEO divisions up by 62 FTES and an increase of 26.5 FTEs in Enterprise Information Technology (EIT) due to the conversion of consultants. As per HHC's budget plan, FTEs are projected to increase by 250. However, to-date a number of those new hires are yet to materialize but rather there has been an increase in allowances.

Ms. Youssouf asked for clarification of the conversion of the consultants in terms of the projected savings whether those costs were included in the savings.

Mr. Covino stated that the savings did not include the conversion of the consultants as part of EIT.

Ms. Zurack interjected that Ms. Youssouf was referring to the staffing at Crothall and the management fees. Some of the reductions in staffing were achieved through the outsourcing of the management services for environmental services and plant maintenance to Crothall and JCI contracts and BCL. However, it is not clear what percentage is attributable to those initiatives.

Mr. Covino stated that there has been very few reductions in staffing given that the only the outsourcing was the management of those areas.

Ms. Zurack stated that there were some additional costs to support the management of those contractors. Insofar, as that relationship to the reduction in costs could be offset.

Mr. Covino stated that it was not included in those savings. Ms. Zurack stated that while it may not be a major factor, going forward that data can be sown in the reporting.

Mr. Covino added that going forward the reporting will be adjusted to reflect that request. Returning to the reporting, FTEs changes by major category showed that there was an increase of 175 FTEs in nurses and an increase in managers and technicians, while clericals, environmental/hotel and aides and orderlies decreased. Overtime against the budget was $4.3 million over of which $3.4 million was at Coler/Goldwater and Hank Carter due to the transitioning of services from Goldwater to the new facility, Hank Carter. Overtime expenses increased at Bellevue by $2 million due to the preparation for JCAHO.

Ms. Youssouf asked how the preparation for JCAHO related to the increase in overtime given that the facility should already be prepared for an unannounced survey. Mr. Covino stated that it relates to the facility's preparedness for the survey. Returning to the report, overtime comparison to the prior year showed a net increase of $4.4 million; $1.3 million in nursing, .5 million in plant maintenance and all other was up by $2.5 million due to patient care tech/associates and nurses aides. Nurse registry was up by $8.2 million compared to last year. At least half of that increase was at Harlem Hospital due to the plan of correction for citations from CMA. Other facilities, Bellevue was up by $2.3 million due to staff shortages in nursing. Metropolitan was up by $1.2 million due to an increase in workload as a result of the closure of Bellevue due to the storm. Kings County was up by $1 million due to a backlog in payments to nurse registry that were paid. Queens was up by $800,000 due to vacancies and new and expanded programs. Allowances/hourly increased by $10.3 million that was spread across the system due to the usage of hourly staff to replace temporary staff.

Ms. Youssouf asked what was included in the temporary staff. Mr. Covino stated that Queens used temporary staff for nurses instead of using temp agency services. The facility used hourly staff as vacancies were being filled and was also consistent at Lincoln, Elmhurst and Kings County hospitals. The reporting was concluded.

Medical & Professional Affairs Committee – May 8, 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:

HHC Doctors Day Celebration
On May 1st, HHC recognized 23 physicians who were nominated as honorees by their facilities. Award presentation was performed by Dr Raju at our Doctors Day celebration at Baruch College. Honorees were well supported by executive leadership from their facilities, especially from Chief Nurse Executives. The honorees will have a presence on the HHC intranet site in the near future.

HHC ACO
CMS has confirmed that we have successfully met all 2013 ACO reporting requirements and will not be subject to audit. In an effort to improve our provision of actionable quality performance data, the ACO is collaborating with IT partners to produce facility-level reports at least quarterly on all ACO measures that can be reliably queried from the clinical data warehouse. The first round of facility-level data will be distributed this month. Based on a retrospective review pilot of 2013 high-utilizers carried out at each hospital and D&TC, facility leadership are currently implementing a process of ACO High-Risk Patient Reviews. At these standing meetings, an interdisciplinary team reviews quality and utilization data on their most vulnerable patients, develops care plans, and tracks progress toward performance measures. These discussions will guide any improvements in care coordination or care management that may be helpful to these patients.

Teen Health Program
HHC held its first HHC Teen Health Improvement Conference on April 9, with 134 attendees from across HHC and key external partners in the field of teen health and wellness. Presenters focused on the social, cultural, and biological determinants of health in teens as well best practices for attracting and retaining teens in care, and shared best practices for quality of care.

The Teen Health program received confirmation for a continuation of funding for FY '15, and attracted a CTSI grant to study the impact of physician training with standardized patients on "real" patient satisfaction, engagement and commitment to effective contraception

Pediatric Obesity
Childhood obesity prevalence and screening data reports are now being generated and shared with our pediatric practices. The corporate-wide screening rate is 97.9% and is consistent across all age groups and sites. HHC-wide obesity rate is 21.0% (ranging from 18.6 at CIH to 24.5 at Belvis. The observed HHC "overweight plus obese" was 38.7%, ranging from 34.8% at Harlem to 41.7% at Belvis**.**

We are now developing reports to identify high risk patients who have not been seen for follow-up on their weight in over 6 months. In addition, on-site training in healthy weight counseling, including motivational interviewing, for all clinical pediatric staff across HHC is occurring across HHC. The goal is for every child to have personalized goals in line with the 5-2-1-0 targets (5 fruits/vegetables per day, 2 hours or less screen time, 1 hour or more physical activity, and zero sugary drinks including juice). Article VI funding is being used to provide patient tools such as scales and pedometers at all HHC facilities.

Hospital-Medical Home Demonstration Award
The NYS Hospital-Medical Home Demonstration Award is the most recent extension to the Partnership Plan 1115 Waiver. The purpose of the program is to support teaching hospitals as they improve coordination, continuity, and quality of care for Medicaid beneficiaries by transforming their outpatient primary care training sites into high quality Patient-Centered Medical Homes and make other inpatient quality and safety improvements. Award funds are distributed based on the successful completion of program milestones and the approval of quarterly reports. As part of the NYS HMH Demonstration Award, HHC has been awarded a total of $95 million dollars over 3 years. In addition to the $37.8 million received as part of year one (2013) funding, HHC received an additional $7.18 million in April 2014 representing 25% of year 2 funding. Funds are being directed to support our ambulatory transformation, ranging from PCMH models for primary care, to integration of behavioral health into primary care, such as the Collaborative Care program.

As part of this award, HHC published a guide "Implementing a PCMH Curriculum in a Teaching Practice", with the objective to strengthen residency integration in the PCMH. The guide was developed by workgroup of residency program leaders from 6 HHC sites - Harlem, Bellevue, Woodhull, Jacobi, and Metropolitan in collaboration with GNYHA. The guide will be launched at a symposium GNYHA is holding on May 7th, 2014 in conjunction with NYS DOH.

HHC has received NCQA PCMH Level 3 re-certification for 11 hospitals, 6 D&TCs and 17 CHCs. This has allowed us to collect an additional $10.77 million (YTD for FY 14) through the NYS Medicaid PCMH Incentive payments program.

May is Mental Health Month
In recognition of this, we would like to thank all of our workforce for the work you do to further the science and treatment of mental health disorders. Every day we hear about new and innovative interventions that you are doing to help patients and their families toward recovery. From "front line" staff to clinical leaders, to administrators, we have seen the commitment you have to help people have healthier and more productive lives. Our deepest regards and respect for the work you do.

Also to the patients, families and care givers who struggle daily to manage their mental health disorders, we recognize how difficult it is sometimes to cope with daily life, let alone in tandem with other chronic illnesses as well. We applaud their courage, commitment and strength as they work toward improved mental and physical health.

Retirement of Corporate Chemical Dependency Leader
Mr. Peter Coleman Senior Director will retire at the end of this month after a 31 year Career in Chemical Dependency Services, with the last 15 years at HHC. Mr. Coleman has lead activities to standardize care policies, implemented and published about HHC's use of Contingency Management, and supported the transition to TJC Opioid Accreditation. HHC is recognized by OASAS as a leader in creating a more recovery oriented system and our work in moving toward more ambulatory detox services. Mr. Coleman served on the Governor's Substance Abuse Advisory Council and Chaired several provider organizations Board's including COMPA and ASAP. He will be missed.

Gage Award
The Gage Awards Program – named after NAPH (now America's Essential Hospitals) founder and champion for vulnerable populations, Larry S. Gage – honors and shares the outstanding work of NAPH members. Winners are recognized for successful and creative programs that boost patient care and meet community needs.

HHC received an honorable mention in the Gage awards for our work in CLABSI reduction (CY 2012). Our work will be included as a "remarkable project" in the 2014 awards ceremony and published materials.

Nurse Recognition Week
This week is nurse recognition week, with many facility level events supported by local leadership and the Corporate Chief Nurse Executive, Ms Lauren Johnston. This is an important opportunity to thank our many dedicated and expert nurses for the vital work that they do every single day for our patients. The film "The American Nurse" will be showing at a local theater for staff on May 19 & 20 http://www.youtube.com/watch?v=whnsMbl7KJ0

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 April 28th, 2014 was 443,255. Breakdown of plan enrollment by line of business is as follows:

Medicaid	361,705
Child Health Plus	11,593
Family Health Plus	24,542
MetroPlus Gold	3,332
Partnership in Care (HIV/SNP)	5,272
Medicare	8,022
MLTC	511
QHP	27,792
SHOP	486

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.

In regards to the New York State of Health Marketplace (NYSoH), over 1.3 million consumers have completed their applications and 949,428 have enrolled for coverage since the launch of the Marketplace on October 1, 2013. More than 70 percent of those who have enrolled to date were uninsured at the time of application. With the exception of individuals who took steps to enroll prior to the March 31 deadline yet require assistance to complete their enrollment, only those individuals and families who qualify for a Special Enrollment Period will be able to enroll in coverage until November of 2014. Special Enrollment Period qualifying events include getting married or divorced, gaining a dependent, losing employer insurance, or permanently moving into New York State. Individuals and families who do not qualify for a Special Enrollment Period will not be able to enroll in coverage until the next open enrollment period, which begins on November 15, 2014 for coverage starting on January 1, 2015. Consumers eligible for Medicaid and all children can enroll for coverage through NY State of Health at any time during the year.

As of April 28th, 2014, MetroPlus has received over 56,000 completed Qualified Health Plan applications and have over 39,500 paid individual and SHOP members. We have also added almost 36,000 new Medicaid and Child Health Plus members, who enrolled through the Exchange website. This 92,000 member enrollment is approximately 10% of the state's enrollment, to a plan that operates in only four counties.

In April, the NYSoH and the Department of Financial Services (DFS) formally issued the invitation to Health Plans to participate on the Exchange in 2015. Most of the provisions from 2014 will remain, with some changes. For out of network, the requirements for 2015 QHPs will match the 2014 requirements. Plans only have to offer an Out Of Network (OON) option on the Marketplace if they are offering an OON product in the individual and/or small business market.

The 2014-15 NYS budget, approved in March, protects consumers from surprise costs and sets up an arbitration process that removes the consumer from billing disputes between out-of-network doctors and health insurers.

Also, the New York State of Health Marketplace has changed the deductible and out of pocket cap for the Silver product (200-250% FPL), lowering the deductible to $1,200 from $1,500 and increasing the Maximum Out Of Pocket (MOOP) cost to $5,200 from $4,000. MetroPlus product pricing has been underway for the last month, and the MetroPlus team has already begun finalizing the model language for our product offerings. Responses to the invitation are due on June 1st, 2014 and we fully anticipate being able to meet the deadline.

In March, MetroPlus expanded its marketing presence to three New York area malls. MetroPlus marketing representatives are marketing MetroPlus products in Green Acres Mall, Queens Center Mall and Kings Plaza Mall. To date, the teams at these malls have submitted 1,449 applications for new members. In addition, over 193 leads for new members have been generated at these new mall sites. The response has been very positive at the malls, and I am pleased that this pilot has proven to be fruitful.

As I reported last month, MetroPlus has been in the process of preparing for the response for the New York State Department of Health (NYSDOH) formal Request for Qualifications (RFQ) for the Health and Recovery Plans (HARP). As I stated to the committee, I wanted to report on our progress and outline the timeline around the process. In preparation, MetroPlus released a Request for Proposals (RFP) for administrative BHO services on April 10th, 2014. Responses from vendors are due on May 5th, 2014, and we will select a vendor by May 15th, 2014. Final response to the RFQ is due on June 6th, 2014.

Action Items:

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an extension of the Affiliation Agreement with the New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Bellevue Hospital Center ("Bellevue") and Gouverneur Healthcare Services ("Gouverneur") for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement.
This resolution was approved for consideration by the full Board of Directors.

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an extension of the Affiliation Agreement with New York University School of Medicine ("NYUSOM") for the provision of General Care Health Services at Coler Specialty Hospital and Nursing Facility ("Coler") and Henry J. Carter Specialty Hospital and Nursing Facility ("Carter"),for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement.

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an extension of Affiliation Agreement with the New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Woodhull Medical and Mental Health Center ("Woodhull") and Cumberland Diagnostic and Treatment Center ("Cumberland") for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement.

The resolutions were presented and approved for consideration by the full Board of Directors.

Information Item:

Performance Improvement, Business Analytics and
QuadraMed Data Migration Strategy

Paul Contino provided an update on the Business Intelligence Platform.

Major Deliverables: Installation and Configuration of all Hardware and Software; Design, Setup and Configuration of Data Extraction process; Acquired key skill sets to support team; Extensive Training of the IT staff on the new platform; Electronic Business Glossary; Data Quality/Profiling "active" for new projects; Phased data loads into the Healthcare Data Warehouse (HDW); Patient demographics; Provider; Organization (location-facility) information; Standard Code Sets (Procedure, Diagnosis, Drug); Encounters – initially for "active patients" – then historical loads; Lab results (some); Diagnosis /Procedures; Setup and Design of Presentation Portal.

Strategic Planning Committee – May 13, 2014
As reported by Josephine Bolus, RN

Senior Vice President Remarks

State Update

New York State MRT Waiver Amendment Delivery System Reform Incentive Payment (DSRIP) Plan

Ms. Brown began her remarks by providing the Committee with an update on the Delivery System Reform Incentive Payment (DSRIP) Program component of the MRT Medicaid Waiver. Ms. Brown informed the Committee that she would circulate comments that HHC staff had submitted a few weeks ago to the State concerning the DSRIP Program. She also informed the Committee that Ms. Judy Wessler, the former Director of the Commission on the Public's Health System and others had also provided the State with comments on the waiver, which would be shared with the Committee. Ms. Brown announced that a presentation on HHC's Waiver Planning Application would be presented to the Committee at the July 2014 Strategic Planning Committee meeting. Ms. Brown informed the Committee of key Waiver time frames:

- May 16, 2014 – due date for submission of a "Letter of Intent" articulating the Corporation's and all the facilities' intention to participate in the waiver. In addition, the identification of potential partners should also be included in that letter. List of partners is not binding. HHC has been engaged in a series of activities to identify and engage potential partners including other safety net providers, hospitals, health centers, nursing homes etc.

- May 31, 2014 - due date for the Application for Interim Access Assurance Fund (IAAF). HHC hopes to get as much of the $250 million available for all the public hospitals statewide through this funding mechanism. HHC expects to submit a comprehensive proposal to as much funding as possible.

- June 26, 2014 – due date for Planning Application.

Mrs. Bolus asked about the number of partners affiliated with HHC. Ms. Brown responded that a final count had not yet been determined. She explained that the State had been very explicit that no application for DSRIP funding would be considered from either a Public Hospital or Safety Net entity alone, all applications must include other partners. She added that HHC had determined that, while it would identify some of the projects that the State had recommended for the entire enterprise, HHC would also be submitting distinct applications for DSRIP projects and funding, minimally by borough. Ms. Brown introduced the term Performing Provider Systems (PPS) to the Committee. This is a new construct introduced by the State in the context of this waiver. She added that HHC intended to have local PPSs. As an example, Ms. Brown explained that the Queens Health Network had been encouraged to be a Performance Provider System (PPS). As such, Queens Hospital Center and Elmhurst Hospital Center would submit a PPS Application which would also include other non-HHC hospitals such as Jamaica Hospital. Ms. Brown clarified that these hospitals would also submit an application as they could be partners under a PPS; and, if they are considered Safety Net hospitals, they could also apply to be their own PPSs.

Ms. Brown reported that HHC would also partner with citywide organizations, such as the Visiting Nurses Services (VNS). Ms. Brown explained that HHC may work with them on different issues depending on the borough. As an example, Ms. Brown stated that VNS may want to do some work in the Rockaways. She explained that, while HHC does not have an acute facility in the Rockaways, Rockaway residents use the Queens Health Network and Kings County Hospital Center. Therefore, VNS would be in HHC's partnership and HHC would also be included in their program. Ms. Brown announced that HHC would be meeting with the Metropolitan Home Jewish Services (MHJS) on May 14, 2014. She explained that MHJS was interested in partnering with HHC on an initiative to ensure the continuity of services for some of their nursing home and assisted living residents who are hospitalized at Coney Island Hospital and at Bronx facilities. Ms. Brown noted that it was important to include MHJS in HHC's PPS and MHJS may also participate in other entity's PPS as well.

