



*United States
Department of
Veterans Affairs*

**5-YEAR CAPITAL PLAN
2005 - 2010**

February, 2005

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LEGISLATIVE AND EXECUTIVE REQUIREMENTS MET BY THE PLAN

This 5-Year Capital Plan meets the following Congressional requirements:

FY 2005

- United States Code Title 38, Section 8104 addresses authorization requests for major medical facility projects and leases. VA's temporary authority, Public Law 108-170 (see FY 2004 section below), allows VA to carry out projects included in the plan.
- Public Law 108-447, Administrative Provision, Section 111 addresses notification requirements for leases over \$300,000.
- Conference Report (House Report 108-792) reiterated Senate language and directed VA to update its 5-year strategic plan for capital asset management.
- Senate Report 108-353 directed that VA update its 5-year strategic plan for capital asset management.

FY 2004

- Public Law 108-170 requires VA to submit a report describing the major construction projects the Secretary proposed in carrying out CARES implementation. The law also provides that VA may carry out the projects included in the plan 45 days after submission to the Authorization Committees. This authority expires on October 1, 2006.
- Conference report language (House Report 108-401) accompanying Public Law 108-199 reiterated House and Senate language that VA submit a comprehensive CARES plan.
- Senate Report 108-143 states that VA should submit a 5-year strategic plan for capital asset management, construction, and improvements of all VA infrastructure needs.
- United States Code Title 38, Section 8104 addresses authorization requests for major medical facility projects, major construction and lease projects.
- Public Law 108-199, Administrative Provision, Section 111 addresses notification requirements for leases over \$300,000.
- Executive Order 13327, Federal Real Property Asset Management, dated 2/4/2004.

The plan also responds to other congressional requirements:

- United States Code Title 38, Section 8104 addresses notification of intent to obligate in excess of \$500,000 for advance planning funds for CARES projects. (Projects previously authorized are exempt from this requirement.)
- United States Code Title 38, Section 8107 addresses the top-twenty medical facility projects.



EXECUTIVE SUMMARY

Executive Summary

INTRODUCTION

VA is a Cabinet-level department whose primary mission is to serve America's veterans and their families, ensuring that they receive medical care, benefits, social support, and lasting memorials. The Department's updated 5-year capital plan is the culmination of VA's comprehensive capital investment process. It reflects the difficult trade-offs between funding the operational expenses for existing assets, and the acquisition of new assets by the most cost-effective and beneficial means. Using an internally developed three-tiered approach, VA ensures that assets fully support the mission, vision, and goals of the Department as well as the President's Management Agenda.

BACKGROUND

The need for a comprehensive corporate-level capital asset management function in the Department has been validated by internal experiences as well as external bodies such as the President's Office of Management and Budget (OMB), the Government Accountability Office (GAO), and independent consultants. To meet this need, the Department created the Office of Asset Enterprise Management (OAEM) in July 2001 under the auspices of the Office of Management. In response to this new corporate perspective, the Veterans Health Administration (VHA) developed the Capital Asset Management and Planning Service within the Office of Facilities Management. The Veterans Benefits Administration (VBA), National Cemetery Administration (NCA), Office of Information & Technology, and staff offices also established focal points of contact to work with OAEM.

In November 2002, the VA Secretary approved the Office of Management's plan to implement a major reorganization of finance, acquisition, and capital asset functions throughout VA into regional centers with clearly defined delegations of authority and increased responsibility and accountability. By combining multiple functions into a single office of business oversight and streamlining field operations to a manageable size via regional offices, VA realized significant improvements in its business activities.

VA has a vast holding of diverse capital assets consisting of Government (VA) buildings and real estate, VA-leased buildings, enhanced-use leases, and sharing agreements pertaining to capital assets, major equipment, and information technology (IT) infrastructure and software. Assets include hospitals, clinics, cemeteries, office buildings, and medical and non-medical equipment. At the close of FY 2004, VA held 1,024 operating leases, over 5,600 owned buildings, and approximately 32,000 acres of land.

VA'S CAPITAL ASSET MANAGEMENT PROGRAM

In 1997, VA developed a new system-wide integrated capital investment planning process. The planning process has been improved every year, and the latest enhancements are described below. The fundamental goal was to ensure that all major capital investment proposals, including high-risk and/or mission-critical projects, were based upon sound business and economic principles. Additional goals were to promote the One-VA vision by linking diverse but complimentary objectives; align overall strategic goals and objectives of VA; and to support the President's Management Agenda. Since 1997, refinements have been made to the Department's capital investment process that takes into account the unique statutory requirements of Chief Information Officers (CIOs) in the management of IT assets. For FY 2006, VA requests a budget of \$4.6 billion for capital investments. Detailed information about capital investments can be found in chapters 4 through 8 of the plan.

VA'S THREE-TIERED APPROACH TO ASSET MANAGEMENT

VA is committed to a comprehensive, three-tiered corporate-level approach to capital asset management. The first tier is overall portfolio management, a global perspective to determine and maintain the optimal mix of investments needed to achieve desired VA outcomes or strategic goals, while minimizing risk and maximizing the cost-effectiveness and performance of our assets. The second tier is strategic linkage, matching Department goals to investments. The third tier is the life cycle approach to capital asset management. This approach helps VA closely align asset decisions with its strategic goals, elevate awareness of its assets, and employ performance management techniques to monitor asset performance on a regular basis through the entire life cycle of an asset. Each significant capital investment is tracked through its life cycle from formulation to execution, steady-state, and disposal. Capital investments are also monitored and enhanced with a set of management tools.

THE CAPITAL INVESTMENT PROCESS

VA utilizes a multi-attribute decision hierarchy methodology to impose a disciplined approach to the decision-making and prioritization process for major capital asset investments. VA used two distinct decision models during the FY 2006 capital investment planning cycle. One was for VHA CARES (Capital Asset Realignment for Enhanced Services) projects and the other for non-CARES (VBA, NCA, and staff office) projects. The CARES model was designed to accommodate the CARES process and timeline, and allow VHA CARES projects to be evaluated on criteria with greater health care specificity. The CARES capital investment decision process resulted in the identification of the highest priority CARES projects, which were subsequently approved by the Secretary. The FY 2005 – 2010 decisions are provided in Chapter 4 (VHA). The non-CARES capital investment decision process resulted in the identification of the highest priority non-CARES projects that were reviewed by the VA Senior Management Council (SMC) and approved by the Secretary and are included in Chapters 5, and 6.

Along with this vigorous capital investment process, the Department has also established various tools and programs that lead to more effective capital asset management.

TOOLS

Capital Asset Management System

VA is striving to utilize information technology and established capital asset management principles to improve the management of its capital resources. For example, VA created a portfolio management system called the Capital Asset Management System (CAMS), which is an integrated, Department-wide system, enabling VA to analyze, monitor, and manage VA's portfolio of capital assets. CAMS extracts key capital asset-related data from several data sources within the Department. Data is organized and presented to strategically monitor performance against capital asset goals within and across asset types and the VA Administrations (VHA, VBA, and NCA).

The CAMS initiative supports the President's Management Agenda. CAMS improves financial performance and expands electronic government. Additionally, CAMS significantly improves budget and performance integration within the Department and improves the overall management of VA's real property and IT assets.

VA is currently transitioning from current Department asset management goals to the Federal Real Property Council (FRPC) “Tier 1” goals during FY 2005, which are:

- Facility Utilization Index
- Facility Condition Index
- Annual Facility Operating & Maintenance Costs Index
- Mission Dependency Index

Enhanced-Use (EU) Leasing

VA utilizes a unique capital asset management tool called enhanced-use leasing. The results of this program include significant cost savings, substantial private investment, new long-term sources of revenues as well as jobs or tax revenues for the local, state and federal sectors. EU leasing supports the President’s Management Agenda by incorporating competitive sourcing, improving VA financial performance, and demonstrating budget/performance integration.

Under the enhanced-use leasing authority, VA may lease land or buildings to the private sector for up to 75 years. The leased property may be developed for non-VA uses that are consistent with the mission of the Department. The leased property may be developed for non-VA and/or VA uses, and in return for the lease, the Department obtains fair consideration in the form of revenue, facilities, space, services, or other considerations. VA is currently exploring ways to expand the use of this capital asset management tool and streamline the process. The enhanced-use leasing process was recently evaluated by the CARES Commission. The commission recommended that in order to maximize the efficiency of this capital asset management tool, VA must initiate improvements to streamline the process. In response to these recommendations, VA is engaged in numerous improvement activities, including re-delegation of authority to execute smaller and less complex enhanced-use leases to the regional capital asset managers that were created as a result of the Office of Management’s reorganization. A national contracting mechanism is being put in place to provide these asset managers with the tools (e.g., financial, real estate advisement, market analysis, legal support, etc.) they need to successfully implement these leases. Other process improvements include the implementation of standardized concept plans and templates for common milestones such as public hearings and notices to Congress and the public.

In addition, VA is currently performing additional studies at sites where health care delivery options have been realigned through the CARES process. These studies will include evaluating outstanding health care issues, developing capital plans, as well as determining the highest and best use for unneeded VA property

CAPITAL ASSET MANAGEMENT INITIATIVES

Over the past several years, VA has undertaken some major initiatives in order to improve and strengthen the capital asset management program. VA has integrated best practices into the fabric of the capital investment process, learning from the best planning and performance measurement found in government and private industry. One of the main achievements was the development of the Department’s first long-term capital plan, which was submitted to Congress in the summer of 2004. Other significant initiatives include the CARES program, creation of the Office of Asset Enterprise Management, the reorganization of the Office of Management, deployment of the Capital Asset Management

System, enhanced-use leasing, Department of Defense collaboration, energy conservation program, and development of the Department's first OMB-approved Asset Management Plan (AMP). These initiatives are briefly described as follows.

OTHER CAPITAL INITIATIVES

Development of VA Asset Management Plan and the VA and OMB Real Property Scorecards

GAO has considered federal real property to be a high risk area for several years now. In February 2004, the President issued Executive Order 13327, Federal Real Property Asset Management. It established the Federal Real Property Council (FRPC) to develop guidance and establish asset management principles, collect specified inventory data elements, and performance measures for all federal agencies. The FRPC is composed of Senior Real Property Officers representing federal agencies and departments. The FRPC is also responsible for providing guidance and facilitating the implementation of agency asset management plans.

VA's asset management plan complements the Department's 5-Year Capital Plan and provides VA's overall capital asset management philosophy and fully addresses the FRPC's ten asset management guiding principles. OMB recently approved the Department's Asset Management Plan and provided the 1st Quarter FY 2005 scorecard. The scorecard reflects an improvement in both current status in how VA manages its real property, and in the overall progress the Department has made in implementing the elements of real property management found in the President's Management Agenda. VA is leading the way in real property management as only the second agency to move out of the "red" category.

VA is also developing an internal real property scorecard that captures more detailed data related to the Department's seven capital portfolio goals. The VA scorecard contains inventory data by medical center and associated performance measures.

Collaboration with the Department of Defense

President George W. Bush established a task force to identify the factors that present challenges to interagency cooperation. The President's Task Force to Improve Health Care for Our Nation's Veterans was established by Executive Order 13214 on May 28, 2001. To formalize this goal and institutionalize collaboration between the departments, VA/DoD Collaboration, was designated as 1 of the 14 President's Management Initiatives.

In pursuit of the President's Management Agenda and in concert with the Task Force's organizing principles, the VA/DoD Construction Planning Committee (CPC) was created under the VA/DoD Joint Executive Council. The CPC was established to provide formalized structure to facilitate cooperation and collaboration in achieving an integrated approach to capital coordination that considers both short-term and long-term strategic capital issues and is mutually beneficial to both departments.

The CPC identified opportunities and challenges to capital collaborations for FY 2006 through 2010 and is working to establish overarching funding principles applicable to joint collaborations. The CPC also serves as the clearinghouse for review of construction, leasing, and real property dispositions proposed by any element of the VA/DoD JEC structure.

Energy Conservation Program

Energy conservation and program management have come to the forefront of the consciousness of federal agencies. Efficient energy management and increased energy conservation allow more of VA's limited resources to be directed toward providing high quality services to veterans.

The Department has revitalized its energy conservation program (ECP) to encompass all major VA entities to maximize energy conservation efforts. In FY 2004, VA began reporting agency-wide energy achievements in concert with VA's commitment to agency-wide asset and portfolio management. The VA ECP has five essential components: energy goals and requirements, energy commodity acquisition, energy investments, energy data reporting, and a broader category of management tools, which includes training and incentive awards programs. Currently, there are over \$1 billion of energy conservation and efficiency needs projected throughout VA's infrastructure. VA's goal and charge will be to provide policy and procedures to correct those needs and deficiencies. This will be accomplished through appropriations or alternative financing methods such as enhanced-use leasing, to achieve mandated federal energy goals as well as VA energy goals.

RESULTS OF THE CAPITAL INVESTMENT PROCESS

The CARES capital investment decision process resulted in the identification of the highest priority CARES projects approved by the Secretary. Each year projects over the asset specific thresholds (dollar amount) are reviewed, and approved by the VA Senior Management Council (SMC). The decision-making models for CARES and non-CARES projects are in Appendix E. The following page contains the projects that were approved and received funding in FY 2005. It also includes the FY 2006 projects for which VA is requesting funding from Congress. These projects were included in last year's 5-Year Capital Plan and are authorized under Public Law 108-170. For FY 2004 funded projects, see Appendix H.

Executive Summary

SUMMARY OF FY 2005 AND 2006 CARES CAPITAL PROJECTS

Year	VISN	Location		Project Title – Brief Description	Priority #	Budget Request (\$000)
2005	8	Tampa	FL	SCI Expansion	5	\$7,100
2005	16	Pensacola	FL	Joint VA and Department of Navy OPC	17	\$55,500
2005	17	Temple	TX	Blind Rehabilitation and Psychiatric Beds	19	\$56,000
2005	8	San Juan	PR	Seismic Corrections-Bldg 1, Ph 1 Design	20	\$15,000
2005	2	Syracuse	NY	Construct Addition for Spinal Cord Injury (SCI) Center	21	\$53,900
2005	7	Atlanta	GA	Modernize Patient Wards	22	\$20,700
2005	21	Menlo Park	CA	Seismic Correct-Geropsych NH Replacement (Bldg. 324)	23	\$33,239
2005	21	San Francisco	CA	Seismic Corrections-Bldg. 203	24	\$41,500
2005	22	Los Angeles	CA	Seismic Corrections-Bldgs. 500 & 501, Ph 1 Design	25	\$8,000
2005	8	Lee County	FL	Outpatient Clinic Ph 1 Land Purchase	26	\$6,510
2005	23	Des Moines	IA	Extended Care Building	27	\$25,000
2005	22	San Diego	CA	Seismic Corrections-Bldg. 1	29	\$48,260
		Various		Line Items		\$26,885
				Total 2005		\$397,594
2006	10	Cleveland	OH	Cleveland-Brecksville Consolidation, Ph 2/2-Construction	2	\$87,300
2006	4	Pittsburgh	PA	Consolidation of Campuses, Ph 2-Construction	3	\$82,500
2006	22	Las Vegas	NV	New Medical Facility, Ph 2/3-Construction	6	\$199,000
2006	8	Gainesville	FL	Correct Patient Privacy Deficiencies, Ph 2/2-Construction	7	\$76,400
2006	20	Anchorage	AK	Outpatient Clinic & Regional Office, Ph 2/2-Construction	18	\$63,510
2006	16	Biloxi	MS	Consolidation - Mental Health Ctr & Renovation, Ph 1/3-Design	FY06 1	\$17,500
2006	16	Fayetteville ¹	AR	Clinical Addition, Ph 1-Design	FY06 5	\$5,800
		Various		Line Items		\$55,790
				Sub Total 2006		\$587,800
				Less Receipts and Proceeds from Lakeside, IL		(\$50,000)
				Total 2006		\$537,800
				Grand Total		\$935,394

¹ The FY 2005 project were scored last year and received funding from Congress. The FY 2006 list includes construction funding for five phased carryover projects that received design funds in FY 2004. It also includes design funds for two additional projects at Fayetteville and Biloxi. Carryover or phased projects are not rescored each year and keep their original ranking.

² Fayetteville is requested prior to other higher priority FY 06 projects in order to maximize the utilization of funding for FY 2006.

The non-CARES capital investment decision process resulted in the identification of the following highest priority non-CARES projects which are reviewed each year by the SMC and approved by the Secretary. Non CARES projects are scored using separate models for planning and acquisition applications. This results in two set of ranked scores, one for planning and another for acquisition applications. Planning applications are less detailed as they are conceptual in nature and do not include information such as the

Executive Summary

comprehensive cost effectiveness and risk analysis. This information is provided when the after the planning application is approved and the acquisition application is submitted. The FY 2005 projects listed below were approved last year, and were funded by the Congress. The FY 2006 projects were included in the Department's budget submission and are currently being considered by Congress.

SUMMARY OF FY 2005 AND 2006 NON-CARES CAPITAL PROJECTS

Year	Admin	Location		Project Title – Brief Description	Priority	Budget Request (\$000)
Planning Business Case Applications						
2005	NCA	San Diego	CA	Ft. Rosecr National Cemetery Annex at Miramar Phase 1 (Design)	1	\$1,000
2005	NCA	Riverside	CA	Riverside National Cemetery Gravesite Expansion & Improvements (Design)	2	\$1,400
2005	NCA	Gustine	CA	San Joaquin Valley National Cemetery Gravesite Expansion & Improvements (Design)	3	\$800
Acquisition Business Case Applications						
2005	NCA	Solano County	CA	Sacramento Area National Cemetery Phase 1 Development	1	\$21,600
2005	NCA	Bushnell	FL	Florida National Cemetery Gravesite Expansion & Cemetery Improvements	2	\$20,000
2005	NCA	Moline	IL	Rock Island National Cemetery Gravesite Expansion & Cemetery Improvements	3	\$10,200
2005	VBA	Huntington	WV	New GSA Lease	4	\$3,700
2005	VBA	Reno	NV	VARO Reno GSA Lease	5	\$1,000
				Total 2005		\$59,700
Planning Business Case Applications						
2006	NCA	Dallas	TX	Dallas/Ft Worth National Cemetery Phase 2 Gravesite Expansion (Design)	1	\$1,100
2006	NCA	Schuylerville	NY	Gerald B.H. Solomon Saratoga National Cemetery Phase 2 Gravesite Expansion (Design)	2	\$1,000
2006	NCA	Grand Blanc	MI	Great Lakes National Cemetery Phase 1B (Design)	3	\$1,750
2006	OI&T	Nationwide		HealthVet Vista ¹	4	\$311,310
Acquisition Business Case Applications						
2006	NCA	San Diego	CA	Ft. Rosecrans National Cemetery Annex at Miramar Phase 1 Development	1	\$19,450
2006	NCA	Various		Land Acquisition ²		\$41,000
				Total 2006		\$375,610

¹HealthVet Vista is an information technology initiative, and was approved at an estimated funding level of \$311M by Executive Information Board, SMC and the Secretary for inclusion in the FY 2006 budget. VHA may allocate less than the approved level based on funding availabilities in the Medical Care Account.

²This includes land acquisition for the establishment of six new national cemeteries at the following sites: Bakersfield, CA; Birmingham, AL; Columbia/Greenville, SC; Jacksonville, FL; Sarasota County, FL; and Southeastern Pennsylvania.

CONCLUSION

The 5-Year Capital Plan is a living document reflecting changes in the composition and alignment of assets. It describes the process, criteria and philosophy applied to acquisition management and disposal decisions, and holds these projects to pre-established goals, and with the IT portion, is a collaborative process between the CFO and CIO offices in VA. Through the use of a set of asset management tools such as the Capital Asset Management System and enhanced-use leasing, VA makes sound business decisions. This plan is the central document describing the selection of the Department's key capital acquisitions using a formal executive review process developed by senior management and approved by the Secretary. Major (over-threshold) projects are reviewed by the executive review boards (Capital Investment Panel, Executive Information Board, and SMC) and submitted to OMB each year for approval, in the form of a business case application that meets OMB Exhibit 300 requirements. The plan contains brief descriptions and justification of the significant projects included in the capital budget and explains how each investment assists VA in achieving our central mission—to meet veterans' health care, benefits, and burial needs.



Chapter 1

VA'S CAPITAL ASSET MANAGEMENT PROGRAM

1. Capital Asset Management Program

1. Capital Asset Management Program

INTRODUCTION

VA is a Cabinet-level department whose primary mission is to serve America's veterans and their families, ensuring that they receive medical care, benefits, social support, and lasting memorials. VA consists of the Veterans Health Administration, the Veterans Benefits Administration, the National Cemetery Administration, and six staff offices, which provide support to the Administrations. VA capital investments are closely aligned with the Department's mission, vision, and strategic and enabling goals, which are listed below:

MISSION

"To care for him who shall have borne the battle and for his widow and his orphan."

These words, spoken by Abraham Lincoln during his Second Inaugural Address, reflect the philosophy and principles that guide VA in everything we do, and are the focus of our endeavors to serve our Nation's veterans and their families.

VISION

We will strive to meet the needs of the Nation's veterans and their families today and tomorrow by:

- Functioning as a single, comprehensive provider of seamless service to the men and women who have served our Nation;
- Cultivating a dedicated VA workforce of highly skilled employees who understand, believe in, and take pride in our vitally important mission;
- Continuously benchmarking the quality and delivery of our service with the best in business and using innovative means and high technology to deliver world-class service; and
- Fostering partnerships with veterans service organizations, the Department of Defense and other federal agencies, state and local veterans organizations, and other stakeholders to leverage resources and enhance the quality of services provided to veterans.

VA'S CAPITAL ASSET MANAGEMENT PROGRAM

Federal capital investment planning and decision-making has undergone profound changes during the last decade as a result of the Government Performance and Results Act (1993); Clinger-Cohen Act (1996); Federal Acquisition Streamlining Act (1994); OMB's *Capital Programming Guide* (Supplement to Part 3 of OMB Circular A-11); Executive Order 13327, Federal Real Property Asset Management; and other Federal initiatives.

VA began its pursuit of a comprehensive capital asset planning process and management strategies in earnest in 1997. VA developed a structure that facilitated a comprehensive system-wide integrated capital investment planning process. The fundamental goal of the new process was to ensure that all major capital investment proposals, including high-risk and/or mission-critical projects, were based upon sound business and economic principles; promoted the One-VA vision by linking diverse but complimentary objectives; were aligned with the overall strategic goals and objectives of VA; addressed the Secretary's priorities by emphasizing program objectives in support of internal goals; and supported the President's

1. Capital Asset Management Program

Management Agenda. The capital asset program has matured, incorporating a sophisticated philosophy of portfolio management along with powerful management tools to more effectively execute the Department's mission. The capital asset management program is bolstered by a management structure that supports informed, balanced decision-making.

VA's structure includes the Strategic Management Council (SMC), which is the governing body responsible for overseeing effective and efficient capital asset management. The SMC oversees the approval of all capital investment proposals that exceed certain thresholds, represent a high risk or high visibility, or are crosscutting. The SMC has a panel that assesses and reviews capital investment proposals; evaluates, scores, and prioritizes proposals; and makes recommendations. The table below provides the capital investment thresholds by asset categories that require review by the SMC.

Table 1-1 Thresholds for Capital Investments Requiring SMC Approval

Total Acquisition Costs				
Categories	VHA	VBA ³	NCA	Staff Offices
Infrastructure Proposals ¹	\$7M	\$7M	\$7M	\$2M
Medical Equipment	\$1M/piece	N/A	N/A	N/A
Non-Medical Equipment	\$500,000/piece	\$500,000/piece	\$500,000/piece	\$500,000/piece
Information Technology: Total acquisition cost or Life cycle Costs	\$10M or \$30M	\$2M or \$6M	\$1M or \$3M	\$1M or \$3M
Leases/GSA Space	\$600,000	\$600,000	\$600,000	\$600,000
Energy Savings Performance Contracts	\$7M/Facility or \$10M/Multiple Facilities ²	\$7M/Facility or \$10M/Multiple Facilities ²	\$7M/Facility or \$10M/Multiple Facilities ²	\$7M/Facility or \$10M/Multiple Facilities ²

¹Threshold includes the Construction and Medical Care (NRM) appropriations.

²Multiple facilities means more than two facilities, with not one of the involved facilities value in the task order exceeding \$7.0M.

³A business case application is required for all new regional office buildings (at new or existing sites) in excess of \$4.0M; these are reviewed by the Office of Management as part of the operating budget plan approval process.

FY 2005 CAPITAL HOLDINGS-START OF YEAR

VA has a vast holding of diverse capital assets consisting of Government (VA) buildings and real estate, VA-leased buildings, and enhanced-use leases and sharing agreements pertaining to capital assets, major equipment, and IT infrastructure and software. Assets include hospitals, clinics, cemeteries, office buildings, and medical and non-medical equipment. The number and composition of assets in the VA portfolio is being adjusted in response to the CARES decision by the Secretary. The table below summarizes VA's recent capital holdings.

Table 1-2 VA Capital Holdings

Total number of operating leases	1,024
Total number of leased square feet (net usable square feet)	12,129,277
Total number of owned buildings	5,602
Total number of owned gross square feet	145,108,955
Total number of owned acres	31,956

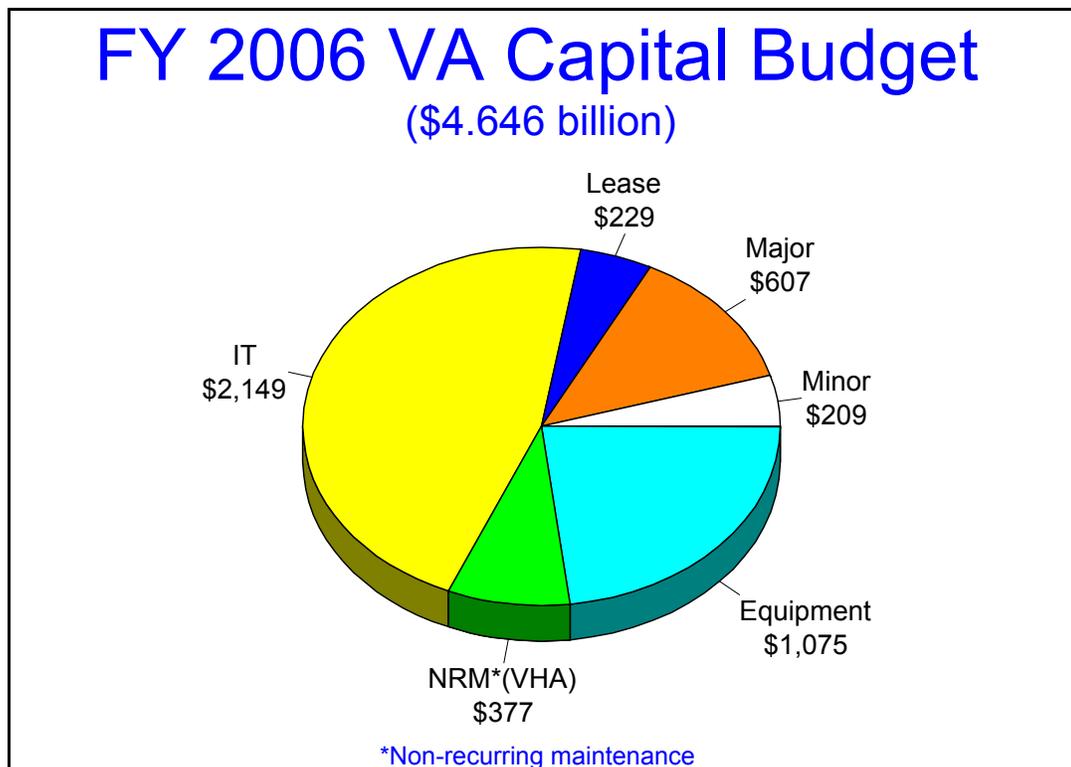
1. Capital Asset Management Program

VA is committed to a comprehensive, corporate-level approach to capital asset management. This approach helps VA closely align asset decisions with its strategic goals, elevate awareness of its assets, and employ performance management techniques to monitor asset performance on a regular basis through the entire life cycle of an asset. At the core of VA's capital asset business strategy is value management – striving to return value to VA's business and managing existing value for greater return.

VA CAPITAL BUDGET AUTHORITY

VA's capital budget is composed of investments in a number of asset categories across several organizations within VA. Below is a chart depicting the breakdown by asset category. The FY 2006 VA budget request includes a capital budget of \$4.64 billion.

Figure 1-1 VA Capital Budget Request



A THREE-TIERED APPROACH TO CAPITAL MANAGEMENT

With more than 5,600 buildings and approximately 32,000 acres of land nation-wide, it is critical that VA has a systematic and comprehensive framework for managing its portfolio of capital assets in order to improve our use of resources and provide more effective health care and benefits delivery for our Nation's veterans. VA's capital asset management philosophy is grounded in a three-tiered capital asset management approach which includes overall portfolio management (optimal mix of investments), strategic linkage (to mission), and a life cycle focus (stages of investment).

TIER ONE - OVERALL PORTFOLIO MANAGEMENT

The VA capital portfolio management approach focuses on appropriately determining and maintaining the optimal mix of investments needed to achieve desired VA outcomes or strategic goals, while minimizing risk and maximizing the cost-effectiveness and performance of our assets. VA is striving to maximize the functional and financial value of capital assets through well thought-out acquisitions, allocations, operations and dispositions. By following this approach and utilizing tools such as a sound capital investment process (including alternatives analysis, strategic linkage, and life cycle costing), enhanced-use leasing, and CAMS (including performance measurement), VA is able to improve coordination and management of capital assets and provide a single consolidated view of all capital investments in the VA portfolio. These tools and capabilities also assist VA in maximizing the value of its portfolio, providing balance and ensuring investments meet VA's mission and strategic goals. For example, VA's enhanced-use leasing authority allows the Department to leverage its assets and acquire facilities or obtain goods and services that might otherwise be unavailable or unaffordable, or conversely, convert underutilized property into an asset that generates revenue, achieves consolidation, or reduces costs.

Many of the asset management principles VA adheres to, and which the Federal Real Property Council (FRPC) has endorsed, are being implemented through a life cycle approach. The Department's asset management philosophy is reducing underutilized space and the associated operating costs. The Department also employs performance management techniques to monitor asset performance on a regular basis through the entire life cycle of an asset.

VA's portfolio consists of five individual asset categories. VA views these assets as a single comprehensive portfolio. At each stage of the project's life cycle, VA's corporate portfolio goals help identify deficiencies that VA can address in order to improve asset efficiency and effectiveness in delivering services to veterans. VA's asset classes include:

1. Buildings and Land

Building systems, additions, new construction, renovation, parking garages, and acquisitions and disposal of properties. This would also include site acquisitions.

2. Equipment

- Medical Equipment: Any diagnostic or treatment modality used in the delivery of health care. This would include items such as cardiac-catheterization laboratory equipment, magnetic resonance imaging, or linear accelerators.
- Non-Medical Equipment: Non-recurring equipment items that are used by non-medical administrations or offices. This would include generators or heavy equipment used in burial activities.

*1. Capital Asset Management Program***3. Information Technology**

Any equipment or interconnected system or subsystems of equipment that are used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information by the executive agency.

4. Leases/GSA Space Assignments

- Lease: A contract vehicle that enables VA to become a tenant and rent space and accompanying building services for a specified period at a negotiated rate. Also known as a direct lease.
- GSA Space Assignment: Leased space acquired from GSA.

5. Agreements

- Energy Savings Performance Contracts (ESPC): A program developed by the Department of Energy designed to reduce energy consumption in federally owned and operated facilities. It is assumed that by reducing energy consumption, the demand for constructing additional generation plants will not be necessary. A typical ESPC contract consists of VA hiring a private developer who invests its capital in high-technology energy improvements, which results in VA significantly reducing energy consumption.
- Enhanced-Use Lease: Leasing underutilized VA property on a long-term basis to non-VA users for uses compatible with VA's mission. The Department will be able to obtain facilities, services, and/or money for VA requirements that would otherwise be unavailable or unaffordable.
- Enhanced Sharing Agreement: Allows individual medical facilities to contract for services with any health-care provider, or other entity or individual. These contracts can include a wide array of healthcare resources. There are no maximum dollar limitations for the investments.

VA CAPITAL PORTFOLIO GOALS

VA's capital portfolio goals are closely tied with the asset management core objective, to provide a safe and appropriate environment for the delivery of benefits to veterans in a cost-efficient manner. The portfolio goals were established in order to provide indicators on how well VA is managing its capital portfolio and meeting its strategic goals and objectives. The VA capital portfolio goals were developed based on the Department's main objective to manage assets in a way that ensures resources are maximized, assets (including VA staff and veterans) are safeguarded, and all opportunities (public and private or a combination of both) are fully explored. These goals also allow VA senior management to monitor the overall health of the Department's capital asset portfolio and provide for informed corporate decision-making. The table on the following page lists VA's seven portfolio goals along with subsidiary performance goals and specific metrics, all by asset type.

1. Capital Asset Management Program

Table 1-3 VA Portfolio Goals and Measures – Business View

	Leases	Agreements	Buildings & Land	Equipment	IT*
Goal: Decrease Operational Costs					
Decrease by \$, operating costs vs commercial benchmark	●	●	●	●	●
Decrease by %, assets exceeding useful economic life			●	●	●
Decrease by %, total cost of ownership	●	●	●	●	●
Decrease operational cost by % vs inflation	●		●	●	●
Goal: Decrease Energy Utilization					
Increase % renewable energy usage vs total energy		●	●		
Decrease by %, total energy consumption (volume)		●	●	●	
Decrease by %, unit energy costs		●	●	●	
Goal: Decrease Underutilized Capacity					
Decrease by %, underutilized assets	●	●	●	●	●
Increase asset sales by %		●	●	●	
Decrease by %, vacant space	●		●		
Goal: Increase Sharing					
Increase by %, assets shared across VA business lines	●	●	●	●	●
Increase by %, assets shared w/ DoD, federal agencies, state & local	●	●	●	●	●
Goal: Increase Revenue Opportunities					
Increase revenues by %		●			
Decrease by %, vacant space from outleasing or sharing		●	●	●	●
Goal: Safeguard Assets					
Decrease by %, high-risk assets	●	●	●		●
Increase by %, compliance with safety, security, accessibility, accreditation	●	●	●	●	●
Goal: Maximize Highest and Best Use					
Increase by #, asset exchanges/sales		●	●		
Increase by #, agreements to ensure full utilization, optimum asset performance		●	●		●
Balance spending distribution to ensure portfolio management by %	●	●	●	●	●
Increase by %, In-Kind Consideration (EU)		●			
Increase by %, Cost avoidance / savings		●			

*These represent notional IT measures. The Office of information and Technology is working to finalize the appropriate measures for IT investments.

The specific targets for each goal are under development however, VA is currently placing emphasis on transitioning and establishing the FRPC Tier 1 goals during FY 2005.

VA will address the FRPC Tier 1 goals by the end of FY 2005; this is possible as much of the data needed to support the goals are already embedded in the Department's predefined corporate portfolio goals. Tier 1 goals vary primarily in their specificity to VA. In order to meet federal requirements and to provide VA-focused measures, the Department plans to measure and maintain the FRPC Tier 1 goals and VA's corporate portfolio goals. Once FRPC Tier 1 goals are addressed, VA will begin work on the FRPC Tier 2 measures, which are also important but are not required to be reported on a federal agency level at this time.

1. Capital Asset Management Program

FRPC Tier 1 measures include:

- Facility Utilization Index – Examining underutilized space to achieve optimal use of the capital asset portfolio.
- Condition Index – The objective is to assist in restoring assets to a condition equivalent to the originally intended and designed capacity, efficiency or capability.
- Annual Facility Operating Costs – VA seeks to decrease operating and maintenance costs.
- Mission Dependency – The objective is to decrease non-mission-dependent assets.

VA Portfolio Goals

The following section outlines VA's goals and specific measures which are under development, and includes a brief description of how some measures (decrease underutilized capacity and decrease operating costs) will need to be modified to meet FRPC definitions.

VA Goal: Decrease Underutilized Capacity.

Decreasing the unused and underutilized space is one of the key factors leading the President's decision to implement the Federal Real Property Asset Management Initiative as reflected in the Tier 1 facility utilization index. VA is transitioning or modifying this goal to be consistent with the FRPC facility utilization index definition, and will establish a target and metrics by the end of the third quarter FY 2005. This transition will involve updating the vacant and underutilized facility baseline as needed, and incorporating the FRPC definition of "ratio to occupancy to current design capacity," and then determining VA's space utilization within the four categories (over-utilized, utilized, underutilized and not utilized) developed by the FRPC workgroup. VA will adjust the CAMS business rules for federal reporting purposes. VA is also developing the necessary tools and incentives for the disposal of underused properties and to provide motivation to deploy ineffective assets into more productive ones.

VA Measures:

- Decrease underutilized space (FY 2004 baseline is 29,507,611 sq ft) by 30%

The baseline for these goals will need to be updated as more accurate information is being captured in CAMS since it was fully implemented in September 2004. The successful implementation of CAMS also involved providing capital asset management training for VA staff. One other factor that has increased data validity is that VA capital asset managers are now held accountable for ensuring the information entered into capital databases is both consistent and correct.

In accordance with the President's initiative and the Secretary's CARES decision, VA has addressed legislation to better provide encouragement for disposal of underused facilities. The funds amassed by asset sales will be returned to meet VA service delivery needs and make a tangible difference in the lives of veterans.

VA Goal: Decrease operational costs. (This goal will be transitioned to be consistent with the Tier 1 Annual Facility Operating Costs measure, target and baseline, which will be established by the end of the third quarter FY 2005). VA's CAMS is currently tracking

1. Capital Asset Management Program

operating costs using many of the same elements the FRPC is currently espousing. These include utilities, maintenance, security and other costs required to operate a facility. However, these costs are not captured at the constructed asset level as planned by the FRPC. VA is in the process of incorporating operating cost data in high-level (Deputy Secretary) monthly performance reviews. For example, CAMS is able to provide comparable data such as square foot energy costs by VISN or facility site or by an established industry benchmark. The Department compares operating costs for individual leases against industry benchmarks to identify outliers (based on costs) that may need to be addressed.

By decreasing the number of assets that exceed their useful economic life, VA will be able to minimize maintenance and operation costs. Operation costs will also be decreased by lowering costs to commercial benchmarking rather than using only standards of government expenditures. By decreasing operation costs, VA will be able to reinvest much needed funds in improving services to our nation's veterans. VA is also looking to decrease the number of source systems that contain asset data, thereby eliminating redundancies and creating a more efficient asset management program.

VA Measure:

- Reduce operating cost from the FY 2004 baseline (\$11.4 billion) by a target to be determined, adjusted for inflation.

VA Goal: Reduce Energy Utilization.

By decreasing the total energy consumed in VA facilities, the cost of operating those facilities will be reduced and the amount of energy used will be diminished. This will be accomplished through more effective building management and diverting energy where it is most needed. This can also be accomplished through utilizing more self-generating facilities and upgrading units that do not have that capability.

VA Measure:

- Reduce facility energy consumption relative to a 1985 baseline by 35%

Other Capital Portfolio Goals (targets are being developed)**VA Goal: Increase Intra/Interagency and Community-Based Sharing.**

By sharing assets with common missions and objectives with other governmental agencies, departments, and organizations, the average veteran will be impacted in a positive way. For example, VA has worked diligently with the Department of Defense (DoD) to realize the beginnings of government-wide asset sharing in order to better serve veterans, especially in their transition from the military.

VA Goal: Increase Revenue Opportunities.

Enhanced-use leasing authority provides VA with increased revenues that can then be reinvested to meet other VA service delivery needs.

*1. Capital Asset Management Program***VA Goal: Safeguard Assets.**

Safeguarding assets (including patient and employee safety) is a top priority of the Department. Decreasing the number of high-risk assets in VA's portfolio can reduce the cost of making these facilities compliant with government standards and practices. VA will reduce costs by maintaining assets that conform to safety measures. The Department has performed seismic assessments of our infrastructure to determine high-risk facilities. Projects that have a safety and seismic component are given credit when scored by the VA executive review team. Twenty-five percent of the top twenty medical facility projects addressed life-safety issues. Security issues took on new importance after the 9-11 terrorist attacks. As a result, VA has completed 18 full assessments and 100 pre-assessments of infrastructure security studies and is actively working to address the issues identified.

VA Goal: Maximize Highest and Best Use.

Maximizing the highest and best use of VA assets is a combined effort of all VA organizations. VA is developing targets to balance spending distribution (e.g., new, enhancements, maintenance, research activities) to ensure portfolio management and leveraging of investments. VA will increase the number of agreements for asset exchanges (including in-kind consideration) and sales to acquire replacement property better suited to care for and improve the lives of our nation's veterans. VA is also working to increase the total number of agreements to ensure full utilization and optimum performance of all VA assets. These agreements and programs such as enhanced-use leasing also contribute to increased savings and cost avoidance. The Department is currently performing follow-up re-use studies specifically evaluating the highest and best use for VA property identified by the CARES process to have significant potential for pursuing enhanced-use (or other commercial) opportunities for vacant and underutilized space.

Two other Tier 1 performance measures that will need to be more fully addressed are Facility Condition Index (FCI) and Mission Dependency Index. VA performed condition assessments of all its medical facilities as part of the CARES study. These assessments include estimates of the deferred maintenance and repair for each building. These estimates will be compared against the building's plant replacement value in order to establish an FCI score consistent with FRPC direction. VA's space and functional database includes both variables needed to provide a facility index score, including the facility condition assessment and the plant replacement value for each building. The Department is currently refining and updating plant replacement value estimates to address any changes that have occurred in the past two years. The baseline and targets will be established by end of the second quarter FY 2005.

The final Tier 1 measure being developed by the FRPC is mission dependency. VA will determine how each of its facilities is linked (mission critical to non-mission critical) to our mission and strategic plan by the end of the third quarter FY 2005. Mission dependency information will be entered into the space and functional database, which feeds into CAMS for tracking and reporting purposes.

TIER TWO – STRATEGIC LINKAGE

VA's capital asset management philosophy places an emphasis on ensuring capital investments fully support the agency missions and strategic goals.

VA's mission is "To care for him who shall have borne the battle and for his widow and his orphan." These words, spoken by Abraham Lincoln during his Second Inaugural Address, reflect the philosophy and principles that guide VA in everything we do, and are the focus of our endeavors to serve our Nation's veterans and their families.

VA strives to meet the needs of the Nation's veterans and their families today and tomorrow by:

- Functioning as a single, comprehensive provider of seamless service to the men and women who have served our Nation;
- Cultivating a dedicated VA workforce of highly skilled employees who understand, believe in, and take pride in our vitally important mission;
- Continuously benchmarking the quality and delivery of our service with the best in business and using innovative means and high technology to deliver world-class service; and
- Fostering partnerships with veterans' service organizations, the Department of Defense and other federal agencies, state and local veterans organizations, and other stakeholders to leverage resources and enhance the quality of services provided to veterans.

VA's strategic and enabling goals guide our asset management strategies. The goals include:

Strategic Goal 1 - Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.

Strategic Goal 2 - Ensure a smooth transition for veterans from active military service to civilian life.

Strategic Goal 3 - Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.

Strategic Goal 4 - Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.

Enabling Goal - Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance.

1. Capital Asset Management Program

The primary justification for all VA capital investments is that they must contribute to carrying out the Department's mission by filling performance gaps to meet VA's mission and strategic goals. This important linkage between capital asset investment and performance and the Department's mission and strategic goals is stressed throughout the life cycle of an investment. For example, in the formulation stage, each capital investment business case must address and quantify how the investment helps meet the Department's mission and the strategic goals and/or enabling goal. VA also strives to fully utilize all asset management tools to realign assets to better meet VA's needs. VA employs tools such as the enhanced-use leasing authority and the CARES initiative to accomplish this goal. In addition, VA supported legislation to dispose of excess real property in order to obtain revenues that can be reinvested to provide additional services to veterans. The legislation developed from HR 3936 and S 2485 was passed on November 30, 2004 as Public Law 108-422. The following sections more fully illustrate how strategic linkage is addressed at all stages of an asset's life.

TIER THREE – LIFE CYCLE MANAGEMENT

Each significant capital investment is tracked through its entire life cycle from formulation to execution, steady-state, and disposal (Figure 2). The formulation phase involves defining a specific concept or need, obtaining fund authorization, and eventually gaining appropriations (or non-appropriated funding) to obtain a needed capital asset. The execution phase focuses on the expenditure of the appropriations obtained in the previous phase and on the actual award of a contract through the build-out or completion of the asset. The steady-state phase involves the typical operations and maintenance of an asset through its expected life span. The disposal phase is the final stage of an asset's life cycle and involves the proper and orderly retirement and liquidation of a federal asset.

Investment protocols and standards have been developed to provide guidelines for each major phase/milestone in the life cycle of a capital asset. All capital assets are monitored and evaluated against a set of performance measures (including those that are underutilized and/or vacant) and capital goals to maximize highest return on the dollar to the taxpayer.

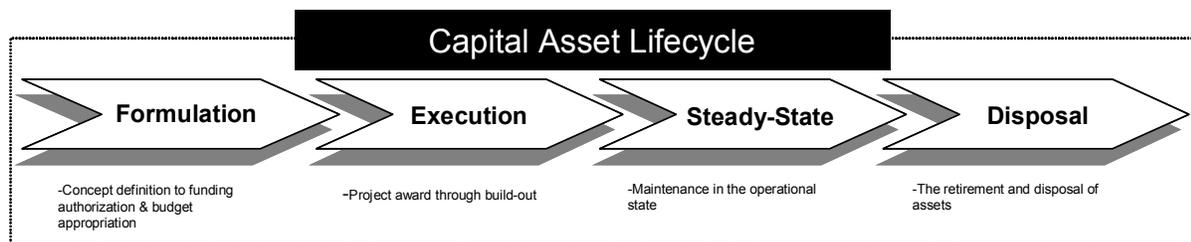
In addition, by using CAMS, VA monitors its entire capital asset portfolio, examining all significant assets at every life cycle stage, in concert with VA portfolio goals and strategic goals. The development and deployment of CAMS has assisted VA in achieving a major milestone in transitioning from the traditional single asset management style to corporately managing our vast portfolio of holdings. Only through this corporate portfolio perspective can VA begin to achieve its overall capital asset business strategy of value management.

Federal capital investment planning and decision-making has undergone profound changes during the last decade as a result of the Government Performance and Results Act (1993); Clinger-Cohen Act (1996); Federal Acquisition Streamlining Act (1994); OMB's *Capital Programming Guide* (Supplement to Part 3 of OMB Circular A-11); Executive Order, Federal Real Property Asset Management; and other Federal initiatives. VA began its pursuit of a comprehensive capital asset planning process and management strategies in earnest in 1997. VA developed a structure that facilitated a comprehensive system-wide

1. Capital Asset Management Program

integrated capital investment planning process. The fundamental goal of the new process was to ensure that all major capital investment proposals, including high-risk and/or mission-critical projects, were based upon sound business and economic principles; promoted the One-VA vision by linking diverse but complimentary objectives; aligned with the overall VA strategic goals and objectives; addressed the Secretary's priorities by emphasizing program objectives in support of internal goals; and supported the President's Management Agenda.

Figure 1-2 VA's Capital Investment Life Cycle



Formulation Stage

Functional Development Phase

The functional development phase is at the operational level and may occur either at the Central Office or field level where needs are realized, gap analyses are completed, proposals are developed, and solutions are ultimately applied. In this phase, initial ideas for capital investments are developed and concept papers are completed.

Proposals undergo review first within each administration (VHA, VBA, and NCA) or by the Executive Information Board (EIB) for IT concept papers. The EIB is a forum for deliberation and decisions about Department information technology expenditures needed to achieve the Department's mission and business requirements. It is the executive decision-making body for the IT capital planning and investment control process that provides for the selection of IT investments to be made by the Department, the management of such investments, and the evaluation of the results of such investments. It ensures investments in IT are compliant with the Department's policies, strategic plan, and Enterprise architecture, and within funding constraints. A decision is made whether to return the proposal for further development, decline the proposal, or forward the proposal for higher-level consideration by the SMC.

Technical Review Phase

In the technical review phase, approved proposals have been developed into either planning or acquisition applications and receive technical and financial scrutiny from Department-wide councils or Administration boards, as well as initial prioritization within the owner organization.

- Non-CARES proposals that do not pass a technical review are returned for further development, while proposals that do pass are forwarded to the VA Capital Investment Panel (VACIP) or the EIB (for IT) for strategic review.

1. Capital Asset Management Program

- CARES proposals are reviewed by the VACIP augmented by additional VHA representation.

Strategic Review Phase

In the strategic review phase, proposals of all asset types, from all across the Department are reviewed. Proposals are submitted using a web-based application in CAMS. A multi-disciplinary team – the VACIP – validates and then scores the proposal applications. IT project comments and recommendations are returned to the VA Chief Information Officers. The scoring results in a prioritized list of investments across asset types. CARES projects are ranked based on six criteria, including service delivery enhancements; safeguarding assets (patient life safety projects); special emphasis (e.g., spinal cord injury, blindness, serious mental illness); capital asset priorities/portfolio goals; Departmental alignment (DoD collaboration and strategic alignment); and financial priorities. Non-CARES projects are scored and ranked by the Capital Investment Panel, using some of the same criteria with the exception of service delivery enhancements and special emphasis criteria; however, a customer service criterion was added to the non-CARES model. Brief descriptions of the criteria utilized for both models are included in Appendix C.

A multi-attribute decision methodology, the Analytic Hierarchy Process (AHP), is used to score the proposals described in the previous paragraph. It accommodates the more judgmental factors and imposes a disciplined approach to the decision-making and prioritization process. A hierarchical approach helps to structure the problem and break it down into specific components. These components are called decision criteria. Multi-attribute decision modeling is a technique that allows evaluators to consider a number of diverse criteria in reaching a decision. AHP uses a hierarchical model comprised of a goal, criteria, sub-criteria, and alternative outcomes or conditions for each problem or decision. Such models combine evaluations or decisions using both quantitative and qualitative criteria.

The VACIP uses its specific capital investment decision model and decision software to perform necessary calculations to evaluate investment proposals, based on the effect a particular proposal has with respect to each sub-criterion. CIP panel members score each capital investment proposal that has passed the validity assessment. The scores are generated by the decision software and result in a list of investments ranked in priority order. The CIO, through the EIB, creates the portfolio of IT investments that are necessary to support the Department's other efforts and assets, and reports this information to the SMC.

This provides the SMC with a Department-wide view of new IT investments and other capital asset projects that contribute to the accomplishment of VA's diverse strategic goals. The SMC recommends approval of scored proposals, and then submits them to the Secretary for final approval.

The strength of the VA capital investment planning process is that it encourages continual improvement and refinement as a response to customer needs. Along with stakeholder suggestions, veteran needs and environmental factors are monitored in order to modify the decision model to address changing needs and priorities. VA revisits its decision model and re-evaluates the criteria and sub-criteria on an annual basis to ensure the decision model is meeting these needs.

*1. Capital Asset Management Program***Execution Stage**

Once a project is approved by OMB and receives funding by Congress it enters the execution stage of its life cycle. Here the emphasis is on measuring planned and actual schedules (design and construction awards, and activation dates) and costs at each phase of the project's initiation. Performance indicators have been or will be developed and tracked for each type of asset. For example, major construction projects that have actual obligations in excess of their planned amount will be clearly identified in the CAMS portfolio management system which is further discussed below.

Steady State Stage

The next stage of a capital asset life cycle is called steady state. Steady state is entered once a project becomes fully functional or operational. An asset is no longer monitored based on its own milestones and health, but is merged into facility operations. The tracking of health in steady state is thus done at the facility level rather than at the project level.

VA developed CAMS as a corporate portfolio management tool for a wide array of capital assets (e.g., leased and owned real property, information technology, agreements, equipment) above the established cost threshold. CAMS is structured to extract valid, reliable, useful real property data from existing corporate data systems. A set of specific capital asset portfolio goals provides VA with the appropriate corporate portfolio perspective and allows for achievement of the overall capital asset business strategy of value management.

VA's corporate portfolio goals are generally focused on the steady-state phase of capital asset life cycles. VA strives to leverage its assets to achieve these corporate portfolio goals. These goals allow VA senior management to monitor the overall health of the Department's capital asset portfolio and provide for informed corporate decision-making. Table 1-3 lists VA's seven portfolio goals along with subsidiary performance goals and specific metrics, all by asset type. The specific targets for each goal are under development. Descriptions of the asset categories are also provided.

Disposal Stage

The final stage of an asset life cycle is disposal. On November 30, 2004, Congress passed P.L. 108-422, giving VA authority (independent of GSA) to dispose of real property. Proceeds from the sale, transfer or exchange of VA assets will be deposited into a newly established Capital Asset Fund (CAF). The CAF will fund the expenses associated with current and future disposal transactions, making improvements or renovations to medical projects with an estimated cost of less than \$7 million and/or to appropriate historic properties. The authority requires VA to meet all McKinney-Vento Act requirements.

VA is currently developing a real property disposal policy with a standard methodology and criteria for identifying appropriate underutilized assets for divestment. When a property is proposed for disposal, other VA entities will be given the opportunity to express interest in it for an alternative use. The capability for initiating, justifying, and

1. Capital Asset Management Program

monitoring proposals for divestment of assets will be implemented through the CAMS Intranet system. The policy will also provide guidance for navigating the complex processes of federal real property disposal. These steps include screening for homeless use, environmental and historical status evaluations, as well as various notifications to the General Services Administration (GSA) and Congressional committees. Any costs of environmental remediation or other corrective actions to make the property suitable for conveyance will be borne by VA.

VA is now required to submit disposal plans to Congress annually, per P.L. 108-422 and language in S. Rep. 108-353. The VA disposal plan has two parts: short-term (one year) and long-term (five year). CAMS will collect this disposal information from across the capital portfolio.

RESULTS OF THE FY 2006 CAPITAL INVESTMENT PROCESS

The following section is the result of VA's application of its multi-attribute hierarchical methodology to the FY 2005 and 2006 major capital investments. As previously mentioned, VA used two distinct decision models during the FY 2006 capital investment planning cycle, one for VHA CARES projects and another for non-CARES (VBA, NCA, and staff office) projects, to accommodate the CARES process and timeline, and allow VHA CARES projects to be evaluated on criteria with greater health care specificity. Appendix E illustrates the FY 2006 decision hierarchy and specific sub-criteria for each of the major criteria for CARES and non-CARES projects. Appendix C provides definitions of each of the criteria.

The CARES capital investment decision process resulted in the identification of the highest priority CARES projects approved by the Secretary. These high priority projects for FY 2005 that were funded and FY 2006 projects for which VA is requesting appropriation approval from Congress are listed on table 1-4.

1. Capital Asset Management Program

Table 1-4 Summary of FY 2005 and 2006 CARES Capital Projects

Year	VISN	Location		Project Title – Brief Description	Priority #	Budget Request (\$000)
2005	8	Tampa	FL	SCI Expansion	5	\$7,100
2005	16	Pensacola	FL	Joint VA and Department of Navy OPC	17	\$55,500
2005	17	Temple	TX	Blind Rehabilitation and Psychiatric Beds	19	\$56,000
2005	8	San Juan	PR	Seismic Corrections-Bldg., Ph 1 Design	20	\$15,000
2005	2	Syracuse	NY	Construct Addition for Spinal Cord Injury (SCI) Center	21	\$53,900
2005	7	Atlanta	GA	Modernize Patient Wards	22	\$20,700
2005	21	Menlo Park	CA	Seismic Correct -Geropsych NH Replacement (Bldg. 324)	23	\$33,239
2005	21	San Francisco	CA	Seismic Corrections-Bldg. 203	24	\$41,500
2005	22	Los Angeles	CA	Seismic Corrections-Bldgs. 500 & 501, Ph 1 Design	25	\$8,000
2005	8	Lee County	FL	Outpatient Clinic Ph 1 Land Purchase	26	\$6,510
2005	23	Des Moines	IA	Extended Care Building	27	\$25,000
2005	22	San Diego	CA	Seismic Corrections-Bldg. 1	29	\$48,260
		Various		Line Items		\$26,885
				Total 2005		\$397,594
2006	10	Cleveland	OH	Cleveland-Brecksville Consolidation, Ph 2/2-Construction	2	\$87,300
2006	4	Pittsburgh	PA	Consolidation of Campuses, Ph 2-Construction	3	\$82,500
2006	22	Las Vegas	NV	New Medical Facility, Ph 2/3-Construction	6	\$199,000
2006	8	Gainesville	FL	Correct Patient Privacy Deficiencies, Ph 2/2-Construction	7	\$76,400
2006	20	Anchorage	AK	Outpatient Clinic & Regional Office, Ph 2/2-Construction	18	\$63,510
2006	16	Biloxi	MS	Consolidation - Mental Health Ctr & Renovation, Ph 1/3-Design	FY 06 1	\$17,500
2006	16	Fayetteville ¹	AR	Clinical Addition, Ph 1-Design	FY 06 5	\$5,800
		Various		Line Items		\$55,790
				Sub Total 2006		\$587,800
				Less Receipts and Proceeds from Lakeside, IL		(\$50,000)
				Total 2006		\$537,800
				Grand Total		\$935,394

¹ The FY 2005 project were scored last year and received funding from Congress. The FY 2006 list includes construction funding for five phased carryover projects that received design funds in FY 2004 and design funds for two additional projects at Fayetteville and Biloxi. Carryover or phased projects are not rescored each year and keep their original ranking.

² Fayetteville is requested prior to other higher priority FY 06 projects in order to maximize the utilization of funding for FY 2006.

