

CONTROLLED NATIONAL POLICY/DIRECTIVES MANAGEMENT SYSTEM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes the policy and responsibilities for managing, distributing, and communicating policies, procedures, and other information of general applicability within the Directive Management System (DMS).

2. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Incorporating VHA Handbook 6330.01.

b. In response to ongoing legal and practical concerns, establishing a firm recertification policy that expressly states controlled national policy (CNP) that are not recertified on or before their recertification date will be reported to the VHA Chief of Staff, in order to facilitate greater accountability for the maintenance of up-to-date national policy.

c. Updating definitions, drafting and submission processes, and certification and recertification requirements in accordance with the Government Accountability Office (GAO) Policy Transformation Report.

d. Updating CNP terminology and mandatory procedures for the publication of CNP.

e. Updating program office, Veterans Integrated Service Network Directors and VA medical facility Directors responsibilities.

f. Establishing an accelerated process for making non-substantive amendments to published CNP, and establishing a simplified procedure to extend the recertification date of a CNP. These changes are responsive to recommendations to facilitate simple changes to CNP and to help ensure CNP does not expire.

g. Adding program office responsibility for Section 508 compliance.

h. Simplifying the library of CNP and making it easier to identify and locate national policy on particular issues by eliminating all other types of CNP other than directives and notices; and providing the conditions under which handbooks and other CNP certified before the date of this directive may temporarily continue to serve as national policy. **NOTE:** *This means that handbooks will no longer be recognized vehicles for national policy, and program offices will be required to combine directives and handbooks into a single CNP and appendices will be used to convey instructions and programmatic procedures. VHA's Office of Regulatory and Administrative Affairs (ORAA) will assist in implementation of this change.*

The changes in this policy are intended to support preliminary implementation of VHA's response to the GAO February 2015 report that expressed concerns over VHA's policy documents and processes, and implement recommendations of the 2015 VHA Policy Transformation Task Force. Additional revisions to this directive will be forthcoming.

3. RELATED ISSUES: VA Directive 6330 and VA Handbook 6330.

4. RESPONSIBLE OFFICE: The VHA Office of Regulatory and Administrative Affairs (10B4) is responsible for the content of this directive. Questions may be referred to 202-461-6050.

5. RESCISSIONS: VHA Directive 6330, dated December 15, 2008, and VHA Handbook 6330.01, dated December 15, 2008, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of June 2021. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Under Secretary for Health

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CONTROLLED NATIONAL POLICY/DIRECTIVES MANAGEMENT SYSTEM

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the policy and responsibilities for managing, distributing, and communicating controlled national policy within the Directive Management System (DMS). **AUTHORITY:** Title 38 Code of Federal Regulations (CFR) 2.6(a)(1).

2. DEFINITIONS

a. **Amendment.** An amendment is a non-substantive change to a controlled national policy (CNP). Amendments are published via the procedures set forth in appendix D, paragraph 4.a. of this directive. Examples of amendments include: Changes solely to an appendix, changes to the title of a responsible office and technical or grammatical changes that do not change the originally intended meaning of a provision.

b. **Appendix.** An appendix to a CNP is an attachment that is used to convey instructions, guidelines, and programmatic procedures related to implementation or operation of the policy. Appendices may be amended independently from the CNP via the amendment process set forth in appendix D, paragraph 4.a. of this directive. **NOTE:** *For questions regarding information allowed in appendices, contact the Office of Regulatory and Administrative Affairs (ORAA) at [VHA CO 10B4 Actions@va.gov](mailto:VHA_CO_10B4_Actions@va.gov).*

c. **Certification of a CNP.** CNP must be signed by the Under Secretary for Health. CNP establishes a definite course of action for VHA and assigns responsibilities for executing that course to identifiable individuals or groups. A CNP is considered certified when the document has been signed by the Under Secretary for Health; has not been superseded or rescinded; and its recertification date has not passed. A certified CNP is current national policy that must be followed by VHA. **NOTE:** *CNP certified before the issue date of this directive will continue to serve as national policy in accordance with paragraph 2.i.(1) of this directive.*

d. **Controlled National Policy.** For detailed information on the definition, scope, and purpose of CNP, see paragraph 5 of this directive. **NOTE:** *Documents that do not conform to this definition of CNP and were certified before the issue date of this directive will continue to serve as national policy in accordance with paragraph 2.i.(1) of this directive.*

e. **Directive Management System.** Directive Management System (DMS) is the system, established by the Under Secretary for Health, used to develop, distribute, and communicate VHA controlled national policy (CNP), and to verify quality of CNP.

f. **Guidance.** Guidance is a document not signed by the Under Secretary for Health, often containing recommendations that inform strong practices within the organization. Guidance is supported by evidence, legal requirements, CNP, or organizational priorities. Guidance often provides recommendations for implementing

statutes, regulations, CNP or organizational initiatives. Guidance is not CNP. Examples include 10N memoranda, Email, conference calls, SharePoint sites, Intranet sites, program guides, and standard operating procedures.

g. **Non-Substantive Change.** A non-substantive change to a CNP is a change that does not meet the definition of a substantive change set forth in paragraph 2.m. of this directive.

h. **Recertification.** Recertification is the process by which a CNP is evaluated for efficacy, updated, and, when appropriate, signed by the Under Secretary for Health. See appendix D of this directive.

i. **Recertification Date.** A recertification date is clearly identified on all CNP and is the date on or before which the CNP must be recertified or extended (see appendix D of this directive). CNP with an expired recertification date may still be followed only if it has not been superseded by more recent CNP and/or has not been rescinded.

(1) In accordance with this directive, all national policy, including policies that do not meet the definition of CNP (i.e., handbooks, memoranda, and information letters), certified and not rescinded before the publication of this directive may be considered certified CNP in accordance with this directive for up to 1 year after the publication date of this directive, or until the policy's recertification date, whichever is later.

(2) A one-time extension to the recertification date may be granted at the discretion of the Chief of Staff, or designee, based on detailed justification from the responsible program office (RPO) (see paragraph 2.j.).

j. **Recertification Date Extension.** A recertification date extension is a one-time 6-12 month extension of the date by which a CNP must be recertified. See appendix D, paragraph 4.b. of this directive.

k. **Recertification with No Change.** A CNP is considered "recertified with no change" when it has been recertified using the procedures set forth in appendix D, paragraph 4.c. of this directive.

l. **Responsible Program Office.** The responsible program office (RPO) is the VHA entity listed as the responsible office on the transmittal sheet (see appendix B) of a CNP. The RPO is the office responsible for obtaining the signature of the Under Secretary for Health on the CNP.

m. **Substantive Change.** A change to a CNP is considered substantive (as determined by the Publications Control Officer [PCO]) based on criteria including, but not limited to: Legal and programmatic impact of the change, such as changes to implementation cost (including requiring additional, dedicated full- or part-time staff) or the Veteran population served; the significance of the CNP itself or the program affected by the CNP; whether the CNP has undergone frequent or multiple technical revisions since its last recertification by the Under Secretary for Health; and whether the Office of

General Counsel has raised concerns about the CNP. Substantive changes generally require recertification.

n. **Under Secretary for Health Memorandum.** An Under Secretary for Health Memorandum establishes policy for VHA Central Office only and is not CNP.

o. **VHA Handbook.** VHA handbooks will no longer be used as a type of CNP, but VHA Handbooks issued before the certification date of this directive continue to serve as certified CNP in accordance with paragraph 2.c. of this directive.

3. POLICY

It is VHA policy that all national policy is established by the Under Secretary for Health, and that documents establishing such policy conform to the standards and practices established in this directive; documents published by VHA that do not conform to the publication requirements of this directive are not national policy.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Secretary has delegated the authority to approve and issue VHA policy to the Under Secretary for Health. The Under Secretary for Health, or designee, is responsible for:

(1) Ensuring VHA program offices comply with this directive.

(2) Certifying and recertifying CNP. ***NOTE: Certain other officials may recertify CNP in accordance with appendix D, paragraph 4.c. of this directive.***

b. **VHA Chief of Staff.** The VHA Chief of Staff, or designee, is responsible for oversight of an effective DMS.

c. **Publications Control Officer.** The Publications Control Officer (PCO) is located in ORAA and is responsible for establishing and maintaining a DMS in accordance with this directive. The PCO is responsible for:

(1) **DMS.**

(a) Ensuring CNPs are maintained as required by VA Records Control System (RCS) 10-1.

(b) Maintaining the functional numbering system for CNP and all the types of media identified in this directive, and assigning functional numbers and dates to CNP.

(c) Reviewing and preparing all CNP for certification in accordance with this directive. The PCO retains the authority to non-concur on CNP based on quality, lack of conformance with this directive, substantive content, and other editorial content.

(d) Determining whether CNP must be reviewed by OGC based on established criteria.

(e) Ensuring the maintenance of the VHA Publications Web sites and Archives. See www.va.gov/vhapublications (**NOTE:** *This is an internal VA Web site that is not available to the public*) and www.va.gov/vhapublications.