Mrs. Bolus asked if potential partners were reaching out to HHC and if HHC was also reaching out to them. Ms. Brown responded that it was bilateral. HHC has been reaching out to many organizations and many organizations have also reached out to HHC. Ms. Brown stated that HHC had informed its partners that they could express their interest as a placeholder in the form of a Letter of Interest and that detailed discussions would follow in the month of June.

Ms. Brown further explained that the Federally Qualified Health Centers (FQHCs) would be very important partners for HHC. In some boroughs, some FQHCs are linked to a voluntary hospital or a PPS and are not interested in being part of HHC's partnership. Ms. Brown added that there were FQHCs that were interested in partnering with HHC. Ms. Brown informed the Committee that HHC's Letter of Intent would include a list of community health centers and supportive housing providers. She added that, while they may not be "Medicaid healthcare providers" they were extremely important component of success as one of the major objectives of the State in this waiver is to reduce avoidable hospitalizations and readmissions.

Mrs. Bolus asked if there would be a limit on how many partners that could be submitted with HHC's Letter of Intent (LOI). Ms. Brown responded that there was no limit. However, she added that after the dust settled with the submission of the LOI, HHC would be judicious in its consideration of which entities would make best partners because once partners have been identified, those relationships would have to be maintained over the five years of the waiver.

Mrs. Bolus asked about the distribution of funds among the partners. She asked how the number of partners would impact the amount of funding that would be available to HHC. Ms. Brown answered that the most critical issue was what is to be achieved. She added that HHC needed to be prudent in selecting those initiatives that have been identified by the State has having the higher scores and with choosing partners that serve a large number of Medicaid beneficiaries. Ms. Brown explained that if HHC partnered with an entity with 65,000 Medicaid patients, and HHC had 135,000, this partnership would be collectively be agreeing to take responsibility for 200,000 members. She added that the value of HHC's award would be driven by that population. Another important consideration in terms of choosing non-Medicaid provider partners is that HHC has to be successful not only in implementing the projects but also, in reducing avoidable hospitalizations and producing better quality outcomes. Ms. Brown explained that key partner selection criteria should include that partner that would be helpful to HHC, the number of Medicaid patients and uninsured patients, and ability of partnership/collaborative initiative to keep patients out of the hospital if it is not necessary for patients to be admitted. Ms. Brown stated that HHC was also looking forward to partnering with nursing homes. She explained that the State was interested in initiatives that would strengthen care at nursing facilities to limit the frequency of admissions of nursing home residents. Ms. Brown informed the Committee that HHC's Care management and Home Health program would play an important role in this new body of work. Ms. Brown summarized that, in choosing partners, one needs to look at the overarching goal, the number of Medicaid beneficiaries and the strengths or skill sets of those possible partners.

Mrs. Bolus commented that HHC should be very cautious in choosing its partners. She asked if HHC would be obligated to increase the quality of care of its partners. Mr. Bernard Rosen, Board Member, added that it was also possible that the partners may also choose HHC because of its large number of Medicaid beneficiaries. Ms. Brown answered that HHC and its partners would have to take responsibility for a cohort of Medicaid beneficiaries. She informed the Committee that the State had emphasized that this was a shared responsibility. She referred to Mrs. Bolus' inquiry about the number of partners and stated that it does not make sense to select 100 partners. HHC would look for organizations that have some shared values and experience with serving patients in a linguistically and culturally responsive way. Ms. Brown reminded the Committee that there were many organizations with similar missions that are committed to patient-centered care. Ms. Brown added that in addition to these subjective attributes in choosing a partner, some objective attributes in terms of their depth, infrastructure, number of Medicaid beneficiaries and skill sets should also be taken into consideration.

Mrs. Bolus asked if HHC's IT Department would be expected to work with these partners. Ms. Brown responded that a key component that would tie all the partnerships together would be the ability and the capacity of patient information flow and shared electronic Health records (EHR) with a mechanism for sharing that information electronically. Ms. Brown explained the funding flow. There is an expectation that HHC would be paying some partners for some of the services that they would provide in this partnership. If, on the other hand, HHC is part of another entity's else's PPS, HHC would expect reimbursement for the services that it will provide.

Ms. Brown noted that HHC would not only be taking full advantage of the opportunity that the waiver presented but would also determine how to do so in a strategic and smart way within a very compressed timeframe.

Ms. Brown reported that the New York State Legislature had returned from their April recess ready to make progress on post-budget issues. She noted that there were three priorities high on the agenda cited by Governor Cuomo: ethics reform, including public campaign financing; the DREAM Act to provide undocumented students from immigrant families with access to higher education; and Cuomo's 10-point Women's agenda.

Ms. Brown reported that several major health care issues were resolved as part of the Budget, including Safe Patient Handling and Out-of-Network Health Insurance billing. She added, however, that the Legislature was likely to consider other key issues affecting HHC in the six remaining weeks of the Legislative Session. Ms. Brown reported that legislation to increase the statute of limitations for medical malpractice claims had made its way to the floor of the Assembly. She noted that a similar bill was introduced in the Senate last week. Ms. Brown explained that this legislation could result in as much as a 15-25% increase in malpractice coverage costs due to the need to account for expected increases in claims. In addition, it would significantly increase the exposure of health care systems like HHC. Ms. Brown stated that robust discussion is anticipated on a variety of other liability and malpractice issues.

Ms. Brown reported that staff was also keeping a close eye on legislation that would mandate stringent nurse staffing ratios for hospitals and nursing homes. It would require thousands of new nurses to be hired at an estimated statewide cost of $3 billion annually for hospitals and nursing homes. It is estimated that it would cost HHC nearly $388 million annually. Ms. Brown noted that although supporters of the bill argue that hiring additional nurses would lead to increases in quality, the latest peer-reviewed research shows that simply imposing new staffing mandates does not in itself result in improved patient care.

Ms. Brown informed the Committee that HHC would continue to remain vigilant on these and other proposals affecting HHC as the Session draws to a close.

City Update

Executive Budget Released

Ms. Brown reported that Mayor de Blasio had released the FY2015 Executive Budget on May 8, 2014. She informed the Committee that the $73.9 billion spending plan would balance the budgets for FY 14 and FY15. However, gaps begin at $2.2 billion in FY 16 and grow in the out years. Ms. Brown reported that the Mayor's budget:

- Lays the ground work for labor settlements along the lines of the agreement reached with the teacher's union which featured salary increases over an extended period along with savings from healthcare spending,
- Includes Pre-K funding of $300 million in FY 15 for 53,000 seats of the Universal Pre-K expansion,
- Includes funds for the Affordable Housing plan to expand/preserve 200,000 units over 10 years,
- Adds funds for the Vision Zero traffic safety initiative, and
- Seeks to end budget dance of prior years with cuts by Mayor and restorations by Council.

For HHC, Ms. Brown reported that the plan:

- Demonstrated that overall City support for HHC has been maintained,
- Avoids the annual "budget dance" items that the Council traditionally restored, which were base-lined last year and funding continues in this budget. This funding includes $6 million for the Unrestricted Subsidy, $5 million for Child Health Clinics, $2 million for HIV testing and more than $1 million for behavioral health programs, and
- Retained the budgeted increase in HHC Subsidy which goes from $78 million in FY 14 to $81 million in FY 15.

Ms. Brown underscored that in their preliminary budget response released last month, the City Council had budgeted an additional $2 million increase for HHC's Unrestricted Subsidy. She added that under their proposal, it would go from $6 million to $8 million. Ms. Brown announced that HHC's Executive Budget hearing was scheduled for Tuesday, May 27th at 11:00 AM in the Council Chambers to discuss the budget and other issues.

Information Item:

HIV Services Update Presentation

Ms. Brown introduced Ms. Terry Hamilton, Assistant Vice President, Corporate Planning & HIV Services and Simona Bratu, MD HIV Medical Director, Kings County Hospital Center - HIV Services Clinical Advisory Group and invited them to present an update on HHC's HIV Services.

Ms. Hamilton greeted Committee members and invited guests. She informed the Committee that her presentation was twofold. The first part would be on the history and background of HIV and HIV Services at HHC. The second part of her presentation would cover issues such as the healthcare reform, access and linkage/retention in care.

Outlined below Are Key Highlights from Ms. Hamilton's And Dr. Bratu's Presentation to the Committee:

STATE OF HIV/AIDS IN THE U.S. – HRSA CONTIUUM

- 1.2 million living with HIV in U.S.
- 50,000 new infections each year
- Of the PLWAs only 82% know they are infected • Only 66% are linked to care
- Only 37% stay in care
- Only 33% are on ART
- Only 25% are adherent to medication and virally suppressed

EVIDENCE AND RESEARCH GUIDES HHC'S PLANNING AND CARE DELIVERY STRATEGIES

Two continuing areas of focus:

- Improving Access to Care using the HIV Testing Expansion Initiative (HTEI)
- Improving Quality of HIV Services using our Peer-based, corporate-wide HIV Quality Improvement Learning Network

This Initiative focuses on screening and linkage to care. HTEI is our effort supported by the City Council to routinize screening In IP, OP and ED. Access is important because if people know they are positive they are less likely to transmit HIV to someone else. The earlier one gets into care, the better the outcome.

HHC'S THREE STRATEGIES TO IMPROVE NEW YORKERS'ACCESS TO TREATMENT

- Increase the number of HIV positive patients who know their serostatus
- Increase the number of positive patients who enter care early
- Increase the number of HIV patients who are retained in care

HHC ENGAGED IN HIV TESTING EXPANSION INITIATIVE (HTEI)

Before and after the HIV Testing Expansion Initiative

- Progressing from targeted testing based on risk of mostly OB patients at about ~50,000/year to
- Increased routine screening in IP, OP and ED of 200,000. Mostly counselor-based system.
- Testing level at plateau

CURRENT VIEW OF HIV TESTING

- The range between routine screening (20%) and 40% — the tipping point of efficiency beyond which few positive will be identified

- There are limitations in our current model, which led to the question:
    - What proportion of patients need to be tested to realize test and treat goals. Seven years of data analyzed to find the tipping point to identify positive patients early in the disease.
    - Based on the analysis, a shift from a specific target number each facility must achieve to the proportion of age eligible patients that should be tested was implemented

COMMUNITY WIDE ACTIVITIES

- NYS DOH *Three Years of Rapid Testing* Conference, Special Project of National Significance (SPNS)
- CDC HIV testing consultations
- HRSA Ryan White grantee presentations
- DOHMH Bronx Knows, Brooklyn Knows campaigns
- Health and Human Services Ryan White Part A Planning Council
- HIV Prevention Planning Group

COMMUNITY COLLABORATIONS

- United Nations hosted international seminar at first UN Special Session on AIDS and presented at a women's conference sponsored by Non- Governmental Organizations
- New Approaches to the Epidemic in Vulnerable Populations of the African American Community with the *National Coalition of 100 Black Women*
- UN sponsored international seminar on screening and care; also presented at women's seminar sponsored by a UN NGO.
- CBO HIV Testing Collaboration with the NYC Council and Community Partners
- *Institute for Healthcare Prevention* - community health screenings- HIV screening partnered with other screenings at community event at KCH

INTERNATIONAL DELEGATIONS

HHC was asked for advice and consultation by international colleagues and HHC staff learned from them as well:

- United Kingdom, Terrence Higgins Trust
- Singapore Ministry of Health
- USAID Project Ethiopian Delegation
- Bangkok Ministry of Health Delegation

IMPROVING QUALITY

Evidence and research guide planning around care

- In unique collaboration with NYS DOH AIDS Institute established the first provider supported HIV Quality Improvement Learning Network (QILN), in the nation:
- The QILN:
    - Hosts monthly topical conference call
    - Provides quarterly HIV Quality Improvement Training
    - Focuses on providing planning support and objective feedback on facility-designed QI projects arid inclusion of consumers in QI
- Focus on improving quality of HIV services
    - Peer-based, corporate-wide HIV quality improvement

EXAMPLES OF QUALITY IMPROVEMENT PROJECTS

- HIV screening and flu shots provided at the same time (Renaissance D&TC)
- Brochure that encourages patients to ask questions of providers to get better care (Morrisania D&TC)
- Nutrition education and exercise to improve health outcomes (Harlem Hospital Center)

CONTINUING TO IMPROVE ACCESS

- Provider-Driven HIV Screening
    - Multi-year, nationally oriented Gilead Sciences funding focused on systems and healthcare teams
- Consider how to implement recently revised NYS regulation which permits oral consent for HIV screening if documented in the medical record
- Consider move toward use of advanced technology such as 4th generation screening

ADDITIONAL FOCUS MOVING FORWARD

- PEP and PrEP: Pre and Post Exposure Prophylaxis
- Hepatitis C - Dual and Mono-Infected
- Aging with HIV
- Having a Prepared and Appropriately Staffed Workforce
- Disparities and Caring for the Uninsured

NATIONAL AND NYS FRAMEWORK GUIDES OUR WORK FOR THE FUTURE

- Vision of National AIDS Strategy (July 2010) is that new HIV infections are rare
- Three goals:
    - Reducing the number of people who become infected with HIV
    - Increasing access to care and improving health outcomes for people living with HIV
    - Reducing HIV-related health disparities

- NYS DOH AIDS Institute and many AIDS organizations hope to END AIDS in New York State
    - Use newer technology and surveillance (e.g., 4^{lh} gen screening, "easier, regularized consent", give DOH ability to use surveillance data to know and share that patients are in care),
    - Prevention for positives and negative (e.g., PEP, PrEP)
    - Fill gaps in the NYS Care Continuum
    - Finding should follow the need

HOW HHC'S FUTURE WORK WILL BE TRANSFORMED

- To focus on social and economic drivers of risk for positives and negatives
- To intensify and expand systems of diagnosis and treatment with adherence support
- To employ the use of new technologies

HHC HAS BEEN RECOGNIZED

- NYS Health Foundation Inaugural Award- Evaluation of Expanded HIV Screening
- National Quality Center Award for Quality Leadership
- NYS DOH AIDS Institute Senior Leadership in Quality Award-first ever to a non-clinician
- CDC recognizes- HHC's testing 1 million unique patients for HIV
- Lancet accepts an abstract for presentation at the international translational conference on Ending AIDS
- National Association of Public Hospitals and Health Systems- Safety Net Award for Reducing Health Care Disparities related to HIV Testing
- Participated/presented at more than 30 consultations on HIV screening, care and quality improvement
- The CDC Letters says- advancing public health, HHC has a willingness to adopt ambitious measures of success and hold itself accountable

Ms. Hamilton concluded her presentation by stating that HIV Services work reflected a commitment from many providers and staff to improve and expand access to high quality care and treatment.

SUBSIDIARY BOARD REPORTS

HHC Insurance Company / Physicians Purchasing Group – April 24, 2014
As reported by Mr. Salvatore Russo, Subsidiary Board Member

In 2004, the HHC Board of Directors authorized the formation and operation of a subsidiary captive insurance company, the HHC Insurance Company ("HHCIC") that would insure attending physician staff and provide access to excess insurance coverage provided by a state-funded pool. The HHC Physicians Purchasing Group ("PPG") was formed as an insurance purchasing group for HHC affiliated physicians.

Reports from the recent special meetings held on April 24, 2014 are summarized below:

HHC Insurance Company

The Board of Directors of HHCIC held a special meeting on April 24, 2014 in order to accept the resignation of Mr. Alan Aviles as President of HHC Insurance effective March 30, 2014 and to elect Dr. Ramanathan Raju as President of HHC Insurance Company.

No further business was conducted.

HHC Physicians Purchasing Group

Immediately following the HHCIC meeting, The Board of Directors of the HHC PPG held a special meeting to accept the resignation of Mr. Alan as President of HHC Physician Purchasing Group effective March 30, 2014 and to elect Dr. Ramanathan Raju as President of the HHC PPG.

No further business was conducted.

MetroPlus Health Plan, Inc. – May 6, 2014
As reported by Mr. Bernard Rosen

Chairperson's Remarks

Chair Rosen welcomed everyone to the MetroPlus Board of Directors meeting of May 6th, 2014. Mr. Rosen stated that Dr. Saperstein would present the Executive Director's report and Dr. Dunn would report on Medical Management issues. Mr. Rosen stated that there would be one resolution presented at the meeting to negotiate and execute a sole source contract with Data Driven Delivery Systems (DDDS). Mr. Rosen informed the Board that there would be an information item regarding MetroPlus' 2014 Strategic Plan.

Executive Director's Report

Dr. Saperstein reported that total plan enrollment as of April 28th, 2014 was 443,255. Breakdown of plan enrollment by line of business was as follows:

Medicaid	361,705
Child Health Plus	11,593
Family Health Plus	24,542
MetroPlus Gold	3,332
Partnership in Care (HIV/SNP)	5,272
Medicare	8,022
MLTC	511
QHP	27,792
SHOP	486

Attached were 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.