1. Capital Asset Management Program

The non-CARES capital investment decision process resulted in the identification of the following highest priority non-CARES projects. They were reviewed by the VA Senior Management Council and approved by the Secretary. Non-CARES projects are scored at the planning stage with one model and at the acquisition stage with a different model. Accordingly, there are two sets of ranked scores each year: one for planning applications and one for acquisition applications. Planning applications are less detailed as they are conceptual in nature and do not include cost-effectiveness and risk analysis. This additional detail is provided after the planning application is approved, and the acquisition application is submitted usually the following fiscal year. The FY 2005 projects listed have already received funding. The FY 2006 projects are included in the VA FY 2006 budget submission.

Table 1-5 Summary of FY 2005 and 2006 Non-CARES Capital Projects

Year	Admin	Location		Project Title – Brief Description	Priority	Budget Request (\$000)
Planning Business Case Applications						
2005	NCA	San Diego	CA	Ft. Rosecrans National Cemetery Annex at Miramar Phase 1 (Design)	1	\$1,000
2005	NCA	Riverside	CA	Riverside National Cemetery Gravesite Expansion & Improvements (Design)	2	\$1,400
2005	NCA	Gustine	CA	San Joaquin Valley National Cemetery Gravesite Expansion & Improvements (Design)	3	\$800
Acquisition Business Case Applications						
2005	NCA	Solano County	CA	Sacramento Area National Cemetery Phase 1 Development	1	\$21,600
2005	NCA	Bushnell	FL	Florida National Cemetery Gravesite Expansion & Cemetery Improvements	2	\$20,000
2005	NCA	Moline	IL	Rock Island National Cemetery Gravesite Expansion & Cemetery Improvements	3	\$10,200
2005	VBA	Huntington	WV	New GSA Lease	4	\$3,700
2005	VBA	Reno	NV	VARO Reno GSA Lease	5	\$1,000
				Total 2005		\$59,700
Planning Business Case Applications						
2006	NCA	Dallas	TX	Dallas/Ft Worth National Cemetery Phase 2 Gravesite Expansion (Design)	1	\$1,100
2006	NCA	Schuylerville	NY	Gerald B.H. Solomon Saratoga National Cemetery Phase 2 Gravesite Expansion (Design)	2	\$1,000
2006	NCA	Grand Blanc	MI	Great Lakes National Cemetery Phase 1B (Design)	3	\$1,750
2006	OI&T	Nationwide		HealthVet Vista ¹	4	\$311,310
Acquisition Business Case Applications						
2006	NCA	San Diego	CA	Ft. Rosecrans National Cemetery Annex at Miramar Phase 1 Development	1	\$19,450
2006	NCA	Various		Land Acquisition ²		\$41,000
				Total 2006		\$375,610

1. Capital Asset Management Program

¹ HealthVet Vista is an information technology initiative, it was approved at an estimated funding level of \$311M by Executive Information Board, SMC and the Secretary for inclusion in the FY 2006 budget. VHA may allocate less than the approved level based on funding availabilities in the Medical Care Account.

² This includes land acquisition for the establishment of six new national cemeteries at the following sites: Bakersfield, CA; Birmingham, AL; Columbia/Greenville, SC; Jacksonville, FL; Sarasota County, FL; and Southeastern Pennsylvania.



Chapter 2

MANAGEMENT TOOLS

2. Management Tools

2. Management Tools

VA has continued to develop tools and processes for managing its vast capital portfolio. Two key tools have served VA very well, and their promise is not yet exhausted. The first is the Capital Asset Management System (CAMS), which in two years has made tremendous strides in assisting all parts of the VA enterprise monitor their assets. Additional enhancements and functionality are constantly being tested and rolled out to leverage the significant investment VA has made in this enterprise system. The second major tool is a contract vehicle that fosters public-private partnership, while ensuring long-term revenue streams for the Department. Enhanced-use leasing supports community needs and job opportunities, and allows VA to transform underperforming or unutilized assets into revenue generators. For 2005, there are a number of enhanced-use leases in various stages of development – some in the bid solicitation stage, some in concept plan stage, and some are being finalized for award to a developer. Comprehensive descriptions of these two significant tools follows.

CAPITAL ASSET MANAGEMENT SYSTEM

In September 2004, VA completed implementation of a state-of-the-art capital asset management system (CAMS). Using a commercially available software application, VA progressed from a proof-of-concept stage in 2002, to full internal review and approval in 2003, to system-wide dissemination and training in 2004. Portfolios have been established for the following asset types:

- Owned Buildings & Land
- Leased Buildings & Land
- Capital-Based Agreements
- Major Equipment
- Information Technology

In addition, CAMS has the capability to view assets by their life cycle stage and across different asset type portfolios. Data is captured at the individual site level and structured in a relational database so that a full range of views, such as alpha and numeric sorts and roll-ups are possible.

The CAMS initiative supports the President's Management Agenda and Executive Order 13327, Federal Real Property Asset Management. CAMS has positioned VA to fully contribute to and comply with the FRPC guidance. Some of the capital asset performance measures established by the FRPC include:

- Facility Utilization Index
- Facility Condition Index
- Annual Facility Operating Costs
- Mission Dependency

It is only because of the CAMS effort that VA will be in a position to comply with this type and degree of asset performance measurement. Within VA, CAMS has already had an impact on capital asset data management. Inventories have been very much improved, related costs are being more accurately tracked and numerous preexisting asset-related databases have been linked and coordinated. It is fair to say that the CAMS process has generated a renewed focus on capital asset matters at all levels of the Department.

2. Management Tools

One of the more successful features of CAMS is its ability to use existing source systems. Local data managers can continue to use already familiar systems, and CAMS will do regular electronic extracts of that data. Some of the typical capital asset-related data captured are:

- General – Inventory
- Condition
- Financial Data
- Workload (projections, planned, actuals)
- Utilization
- Energy Usage

CAMS also allows for web-based input of concept papers, planning, and acquisition business case applications. The data is organized, analyzed, and presented to track and monitor VA's assets against performance goals within and across asset types and administrations.

CAMS provides several outcomes that result in improved service delivery to veterans and increased financial accountability to the general public. The impact of this innovative technology:

- Integrates asset management and governance at multiple levels
- Improves financial and analytical capability
- Improves performance management
- Provides for increased and better-informed decisions
- Improves service delivery

OAEM has worked in close collaboration with other VA staff to ensure the validity and integrity of the data inputs into CAMS. OAEM has issued periodic data calls supported by Q&A teleconferences and written guidance posted to the web site. With all VISN Capital Asset Managers now in place at VHA networks around the country, CAMS will be a vital part of the managers' decision-making.

OAEM and the Office of Information and Technology (OI&T) continue to provide its training plan for the Department-wide use of CAMS. The training details multiple tracks targeting CAMS users from the corporate-level to field stations. Some of the goals of the CAMS training are:

- To facilitate an understanding of CAMS and its functional value to VA
- To promote skill development for entering, viewing and analyzing asset information in CAMS
- To establish communications for help desk, security and user feedback processes

OAEM and OI&T has held several training sessions, and will continue to ensure CAMS knowledge keeps pace with organizational and technological changes.

ENHANCED-USE LEASING PROGRAM

VA utilizes a unique capital asset management tool called enhanced-use (EU) leasing. The authority to use this mechanism was enacted in 1991, under Section 8161 of Title 38, United States Code. The program was modified and re-authorized until 2011. The results of this program include significant cost savings, substantial private investment, new long-term sources of revenues as well as jobs or tax revenues for the local, state and federal sectors.

Under the enhanced-use leasing authority, VA may lease land or buildings to the private sector for up to 75 years. The leased property may be developed for non-VA uses, and/or VA uses that will enhance the property. Further, use of the property must be consistent with the mission of VA and either include an activity contributing to VA's mission or follow a business plan that provides for using consideration from the lease to improve health care services to eligible veterans in the community served. In return for the lease, the Department obtains fair consideration in the form of revenue, facilities, space, services, or other considerations. VA is not required to follow federal acquisition rules when selecting the enhanced-use lessee, but VA must use procedures that ensure selection process integrity. Furthermore, to maximize the program's flexibility, Congress chose to exempt the enhanced-use leasing authority from an array of restrictive federal statutes; however, VA must abide by all federal environmental and historic laws, e.g., the National Environmental Policy Act and the National Historic Preservation Act.

VA's enhanced-use leasing program is unlike traditional government leasing, which offers little more than a revenue return in proportion to the depletion of the leased asset. VA's enhanced-use leasing program encourages innovative public/private partnerships. In return for the lease, VA must obtain fair consideration (monetary and/or in-kind). The funds received as consideration do not have to be returned to the Treasury, but may be kept by VA. By allowing revenues to come back to the agency, the authority provides the incentive necessary to encourage government property managers to be creative and aggressively pursue opportunities to partner with the private sector. At the same time, the long-term lease provides the private developer (lessee) with the property interest necessary to secure financing through the capital markets and amortize any capital investment made in the property or facility.

A key component of the enhanced-use leasing program is close coordination with and involvement of the local government and community as full partners in the development process. For example, VA must hold a public hearing at the location of any proposed enhanced-use lease to obtain veteran and local community input. VA also must provide a notice to its Congressional oversight committees prior to entering into an enhanced-use lease. Close integration with community leaders and interested stakeholders enables VA to address concerns early in the planning and development process. The success of EU lease projects is largely dependent on sound development economics. Enhanced-use leasing works best when government requirements can be defined in private sector or business terms. This allows the private sector to construct and operate in its customary manner. VA then benefits from the efficiencies of organizations and delivery processes that reflect best-practices over time by the developer/lessee.

RECENT ENHANCED-USE LEASE SUCCESSES

VA has completed a variety of projects since the enactment of the enhanced-use leasing statute, including office buildings, parking facilities, low-cost senior housing, co-generation energy facilities, single room occupancy housing (homeless shelters), and child care and mental health centers.

Chicago, Lakeside Realignment

On January 18, 2005, VA signed a 75-year enhanced-use lease with Northwestern Memorial Hospital (NMH) and the Rehabilitation Institute of Chicago (RIC) for two parcels of land totaling 3.8 acres. This date marks the first time that VA has used enhanced-use leasing to implement a CARES realignment decision. The Lakeside EU lease raises the bar for future lease agreements, as the most lucrative since the start of the EU program (1992) and the largest single EU payment to VA. VA realized \$28 million upon signing of the lease and has the potential for additional payments of up to \$22 million.

VA will continue operation of its current outpatient clinic while planning for future downtown clinics. Except for VA's use of the clinic, NMH and RIC assume all business, financial, and legal risks associated with leasing, financing, developing, owning, managing, and maintaining its future redevelopment of the property.

The Lakeside lease will result in a demonstrable improvement of services to eligible veterans by permitting VA to offset the cost of implementing CARES in the City of Chicago and other locations, and avoid the future cost of investing VA's limited capital funds in aging health care facilities. The lease also will insure the continuation of quality medical care for Chicago-area veterans and enhance the Department's ability to better manage its resources including the portfolio of Federal real property assets under VA's control.

The lease will generate significant income and savings that can be used by VA to offset or supplement other capital investment needs, assisting VA's plans to improve services, realign facilities, make needed capital improvements, and enhance health care services for Chicago-area veterans. VA expects to use monetary consideration from the Lakeside enhanced-use lease to fund additional FY 2006 capital improvements.

In addition to the monetary consideration to be received by VA under the lease, an independent real estate appraisal concluded that the EU lease would generate for VA an additional net benefit or operational savings of another \$3.7 million, and that the financial terms and conditions of the lease along with the other legal and business terms were generally favorable to VA, as the ground landlord, as well as fair and reasonable – given current market conditions.

Long-term regional positive impacts of the lease include additional jobs and economic activity; additional real estate taxes for the local government; new retail and health care services for the community and surrounding metropolitan area; creation of an aesthetically pleasing urban site subject to local zoning; revitalization of underused federal property at no cost to federal taxpayers; removal of existing hazardous substances; and improved and expanded Federal health care services and facilities for Chicago-area veterans and their families.

2. Management Tools

VA is currently exploring ways to expand the use of this capital asset management tool in the Department and streamline the process.

CURRENT ENHANCED-USE LEASING PROJECTS

The following is a list of the enhanced-use lease projects identified as Departmental priorities. These projects represent concepts that will be further developed to leverage VA assets to engage private business to meet VA requirements and needs. As further analysis is conducted, projects may be added, modified or deleted from this list. There are additional projects, particularly in light of the CARES decisions, that VA continuously assesses for potential priority consideration. All of the projects listed here will require notification to Congressional oversight committees prior to entering into an enhanced-use lease.

If VA leases back part of an enhanced-use lease project, then the enhanced-use lease must include substantial private sector participation in the control and risk of the project. This means that the private sector (the developer and/or other private individuals or entities) must have a majority ownership share in the project and share control over the assets and revenue generated by the lease. The private sector also must provide at least 20 percent of the total value of the project. Total value includes the value of any existing structure contributed by VA (excluding land) and all improvements to be made to the property. To meet the 20 percent threshold, the private sector contribution may include cash, real assets, and loans, which the private sector is responsible for repaying.

Table 2-1 Current Enhanced-Use Leasing Priority Projects

Project Site	Project Type	Project Description	Status
Albany, NY	Parking	Lease to not-for-profit corporation for construction and maintenance of a parking structure. VA will receive parking spaces for use by the VAMC on a no-cost basis.	On Hold At Request of Developer
Albuquerque, NM	Assisted Living	Lease for assisted living for spinal cord injury patients; Affordable temporary lodging accommodations for out-of-town/state patients; Alzheimer's patients care center.	Facility Determining Best Approach
Battle Creek, MI	Laundry	Lease laundry to a third party to reduce costs.	Under Negotiation
Brevard, FL	Assisted Living	Lease of donated land to establish an assisted living housing complex.	Working on Market Survey
Butler, PA	Homeless Residential Program	Expansion of existing homeless residence dedicated to serving veterans.	Concept Plan Approved
Butler, PA	Hospital	Demolition of old hospital and support buildings, construction of new hospital, cancer center, and medical office buildings.	Local Studies Being Conducted
Cleveland, OH	Realignment	Outlease Brecksville Campus	Re-use site
Columbia, SC	Mixed Use/VARO/	Lease for a mixed use residential development (multi-family, and/or	Draft RFP Being Finalized

2. Management Tools

Project Site	Project Type	Project Description	Status
	Realignment	institutional office related uses; possible VBA Regional Office to be relocated from leased space to the VAMC campus.	
Danville, IL	Student Housing	Lease to reduce overhead and create 144-bed student housing complex.	Seeking Expressions of Interest in Project
Dayton, OH	Public Safety Facility / Police Station	Lease to City of Dayton for police branch facility	Concept Plan Under Review by Administration
Ft. Howard, MD	Mission Realignment/ Continuing Care Retirement Community	Lease for development of a continuum of care (independent, assisted living, and nursing home) retirement community, as well as provision of a replacement CBOC on the vacated VA campus.	Negotiating Lease
Hines, IL	Assisted Living #51	Create assisted living facility in existing building with non-profit partner.	Seeking Expression of Interest
Houston, TX	Clinical / Ambulatory Space	Lease to develop clinical and ambulatory space to meet needs of veterans.	RFP Being Drafted
Kerrville, TX	Assisted Living	Develop 40-60 bed assisted living program to fill gap in continuum of care.	Exploring Sharing Option
Leavenworth, KS	Residential Health Care	Lease of a number of currently vacant historic buildings for community-related uses, including senior housing, assisted living, and transitional housing.	Finalizing Lease-Environmental Review
Lebanon, PA	Golf Course	Enter into a long-term lease of property to township.	Seeking Expressions of Interest
Los Angeles, CA	VHA/VBA Collocation	VBA will exit leased space to collocate at VHA space to better provide one-stop services to veterans.	Pending Re-use Study
Milwaukee, WI	Mixed Use	Proposed EU lease for assisted living, retail, and entertainment development.	Real Estate Advisory Services Being Procured
Minneapolis, MN	Homeless Veterans Housing	Lease to provide affordable housing for homeless veterans.	Negotiating Lease
Montrose, NY	Assisted Living	Reduce maintenance and repair costs to VA while providing funding for community-based clinics and senior and assisted living housing.	Pending CARES Master Plan
Nashville, TN	Research	Lease to Vanderbilt University to provide research facilities to VA.	Public Hearing Scheduled
Newark, NJ	VBA Regional Office	Exit GSA leased space to collocate on VA-owned site near existing site to save costs.	Concept Plan Under Development
Newington, CT	Assisted Living	Lease to develop assisted living facility.	Notice of Intent Under Development
Palo Alto, CA (Menlo Park)	Assisted Living	Lease to provide assisted living facility.	Pending Development of Concept Plan Application
Phoenix, AZ	Child Care Development Center	Exit high cost leases to obtain on-site offices and child care complex for VAMC employees.	Concept Plan Approved
Riverside, CA	Transitional Housing	Provide at least 118 beds transitional housing for homeless veterans.	Concept Plan Under Development

2. Management Tools

Project Site	Project Type	Project Description	Status
Sacramento, CA	Assisted Living	Lease to provide assisted living facility.	Preparing RFP pending review
Saint Cloud, MN	Homeless Housing Initiative	Lease to St. Cloud Housing and Redevelopment Authority to establish housing for homeless adults diagnosed with substance abuse and mental illness.	Negotiating Lease
Saint Cloud, MN	Emergency Shelter (Social Services Center)	Lease to Salvation Army to provide an emergency shelter for veterans.	On hold per request of lessee
Saint Louis, MO	Parking	Public/private partnership to build nine-level parking deck. VA patients, visitors, employees get free parking for duration of lease.	Concept Plan Under Development
San Francisco, CA	Research	Lease to Northern California Institute for Research and Education to develop a new research facility on the VAMC campus.	Public Hearing Held
Sepulveda, CA	Homeless Veterans Housing	Lease to New Directions, Inc. (NDI) a non-profit organization, of two currently unoccupied buildings for transitional housing and ancillary services.	Lease Being Drafted
Syracuse, NY	Research	Lease to the State University of New York's Upstate Medical University and College of Environmental Science and Forestry to develop a Biotechnology Research Center.	Developing Business Case
White City, OR	Community College	VA/Community college partnership providing training through tuition vouchers for veterans and VA staff.	Concept Plan Under Development
Coatesville, PA	Energy Cogeneration	Lease to create onsite generation of electricity and heat with new energy plant at long-term reduced cost to VA.	Proposals Due 3/8/2005
Philadelphia, PA	Energy Cogeneration	Lease to create onsite generation of electricity and heat with new energy plant at long-term reduced cost to VA.	Proposals Due 3/8/2005
Pittsburgh (Aspinwall)	Energy Cogeneration	Lease to create onsite generation of electricity and heat with new energy plant at long-term reduced cost to VA.	Proposals Due 3/8/2005
Pittsburgh (Univ Drive)	Energy Cogeneration	Lease to create onsite generation of electricity and heat with new energy plant at long-term reduced cost to VA.	Proposals Due 3/8/2005
Wilkes-Barre, PA	Energy Cogeneration	Lease to create onsite generation of electricity and heat with new energy plant at long-term reduced cost to VA.	Proposals Due 3/8/2005
National VHA	CMOPs	Consolidated mail out pharmacy	Developing Business Case

AWARDED ENHANCED-USE LEASES

The following is a list of enhanced-use lease projects that have been awarded since the inception of the program.

Table 2-2 Awarded EUL Projects

	Location		Project Type	Lease Awarded
1	Washington	DC	Child Development Center	4/20/1993
2	Houston	TX	Collocation	8/23/1993
3	West Palm Beach	FL	Public Safety Center	11/14/1994
4	West Haven*	CT	Child Development Center	12/1/1994
5	Big Spring	TX	Parking	3/8/1996
6	Indianapolis	IN	Consolidation	9/23/1996
7	Bay Pines*	FL	Child Development Center	5/22/1997
8	St. Cloud	MN	Golf Course	7/28/1997
9	Atlanta	GA	Regional Office (RO) Collocation	12/18/1997
10	Portland	OR	Single Room Occupancy (SRO)	7/14/1998
11	North Little Rock	AR	Golf Course	10/1/1998
12	Mt. Home	TN	Medical School	12/17/1998
13	Sioux Falls	SD	Parking	4/1/1999
14	Danville	IL	Senior Housing	4/27/1999
15	Mt. Home	TN	Energy	12/2/1999
16	Indianapolis*	IN	Nursing Home	12/6/1999
17	Dallas	TX	Child Development Center	12/20/1999
18	Roseburg	OR	SRO	8/1/2000
19	Salt Lake City	UT	RO collocation	5/9/2001
20	Durham	NC	Mixed Use / Research	1/3/2002
21	North Chicago	IL	Medical School	4/10/2002
22	Chicago (Westside)	IL	RO Collocation	4/22/2002
23	Chicago (Westside)	IL	Parking Structure	4/22/2002
24	North Chicago	IL	Energy Center Phase I	5/21/2002
25	Chicago (Westside)	IL	Energy	8/12/2002
26	Tuscaloosa	AL	Hospice	9/19/2002
27	Barbers Point	HI	Single Room Occupancy	3/17/2003
28	Milwaukee	WI	Regional Office (RO) Collocation	7/17/2003
29	Hines	IL	SRO Phase I (Building 14)	8/22/2003
30	Somerville	NJ	Mixed Use	9/5/2003
31	North Chicago	IL	Energy Center Phase II	10/27/2003
32	Mound City	IL	Interpretive/Visitor Center	11/6/2003
33	Butler	PA	Mental Health Facility	12/18/2003
34	Portland	OR	Crisis Triage Center	2/13/2004
35	Batavia*	NY	Single Room Occupancy (SRO)	4/30/2004
36	Charleston/MUSC	SC	Affiliate Partnering	5/18/2004
37	Hines	IL	SRO Phase II	7/30/2004
38	Minneapolis	MN	Credit Union	8/17/2004
39	Batavia	NY	Assisted Living	8/24/2004
40	Bedford	MA	Single Room Occupancy Housing	9/10/2004
41	Hines	IL	Building 14 – Transitional Housing	11/12/04
42	Hines	IL	Building 53 – Assisted Living	12/27/04
43	Dayton	OH	Child Care Development Center	12/30/04
44	Dayton	OH	Housing Initiative	12/30/04
45	Chicago (Lakeside)	IL	Realignment	1/18/05

*Terminated project



Chapter 3

OTHER CAPITAL INITIATIVES

3. Other Capital Initiatives

In concert with CAMS and enhanced-use leasing, VA has been vigilant in staying at the forefront of federal asset management. Three of the initiatives most important to continuing to have a high performance portfolio are described below. The first has two components: the asset management plan (AMP), and the real property scorecard. Both components respond to the need, identified within and from outside the Department, to manage real property for maximum benefit to veterans. VA will build on its sharing efforts through collaborations with the Department of Defense and negotiating formal agreements of mutual benefit to the both agencies. Finally, VA has made great efforts to reduce its energy consumption and embrace both promising technologies and sustainable practices. A number of tools in the energy conservation program have yielded energy and cost savings, and more opportunities are constantly being evaluated for implementation.

ASSET MANAGEMENT PLAN AND REAL PROPERTY SCORECARDS

GAO has considered Federal real property to be a “high risk” area for several years now. On February 4, 2004, the President issued Executive Order (EO) 13327 on Federal real property asset management. The EO established the Federal Real Property Council (FRPC) to develop guidance and establish asset management principles, specified real property inventory data elements, and performance measures for all federal agencies. The FRPC consists of high ranking Senior Real Property Officers from various Federal agencies and Departments. The FRPC is also responsible for providing guidance and facilitating the implementation of agency asset management plans. The FRPC has identified certain elements for all agencies to capture and report to a government-wide inventory database for real property. VA captures most of the required elements using CAMS, and is currently working to capture any remaining government-wide inventory items.

Asset Management Plan

VA’s asset management plan identifies and categorizes the real property assets owned, leased, or managed by VA. The plan also prioritizes the actions that need to be taken in order to improve operational management of the real property inventory. The AMP identifies portfolio goals as well as Department short- and long-term goals related to capital asset management. In addition, the asset management plan indicates how VA addresses the FRPC guiding principles (listed on the following page).

Figure 3-1 FRPC's 10 Guiding Principles

1. Support agency missions and strategic goals.	6. Provide appropriate levels of investment.
2. Use public and commercial benchmarks and best practices.	7. Accurately inventory and describe all assets.
3. Employ life-cycle cost-benefit analysis.	8. Employ balanced performance measures.
4. Promote full and appropriate utilization.	9. Advance customer satisfaction.
5. Dispose of unneeded assets.	10. Provide for safe, secure, and healthy workplaces.

FRPC Tier 1 Measures

The FRPC has recently created government-wide Tier 1 performance measures for real property, which include:

- **Facility Utilization Index** – A general measure of the usage and thus the vacancy of an asset. Federal agencies are required to group assets into four categories: over-utilized, utilized, under-utilized, and not utilized. The calculation will be a ratio of occupied space to designed capacity. The formula also varies based on the type and mission of the asset.
- **Facility Condition Index** – A general measure of facility condition at a specific point in time. It is generally calculated as the ratio of repair needs to an asset's plant replacement value.
- **Annual Facility Operating Costs** – A report of all utilities consumed by an asset, as well as recurring maintenance and repair costs. Operating costs are to be reported annually as the total spent on facility operation.
- **Mission Dependency** – A measure to determine how facilities are linked to an agency's mission and strategic plan. The categories are: mission critical, mission dependent, not critical, and non-mission dependent and will be determined by each agency.

Real Property Scorecards

Real property is also part of the President's Management Agenda (PMA) and like other PMA initiatives, it is scored quarterly by the Office of Management and Budget (OMB). OMB scorecards track how well VA and other major Department's and agencies are executing the five government-wide management initiatives. The scorecard employs a simple grading system common today in well-run businesses: green for success, yellow for mixed results, and red for unsatisfactory.

OMB recently approved VA's Asset Management Plan and rated 1st Quarter FY 2005 performance on the real property scorecard. The scorecard reflects an improvement in both current status in how VA manages its real property, and in the overall progress the Department has made in implementing elements of real property management found in the President's Management Agenda. VA is the second federal agency to score above "red" in the current status component of the scorecard.

The scorecard also reflects a number of "planned actions" or goals VA must meet in order to retain or improve the scorecard. VA is required to develop a facility utilization index by the end of the 2nd quarter FY 2005. In addition, VA must develop the remaining "Tier 1" goals including mission dependency index, annual facility operating cost, and facility utilization index by the close of the 3rd quarter FY 2005.

VA is also developing an "internal" real property scorecard that captures more detailed data related to the Department's seven capital portfolio goals, inventory and financial data. The VA scorecard will provide information by network or area, or by a specific medical facility or station. Using this data we can make comparisons and rankings for items such as workload, vacant space, utilization, useful life, and condition assessments.

COLLABORATION WITH THE DEPARTMENT OF DEFENSE

There have been many efforts by Congress and the Executive Branch to target increasing cooperation and sharing between VA and the Department of Defense (DoD) in order to improve the efficiency and cost-effectiveness of health care delivery for beneficiaries.

President George W. Bush established a task force to identify the forces that present challenges to cooperation. The President's Task Force to Improve Health Care for Our Nation's Veterans was established by Executive Order 13214 on May 28, 2001. To formalize this goal and institutionalize collaboration between Departments, the President made "Coordination of Veterans Affairs and Defense Programs and Systems" one of 14 management initiatives in the President's Management Agenda. The Task Force was charged with identifying opportunities for improved coordination between the two departments as well as barriers and challenges that impede VA/DoD coordination. The Task Force completed its work and submitted the final report to the President in May 2003. In pursuit of the President's Management Agenda and in concert with the

3. Other Capital Initiatives

Task Force's organizing principles, the VA/DoD Construction Planning Committee was created under the VA/DoD Joint Executive Council. The CPC was established to provide formalized structure to facilitate cooperation and collaboration in achieving an integrated approach to capital coordination that considers both short-term and long-term strategic capital issues and is mutually beneficial to both departments. The primary focus of this group is to ensure collaborative opportunities for joint capital asset planning are maximized. The CPC also serves as the clearinghouse for the final review of all joint capital asset initiatives submitted by any element of the JEC. The CPC is comprised of individuals with comprehensive knowledge of relevant policy issues within their respective agencies with regard to capital asset planning, investment, and management.

The CPC identified opportunities and challenges to capital collaborations for FY 2006 through 2010 and is working to establish overarching funding principles applicable to joint collaborations. The CPC also serves as the clearinghouse for review of construction, leasing, and real property dispositions proposed by any element of the VA/DoD JEC structure.

VA/DoD Joint Strategic Plan

Goal 5, efficiency of operations, of the VA/DoD Joint Strategic Plan targets the improvement of management of capital assets, procurement, logistics, financial transactions, and human resources. Objective 5.1 specifically addresses the CPS's need to identify collaborative construction initiatives and pilot a core group on three sites identified through the CARES and BRAC processes. This core group will facilitate the successful formulation of three major initiatives.

VA/DoD COLLABORATIVE PROJECTS

The following project for FY 2006 involves major collaborative efforts with the Department of Defense.

Location	Budget Authority (\$000)
Biloxi, MS (Major Construction)	\$17,500*
*For Design in FY 06. The total estimated cost is \$174,600,000.	

This project will be comprised of the following elements:

- New Mental Health Clinical Addition
- New Blind Rehabilitation Center
- Enhanced-use lease of 90 acres at the Gulfport Division
- Comprehensive inpatient mental health services to all DoD facilities on the Gulf Coast including Keesler, Pensacola, Tyndall, and Eglin.

In addition, VA and DoD are continuing to work on previously funded major construction projects at Pensacola, FL; Denver, CO; Anchorage, AL; as well as several minor construction projects to establish Community Based Outpatient Clinics. We will also look to further refine inter-Departmental funding principles and standardize responsibilities (capital and operations) between VA and DoD.

ENERGY

Background

The Energy Policy Act of 1992, Executive Orders (EO) 12902 (Energy Efficiency and Water Conservation at Federal Facilities) and 13123 (Greening the Government Through Efficient Energy Management) served as the impetus for urging the Nation's largest energy consumer, the federal government, to significantly improve its energy management in order to save taxpayer dollars and reduce emissions that contribute to air pollution and global climate change.

The executive orders have established energy conservation goals, guidelines for federal energy management; and mandate that the government purchase only the most energy efficient products, whenever cost-effective. These established goals have proven successful -- with the government overall -- meeting an established goal of reducing energy consumption in all Federal buildings by 35 percent by FY 2010. This 35 percent reduction is based on energy consumption for the base year of FY 1985.

VA Energy Summary

Energy conservation and program management have come to the forefront of the consciousness of federal agencies. VA has increased the volume and scope of services it provides and has implemented efficiencies to better serve the needs of America's veterans. Efficient energy management and increased energy conservation allow more of VA's limited resources to be directed toward providing high quality services to veterans.

The Department revitalized its energy conservation program (ECP) to encompass all major VA entities — VHA, VBA, and NCA, as well as staff offices — to maximize energy conservation efforts. Previously, VA's energy reporting largely reflected VHA and some components of NCA. Beginning with FY 2004, VA is reporting agency-wide energy achievements in concert with VA's commitment to agency-wide asset and portfolio management.

OAEM is the Department's lead for all VA energy initiatives. OAEM is participating in intra-agency workgroup meetings, helping to lead the federal effort to conserve energy. In July 2003, VA established a centralized ECP, including a new policy, handbook and guidance. These documents provide direction on issues such as: energy investments; energy commodity acquisition; energy managers; consumption data recording; and other areas that directly affect VA's ability to meet the goals established by EO 13123.

3. Other Capital Initiatives

The VA ECP has five essential components including energy goals and requirements, energy commodity acquisition, energy investments, energy data reporting and a broader category of management tools. VA is authoring policies and guidance discussing each of these essential portions of the ECP. Some of these initiatives include:

- Commodity Acquisition Analysis – VA is leading an effort to analyze the methods in which facilities are purchasing energy commodities, including rate and tariff schedules.
- Energy Assessment Process – This involves conducting an independent consultant analysis of energy needs and deficiencies throughout a VISN. Assessments are currently in progress in VISNs 4, 12, 21 and 22.
- Cogeneration Feasibility Study – This involves analyzing the technical and market feasibility of installing a cogeneration plant to provide electricity and steam to a VA campus (utilizing VA's enhanced-use leasing authority). This study is currently ongoing in VISN 4.

Currently VA has over \$1.0 billion of energy conservation and efficiency needs and deficiencies throughout VA's infrastructure. With the Department-wide ECP in place, VA's goal and charge will be to provide policy and procedures to address those needs and deficiencies, whether it be through legislation or alternative financing methods, to achieve the mandated federal energy goals as well as the energy goals within VA.



Chapter 4

VETERANS HEALTH ADMINISTRATION

4. Veterans Health Administration

LINKAGE TO VA'S STRATEGIC GOALS

VA will remain a national, integrated system of health care delivery, increasingly characterized by a shift from provider and facility-centered health care to patient-centered health care that is driven by data and medical evidence.

By focusing on providing services that are uniquely related to veterans' health or special needs, VA will provide comprehensive services to an expanding patient base, including a broad range of primary, secondary, and tertiary care. To achieve these service delivery goals, VA-owned capital assets must be enhanced, maintained, safeguarded, and strategically managed. CARES provided the foundation for planning and prioritizing these endeavors. The projects that received the highest priority ranking were those which best reflected the goals and mission contained in VA's Strategic Plan described below:

HOW CARES PROJECTS WERE SCORED AND PRIORITIZED

The FY 2006 capital investment process for major medical facilities builds upon last year's effort, which prioritized and ranked CARES projects in order to assist the Secretary in determining the projects that VA would request for FY 2004 and 2005 funding. During this process, over 100 CARES concept papers and business case applications were evaluated based on criteria approved by the Secretary, and in compliance with Public Law 108-170.

The projects not selected for either FY 2004 or FY 2005 funding were again reviewed and rescored by the Department for FY 2006 consideration. The current FY 2006 list of projects includes those previously selected, high-priority projects that are split funded (phased), along with the highest newly scored projects. Projects selected for split funding are considered as a high priority in subsequent fiscal year funding (see "List of Top Twenty Projects" page 72).

The projects listed for both FY 2005 and FY 2006 are the highest ranking projects, and the Department is proceeding with the FY 2005 projects as the Congressional requirements have been met through last year's submittal. Per Public Law 108-170, the Secretary may carry out the major construction projects specified in the final CARES report 45 days after submittal of this report to the Authorizations Committees (the authority for which will expire on October 1, 2006).

The Department's 5-Year Capital Plan of June 28, 2004, identified the 48 highest priority projects and (other potential projects) that fulfilled that requirement. Depending on the availability of FY 2005 funds, including any transfer authority granted by Congress, the Department would select additional projects from this initial list of 48 projects for construction in FY 2005. A complete list of the current status of VA's top 48 priorities from the FY 2004-2005 review is included in Attachment H. This table also contains projects that will be developed for prioritization and consideration in subsequent 5-year capital plan submissions.

4. Veterans Health Administration

In accordance with The Veterans' Health Care Eligibility Reform Act of 1996, Public Law 104-262, section 206(c), the current 5-year plan serves as notice to Congress of the Department's intent to obligate advance planning funds for projects planned for FY 2005 and FY 2006. Previously, the Secretary could not obligate funds in excess of \$500,000 from the Advance Planning Fund until thirty days after congressional notification. The projects listed in this plan are considered authorized and therefore no notification is required. (This change for authorized projects was made in P.L. 108-422.)

Provided on the following pages is the summary and detailed project information of VA's major capital investment priorities for FY 2005 and FY 2006. VA is adhering to the rigor of its capital investment methodology by funding projects in priority order except where additional analysis is pending or to maximize utilization of each year's appropriation. In accordance with section 8107 U.S.C. 38, the list of the top-twenty major medical facility projects considered for FY 2006 is also included (page 72). VA continues to anticipate that to implement the CARES recommendations will require additional investment of \$750 million for FY 2006 and similar levels over the next several years in order to improve VA's infrastructure and enhance veterans' access to care. Our estimates for out-year funding streams will be determined as future budgets are developed.

In order to optimize funding availability and maximize management flexibility, construction projects with a total estimated cost in excess of \$55 million are being split-funded, meaning design (usually 10 percent) is funded in one year, and construction is funded in a subsequent year.

CARES Follow-up Studies

Along with projects selected for FY 2005 implementation and requested for FY 2006, there are a number of sites where further study is required to determine suitability for future health care and re-use activities. These studies will include evaluating outstanding health care issues, developing capital plans, as well as determining the highest and best use for unneeded VA property. Completion of these studies is anticipated by February 2006.

Below are the locations being studied.

Need Further Health Care, Capital Plan and Re-Use Studies	Comprehensive Capital Plan and Re-use Studies	Capital Plan and Re-use Studies
<ul style="list-style-type: none"> • Boston, MA • New York, NY • Louisville, KY • Waco, TX • Big Spring, TX • Walla Walla, WA • Montgomery, AL • Muskogee, OK 	<ul style="list-style-type: none"> • Canandaigua, NY • Castle Point, NY • Montrose, NY • St. Albans, NY • Lexington, KY • Livermore, CA • Perry Point, MD • Gulfport, MS • West LA, CA • White City, OR 	<ul style="list-style-type: none"> • Pittsburgh, PA • Denver, CO • Knoxville, IA

Outside firms have been awarded the contract to assist the Secretary in reaching final health care decisions and re-use options. Those sites in which health care delivery options need further analyses (Boston, New York, Louisville, Waco, Big Spring, Walla Walla, Montgomery and Muskogee) and those requiring the development of a comprehensive capital plan (Canandaigua, Montrose/Castle Point, St. Albans, Lexington, Livermore, White City, Perry Point, Gulfport and West LA) will be completed through this contract. Three sites (Pittsburgh, Denver, and Knoxville) are currently in the process of completing their capital plan and re-use studies.

CARES planning data have been updated with FY 2003 actual utilization and refinement in planning assumptions for categories of care, including long term and mental health care. This improved data will be utilized in the validation of construction plans and the annual strategic planning process.

FY 2005 AND 2006 VHA SUMMARY PROJECT INFORMATION

The following page shows the capital requirements needed to implement CARES for FY 2005 through 2006. The projects were identified through the CARES planning process in order to meet the challenges of the provision of veterans' health care in the 21st century. All projects are subject to annual re-evaluation, prior to release of the budget submission and updated 5-year capital plan.

4. Veterans Health Administration

Table 4-1 VHA Major Construction Summary

Year	VISN	Location		Project Title – Brief Description	Priority #	Budget Request (\$000)
2005	8	Tampa	FL	SCI Expansion	5	\$7,100
2005	16	Pensacola	FL	Joint VA and Department of Navy OPC	17	\$55,500
2005	17	Temple	TX	Blind Rehabilitation and Psychiatric Beds	19	\$56,000
2005	8	San Juan	PR	Seismic Corrections-Bldg., Ph 1 Design	20	\$15,000
2005	2	Syracuse	NY	Construct Addition for Spinal Cord Injury (SCI) Center	21	\$53,900
2005	7	Atlanta	GA	Modernize Patient Wards	22	\$20,700
2005	21	Menlo Park	CA	Seismic Correct -Geropsych NH Replacement (Bldg. 324)	23	\$33,239
2005	21	San Francisco	CA	Seismic Corrections-Bldg. 203	24	\$41,500
2005	22	Los Angeles	CA	Seismic Corrections-Bldgs. 500 & 501, Ph 1 Design	25	\$8,000
2005	8	Lee County	FL	Outpatient Clinic Ph 1 Land Purchase	26	\$6,510
2005	23	Des Moines	IA	Extended Care Building	27	\$25,000
2005	22	San Diego	CA	Seismic Corrections-Bldg. 1	29	\$48,260
		Various		Line Items		\$26,885
				Total 2005		\$397,594
2006	10	Cleveland	OH	Cleveland-Brecksville Consolidation, Ph 2/2-Construction	2	\$87,300
2006	4	Pittsburgh	PA	Consolidation of Campuses, Ph 2-Construction	3	\$82,500
2006	22	Las Vegas	NV	New Medical Facility, Ph 2/3-Construction	6	\$199,000
2006	8	Gainesville	FL	Correct Patient Privacy Deficiencies, Ph 2/2-Construction	7	\$76,400
2006	20	Anchorage	AK	Outpatient Clinic & Regional Office, Ph 2/2-Construction	18	\$63,510
2006	16	Biloxi	MS	Consolidation - Mental Health Ctr & Renovation, Ph 1/3-Design	FY06 1	\$17,500
2006	16	Fayetteville ¹	AR	Clinical Addition, Ph 1-Design	FY06 5	\$5,800
		Various		Line Items		\$55,790
				Sub Total 2006		\$587,800
				Less Receipts and Proceeds from Lakeside, IL ¹		(\$50,000)
				Total 2006		\$537,800
				Grand Total		\$935,394

¹ The FY 2005 project were scored last year and received funding from Congress. The FY 2006 list includes construction funding for five phased carryover projects that received design funds in FY 2004. It also includes design funds for two additional projects at Fayetteville and Biloxi. Carryover or phased projects are not rescored each year and keep their original ranking.

² Fayetteville is requested prior to other higher priority FY 06 projects in order to maximize the utilization of funding for FY 2006.

FY 2005 AND 2006 VHA DETAILED MAJOR CONSTRUCTION PROJECT INFORMATION

FY 2005 Projects

Project Location	Tampa, FL
Planned Project Name	SCI Expansion
Fiscal Year	FY 2005
BA Requested (Capital)	\$7.1M
Total Acquisition Cost (\$000)	\$7,100
Asset Type	Major Construction

Project Description

This project requires \$7.1M in FY 2005 budget authority. This project will provide for the construction of a 30-bed, approximately 17,100 Departmental Gross Square Footage (DGSF), Spinal Cord Injury Extended Care addition at the James A. Haley Veterans' Hospital. It is a CARES, VISN 8, Central Market, and Special Emphasis Program Gap Planning Initiative. As background, Major Construction Project 673-087A, "Spinal Cord Injury Addition" was originally designed as a 100-bed project. A subsequent decision, however, reduced the project scope and deleted the originally planned 30 Extended Care Beds. The remaining 70 Acute Bed Spinal Cord Injury facility was activated in 2002. This project constructs those 30 Extended Care or LTC beds. SCI Long Term Care (LTC) patients have better outcomes under VA care, rather than in contract facilities. Few facilities will accept this category of patient as required staff ratios are high, yet reimbursement rates are barely above those for more typical patients.

Project Location	Cory Naval Air Station, Pensacola, FL
Planned Project Name	Joint VA & Department of Navy Outpatient Clinic
Fiscal Year	FY 2005
BA Requested (Capital)	\$55.5M
Total Acquisition Cost (\$000)	\$55,500
Asset Type	Major Construction

Project Description

This project requires \$55.5M in FY 2005 budget authority. This submission is for the replacement of the existing leased outpatient clinics in Pensacola, Florida with a Joint/Shared VA/DoD (Navy) Outpatient Clinic. The new clinic will consist of approximately 200,000 gsf and will replace the existing VA Outpatient Clinic (Lease expiring 2006) and the Navy Corry Station Branch Clinic. CARES future workload projections for this market indicates that workload will peak in FY 2008 and will continue to remain above FY 2001 levels through FY 2022. The projected outpatient primary care gap for 2022 is 77,386, the outpatient mental health gap is 27,343, the outpatient specialty care gap is 117,498, and the outpatient ancillary/diagnostic gap is 152,941. The services to be provided in the proposed VA/DoD joint clinic include: Primary Care, Mental Health, Women's Clinic, Audiology, Optometry, Dental, Pain Clinic, Cardiology and Urology. The ancillary services including Radiology (with MRI), Laboratory and Pharmacy will be provided jointly. At this time VA has sharing agreements with DoD (Navy Hospital) for inpatient services, emergency room services, orthopedics (including joint replacements), OB and ancillary services. VA is exploring additional sharing arrangements.

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Project Location	Temple, TX
Planned Project Name	Blind Rehabilitation and Psychiatric Beds
Fiscal Year	FY 2005
BA Requested (Capital)	\$56M
Total Acquisition Cost (\$000)	\$56,000
Asset Type	Major Construction

Project Description

This project requires \$56M in FY 2005 budget authority. This project will add new space (approximately 92,000 gross square feet) and renovate space (approximately 46,500) at the Temple facility to accommodate an increase in patients needing psychiatric inpatient care and blind rehabilitation care. A new 120 nursing home care bed building will be built in order to vacate hospital space for the psychiatric beds. The 5th and 6th floors of the existing hospital building (where the nursing home beds are now) will then be modified for 90 psychiatric beds. A 15-bed blind rehabilitation unit will be built. *Note: This project is a place holder pending the result of a study of the Waco and Temple consolidation and pending any necessary Congressional notification.*

Project Location	San Juan, PR
Planned Project Name	Seismic Corrections-Bldg. 1, Phase 1 Design
Fiscal Year	FY 2005
BA Requested (Capital)	\$15M
Total Acquisition Cost (\$000)	Est. \$145,200
Asset Type	Major Construction

Project Description

This project requires \$15M in FY 2005 budget authority to complete phase 1 design, with an estimated total acquisition cost of approximately \$145.2M. This project will complete the seismic corrections in the main hospital building of the San Juan VAMC to comply with VA immediate occupancy standards. Asbestos abatement and fire protection are integral parts of the scope of the project. Building 1, the main hospital building, does not meet VA seismic standards. For a significant number of years it has been recognized in building codes and various governing agencies that Puerto Rico is in a high seismic zone, which is susceptible to a major earthquake. Several seismic evaluations have validated these deficiencies, among them the Degenkolb Study. The project will include asbestos abatement to avoid exposure and contamination in the event of a major natural disaster and fire protection as part of the seismic retrofit. Emergency sustainability (CD-54) requirements to include emergency generator paralleling and synchronization and sewage and storage tanks to guarantee full sustenance of VAMC operations for at least 10 days following a major natural disaster will also be included in the project. The VAMC is the sole tertiary VA facility in Puerto Rico and as such, is of vital importance for the large population it serves who otherwise would have to travel to the mainland, with the closest point being 1,500 miles away. Furthermore, by being able to sustain operations after a natural disaster, the VAMC would be better prepared to respond to local and national emergencies in its role as Coordinator of the Federal Response Plan in Puerto Rico.

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Project Location	Syracuse, NY
Planned Project Name	Construct Addition for SCI Center
Fiscal Year	FY 2005
BA Requested (Capital)	\$53.9M
Total Acquisition Cost (\$000)	\$53,900
Asset Type	Major Construction

Project Description

This project requires \$53.9M in FY 2005 budget authority. This project is a high priority project as a result of the CARES process. A large gap in SCI beds in the northeast part of the country is addressed by constructing a new 30-bed SCI at VAMC Syracuse, NY. The SCI will be built in existing space within the main medical Center Building and in the new addition. An addition will be constructed, to relocate some functions that will be displaced by the new SCI, as well as others supporting the program. A building that previously housed the laundry will be demolished to accommodate the new addition of approximately 8,000 GSF per floor (Basement, Ground, 1, 2, 3, & 4th floor levels.) The 4th floor of the existing building will be renovated for the new SCI along with adjacent space located in the new addition for the therapeutic pool and solarium.

Project Location	Atlanta, GA
Planned Project Name	Modernize Patient Wards
Fiscal Year	FY 2005
BA Requested (Capital)	\$20.7M
Total Acquisition Cost (\$000)	\$20,700
Asset Type	Major Construction

Project Description

This project requires \$20.7M in FY 2005 budget authority. This project directly supports the VISN 7 CARES marketing plan by renovating existing medical inpatient wards that are below community standards. Improvements include the renovation of approximately 40,000 gross square feet on 2 inpatient floors (7th and 8th) and 20,000 gross square feet on the 10th floor to meet American with Disabilities Act (ADA) accessibility requirements, meet women veterans' needs, correct patient privacy issues, and improve staff efficiencies with improved functional layout. Work will also address infrastructure improvements to utility systems by resolving outstanding deficiencies. These deficiencies include HVAC, plumbing, electrical and fire and safety concerns on these inpatient floors. This project will also include the addition of two elevators in the main building. In addition, this project will also promote the One VA concept by improving access, through the construction of a connecting bridge, for veterans traveling between the VBA Regional Office Building and the VA Medical Center.

Project Location	Menlo Park, CA
Planned Project Name	Seismic Corrections-Gero-Psychiatric Nursing Home Replacement (Bldg. 324)
Fiscal Year	FY 2005
BA Requested (Capital)	\$33.2M
Total Acquisition Cost (\$000)	\$33,200
Asset Type	Major Construction

Project Description

This project requires \$33.2M in FY 2005 budget authority. This capital investment project will construct a 120-bed gero-psychiatric replacement facility of approximately 80,000 GSF at VA Palo Alto Health Care System's (VAPAHCS) Menlo Park Division (MPD). This project will replace an obsolete, functionally deficient and seismically unsafe psychiatric building, which currently operates as a 109-bed gero-psychiatric inpatient facility (Building 324 - Exceptionally High Risk [EHR]). Parking would be developed to accommodate staff and visitors. Completion of this project will eliminate a seismically deficient facility that fails to meet current Life/Safety, ADA/Uniform Federal Accessible Standards (UFAS) as well as

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Federal/State seismic statutes. VAPAHCS' Menlo Park Division is VISN 21's primary referral center for extended care and psychiatric treatment while the Palo Alto Division is one of two regional referral sites for tertiary care and acute inpatient programs such as surgery, medicine and psychiatry.

Project Location	San Francisco, CA
Planned Project Name	Seismic Corrections Building 203
Fiscal Year	FY 2005
BA Requested (Capital)	\$41.5M
Total Acquisition Cost (\$000)	\$41,500
Asset Type	Major Construction

Project Description

This project requires \$41.5M in FY 2005 budget authority. This project will seismically retrofit Building 203, a five story, 335,000 GSF concrete structure housing all acute care beds at San Francisco VA Medical Center, to meet current VA standards for seismic safety. SFVAMC's Building 203 ranks high in the Nation in terms of the degree of seismic risk and need for retrofitting as evaluated by the consultant Degenkolb Engineers (March, 2003 Update). The project includes functional and technical improvements for patient privacy, disabled accessibility, building efficiency, and bringing the structure into compliance with current codes. These changes will meet additional goals of: providing appropriate patient privacy, increasing customer access through barrier-free facilities, an increased bed assignment flexibility, improving customer satisfaction, and improving staff satisfaction through an improved working environment. The primary goal of this project is to fulfill the VA's mandate to provide seismically safe buildings and ensure continued medical center operation after a major earthquake.

Project Location	Los Angeles, CA
Planned Project Name	Seismic Corrections Buildings 500 & 501, Phase 1 Design
Fiscal Year	FY 2005
BA Requested (Capital)	\$8M
Total Acquisition Cost (\$000)	Est. \$79,900
Asset Type	Major Construction

Project Description

This project requires \$8M in FY 2005 budget authority to complete phase 1 design, with a total estimated acquisition cost of approximately \$79.9M. This project will seismically retrofit the largest at risk building in the VA system, currently highly ranked on the VA list of seismically exceptionally high risk buildings. Additionally, this project will perform non-structural seismic retrofit for Building 500. The Building 501 non-structural portion will address non-compliance of pipe and equipment seismic bracing and anchoring. Building 500 is a six-story, steel braced frame building of approximately 937,000 square feet located on the main VA campus in West Los Angeles, California. The building serves as the main hospital on the campus. The structure has not been significantly modified since it was built in 1976. The seismic performance of the building was evaluated according to the requirements of the 2001 California Building Code.

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Project Location	Lee County, FL
Planned Project Name	Outpatient Clinic, Phase 1-Land Purchase
Fiscal Year	FY 2005
BA Requested (Capital)	\$6.51M
Total Acquisition Cost (\$000)	Est. \$65,100
Asset Type	Major Construction

Project Description

This project requires \$6.51M in FY 2005 budget authority to complete phase 1 land purchase, with a total estimated acquisition cost of approximately \$65.1M. This project is to construct an Ambulatory Surgery/Outpatient Diagnostic Support Center in the Gulf South Submarket of VISN 8. It will enable VA to meet the increased demand for diagnostic procedures, ambulatory surgery, and specialty care (including mental health services) -- all of which are gaps identified during the CARES review. This proposal will involve purchasing approximately twenty acres of land to construct a new 200,000 square foot building. This will accommodate a growing market share for the veteran population in the VISN 8 Gulf South Submarket area whose needs are not currently being met due to the limited space and limited services available in the existing Fort Myers VA OPC. The completion of this project will allow for additional veterans to be cared for that are currently on an extended waiting list for specialty and ancillary/diagnostic care, or who have to travel a minimum of 100-150 miles each way, (or 200-300 miles round trip) on a very busy interstate highway to seek care at Medical Centers within VISN 8 at Bay Pines, Tampa, West Palm Beach, or Miami. Currently, the Fort Myers OPC only has limited capabilities to perform diagnostic imaging. All other tests such as, CT, MRI's, Ultrasound, Nuclear Medicine, Vascular/Doppler Ultrasound, Colonoscopies, etc. must be performed at the Bay Pines VA Medical Center, other medical centers in VISN 8, or contracted out in the community, which is cost prohibitive. The project could include buying out the existing lease, currently being utilized at the present Fort Myers OPC.

Project Location	Des Moines, IA
Planned Project Name	Extended Care Building
Fiscal Year	FY 2005
BA Requested (Capital)	\$25M
Total Acquisition Cost (\$000)	\$25,000
Asset Type	Major Construction

Project Description

This project requires \$25M in FY 2005 budget authority. This project will construct a new building of approximately 100,000 gross square feet for a 120-bed Nursing Home Care Unit (NHCU), 20-bed Rehabilitation Medicine Unit, 40-bed Domiciliary Unit, Administrative, Employee Education, Clinic and Support space at the Des Moines Division of the VA Central Iowa Health Care System. This proposal will result in the following outcomes at project completion: 1) Locate NHCU, Rehabilitation Medicine, Behavioral Disorders (SMI) and Acute Psychiatric Care Services adjacent to acute Med/Surg Beds to enhance care delivery to increasingly medically complex extended care and rehabilitation cases. 2) Enhance veteran and family access to services by establishing high demand beds in the area of highest veteran population density in the state. 3) Replace badly deteriorating and aging infrastructure at the Knoxville division of VA Central Iowa with state of the art facilities at the Des Moines campus. 4) Achieve significant operational cost reduction over the life of the project. 5) Enhance staff education and research. 6) Consolidate all inpatient bed care services and other support functions at one location; and 7) allow divestiture of approximately 350,000 gross square feet of outdated infrastructure at the Knoxville Division.

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Project Location	San Diego, CA
Planned Project Name	Seismic Corrections-Bldg. 1
Fiscal Year	FY 2005
BA Requested (Capital)	\$48.26M
Total Acquisition Cost (\$000)	\$48,260
Asset Type	Major Construction

Project Description

This project requires \$48.26M in FY 2005 budget authority. This project will seismically strengthen the 854,900 sq-ft Medical Center (Building 1) with an integrated exterior stair and braced frame system. This system will create a structurally efficient seismic bracing solution with minimal disruption to the interior of the building and its operations. In order to install the braced frames, portions of modular building 23 and MRI building 14 will need to be demolished and reconstructed including the two-stop elevator serving building 14. This seismic upgrade will abate a significant risk to life safety and meet Department of Veterans Affairs Seismic Design Requirements (H-18-8), the California Code of Regulations, Title 24, Part 2 and California Senate Bill 1953 requirements. Asbestos abatement will be required for connections to the existing structure and abatement in the stair towers to be demolished. It is estimated \$4M in asbestos funds will be required in addition to the major construction cost.

FY 2006 Projects

Project Location	Cleveland, OH
Planned Project Name	Cleveland-Brecksville Consolidation, Phase 2-Construction
Fiscal Year	FY 2006
BA Requested (Capital)	\$87.3M
Total Acquisition Cost (\$000)	\$102,300
Asset Type	Major Construction

Project Description

This project requires \$87.3M FY 2006 budget authority to complete phase 2 construction, with an estimated total acquisition cost of \$102.3M. This project will consolidate and co-locate all clinical and administrative functions of a two division medical center at the Wade Park VAMC. This consolidation aligns itself as a top priority for construction due to the closure of the Brecksville VAMC and achieves the objective of CARES to realign and decrease the amount of infrastructure maintained and operated by VA by 931,454 gross square feet. This project will require new construction of 268,546 gross square feet at the Wade Park VAMC. The scope of this project includes additional chillers, emergency generators, and boilers as well as the associated incoming utility connection for the new space. Space efficiencies are gained in several ways for the aforementioned items that do not require the new construction of space: 1) There is existing space in the penthouse of the Wade Park VAMC that can accommodate the new chillers and (2) The current energy center is expandable by 1,800 square feet. This project requires the enhanced-use lease of 102 acres at the Brecksville VAMC in exchange for property adjacent to the Wade Park VAMC. Under the enhance-use lease agreement, the lessor will construct a 120-bed domiciliary, a 1,200 space parking garage, and administrative space adjacent to the Wade Park VAMC that will provide the additional infrastructure needed for the consolidation of the Brecksville VAMC at the Wade Park VAMC. The consolidation at the Wade Park Division of the Louis Stokes Cleveland VAMC will allow for the complete vacancy and closure of the Brecksville VAMC. The cost savings of this project are anticipated to exceed \$23 million annually and the quality of clinical care will be significantly enhanced to the more than 80,000 veterans that receive care at these medical centers annually. Additionally, there is the potential consolidation of VHA and VBA that will promote a One VA through efficient processing of VBA claims requiring medical support from VHA for the more than 500,000 veterans residing in Northern Ohio.

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The following goals are supported by this project:

Quality of Life: Via updated nursing home care services, co-located with an acute care facility for medical, psychiatric, and spinal cord injured veterans. Substantial physical plant and quality of care improvements will be directly related to special emphasis veteran populations.

Ensure Smooth Transition: Via potential One VA co-location with VBA. The Louis Stokes Cleveland VAMC provides care to veterans injured during active duty. One of the most common occurrences is spinal cord injured patients that require neurosurgery, orthopedic, and/or general surgery. A national spinal cord measure identifies that 95% of all patients discharged from our SCI were discharged to a non-institutional setting. This can be indirectly attributed to the medical center’s excellent surgical outcomes for spinal cord injuries. Additionally, the improvement in the timeliness of the completion of compensation and pension exams will facilitate disabled veterans with their reentry into civilian life.