(f) Notifying RPOs of the requirement for recertification by:

1. Email to the RPO 12 months prior to the recertification date.
2. Email to the RPO 6 months prior to the recertification date with a request for response.
3. Providing reports to the VHA Chief of Staff, through the Director, ORAA, at least 3 months prior to the recertification date if no response was received at 6 months and/or if ORAA has not received the CNP for initial substantive and technical review.

(g) Approving extension requests.

(h) Providing just-in-time training on DMS procedures to VHA Central Office (VHACO) responsible program offices upon request.

(2) Submission Process.

(a) Reviewing CNP to ensure the format, concurrences, backup materials, pre-work documentation, and type of document are in accordance with this directive. **NOTE:** *ORAA staff conduct a detailed line-by-line, word-for-word editorial review.*

(b) Ensuring CNP content meets the requirements of this directive and is published in accordance with the procedures established by this directive.

(c) Ensuring that collections of information that are referred to or established in CNP have been approved by OMB.

(d) Confirming compliance with Section 508 of the Americans with Disabilities Act before publication of CNP.

(e) Coordinating recommended OGC and Labor Management Relations (LMR) changes with the RPO.

(3) Distribution Requirements.

(a) Establishing and maintaining an appropriate national electronic Email group for distributing copies of CNP to all VHA Program Offices, Veterans Integrated Service Networks (VISN), and medical facility staff within 2 business days after notification that the CNP is signed by the Under Secretary for Health, or designee.

(b) Ensuring the publication of CNP signed by the Under Secretary for Health, or designee, to the VHA Forms and Publications Web sites, <http://vaww.va.gov/vhapublications> (**NOTE:** *This is an internal VA Web site that is not available to the public*) and <http://www.va.gov/vhapublications>. CNP are available on the Internet and Intranet no later than 48 hours after publication. **NOTE:** *CNP will be published within 48 hours following a federal holiday or closure.*

(c) Ensuring that a signed hard copy of any CNP is available upon request.

d. Principal Deputy Under Secretary for Health and Deputy Under Secretaries for Health. The Principal Deputy Under Secretary for Health and Deputy Under Secretaries for Health are responsible for:

(1) General.

(a) Designating a liaison to the PCO to coordinate the development of CNP by RPOs under their jurisdiction, and providing the liaison's name, telephone number, and Email address to the PCO.

(b) Ensuring the timely rescission or recertification of CNP over which they have primary responsibility, in accordance with this directive, including:

1. Coordinating with the PCO to rescind obsolete CNP,
2. Maintaining lists of current CNP for RPOs over which they have primary responsibility, and
3. Complying with the recertification process outlined in appendix C of this directive.

(c) Approving (indicated by signing VA Form 10-2479) recertification with no change requests from the RPOs under their jurisdiction.

(d) Resolving all non-concurrences in the event that the RPO and the non-concurring program office are unable to agree on a resolution during direct negotiations. For more information on non-concurrences, see paragraphs 6.b. and 6.c. of this directive.

(e) Ensuring that program offices, including Veterans Integrated Service Networks (VISNs) and VA medical facilities within their respective purview, comply with the CNP process in accordance with this directive.

(2) Distribution Requirements.

(a) Establishing and maintaining an appropriate national Email group for the purpose of distributing electronic copies of CNP and required supporting material to subordinate offices (including VISN offices) under their jurisdiction. **NOTE:** *The number of staff*

members assigned to these Email groups must be sufficient to create redundant coverage of the Email group to ensure continuous monitoring.

(b) Complying with policy established by CNP.

(c) Ensuring appropriate coordination and communication of CNP to subordinate offices and all VISNs under their jurisdiction that are affected by CNP within 4 working days of publication.

e. **Assistant Deputy Under Secretaries, Chief Consultants, Chief Officers, and Equivalent Directors.** Assistant Deputy Under Secretaries, Chief Consultants, Chief Officers, and equivalent Directors are responsible for:

(1) Designating a liaison, from each of their respective offices, to the PCO to coordinate the development of CNP under their respective jurisdictions, and providing the liaison's name, telephone number, and Email address to the VHA PCO.

(2) Ensuring that CNP for RPOs over which they have primary responsibility conform to the DMS process and requirements in accordance with this directive, including format, content, and concurrence timelines and procedures.

(3) Ensuring substantive and technical accuracy of the CNP for RPOs over which they have primary responsibility, including but not limited to: content, references to other publications or Web sites, and resource documents.

(4) Ensuring that CNP for RPOs over which they have primary responsibility conform to existing policies and the goals of the Under Secretary for Health, including compliance with Section 508 of the Americans with Disabilities Act.

f. **Responsible Program Offices.** The RPO is responsible for:

(1) Writing CNP, according to the specifications of this directive (see appendices B and C).

(2) Ensuring that CNP and forms conform to the requirements of Section 508 of the Americans with Disabilities Act (Title 29 United States Code (U.S.C.) 794d).

(3) Identifying and submitting to ORAA metadata, authority, and other VA or VHA policies that relate to the proposed CNP.

(4) Working with ORAA to ensure required forms related to the CNP receive any required Office of Management and Budget (OMB) Control Numbers, as required by the Paperwork Reduction Act (PRA) (44 U.S.C. 3501-3521), prior to publication. **NOTE:** *Contact with ORAA at [VHA CO 10B4 Forms and Pubs](#) should occur in the policy development phase.*

(5) Obtaining initial substantive and technical review from ORAA prior to placing the policy document into formal concurrence.

(6) Adhering to CNP concurrence requirements (paragraph 6 and appendix D).

(7) Entering the document into VA's electronic document concurrence system.

(8) Obtaining signed concurrences from the Principal Deputy Under Secretary for Health (10A), Deputy Under Secretary for Health for Operations and Management (10N), Deputy Under Secretary for Health for Policy and Services (10P), Deputy Under Secretary for Health for Organizational Excellence (10E), Deputy Under Secretary for Health for Community Care (10D), and other VA stakeholders (if required based on content [e.g., Veterans Benefit Administration (VBA)]).

(9) Resolving any non-concurrences with the non-concurring program offices. For more information on non-concurrences, see paragraphs 6.b. and 6.c.

(10) Ensuring substantive changes to existing CNP that revise procedures are assigned an effective date to allow VA medical facilities to enact these revisions.

(11) Completing an inclusive VA Form 10-2479 (accessible via ORAA's web site: http://vaww.va.gov/VHAREGS/dmo_policy.asp and VA Forms web site: <http://vaww.va.gov/vaforms/>) showing that signed concurrences have been obtained from all required offices. **NOTE:** *These are internal VA Web sites that are not available to the public.*

(12) Preparing VA Form 10-10113, VHA Chief of Staff Briefing Note and Communication Plan (accessible via ORAA's web site: http://vaww.va.gov/VHAREGS/dmo_policy.asp and VHA Forms and Publications Web site: <http://vaww.va.gov/vaforms/>) highlighting key issues related to the VHA CNP. **NOTE:** *These are internal VA Web sites that are not available to the public.*

(13) Completing VA Form 559a, Request for New or Revised Form or Form Letter, when a new or revised form is included with the CNP (see VA Directive 6301.1). This should occur in the policy development stage of the process. **NOTE:** *VA Form 559a is available on the VA Forms Intranet Web site: <http://vaww.va.gov/vaforms/> and is not available to the public.*

(14) Ensuring required documents (see paragraphs 4.f.(11)-(13)) are uploaded to VA's electronic document concurrence system, including any other materials required by VHA leadership for concurrence.

g. **VISN Director.** Each VISN Director, or designee, is responsible for:

(1) **General.**

(a) Ensuring that VISN-level policies conform to Section 508 of the Americans with Disabilities Act.

(b) Issuing any supplemental VISN instructions necessary to implement CNP requirements.

(c) Ensuring a process is established to review and revise VISN-level policies.

(d) Establishing a process to ensure the implementation of CNP at the VISN level and ensuring a similar process is established for VA medical facilities under their jurisdiction, including the review of required oversight monitoring requirements.

(2) Distribution Requirements.

(a) Establishing and maintaining an appropriate VISN-level distribution process for distributing electronic copies of CNP and required supporting materials to subordinate offices under its jurisdiction.

(b) Ensuring that appropriate staff at VA medical facilities in the VISN is included in the VISN CNP distribution process and must be sufficient to create redundant coverage of the distribution process to ensure continuous monitoring.

(c) Sending electronic copies of published CNP to medical facilities in the VISN within 48 hours following a federal holiday or closure of public.

(d) Establishing a process for managing the release and implementation of CNP across VISN VA medical facilities.

h. **VA Medical Facility Director.** Each VA medical facility Director, or designee, is responsible for:

(1) General.

(a) Ensuring that facility-level policies conform to Section 508 of the Americans with Disabilities Act.

(b) Issuing any supplemental facility-level instructions necessary to carry out the provisions of CNP.

(c) Ensuring that a process is established to review and revise facility-level policies.

(d) Establishing a process to ensure the implementation of CNP at the facility level, including the review of required oversight monitoring requirements.

(2) Distribution.

(a) Establishing and maintaining an appropriate medical facility-level Email group for distributing electronic copies of CNP and supporting materials to VA medical facility staff.