Dr. Saperstein stated that, in regards to the New York State of Health Marketplace (NYSoH), over 1.3 million consumers have completed applications and 949,428 have enrolled for coverage since the launch of the Marketplace on October 1, 2013. More than 70 percent of those who have enrolled to date were uninsured at the time of application. With the exception of individuals who took steps to enroll prior to the March 31 deadline yet require assistance to complete their enrollment, only those individuals and families who qualify for a Special Enrollment Period will be able to enroll in coverage until November of 2014. Special Enrollment Period qualifying events include getting married or divorced, gaining a dependent, losing employer insurance, or permanently moving into New York State. Individuals and families who do not qualify for a Special Enrollment Period will not be able to enroll in coverage until the next open enrollment period, which begins on November 15, 2014 for coverage starting on January 1, 2015. Consumers eligible for Medicaid and all children can enroll for coverage through NYSoH at any time during the year.

As of April 28th, 2014, MetroPlus has received over 56,000 completed Qualified Health Plan (QHP) applications and have over 39,500 paid individual and SHOP members. The Plan has also added almost 36,000 new Medicaid and Child Health Plus members, who enrolled through the Exchange website. This 92,000 member enrollment is approximately 10% of the state's enrollment, to a plan that operates in only four counties.

Dr. Saperstein reported that, in April, the NYSoH and the Department of Financial Services formally issued the invitation to health plans to participate on the Exchange in 2015. Most of the provisions from 2014 will remain, with some changes. For out of network, the requirements for 2015 QHPs will match the 2014 requirements. Plans only have to offer an Out Of Network (OON) option on the Marketplace if they are offering an OON product in the individual and/or small business market. The 2014-15 New York State budget, approved in March, protects consumers from surprise costs and sets up an arbitration process that removes the consumer from billing disputes between out-of-network doctors and health insurers.

The NYSoH Marketplace has changed the deductible and out of pocket cap for the Silver product (200-250% FPL), lowering the deductible to $1,200 from $1,500 and increasing the maximum out of pocket cost to $5,200 from $4,000. MetroPlus product pricing has been underway for the last month, and the MetroPlus team has already begun finalizing the model language for its product offerings. Responses to the invitation are due on June 1st, 2014 and the Plan fully anticipates being able to meet the deadline.

Dr. Saperstein informed the Board that, recently, MetroPlus has received significant coverage in local New York City media, including print, radio, TV and online coverage- primarily focusing on the success the company has had enrolling New Yorkers in affordable health insurance through the NYSoH Marketplace. Print coverage has included: The New York Daily News, Harlem News, El Especialito, Positive Community Magazine, The Brooklyn Paper, Brooklyn Courier, Bay News, Bay Ridge Courier, Kings Courier, Caribbean Life, Bayside Times, Astoria Times, Forest Hills Ledger, Jamaica Times, Bronx Times, Manhattan Times (bilingual, English/Spanish), Bronx Free Press (bilingual, English/Spanish), The Jewish Voice, Bronx Times Reporter, Brooklyn Family, and Whitestone Times. Also, radio station HOT 97 has featured MetroPlus on several health segments. MetroPlus TV coverage included Univision (a segment filmed at Gouverneur), Brooklyn News 12 (filmed at Kings County Hospital and spotlighting our Certified Application Counselor's bilingual outreach to consumers), and NY1. Earlier in March, Talking Health, CUNY television series dedicated to health care policies and practices in the U.S., presented an all-new report, Health Care – The Marketplace, a review of plans and procedures relating to enrollment in NYSoH exchange, featuring the Plan's Chief Financial Officer John Cuda and himself. Hosted by Mike Gilliam, the special premiered Tuesday, March 11th, 2014 and is also available for viewing online.

Additional online coverage included Crain's Health Pulse, Capital New York and Huffington Post. MetroPlus will continue to capitalize on its success with enrollment to promote both MetroPlus and HHC, including the sustained use of its co-branded advertising campaign.

Dr. Saperstein stated that MetroPlus is in the process of responding to the New York State Department of Health (SDOH) release of the formal Request for Qualifications (RFQ) for the Health and Recovery Plans (HARP). Due to the complexity of some of the RFQ requirements, MetroPlus has initiated a Request for Proposals (RFP) process to secure bids from managed behavioral health organizations (BHOs). The RFP is seeking proposals to offer services and manage the SSI populations that are currently carved out and proposals to offer services and manage members with extensive needs that will qualify for the HARP program.

In March, MetroPlus expanded its marketing presence to three New York area malls. MetroPlus marketing representatives are marketing MetroPlus products in Green Acres Mall, Queens Center Mall and Kings Plaza Mall. To date, the teams at these malls have submitted 1,449 applications for new members. In addition, over 193 leads for new members have been generated at these new mall sites. The response has been very positive at the malls, and Dr. Saperstein was pleased that this pilot has proven to be fruitful.

Medical Director's Report

Dr. Dunn stated that the Plan received the Three Way Contract from the Naturally Occurring Retirement Community (NORC). This contract will provide all Fully Integrated Duals Advantage (FIDA) plans some of the additional requirements MetroPlus will be required to comply with, which has all applicable existing Medicare and Medicaid laws, rules, and regulations as well as program specific and evaluation requirements and some operational templates. This contract will also set the terms and conditions of the Demonstration Project. Readiness Review Update: NORC and SDOH continue to review the desk review

submissions which were done for Phase 1 deficiencies, Pended criteria deficiencies and Phase 2 deficiencies. Network Validation submitted on 4/18/2014, CMS and SDOH currently reviewing; plans will have a cure period at the time of the pre-enrollment validation tool submission. Virtual Systems Testing - completed by MetroPlus on April 7 and 8th. The feedback from the FIDA reviewers was that they were impressed with the Plan's Care Management & Coordination system demonstration as well as its DST/Non Pharmacy claims demonstration testing.

Dr. Dunn reported that all enrollments will be through the Enrollment Broker, New York Medicaid Choice (NYMC). Participants may disenroll at any time during the demonstration period. Eligible duals may opt out of Passive Enrollment before their enrollment effective date.

Unless they opt out, Managed Long Term Care (MLTC) enrollees will be passively enrolled into their current plans FIDA product or to a specific FIDA plan identified by NYMC if the MLTC plan does not have a FIDA product. Individuals in a MLTC plan not participating in FIDA will be matched based on their providers. Participants may choose to opt out of passive enrollment up until their enrollment effective date. Those that are on FFS Medicaid and meet FIDA eligibility requirements may opt into a FIDA plan. FIDA plans will not submit enrollment transactions, these NYMC will process all opt in enrollments. New to service individuals will be referred to a third party assessor to determine eligibility.

Dr. Dunn stated that, as part of the Plan's continuing efforts to promote wellness and preventive care, it is sending out birthday cards to Medicare members to remind them to get an annual wellness visit.

MetroPlus initiative to get its members to be adherent to their medications and therefore preventing admission and unnecessary emergency room visits. A key to staying healthy is taking their medicines the right way. That means taking their medicines right: the right drug, the right dose, the right time and the right way. In order to assist Plan Medicare members in being adherent, MetroPlus will be sending them a letter on Taking Meds Right Program accompanied by a keychain/ pill box that will help them keep their medications with them when they need them. The Plan also has larger pill boxes that hold a week of medicines that can be sent if they call Customer Service or their Case Manager. The Plan has an open dialogue with each of the members that may have problems with their medications. Taking medication is not easy and many people do not take them correctly.

Dr. Dunn reported that MetroPlus is finalizing its discussion with Jamaica and Flushing Hospitals (Medisys Health Network) to bring the hospitals and their affiliated providers into the MetroPlus network for all lines of business. This will increase the Plans access and adequacy substantially in Queens County. MetroPlus is working to ensure that the final agreement will meet its requirements in administrative and financial components. MetroPlus currently has a spent over $11 million per year at these two facilities, almost entirely through Emergency Room admissions. The facilities are located in areas where MetroPlus has a high membership concentration. Bringing them in network will allow the Plan to ease the administrative and financial burdens caused by out of network admissions. MetroPlus is also in discussion with St. John's Episcopal Hospital in Far Rockaway. While MetroPlus' membership volume is not as high in that area, it is a geographically isolated area, and adding St. John's will help to fill the void left by the closure of Peninsula Hospital several years ago.

MetroPlus has also amended all of its Personal Care Agency contracts to comply with the new State Regulations around Wage Parity. Due to new State requirements, MetroPlus was required to increase the reimbursement rates for almost all of its ninety Personal Care Services (PCS) Agency contracts, retroactive to March 1, 2014. This will put additional costs on the Plan, and there are concerns that this mandated rate increase will not be reflected fully in Plan Premium. MetroPlus is developing a network strategy that will identify the key PCS providers whom the Plan wishes to partner with moving forward, and will work to right-size its PCS network to ensure quality care for Plan membership.

Dr. Dunn stated that the RFQ regarding the "Behavioral Health Benefit Administration: Managed Care Plans and Health and Recovery Plans" became available on March 21, 2014. After detailed analysis of the very prescriptive and costly Behavioral Health – Managed Care Organization and HARP requirements, the Plan decided to investigate obtaining a potential behavioral health organization to administer the behavioral health benefits for the HARP and possibly for the other lines of business. MetroPlus issued an RFP on April 10, 2014. It is expected that Beacon Health Strategies, Magellan Health Services, Optum, and ValueOptions will be submitting proposals which are due on May 5, 2014.

MetroPlus and the other health plans have submitted questions about the RFQ to the State for clarification. There is a NYC Applicants Conference scheduled for Friday May 2 at the Office of Alcohol and Substance Abuse Services offices in Manhattan.

The State will post the answers to the questions submitted by the plans on, or about, May 15th and the RFQ Proposals are due on June 6, 2014.

Dr. Dunn stated that MetroPlus HIV SNP enrollment is currently 5,314. Membership has been stable over the four months of 2014. With the availability of HIV SNP enrollment through the exchange in June 2014, there will be an opportunity to increase enrollment in the SNP. HIV Services continues to provide care coordination to these members as well as Members identified to be HIV Infected across all lines of business (Medicaid, Medicare, and Exchange). Effective March 2014, HIV negative homeless individuals are able to enroll in the HIV SNP**.** It is expected that these members receive care and benefits coordination per SNP contract.

HIV Services started working on QARR HIV Engaged in care project in January 2014. A report of members with no Primary Care Physician (PCP) visits in less than 140 days was developed and is updated every month; calls and outreach activities are conducted to re-engage these members in care. Preliminary findings suggest that delayed HIV PCP visit claims account for a significant number of members listed in this report.

Action Item

The resolution was introduced by Mr. John Cuda, MetroPlus' Chief Financial Officer.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Data Driven Delivery Systems ("DDDS"), to review 100% medical records and capture all appropriate Hierarchical Condition Categories ("HCC") acuity coding and provider coding education for a term of 18 months with two one year options to renew for an amount not to exceed $2,900,000 each year.

Mr. Cuda gave the Board a detailed overview of why the services were required and why a sole source contract was warranted. The vendor was present in the event the Board of Directors had any questions.

The resolution was passed unanimously by the MetroPlus Health Plan Board of Directors.

Information Item

Dr. Saperstein presented the 2014 MetroPlus Strategic Plan to the Board of Directors.

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

RAMANATHAN RAJU, MD
HHC PRESIDENT AND CHIEF EXECUTIVE
REPORT TO THE BOARD OF DIRECTORS
MAY 22, 2014

KUDOS FROM JOINT COMMISSION ACCREDITATION SURVEYS IN MAY

This month The Joint Commission completed its triennial survey of Woodhull Medical and Mental Health Center and the Coler Nursing Facility. Consistent with the positive trends set by the hospitals surveyed thus far this year, both facilities performed extremely well.

At Woodhull, the surveyors complimented the organization for the "great interaction from staff, and an integrated approach to care planning between the medical staff and nursing." The life safety code surveyor stated "the facility was in excellent condition." The physician surveyor, who had surveyed Woodhull three years ago, stated "Woodhull has become a high reliability organization, on par with a large medical center in Texas, also a teaching hospital, which dwarfs Woodhull only by its size." He stated he frequently mentions Woodhull hospital in his mentoring of physician interns. Highlighted best practices included the physician credentialing process, which should be a model for other hospitals, the reporting of critical lab values directly to physicians, and the patient centered medical home model.

At Coler, the surveyor praised the "commitment and dedication of staff who do great work and clearly put the residents first." The commitment of the organization was evidenced in the observation of care and validated by medical record documentation. The surveyor also complimented the organization on their progress towards being a high reliability organization. Best practices included the Pressure Ulcer Wound Care Program, which the surveyor stated was quite strong, and the program around patient lifts, mattresses and beds, which she recommended be submitted for publication in the Joint Commission's Leading Practice Library.

Congratulations to the leadership and staff of both organizations for a job well done:

Woodhull Hospital Center – Senior Vice President George Proctor; Medical Director Edward Fishkin, MD; Chief Nurse Executive Angela Edwards, RN; Senior Associate Executive Director, Quality Management, Sharon Neysmith-Crawford; Chief Operating Officer Eve Borzon; and all of the staff of Woodhull Medical and Mental Health Center.

Coler Nursing Facility – 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 of Coler Nursing Facility.

Henry J. Carter is the seventh and final facility remaining to be surveyed this year.

NEW YORK STATE MEDICAID WAIVER

I want to update the Board about our application to the New York State Medicaid Waiver. Last week, we submitted the first step in the process -- our letter of intent to participate in the Delivery System Reform Incentive Program (DSRIP) -- which, as you know, is intended to transform care delivery in NYS and significantly reduce healthcare costs. We expect to build the required partnerships with other healthcare and community providers and form 4 to 6 Performing Provider Systems (PPSs). We are on-track to submit our initial planning application by the June 17th deadline.

By the end of next week, we will also submit the second application to request Interim Access Assurance Funding (IAAF), intended to temporarily support providers under significant financial threat. We expect to receive a significant portion of the $250 million that is allocated to public system providers.

I want to thank the members of our Corporate Steering Committee who are leading this very demanding effort to ensure our success in securing waiver funding and leading healthcare transformation in New York City.

ONE-YEAR RENEWAL OF AFFILIATION AGREEMENTS WITH NYU

On your agenda today are one-year renewals of Affiliation Agreements with NYU School of Medicine to provide general care and behavioral health services at Bellevue, Gouverneur, Woodhull, Cumberland, Coler and Carter. The proposed agreements are from July 1, 2014 through June 30, 2015 with the same terms currently in place. This extension allows for sufficient time for the parties to conclude negotiations for a new agreement, including development of the next generation of performance indicators. This reflects our corporation's long-term strategy of continuing to partner with our doctors for better health outcomes for our patients.

HHC PATIENT SAFETY LEADERS AT NATIONAL PATIENT SAFETY FORUM

HHC patient safety leaders once again made contributions at the 16th Annual Patient Safety Congress sponsored by the National Patient Safety Foundation (NPSF) this month. The theme of this year's Congress was 1 FOCUS, where patient safety is the center of attention for every session, presenter, and networking opportunity. The Congress has a strong tradition of providing real-world tools, robust resources, and evidence-based solutions for a full spectrum of patient safety issues, with presentations by innovative leaders in the field. The Congress featured educational breakout sessions

led by industry experts, thought-provoking keynote sessions with national thought leaders, and engaging and interactive Poster Sessions, as well as a Learning & Simulation Center.

NPSF received 123 poster submissions and only 89 posters were selected to present at the Congress this year. HHC presented seven posters that showcased our patient safety solutions and research. These posters were presented by HHC's Department of Patient Safety with the Committee of Interns and Residents and HHC facilities, Coney Island, Harlem, Lincoln, Metropolitan, and Woodhull hospitals, and this is one of the largest number of poster presentations accepted from any single organization in the nation. Congratulations to the presenters who demonstrated repeatedly the top priority HHC puts on patient safety.

FEDERAL UPDATE ON TWO-MIDNIGHT RULE

In August 2013, the federal Centers for Medicare and Medicaid Services (CMS) issued a rule to clarify that patient stays in hospitals for less than two midnights would be considered outpatient care and not inpatient care for purposes of Medicare reimbursement. HHC estimates that this rule could cost HHC $23-38 million in Medicare revenue each year. CMS delayed enforcement until October 1, 2014. With the passage of the Protecting Access to Medicare Act of 2014, Congress further codified this moratorium through March 31, 2015, in order to provide more time to find a solution to these issues. The legislation, however, did not establish a short-stay payment mechanism.

CMS in the FY 2015 IPPS rule called for comments on the two-midnight policy. The Greater New York Hospital Association (GNYHA) is forming a work group on these issues. Comments are due June 30. At a Tuesday, May 20 Ways and Means hearing on the issue, Sean Cavanaugh, Deputy Administrator and Director, Center for Medicare, CMS, testified that they now had time to consider further the short-term stay policy. He raised the issue whether some sort of an outlier should be allowed, whether IME and/or DSH should be part of any short-term stay payment and stated that there needs to be a differentiation between inpatient and outpatient stays.

EXECUTIVE CITY BUDGET RELEASED

Mayor de Blasio released the FY2015 Executive Budget Thursday, May 8th. The $73.9 billion spending plan balances the budgets for FY14 and FY15. However, gaps begin at $2.2 billion in FY16 and grow in the out years.

