

## **RECORDS MANAGEMENT CONTINUOUS READINESS REVIEW AND REMEDIATION**

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive establishes procedures required to conduct continuous readiness review and remediation (C3R) activities, audit, validate, and report compliance with Federal records management laws and regulations, specifically the Federal Records Act and National Archives and Records Administration (NARA) regulations, Title 36 Code of Federal Regulations (CFR) Chapter XII Subchapter B – “Records Management”, and Department of Veterans Affairs (VA) and VHA records management policies. Compliance review and auditing of the records management program and practices is required by NARA.

**2. SUMMARY OF CONTENTS:** This directive:

a. Provides procedures for ensuring compliance with all records management laws, regulations, and VA/VHA policies, which govern management of Federal Records. This policy extends the scope of the Privacy Compliance Assurance (PCA) Office to include auditing and C3R activities of VA Health Care Facilities as defined in this directive and applicable Business Associates as defined by the Health Insurance Portability Accountability Act (HIPAA) Privacy Rule for compliance with the Federal Records Act, NARA, and VA and VHA policies regarding records management; the administration of Facility Self-Assessments (FSA) requirements outlined in this policy; and the development of records management C3R activities, auditing, policies, guidance, and responsibilities.

b. Amendment, dated June 25, 2020 removes language specific to monitoring, validating, and reporting compliance and includes procedures required to conduct continuous readiness review and remediation (C3R) activities and auditing.

c. Amendment, dated September 22, 2020 adds Facility Records Officer Continuous Readiness Review and Remediation (C3R) Program Responsibility for Departing Workforce in paragraph 7, and updates how to inform National Archives and Records Administration (NARA) of commercial records storage locations in paragraph 7.f.(2).

d. Amendment, dated November 20, 2020 adds a paragraph to paragraph 7.m.(5) about Transportation of Federal Records.

**3. RELATED ISSUES:** VA Directive 6300, VA Directive 6301, VA Directive 6311, VA Directive 6371, VA Handbook 6300.1, VA Handbook 6300.2, VA Handbook 6300.8, VA Handbook 6500.1, VA Handbook 6500.6, VA Handbook 6500.8, VHA Directive 1605.03, VHA Handbook 1605.05, and VHA Directive 6300.

**4. RESPONSIBLE OFFICE:** The VHA Office of Health Informatics (OHI), Health Information Governance (HIG), Office of Information Access and Privacy (105IAP) (formerly, 10A7B) is responsible for the contents of this directive. Questions may be referred to the VHA Privacy Compliance Assurance Officer at 202-360-1475 or the Notice of Privacy Practices hotline at 1-877-461-5038.

**5. RESCISSIONS:** None.

**August 17, 2017**

**VHA DIRECTIVE 6300.01(3)**

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of August 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

/s/ Poonam Alaigh, M.D.  
Acting Under Secretary for Health

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**AMENDED**  
**November 20, 2020**

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(C3R)**

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## RECORDS MANAGEMENT CONTINUOUS READINESS REVIEW AND REMEDIATION (C3R)

### 1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the continuous readiness review and remediation (C3R) and auditing activities required for evaluating compliance with Federal records management laws, regulations and policies, including the Federal Records Act, NARA Regulations, VA Directive 6300, Records and Information Management and VHA Directive 6300, Records Management. This directive also designates the VHA Privacy Compliance Assurance (PCA) Office, within VHA Information Access and Privacy (IAP), as the authoritative office responsible for defining and implementing these C3R activities, defines the roles of the VHA Records Management Office and PCA as related to C3R, auditing, and oversight activities in the VHA Records Management Program, as well as, the authorities and responsibilities for achieving a robust records management C3R, auditing and oversight program across all VHA operations.

**AUTHORITY:** 38 U.S.C.303, 501, 5701, 7301(b); 44 U.S.C. 2901-2911, 3101-3107, 3301-3314

### 2. BACKGROUND

a. As a component of the Department of Veterans Affairs, VHA must comply with all applicable Federal records management statutes and regulations. The statutes and sets of regulations most commonly encountered are listed in the references section of this policy document and are the basis for the records management policies issued by VHA.

b. VA Health Care Facilities, as defined in paragraph 3, must comply with this policy in conjunction with the statutes, regulations and policies listed in paragraph 10, References, in order to ensure that VHA records are created, maintained, stored, and dispositioned in accordance with these requirements as outlined in VHA Records Control Schedule (RCS) 10-1 and the NARA General Records Schedules (GRS).

c. The VHA Office of Informatics and Information Governance (OIIG), Health Information Governance (HIG), Health Information Management (HIM), VHA Records Officer manages the Records Management program and is the subject matter expert for Records Management policy for VHA. The VHA Privacy Compliance Assurance (PCA) Officer is authorized to establish and administer compliance C3R, auditing, and oversight functions and processes to evaluate and report VHA's overall compliance with all applicable Federal records management laws, regulations, and policies. This includes development of PCA operations, tools and activities specific to records management C3R processes, as well as, audits, facility self-assessment processes, C3R guidance, post-audit oversight activities and policy and tools used by VA Health Care Facilities.

### 3. DEFINITIONS

a. **Adverse circumstances and incidents of Federal Records.** Adverse circumstances and incidents of Federal Records involve the accidental or intentional destruction or loss of Federal records, damage to due to water and/or mold, fire, or other disasters, theft or actions that result in compromise or loss of the records and when records are put in situations where security of the records is a risk.

b. **Audit.** For the purposes of this directive, Audit is a process by which a compliance performance value is assigned to a program using an objective, pre-established set of questions, evaluations and observations. This is accomplished by conducting periodic reviews of operations of VA Health Care Facilities to audit those facilities' compliance with applicable Federal laws and regulations and VA and VHA records management policies. Audits may be conducted onsite, or by other means identified by PCA. Where feasible, PCA audits will be conducted in accordance with the Generally Accepted Government Audit Standards (GAGAS) Performance Audit requirements as defined by the Government Accountability Office (GAO).

c. **Audit Coordinator.** The Privacy Compliance Assurance (PCA) staff member assigned to be the primary point-of-contact (POC) for a particular audit. The audit coordinator completes all logistical arrangements with the facility and the PCA audit team, coordinates the activities of the PCA audit team, and provides the facility with the findings of the PCA audit upon completion of the audit process.

d. **Business Associate.** A Business Associate is an entity, including an individual, company, or organization, that performs or assists in the performance of a function or activity on behalf of VHA that involves the creation, receipt, maintenance or transmission of Protected Health Information (PHI), or that provides to or for VHA certain services as specified in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule that involve the disclosure of PHI by VHA. The use of this term in this directive has the same meaning as a Business Associate as defined in the HIPAA Privacy Rule, 45 CFR 160.103.

e. **Chief, Health Information Management.** The Chief of Health Information Management is the individual responsible for the functions and management of the Health Information Management Department in a VA Health Care Facility.

f. **Compliance.** For purposes of this directive, "compliance" is the full adherence to all statutes, regulations, and VA and VHA policies related to records management.

g. **Continuous Readiness Review and Remediation (C3R).** For purposes of this directive, C3R is an evaluative oversight process whereby the program is audited for overall adherence with regulatory and policy requirements with an outcome that is most likely to ensure that employee actions and facility processes are consistent with these applicable laws and policies. As used in this Directive, Continuous Readiness Review and Remediation (C3R) is the process by which an evaluator (either PCA Audit Teams or Facility Records Officer or designee) evaluates program performance

to include reviews of facility policies, procedures, practices, and workforce performance to ensure that relevant Federal laws, regulations and policies are being followed. This C3R process must be documented and the documentation maintained and made available for review by PCA and other Federal agencies, upon request. Incident-specific records management investigation and complaint response do not constitute C3R activities.

h. **PCA Compliance Auditing Tool (CAT) and Electronic Compliance Auditing Tool (eCAT)**. The Compliance Auditing Tool is an objective-methodology auditing tool developed by PCA to evaluate targeted programs of VA Health Care Facilities. The CAT is used to objectively evaluate major components of programs and assign a performance score to each component of a program based on an established 10-point performance scale.

i. **Detailed Report**. The Detailed Report is a report generated by the VA Health Care Facility from the electronic Post-Audit Tool (ePAT) that includes the results for each audited criteria and the responses documented by the PCA Audit Team during an audit.

j. **Disposition**. Disposition means an interim or final placement of records or recorded information and the actions taken to maintain them in a proper place following their appraisal. This includes the actions of (1) retaining; (2) transferring to a records center for temporary storage; (3) transferring to an archival agency; (4) donation to an eligible repository; and (5) image reproduction or destruction.

k. **Documentation**. The printed or electronic material, which contains instructions, comments, processes, policies and procedures, C3R tools, and other information substantiating that certain processes have been implemented or specific activities or actions have taken place in order to manage and continuously review and remediate a program. C3R documentation, whether in printed or electronic format, must be created, maintained and available for review by PCA or other designated members of the VHA workforce or outside agencies as appropriate upon request and shall be maintained in accordance with VHA Records Control Schedule (RCS) 10-1.

l. **Document Review List**. The document review list is a listing of all documents to be provided to the PCA Audit Team prior to and/or at the time of a PCA audit for its review to determine documented compliance. This list is provided by the PCA Audit Team to the Facility Records Officer or other facility personnel as necessary in order for the facility to have all required documentation ready for the PCA Audit Team's review.

m. **Electronic Compliance Auditing Database (eCAD)**. Electronic Compliance Auditing Database (formerly known as eCMD ) is an electronic database and reporting tool used to collect and analyze information gathered during various audits conducted and monitored by PCA. This includes data from PCA audits, Follow-up Visits, Remediation Assistance Visits, Post-Audit Oversight activities, Facility Self-Assessments (FSAs), and other data deemed necessary to analyze program compliance.