Honor, Serve, and Memorialize: Via quality healthcare in state of the art facility and saving dollars to serve more veterans. The very purpose of this project is to create a physical environment that will improve the overall health of our enrolled veterans via a system that provides timely access, high quality care, and satisfied patients at a minimal cost to the taxpayers. Elimination of transportation costs saves over \$1.2 Million dollars per annum.

Public Health and Socio-economic Well-Being: Via safe and appropriate physical space for long term medical, psychiatric, and spinal cord residents that meet today’s infection control standards. VA leads the way nationally in the training of professionals in the care of special populations, including the seriously mentally ill, patients with PTSD, spinal cord injury, and blind rehabilitation. In all of these specialty areas there is a shortage of well-trained specialists. The project will assure the medical center’s ability to recruit the staff necessary to provide high quality health care. Increase Nursing School affiliations by 100% due to closer proximity to CWRU, Ursuline, and Cuyahoga Community College. Initiate NHCU Geriatric Fellowship Program with CWRU.

One VA: Via potential one stop VBA and VHA co-located care and a physical plant that is safe, appropriate, and indicative of the excellent quality of care that is provided by the Louis Stokes Cleveland VAMC as measured by Centers of Excellence and superb quality of care outcome measures and monitors. This will foster support of joint VHA/VBA initiatives. Additionally, the District Counsel’s Office for Ohio that is currently located at the Brecksville VAMC is another potential One VA initiative. The District Counsel will be able to use television hook-ups with all other VA facilities to improve communication with VA facility clients.

	<u>Current</u>	<u>Projected (2022)</u>	<u>Change (2001-2022)</u>
Authorized hospital beds	649	691	6.5%

Schedule:

Complete design development	November 2005
Award construction contract	September 2005
Complete construction	September 2009

Project Location	Pittsburgh, PA
Planned Project Name	Consolidation of Campuses, Phase 2/4 Construction
Fiscal Year	FY 2006
BA Requested (Capital)	\$82.5M
Total Acquisition Cost (\$000)	Est. \$185,076
Asset Type	Major Construction

Project Description

This project requires \$82.5M FY 2006 budget authority to complete phase 2 construction, with an estimated total acquisition cost of approximately \$185.076M. This project would consolidate (547,000 sq ft) a three division health care delivery system into two divisions, by adding sufficient space at the

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University Drive and H. John Heinz III divisions to accommodate the current and projected workload. Specifically, this proposal identifies closure and divestiture/enhanced-use of the Highland Drive division, a fifty-year-old campus-style facility, composed of more than 20 buildings on 169 acres. The principle benefit of this consolidation is to improve care by providing state-of-the-art care environment and reducing operating expenses, therefore realigning those assets to enhance services. This project may also include a component that would improve benefits service delivery.

Expected outcome at project completion: 1) Permanent closure of 850,000 square feet on 169 acres; 2) Construction of approximately 186,000 sq ft and a 1500 car parking structure at University Drive; 3) Construction of approximately 361,000 sq ft at H.J. Heinz, with a net closure of 348,000 sq ft.; and 4) Estimated annual savings of \$15,000,000 in operational expenses to be invested in care enhancements.

This project supports the following goals:

Honor & Memorialize: Consolidation from three to two divisions assures provision of efficient health care by freeing a projected \$15 million annually from operational costs to invest in service delivery and management of the projected increase in demand. Veterans Affairs Pittsburgh Healthcare System (VAPHS) intends to enhance use the Highland Drive facility, in doing so, the new tenant will be sure to honor and memorialize veterans through process or benefit.

- Performance Goals and Measures Improvement Expected with the proposal:
Existing Highland Drive facilities do not provide veterans with high quality environment. State of the art behavioral health facilities will enhance technical and perceived quality and demonstrate the VA's dedication and honor towards veterans. Less than 10% of the behavioral outpatients can access both primary and specialty care at the same facility which results in increased care coordination issues;
Upon Completion: 100% of all behavioral health patients will be able to access primary care and specialty care services within the same facility.
- Existing facilities are outdated and geared toward an inpatient population typical of historical behavioral health facilities. Less than 25% of the existing acute/extended behavior and domiciliary beds meet modern criteria. Upon completion this will improve to 100% privacy and space standard for acute/extended and domiciliary beds.
- Only 5% of patients have less than 5 minute waiting time to park. Average wait time to park is 30 minutes. Up to 3 days per week, waiting times exceed 60 minutes. Improved access to parking will enhance veteran convenience, access, and satisfaction with care. Upon Completion: 95% of patients have less than 5 minutes waiting to park.

Public Health and Socio-economic Well-Being: Co-location of all research functions at a single division in close proximity to the affiliate university will result in increased collaboration, greater attractiveness to world renowned researchers, and higher volume of on-site, funded research related to veteran health. Co-locating behavioral healthcare in proximity to the affiliate will afford additional research and training opportunities and attract specialists to VA. Baseline Estimates: -\$25M in funded research, 70% VA researchers are located at a single division, 86% of VA researchers are located at three VA sites. Remaining researchers are located at the affiliate university. Travel distances to the affiliate university result in 12% loss of FTEE. Upon Completion: VA will increase VA funded research by 10% (\$2.5M); 100% of researchers be located at a single division. >95% of VA researchers are located at a VA site. <1% loss of research FTEE in commuting time between the VA and affiliate.

	<u>Current</u>	<u>Projected (2022)</u>	<u>Change (2001-2022)</u>
Authorized hospital beds	759	627	-17%

Schedule:

Complete design development	January 2006*
Award construction contract	May 2005**
Complete construction	TBD***

*Design and construction are planned in multiple phases for this project. This date represents

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completion of design development for all phases.

This is the award date for construction of the design build parking garage, which is the first phase of construction to be awarded. All other construction will be awarded in phases between May 2005 and November 2006. *This date is dependent on future appropriations to complete the project.

Project Location	Las Vegas, NV
Planned Project Name	New Medical Facility, Phase 2/3 Construction
Fiscal Year	FY 2006
BA Requested (Capital)	\$199M
Total Acquisition Cost (\$000)	Est. \$286,000
Asset Type	Major Construction

Project Description

This project requires \$199M FY 2006 budget authority to complete phase 2 construction, with an estimated total acquisition cost of approximately \$286M. VA will collaborate with DoD for a mutual solution to provide up to 90 inpatient beds, a 120-bed Nursing Home Care Unit, Ambulatory Care Center, administrative and support functions, and provide space for collocated Veterans Benefits Administration offices. The land for the new VA Medical Center is located in the City of North Las Vegas on approximately 150 acres at the Southeast intersection of Pecos Road and Highway 215. The Medical Center will provide a “One Stop Shopping” approach for the veteran whose health care needs cross the continuum of services including primary and specialty care, surgical services, mental health, rehabilitation and extended care. The consolidation of clinical and administrative support will increase efficiencies, allow for the sharing of expertise and coordination across all levels of care, ensuring that patients are provided optimum care in the most appropriate setting. The proposed facility will be approximately 700,000 square feet and constructed on land transferred from the Department of the Interior. Workload projections are consistent with the CARES planning model and Clark County growth trends. This project will close significant service delivery gaps identified in the CARES process. A gap of 270,699 (2012) and 241,595 (2022) outpatient stops was identified during the CARES process, representing increases of 65% over current workload levels and an inpatient bed gap of 56%. In order to maximize flexibility and reduce cost, 50% of projected primary care and mental health workload has been removed from the space program and will be placed in multiple locations throughout the Las Vegas metropolitan area. This improves patient access for primary care services and allows for a scalable infrastructure to quickly adapt to significant changes in workload. The project enhances the joint venture with the Air Force through expanded capacity and increased scope of services providing both VA and DoD beneficiaries a comprehensive health care environment and cost-effective alternative to contracted services. The nursing home will be constructed as phase 3.

Honor and Memorialize: The project would significantly improve the delivery of healthcare in a modern state-of-the-art facility. Continuity of care, ready access to critical services, consolidation of scarce resources and improved efficiency will be greatly enhanced. Expanded services would provide greater opportunities for sharing agreements within an already successful VA/DoD joint venture. Patient satisfaction, improved clinical outcomes, the ability to attract and retain highly qualified staff will be the result of a patient centered healthcare system. This meets the strategic objective to provide the high quality, reliable, accessible, timely, and efficient healthcare that maximizes the health and functional status for all enrolled veterans, and focuses on the veterans with service connected conditions and those who may be unable to defray the cost of quality health care.

Quality of Life: A state-of-the-art VA facility supports the consistent delivery of medical care. By consolidating specialty services and decentralizing primary care the facility can capitalize on both the efficiency of “One stop shopping” and ease of access. Co-location of the VBA offices at the Medical Center will support timely and accurate decisions on disability compensation claims, continuing the close working relationship of VHA and VBA at the local facility. The project provides for fully accessible facilities for handicapped patients. Through ready availability of a wide scope of services, ease of access and the ability to provide care in the most appropriate environment we achieve the strategic objective to maximize the physical, mental, and social functioning of veterans with disabilities.

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One VA: The new facility allows for consolidation of services, expanded sharing with affiliates agreement with Federal agencies, increased educational affiliations, and co-location of VHA and VBA. The facility would be a model for the delivery of services across the continuum of care providing world-class service. Cost savings from increased operational efficiencies, reduced utilities, and reduced rents allow for focusing critical resources on the veteran. The co-location of VHA and VBA services allows for a team approach to meeting the needs of the veteran.

Public Health and Socio-Economic Well-being: A modern building substantially improves the ability to support academic affiliations with the University of Nevada and other healthcare educational affiliates and provide for space appropriate for expanded research programs. Expanded scope of services and improved diagnostic capabilities will provide multiple opportunities for expansion of educational and research activities. The facility would greatly improve the ability to support the DoD during times of national emergency and become a resource to the entire community. Expanded capabilities would provide the Air Force healthcare staff with a greater range of medical experiences and training opportunities. DoD patients will also gain access to complex healthcare services not currently available in Las Vegas.

Ensure Smooth Transition: A benefit of the joint venture is that military personnel already are accustomed to VA Healthcare while still on active duty with VA and DoD staff working side by side every day. Medical records and information related to military service would be readily available, easing the transition. The continued positive relationship ensures the veteran of seamless delivery of care with pre-discharge physicals, transfer of medical records, follow-up care and availability of benefits support all in the same location.

	<u>Current</u>	<u>Projected (2022)</u>	<u>Change (2001-2022)</u>
Authorized hospital beds	52	80	54%

Schedule:

Complete design development	November 2005
Award construction contract	September 2006
Complete construction	September 2009

Project Location	Gainesville, FL
Planned Project Name	Correct Patient Privacy Deficiencies, Ph 2 Construction
Fiscal Year	FY 2006
BA Requested (Capital)	\$76.4M
Total Acquisition Cost (\$000)	\$85,200
Asset Type	Major Construction

Project Description

This project requires \$76.4 in FY 2006 budget authority to complete phase 2 construction, with an estimated total acquisition cost of approximately \$85.2M. The medical center, an acute care facility, was dedicated in 1967. The inpatient medical, surgical, and psychiatric wards, are as originally constructed, consisting of mostly 5-bed rooms, with some 1, 2, and 3-bed rooms, and congregate baths. The inpatient wards received a CARES functional score of 1.0, which indicates the inpatient wards are non-functional, with virtually no privacy standards being met. Accordingly, the inpatient wards are in non-compliance with the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191. Several alternatives were explored and considered as means to increase the functional score. It was determined that the most viable alternative is an approximately 242,000 gross square feet (gsf) addition to the Medical Center. The addition will consist of four floors, plus a basement level, with connecting corridors to the existing Medical Center. The addition will house 238 in-patient beds consisting of 120 medical beds, 60 surgical beds, 58 psychiatric beds, support space, and Veterans Benefits Administration (VBA)

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colocation. This project includes renovation of space for expansion of Specialty Care Clinics consisting of Cardiology, Dermatology, Nephrology/Dialysis, Hematology, Otolaryngology, Audiology, Ophthalmology, Urology, Orthopedics, and Vascular Surgery. Construction of the new bed tower addition will free up the existing inpatient ward space to partially address the 144,504 gsf Specialty Care space gap identified by the CARES Functional Space Survey data. Approximately 4,000 gsf of space is also being included in the new addition for colocation of VBA. The project will correct non-functional space, patient privacy deficiencies, handicap deficiencies, and code deficiencies that currently exist in the inpatient wards.

Quality of Life: This proposal supports the VA Strategic Goal to improve veteran patients' Quality of Life. The CARES Functional Scoring indicates a score of 1.0 for the existing inpatient wards. A score of 1.0 indicates that the inpatient wards are non-functional, virtually no privacy standards are met, and conditions indicate that compliance will be expensive and difficult. This project will improve the inpatient wards from a CARES Functional Score of 1.0, which is the worst, to a CARES Functional Score of 5.0, which is the best. The project will construct functional inpatient wards that provide patient privacy meeting the requirements of the Health Insurance Portability and Accountability Act, (HIPAA), Public Law 104-191. This will provide the capability to provide state of the art care improving Quality of Life for the veteran. This project will support the Strategic Goal of Quality of Life by providing a state of the art facility to sustain the Gainesville VAMC affiliation with the University of Florida Medical School that will enhance the quality of care to veterans and enhance the education process.

Ensure Smooth Transition: This proposal supports the VA Strategic Goal to Ensure Smooth Transition for the veteran. This project will accommodate VBA colocation, which will make more services available to veterans at one location Ensuring a Smooth Transition for new veterans to civilian life by increasing awareness of, access to, and use of VA health care, benefits, and services.

Public Health and Socio-economic Well-Being: This proposal supports the VA Strategic Goal of Public Health & Socioeconomic Well Being by providing state of the art inpatient care units that will facilitate the veteran's ability to function independently, thereby contributing to the veterans socioeconomic well being; by supporting the affiliation with the University of Florida Medical School that will enhance the quality of care to inpatients and enhance the education process. Providing state of the art quality care to the veteran will improve the veterans' health, giving them the ability to maintain or improve their Socioeconomic Well Being; by allowing VBA colocation that will make more services available to veterans at one location and further the goal of enhancing the Socioeconomic Well Being by increasing awareness of, access to, and use of VA health care, benefits, and services.

One VA: This proposal supports the Strategic Goal of One VA by allowing colocation that will make more services available to veterans at one location, by increasing awareness of, access to, and use of VA health care, benefits, and services.

	<u>Current</u>	<u>Projected (2022)</u>	<u>Change (2001-2022)</u>
Authorized hospital beds	243	243	0%

Schedule:

Complete design development	November 2005
Award construction contract	September 2006
Complete construction	March 2009

Project Location	Anchorage (Elmendorf AFB), AK
Planned Project Name	Outpatient Clinic and Regional Office, Ph 2 Construction
Fiscal Year	FY 2006
BA Requested (Capital)	\$63.51M
Total Acquisition Cost (\$000)	\$75,270
Asset Type	Major Construction

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Project Description

This project requires \$63.51M in FY 2006 budget authority to complete phase 2 construction, with an estimated total acquisition cost of approximately \$75.27M. This project is to construct a new Outpatient Clinic and Regional Office building adjacent to the Elmendorf Air Force Base Medical Center - a joint VA and Air Force facility. This new building will replace the current 82,000 gross square foot (gsf) leased facility for the Alaska VA Healthcare Clinic and Regional Office with a new building of approximately 169,000 gsf. The current lease expires in 2007. This project integrates several VA functions with existing Air Force functions located at the adjacent hospital, thus reducing the overall construction size from 184,000 gsf to approximately 169,000 gsf. The new facility will provide space in a building adjacent to the current Air Force/VA hospital for collocation of medical and benefits services presently housed in leased space. The new building will meet projected CARES market area demand for primary care, specialty care, and mental health in Anchorage.

Quality of Life: Ensures capacity to meet veteran demand, reduces wait times, expands services available, provides inpatient and outpatient care in same location. The project expands space to support both VBA and VHA workload and will improve the ability of both benefit services to meet the needs of Alaska's veterans. Additionally, this project will improve the station's ability to provide medical exams at the Elmendorf AFB discharge site, and allow continued successful One VA partnership for compensation and pension examinations between rating board members and health examiners.

Ensures Smooth Transition: Co-locates VA with the military treatment facility and places VBA operations on Elmendorf AFB. Waiting times for Compensation and Pension (C&P) Claim adjudication will be significantly improved with additional VBA space and the anticipated efficiencies in service delivery. Close proximity of VA clinic and the Hospital will significantly reduce lost staff/patient time due to travel in between the two facilities. Once co-located, the result will be much more efficient patient/staff flow. Provide increased information and access to benefits and services for service members during and prior to their becoming eligible veterans.

	<u>Current</u>	<u>Projected (2022)</u>	<u>Change (2001-2022)</u>
Authorized hospital beds	n/a	n/a	n/a

Schedule:

Complete design development	November 2005
Award construction contract	July 2006
Complete construction	July 2008

Project Location	Biloxi, MS
Planned Project Name	Consolidation- Mental Health Ctr & Renovation, Ph 1/3 Design
Fiscal Year	FY 2006
BA Requested (Capital)	\$17.5M
Total Acquisition Cost (\$000)	Est.\$174,600
Asset Type	Major Construction

Project Description

This project requires \$17.5M in FY 2006 budget authority to complete phase 1 design, with a total estimated acquisition cost of approximately \$175M. This project will consolidate and co-locate all clinical and administrative functions of a two-division medical center at the Biloxi VAMC campus. On May 7, 2004 the VA Secretary announced the Capital Asset and Realignment to Enhance Services (CARES) plan, included in this plan is the closure of the VAGCVHCS Gulfport campus and the need to build a new Blind Rehabilitation Center on the VAGCVHCS Biloxi campus. This project supports these two major CARES initiatives. This consolidation aligns itself with congressional top priority for VA construction due to the closure of the Gulfport division (campus) and achieves the objectives of CARES to realign and decrease the amount of infrastructure maintained and operated by VA by 383,868 gross square feet at Gulfport.

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This project will construct a new Mental Health/Clinical Addition, a new nursing home care building, a new gymnasium, an administrative building, a new police and security building, storage and CWT buildings, and various renovations to existing patient care buildings in Biloxi. This project replaces the direct-care programs at Gulfport and consolidates all services at Biloxi. This project will require new construction of approximately 414,300 gross square feet at the Biloxi Division (campus), as well as renovation of another 142,000 gross square feet to provide the additional clinical services required for both the relocation of these patients and the CARES workload increase projected through 2022. Upon completion of this project all of the mental health patients in Gulfport will be transferred to the Biloxi facility. This project also includes new construction of a Blind Rehabilitation Center on the Biloxi campus to meet increased future demand. In addition to the permanent construction as noted above, this project will also require 40,000 gsf of temporary buildings and site development necessary for the relocation of administrative and other support functions from the existing patient care buildings necessary for renovation and re-use for Primary/Specialty and Ancillary Patient Care use.

This project proposes an enhance-use lease of 90 acres at the Gulfport Division (campus). Use of this program will result in significant taxpayer cost savings associated with the upkeep of the Gulfport campus, potential substantial federal, state, or private sector investment in our local community, and possibly a new long term revenue stream for VA.

The consolidation at the Biloxi Division (campus) of Gulf Coast Veterans Health Care System will allow for complete vacancy and closure of the Gulfport Division (campus) except for Laundry and Engineering Services. The cost savings for this project is anticipated to exceed \$7 million annually and the quality of clinical care will be significantly enhanced to more than 300,000 veterans that receive care at these campuses annually.

Quality of Life: The consolidation of mental health inpatient services, the Alzheimer's Dementia Program, Primary Care Services, Emergency Room, and other support services will place all VA direct care activities at one location. The realignment of these services will bring all patients to the Biloxi campus, where acute care, emergency care, and specialty care is already located. This project will improve access, continuity of care, and quality of care for all patients. In particular, the seriously mental ill patients, isolated at the Gulfport campus. This project will meet the CARES inpatient mental health bed gap increase to 48 beds. This project also includes the construction of a Blind Rehabilitation Center on the Biloxi campus to meet increased demand. CARES reflects a utilization rate of 2,742 bed days per 1000 enrollees for VISN 16. This represents the average rate of all VISNs with blind rehabilitation centers, thus the increasing bed levels in VISN 16 for blind rehab went from 26 beds to 44 beds. This project will meet the blind rehabilitation requirements for VISN 16.

Ensure Smooth Transition: VAGCVHCS provides care to veterans and active duty for inpatient mental health care through a support agreement for active duty military and dependents. This program takes care of active duty and dependents needing mental health inpatient from 81st Medical Group, Keesler AFB, MS; Naval Hospital, Pensacola, FL; 96th Medical Group, Tyndall AFB, FL; 16th Medical Group at Hulburt Field, FL; and 96th Medical Group, Eglin AFB, FL. This project will consolidate our campuses and improve the continuity and care of our active duty inpatients/dependents mental health patients. Additionally, the improvement in the timeliness of the completion of compensation pension examinations by having all other medical and ancillary services at one location will facilitate disabled veterans with their reentry into civilian life.

Honor, Serve, and Memorialize Veterans: VAGCVHCS maintains an active robust VA/DoD Sharing Program with Keesler AFB, which is adjacent to the Biloxi campus. Our intent with VA/DoD Sharing strategic planning efforts is to improve the health of our veterans, to increase accessibility, continuity, and the quality of our health care services by eliminating and preventing unnecessary duplication of health care resources, as well as provide cost containment joint planning initiatives. This project provides us an opportunity to expand VA/DoD collaboration with surrounding DoD facilities.

Public Health and Socio-Economic Well-Being: VAGCVHCS has established a solid program of

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collaboration in support of the 81st Medical Group Graduate Medical Education (GME) Program that provides residents, nurses, and technicians, in medicine, surgery, and mental health services to meet graduate medical education requirements. We are also, looking to expand our academic relationship with the University of South Alabama (USA) in oncology, medicine, and orthopedics. The consolidation of the Gulfport /Biloxi campuses will help to sustain the partnerships in the academic community and provide quality educational experiences for our residents. VAGCVHCS maintains a bioterrorism response pharmaceutical cache at our Gulfport campus. During the recent homeland security exercise we were directed to have a portion of our cache readily available in the Triage/ER area in response to a simulated biochemical response exercise. Although, our Gulfport campus is only nine miles away from our Biloxi primary campus – it took one hour and eighteen minutes to get through the traffic for the drug cache to be delivered. This project will allow enough space to maintain the drug cache at our primary Biloxi campus and be readily available “on emergency response site” during any actual terrorist response, national emergency, or disaster.

One VA: Continue to work with NCA on future expansion of cemetery needs from excess VA property. Currently the Biloxi National Cemetery has projected having gravesites enough to last through 2013. At that time other land will be required to maintain the ability to inter deceased veterans. This project will be designed in such a way as to keep as much land available as possible for potential use by the NCA.

	<u>Current</u>	<u>Projected (2022)</u>	<u>Change (2001-2022)</u>
Authorized hospital beds	214	308	44%

Schedule:

Complete design development	April 2006
Award construction contract	TBD*
Complete construction	TBD*

*TBD-these dates depend on when appropriations are provided for Phase 2 of this project.

Project Location	Fayetteville, AR
Planned Project Name	Clinical Addition, Phase 1 Design
Fiscal Year	FY 2006
BA Requested (Capital)	\$5.8M
Total Acquisition Cost (\$000)	Est. \$56,163
Asset Type	Major Construction

Project Description

This project requires \$5.8M in FY 2006 budget authority for phase 1, design of the clinical addition, with an estimated total acquisition cost of approximately \$56.163M. The project includes the construction of a clinical addition of approximately 160,000 square feet to correct the CARES Specialty gap of 168%, the CARES Ancillary gap of 112% and ensure veterans have access according to VA’s mandate for access to Specialty care of 60 minutes drive time for urban and 90 minutes drive time for rural areas. Annual cost savings would be realized in the reduction of lease expenses for current off-site space.

Based on the CARES Space and Functional Survey, the total square feet at VAMC Fayetteville will accommodate approximately 25,600 unique veterans. The FY 2004 projected number of unique veterans is approximately 41,000. The current CARES Space & Functional Survey based on FY03 uniques reflects a Gross Square Feet space deficit of 218,163 square feet. The CARES total space deficit for Specialty care and Ancillary care in 2022 is 179,729 square feet (37,018 sq ft ancillary and 142,711 sq ft specialty). At project completion, space will be available to meet the CARES projected growth needs through 2022.

The clinical addition will help address the needs of the growing veteran population. The clinical addition will provide a full continuum of patient-centered one-stop quality health care for Primary and Specialty Care with supporting Ancillary Services. The clinical addition will add space which will allow the enhancement of services that support both inpatient and outpatient care. Specialty Services will be added or enhanced. Examples of Ancillary Services to be included are Pharmacy, Physical Therapy and

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improved access to laboratory services.

Quality of Life: The additional specialty and ancillary services will maximize this medical center's ability to provide care to facilitate the veterans' physical, mental and social functioning as well as improve the timely, accurate completion of Compensation & Pension (C&P) exams. With the increase in specialty services, the veteran requiring a care will be able to obtain a variety of specialty and ancillary services at this facility that must now be obtained outside the facility. This will improve the ability to obtain these services timely with one trip to the facility.

Ensure a Smooth Transition: The additional specialty and ancillary services will facilitate the new veteran's entry into the health care system and this medical center's ability to assess this veteran by providing timely access to specialty and ancillary care.

Public Health and Socio-economic Well-Being: Improved capability for providing emergency services. The increased ability to provide a broader range of specialty & ancillary services will improve the facility's ability to provide emergency services in supporting State Approving Agency (SAA) and the community.

Enabling Goal: The facility has various memorandums of understanding with institutions of higher learning such as the Area Health Education Center (AHEC) to provide residents & students with clinical experience in specialty areas. AHEC family practice residents are schooled in medical care. This new addition will enhance and expand the services provided and will be more attractive to these schools. The ability to provide a broad spectrum of specialty and ancillary care will improve the facility's ability to recruit and retain scarce specialists. Also, the additional space will provide needed space in close proximity to the clinical staff to facilitate the medical center's ability to offer educational opportunities.

One VA: Decrease claims processing time for Compensation & Pension related actions by providing additional specialty and ancillary services instead of referring to the tertiary care facility. Increase in specialty and ancillary services will enhance the ability to recruit, develop, and retain competent, committed, and diverse staff to provide high quality service to our veterans and their families.

	<u>Current</u>	<u>Projected (2022)</u>	<u>Change (2001-2022)</u>
Authorized hospital beds	51		

Schedule:

Complete design development	February 2006
Award construction contract	TBD*
Complete construction	TBD*

*TBD-these dates depend on when appropriations are provided for Phase 2 of this project.

VHA POTENTIAL PROJECTS FOR FY 2007 – 2010

The following projects, along with the others not selected for the FY 2004 through 2006 budgets (as listed on previous pages), will be considered for potential inclusion in future VA requests.

Table 4-2 VHA Potential Projects

VISN	Location		Project Title – Brief Description
1	Providence	RI	Outpatient Specialties Clinics & Ancillary Services Addition
1	Boston	MA	Place Holder for Boston Study, Ph 2 Construction
3	New York	NY	Expand Primary Care
3	New York	NY	Place Holder for New York Study, Ph 2 Construction
3	Bronx	NY	Construct SCI Building
3	Bronx	NY	Research Bldg
3	Castle Point	NY	Psych & NHCU Integration
3	East Orange	NJ	Clinical Addition
3	St. Albans	NY	New NHCU Facility
3	Montrose	NY	New Outpatient Building
3	Northport	NY	Construct Specialty Care Pavilion
4	Philadelphia	PA	Expand Parking Garage
4	Philadelphia	PA	Behavioral Health Research Bldg
5	Washington	DC	Ambulatory Care Expansion, Ph 2 Construction
6	Salisbury	NC	Clinical Addition Specialty Care & Ancillary-Diagnostic Services
6	Durham	NC	Outpatient Addition
6	Asheville	NC	Outpatient Services Expansion
6	Hampton	VA	Ambulatory Care Specialty Clinic Expansion
7	Atlanta	GA	Ancillary Care
7	Bessemer	AL	Bessemer Outpatient Clinic
7	Birmingham	AL	Parking Deck
8	Tampa	FL	Fire Safety/Sprinkler Improvements
8	Bay Pines	FL	Consolidation of Clinical Services
8	Bay Pines	FL	Resolve FCA Deficiencies, Ph 1
8	Bay Pines	FL	IP/OP Renovations
8	Tampa	FL	Construct CARES Supported Infrastructure
8	Tampa	FL	Improve Patient Parking
8	Tampa	FL	Correct CARES FCA-Identified Deficiencies
8	Tampa	FL	Fire and Safety Improvements
9	Louisville	KY	Place Holder for Louisville Study, Ph 2 Construction
12	Milwaukee	WI	SCI Center
15	Marion	IL	Outpatient and Inpatient Clinical Addition
15	Kansas City	MO	Ambulatory Care Addition
15	St. Louis	MO	Patient Privacy, Acute Med/Surg patients, JC
15	Columbia	MO	Expand Ambulatory Care Addition
15	Poplar Bluff	MO	HVAC System
15	St. Louis	MO	Backfill Bldg 1 JC for Diagnostics
15	Wichita	KS	Outpatient Specialty Care/Ancillary/Dx Clinical Additions/Modernizations
16	Shreveport	LA	Clinical Addition for Specialty Care & DX Services

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VISN	Location		Project Title – Brief Description
16	Biloxi	MS	NHCU Replacement
16	Jackson	MS	Bldg. 7 Addition & Renovation for Med/Surg, NHCU & Specialty Care
16	Houston	TX	Outpatient Specialty Care Space
17	Temple	TX	Ambulatory Care Addition
17	Temple	TX	Clinical Support Replacement
18	Tucson	AZ	Specialty Care and Diagnostic Building
18	Albuquerque	NM	Outpatient Building
18	Phoenix	AZ	Ambulatory Care Addition
19	Ft Harrison	MT	Seismic Corrections, Hosp Bldg 154
20	Seattle	WA	B101 Mental Health/Research Bldg. (S)
20	Roseburg	OR	Seismic Upgrade B2
20	Portland	OR	Seismic Corrections-Bldgs. 100 & 101
20	American Lake	WA	Correct Seismic Deficiencies, B81 (A)
20	Seattle	WA	B100, Expansion Floors 3 & 4, D&T (S)
20	Seattle	WA	Bldg. 101 Mental Health & Research Renovations
21	Palo Alto	CA	Ambulatory Care/Research (Seismic Replace B 4, 23, 54, MB2, MB3, and MB4)
21	Palo Alto	CA	Central Valley OPC
21	Palo Alto	CA	East Bay OPC
21	Northern CA	CA	Alameda County OPC
21	Monterey	CA	VA/DoD Ambulatory Care Center
21	San Francisco	CA	New Parking Garage
21	San Francisco	CA	ADA Upgrade (Entire campus & grounds)
22	Loma Linda	CA	Clinical and Research Addition, Ph 2 Construction
22	San Diego	CA	Research Building
22	Los Angeles	CA	Research Building Replacement
22	Los Angeles	CA	Seismic Corrections-15 Bldgs.
22	Los Angeles	CA	NHCU Replacement
22	West Los Angeles	CA	Construct Clinic Addition / Consolidate Services
23	Iowa City	IA	Primary Care Clinic
23	Iowa City	IA	Construct Parking Garage
23	Fargo	ND	Specialty Care Addition

PRIORITIZED MINOR CONSTRUCTION PROJECTS FOR FY 2005

Each VA administration has developed or is in the process of developing their own policies and protocol for capital investments that do not meet current thresholds. The VA Capital Asset Management and Policy Service (CAMPS) fulfills this function for VHA in accordance with guidance provided by OAEM's Department-wide policies. Based on these policies, Minor Construction projects encompass those projects with a minor improvement component of greater than \$500,000 and a total cost of up to \$7 million for FY 2005. Minor improvement is defined as space and functional changes and construction of new or additional space.

4. Veterans Health Administration

This program received \$182 million in FY 2005 from VA's appropriation to enhance the quality of care provided to veterans. In addition to the appropriation, approximately \$75 million is available from projects that slipped from FY 2004 due to the late release of funds. These funds will be used to continue the conversion of inpatient wards to private or semi-private rooms; adding private examination rooms and bathrooms; correcting fire and safety deficiencies including seismic-related issues; and providing sufficient heat, air conditioning, and ventilation systems.

VHA will also continue to fund minor construction projects that efficiently shift the treatment of patients from hospital-based care settings to outpatient care; realign critical services; improve management of space, both vacant and underutilized; correct dysfunctional clinical adjacencies; and accommodate modern medical equipment based on the CARES National Plan. These improvements provide a maximum return on investment for the taxpayer and continue to provide high quality service to the Nation's veterans by improving access, establishing performance measures tied to clinical program priorities, and ensuring a satisfying and rewarding work environment for VA employees.

All FY 2005 minor construction projects listed below were reviewed, evaluated, scored and ranked by a Department-wide, multi-disciplinary group using the CARES decision criteria as required by Congressional language. They fully support the implementation of CARES recommendations, which is critical to demonstrate accountability to our stakeholders and Congress.

FY 2005 VHA PRIORITIZED MINOR CONSTRUCTION PROJECTS

Table 4-3 VHA FY 2005 Prioritized Minor Projects

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
7	Atlanta	GA	508-331 Renovate Mental Health Inp Ward	1	3,600	200
8	Tampa	FL	673-308 TPA Mental Health Code Compliance	2	6,798	585
7	Augusta	GA	509-320 Add Inpatient Beds SCIU	3	5,200	433
21	Mather	CA	612-463 Consolidate Outpatient Mental Health	4	4,722	430
20	White City	OR	692-330 Replace Dom Bldgs 215 & 216	5	4,970	4,573
20	Anchorage	AK	463-115 Dom Seismic Upgrade	6	4,644	4,248
22	Los Angeles	CA	691-334 Bldg 212 & 117 Seismic Retrofit	7	4,230	3,907
22	Long Beach	CA	600-307 Seismic Upgrade of Bldg 126OP	8	3,954	3,903
21	Martinez	CA	612-521 Seismic Corrections Core Lab, Bldg 5	9	897	833
21	Menlo Park	CA	640-355 Seismic Corrections, Bldg 329	10	6,369	6,281
20	Seattle	WA	663-340 D&T Seismic Upgrade, B100	11	3,832	3,504
1	Providence	RI	650-305 Research Facility	12	5,984	601

4. Veterans Health Administration

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
1	West Haven	CT	689-374 Research Renovation, Ph 2	13	4,906	421
18	Tucson	AZ	678-314 Renovate Ward 3 East	14	2,961	290
21	San Francisco	CA	662-315 Animal Research, Bldg 19	15	5,520	459
10	Cleveland -WP	OH	541-311 Relocate Lab Services at WP to New 3rd Floor on Amb Care Addition	16	3,893	3,574
23	Des Moines	IA	636-305 Consolidation of Acute Bed Services	17	2,001	1,829
1	Boston	MA	523-345 Medical Surgical Unit, B1-2N	18	3,306	2,680
16	Muskogee	OK	623-301 Renovate 5-East for Bldg 53, Inpt Psy	19	1,975	1,849
12	Hines	IL	578-344 Renovate Acute Care – Hema/Onc	21	5,305	4,950
4	Clarksburg	WV	540-304 Outpt Support - Spec Care Services	22	3,629	3,320
1	West Roxbury	MA	523-353 Support Services Modification, Ph 2	23	1,500	1,350
17	Temple	TX	674-262 Expand Amb Care	24	3,061	2,760
7	Birmingham	AL	521-325 Specialty Care Expansion	25	3,723	3,457
5	Baltimore - LR	MD	512-514 Expand Outpatient Clinic	26	6,075	5,449
12	Chicago	IL	537-313 Modernize Lab Areas 4th Fl Bldg 1	27	4,157	3,782
5	Baltimore	MD	512-515 Fort Meade CBOC	28	3,614	380
6	Hampton	VA	590-224 Construct Intensive Care Unit	29	2,937	2,655
20	Seattle	WA	663-333 Amb Care Expansion, B100, D&T	30	3,987	3,512
18	El Paso	TX	756-001 Outpatient Ambulatory Care Space	31	4,140	3,795
5	Martinsburg	WV	613-102 Fort Detrick CBOC	32	5,017	528
4	Philadelphia	PA	642-316 Renovate 7th Floor	33	4,050	3,630
22	San Diego	CA	664-324 Parking Garage	34	6,835	6,475
4	Erie	PA	562-305 Outpt Support - Anc/Diag/Spec Care	35	3,427	3,151
6	Asheville	NC	637-310 Renovate Surg Intensive Care Unit	36	2,726	2,485
19	Salt Lake City	UT	660-228 Surgery Renovation	37	2,620	220
12	Chicago - WS	IL	537-314 Research Laboratory	38	2,931	2,717
7	Columbia	SC	544-313 Comm Stand Upgd Inpt Med Beds	39	3,678	3,355
1	Boston	MA	523-332 Dental Clinic Consolidation	40	1,563	1,441
8	Tampa	FL	673-313 Upgrade & Expand Main Lab, Ph I	41	3,000	2,731
8	Tampa	FL	673-314 Upgrade Main Lab, Ph II	42	3,173	2,726
21	Sacramento	CA	612-461 Specialty Care Clinic Bldg	43	4,160	3,807
16	Biloxi	MS	520-316 New CBOC at Eglin AFB Florida	44	4,310	350
8	Miami	FL	546-105 Renovate 11CD (CARES PI)	45	1,387	1,272
16	Biloxi	MS	520-306 Expand ER/Outpatient Pharmacy	46	4,080	3,740
8	Bay Pines	FL	516-320 Emerg Dept Exp with Obsv Unit	47	2,900	2,594
17	Temple	TX	674-263 Clin Spec Emph & Rehab Integration	48	1,644	1,513
8	W Palm Beach	FL	548-117 Renovate 9th Floor for Outpt Clinic	49	4,306	4,081
8	Bay Pines	FL	516-321 Renovate Surg, Med and Card ICUs	50	3,031	3,031
8	Tampa	FL	673-318 Emerg Rm, Ph I	51	4,128	3,783
21	Fresno	CA	570-205 Remodel 4th Floor for Spec Clinics	52	3,900	3,575
20	Portland	OR	648-316 Renov Bldg 100 for Spec Care	54	5,140	4,730
6	Salisbury	NC	659-309 Renovate Surgical Suite	55	2,220	2,035

4. Veterans Health Administration

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
7	Tuscaloosa	AL	679-307 New Dietetic Facility	56	3,999	3,659
7	Columbia	SC	544-317 Renovate NHCU, Building 103, Ph 1	57	3,769	3,366
18	Prescott	AZ	649-404 Expand Med Spec Care Clinic Space	58	4,200	3,850
6	Asheville	NC	637-311 Renovate Medical Intensive Care Unit	59	2,765	296
3	Northport	NY	632-319 Expand Outpatient Space	60	5,300	4,950
6	Durham	NC	558-311 Renovate Patient Wards	61	3,840	3,465
4	Lebanon	PA	595-455 Consolidate ICU and Urgent Care	62	3,494	3,247
21	Palo Alto	CA	640-362 Research Renov B4 and B6	63	3,600	3,300
19	Ft. Harrison	MT	436-107 Expand Specialty Care	64	4,092	3,751
23	Omaha	NE	636-327 ICU to 2nd Floor Outpatient Clinic	65	6,459	6,063
21	Honolulu	HI	459-301 VA/DoD JT. Hosp Guam & VA CBOC	66	3,920	400
22	Los Angeles	CA	691-330 Renovate CCU	67	3,565	3,270
22	Los Angeles	CA	691-331 Renovate HICU/SICU	68	3,140	2,864
17	Dallas	TX	549-316 Patient Priv/UFAS Deficiencies, Ph 8	69	2,200	2,100
15	Kansas City	MO	589-360 Interventional Cardiology	70	2,585	2,365
8	W Palm Beach	FL	548-118 ER Expansion	71	2,028	200
1	West Haven	CT	689-358 Dialysis Relocation	72	3,928	3,627
8	W Palm Beach	FL	548-119 Renovate 8th Floor for Specialty Care	73	2,605	225
21	Reno	NV	654-307 Expand/Reloc ER and Est Observ	74	3,217	2,879
8	Lake City	FL	573-312 Renov Wards for Med/Surg Pat Priv	75	3,055	2,817
1	West Haven	CT	689-354 Cardiac Catheterization	76	1,200	1,082
19	Cheyenne	WY	442-208 Clinic Expansion	77	1,800	1,651
17	San Antonio	TX	671-226 Research Addition, Ph II	78	3,648	3,278
11	Indianapolis	IN	583-321 Expand Spec/Primary Care Clinics	79	5,725	5,262
16	Houston	TX	580-308 Renovate NU 4H for Oncology/GI	80	2,073	1,853
15	Wichita	KS	589-336 Cardiac Cath Laboratory, B2, 2nd Floor	81	1,382	1,354
8	Tampa	FL	673-102 Renovate OR Ph I	82	2,995	2,726
22	Loma Linda	CA	605-314 Remodel Outpatient Services	83	2,394	2,203
15	Marion	IL	657-312 Interventional Cardiology	84	1,665	1,482
16	Little Rock	AR	598-361 CVICU/Heart Program	85	2,079	1,675
20	Seattle	WA	663-330 Cath Lab/Endoscopy Suite, B100	86	2,614	1,925
9	Louisville	KY	603-315 Remodel Endo and Hemodialysis	87	3,634	3,318
17	Dallas	TX	549-408 Relocate Geropsychiatry	88	3,900	3,550
9	Nashville	TN	626-304 Lab Function & Infrastructure Improve	89	4,020	3,623
3	E Orange	NY	561-308 Consolidate MICU & SICU Units	90	4,005	3,655
16	Alexandria	LA	502-302 Construct Addition to B-45	91	3,740	3,471
10	Cincinnati	OH	539-314 Outpatient Specialty Care Clinics	92	4,223	3,823
2	Syracuse	NY	528-707 Construct Addition for Cath Lab/CT	93	2,647	2,474
21	San Francisco	CA	662-324 Provide a Second Cardiac Cath Lab	94	2,627	2,389
9	Mtn Home	TN	621-306 Consol Kitchen	95	4,339	4,139

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VISN	Location	Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
15	St. Louis - JC MO	657-308 EUL Raised Parking Decks	96	2,000	2,000
16	Fayetteville AR	564-224 Addition for MRI	97	2,665	2,402
15	St. Louis MO	657-318 Relocate Animal Research Facility	98	1,479	1,286
4	Aspinwall PA	646-363 V4 and VAPHS Data Center Consolidation	99	3,840	3,520
15	Kansas City MO	589-361 Acquisition of Kaiser Bldg	100	3,000	3,000
20	Seattle WA	663-329 Research Addition Bldg 34/ARF, Ph II	101	4,160	450
20	Portland OR	648-318 Renovate Bldg 103 Research	102	1,695	1,587
1	West Haven CT	689-350 SCI Rehabilitation R&D Facilities	103	3,491	3,148
6	Durham NC	558-312 New Research Building	104	4,150	3,769
23	Iowa City IA	636-441 Construct Research Building	105	4,167	3,882
11	Ann Arbor MI	506-342 Install Secondary Electrical Feed	106	2,340	2,216
		Total		\$367,573	\$278,862

In addition to the previously listed projects, VA will complete the projects below that are funded pursuant to Public Law 108-324, the Military Construction Appropriations and Emergency Hurricane Supplemental Appropriations Act of 2005.

FY 2005 HURRICANE SUPPLEMENTAL MINOR PROJECTS

Table 4-4 VHA FY 2005 Supplemental Minor Projects

VISN	Location	Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
8	W Palm Beach FL	548-122 Full Emergency Power	N/A	6,909	6,909
8	W Palm Beach FL	548-123 Hurricane Preparedness Improvements	N/A	6,413	6,413
8	San Juan PR	672-754 Emergency Water Supply	N/A	2,500	2,500
		Total		\$15,822	\$15,822

The FY 2006 Minor projects listed below will be ranked and provided to Congress by June 2005.

4. Veterans Health Administration

FY 2006 VHA MINOR CONSTRUCTION PROJECTS**Table 4-5 VHA FY 2006 Minor Projects**

VISN	Location		Project Title – Brief Description	Total Est. Cost (\$000)
1	Togus	ME	402-303 Construct Specialty Care Clinic	1,786
1	Manchester	NH	608-312 Specialty Care Addition	4,652
1	Providence	RI	650-301 Psychiatry Ward Renovation	3,955
1	Providence	RI	650-305 Research Facility	5,984
1	West Haven	CT	689-374 Research Renovation, Ph 2	4,906
2	Buffalo	NY	528-362 Renovate Operating Rooms	2,749
2	Buffalo	NY	528-366 Ward 5C Privacy Renovation	1,240
2	Buffalo	NY	528-367 Expand PT for Cardiac Care	1,720
2	Albany	NY	528-801 Consolidate Inpatient & Outpt Pharmacies	3,490
3	Bronx	NY	526-321 Renovate Extended Care, Bldg 106	5,080
3	Brooklyn	NY	630-406 SPD/Central Sterile Supply Upgrade	3,650
3	Brooklyn	NY	630-407 OR Renovation	6,000
4	Coatesville	PA	542-307 Renovate NHCU Ward (59-A)	3,763
4	Lebanon	PA	595-501 Renovate 17-5 for Primary Care	1,812
4	Philadelphia	PA	642-317 Renovate 2nd Floor Research	3,550
4	Pittsburgh	PA	646-364 Ambulatory Surgery	5,789
5	Baltimore	MD	512-515 Fort Meade CBOC	3,459
5	Martinsburg	WV	613-102 Fort Detrick CBOC	4,802
5	Washington	DC	688-323 Research Building Expansion	6,653
5	Washington	DC	688-324 Nursing Home New Addition and Ren	5,210
6	Durham	NC	558-312 New Research Building	3,900
6	Durham	NC	558-313 Eye Clinic Addition	4,620
6	Durham	NC	558-315 Research Expansion	6,893
6	Hampton	VA	590-601 Renovate Inpatient Psychiatry	5,218
6	Asheville	NC	637-312 Renovate Ward 5W	2,500
6	Richmond	VA	652-304 Expand Specialty Clinics	6,005
6	Salisbury	NC	659-310 Tower for Spec/Anc/Diag Care, Ph 1	4,290
7	Atlanta	GA	508-331 Ren Mental Health Inpatient Ward	3,525
7	Atlanta	GA	508-332 Research Consolidation	6,500
7	Augusta	GA	509-320 Add Inpatient Beds SCIU	4,984
7	Birmingham	AL	521-326 Increase Medicine Beds	5,082
7	Charleston	SC	534-315 Inpatient Privacy 4BN	2,986
7	Charleston	SC	534-316 CBOC Nav Weap Stat, Goose Creek	4,903
7	Charleston	SC	534-317 Expand Surgical Suite into 2C	4,898
8	W Palm Beach	FL	548-118 Expand ER	2,000
8	W Palm Beach	FL	548-119 Renovate 8th Floor for Specialty Care	2,500
8	Gainesville	FL	573-309 Correct Inpatient Psychiatry Def	2,999
8	San Juan	PR	672-302 Surgical Retrofit	4,977
8	San Juan	PR	672-751 Electrical Distribution Upgrade	6,985
8	Tampa	FL	673-308 TPA Mental Health Code Compliance	6,499
8	Tampa	FL	673-319 Renovate OR, Ph 2	4,562
9	Memphis	TN	614-309 Inpatient Mental Health Renovation	5,606
9	Memphis	TN	614-312 VMU & Research Lab Upgrade	5,327

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VISN	Location		Project Title – Brief Description		Total Est. Cost (\$000)
9	Nashville	TN	626-305	Pharmacy Consolidation & OP Expan	6,617
10	Cincinnati	OH	539-316	Animal Research Facility	4,852
10	Cleveland-WP	OH	541-315	Renovate Research, Ph 1	3,806
10	Cleveland-WP	OH	541-317	Renovate Radiology, Ph 1	6,248
10	Dayton	OH	552-310	A/C B410	2,650
10	Dayton	OH	552-311	ER Expansion	2,650
11	Danville	IL	550-306	Replace Boilers (3) & Controls	5,255
11	Saginaw	MI	655-303	Correct Electrical Deficiencies	4,457
11	Detroit	MI	553-301	Expand Primary Care	5,370
11	Ann Arbor	MI	506-352	Secondary Electrical Feed	2,650
12	Chicago	IL	537-312	Modernize Radiology Department	4,992
12	Hines	IL	578-345	Ambulatory Sub-specialty Clinics	4,834
12	Hines	IL	578-356	Standby Electrical Power for ARF	3,322
12	Hines	IL	578-357	Relocate Surgical Suites, Bldg 200	6,406
12	Iron Mountain	MI	585-332	Renovate/Relocate NHCU	5,789
12	Madison	WI	607-387	Renovate Research 4C & Bldg 12	2,880
12	Tomah	WI	676-312	Renovate 3rd Floor, Bldg 408	4,970
12	Milwaukee	WI	695-300	Install HVAC Bldg 70 Research	6,639
15	Columbia	MO	589-320	Imaging Center Site Prep	3,884
15	Topeka	KS	589-325	Exp Prim Care/Consolidate Pharmacy	2,336
15	Leavenworth	KS	589-376	ICU Renovation	2,657
15	Topeka	MO	589-378	HRC - Renovation of Side C, Bldg 9	4,815
15	St. Louis	MO	657-319	Rem Space for Research, Bldg 1, JC	2,616
15	St. Louis	MO	657-320	Remodel Space for Clinics, Bldg 1, JC	1,706
16	Alexandria	LA	502-301	Renovate Bldg 6 for Primary Care	4,675
16	Biloxi	MS	520-316	New CBOC at Eglin	4,310
16	Fayetteville	AR	564-332	Exp Prim Care Clinic Bldg for Specialty	1,750
16	Jackson	MS	586-393	3 rd Fl Bldg 7 for Med/Surg & NHCU Beds	6,900
16	Little Rock	AR	598-370	Relocate PC to NLR-Expand Specialty	2,800
16	New Orleans	LA	629-321	Add Elevators	6,180
16	Oklahoma City	OK	635-312	Renovate A Mod	1,750
17	Dallas	TX	549-501	Transitional Care Unit	3,300
17	Dallas	TX	549-507	Mental Health Patient Privacy, Ph 2	3,475
17	Dallas	TX	549-509	Ambulatory Care Renovation, Ph 2	4,662
17	Dallas	TX	549-516	Patient Privacy/UFAS Def, Ph 9	4,509
17	San Antonio	TX	671-227	Accommodate Specialty Clinics, Ph 1	3,300
17	San Antonio	TX	671-228	Expand Specialty Clinics, Ph 2	6,960
17	Temple	TX	674-266	Cardiovascular Research, Ph 2	1,658
18	Albuquerque	NM	501-315	Medical Subspecialty Behavioral Health	2,100
18	Prescott	AZ	649-403	Renovate for Medical Specialty Clinics	2,704
18	Tucson	AZ	678-313	Research Wet Labs	3,332
18	Tucson	AZ	678-314	Renovate Ward 3 East	2,900
18	Tucson	AZ	678-315	Renovate for SDU	2,003
19	Cheyenne	WY	442-209	Expand Ancillary Care	6,547
19	Salt Lake City	UT	660-228	Surgery Renovation	2,620
19	Salt Lake City	UT	660-304	Research Relocation	3,626

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VISN	Location		Project Title – Brief Description		Total Est. Cost (\$000)
20	Boise	ID	531-308	Construction of Specialty Care Tower	4,550
20	Portland	OR	648-317	Replace Exterior Skin B100 & B101	5,663
20	Portland	OR	648-320	Bldg T51 Seismic Upgrade	2,153
20	Vancouver	WA	648-321	Seismic Mitigation	4,367
20	Vancouver	WA	648-323	Expand Outpatient Care	3,830
20	Vancouver	WA	648-327	Seismic Upgrade NSCU	3,000
20	Vancouver	WA	648-328	Seismic Upgrade D-7	4,000
20	Vancouver	WA	648-329	Seismic Upgrade Boiler Plant & Ancillary	1,800
20	American Lake	WA	663-327	Correct Seismic Defs, B18	2,950
20	Seattle	WA	663-329	Research Addition B34/ARF, Ph 2	4,160
20	American Lake	WA	663-341	Primary/Radiology Clinic Expansion	2,815
20	White City	OR	692-332	Renovate Dom Bldg 217	4,953
20	White City	OR	692-335	Footprint Reduction	1,551
21	Honolulu	HI	459-301	Guam CBOC	3,920
21	Martinez	CA	612-423	Stroke Rehab	3,886
21	Sacramento	CA	612-463	Consolidate Mental Health	4,723
21	Palo Alto	CA	640-356	ER/OBS Unit Expansion	3,800
21	Palo Alto	CA	640-363	Expand Specialty Care	4,400
21	Menlo Park	CA	640-364	Seismic B-205 & B-114	6,832
21	Palo Alto	CA	640-365	B-4 Wet Labs	6,625
21	Reno	NV	654-309	Expand Primary Care	1,961
21	San Francisco	CA	662-315	Animal Research Facility	5,300
21	San Francisco	CA	662-323	Bldg 200 ER Expansion	3,765
21	San Francisco	CA	662-331	Clinical Spt Annex B-200	4,900
22	Long Beach	CA	600-308	Seismic Upgrade Bldg 138	3,005
22	Long Beach	CA	600-309	Demo Bldgs 3, 5(P), 13, 47, T162(P)	4,372
22	Loma Linda	CA	605-316	Remodel 4SW Patient Privacy	3,662
22	Loma Linda	CA	605-318	Modernize Veterinary Med Unit	3,391
22	Loma Linda	CA	605-320	Parking Garage	6,416
22	San Diego	CA	664-313	Expand Specialty Clinics	5,182
22	San Diego	CA	664-322	Expand Research Labs	5,605
22	W Los Angeles	CA	691-332	B209 Research Renovation	6,269
22	Sepulveda	CA	691-333	Building 2 Demolition	3,681
22	W Los Angeles	CA	691-335	B256 Seismic Retrofit Project	3,533
22	W Los Angeles	CA	691-336	Demo Various Bldgs	859
22	W Los Angeles	CA	691-337	Outpatient Mental Health	5,973
22	W Los Angeles	CA	691-338	B500 Clinical Lab Renovation	5,894
23	Fargo	SD	437-306	Audiology/Eye/Ophthalmology	2,594
23	Des Moines	IA	636-303	Outpatient Services Consolidation	6,927
23	Des Moines	IA	636-307	Remodel Dietetics	998
23	Omaha	NE	636-326	Research Building - 4th Floor	3,010
23	Omaha	NE	636-338	Animal Research Addition	2,360
23	Iowa City	IA	636-441	Construct Research Facility	3,996
23	Iowa City	IA	636-535	Renovate 3rd Floor Research	2,178
23	Iowa City	IA	636-540	Upgrade Animal Research Facility	1,995
			Total		550,274

VHA LEASES (AUTHORIZATION AND NOTIFICATION REQUIREMENTS)

Congressional Authorization

In the FY 2006 Congressional Budget the Department requested authorization for the medical facility leases below. These require congressional authorization per Title 38, U.S.C., section 8104 (a) (2). The Denver Health Administration Center lease was originally authorized in the FY 2005 budget at a cost of \$3.9M. Since then the program needs have increased requiring authorization for a total of \$5.85M.

Table 4-6 VHA Medical Facility Leases for Authorization

Year	VISN	Location		Project Title - Brief Description	Type	Est. Cost (\$000)	Rent Only (\$000)
2006	5	Baltimore	MD	Baltimore Outpatient Improvements/ Baltimore OPC Annex (includes Mental Health)	New	\$9,851	\$4,050
2006	15	Marion	IL	Evansville, IN Specialty Care, Primary Care, Mental Health and Ancillary/Diagnostic (Vanderburgh County)	Repl.	\$7,643	\$2,727
2006	17	Dallas	TX	Smith County (Tyler) OPC Expansion & Relocation	Repl.	\$4,293	\$1,493
2006		Denver	CO	Health Administration Center	Repl.	\$5,850	\$2,850
Total						\$27,637	\$11,120

Congressional Notifications (\$300-\$600K)

The Department's FY 2006 budget also requested approval for the medical facility leases below that require congressional notification per Public Law 108-447. The cost estimates below are for rent only, not lump sum.

Table 4-7 VHA Medical Facility Leases Requiring Notification

Year	VISN	Location		Project Title - Brief Description	Type	Rent Only (\$000)
2005 ¹	12	Chicago	IL	Community Based Outpatient Clinic	New	\$390
2006	7	Atlanta	GA	Atlanta, GA Newnan Outpatient Clinic	New	\$300
2006	17	Dallas	TX	McAllen Outpatient Clinic	Repl.	\$578
2006	18	Phoenix	AZ	Thunderbird Outpatient Clinic	New	\$420
2006	HQ	Silver Spring	MD	Maryland Silver Spring (Office of Information Field Office)	Repl.	\$378
Total						\$2,066

¹ An unexpected lease opportunity with a faith-based organization recently became available to provide care for homeless veterans in the Chicago area. This is a FY 2005 lease.

All of these proposals support at least two or more of the VA goals that are identified in the VA Strategic Plan.