For HHC, the plan:

- Maintains overall City support for HHC;

- Avoids the annual "budget dance" items that the Council traditionally restored were baselined last year and funding continues in this budget. This funding includes $6 million for the Unrestricted Subsidy, $5 million for Child Health Clinics, $2 million for HIV testing and more than $1 million for behavioral health programs; and
- The plan keeps the budgeted increase in HHC Subsidy which goes from $78 million in FY 14 to $81 million in FY 15. In their preliminary budget response released last month, the City Council budgeted an additional $2 million increase for HHC's Unrestricted Subsidy. Under their proposal, it would go from $6 million to $8 million. The budget and other issues will be discussed at HHC's Executive Budget hearing, which is scheduled for Tuesday, May 27th at 11:00 am in the Council Chambers.

FOSTERING WORKFORCE DEVELOPMENT WITH LEADERSHIP ACADEMY

As part of my board report, starting today and going forward I want to highlight a program that adds value to our patients, our employees and our organization. These projects are chosen from either Corporate or network initiatives. This month I want to highlight our Leadership Academy.

As we strive to create a learning organization and a high functioning workforce, we need to develop training opportunities to perform in the new health care model. Through the development and implementation of our Leadership Academy, we will be creating a variety of on-site workforce development programs to invest in our employees and let them meet current and future workplace challenges and opportunities. The course content of the Leadership Academy aims to develop employees from the entry level supervisor to the mid-level manager in the various core competency areas skilled leaders must possess.

Each development program targets a different level of employee.

1. HHC Leadership Development Program for Middle Managers
2. New Manager Enhancement Program
3. New Supervisor Development Program

The **HHC Leadership Development Program for Middle Managers** is a partnership between HHC and the Advisory Board Company in which mid-level managers are nominated by executive staff at each HHC facility, and home health services, to participate in a five-session intensive program spanning up to eight months and covering Health Care Management, Problem Solving/Critical Thinking, Instilling Accountability, Facilitating Effective Teamwork, and Impact through Influence. Participants are also required to complete Breakthrough Green Training and Fundamentals of Finance/Budgeting. A News Media Training module is also offered but

not required.

The HHC Leadership Development Program pairs middle managers with a senior level Coach. Each Coach is trained and is required to participate in each of the five modules with the program participants. In addition to the classwork, with the assistance and guidance of their Coach, participants are required to identify and implement a project using the leadership principles learned during the program. Since its inception in 2012, nearly 240 middle managers and 66 coaches have participated in the program. Of those who have completed the program, 58 participants and coaches earned promotions or assumed significant additional responsibilities within HHC.

The **Manager Enhancement Training** was created in-house and is geared towards newly hired or promoted managers. The training is comprised of one full day face-to-face session for three consecutive weeks plus distance e-learning. Topics covered are: Manager Roles and Responsibilities, Strategic and Operational Planning, Giving Feedback, Managing Performance, Evaluating Performance, Labor Relations, Just Culture, Handling Workplace Conflicts, Team Management, Managing Change, Communicating Effectively, Critical Thinking, and Emotional Intelligence.

The third component of the Leadership Academy is the **Supervisor Development Program**. This program was created in-house and is geared towards newly promoted or newly hired supervisors who have at a least one direct report. Each participant is required to attend live classroom sessions taught by subject matter experts as well as complete e-learning modules. Topics covered in this program are: Supervisor Roles and Responsibilities, Giving Feedback, Managing Performance, Evaluating Performance, Labor Relations, Just Culture/Patient Safety, Handling Workplace Conflicts, Team Management, Communicating Effectively, Critical Thinking, and Emotional Intelligence.

Additional Academy course content is under development.

PASSING OF DR. LAMBERT KING FROM QUEENS HOSPITAL

Dr. Lambert King, a stalwart physician leader who inspired us all by his commitment and passion to the cause, passed away on March 13, at home. Dr. King served as Director of the Department of Medicine at Queens Hospital for about nine years. He was widely admired and respected by staff and patients alike, and will be remembered by his many accomplishments, including the establishment of the Hospitalist Program, strengthening the Internal Medicine residency program, and his advocacy and leadership in the field of HIV/AIDS. He will be sorely missed but his legacy lives on. Our condolences go to his wife Sharon B. King and daughter Martha Whitney King.

KINGS COUNTY HOSPITAL PROGRAM OFFERS BETTER CARE TO

ADOLESCENT PATIENTS IN CRISIS

Kings County Hospital Center is enhancing both its inpatient and outpatient behavioral health services to offer better care to adolescents and young adults in crisis. The hospital has redesigned its inpatient care model, opening the state's first hospital unit of its kind that is designed for treatment of psychosis for patients ages 16 to 23. Kings County Hospital has also become one of four hospitals to pilot the state-funded outpatient "OnTrackNY" program, designed to help individuals age 16 to 30 who have recently experienced psychosis for the first time in their lives. Early intervention of psychosis is most effective and can improve longer term outcomes.

Age appropriate programming such as hospital-based educational programs, group and individual treatments, regular family meetings, socialization, and adaptive skills development, will be offered. Patients will be cared for by staff with the experience and expertise needed to address the unique developmental needs of adolescents and young adults. The program also encourages a patient's family or care takers to be involved in all aspects of the adolescent's progress, including the initial assessment and the establishment of short and long-term treatment goals. By addressing symptoms of psychosis early in young adults, when they first emerge, the program can help these patients remain on track toward a healthy and productive life.

Kings County announced the program at the same time that NYC's First Lady Chirlane McCray focused her messaging on young people recovering from mental illness and included praise for the Kings County program in her press release.

HHC TO RECEIVE FUNDING FROM CMS TO EXPAND INNOVATIVE EMERGENCY DEPARTMENT MODEL

Today, Health and Human Services Secretary, Kathleen Sebelius, announced that HHC is one of twelve prospective recipients to receive funding under the Centers for Medicare & Medicaid Services' (CMS) Health Care Innovation Awards Program. HHC will receive a total of $17,916,663, over three years, to expand and enhance its current pilot Emergency Department Care Management model. The HHC Care Management model uses a multi-disciplinary team that will comprehensively assess patients who present in the emergency department for ambulatory-care sensitive conditions (ACSC), create a care plan that would avoid an unnecessary hospitalization, and provide ongoing support after discharge, including medication management, education, and linkages with Home Health and primary care providers. The grant funded program will operate in six HHC facilities including Bellevue, Elmhurst, Jacobi, Kings County, Lincoln and Queens Hospital Center.

The Health Innovation Awards application process has been a long road. The process began nearly a year ago and entailed the establishment of a CMMI grant application

workgroup. This workgroup was jointly led by LaRay Brown, Senior Vice President for Corporate Planning, Community Health and Intergovernmental Relations and Dr. Ann Sullivan, former Senior Vice President of the Queens Health Network, was comprised of Central Office and HHC facility staff.

This achievement would not be possible without the hard work of the following HHC staff: Anita Lee, Lincoln Medical Center; Ann Frisch, HHC Health & Home Care; Anthony Divittis, Woodhull Medical & Mental Health Center; Christopher Phillipou, Corporate Planning Division; Inna Val, Corporate Finance Division; Kathleen Whyte, Corporate Planning Division; Kiho Park, Elmhurst Hospital; Krista Olson, Corporate Finance Division; Lauren Leverich, MetroPlus Health Plan; Mahendra Patel, Corporate Grants Management Office; Mark Winiarski, Corporate Planning Division; Marlaina Norris, MD, Elmhurst Hospital; Martin Castaneda, Elmhurst Hospital; Meiqian (Kristy) Li, Corporate Grants Management Office; Nancy Jean-Jacques, Corporate Finance Division; Vincent Henry, Elmhurst Hospital; Wendy Saunders, Corporate Planning Division

ALAN D. AVILES RECEIVES FIRST "BISHOP JOSEPH M. SULLIVAN PUBLIC SERVICE AWARD" FROM GNYHA

Former HHC President Alan D. Aviles was the recipient of Greater New York Hospital Association's first ever Bishop Joseph M. Sullivan Public Service Award. The honor was bestowed on him at GNYHA's 2014 annual meeting and reception, which was held May 13 at the Javits Center. Alan Aviles was there and received the award following a moving video that paid tribute to his work at HHC, and a subsequent standing ovation from a crowd of over 1,000 people. At the same GNYHA meeting, I was confirmed as a Vice Chair of the 2014-2015 Executive Committee of the GNYHA Board of Governors.

HHC TRUSTEE ANNA KRIL HONORED BY THE UNITED HOSPITAL FUND

This month the United Hospital Fund presented Distinguished Trustee Awards to 28 trustees from hospitals across the metropolitan area from the Fund's beneficiary hospitals, New York City's public healthcare system, other voluntary hospitals, and those participating in the United Hospital Fund/Greater New York Hospital Association's quality improvement initiatives. Award recipients include prominent leaders in business, health care, academia, and city government. I'm proud to announce one of those recipients is HHC's own Anna Kril. Anna is a true leader and her commitment to HHC and the community has been immeasurable. Please join me in congratulating her.

HHC WINS HONORS IN AWARDS PROGRAMS FOR WORK IN REDUCING HEALTHCARE ASSOCIATED INFECTIONS

HHC received the IPRO Quality Award in recognition of our organization-wide commitment to quality improvement and specifically for our reduction since 2011 of

healthcare associated infections. IPRO's awards are presented annually to New York State healthcare providers that have achieved significant quality-focused goals.

HHC also received an honorable mention in the Larry Gage awards for our work in the reduction of central line-associated blood stream infections. The Gage Awards Program -- named after the founder of America's Essential Hospitals (formerly NAPH) -- honors and shares the outstanding work of members. Winners are recognized for successful and creative programs that boost patient care and meet community needs. HHC's work will be included in the 2014 awards ceremony and published materials.

CHAIR OF HHC's COMMUNITY ADVISORY BOARDS GETS PUBLIC HEALTH AWARD

Agnes Abraham, the Chair of the HHC Council of Community Advisory Boards received a 2014 Marshall England Public Health Award from the Commission on the Public's Health System. Named for the influential health advocate who died in 2000, the award recognizes "the heroes and sheroes of public health." Congratulations to Agnes for this well-deserved honor.

HHC EMPLOYEE RECEIVES PRESTIGIOUS SLOAN PUBLIC SERVICE AWARD

For the fifth consecutive year, the Fund for the City of New York has selected an HHC employee to receive the prestigious Alfred P. Sloan Public Service Award. This year's honor went to Janice A. Halloran, Network Senior Associate Director of the Department of Emergency Medicine at the North Bronx Healthcare Network. She also serves as Chair of the network and the borough's emergency preparedness programs. Considered to be the "Nobel Prize" of City government, the Sloan Award is presented annually to outstanding civil servants whose accomplishments and commitment to public service are truly extraordinary. Ms. Halloran is one of six winners chosen to receive the award out of 250,000 eligible municipal employees.

Ms. Halloran, who has served HHC with distinction for nearly 25 years, embodies and embraces HHC's Guiding Principles (keep patients first, keep everyone safe, work together, pursue excellence, manage your resources, and keep learning). Her responsibilities include overseeing staff involved in registration, billing, customer service, service recovery, patient flow, patient satisfaction, staff training, and Breakthrough activities. To date, Ms. Halloran has taken part in nearly 30 Breakthrough Rapid Improvement Events (RIEs). Ms. Halloran also recently completed HHC's Advisory Board Leadership Program. She is highly trained in disaster management and serves as the network's primary FDNY liaison. As someone who is on-call at all times of day and night, she is known for her exceptional ability to stay gracious, calm, and collected when it comes to quickly responding to and managing emotionally-charged crisis

situations.

Ms. Halloran will be formally presented with the 2014 Sloan Public Service Award at a celebratory reception to be held by the Fund for the City of New York on June 4, 2014 at the Cooper Union from 5 PM to 7:30 PM. Board members will find an invitation to the event in their board packets. Additional invitations can be requested from HHC Chief of Staff Randall Mark.

Please join me in congratulating Ms. Halloran for her outstanding accomplishments and for this well-deserved recognition.

NATIONAL RECOGNITIONS AT HHC

The month of May includes many days and weeks dedicated to the national recognitions. April 28 through May 2 marked the observance of Patient Experience Week, a chance to recognize the priority that all the HHC employees place on embedding respect and compassion into every patient encounter, ensuring that our patients have valuable and positive experiences. On the week from May 4 to 10 we also acknowledged Corporate Compliance and Ethics Week, celebrating HHC's priority to always deliver quality healthcare in an ethical manner. On May 1, we held HHC's Doctors' Day award ceremony to honor some of the most innovative physician leaders that are part of the HHC network of providers who treat their patients using proven new models of collaborative care delivery. Finally, National Nurses Week, from May 6 through 12, gave us a good opportunity to thank the 8,000 nurses in our system for their vital role at the forefront of today's unprecedented transformation of care. We use these observances as an opportunity to recognize our organizational priorities and thank our dedicated workforce.

RECOGNIZING STAFF; MARÍA LÓPEZ-ROSADO, SPANISH LANGUAGE MEDICAL INTERPRETER

It’s clear that on any given month, there are many, many outstanding HHC volunteers and employees who so deservingly receive formal recognition for their contribution and commitment to excellence.

That list includes:

- Lincoln's Dr. Shahnawaz Amdani, who recently won first place for his oral presentation on Pediatric Trainee Night at the New York Academy of Medicine;
- Vitus Farrell of McKinney Nursing Center, who has led his housekeeping department to excellence and was named Employee of the Month;
- and the Queens Hospital Dept. of Psychiatry ACT II Team, who were recently recognized for making a profound difference in the life of a patient under their

care.

But, as usual, I will end my report by recognizing one special HHC employee….an employee who represents the many others who do outstanding work each and every day and may not have received a formal acknowledgement for their commitment.

Today I want to bring special attention to a person who does not ask for praise for her work. I'm told that she's very modest and maybe even a little shy. But she's very insistent that her patients be well-understood.

I'm speaking of María López-Rosado, an employee of Harlem Hospital who spent countless hours at the bedside of young Oscar Hernandez ……. Who not only survived the horrible blast in Harlem and he embodied what courage really meant.

I first met Maria when she sat next to Oscar's dad during a press conference to update his son's progress and thank our extraordinary care givers at Harlem…. who performed a near miracle to mend Oscars wounds. Since that day, I've had many more updates on Oscar and am happy to report that his recovery is progressing well, and he looks forward to being discharged in a few weeks.

María López-Rosado is not the trauma doctor who saved Oscar's life; she's not one of the nurses who kept him alive and free of infection; and she's not the child life therapist who came to Oscar's room to read and care for him.

María is one of the medical interpreters at Harlem Hospital who made that nightmare for Oscar and Mr. Hernandez just a little easier to bear -- by making sure the entire care team could easily understand him and be understood.

María interprets for patients and visitors in all situations, including high risk and high profile cases. She believes that only when patients and providers understand each other clearly, can the patient's anxieties be minimized. Her care and reliability shows the public what HHC is all about.

Maria is one of thousands of staff who delivers on our commitment to provide culturally and linguistically competent healthcare to New Yorkers every day. It is something we do exceptionally well and something we should be very proud of.

Please join me in thanking María López-Rosado for the outstanding work she does every day for HHC patients.