- n. **Electronic Compliance Auditing Tool (e eCAT)**. A web-based CAT (see definition of CAT above) used to capture information during PCA audits. The eCAT is used to enter data directly into the eCAD during PCA audits. This is the commonly used term used to describe the electronic version of the CAT defined above.
- o. **Electronic Post-Audit Tool (ePAT)**. The electronic Post-Audit Tool (ePAT) is a web-based tool used to communicate a prioritized action plan developed by PCA that includes all non-compliant findings in risk-priority order. The ePAT is to be used by the audited facility for planning remediation actions, providing remediation updates and supporting documentation, generating facility-level reports, and receiving feedback on actions from assigned PCA Oversight Coordinator (OC).
- p. **Facility Self-Assessment (FSA)**. The Facility Self-Assessment is a self-monitoring process consisting of established questions designed to evaluate all pertinent aspects of the facility records management program. The FSA is divided into sections, with each section being completed by each VA Health Care Facility Records Officer, or designee, during a specified quarter of the fiscal year (FY) and submitted to PCA. The FSA provides VA Health Care Facilities and PCA with a secondary method of reviewing the facility's compliance with Federal regulatory requirements and VA/VHA policies on an annual basis. The FSA also provides PCA with facility C3R data during the periods of time between onsite PCA audits completed on PCA's fixed audit cycle (see paragraph 6, PCA Audits of VA Health Care Facility). The FSA is created and administered by PCA.
- q. **Federal Record**. Federal records are all books, papers, maps, photographs, machine-readable materials, or other documentary materials, regardless of physical form or characteristics, made or received by an agency of the U.S. Government under Federal law or in connection with the transaction of public business and preserved or appropriate for preservation by that agency or its legitimate successor as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities of the Government or because of the informational value of the data in them. (Title 44 United States Code (U.S.C.) 3301)
- r. **General Records Schedules**. General Records Schedules (GRS) provide mandatory disposal authorization for temporary administrative records that are common to several or all agencies of the Federal Government. They are issued by the Archivist of the United States under the authority of 44 U.S.C 3303a(d) and 36 CFR 1227.10.
- s. **Litigation Hold**. A litigation hold is an instruction from the Office of General Counsel to preserve all records, including any that are scheduled for routine destruction, which may be needed as evidence in litigation, investigation, audit, merger, or other special circumstance.
- t. **PCA Audit Team**. A PCA Audit Team is a specific group of PCA staff assigned to a given audit to administer the audit, gather data, and report findings. A PCA Audit Team may consist of 2 to 6 individuals depending on the size and complexity of the



facility or program being audited.

u. **PCA Communication Plan.** A comprehensive communications strategy outlining permissible and required communications between PCA and VA Health Care Facilities, VISNs, Program Offices and VHA leadership. The Deputy Under Secretary for Health approved this plan in April 2013.

v. **Post-Audit Oversight.** Post-Audit Oversight is the formal and ongoing review by PCA to track facility remediation actions taken to correct non-compliance identified during a PCA Audit. This process commences at the close of a PCA Audit and will continue until PCA determines that full remediation has been accomplished or until the next PCA Audit cycle date.

w. **Post-Audit Oversight Coordinator (Oversight Coordinator).** The Oversight Coordinator (OC) is a PCA staff member assigned to provide strategic oversight to a facility's Privacy and FOIA Officers and/or Records Officer after a PCA Audit.

x. **Records Control Schedule (RCS).** A Records Control Schedule is an official authority that provides mandatory instructions for the disposition of Federal records (including the transfer of permanent records and disposal of temporary records) when they are no longer needed by VA. Each schedule is submitted by VA and approved by NARA before it may be relied upon for retention and disposition of VHA records.

y. **Records Liaison (RL).** A Records Liaison is the program, service, or service line representative who works in conjunction with the Records Officer to ensure proper management of all records that are created and maintained by the program, service, or service line.

z. **Records Management.** Records management includes all managerial activities associated with records creation, maintenance and use, and disposition of records in order to achieve adequate and proper documentation of the policies and transactions of the Federal government and effective and economical management of agency operations

aa. **VA Health Care Facility.** For the purpose of this directive, the term "VA Health Care Facility" means any office or facility under the jurisdiction of VHA, including, but not limited to: VHA Program Offices, Veterans Integrated Service Network (VISN) offices, VA medical centers, VA Health Care Systems, Community-based Outpatient Clinics (CBOCs), Readjustment Counseling Centers (Vet Centers), and Research Centers of Excellence (CoE). ***NOTE: The use of the term "facility" in this directive is synonymous with this definition***

bb. **VA Health Care Facility Records Officer (Facility Records Officer).** The VA Health Care Facility Records Officer is the person who has designated responsibility for managing and coordinating a records management program for a respective VA Health Care Facility. The head of the VA Health Care Facility must appoint this position in writing.

An Alternate should also be appointed who will perform the records management duties in the absence of the Records Officer.

cc. **VHA Privacy Compliance Assurance Officer (PCAO)**. The VHA PCA Officer is the individual with direct authority and responsibility for ensuring the efficient and appropriate management of the VHA Privacy Compliance Assurance Office and C3R programs for Privacy, Freedom of Information Act (FOIA), and Records Management.

dd. **VHA Records Officer**. The VHA Records Officer responsible for the VHA Records Management Office, is the direct manager of that office and is the individual with direct responsibility for ensuring the efficient and appropriate management of the VHA records program and compliance with all applicable records management statutes, regulations, NARA policy, and the requirements of related handbooks and directives.

ee. **VHA Workforce**. The VHA workforce includes all employees, contractors, students, without compensation (WOC), volunteers, and any other appointed workforce members regardless of their work location.

#### 4. POLICY

It is VHA policy that the scope of the Privacy Compliance Assurance (PCA) Office responsibilities is expanded to include the administration and oversight of the records management C3R activities of VA Health Care Facilities and applicable Business Associates, as defined in this directive, for compliance with the Federal Records Act, NARA, and VA and VHA policies regarding records management; the administration of Facility Self-Assessments (FSA) requirements outlined in this policy; and the development of records management C3R policies, guidance, and responsibilities.

#### 5. RESPONSIBILITIES

a. **VHA Records Officer**. With respect to this directive, the VHA Records Officer is responsible for:

(1) Collaborating with PCA on the criteria for how VA Health Care Facilities will be reviewed and audited, what level of review and audit will be conducted, the content of compliance review and audit surveys and other operational decisions which impact the auditing and C3R functions outlined in this policy.

(2) Collaborating with PCA to remediate high-risk non-compliance within VA Health Care Facilities, as determined by the VHA PCA Officer, VHA Records Officer, or VHA Senior Leadership.

(3) Assisting PCA in conducting an annual review of all C3R and auditing criteria and advising PCA of any necessary updates that impact PCA's audit processes.

b. **VHA Privacy Compliance Assurance Officer.** The VHA Privacy Compliance Assurance Officer (PCAO) is responsible for:

(1) Collaborating with the VHA Records Officer /Records Management Office in PCA's development of audit criteria for the evaluation of the Records Management program. Gathering, maintaining, and analyzing information about VA Health Care Facilities' compliance with applicable Federal records management laws and regulations, and VA and VHA policies.

(2) Providing PCA audit finding reports to VHA leadership (VHA Network Office (10N) and Deputy Under Secretary for Health for Policy and Services) for a given cycle year, and annual Records Management FSAs submitted by each VA Health Care Facilities (in quarterly increments).