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PORTFOLIO INVENTORY OF CURRENT PROJECTS

(Funded but not activated or in use)

Table 4-8 VHA Portfolio Inventory of Current Projects

Project Type	FY ¹	VISN	Location	Project Title – Brief Description	Total Acquisition Cost (\$000)
Major	2005	9	Mt. Home, TN	Relocate Med School Func & Renov B. 2, 3, & 5.	\$47,000
Major	2006	8	Miami, FL	Utility Plant	\$24,420
Major	2005	12	Hines, IL	Blind Rehabilitation & Spinal Cord Injury Add's	\$40,000
Major	2005	18	Tucson, AZ	Ambulatory Care Addition	\$25,200
Major	2007	21	N. California, CA	Outpatient Clinics/New Bed Bldg.	\$70,800
Major	2005	22	Long Beach, CA	Clinical Consolidation and Building 122 Demo	\$23,200
Major	2006	12	Chicago, IL	Bed Tower	\$98,500
Major	2006	12	North Chicago, IL	Joint VA and Dept of Navy Medical Project	\$13,000
Major	2006	21	Palo Alto, CA	Seismic Corrections, Bldg. 2	\$34,000
Major	2008	23	Minneapolis, MN	SCI & SCD Center	\$20,500
Major	2009	10	Cleveland, OH	Cleveland-Brecksville Consolidation	\$102,300
Major	2007	11	Indianapolis, IN	7 th & 8 th Floor Wards Modernization	\$27,400
Major	2008	18	Tucson, AZ	Mental Health Clinic	\$12,100
Major	2008	8	Tampa, FL	Upgrade Electrical Distribution Systems	\$49,000
Major	2009	6	Durham, NC	Renovate Patient Wards	\$9,100
Major	2008	17	San Antonio, TX	Ward Upgrades and Expansion	\$19,100
Major	2008	20	Anchorage, AK	Outpatient Clinic and RO	\$75,270
Major	2007	10	Columbus, OH	Outpatient Clinic	\$94,800
Major	TBD	8	Gainesville, FL	Correct Patient Privacy	\$85,200
Major	TBD	22	Las Vegas, NV	New Medical Facility	\$286,000
Major	TBD	22	Long Beach, CA	Seismic Corrections-Bldgs. 7 & 126	\$100,100
Major	TBD	4	Pittsburgh, PA	Consolidation of Campuses	\$185,076
Major	TBD	8	Orlando, FL	Bed Tower	\$253,600
				Total	\$1,695,666
Lease	2004	16	Baton Rouge, LA	Satellite Outpatient Clinic	\$1,800
Lease	2005	1	Boston, MA	Satellite Outpatient Clinic	\$2,879
Lease	2005	8	Oakland Park, FL	Satellite Outpatient Clinic	\$4,100
Lease	2006	22	Santa Barbara, CA	Outpatient Clinic	\$3,611
Lease	2007	6	Charlotte, NC	Satellite Outpatient Clinic	\$2,626
Lease	2007	12	Crown Point, IN	Outpatient Clinic	\$2,600
Lease	2007	17	Fort Worth, TX	Tarrant County OPC (Ft. Worth CBOC #2)	\$11,118
Lease	2007	8	Jacksonville, FL	Satellite Outpatient Clinic	\$3,095
Lease	2007	9	Knoxville, TN	Outpatient Clinic	\$2,600
Lease	2007	22	San Diego, CA	South County Outpatient Clinic	\$2,625
Lease	2007	11	Toledo, OH	Outpatient Clinic – (CBOC)	\$4,140
Lease	2007	6	Wilmington, NC	Outpatient Clinic	\$4,102
Lease	2008	17	Corpus Christi, TX	Outpatient Clinic	\$3,900
Lease	2008	6	Greenville, NC	Outpatient Clinic	\$4,096
Lease	2008	17	Harlingen, TX	Outpatient Clinic – (Harlingen CBOC)	\$1,966
Lease	2008	6	Norfolk, VA	Outpatient Clinic	\$3,500

4. Veterans Health Administration

Project Type	FY ¹	VISN	Location	Project Title – Brief Description	Total Acquisition Cost (\$000)
Lease	2008	21	Oakland, CA	Outpatient Clinic	\$4,380
Lease	2008	17	Plano, TX	Outpatient Clinic – (Collin County/Plano CBOC)	\$9,252
Lease	2008	17	San Antonio, TX	Outpatient Clinic – (NE Central Bexar County)	\$4,080
Lease	2008	22	San Diego, CA	North County Outpatient Clinic	\$3,203
Lease	2008	8	Summerfield, FL	Marion County Outpatient Clinic	\$3,609
				Total	\$83,282

¹Fiscal Year project was or will be activated

4. Veterans Health Administration

FY 2006 TOP-TWENTY MAJOR MEDICAL FACILITY PROJECTS

In accordance with section 8107 of United States Code 38, below are the top-twenty medical facility projects that were considered for the FY 2006 budget. These projects were ranked based on the CARES capital criteria. The recurring cost reflects an average of the total recurring cost over a life cycle of 30 years.

Table 4-9 VHA FY 2006 Top Twenty Major Projects

#	Location		Project Title – Brief Description	Priority Score	Estimated Cost (\$000)	Annual Cost (\$000)	Category
<i>The projects listed below were funded in phases in prior years and are therefore considered as top projects until funding is completed. Priority scores are from the FY 2004-2005 project scoring session.</i>							
1	Cleveland	OH	Cleveland-Brecksville Consolidation, Ph 2	.4710	\$104,600	\$53,000	General
2	Pittsburgh	PA	Consolidation of Campuses, Ph 2	.4532	\$190,800	\$181,000	General
3	Las Vegas	NV	New Federal Medical Facility, Ph 2	.3981	\$325,000	\$188,000	General
4	Gainesville	FL	Correct Patient Privacy Deficiencies, Ph 2	.3918	\$87,800	\$62,000	General
5	Denver	CO	New Federal Medical Facility, Ph 2	.3424	\$328,460	\$268,000	General
6	Orlando	FL	Bed Tower, Ph 2	.3314	\$253,600	\$82,000	General
7	Long Beach	CA	Seismic Corrections Buildings 7 & 126, Ph 2	.3104	\$103,200	\$65,000	Seismic
8	Anchorage	AK	Outpatient Clinic and Regional Office, Ph 2	.2968	\$77,600	\$85,000	General
9	San Juan	PR	Seismic Corrections-Bldg. 1, Ph 2	.2888	\$149,700	\$198,000	Seismic
10	Los Angeles	CA	Seismic Corrections-Bldg. 500 & 501, Ph 2	.2536	\$79,900	\$96,000	Seismic
11	Lee County	FL	Outpatient Clinic, Ph 2	.2429	\$65,100	\$26,000	General
<i>The projects below are additional projects considered for the FY 2006 planning cycle. The priority scores are from the FY 2006 project scoring cycle.</i>							
12	Biloxi	MS	Consolidation- Mental Health Center & Clinical Addition	.6284	\$174,600	\$23,000	General
13	American Lake	WA	Seismic Corrections-NHCU Replacement	.3285	\$34,200	\$810	Seismic
14	Palo Alto	CA	East Bay Outpatient Clinic	.3098	\$36,400	\$11,000	General
15	Dallas	TX	Clinical Expansion & Renovation	.3035	\$125,227	\$50,500	General
16	Fayetteville	AR	Clinical Addition	.2962	\$56,200	\$75,600	General
17	Columbia	MO	Operating Room Suite Replacement	.2617	\$22,600	\$5,350	General
18	San Francisco	CA	Seismic Corrections-Bldgs 1, 6, 8, & 12	.2571	\$57,600	\$54,000	Seismic
19	Madison	WI	Nursing Home & Older Adult Service Realignment	.2528	\$11,500	\$14,000	General
20	Columbia	SC	DASCL and Specialty Care	.2503	\$38,200	\$96,000	General

4. Veterans Health Administration

Seismic/Safety Projects in Priority Order**Table 4-10 VHA Seismic/Safety Projects**

Location		Project Title – Brief Description	Priority Score
Long Beach	CA	Seismic Corrections- Buildings 7 & 126,	.3104
San Juan	PR	Seismic Corrections- Building 1	.2888
Los Angeles	CA	Seismic Corrections- Buildings 500 & 501	.2536
American Lake	WA	Seismic Corrections- NHCU Replacement	FY06-.3285
San Francisco	CA	Seismic Corrections- Buildings. 1, 6, 8, & 12	FY06-.2571

General Category Projects by Priority Score**Table 4-11 VHA Projects by Priority Score**

Location		Project Title – Brief Description	Priority Score
Cleveland	OH	Cleveland-Brecksville Consolidation	.4710
Pittsburgh	PA	Consolidation of Campuses	.4532
Las Vegas	NV	New Federal Medical Facility	.3981
Gainesville	FL	Correct Patient Privacy Deficiencies	.3918
Denver	CO	New Federal Medical Facility	.3424
Orlando	FL	Bed Tower	.3314
Anchorage	AK	Outpatient Clinic and Regional Office	.2968
Lee County	FL	Outpatient Clinic	.2429
Biloxi	MS	New Mental Health Center & Clinical Addition	FY06-.6284
Palo Alto	CA	East Bay Outpatient Clinic	FY06-.3098
Dallas	TX	Clinical Expansion & Renovation	FY06-.3035
Fayetteville	AR	Clinical Addition	FY06-.2962
Columbia	MO	Operating Room Suite Replacement	FY06-.2617
Madison	WI	Nursing Home & Older Adult Service Realignment	FY06-.2528
Columbia	SC	DASCL and Specialty Care	FY06-.2503

4. Veterans Health Administration



Chapter 5

VETERANS BENEFITS ADMINISTRATION

5. Veteran Benefits Administration

The VBA capital investment prioritization process places an emphasis on improving customer service and ensuring projects are closely tied to strategic goals and are based on sound business principles. The projects that received the highest priority ranking were those which best reflected the goals and mission contained in VA's Strategic Plan. Over-threshold projects are reviewed and approved through the VA Capital Investment process.

VA will fulfill the essential part of its mission to provide benefits and services to veterans and their families in a responsive, timely, and compassionate manner by becoming a more veteran-centric organization. The VA Claims Processing Task Force recommended actions to improve the timeliness and quality of disability compensation and pension claims decisions. As a result of implementing those actions, VA has decreased claims processing times. Increased productivity has been accompanied by higher quality decisions, and these trends will continue to shape service delivery in the future. VA will provide service along a continuum to ensure that veterans receive benefits and services based on the time they first enter service. The Benefits Delivery at Discharge (BDD) process is a collaborative effort with DoD that began in 1995. The BDD program has facilitated VA's efforts to provide benefits for veterans in the most timely and accurate manner possible as they are discharged from service.

The strategic vision for benefits and services includes five crosscutting long-term strategies:

1. Consolidation

VA will progressively consolidate work in locations where it can be done most efficiently. The Claims Processing Improvement (CPI) model will be used as the structural base for consolidating the compensation workload. Work will be moved to the most productive locations when there is an increase in the intake of claims at BDD sites. Efforts to consolidate the pension workload will continue. Over the last few years, VA has consolidated loan guaranty activities and education activities. In the vocational rehabilitation and employment arena, VA will work on improving access points to provide better service to veterans.

2. Continuum of Servicemember or Veteran Attention and Oversight

VA will provide service along a continuum, starting with establishing a servicemember or veteran record upon entry into service. Establishing such a record means that VA—working with DoD—will ensure that while in service, veterans have an entry physical sent to VA, and when leaving service, veterans will receive a combined discharge and VA physical. VA will also properly inform veterans of benefits they may be entitled to while in service and upon discharge from service. Service along a continuum also means that VA will expand outreach efforts, particularly to veterans with disabilities through phone contact, direct mailings, and use of electronic technology.

3. Quality and Consistency

In order to ensure quality and consistency, VA will take a more proactive approach by moving from conducting manual reviews to using an automated tracking system. Currently, information is compiled into databases and evaluated without regard to error trends. VA will evolve to using a more sophisticated system that detects error trends as they occur, and upon reaching a threshold level, provides a cue to implement countermeasures. VA will also develop information systems to identify training needs and deliver strategically focused training.

4. Partnerships

VA will continue to strengthen partnerships with key stakeholders, including veterans service organizations, DoD, the Social Security Administration, the Department of Labor, schools, lenders, state approving agencies, and the private sector to improve the seamless delivery of benefits and services.

5. Automation and Innovation

Veterans will be able to file their claims electronically and receive accurate and updated information on the status of their claims. Data will be imaged to become part of a data-centric system, facilitating the electronic transmission of information. Automation will also facilitate the rapid exchange of information with external stakeholders and enhance the partnerships noted above.

The VBA projects on the following pages were identified through the VA capital investment process as priorities for meeting the strategic vision for benefits and services. VBA internally prioritizes potential projects on the basis of the following criteria: (1) improving veteran access; (2) improving operational efficiency; (3) reducing rent or operational costs; (4) leveraging underutilized VA assets; (5) CARES coordination; and (6) improving the employee work environment. As VBA proceeds with developing projects, market surveys and cost benefit analyses are completed before signing a new lease or agreement for space to assure best value for dollars spent.

FY 2005 AND 2006 VBA SUMMARY PROJECT INFORMATION

Table 5-1 VBA Major Leases Summary

FY	Area	Location		Project Title	FY 2005/ 2006 Request (\$000)	Total Acquisition Cost (\$000)
2005	Southern	Huntington	WV	Sole Source GSA Lease	\$4,680	\$16,380
2005	Western	Reno	NV	New GSA Lease	\$1,030	\$13,880
Total					\$5,710	\$30,260

FY 2005 AND 2006 VBA DETAILED MAJOR LEASES PROJECT INFORMATION

FY 2005 Projects

Project Location	Huntington, WV
Planned Project Name	VARO Huntington New GSA Lease
Fiscal Year	2005
BA Requested for FY (Capital)	\$4,68M
Total Acquisition Cost (\$000)	\$16,380
Asset Type	GSA Lease

Project Description

VARO Huntington New GSA Lease requires \$4.68M in FY 2005 budget authority. This project will provide a new GSA lease of 42,529 rentable square feet of space for the continuing requirements of the VARO Huntington, WV. GSA plans for a 10-year lease, 5-year firm term. All amortized tenant improvements will be paid during the first 5 years. The new lease will provide improved building infrastructure and provide a safe and healthful work environment for employees and veterans. A code-compliant building designed for VBA's business will optimize operational efficiency and accessibility. The project fulfills the following goals: Strategic Management of Human Capital – employee satisfaction, increased productivity, and ability to recruit and retain qualified staff. No CARES or DOD collaborative opportunities were identified in or near Huntington, WV. The funding profile is based on a 15-year lease term.

5. Veteran Benefits Administration

Project Location	Reno, NV
Planned Project Name	VARO Reno GSA Lease
Fiscal Year	2005
BA Requested for FY (Capital)	\$1,03M
Total Acquisition Cost (\$000)	\$13,880
Asset Type	GSA Lease

Project Description

VARO Reno GSA Lease requires \$1.03M in FY 2005 budget authority. A new GSA lease of 34,000 rentable square feet will enable VARO to optimize operational efficiency and accessibility to veterans and their families with a focus on the Claims Process Improvement model. The lease will reunite VARO Reno's operations (currently split on opposite sides of the airport), meet growing requirements, and satisfy unmet training needs for a new staff backfilling behind retirees. Leasing through GSA allows VA the flexibility to excess space, realign its workforce and maintain a balanced real property portfolio over time. Presidential goals, Secretarial goals, and Homeland Security goals were all considered in the Capital Investment analysis process. A more efficient claims process will enable staff to better serve veterans and provide them with the benefits they deserve, improving their public health and socioeconomic well being, and improving quality of life for veterans and beneficiaries. One-VA collaboration of C&P medical exams with the VAMC ensures exams are conducted timely and accurately. There are no collaborative co-location opportunities in Reno.

FY 2005 VBA PRIORITIZED MINOR CONSTRUCTION PROJECTS**Table 5-2 VBA FY 2005 Prioritized Minor Projects**

(Projects listed in priority order.)

Area	Location		Project Title	Priority #	Total Estimated Cost (\$000)
Eastern	Baltimore	MD	GSA Building Modification and Upgrade	1	\$430
	Providence	RI	Realign Veterans Service Center Ph 1	2	621
	Detroit	MI	Final Invoice for Eastern Area Build-out	3	65
	Philadelphia	PA	Install Lighting System in Conference Center	4	35
	Pittsburgh	PA	Increase Cable Plant Upgrade Project	5	30
	New York	NY	Redesign Lobby Entrance – Amendment	6	70
	New York	NY	Realign Existing Veterans Service Center	7	2,934
	New York	NY	Realign Service Organization Area	8	520
Southern	Roanoke	VA	Realign Existing 8 th Floor Ph 3	1	1,031
	Huntington	WV	VARO Realignment Ph 2	2	500
	Nashville	TN	Renovate 3 rd Floor	3	673
	Washington	DC	Reconfigure Mailroom Area	4	60
	Roanoke	VA	Realign Existing 12 th Floor Ph 4	5	1,070
	Huntington	WV	Realign Existing VARO Ph 3	6	617
	Montgomery	AL	Upgrade Security System-include Files Bldg	7	29
	St. Petersburg	FL	Install Fence and Gate Around Parking Area	8	38
	St. Petersburg	FL	Pressure Clean Roof/Skylight	9	29
	St. Petersburg	FL	Pressure Clean Exterior Building	10	38
	St. Petersburg	FL	Add Power to Training Room Moveable Walls	11	50
	Winston-Salem	NC	Renovate for National BDD Consolidation	12	57
Central	Houston	TX	Funded Maintenance Account	1	87
	Lincoln	NB	Realign Existing Floors 1 and 2	2	765
	New Orleans	LA	Realign VR&E Career Development Center	3	68

5. Veteran Benefits Administration

Area	Location		Project Title	Priority #	Total Estimated Cost (\$000)
	St. Paul	MN	VARO Realignment Ph1	4	400
	New Orleans	LA	Realign Service Organization Area	5	162
	Houston	TX	Build-Out Training Room	6	90
	Muskogee	OK	Renovate Main Entrance for ADA Compliance	7	350
	St. Paul	MN	Renovate to Accommodate Additional Staff	8	65
	Houston	TX	Renovate to Accommodate Additional Staff	9	132
Western	Denver	CO	Install Automatic Door Openers	1	67
	Boise	ID	Install Building Security System	2	25
	Albuquerque	NM	Realign Floors 2 and 3	3	75
	Albuquerque	NM	Renovate Restrooms Floors 2 and 3	4	142
	Seattle	WA	Renovate Service Center Coach Areas	5	65
	Boise	ID	Realign Existing VARO Space	6	400
	Boise	ID	Cable Plant Upgrade	7	50
	Denver	CO	Realign VR&E and Service Organization Area	8	48
Western	Oakland	CA	Realign Service Organizations – Increase	9	40
	Reno	NV	New Facility – Tenant Improvement/Build out	10	700
	Los Angeles	CA	IDQ A/E – Renovate – Release 25K SF	11	300
	Oakland	CA	IDQ A/E – Design – Realign Existing Space	12	150
	Oakland	CA	Realign Existing Facility	13	1,500
	Salt Lake City	UT	Renovate for National BDD Consolidation	14	50
VBA-Wide	St. Louis RMC	MO	Install Building Access Control System	1	32
	Philadelphia ITC	PA	Computer Space/Building Systems Design	2	150
	Hines ITC	IL	HVAC Equipment Replacement	3	2,860
	Hines ITC	IL	Upgrade Emergency Generator Controls	4	316
	Philadelphia ITC	PA	Replace Electric Strike Locks w/Mag Locks	5	46
	Austin ITC	TX	Systems Development Center Redesign	6	397
	Hines ITC	IL	Replace Halon Controls	7	114
	Hines ITC	IL	Network Operations Center Construction	8	1,033
	Philadelphia ITC	PA	Replace Bollards w/K-12 at Building Front	9	91
	Hines ITC	IL	Tuck point 2 nd West and East	10	31
	Hines ITC	IL	Install Network Redundant, Diverse Pathway	11	30
	Philadelphia ITC	PA	Install Clean-Agent Fire Suppression	12	1,045
	Hines ITC	IL	IDQ A/E Projects	13	600
	All Stations		31 Nationwide Projects Under \$25,000 Each		425
	All Stations		Delegated Miscellaneous Authority		850
Total					\$22,648

5. Veteran Benefits Administration

FY 2006 VBA POTENTIAL MINOR CONSTRUCTION PROJECTS**Table 5-3 VBA Potential Minor Projects**

Project Title – Brief Description	Estimated Cost (\$000)
Co-location Lump Sum Capital Contributions	\$3,000
Station Realignments	\$3,000
General Maintenance & Repair	\$4,000
Des Moines VARO Construction	\$6,300
Division Realignments	\$903
Tenant Improvements, Build-Out	\$1,675
Delegated Miscellaneous Authority	\$750
Total	\$19,628

Note: Potential minor construction projects for FY 2006 and beyond are grouped into the general categories listed in Table 3A. Nationwide, there is an ongoing need to allocate funds for capital contributions, realignments, tenant improvements, repair and maintenance estimated at \$10 million annually. Also, VBA plans to fund an additional \$10 million each year for potential projects listed in Table 6, Newark in FY 2007, and New Orleans, Los Angeles and St. Paul in FY 2008. Priorities beyond the current budget year are based on business line requirements that may change over the course of the five-year planning cycle.

VBA PORTFOLIO INVENTORY OF CURRENT PROJECTS**Table 5-4 VBA Portfolio of Current Projects**

Over threshold (\$7M Construction; \$4M Application; \$600K Lease)

Project Type	FY*	Area	Location		Project Title	Brief Description	Total 15-Year Acquisition Cost (\$000)
Lease	2005	Eastern	Buffalo	NY	New GSA Lease	86,000 rentable sf	\$42,015
Lease	2005	Southern	Louisville	KY	New GSA Lease	60,000 rentable sf	\$20,913
Total Leases							\$62,928
Total							\$62,928

*Fiscal year project was or will be activated. Funded but not activated or in use)

VBA POTENTIAL PROJECTS FOR FY 2006**Table 5-5 VBA FY 2006 Potential Projects**

Over threshold (\$7M Construction; \$4M Application; \$600K Lease)

Year	Area	Location		Project Title	Priority #	Est. Cost (\$000)*
2006	Southern	Columbia	SC	VARO Columbia Enhanced-use Lease	1	\$4,650
Total						\$4,650

*Estimated Cost includes rent and activation estimate

Potential Projects for FY 2007 – 2010

Table 5-6 VBA Potential Projects FY 2007 Through 2010

Over threshold (\$7M Construction; \$4M Application; \$600K Lease)

Year	Area	Location		Project Title	Est. Cost (\$000)*
2007	Eastern	Newark	NJ	VARO Newark New GSA Lease	\$2,800
2008	Western	Los Angeles	CA	VARO Los Angeles Enhanced-use Lease	\$6,145
2008	Central	New Orleans	LA	VARO New Orleans New GSA Lease	\$4,100
2008	Central	St. Paul	MN	VARO St. Paul Enhanced-use Lease	\$6,500
Total					\$19,545

*Estimated Cost includes rent and activation estimate

Note: VBA internally prioritizes potential projects on the basis of the following criteria: (1) improving veteran access; (2) improving operational efficiency; (3) reducing rent or operational costs; (4) leveraging underutilized VA assets; (5) CARES coordination; and (6) improving the employee work environment. As VBA proceeds with developing projects, market surveys and cost benefit analyses are completed before signing a new lease or agreement for space to assure best value for dollars spent.

Note: CARES Projects 2011 or Later:

- Pittsburgh
- Cleveland
- Waco (unranked CARES initiative)



Chapter 6

NATIONAL CEMETERY ADMINISTRATION

6. National Cemetery Administration

Demographics are the primary driver in determining the scope and level of investment at NCA facilities around the country. Demographic data of the aging veteran population projected that 662,000 veterans' deaths would occur in 2004. The number of veteran's deaths will peak in 2008 at 676,000, and thereafter will decline slowly. In 2010, it is estimated that there will be 672,000 veterans' deaths. As deaths continue to increase and 11 new national cemeteries are established, VA projects increases in the number of annual interments from 93,000 in 2004 to approximately 114,700 in 2010, an increase of 23 percent. With the opening of new national cemeteries, annual interments are expected to increase at a higher rate than the number of veteran deaths. During this time, the total number of graves maintained is also expected to increase from nearly 2.6 million in 2004 to over 3.1 million in 2010.

MEETING CURRENT AND FUTURE BURIAL NEEDS

The Veterans Millennium Health Care and Benefits Act, Public Law 106-117, directed VA to contract for an independent demographic study to identify those areas of the country where veterans will not have reasonable access to a burial option in a national or state veterans' cemetery, and the number of additional cemeteries required through 2020. Recently, the National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries in the areas of Bakersfield, California; Birmingham, Alabama; Columbia/Greenville, South Carolina; Jacksonville, Florida; Sarasota, Florida; and Southeastern Pennsylvania. These six areas were identified in the demographic study.

It is also critical for VA to continue to provide service at existing national cemeteries by completing phased development projects in order to make additional gravesites or columbaria available for interments. National cemeteries that will close due to depletion of grave space are identified to determine the feasibility of extending the service period of the cemetery by the acquisition of additional land, or by the construction of columbaria. As public acceptance of cremation as a burial option continues to grow, and demand for this alternative increases, construction of columbaria is an option to maximize service delivery. VA will continue to develop columbaria, particularly in areas where land is scarce and the demand for cremation burials is high.

In addition to building, operating, and maintaining national cemeteries, NCA administers the State Cemetery Grants Program (SCGP). The SCGP provides grants to states of up to 100 percent of the cost of establishing, expanding, or improving state veterans cemeteries, including the acquisition of initial operating equipment. These cemeteries may be located by the states in areas where there are no plans for NCA to operate and maintain a national cemetery.

The headstone or marker is a lasting memorial that serves as a focal point not only for present-day survivors, but also for future generations. In addition, it may bring a sense of closure to the grieving process to see the grave marked. The amount of time it takes to mark the grave after an interment is important to veterans and their family members. VA will continue to provide headstones and markers for the graves of eligible persons in national, state, and other public cemeteries as well as private cemeteries.

6. National Cemetery Administration

NATIONAL SHRINE COMMITMENT

Each national cemetery exists as a national shrine, a place of honor and memory that declares to the visitor or family member who views it, that within its majestic setting, each and every veteran may find a sense of serenity, historic sacrifice, and nobility of purpose. National cemeteries also carry expectations of appearance that set them apart from private cemeteries. VA will continue to maintain the appearance of national cemeteries as national shrines, dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made. Infrastructure projects such as irrigation improvements, renovation of historic structures, and road resurfacing are important to maintaining our cemeteries as national shrines.

The following National Cemetery Administration (NCA) projects were identified through VA's capital investment process as priorities in meeting VA's goal of memorializing veterans in death for their sacrifices.

FY 2005 AND 2006 NCA SUMMARY MAJOR PROJECT INFORMATION**Table 6-1 NCA Major Construction Summary**

FY	MSN	Location		Project Title – Brief Description	FY 2005/ 2006 Request (\$000)	Total Acquisition Cost ¹ (\$000)
2005	5	Solano County	CA	Sacramento Area National Cemetery Phase 1 Development	\$21,428	\$21,428
2005	2	Bushnell	FL	Florida National Cemetery Gravesite Expansion & Cemetery Improvements	\$19,840	\$19,840
2005	4	Moline	IL	Rock Island National Cemetery Gravesite Expansion & Cemetery Improvements	\$10,118	\$10,118
2005	5	San Diego	CA	Fort Rosecrans National Cemetery Annex at Miramar Design Gravesite Expansion	\$992	\$19,450
2005	5	Gustine	CA	San Joaquin Valley National Cemetery Design Gravesite Expansion and Improvements	\$794	\$16,600
2005	5	Riverside	CA	Riverside National Cemetery Design Gravesite Expansion and Improvements	\$1,388	\$24,100
2006	5	San Diego	CA	Fort Rosecrans National Cemetery Annex at Miramar Phase 1 Development	\$19,450	\$19,450
2006	4	Grand Blanc	MI	Great Lakes National Cemetery Design Phase 1B	\$1,750	\$21,650
2006	3	Dallas	TX	Dallas/Fort Worth National Cemetery Design Phase 2 Gravesite Expansion	\$1,100	\$15,450
2006	1	Schuylerville	NY	Gerald B.H. Solomon Saratoga National Cemetery Design Phase 2 Gravesite Expansion	\$1,000	\$9,610
2006		Various		Land Acquisition ²	\$41,000	

¹Total acquisition cost includes discretionary budget authority only.

²This land acquisition is for the establishment of six new national cemeteries in the following locations: Bakersfield, California; Birmingham, Alabama; Columbia/Greenville, South Carolina; Jacksonville, Florida; Sarasota, Florida; and Southeastern Pennsylvania.

FY 2005 NCA DETAILED MAJOR CONSTRUCTION PROJECT INFORMATION**FY 2005 PROJECTS**

Project Location	Solano County, CA
Planned Project Name	Sacramento Area National Cemetery, Phase I Development
Fiscal Year	2005
BA Requested for FY (Capital)	\$21.428M
Total Acquisition Cost (\$000)	\$21,428
Asset Type	Major Construction

Project Description

This project requires \$21.428M in FY 2005 budget authority, with additional non-construction costs of \$3.5M for crypts provided in the Burial Benefits-Mandatory Appropriation. This project will develop approximately 14,700 gravesites for casket interments, 10,000 of which will be pre-placed concrete burial crypts, 5,100 in-ground gravesites for cremated remains, 8,000-niche columbarium, and a cremain scattering area. This first phase will include a fast-track burial area to expedite service to veterans and their families, with minimal roads, utilities and irrigation system. In addition to gravesite development, the project also provides for an administration and maintenance complex, public information center with electronic kiosk and public restrooms, three committal service shelters, entrance and flag/assembly area feature, and supporting infrastructure such as roads, parking, utilities, and irrigation. The first phase development of 55 acres will provide burial capacity for approximately 10 years.

National Cemetery Administration (NCA) data has shown that about 80 percent of persons interred in national cemeteries reside within 75 miles of the cemetery at the time of death. This proposal to construct a new cemetery will serve the veteran population in the Sacramento metropolitan area who do not have reasonable access to a national or state veteran's cemetery. As a result, approximately 354,000 veterans in addition to eligible veterans' family members will be provided reasonable access to a burial option in a national cemetery. The Veterans Millennium Health Care and Benefits Act require the Secretary to establish six additional national cemeteries to help meet the burial needs of veterans. The Secretary determined that new national cemeteries would be established in the remaining geographic areas identified in the 1987 and 1994 reports to Congress. Sacramento, California was identified in the 1994 report.

Project Location	Bushnell, Florida
Planned Project Name	Florida National Cemetery Gravesite Expansion
Fiscal Year	FY 2005
BA Requested for FY (Capital)	\$19.84M
Total Acquisition Cost (\$000)	\$19,840
Asset Type	Major Construction

Project Description

This project requires \$19.84M in FY 2005 budget authority, with additional non-construction costs of \$7M for crypts provided in the Burial Benefits-Mandatory Appropriation. This project will develop approximately 29,000 full casket gravesites including 20,000 pre-placed concrete burial crypts, 14,000 in-ground gravesites for cremated remains, and 8,000-niche columbarium. In addition to the gravesite expansion, the project will include the following improvements to the cemetery site to continue to support cemetery operations: a satellite maintenance facility; an electronic information kiosk; two committal service shelters; and supporting infrastructure such as roads, utilities, and irrigation. This 55-acre expansion will provide for an additional 10 years of burial capacity.

One of the primary goals of the National Cemetery Administration (NCA) is to ensure that the burial needs of veterans are met. It is projected that existing gravesite capacity will be depleted by 2007. This investment will continue service delivery to the approximately 697,000 veterans in the central Florida area by providing a burial option in a national or state veteran cemetery within a reasonable distance of their residence.

6. National Cemetery Administration

Project Location	Moline, IL
Planned Project Name	Rock Island National Cemetery Gravesite Expansion
Fiscal Year	FY 2005
BA Requested for FY (Capital)	\$10.118M
Total Acquisition Cost (\$000)	\$10,118
Asset Type	Major Construction

Project Description

This project requires \$10.118M in FY 2005 budget authority, with additional non-construction costs of \$1.225M for crypts provided in the Burial Benefits-Mandatory Appropriation. This project will develop approximately 4,000 full casket gravesites including 3,500 pre-placed concrete burial crypts, 500 in-ground gravesites for cremated remains, and 1,500 columbarium niches. In addition to the gravesite and columbarium expansion, the project will include the following improvements to the cemetery site to continue to support cemetery operations: a public restroom facility, an automated gravesite locator, or kiosk, a committal service shelter, and supporting infrastructure such as roads, utilities, and irrigation, rehabilitation of the existing water and irrigation system, corrections to drainage problems, and removal of underground storage tanks to prevent environmental problems. The proposed gravesite expansion on 10 acres will provide sufficient burial capacity for approximately 10 years.

One of the primary goals of the National Cemetery Administration (NCA) is to ensure that the burial needs of veterans are met. The report entitled "Volume 1: Future Burial Needs" prepared in response to Section 613 of the Veterans Millennium Health Care and Benefits Act identified the area served by Rock Island National Cemetery as an area of greatest need. Current projections indicate that the existing inventory of gravesites will be depleted in fiscal year 2006. Expansion of Rock Island will help ensure that there is no interruption of service delivery to the approximately 135,000 veterans in the western Illinois and eastern Iowa areas.

Project Location	San Diego, CA
Planned Project Name	Fort Rosecrans National Cemetery Annex at Miramar/Design Gravesite Expansion
Fiscal Year	FY 2005
BA Requested for FY (Capital)	\$.992M
Total Acquisition Cost (\$000)	\$19,450
Asset Type	Major Construction

Project Description

This project requires \$.992M FY 2005 budget authority for design, with a total acquisition cost of \$19.45M. This project will provide approximately 12,500 full casket and 12,500 cremain gravesites. The Annex site is located 13 miles north of the Fort Rosecrans National Cemetery on former Miramar Marine Corps Air Station property. Of the approximately 300 acres to be acquired, Phase I development will occur on 50-acres, and provide sufficient burial capacity for approximately ten years. This first phase will also include an administration and maintenance complex, public information center, committal service shelters, entrance and flag/assembly area feature, and supporting infrastructure such as roads, parking, utilities, and irrigation.

In FY 2003, 75.2% of veterans were served by a burial option within a reasonable distance (75-miles) of their residence. NCA's goal is to increase that percentage to 90% by FY 2010. To accomplish that goal, NCA must plan and construct burial expansions as cemeteries approach depletion of gravesite inventory. For existing closed cemeteries that have utilized all available land for expansion, NCA seeks options for additional land acquisitions where possible. In this case, NCA is pursuing 300 additional acres from the Marine Corps Air Station at Miramar, 13 miles to the north. With this project, Fort Rosecrans National Cemetery will reopen to full burial options to first interments at the Miramar Annex to serve the approximately 253,000 veterans in the San Diego County area.

6. National Cemetery Administration

Project Location	Riverside, CA
Planned Project Name	Riverside National Cemetery / Design Gravesite Expansion and Improvements
Fiscal Year	FY 2005
BA Requested for FY (Capital)	\$1.388M
Total Acquisition Cost (\$000)	\$24,100
Asset Type	Major Construction

Project Description

This project requires \$1.388M FY 2005 budget authority for design, with a total acquisition cost of \$24.1M. This project will develop Phase 5 of the Riverside Master Plan and provide ten years of burial space. The expansion on 85-acres of existing cemetery land will include approximately 47,000 full casket gravesites, and 37,100 sites for cremated remains including a columbaria and terraced in-ground sites. The project will also provide for two committal service shelters, a satellite maintenance facility, renovation of the existing maintenance building, renovation of the existing administration building into a Public Information Center with electronic kiosk and public restrooms, construction of a new administration building, and supporting infrastructure such as roads, utilities, and irrigation.

In FY 2003, 75.2% of veterans were served by a burial option within a reasonable distance (75-miles) of their residence. NCA's goal is to increase that percentage to 90% by FY 2010. To accomplish that goal, NCA must plan and construct burial expansions as cemeteries approach depletion of gravesite inventory. This investment will extend the burial capacity by another ten years at the busiest national cemetery within the NCA system of 124 national cemeteries. NCA conducts an annual survey of satisfaction with national cemeteries to measure a variety of performance goals. In FY 2003, 98.2% of all respondents rated the overall appearance of the Riverside National Cemetery as excellent. Expansion of the existing cemetery and improvements to the infrastructure will help Riverside National Cemetery achieve the NCA planned goal of 100% for FY 2009.

Project Location	Gustine, CA
Planned Project Name	San Joaquin Valley National Cemetery / Design Gravesite Expansion and Improvements
Fiscal Year	FY 2005
BA Requested for FY (Capital)	\$.794M
Total Acquisition Cost (\$000)	\$16,600
Asset Type	Major Construction

Project Description

This project requires \$.794M FY 2005 budget authority for design, with a total acquisition cost of \$16.6M. This project will develop Phase 2 of the Master Plan for the San Joaquin Valley National Cemetery. The 25-acre expansion will include approximately 11,650 full casket gravesites, of which 5,000 will be pre-placed crypts, 6,000 columbaria niches, and 6,050 in-ground cremain sites. The project will also provide for one committal shelter, electrical system upgrades to the existing infrastructure, rehabilitation of the existing irrigation system, replacement of fuel storage tanks, renovation of the administration facility, and supporting infrastructure such as roads and parking.

In FY 2003, 75.2% of veterans were served by a burial option within a reasonable distance (75-miles) of their residence. NCA's goal is to increase that percentage to 90% by FY 2010. To accomplish that goal, NCA must plan and construct burial expansions as cemeteries approach depletion of gravesite inventory. This investment to expand San Joaquin Valley National Cemetery will contribute towards achieving that goal. NCA conducts an annual survey of satisfaction with national cemeteries to measure a variety of performance goals. In FY 2003, 86.2% of all respondents rated the overall appearance of the San Joaquin Valley National Cemetery as excellent. Expansion of the existing cemetery and improvements to the infrastructure will help San Joaquin Valley National Cemetery achieve the NCA planned goal of 100% for FY 2009.

6. National Cemetery Administration

FY 2006 PROJECTS

Project Location	Various
Planned Project Name	Establish Six New National Cemeteries
Fiscal Year	FY 2006
BA Requested for FY (Capital)	\$41.0 M
Total Acquisition Cost (\$000)	To be Determined
Asset Type	Major Construction

Project Description

The Veterans Millennium Health Care and Benefits Act, Public Law 106-117, directed VA to contract for an independent demographic study to identify those areas of the country where veterans will not have reasonable access to a burial option in a national or state veterans’ cemetery, and the number of additional cemeteries required through 2020. Recently, the National Cemetery Expansion Act of 2003, Public Law 108-109, directed VA to establish six new national cemeteries in the areas of Bakersfield, California; Birmingham, Alabama; Columbia/Greenville, South Carolina; Jacksonville, Florida; Sarasota, Florida; and Southeastern Pennsylvania. These six areas were identified in the demographic study

Project Location	San Diego, CA
Planned Project Name	Fort Rosecrans National Cemetery at Miramar Gravesite Expansion and Cemetery Improvements
Fiscal Year	FY 2006
BA Requested for FY (Capital)	\$19.45M
Total Acquisition Cost (\$000)	\$19,450
Asset Type	Major Construction

Project Description

This project requires \$19.450 million in FY 2006 budget authority, with additional non-construction costs of \$4.125 million for crypts provided in the Burial Benefits-Mandatory Appropriation. This project will develop approximately 12,500 full casket gravesites including 11,000 pre-placed crypts, 2,500 in-ground gravesites for cremated remains, and 10,000 columbarium niches. In addition, the project will provide for the following supporting infrastructure: access roads, entrance area, public information center, administration and maintenance complex, flag and assembly area, memorial walkway and donations area, two committal service shelters, roadway system and parking, site furnishings, grading, drainage, fencing and landscaping, irrigation system, utility distribution system, and environmental preservation and mitigation areas. This Phase 1 project will develop approximately 50 acres of the approximately 300-acre site.

One of the primary goals of the NCA is to ensure that the burial needs of veterans are met. This investment will continue to provide service delivery to the approximately 253,000 veterans in the San Diego County area. Development of gravesites and columbarium will ensure that the Fort Rosecrans National Cemetery can offer a full range of burial options to veterans and eligible family members within a reasonable distance from their residence.

Schedule:

Complete design development	July 2005
Complete contract documents	January 2006
Award construction contract	August 2006
Complete construction	August 2008

6. National Cemetery Administration

Project Location	Dallas, TX
Planned Project Name	Dallas/Fort Worth National Cemetery/Design Phase 2 Gravesite Expansion
Fiscal Year	FY 2006
BA Requested for FY (Capital)	\$1.1M
Total Acquisition Cost (\$000)	\$15,450
Asset Type	Major Construction

Project Description

This project requires \$1.1 million in FY 2006 budget authority to design, with a total acquisition cost of \$15.45 million. This project will provide for the Phase 2 gravesite expansion at the Dallas/Fort Worth National Cemetery serving the veteran population in northeastern Texas. The expansion on 25 net acres of available cemetery land will include approximately 17,500 full casket gravesites, and 7,000 sites for cremated remains including a columbaria and terraced in-ground sites. The project will also provide for an additional committal service shelter, and supporting infrastructure including roadway system and parking, grading, drainage, fencing and landscaping, an irrigation system, and utility distribution system.

NCA's primary strategic goal is to ensure that the burial needs of veterans and eligible family members are met. The Dallas/Fort Worth National Cemetery serves a veteran population of nearly 431,000. Gravesites and columbaria niches are expected to be depleted by mid-2008, thereby closing the cemetery to any additional first interments. This Phase 2 project will provide for an additional 10 years of burial options in accordance with the cemetery master plan. Infrastructure improvements such as the committal service shelter will help improve the quality of service, and drainage, fencing, irrigation and landscaping will help improve the cemetery appearance.

Project Location	Schuylerville, NY
Planned Project Name	Gerald B.H. Solomon Saratoga National Cemetery/Design Phase 2 Gravesite Expansion
Fiscal Year	FY 2006
BA Requested for FY (Capital)	\$1M
Total Acquisition Cost (\$000)	\$9,610
Asset Type	Major Construction

Project Description

This project requires \$1 million in FY 2006 budget authority to design, with a total acquisition cost of \$9.61 million. This project will develop Phase 2 of the master plan, and provide ten additional years of burial space. The expansion on 25 acres will include approximately 4,500 full casket gravesites, and 3,500 sites for cremated remains including a columbaria and terraced in-ground sites. The project will also provide for a committal service shelter, expansion of the funeral cortege parking area, grading, drainage, fencing and landscaping, and an irrigation system.

Open to burials in 1999, the Gerald B.H. Solomon-Saratoga National Cemetery is ranked as NCA's 30th busiest cemetery. Based on burial projections and developed gravesite inventory, the cemetery is projected to deplete its' gravesite inventory in 2008, closing the cemetery to first interments. NCA's primary strategic goal is to ensure that the burial needs of veterans and eligible family members are met. This Phase 2 burial expansion will ensure that full burial options will continue for the 187,000 area veterans and their family members. Infrastructure improvements such as an additional committal service shelter and expanded parking will help improve the quality of service provided, and the cemetery's appearance will be improved by landscaping and irrigation project features.

6. National Cemetery Administration

Project Location	Grand Blanc, MI
Planned Project Name	Great Lakes National Cemetery/Design Phase 1B
Fiscal Year	FY 2006
BA Requested for FY (Capital)	\$1.75M
Total Acquisition Cost (\$000)	\$21,650
Asset Type	Major Construction

Project Description

This project requires \$1.75 million in FY 2006 budget authority to design, with a total acquisition cost of \$21.65 million. This project will accomplish the remaining work to complete the Phase 1 development of the Great Lakes National Cemetery as envisioned in the master plan for the 544-acre cemetery site. The project will develop approximately 16,500 full casket gravesites, and 12,500 sites for cremated remains including a columbaria and terraced in-ground sites on about 30 acres. The project will also include a committal service shelter, administration office, maintenance garage, storage garage, and supporting infrastructure such as roads, parking, utility distribution system, grading, drainage, fencing, and landscaping.

Construction of this cemetery will fulfill one of the requirements of the Veterans Millennium Health Care and Benefits Act of 1999 (Public Law 106-117) requiring VA to establish six additional national cemeteries in areas for which the need for burial space is the greatest. The initial Phase 1A, funded in FY 2004, provided for completion of a Fast Track burial section, basic infrastructure elements, and sufficient casket and cremain sites for approximately four years. The current projections indicate a depletion of available gravesites in fiscal year 2009. The additional gravesites will provide for an additional 10 years of burial options, and ensure that the burial needs for the 427,000 veterans and eligible family members in the greater Detroit metropolitan area are met. The replacement of temporary trailer facilities installed in Phase 1A with permanent facilities to support the administrative and maintenance functions at the cemetery will improve the quality of service and the appearance at the national cemetery.

FY 2005 NCA MINOR CONSTRUCTION PROJECTS**Table 6-2 NCA FY 2005 Minor Projects**

Projects Are Sorted by MSN

MSN	Location		Project Title	Total Estimated Cost (\$000)	FY 2006 Obligations (\$000)
-	Quantico	VA	Systems Integration Center Expansion - Design	70	70
1	Quantico	VA	Gravesite Expansion - Design	350	350
1	Bath	NY	Gravesite Development – 3.9 Acres	1,100	1,100
1	Calverton	NY	Construct Additional 4,000 Niche Columbaria	1,550	1,550
1	Woodlawn	NY	Construct 2,100 Unit Columbaria	1,010	1,010
1	Long Island	NY	Construct 6,000 Niche Columbaria	2,236	2,236
1	Culpeper	VA	Construct Back Up Computer Site	453	453
1	Calverton	NY	Irrigation System Expansion (Part 3 of 5)	900	900
1	Quantico	VA	Water Supply System, Internal System	1,375	1,375
2	Fort Mitchell	AL	Develop Cemetery Gravesites - Design	300	300
2	Mobile	AL	Develop Burial Area	1,500	1,500
2	Bay Pines	FL	Construct Columbaria & Site Improvements	2,000	2,000
2	Beaufort	SC	Burial Area Expansion/Service Building/Committal Shelter	2,327	2,327
2	Natchez	MS	Burial Area Expansion with Fast Track	2,500	2,500
2	Biloxi	MS	Maintenance Facility Improvements	1,000	1,000
2	Port Hudson	LA	Construct Committal Shelter	150	150

6. National Cemetery Administration

MSN	Location		Project Title	Total Estimated Cost (\$000)	FY 2006 Obligations (\$000)
2	Puerto Rico	PR	Renovate Administration & Maintenance Buildings	2,100	2,100
2	Chattanooga	TN	Committal Shelters (2)	310	310
2	Natchez	MS	Renovate Administration Building	65	65
2	Biloxi	MS	Replace Administration Building	600	600
2	Bay Pines	FL	Alternative Water Source Project	2,000	2,000
2	Alexandria	LA	Correct Site Drainage	300	300
2	Barrancas	FL	Hurricane Damage Repairs	526	526
2	Bay Pines	FL	Hurricane Damage Repairs	19	19
2	Biloxi	MS	Hurricane Damage Repairs	5	5
2	Puerto Rico	PR	Hurricane Damage Repairs	9	9
3	Dallas/Fort Worth	TX	Construct Columbarium (2,000 Niches) & Install 7,000 Crypts	2,740	2,740
3	Dallas/Fort Worth	TX	Real Estate Closing, Land Exchange	1	1
3	Fort Bliss	TX	Replace Maintenance Building & New Public Restrooms	2,750	2,750
3	Fort Gibson	OK	Replace Irrigation in Old Sections	1,122	1,122
3	Santa Fe	NM	Water Improvements – Irrigation	1,387	1,387
3	Fort Bliss	TX	Convert to Xeriscaping, 50 Acres	3,370	3,370
4	Ohio Western Reserve	OH	Add Pre-Placed Crypts (3,000 +/-)	600	600
4	Abraham Lincoln	IL	Construct 2,000 Niche Columbaria & Committal Shelter; 3,000 Pre-Place Crypts	1,680	1,680
4	Danville	IL	Land Purchase	69	69
4	Danville	IL	Equipment Storage & Wash Bay Building - Design	160	160
4	Dayton	OH	Construct Materials Storage Bins & Spoils Area	80	80
5	Los Angeles	CA	Pergola Memorial Wall	150	150
5	San Joaquin Valley	CA	Sections 1 & 9 Drainage Improvements & Road Development	170	170
5	Sitka	AK	Install Pre-Placed Crypts Sections 3 & 5	250	250
5	San Joaquin Valley	CA	Install Terrace Ramps & Sidewalks	1,080	1,080
5	Prescott	AZ	Columbarium (3,00 Niches)	1,500	1,500
5	Fort Richardson	AK	Develop Burial Areas	2,475	2,475
5	Riverside	CA	Columbaria – 10,000 Niches	3,500	3,500
5	Fort Rosecrans	CA	Employee Restrooms & Lounge & Public Restrooms	305	305
5	Golden Gate	CA	Renovate Maintenance Buildings	2,600	2,600
5	National Memorial Cemetery of the Pacific	HI	Administration Building Improvements	2,450	2,450
5	San Joaquin Valley	CA	Administration/Atrium Renovation	60	60
5	San Joaquin Valley	CA	Replace Underground Fuel Tanks With Above Ground Tanks	100	100
Total				53,354	53,354

6. National Cemetery Administration

FY 2006 NCA MINOR CONSTRUCTION PROJECTS**Table 6-3 NCA FY 2006 Minor Projects**

Projects Are Sorted by MSN

MSN	Location		Project Title	Total Estimated Cost (\$000)	FY 2006 Obligations (\$000)
-	Quantico	VA	Systems Integration Center Expansion – Construct	700	700
1	Quantico	VA	Gravesite Expansion	3,500	3,500
1	Beverly	NJ	Demolish Lodge	250	250
1	Long Island	NY	Public Restrooms Rehabilitation – LINC & Calverton	600	600
1	Long Island	NY	Repair/Replace Slate Roofs (or equivalent) – Administration Building & Lodge	500	500
1	Calverton	NY	Irrigation System Expansion (Part 4 of 5)	900	900
1	Beverly	NJ	Road Project	2,000	2,000
2	Fort Mitchell	AL	Develop Gravesites	3,000	3,000
2	Fort Smith	AR	Develop Gravesites & Cemetery Expansion	400	400
2	Puerto Rico	PR	Construct 2,000 Niche Columbaria	2,000	2,000
2	Natchez	MS	Slope Stabilization	1,000	1,000
3	Leavenworth	KS	Expand Maintenance Building, Restroom, & Breakroom	700	700
3	Fort Gibson	OK	Maintenance Building/Equipment Storage Improvements	350	350
3	Fort Bayard	NM	Replace Committal Shelter & Rostrum, Construct New Administration/Maintenance Building, Convert Xeriscape	200	200
3	Houston	TX	Road Maintenance	425	425
4	Fort Custer	MI	Repair Committal Shelter/Road & Entrance Improvements	800	800
4	Camp Nelson	KY	Construct Equipment & Materials Storage Building	300	300
4	Dayton	OH	Construct Equipment & Materials Storage Building	300	300
4	Fort Custer	MI	New Committal Shelter	175	175
4	Keokuk	IA	Roads/Material Bins/Fence/Water Stations	500	500
4	Zachary Taylor	KY	Reconstruction of Cemetery Storm Sewer System	260	260
4	Wood	WI	Replace Committal Shelter	100	100
4	Fort Custer	MI	Cortege Backup Lane	200	200
4	Abraham Lincoln	IL	Subsurface Water Drainage in Sections 6, 7, 8, & 9	200	200
5	National Memorial Cemetery of Arizona	AZ	Install 7,500 Pre-Placed Crypts, Sections 53 & 55	147	147
5	Roseburg	OR	Construct 3,000 Niche Columbaria	1,350	1,350
5	National Memorial Cemetery of the Pacific	HI	Replace North Curb & Entry Road	1,200	1,200
5	Golden Gate	CA	Repair Road, Curb & Storm Drainage/Replace Site Signage	1,450	1,450
5	San Joaquin Valley	CA	Irrigation System Rehabilitation/Expansion	1,722	1,722
Total				25,229	25,229

FY 2007 - 2010 NCA POTENTIAL MINOR CONSTRUCTION

Table 6-4 NCA Potential Minor Projects

Projects Are Sorted by MSN

MSN	Location		Project Title – Brief Description	Type
1	Baltimore	MD	Environmental Equipment Wash Station	Building Construction
1	Bath	NY	Environmental Equipment Wash Station	Building Construction
1	Beverly	NJ	Repair/Replace Slate Roofs-Both Main Garages	Building Construction
1	Beverly	NJ	Environmental Equipment Wash Station	Building Construction
1	Calverton	NY	Irrigation System Expansion (Part 5 of 5)	Irrigation
1	Calverton	NY	Provide/Install a 40'x80' Pre-Fabricated Storage Building	Building Construction
1	Calverton	NY	Environmental Equipment Wash Station	Building Construction
1	Calverton	NY	Repair/Replace Roads in Oldest Sections	Site Improvements
1	Calverton	NY	Renovate and Expand Maintenance Building/3001 and Construct Wash Bay	Building Construction
1	City Point	VA	Restore Entrance & Perimeter Wall	Site Improvements
1	Culpeper	VA	Environmental Equipment Wash Station	Building Construction
1	Cypress Hills	NY	Irrigate Entire 15.4 Acre Site	Irrigation
1	Hampton	VA	Clean & Tuck-Point Perimeter Walls (Hampton/Phoebus)	Site Improvements
1	Hampton	VA	Install French Drain System (Hampton/Phoebus)	Site Improvements
1	Indiantown Gap	PA	Environmental Equipment Wash Station	Building Construction
1	Indiantown Gap	PA	Replace Glass Windows & Doors, B-1 (Admin Bldg)	Building Construction
1	Long Island	NY	Environmental Equipment Wash Station	Building Construction
1	Long Island	NY	Provide Irrigation to 1/4 Site (91.2Acres), Phase 1 of 4	Irrigation
1	Long Island	NY	Provide Irrigation to 1/4 Site (91.2Acres), Phase 2 of 4	Irrigation
1	Long Island	NY	Provide irrigation to 1/4 site (91.2 A), Phase 3 of 4	Irrigation
1	Long Island	NY	Provide irrigation to 1/4 site (91.2 A), Phase 4 of 4	Irrigation
1	Massachusetts	MA	Environmental Equipment Wash Station	Building Construction
1	Philadelphia	PA	Repairs to Wall, Rostrum, Wrought Iron Fence	Site Improvements
1	Quantico	VA	Replace Roads From Rear Entrance Through Section 25	Site Improvements
1	Quantico	VA	Provide/Install Security Camera Systems	Building Construction
1	Quantico	VA	Environmental Equipment Wash Station	Building Construction
1	Quantico	VA	Develop Section 19 for 2,000 In-Ground Crypts	Gravesite Expansion
1	Quantico	VA	Development of Columbaria in Sections 2 and 4	Gravesite Expansion
1	Quantico	VA	Burial Expansion and Operations Modifications	Gravesite Expansion
1	West Virginia	WV	Stream Stabilization	Irrigation
1	West Virginia	WV	Environmental Equipment Wash Station	Building Construction

6. National Cemetery Administration

MSN	Location		Project Title – Brief Description	Type
1	West Virginia	WV	Construct Storage Facility	Building Construction
1	West Virginia	WV	Remove Deteriorating Flagstone, Replace with Concrete-Committal Shelter	Site Improvements
1	West Virginia	WV	Install Additional Hose Bibs in New Burial Sections	Irrigation
1	Woodlawn	NY	Environmental Equipment Wash Station	Building Construction
2	Alexandria	LA	Replace Flagpole Lights	Site Improvements
2	Alexandria	LA	Reconstruct Wall Foundation	Site Improvements
2	Alexandria	LA	Replace Fences	Site Improvements
2	Alexandria	LA	Replace site furnishings	Site Improvements
2	Alexandria	LA	Replace Water Lines	Irrigation
2	Barrancas	FL	Landscape Improvements	Site Improvements
2	Barrancas	FL	Replace site furnishings	Site Improvements
2	Barrancas	FL	Roads - Resurface and Replace	Site Improvements
2	Barrancas	FL	Replace Wrought Iron Fence	Site Improvements
2	Barrancas	FL	Renovate Service Badges	Building Construction
2	Baton Rouge	LA	Flagpole – Replace	Site Improvements
2	Baton Rouge	LA	Repair wall	Site Improvements
2	Baton Rouge	LA	Replace Trees	Site Improvements
2	Baton Rouge	LA	Install Landscape Buffer	Site Improvements
2	Baton Rouge	LA	Replace site furnishings	Site Improvements
2	Baton Rouge	LA	Replace Road	Site Improvements
2	Bay Pines	FL	Construct Administration and Maintenance Building	Building Construction
2	Bay Pines	FL	Screen Chain Link Fence	Site Improvements
2	Bay Pines	FL	Renovate Monument & Replace Sidewalks	Site Improvements
2	Bay Pines	FL	Improve Entry & General Site	Site Improvements
2	Beaufort	SC	Replace Flagpole & Lights	Site Improvements
2	Beaufort	SC	Install Additional Irrigation	Site Improvements
2	Beaufort	SC	Landscape Improvements	Site Improvements
2	Beaufort	SC	Improve Site Furnishings	Site Improvements
2	Beaufort	SC	Replace HVAC in Administration Building	Building Construction
2	Beaufort	SC	Maintenance Building - Provide Heat	Building Construction
2	Beaufort	SC	Provide Electric to Committal Shelter	Building Construction
2	Biloxi	MS	Install Flagpole	Site Improvements
2	Biloxi	MS	Resurface Roadways	Site Improvements
2	Biloxi	MS	Committal Shelter - Provide Electric	Building Construction
2	Biloxi	MS	Upgrade Water Spigots	Site Improvements
2	Chattanooga	TN	Install Irrigation	Irrigation
2	Chattanooga	TN	Replace Flagpole	Site Improvements
2	Chattanooga	TN	Landscape Improvements	Site Improvements
2	Chattanooga	TN	Install Signage System	Site Improvements
2	Chattanooga	TN	Replace Chain link Fencing	Site Improvements
2	Chattanooga	TN	Replace Roads	Site Improvements
2	Chattanooga	TN	Enhance Andrew's Raiders Monument	Site Improvements
2	Chattanooga	TN	Relocate OH Utility Lines	Site Improvements
2	Chattanooga	TN	Replace Fences	Site Improvements
2	Chattanooga	TN	Replace Water Lines & Spigots	Site Improvements
2	Chattanooga	TN	Renovate/Replace Administration Building HVAC	Building Construction
2	Chattanooga	TN	Construct Covered Soil Storage	Building Construction
2	Corinth	MS	Replace Irrigation Section	Site Improvements
2	Corinth	MS	Construct Committal Shelter	Building Construction
2	Corinth	MS	Construct Administration / Maintenance	Building Construction