HHC IN THE NEWS HIGHLIGHTS

Broadcast

Brooklyn teen shot in eye speaks out against gun violence at hospital meeting, Kings County Hospital, Dr. Robert Gore, KAVI, NY1, WABC, WCBS, WPIX, News 12 Brooklyn, 5/17/14

Health and Wellness Big Topics at Todt Hill Gathering, Dr. Ram Raju, President, NY1, 4/24/14

Asthma Awareness, Dr. Raghu Loganathan, Lincoln, News 12 Bronx, 5/15/14

Ambulances to Bypass Long Island College Hospital Starting At Midnight, Kings County, WCBS, 5/14/14

Kings County Hospital offers mental health services to residents, Dr. Roumen Nikolov, Kings County, News 12 Brooklyn, 5/12/14

Former Bellevue Hospital Center Psychiatrist Restoring Vandalized Statues, WCBS, 5/3/14

Print

Brooklyn teen shot in eye speaks out against gun violence at hospital meeting, Kings County, New York Daily News, 5/18/14

Weekend Gun Report: May 16-18, 2014, Kings County, The New York Times, 5/19/14

Why New York Worked, Dr. Arnold Saperstein, MetroPlus, Capital New York, 4/29/14

50 Most Influential Physician Executives, Dr. Ram Raju, President, Modern Healthcare, May 2014

Health campaign: Your mammogram can be a lifesaver, HHC's breast cancer awareness campaign, Ragan's Health Care Communication News, 5/21/14

The Silence of Doctors Around Alzheimer's, Dr. Danielle Ofri, Bellevue, The New York Times, 5/8/14

Manhattan Borough Students Lift Patient Spirits Through Artwork at Coney Island Hospital, Terry Mancher, Chief Nursing Officer, Sheepshead Bites, 5/14/14

HHC Signs Five-Year Contact to Use UpToDate Anywhere, Crain's Health Pulse, 5/6/14

Technology Insights to Help Hospitals Navigate the 'Perfect Storm', Bert Robles, Senior VP and Corporate CIO, HHC, Forbes, 4/30/14

HHC Urges Harlem Residents To Get a Mammogram, Harlem World, 5/2/14

Roseanne Cousins At Harlem Hospital Wins National Doctors Day Award, Harlem World, 5/1/14

Queens Impact Awards: His influence on the medical community is felt around the country, Dr. Joseph Lieber, Elmhurst, Times Ledger, 5/12/14

Slow zones to cut speed to 25 mph on Northern, Queens boulevards, Dr. Kaushal Shah, Elmhurst, TimesLedger, 5/9/14

Top Women in Business 2014, Dr. Jasmin Moshirpur, Medical Director, Elmhurst, QueensCourier.com, 5/13/14

Lincoln Medical Center Opens World-Class ED, Dr. Fernando Jara, Lincoln, Bronx Free Press, 5/14/14 (Also covered in Bronx Times Reporter)

Information about colon cancer for men and women, Dr. Elliott J. Goytia, Queens, El Especialito, 4/10/14

APPROVED: May 22, 2014

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an extension of Affiliation Agreement with the New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Woodhull Medical and Mental Health Center ("Woodhull") and Cumberland Diagnostic and Treatment Center ("Cumberland") for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement;

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

WHEREAS, the Corporation has entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided General Care and Behavioral Health Services at Corporation facilities; and

WHEREAS, the current Affiliation Agreement with NYUSOM, to provide General Care and Behavioral Health Services at Woodhull and Cumberland expires on June 30, 2014; and

WHEREAS, prior to the expiration date, the Corporation recognized the need to revise the current agreement to provide improved contract management and service delivery; and

WHEREAS, it is necessary for the President to have the managerial flexibility to insure that the rights of the Corporation remain protected during the negotiation process; and

WHEREAS, a summary of the financial terms of the extension is set forth in Attachment A; and

WHEREAS, the Community Advisory Boards of Woodhull and Cumberland have been consulted and apprised of such proposed extension; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that NYUSOM continue to provide General Care and Behavioral Health Services at Woodhull Center and Cumberland.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation is hereby authorized to negotiate and execute an Affiliation Agreement with New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Woodhull Medical and Mental Health Center("Woodhull") and Cumberland Diagnostic and Treatment

Center ("Cumberland") for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A; to provide the parties adequate time to conclude negotiations for a new agreement; and

BE IT FURTHER RESOLVED, that the President is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

ATTACHMENT A

Summary of Financial Terms and Conditions for the Fiscal Year 2015 Contract Extension

Facility	Annualized Cash Rate
Woodhull Medical & Mental Health Center	**$97,427,796**
Cumberland Diagnostic and Treatment Center	**$4,010,116**
Total	**$101,437,912**

- The Affiliate payment will continue to be based on the current cost based compensation reimbursement methodology.

- Payments are subject to adjustment due to new initiatives, expanded programs or services, elimination or downsizing of programs or services, market recruitment, retention-based salary adjustments, service grant reimbursement, contractual adjustments and/or designated programs consistent with the terms of the agreement.

- As per policy the Joint Oversight Committee, and as applicable the Corporation, must approve all changes to the budget.

- The amounts reported above exclude additional compensation (up to $2,000,000) for achieving compliance with specific performance indicators.

- The figures reported above assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-party payer developments.

- The Corporation retains the right to bill all patients and third-party payers for services rendered.

APPROVED: May 22, 2014

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an extension of the Affiliation Agreement with New York University School of Medicine ("NYUSOM") for the provision of General Care Health Services at Coler Specialty Hospital and Nursing Facility ("Coler") and Henry J. Carter Specialty Hospital and Nursing Facility ("Carter"),for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement;

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

WHEREAS, the Corporation has for some years entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided General Care and Behavioral Health Services at Corporation facilities; and

WHEREAS, the current Affiliation Agreement with NYUSOM to provide General Care Services at Coler and Carter expires on June 30, 2014; and

WHEREAS, prior to the expiration date, the Corporation recognized the need to revise the current agreement to provide improved contract management and service delivery; and

WHEREAS, it is necessary for the President to have the managerial flexibility to insure that the rights of the Corporation remain protected during the negotiation process; and

WHEREAS, a summary of the financial terms of the extension is set forth in Attachment A; and

WHEREAS, the respective Community Advisory Boards of Coler and Carter have been consulted and apprised of such proposed general terms and conditions; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that NYUSOM continue to provide General Care Health Services at Coler and Carter.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation ("the Corporation") is hereby authorized to negotiate and execute an extension to the Affiliation Agreement with New York University School of Medicine ("NYUSOM") for the provision of

General Care Health Services at Coler Specialty Hospital and Nursing Facility ("Coler") and Henry J. Carter Specialty Hospital and Nursing Facility ("Carter"), for a period of one year, commencing on July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement; and

BE IT FURTHER RESOLVED that the President is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

ATTACHMENT A

Summary of Financial Terms and Conditions Contract Extension

Coler Specialty Hospital and Nursing Facility
Henry J. Carter Specialty Hospital and Nursing Facility

Fiscal Year	Annualized Cash Rate
FY 2015	$24,500,000

- Affiliate payment will continue to be based on the current cost based compensation reimbursement methodology.
- Payments are subject to adjustment due to new initiatives, expanded programs or services, elimination or downsizing of programs or services, market recruitment, retention-based salary adjustments, service grant reimbursement, contractual adjustments and/or designated programs consistent with the terms of the agreement.
- As per policy the Joint Oversight Committee, and as applicable the Corporation, must approve all changes to the budget.
- The amount reported above excludes addition compensation (up to $498,000) for achieving compliance with specific performance indicators.
- The figures reported above assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-party payer developments.
- The Corporation retains the right to bill all patients and third-party payers for services rendered.

APPROVED: May 22, 2014

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an extension of the Affiliation Agreement with the New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Bellevue Hospital Center ("Bellevue") and Gouverneur Healthcare Services ("Gouverneur") for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement;

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

WHEREAS, the Corporation has entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided General Care and Behavioral Health Services at Corporation facilities; and

WHEREAS, the current Affiliation Agreement with NYUSOM, to provide General Care and Behavioral Health Services at Bellevue and Gouverneur expires on June 30, 2014; and

WHEREAS, prior to the expiration date, the Corporation recognized the need to revise the current agreement to provide improved contract management and service delivery; and

WHEREAS, it is necessary for the President to have the managerial flexibility to insure that the rights of the Corporation remain protected during the negotiation process; and

WHEREAS, a summary of the financial terms of the extension is set forth in Attachment A; and

WHEREAS, the Community Advisory Boards of Bellevue and Gouverneur have been consulted and apprised of such proposed extension; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that NYUSOM continue to provide General Care and Behavioral Health Services at Bellevue and Gouverneur.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation is hereby authorized to negotiate and execute an extension of the Affiliation Agreement with New York University School of Medicine ("NYUSOM) for the provision of General Care and Behavioral

Health Services Bellevue Hospital Center ("Bellevue") and Gouverneur Healthcare Services ("Gouverneur"), for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A; to provide the parties adequate time to conclude negotiations for a new agreement; and

BE IT FURTHER RESOLVED, that the President is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

ATTACHMENT A

Summary of Financial Terms and Conditions for the Fiscal Year 2015 Contract Extension

Facility	Annualized Cash Rate
Bellevue Hospital Center	**$146,350,000**
Gouverneur Healthcare Services	**$9,800,000**
Total	**$156,150,000**

- Affiliate payment will continue to be based on the current Relative Value Unit methodology (RVU) except for certain services such as Anesthesia, Pathology, Radiology, Psychiatry and services at Gouverneur. The RVU model ensures that payments to the Affiliate will correlate with actual workload. RVUs are a nationally recognized methodology used to measure the resources utilized in providing health care services per patient encounter. RVUs account for a patient's severity of illness and the length and intensity of care provided by a provider.

- Payment to the Affiliate is subject to adjustment due to changes in workload, new initiatives, expanded programs or services, elimination or downsizing of programs or services, market recruitment, retention-based salary adjustments, service grant reimbursement, contractual adjustments and/or designated programs consistent with the terms of the agreement.

- As per policy the Joint Oversight Committee, and as applicable the Corporation, must approve all changes to the budget.

- The amounts reported above exclude additional compensation (up to $2,400,000) for achieving compliance with specific performance indicators.

- The budget figures reported assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-party payer developments.

- The Corporation retains the right to bill all patients and third-party payers for services rendered.

RESOLUTION

Authorizing the President to negotiate and execute a contract extension between the New York City Health and Hospitals Corporation ("HHC" or the "Corporation") and Base Tactical Disaster Recovery, Inc. ("Base Tactical") to provide expert consulting services for disaster recovery, project management, and filing claims for reimbursement from the Federal Emergency Management Agency ("FEMA") for expenses incurred by the Corporation in connection with damages caused by Superstorm Sandy. The extension will be for a term of 12 months commencing August 1, 2014 through July 31, 2015, with one option to extend for an additional 12 months exercisable solely by the Corporation for an amount not to exceed $2,590,600.

WHEREAS, on October 29, 2012 Superstorm Sandy caused substantial damage to numerous HHC facilities, which required the evacuation of all patients and staff from Bellevue Hospital Center and Coney Island Hospital; and

WHEREAS, the President of HHC issued a Declaration of Emergency and directed that repairs and replacement of facility assets necessary to have the facilities resume providing medical care to their respective communities be carried out immediately; and

WHEREAS, a Request for Proposals was issued November 23, 2012 and Base Tactical was the highest rated respondent and was awarded the contract for the period of February 1, 2013 through July 31, 2014; and

WHEREAS, said contact is expiring and a change of vendors at this time would jeopardize the Corporation's ability to fully recoup its expenses and to maximize its mitigation funding for the facilities impacted by Superstorm Sandy; and

WHEREAS, the extension of the Base Tactical contract will enable the Corporation to secure FEMA obligations, identify appropriate solutions to harden HHC facilities' physical structures so that they can resist future storms and proceed with their reconstruction; and

WHEREAS, the Executive Vice President and Chief Operating Officer of the Corporation shall be responsible for the overall management, monitoring and enforcement of the contract extension.

NOW, THEREFORE be it

RESOLVED, that the President be and hereby is authorized to negotiate and execute a contract extension between the New York City Health and Hospitals Corporation and Base Tactical Disaster Recovery, Inc. to provide expert consulting services for disaster recovery, project management, and filing claims for reimbursement from the Federal Emergency Management Agency for expenses incurred by the Corporation in connection with damages caused by Superstorm Sandy. The extension will be for a term of 12 months commencing August 1, 2014 through July 31, 2015, with one option to extend for an additional 12 months exercisable solely by the Corporation for an amount not to exceed $2,590,600.

APPROVED: May 22, 2014

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("Corporation") to negotiate and execute an agreement with BSI Healthcare Audit Services LLC ("BSI") to provide the Corporation with payment recapture/recovery services and to improve the Corporation's ability to detect, recover and prevent future improper payments on a contingency basis, at a fee of 17% of net recoveries. The contract is for an initial term of three (3) years with an option to extend for up to two additional one-year terms, solely exercisable by the Corporation.

WHEREAS, gaining control of potential revenue leakage, improving financial transparency and eliminating fraud are paramount to sustaining the Corporation's operations; and

WHEREAS, healthcare and government entities generally can discover payments in excess of contractual requirements through audit techniques using sophisticated computer-auditing methods; and

WHEREAS, the Corporation recognizes that it requires the services of a firm experienced in healthcare recovery services and risk assessment;

WHEREAS, the Corporation issued a Request For Expression of Interest, and, as a result of the Corporation's evaluation process, determined that BSI's proposal best meets the requirements of the solicitation and would be most advantageous to the Corporation; and

WHEREAS, the overall responsibility for managing and monitoring the contract shall be under the Senior Vice President/CFO and the Corporate Comptroller.

NOW, THEREFORE, Be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation ("Corporation") be and hereby is authorized to negotiate and execute an agreement with to negotiate and execute an agreement with BSI Healthcare Audit Services LLC ("BSI") to provide the Corporation with payment recapture/recovery services and to improve the Corporation's ability to detect, recover and prevent future improper payments on a contingency basis, at a fee of 17% of net recoveries. The contract is for an initial term of three (3) years with an option to extend for up to two additional one-year terms, solely exercisable by the Corporation.

APPROVED: May 22, 2014

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a five year revocable license agreement with Bellevue Day Care Center, Inc. (the "Licensee") for the use and occupancy of 3,031 square feet in the C&D Building at Bellevue Hospital Center (the "Facility") in which to operate a daycare center at no charge to the Licensee.

WHEREAS, the Licensee is a not-for profit organization created in 1971 by the three auxiliary organizations to Bellevue, and is experienced in the provision of childcare services to Bellevue Hospital employees and the New York City community; and

WHEREAS, since 2001, the Licensee has provided childcare services to the Facility's employees and the New York City community from the Facility's C&D Building under a succession of license agreements with the Corporation; and

WHEREAS, in November 2009 the Board of Directors of the Corporation authorized a license agreement with the Licensee which will expire on June 30, 2014; and

WHEREAS, the Facility has determined that there continues to be a shortage of on-site childcare for its employees; and

WHEREAS, the Corporation recognizes the benefit conferred upon it by having the Licensee's program located on the Facility's campus; and

WHEREAS, the Corporation desires to allow the Licensee to continue to occupy space at the Facility and operate its childcare center;

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and hereby is authorized to execute a five year revocable license agreement with Bellevue Day Care Center, Inc. for the use and occupancy of 3,031 square feet in the C&D Building at Bellevue Hospital Center in which to operate a daycare center at no charge to the Licensee.

TERMS:

Bellevue Day Care will be granted the continued use and occupancy of approximately 3,031 square feet of space in the C&D Building. The occupancy fee will be waived. Bellevue will provide electricity, hot and cold water, heating, air conditioning, refuse removal and structural maintenance. Bellevue Day Care will be responsible for housekeeping, food service, routine maintenance and security.

Bellevue Day Care will be required to indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of its use of the Licenses Space and will provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement will not exceed five (5) years without further authorization by the Board of Directors of the Corporation and will be revocable by either party upon ninety (90) days prior written notice.

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.

EXECUTIVE SUMMARY

Article 57-A of the Arts and Cultural Affairs Law (Local Government Law) prohibits officers of public benefit corporations, such as the New York City Health and Hospitals Corporation ("HHC"), from destroying or otherwise disposing of records without the consent of the Commissioner of the New York State Education Department (the "Commissioner").

Pursuant to Arts and Cultural Affairs Law § 57.25[2], the Commissioner has formally consented to the disposition of records held by 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 (hereinafter referred to as "Schedule MI-1"). As such, as set forth under Arts and Cultural Affairs Law § 57.25[2] and its implementing regulations found at 8 NYCRR § 185.4[b] and 185.5[a][2], HHC may legally dispose of those records generated and kept in the normal course of business that have satisfied the retention periods set by Schedule MI-1 provided that HHC's governing body adopts Schedule MI-1 by formal resolution.

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.*

The OCC now respectfully seeks the formal adoption of the applicable provisions of Schedule MI-1 by the Audit Committee of the HHC Board of Directors, and the subsequent adoption of the same by the HHC Board of Directors on June 26, 2014, to serve as HHC's official records retention and disposition schedule.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
RECORDS RETENTION AND DISPOSAL SCHEDULE[1]

Revised June 2, 2014

[1] 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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INTRODUCTION

I. HOW TO USE THE SCHEDULE[2]

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.

[2] 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 devise 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."

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.

Rev.2006

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**

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♦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.

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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:

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 precanvass 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: I 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.

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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].

EXECUTIVE SUMMARY

Pursuant to Arts and Cultural Affairs Law §§ 57.17[1] and 57.19, and its implementing regulations found at 8 NYCRR § 185.2[a][1], all local government public benefit corporations ("public benefit corporations"), which includes HHC, are required to designate a records management officer ("RMO") who will be responsible for developing and coordinating the public benefit corporation's records management program. Section 57.19 of the Arts and Cultural Affairs Law calls for the chief executive official of each public benefit corporation to designate a records management officer, subject to the approval of the public benefit corporation's governing body.

Wayne A. McNulty, Senior Assistant Vice President and Chief Corporate Compliance Officer ("CCO"), Office of Corporate Compliance ("OCC"), has selected William Gurin, Deputy Corporate Compliance Officer ("DCCO"), OCC, to serve as HHC's RMO. HHC's President and Chief Executive Officer Ramanathan Raju, M.D., concurred with Mr. McNulty's selection and designated Mr. Gurin to serve as HHC's RMO.

As DCCO, Mr. Gurin currently provides senior executive compliance oversight of HHC's HIPAA Privacy/Security and Records Management Programs. In this role, Mr. Gurin serves HHC's HIPAA Privacy Officer and Security Officer, which are two distinct functional designations required under federal privacy regulations. Mr. Gurin also oversees and manages the compliance activities in HHC's South Manhattan Health Network ("SMHN"), which includes Bellevue Hospital Center; Metropolitan Hospital Center; Coler-Carter Specialty Hospital and Nursing Facility (previously Coler-Goldwater); and Gouverneur Healthcare Services.