(b) Distributing an electronic copy of the published policy to medical facilities under its jurisdiction within 48 hours following a federal holiday or closure.

(c) Ensuring that the medical facility policy Email group includes appropriate staff at the facility responsible for distribution.

(d) Assigning responsibility to appropriate staff to ensure the implementation of CNP.

(e) Ensuring that all locally-developed policies are submitted to the repository as designated by the PCO.

5. TYPES OF CNP

CNP must be signed by the Under Secretary for Health. CNP establishes a definite course of action for VHA and assigns responsibilities for executing that course to identifiable individuals or groups. All CNP must be clear, concise, and logically composed. They must be organized and arranged in a manner that helps users locate information quickly. CNP is either a directive or a notice. CNP must not meet the definition of a “rule” under the Administrative Procedures Act (5 U.S.C. 551 et seq.), and certain human resources information or criteria (e.g., position descriptions, performance plans) and clinical practice guidelines are not appropriate subjects for CNP. Questions whether content is appropriate for CNP will be directed to ORAA at [VHA CO 10B4 Actions@va.gov](mailto:VHA_CO_10B4_Actions@va.gov). The two types of CNP are addressed below.

a. Directive.

(1) Directives establish national VHA policy.

(2) From certification (date of signature) by the Under Secretary for Health, a CNP is valid for 5 years. Directives must be certified or recertified for a period not to exceed 5 years, as follows:

(a) At 5 years, a CNP without changes may be recertified by the Deputy Under Secretary for Health to whom the RPO reports (see appendix D, paragraph 4.c. of this directive).

(b) At 5 years, a CNP with substantive changes must be signed by the Under Secretary for Health.

(c) If a CNP was recertified by the Deputy Under Secretary for Health to whom the RPO reports at 5 years, it must be signed by the Under Secretary for Health at 10 years, including CNP without changes.

(3) Require a transmittal sheet that must consist of the following six paragraphs: Reason for Issue; Summary of Content (for new directives) or Summary of Major Changes (for recertified directives); Related Issues; Responsible Office; Rescissions, and Recertification (see sample at appendix B).

(4) Require a table of contents.

(5) Are assigned a 4-digit functional number by the ORAA.

(6) Contain the following main numbered paragraphs (see appendix B): Purpose and Authority, Background (optional), Definitions (optional), Policy, Responsibilities,

other narrative text paragraphs may be added as necessary with the approval of the PCO. These paragraphs may include but are not limited to References. Appendices are used to convey instructions, guidelines, and programmatic procedures. The RPO should address questions regarding the appropriateness of appendices to the PCO.

b. **Notice.** A VHA notice is a CNP that communicates information about a one-time event, such as announcing the rescission of a CNP or manual and announcing awards, scholarships, and requests for proposals. Notices:

(1) May be used to establish interim policy outside of a directive with the authority of the Under Secretary for Health until a directive can be developed. A notice issued to establish interim policy as outlined in this paragraph will not be recertified.

(2) Automatically expire 1 year after the date of publication and are archived on the VHA Publications Web sites <http://vaww.va.gov/vhapublications/publications.cfm?Pub=6> (**NOTE:** *This is an internal VA Web site that is not available to the public*) and <http://www.va.gov/vhapublications/publications.cfm?Pub=1>.

(3) See Appendices E and F for sample VHA Notices.

6. CONCURRENCE REQUIREMENTS

See appendix D for concurrence process information.

a. If review cannot be completed within the specified timeframe, the concurring office must request an extension using VA's electronic document concurrence system stating the reason for the extension and the expected date of completion.

b. An office that does not concur with a proposed CNP must prepare a statement of non-concurrence and place the statement in VA's electronic document concurrence system with an assignment to the RPO. The non-concurring office must collaborate with the RPO to resolve all issues involved in the non-concurrence. If the offices are unable to agree, the dispute will be resolved by the Principal Deputy Under Secretary for Health and/or the Deputy Under Secretaries for Health with jurisdiction over the RPO and the non-concurring office. **NOTE:** *The PCO includes the original statement of non-concurrence in the backup material to VA Form 10-2479.*

c. If non-concurrence cannot be resolved, the non-concurrence is presented with the CNP package to the Under Secretary for Health.

d. Concurring officials shall limit their review to the substantive areas for which they have functional responsibility and knowledge. They are not to withhold or delay concurrence because of a personal preference for writing or punctuation style.

7. REFERENCES

a. 29 U.S.C. 794d.

- b. 44 U.S.C. 3501-3521.
- c. VA Handbook 6221, Accessible Electronic Information and Technology (EIT).
- d. VA Directive 6310.1, Forms Management Procedures.
- e. VA Directive 6330, Directives Management.
- f. VA Handbook 6330, Directives Management Procedures.
- g. Implementing the Section 508 Rehabilitation Act of 1973 and V.A.'s Section 508 Accessibility Mandate, http://www.section508.va.gov/Policies_and_Procedures.asp
- h. Office of the Secretariat Correspondence Manual, <http://vaww.execsec.va.gov/>.
NOTE: *This is an internal VA Web site that is not available to the public.*
- i. Product Development Product Assessment Competency Division, <http://www.section508.va.gov/>
- j. U.S. Government Printing Office Style Manual, <http://www.gpo.gov/fdsys/pkg/GPO-STYLEMANUAL-2008/pdf/GPO-STYLEMANUAL-2008.pdf>

RESOURCES

1. VA Form 10-2479 preparation: http://vaww.va.gov/VHAREGS/dmo_policy.asp
2. Checklist and other information for preparing controlled national policy documents: http://vaww.va.gov/VHAREGS/dmo_policy.asp

NOTE: *The above links are internal VA Web sites and are not available to the public.*

3. General VA Section 508 resources:
 - a. VA Section 508 Home Page. <http://vaww.section508.va.gov/>
 - b. Guidance and Tutorials- VA Section 508 eLearning Support. <http://www.section508.va.gov/support/tutorials/word/index.asp>
 - c. Training Options. <http://vaww.section508.va.gov/SECTION508/Training.asp#lync>
 - d. Creating Accessible Documents Training (Schedule). http://vaww.section508.va.gov/SECTION508/Training_Accessible_Documents.asp
 - e. VA Conformance Certification (Conformance Validation Statement). http://vaww.section508.va.gov/Conformance_Documents.asp
 - f. Contact Section 508 Support Section508Support@va.gov

June 24, 2016

VHA DIRECTIVE 6330
APPENDIX B

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE XXXX
Transmittal Sheet
DATE

SAMPLE VHA TRANSMITTAL SHEET AND DIRECTIVE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes (revises, replaces, etc.) VHA policy for (give a brief statement outlining policy or reason for directive).

2. SUMMARY OF MAJOR CHANGES OR SUMMARY OF CONTENT: "Summary of Content" is used for new directives and includes a concise paragraph summarizing the major content of the directive. "Summary of Major Changes" is used for recertification and includes a brief summary paragraph and/or list significant changes by paragraph. Major changes are as follows:

- a. Paragraph X: Defines xxxxxx.
- b. Paragraph XX: Establishes, etc.

3. RELATED ISSUES: If applicable, list any Department of Veterans Affairs (VA) or VHA controlled national policy (CNP) related to this issue or state "None".

4. REPORTS: (OPTIONAL) Only cite when there is a report requirement. The Reports Control Number (RCN) (old RCS number) will always appear at the end of the subject line.

5. RESPONSIBLE OFFICE: This paragraph will list the title of the official under which the author wrote the directive. This official will be responsible for the directive update, recertification, and questions regarding the issue. For example: RESPONSIBLE OFFICE: The Assistant Deputy Under Secretary for Health for Patient Care Services (10P4) is responsible for the content of this VHA directive. Questions may be referred to (list title or office not individual's names), and telephone number (xxx-xxx-xxxx).

6. RESCISSIONS: List any CNP that are being rescinded or recertified. For example: VHA Directive xxxx, dated January 1, 2001, is rescinded.

7. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of (DATE). This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Signature Block for the
Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on (DATE).

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TITLE OF SAMPLE VHA DIRECTIVE**1. PURPOSE**

The purpose states the reason for establishing the directive (e.g., This VHA directive establishes (or updates) policy concerning (The Program).....). **AUTHORITY:** The statute or regulation that provides authority for the program.

2. BACKGROUND

A background paragraph is optional and presents history or other pertinent and current information that is non-directive.

3. DEFINITIONS

Definitions are listed in alphabetical order. The CNP should define only terms that are used in the document or in necessary related CNP.

a. **Appendix.** Appendices are utilized to convey instructions, mandatory guidelines, and programmatic procedures. Appendices are formatted in the same manner and structure as directives.

b. **Directives.** Directives are concise documents of policy; mandatory procedures or operational requirements implementing policy are included in the appendices.

c. **Paragraphs.** VHA directives include the following paragraphs: PURPOSE, BACKGROUND (optional), DEFINITIONS (optional), POLICY, RESPONSIBILITY (identify responsibilities and under service's jurisdiction), OTHER PARAGRAPHS (infrequently used to delineate important details, brief instruction, and mandatory information), and REFERENCES (optional).

d. **Page Numbers.** The first page of a directive (the transmittal sheet) carries a "T" (for transmittal)-number. The first page of a directive is always numbered "1". All odd and even page numbers are located on the bottom right-hand side of the page footer.

e. **Text.** The format for the text follows the requirements outlined in paragraph 1.f.(i), appendix G. Text is organized by using paragraphs as required by paragraph 1.f.(i), appendix G.