6. National Cemetery Administration

MSN	Location		Project Title – Brief Description	Type
			Building	
2	Corinth	MS	Landscape Improvements	Site Improvements
2	Corinth	MS	Install Fencing for Main Yard	Site Improvements
2	Corinth	MS	Replace site furnishings	Site Improvements
2	Corinth	MS	Replace Flagpole	Site Improvements
2	Corinth	MS	Cemetery - Replace Sidewalk	Site Improvements
2	Corinth	MS	Replace Drainage Ditch/Covers/Inlets	Site Improvements
2	Corinth	MS	Repair Roadways	Site Improvements
2	Corinth	MS	Demolish Lodge	Building Construction
2	Corinth	MS	Demolish Maintenance Building	Building Construction
2	Danville	VA	Replace Road	Site Improvements
2	Danville	VA	Overall Landscape	Site Improvements
2	Danville	VA	Replace site furnishings	Site Improvements
2	Fayetteville	AR	Replace Security System	Building Construction
2	Fayetteville	AR	Replace site furnishings	Site Improvements
2	Fayetteville	AR	Replace Flagpole	Site Improvements
2	Fayetteville	AR	Landscape Improvements	Site Improvements
2	Fayetteville	AR	Install Signage System	Site Improvements
2	Fayetteville	AR	Improve Water Hydrants	Irrigation
2	Fayetteville	AR	Install Fan and Taps System in Committal Shelter	Building Construction
2	Fayetteville	AR	Install Exterior Light Fixtures on Administration Building	Building Construction
2	Florence	SC	Replace Flagpole Lights	Site Improvements
2	Florence	SC	Renovate Irrigation	Irrigation
2	Florence	SC	Replace site furnishings	Site Improvements
2	Florence	SC	Landscape Improvements	Site Improvements
2	Florida	FL	Replace HVAC in Maintenance Building	Building Construction
2	Florida	FL	Install Video Surveillance System	Site Improvements
2	Florida	FL	Replace Administration Building Roof	Building Construction
2	Florida	FL	Resurface Roads, Phase I	Site Improvements
2	Florida	FL	Replace Ornamental Fence at Entrance	Site Improvements
2	Florida	FL	Main Yard - Resurface	Site Improvements
2	Florida	FL	Replace site furnishings	Site Improvements
2	Florida	FL	Screen Main Compound	Site Improvements
2	Florida	FL	Pump House - Add Additional Pump	Irrigation
2	Fort Mitchell	AL	Install Vinyl Siding on Main Bldg	Building Construction
2	Fort Mitchell	AL	Landscape Improvements	Site Improvements
2	Fort Mitchell	AL	Renovate & Replace Site Furnishings	Site Improvements
2	Fort Mitchell	AL	Establish & Irrigate Turf	Irrigation
2	Fort Mitchell	AL	Develop Gravesites	Gravesite Expansion
2	Fort Smith	AR	Replace Flagpole and Lights	Site Improvements
2	Fort Smith	AR	Replace Water Spigots & GS Locator Stand	Site Improvements
2	Fort Smith	AR	Landscape Improvements/Irrigation Reno.n	Site Improvements
2	Fort Smith	AR	Install Communication Between Administration/ Maintenance Buildings	Building Construction
2	Fort Smith	AR	Expand Break Room and Construct Wash Rack	Building Construction
2	Fort Smith	AR	Develop Gravesites & Cemetery Expansion (Design)	Gravesite Expansion
2	Fort Smith	AR	Replace Irrigation System	Irrigation
2	Fort Smith	AR	Resurface & Replace Roads	Site Improvements
2	Fort Smith	AR	Site Survey of Cemetery	Site Improvements
2	Knoxville	TN	Demolish Main Building & Construct Public	Building Construction

6. National Cemetery Administration

MSN	Location		Project Title – Brief Description	Type
			RR Building	
2	Knoxville	TN	Improve Site Signage	Site Improvements
2	Knoxville	TN	Enhance Visual Separation	Site Improvements
2	Knoxville	TN	Replace site furnishings	Site Improvements
2	Knoxville	TN	Improve Landscape	Site Improvements
2	Little Rock	AR	Correct Drainage & Erosion	Site Improvements
2	Little Rock	AR	Replace Curbs	Site Improvements
2	Little Rock	AR	Improve Site Signage & Site Furnishings	Site Improvements
2	Little Rock	AR	Landscape Improvements	Site Improvements
2	Little Rock	AR	Renovate Main Bldg	Building Construction
2	Marietta	GA	Replace Roads & Storm Drainage	Site Improvements
2	Marietta	GA	Replace Flagpole & Lights	Site Improvements
2	Marietta	GA	Relocate Assembly Area	Site Improvements
2	Marietta	GA	Improve Site Signage & Site Furnishings	Site Improvements
2	Marietta	GA	Replace Trees	Site Improvements
2	Marietta	GA	Maintenance Building - Renovate, New Restroom Building & Soil Storage	Building Construction
2	Marietta	GA	Lodge - Remove Asbestos	Building Construction
2	Memphis	TN	Demolish Lodge/Construct Restrooms & Committal Shelter	Building Construction
2	Memphis	TN	Renovate Admin Building/Roof & Study Settlement Problem	Building Construction
2	Memphis	TN	Re-Roof Main Building	Building Construction
2	Memphis	TN	Construct Storage Building & Yard	Building Construction
2	Memphis	TN	Renovate Monument (Illinois)	Site Improvements
2	Memphis	TN	Landscape Improvements (Including Perimeter buffer)	Site Improvements
2	Memphis	TN	Replace Drainage Ditch & Other Drainage Corrections	Site Improvements
2	Memphis	TN	Replace Privacy Fencing	Site Improvements
2	Memphis	TN	Replace MIA Flagpole	Site Improvements
2	Memphis	TN	Replace Curbs	Site Improvements
2	Memphis	TN	Replace HVAC in Admin Bldg	Building Construction
2	Memphis	TN	Replace Overhead Doors-Main Bldg	Building Construction
2	Memphis	TN	Replace site furnishings	Site Improvements
2	Mobile	AL	Improve Landscape	Site Improvements
2	Mobile	AL	Replace site furnishings	Site Improvements
2	Mobile	AL	Replace Roads	Site Improvements
2	Mobile	AL	Demolish Main Bldg & Rostrum	Building Construction
2	Mobile	AL	Add Gutters & Downspouts	Building Construction
2	Mountain Home	TN	Construct Admin/Main Building	Building Construction
2	Mountain Home	TN	Install Fuel Storage Containment Curb	Building Construction
2	Nashville	TN	Repair Rostrum	Building Construction
2	Nashville	TN	Replace Irrigation & Hydrants	Irrigation
2	Nashville	TN	Admin Building - Renovate Restroom	Building Construction
2	Nashville	TN	Renovate Monuments	Site Improvements
2	Nashville	TN	Entrance - Renovate	Site Improvements
2	Nashville	TN	Cemetery - Provide Signage	Site Improvements
2	Nashville	TN	Improve Landscape	Site Improvements
2	Nashville	TN	Repave Pedestrian Bridge	Site Improvements
2	Nashville	TN	Lodge - Demolish	Building Construction
2	Natchez	MS	Replace Water Lines	Irrigation

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MSN	Location		Project Title – Brief Description	Type
2	Natchez	MS	Construct Paved Road (Design)	Site Improvements
2	Natchez	MS	Construct Paved Road	Site Improvements
2	Natchez	MS	Landscape Improvements	Site Improvements
2	Natchez	MS	Replace Site Furnishings & Section Markers	Site Improvements
2	Natchez	MS	Install Irrigation	Irrigation
2	Natchez	MS	Construct Covered Soil Storage	Building Construction
2	New Bern	NC	Roads - Resurface	Site Improvements
2	New Bern	NC	Replace Garage Door on Main Bldg	Building Construction
2	New Bern	NC	Improve Site Furnishings	Site Improvements
2	New Bern	NC	Enhance Overall Landscape	Site Improvements
2	New Bern	NC	Replace Windows in Lodge	Building Construction
2	Port Hudson	LA	Repair cemetery wall	Site Improvements
2	Port Hudson	LA	Replace Flaggpole	Site Improvements
2	Port Hudson	LA	Plant New Trees	Site Improvements
2	Puerto Rico	PR	Renovate Flaggpole/ Assembly Area	Site Improvements
2	Puerto Rico	PR	Renovate Main Entrance Area	Site Improvements
2	Puerto Rico	PR	Install Carillon	Site Improvements
2	Puerto Rico	PR	Replace Chain Link Fence With Ornamental Fence	Site Improvements
2	Raleigh	NC	Roads - Replace Curbing	Site Improvements
2	Raleigh	NC	Enhance Landscape	Site Improvements
2	Raleigh	NC	Replace Site Furnishings	Site Improvements
2	Raleigh	NC	Demolish lodge	Building Construction
2	Raleigh	NC	Construct Committal Shelter	Building Construction
2	Saint Augustine	FL	Improve Signage	Site Improvements
2	Saint Augustine	FL	Replace Site Furnishings	Site Improvements
2	Saint Augustine	FL	Replace Flaggpole	Site Improvements
2	Saint Augustine	FL	Replace Road and Walks	Site Improvements
2	Salisbury	VA	Resurface Roads	Site Improvements
2	Salisbury	NC	Install Signage System	Site Improvements
2	Salisbury	NC	Correct Drainage	Site Improvements
2	Salisbury	NC	Enhance Landscape for Original Phases	Site Improvements
2	Salisbury	NC	Improve Pedestrian Circulation	Site Improvements
2	Wilmington	NC	Main Building/RR-Demolish	Building Construction
2	Wilmington	NC	Replace Cemetery Fence	Site Improvements
2	Wilmington	NC	Replace Site Furnishings	Site Improvements
2	Wilmington	NC	Demolish Lodge	Building Construction
3	Black Hills	SD	Road Maintenance	Site Improvements
3	Fort Bayard	TX	Replace Committal Shelter & Rostrum, Construct New Admin/Main Building, Convert to Xeriscape	Building Construction
3	Fort Gibson	OK	Main Building/Equipment Storage Improvements	Building Construction
3	Fort Logan	CO	Improvements to Irrigation Ditch System	Irrigation
3	Fort Lyon	CO	Obtain Sole Water Rights & Delivery System	Irrigation
3	Fort Sam Houston	TX	Road Maintenance	Site Improvements
3	Fort Scott	KS	Install Irrigation System in 10 Acre Expansion	Irrigation
3	Leavenworth	KS	Road Maintenance	Site Improvements
3	Leavenworth and Fort	KS	Irrigation System, Entire Cemetery (335 Acres)	Irrigation

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MSN	Location		Project Title – Brief Description	Type
	Leavenworth			
4	Abraham Lincoln	IL	Install Irrigation System in Phase 1 Burial Areas	Irrigation
4	Abraham Lincoln	IL	Extend Road Exit From Interment Stg. Bldg.	Site Improvements
4	Abraham Lincoln	IL	Breezeway at PIC and Handicap Access	Building Construction
4	Alton	MO	Renovate Entrance (Design)	Site Improvements
4	Alton	MO	Renovate Entrance	Building Construction
4	Camp Butler	IL	Irrigation System, Entire Cemetery (53 Acres)	Irrigation
4	Camp Butler	IL	Install Fiber Optic Link	Site Improvements
4	Camp Nelson	KY	Irrigation System, Entire Cemetery (30 Acres)	Irrigation
4	Camp Nelson	KY	Renovate Cemetery Entrance (Enlarge for Traffic Safety)	Site Improvements
4	Camp Nelson	KY	Land Donation Acquisition-45 Acres Adjacent	Gravesite Expansion
4	Camp Nelson	KY	Main Yard - Demolish Loading Dock	Site Improvements
4	Danville	IL	Gravesite Development, Irrigation, & Site Improvements	Gravesite Expansion
4	Danville	IL	Asphalt Road for Access to Burial Sections 18 - 20	Site Improvements
4	Danville	IL	Surface Drainage at Sec 23	Site Improvements
4	Danville	IL	Construct Material Storage Shelter	Building Construction
4	Dayton	OH	Irrigation System, Entire Cemetery (100 Acres)	Irrigation
4	Dayton	OH	Construct New (2nd) Committal Shelter	Site Improvements
4	Dayton	OH	Renovate Historic Guard Building (Design)	Building Construction
4	Dayton	OH	Mill & Repave Roadway	Site Improvements
4	Dayton	OH	Renovate Historic Guard Building	Building Construction
4	Fort Custer	MI	Phase 3 Burial Expansion - Construct	Gravesite Expansion
4	Fort Custer	MI	Amphitheater Assembly Area	Site Improvements
4	Fort Custer	MI	Memorial Path Overlook Stonewall Enhancement	Site Improvements
4	Fort Custer	MI	New Well, Pump house & Irrigation	Irrigation
4	Fort Custer	MI	Renovate Guard Building	Building Construction
4	Fort Custer	MI	Equipment Storage Building	Building Construction
4	Fort Custer	MI	Phase 3 Burial Expansion (Design)	Gravesite Expansion
4	Jefferson Barracks	OH	Irrigation System, Entire Cemetery (335 Acres)	Irrigation
4	Jefferson Barracks	MO	Burial Expansion on VAMC Property (Design)	Gravesite Expansion
4	Jefferson Barracks	MO	Security Camera System For Administration/Maintenance Buildings	Site Improvements
4	Jefferson Barracks	MO	Asphalt Road Repair Project	Site Improvements
4	Jefferson Barracks	MO	Admin Bldg - Replace Ceiling	Building Construction
4	Jefferson Barracks	MO	Renovate Old Main Bldg/ Honor Guard Area	Building Construction
4	Jefferson Barracks	MO	Chapel - Replace Doors	Building Construction
4	Jefferson City	MO	Maintenance Building/Public Restrooms -	Building Construction

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MSN	Location		Project Title – Brief Description	Type
			Renovate	
4	Johnson's Island	OH	Shore Stabilization	Site Improvements
4	Keokuk	IA	Road Repairs	Site Improvements
4	Keokuk	IA	Irrigate Entire Cemetery (13 acres)	Irrigation
4	Lebanon	KY	Irrigate Entire Cemetery (15 acres)	Irrigation
4	Marion	IN	Irrigate Entire Cemetery (36 Acres)	Irrigation
4	Marion	IN	Improvements to Roads/Committal Shelter/Entry Fence	Site Improvements
4	Marion	IN	Roads/Committal Shelter/Entry Fence/Improvements	Site Improvements
4	Marion	IN	Replace Artificial Slate Roof – Administration Building	Building Construction
4	Marion	IN	Equipment Storage/ Wash Bay Building and Materials Bins	Building Construction
4	Mill Springs	KY	Land Donation Acquisition-12 Acres Adjacent	Gravesite Expansion
4	Mill Springs	KY	Irrigate Entire Cemetery (6.3 acres)	Irrigation
4	Mound City	IL	Burial Expansion on Property Acquired in FY 2003	Gravesite Expansion
4	Mound City	IL	Irrigate Entire Cemetery (10 acres)	Irrigation
4	New Albany	IN	Replace Concrete Pavement (curbs & roads)	Site Improvements
4	Ohio Western Reserve	OH	Irrigation for Phase 1 Burial Areas	Irrigation
4	Quincy	IL	Construct Main Entrance	Building Construction
4	Springfield	MO	Irrigate & Replace Old Section Water Lines	Irrigation
4	Wood	WI	Enhance 4 Entrances To Identify Cemetery	Site Improvements
4	Wood	WI	Irrigate Entire Cemetery (50 acres)	Irrigation
4	Zachary Taylor	KY	Irrigation System, Entire Cemetery (16 Acres)	Irrigation
5	Eagle Point	OR	Road & Drainage Improvements, Sections 21 & 22	Site Improvements
5	Eagle Point	OR	Develop Burials Across Riley Road	Gravesite Expansion
5	Eagle Point	OR	Replace Curbs - Handicap Access	Site Improvements
5	Eagle Point	OR	Repair/Replace Stone Retaining Walls	Site Improvements
5	Eagle Point	OR	Develop Burials west of Riley Road; Roads; Shelter	Gravesite Expansion
5	Eagle Point	OR	Remodel Administration; New Maintenance Facility; Vehicle Wash Station; Fence	Building Construction
5	Fort Richardson	AK	Irrigation/Water Study	Irrigation
5	Fort Rosecrans	CA	Convert Admin into PIC	Building Construction
5	Fort Rosecrans	CA	Convert Lodge to Admin	Building Construction
5	Fort Rosecrans	CA	Environmental Equipment Wash Station	Building Construction
5	Fort Rosecrans	CA	City Waterline Connections	Irrigation
5	Golden Gate	CA	Renovate Public Restrooms (Chapel)	Building Construction
5	Golden Gate	CA	Install Fiber Optic	Building Construction
5	Golden Gate	CA	Repair Road, Curb & Storm Drainage Ph 2	Site Improvements
5	Golden Gate	CA	Automatic Gate System	Site Improvements
5	Golden Gate	CA	Environmental Equipment Wash Station	Building Construction
5	Los Angeles	CA	Replace Roads & Curbs in North Section	Site Improvements
5	Los Angeles	CA	Construct 9,000 Niche Columbaria	Gravesite Expansion
5	Los Angeles	CA	Replace Roads & Curbs - South Section	Site Improvements

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MSN	Location		Project Title – Brief Description	Type
5	Los Angeles	CA	Replace Storage Building	Building Construction
5	Los Angeles	CA	Renovate Administration Building	Building Construction
5	NMCA	AZ	Install 7,500 Pre-Place Crypts, Sec. 53 & 55	Gravesite Expansion
5	NMCA	AZ	Acquire 32nd Ave for FY 2007 Phase Development	Gravesite Expansion
5	NMCP	HI	Main Flagpole and Base Evaluation	Site Improvements
5	NMCP	HI	Cemetery Gate Lights	Site Improvements
5	NMCP	HI	Cemetery Entrance Handicap Access	Site Improvements
5	NMCP	HI	Install Data Cable to Maintenance	Building Construction
5	NMCP	HI	Road, Curb, & Gutter Replacement, Phase 1 (Design)	Site Improvements
5	NMCP	HI	Improve Site Signage	Site Improvements
5	NMCP	HI	Road, Curb, Gutter, & Signage Replacement	Site Improvements
5	NMCP	HI	Improvements to Mechanical Shop & Maintenance, Employee Lounge	Building Construction
5	Prescott	AZ	Improve Road; Replace Irrigation; Construct Entrance & Rostrum	Site Improvements
5	Prescott	AZ	Replace Ornamental Perimeter Fence	Site Improvements
5	Riverside	CA	Environmental Equipment Wash Station #2	Building Construction
	Roseburg	OR	Irrigation, Restroom Main, Fence Lights, Wash Station	Site Improvements
5	San Francisco	CA	Environmental Equipment Wash Station	Building Construction
5	San Francisco	CA	Road, Curb & Storm Drainage Repairs	Site Improvements
5	San Francisco	CA	Renovate Boundary Wall; Install Rostrum Slab	Site Improvements
5	San Joaquin Valley	CA	Replace UG Fuel Tanks with Above Ground	Site Improvements
5	Sitka	AK	Columbaria (2,000), Walkway with Handicap Access, Drainage	Gravesite Expansion
5	Tahoma	WA	Install Entry Gate	Site Improvements
5	Tahoma	WA	Electronic Reader Board	Site Improvements
5	Tahoma	WA	Renovate Administration Facility	Building Construction
5	Tahoma	WA	Install Administration/Lunchroom Separation	Building Construction
5	Tahoma	WA	Section 23 Drainage Improvements	Gravesite Expansion
5	Willamette	OR	Replace HVAC in Administration Building	Building Construction
5	Willamette	OR	Install Roads, Storage Areas/Sheds, Wash Rack	Building Construction
5	Willamette	OR	Gate Replacement-Install Electronics	Site Improvements

VA STRATEGIC PLAN LINKAGE

The construction program is a critical element in NCA's strategy to achieve its performance objectives.

Objective 3.4 is to ensure that the burial needs of veterans and eligible family members are met. Achievement of this objective is measured by two key performance measures that are impacted by NCA's construction program. The first one of these measures is the percent of veterans served by a burial option within a reasonable distance (75 miles) of their residence. The second measure is the percent of respondents who rate the quality of service provided by the national cemeteries as excellent.

6. National Cemetery Administration

Construction projects to develop new national cemeteries will provide a burial option to veterans and their families who are not currently served by a national or state veterans cemetery within a reasonable distance of their residence. Projects to keep existing national cemeteries open by developing additional gravesites and columbaria, or by acquiring additional land, prevent the loss of a burial option for veterans that are currently served by a national cemetery within a reasonable distance of their residence. Construction of committal shelters, public restrooms, and public information centers improves service to veterans and their families.

Objective 4.5 is to ensure that national cemeteries are maintained as shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made. Achievement of this objective is measured by one key performance measure which is impacted by NCA's construction programs. That measure is the percent of respondents who rate national cemetery appearance as excellent. Construction projects such as irrigation improvements, renovation of historic structures, and road resurfacing are important to maintaining our cemeteries as national shrines. In most cases, these types of projects directly impact cemetery appearance and, thereby, customer satisfaction.

PRIORITIZATION METHODOLOGY

The major construction projects are ranked through VA's capital investment process. This process ensures that all major capital investment proposals are based upon sound economic principles and are fully linked to strategic planning, budget, and performance goals. The highest priority for minor construction projects is gravesite expansion projects. This is to prevent closure of a national cemetery ensuring that veterans are provided with continuing access to a burial option within a reasonable distance of their residence. The next priority is life safety projects that address problems posing a safety hazard and are therefore a liability issue. The remaining projects are prioritized based on the severity of the problem being corrected, and in general, those projects which require immediate action to prevent further deterioration to cemetery assets, are put higher in the cue for repair, renovation, or rehabilitation.

NCA LEASES**Table 6-5 NCA Leases FY 2005 and 2006**

Year	MSN	Location		Project Title - Brief Description	Estimated Annual Cost (\$000)
2005	2	Nashville	TN	Nashville Memorial Program Service Processing Site	\$38
2005	---	Quantico	VA	NCA Business Office	\$28
2005	4	St. Louis	MO	NCA Training Center	\$91
2006	2	Nashville	TN	Nashville Memorial Program Service Processing Site	\$38
2006	---	Quantico	VA	NCA Business Office	\$28
2006	4	St. Louis	MO	NCA Training Center	\$91

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Table 6-6 NCA Potential Leases for FY 2007 – 2010

MSN	Location		Project Title – Brief Description	Estimated Annual Cost (\$000)
2	Nashville	TN	Nashville Memorial Program Service Processing Site	\$38
---	Quantico	VA	NCA Business Office	\$28
4	St. Louis	MO	NCA Training Center	\$92

VA Strategic Plan Linkage

NCA provides headstones and markers for the graves of eligible persons in national, state, and other public cemeteries as well as private cemeteries. This contributes towards achievement of the strategic goal to “honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation.” The Nashville processing site processes applications for Government-furnished headstones and markers. This service assists NCA in achieving the objective of providing veterans and their families with timely and accurate symbolic expressions of remembrance.

In order to ensure a high-performing, well-trained workforce, the National Cemetery Administration Training Center was established. The center will provide employees with the training necessary to continue to provide high quality service to veterans and their families and to maintain our national cemeteries as national shrines. Initially focused on training cemetery directors and assistant directors, the new facility will eventually expand its classes to train foremen, equipment operators, grounds keepers, cemetery representatives, and other employees.

NCA PORTFOLIO INVENTORY OF CURRENT PROJECTS

(Funded but not activated or in use)

Project Type	FY*	MSN	Location		Project Title – Brief Description	Total Acquisition Cost (\$000)
Major	2005	1	Bridgeville	PA	National Cemetery of the Alleghenies, Phase I Development	\$16,293
Major	2005	4	Holly	MI	Great Lakes National Cemetery, Phase IA Development	\$8,649
Major	2005	1	Bourne	MA	Massachusetts National Cemetery, Columbaria Expansion and Cemetery Improvements	\$9,200
Major	2006	2	Lake Worth	FL	Miami Area National Cemetery, Phase I Development	\$23,149
Major	2006	2	Canton	GA	Georgia National Cemetery, Phase I Development	\$28,200
Major	2006	5	Kent	WA	Tahoma National Cemetery, Columbarium Expansion and Cemetery Improvements	\$6,900
Major	2007	3	Denver	CO	Fort Logan National Cemetery, Gravesite Development	\$16,100
Major	2007	4	Minneapolis	MN	Fort Snelling National Cemetery, Gravesite Expansion and Cemetery Improvements	\$24,654
Major	2007	5	Portland	WA	Willamette National Cemetery, Columbarium and Cemetery Improvements	\$8,345

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Project Type	FY*	MSN	Location		Project Title – Brief Description	Total Acquisition Cost (\$000)
Major	2007	2	Pensacola	FL	Barrancas National Cemetery, Gravesite Expansion and Cemetery Improvements	\$11,929
Major	2007	5	Solano County	CA	Sacramento, CA Area National Cemetery, Phase 1 Development	\$21,428
Major	2007	2	Bushnell	FL	Florida National Cemetery, Gravesite Expansion and Cemetery Improvements	\$19,840
Major	2008	4	Moline	IL	Rock Island National Cemetery, Gravesite Expansion and Cemetery Improvements	\$10,118
Major	2008	4	Leavenworth	KS	Leavenworth, Kansas, Facility Right Sizing and Gravesite Development	\$11,900
Total Majors						\$216,705

* Fiscal year project was or will be activated.

NCA POTENTIAL MAJOR CONSTRUCTION PROJECTS FOR FY 2007 – 2010

Projects are Sorted by MSN

MSN	Location		Project Title – Brief Description	Estimated Cost (\$000)
1	Schuylerville	NY	Gerald B.H. Solomon Saratoga National Cemetery, Phase II Expansion	\$8,000
1	Unknown at this time	PA	Philadelphia Area National Cemetery, Phase I Development	\$20,000
1	Triangle	VA	Quantico National Cemetery, Gravesite Expansion and Cemetery Improvements	\$18,000
1	Calverton	NY	Calverton National Cemetery, Gravesite Expansion and Cemetery Improvements	\$29,000
1	Bourne	MA	Massachusetts National Cemetery, Gravesite Expansion	\$17,000
2	Unknown at this time	AL	Birmingham Area National Cemetery, Phase I Development	\$20,000
2	Unknown at this time	SC	Columbia/Greenville Area National Cemetery, Phase I Development	\$20,000
2	Unknown at this time	FL	Jacksonville Area National Cemetery, Phase I Development	\$30,000
2	Unknown at this time	FL	Sarasota Area National Cemetery, Phase I Development	\$30,000
3	San Antonio	TX	Ft. Sam Houston National Cemetery, Gravesite Expansion and Cemetery Improvements	\$17,000
3	Dallas	TX	Dallas/Ft. Worth National Cemetery, Gravesite Expansion and Cemetery Improvements	\$13,500
3	Houston	TX	Houston National Cemetery, Gravesite Expansion and Cemetery Improvements	\$17,000
4	Holly	MI	Great Lakes National Cemetery, Phase 1B Development	\$19,000
4	Elwood	IL	Abraham Lincoln National Cemetery, Gravesite Expansion and Cemetery Improvements	\$9,000
5	Unknown at this time	CA	Bakersfield Area National Cemetery, Phase I Development	\$20,000
5	Gustine	CA	San Joaquin National Cemetery, Gravesite Expansion and Cemetery Improvements	\$16,600
5	Riverside	CA	Riverside National Cemetery, Gravesite Expansion and Cemetery Improvements	\$24,100
5	Kent	WA	Tahoma National Cemetery, Gravesite Expansion	\$19,000
5	Phoenix	AZ	National Memorial Cemetery of Arizona, Gravesite Expansion and Cemetery Improvements	\$10,000

6. National Cemetery Administration



Chapter 7

STAFF OFFICES

7. Staff Offices

GENERAL ADMINISTRATION

VA staff offices enhance the overall governance and performance of the Department by applying sound business principles and improving the integration of financial and procurement oversight, and improving accountability of VA programs and major management functions to better serve our Nation's veterans and their families.

Recently the Department combined finance, acquisition, and capital asset functions throughout VA into regional business offices with much clearer delegations of authority and accountability. This level of oversight along with the establishment of performance metrics will help provide VA operations conformity in execution and enforce corporate discipline.

Staff offices are comprised of the Office of the Secretary, three General Operating Expense offices, and six offices headed by an Assistant Secretary, which provide Department-level policy and appropriation guidance. There are three Department-level regulatory, legal interpretive and appellate staff offices that include the following:

- The Board of Contract Appeals – this office hears and decides appeals from decisions of contracting officers.
- The Board of Veterans' Appeals – this office conducts a VA-wide appellate program for veterans not satisfied with the original decisions on their applications for benefits.
- The General Counsel – this office serves as the Department's legal advisor.

Program Offices

The following program offices provide Department-level administrative support to the mission, goals, and objectives of the Department of Veterans Affairs, the Executive Branch, Legislative Branch, and Judiciary Branch, and to all intergovernmental directives and correspondence.

Office of Management

This office is run by the Assistant Secretary who serves as the Chief Financial Officer and Senior Procurement Executive, and as such, directs the management of Department-level budgetary, financial and acquisition operations. The office also oversees the Office of Acquisition and Materiel Management (Supply Fund) which provides policy level management and oversight activities and administrative support for and policy review of VA's small and disadvantaged business utilization program.

Office of Information and Technology

This office is run by the Assistant Secretary who serves as the Chief Information Officer, and as such, oversees the Department's IT efforts. This office monitors and coordinates the automated data processing and telecommunications programs.

*7. Staff Offices*Office of Congressional and Legislative Affairs

This office is run by the Assistant Secretary who has overall responsibility for the plans, policies, goals and direction of VA's Congressional and legislative operations for the Department. This office is instrumental in maintaining a positive working relationship between VA and the U.S. Congress.

Office of Public and Intergovernmental Affairs

This office is run by the Assistant Secretary who has responsibility for providing news media services and public affairs policy guidance to create awareness of VA programs and services. This office is also responsible for managing and directing intergovernmental and consumer affairs.

Office of Policy, Planning, and Preparedness

This office is run by the Assistant Secretary who has responsibility for providing oversight on Departmental strategic planning, program management processes, VA/DoD collaboration, and national emergency preparedness.

Office of Human Resources & Administration

This office is run by the Assistant Secretary who has responsibility for formulating and executing Department-level policies and programs concerning human resources management and labor relations, and equal employment opportunity programs.

The abbreviations listed below are used in the following table which list, high priority FY 2005 and FY 2006 minor construction projects (less than \$7M) and leases and potential minors and leases for FY 2007 – 2010.

OAMM = Office of Acquisition and Materiel Management

AAC = Austin Automation Center

OGC = General Counsel

OIG = Inspector General

PP&P = Policy, Planning and Preparedness

ADMIN = Office of Administration

7. Staff Offices

STAFF OFFICES**FY 2005 PRIORITIZED MINOR CONSTRUCTION PROJECTS****Table 7-1 Staff Offices FY 2005 Minor Projects**

Admin. Office	Location		Project Title - Brief Description	FY 2005 Obligations (\$000)
OAMM	Hines (SDC)	IL	Roof Replacement	\$1030
GC	Los Angeles	CA	Redesign Space	\$276
AAC	Austin	TX	Replace 2 Power Distr Units Des/Constr.	\$80
AAC	Austin	TX	Physical Security Mod/Design	\$80
AAC	Austin	TX	Upgrade BAS Design/Build	\$20
AAC	Austin	TX	CHW & HW Relocation/Design	\$10
AAC	Austin	TX	Window Barrier/Design-Build	\$20
AAC	Austin	TX	UST CHW Isolation/Design-Build	\$44
AAC	Austin	TX	Roof Intrusion Detection Prep/Design-Bld	\$45
AAC	Austin	TX	Roof Access Mitigation/Design	\$19
AAC	Austin	TX	Loading Dock Hardening/Design	\$15
PP&P	Martinsburg	WV	Renovation Adaptation Theater	\$500
PP&P	Martinsburg	WV	COOP Team Workplace	\$40
ADMIN	VACO	DC	Cable Plant Management	\$1,250
ADMIN	VACO	DC	Electrical, Painting BPA's	\$345
VARIOUS	Various		Miscellaneous Projects	\$500
OIG	Bay Pines	FL	OIG Bay Pines Office	\$650
OIG	Various		Miscellaneous Projects	\$65
			Total	\$4,989

FY 2006 PRIORITIZED MINOR CONSTRUCTION PROJECTS**Table 7-2 Staff Offices FY 2006 Minor Projects**

Admin. Office	Location		Project Title - Brief Description	FY 2006 Obligations (\$000)
OAMM	Hines (SDC)	IL	Roof Replacement	\$1000
AAC	Austin	TX	Building Safety Upgrades East Ent/Constr	\$195
AAC	Austin	TX	Loading Dock Hardening/Construction	\$155
AAC	Austin	TX	CHW & HW Relocation/Construction	\$97
AAC	Austin	TX	Roof Access Mitigation/Construction	\$194
ADMIN	Various		Electrical, Painting BPA's	\$345
ADMIN	VACO	DC	Cable Plant Management	\$700
Various	VACO	DC	Miscellaneous Projects	\$726
PP&P	Martinsburg	WV	COOP Team Workplace	\$360
OIG	Bay Pines	FL	OIG Bay Pines Office	\$100
OIG	Kansas City	MO	Office Space	\$500
			Total	\$4,372

7. Staff Offices

FY 2007 – 2010 POTENTIAL MINOR CONSTRUCTION PROJECTS**Table 7-3 Staff Offices Potential Minor Projects**

Admin. Office	Location		Project Title - Brief Description
OI&T	Martinsburg	WV	Cyber Security-COOP
OI&T	Martinsburg	WV	Expand MAN
OI&T	Martinsburg		Construct Computer Facility
OI&T	Southeast		Construct Computer Facility
OI&T	Salt Lake City	UT	Construct Computer Facility
OAMM	Hines (SDC)	IL	Main Restroom Renovation
OAMM	Hines (SDC)	IL	Road Resurfacing
OAMM	Hines (SDC)	IL	Transformer
AAC	Austin	TX	Replace 2 Power Distribution Units Design/Build
AAC	Austin	TX	Replace 2 Computer Room Air Units/Design/Build
AAC	Austin	TX	3 rd Floor Operational Effic Mods/Design-Build
AAC	Austin	TX	Physical Security Modifications/Construction
AAC	Austin	TX	Operations/Div Support Areas Reconfigure
AAC	Austin	TX	Smart Card & Optical Turnstile Prep/Design-Build
AAC	Austin	TX	Resolve Perimeter Security Audit Issues
AAC	Austin	TX	Resolve Alley Security Audit Issues
ADMIN	VACO	DC	Cable Plant Management
ADMIN	VACO	DC	Electrical, Painting BPA's
ADMIN	Washington	DC	Build out of Lafayette Bldg. Renovation

FY 2005 AND 2006 STAFF OFFICE LEASES**Table 7-4 Staff Office Leases FY 2005 and 2006**

Fiscal Year	Admin. Office	Location		Project Title - Brief Description	Total Estimate Cost (\$000)
2005	OIG	Bay Pines	FL	Obtain Temp Space-B P OIG	\$210
2006	OIG	Bay Pines	FL	Obtain Temp Space-B P OIG	\$349
	OIG			Total	\$ 559

FY 2007 – 2010 POTENTIAL STAFF OFFICE LEASES**Table 7-5 Staff Office Potential Leases**

Admin. Office	Location		Project Title - Brief Description	Total Estimate Cost (\$000)
ADMIN	Washington	DC	Lafayette Renovation Build Out	
OIG	Kansas City	MO	Obtain New Space-KC OIG Off	\$213
OIG	Seattle	WA	Obtain New Space-SE OIG Off	\$250
			Total	\$ 463



Chapter 8

INFORMATION TECHNOLOGY

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OFFICE OF INFORMATION AND TECHNOLOGY

The Department of Veterans Affairs remains on course to enable the vision of One VA for the veteran. A technology evolution that will result in new ways to deliver benefit payments, quality health care, and burial services to our Nation's veterans, as well new technologies to administer a wide variety of programs more efficiently. Central to achieving this transformation is the development and implementation of a world class architecture, a modern edge-to-edge infrastructure, deployment of modern n-tier applications, and mature program and project management process coupled with best breed application of IT portfolio and asset management.

Just as VA strives to present itself under One VA as a single entity to the veteran, the government as a whole is working toward combining functions across agencies to present a single interface to the citizen through the Presidents eGov initiatives. The emphasis is on faster, better, and easier access to service for our citizens. This means that VA employees are not only working closely across the Administrations within VA, but are working with other departments to reduce redundant applications and procedures. Information technology plays a key enabling role in this process and the Department remains committed to the progress the Presidents Management Agenda has fostered regarding a 'One-Government' view for the citizen.

EXTERNAL INFLUENCES

There are many external influences that affect VA's mission and its implementation. President Bush has increased emphasis on electronic government and interagency collaboration and has specifically called for VA and DoD to coordinate information management to improve services to veterans. The events of September 11 have heightened the already present concern for security for our systems, and emphasized the need for command and control processes. The changing health care environment and demographics are a few more examples. New legislation, such as the recent recognition of service connection for Type 2 diabetes related to exposure to herbicides used in Vietnam, affects both the Veterans Benefits Administration and the Veterans Health Administration. Changes in the health care industry, from new diagnostic and treatment techniques and tools, to new modes of providing services, such as telemedicine, impact IT. The aging veteran and new veterans from recent conflicts have different needs. The rapidly changing IT environment itself requires constant update and a skilled and continuously re-skilled workforce.

How we work has changed. Current and emerging technologies are having a direct impact not only on work itself, but also on individuals' ability to gain new knowledge and on the quality of life in the workplace. Technology is increasingly redefining the workplace and how it is managed.

As the world becomes more interconnected, veterans expect VA to provide more services over the Internet or via telephone and for staff to have information at their fingertips. They want to be able to access VA from their home at any time—to apply for benefits, to get information on their health status, or to find out where a friend is buried. While the Internet may be the focus of veterans, behind the scenes work needs to be done to ensure the infrastructure is there to meet these needs.

INTERNAL INFLUENCES

VA developed a strategic plan in order to address our veteran's expectations and better serve their needs. The plan includes the Secretary's priorities, goals, and objectives. Technology is the enabler that allows VA to reach the objectives of the strategic plan and ensure the Secretary's priorities and objectives are achieved.

Essential to this strategy is an enterprise architecture to provide the framework for a One VA. Work is underway in using the Zachman framework to define the enterprise architecture. The architecture needs to be completed to guarantee that systems talk to each other and meet user needs. The telecommunications infrastructure needs to be enhanced to provide fast and secure communications. Information security needs to be strengthened to ensure that our systems are not compromised and that privacy is maintained for our customers' electronic information. Disciplined IT project management, with periodic senior executive review, is essential for projects to be delivered on time, within budget and with quality.

VA's most important resource, its workforce, must have the skills, knowledge, and abilities required to manage and use current and emerging information technologies. Strategic planning for the development of a skilled workforce is a must. As in many other government agencies, a large percentage of VA's IT workforce will be eligible to retire during the next few years. To prevent loss of expertise, an aggressive assessment of the current workforce will lead to the proper planning for shaping the IT workforce of the future.

THE FUTURE

Information technology (IT) within the Department of Veterans Affairs faces a number of challenges moving forward. The Department manages a portfolio of investments in technology now exceeding \$2 billion; increasingly sophisticated mechanisms need to be instituted to ensure VA is spending its IT money wisely and is achieving the productivity and output gains that were expected. Toward this end, VA is instituting an Enterprise IT Portfolio Management process. This process is aimed at addressing a couple of key concerns in the management of our technology investments: first, the program will provide a way of identifying and managing those projects that have migrated "off course", with an intent of getting them back on track before large amounts of scarce resources are lost to the Department; and second, providing a solid framework and mentoring process for IT program managers within the Department to institutionalize best practice project and portfolio management principles to prevent investments from moving off track in the first place.

Within the IT Portfolio there is a significant issue for the Department-significant IT systems are aging and must be replaced. VA's Financial Management System (FMS) was first implemented in the early 1990s, is around 15 years old, and no longer addresses the financial and business needs of the Department. Frequently, to answer key fiscal questions, heroic undertakings by staff occur, and sometimes the query cannot be handled at all. FMS capabilities, or lack thereof, have left the Department saddled with a Federal Financial Management Improvement Act (FFMIA) material weakness. Recently, the Department terminated a pilot program that was being undertaken at its Bay Pines, FL

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hospital. While the CoreFLS pilot was withdrawn, numerous lessons were learned that are being integrated into future planning, development, and deployment efforts associated with a new integrated FMS system for VA. The end result will address this material weakness.

VA also confronts an aging hospital informatics system, the VHA Information Systems and Technology Architecture, or VistA. Initially developed through the 1980s and 1990s, and predominately coded using the MUMPS, or “M” programming language, longevity issues are also affecting this investment. The Department is beginning to move out with an effort to modernize the system throughout VA; this investment is called Healthe-Vet VistA. One of the efforts will be to modernize the code that is being processed, moving from the M language platform to one with modern code—J2EE. Other efforts that will be realized with the investment is consolidation of data, and increased efficiencies of hospital operations, all oriented toward the continued improvement of the world-class veteran patient care provided by the Veterans Health Administration (VHA).

Similarly, VA is also moving forward on addressing a rapidly antiquating network that is designed to provide benefits to those who protected our Nation—America’s veterans. VETSNET continues to be pursued, advancing the Department toward a state-of-the-art environment for improving the way VA provides benefits to those who deserve them in an expeditious manner.

Security of our information technology assets will continue being a main thrust of IT expenditures. To maintain quality of care and assured delivery of benefits, an information technology architecture that is secure from attack and compromise, both from within and from without, must be maintained. Significant expenditures will be made by the Department over the coming years to harden VA’s ability to resist cyber attack. Similarly, the Department will also be moving to keep the telecommunications environment of VA current. Plans are moving forward to migrate to the next generation of Federal telecommunications services, those that will follow the Government-wide FTS 2000 program.

VA is committed to providing high quality health care and benefits to America’s veterans and their dependents. To realize this, IT will be a key enabler over the years to come. With this ambitious undertaking, IT is positioned to realize that goal. The following pages describe in more detail the significant investments the Department is making in IT.

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FY 2006 SUMMARY MAJOR IT PROJECT INFORMATION**Table 8-1 OI&T FY 2006 Major Projects Summary**

FY	Admin	Location	Project Title	Total Est Cost (\$000)	FY 2006 Request (\$000)
2006	NCA	Nationwide	Automated Monument Application System (AMAS)-2006	4.55	0.61
2006	VBA	Nationwide	BDN Maintenance and Operations-2006	191.46	21.85
2006	VBA	Nationwide	BIRLS/VADS-2006	25.44	2.52
2006	NCA	Nationwide	Burial Operations Support System (BOSS)-2006	7.65	0.93
2006	VBA	Nationwide	C&P Benefits Replacement System-2006	93.99	7.47
2006	VBA	Nationwide	C&P Maintenance and Operations (non-BDN)-2006	146.68	13.39
2006	OI&T	Nationwide	Capital Asset Management System-2006	23.23	2.16
2006	OI&T	Nationwide	Continuity of Operations Plan-2006	16.68.	2.9
2006	OM	Nationwide	Core Financial & Logistics System (CoreFLS)-2006	590	70.1
2006	VHA	Nationwide	Decision Support System (DSS) Legacy-2006	212.8	26.2
2006	VBA	Nationwide	Education Maintenance and Ops (non-BDN)-2006	19.38	1.76
2006	VHA	Nationwide	Enrollment (Includes Income Verification)-2006	117.87	14.94
2006	OI&T	Nationwide	Enterprise Cyber Security Program - 2006	1,108.75	164.85
2006	OI&T	Nationwide	Enterprise Privacy Program (EPP)-2006	29.24	3.5
2006	OI&T	Nationwide	Enterprise Telephony Agenda-2006	11.1	4.58
2006	VHA	Nationwide	Federal Health Information Exchange (FHIE)-2006	84.3	4.8
2006	VHA	Nationwide	Fee Basis Replacement-2006	60.72	12.7
2006	OM	Nationwide	Financial Management System (FMS)-2006	103.74	13.79
2006	VHA	Nationwide	Health Admin Center (HAC) IT Operations-2006	122.4	8.8
2006	VHA	Nationwide	Health Data Repository-2006	271.9	42.1
2006	VHA	Nationwide	HealthVet VistA-2006	3,515.5	311.31
2006	VBA	Nationwide	Insurance System Maintenance and Operations-2006	73.24	7.29
2006	OI&T	Nationwide	IT Staffing (VACO)-2006	228.25	33.98
2006	VHA	Nationwide	IT Staffing (VHA)-2006	41.9	9.6
2006	VBA	Nationwide	Loan Administration Redesign-2006	14.21	1.43
2006	VBA	Nationwide	Loan Guaranty Maintenance and Operations-2006	102,790	10.77
2006	VHA	Nationwide	Medical and Prosthetic Research-2006	172.5	22.8
2006	OI&T	Nationwide	One VA Contact Center-2006	48.65	7
2006	OI&T	Nationwide	One VA Eligibility and Registration-2006	119.52	21.74
2006	OI&T	Nationwide	One VA Information Technology Enterprise Program Management Office-2006	36.97	7.21
2006	VHA	Nationwide	Patient Financial Services System (PFSS)	266.27	30.1
2006	OM	Nationwide	Payroll/HR Systems-2006	260.69	27.72
2006	VHA	Nationwide	Pharmacy Re-Engineering and IT Support-2006	108.41	32.89
2006	VBA	Nationwide	Program Integrity/Data Management-2006	94.36	9.84
2006	VHA	Nationwide	Scheduling Replacement Project	116.38	22,120

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FY	Admin	Location	Project Title	Total Est Cost (\$000)	FY 2006 Request (\$000)
2006	OI&T	Nationwide	Telecommunications Modernization Project-2006	223.84	26.76
2006	VBA	Nationwide	The Education Expert System (TEES) - 2006	72.22	8.05
2006	OI&T	Nationwide	VA Computing Infrastructure-2006	1,567.89	156.3
2006	005N	Nationwide	VA Data Communications Systems and Services-2006	642.25	77.34
2006	OI&T	Nationwide	VA Enterprise Architecture-2006	86.2	10.2
2006	OI&T	Nationwide	VA Radio Frequency Transition Project Mgmt O-2006	138.24	5.25
2006	OI&T	Nationwide	VA Video Conferencing Systems & Services-2006	65.35	3.89
2006	OI&T	Nationwide	VA Voice Telephony Systems and Services-2006	1,038.87	120
2006	VHA	Nationwide	VA-Learning Management System-2006	27.82	3.37
2006	OM	Nationwide	VA-Wide e-Travel Solution-2006	13.21	1.53
2006	VBA	Nationwide	VBA Corporate Data Base Administration-2006	33.55	3.56
2006	VHA	Nationwide	VistA Imaging-2006	641	86
2006	VHA	Nationwide	VistA Laboratory IS System Re-engineering-2006	160.09	21.42
2006	VHA	Nationwide	VistA Legacy-2006	3,045.25	413.3
2006	VBA	Nationwide	VR&E Maintenance and Operations (non-BDN)-2006	35.06	2.77
Total				\$16,232	\$1,915

FY 2006 DETAILED MAJOR IT PROJECT INFORMATION

FY 2006 Projects

Project Location	Nationwide
Planned Project Name	Automated Monument Application System (AMAS)-2006
Fiscal Year	2006
BA Requested (Capital)	0.61
Total Acquisition Cost (\$000)	0.25
Asset Type	IT

Project Description

AMAS was developed by National Cemetery Administration (NCA) personnel at the Systems Integration Center (SIC) to automate all business processes associated monument ordering, delivering, and tracking. The intent was to automate all manual, paper-intensive record keeping and information and forms processing associated with monument applications. AMAS receives, processes, and tracks over 330,000 applications for government-furnished monuments, i.e., headstones, markers, and niche covers each year. AMAS supports legislated benefits so its life cycle is indefinite. AMAS provides tracking capability for all claims entered in the system thus expediting case research and NCA's response to individual case inquiries. Demographic projections call for significant increases in workload over the next twenty years. In order to minimize increases in staff and operational expenditures during this time frame, and to maintain current levels of service, the NCA's Memorial Programs Service (MPS) is committed to automation at all levels of business operations. Through ongoing automation, integration, and standardization of AMAS functions, MPS will be able to accommodate an increasing workload, maximize the utilization of personnel and physical resources, and capture information needed for MPS and VA information resources management planning activities. NCA's Burial Operations Support System (BOSS) is closely aligned to the AMAS. Both are benefit delivery systems, and developed and maintained by NCA FTE. BOSS automates all manual, paper-intensive record keeping, and information and forms processing associated with interments. BOSS and AMAS share the same corporate database and some common tables.

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This investment supports 2 Secretarial priorities: 1) Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the nation; and 2) Contribute to the public health, socioeconomic well-being and history of the Nation. AMAS supports NCA Strategic Goal 1) Ensure that the burial needs of veterans and eligible family members are met. Objective 1C: Continually strive to meet or exceed the expectations of veterans and their families by delivering accurate, timely, and courteous service. Strategy 2: Confirm eligibility and schedule the committal service within a reasonable amount of time. Strategy 3: Develop and implement an automated, pre-need eligibility certification system. NCA Strategic Goal 2: Provide veterans and their families with symbolic expressions of remembrance. Objective 2.A: Provide quality headstones and markers and Presidential Memorial Certificates (PMCs) efficiently, accurately, and in a timely manner. Strategy 2: Improve customer service and operations by expanding the use of information technology. Strategy 3: Enhance quality assurance for the headstone and marker program. NCA Strategic Goal 3: Ensure that national cemeteries are maintained as national shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made. Objective 3.B: Ensure that a comprehensive and professional historical record of NCA exists for future generations. Strategy 1: Develop and manage an NCA history program. AMAS contributes to further implementation of a One-VA information technology framework that supports the integration of information across business lines while providing a source for consistent, reliable, accurate, and secure information for veterans and their families, employees, and stakeholders. The investment enables the creation and maintenance of a historical, complete record of each headstone, marker, and niche covers ordered. It is used by NCA for scheduling and tracking the monument orders. In addition, this investment supports NCA's goals and priorities by providing the capability to recruit, develop and retain a competent, committed and diverse workforce that provide high quality service to veterans and their families.

Project Location	Nationwide
Planned Project Name	BDN Maintenance and Operations-2006
Fiscal Year	2006
BA Requested (Capital)	21.85
Total Acquisition Cost (\$000)	8.06
Asset Type	IT

Project Description

The Benefits Delivery Network (BDN) is the legacy system employed by VBA to process entitlements for three of the five business lines: Compensation and Pension, Education, and Vocational Rehabilitation and Employment. The primary services of the BDN entail the receipt, processing, tracking and disposition of veterans' applications for benefits and requests for assistance, and the general administration of legislated benefit programs. The BDN processes at the Hines Information Technology Center. The Compensation program provides monthly payments and ancillary benefits to veterans, in accordance with rates established by Congress, in recognition of the average potential loss of earning capacity caused by a disability or disabilities or disease incurred in or aggravated during military service. The compensation program also provides monthly payments, as specified by law, to surviving spouses, dependent children, and/or dependent parents in recognition of the economic loss caused by the veteran's death during active military service or as a result of a service-connected disability. The Pension program provides monthly payments, as specified by law, to needy wartime veterans who are permanently and totally disabled as a result of a disability not related to military service. The program provides monthly payments to needy surviving spouses and/or dependent children of deceased wartime veterans. The Education Assistance programs provide educational assistance to the men and women of the Armed Forces to adjust to civilian life after separation from the service; extend the opportunity for higher education to those who might not otherwise be able to afford it; and restore lost educational opportunities and vocational readjustment to service members as the result of their active military duty. The Vocational Rehabilitation and Employment program helps service-disabled veterans achieve independent life skills and employment, providing all services and assistance necessary to enable veterans with service-connected disabilities to achieve maximum independence in daily living, become employable and obtain and maintain suitable employment.

The above-mentioned benefit programs are processed on the legacy VBA BDN system that provides automated support for compensation, pension, education, vocational rehabilitation and employment claims processing, and also provides an interface to VBA's other benefits delivery systems. To accomplish this mission, the Hines Information Technology Center (ITC) maintains and administers all VBA databases related to compensation, pension, education, and vocational rehabilitation and employment claims processing, supports the external

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interfaces (such as Social Security Administration and Internal Revenue Service) and provides payment data to the U.S. Department of Treasury, which issues benefit payments to the nation's veterans, beneficiaries and/or children. This project is continuing to maintain current operational processing and continuing to make mandated legislative changes. This project is completing its replacement of the system in FY2004 to allow for continued veteran benefits processing on a fully supported platform by the Original Equipment Manufacturer (OEM).

This project supports the Departmental Enabling Goal of implementing a One VA information technology framework that supports the integration of information across business lines and that provides a source of consistent, reliable, accurate, and secure information to veterans and their families, employees, and stakeholders. Every VA site that is responsible for processing claims or determining the eligibility for benefits requires use of this consolidated BDN payment system.

Project Location	Nationwide
Planned Project Name	BIRLS/VADS-2006
Fiscal Year	2006
BA Requested (Capital)	2.52
Total Acquisition Cost (\$000)	0
Asset Type	IT

Project Description

The Beneficiary Identification and Records Locator Subsystem (BIRLS) and Veterans Assistance Discharge System (VADS), both legacy applications located at the Austin Automation Center (AAC), are distinct but related systems enabling the processing of veterans' claims. BIRLS is a stand-alone application, connected to, but not integrated within, the Benefits Delivery Network (BDN). The Benefits Delivery Network (BDN) is the legacy system employed by VBA to process entitlements for three of the five major business lines: Compensation and Pension, Education, and Vocational Rehabilitation and Employment (Reference Exhibit 300 - BDN Maintenance and Operations). All regional offices (ROs) use BIRLS to identify the file number and physical location of a claims folder and to verify the service record of a veteran. BIRLS controls the assignment of file numbers, manages different types of folders, and stores inactive compensation, pension and education data as well as insurance policy numbers and statuses. BIRLS is an essential component of VBA claims processing. The BIRLS interface with the Social Security Administration (SSA) is one of the most useful applications in VA today. This interface allows SSA to obtain much needed information from BIRLS and the repository of veteran information. VHA obtains information to determine eligibility for treatment at VA hospitals. VHA uses HINQ (Hospital INquiry) transactions to glean the pertinent information from BIRLS. BIRLS is the source of the information to determine when a folder is eligible to be retired or relocated from an RO to free up space in overcrowded files. The BIRLS interface with VADS (Veterans Assistance Discharge System) allows service information for veterans to be added to BIRLS as soon as they are discharged from the service.

VADS is a joint program between the Departments of Veterans Affairs and Defense through which the military services provide a copy of the DD214, Military Discharge Certificate, issued for each service member separated or retired from active duty. The information on the DD214 is used to issue outreach letters to recently separated veterans, update the BIRLS database and provide address information to the DMDC (Defense Manpower Data Center). VADS is an essential application because it is VA's method of informing the former GI of his or her rights and how to get information concerning them. A second essential function of VADS is to transfer information from the service member's DD214 into BIRLS. This not only helps to process claims submitted by the veteran, but also aids the veteran's counselors as they assist the veteran. Finally, VADS provides a clearinghouse for information on how to contact veterans via a RONA (Release Of Name and Address) function. VADS answers queries from congressional aides concerning questions from their constituents and provides answers to questions from legal counsel concerning past issues. VBA in-house personnel at the Austin Systems Development Center and the Hines Information Technology Center (ITC) maintain the screens. The AAC provides online and database support for the Customer Information Control System (CICS) and Integrated Data Management System (IDMS), software used by the applications. Both BIRLS and VADS, which are both in maintenance status, process on an IBM Enterprise Server located in the Austin Automation Center. This project supports the continued operation and maintenance of both the BIRLS and the VADS systems. This initiative supports VA's Enabling Goal to "Create an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, and governance." Both BIRLS and VADS provide service data needed in support claims processing.

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Project Location	Nationwide
Planned Project Name	Burial Operations Support System (BOSS)-2006
Fiscal Year	2006
BA Requested (Capital)	0.93
Total Acquisition Cost (\$000)	0.46
Asset Type	IT

Project Description

The BOSS was developed by National Cemetery Administration (NCA) FTE at the Systems Integration Center (SIC) to provide much needed benefit delivery automation support to NCA facilities nationwide. NCA FTE continue to maintain and support it. The primary objective and business need was to automate all manual, paper-intensive record keeping, and information and forms processing associated with interments. BOSS also provides nationwide burial location capability via the NCA Home Page and NCA Kiosk Information Center initiative; linkage to Gravesite Reservation files; and a benefit crosscheck to facilitate a timely First Notice of Death (FNOD) to VBA and its benefit delivery systems. BOSS supports the electronic transfer of information for VA's corporate master veteran record identification initiative. BOSS increases the level of service provided to veterans and beneficiaries through faster eligibility determinations, automated interment scheduling, expedited headstone and marker ordering, and an automated grave locator function. BOSS is closely aligned to the Automated Monument Application System (AMAS). Both are benefit delivery systems, and developed and maintained by the SIC. AMAS processes over 330,000 applications yearly for government-furnished monuments, i.e., headstones, markers, and niche covers. BOSS and AMAS share the same corporate database and some common tables.