Prior to Mr. Gurin's current role, he served as an Executive Compliance Officer ("ECO"), OCC, in the SMHN from February 2012 to June 2014. As an ECO, Mr. Gurin provided oversight of SMHN's compliance activities, including conducting annual risk assessments; reviewing and responding to potential compliance issues and complaints; ensuring completion of compliance training for affected employees; and reporting SMHN compliance activities to the CCO.

Before joining HHC, Mr. Gurin's past positions included serving as an Assistant District Attorney and Chief of the Economic Crimes and Arson Bureau in the Office of the Kings County District Attorney; Assistant United States Attorney and Deputy Chief of General Crimes Bureau for the United States Attorney's Office for the Eastern District of New York; Assistant Attorney General in the New York State Office of the Attorney General; and the Fraud Inspector General for the New York State Workers' Compensation Board.

As a federal and state prosecutor for more than thirty-five years, Mr. Gurin has extensive experience in the investigation and prosecution of healthcare fraud that includes, among other crimes, organized crime cases involving fraudulent healthcare billing, Medicaid and Medicare fraud, and the laundering of stolen healthcare funds. As Fraud Inspector General at the New York State Workers' Compensation Board, Mr. Gurin was responsible for identifying and

addressing regulatory and administrative violations in addition to directing investigations of providers and claimants engaged in the commission of healthcare fraud.

Mr. Gurin holds a Bachelor of Arts degree in Political Science and Psychology from The City College of The City University of New York, a Master of Arts degree in Political Science from Columbia University School of Arts and Sciences, and a Juris Doctor degree from Brooklyn Law School. He is admitted to practice law before the courts of New York State and the United States District Court for the Eastern and Southern Districts of New York.

Based on Mr. Gurin's qualifications provided hereinabove, he is qualified to carry out the functions of the RMO as set forth under applicable law. With the approval today by Audit Committee of the HHC Board of Directors ("Audit Committee") and the subsequent approval by the HHC Board of Directors on June 26, 2014, Mr. Gurin will be officially designated to serve as HHC's RMO.

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 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. 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 120th 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 120th 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 120th 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.

METROPOLITAN HOSPITAL CENTER
413 EAST 120TH STREET
LA CLINICA DEL BARRIO, BOROUGH OF MANHATTAN

OVERVIEW: The President seeks authorization from of the Board of Directors to execute five successive one-year revocable license agreements with the New York City Human Resources Administration ("HRA") for the continued use and occupancy of space at 413 East 120th Street, New York, for La Clinica del Barrio operated by Metropolitan Hospital Center.

NEED/PROGRAM: La Clinica has been providing health care services to the East Harlem community since 2003. The primary care services provided at the site include family practice, pediatrics, internal medicine, OB/GYN, immunization, and family planning. In addition to primary care, Metropolitan administers a mental health outpatient program for adults and children at the site and also a new maternal/infant health program.

TERMS: The Corporation will be have the continued use and occupancy of approximately 2,738 sq. ft. on the first floor of the building. The Corporation shall pay a base occupancy fee of $23/sq. ft., a $2/sq. ft. utility surcharge, and a cooling season surcharge of $1/sq. ft. from June through September, resulting in an additional charge of about $912/year for an annual total of $69,362. In addition to occupancy fee, utility charges and cooling season charges, the Corporation will also pay overtime for the building's boiler engineer, security guard and custodian to work on Saturday calculated together at $100/ hour but prorated based upon the number of other occupants using the building on Saturdays. The Corporation will pay not more than $25,000/year for use of the clinic on Saturdays with the actual amount depending on total building occupancy. The total occupancy fee to be paid over the five years authorized shall not exceed $471,810.

HRA will provide hot and cold water, utilities, housekeeping, security and rubbish removal at no further charge. HRA will also be responsible for maintenance, structural and non-structural repairs to the building, unless such repairs are the result of the negligence of the Corporation, its employees or invitees.

HRA's practice is to give only one-year license agreements and to offer new agreements to its licensees annually. The authority granted by this resolution will permit the President to sign five successive one-year license agreements The License Agreements will be revocable by either party on thirty days' notice.

FINANCING: Revenues derived from self-pay and third-party payers.

SUMMARY OF ECONOMIC TERMS

SITE:	413 East 120th Street Borough of Manhattan
LANDLORD:	City of New York, Human Resources Administration (HRA)
SIZE:	2,738 square feet
TERM:	No more than five successive one-year agreements without further approval by the Board of Directors. Revocable by either party on thirty days' notice.
RENT:	$23 per square foot occupancy fee, $2 per square foot utility surcharge, $1 per square foot seasonal cooling charge, maximum not-to-exceed of $25,000 per year for Saturday operation depending upon pro-rata portion based upon total building occupancy The total occupancy fee to be paid over the five years authorized shall not exceed $471,810.
UTILITIES/ MAINTENANCE:	Licensor shall provide hot and cold water, utilities, housekeeping, rubbish removal, structural and non-structural repairs, and security.

METROPOLITAN HOSPITAL CENTER
LA CLINICA - PRIMARY CARE CLINIC - EAST HARLEM
413 EAST 120TH STREET, NEW YORK, NY 10035
INCOME STATEMENT PRO-FORMA

			EXPENDITURES						
			FYTD14 THRU 4/30/2014	FY14 PROJECTED THRU 6/30/2014	FY15	FY16	FY17	FY18	FY19
PERSONAL SERVICES (PS)									
TITLE		FTE							
Asst. Coord. Mgr.		1.00	$24,699	$45,039	$45,490	$45,945	$46,404	$46,868	$47,337
Asst. Director		1.00	$72,462	$94,460	$95,405	$96,359	$97,322	$98,295	$99,278
Asst. Head Nurse		1.00	$84,719	$100,397	$101,401	$102,415	$103,439	$104,474	$105,519
Attendings		3.24	$367,052	$403,757	$403,757	$403,757	$403,757	$403,757	$403,757
Clerical		2.00	$67,999	$80,583	$81,389	$82,203	$83,025	$83,855	$84,693
Head Nurse		1.00	$78,542	$93,077	$94,007	$94,947	$95,897	$96,856	$97,824
LPNs		2.00	$56,393	$83,170	$84,002	$84,842	$85,690	$86,547	$87,412
Midwives		0.75	$52,165	$57,382	$57,382	$57,382	$57,382	$57,382	$57,382
PCAs		1.00	$33,055	$39,172	$39,564	$39,960	$40,359	$40,763	$41,171
Public Health Educator		0.02	$6,034	$7,150	$7,222	$7,294	$7,367	$7,441	$7,515
RNs		0.00	$0	$0	$0	$0	$0	$0	$0
Service Aide		0.00	$29,006	$36,127	$36,488	$36,853	$37,221	$37,594	$37,970
Social Worker		0.08	$11,825	$14,014	$14,154	$14,296	$14,438	$14,583	$14,729
SUB-TOTAL HHC STAFF		*9.10*	*$464,734*	*$593,189*	*$599,121*	*$605,112*	*$611,164*	*$617,275*	*$623,448*
FRINGE BENEFIT RATE:	*57.21%*		*$265,874*	*$339,364*	*$342,757*	*$346,185*	*$349,647*	*$353,143*	*$356,675*
TOTAL HHC STAFF			*$730,608*	*$932,553*	*$941,878*	*$951,297*	*$960,811*	*$970,418*	*$980,123*
SUB-TOTAL AFFIL STAFF		*3.99*	*$384,283*	*$461,139*	*$461,139*	*$461,139*	*$461,139*	*$461,139*	*$461,139*
AFFIL F.B. RATE	*19.00%*		*$64,715*	*$77,658*	*$77,658*	*$77,658*	*$77,658*	*$77,658*	*$77,658*
AFFIL OVERHEAD	*2.50%*		*$11,225*	*$13,470*	*$13,470*	*$13,470*	*$13,470*	*$13,470*	*$13,470*
AFFIL FPP CARVEOUT			*-$55,403*	*-$66,483*	*-$66,483*	*-$66,483*	*-$66,483*	*-$66,483*	*-$66,483*
TOTAL AFFIL STAFF EXPENSE			*$404,820*	*$485,784*	*$485,784*	*$485,784*	*$485,784*	*$485,784*	*$485,784*
TOTAL PS SERVICES		*13.09*	*$1,135,428*	*$1,418,337*	*$1,427,662*	*$1,437,081*	*$1,446,594*	*$1,456,202*	*$1,465,907*
OTHER THAN PERSONNEL SERVICES (OTPS)									
CATEGORY	DESCRIPTION								
MED/SURG. SUPPLIES			$5,281	$6,338	$6,473	$6,612	$6,753	$6,898	$7,046
OFFICE & ADMIN. SUPPLIES			$810	$972	$993	$1,014	$1,036	$1,058	$1,081
NON-MED/NON SURG. SUPPLIES			$2,035	$2,441	$2,494	$2,547	$2,602	$2,657	$2,714
TELECOMMUNICATIONS			$489	$587	$599	$612	$625	$638	$652
PURCHASED SERVICES			$182	$218	$223	$228	$233	$238	$243
RENT/LEASE PAYMENTS			$66,055	$79,266	$94,362	$94,362	$94,362	$94,362	$94,362
OTHER			$6,865	$8,238	$8,414	$8,594	$8,778	$8,966	$9,158
TOTAL OTPS			*$81,717*	*$98,061*	*$113,558*	*$113,969*	*$114,389*	*$114,817*	*$115,255*
TOTOAL DIRECT EXPENSES			*$1,217,145*	*$1,516,398*	*$1,541,220*	*$1,551,050*	*$1,560,983*	*$1,571,019*	*$1,581,162*
TOTAL EXPENSE			*$1,217,145*	*$1,516,398*	*$1,541,220*	*$1,551,050*	*$1,560,983*	*$1,571,019*	*$1,581,162*
			REVENUE						
THIRD PARTY REVENUE									
CAPITATION			$487,500	$585,000	$677,574	$772,925	$871,137	$972,295	$1,076,488
COMMERCIAL MANAGED CARE			$51,892	$66,178	$62,392	$55,480	$55,203	$55,203	$55,203
COMMERICAL			$51,646	$65,990	$62,040	$54,938	$54,653	$54,653	$54,653
MEDICAID			$35,294	$45,053	$41,670	$37,639	$37,447	$37,447	$37,447
MEDICAID MANAGED CARE			$373,193	$476,384	$440,611	$397,989	$395,960	$395,960	$395,960
MEDICARE			$30,870	$39,406	$36,447	$32,921	$32,753	$32,753	$32,753
MEDICARE MANAGED CARE			$142,178	$181,491	$167,862	$151,625	$150,852	$150,852	$150,852
SELF PAY			$44,572	$56,896	$52,624	$47,533	$47,291	$47,291	$47,291
OTHER			$0	$0	$0	$0	$0	$0	$0
TOTAL REVENUE:			*$1,217,145*	*$1,516,398*	*$1,541,220*	*$1,551,050*	*$1,645,295*	*$1,746,453*	*$1,850,646*
NET GAIN/(LOSS)			*$0*	*$0*	*$0*	*$0*	*$84,312*	*$175,434*	*$269,485*

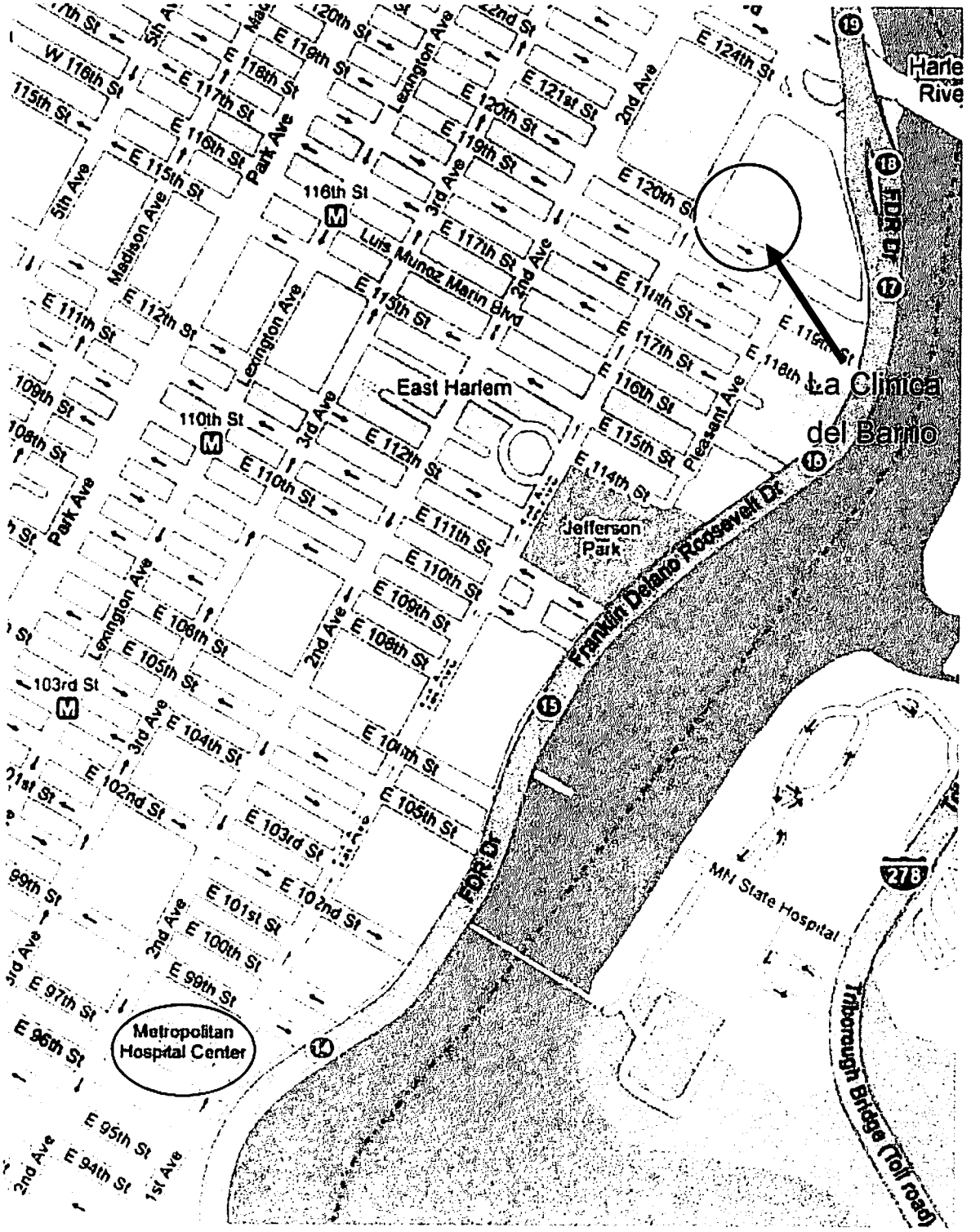
(1) Clinic visit activity is based on historical activity of 9,200 visits and a average annual growth rate of 3%.

Metropolitan Hospital Center

La Clinica del Barrio

413 East 120th Street, New York, New York

(approximately 1.2 miles from the facility)



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.

EXECUTIVE SUMMARY
NORTH BROOKLYN HEALTHCARE NETWORK
WILLIAMSBURG COMMUNITY HEALTH CENTER
279 GRAHAM AVENUE
BOROUGH OF THE BROOKLYN

OVERVIEW: The President seeks authorization from the Board of Directors of the Corporation to execute a lease extension agreement with Welner Associates for space at 279 Graham Avenue, Borough of Brooklyn, to house the Williamsburg Community Health Center ("Health Center"), operated by Woodhull Medical and Mental Health Center. The site also houses a Child Health Practice operated by the Cumberland Diagnostic and Treatment Center.

NEED/PROGRAM: The Health Center is a community-based site that has been providing primary care services since 1994. The services provided include pediatrics, adolescent and adult gynecology, obstetrics, family planning, post-partum and well-baby counseling, and HIV counseling. 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. The Health Center has been selected to participate in the N.Y. State Hospital-Medical Home Demonstration Program. Under the program, residents will be sent to the site as part of their primary care training. The Health Center's operating hours are Mondays 11:30 am to 8:00 PM; Tuesday through Friday 8:30 am to 5:00 pm

UTILIZATION: For the FY 2013, the Health Center provided approximately 8,811 visits.

TERMS: The Tenant will continue to occupy approximately 10,900 square feet of space comprising the entire floor area of the two-story building at 279 Graham Avenue (the "Demised Premises"). The lease will contain an initial term of five years with one five-year renewal option exclusive to the Tenant. The base rent will be $41 per square foot or $446,900 per year. The base rent will be escalated by 3.5% per year. The rent for the option period shall be set at 3.5% above the rent for the final year of the initial term and escalate 3.5% per year during the option term. The Corporation shall exercise the option to extend the term of the lease only with the further authorization of the Corporation's Board of Directors and such authorization shall be requested not less than one year prior to the date for the exercise of such option.

The Landlord will be responsible for structural repairs and maintenance including the roof. The Tenant will be responsible for non-structural repairs and maintenance not caused by the Landlord's negligence. Cleaning and housekeeping will be the Tenant's responsibility.