(3) Conducting periodic audits of operations of VA Health Care Facilities to evaluate compliance with applicable Federal records management laws and regulations, and VA and VHA records management policies. See paragraph 6.

(4) Conducting periodic audits of operations of VHA's National Business Associates as deemed necessary by the PCAO, to evaluate compliance with the terms of the Business Associate Agreement related to records management, and to assist VHA Health Information Access (HIA) with the audit selection process of national Business Associates related to records management.

(5) Conducting audits of one-third of the VA Health Care Facilities per fiscal year based on the established PCA audit cycle and in a sampling of Business Associates based on CAT or eCAT audit criteria and underlying risk model and records management applicability. The frequency of the cycle may be changed at the discretion of the PCA Officer based on business need.

(6) Conducting, as resources permit, out-of-cycle onsite audits of VA Health Care Facilities in response to information that suggests a facility is noncompliant with regulatory requirements or may have committed a significant violation of VA and VHA records management policy or is putting VHA and its stakeholders at risk.

(7) Administering annual FSAs, in quarterly increments, to VA Health Care Facilities to determine levels of compliance with applicable Federal records management laws, regulations, and VA and VHA records management policies. At the discretion of the PCAO, more frequent FSAs may be administered.

(8) Evaluating whether VA Health Care Facility Records Officers conduct C3R activities of their records management programs in accordance with this directive and other applicable VA and VHA directives and handbooks.

(9) Ensuring that audits conducted by PCA are coordinated with the VA Health Care Facility leadership, Records Officer, Alternate Records Officer, or Point-of-Contact (POC) appointed by the VA Health Care Facility.

(10) Ensuring that audits of Business Associates conducted by PCA are coordinated with the Business Associate's designated point-of-contact.

(11) Coordinating with the VHA Records Officer on an annual basis to develop and implement objective criteria to evaluate VA Health Care Facility records management programs. This includes reviewing and updating all records management C3R tools and processes and all associated data gathering tools to ensure C3R processes are current with regulatory and policy changes.

(12) Reviewing, maintaining, and updating the PCA intranet website or other electronic means of information dissemination on a periodic basis to ensure that appropriate records management C3R tools, guidance and reports are available to applicable VHA leadership and workforce. These tools, guidance and reports can be found at <http://vaww.vhaco.va.gov/privacy/PCA.htm>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(13) Creating and maintaining C3R tools that objectively document the most accurate findings possible. This may be accomplished through the ongoing development and maintenance of existing tools or new innovations as determined by PCA.

c. **Chief Program Officers.** Chief Program Officers, including those designated as Executive Directors, are responsible for:

(1) All records management activities within their program office. As requested by the PCA Officer, they must conduct a records management FSA of their respective programs and also may be subject to a PCA audit.

(2) Ensuring compliance within their respective program office with all Federal laws and regulations, VA regulations and policies, and VHA policies relating to records management.

(3) Ensuring that the designated Records Officers and/or Records Liaisons for their respective programs are included in discussions regarding strategic initiatives, to ensure that the program office addresses any significant records management concerns which may be raised by such initiatives.

(4) Ensuring that the Records Management programs for their respective programs are appropriately supported with resources, management support, and operational integration.

(5) Ensuring completion of all remediation activities required by PCA within the timeframes specified by that office, unless otherwise approved by the PCA Officer.

(6) Ensuring that any requested program office staff or physical areas of the

office are available to the PCA for audit within 30 calendar days of the requested audit date, unless a later date is negotiated with the PCA Officer. Cooperating with PCA in reviewing or auditing compliance.

d. **Veterans Integrated Service Network Directors.** Veterans Integrated Service Network Directors (VISN) are responsible for:

(1) All records management activities within their VISN office, including conducting records management FSAs and/or being audited by PCA as requested by the PCA Officer.

(2) Ensuring compliance within the VISN with all Federal laws, regulations and VA/VHA policies relating to records management.

(3) Appointing individuals to serve as the VISN Records Officer and Alternate VISN Records Officer; delegating authority to administer the VISN Records Management Program.

(4) Ensuring that the Records Management Programs in their VISN are appropriately supported with resources, management support, and operational integration and that the requirements in this directive are met.

(5) Ensuring that the VISN Records Officer or Alternate VISN Records Officer is included in discussions regarding strategic initiatives, to ensure that VISN leadership can address any records management concerns raised by such strategic initiatives.

(6) Ensuring that the VISN Records Officer or Point of Contact for PCA consolidates all records management data requests and provides responses in a timely manner to the VHA Records Management Office and/or PCA when requested.

(7) Ensuring any requested VISN staff or area of the VISN are available to PCA for audit within 30 calendar days of the requested audit date, unless a later date is negotiated with the VHA Privacy Compliance Assurance Officer.

(8) Ensuring completion of all remediation activities for deficiencies found during PCA Audits within a reasonable time frame specified by that office, unless otherwise approved by the PCA Officer.

e. **VA Health Care Facility Directors.** VA Health Care Facility Directors are responsible for:

(1) All records management activities within their facility. The Director must appoint a Records Officer in writing and, in addition to other records management duties, delegate authority for this position to conduct ongoing C3R activities in accordance with this directive. An Alternate Records Officer must also be appointed in writing to perform the records management duties in the absence of the Facility Records Officer.

(2) Ensuring that the PCA Office has access to all areas of the facility and facility staff in order to conduct an audit within 30 calendar days of the requested audit date, unless a later date is negotiated with the PCA Officer.

(3) Promoting a facility culture that meets the requirements of all applicable Federal records management statutes and regulations, as well as VA and VHA policies.

(4) Implementing business processes, providing adequate staff, and taking other actions needed to create and maintain a records management program that complies with all Federal laws regulations and VA and VHA policies.

(5) Ensuring that the Facility Records Officer is included in discussions regarding strategic initiatives, to ensure the facility addresses any records management concerns such initiatives may raise.

(6) Providing the Facility Records Officer appropriate support to develop their role and the awareness of their role among the facility workforce.

(7) Ensuring that strategic planning activities and records disposal processes are subject to records management C3R activities.

(8) Upon request, certifying annual records management training completion to the VHA Records Management Office and/or PCA for all personnel. **NOTE:** *This certification must be based on reports generated by the Facility Records Officer and Education Coordinator or Education Office.*

(9) Reporting promptly to the VHA Records Management Office and PCA any records management issue or activity constituting non-compliance that has the potential for VISN-level or national impact.

(10) Cooperating fully with the VHA Records Management Office in conducting a complete and adequate investigation and resolution of records management complaints or allegations.

(11) Ensuring that the Facility Records Officer is an active participant in the facility environment of care rounds, that appropriate records management questions are asked during rounds, and that all deficiencies found are addressed in a satisfactory manner according to facility policy.

(12) Cooperating fully with PCA during Post-Audit Oversight to timely and fully remediate deficiencies in the facility records management program identified by PCA.

(13) Ensuring completion of all remediation activities required by PCA within the timeframes specified by that office, unless otherwise approved by the PCA Officer.

(14) Cooperating with PCA in all matters concerning C3R activities. **NOTE:** *For additional information regarding the C3R process, see paragraph 7. in this directive.*

(15) Complying with all other requirements of paragraph 4.e. of VHA Directive 6300, Records Management.

f. **VA Health Care Facility Records Officers.** The VA Health Care Facility Records Officers are responsible for:

(1) Managing the facility Records Management Program in accordance with all applicable Federal laws and regulations and VA and VHA records management policies and conducting C3R activities of the program in accordance with NARA regulations (Title 36 Code of Federal Regulations (CFR) Chapter XII Subchapter B – “Records Management”) and this directive.

(2) Maintaining and periodically updating the facility master inventory and file plan, which includes records of all media types (paper, electronic, etc.) and conducting C3R activities to ensure that they are perpetually kept up-to-date.

(3) Conducting C3R activities of facility operations to identify unscheduled records and submitting all appropriate paperwork to the VHA Records Officer to ensure schedules are requested for these records in order to be included in VHA RCS 10-1.

(4) Conducting C3R activities of all identified unscheduled records to ensure they are not dispositioned until a schedule is obtained; and ensuring that the records are dispositioned in accordance with that schedule once in force.

(5) Identifying facility permanent records and conducting C3R activities of these records to ensure they are sent to NARA for appropriate storage as identified in VHA RCS 10-1 or GRS.

(6) Ensuring that all essential records (those which support the facility’s mission-critical functions per VA Handbook 6300.2) are identified and continuously reviewed to ensure that they are up-to-date and accessible if needed in an emergency or catastrophic event, as well as, completing all appropriate remediation activities associated with these activities.

(7) Conducting ongoing C3R activities to determine that all employees receive and complete records management training as directed by the VHA Records Management Office and that a record of training is maintained.