This investment supports three Secretarial priorities: 1) Leader in Public/Private Application of Sound Business Practices; 2) Operational Efficiency; and 3) Ensure burial needs of veterans are met. BOSS supports NCA Strategic Goal 1) Ensure that the burial needs of veterans and eligible family members are met. Objective 1C: Continually strive to meet or exceed the expectations of veterans and their families by delivering accurate, timely, and courteous service. Strategy 2: Confirm eligibility and schedule the committal service within a reasonable amount of time. Strategy 3: Develop and implement an automated, pre-need eligibility certification system. NCA Strategic Goal 2: Provide veterans and their families with symbolic expressions of remembrance. Objective 2.A: Provide quality headstones and markers and Presidential Memorial Certificates (PMCs) efficiently, accurately, and in a timely manner. Strategy 2: Improve customer service and operations by expanding the use of information technology. Strategy 3: Enhance quality assurance for the headstone and marker program. NCA Strategic Goal 3: Ensure that national cemeteries are maintained as national shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice veterans have made. Objective 3.B: Ensure that a comprehensive and professional historical record of NCA exists for future generations. Strategy 1: Develop and manage an NCA history program. BOSS contributes to further implementation of a One-VA information technology framework that supports the integration of information across business lines while providing a source for consistent, reliable, accurate, and secure information for veterans and their families, employees, and stakeholders. The investment enables the creation and maintenance of a complete historical record for each interment. In addition, this investment supports NCA's goals and priorities by providing the capability to recruit, develop and retain a competent, committed and diverse workforce that provide high quality service to veterans and their families.

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Project Location	Nationwide
Planned Project Name	C&P Benefits Replacement System-2006
Fiscal Year	2006
BA Requested (Capital)	7.47
Total Acquisition Cost (\$000)	57.52
Asset Type	IT

Project Description

Veterans Benefits Administration's (VBA) C&P Service proposes to replace its existing award, payment, and accounting system, the Benefits Delivery Network (BDN), with a custom built Compensation and Pension Replacement System (VETSNET C&P). The scope of the investment described here, known as the C&P Replacement System, includes the Award and Finance and Accounting System (FAS) modules. The C&P Benefits Replacement System attempts to address current problems specific to existing C&P benefit processing systems. The C&P Benefits Replacement System development is in progress, having accomplished initial design and development. VETSNET has completed parallel testing and is currently in live production field test. The C&P Benefits Replacement System is being developed using the VETSNET integrated architecture. The VETSNET architecture utilizes Graphical User Interface (GUI) screens, an open-system architecture, the corporate database, rating redesign, and claims processing improvements related to compensation and pension functionality. The corporate environment is targeted to replace the current Benefits Delivery Network seeing as BDN has passed its systems life cycle and minimal tools and resources are available to support it. Additionally, various material weaknesses have been identified related to BDN's lack of compliance with the government-wide Standard General Ledger, lack of an automated audit trail, and other shortcomings such as ineffective system messages supporting controls over payment errors. This initiative will also interface with the applications within the C&P Maintenance and Operations Exhibit, which are used to support claims processing, tracking, and employee requirements in support of providing service and benefit payments to veterans.

The existing system has as its foundation an outdated and complex command driven platform, with negative implications for long-term system life cycle support (only user of proprietary software and equipment). Furthermore, over the next 3 years VBA's Office of Information Management (OIM) will face a shortage of personnel who are qualified to maintain the legacy system since over half of its personnel are eligible for retirement. Finally, the proposed investment in information technology support for these functions will bring benefits processing for C&P into alignment with broader strategic objectives and information technology standards of the Department and will support wider access to and use of information associated with the processing of C&P payments.

The primary mission of the Department of Veterans Affairs is to "honor, compensate, and care for veterans in recognition of their sacrifice for America." One of the most direct ways in which the Department achieves this mission is through the award and payment of benefits to veterans in the form of compensation and pension (C&P) benefits. The investment proposed in this document is for a system providing automated support to the award, payment, and associated accounting functions for VBA's C&P program. VBA provides 42 million payments to approximately 3.1 million veterans and their dependents annually. Furthermore, this initiative closes the circle of redesign efforts for the end-to-end C&P claims processing cycle: from initial claim application through review, rating, and adjudication to the award and FAS process. In addition to the clear and direct support that this investment provides in serving a significant number of veterans, the C&P Replacement System will also assist VBA and C&P in performing required recording and monitoring functions to support financial management at both the Administration and Departmental levels. The proposed system will accept the results of the claims adjudication process, calculate and support timely approval of award amounts, generate required payment transactions through Treasury for timely issuance of payment checks and electronic funds transfers, generate the associated audit trail for those payment transactions, and provide automated support for reconciliation, reporting, payment inquiries, and other critical information management functions. This investment is necessary to replace the current C&P Benefits Delivery Network (BDN) functionality that does not support compliance with federal financial management regulations, does not provide automated support for adequate control over payment processing, and does not support critical customer service needs such as immediate response to payment inquiries and immediate feedback regarding processing errors to allow timely corrections and processing of appropriate payment amounts.

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Project Location	Nationwide
Planned Project Name	C&P Maintenance and Operations (non-BDN)-2006
Fiscal Year	2006
BA Requested (Capital)	13.39
Total Acquisition Cost (\$000)	20.83
Asset Type	IT

Project Description

The Compensation and Pension (C&P) program has two components. The mission of the Compensation program is to provide monthly payments to veterans in recognition of the effects of disabilities, diseases, or injuries incurred or aggravated during active military service, and to provide access to other VA benefits. The mission of the Pension program is to provide monthly payments to needy wartime veterans who are permanently and totally disabled as a result of disability not related to military service.

The main performance outcome for the IT systems supporting C&P is to ensure claims processing, tracking, and payment to veterans on a timely basis each month. C&P Maintenance and Operations, includes C&P systems operating in the VBA corporate environment are hosted on the SUN E10000 located at the Austin Automation Center (AAC), web-based applications, and client-server applications. These applications are used to support claims processing, tracking, and employee requirements in support of providing service and benefit payments to veterans. C&P Maintenance and Operations, involves operating and maintaining all applications used to support the process of payment to veterans, which is covered under the Benefits Delivery Network and the C&P Benefits Replacement System which will replace C&P's portion of the BDN.

Implementation of e-government initiatives has the potential to significantly improve the functioning of the C&P program, from both a government-to-government and government-to-citizen perspective. Regarding the former, C&P is currently participating with the Social Security Administration on the e-government initiative through the SHARE application. This application allows the regional offices to verify SSA data when processing a claim. It has speeded up the verification process needed for claims processing. The Veteran Examination Request Information System (VERIS) is currently being piloted with private vendors for medical examinations. VERIS provides interfaces to private examiners similar to that currently provided for interfaces between VA regional offices and medical centers by the business application, Compensation and Pension Record Interchange (CAPRI). CAPRI enables VBA users to request disability examinations at 173 VA Medical Centers and also facilitates the navigation of medical records that are utilized as evidence in veterans' claims. Also enhancing government-to-citizen interaction is the Veterans Online Application (VONAPP) and the Virtual VA application. VONAPP gives veterans the ability to apply for C&P benefits over the Internet. The initial application was expanded to include applications for benefits for Education and Vocational Rehabilitation and Employment. Virtual VA (VVA) provides an eFolder management system for Veterans C&P claims and award processing. Additionally, the Electronic Database Integration (EDI) initiative will allow VBA to automatically record veteran data from the Internet and from the Defense Manpower Data Center (DMDC) directly into the corporate database. VONAPP allows veterans and other claimants to apply for benefits by way of the Internet. Currently, once a claim is submitted, the data is stored in a stand-alone database that does not link to the corporate database. Electronic Database Integration will create a single interface for data, thereby eliminating redundancy and reducing risks to data reliability. Electronic Database Integration will capture the data provided by veterans through the existing web-based application and automatically feed the data into the corporate database. This automatic transfer of data will allow VBA to readily identify existing records.

C&P Maintenance and Operations support VA Strategic Goal 1 to "Restore the capability of disabled veterans to the greatest extent possible, and improve the quality of their lives and that of their families." It also supports the Secretary Priority to provide accurate decisions on compensation and pension rating-related claims within 100 days. It also supports VA's Enabling Goal to "Create an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, and governance," and the Secretary's Priority to apply sound business principles and ensure accountability for performance standards. This initiative will ultimately allow the organization to get information into decision-makers hands more quickly. It will also provide enhanced workload management capabilities allow work to be directed in hours rather than weeks. Veterans requiring information from their claims folders such as military discharge information for possible employment opportunities will receive information in a more expedient manner. Veterans who receive better quality and more expedient service are likely to make greater contributions to the socioeconomic health of the country, in a shorter timeframe.

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Project Location	Nationwide
Planned Project Name	Capital Asset Management System-2006
Fiscal Year	2006
BA Requested (Capital)	2.16
Total Acquisition Cost (\$000)	15.23
Asset Type	IT

Project Description

In December 2000, both the Enterprise Information Board (EIB) and the CIO Investment Panel (CIP) approved an initiative to establish a Capital Asset Management System. This system would capture, track and evaluate all VA capital asset initiatives within the Department. CAMS would interface with VA Financial Management System for purposes of obtaining general ledger information; it would also link to project management software used by VA as well as other suitable systems. By March 2002, VA chose to pursue the option of acquiring a commercially- available software application and implementing a Proof-of-Concept (PoC) of this package. The Proof-of-Concept's objective was to demonstrate an understanding of VA requirements for portfolio and capital asset management across two-asset types, IT and leases. This prototype (Phase I) ran from the start of May 2002 through August 2002. Having assembled a prototype portfolio management system (Phase I), VA refined and then migrating the PoC into a limited production-level portfolio management system for the IT and Lease asset categories (Phase II). The development of the limited production-level system ran from October 2002 through March 2003. In May of 2003 CAMS underwent its Milestone 2 review, with this approval work began to bring this application into full production and deployment (Phase III) for all of VA asset classes. The implementation effort was completed at the end of FY 2004.

The Department develops a Strategic Plan whose purpose is to guide various VA elements in pursuit of the Department's mission as spoken by President Lincoln: To care for him who shall have borne the battle and for his widow and his orphan. The CAMS initiative supports the Enabling Goal of the Department of Veterans Affairs Strategic Plan and the corresponding objectives: Create an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources Objective E-3 - Implement a One VA information technology framework that supports the integration of information across business lines and provides a source of consistent, reliable, accurate, and secure information to veterans and their families, employees, and stakeholders. Part of the effort associated with this project is to enforce requirements laid out in the Department's Enterprise Architecture, which will ensure that all capital investments subject to the Capital Asset Management process will conform to the One VA Architecture. Objective E-4 - Improve the overall governance of VA and the management of its business processes. CAMS provides the support through the development and implementation of an effective Capital Investment Management program that ensures VA investments conform to the Department's missions, goals and objectives, and are operated by competent and certified project managers, which will deploy IT investments that improve service delivery, integrate and re-use data across business lines, share resources, and improve Department efficiency.

Project Location	Nationwide
Planned Project Name	Continuity of Operations Plan-2006
Fiscal Year	2006
BA Requested (Capital)	2.9
Total Acquisition Cost (\$000)	11.63
Asset Type	IT

Project Description

This investment proposal provides support of activities to continue the operation and maintenance of Continuity of Operations Plan (COOP). Main program elements include: Develop a COOP framework. Develop a COOP strategy. Review the COOP plans submitted from across the VA. Establish test plans and testing scenarios for the COOP plans submitted Standup the COOP Working Group/ROC IMC. In conjunction with addressing the VA's IT preparedness needs, a vulnerability assessment, or gap analysis, will aid in determining the current ("as is") state of preparedness versus the ideal ("to be"). Successful operation and maintenance of the COOP requires keeping the plan in a constant state of readiness. Regular updating of the plan and testing, through periodic live and simulated exercises, helps to accomplish that goal. Exercises, or drills, involving the VA's

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Central Office Staffs, emergency planners, field participants, and others will be conducted at least semi-annually on a regular, ongoing basis. Such exercises are educational for all involved and reinforce the importance of contingency and continuity planning. Efforts to maintain the COOP in an operational state of readiness are consistent with and complementary to other IT projects, such as the Telecommunications Modernization Plan. The COOP activities are also supported--both directly and indirectly--by the continuing efforts of the Cyber Security Business Assurance Program to ensure the availability and integrity of the VA's IT infrastructure during a crisis.

The Secretary's Strategic Plan is a key driver for the One VA Enterprise Architecture of which COOP is a critical component. The Department's enabling goal (E-1) is: Provide One VA world-class service to Veterans and their families through the effective management of people, technology, processes and financial resources. The CIO's IT goals follow ensuring that the Secretary's goal, especially the enabling goal, will be supported with innovative, disciplined and practical application of information technology. The COOP support's IT Goal 3: Secure the One VA enterprise against cyber attack.

Project Location	Nationwide
Planned Project Name	Core Financial & Logistics System (CoreFLS)-2006
Fiscal Year	2006
BA Requested (Capital)	70.1
Total Acquisition Cost (\$000)	533.4
Asset Type	IT

Project Description

CoreFLS is an integrated Commercial Off-the-Shelf Software (COTS) financial and logistics system solution that will be used by approximately 1000 financial and logistics offices within Veterans Affairs Central Office (VACO), Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery Administration (NCA). It will address material weaknesses and reportable conditions, and will also be integrating the financial and logistics data into one central data base which will allow accurate financial reporting and management review. CoreFLS will replace VA's existing Financial Management System (FMS), VHA's Integrated Funds Distribution Control Point Activity Accounting and Procurement (IFCAP) system, and Automated Engineering Management System/Medical Equipment Reporting System (AEMS/MERS) and retire at least 24 other minor systems, with more expected as the system matures.

On July 26, 2004, the VA Secretary announced his decision to conclude the pilot program as it did not receive full users' acceptance. The three focus sites returned to the previous legacy systems. The VA Assistant Secretary for Information and Technology examined the results of the CoreFLS pilot program and has determined in the alternative analysis that there is a tremendous potential return on investment (ROI) and viability of the current products if CoreFLS program should continue. Therefore, the VA leadership developed an aggressive plan of action to outline activities for the next milestone. By the second quarter of FY 2005, VA will have engaged contractors that can provide a comprehensive analysis and make appropriate recommendations regarding: 1) Incorporation of "lessons learned" and appropriate steps to take regarding VA's continued development and implementation of CoreFLS. 2) Re-evaluation and analysis of the "as is" processes to the "to be" business processes VA-wide for improvements to the CoreFLS system. 3) Resolve unfinished issues and concerns found during the Pilot testing and determine how closely the CoreFLS software, as currently developed, have met the VA's needs. It is believed that CoreFLS has achieved high percent of goals to meet the requirements; however, continued refinements will be necessary in preparation for full production and implementation. VA remains steadfast and intends to comply with the 1996 Federal Financial Managers Integrity Act (FFMIA) that required all governmental agencies to integrate their financial management systems based on commercially available, off-the-shelf programs

This investment supports the VA Office of Management in carrying out its two distinct missions. The first mission is to support the Veterans Health Administration (VHA), Veterans Benefit Administration (VBA), National Cemetery Administration (NCA), Board of Veterans Appeals (BVA), and staff offices as VA provides benefits and services to our nation's veterans. CoreFLS will assist in providing strategic and operational leadership for budget, financial management, acquisition and materiel management, and corporate management of capital assets. Secondly, CoreFLS will assist in promoting public confidence through stewardship and oversight of VA business activities ensuring their adherence to national policy, law, and regulation. All CoreFLS Performance Goals and Measures are aligned with the Enabling Goal from the

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Departments Strategic Plan and Performance Plan: Create an environment that fosters the delivery of One-VA world-class service to veterans and their families by applying sound business principles that result in effective communication and management of people, technology, and governance. This initiative supports the President's Management Agenda and the VA strategic goal to provide a world class service to veterans and their families through the effective management of people, technology, processes, and financial resources.

Project Location	Nationwide
Planned Project Name	Decision Support System (DSS) Legacy-2006
Fiscal Year	2006
BA Requested (Capital)	26.2
Total Acquisition Cost (\$000)	0
Asset Type	IT

Project Description

The Decision Support System (DSS) is a Legacy system. DSS transforms day-to-day operational data into tactical information that can be used by managers to make informed operational decisions. The integration of clinical, financial and workload data assists decision-makers as they manage costs and strive to improve the quality of veterans care. Displays of Decision Support Objects, a desktop executive reporting system provides graphical displays of summarized data. Financial data is available for departments and groups of departments. DSS calculates the total operating cost of the department, differentiates between fixed and variable costs and between direct and indirect costs. It also allows the facility to establish data driven operating budgets at the department level and to monitor monthly variance from expected cost and workload. The process uses locally defined relative value inputs to specify the proportional amount of resources, such as staff time and supply costs, used to produce products. The data may also be used to calculate and measure productivity. Effective use of the system helps to ensure VHA leads the industry in sound business practice and improved financial performance, advances operational efficiency, aids in the assurance of budget and performance interaction. DSS provides tools for understanding and improving processes and outcomes of care delivery. Examples of types of data. Financial data from FMS is posted to departments and products. Utilization data from VISTA extracts, such as dental, provides department level products (labor and supplies) used on specific patients. Medical record data from VISTA provides patient specific demographic and is used to record events such as admissions, discharges, surgical procedure or a ward move. Local and VISN management and clinical reports can be generated from the data. National summary management and clinical reports are generated from the data.

The DSS Project will support the VA Mission and VA Strategic Plan 2001-2006 Strategic Goals by ensuring the effective stewardship of resources in the provision of health services to veterans. Strategic Goal No 3, "To Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation," The DSS Project will meet objective (3.1) "to improve the overall health of enrolled veterans including special populations of veterans through a health care system characterized by convenient access, high quality, satisfied patients, and cost efficiency" by providing VA with data ensuring the provision of high quality cost-efficient health services to our nations veterans. DSS captures historical treatment information on individual and groups of patients that can be used to evaluate the effectiveness of current treatment plans both in terms of resource utilization and outcomes. The program also has modeling capabilities that uses historical data to model what-if scenarios. Enabling Goal "Create and environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources" The DSS Project will meet the objective (E-3) " Implement a One VA information technology framework that supports the integration of information across business lines and that provides a source of consistent, reliable, accurate, and secure information to veterans and their families, employees, and stakeholders." The DSS Project serves the VA enabling goal by providing an automated management accounting/clinical information system to manage business, financial and clinical processes for VHA. The system's management and clinical reports, that are not otherwise available, are used to manage VAMC and VISN resources and clinical outcomes. Several VISNs have web sites that contain the management/clinical reports that are generated monthly from DSS. A recent innovation - National data extracts of summarized patient data from all facilities that is used for national reports. Some of the customers for these reports include the Allocation Resource Center (ARC), Veterans Shared Service Center (VSSC), VA Central Office (VACO), General Accounting Office (GAO) and Congress. DSS is fed by 36 systems for patient utilization and 13 financial extracts for cost and hours information.

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Project Location	Nationwide
Planned Project Name	Education and Maintenance and Ops (non-BDN)-2006
Fiscal Year	2006
BA Requested (Capital)	1.76
Total Acquisition Cost (\$000)	1.21
Asset Type	IT

Project Description

The mission of the Education Service is to provide financial assistance, generally in the form of monthly benefit payments, to veterans, active duty service persons, reservists, and certain eligible dependents of disabled or deceased veterans in recognition of their military service to this nation. Financial Assistance is administered through seven programs to eligible persons for their educational and vocational pursuits.

The Education Service processes claims at one of four Regional Processing Offices located in Atlanta, Buffalo, Muskogee and St. Louis. Education program processing is supported by IT systems, including the Benefits Delivery Network (BDN) legacy system, various client/server applications, and the Internet/Intranet. These systems will continue to be supported and enhanced as Education processing is transitioned into VBA's corporate IT environment through development of the Education Expert System (TEES).

Among the applications that the Education Service currently maintains and operates are: Veterans Affairs-online Certification of Enrollment (VA-ONCE), RightNow Web, Veterans' Online Application (VONAPP), Web Automated Verification of Enrollment (WAVE), License and Certification Approval Systems (LACAS), Online Approval File (OLAF), Chapter 32 Accounts Receivable Program (CARP), Chapter 35 Alternate Input Replacement System (CHAIR), Chapter 30 PC/Out-of-System Award Processing (OSAP), On-the-Job-Training (OJT), Correspondence, and Apprenticeship awards; Electronic Certification Automated Processing (ECAP), Work-Study Management System, and The Image Management System (TIMS).

Ongoing legacy maintenance support is required in order to ensure continued operation to provide services to veterans and beneficiaries enrolled in the VA's Education program. This support addresses the VA's second strategic goal to ensure a smooth transition for veterans from active military service to civilian life. In particular, it addresses Objective 2.2, Assist veterans in readjusting to civilian life by enhancing their ability to achieve educational and career goals. TIMS will provide veterans with easier access to information by making the entire electronic claims folder available for inquiries. It is an example of using innovative information management and technologies to improve service, and allow VA to respond seamlessly to changing veteran demographics. TIMS also addresses Objective E-2 of the VA enabling goal, to recruit, develop, and retain a competent, committed and diverse workforce that provides high quality service to veterans and their families. TIMS also reduces staff frustration and will result in faster retrieval of electronic folders. Currently slow retrieval of folders limits the ability of VBA employees to rapidly serve veterans and their families. Also, due to TIMS interface with the Education Replacement System and its interface with other electronic VA claims processing, this project will help bridge the gap between the current workforce and the workforce of the future. The initiative also meets Objective E-3 of the enabling goal, to implement a One VA IT framework that supports the integration of information across business lines and that provides a source of consistent, reliable, accurate, and secure information to veterans and their families, employees, and stakeholders. It accomplishes this by aligning current TIMS processing with VA's Enterprise Architecture framework.

Project Location	Nationwide
Planned Project Name	Enrollment (Includes Income Verification)-2006
Fiscal Year	2006
BA Requested (Capital)	14.94
Total Acquisition Cost (\$000)	0
Asset Type	IT

Project Description

The Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), administers the largest integrated health care system in the nation. More than 4.4 million people received care in VA health care facilities in 2003. VA health care facilities expect to treat 4.7 million veterans in 2004. In October 1996, Congress enacted the Veterans' Health Care Eligibility Reform Act of 1996, Public Law 104-262, which required

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VHA to implement a priority based enrollment system. The number of priority levels to which VHA is able to deliver care is a function of funding levels and of the utilization of health care services by enrollees. Since 1996, VA enrollment has increased from 2.9 million to 7.1 million today. The Enrollment program was implemented in 1998 and includes functionality to accept and process veterans' applications for enrollment, share veterans' eligibility and enrollment data with all VA health care facilities involved in the veterans' care, manage veterans' enrollment correspondence and telephone inquiries, and support national reporting and analysis of enrollment data. Since its inception, the program has been expanded to encompass a number of legislative and regulatory changes. This program also encompasses VHA's Income Verification Match (IVM) program, which verifies certain veterans' self-reported income information with the Internal Revenue Service (IRS) and Social Security Administration (SSA) federal tax information to identify veterans' responsibility for making medical care co-payments and enhance revenue from first party collections. The primary purpose of the Enrollment database is to make eligibility and enrollment determinations for healthcare and is a VHA programmatic business function. The program will support the efforts for a One VA Registration and Eligibility (R&E) system. Currently, the initial rollout of One VA R&E is projected to have an online registering ability and contact management functionality. While the Enrollment database will meet VHA requirements for eligibility and enrollment determinations; it is expected to be an integral underlying piece to One VA Registration and Eligibility.

This project supports all of the following goals: VA Strategic Goal 1: Objective 1.1, VA Strategic Goal 2: Objective 2.1, VA Strategic Goal 3: Objective 3.1: Automated support for eligibility determination and a database of enrollment information shared across VA health delivery organizations gives veterans faster, more coordinated access to health care benefits and services. The project also supports VA Enabling Goal: Objective E-3: A single source of enrollment and eligibility data integrated with automated eligibility determination and income verification makes information less redundant, more accurate, more consistent, and more secure.

The alternative selected is Maintenance of the VHA Registration, Eligibility, and Enrollment System and Support of the One VA System. The alternative was chosen for its relatively lower cost, because it will utilize the EDB to improve data quality and the registration intake process, and because it supports the One VA effort.

Project Location	Nationwide
Planned Project Name	Enterprise Cyber Security Program-2006
Fiscal Year	2006
BA Requested (Capital)	164.85
Total Acquisition Cost (\$000)	434.59
Asset Type	IT

Project Description

The Enterprise Cyber Security Program (ECSP) represents the infrastructure costs of the Office of Cyber and Information Security (OCIS), to include eight integral management and technical components that comprise the framework for formulating, developing, and implementing the VA's Department-wide Security program. Management components include the Enterprise Cyber Security Business Assurance Program (ECSBAP) and the Field Operations and Information Security Officer (ISO) Support Service (Field OPs and ISO Support). ECSBAP establishes VA IT security policies and procedures; oversees the Department-wide Risk Management, Certification and Accreditation (C&A), and FISMA Reporting and Compliance Programs; updates the Department IT Security Program Plan; and, provides procurement, budgeting, personnel, and capital planning support to OCIS. Field OPs and ISO Support provides management and oversight for a segment of ISOs who are geographically dispersed throughout the United States; and, sponsors the Department's security awareness training, role-based training for ISOs, and the VA's Annual Information Security Conference. ECSP's six technical components manage the implementation of enterprise-wide activities that are approved by the Chief Information Officer (CIO) as common security controls and initiatives, and are derived through the combined results of program risk assessments, FISMA Self-Assessment Surveys, the CIO/Program Official Annual Review, and consultation with the VA Office of Inspector General. The Critical Infrastructure Protection Program (CIPP) directs the operation of VA's Computer Incident Response Capability (VA-CIRC) and associated Security Operations Center (SOC), which are responsible for providing centralized incident response and other global security services such as penetration testing; event correlation and audit log analysis; vendor and security alerts; and, critical infrastructure protection planning. The Security Configuration and Management

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Program (SCAMP) deploys tools to identify and prioritize remediation of vulnerabilities related to patch management, establish compliance with software configuration and security settings baselines, as well as manages and enhances existing anti-virus protections. The Enterprise Cyber Security Infrastructure Project (ECSIP) oversees the planning, contracting, and coordination phases involved in consolidating VA's over 200 Internet Gateways into several, more secure and better protected, National Gateways. The Authentication and Authorization Infrastructure Program (AAIP) provides encrypted computer access controls to assure the integrity of any file/document electronically transmitted, and potentially can be integrated as a physical access control token (taking the place of access badges) for entry into sensitive VA facilities, such as data centers and pharmacies. The Technology and Integration Program (TIS) oversees and directs the development of Department-wide cyber security architecture, standards, technical procedures, and product configuration guidelines. And, the Healthcare Information Security Division (HISD) establishes a centralized security planning and testing capability to help ensure that all healthcare information security medical devices and associated technologies utilized within VHA are compliant with VA's security architecture to reduce or eliminate vulnerabilities. The performance of these integrated components is tracked and monitored by the VA CIO through metrics; continually evaluated by the ECSBAP's compliance entity for efficiency; and, each program element is subject to annual review by the Administrations as part of the respective reimbursable funding agreement, thereby ensuring that this security framework continues to effectively support senior agency officials with their security responsibilities, sustains executive management attention to related issues, and effectively integrates security into the Department's culture.

The Secretary's Strategic Plan is a key driver for the OneVA Enterprise Architecture. The CIO's IT goals are to ensure that the Secretary's goals will be supported. The goals aim to establish, maintain, and refresh government security laws and regulations requirements. The VA IA and IT programs of AAIP, HISD, CIPP, ECSBAP, ECSIP, ISO Field Ops., TIP, and SCAMP ensures the complete and accurate identification of personnel, process, procurement, and vulnerability gaps. The implementation and proper funding of these programs allow the VA increased protection against internal and external security breaches. AAIP support's VA IT Goal 3. AAIP aids to support only authorized access, for American's Veterans and their families to sensitive medical and beneficiary data. HISD support's VA IT Goal 4 and VA's Goal 5. CIPP support's VA Goal 5 (E-1). CIPP supports IT Goal 3. ECSBAP supports VA IT Goal 3 and is a vital component of the Enterprise Cyber Security program. It supports three (policy, oversight and reporting) of the four (infrastructure is fourth) key functions within OCIS. ECSIP supports IT Goal 3 and guarantees VA IT assets remain secure, available, and reliable. ECSIP reduces IT security vulnerabilities and mitigates associated risks in order to establish the required level of security for critical One VA. ISO Field Ops. supports VA Strategic Goal 5. TIP was established to oversee and direct the development of VA cyber security architecture, standards, technical procedures, and product configuration guidelines. SCAMP was created to reduce existing IT security breaches and mitigate associated risks, enhancing the security of critical OneVA enterprise business functions. SCAMP will ensure that a software configuration baseline is adapted and adhered to and will identify, test, and deploy patches.

Alternative 2, Enhanced/Mid-Range, is the selected alternative. This alternative supports, identifies, and promotes strategies to incorporate new security practices and technologies into cyber security strategic plans. It advises and makes recommendations to senior officials concerning the feasibility and appropriateness of the Department's cyber security tools, technologies, and configuration guidelines. The alternative provides expert advice and consulting on technical security matters to field ISOs, systems administrators, software developers, and other personnel involved in the implementation of security technologies. It ensures the attainment of Department-wide cyber implementation of security technologies. It ensures the attainment of Department-wide cyber security objectives in the areas of security architecture, standards, technical procedures, and product configuration guidelines. The ROI for Alternative 2 is 53%.

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Project Location	Nationwide
Planned Project Name	Enterprise Privacy Program (EPP)-2006
Fiscal Year	2006
BA Requested (Capital)	3.5
Total Acquisition Cost (\$000)	14.17
Asset Type	IT

Project Description

Enterprise Privacy Program (EPP) provides policies and protection of confidential information for Veterans, Veteran beneficiaries and VA employee information, to improve the VA's data management, and ensure compliance to Federal and VA-specific privacy requirements. The Health Insurance Portability and Accountability Act (HIPAA) and the E-Gov Act lead the guides and requirements for the privacy and protection of privacy-protected information.

The EPP's specific focus is on the privacy of Veterans individually identifiable information. With the Health Insurance Portability and Accountability Act (HIPAA) as a springboard, the EPP developed its mission statement: Preserve and Protect the Privacy of Personal Information. The EPP utilizes sound business principles that assist in the overall goals and performance of this mission statement. In addition, the EPP proactively searches and identifies new and evolving data protection tools to remain at the forefront of protecting client information.

Alternative 3, Partially Centralized EPP, was chosen because it was determined to have high financial and qualitative benefits, low risk, and the highest return on investment (ROI). In implementing Alternative 3, the EPP reduces Privacy-related incidents and will yield a more stable and secure operating environment. In so doing, it will reduce the amount the VA needs to expend to resolve and recover from Privacy-related incidents. Under Alternative 3, the VA creates a strong and sustainable Privacy Program that moves the Department beyond merely responding to GAO deficiencies toward a best-in-class Privacy organization. The ROI for Alternative 3 is 67%.

Project Location	Nationwide
Planned Project Name	Enterprise Telephony Agenda-2006
Fiscal Year	2006
BA Requested (Capital)	4.58
Total Acquisition Cost (\$000)	11.11
Asset Type	IT

Project Description

The Enterprise Telephony Agenda (ETA) project constitutes the planning for and equipment and service transition of existing steady state voice telephony to the next generation of steady state telecommunications. The Enterprise Telephony Agenda seeks to improve the current steady state by introducing cost savings, technology modernization and more effective program management to the post-FTS 2001 generation (2007 - 2015) of voice telephony. The current key acquisition vehicle for VA voice, video and data services, FTS 2001, terminates in December 2006. ETA will evaluate alternatives and provide the transition to a new acquisition program for telecommunications services. VA staff require immediate, reliable access to voice communications to fulfill the primary mission of honoring, compensating, and caring for veterans. The Office of Telecommunications, within the Department of Veterans Affairs, prepared a Capital Investment Plan in FY2000 for use of FTS 2001 for the period of performance FY2000 - FY2007. Alternative strategies for acquisition of recurring voice (long distance), video and data services were analyzed and ranked. From a cost accounting standpoint, operation, administration and maintenance (OA&M) sustainment activity is generally accounted for in one of the following four categories: Local access services obtained directly from a local exchange carrier (LEC), Local access services obtained from a local exchange carrier (LEC) through the General Services Administration (GSA), Long Distance, in-bound toll-free and automated response services obtained directly from an inter-exchange carrier (IXC), and Long Distance, in-bound toll-free and automated response system services obtained from an inter-exchange carrier (IXC) through GSA. The current contract, FTS 2001, was selected as the primary contract vehicle for switched voice service, video transport and data transport services by the Department's Telecommunications Services Council, and was approved by the Acting Assistant Secretary for Information and Technology.

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Support for Agency Mission: To meet its mission of delivering the best in healthcare and benefits to veterans, VA requires a full range of reliable voice telephony services on a large scale nationwide. VA identified its vision as to how the agency must conduct its business and how the agency must work to present itself as "One VA for Customer Service." The primary goal of the "One VA for Customer Service" concept is to use emerging information technologies to increase functional integration across the VA's multiple lines of business. Telecommunications services provided through a single, standardized acquisition vehicle are central to this goal and follow the One VA model.

VA anticipates the selection of the consolidated One VA evaluation alternative to assure that all of VA will continue to be serviced with complete, compatible voice telephony services with the best mixture of price and service. This alternative is the basis for analysis in this document.

Project Location	Nationwide
Planned Project Name	Federal Health Information Exchange (FHIE)-2006
Fiscal Year	2006
BA Requested (Capital)	4.8
Total Acquisition Cost (\$000)	42.80
Asset Type	IT

Project Description

This interagency information technology (IT) project was created in response to the recommendations in Presidential Review Directive # 5 (<http://www.mvhcb.gov>) in August 1998. In that document, the Secretaries of Defense, Health and Human Services, and Veterans Affairs (VA) were charged with improving the medical record keeping associated with future deployments of American service members and the care of veterans. The VA Under Secretary for Health began action along with the Department of Defense (DoD) Assistant Secretary of Defense/Health Affairs and the Director, Indian Health Service in 1998 (which withdrew from the FHIE program when the program was re-scoped in December 2000), with contracting activity underway in April 1999, after requirements were developed. The leadership of each Department continues to support this first-of-its-kind IT effort to appropriately and securely share medical information across disparate health systems. The VA/Veterans Health Administration (VHA) and DoD/Military Health System (MHS) Chief Information Officer (CIO)'s re-scoped the investment in December 2000. The objective was to provide significant functionality sooner, accelerate the receipt of benefits, and mitigate technology risk. DoD and VA have worked very closely on establishing the appropriate technical architecture to extract electronic health information from the DoD Composite Health Care System (CHCS I & II) and transmit this information to a secure, shared repository (the FHIE repository node). VA is making this data accessible to VA clinical care providers as part of the veteran's electronic medical record within its Veterans Health Information Systems and Technology Architecture (Vista) health information system. FHIE now provides current and historical data feeds electronically from CHCS I & II to the FHIE repository node on selected data types for active duty, retired and separated service members. Current data are being sent in Health Level Seven (HL-7) like messages.

The following categories of DoD data currently being transferred to FHIE are: Patient Demographics, Outpatient Pharmacy Data, Radiology Reports, Laboratory Results, Allergy information, Discharge Summaries, Admission/Discharge/Transfer (A/D/T) Information, Consult Reports

Pharmacy Data Transaction Service (PDTs) Prescription Data, Standard Ambulatory Data Record (SADR) Information. The original requirements for FHIE were revised to make them Health Insurance Portability Accountability Act (HIPAA) compliant.

Strategic Goal 1 - Restore the capability of disabled veterans to the greatest extent possible, and improve the quality of their lives and that of their families. FHIE supports this strategic goal by providing VA clinicians relevant disabled veteran patient data, both VA and DoD, enabling the clinician to maximize the physical, mental, and social functioning of disabled veterans including special populations of veterans by assessing their needs and coordinating the delivery of health care, benefits and services. Strategic Goal 2 - Ensure a smooth transition for veterans from active military service to civilian life. FHIE supports this strategic goal by easing the reentry of new veterans into civilian life by providing required DoD health data to be viewed by VA clinicians, thereby increasing awareness of, access to, and use of benefits and services during transition. Strategic Goal 3

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- Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation. FHIE meets this strategic goal by improving the overall health of enrolled veterans through the exchange of health information characterized by convenient access, high quality, satisfied patients and cost efficiency. Strategic Goal 4 - Contribute to the Public Health and Socioeconomic Well Being. FHIE supports this strategic goal by aiding in the advance of VA medical research and development programs to better address the needs of the veteran population and to contribute to the nation's knowledge of disease and disability; ensuring an appropriate supply of health care providers for veterans and the nation through sustained partnerships with the medical education community and improving the nation's response in the event of a national emergency or natural disaster by providing timely and effective contingency medical support and other services. Enabling Goal - Support One-VA. To achieve this goal, VA needs to improve the overall health of enrolled veterans, and provide a continuum of health care. FHIE currently "enables the electronic exchange of appropriate protected electronic health information, in keeping with applicable privacy laws and regulations, among federal agencies and their partners caring for federal beneficiaries."

Alternative 3 was chosen as the most cost-effective manner to achieve objectives. The FHIE program, now in its operational steady state status, has clearly demonstrated to be the correct choice. Throughout its life cycle, FHIE has continued to reach all of its performance, budget and functional goals.

Project Location	Nationwide
Planned Project Name	Fee Basis Replacement-2006
Fiscal Year	2006
BA Requested (Capital)	12.7
Total Acquisition Cost (\$000)	45.62
Asset Type	IT

Project Description

The purpose of this project is to replace a claims processing system used by the VA that processes claims made by veterans and providers for non-VA care (i.e. medical care provided to veterans outside of VA medical facilities). The current decentralized claims processing system (VistA Fee Application and related processes) will be replaced with a national centralized system (Healthcare Claims Processing System-(HCPS)-Fee) located at the Health Administration Center (HAC) in Denver. The new system will ensure effective and efficient authorization and payment processing for all non-VA care including state and home health care and community nursing home programs. The project will involve replacement and enhancement of the existing VistA Fee information technology system and the associated business processes and practices. The enhanced system will include the following features: Centralization and automation of the receipt, processing, adjudication, and payment of non-VA care claims in order to increase program efficiencies and cost-effectiveness; Existing VistA Fee system will be replaced with a centralized system, HCPS-Fee. HCPS-Fee will be located at the HAC and be part of its broader Claims Processing and Eligibility System; VAMCs will authorize non-VA care and enter data into HCPS-Fee via remote access interface; Central Fee functionality (currently at the AAC) will be moved to the HAC. The HAC will interface directly with the FMS to ensure processing of the claim and subsequent release of the payment by Treasury; Ensure compliance with the HIPAA Provisions and protect the security and privacy of electronic health information HAC will serve as the National Claims Processing Center (NCPC) and will adjudicate all healthcare claims using artificial intelligence logic; utilize an automated payment processing system to electronically receive and process all claims; and employ functionality currently unavailable in the VistA Fee system, including claims analyzers and fraud detection tools; A National Reporting System will be developed for workload capture and reporting. Increase in funding over what was submitted for FY2005 OMB300 (especially FY 03 and earlier) are attributable to underestimated design and development costs and OneVA funding. This program of modernization is defined by the HealtheVet-VistA strategy.

Goal 1: Quality of life for veterans. Objective 1.1: Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services: This project will increase the effectiveness/efficiency of authorization and payment for non-VA care received by veterans. Objective 1.2: Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-connected veterans: This will result in a centralized claims payment system that is accurate and timely. Authorization/analysis of the claims through this enhanced process will decrease the man hours needed to review claims and decreasing the possibility of error in decisions on claims. Goal 2: Ensure a smooth transition for veterans Objective 2.1: Ease the reentry of new

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veterans into civilian life by increasing awareness: Standardizing and centralizing the claims approach, veteran access to non-VA care will be simplified. The new system will have features that will enable VA employees to provide more accurate and specific information about care and payment options and enable more rapid processing of claims for non-VA care delivered by private providers. Goal 3: Honor and memorialize veterans Objective 3.1: Efficient health care for all enrolled veterans: This investment supports this goal by making more efficient/effective use of available funding to support the on-going medical care of veterans. Goal 4: Public Health and Socioeconomic Well Being Objective 4.4: Enhance the socioeconomic well being of veterans: This project will ensure the accuracy/compliance of claims payment which will improve the quality delivery of benefits and services to veterans, beneficiaries receiving non-VA care as well as benefiting private providers delivering non-VA care. Enabling Goal: One VA. Objective E.1: Diverse workforce: The new system will increase operational efficiencies make the processes more "user friendly" for staff working with the claims payment process for non-VA care, in turn benefiting veterans and beneficiaries receiving these services. Objective E.2: Improve communications: This project will accomplish this objective by incorporating a web-based interface, which will allow empower employees to investigate the status of a claim, thus serving veterans better.

Alternative 3 has the highest total cost (not counting the status quo), but also the highest return on investment (ROI). Thus, for each dollar spent on the utilization of the HAC as the payment-processing center, the level of benefits achieved will surpass that level of any other alternative. While Alternative 2 has slightly lower cost than Alternative 3, it does not offer the VA ownership of the system or control over claims processing of the VA's Healthcare Plans. The ROI for Alternative 3 as chosen is estimated at 1.

Project Location	Nationwide
Planned Project Name	Financial Management System (FMS)-2006
Fiscal Year	2006
BA Requested (Capital)	13.79
Total Acquisition Cost (\$000)	0
Asset Type	IT

Project Description

FMS is the VA's 10-yr old core financial system, which contains VA's single SGL for financial reporting and is the single financial system for all administrative (non-benefit) payments and accounting. FMS is based on a JFMIP certified COTS product (AMS' FFS). Initial studies to justify and plan for replacement of VA's homegrown core accounting system, CALM, began in FY 87. The business case justification for replacing CALM was for VA to achieve compliance with the JFMIP Core Financial Systems Requirements, including the Standard General Ledger. In FY 99 VA's Capital Investment Board decided to replace FMS with a more modern JFMIP-certified COTS application to achieve greater financial system integration within the VA. VA's CoreFLS project was to replace FMS in FY 2008. The project is in a re-grouping phase and will conduct a feasibility study in 2005 to define the project direction. As a result, FMS is now expected to remain operational until the new system is operational VA-wide. Therefore, the FMS life cycle costs have been extended to FY 2010. VA's existing FMS will need to be maintained to provide the critical payment and accounting services required by all VA activities. The Financial Management System (FMS) is the Department's single, integrated, financial management system, which accounts for all administrative and medical care funds, makes all administrative and medical program payments, and reports on all VA funds through its Standard General Ledger (SGL). FMS supports VA business and customer goals and the Office of Management's goal to implement best business practices by leveraging technology, reengineering processes, and realigning organizational boundaries. FMS is the primary source of financial data for the VA and is critical to assessing financial performance of VA programs and overall VA financial management performance. These demonstrate FMS' support of the VA's Strategic Plan by contributing towards objectives E.2, E.3, and E.4 of the enabling goal: "Create an Environment That Fosters the Delivery of One VA World-Class Service to Veterans and Their Families Through Effective Communication and Management of People, Technology, Business Processes, and Financial Resources."

As a result of the life cycle cost benefit analysis currently performed to date, Alternative 1 FMS remains in full production and continue with Current CoreFLS development remains the most feasible product solution.

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Project Location	Nationwide
Planned Project Name	Health Admin Center (HAC) IT Operations-2006
Fiscal Year	2006
BA Requested (Capital)	8.8
Total Acquisition Cost (\$000)	3.00
Asset Type	IT

Project Description

The Veterans Affairs' Health Administration Center (HAC) located in Denver, CO, provides a variety of critical programs mandated by Congress and facilitates delivery of high quality services to veterans and their family members. This proposed investment supports the continued operation and the on-going maintenance and enhancement efforts that directly contribute to improved HAC IT operations. These operations support customer services, staff and business development, and promote emerging technologies utilization. The three key components of these operations that this project supports: (1) the telecommunication support; (2) IT programming and technical support and; (3) purchase and maintenance of capital equipment. The objective of the HAC is to be the VA expert in health plan management with a mission to efficiently administer health plans. The focus of this project is maintaining and enhancing the three key components of HAC's IT operations: (1) Telecommunications Support - The HAC IT telecommunication component includes the establishment and maintenance of a call center that handles all beneficiary inquiries. (2) IT Programming and Technical Support: - IT programming and technical assistance is necessary to support many HAC systems. (3) Purchase and Maintenance of Capital Equipment: - The HAC IT department continually upgrades and improves the capital equipment assets to support the HAC's mission and various programs.

Strategic Goal 1: Objective 1.1: The HAC administers the Civilian Health and Medical Program of VA (CHAMPVA) and the Department's Foreign Medical Program. This project will sustain and improve HAC's ability to efficiently administer these programs and other specialized programs. Objective 1.2: This project supports the technical systems necessary for the HAC to deliver improved, timely and accurate services to veterans utilizing emerging technologies. Strategic Goal 2: Objective 2.1: This project supports several HAC initiatives intended to increase awareness of, and access to VA health care benefits. Goal 3: Objective 3.1: This project provides technical support and effective capital equipment for the various HAC health care benefits programs. Strategic Goal 4: Objective 4.1: This project supports the timely and reliable delivery of health care benefits programs to veterans and family members. Enabling Goal: Objective E.1: This project ensures technological support is available for HAC employees to meet organizational performance goals. Objective E.2: This project supports efforts to improve information provision and communications with both internal and external stakeholders, including veterans, beneficiaries, providers and VAMCs. Objective E.3: Effective technical support ensures that: HAC systems interface and integrate appropriately with relevant VA and VHA IT systems; regulatory and accreditation compliance standards are met that improve the quality and reliability of service provision; and industry accepted privacy and security standards are met Objective E.4: This project implements sound business principles by continually monitoring financial and performance data through a monthly review of organizational indicators. All decisions regarding manpower and procurement are tied to these indicators and to the broad mission and goals of the organization.

The chosen alternative is Alternative 1 (Maintain the Status Quo), retaining all IT operations at the HAC with internal HAC IT staff. Since there are no 'new' investment costs and benefits under Alternative 1, the Return on Investment (from an incremental perspective) is 0.

Project Location	Nationwide
Planned Project Name	Health Data Repository-2006
Fiscal Year	2006
BA Requested (Capital)	42.1
Total Acquisition Cost (\$000)	197.20
Asset Type	IT

Project Description

The purpose of this project is to establish a Health Data Repository (HDR). The HDR is defined as a repository of clinical information normally residing on one or more independent platforms for use by clinicians and other personnel in support of patient-centric care. The data is retrieved from legacy, transaction-oriented systems

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and is organized in a format to support clinical decision-making in support of patient care, independent of the physical location of patient information. The HDR will hold individual patient medical records that delineate all aspects of a patient's care across the continuum within Veterans Health Administration (VHA). The HDR performs as a database that stores clinical data about patients. The data comprised demographics, patient-centered data (e.g., problem list, allergies & adverse reactions, vitals), ancillary data (e.g., medications, laboratory test results, radiological results), encounters (e.g., purpose of visit, procedures, diagnoses), discharge summaries, etc. HDR will meet the following business requirements: Allow access to patient encounter information regardless of VHA location; Allow other medical agencies to share information with VHA; Provide improved patient care through decision support tools and alerts of required actions; Support legal record of patient care; Provide environment for population based reporting; Provide improved data security; Enable enhanced patient safety, convenience, high quality care, and measurable health care delivery; Maintain data quality and integrity to ensure patient safety and protect patient privacy; Optimize asset and resource management

One of VA's strategic goals is to provide high-quality, reliable, accessible, timely and efficient health care that maximizes the health and functional status for all enrolled veterans. The HDR has been identified as a high priority architectural initiative with the VHA mission-related elements of the One-VA Enterprise Architecture.

The Develop (alternative 3) was deemed the most appropriate based on the alternative analysis in the updated cost benefit analysis. It was selected because it met the mission and business objectives and resulted in the lowest cost projection. Return on Investment for this alternative is 7%.

Project Location	Nationwide
Planned Project Name	HealthVet VistA-2006
Fiscal Year	2006
BA Requested (Capital)	311.31
Total Acquisition Cost (\$000)	1,167.13
Asset Type	IT

Project Description

The HealthVet-VistA project is focused on the replacement of the existing VistA-Legacy health care processing system by rehosting, enhancing and/or reengineering current health information applications on to a new technology platform. Once HealthVet-VistA is implemented, the VistA-Legacy system will be retired. The VistA-Legacy system is the current operational computer application platform & the technical infrastructure that supports the Veterans Health Administration (VHA) provision of health care to the nation's veterans. It includes the hardware, software (over 100 applications), databases, & staff necessary to operate & maintain the system. HealthVet-VistA will address all of the shortcomings & provide more functionality that will improve & support our core mission of patient care to the veteran. HealthVet-VistA represents a new capabilities (migrating from VistA-Legacy) & technical architecture that will allow health applications to be hosted on platforms using industry standards.

The HealthVet-VistA re-hosting/reengineering project will do the following: Supports VHA current & future health care requirements, Migrates the applications to a new technology framework that will provide the ability to address expanding needs, Adopts standard industry practices that recognize & anticipate technical evolution, Retains all current functionality & provides needed enhancements, Utilizes both government & contract support personnel, Facilitates system design & maintenance; the new technology makes these processes faster, easier, & less costly HealthVet-VistA is the next generation moving from VistA-Legacy to HealthVet-VistA in its entirety by 2010, therefore extinguishing MUMPS with the exception of where it is being used in development of COTS products, The VistA nomenclature is being maintained in HealthVet-VistA for recognition purposes only.

The appropriate baseline goals and measures are incorporated in section IC. Performance Goals and Measures. Goal 3. Honor & serve Veterans in life...Clinicians will have access to the patient's visit history, previous tests & procedures, all results, clinical documentation, etc., regardless of where the care was provided. Goal 4. Contribute to the public health...VA ensures the consistent delivery of health care by implementing standard measures for the provision of evidence-based care by focusing on the use of a Chronic Disease Care Index (CDCI) II. Goal 2. Ensure a smooth transition...VA's goal is to ensure that every seriously injured or ill serviceman and servicewoman returning from combat receives priority consideration & world-class service.

Alternative 2 was chosen. It had the most favorable ROI. It is the only alternative that adequately satisfies each of the 5 underlying drivers.

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Project Location	Nationwide
Planned Project Name	Insurance System Maintenance and Operations-2006
Fiscal Year	2006
BA Requested (Capital)	7.29
Total Acquisition Cost (\$000)	3.29
Asset Type	IT

Project Description

This is a "steady state" Exhibit 300 for the continuing maintenance and operations of the VA Insurance Systems. The mission of VBA's Insurance program is "to provide life insurance benefits to veterans and service members not available from the commercial insurance industry due to lost or impaired insurability resulting from military service. Benefits and services will be provided in an accurate, timely and courteous manner and at the lowest achievable administrative cost. Insurance coverage will be provided in reasonable amounts at competitive premium rates. A competitive, secure rate of return will be ensured on investments held on behalf of the insureds." The Insurance IT systems located at the Philadelphia Regional Office and Insurance Center provide Insurance program with modern processing applications in support of the six government life insurance programs. These programs provide coverage to 1.8 million veteran policyholders. The Insurance systems interface with C&P and BIRLS systems, generate five million pieces of mail and disburse approximately 1.7 billion dollars annually in dividends, death awards and other insurance payments.

The third of the VA's strategic goal states the Department's intention to "Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation." Within this goal is the objective to: "maintain a high level of service to insurance policyholders and their beneficiaries to enhance the financial security for veterans' families." The systems Service are essential to carry out the mission of delivering services to veterans and their beneficiaries. The Insurance systems support the following functions performed by personnel at the Insurance Center: 1. Issue policies, 2. Collect premiums, 3. Process policy actions (change of address, cash surrenders, loans, etc.), 4. Pay annual dividends, 5. Pay death or disability claims, 6. Provide customer service (answer inquiries), 7. Perform actuarial and budget functions, 8. Formulate legislation, policy, plans and procedures, 9. Evaluate performance of insurance program, 10. Design, develop, install and maintain application software which supports the life insurance programs.

Alternative 2 was selected. This approach is expected to generate a tangible return in cost avoidance, as well as improve customer satisfaction.

Project Location	Nationwide
Planned Project Name	IT Staffing (VACO)-2006
Fiscal Year	2006
BA Requested (Capital)	33.98
Total Acquisition Cost (\$000)	0
Asset Type	IT

Project Description

This investment accounts for the staff currently working within VA's Office of Information and Technology and the IT staff of the National Cemetery Administration who are not assigned to projects covered by other capital investments. It also includes the IT staff of the Inspector General's Office. These staffs support and manage information technology (IT), providing strategic planning, technical direction and guidance to ensure that IT is acquired and managed for VA in a manner that implements the policies and procedures of the Clinger-Cohen Act and the priorities established by the Secretary. The staffs prepare budgets and related reports, and are responsible for recruitment, training, and retention of staff to support IT initiatives. The staffs oversee the management of VA's enterprise architecture; cyber security program; IT capital investment planning, execution and control; the Department's data processing centers, and wide area and local area network management and telecommunications programs, and the systems that track burial operations and monument orders.

This investment supports the VA's Enabling Goal: "Create an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources." IT staff work to assure that VA staffs have the IT

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resources needed to effectively manage their programs and communicate throughout VA and with veterans. The selected alternative of Status Quo is the only feasible choice because the nature of the work done by these IT staff positions is deemed to be Inherently Governmental.

Project Location	Nationwide
Planned Project Name	IT Staffing (VHA)-2006
Fiscal Year	2006
BA Requested (Capital)	9.6
Total Acquisition Cost (\$000)	0
Asset Type	IT

Project Description

This investment represents the 47 staff positions within the Office of Information (OI) at the VAs Central Office working to support and manage VHA information technology. This staff, including the Deputy Chief Information Officer (DCIO) for Health/Chief Health Informatics Officer, provides technical direction and guidance to ensure that Information Technology (IT) for VHA is developed or acquired, and IT resources are managed, in a manner that follows the policies and procedures of the Clinger-Cohn Act and the priorities established by the Secretary. The OI staff oversees the management of VHA enterprise architecture; coordinates the VHA participation in the IT capital investment planning and milestone review process; collects, reviews, maintains and tracks the execution of the IT budgets for both the VHA Veterans Integrated Service Networks (VISNs) and the Office of Information; collects, reviews and forwards to the VHA Chief Financial Office the OMB budget exhibit documents on VHA IT programs and the IT chapter text and figures for the Departments Fiscal Year Budget Submission to Congress; coordinates with the VHA Chief Financial Office on budget funding issues; coordinates with the VHA Central Business Office on joint efforts to develop new IT applications; monitors the IT acquisition approval tracking system; supports and maintains the VHA IT equipment and systems operating within the VA Central Office; oversees the OI field office campuses and the OI business service center; manages information assurance functions involving data privacy, quality and National Database Services; and manages VHA forms, printing, and publications, records management and storage, Freedom of Information Act (FOIA), Government Paperwork Elimination Act (GPEA) compliance and Central Office library services.

This investment supports two strategic goals of the Department. The first is to "Honor and serve veterans in life and memorialize them in death for their sacrifices made on behalf of the Nation." The second is to "Create an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, business processes and financial resources." The selected alternative of Status Quo is the only feasible choice because the nature of the work done by these IT staff positions is deemed to be Inherently Governmental.

Project Location	Nationwide
Planned Project Name	Loan Administration Redesign-2006
Fiscal Year	2006
BA Requested (Capital)	1.43
Total Acquisition Cost (\$000)	6.00
Asset Type	IT

Project Description

Over the past several years Loan Administration has identified critical problems in both technology and business processes. These problems include outdated, non-standard business processes, obsolete technology, and inconsistent communication. Currently, VBA utilizes the legacy Loan Service and Claims (LS&C) system to administer its home loan program. This system is based on 12-year old specifications. It does not adequately reflect the current organization's functions, procedures, processes, policies, nor does it meet current industry standards. The purpose of the Loan Administration Redesign project is to identify and implement processes that will modernize and significantly improve services to veterans and our industry partners, while ensuring fiscal integrity. The current recommendations from the Loan Administration Redesign Team's BPR effort reflect moving VBA to an online, web-based system that will be accessible by all customers at any time. There will also

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be some batch interfaces with existing VA systems and loan servicers. The objective is to standardize the processes and operations across RLCs so that loan work assignments can be made more consistently and veterans and servicers can have immediate access to VBA technicians, regardless of their geographic location.

The VA Information Technology Strategic Plan for FY 2002-2006 includes Strategic Goal 2, "Ensure a smooth transition for veterans from active military service to civilian life, Objective 2.3, "Improve the ability of veterans to purchase and retain a home through a loan guaranty program."

The selected alternative was chosen based on the technology and process inconsistencies that exist today between VBA and industry (VBA is about 12 years behind the industry standards and systems), as well as the IT resource constraints identified above in the summary of alternatives, only the chosen alternative is really a viable economic option at this point. This alternative (Outsourced System and Software) is based on an extensive business process reengineering and industry market research/best practices effort.