The Tenant will be responsible for the payment of real estate taxes of approximately $72,000 per year, water and sewer rents, gas, and electricity.

SUMMARY OF ECONOMIC TERMS

SITE:	279 Graham Avenue Brooklyn, New York 11211 Block 2782, Lot 24
LANDLORD:	Welner Associates 127-09 91st Avenue Bronx, NY 11418
INITIAL TERM:	Five years
FLOOR AREA:	Approximately 10,900 square feet
RENEWAL OPTIONS:	One five year option exercisable only with prior Board approval
BASE RENT:	$41 per square foot or$446,900 per year. Total 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.
ESCALATION:	3.5% per year during initial term and option period
UTILITIES:	Tenant is responsible for payment for electricity, gas, and water and sewer rents
REAL ESTATE TAXES:	Tenant is responsible for payment of real estate taxes of approximately $72,000 per year
REPAIRS/ MAINTENANCE:	The Tenant will be responsible for non-structural maintenance and repairs not caused by the Landlord's negligence. The Landlord will be responsible for structural maintenance and repair including roof, gutters, foundation and utility supple lines. Cleaning and housekeeping will be the Tenant's responsibility.

NORTH BROOKLYN HEALTH NETWORK
WOODHULL MEDICAL CENTER
WILLIAMSBURG ADULT HEALTH CENTER
279 GRAHAM AVENUE, BROOKLYN, NY 11206
INCOME STATEMENT PRO-FORMA

		FY2013	EST. FY 2014
REVENUE:			
3rd Party Payer			
	Medicaid	$ 288,870	$ 266,236
	Medicare	91,135	89,910
	Managed Care	26,446	35,704
	Self Pay	12,834	7,020
	HHC Options	28,626	20,963
	Capitation	950,000	950,000
	Subtotal 3rd Party Payers	1,397,911	1,369,832
Grants			
	WIC Program	141,137	140,381
	Child Health Practice - City Council	509,897	500,069
	Subtotal Grants	651,035	640,450
Total Revenue		**$ 2,048,946**	**$ 2,010,283**
EXPENSES:			
Personnel Services			
	FTEs		
Nursing	7.15	$ 333,487	$ 387,300
Clerical	3.00	104,237	106,861
Support Staff	6.00	234,268	262,819
Administration	2.00	176,201	209,668
Providers - Non NYU Affilial	2.00	183,551	209,671
WIC Program Staff	2.00	91,588	91,192
Child Health Practice Staff	3.00	171,180	164,973
Subtotal Personnel Services		1,294,512	1,432,484
Affiliations		391,468	391,468
Total Personnel Services		**1,685,980**	**1,823,952**
Fringes			
HHC Staff	FY 13- 53.9% ,FY 14- 54.1%	700,331	772,109
Affiliations		121,065	121,065
Total Fringes		**821,396**	**893,174**
Other Than Personal Services			
Central Services & Supply		10,521	10,521
Rent		174,354	181,328
Real Estate Taxes etc.		81,666	96,000
Total Other Than Personnel Services		**266,541**	**287,849**
Overhead			
Maintenance & Repairs		80,646	80,646
Operation of Plant		194,041	194,041
Medical Records & Library		0	0
Total Overhead		274,686	274,686
Total Expenses (with Overhead)		**$ 3,048,603**	**$ 3,279,661**
NET GAIN/(LOSS)		**$ (999,657)**	**$ (1,269,378)**

SAVITT PARTNERS

February 28, 2014

Mr. Dion Wilson
Office of Facilities Development, Real Estate
NYC Health and Hospitals Corporation
346 Broadway, 12 West
New York, 10013

Re: Fair Market Value/appraisal of 279 Graham Avenue, Brooklyn, New York, a satellite office of Woodhull Medical Center
On behalf of NYC Health & Hospitals Corporation

Dear Dion:

Pursuant to your request, the referenced property was inspected on Friday, January 17, 2014 in order to assess its fair market value, specifically regarding the renewal terms presented by the landlord, David Weiner of Weiner Associates. This assessment is inclusive of the value of the tenant improvements, CAM charges, if any, and real estate taxes and assumes that other operating expenses are directly procured by the tenant unless indicated otherwise. This evaluation is subject to the following:

- The unit is currently occupied and zoned for use as a medical office.
- The lease expires 6/30/2014.
- The landlord has proposed renewal terms for a five year period with 4% escalations per annum and one five-year renewal options.
- The unit is approximately 10,900RSF.
- This evaluation is for the purpose of a lease renewal.

Medical offices in this area are typically situated in stand-alone buildings or retail "tax payers" used for various commercial purposes. Rents for turn-key (ready to use), generally retail medical space range from approximately $25 -$35 per rentable square foot with a median price of $30/RSF. This is typically a 'net' rent, with tenant responsible for taxes, water, sewer and utilities. Older, retrofitted and side street medical spaces garner the lower rents with the larger mall-type spaces and newly constructed spaces receiving higher rents. These higher rent properties typically offer more amenities, i.e., on-site property management, parking, security, etc. Most of the opportunities for medical office space in these markets are for undeveloped offices in small commercial buildings or retail sites, which will require extensive capital improvements. The premises being evaluated is considered retail and was a theater prior to its existing medical use.

Current market conditions for these types of spaces provide for minimal landlord concessions. Additionally retail transactions do not provide for landlord concessions other than rent abatements, which are not usually applicable in a renewal, although always negotiable. Most of

the opportunities for medical office space in these markets are for undeveloped offices in commercial buildings or retail strips, where the tenant will be offered few concessions by the landlord despite market conditions denoting more of a "tenant's market" . Concessions are minimal and landlords have been inflexible; preferring to see current market conditions as a prelude to a return to stability. Rents in general have improved over the past two years and are expected to continue to do so well into 2014. Brooklyn has also seen significant rent support as areas within the borough continue to "gentrify".

This requires that the tenant improvements be provided greater weight as an overall factor in the assessment of the FMV rental due to the cost associated with relocation; relocating, or rebuilding with new construction, would entail an up-front expense of no less than $150/RSF or approximately $1,635,000.00 for construction. Despite possible lower rents opportunities in the same market area this expense cannot be appropriately amortized over the proposed renewal term of 10 years.

The referenced medical office is a retail tenant user located in the eastern section of the Williamsburg neighborhood of Brooklyn, just east of the Brooklyn-Queens Expressway. The neighborhood consists of moderately priced one- and two-family houses, both single and attached, higher end luxury condos and full-service rental properties, as well as small apartment buildings. It is also near both the subway (L train) and surface transportation along. On-site is available in addition to street parking, which consists of metered parking on main thoroughfares and 'free' parking on side streets. During my visit to the site, I experienced no difficulty with street parking but could imagine that such parking might be difficult to find at certain times of day and as the area's population continues to grow.

The building is a two-story medical facility converted from a onetime theater. There is an internal elevator and 2 stairwells connecting the floors. The entrance to the building is on-grade and is ADA compliant. The building houses several large waiting areas, numerous exam and clinical spaces, lab, storage, staff areas and private offices. The space is in need of modernization and renovation. The current method with which medicine is practiced renders this facility inefficient, although it does appear to be code compliant.

During the inspection, the clinic manager commented on the condition of the building systems. Numerous roof leaks and HVAC problems have been reported. I found the second floor stairway roof to be in poor condition, with peeling paint and water stains present. The building structural condition should be addressed as part of any tenant renewal negotiations.

The tenant has signage on the main entrance door to the premises, as well as a sign on the façade of the building, which is visible from Graham Avenue. The existing medical practice operates in the building during normal business hours. The office is comprised of approximately 5,450RSF on grade and 5,450RSF on the second floor, for a total of approximately 10,900RSF. There is a basement and the HVAC and mechanicals are located on the roof of the building. The front entrance and interior areas are accessible via wheelchair and compliant with the American Disabilities Act.

Rents in the commercial and retail markets along the Graham Avenue corridor have been on the rise for the past two years and are expected to continue to do so well into 2014. The tenant improvement (T.I., build out of the space) has been fully depreciated and is in need of additional work to meet current standards and expectations.

As part of a renewal negotiation the Landlord should agree to the following work at Landlord's cost and expense:

- Structural repairs including the roof
- Maintenance and repairs of the HVAC system
- New hot water equipment

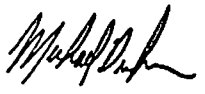
The renewal terms presented by the landlord are aggressive, both in general terms as well as for this location. The landlord has proposed a rent increase to $44/RSF based on the building size of 10,900RSF and 4% annual base rent increases compounded. The other terms shall remain in effect from the original lease. It is our conclusion that the fair market value of this space with the referenced services and amenities is between $29 - $35per RSF. This takes into consideration comparable commercial/retail rents within the immediate market areas (see Schedule A attached) and the subsequent tenant improvements of the space, as well as current availability for similar opportunities.

While it is our professional opinion that the presented terms are expensive given current conditions and immediate vacancies within the surrounding areas for this use, we would recommend further negotiations regarding the base rent at a price consistent with $35/RSF and yearly escalations of 2.5% to 2.75%, which we consider within market terms but on the higher end of said market. It should be noted, however that as this community's population continues to grow, there will be tenants, albeit for divergent uses, willing to pay a premium rent for a location of this size.

In the event that I can be of any further assistance to you, please do not hesitate to call.

Thank You.

Very Truly Yours,



Michael E. Dubin
Partner

Schedule A – Comparables

343 Lorimer Street
Entire 1st & 2nd Floors
Area: 10,000rsf
Price: $22/sf

43-65 Meadow Street
Part 1st Floor
Area: 10,000rsf
Price: $30/sf NNN

299 Meserole Street
Entire 1st & 2nd Floors
Area: 38,000rsf
Price: $23.26/sf

987 Metropolitan Avenue
Part 1st Floor
Area: 5,000rsf
Price: $12/sf

14-16 Powers Street
Entire 1st & 2nd Floors
Area: 5,000rsf
Price: $20.16/sf

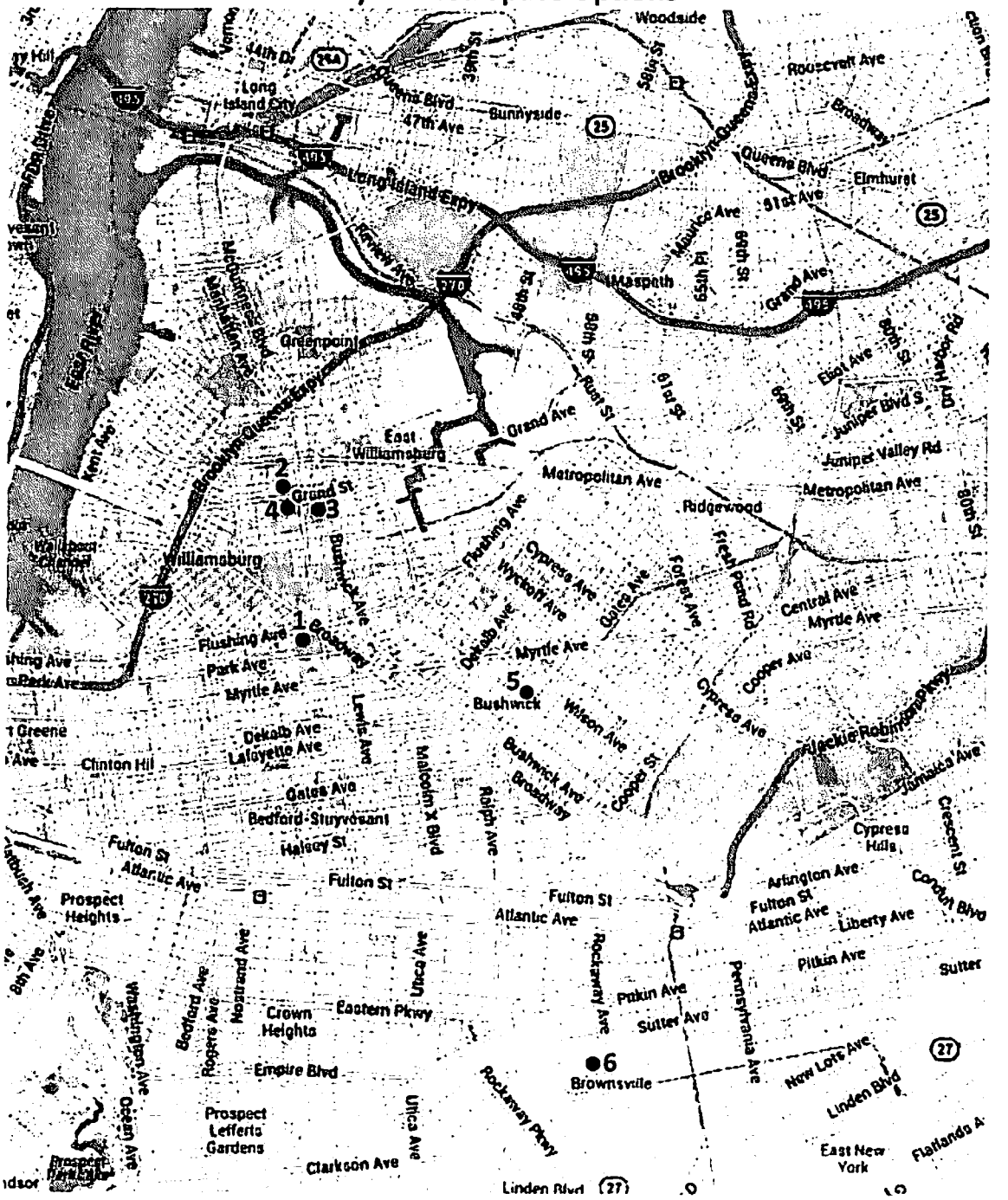
71 White Street
Part 1st Floor
Area: 8,500rsf
Price: $40/sf

155 Powers Street
Area: 3,000sf built medical
Price: Leased for $29/sf

260 Graham Avenue
Area: 2,500rsf
Price: $38.40/sf

Waterbury & Grand Avenue
Area: 2,500rsf + basement
Price: $45/sf

279 Graham Avenue
City-Owned Space Options



1) Woodhull Medical & Mental Health Center
2) 279 Graham Avenue
3) 176 Maujer Street
4) 151 Maujer Street
5) 335 Central Avenue
6) 259 Bristol Street

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 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.

WHEREAS, the Facility's Ophthalmology Department, located on the 8th 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 8th 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.

EXECUTIVE SUMMARY

LICENSE AGREEMENT
EYES AND OPTICS
KINGS COUNTY HOSPITAL CENTER

The President of the New York City Health and Hospitals Corporation seeks authorization from the Board of Directors to execute a revocable license agreement with Eyes and Optics for its use and occupancy of space to operate an optical dispensary at Kings County Hospital Center ("Kings County").

The Ophthalmology Department at Kings County, located on the 8th 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. Since 2008 Eyes and Optics has operated an on-site ophthalmic dispensary at Gouverneur Healthcare Services pursuant to resolutions of the Board of Directors adopted in in 2008 and again in 2012. The Eyes and Optics dispensary at Gouverneur has been successful and Kings County now desires to augment its own department's resources by establishing an ophthalmic dispensary providing moderate to low cost options for its patient population.

Eyes and Optics shall have the use and occupancy of approximately 140 square feet of space on the 8th floor of the "E Building" (the "Licensed Space"). Eyes and Optics shall pay an occupancy fee of $30 per square foot for a total annual fee of $4,200. The occupancy fee represents the fair market value of the space. The cost of electricity shall be included in the occupancy fee. The occupancy fee shall be escalated by 3% per year.

Eyes and Optics will indemnify and hold harmless the Corporation and the City of New York from any claims arising by virtue of its use of the licensed space and will also provide appropriate insurance naming each of the parties as additional insureds.

The term of this agreement shall not exceed five years without further authorization of the Board of Directors of the Corporation. The license agreement shall be revocable by either party on ninety days' notice.

SAVITT PARTNERS

June 2, 2014

Mr. Dion Wilson
Director
Office of Facilities Development, Real Estate
NYC Health and Hospitals Corporation
346 Broadway, 12 West
New York, NY 10013

Re: Fair Market Value/appraisal of optical dispensary within Kings County Hospital
Located at 541 Clarkson Avenue, Brooklyn, NY in the East Building, 8th Floor, Suite C
On behalf of NYC Health & Hospitals Corporation

Dear Dion:

Pursuant to your request, on Wednesday, April 16, 2014, the referenced location was inspected in order to assess the Fair Market Value (FMV) of the designated office/retail space. This assessment is inclusive of the value of the tenant improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, repairs and maintenance, etc. As the owner is designated as a not for profit (501(c)(3)) real estate taxes may not be applicable, however this expense will also be considered when evaluating the value of the space in order to provide a comprehensive FMV. This appraisal will assess the estimated value of the base rent inclusive of the tenant improvements and operating expenses. This evaluation is subject to the following:

- The optical dispensary space is appropriately zoned for the use (office/retail) within the medical facility.
- The premises are located within the medical facility on the 8th floor within the Ophthalmology Department.
- This evaluation is for the purpose of establishing the FMV to lease/license the referenced property and considers numerous factors including but not limited to location, market conditions, market area comparables, lease terms and conditions, as well as tenant improvements.