(8) Ensuring that staff members are aware of their roles and responsibilities for records management and review the workforce to determine that they are following records management requirements. This includes all workforce members who create, store and/or disposition Federal records.

(9) Providing training to department/service Records Liaisons on how to implement a compliant records management program for their department/service, to include but not limited to, completing and maintaining a department/service records inventory and file plan, and appropriate records maintenance, storage and disposition

and review that the Records Liaisons are fully completing their responsibilities in this role. The VA Health Care Facility Records Officer is responsible for referring any identification of deficiencies to the VA Health Care Facility Director.

(10) As needed but at least annually, reviewing and updating the facility records management policy and all existing local policies and procedures that have a records management component, to ensure consistency and compliance with legislative and policy changes in VHA records management directives and handbooks in accordance with established expiration/renewal time frames.

(11) Conducting ongoing C3R activities to ensure that the facility is maintaining Federal records according to VHA RCS 10-1 and the GRS and documenting findings and remediation actions.

(12) Conducting a formalized and documented records management review of all facility activities, throughout the calendar year including but not limited to:

(a) Conducting C3R activities quarterly, or more often, of the facility's records management program in general to ensure compliance with all requirements (it is recommended that this monitoring be conducted on an ongoing basis to ensure continuous readiness).

(b) Annually, or more frequently conducting C3R activities of the facility's compliance with VHA Handbook 1605.05, Business Associate Agreements, for records management requirements.

(c) Annually, or more frequently reviewing and updating as necessary the facility's master records inventory and file plan.

(d) Annually, or more frequently completing C3R activities of all records storage areas (onsite and offsite) for compliance with Federal records storage requirements and after any changes to storage location(s) (see 36 CFR 1234, Subpart B).

(e) Conducting C3R activities of the maintenance and disposition of facility Federal records for compliance with VHA RCS 10-1 and the GRS.

(f) Conducting C3R activities of all applicable contracts and other agreements related to the creation, maintenance, storage, and disposition of Federal records to ensure that all required contract clauses for Records Management are placed into these contracts/agreements.

(g) Regularly conducting C3R activities of contractors and other vendors who create, store, maintain, or dispose of Federal records, in conjunction with the assigned Contracting Officer or their representative, to ensure compliance with the records management requirements included in the contract or other acquisition documents.

(13) Maintaining documentation of all required record management C3R



activities according to the RCS 10-1 and the GRS.

(14) Completing and submitting the VHA Records Management FSA within required time frames specified by PCA.

(15) Ensuring the use of the C3R tools provided by PCA to assess the facility's compliance with Federal records management laws and regulations, and VA and VHA records management policies as required by PCA.

(16) Responding to and fully investigating facility-specific allegations or complaints of activities that violate Federal laws and regulations or VA/VHA policies regarding records management; documenting and maintaining documentation of the investigation and resolution in accordance with NARA regulations; and cooperating fully with the VHA Records Management Office and PCA to ensure necessary full remediation.

(17) Ensuring that facility leadership is aware of allegations that records management requirements have been violated.

(18) Ensuring completion of all remediation activities required by PCA during Post Audit Oversight unless otherwise approved by the PCA Officer.

(19) Training individuals conducting physical assessments on their behalf within offsite clinics or other remote locations when the Records Officer is not able to conduct the physical assessment.

(20) Complying with all other requirements of paragraph 4.f. of VHA Directive 6300, Records Management.

g. **Records Liaisons.** The Records Liaisons are responsible for:

(1) Reviewing the creation, storage, and disposition of records within assigned areas.

(2) Evaluating and maintaining an inventory and file plan of records within assigned areas on an on-going basis to ensure they are always current and up-to-date and submitting them to the Facility Records Officer or PCA upon request.

(3) Conducting C3R activities of storage and disposition processes for assigned areas to ensure records are maintained in accordance with NARA-approved record schedules, ensuring that they are inventoried and labeled for proper shipment and storage.

(4) Conducting C3R activities of onsite record storage areas within assigned areas to ensure that records are stored according to NARA onsite storage requirements (including but not limited to: segregation of Federal records from non-records materials, environmental requirements such as humidity and climate control, pest control, restricted access and fire suppression).

(5) Complying with all other requirements of paragraph 4.h. of VHA Directive 6300, Records Management.

h. **All VHA Workforce.** All VHA Workforce are responsible for:

(1) Creating, maintaining, protecting, and disposing of facility records in accordance with the facility records management program;

(2) Cooperating with the Facility Records Officer and Records Liaisons to ensure that:

(a) Supervisors and their staff know the name and location of the facility's Records Officer and their local Records Liaisons;

(b) All records are listed in the department, service or section inventory and file plan;

(c) Eligible records are transferred to NARA-approved records storage centers when requested; and

(d) Facility records are appropriately destroyed when eligible and only as authorized.

(3) Reporting destruction of records that occurs prior to the schedule specified in VHA RCS 10-1 or the GRS to their immediate supervisor and their department Records Liaison.

(4) Ensuring that proper authorization is obtained before removing records from the facility.

(5) Completing the VA Talent Management System (TMS) course, "Privacy and Information Security Awareness and Rules of Behavior" annually and other required training as directed.

(6) Complying with all other requirements of paragraph 4.i. of VHA Directive 6300, Records Management.

## 6. PCA AUDITS OF VA HEALTH CARE FACILITY

Onsite records management audits are conducted by PCA and are coordinated with the VA Health Care Facility leadership and/or Records Officer(s) or records management POC. PCA may conduct audits in conjunction with, or on behalf of, other VA or VHA programs or other agencies. These audits are administered on a fixed three-year cycle with each VA Health Care Facility being assigned to a specific cycle-year. The frequency of the cycle may be changed at the discretion of the PCA Officer based on business needs. **NOTE:** *The process discussed in this paragraph will also be followed for applicable VHA Business Associates audits.*

a. When PCA has identified a VA Health Care Facility to be audited, VHA leadership will be notified of the audit via the method outlined in the PCA Communications Plan.

b. Once VHA leadership has been notified, the facility Director is contacted. The Director must make the facility and personnel available for the audit in accordance with this directive.

c. PCA will provide the VA Health Care Facility with general information about the audit process prior to the onsite records management audit to assist the facility in its preparation for the audit. The Facility Records Officer may conduct a pre-assessment of the facility using the PCA audit tools, in order to identify and mitigate any deficiencies prior to the onsite facility audit. Information on how to prepare for an audit is available on the PCA intranet website (VHA Privacy Compliance Assurance page at (<http://vaww.vhaco.va.gov/privacy/PCA-visits.htm>)).

d. The PCA Audit Team conducting the onsite records management audit shall:

(1) **Provide an Entrance Briefing.** The PCA Audit Team provides an entrance briefing to the VA Health Care Facility leadership, including but not limited to the facility Director or program office Director and their associates, Chief of Staff, Records Officer, and/or other officers of the facility and other personnel, as deemed appropriate by the facility.

(2) **Workforce Interviews.** The PCA Audit Team interviews key VA Health Care Facility personnel, including, but not limited to, the Records Officer, Alternate Records Officer, Records Liaisons, Privacy Officer, Compliance and Business Integrity Officer, Health Information Management (HIM), VA Police, selected Contracting Officer Representatives and other personnel identified by the PCA Audit Team as well as a random sampling of general workforce members. These interviews consist of questions directly related to the facility's practices and activities that create, manage, and sustain the records management program; subjects include but are not limited to:

- (a) Records officer assignment, duties, knowledge and skills related to records management.
- (b) Employee knowledge about their records management duties related to creation, maintenance, storage, and disposition of Federal Records.
- (c) Inventories and file plans.
- (d) Creation, maintenance, storage, and disposition of Federal records in all media.
- (e) Business Associates and contracting.
- (f) Creation, maintenance, storage, and disposition of essential/vital, temporary, permanent records, non-record material and litigation holds.

(3) **Review of Documentation (Policies and Procedures, C3R Data, etc.).** The PCA Audit Team reviews the facility's policies and procedures for records management, including all policies and procedures, SOPs, memoranda, and other official documentation that codify the facility's compliance with records management requirements. All policies, procedures, and C3R documentation must be in writing and in force. PCA will not recognize undocumented customs or practices as policies and procedures or C3R activities for purposes of the compliance

audit. All documents must be provided as outlined in the Document Review List provided in the Audit Preparation Guide by the PCA Audit Team to the audited facilities in preparation for the audit.