Project Location	Nationwide
Planned Project Name	Loan Guaranty Maintenance and Operations-2006
Fiscal Year	2006
BA Requested (Capital)	10.77
Total Acquisition Cost (\$000)	1.94
Asset Type	IT

Project Description

The mission of the Loan Guaranty (LGY) program is to assist veterans and active duty personnel purchase and retain homes in recognition of their service to the Nation. The VA provides assistance through the use of a partial guaranty of VA loans made by private lenders. VA loans may be used to purchase, build or repair a home. Additionally, VA loans may be used to refinance an existing loan or buy a manufactured home. IT maintenance support to the LGY program is provided for legacy applications which process on the IBM enterprise system at the Austin Automation Center (AAC), and are funded by VBA through the AAC franchise fund. These applications are maintained through a combination of VBA personnel and contractor personnel located at the Austin Systems Development Center. Applications that process in the VBA corporate or Internet/Intranet environment include, but are not limited to the following:

- Automated Loan Processing System (ALPS) - Provides a case management tracking system for loan processing.
- Automated Certificate of Eligibility (ACE) - Provides Internet access for lenders to generate online Certificates of Eligibility (COEs) and retrieve limited loan information from ALPS.
- Loan Servicing and Claims (LS&C) - Provides automation of the supplemental servicing, liquidation management and tracking, and claims processing for the Loan Administration section. It has an automated interface with VA's financial management system.
- National Control Listing (NCL) - Provides a repository of undesirable vendors with whom the VA does not want to do business (i.e., builders, mortgage brokers, lenders, etc.).
- Centralized Property Tracking System (CPTS) - Provides an online system to automate daily property acquisition, maintenance and disposition loan processing functions with an update interface to the Property Management System (PMS).
- The Appraisal System (TAS) - Provides lenders and VA personnel with online access for appraisal assignments and determination of value for VA-qualified home loans.

The Loan Guaranty IT systems support VA's second Strategic Goal to 'ensure a smooth transition for veterans from active military service to civilian life,' and the Secretary's priority to 'meet community standards for origination and servicing of home loan guaranty benefits, and ensure there are no financial losses incurred on foreclosures.' Loan Guaranty systems also support the VA's enabling goal to 'create an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, and governance,' and the Secretary's priority to 'apply sound business principles and ensure accountability for performance standards.'

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The selected alternative is to enhance the TAS and ACE applications. This alternative is an opportunity for improving the government's efficiencies both to and for the citizen through cross-agency collaboration. This initiative will make use of digital technologies to transform government operations in order to improve effectiveness, efficiency, and service delivery. The project is in early stages, and there is insufficient information to commit to a full project at this time, although continued support under alternative two will provide the necessary information in the future. Alternative one, although cost-effective, was determined not to be a viable option. By maintaining the status quo, VBA would not be in alignment of the Department's Strategic Goal of implementation of a One-VA framework. In addition, VBA would delay support of progression towards alignment of the EA.

Project Location	Nationwide
Planned Project Name	Medical and Prosthetic Research-2006
Fiscal Year	2006
BA Requested (Capital)	22.8
Total Acquisition Cost (\$000)	12.90
Asset Type	IT

Project Description

The Department of Veterans Affairs (VA) Office of Research and Development (ORD) oversees 15,000 research projects performed at 115 VA medical centers (VAMCs) every year. The research project management process covers the entire life cycle for projects, starting with the issuance of request for proposals (RFP) by the ORD, to proposal submission and review, to notification of funding decisions, to management of funded projects. In addition, this process includes committee management, financial management, compliance management and performance tracking. The VA relies on a variety of methods and tools to perform these tasks, many of which vary throughout the four ORD services. Numerous systems currently support these processes, although many support only a limited number of programs or offices. The systems in use, many of which operate on aging platforms, vary significantly between ORD research services and the local research offices. The consequences of continuing to use the current collection of systems have been numerous, and include multiple entry of data, extensive human intervention, increased system maintenance costs, inadequate reporting and compliance tracking, and incorrect and missing data. ORD is currently in the process of maintaining the existing systems and finalizing development of the RFP to acquire new contractors to develop and implement a new legacy replacement system.

ORD Supports all goals and particularly 1 and 3. Goal 1: Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families. Goal 2: Ensure a smooth transition for veterans from active military service to civilian life. Goal 3: Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation. IT support of Medical Research enables the VA to serve Veterans with comprehensive, state-of-the-art health care. Goal 4: Contribute to public health, emergency preparedness, socioeconomic well being and history of the Nation. Enabling Goal: Deliver world class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance (also known as "One VA").

The chosen alternative is Legacy System Replacement: A single, integrated, web-based system for the ORD's four services to manage LOIs, proposals, grants, and research projects will dramatically simplify the entire research project management process. The selected alternative was chosen as studies have shown the benefits from implementing a centralized, web-based research project management system extend far beyond financial savings, and include significant increases in efficiency.

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Project Location	Nationwide
Planned Project Name	One VA Contact Center-2006
Fiscal Year	2006
BA Requested (Capital)	7
Total Acquisition Cost (\$000)	42.65
Asset Type	IT

Project Description

This project's stated objective is to develop a single registration application process for veterans and their dependents and survivors to apply for VA benefits and services, and to provide a single knowledgebase for use by VA case workers and veterans themselves in obtaining answers to questions regarding VA programs, benefits and regulations regarding eligibility issues. These facilities will be sufficient to meet the requirements of any VA business line, thereby saving the veteran from the effort and inconvenience of multiple applications for separate VA services. VA contact centers and other VA points of service provide the means by which veterans can register with VA and begin to apply for benefits; VA contact centers also provide veterans, and the general public, with information about VA's services, programs and regulations.

The One VA CM Project performance goals and objectives are aligned with the Enabling Goal from the Department's Strategic Plan and Performance Plan to create an environment that fosters the delivery of One VA world class service to veterans and their families by applying sound business principles that result in effective communication and management of people, technology and governance. The One-VA Contact Management Project supports the mission and strategic goals and objectives of VA and in particular, the primary "One-VA" goal.

The alternative selected is the VA National Data Collection Process. Migrating to a single authoritative source for Veteran Identification data would allow the VA to utilize additional contact center resources such as self-service options, online support options, and proactive veteran contact. These elements would be accomplished in a more efficient manner, allowing the VA to continue enhancing business processes without increasing employee workloads.

Project Location	Nationwide
Planned Project Name	One VA Eligibility and Registration-2006
Fiscal Year	2006
BA Requested (Capital)	21.74
Total Acquisition Cost (\$000)	97.02
Asset Type	IT

Project Description

This project's stated objective is to develop a single authoritative source for veteran identification data which would be collected only one time from the veteran, at any VA point of service, but would be sufficient to meet the requirements of any VA business line, thereby saving the veteran from the effort and inconvenience of multiple applications for separate VA services. In this approach, eligibility determination decisions are performed by SMEs within the various VA business lines; actual eligibility determination is excluded from this project's scope.

Registration and Eligibility Project performance goals and measures are aligned with the Enabling Goal from the Department's Strategic Plan and Performance Plan: Create an environment that fosters the delivery of OneVA world class service to veterans and their families by applying sound business principles that result in effective communication and management of people, technology and governance. To fulfill the President's Management Agenda, the Department of Veterans Affairs and the Department of Defense are working on cooperative opportunities. A key initiative on which VA and the DoD are committed to seeing to completion is the development of a VA registration and eligibility system that is integrated across all VA business lines and leverages data from the DoD's Enrollment Eligibility Registration System within the One-VA Registration & Eligibility solution. The future vision of the One-VA Registration and Eligibility process is driven by VA's reaffirmation that serving the veteran is our overriding goal.

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The selected alternative provides the optimal data management environment to meet the VA business requirements and IT strategic goal, in accordance with the Enterprise Architecture guidelines. This solution provides the following advantages in application: creates a single authoritative source of veteran identification data; leverages DMDC rules-based data delivery; provides a comprehensive One-VA cost-effective solution; allows VA ownership and maintenance of the core veteran record; utilizes industry best practices for data management (data is captured once and is used many times); meets existing requirements and provides framework for future enhancements.

Project Location	Nationwide
Planned Project Name	One VA Information Technology Enterprise Program Management Office-2006
Fiscal Year	2006
BA Requested (Capital)	7.21
Total Acquisition Cost (\$000)	8.51
Asset Type	IT

Project Description

The One VA Enterprise Management Office (EPMO) is designed to improve and standardize the Clinger-Cohen Act-required management and reporting of the IT portfolios and projects across VA. The EPMO is charged with developing a standard set of portfolio and project management (PfM and PM) policies, processes, procedures, tools, and training and certification across all administrations and staff offices to ensure a greater probability of achieving consistent, repeatable project results in support of VA's mission and goals.

The IT EPMO supports several objectives under VA's Enabling Goal. The EPMO directly supports Objective E.3, "Implement a One VA information technology framework that supports the integration of information across business lines and provides a source of consistent, reliable, accurate, and secure information to veterans and their families, employees, and stakeholders." The EPMO supports Objective E.4, "Improve the overall governance and performance of VA by applying sound business principles, ensuring accountability, and enhancing our management of resources through improved capital asset management; acquisition and competitive sourcing; and linking strategic planning, budgeting, and performance planning". Finally the EPMO's PM training and certification program and PM conference directly support the Objective E.1, "Recruit, develop, and retain a competent, committed, and diverse workforce that provides high quality service to veterans and their families".

The selected alternative was chosen for the following reasons:

1. Much of the work of this initiative is "on-going" in nature (especially after the initial implementation in FY06) and should be a core competency of the government. Therefore government employees should perform the majority of the work.
2. This alternative is least expensive realistic and feasible strategy.

Project Location	Nationwide
Planned Project Name	Patient Financial Services System (PFSS)
Fiscal Year	2006
BA Requested (Capital)	30.1
Total Acquisition Cost (\$000)	261.70
Asset Type	IT

Project Description

As a result of the challenges inherent to VHA's collections systems, Congress mandated that VHA implement a commercial off the-shelf (COTS) patient accounting system as a pilot. The Patient Financial Services System (PFSS) program is the overall program bringing this mandate to fruition. The PFSS Program is mainly comprised of the Patient Financial Services System (PFSS) pilot project. A secondary component of the program is the Clinical Indicator Data Capture (CIDC) project. The main component of the program (PFSS pilot) is targeted at reengineering & upgrading specific VistA applications in order to capture accurate billing data in a timely fashion. The goal of PFSS pilot project is to incorporate commercial sector best practices into the revenue cycle in order to operate in a more effective & efficient manner while accommodating VA-specific care

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& processes. This investment is aligned with the four VA Strategic Goals: Quality of Life, Ensure Smooth Transition, Honor and Memorialize, and Public Health and Socioeconomic Well Being.

The COTS (PFSS) solution represents the best strategic fit and highest financial value solution for improving Chief Business Office performance. In addition by selecting COTS, this allows VHA to comply with the Congressional mandate, HR report 107-272, to implement a commercial patient financial services system in one VISN for a minimum of two years.

Project Location	Nationwide
Planned Project Name	Payroll/HR Systems-2006
Fiscal Year	2006
BA Requested (Capital)	27.72
Total Acquisition Cost (\$000)	38.14
Asset Type	IT

Project Description

PAID is VA's 39-year-old legacy payroll and payroll human resources system that continues to provide uninterrupted Payroll/HR services to customers. The On-Line Data Entry (OLDE) and Enhanced Time and Attendance (ETA) systems are online, character-based, front-end systems deployed in the early 1990s that supply data to PAID. VA also subscribes to Employee Express (EEX), which is a Government-off-the-shelf (GOTS) product that employees use for self-service changes to personal and benefit information. Until FY 2002, VA expected to replace these systems with modern HR/Payroll systems based on a commercial-off-the-shelf (COTS) product via the HR LINK\$ Project. HR LINK\$ development essentially stopped in November 2001. The Secretary of VA signed a Decision Memorandum, dated February 26, 2002, that officially terminated HR LINK\$. VA's legacy Payroll/HR systems are still viable and, with updates, can continue to adequately meet VA's payroll and/or HR system needs as required during the next 5 to 7 years. It is anticipated that e-Government initiatives such as e-Payroll and e-HRI will provide systems that will replace VA's legacy systems during that timeframe.

Participating in the OPM/OMB e-Payroll and e-HRI initiatives enables VA to take advantage of Government-wide efficiencies and to ensure VA's healthcare employment and pay authorities are incorporated into new systems. Implementing the deferred payroll and human resources system change requirements, improving PR/HR front-end systems implementing graphical user interfaces, making use of available Government off-the-shelf applications such as Employee Express (EEX), improving VA's delivery of employment reports to improve accessibility and usefulness to management, and minimizing redundancy of systems support the VA's Strategic Plan by contributing towards objectives E.2, E.3, and E.4 of the enabling goal: Create an Environment That Fosters the Delivery of One VA World-Class Service to Veterans and Their Families Through Effective Communication and Management of People, Technology, Business Processes, and Financial Resources.

The selected alternative was chosen because it is the only alternative that provides the most benefits while complying with mandated consolidation required to support the e-Payroll initiative, which is part of the President's Management Agenda.

Project Location	Nationwide
Planned Project Name	Pharmacy Re-Engineering and IT Support-2006
Fiscal Year	2006
BA Requested (Capital)	32.89
Total Acquisition Cost (\$000)	101.90
Asset Type	IT

Project Description

Pharmacy Re-Engineering and IT Support is undergoing a modernization and is being re-hosted in order to take advantage of current technological advancements. The project has completed a Milestone 0 capital planning review and is scheduled for a Milestone 1 review in January, 2005. The program of modernization for the project is defined by the HealthVet -VistA strategy. During the fiscal year following full deployment of the Pharmacy system, the Pharmacy OMB 300 will be incorporated into and managed by the HealthVet –

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VistA OMB 300. The Project scope is to replace current pharmacy software modules with new technology, by re-engineering, new development and purchase of commercial products. This project is to facilitate improved VA pharmacy operations, customer service and patient safety, concurrent with pursuit of full re-engineering of VA pharmacy applications. It will help address critical needs for immediate improvements to achieve stated goals and vision for VA Pharmacy while maintaining current level of operations in pursuit of long term reengineering to achieve long range strategic goals.

This project supports Goal 2: Ensure a smooth transition for veterans from active military service to civilian life. Goal 3: Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation. Goal 4: Contribute to the public health, emergency preparedness, socioeconomic well-being and history of the nation.

The selected alternative was chosen, based on full functional assessment of current applications, including ability to meet long-term goals, cost of continued maintenance, and inability to meet requirements for desired quality delivery of pharmacy services of the other two alternatives. The alternative selection is based on 1) cost-effectiveness, 2) ability to provide user functionality in a reasonable time frame, 3) implementation feasibility, 4) ability to achieve desired results and 5) reasonable overall risk. The gap analysis of where VA Pharmacy is vs. where it needs to be affirmed that fully integrated applications, promoting patient safety, this alternative’s innovative and out of the box approach. Return on investment will be realized in multiple areas including, but not limited to: decrease in adverse events or drug errors, ability to procure and integrate artificial intelligence capabilities for enhanced patient safety, tangible decrease of maintenance costs associated with today’s outdated technical environment, improved pharmacy staff recruitment and retention, and ability to recruit and retain quality software programmers.

Project Location	Nationwide
Planned Project Name	Program Integrity/Data Management-2006
Fiscal Year	2006
BA Requested (Capital)	9.84
Total Acquisition Cost (\$000)	0
Asset Type	IT

Project Description

The Veterans Benefits Administration (VBA) has improved its strategic role and capabilities in managing data by using enterprise data warehouse (DW) and operational data store (ODS) technologies. These technologies facilitate centralized data storage and provide timely and accurate reports to internal and external stakeholders. VBA’s DW/ODS environment was initiated in response to several business intelligence needs identified by VBA leadership. VBA determined a need to deliver reports in a faster, more flexible manner. The integrated information management system provided by the DW/ODS project continues to have a significant positive impact on internal and external users by providing reports and reporting systems in an on-line environment at each employee’s workstation.

The DW/ODS project supports the Department’s goal of One VA world-class service to veterans by providing VBA staff with timely and accurate information needed to better serve the veteran population. The DW/ODS environments also promote Department-wide interoperability and data sharing and provide information and reports necessary to promote data integrity and quality improvement. As a result of this project, the VBA can eliminate redundant collection and maintenance of information, and improve IT accountability and cost containment.

VBA has chosen to proceed with the status quo plus full corporate reporting. Although the most difficult in terms of time needed and level of effort, this option yields the greatest results to organizational managers as well as an improvement of overall service to veterans. The use of the web site at the personal workstation represents an efficient use of available installed technology and minimizes the costs associated with the purchase/development- and deployment of new technology.

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Project Location	Nationwide
Planned Project Name	Scheduling Replacement Project
Fiscal Year	2006
BA Requested (Capital)	22.12
Total Acquisition Cost (\$000)	92.24
Asset Type	IT

Project Description

The goal of the VHA Scheduling Replacement Project is to build an enterprise-level outpatient scheduling application. The project plan supports the Scheduling Future Business Model, which is the result of outpatient business process re-engineering and incorporates guidelines issued by the Institute for Healthcare Improvement (IHI) for Open and Advance Access to care models. The current VistA appointment management module is 25 years old and based on a model that is no longer optimal in healthcare today. This program of modernization is defined by the HealtheVet-VistA strategy. The Scheduling Project seeks to not only update the application and business flow, but also provide a global view of patient appointments through a centralized database. This allows the clinician to see all patient appointments system. Excessive wait times are addressed by moving to a resource-based management system. This provides for the configuration of provider, rooms, and equipment to improve clinic efficiency. It promotes the notion of one provider, one calendar, and one view of availability for care. This reduces the need for return appointments, which in turn reduces wait times by enabling more future capacity. The application allows the linkage of ancillary appointments (Lab, Radiology, EKG) that follow the patient if appointments are cancelled or rebooked. Group scheduling is another feature, as well as electronic wait lists and recall lists for those patients needing sooner appointments. Patient preferences will be filed electronically and taken into consideration when searching for appointments. This will reduce the overall no-show rates and improve patient satisfaction. The patient will be able to view and request appointments via the Web, and select times that meet his personal needs.

The Scheduling Replacement project supports the following VA and VHA Strategic Goals: VHA Strategic Goal 1: Restore the capability of the disabled veterans to the greatest extent possible and improve their quality of life and that of their families. Improve the overall healthcare of veterans: Improved management of outpatient provider time through resource-based scheduling; coordination of care through inter-facility scheduling; enterprise-level design for global appointment histories; and promotion of Open Access models for care resulting in fewer return appointments. VA Strategic Goal 2: Ensure a smooth transition for veterans from Active Military Service to Civilian Life. VA Strategic Goal 3: Honor and Serve Veterans in Life. Objective 3.1: Provide High-quality, reliable accessible, timely, and efficient health care. VA Strategic Goal 4: Contribute to the Public Health, socioeconomic well being and history of the nation. VA Strategic Goal 5: Provide one VA world-class service to veterans and their families through the effective management of people, technology, processes and financial resources.

Alternative 3 (In-house Build on New Platform) is the preferred approach. It dovetails with selection of a new VHA IT platform and integrated development environment. It includes the scheduling business process re-engineering phase already accomplished. It provides VHA with a scheduling solution that is a core business function owned by the enterprise and not by a commercial vendor. It is a fresh approach (ground-up) in a new technology, which will offer advantages in maintenance and code re-use.

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Project Location	Nationwide
Planned Project Name	Telecommunications Modernization Project-2006
Fiscal Year	2006
BA Requested (Capital)	26.76
Total Acquisition Cost (\$000)	12.62
Asset Type	IT

Project Description

The purpose of TMP is to implement an optimized network under the FTS2001 Managed Network Services (MNS)/Managed Private Network Services (MPNS) offering via the department mandated FTS carrier. The objective of the TMP was and remains to structure a state-of-the-art technology One-VA Wide Area Network (WAN) that is simple to administer and maintain using technology as the enabler.

This project directly supports the Enabling Goal of the Strategic Plan: - Create an environment that fosters delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, business processes, and financial resources. It also supports objectives E3 and E4: Objective E3: Implement a One VA information technology framework that supports the integration of information across business lines and provides a source of consistent, reliable, accurate, and secure information to veterans and their families, employees, and stakeholders. Objective E4: Improve the overall governance of VA and the management of its business processes.

Target Solution chosen, due to financial, operational and security benefits.

Project Location	Nationwide
Planned Project Name	The Education Expert System (TEES)-2006
Fiscal Year	2006
BA Requested (Capital)	8.05
Total Acquisition Cost (\$000)	28.96
Asset Type	IT

Project Description

The Education Service faces a number of challenges that affect the operation of education claims processing. This Project is a response to the VA goal of processing 90% of veteran education benefit applications, enrollment certifications and notices of change in student status to final resolution without human intervention. The Education Expert System (TEES) is the proposed approach to achieving the VA Under Secretary's goal. TEES builds on previous VBA initiatives and will replace the existing benefit payment systems with a new system that (1) provides processing for all benefit chapters and for all training types and (2) works with the VA/VBA corporate database and the data warehouse. TEES will be developed within the VA enterprise framework to allow integration with the One-VA Registration and Eligibility/Contact Management system, when developed. It will introduce a significant rules-based processing component that will automatically process at least 90% of all claims received electronically by applying benefit specific business rules and issuing payment for all claims. In addition, the incoming document and the award document will be sent to The Image Management System (TIMS) to be drop filed in the claimant's electronic folder. The total redesign approach is the most ambitious proposed to date in terms of its broader scope and design and adherence to corporate priorities. For all VBA Education Benefit programs, TEES will:

- Determine a veteran's entitlement and eligibility for education benefits;
- Apply benefit-specific business rules for processing each claim to award;
- Process enrollments and payments;
- Include complete inquiry functionality, reporting fee functionality, and functionality to audit claims processed by TEES to ensure that rules are applied correctly and to guard against fraudulent claims; and
- Provide letters, reports, accounting, and audit trails.

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TEES has an impact on several VA Strategic Goals. For example, Goal 2 "Ensure a smooth transition for veterans from active military service to civilian life" has as one of its objectives "Assist veterans in adjusting to civilian life by enhancing their ability to achieve educational and career goals." TEES' higher level of accuracy and speed for processing and claims awards will encourage rather than discourage veterans to pursue educational and vocational education opportunities, improving the opportunity for them to achieve their educational and career goals while increasing their incomes and standards of living. In that context, the provision of education benefits in a timely manner by TEES eases the transition of service members to civilian from military life. The Enabling Goal mandates the VA to "Deliver world-class services to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance." In particular, TEES supports Objective E-3 of this goal – "Implement a One VA information technology framework that supports the integration of information across business lines and that provides a source of consistent, reliable, accurate, and secure information to veterans and their families, employees, and stakeholders." TEES will replace stove-piped systems and will reside in the VBA corporate environment. This will allow for the sharing of more consistent, reliable, and accurate data across VBA business lines. TEES will also interface with the One-VA Registration and Eligibility/Contact Management applications, when available. Goal 4 mandates the VA to "Contribute to the public health, socioeconomic well being, and history of the Nation." In particular, Objective 4.4 states that the VA should "enhance the socioeconomic well being of the Nation through veterans' benefits and business enhancement programs." The provision of benefits to veterans enables the VA to impact the veterans' daily lives and is key to maintaining or improving their quality of life. By providing a more user-friendly, faster, and more accurate processing system, TEES will contribute materially to the education programs managed by the Education Service. This will bear directly on the socioeconomic well-being of veterans by giving veterans the opportunity to increase their incomes and improve their standard of living.

Alternative 3 was selected because of the cost savings it will provide and because it is an "end-state" solution which will conform to VBA information technology policies. In this sense, the cost of major development or redesign of Education payment systems will be avoided in the near future, whereas the other alternatives would result in such a subsequent undertaking. Alternative 1 presents the lowest increase in benefits of the three alternatives, Alternative 2 presents a larger increase than Alternative 1, and Alternative 3 presents the largest increase in benefits of the three alternatives. For example, Alternative 3 will enable VBA to improve quality to the highest level of the three alternatives while Alternative 1 improves quality with the lowest increase of the three. Alternative 3 offers VBA the best opportunity to meet the goal of processing 90% of applications, enrollment certifications and notices of change in student status to final resolution without human intervention, in consideration of its support for addressing IT issues through the corporate environment. The TEES Capital Investment Application analyzed Return on Taxpayer Investment. Alternative 1 was determined to be the least cost alternative, and Alternative 3 the highest cost alternative. However, when benefits are factored in, both quantifiable and un-quantifiable, Alternatives 3 represented the best alternatives for the VBA. The benefits between Alternatives 2 and 3 are competitive. However, it is important to note a major difference between Alternatives 2 and 3. Alternative 3 is an "end-state" solution, whereas Alternatives 2 in an interim solution that would require replacement systems or complete redesign in the near future. Those additional changes would be necessary in order to comply with VA and VBA IT policies and to keep pace with changes in technology (although we have not attempted to quantify the additional costs for Alternatives 1 and 2). By selecting Alternative 3, the cost of major development or complete redesign in the near future is avoided.

Project Location	Nationwide
Planned Project Name	VA Computing Infrastructure-2006
Fiscal Year	2006
BA Requested (Capital)	156.3
Total Acquisition Cost (\$000)	68.40
Asset Type	IT

Project Description

This project would install consolidated server platforms in existing VA data centers with backup systems at another VA data center. In addition to improving the management of the VA computing infrastructure, this project will improve the information security posture VA-wide. This funding request includes a technology refresh of the workstations, laptops, wireless e-mail devices and printers for all VA employees and for the servers and network components that comprise the VA computing infrastructure server platform. Approximately one quarter of these devices will be replaced each year, so that all devices are refreshed every four years.

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The VA computing infrastructure initiative directly supports the VA strategic goal of fostering delivery of One VA world class service by providing network connectivity and the client-server platform for VA staff. It serves as the foundation for VA IT management, enabling VA to pursue its mission and all of its strategic goals efficiently and effectively. The project satisfies VA priorities of operational efficiency, emergency preparedness and cyber security. Additionally, life cycle costs for procurement and maintenance will be reduced due to the elimination of multiple small independent servers, lowering the total cost of ownership.

Alternative 2, Upgrade the VA Computing Infrastructure while consolidating management of the infrastructure, was selected as the recommended alternative. This alternative has the lowest overall cost, the lowest net present value and the highest return on investment (76% over seven years). Assuming risks impact cost by an aggregate of 42%, the risk-adjusted cost is about \$458 million over the next seven budget cycles.

Project Location	Nationwide
Planned Project Name	VA Data Communications System and Services-2006
Fiscal Year	2006
BA Requested (Capital)	77.34
Total Acquisition Cost (\$000)	62.02
Asset Type	IT

Project Description

VA staff requires immediate, reliable access to data communications. The FTS 2001 program was selected as the primary contract vehicle for data transport service, switched voice service and video transport by the Department's Telecommunications Services Council and approved by the Acting Assistant Secretary for Information and Technology. This plan currently serves as the capital planning and investment control for the aforementioned services. Milestone 4, Post Implementation Review, was completed in 2002 as part of GSA's FTS2001 reviews of program services and products. Communications security activities and expenditures required by this program area are included in this project.

The primary goal of the "One VA for Customer Service" concept is to use emerging information technologies to increase functional integration across the VA's multiple lines of business. Telecommunications services provided by FTS2001 are central to this goal and follow the One VA model. Data communication systems and services support the Department's mission, strategy and objectives as a component of its commitment to developing and implementing a One VA IT enterprise architecture. VA will employ an enterprise architecture that will inform, guide, and manage the decisions for the enterprise - especially those pertaining to IT investment. Voice communication systems and services are a pivotal element of the One VA "to-be" physical infrastructure. This infrastructure is the underpinning for VA's Enterprise Business Functions (e.g., Medical Care, Pension, Housing, etc.) and Key Enabling Functions (e.g., management, human resources, IT investment management, etc).

The FTS2001 alternative remains the choice for acquisition, operation, administration and maintenance of VA's data communications services based on the evaluation of the two viable alternatives. Savings, cost avoidance and tangible technical and management benefits have been taken into consideration in the Cost Benefit Analysis and calculation of ROI.

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Project Location	Nationwide
Planned Project Name	VA Enterprise Architecture-2006
Fiscal Year	2006
BA Requested (Capital)	10.2
Total Acquisition Cost (\$000)	72.81
Asset Type	IT

Project Description

The One-VA Enterprise Architecture (EA) is the complex framework of procedures, processes, systems and programs by which VA evaluates the effectiveness, interoperability and redundancy of its business processes and its IT systems that provide health care and benefits to Veterans and their families. The One-VA EA is based on the VA-Zachman framework. EA is coupled to key Departmental processes, namely planning and budgeting, project execution and project management oversight. The EA program is also tasked by the CIO, from time to time to initiate, develop, and implement Enterprise level systems (system that cut across business lines and administrations) which relate directly to the data and process sharing principles inherit within Enterprise Architecture.

The One-VA Enterprise Architecture supports VA's Enabling Goal Objective E3 (Implement a One VA information technology framework that supports the integration of information across business lines and provides a source of consistent, reliable, accurate, and secure information to veterans and their families, employees, and stakeholders) and (Improve the overall governance of VA and the management of its business processes) by improving the alignment of VA's IT investment decisions to VA business and Veteran service objectives; eliminating the development of redundant or duplicate systems across business lines; ensuring that the evolving information technology asset base is built upon widely accepted industry standards and best practices; ensuring the use of commonly available components (such as the e-gov facilities); and improving IT accountability and cost containment.

Alternative 1 - One VA Enterprise Architecture approach provides maximum reusability and interoperability of the IT asset base. Also, the Enterprise Architecture is mandated through legislation, it is not an optional program. It is an inherent VA responsibility and cannot be delegated and is necessary to accomplish the agency's One-VA vision.

Project Location	Nationwide
Planned Project Name	VA Radio Frequency Transition Project Mgmt Office-2006
Fiscal Year	2006
BA Requested (Capital)	5.25
Total Acquisition Cost (\$000)	92.22
Asset Type	IT

Project Description

This One-VA Project Management initiative establishes the VA Radio Frequency Transition Project Management Office. The PMO provides the VA with the most effective means of managing the congressionally mandated transition from wideband radio frequencies and equipment to the congressionally mandated narrowband operation. This action requires the VA to replace 44,000 radios before 2005 and 19,000 more radios by 2008. At the completion of the transition, using this plan, the responsibility for systems management, accountability and oversight of VA Radio Operations will be centralized at the VA Central Office.

Support for Agency Mission: The missions of supporting safety-of-life services, emergency command and control operations, coordination of memorial activities, preservation of law and order, fire protection and rescue service as well as the efficient administration of all VA facilities hinge on our ability to use the VHF and UHF portions of the Federal Radio Frequency Spectrum. The successful transition to narrowband radio frequencies will assure that the VA can meet its commitment to America's Veterans.

Alternative 3 was chosen. Alternative 3 is the most cost-effective approach to accomplishing the radio system transition. It is projected to incur the least initial acquisition and life cycle maintenance costs. It also enhances interagency emergency communications and preparedness.

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Project Location	Nationwide
Planned Project Name	VA Video Teleconferencing Systems & Services-2006
Fiscal Year	2006
BA Requested (Capital)	3.89
Total Acquisition Cost (\$000)	0.8
Asset Type	IT

Project Description

The Department is a large user of video teleconferencing systems and services in support of business processes at all its facilities. VA staff requires immediate, reliable access to video teleconferencing communications to fulfill the primary mission of honoring, compensating, and caring for veterans. Communications security functions applicable to video teleconferencing are included in this project.

Video teleconferencing communication systems and services support the Department's mission, strategy and objectives as a component of its commitment to developing and implementing One VA IT across the VA's multiple lines of business. Telecommunications services provided by FTS 2001 are central to this goal and follow the enterprise architecture. Video teleconferencing communication systems and services are essential elements of the One VA to-be physical infrastructure.

The FTS 2001 alternative remains the choice for acquisition, operation, administration and maintenance of VA's video transmission services based on the comparison of the alternatives. Savings, cost avoidance and tangible technical and management benefits have been and will continue to be realized and are shown in the Cost Benefit Analysis and calculation of ROI.

Project Location	Nationwide
Planned Project Name	VA Voice Telephony Systems & Services-2006
Fiscal Year	2006
BA Requested (Capital)	120
Total Acquisition Cost (\$000)	143.75
Asset Type	IT

Project Description

The Department is a large user of telephony systems and services in support of business processes at all its facilities. VA staff requires immediate, reliable access to voice communications to fulfill the primary mission of honoring compensating and caring for veterans.

Telecommunications services are central to the functioning of the Department and its One VA model. To meet its mission of delivering the best in healthcare and benefits to veterans, VA identified a vision for conducting its business and presenting itself as "One VA for Customer Service." The primary goal of the "One VA for Customer Service" concept is to use emerging information technologies to increase functional integration across the VA's multiple lines of business. Voice communication systems and services support the Department's mission, strategy and objectives as a component of its commitment to developing and implementing a One VA IT enterprise architecture.

The FTS2001 alternative remains the choice for acquisition, operation, administration and maintenance of VA's voice telephony services based on the evaluation of the two viable alternatives.

Project Location	Nationwide
Planned Project Name	VA Learning Management System -2006
Fiscal Year	2006
BA Requested (Capital)	3.37
Total Acquisition Cost (\$000)	14.81
Asset Type	IT

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Project Description

The VA Learning Management System (VA-LMS) project is an enterprise level e-Training initiative that is part of the Government-wide e-Government initiatives supporting the Presidents Management Agenda. VA-LMS will be used by all VA administrations, program and staff offices. VA desires a single source of training management to improve use of existing agency specific learning events and products, reduce redundancy in training development, facilitate employee directed career development, and provide a system to meet mandated reporting requirements. This project automates the administration, tracking, and reporting of all types of learning events, enabling detailed analysis of the effectiveness and efficiency of the organizations training investments.

The VA-wide VA-LMS project has benefits as a "One VA" investment as it supports cross administration common purpose.

Alternative 3, partnership with OPM is recommended as the VA-LMS strategy despite some reservations related to risk. Costs shown as VA costs in the alternatives analysis directly address mitigation of risk.

Project Location	Nationwide
Planned Project Name	VA-wide e-Travel Solution -2006
Fiscal Year	2006
BA Requested (Capital)	1.53
Total Acquisition Cost (\$000)	4.33
Asset Type	IT

Project Description

VA's electronic travel (eTS) objective is to implement a state-of-the-art Internet based travel management system for the entire Department. Specific goals of e-Travel include: single travel management process department-wide; to end paperless process; reduced cycle time for travel management process; centralized, online budget and travel information; reduce delinquency rates and increase dollar savings from prompt payment of travel cards; reduce time spent to make travel arrangements; reduce approval time by limiting approvals to the supervisor and budget; reduce time spent preparing travel vouchers; online approval with electronic routing and email notifications; and improved report generation.

GSA's eTS solution supports VA's Enabling Goal, (create an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, and governance), and a Secretarial Priority underlying this goal, ("apply sound business principles and ensuring accountability for performance standards").

No alternative has been chosen at this time. The request for quote (RFQ) including the performance work statement (PWS) has not been released. A final decision will be made by November 30, 2004 to award the eTS contract.

Project Location	Nationwide
Planned Project Name	VBA Corporate Data Base Administration -2006
Fiscal Year	2006
BA Requested (Capital)	3.56
Total Acquisition Cost (\$000)	2.32
Asset Type	IT

Project Description

The initiative encompasses VBA's work to support the business communities of Compensation and Pension, Loan Guaranty, Vocational Rehabilitation & Employment, and Education in support of Information Architecture, Enterprise Architecture and Core Business Applications Delivery. At the current time, this technical approach deals mainly with structuring a relational database to fit the current program area business requirements. The corporate database maintains data that is shared among several or all of the VBA program areas, and will also contains data that is specific to individual program areas.

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This initiative supports the enabling goal of "Creating an environment that fosters the delivery of One VA world-class service to veterans and their families through effective communication and management of people, technology, and governance."

VBA has chosen Alternative One, Maintain the Status Quo. VBA currently uses a combination of government resources and contractor personnel. The government resources have the knowledge of the business and can assure the security of veteran data, while private sector personnel can perform application development and system administration.

Project Location	Nationwide
Planned Project Name	VistA Imaging -2006
Fiscal Year	2006
BA Requested (Capital)	86
Total Acquisition Cost (\$000)	195.60
Asset Type	IT

Project Description

The VistA Imaging Project integrates state-of-the-art hardware and software to provide online patient clinical images and scanned documents to healthcare providers, increase clinician productivity, facilitate medical decision-making, and improve the quality of care for veterans. VistA Imaging captures clinical images, scanned documents, EKG waveforms and other non-textual data files and makes them part of the computerized patient record (CPRS). VistA Imaging is windows-based, low cost imaging display software that runs on COTS workstations and is totally integrated with the other VistA healthcare applications, thus enhancing workflow. Clinical images and scanned documents linked to online medical chart information are essential in providing healthcare in VHA's distributed environment and in complying with hospital accreditation regulations.

This project incorporates goals in the VA Strategic Plan, the VA Information Technology Strategic Plan and the VHA Strategic Plan. It also addresses two of the six framework goals that guide VA's medical care for veterans and their families (VA Strategic Plan 2001-2006): (1) provide easy access to medical knowledge, expertise, and care; and (2) maximize resource use to benefit veterans. The VistA Imaging investment supports the following VA and VHA mission and strategic goals: VA Strategic Goal 3, VHA Objective 8, VA Strategic Enabling Goal ("Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology, and governance."), VHA Objective 7, VHA Objective 16, and Strategic Objective 12 - Action 5.

After much analysis, the VistA Imaging alternative was selected over commercial imaging and hybrid imaging as the most appropriate solution. It was selected because it offered VHA the best technology at the most reasonable cost to meet VHA's goals for improved technology, improved customer access, and the most reliable interface between imaging technology and the Computerized Patient Record System (CPRS).

Project Location	Nationwide
Planned Project Name	VistA Laboratory IS System Re-engineering -2006
Fiscal Year	2006
BA Requested (Capital)	21.42
Total Acquisition Cost (\$000)	89.85
Asset Type	IT

Project Description

The purpose of this project is to enhance the Veterans Health Administration (VHA) Laboratory Service's information technology system and associated business processes to address current deficiencies and meet future needs. VHA's Laboratory Service (Pathology and Laboratory Medicine Service) is a critical part of offering high quality clinical care to veterans. This service provides the principal medical diagnostic laboratory testing and transfusion functions in all VA medical centers and sets the standards for quality, test methods, and procedures for clinical laboratory testing in the medical centers. This initiative will improve VHA's ability to deliver laboratory and other specialized health care services to veterans.

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This project supports strategic goals 1–5.

This project is still in the planning stages and a firm decision as to which alternative to select will be made upon completion of an industry assessment and updated CBA (expected FY06). Additional analyses are ongoing since the original CBA was completed in June 2003.

Project Location	Nationwide
Planned Project Name	VistA Legacy -2006
Fiscal Year	2006
BA Requested (Capital)	413.3
Total Acquisition Cost (\$000)	0.0
Asset Type	IT

Project Description

The VistA (Legacy) system is the operating system software platform and the technical infrastructure (associated with clinical operations) on which the VHA health care facilities operate their software applications. It includes the computer equipment associated with clinical operations and the employees (approximately 2800 FTE) necessary to operate the system. VistA (Legacy) is a client-server system linking the facility computer network to over 100 applications and databases. In 2003, the VistA (Legacy) system supported IT services across the VA organization which had a network of 21 Veterans Integrated Service Networks (VISNs) that managed 163 medical centers, over 800 community based outpatient clinics, 135 nursing homes, 206 readjustment counseling centers and 43 domiciliaries.

VistA (Legacy) supports the following strategic goals and objectives: VHA Strategic Goal 3 - Objective 3.1; the Enabling Goal - Deliver world class service to veterans and their families by applying sound business principles that result in effective management of people, communications, technology and governance; and Objective E.4.

Alternative #1 was chosen. It represents the best value for funds spent. Rehosting applications from the existing VistA (Legacy) platform to the new, technologically advanced platform (represented by HealtheVet - VistA) will result in lower operational and maintenance costs.

Project Location	Nationwide
Planned Project Name	VR&E Maintenance and Operations (non-BDN) -2006
Fiscal Year	2006
BA Requested (Capital)	2.77
Total Acquisition Cost (\$000)	11.66
Asset Type	IT

Project Description

The mission of the Vocational Rehabilitation and Employment (VR&E) program is to provide for services and assistance necessary to enable veterans with service-connected disabilities to achieve maximum independence in daily living and, to the maximum extent feasible, to become employable and to obtain and maintain suitable employment. The VR&E program is supported by a number of information technology systems, including: the Benefits Delivery Network (BDN) (Reference Exhibit 300 BDN), and a number of legacy systems operating in the client/server, Veterans Benefits Administration (VBA) corporate, and Internet/Intranet environments. Legacy systems will continue to be enhanced with improvements to support the VR&E program.

Information technology (IT) support of the VR&E program facilitates the achievement of VA Strategic Goal One, to "restore the capability of disabled veterans to the greatest extent possible, and improve the quality of their lives and that of their families." VR&E IT support also addresses the second objective of VA's enabling goal to "recruit, develop, and retain a competent, committed and diverse workforce that provides high quality service to veterans and their families."

Alternative two was the selected alternative.

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PORTFOLIO INVENTORY OF CURRENT PROJECTS

(Funded but not activated or in use)

Table 8-2 OI&T Portfolio of Projects

Project Type	FY*	Admin. Office	Location	Project Title	Brief Description	Total Acquisition Cost (\$000)
IT	2006	NCA	Nationwide	Automated Monument Application System (AMAS)-2006	Supports legislated benefits so its life cycle is indefinite. AMAS provides tracking capability for all claims entered in the system thus expediting case research and NCA's response to individual case inquiries.	0.25
IT	2006	VBA	Nationwide	BDN Maintenance and Operations-2006	Primary services of BDN entail the receipt, processing, tracking, and disposition of veterans' applications for benefits and requests for assistance, and the general administration of legislated benefit programs.	8.06
IT	2006	NCA	Nationwide	Burial Operations Support System (BOSS)-2006	Developed to provide much needed benefit delivery automation support to NCA facilities nationwide.	0.46
IT	2006	VBA	Nationwide	C&P Benefits Replacement System-2006	VETSNET Compensation and Pension (C&P) is a streamlined information system that establishes, develops, and rates a claim, prepares award, notifies the veteran, and generates payment information.	57.52
IT	2006	VBA	Nationwide	C&P Maintenance and Operations (non-BDN)-2006	Main performance outcome for the IT systems supporting C&P is to ensure claims processing, tracking, and payment to veterans on a timely basis each month.	20.83
IT	2006	005P	Nationwide	Capital Asset Management System-2006	Will capture, track and evaluate all VA capital asset initiatives within the Department. CAMS will interface with VA Financial Management System for purposes of obtaining general ledger information; it would also link to project management software used by VA as well as other suitable systems.	15.23
IT	2006	005S	Nationwide	Continuity of Operations Plan-2006	Ongoing general support and maintenance of the IT COOP are required in order to ensure VA's readiness to fulfill its statutory missions to provide health care services to veterans, back-up support to DoD, and support for the President's Management Agenda.	11.63
IT	2006	OM	Nationwide	Core Financial & Logistics System (CoreFLS)-2006	CoreFLS is an integrated financial and logistics system for use throughout all VA offices. It will replace many of the stand-alone systems currently in use throughout VA with one core system accessible from a desktop computer using an Internet browser. The use of a single, integrated system will position VA for the future and facilitate electronic commerce by replacing the numerous "stove-piped" financial and logistics systems currently used with one centralized system. CoreFLS will provide	533.40

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Project Type	FY*	Admin. Office	Location	Project Title	Brief Description	Total Acquisition Cost (\$000)
					better data management, automate data reconciliation, automate consolidated financial statements, and enable compliance with the Federal Financial Management Improvement Act (FFMIA) and other regulatory requirements.	
IT	2006	VBA	Nationwide	Education Maintenance and Ops (non-BDN)-2006	Education program processing supported by IT systems, including the various client/server applications, corporate applications, and the Internet/Intranet.	1.21
IT	2006	005S	Nationwide	Enterprise Cyber Security Program - 2006	<p>AAIP sets up and maintains infrastructure requirements for IA data security. AAIP's goals improve the VA security posture by validation and integration of hardware and software.</p> <p>HISD guides healthcare operation, financial, and IT requirements. HISD protects VA from corruption, unauthorized disclosure, and/or theft of healthcare operations, patient care, financial integrity, and legal data. HISD aids the safety, privacy, and public trust by way of the Health Insurance Portability & Accountability ACT (HIPAA).</p> <p>CIPP protects data assets for IA/IT, operation, and increased control through the Computer Incident Response Center (CIRC). CIPP creates strategies and policies that align with the President's CIP board and works to stop hardware and software networks, systems, and applications gaps.</p> <p>ECSBAP aids VA security planning, Capital Investment, and Security Program Master Plans. ECSBAP Administrators goals are to manage the C&A of VA's ISSs, to ensure uniformity and identify requirements linked to the Federal Information Security Reform Act (FISRA) and supply all C&A documents to identify risks and IA/IT gaps.</p> <p>ECSIP is for all of VA. After equipment installation, management is assumed by CIPP for maintenance and operation. ECSIP protects VA's IA/IT and establishes, maintains, and renews the VA IT sec. agenda. ECSIP aids the VA sec. posture by using technology, monitoring VA security architecture, and identifying any technology replacements. Field Ops and Info Security Officer (ISO) assists department level security policies, procedures, and rules for Federal laws and regulations, gives guidance, and compliance oversight for policies. ISO conducts an annual information security (INFOSEC) conference for VA IS and IT technical staffs, managers, and executives. The Technology and Integration Program (TIP) does oversight</p>	434.59

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Project Type	FY*	Admin. Office	Location	Project Title	Brief Description	Total Acquisition Cost (\$000)
					and growth of VA cyber-security architecture, standards, technical procedures, configuration, strategy and works with the VA's Enterprise Architecture to identify and promote new security technologies. TIP advises Sr. officials of the feasibility and fitness for VA's cyber security tools, technologies, and configuration guidelines. SCAMP manages remote Users and six unified and interactive processes: Software, Settings, Vulnerability, Protection, Compatibility, and Medical Device Configuration Management.	
IT	2006	005P	Nationwide	Enterprise Privacy Program (EPP)-2006	Chief objectives of EPP are to protect the confidential information of veterans and their beneficiaries and improve VA data management through compliance with Federal and VA-specific privacy requirements.	14.17
IT	2006	005N	Nationwide	Enterprise Telephony Agenda-2006	The Enterprise Telephony Agenda is a planning initiative that will focus on the transition of VA voice telephony services from the FTS 2001 contract to the next generation of government wide acquisition contracts. The ETA will evaluate alternative contracts and select a set of contracts for VA voice telephony services for transition. The ETA will also manage the transition implementation to the new set of contracts.	11.10
IT	2006	VHA	Nationwide	Federal Health Information Exchange (FHIE)-2006	Provides current and historical data feeds electronically from CHCS I to the FHIE repository node on selected data types for active duty, retired, and separated service members.	42.80
IT	2006	VHA	Nationwide	Fee Basis Replacement-2006	Will replace a claims processing system used by VA that processes claims made by veterans and providers for non-VA care. The new system will ensure effective and efficient authorization and payment processing for all non-VA care including state and home health care and community nursing home programs.	45.62
IT	2006	VHA	Nationwide	Health Admin Center (HAC) IT Operations-2006	Provides a variety of critical programs mandated by Congress and facilitates delivery of high quality services to veterans and their family members.	3.00
IT	2006	VHA	Nationwide	Health Data Repository-2006	Defined as a repository of clinical information normally residing on one or more independent platforms for use by clinicians and other personnel in support of patient-centric care.	197.20
IT	2006	VHA	Nationwide	HealtheVet VistA-2006	The HealtheVet-VistA project is focused on the replacement of the existing VistA-Legacy health care processing system by rehosting, enhancing and/or reengineering current health information applications to process a new technology platform. Once HealtheVet-VistA is implemented, the VistA-Legacy system will be retired. The VistA-Legacy system is the current operational computer	1,167.13

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Project Type	FY*	Admin. Office	Location	Project Title	Brief Description	Total Acquisition Cost (\$000)
					application platform and the technical infrastructure that supports the VHA provision of health care to the nation's veterans. It includes the hardware, software, databases, and staff necessary to operate and maintain the system. VistA-Legacy provides critical data that supports the delivery of healthcare to about five million veterans each year.	
IT	2006	VBA	Nationwide	Insurance System Maintenance and Operations-2006	Ongoing maintenance and operations of VA's Insurance system which includes resolving production problems, implementing changes required by legislation or partner agencies, mandatory maintenance required by technical obsolescence or changes in business processes, and identifying cost-effective enhancements that save FTE or other costs.	3.29
IT	2006	VBA	Nationwide	Loan Administration Redesign-2006	Will identify and implement processes that will modernize and significantly improve services to veterans and our industry partners, while ensuring fiscal integrity.	6.00
IT	2006	VBA	Nationwide	Loan Guaranty Maintenance and Operations-2006	IT maintenance support to the LGY program is provided for legacy applications which process on the IBM enterprise system at the Austin Automation Center (AAC), and are funded by VBA through the AAC franchise fund.	1.94
IT	2006	VHA	Nationwide	Medical and Prosthetic Research-2006	Provides national policy direction for VHA's research program and allocates research funds for VA medical centers via R&D funds.	12.90
IT	2006	005E	Nationwide	One VA Contact Center-2006	One VA Contact Management project will provide veterans and customers with an ability to communicate to VA through the media or channel they find most appropriate.	42.65
IT	2006	005E	Nationwide	One VA Eligibility and Registration-2006	Creates a single, reliable One VA data source and a single point of identification data integration between VA and DoD.	97.02
IT	2006	005P	Nationwide	One VA Information Technology Enterprise Program Management Office-2006	The One VA Enterprise Management Office (EPMO) is designed to improve and standardize the Clinger-Cohen Act-required management and reporting of the IT portfolios and projects across VA. The EPMO is charged with developing a standard set of portfolio and project management (PFM and PM) policies, processes, procedures, tools, and training and certification across all administrations and staff offices to ensure a greater probability of achieving consistent, repeatable project results in support of VA's mission and goals.	8.51
IT	2006	VHA	Nationwide	Patient Financial Services System (PFSS)	Will create a comprehensive business solution for revenue improvement utilizing improved business practices, commercial software, and enhanced VA clinical applications.	261.70

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Project Type	FY*	Admin. Office	Location	Project Title	Brief Description	Total Acquisition Cost (\$000)
IT	2006	OM	Nationwide	Payroll/HR Systems-2006	Payroll and payroll human resources system.	38.14
IT	2006	VHA	Nationwide	Pharmacy Re-Engineering and IT Support-2006	Facilitates improved VA pharmacy operations, customer service, and patient safety, concurrent with pursuit of full re-engineering of VA pharmacy applications.	101.90
IT	2006	VHA	Nationwide	Scheduling Replacement Project	Will develop a next generation Enterprise-level appointment application based on business process re-engineering and the Institute for Health Care Improvement guidelines for open and advance access to care models.	92.24
IT	2006	005N	Nationwide	Telecommunications Modernization Project-2006	TMP objective was and is to structure a state-of-the-art technology One VA Wide Area Network that is simple to administer and maintain using technology as the enabler.	12.62
IT	2006	VBA	Nationwide	The Education Expert System (TEES) - 2006	TEES builds on previous VBA initiatives and replaces the existing benefit payment systems with a new system that provides processing for all benefit chapters and for all training types and works with the VA/VBA corporate database and the data warehouse.	28.96
IT	2006	005N	Nationwide	VA Computing Infrastructure-2006	Is primarily a hardware refresh project designed to put VA general office automation support servers, workstations and peripherals on a 4-year replacement schedule. Will consolidate the services of several smaller computer facilities into 23 existing larger computer facilities on newer hardware, providing greater reliability while reducing overall computer space and IT staff, and begin planning to consolidate further to 6 sites. Will include a working contingency plan for the consolidated sites, both the interim consolidated sites and the final six sites.	68.40
IT	2006	005N	Nationwide	VA Data Communications Systems and Services-2006	Principal objective is to ensure the VA extant data communications systems and services meet "as is" business needs cost-effectively. Scope covers VA nationwide data communications systems. Includes ongoing operation, administration, maintenance and technology refreshment in support of the Department's existing data communications infrastructure.	62.02
IT	2006	005E	Nationwide	VA Enterprise Architecture-2006	Implement a One VA information technology framework that supports the integration of information across business lines and that provides a source of consistent, reliable, accurate and secure information to veterans and their families, employees and stakeholders.	72.81
IT	2006	005N	Nationwide	VA Radio Frequency Transition Project Mgmt O-2006	Will identify and prescribe replacement narrowband radio equipment and establish a schedule to meet Federal timetables for the narrowband transition.	92.22

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Project Type	FY*	Admin. Office	Location	Project Title	Brief Description	Total Acquisition Cost (\$000)
IT	2006	005N	Nationwide	VA Video Teleconferencing Systems & Services-2006	Principal objective is to ensure VA video teleconferencing communication systems and services meet 'as is' business needs cost-effectively. Scope covers VA's nationwide video teleconferencing systems. Includes ongoing operation, administration, maintenance and technology refreshment of the extant baseline systems and services in support of the Department's existing video teleconferencing communications infrastructure.	0.80
IT	2006	005N	Nationwide	VA Voice Telephony Systems and Services-2006	Principal objective is to ensure VA voice communications systems and services meet 'as is' business needs cost-effectively. Scope covers VA's nationwide voice telephony systems. Includes ongoing maintenance in support of the Department's existing voice communications infrastructure.	143.75
IT	2006	VHA	Nationwide	VA-Learning Management System-2006	Will provide a standardized structure for managing formal and informal learning events, using a wide variety of training media, for all employees of VA.	14.81
IT	2006	OM	Nationwide	VA-Wide e-Travel Solution-2006	Will improve the efficiency and effectiveness of travel processing and the accuracy, timeliness, and breadth of functionality of travel reporting for VA.	4.33
IT	2006	VBA	Nationwide	VBA Corporate Data Base Administration-2006	Data architecture is the organization, location, and distribution of the data required to support VBA's business systems. VBA is transitioning to an integrated corporate database that will eventually serve VBA-wide cross-functional systems and include information exchange to external data sources.	2.32
IT	2006	VHA	Nationwide	VistA Imaging-2006	Will provide complete online patient data to health care providers, increase clinician productivity, facilitate medical decision-making, and improve quality of care.	195.60
IT	2006	VHA	Nationwide	VistA Laboratory IS System Re-engineering-2006	Will enhance the Veterans Health Administration Laboratory Service's information technology system and associated business processes to address current deficiencies and meet future needs.	89.85
IT	2006	VBA	Nationwide	VR&E Maintenance and Operations (non-BDN)-2006	These systems are maintained and updated as program needs and regulations change. Enhancements to legacy systems for improving the VR&E program will continue until these systems are replaced, in order to provide optimal service to veterans and other beneficiaries.	11.66
Total						4030.64

*Fiscal year project was or will be activated.

POTENTIAL PROJECTS FOR FY 2007 – 2010

Significant expenditures will be occurring in FY 2007 and beyond to maintain a strong, robust, and capable information technology platform within VA:

- Healthe-Vet VistA will be implemented, replacing the current M-Based VistA program, throughout VHA, bringing hospital informatics into the 21st century;
- VETSNET will be fully implemented, moving the Department off of the aging Benefits Delivery Network;
- An aging and increasingly fragile Financial Management System will be replaced with CoreFLS, bringing new financial reporting and management capabilities to the Department and resolving a long-standing FMFIA material weakness;
- True IT Portfolio Management processes will be brought to the Department, providing a mentoring capability to IT program managers, and creating a “self-heal” mechanism for Department IT projects that require correction—correcting these before significant resources are lost; and
- Maintaining and improving critical infrastructure elements, such as cyber security and telecommunications, which are needed to maintain world-class processing to provide world-class health care and benefits delivery to the Nation’s veterans and their dependents.



Chapter 9 CONCLUSION

9. Conclusion

CONCLUSION

The 5-year capital plan is a dynamic plan that will continue to be adjusted and updated annually to reflect decisions concerning the acquisition of new assets and the retiring of old or in-process acquisitions that are not meeting pre-established goals. Complemented by VA's Asset Management Plan, the 5-Year Capital Plan serves as one of the central documents that describes the selection of the Department's key capital acquisitions using a formal executive review process, based upon criteria (closely linked to VA's strategic plan) developed by senior management and approved by the Secretary. The plan also addresses Congressional requirements such as authorization, appropriation and other legislated requirements. The plan also explains how each investment assists VA in achieving our central mission, meeting our veterans' health care, benefits, and burial needs.

The plan illustrates how the Department has made significant improvements in managing its capital assets by fully embracing the life cycle approach and meeting the Federal Real Property Council's guiding principles and transitioning to the "Tier 1" performance measures. The VA capital management program does not solely place importance on the selection and acquisition of a capital investment -- the Department places emphasis on all stages, formulation through disposal. VA has also adopted innovative approaches such as developing a CAMS portfolio management system and establishing capital portfolio goals in order to track an asset's performance over its life. The Department has developed more comprehensive and complete analysis (including alternative analysis, cost-effective analysis, and risk analysis) for each over-threshold project. These are reviewed by the Department's executive review boards and submitted to OMB in the form of a business case, the Exhibit 300. Those investments that pass review are submitted as part of the Department's budget request and are included in this plan. In addition, VA continues to utilize the capital management tools described in the plan (such as enhanced-use leasing) in order to maximize resources and enhance service to veterans.

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APPENDIX A – GLOSSARY OF TERMS

Alternatives – Viable options to achieve the same programmatic goals wherever practical and more cost beneficial, including new program design or operational improvements through cross-cutting initiatives or cross-servicing prior to selecting an alternative.

Analytical Hierarchy Process (AHP) – A multi-attribute decision technique that is well established in operations research literature. AHP uses a hierarchical model comprised of a goal, criteria, sub-criteria, and alternative outcomes or conditions for each problem or decision. It is a general method for structuring intricate or ill-defined problems and is built around the three principles of constructing hierarchies; establishing priorities; and logical consistency.