4. POLICY

The policy statement must be a brief statement that gives VHA's policy on the subject. This statement sets the parameters of the directive. An example is: It is VHA policy that (you may use an abbreviated mission statement).

5. RESPONSIBILITIES

List responsibilities and brief action requirements. Lengthy procedures are to be placed in an appendix.

a. Responsibilities are listed in hierarchical order, such as:

(1) The Under Secretary for Health. The Under Secretary for Health is responsible for....

(2) The Deputy Under Secretary for Health for Operations and Management. The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for....

(3) VISN Directors. The VISN Director is responsible for....

(4) VA Medical Facility Directors. VA medical facility Directors are responsible for....

(a) VA medical facility Director responsibilities are limited to/must relate only to....

(b) Other important information to prescribe relating to medical facility Director responsibility issues.

b. Responsibilities must not be mandated for general applicability to VHA employees or Veterans.

7. OTHER PARAGRAPHS

Additional main numbered paragraphs are used infrequently to describe mandatory processes and other necessary mandated information. Detailed programmatic instructions are located in appendices.

8. REPORT(S) (OPTIONAL)

Only cite when there is a report requirement. The Reports Control Number (RCN) (old RCS number) always appears at the end of the subject line.

9. REFERENCE(S) (OPTIONAL)

Cite any references pertaining to the subject. References are listed in the following order: Public Law, U.S.C., CFR, VA policy, VHA policy, and other references in alphabetical order.

VHA STYLE AND USAGE REQUIREMENTS

All controlled national policy (CNP) must be clear, concise, and logically composed. They must be organized and arranged in a manner that helps users locate information quickly. **NOTE:** *The Office of the Secretariat [Correspondence Manual](#) and the [United States Government Printing Office Style Manual](#) are used for editorial guidance concerning style usage that is not addressed in this directive.* The following instructions must be followed when preparing Veterans Health Administration (VHA) CNP:

1. GENERAL PREPARATION GUIDANCE

a. **Software and Font.** All CNP are prepared with the current word processing software that is the Department of Veterans Affairs (VA) standard using Arial font, 12 font size.

b. **Margins, Indentation, Tabs and Spacing.** All CNP have a 1-inch margin at the top of the page and 1-inch margins on each side and the bottom of the page. Paragraphs are single spaced with a 12 pt. space between each. Use two spaces after each period, question mark, and colon.

c. **Headers and Footers.** Headers and footers must be inserted at the creation of the CNP. **NOTE:** *Headers are set at a 6.5 right tab and 0.5 from the top. Page numbers are placed in footers at the bottom right-hand side of the page, using 6.5 right text alignments. The identifying CNP number and the page number are always on the right.*

(1) Header data must identify the CNP type (e.g., VHA DIRECTIVE), and contain the appropriate functional number and the approval date, which is assigned by the PCO.

(2) VHA information letters and notices are identified by "VHA" followed by the calendar year in which issued and a unique sequential number which is assigned by the PCO, for example: VHA NOTICE 2015-01.

d. **Words.** Use short words, active verbs, and present tense. Avoid unnecessary words, personal pronouns, colloquial phrases, and gender specific references.

e. **Sentences.** Use short, compact sentences (15 words on the average) and active voice; tie thoughts together; limit qualifying statements; and list conditions, steps, and exceptions separately.

f. **Paragraphs.** All paragraphs must:

(1) Be numbered or lettered. Do not use bullets or leave paragraphs without a number or letter designation (as described in paragraph 1.i.(5) of this appendix.

(2) Use short paragraphs and headings that reflect paragraph contents.

(3) State main points in the first sentence.

(4) Tie sentences together.

(5) State the rule, then the exception.

(6) Use cross references carefully and sparingly. **NOTE:** *Cross references are to be made by paragraph, not footnotes.*

g. **Web Links.**

(1) Web links must be Internet sites unless the material is not available on the Internet. When Intranet sites are the only option, a statement must accompany the link stating "**NOTE:** *This is an internal VA Web site that is not available to the public.*" Whenever possible, include Internet and Intranet links that provide equivalent information in the reference section.

(2) Linked documents must be Section 508 compliant. For external documents (i.e., those not created by VA), a disclaimer note must accompany the Web site link stating "**NOTE:** *This linked document is outside VA control and may or may not conform to Section 508 of the Americans with Disabilities Act.*"

h. **Deadlines.** Ensure deadlines mandated for program requirements can be met by VA medical facility staff prior to submitting for initial substantive and technical review.

i. **Paragraph Numbering and Titles.** Do not use bullets as they cannot be referenced. Use the correct subparagraph formatting as described in paragraphs 1.i.(3)-(5) below.

(1) CNP titles and titles for appendices are in bold print, all capitals, and centered.

(2) Title or main paragraph numbering begins with the numeral 1 flush with the left margin, bolded, all capitals, and ends with a colon.

(3) Subparagraphs are used when they add meaning or make a document easier to follow. If a title is used for one subparagraph, all others of the same "rank" are given titles, as appropriate. Subdivide text only if two or more paragraphs exist.

(4) Subparagraphs are indented 0.25. Carryover lines are flush with the left margin.

(5) The following numbering scheme is used for paragraphs in all CNP.

1. (always flush to left margin) (introductory words are **BOLD:**) and in UPPER CASE.

a. (use auto-formatted numbering: number position 0.25", text indent 0.0") (introductory words are **bold underlined.**).

(1) (use auto-formatted numbering: number position 0.25", text indent 0.0") (introductory words are **bold.**).

(a) (use auto-formatted numbering: number position 0.25", text indent 0.0")
(introductory words are underlined.)

1. (use auto-formatted numbering: number position 0.4", text indent 0.0")

a. (use auto-formatted numbering: number position 0.4", text indent 0.0")

(1) (use auto-formatted numbering: number position 0.55", text indent 0.0")

(a) (use auto-formatted numbering: number position 0.55", text indent 0.0")

j. **Punctuation.**

(1) A period must be used at the end of all subparagraph titles. For example: a. **Subparagraph Accents.** The text follows on the same line.

(2) Commas are used after each item in a list of three or more (e.g., Using commas in this manner is often called Oxford, Harvard, or Serial comma).

k. **Approval and Signature.** Each VHA CNP is approved and signed by the Under Secretary for Health. The signature block, typed name and title of the approving official, must appear four returns after the end of the last paragraph on the transmittal sheet, 3.2" from the left side of the page.

l. **Forms.** Forms must be designed in a fillable format by Forms and Publications, Office of Regulatory and Administrative Affairs (ORAA). Program offices should contact [VHA CO 10B4 Actions](#) in the CNP drafting stage for form creation. Forms must be referenced with a link and cannot be embedded into the CNP. **NOTE:** *Forms requesting information from the public must have Office of Management and Budget (OMB) approval before they can be distributed; contact [VHA CO Forms and Publications](#).*

2. ACRONYMS AND ABBREVIATIONS

Acronyms should follow the spelled-out word(s), in parentheses, the first time they occur in each section (i.e., transmittal sheet, document body, each appendix) and again if the acronym was not used in the preceding 15 pages of the section. Acronyms should not be used in paragraph headings unless they have been previously spelled out (i.e., paragraph headings should not be used to define the acronym).

a. Do not abbreviate any of the following:

(1) Secretary of Veterans Affairs (may use "Secretary" or "the Secretary").

(2) Under Secretary for Health, Principal Deputy Under Secretary for Health, Assistant Deputy Under Secretary for Health.

(3) DVA for Department of Veterans Affairs; use VA.

(4) The Joint Commission.

(5) Paragraph. Paragraph should not be abbreviated to para., subpara., etc.

b. VAMC. See paragraph 11 of this appendix.

3. BIANNUALLY and BIWEEKLY

Never use these terms. To ensure clarity, state as: twice a year, every 2 weeks, twice a week, etc.

4. CAPITALIZATION

a. **Department.** Department and Departmentwide is capitalized when referring to the Department of Veterans Affairs. Other department names are capitalized when used as proper nouns, but not when used in general (e.g., State Department, executive departments).

b. **Directive, Notice, Appendix.** Only capitalize these terms when referring to a specific document (e.g., VHA Directive 6330, Appendix A). Otherwise, these terms are not capitalized (e.g., this directive, an appendix, etc.).

c. **Email.** Email is capitalized, no hyphen.

d. **Executive Order.** Executive Order (with number), but Executive order (no number).

e. **Federal.** Federal is capitalized.

f. **Government.** Capitalize titles of Federal Government, its units, and their shortened forms. Do not capitalize when used in general or when referring to other than a Federal Government unit (e.g., U.S. Government, Office of Finance, a democratic government, the administrations).

g. **Health Care.** Health care is written as two words, not capitalized, unless it is the proper name of a VA medical facility. Defer to the facility's official name which may have health care as one word versus two words (e.g., Tennessee Valley Healthcare System).

h. **Nation.** Nation is capitalized unless used in a general sense (e.g., the Nation, national contracts).

i. **Internet, Intranet.** Internet and Intranet are capitalized.

j. **Servicemember.** Servicemember is one word, capitalized.

k. **State.** State is capitalized when used as a proper noun, but not when used in general (e.g., New York State, any state).