**(4) Conduct a VA Health Care Facility Physical Evaluation.** The PCA Audit Team performs a physical evaluation of the VHA health care facility and any locations used by the facility for records management as part of its onsite audits of the facility's compliance with records management laws, regulations, policies, and procedures. An after-hours evaluation may also be conducted at PCA's discretion. During the physical evaluation, the PCA Audit Team will note all instances of non-compliance with records management requirements. Facility staff accompanying the PCA Audit Team is responsible for documenting any specific findings during the physical evaluation, and for implementing appropriate corrective actions.

(a) The physical evaluation includes visual observation of a reasonable cross-section of the grounds, buildings, operations, and services, including offsite Clinics, storage areas, and other offsite locations used in the operation of the facility.

(b) Facility personnel will not interfere with or influence the physical evaluation or the outcomes of the physical evaluation. As a general practice, the PCA Audit Team will be escorted by facility personnel. However, the PCA Audit Team shall be allowed to walk through areas of the facility separate from the facility escort, upon request to ensure that the culture observed is representative of day-to-day operations free from the influence of the escort's presence.

(c) The PCA Audit Team may, at its discretion, interview any workforce member to inquire about their knowledge of records management responsibilities or practices. PCA will utilize a standardized methodology of interviewing in order to ensure consistency and efficiency.

(d) The PCA Audit Team will take necessary measures to minimize an audit's impact on normal operations and patient care where possible and may abbreviate the physical assessment where operations are complex or workforce is significantly busy.

**(5) Provide an Exit Briefing.** Upon completion of the PCA Audit, the PCA Audit Team shall provide an exit briefing to the VA Health Care Facility leadership including, but not limited to the facility Director or program office Director and their associates, Chief of Staff, Records Officer, and other personnel as deemed appropriate by the facility. During this briefing, the PCA Audit Team will present an Executive Summary, which outlines the facility's overall program performance in the form of compliance scores for each program component evaluated and the elements that make up that component (a score for the overall component of Records Management and the elements that make up the program such as policy, inventory and file plan, program C3R activities, etc.). The compliance scoring methodology will be determined by the Privacy Compliance

Assurance Officer in collaboration with VHA Leadership and may change it at their discretion. The exit briefing will include any findings that significantly impacted the overall performance scores. In addition, the PCA Audit Team may highlight the facility's strong areas or practices. PCA will inform the facility leadership that the facility points-of-contact (Records Officer or others) will be contacted by the Post-Audit Oversight Coordinator assigned to their audit. The Post-Audit Oversight Coordinator will grant them access to the PCA Electronic Post-Audit Tool (ePAT)

**(4) Provide Post-Audit Oversight.**

- (a) PCA Post-Audit Oversight for records management will be administered as per VHA Directive 1605.03.

*NOTE: This same process outlined above will be followed for VHA Business Associates assessments as applicable.*

**7. FACILITY RECORDS OFFICER CONTINUOUS READINESS REVIEW AND REMEDIATION (C3R) PROGRAM**

The Facility Records Officer shall conduct C3R activities of the facility Records Management program to determine if it is compliant with all Federal records management requirements. The Records Officer shall maintain documentation of all required C3R activities and must consult VHA RCS 10-1 and the GRS to determine the appropriate retention and disposition requirements and keep all C3R documentation in accordance with these requirements.

a. **General Program Continuous Readiness Review and Remediation.** The Facility Records Officer shall develop a documented C3R process to ensure the records management program is evaluated per PCA tools and guidance. C3R activities should include all key components of a records management program and the effectiveness of these components towards an overall compliant records management program. In addition to the C3R requirements listed below in this section, the Records Officer shall conduct C3R activities of the general structure of the program to determine if they have been granted delegation to serve in their official capacity and whether the workforce is aware of the records management program; they shall conduct C3R activities to determine if an alternate Records Officer is assigned, delegated, and properly trained to serve as Records Officer as needed; they shall conduct C3R activities to determine if Records Liaisons are assigned for all departments/services, or areas of the facility, are trained sufficiently and are functioning in their liaison role; and they shall conduct C3R activities of the program effectiveness within the facility workforce to determine if all workforce members are properly trained. Records Officers may also conduct C3R activities by other means in addition to those provided by PCA tools and guidance as necessary to fully assess the compliance of the records management program.

**b. Facility-Wide Records Inventory and File Plan.**

- (1) The Facility Records Officer shall develop a documented C3R process to ensure

a facility-wide, master records inventory and file plan is developed, maintained, and updated at least annually and that the inventory and file plan includes essential records, records in all media type (paper, electronic, or any other), and location of all storage areas (including records stored onsite, offsite, Record Center & Vault (RC&V) and Federal Records Centers (FRC) or commercial offsite). Separate inventory and file plan documents may be maintained, or a combined inventory/file plan document may be used at the facility's discretion.

(2) The Facility Records Officer shall conduct C3R activities of the facility-wide master records inventory and file plan to ensure that it includes all required elements (record series, record location/electronic file-path, description of the record, inclusive dates of information in the series, and type of media (paper, electronic, audiovisual, etc.). These C3R activities consist of regular quarterly spot-checks of departments/services. All departments/services shall be reviewed, and remediation completed as necessary, at least annually to determine if (a) the inventory is complete and updated, and (b) if the Federal records are actually located where the file plan indicates they should be located.

(3) The facility Records Officer shall conduct C3R activities of the facility's creation of new record types to ensure that unscheduled records are identified and that a schedule is promptly requested to the VHA Records Management Office. They shall continuously review and remediate (as necessary) any unscheduled records to ensure that these records are maintained in accordance with NARA requirements until a schedule is submitted and approved by NARA and included in VHA RCS 10-1. Furthermore, they shall conduct C3R activities of the inventory and file plan to determine if unscheduled records are identified and whether the status of these records is adjusted once a schedule is obtained. Finally, they shall conduct C3R activities to determine if unscheduled records are properly dispositioned according to the disposition schedule once it is obtained and that these records are removed from the inventory upon being dispositioned in accordance with the new schedule.

### **c. Records Storage, Maintenance, and Disposition.**

(1) The Facility Records Officer shall develop a documented C3R process to ensure all facility Federal records are stored, maintained, and dispositioned according to NARA guidelines, VHA RCS 10-1, and the GRS. This C3R process shall include active and inactive records stored within facility control and records stored in commercial records storage facilities. For the purposes of this directive, active records are those records that are still required by the facility for conducting its operations and are likely to be referenced frequently. Inactive records are those records that are no longer needed for daily operations but are not yet ready for destruction or other disposition.

(2) The facility Records Officer shall create and implement a documented C3R process for how Federal records are handled for inactive storage. This process shall provide for continuous review and remediation (as necessary) of how all onsite or offsite inactive records storage locations are maintained, regardless of whether they are VA-managed or commercial storage facilities, and how Federal

records are processed and shipped to these storage locations.

d. **Active Records Storage** The Facility Records Officer shall conduct quarterly C3R activities of facility's active Federal records to ensure:

(1) Records are stored in the locations indicated on the master inventory and file plan;

(2) Access is limited to authorized personnel only to include records in all media types (paper, electronic, audiovisual, etc.);

(3) Records are segregated from non-records, non-record material (e.g., office supplies, Christmas decorations) and personal records;

(4) Records are filed in a manner that ensures accessibility by personnel with a business need for the records for daily operations.

(5) Records are labeled with clearly defined cut-off dates and disposition authority in a manner that allows for their management and disposition; and

(6) Records are properly dispositioned according to RCS 10-1 and the GRS.

***NOTE: These C3R activities may be achieved by coordinating with other facility personnel such as Clinic Managers or Coordinators, Information Security Officers, or other individuals who can review and remediate (as necessary) remote locations on behalf of the Records Officer. If other personnel are relied upon to review and remediate remote locations for the Records Officer, they should be properly trained to evaluate records storage, maintenance and disposition and should be independent of the facility being reviewed, and their assessment should not create a conflict of interest.***

e. **Inactive Records Storage.**

The facility Records Officer shall conduct quarterly C3R activities of the facility's inactive records storage area(s) to ensure that:

(1) Access to the storage area(s) is limited to authorized personnel only;

(2) The area is free from pests (mice, roaches, birds, insects, etc.);

(3) The area is climate-controlled and free of mold, mildew and dampness;

(4) Floor-to-ceiling walls separate the records storage area from other areas of the facility;

(5) The area has adequate fire suppression systems installed and operational;

(6) The area is suitable for long-term storage of Federal records without possibility of



damage (e.g., no overhead sewer or steam pipes, above the 100-year flood plain, protected from the elements, etc.);

(7) Records can be easily accessed or retrieved when needed;

(8) Records are stored in appropriate records storage boxes and are labeled with the proper documentation indicating disposition authority and date;

(9) Storage boxes are maintained off the floor and in a manner that protects the records from being crushed or damaged; (e.g., palletized, racked or stored in an organized manner) and