Baseline Assessment – Examines existing portfolio and current performance of an asset, and establishes an assessment of need using various evaluation activities.

Business Case Application – A document of VA's Capital Asset Management System (CAMS) that is used for the review and approval of a capital investment. Commonly called an application. A business case application encompasses all required elements of the OMB Exhibit 300 and is used for the review and approval of all capital asset categories under the jurisdiction of the Departmental capital investment planning process, whether or not appropriated funds are required.

Capital Assets – Land, structures, equipment, and intellectual property (e.g., software) that are used by the Federal Government and have an estimated useful life of two years or more.

CARES - Capital Asset Realignment for Enhanced Services – The CARES process integrates health care planning and capital asset realignment planning to maximize efficiency, better distribute resources and provide the best quality health care services to veterans. This analysis begins with a network level, system wide determination of the appropriate markets for planning. CARES projects are those capital investments directly related to CARES implementation that must be approved by the Secretary including major, minor and non-recurring maintenance projects.

Cost-Benefit Analysis – A systematic quantitative method of assessing the desirability of government projects or policies when it is important to take a long view of future effects and a broad view of possible side-effects. (OMB Circular A-94)

Cost-Effectiveness Analysis – A systematic quantitative method for comparing the costs of alternative means of achieving the same stream of benefits or a given objective. (OMB Circular A-94)

Customer Service Criteria – Serving our Nation's veterans is a fundamental part of the VA function. The Department exists to give meaning, purpose, and reality to America's commitment to veterans. Customer service is a vital part of that function. The goal of VA is to be the very best in the market place, because it is what our veterans deserve. The extent to which VA is providing quality customer service can be measured by evaluating

the following criteria: Increase in New or Existing Customers; Customer Satisfaction; and Customer Access. Together, these create a comprehensive value of the way our country's veterans are serviced by our great Nation.

Disposal Plan – Issues to be addressed at the end of an asset's life cycle including the removal of the asset from service, planning for the transition to a replacement if required, and final removal of the asset from the agency's property inventory in a timely cost-effective manner. Disposal of complex assets or systems may involve a multi-year process requiring significant effort and funding.

Earned Value – A management technique that relates resource planning to schedules and to technical, cost, and schedule requirements. All work is planned, budgeted, and scheduled in time-phase "planned value" increments constituting a cost and measurement baseline. As work is performed, it is 'earned' on the same basis it was planned, in dollars or other quantifiable units such as labor hours.

Economic Life – The time span over which the firm expects to receive the benefits of an asset.

Energy Savings Performance Contracts (ESPC) – The Department of Energy developed a contract vehicle that would result in the reduction of energy consumption in federally owned and operated facilities. It is assumed that by reducing energy consumption, the demand for constructing additional generation plants will not be necessary. A typical ESPC contract consists of VA hiring a private developer who invests their capital in high-technology energy improvements, which results in VA significantly reducing energy consumption. A significant portion of the savings is passed on to the developer in the form of annual payments, which amortizes their investment up to a period not to exceed 25 years.

Enhanced-Use – Leasing out underutilized VA property on a long-term basis to non-VA users for uses compatible with VA programs. The Department can obtain facilities, services, and/or money for VA requirements that would otherwise be unavailable or unaffordable.

Enhanced Sharing Agreement – Allows individual medical facilities to contract out for services with any health-care provider, or other entity or individual. These contracts can include the menu of healthcare resources. There are no maximum dollar limitations for the investments.

Exit Strategy – An exit strategy is a divestment plan. It is a planned methodical disposal implementation plan set in motion at the end of the useful life of a capital asset. This data is consolidated into a disposal plan that culminates at the end of an asset's life cycle that may include the removal of the asset from service, planning for the transition to an alternative use or the removal of the asset from the inventory by transfer of deed of the property, sale, or demolition in a timely manner. Disposal of complex assets or systems may involve a multi-year process requiring significant effort and funding.

Fair Market Value – The estimated amount that can be realized, determined by the price at which a bona fide sales have been consummated for project of like kind, quality, and quantity in a particular market at any moment in time.

Federal Real Property Council (FRPC) – The FRPC was established by the Executive Order 13327: Federal Real Property Asset Management. The FRPC develops guidance for and facilitates the implementation of agency asset management plans, establishes appropriate performance measures, and collects specific real property inventory data elements.

Information Technology – Any equipment or interconnected system or subsystems of equipment that are used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information by the executive agency. (see OMB Capital Planning Guide, pg. 79, for additional clarification.)

Infrastructure Projects – Building systems, additions, new construction, renovation, parking garages, acquisitions and disposal of properties.

Life Cycle Cost – The overall estimated cost for a particular program alternative over the time period corresponding to the life of the program, including direct and indirect initial costs plus any periodic or continuing costs of operation and maintenance. (OMB Circular A-94)

Maintenance and Repair Costs – The total of labor, material, and other related costs incurred in conducting corrective and preventative maintenance and repair on a building, or on its systems and components, or both.

Maintenance Plan – Activities/plans to ensure asset is maintained and meets VA maintenance requirements.

Mitigation Plan – A plan created by the VA Capital Investment Panel for identifying and correcting deficiencies or improving in the capital investment application prior to OMB submission.

Needs Assessment – A research and planning activity designed to determine the extent and needs of a population or community, to evaluate existing (baseline) programs and the utilization patterns, and plan programs to meet those needs. Five predominant approaches include: the key informant (health care provider) approach, the community forum (stakeholder) approach, rates-under-treatment approach, social indicators approach, and the field survey approach.

Net Present Value – The difference between the discounted present value of benefits and the discounted present value of costs. (OMB Circular A-94).

Non-CARES – Capital investments, and information technology projects that are not approved through the CARES process.

Operating Cost – The expenses incurred during the normal operation of a building or a building system, IT systems or component, including labor, materials, utilities, and other related costs.

Output – Information, product or procedure that is received, analyzed, and improved upon before submission or completion.

Panel – Refers to the Veterans Affairs Capital Investment Panel (VACIP).

Performance Goals – Descriptions of the milestones for each strategic goal in the strategic plan year. Performance goals also appear in the annual performance plan for the specific year covered by the performance plan as defined levels (targets) that are quantifiable and measurable.

Performance Measures/Standards – An indicator having a numerical target level or other measurable value, this facilitates the future assessment of efficiency, effectiveness, and results. Quantitative outputs/outcomes/results, e.g. timeliness, error and defect rates, complaints, customer satisfaction levels and responsiveness rates (cost per unit of result, service, or output), and receipt, collection and credit obligation rates.

Physical Life – Anticipated number of productive years of an asset.

Portfolio Monitoring – A tool for weighing the risk and return of potential project portfolios against one another.

Program Evaluation – The evaluations of programs or services to determine their effectiveness and/or efficiency. Program evaluations are often the basis for which strategic goals are formed.

Projected Workload – The estimated future workload that establishes an approved forecast target, which the proposal will satisfy, as the unmet need.

Recurring Costs – Those costs that are incurred in a regular pattern each year throughout the study period.

Renovation – The modification of an existing building or facility to include new functions and systems, or accommodate the growth of existing programs and components improving functional adjacencies and technical requirements.

Return on Taxpayer Investment Criterion – The taxpayers of this country expect that their hard-earned dollars be spent only after extensive and thoughtful consideration. To honor this commitment, VA only evaluates proposals, which have undergone thorough analysis. This analysis includes Cost-Effectiveness Analysis, Alternatives Analysis, Cost Savings Analysis, and Non-quantifiable Benefits Analysis. Together, the use of these criteria demonstrates our respect for the veteran and the American people.

Return on Investment (ROI) – is the percentage return that is received from each dollar invested. A positive ROI indicates that present value savings are greater than present value costs, whereas a negative ROI indicates that present value costs exceed present value savings.

Risk Criterion – Risk is an inherent part of any capital investment. However, project risk can be mitigated. Identifying and controlling project risk can significantly impact a project's success.

Risk/Return – The foundation by which portfolio monitoring is based. When the two variables are weighed against one another, they project the most efficient combination of projects among the array of proposals.

Seismic Criterion – The seismic criterion refers to the initiative's ability to mitigate an immediate and verifiable seismic threat to VA staff, patient, and the public.

Special Emphasis Criterion – Special emphasis refers to the project's ability to support one or more of VA's Special Emphasis Programs which include: Spinal Cord Injury; Seriously Chronically Mentally Ill; Traumatic Brain Injury; Blind Rehabilitation; Post Traumatic Stress Disorder; Prosthetics (Amputation).

Strategic Alignment – The VA strategy defines the mission and goals of the Department. It is this strategy which weaves the path to the VA's future. Alignment with these objectives creates a Department working in unison toward accomplishing the goal. The VA Strategic Goals include: Quality of Life, Ensure Smooth Transition, Honor and Memorialize, Public Health and Socioeconomic Well Being, and One VA.

Strategic Management Council (SMC) – The SMC identifies and manages strategic and operational issues and provides a unified approach to problem solving. The SMC, chaired by the Deputy Secretary, makes recommendations for actions and decisions to the VA Executive Board, which is chaired by the Secretary.

Tier 1 Performance Measures – The FRPC established the following Tier 1 performance measures: Facility Utilization Index, Facility Condition Index, Annual Facility Operating Costs, and Mission Dependency

Total Life cycle Costs – All direct and indirect costs, including planning and other costs or procurement; all periodic or continuing cost of operation and maintenance and cost of decommissioning the disposal. It can be used to determine whether or not a given project, which is expected to reduce future costs, is economically justified or to determine the efficient scale of investment when several levels of investment are under consideration.

Useful Life – The period of time over which an investment is considered to meet its original objective and/or function.

VA Executive Board (VAEB) – The VAEB is chaired by the Secretary and provides him with a forum discussion with his most senior leadership before he makes ultimate decisions for the Department.

Workload – Expected amount of work to be performed in a set amount of time (e.g., number of exams, studies, or users and will be determined by category of investment).

10. Appendices – A Glossary

APPENDIX B – FACILITY CONDITION ASSESSMENTS

VHA Facility Condition Assessment Data

The actual Facility Condition Assessment (FCA) was used locally by the VISNs as a reference when determining how to meet future space demands based on workload. The FCA scores were not used directly in the national database, as the FCA is very detailed with information at the building level. CARES was a large macro project that was done at the facility level, not the building level; therefore, we incorporated the results of the FCA in two areas:

- Identifying the space that requires renovation
- The cost estimate of the renovation

Identifying space that requires renovation/upgrades: All of the space in VHA was “scored” on a scale of 1-5 based on the average of the score in the following 4 areas – code compliance, handicapped accessibility, patient privacy and layout of the space. If there were electrical or mechanical upgrades identified as being needed in the FCA, then the space would score low (1 or 2) on the code compliance. The FCA score then made up $\frac{1}{4}$ of the Space Condition score. The VISNs were encouraged to renovate existing space (space that was not changing functions) with a space condition score of 3 or below (on a scale of 1-5, with 5 being the highest).

Identifying Costs

Renovation costs varied depending on the condition of the space – if the space scored a 1 or 2, then a complete demolition and full renovation (including building systems) was required and factored into the costs. A score of 3 would include some renovation work and limited system replacements or upgrades. If the space had a score of 4, and the VISN chose to renovate it, then the cost was based on a light renovation. If the space was identified for converting functions, such as from administration to patient care, the renovation costs were adjusted for the condition of the space and the conversion from one function to another. If the space score was low (1), then the space would be renovated before utilized, and the costs would reflect this. (The renovation unit costs were provided by VHA’s Office of Facilities Management.) The only costs not included in these renovation costs are the additional costs for such things as seismic corrections, which could not be estimated on a national basis. However, the VISN is told to include these in the additional costs/savings/profits section, so those costs will be captured in the analysis.

10. Appendices - B

APPENDIX C – CAPITAL DECISION CRITERIA

Departmental Alignment This criterion is comprised of priorities from the President's Management Agenda and Secretary's goals for improved management and performance across the Department (e.g., DoD collaboration, strategic realignment and intra-agency projects).

Service Delivery Enhancements

This criterion addresses how the capital investment meets CARES market plan implementation. It focuses requirements on improving customer service, access to quality health care, and identifying opportunities for maximizing the volume of veterans served to effectively reduce gaps in projected workloads.

Financial Priorities

This criterion addresses the specific financial metrics, benefits and risks of the selected acquisition when compared to other explored alternatives (e.g., comparing the life cycle costs and net present value of leasing versus building).

Capital Portfolio Goals

This criterion addresses how the capital investment meets VA's capital portfolio goals such as increasing intra- and interagency and community-based sharing and decreasing underutilized assets and operating costs while enhancing revenue opportunities.

Safeguard Assets

This criterion addresses how well the capital investment results in a decrease in designated high-risk assets or increases the Department's compliance with safety, security, accessibility, and/or accreditation laws and regulations including seismic, life safety, and homeland security projects.

Customer Service

This criterion addresses the extent to which VA is providing quality customer service, which can be measured by evaluating the following criteria: Increase in New or Existing Customers, Customer Satisfaction, and Customer Access.

Special Emphasis

This criterion gives preference to those capital investments that substantially support special emphasis programs and services including: spinal cord injury and disorders; blindness; traumatic brain injury; serious mental illness; and post-traumatic stress disorder.

10. Appendices - C

APPENDIX D – REFERENCES

VA Web Sites

- VA Capital Investment Process <http://vaww.va.gov/oaem> or www.va.gov/oaem
- VA Information and Technology <http://www.va.gov/oit/cio>
- VA Facilities Management <http://vaww.va.gov/facmgt> or <http://www.va.gov/facmgt/>

Department-Wide Documents

- VA Capital Investment Methodology Guide <http://vaww.va.gov/oaem> or call Office of Asset Enterprise Management at (202) 273-9702
- Department of Veterans Affairs Strategic Plan FY 2003-2008
<http://www.va.gov/opp/organizations/planning.htm> or call Strategic Planning Service at (202) 273-8766 or (202) 273-5068
- Department Annual Performance and Accountability Report – FY 2004
<http://www.va.gov/budget/performance.htm>
- Department of Veterans Affairs FY 2005 Asset Management Plan
<http://vaww.va.gov/oaem/finalampsigned.pdf>

Information Technology Documents

- Information Technology 2002 - 2006 Strategic Plan
<http://www.va.gov/oirm/cio/ITStrat.pdf> or call Office of Policies, Plans and Programs at (202) 273-8127
- VA IT – Capital Investment Guide
http://www.va.gov/oirm/ITplanning/IT_Capital_Investment_Guide.asp

NCA

- National Cemetery Strategic Plan, Planning Division
Contact the Policy and Planning Service (41B2)

VBA

- Surveys and Research Staff (20B4) of the Data Management Office for VBA Intranet -- <http://vbaw.vba.va.gov/bl/20/cfo/surv/srsindex.html> or Internet –<http://www.vba.va.gov/surveys>
- Customer and Employee Satisfaction Surveys,
Contact name: Ronda Britt (202) 273-6425
- Compensation & Pension projected workload, C&P Service budget staff
- Hardware and Software Cost data, Office of Information & Technology
- Payroll/Pension/Supply Cost data, Office of Resource Management
- VBA Strategic Plan
Contact the Office of Strategic Planning (20P1)

VHA

- CARES Portal VISN Support Service Center (VSSC) <http://vssc.med.va.gov/>
- Survey Support National Customer Feedback Center
- VHA Performance Plan <http://vaww.va.gov/vhaopp/default.htm>
- VISN Network Plans, Office of Policy, Planning and Performance (105)
<http://vaww.va.gov/vhaopp/plans.htm>
- VHA Strategic Plan <http://vaww.va.gov/vhaopp/strat01/strathom.htm>

OMB Documents

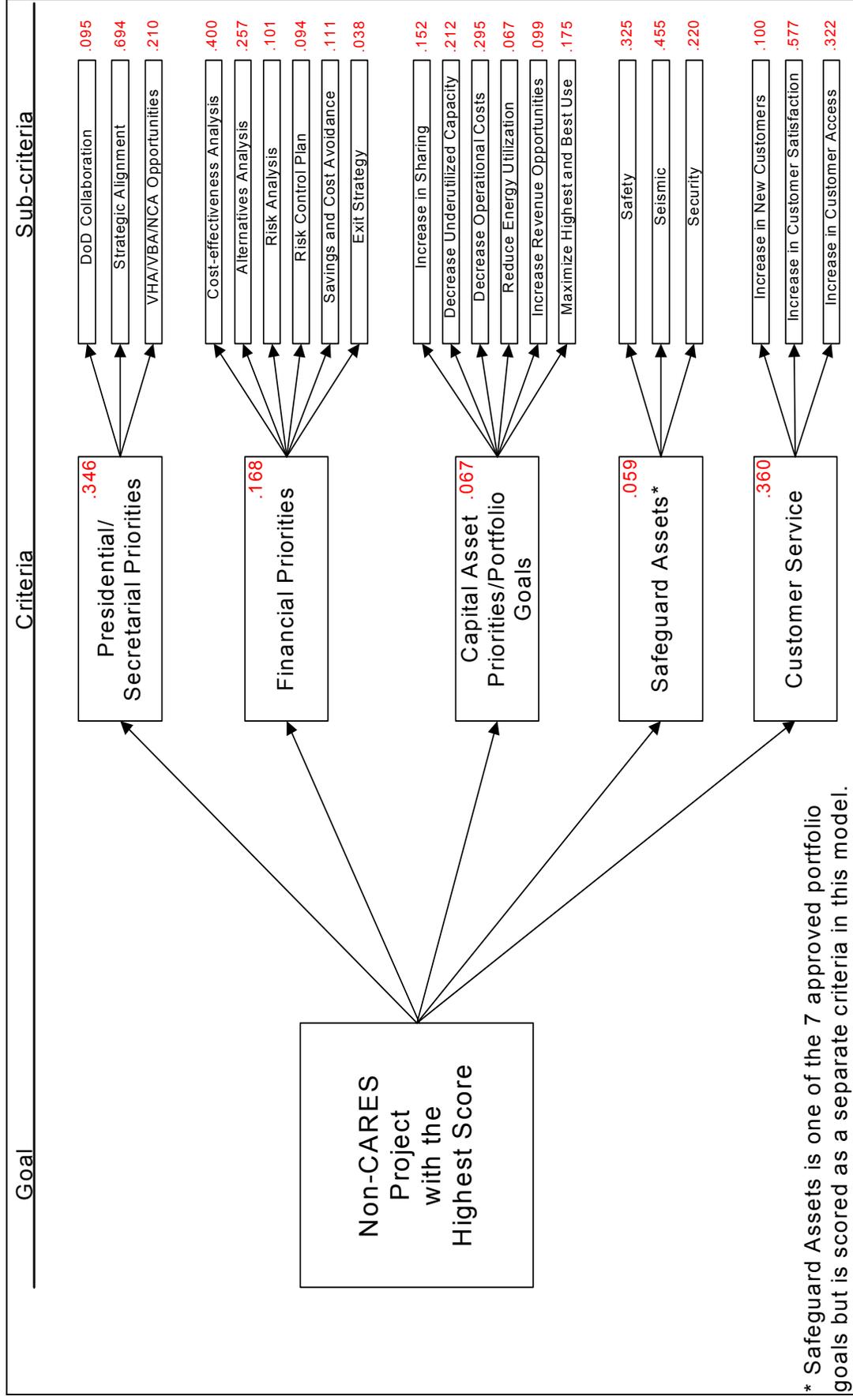
- OMB Circular A-11, Preparation and Submission of Budget Estimates (11/14/02)
<http://www.whitehouse.gov/omb/circulars/a11/02toc.html>
- OMB Capital Programming Guide, Supplement to OMB Circular A-11
<http://www.whitehouse.gov/OMB/circulars/a11/cpgtoc.html>
- OMB Circular A-94, Guidelines and Discount Rates for Benefits-Cost Analysis of Federal Programs <http://www.whitehouse.gov/OMB/circulars/a094/a094.htm>
- OMB Circular A-130, Management of Federal Information Resources (7/21/02)
http://www.whitehouse.gov/omb/circulars/a130/a130appendix_iii.html
- OMB Policy Letter 92-1, Inherently Governmental Functions (9/23/92)
<http://www.arnet.gov/Library/OFPP/PolicyLetters/Letters/PL92-1.html>

Other Federal Documents

- Federal Acquisition and Streamlining Act (FASA) of 1994 www.va.gov/oaem Reference Library, Additional References
- GPRA Government Performance and Results Act of 1993 www.va.gov/oaem Reference Library, Additional References
- Clinger-Cohen National Defense Authorization Act of 1996 www.va.gov/oaem Reference Library, Additional References
- Computer Security Act of 1987 (PL 100-235)
<http://csrc.nist.gov/publications/nistpubs/index.html>
- NIST Special Publication 800-18
- Federal Acquisition Strategy (FAR)- Part 7- Acquisition Planning (Federal)
- Federal Acquisition Strategy (FAR)- Part 807- Acquisition Planning (VA)
- Homeland Security Act of 2002 –
<http://www.whitehouse.gov/deptofhomeland/bill/index.html>
- President's Management Agenda –
http://www.whitehouse.gov/omb/budintegration/pma_index.html

APPENDIX E – CAPITAL INVESTMENT DECISION MODELS

Figure 1: FY 2005 – 2006 Non-CARES Capital Investment Decision Criteria – Acquisition Model with Priority Weights



* Safeguard Assets is one of the 7 approved portfolio goals but is scored as a separate criteria in this model.

Figure 2: FY 2005 - 2006 CARES Capital Investment Decision Criteria – Acquisition Model with Priority Weights

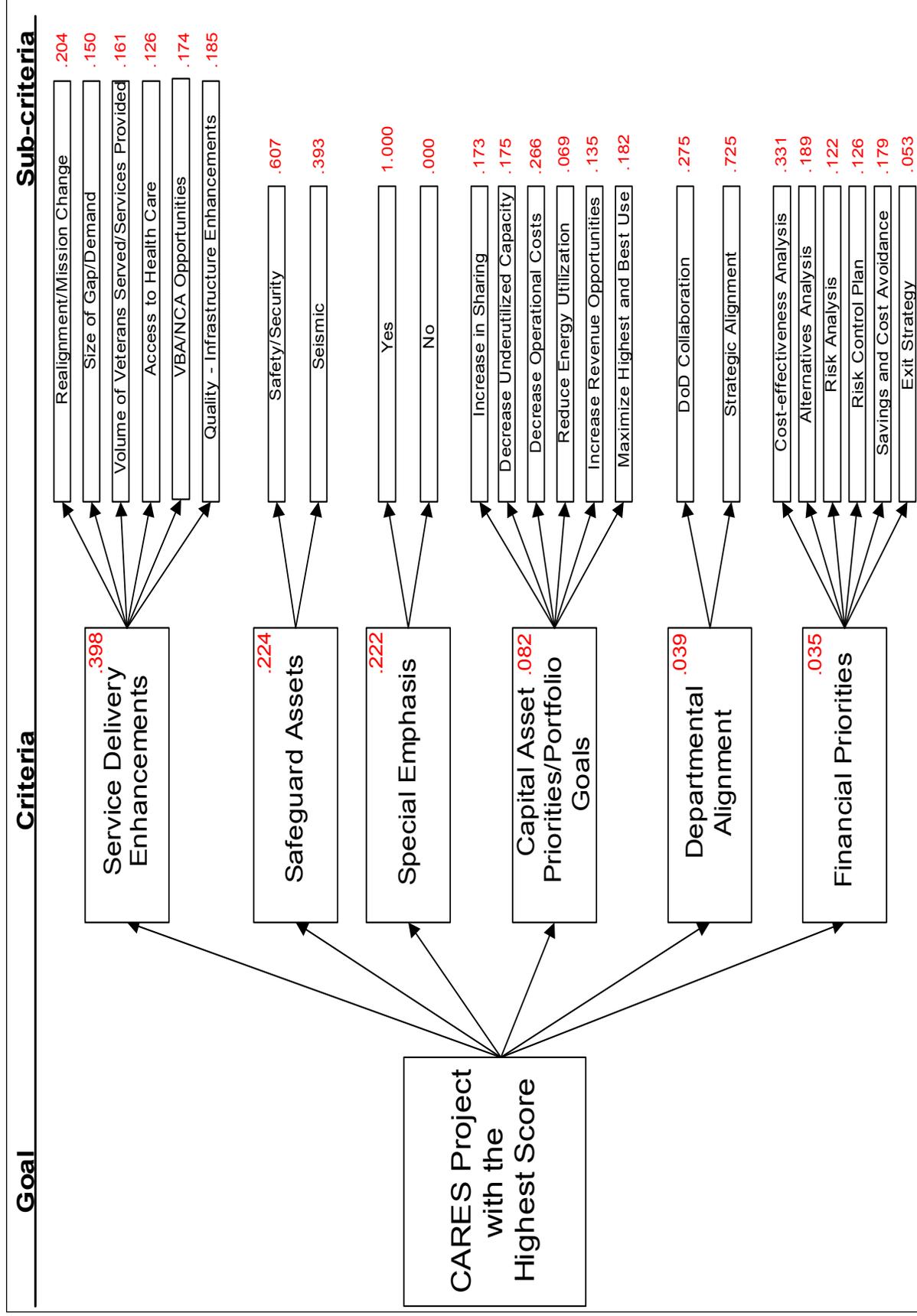
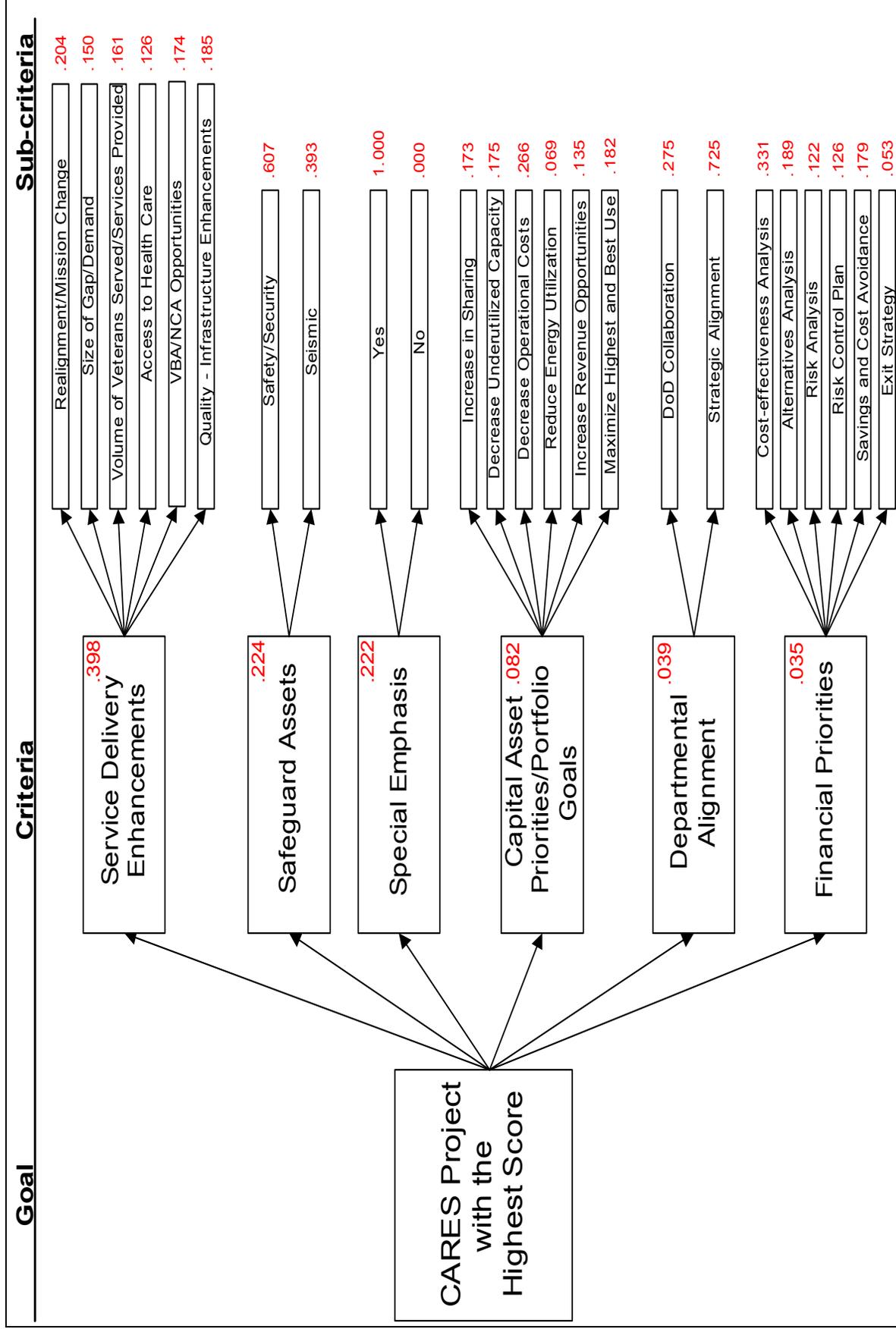


Figure 3: FY 2006 VHA Decision Criteria – Minor Projects Model with Priority Weights



10. Appendices – F VHA Projects by Network

APPENDIX F – VHA MINOR CONSTRUCTION PROJECTS FY 2005 (SORTED BY VISN)

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
1	Providence	RI	650-305 Research Facility	12	5,984	601
1	West Haven	CT	689-374 Research Renovation, Ph 2	13	4,906	421
1	Boston	MA	523-345 Medical Surgical Unit, B1-2N	18	3,306	2,680
1	West Roxbury	MA	523-353 Support Services Modification, Ph 2	23	1,500	1,350
1	Boston	MA	523-332 Dental Clinic Consolidation	40	1,563	1,441
1	West Haven	CT	689-358 Dialysis Relocation	72	3,928	3,627
1	West Haven	CT	689-354 Cardiac Catheterization	76	1,200	1,082
1	West Haven	CT	689-350 SCI Rehabilitation R&D Facilities	103	3,491	3,148
			Total		25,878	14,350
2	Syracuse	NY	528-707 Construct Addition for Cath Lab/CT	93	2,647	2,474
3	Northport	NY	632-319 Expand Outpatient Space	60	5,300	4,950
3	E Orange	NY	561-308 Consolidate MICU & SICU Units	90	4,005	3,655
			Total		9,305	8,605
4	Clarksburg	WV	540-304 Outpt Support - Spec Care Services	22	3,629	3,320
4	Philadelphia	PA	642-316 Renovate 7th Floor	33	4,050	3,630
4	Erie	PA	562-305 Outpt Support - Anc/Diag/Spec Care	35	3,427	3,151
4	Lebanon	PA	595-455 Consolidate ICU and Urgent Care	62	3,494	3,247
4	Aspinwall	PA	646-363 V4 and VAPHS Data Center Consolidation	99	3,840	3,520
			Total		18,440	16,868
5	Baltimore - LR	MD	512-514 Expand Outpatient Clinic	26	6,075	5,449
5	Baltimore	MD	512-515 Fort Meade CBOC	28	3,614	380
5	Martinsburg	WV	613-102 Fort Detrick CBOC	32	5,017	528
			Total		14,706	6,357
6	Hampton	VA	590-224 Construct Intensive Care Unit	29	2,937	2,655
6	Asheville	NC	637-310 Renovate Surg Intensive Care Unit	36	2,726	2,485
6	Salisbury	NC	659-309 Renovate Surgical Suite	55	2,220	2,035
6	Asheville	NC	637-311 Renovate Medical Intensive Care Unit	59	2,765	296
6	Durham	NC	558-311 Renovate Patient Wards	61	3,840	3,465
6	Durham	NC	558-312 New Research Building	104	4,150	3,769
			Total		18,638	14,705
7	Atlanta	GA	508-331 Renovate Mental Health Inp Ward	1	3,600	200
7	Augusta	GA	509-320 Add Inpatient Beds SCIU	3	5,200	433
7	Birmingham	AL	521-325 Specialty Care Expansion	25	3,723	3,457
7	Columbia	SC	544-313 Comm Stand Upgd Inpt Med Beds	39	3,678	3,355
7	Tuscaloosa	AL	679-307 New Dietetic Facility	56	3,999	3,659
7	Columbia	SC	544-317 Renovate NHCU, Building 103, Ph 1	57	3,769	3,366
			Total		23,969	14,470
8	Tampa	FL	673-308 TPA Mental Health Code	2	6,798	585

10. Appendices – F VHA Projects by Network

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
			Compliance			
8	Tampa	FL	673-313 Upgrade & Expand Main Lab, Ph I	41	3,000	2,731
8	Tampa	FL	673-314 Upgrade Main Lab, Ph II	42	3,173	2,726
8	Miami	FL	546-105 Renovate 11CD (CARES PI)	45	1,387	1,272
8	Bay Pines	FL	516-320 Emerg Dept Exp with Obsv Unit	47	2,900	2,594
8	W Palm Beach	FL	548-117 Renovate 9th Floor for Outpt Clinic	49	4,306	4,081
8	Bay Pines	FL	516-321 Renovate Surg, Med and Card ICUs	50	3,031	3,031
8	Tampa	FL	673-318 Emerg Rm, Ph I	51	4,128	3,783
8	W Palm Beach	FL	548-118 ER Expansion	71	2,028	200
8	W Palm Beach	FL	548-119 Renovate 8th Floor for Specialty Care	73	2,605	225
8	Lake City	FL	573-312 Renov Wards for Med/Surg Pat Priv	75	3,055	2,817
8	Tampa	FL	673-102 Renovate OR Ph I	82	2,995	2,726
			Total		39,406	26,771
9	Louisville	KY	603-315 Remodel Endo and Hemodialysis	87	3,634	3,318
9	Nashville	TN	626-304 Lab Function & Infrastructure Improve	89	4,020	3,623
9	Mtn Home	TN	621-306 Consol Kitchen	95	4,339	4,139
			Total		11,993	11,080
10	Cleveland -WP	OH	541-311 Relocate Lab Services at WP to New 3rd Floor on Amb Care Addition	16	3,893	3,574
10	Cincinnati	OH	539-314 Outpatient Specialty Care Clinics	92	4,223	3,823
			Total		8,116	7,397
11	Indianapolis	IN	583-321 Expand Spec/Primary Care Clinics	79	5,725	5,262
11	Ann Arbor	MI	506-342 Install Secondary Electrical Feed	106	2,340	2,216
			Total		8,065	7,478
12	Hines	IL	578-344 Renovate Acute Care – Hema/Onc	21	5,305	4,950
12	Chicago	IL	537-313 Modernize Lab Areas 4th Fl Bldg 1	27	4,157	3,782
12	Chicago - WS	IL	537-314 Research Laboratory	38	2,931	2,717
			Total		12,393	11,449
15	Kansas City	MO	589-360 Interventional Cardiology	70	2,585	2,365
15	Wichita	KS	589-336 Cardiac Cath Laboratory, B2, 2nd Floor	81	1,382	1,354
15	Marion	IL	657-312 Interventional Cardiology	84	1,665	1,482
15	St. Louis - JC	MO	657-308 EUL Raised Parking Decks	96	2,000	2,000
15	St. Louis	MO	657-318 Relocate Animal Research Facility	98	1,479	1,286
15	Kansas City	MO	589-361 Acquisition of Kaiser Bldg	100	3,000	3,000
			Total		12,111	11,487
16	Muskogee	OK	623-301 Renovate 5-East for Bldg 53, Inpt Psy	19	1,975	1,849
16	Biloxi	MS	520-316 New CBOC at Eglin AFB Florida	44	4,310	350
16	Biloxi	MS	520-306 Expand ER/Outpatient Pharmacy	46	4,080	3,740
16	Houston	TX	580-308 Renovate NU 4H for Oncology/GI	80	2,073	1,853
16	Little Rock	AR	598-361 CVICU/Heart Program	85	2,079	1,675
16	Alexandria	LA	502-302 Construct Addition to B-45	91	3,740	3,471
16	Fayetteville	AR	564-224 Addition for MRI	97	2,665	2,402

10. Appendices – F VHA Projects by Network

VISN	Location		Project Title – Brief Description		Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
			Total			20,922	15,340
17	Temple	TX	674-262	Expand Amb Care	24	3,061	2,760
17	Temple	TX	674-263	Clin Spec Emph & Rehab Integration	48	1,644	1,513
17	Dallas	TX	549-316	Patient Priv/UFAS Deficiencies, Ph 8	69	2,200	2,100
17	San Antonio	TX	671-226	Research Addition, Ph II	78	3,648	3,278
17	Dallas	TX	549-408	Relocate Geropsychiatry	88	3,900	3,550
			Total			14,453	13,201
18	Tucson	AZ	678-314	Renovate Ward 3 East	14	2,961	290
18	El Paso	TX	756-001	Outpatient Ambulatory Care Space	31	4,140	3,795
18	Prescott	AZ	649-404	Expand Med Spec Care Clinic Space	58	4,200	3,850
			Total			11,301	7,935
19	Salt Lake City	UT	660-228	Surgery Renovation	37	2,620	220
19	Ft. Harrison	MT	436-107	Expand Specialty Care	64	4,092	3,751
19	Cheyenne	WY	442-208	Clinic Expansion	77	1,800	1,651
			Total			8,512	5,622
20	White City	OR	692-330	Replace Dom Bldgs 215 & 216	5	4,970	4,573
20	Anchorage	AK	463-115	Dom Seismic Upgrade	6	4,644	4,248
20	Seattle	WA	663-340	D&T Seismic Upgrade, B100	11	3,832	3,504
20	Seattle	WA	663-333	Amb Care Expansion, B100, D&T	30	3,987	3,512
20	Portland	OR	648-316	Renov Bldg 100 for Spec Care	54	5,140	4,730
20	Seattle	WA	663-330	Cath Lab/Endoscopy Suite, B100	86	2,614	1,925
20	Seattle	WA	663-329	Research Addition Bldg 34/ARF, Ph II	101	4,160	450
20	Portland	OR	648-318	Renovate Bldg 103 Research	102	1,695	1,587
			Total			31,042	24,529
21	Mather	CA	612-463	Consolidate Outpatient Mental Health	4	4,722	430
21	Martinez	CA	612-521	Seismic Corrections Core Lab, Bldg 5	9	897	833
21	Menlo Park	CA	640-355	Seismic Corrections, Bldg 329	10	6,369	6,281
21	San Francisco	CA	662-315	Animal Research, Bldg 19	15	5,520	459
21	Sacramento	CA	612-461	Specialty Care Clinic Bldg	43	4,160	3,807
21	Fresno	CA	570-205	Remodel 4th Floor for Spec Clinics	52	3,900	3,575
21	Palo Alto	CA	640-362	Research Renov B4 and B6	63	3,600	3,300
21	Honolulu	HI	459-301	VA/DoD JT. Hosp Guam & VA CBOC	66	3,920	400
21	Reno	NV	654-307	Expand/Reloc ER and Est Observ	74	3,217	2,879
21	San Francisco	CA	662-324	Provide a Second Cardiac Cath Lab	94	2,627	2,389
			Total			38,932	24,353
22	Los Angeles	CA	691-334	Bldg 212 & 117 Seismic Retrofit	7	4,230	3,907
22	Long Beach	CA	600-307	Seismic Upgrade of Bldg 126OP	8	3,954	3,903
22	San Diego	CA	664-324	Parking Garage	34	6,835	6,475
22	Los Angeles	CA	691-330	Renovate CCU	67	3,565	3,270
22	Los Angeles	CA	691-331	Renovate HICU/SICU	68	3,140	2,864

10. Appendices – F VHA Projects by Network

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
22	Loma Linda	CA	605-314 Remodel Outpatient Services	83	2,394	2,203
			Total		24,118	22,622
23	Des Moines	IA	636-305 Consolidation of Acute Bed Services	17	2,001	1,829
23	Omaha	NE	636-327 ICU to 2nd Floor Outpatient Clinic	65	6,459	6,063
23	Iowa City	IA	636-441 Construct Research Building	105	4,167	3,882
			Total		12,627	11,774
			Grand Total		\$367,573	\$278,862

10. Appendices – G VHA Projects by State

APPENDIX G – VHA MINOR CONSTRUCTION PROJECTS FY 2005 (SORTED BY STATE)

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
20	Anchorage	AK	463-115 Domiciliary Seismic Upgrade	6	4,644	4,248
7	Birmingham	AL	521-325 Specialty Care Expansion	25	3,723	3,457
7	Tuscaloosa	AL	679-307 New Dietetic Facility	56	3,999	3,659
			Total		7,722	7,116
16	Little Rock	AR	598-361 CVICU/Heart Program	85	2,079	1,675
16	Fayetteville	AR	564-224 Addition for MRI	97	2,665	2,402
			Total		4,744	4,077
18	Tucson	AZ	678-314 Renovate Ward 3 East	14	2,961	290
18	Prescott	AZ	649-404 Expand Med Spec Care Clinic Space	58	4,200	3,850
			Total		7,161	4,140
21	Mather	CA	612-463 Consolidate Outpatient Mental Health	4	4,722	430
21	Martinez	CA	612-521 Seismic Corrections Core Lab, Bldg 5	9	897	833
21	Menlo Park	CA	640-355 Seismic Corrections, Bldg 329	10	6,369	6,281
21	San Francisco	CA	662-315 Animal Research, Bldg 19	15	5,520	459
21	Sacramento	CA	612-461 Specialty Care Clinic Bldg	43	4,160	3,807
21	Fresno	CA	570-205 Remodel 4th Floor for Spec Clinics	52	3,900	3,575
21	Palo Alto	CA	640-362 Research Renov B4 and B6	63	3,600	3,300
21	San Francisco	CA	662-324 Provide a Second Cardiac Cath Lab	94	2,627	2,389
22	Los Angeles	CA	691-334 Bldg 212 & 117 Seismic Retrofit	7	4,230	3,907
22	Long Beach	CA	600-307 Seismic Upgrade of Bldg 126OP	8	3,954	3,903
22	San Diego	CA	664-324 Parking Garage	34	6,835	6,475
22	Los Angeles	CA	691-330 Renovate CCU	67	3,565	3,270
22	Los Angeles	CA	691-331 Renovate HICU/SICU	68	3,140	2,864
22	Loma Linda	CA	605-314 Remodel Outpatient Services	83	2,394	2,203
			Total		55,913	43,696
1	West Haven	CT	689-374 Research Renovation, Ph 2	13	4,906	421
1	West Haven	CT	689-358 Dialysis Relocation	72	3,928	3,627
1	West Haven	CT	689-354 Cardiac Catheterization	76	1,200	1,082
1	West Haven	CT	689-350 SCI Rehabilitation R&D Facilities	103	3,491	3,148
			Total		13,525	8,278
8	Tampa	FL	673-308 TPA Mental Health Code Compliance	2	6,798	585
8	Tampa	FL	673-313 Upgrade & Expand Main Lab, Ph I	41	3,000	2,731
8	Tampa	FL	673-314 Upgrade Main Lab, Ph II	42	3,173	2,726
8	Miami	FL	546-105 Renovate 11CD (CARES PI)	45	1,387	1,272
8	Bay Pines	FL	516-320 Emerg Dept Exp with Obsv Unit	47	2,900	2,594
8	W Palm Beach	FL	548-117 Renovate 9th Floor for Outpt Clinic	49	4,306	4,081
8	Bay Pines	FL	516-321 Renovate Surg, Med and Card ICUs	50	3,031	3,031
8	Tampa	FL	673-318 Emerg Rm, Ph I	51	4,128	3,783
8	W Palm Beach	FL	548-118 ER Expansion	71	2,028	200
8	W Palm Beach	FL	548-119 Renovate 8th Floor for Specialty Care	73	2,605	225

10. Appendices – G VHA Projects by State

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
8	Lake City	FL	573-312 Renov Wards for Med/Surg Pat Priv	75	3,055	2,817
8	Tampa	FL	673-102 Renovate OR Ph I	82	2,995	2,726
			Total		39,406	26,771
7	Atlanta	GA	508-331 Renovate Mental Health Inp Ward	1	3,600	200
7	Augusta	GA	509-320 Add Inpatient Beds SCIU	3	5,200	433
			Total		8,800	633
21	Honolulu	HI	459-301 VA/DoD JT. Hosp Guam & VA CBOC	66	3,920	400
23	Des Moines	IA	636-305 Consolidation of Acute Bed Services	17	2,001	1,829
23	Iowa City	IA	636-441 Construct Research Building	105	4,167	3,882
			Total		6,168	5,711
12	Hines	IL	578-344 Renovate Acute Care – Hema/Onc	21	5,305	4,950
12	Chicago	IL	537-313 Modernize Lab Areas 4th Fl Bldg 1	27	4,157	3,782
12	Chicago - WS	IL	537-314 Research Laboratory	38	2,931	2,717
15	Marion	IL	657-312 Interventional Cardiology	84	1,665	1,482
			Total		14,058	12,931
11	Indianapolis	IN	583-321 Expand Spec/Primary Care Clinics	79	5,725	5,262
15	Wichita	KS	589-336 Cardiac Cath Laboratory, B2, 2nd Floor	81	1,382	1,354
9	Louisville	KY	603-315 Remodel Endo and Hemodialysis	87	3,634	3,318
16	Alexandria	LA	502-302 Construct Addition to B-45	91	3,740	3,471
1	Boston	MA	523-345 Medical Surgical Unit, B1-2N	18	3,306	2,680
1	West Roxbury	MA	523-353 Support Services Modification, Ph 2	23	1,500	1,350
1	Boston	MA	523-332 Dental Clinic Consolidation	40	1,563	1,441
			Total		6,369	5,471
5	Baltimore - LR	MD	512-514 Expand Outpatient Clinic	26	6,075	5,449
5	Baltimore	MD	512-515 Fort Meade CBOC	28	3,614	380
			Total		9,689	5,829
11	Ann Arbor	MI	506-342 Install Secondary Electrical Feed	106	2,340	2,216
15	Kansas City	MO	589-360 Interventional Cardiology	70	2,585	2,365
15	St. Louis - JC	MO	657-308 EUL Raised Parking Decks	96	2,000	2,000
15	St. Louis	MO	657-318 Relocate Animal Research Facility	98	1,479	1,286
15	Kansas City	MO	589-361 Acquisition of Kaiser Bldg	100	3,000	3,000
			Total		9,064	8,651
16	Biloxi	MS	520-316 New CBOC at Eglin AFB Florida	44	4,310	350
16	Biloxi	MS	520-306 Expand ER/Outpatient Pharmacy	46	4,080	3,740
			Total		8,390	4,090
19	Ft. Harrison	MT	436-107 Expand Specialty Care	64	4,092	3,751
			Total		4,092	3,751

10. Appendices – G VHA Projects by State

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
6	Asheville	NC	637-310 Renovate Surg Intensive Care Unit	36	2,726	2,485
6	Salisbury	NC	659-309 Renovate Surgical Suite	55	2,220	2,035
6	Asheville	NC	637-311 Renovate Medical Intensive Care Unit	59	2,765	296
6	Durham	NC	558-311 Renovate Patient Wards	61	3,840	3,465
6	Durham	NC	558-312 New Research Building	104	4,150	3,769
			Total		15,701	12,050
23	Omaha	NE	636-327 ICU to 2nd Floor Outpatient Clinic	65	6,459	6,063
21	Reno	NV	654-307 Expand/Reloc ER and Est Observ	74	3,217	2,879
2	Syracuse	NY	528-707 Construct Addition for Cath Lab/CT	93	2,647	2,474
3	Northport	NY	632-319 Expand Outpatient Space	60	5,300	4,950
3	E Orange	NY	561-308 Consolidate MICU & SICU Units	90	4,005	3,655
			Total		11,952	11,079
10	Cleveland -WP	OH	541-311 Relocate Lab Services at WP to New 3rd Floor on Amb Care Addition	16	3,893	3,574
10	Cincinnati	OH	539-314 Outpatient Specialty Care Clinics	92	4,223	3,823
			Total		8,116	7,397
16	Muskogee	OK	623-301 Renovate 5-East for Bldg 53, Inpt Psy	19	1,975	1,849
20	White City	OR	692-330 Replace Dom Bldgs 215 & 216	5	4,970	4,573
20	Portland	OR	648-316 Renov Bldg 100 for Spec Care	54	5,140	4,730
20	Portland	OR	648-318 Renovate Bldg 103 Research	102	1,695	1,587
			Total		11,805	10,890
4	Philadelphia	PA	642-316 Renovate 7th Floor	33	4,050	3,630
4	Erie	PA	562-305 Outpt Support - Anc/Diag/Spec Care	35	3,427	3,151
4	Lebanon	PA	595-455 Consolidate ICU and Urgent Care	62	3,494	3,247
4	Aspinwall	PA	646-363 V4 and VAPHS Data Center Consolidation	99	3,840	3,520
			Total		14,811	13,548
1	Providence	RI	650-305 Research Facility	12	5,984	601
7	Columbia	SC	544-313 Comm Stand Upgd Inpt Med Beds	39	3,678	3,355
7	Columbia	SC	544-317 Renovate NHCU, Building 103, Ph 1	57	3,769	3,366
			Total		7,447	6,721
9	Nashville	TN	626-304 Lab Function & Infrastructure Improve	89	4,020	3,623
9	Mtn Home	TN	621-306 Consol Kitchen	95	4,339	4,139
			Total		8,359	7,762
16	Houston	TX	580-308 Renovate NU 4H for Oncology/GI	80	2,073	1,853
17	Temple	TX	674-262 Expand Amb Care	24	3,061	2,760
17	Temple	TX	674-263 Clin Spec Emph & Rehab Integration	48	1,644	1,513
17	Dallas	TX	549-316 Patient Priv/UFAS Deficiencies, Ph 8	69	2,200	2,100
17	San Antonio	TX	671-226 Research Addition, Ph II	78	3,648	3,278
17	Dallas	TX	549-408 Relocate Geropsychiatry	88	3,900	3,550
18	El Paso	TX	756-001 Outpatient Ambulatory Care Space	31	4,140	3,795
			Total		20,666	18,849

10. Appendices – G VHA Projects by State

VISN	Location		Project Title – Brief Description	Rank	Total Est. Cost (\$000)	FY 2005 Obligations (\$000)
19	Salt Lake City	UT	660-228 Surgery Renovation	37	2,620	220
6	Hampton	VA	590-224 Construct Intensive Care Unit	29	2,937	2,655
20	Seattle	WA	663-340 D&T Seismic Upgrade, B100	11	3,832	3,504
20	Seattle	WA	663-333 Amb Care Expansion, B100, D&T	30	3,987	3,512
20	Seattle	WA	663-330 Cath Lab/Endoscopy Suite, B100	86	2,614	1,925
20	Seattle	WA	663-329 Research Addition Bldg 34/ARF, Ph II	101	4,160	450
			Total		14,593	9,391
4	Clarksburg	WV	540-304 Outpt Support - Spec Care Services	22	3,629	3,320
5	Martinsburg	WV	613-102 Fort Detrick CBOC	32	5,017	528
			Total		8,646	3,848
19	Cheyenne	WY	442-208 Clinic Expansion	77	1,800	1,651
			Grand Total		\$367,573	\$278,862

10. Appendices – H FY 2004 CARES Projects

Appendix H – FY 2004 CARES Project Summary

Year	VISN	Location		Project Title – Brief Description	Priority #	Budget Request (\$000)
2004	12	Chicago	IL	Bed Tower	*	\$98,500
2004	12	North Chicago	IL	Joint VA and Dept of Navy Medical Project	*	\$13,000
2004	21	Palo Alto	CA	Seismic Corrections Bldg. 2	1	\$34,000
2004	10	Cleveland	OH	Cleveland-Brecksville Cons., Ph 1 Design	2	\$15,000
2004	4	Pittsburgh	PA	Consolidation of Campuses, Ph 1 Design	3	\$20,000
2004	23	Minneapolis	MN	SCI & SCD Center	4	\$20,500
2004	22	Las Vegas	NV	New Federal Medical Facility, Design and Land Purchase	6	\$60,000
2004	8	Gainesville	FL	Correct Pt. Privacy Def., Ph 1-Design	7	\$8,800
2004	11	Indianapolis	IN	7th & 8th Fl. Wards Modernization Addition	8	\$27,400
2004	18	Tucson	AZ	Mental Health Clinic	9	\$12,100
2004	19	Denver	CO	New Federal Medical Facility, Ph 1 Design	10	\$30,000
2004	17	San Antonio	TX	Ward Upgrades and Expansion	11	\$19,100
2004	8	Orlando	FL	Bed Tower, Phase 1 Design	12	\$25,000
2004	8	Tampa	FL	Upgrade Essential Electrical Dist. Systems	13	\$49,000
2004	10	Columbus	OH	Construction of Outpatient Clinic	14	\$94,800
2004	6	Durham	NC	Renovate Patient Wards	15	\$9,100
2004	22	Long Beach	CA	Seismic Corrections-Bldgs 7,126, Phase 1 Design	16	\$10,300
2004	20	Anchorage	AK	Outpt. Clinic/Regional Office, Ph 1 Design	18	\$11,760
2004		Various		Line Items		\$64,378
				Total		\$622,738

10. Appendices – H FY 2004 CARES Projects

10. Appendices – I 2004-2006 Highest Priority Projects

APPENDIX I - STATUS OF HIGH PRIORITY VHA MAJOR CONSTRUCTION PROJECTS FROM 2004-2009 CAPITAL PLAN

VISN	Location		Project Title – Brief Description	Priority #	Total Estimated Cost (\$000)	Status*
21	Palo Alto	CA	Seismic Corrections Bldg. 2	1	34,000	S/DD
10	Cleveland	OH	Cleveland-Brecksville Consolidation	2	102,300	S/DD
4	Pittsburgh	PA	Consolidation of Campuses	3	185,076	S/DD
23	Minneapolis	MN	SCI & SCD Center	4	20,500	S/DD
8	Tampa	FL	SCI Expansion	5	7,100	S/DD
22	Las Vegas	NV	New Federal Medical Facility	6	286,000	S/DD
8	Gainesville	FL	Correct Patient Privacy Deficiencies	7	85,200	S/DD
11	Indianapolis	IN	7th & 8th Floor Wards Modernization Addition	8	27,400	S/DD
18	Tucson	AZ	Mental Health Clinic	9	12,100	S/DD
19	Denver	CO	New Federal Medical Facility	10	328,460	S/DD
17	San Antonio	TX	Ward Upgrades and Expansion	11	19,100	S/DD
8	Orlando	FL	Bed Tower	12	253,500	S/DD
8	Tampa	FL	Upgrade Essential Electrical Distribution Systems	13	49,000	S/DD
10	Columbus	OH	Construction of Outpatient Clinic	14	94,800	S/DD
6	Durham	NC	Renovate Patient Wards	15	9,100	S/DD
22	Long Beach	CA	Seismic Corrections-Bldgs 7 & 126	16	103,200	S/DD
16	Pensacola	FL	Joint VA and Dept of Navy OPC	17	55,500	S/DD
20	Anchorage	AK	Outpatient Clinic and Regional Office	18	75,270	S/DD
17	Temple	TX	Blind Rehabilitation and Psychiatric Beds	19	56,000	**
8	San Juan	PR	Seismic Corrections-Bldg. 1	20	145,200	S/DD
2	Syracuse	NY	Construct Addition for SCI Center	21	53,900	S/DD
7	Atlanta	GA	Modernize Patient Wards	22	20,700	S/DD
21	Menlo Park	CA	Seismic Corrections-Gero-psych Nursing Home Replace (Building 324)	23	33,200	S/DD
21	San Francisco	CA	Seismic Corrections-Bldg. 203	24	41,500	S/DD
22	Los Angeles	CA	Seismic Corrections-Bldgs. 500 & 501	25	79,900	S/DD
8	Lee County	FL	Outpatient Clinic Land Purchase	26	65,100	S/DD
23	Des Moines	IA	Extended Care Building	27	25,000	S/DD
22	San Diego	CA	Seismic Corrections-Bldg. 1	29	48,260	S/DD
17	Dallas	TX	Clinical Expansion	28***		
4	Butler	PA	Construction of a 100 Bed Nursing Home	30		
21	San Francisco	CA	Seismic Corrections-Bldgs 1,6,8 & 12	31		
20	American Lake	WA	Seismic Corrections Nursing Home Replacement (Bldgs 2 & 3)	32		
22	Long Beach	CA	Seismic Corrections-Bldgs 128 & 133	33		
15	Columbia	MO	Operating Suite Renovation	34		
7	Huntsville	AL	Out Patient Clinic	35		

10. Appendices – I 2004-2006 Highest Priority Projects

VISN	Location		Project Title – Brief Description	Priority #	Total Estimated Cost (\$000)	Status*
5	Washington	DC	Ambulatory Care Expansion	36		
7	Columbia	SC	Renovation/Construction Dx & Ancillary Care/Spec. Care Space	37		
21	Fresno	CA	Ambulatory Care Addition	38		
16	Fayetteville	AR	Clinical Addition, Ph 1-Design	38	\$56,163	
1	West Haven	CT	New Bed Tower and Research Addition	40		
12	Madison	WI	Nursing Home Renovation & Expansion	41		
15	St. Louis	MO	Building Renovations & Land Transfer to NCA	42		
22	Loma Linda	CA	Clinical and Research Addition	43		
5	Martinsburg	WV	Ambulatory Care Improvements	44		
4	Lebanon	PA	Nursing Home Renovation	45	****	CD complete
6	Beckley	WV	Construction of a 120-Bed Nursing Home	46	****	DD complete
5	Perry Point	MD	Construction of a 130-Bed Nursing Home	47		
3	Northport	NY	Renovation of Residential and Ambulatory Care	48		

*Projects without status codes have not been funded.

Status Codes:

CD – Construction Documents; CO Construction; S/DD – Schematics/Design Development

**This project is on hold until a comprehensive realignment study is completed.

***Priorities 28 and 29 are reversed to maximize the utilization of the funding as requested in the 2005 budget.

**** The projects at Lebanon and Beckley received planning funds in prior fiscal years.