- I. **Veteran.** Veteran is capitalized.

5. DATES (ACTION OR IMPLEMENTATION)

If the action or implementation date is not feasible (taking into consideration distribution and response times), an ORAA staff member will contact the originator and suggest a new date.

6. DATES and NAMES

Always write out month and year, do not abbreviate; i.e., January 3, 1996, or FY 1996. Do not divide a person's name or the month and day at the end of a line of text. Only the year or last name of an individual can be carried over to the next line.

7. ENSURE or INSURE

Ensure means to guarantee a service or action. Insure means to guarantee with money.

8. FIELD

Do not use "field" to identify staff, instead use VA medical facility staff.

9. FOOTNOTE

Do not use footnotes; instead set off text which emphasizes a special point by setting it apart as a "**NOTE:** *Put text in italics.*" Another option is to add it as a reference, which can be referred to by paragraph.

10. GENDER

In compliance with the Civil Rights Act of 1976; Congress' changes to title 38 removing all references to gender; Public Law 99-576 discouraging gender references; and VA directive 6330, do not make reference to gender. The following terminology is recommended for use in CNP:

- a. Avoid the use of pronouns, whenever possible, when both sexes are involved. It is usually possible to rewrite without resorting to the use of singular person pronouns. For example, do not use: "Each supervisor filled out his evaluation." Use instead: "The supervisor filled out the employee's evaluation."

- b. Other gender-based terminology that is not related to a specific physical characteristic should be shown by the following examples:

- (1) Chairperson instead of Chairman (the actual incumbent may prefer to be called Chairman or Chairwoman, only the position need be described neutrally).

(2) Surviving Spouse instead of widow or widower. Spouse, spouses, spouse's instead of wife, wives, or husband, husband's.

(3) Sibling or siblings instead of brother, sister. Child or children instead of daughter or son.

(4) Parent instead of mother or father. Married couple instead of husband and wife.

(5) Either parent instead of father or mother. Grandparents instead of grandfather or grandmother.

(6) Person, human, human being, living human instead of man, living man. Humanity, human beings, humankind instead of mankind.

(7) Per person instead of per man. Prudent individual, person instead of prudent man. Person, individual instead of female or male.

(8) Human resources instead of manpower.

(9) Artificial, of human origin, synthetic instead of manmade.

(10) Trained work force instead of trained manpower.

(11) Services, Servicemember, Servicemembers instead of serviceman, servicemen.

(12) Worker's compensation instead of workman's compensation.

c. Avoid all gender-specific references (e.g., his, her, or he, she).

11. HOSPITAL

VA medical facilities are no longer referred to as hospitals - use "VA medical facility(ies)." The only exception is when it is necessary to distinguish between hospital nursing home, domiciliary care or beds, or between hospital versus outpatient care.

a. If health care facility or medical center is used, it must be included in the definitions paragraph to distinguish which facilities are included in the use of the term.

b. "VAMC" is not to be used unless it is referring to a specific VA medical center (e.g., Washington DC VAMC).

12. HYPHENS

Do not hyphenate words at the end of lines; rare exceptions can be made. Hyphenated words can be used. For example: Non-service connected, non-VA hospital, long-term, full-time, and 3-year program.

13. NUMBERS

a. Numbers under 10 are spelled out, except when expressing time, money, and measurement (e.g., finish in 2 years, go for 5 yards). Hyphen when used as an adjective (e.g., the scholarship is for a 4-year program). Always spell out the number when it is the first word in a sentence.

b. Numbers of more than 10, but less than 100 are spelled out when preceding a compound modifier (e.g., twelve 6-inch shelves, 120 8-inch boards).

c. Fractions must be written out (e.g., 2/3 is written as two-thirds).

14. PERCENT

The percent symbol is not to be used, it is always spelled out.

15. PLEASE

Do not use "please" in CNP. "Please" is appropriate in correspondence, but not in official CNP documents.

16. REFERENCES

References should be listed by hierarchy first (i.e., Public Law, U.S.C., CFR, VA policies, VHA policies), then alphabetically by the author's name and then alphabetically by the reference subject.

a. Public Law. This should be written the first time it is referenced in the policy, e.g., Public Law (Pub. L.) 87-693, and thereafter as Pub. L. 87-693 (do not use "P.L.," which stands for Poet Laureate).

b. 38 United States Code. This should be written out the first time it is referenced in the policy, e.g., title 42 United States Code (U.S.C.) 5011, and thereafter as 42 U.S.C. 5011. At the beginning of a sentence, always use "Title" 42 U.S.C. 5011; never start a sentence with "42" U.S.C. **NOTE:** *Section and/or chapter titles should not be used when referencing U.S.C. sections.*

c. 38 Code of Federal Regulations. This should be written the first time it is referenced in the policy, e.g., title 38 Code of Federal Regulations (CFR), Section 1.577(a), and thereafter as 38 CFR 1.5777(a). At the beginning of a sentence, always use "Title" 38 CFR 17.50b; never start a sentence with "38" CFR. **NOTE:** *Section and/or chapter titles should not be used when referencing CFR sections.*

d. VA and VHA Policies. Hyperlinks should lead to the main publications page only and not to the policy itself as hyperlinks are broken and replaced when a policy is recertified.

17. SLASHES

Slashes mean and/or; use only with and/or. For example VA/DoD Sharing Agreement. This is incorrect. Written this way it means VA and/or DoD Sharing Agreement. The correct way is VA-DoD Sharing Agreement.

18. STATES AND WASHINGTON, DC

No periods; i.e., "DC" instead of "D.C." Use the two-letter United States Postal Service abbreviation for all states.

19. STATION

Medical centers are not referred to as stations, but as facilities. "Station" is only used when referring to "station number."

20. TABLE OF CONTENTS

See appendix B for a sample and appendix G for more in-depth guidance on creating and editing a table of contents. Tables of contents (TOC) must be auto formatted in Microsoft Word; by default a TOC will not be inserted at the beginning of the document. Items that are styled as headings throughout the document are the items that will appear when choosing to insert an automatic TOC. Microsoft Word searches for heading styles and creates a TOC based on that structure. **NOTE:** *The styles used to create the TOC are Heading 1 and Heading 2 Titles.*

a. Create Document Headings Using Styles.

(1) Open Navigation Pane (in the View tab);

(2) Use Heading 1 Style (in the Home tab) for document title (right-click "Update heading to match style);

(3) Use Heading 2 Style for main numbered headings (right-click "Update heading to match style). **NOTE:** *Do not create headings on the transmittal sheet.*

b. Creating a Table of Contents.

(1) Navigate to the toolbar and activate the References tab;

(2) Select the Table of Contents button;

(3) Select the first of the Automatic table options from the menu (See Below); and

(4) Confirm a Table of Contents structure appears in the beginning of the subject document.

c. Editing the Automatic Table of Contents.

(1) The Automatic Table of Contents will populate using all Heading Styles created throughout the document.

(2) An appendix is defined on the first page, NOT the Header, the appendix will be assigned Heading Style 1. This will populate in your Automatic Table of Contents in the appropriate hierarchy of contents. See appendix B for sample.

d. **The Automatic Table of Contents Formatting.**

(1) Highlight the entire Table of Contents and change the font to Arial size 12.

(2) Delete the “Contents” entry and the title of the document within the Automatic Table of Contents. The Automatic Table of Contents should begin with the PURPOSE section. **NOTE:** *The Title and Contents heading should be outside of the Automatic Table of Contents.*

e. **Updating the Table of Contents.**

(1) The Automatic Table of Contents can be easily updated by selecting the “Update Table...” button. This is available when the Table of Contents is selected or from the Table of Contents pane on the toolbar.

(2) Select “Update page numbers only.” This ensures that the headings you previously removed will not be added back.

(3) Select “Update page numbers only” prior to saving subject document each time you are done working with it to ensure the main numbered headings have the correct corresponding page numbers.

21. TELEPHONE NUMBER

In accordance with the Government Printing Office (GPO) Manual, paragraph 8.55, telephone numbers written in official government documents will be hyphenated numbers; i.e., 202-565-7444. Do not use numbers separated by periods or parentheses.

22. VA

Department of Veterans Affairs (VA) when written the first time. Use "the VA" only when VA is used as an adjective; e.g., The VA employee.... The same rule applies to the acronym VHA use "the VHA" only when VHA is used as an adjective; e.g., The VHA staff.

23. VA CENTRAL OFFICE

VHA uses VHA Central Office, unless reference is to the entire VA; then it will be written out as VA Central Office.