(10) Records are properly disposition according to RCS 10-1 or the GRS

**f. Commercial Off-Site Records Storage Facility.**

The facility Records Officer shall conduct C3R activities of the facility's use of commercial records storage vendors to ensure that all commercial records storage locations used to house facility Federal records are compliant with NARA's records storage facility standards (36 CFR 1234). The C3R activities shall consist of reviewing facility processes for selection of commercial records storage vendors to determine if the locations have been approved by NARA for use by at least one other Federal agency that has certified to NARA that the storage facility complies with the standards. The C3R activities shall include:

(1) Collaborating with the Facility Privacy Officer to ensure that an appropriate Business Associate Agreement is in place, and that the records storage facility has been approved by NARA, prior to shipping records to a commercial records storage vendor;

(2) Reviewing at least annually to determine whether the vendor is still an approved vendor or is no longer approved by the NARA, by checking the link: NARA-Approved Commercial Storage Vendors by State;

(3) If the vendor is not already approved, reviewing to ensure that the VHA facility provides NARA with a copy of the inspection checklist and fire engineer report by emailing them to the NARA records storage facility standards compliance manager. Please see

<https://dvagov.sharepoint.com/sites/VHAPCAAuditPortal/Commercaill%20Storage%20Aproval%20Contacts/default.aspx> for additional instructions on contacting the NARA records storage facility standards compliance manager. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(4) Reviewing to ensure that the VHA facility received an approval letter from NARA

prior to storing Federal records at a commercial records storage facility; and

(5) Verifying that the VHA facility maintains the NARA approval letter for each commercial storage location used by the facility, and that the letter is kept in accordance with Records Control Schedule RCS 10-1.

**NOTE:** *If it is determined that a prior government agency, regardless of whether it was VA or another agency, has obtained a completed NARA Federal records storage facility inspection checklist and a fire engineer report from a commercial storage vendor and has gained NARA approval using that checklist and fire inspection report, these documents may be re-submitted to NARA for new approvals. It is not necessary to have the vendor complete a new checklist or provide a new report from a fire engineer unless there has been a significant change in the vendor's storage facilities. If a commercial storage vendor is being assessed for compliance for the first time, the facility Records Officer should contact the VHA Records Officer and the VHA Privacy Compliance Assurance Officer for assistance in getting NARA approval.*

**g. Litigation-Hold Records Storage.** The Facility Records Officer shall implement a documented C3R process to ensure that any litigation hold records, wherever stored, are retained until the hold is lifted and that all records inventories/file plans reflect the current litigation holds. Litigation holds may be found at (<http://vawww.ogc.vaco.portal.va.gov/litigation/default.aspx>). **NOTE:** *This is an internal VA Web site that is not available to the public.*

**h. Essential Records.**

(1) The Facility Records Officer shall develop a documented C3R process to ensure that all essential records are identified and listed on the respective inventory and file plan and are maintained and available in the event of a catastrophic event. The Facility Records Officer shall conduct C3R activities to ensure that essential records are adequately protected, current, and accessible at all times.

(2) The Facility Records Officer shall consult with the official responsible for emergency coordination to:

(a) Review agency statutory and regulatory responsibilities and existing emergency plans for insights into the functions and records that may be included in the essential records inventory; and

(b) Review documentation created for the contingency planning and risk assessment phase of emergency preparedness.

(3) The Facility Records Officer shall implement a documented C3R process for the maintenance and storage of essential records to ensure that they will be available in the event of a natural disaster or catastrophic event and that the records are maintained or stored in a location that would not be susceptible to the same natural disaster or catastrophic event as the facility for which they are maintained.

(4) The Facility Records Officer shall implement a documented C3R process to keep a documented accounting of facility essential records including:

(a) The name of the office responsible for the records series or electronic information system containing vital information

(b) The title of each records series or information system containing vital information

(c) Identification of each series or system that contains emergency-operating vital records or vital records relating to rights

(d) The medium on which the records are recorded

(e) The physical location for offsite storage of copies of the records series or system

(f) The frequency with which the records are to be cycled (updated)

(5) The Facility Records Officer shall implement a C3R documented process, which ensures that all personnel responsible for essential records have received adequate training for their essential records duties.

(6) The Facility Records Officer shall implement a documented C3R process for conducting an annual review of the facility Essential Records program to ensure that essential records are being maintained and are accessible and evaluates that new essential records have not been created that should be included into the Essential Records program.

i. **Electronic Records.** The Facility Records Officer shall implement a documented C3R process that includes:

(1) Ensuring electronic records are included in the facility inventory and applicable program office/service line file plan and are stored in accordance with 36 CFR 1234 and 1236.

(2) Collaborating with Office of Information Technology (OI&T) personnel to review electronic record locations to ensure they meet all maintenance, storage, and access requirements the same as other record media.

(3) Verifying that electronic essential records are maintained in accordance with all requirements specific to these records.

(4) Reviewing electronic records in conjunction with the required C3R activities for inventory and file plan, to ensure they are maintained in a sustainable format to ensure the records are accessible for their life cycle.

(5) Reviewing the records inventory and file plan submissions by Records Liaisons to ensure that electronic records are identified and recorded regardless of whether

they are on network devices and that reasonable safeguards are in place so that these records are accessible and retrievable when needed (e.g., digital images from dental, vascular lab ultrasounds, cardiology exams, etc.). **NOTE:** *This C3R process may require periodic interview with Records Liaisons to determine whether electronic records are maintained outside of networked devices.*

j. **Permanent Records.** Permanent records, as identified by VA RCS 10-1 and GRS or other NARA-approved schedules, require special attention and should be scheduled for transfer to the legal custody of NARA as soon as VHA no longer needs them for current operations and/or according to their disposition authority. The Facility Records Officer shall implement a documented C3R process to ensure that:

(1) Permanent records are created on a sustainable, archival-quality media (as specified by NARA) and kept properly and in good order (e.g., they should be stored in appropriate containers and not be intermixed with temporary records personal papers or non-record material).

(2) Permanent records are listed on the facility master records inventory and file plan.

(3) Evaluation of the compliance with general requirements for storing records properly (e.g., VHA must store its microform, audiovisual, and electronic records under conditions complying with the requirements of 36 CFR 1236, 1237, and 1234) is conducted. **NOTE:** *Permanent electronic records, for example, require special care and storage. Necessary steps include controlling temperature and humidity, recopying the information periodically to sustainable media, and testing the readability of an annual sample. Specific requirements are set forth in 36 CFR 1234. The Records Officer shall conduct C3R activities of these additional requirements depending on the media of the permanent records in conjunction with the required C3R activities for inventory and file plan.*

(4) The transfer of any permanent records to NARA is reviewed and remediated (as necessary) to ensure that they are transferred according to NARA requirements.

(5) Training materials and other awareness activities for records management are reviewed to confirm that the requirements for managing permanent records is included in order to ensure that the workforce is properly trained on how to maintain, store and release permanent records to NARA.

k. **Litigation Holds.** Program audits, litigation, investigations, or other special circumstances may require the retention of record series or systems beyond their scheduled destruction date. These generally take place in the form of Litigation Holds. The Facility Records Officer shall implement a documented C3R process that includes:

(1) Reviewing the OGC litigation holds list in order to provide instructions to individuals within the facility who are responsible for the search and preservation of

litigation held records. This review shall be conducted at least monthly to ensure all litigation holds are adhered to by the facility personnel maintaining records that are subject to the litigation hold list.

(2) Reviewing litigation holds in conjunction with the required C3R activities for inventory and file plan, to ensure that documents covered under a litigation hold are retained until the hold is lifted.

(3) Conducting C3R activities to ensure all records held under a litigation hold are dispositioned according to VHA RCS 10-1, GRS or other NARA approved records schedule once the litigation hold is lifted.

### **I. Health Care Facility Self-Assessment (FSA).**

(1) The Facility Records Officer shall conduct an FSA each quarter utilizing the Records Management FSA tool provided by PCA. (See VHA Privacy Compliance Assurance - FSA at <http://vaww.vhaco.va.gov/privacy/PCA-FSA.htm>). **NOTE:** *This is an internal VA Web site that is not available to the public.* The FSA shall focus on specific program components as defined in section three (3) below. VISN and Program Office Records Officers shall only submit an FSA at the request of the PCA Officer. However, VISNs and Program Offices may conduct these assessments as local practice in order to review their program's compliance and submit them to PCA each quarter in the same manner as described in this section. All other VA Health Care Facilities shall submit their FSA as described in this section. This assessment shall be completed and submitted to PCA by the last day of each quarter of the fiscal year or as directed by the PCA Officer.