There are two variables that must be considered in this evaluation which are in fact weighted greater than other variables. These unique factors are location and use.

The location of the space provides the tenant with an immediate and "captured' client base according to Dr. Douglas Lazzaro, Professor and Chairperson of Kings County Hospital's Ophthalmology Department, who toured us through the space. Eye wear prescriptions generated by Ophthalmology and Optometry physicians within the medical facility generate essentially all of the client base for this tenant; the facility sees and treats approximately 30,000 patients annually. The hospital also benefits by providing this amenity to the patients; the convenience of

access to a vendor that can fill the prescription immediately. The proposed retail operation compliments the physician practices.

It would be inappropriate to evaluate the value of the referenced space as merely retail. Despite the obvious benefit of the readily available retail client base the space does not have the one most important value to be considered retail, street presence. Therefore the space must be assessed as commercial property with a retail build out and operation. Our assessment of the value of the tenant improvement for an optical, retail operation within the hospital at this specific location would be that it is dramatically less than the cost for a typical store front optical store. The space is open (minimal walls or partitions) with appropriate space for display cases, both free standing and mounted on the unit's walls.

Another important factor is the value of the space to support the adjoining medical use. It is our experience that space within built medical facilities is valued at a premium simply due to the fact that it is a finite resource which is in demand and entirely accessible. Allocation of medical space for ancillary use is a primary cause for concern for medical facility administrators. This is the case even when the organization can garner a higher rent for the space. This assessment takes into consideration the value of this space for medical facility operations.

It is apparent that proximity within the medical facility complex is attractive to this tenant and benefits the facility's patients as well. The provision of tenant services that are uncommon for retail facilities, i.e., 24-7 access, even if not utilized and the provision of full time services such as HVAC, repairs and maintenance, security, etc. must also be factored in this evaluation. However, when assessing the value, the fact that the client base is limited to foot traffic within the medical facility impacts the success of the tenant. Pedestrians walking by the building would not be aware of this retail operation and so that must be taken into consideration as well.

The method of measurement used to calculate the available square footage within the institution gives us an accurate reading, leading to a truer measure of the useable square footage than in a traditional office space. A traditional office space generally suffers a loss factor of 30% or greater, meaning that a 100 sf requirement necessitates approximately 140 sf to achieve the same net square footage result.

The referenced medical space will be located on the 8th floor of the East building of Kings County Hospital. It will be housed in Suite "C", a large wing that houses the Department of Ophthalmology. It will consist of approximately 100 square feet net (140sf gross). The customers/patients will share the larger waiting room(s) found adjacent to the space and will not be counted as a part of the retail square footage.

When assessing the FMV for this space we took into consideration the referenced factors and used comparables for medical space, hospital space and retail space within the immediate market where available to establish benchmarks for market rents. The proposal offers the licensee a full service building with amenities typically provided only by hospitals and full service medical office buildings and not retail properties. Typical retail operations are triple net, with the tenant absorbing all of the related operational expenses. However, this opportunity provides the tenant with comprehensive services which will be reflected in our evaluation.

Market conditions for each use were established for comparison. Medical space, specifically physician, private offices garners rents at $18 - $26 per RSF in the subject area. Asking rents in this market remained flat in 2013 and early 2014 but landlord concessions are still negligible. Although these areas have medical offices, the lack of product, i.e., rental opportunities has maintained a stable rental market.

CONCLUSION

The ability to access the space and the provision of services without interruption is an amenity that benefits this retail tenant. This retail tenant, however, remains viable only as long the Ophthalmology practice remains present at the premises. The minimal expense for tenant improvements was a variable that was evaluated as well.

Not all of the locations that were inspected for this report were handicapped accessible. To reiterate, 24-7 security is a valuable and an attractive amenity provided by the landlord. All of the lavatories throughout the facility are ADA compliant. The corridors are also wheelchair accessible.

For the purpose of this appraisal, we shall assume that all operating expenses, i.e., security, refuse removal, utilities, repairs and maintenance, service contracts, etc. are provided by the landlord

In addition to the base rent of $18, which we previously described as net, you would add in approximately $3.50/sf for utility services, $2.25/sf for cleaning services and as much as $5/sf for IT and telephone services depending on the level of sophistication provided. In addition to these services, the tenants occupying the spaces do not have to maintain service contracts or maintenance of AC, communications or office equipment etc. That can be value-added into the cost of the space as well. Accordingly, we value the space at a gross rent of approximately $29/rsf with services provided, which would be consistent with general office tenants found within the surrounding community.

In conclusion this analysis finds that the FMV for this space is essentially a hybrid due to the location of the space, proposed use and lack of opportunity to promote a true retail operation. However, it also provides the user with an immediate client base.

It is our professional opinion that the value of the referenced space is **$28-30** per RSF (140rsf). It would not be appropriate to provide a tenant with a construction concession of rent abatement given the size of the unit.

It would be appropriate for the tenant to negotiate an escalation provision to the base rent/fee of 2.75% to 3% commencing in the second year of the license agreement. These would be commercially fair and reasonable terms based on the data and information assessed in this report.

In the event I can be of any further assistance to you, please do not hesitate to call me.

Very truly yours,

Michael Dubin
Partner

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.

FOR HHC BOARD OF DIRECTORS

Authorization for MetroPlus Health Plan, Inc. to Enter into An Agreement with Beacon Health Strategies, LLC

MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") seeks to negotiate and execute a contract with Beacon Health Strategies, LLC ("Beacon") to provide administration of behavioral health services for a term of two years with three options to renew for one year each, solely exercisable by MetroPlus, for an amount not to exceed $76 million for the total 5 years.

Because approval of contracts over three million dollars per year is reserved in the certificate of incorporation of MetroPlus to the New York City Health and Hospitals Corporation ("HHC"), the request for proposal process was undertaken and HHC Board authorization is now sought to enter into an agreement with the selected vendor. The Finance Committee of the MetroPlus Board of Directors has approved submission of this agreement to the HHC Board for authorization.

The purpose of the request for proposal was to select a behavioral health organization for MetroPlus, 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). 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.

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.

On March 21, 2014 the New York State Department of Health, the Office of Mental Health and the Office of Alcohol and Substance Abuse Services issued a Request for Qualification requiring Health Plans (effective January 1, 2015) to assume coverage for Mental Health and Substance Abuse for SSI recipients and for seriously and persistently mentally ill (SPMI) adult members. The SPMI members will be in a newly created HARP. The program requires that staff from all areas of the organization have specific mental health expertise. 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. It is also essential that MetroPlus qualify to manage the new HARP program for the seriously and persistently mentally ill.

MetroPlus has determined that it would need to recruit at least 79 additional staff members across all functional areas with sufficient expertise in behavioral health and substance abuse as required in the in the state bid. An additional challenge is that all New York State Health Plans will be competing for this expertise at the same time. Additionally, many of the plan's systems would require major upgrades that would have to be completed by January. Consequently, MetroPlus determined a need to contract with a specialized Behavioral Health Organization to ensure that they will fully qualify and be able to implement all requirements by January 1, 2015.

Background of Beacon:

Founded in 1996, Beacon is a leading managed behavioral healthcare organization (MBHO) that provides behavioral health care management services for Medicaid, Medicare, Dual, SNP and commercial populations, with a specialization in the most profoundly and seriously mentally ill members. Accredited by both URAC and NCQA, Beacon's success derives from its member-centric and locally administered managed care services, integration of member's medical and behavioral health care needs, strong provider relationships and clinical programming.

Beacon currently has 13 contracted health plan clients in New York and has been operating in New York City since 1997. Beacon has consistently led the state on key behavioral health QARR scores, based on its strong provider network partnerships in New York City and beyond. Beacon has been a central player in New York's behavioral health care system reforms, with both DOH and OMH going back to 2009.

Beacon's New York experience includes the following:

Customer	Scope of Services	Inception Date
Hudson Health Plan	MBH and complex Care Management for Medicaid, CHP and FHP membership	1997
Affinity Health Plan	MBH and complex Care Management for Medicare, Medicaid, CHP, FHP and Exchange membership	2006
MVP Health Plan	MBHO and complex Care Management for Medicaid, CHP and FHP membership	
Amida Care	HIV Special Needs Plan, Medicare	2012
Neighborhood Health Providers *acquired by HealthFirst in 2013	MBHO and complex care management for Medicaid, CHP and FHP membership	2008
Suffolk Health Plan *acquired by HealthFirst in 2013	MBHO and complex care management for Medicaid, CHP and FHP membership	2008
Empire Blue Cross Blue Shield	Care management and coordination for members accessing autism services	2012
Senior Whole Health	Behavioral health integration for managed long-term care and FIDA and MLTC members	2013
Independent Health Plan	MBHO and complex care management for Medicaid, CHP and FHP membership	2013
Elder Serve	Behavioral health integration for FIDA	2014
Elderplan	Behavioral health integration for FIDA	2014

The vendor contract is for a two year term with three options to renew for one year each. Implementation to commence immediately with the service administration projected start date of January 1, 2015.

CONTRACT FACT SHEET

MetroPlus Health Plan, Inc.

A subsidiary corporation of New York City Health and Hospitals Corporation

For RFP, RFB, PSA, SS, NA

Contract Title: Administration of Behavioral Health Services

Project Title & Number: # 100912R107

Project Location: MetroPlus Health Plan

Requesting Dept.: Medical Management

Successful Respondent: **Beacon Health Strategies, LLC**

Contract Amount: Not to exceed: $76 million for total 5 years

Contract Term: 2 years with 3 one-year renewal options

Number of Respondents: 4

Range of Proposals: $12.75 Million –$ 25.1 Million

Minority Business Enterprise Invited: **Yes**

Funding Source

☐ **Capital**
☐ **General Care**
☐ **Grant: Explain**
x **Other:** [General Operating Fund]

Method of Payment

☐ **Lump Sum**
☐ **Per Diem**
☐ **Time and Rate**
X **Other:** [As invoiced]
(required for contracts that exceed the amount of $25,000)

EEO Analysis: ☐ **Yes** ☐ **No - Pending**

Compliance with HHC's McBride Principles X **Yes** ☐ **No**
(required for contracts in the amount of $100,000 or more)

Vendex Clearance ☐ **Yes** ☐ **No - Pending**
(if applicable)

Privacy Addendum: ☐ **Yes** ☐ **No - Pending**

CONTRACT FACT SHEET (continued)

***Background** (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):*

New York State's Medicaid program is integrating all Medicaid state plans for mental illness, substance abuse disorders and physical health conditions in addition to introducing Health and Recovery Plans (HARPs); distinctly qualified, specialized and integrated managed care product for adults with serious mental illness and meeting certain target and risk factors.

The New York State Department of Health Request for Qualifications for Behavioral Health Benefit Administration, released on March 21, 2014, details the staffing and organizational requirements necessary for a managed care organization (MCO) to qualify for both BH-MCO (required to continue to support Medicaid population) and HARP.

In order to successfully meet these requirements, MetroPlus is seeking to partner with Beacon Health Strategies; highly qualified vendor with an established core competency in the management of Behavioral Health; to provide the administration of behavioral health and substance abuse services for all lines of business in addition to the expanded home and community based services being introduced and for the HARP membership in the most effective and efficient manner, while keeping with MetroPlus' vision and mission.

Contract Application Approval (not applicable to PSA or RFB)

Was the proposed contract application approved?

Yes approved on April 4, 2014

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since the approval of the Contract Application? If so, please indicate how the proposed contract differs since that approval:

Selection committee revised from total 7 to total 5 members. Member who was a former employee of one of the RFP Respondents recused himself from selection committee and non-exec staff member also recused to maintain quantity for majority.

CONTRACT FACT SHEET (continued)

***Selection Process** (Applicable to RFP, RFB, PSA or NA): attach list of selection committee members, list of firms responding to applicable procurement, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):*

Selection Committee Members (Applicable to RFP, RFB, or NA)
(For RFP, RFB or NA only: Need to have an odd number of persons but no less than 5 upper/mid-level managers and that includes 3 persons from different departments)
(For PSA or SS: Project Manager and Department Head)

Dr. Van Dunn – Chief Medical Officer & Committee Head
John L. Cuda - Chief Financial Officer
Ryan Harris – Chief Human Resources Officer
Gail L. Smith - Chief Customer Services Officer
Susan Sun - Chief Information Officer

Firms Responding (Applicable to RFP, RFB, PSA or NA)

Beacon Health Strategies, LLC.
ValueOptions, Inc.
Optum, Inc.
Magellan Behavioral Health, Inc.

Firms Considered (Applicable to RFP, RFB, PSA or NA)

Beacon Health Strategies, LLC.
ValueOptions, Inc.
Optum, Inc.
Magellan Behavioral Health, Inc.

Justification of Vendor Selection (Provide greater detail for Sole Source, Negotiated Acquisition or PSA)

The vendors were evaluated against a pre-defined criterion; weighing each company against key components including:

- BH Provider Network
- 24/7/365 Support Center
- Data Integration, Reporting, Fraud Monitoring; Performance Standards
- Understanding and experience with BH Managed Care
- Ability to integrate BH with Plan's Physical Health services
- Ability to develop, design, execute implementation plan
- Demonstrated Management Plan and Organizational structure
- Cost

Beacon Health Strategies, LLC. received the highest rating overall rating.

Why can't the work be performed by Corporation staff?

MetroPlus does not currently have the organizational structure, required staff in place or the core competency to meet the NYS requirements for BH and HARP administration.

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

None known at this time.

Contract monitoring (include which Executive Staff is responsible):

Contract monitoring and governance will be managed under the Behavioral Health / HARP Administrative Director and Operations, reporting to Dr. Van Dunn – CMO.

CONTRACT FACT SHEET (continued)

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*
(applicable to contracts that exceed $25,000)

Received By E.E.O.

Date *Pending*

Analysis Completed By E.E.O.: Pending

DATE_____ _____NAME_____

MetroPlus Health Plan

RFP for a Behavioral Health Organization Beacon

June 26, 2014

How is Behavioral Health Currently Managed

- Fee for Service Medicaid maintained coverage (carved out of Managed Care) for Substance Abuse & Mental Health Services for all SSI members and anyone that met the criteria for being Seriously Mentally Ill (SMI)
  - 17,000 SSI members
  - 13,000 SMI members

- MetroPlus covered Mental Health & Substance Abuse for all other non SSI and non SMI members. Service needs for this population has been relatively low

Behavioral Health Medicaid Redesign

- As of January 1, 2015 plans will need to meet qualifications to assume coverage for Mental Health & Substance Abuse for SSI members and for SMI Members.

- The SMI members will be in a special plan:
  - HARP (Health & Recovery Plan)

- In order to cover the new populations, MetroPlus will need to meet State qualifications for our entire Medicaid membership in addition to the new populations.

New Qualifications

- Intensive Program with dedicated Mental Health expertise in all operational areas
- Ability to manage services including:
  - ACT Teams
  - Vocational & Educational Services
    - (Home & Community Based Services – 1915i)
  - Intensive Case Management
  - Peer Support Services
  - Crisis Services
- Requirement of separate clinical teams for the mainstream and HARP populations. The plan would need to build two parallel teams

Why Do we need an Expert Behavioral Health Organization?

- Difficulty recruiting sufficient experts with Behavioral Health and Substance Abuse experience with an extremely short lead time, while all other New York Health Plans are competing for this limited pool of experts.
- The plan does not have the expertise to create a new managed care environment for a behavioral health population in such a short timeframe
- Very short state turnaround time not allowing for planning of IT needs, space needs, expertise and training

RFP for a Behavioral Health Organization

- Four Respondents:
  - Beacon Health Strategies, LLC
  - Value Options, Inc. (acquired by Beacon after RFP)
  - Optum, Inc.
  - Magellan Behavioral Health, Inc
- Selection Committee:
  - Dr. Van Dunn – MetroPlus Chief Medical Officer
  - John L. Cuda – MetroPlus CFO
  - Ryan Harris – MetroPlus Chief HR Officer
  - Gail L. Smith – MetroPlus Chief Customer Officer
  - Susan Sun – MetroPlus CIO

BHO RFP
Why Did We Choose Beacon?

- NCQA and URAC Accredited
- 11 Million Lives nationally
- 75 Health Plans in 21 States
- Largest Managed BHO in the Medicaid Health Plan Segment
- Experience in NY Since 1997
- 13 Health Plan Clients in NYC
- Highest Performer in BHO 1 Demonstration Project
- Highest score in RFP overall for:
  - Network & Credentialing, Claims, Customer Service, Quality & Disease Management, Data Integration & Reporting, Cost, Staffing Plan & Client References

Comparative Cost Analysis

- In addition to the challenges in recruiting, expertise, space etc, if MetroPlus were to build this new product, the total annual cost estimated at $14.5 Million plus costs for system enhancements to meet requirements

- Beacon Contract, including MetroPlus oversight and administration costs, estimated annual cost at $14.4 Million, which includes all required operational and regulatory reporting needs.

Summary

- Contract with Beacon allows Plan to meet all State qualifications.
- Requesting approval for a total of $76 Million over the entire 5 year period.
- Inflation in cost accounts for expected membership growth and per member/per month charges.