24. VA FORM

No quotes or parentheses are used around VA Form titles or numbers. Always write out VA Form, do not use VAF. **NOTE:** *Titles of VA Forms may be found at: <http://vaww.va.gov/vaforms>. This is an internal VA Web site that is not available to the public.*

STEP-BY-STEP CONCURRENCE PROCESS FOR DIRECTIVES AND NOTICES**1. PRE-WORK**

Responsible program offices (RPO) generating new directives or seeking recertification of directives are strongly encouraged to seek input from Veterans Health Administration Central Office (VHACO) program offices and other stakeholders (e.g., Office of Regulatory and Administrative Affairs (ORAA) or Office of General Counsel (OGC)) as needed before proceeding to step two of this process. Such “pre-work” has been shown to significantly reduce the likelihood of unnecessary work and delay at later stages of the process.

2. OFFICE OF REGULATORY AND ADMINISTRATIVE AFFAIRS (ORAA) FOR INITIAL SUBSTANTIVE AND TECHNICAL REVIEW

a. **Purpose.** The purpose of the initial substantive and technical preview process is to ensure adequate opportunity for review and comment *before* a controlled national policy (CNP) is put into VA’s electronic document concurrence system. This may reduce or eliminate problems including signatures becoming outdated; version control issues; and other complications and delays.

b. **Process.**

(1) **Step 1.** After appropriate pre-work development is concluded and the RPO has completed a final draft of the CNP, the RPO Emails the CNP to [VHA CO 10B4 Actions](#). **NOTE 1:** *When recertifying an existing CNP, the responsible program office must communicate major changes on the transmittal sheet (see appendix B).* **NOTE 2:** *CNP submitted to ORAA for substantive and technical review need not conform fully to the requirements of Section 508. However, RPOs are encouraged to be mindful of those requirements while drafting CNP and ORAA will return to that office any document which is likely to require substantial additional work before it can meet those requirements.*

(2) **Step 2.** ORAA reviews, suggests edits and comments, and discusses incorporation of such edits or comments with the responsible program office. ORAA preliminarily determines if OGC review and concurrence will be required based on established criteria. ORAA review will consist of:

(a) Legal review for authority; conflicts with laws, regulations or other policies; conformity with the Administrative Procedures Act; etc.

(b) Plain language writing and “readability,” grammar, etc.

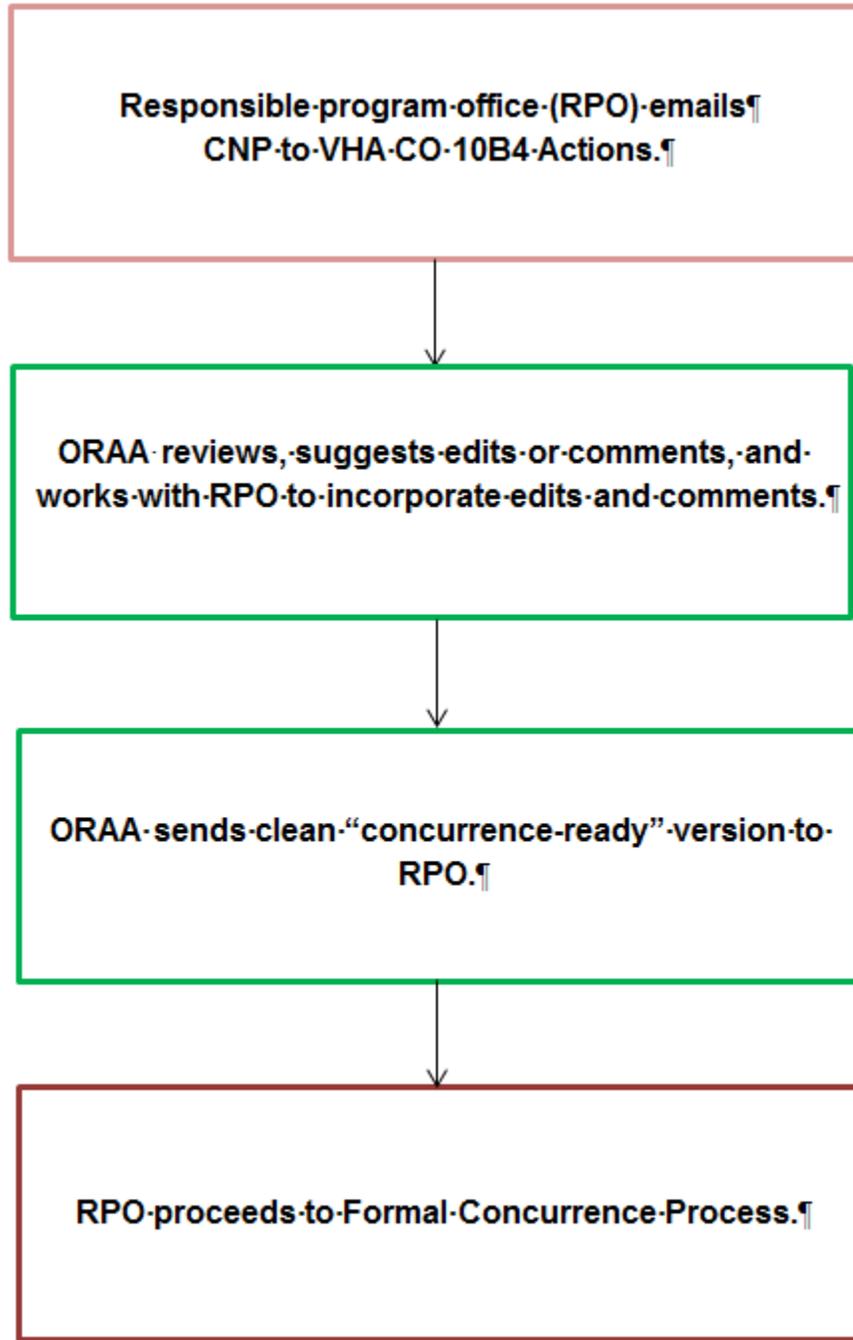
(c) Consultation with the Office of General Counsel, or others, as needed.

(d) Determination whether the CNP meets the requirements of this directive.

(3) **Step 3.** After ORAA and the RPO agree on a final version, ORAA provides the RPO with a clean version of the CNP, which the RPO may then put in formal

concurrency. **NOTE:** *There are no prescribed timeframes in which to conduct this initial substantive and technical review.*

FLOW PROCESS DIAGRAM FOR ORAA’S INITIAL SUBSTANTIVE AND TECHNICAL REVIEW PROCESS



3. FORMAL CONCURRENCE PROCESS

a. The formal concurrence process is used only after the CNP has been through the initial substantive and technical review process. The formal concurrence process must be conducted in VA's electronic document concurrence system. **NOTE:** *If significant changes are made during formal concurrence from the "concurrence-ready" version prepared by ORAA during the initial substantive and technical review process, the RPO should advise ORAA as soon as possible to minimize or avoid unnecessary delays in obtaining any re-concurrences that may be required.*

b. The review process is as follows:

(1) **Step 1.**

(a) Responsible program office assigns the CNP concurrently to 10E, 10D, 10N and 10P.

(b) 10E, 10D, 10N and 10P assign to affected subordinate offices, as needed. **NOTE:** *10E, 10D, 10N, and 10P may make individual assignments to subordinate offices, but only 10E, 10D, 10N, and 10P concurrences are mandatory.*

(c) 10E, 10D, 10N and 10P upload signed concurrence to VA's electronic document concurrence system.

(2) **Step 2.**

(a) Responsible program office assigns the CNP to 10A.

(b) 10A assigns to affected subordinate offices, as needed. **NOTE:** *10A may make individual assignments to subordinate offices, but only 10A concurrence is mandatory.*

(c) 10A uploads signed concurrence to VA's electronic document concurrence system.

NOTE to Steps 1 and 2: *10E, 10D, 10N, 10P, and 10A must consolidate their respective subordinate office concurrences on one VA Form 10-2479.*

(3) **Step 3.**

(a) Responsible program office assigns the CNP to ORAA.

(b) ORAA reviews the CNP and Emails the final, formatted version to responsible program office for their approval (voting Email approval process).

(c) Responsible program office approves the final copy.

(d) ORAA obtains formal concurrence from the Office of General Counsel (OGC) (if determined necessary).

(e) OGC uploads signed concurrence to VA's electronic document concurrence system. **NOTE:** *The responsible program office, ORAA, and OGC will work through any resulting edits or comments.*

(f) ORAA assigns to Labor Management Relations (LMR) (see paragraph 5.b. of this appendix); LMR either:

1. Concur.
2. Concur with comments.
3. Concur with conditions.

(4) **Step 4.**

(a) 10B4 Emails the final version of the CNP to the responsible program office. The program office must not make substantive changes to the document.