(2) PCA shall report delinquent submissions to the VISN Records Officer or records management point-of-contact or appropriate VHA leadership in order to inform them of facilities that do not complete FSAs timely. PCA may request assistance from VISNs and VHA leadership in getting future submissions completed timely.

(3) In order to encourage C3R activities and to break the overall Records Management program into more manageable increments, the annual FSA will be administered in quarterly submissions to PCA. The key components of the facility's records management programs shall be assessed quarterly, in the following order:

- (a) First quarter of the Fiscal Year:
  - (b) Records Officer;
  - (c) Records Liaison; and
  - (d) Records Management Training.
- (e) Second quarter of the Fiscal Year:
  - (f) Records Management Policy; and

- (g) Records Management Inventory and File Plan.
- (h) Third quarter of the Fiscal Year:
- (i) Records Storage and Maintenance;
- (j) Records Disposition; and
- (k) Electronic Records.
- (l) Fourth quarter of the Fiscal Year:
- (m) Business Associates Agreements and Contracting; and
- (n) Essential records.

(4) FSA submissions must be completed for each offsite clinic subordinate to the parent VA Health Care Facility at least once each fiscal year. Facilities may submit the FSA for each offsite clinic in the quarter of their choosing based on what is convenient for them, but an FSA for all offsite clinics shall be conducted and submitted to PCA sometime during the fiscal year. The offsite FSA covers all of the appropriate program components for the offsite clinic in one FSA and it is not broken into quarterly increments.

**m. VA Health Care Facility Physical Evaluation.**

(1) The Facility Records Officer shall conduct at least a quarterly physical evaluation of the facility to review and ensure compliance with the facility's records management program. Environmental Rounds may be used to supplement the evaluation requirements, but Environmental Rounds alone do not fully meet the C3R requirements of this directive. These physical evaluations may be conducted in conjunction with the quarterly FSA required by this directive or may be conducted independently of that assessment. A more frequent physical evaluation is recommended.

(2) A records management physical evaluation of a VA Health Care Facility shall include a reasonable cross-section of the grounds, buildings, operations, and services to observe for records management compliance in all areas of the facilities operations.

(3) The physical evaluation shall be conducted by Facility Records Officer or designee and shall include:

(a) Asking employees with various job functions about their understanding, training, and actions concerning VHA records management practices and procedures;

(b) Identifying unauthorized record storage areas and bringing them to the attention

of facility leadership for appropriate corrective action;

(c) Inspecting record storage areas to ensure they meet Federal requirements as indicated in paragraph 8c above;

(d) Conduct additional evaluations as requested by PCA to determine full compliance with VHA records management requirements; and

(e) Documenting findings and corrective action(s) taken and ensure that they are implemented.

(4) The Facility Records Officer, the Offsite Clinic coordinator or other designee (if the Facility Records Officer is unable to perform the physical assessment for any reason) shall conduct a physical evaluation of all offsite clinics at least annually. When the physical assessment is performed by someone other than the Facility Records Officer, the individual should be knowledgeable and properly trained by the Records Officer to evaluate the components of the program required in this directive and shall provide, in writing, and in a timely manner, documentation of the findings of the physical evaluation to the Facility Records Officer. The individual conducting a physical evaluation on the Records Officer's behalf shall not have a conflict-of-interest or have a bias toward the outcome of the physical evaluation. **NOTE:** *The physical evaluation may be conducted in conjunction with the facility Privacy Officer, Information System Security Officer (ISSO) or Safety Office or other appropriate personnel. For offsite physical assessments, facility Environment of Care Rounds may be sufficient to conduct this monitoring.*

(5) **Transporting Federal Records.** C3R activities for physical evaluation must also include a review of reasonable physical safeguards when PHI/PII or records containing sensitive information are in transport between VA locations or are being shipped to off-site locations (e.g., VA off-site facilities, VA Records Center and Vault, National Archives and Records Administration, commercial storage locations, etc.) This C3R activity should be coordinated with the facility Privacy Officer. The Records and Privacy Officers shall evaluate reasonable physical safeguards each time a shipment of more than two boxes of records is made. Records shipped in amounts of two boxes or less may be shipped by trackable means by an authorized carrier (e.g., UPS, FedEx, etc.) and do not require a separate C3R review of reasonable safeguards prior to shipment. Reasonable physical safeguards for records being shipped or in transit by any means must include:

(a) Ensuring that no PHI/PII is visible during transportation (e.g., no PHI/PII written on boxes, containers or labels);

(b) Having a clear inventory and file plan for the records in transit that includes the number of boxes being transported, accession number, shipper information, truck and/or trailer number and trailer seal tag (if possible);

(c) Ensuring access to the records is limited to only those who have a business need;

(d) Applying protections in a manner that prevents the records from being compromised, lost, stolen or damaged in transit (e.g., on pallets, shrink wrapped, boxes sealed, tamper tape, etc.);

(e) Securely locking the transportation vehicle at all times during transport as well as when the vehicle is left unattended;

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(f) Refraining from co-mingling VA records with non-VA records or other materials being transported. However, if co-mingling is unavoidable, VA records should be clearly identified and labeled, and measures must be implemented to ensure that VA records are maintained separately from non-VA records or materials (e.g. palletized and shrink wrapped to contain them together);

(g) Refraining from removing VA records from a transportation vehicle at intermediate stops during transport. The records should remain on the transportation vehicle until they have reached their final destination. If VA records need to be removed for some reason (e.g., load balancing), an accountability mechanism must be in place to ensure all records have reasonable physical safeguards in place at all times and that they are returned to the transportation vehicle as quickly as possible (e.g., Transport driver removes 5 pallets, needs to have mechanism in place to ensure all 5 pallets are protected when out of the transportation vehicle and that they are promptly returned to the vehicle).

n. **Contracts, Business Associate Agreements and other Agreements.** The Facility Records Officer shall:

(1) Work in conjunction with the facility Privacy Officer, ISSO and contracting personnel or Contracting Officer Representatives (COR), VISN Contracting personnel and others as necessary to:

(a) Review contracts and other agreements that require vendors to create, use, store, and destroy Federal records in order to ensure compliance with all records management regulations, VHA retention schedules and VA and VHA Records Management policies. ***NOTE: If the contract is for destruction of temporary paper records, the Records Officer shall also ensure compliance with VA Directive 6371, Destruction of Temporary Paper Records.***

(b) Support C3R activities of Business Associate Agreements to ensure the facility's compliance with VHA Handbook 1605.05, Business Associate Agreements and VA Handbook 6500.6, Contract Security, at least annually and if needed more frequently, and develop local policies and procedures that comply with these Handbooks.

(2) Consult with the facility Privacy Officer, Contracting, and other applicable



personnel on the formation of Business Associate Agreements to ensure that records management language is contained in these agreements where applicable.

(3) Establish a documented C3R process that defines how the facility will review and remediate (where appropriate) the requirements of this section.

o. **Privacy Threshold Assessment (PTA) and Privacy Impact Assessment (PIA) and System of Records Notice (SORN).** The facility Records Officer shall conduct C3R activities of the completion of the “Retention of Information” Section of PTAs and PIAs by assisting system owners, ISSOs and Privacy Officers when these individuals are completing this section as necessary. PTAs and PIAs should contain accurate information regarding records retention, confirmation of NARA-approved retention schedules and procedures for the disposition of records containing sensitive personal information. The Records Officer shall also conduct C3R activities of the completion of the “Policies and Practices for Retention and Disposal of Records” section of System of Records Notices by assisting Privacy Officers when the Privacy Officer is completing this section as necessary.

p. **Departing Workforce.** The VA Health Care Facility Records Officers shall develop a documented C3R process for reviewing how departing workforce members attest that they are not removing Federal Records from the facility and that they have transferred all Federal Records in their custody to their supervisor or other designated individual. The C3R activity must include a review to ensure that VA Form 10-0708 is used to document this attestation.

## 8. PROGRAM SUSTAINABILITY REQUIREMENTS

Basic compliance is only effective when it is sustained over time. In order to ensure that the records management program is not only implemented and fully compliant, but is also sustained over time, the VA Health Care Facility Records Officer shall conduct the following sustainability C3R activities:

### a. **C3R of Facility Policies and Procedures.**

(1) The Facility Records Officer shall conduct C3R activities to ensure that a facility-specific Records Management policy is created and maintained. These C3R activities shall include:

- (a) Evaluating whether the policy covers all required Records Management Program components;
- (b) Determining if the policy is in-force and properly executed by facility leadership;
- (c) Ensuring that the policy has been disseminated to the workforce and that the workforce has access to the policy;
- (d) Reviewing and updating the Records Management policy upon expiration and ensuring that an updated policy is adopted and formalized;

(e) Identifying and implementing necessary changes due to regulatory and VA and VHA policy changes

(f) Reviewing to ensure the expired policy is retained for at least 6 years, in accordance with 45 CFR 164.530(j).