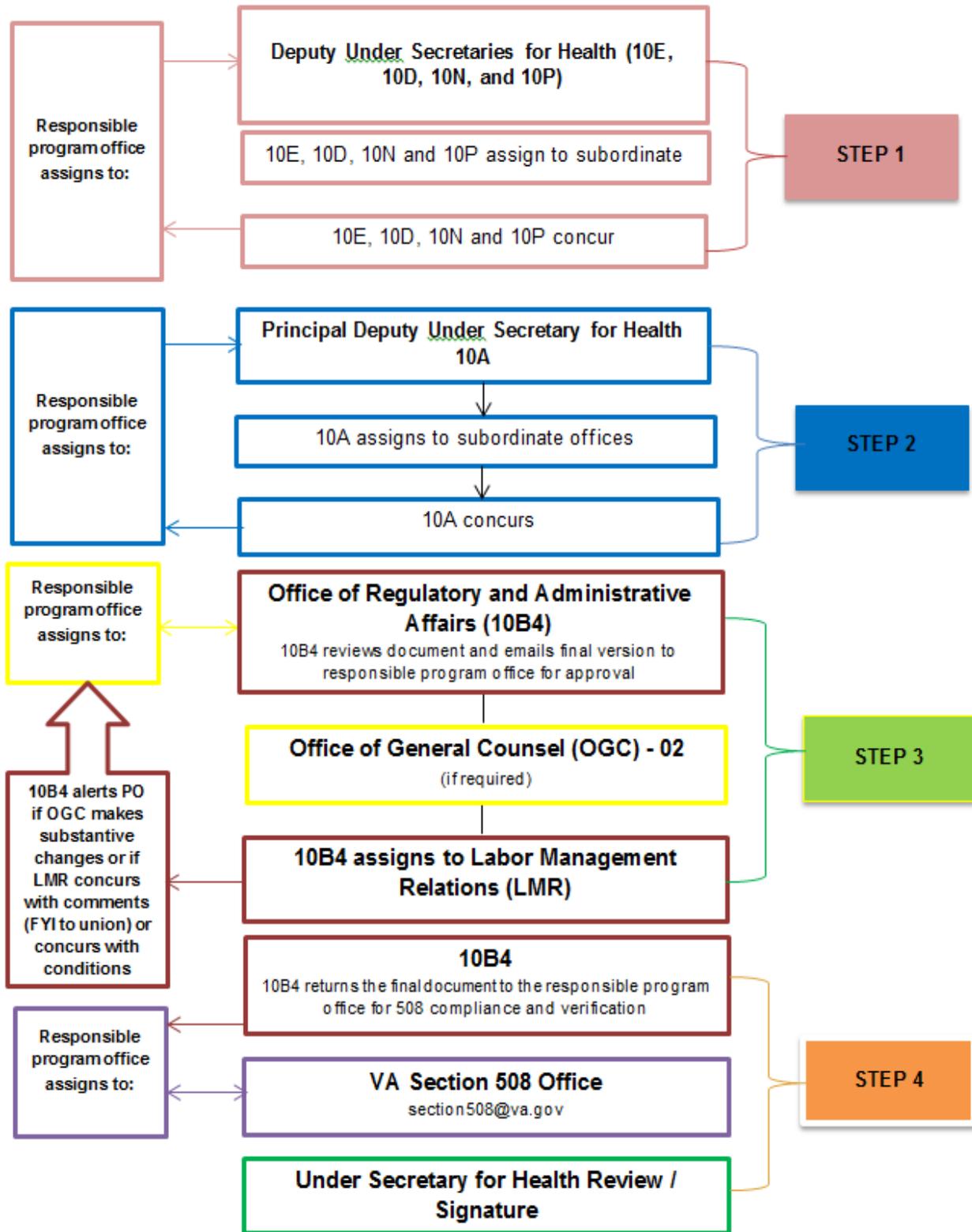
(b) The responsible program office completes 508 compliance requirements in accordance with VA Section 508 guidance (see appendix G) and submits the CNP to the VA Section 508 office for verification.

(c) The Section 508 office will return the CNP and the conformance report to the responsible program office.

(d) Once the CNP is certified as 508 compliant, the program office sends the document and conformance report to ORAA for final processing.

(e) ORAA concurs and presents CNP to Under Secretary for Health for review and/or signature (dependent on LMR concurrence). **NOTE:** *If the CNP is subject to bargaining, ORAA will return assignment to responsible program office, which will reassign to ORAA after bargaining is complete.*

FLOW PROCESS DIAGRAM FOR FORMAL CONCURRENCE PROCESS



4. PROCEDURES FOR AMENDMENTS, EXTENSIONS, AND RECERTIFICATIONS WITH NO CHANGES

a. **Amendment Process.** The amendment process is used to make non-substantive changes to a CNP or changes solely to an appendix.

(1) The RPO submits by Email to [VHA CO 10B4 Actions](#) a revised transmittal sheet and a tracked version of the directive.

(2) ORAA reviews the proposed amendment to ensure it is not substantive. Amendment proposals found to be substantive must follow full recertification procedures.

(3) ORAA formally assigns in VA's electronic document concurrence system the final version of the CNP to the RPO for concurrence and, at the same time, assigns an information-only copy to the RPO's Deputy Under Secretary for Health advising that the CNP will be published as amended within five business days.

(4) Amended CNP are published with the original publication and recertification dates. CNP with amendments are numbered with the original CNP number plus a number (1) for the first revision or amendment, (2) for the second revision or amendment, etc. (e.g., revised VHA Directive 1234 will be published as 1234(1)). Disputes between an RPO and the PCO concerning whether a change is not substantive will be resolved by the Director of ORAA.

b. **Extension Process.** The extension process is used to extend the recertification date of a CNP for a period of 6 to 12 months and is granted only once every 10 years. The extension to the recertification date does not change the date of issue.

(1) Extensions may be granted only if the CNP is currently in the concurrence process.

(2) The extension request and justification must be received by ORAA at least 6 months prior to the expiration of the CNP.

(3) **Process:**

(a) Extension requests are sent to VHA ORAA at [VHA CO 10B4 Actions](#) with:

1. The number, title, and original certification date of the CNP,

2. Justification for the extension, and

3. Written approval of the extension request from the RPO's Deputy Under Secretary for Health.

(b) Extension requests are approved by the PCO with notification to the VHA Chief of Staff.

c. **Recertification with No Changes.** The recertification with no change process is used to recertify a CNP with no changes other than minor (e.g., program office title, mail code, responsible office phone number) updates.

(1) Requests for recertification with no changes are sent to VHA CO 10B4 Actions with:

(a) A statement of policy efficacy (e.g., “I have completed a literature search and environmental scan and believe this policy reflects the best in evidence-based Veteran-centric care”),

(b) Written approval from the Deputy Under Secretary for Health to whom the RPO reports (indicated by signature on VA Form 10-2479), and

(c) A tracked version of the directive.

(2) ORAA reviews the proposed recertification with no change request to ensure it is not substantive, as determined by the PCO, and Emails the final, formatted version to responsible program office for approval.

(3) The RPO approves the final copy.

(4) The CNP is published with the original issue date and a new recertification date 5 years from the date of recertification.

NOTE: *Recertification with no changes can be approved only once every 10 years from the certification or recertification date.*

5. ENSURING APPROPRIATE LMR REVIEW OF VHA POLICY DOCUMENTS

a. The Federal Service Labor-Management Relations Statute (5 U.S.C. Chapter 71) and Collective Bargaining Agreements with VHA's unions require that in certain circumstances VA submit formal notice to the unions and allow the unions an opportunity to bargain prior to initiating new policies or changing existing policies. LMR is responsible for ensuring that timely notice of proposed changes is provided to the unions.

(1) A policy that requires union review will be sent to the unions once all the concurrences are final and the policy is in final version, but before Under Secretary for Health signature and final implementation.

(2) Executive Order 13522, Creating Labor-Management Forums to Improve Delivery of Government Services, requires VA management officials to include the unions pre-decisionally in “all workplace matters to the fullest extent practicable.” The term “pre-decisional involvement” typically involves inviting the unions to participate in task forces or work groups developing policy prior to any change being initiated. At the national level, LMR would send such invitations to the union national officials via the National Partnership Council. ***NOTE:*** *Pre-Decisional involvement can be achieved by*

inviting the unions to participate in task forces or work groups developing policy during the pre-work.

b. Process. ORAA makes an assignment to LMR for concurrence on all CNP after OGC has concurred in the CNP (or it is determined that OGC review is waived) to ensure the content meets legal standards. When revisions have been made to update or replace an existing VHA policy, the changes between the preceding policy and the updated policy must be adequately identified by the VHA program office using “tracked changes” (including strikethroughs for deletions of existing language and underlining insertions or new language). The chart below defines what possible concurrence responses LMR may make and what actions must be taken based on the nature of LMR’s concurrence.

<i>If</i>	<i>Then</i>	<i>And</i>	<i>Handling</i>
LMR concurs (without comment or condition)	No union notice required	Under Secretary for Health signs without delay	Normal document processing
LMR concurs with COMMENT (unions must be given copies “FYI”)	Union notice is required only for information; no delay in implementation	The Under Secretary for Health can sign without delay	Normal document processing but 10 copies of signed document must be provided to LMR after certification; LMR provides to unions “FYI”
LMR provides a CONDITIONAL concurrence (unions must be given time to review and make demand for bargaining)	Policy may not be implemented until time expires without demand to bargain OR demand to bargain is made but time for bargaining expires without union proposals OR demand is made and negotiations conclude	Note in COS Briefing Sheet that Under Secretary for Health may NOT sign until time expires without demand OR demand is made and negotiations conclude	10 copies of final document must be provided to LMR before the Under Secretary for Health signs; LMR will advise when document may be signed.