(2) The Facility Records Officer should use the policy template provided by the Records Management Office as the basic framework for development of a local Records Management policy. The policy template is designed to meet all applicable legal and regulatory requirements, as long as the Facility Records Officer includes specific local procedures where indicated and does not delete sections from the template. The records management policy template is located at: [https://dvagov.sharepoint.com/sites/VACOVHAHDI/HIM/vaco\\_HIM/subsite5/subsite3/Records%20Management%20Resources/Forms/AllItems.aspx?viewid=c557f10d%2Ddf06%2D45a0%2Db0a4%2D4fe5bfa4c617&id=%2Fsites%2FVACOVHAHDI%2FHIM%2Fvaco%5FHIM%2Fsubsite5%2Fsubsite3%2FRecords%20Management%20Resources%2F1%20%2D%20RM%20RESOURCES](https://dvagov.sharepoint.com/sites/VACOVHAHDI/HIM/vaco_HIM/subsite5/subsite3/Records%20Management%20Resources/Forms/AllItems.aspx?viewid=c557f10d%2Ddf06%2D45a0%2Db0a4%2D4fe5bfa4c617&id=%2Fsites%2FVACOVHAHDI%2FHIM%2Fvaco%5FHIM%2Fsubsite5%2Fsubsite3%2FRecords%20Management%20Resources%2F1%20%2D%20RM%20RESOURCES) **NOTE:** *This is an internal VA Web site that is not available to the public.*

(3) The facility may rely on VISN or National-level policies for areas where the local practices are identical to those of VISN or National-level requirements. However, the local policy must reflect this adherence to and reliance on the VISN or National-level policy and provide citations as to where the policy may be found in order for the workforce to be appraised of the policy requirements so they can adhere to them. If practices are not identical, local policy shall address the local policy expectations within the facility Records Management policy.

(4) Conducting C3R activities of other facility policies – The Records Officer is considered the facility SME for records management for all local-level policies and procedures. The facility shall establish a documented process for how the Records Officer will be consulted on other facility policies containing records management implications (the creation, maintenance, storage and disposition of Federal Records) so that the Records Officer can review, provide recommendations, and remediate (as appropriate) all facility policies that impact Records Management. Conducting C3R activities of other facility policies containing records management implications includes:

(a) Reviewing all local policies with records management implication to ensure they are not in conflict with the approved local facility records management policy and working with the person(s) responsible for these policies to bring them into compliance with Federal records management requirements as soon as possible.

(b) Ensuring that all facility workforce has access to local-level records management policies and procedures, and conduct C3R activities to ensure that workforce are adhering to the requirements contained in the policy. Activities may include, but are not limited to, querying workforce on their responsibilities for records management and the proper disposition of Federal records; identifying the Facility Records Officer and service Records Liaison; and evaluating the storage of records in the department/service areas.

(c) In order to ensure that the records management program is sustained over time and is not impacted by staffing changes in the program, the Facility Records Officer shall develop facility-specific standard operating procedures (SOPs) that define how the

facility will administer its local records management program. Once these SOPs are established, the Records Officer shall monitor them at least annually to ensure that they reflect the processes used by the facility and shall make amendments as necessary to keep the SOPs current to business practices.

**b. Records Management Training, Education and Awareness.**

(a) The Facility Records Officer shall conduct C3R activities at least annually to ensure the development and implementation of a local-level records management training policy that outlines the facility procedures for ensuring compliance with the annual training requirement of VHA Directive 6300. This policy may be combined in the facility records management policy or a standalone policy. This C3R activity shall include, but is not limited to the following requirements:

(b) A review of the timeframes for completion of annual required training, provisions for managing non-cooperation from workforce, and any other training requirements specific to the facility;

(c) All VHA personnel receive annual training on records management in accordance with VHA Directive 6300 and local facility policy;

(d) Development of a documented C3R process to compile annual training records in order to report the facility records management training completion status to facility leadership and PCA for monitoring purposes upon request.

(e) The VA Talent Management System (TMS) shall be used to track the annual training status for: (1) VA personnel in the Personnel and Accounting Integrated Data (PAID) system and (2) contractors working for VHA. If necessary, the Facility Records Officer shall establish an alternative method to track the annual training status for those members of the workforce not included in TMS. These workforce members may include volunteers, students, and those contractors not included in TMS. **NOTE:** *Typically, the annual training records for employees are also kept as part of the employee's official personnel record.*

(f) The VA Health Care Facility Director shall certify annual training completion to PCA, upon request, to determine compliance with training requirements for all personnel based on the reports generated within TMS or by other means of tracking used by the Facility Records Officer and/or Education Coordinator or Education Office.

(2) The VA Health Care Facility Records Officer shall conduct C3R activities of the records management program to ensure that they and/or their Alternate or their designee is/are conducting records management awareness activities, including promoting the Records Officer and Records Liaison roles as subject-matter experts and workforce resources for records management, providing information on how and to whom records management concerns and issues should be reported, and that records management training is an annual requirement for all employees.

(3) The Facility Records Officer shall conduct other C3R activities within the VA Health Care Facility to enhance workforce awareness and understanding of VA/VHA records management policies and other activities that have a positive impact on the overall records management culture and posture of the facility. These activities may include, but are not limited to, conducting annual records disposition day activities, posting record management posters and announcements throughout the facility, and providing department-level in-services and/or one-on-one training with personnel or services, as requested.

c. **Adverse Circumstances and Incidents of Federal Records.** Adverse circumstances and incidents of Federal records may occur from time to time and the response to these events is critical to limiting the risks associated with damage to or destruction of Federal records. Facilities may become aware of adverse circumstances or incidents by way of complaints or reports from employees, Veterans or members of the public, etc. The Facility Records Officer shall implement a documented C3R process to:

(1) Ensure local-level records management incident response policies and procedures are based on guidance from the VHA Records Officer on how the facility will address and process all incidents concerning Federal records.

(2) Ensure that an administrative file is maintained on all records management adverse circumstances and incidents and that it contains sufficient documentation to support the findings and resolution of the incident and that the administrative file is dispositioned according to RCS 10-1.

(3) Review on a quarterly basis to ensure the processing of adverse circumstances and incidents concerning Federal records includes, but is not limited to:

(a) a review to ensure that adverse circumstances and incidents are managed and investigated to full resolution, including how they are reported and handled when the Records Officer or Alternate are not available;

(b) a mechanism to provide facility leadership with timely information concerning adverse circumstances and incidents involving Federal records;

(c) a written response to complainants within the specified timeframe outlined in the VA Health Care Facility's records management policy (it is recommended that a reasonable timeframe be defined in the facility policy such as: "30 days from receipt");

(d) A method of coordinating with stakeholders (i.e., Human Resources for sanctions or disciplinary actions, union representatives, department heads, and supervisors, etc.) for the identification and resolution of adverse circumstances and incidents involving Federal records; and

(e) Documenting and tracking remediation of adverse circumstances and incidents

and identifying best practices to minimize future occurrences involving Federal records.

(4) Coordinating investigations and reviewing remediation actions with the VHA Records Management Office when the facility receives a complaint from the VHA Records Management Officer concerning Federal records.

## **9. REFERENCES**

a. Federal Records Act of 1950, 44 U.S.C. 2901 through 2911; 3101 through 3107; 3301 through 3314.

b. NARA Code of Federal Regulations, Title 36 Code of Federal Regulations (CFR) Chapter XII Subchapter B – “Records Management”.

c. Title 45 CFR 160.103.

d. Federal Rules of Civil Procedure (FRCP), Rule 26 Duty to Disclose General Provisions Governing Discovery.

e. VA Directive 6300, Records and Information Management.

f. VA Handbook 6300.1, Records Management Procedures. This handbook describes procedures for carrying out VA’s records management program

g. VA Handbook 6300.8, Procedures for Shipment of Records to the VA Records Center & Vault in Neosho, MO.

IT Operations and Services, VA Electronic Media Sanitization Bulletin No.1, April 5, 2019

h. VA Handbook 6500.6 Contract Security

i. VA Handbook 6500.8 Information System Contingency Planning

j. VHA Directive 6300, Records Management, dated October 22, 2018.

k. VHA Directive 1605.03, Privacy Compliance Assurance Program and Privacy/Freedom of Information Act (FOIA) Continuous Readiness Review and Remediation, dated September 19, 2019, or subsequent policy issue.

a. l. VHA Handbook 1605.05, Business Associate Agreements, dated July 22, 2015, or subsequent policy issue.