SAMPLE VHA NOTICE

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA NOTICE 2015-XX

(Date)

HOW TO PREPARE A VHA NOTICE

1. PURPOSE: A notice gives all Veterans Health Administration (VHA) employees important information involving, or of interest to, more than one administration or staff office, such as:

- a. Interim policy.
- b. A special event.
- c. A high-level personnel appointment or organizational change (replaces key staff memorandum announcements).
- d. The rescission of a CNP.
- e. A Request for Proposal.

2. TEXT

3. NUMBERING NOTICES: Because notices are used to make one-time announcements and rescinds after 1 year, they will not be identified using the functional numbering system. Notices will instead be identified by using VHA as the originating office's abbreviation followed by the word "NOTICE" with the calendar year and a sequential number. For example, VHA NOTICE 2015-03, would be the third notice issued by VHA in calendar year 2015. The VHA Central Office Publications Control Officer (PCO) will assign numbers to notices at publication.

4. RESPONSIBLE OFFICE: The VHA XXX Service (mail routing code), is responsible for the content of this VHA Notice. Questions may be addressed to xxx-xxx-xxx.

5. RESCISSION: The VHA Notice will expire on (DATE). **NOTE:** *Date is assigned by the PCO after Under Secretary for Health approval.*

Signature Block for the
Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on (DATE).

June 24, 2016

VHA DIRECTIVE 6330
APPENDIX F

SAMPLE VHA RESCISSION NOTICE

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA NOTICE 2016-XX
(Date)

RESCISSION OF VHA DIRECTIVE XXXX, [ENTER TITLE OF DOCUMENT]

1. By direction of the Under Secretary for Health, Veterans Health Administration (VHA), directive XXXX, [ENTER TITLE OF DOCUMENT], dated [ENTER DOCUMENT DATE], is rescinded.
2. State a valid reason for rescinding the information and/or specify the new location where the information can be located.
3. The notice should be short and to the point. Automatically expires and is archived 1 year from the date of publication. Notices have a six-digit number using the calendar year published and sequential number that represents the number of notices published in a given year. For example, VHA NOTICE 2016-01 would be the first notice assigned a number for the calendar year 2016. Inquiries concerning this VHA notice should be addressed to the Office of XXX (mail routing code), at xxx-xxx-xxxx.
4. This notice will be archived on (DATE), however, the information remains in effect.
NOTE: *The archived date is assigned by the Publications Control Officer (PCO) Office of Regulatory and Administrative Affairs (ORAA).*

Signature Block for the
Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on (DATE).

BASIC GUIDELINES FOR SECTION 508 CONFORMANCE

1. EMBEDDED/ATTACHED DOCUMENTS

Embedded documents are not conformant with Section 508 requirements. Any documents referenced, used as attachments, or linked to must be 508 conformant. If an external document (not created by the Veterans Health Administration (VHA)) or Web site link is provided in a controlled national policy (CNP) document, the following note must be added: **NOTE:** *This linked document is outside of VA control and may not conform to Section 508 of the Americans with Disabilities (ADA) Act.*

2. HEADINGS

When drafting a document, create headings using Microsoft Word Styles. Use Heading 1 and Heading 2 in appendices as well. DO NOT create heading styles for headings other than the title (Heading 1) and main numbered paragraphs labeled 1., 2., etc. (Heading 2). DO NOT use heading styles on the Transmittal sheet.

a. **Heading 1.** Highlight the title of the CNP (ensure it is in Arial font, 12 pt, bold, and uppercase). Navigate to the home tab and locate the Styles pane. Right-click the Heading 1 style and select Update Heading 1 to match selection.

b. **Heading 2.** Highlight the paragraph heading (ensure it is in Arial font, 12 pt, bold, uppercase, and labeled 1., 2., etc.). Navigate to the home tab and locate the Styles pane. Right-click the Heading 2 style and select Update Heading 2 to match selection.

NOTE: *To view headings as a list, navigate to the View tab on the toolbar and select the Navigation Pane box.*

3. CONTENTS

Items that are styled as headings throughout the document are the items that will appear when choosing to insert an automatic table of contents (TOC). **NOTE:** *Only Heading 1 and Heading 2 titles should appear in the TOC.* See the [table of contents tutorial](#) on the [Section 508 Web site](#) for further information.

a. After creating headings 1 and 2 throughout the document, create a blank page between the transmittal sheet and the body of the document using “odd page break”.

(1) Insert a page break by navigating to the Page Layout tab on the toolbar.

(2) Select Breaks. Select Odd Page.

(3) Odd page breaks are used after the transmittal sheet, after the table of contents page, and before each appendix.

b. Enter “CONTENTS” and the title of the CNP. These are located outside the automatic table of contents

- c. Navigate to the References tab on the toolbar and select Table of Contents. Select the first automatic table option.
- d. Highlight the entire table of contents and change to Arial font, 12 pt, 1.5 spacing.
- e. Delete all information other than main numbered headings. See the [Contents page](#) of this directive for an example.

4. IMAGES, OBJECTS, TABLES

Images, objects, flowcharts, and tables should be used sparingly and only if absolutely necessary. Applying alternate text and instructions on formatting tables is also available at the [Section 508 Web site](#).

- a. **Image Alternative Text.** Position the mouse pointer over the image and right-click. In the context menu, select Format Picture. Select Alt Text from the list. Enter a concise and clear description of the image in the Description box. When complete, close the dialog box.
- b. **Objects.** Text boxes and shapes (e.g., flowcharts) used to organize content on the screen to cause a certain visual affect should be avoided. The content within the objects cannot be interpreted properly by assistive technology (AT). To be accessible to screen reader users, low vision users, and other users who have difficulty interpreting graphics, images of text must be converted to styled text.
- c. **Tables.** Merged or split data cells cannot be interpreted by AT. Each cell in a row or column must be associated with one header cell (the top row is always the header row). See the [tables tutorial](#) on the Section 508 Web site for further information.

5. PARAGRAPH NUMBERING

If only one paragraph follows a heading, the text follows the heading on the same line. If a subheading is used (a., (1), etc.) there must be subsequent paragraphs to follow (b., (2), etc.). Paragraphs should model the following multi-level structure:

NOTE: Use automatic number formatting to create a Section 508 compliant document.

1. BOLD This is known as a main numbered paragraph (Heading 2) and is justified to the left margin. Text begins on the next line and is indented with a tab at 0.25". To adjust the indents using MS Word automatic formatting, right-click on the subparagraph list level identifier (e.g., a., (1), (a), etc.) and select "Adjust list indents". Set the indents for the appropriate list level as indicated below and click "ok".

- a. **Bold + Underlined.** (Number position 0.25")
- (1) **Bold.** (Number position 0.25")
- (a) Underlined. (Number position 0.25")
 - 1. Regular. (Number position 0.4")
 - a. Regular. (Number position 0.4")
 - (1) Regular. (Number position 0.55")
 - (a) Regular. (Number position 0.55")

6. HYPERLINKS

Hyperlinks must contain alternative text in the form of a “screentip”.

- a. Highlight the hyperlink or place cursor over the hyperlink and right-click. Select Edit Hyperlink.
- b. Select ScreenTip in the top right corner of the dialog box.
- c. Enter descriptive information into the ScreenTip text box.

7. DOCUMENT PROPERTIES

- a. **Open Document Properties Panel.** Navigate to the File tab on the toolbar and select Show Document Panel on the right side of the screen.
- b. **Author.** “US Department of Veterans Affairs, Veterans Health Administration, Office of [enter program office title and mail code]”.
- c. **Title.** Leave blank
- d. **Subject.** “VHA policy on [enter title or subject of CNP]”.
- e. **Keywords.** Enter any key words and phrases relevant to the content of the CNP separated by commas. Include the CNP number (e.g., 6330), the title, and varied versions of phrases and words that stakeholders may use to search for the CNP.
- f. **Category.** Leave blank.
- g. **Status.** Leave blank.
- h. **Comments.** Enter the rescission information (e.g., VHA Directive 6330, dated December 15, 2008, and VHA Handbook 6330.01, dated December 15, 2008, are rescinded).

8. REFERENCES

More comprehensive training and guidance for VA Section 508 requirements is located in the following links:

- a. VA Section 508 Home Page. <http://vaww.section508.va.gov/>
- b. Guidance and Tutorials- VA Section 508 eLearning Support. <http://www.section508.va.gov/support/tutorials/word/index.asp>
- c. Creating Accessible Documents Training (Schedule). http://vaww.section508.va.gov/SECTION508/Training_Accessible_Documents.asp

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d. VA Conformance Certification (Conformance Validation Statement).
http://vaww.section508.va.gov/Conformance_Documents.asp

e. Contact: Section 508 Support Section508Support@va.gov