

PLANNING AND OPERATING OUTPATIENT SITES OF CARE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes the procedures for planning and operating Department of Veterans Affairs (VA) outpatient sites of care and establishes consistent planning criteria and standardized expectations for outpatient sites of care operations.

2. SUMMARY OF CONTENTS:

a. Amendment dated October 4, 2019 adds and clarifies:

(1) Updated NOTE in the Other Outpatient Services Site definition, paragraph 3.h.

(2) Added introduction language regarding the exclusion of Accessing Telehealth Through Local Area Stations (ATLAS) from the purview of this directive in Appendix A, Business Guidelines.

b. This VHA directive establishes consistent planning criteria and standardized expectations for operating outpatient sites of care. Policy, planning criteria and business plan format were updated to current operational guidelines throughout VHA.

3. RELATED ISSUES: VHA Directive 1044, VHA Directive 1075, VHA Handbook 1006.02.

4. RESPONSIBLE OFFICE: The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this directive. Questions may be addressed to 202-461-5665.

5. RESCISSIONS: VHA Handbook 1006.1, dated May 19, 2004, is rescinded.

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 This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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

DISTRIBUTION: Emailed to the VHA Publications Distribution List on July 10, 2017.

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PLANNING AND OPERATING OUTPATIENT SITES OF CARE

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the procedures for planning and operating Department of Veterans Affairs (VA) outpatient sites of care and establishes consistent business guidelines, guidance for operations and standardized expectations for outpatient sites of care operations. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b), 8111, and 8153.

2. BACKGROUND

a. Over the past fifteen years, VHA has transitioned from a hospital-based system of care to a system rooted in ambulatory and primary care, which includes both medical and mental health services. This VHA directive provides details on VHA procedures as they relate to outpatient sites of care established in VHA Handbook 1006.02, VHA Site Classifications and Definitions, or subsequent policy issue.

b. Planning for new VA outpatient sites of care should take place when it has been determined that all internal efficiencies have been exhausted (space, clinic hours, staffing) and Community Care is not appropriate to meet the identified demand.

c. The current legislative authorities relevant to establishing outpatient sites of care are outlined in 38 U.S.C. 8153. This statute authorizes VA to obtain health care resources by entering into contracts or other agreements with any health care provider, other entity or individual as well as providing significantly enhanced sharing authority to VHA. This is a broad authority that, in general terms, may be used to contract for professional services alone, or for a comprehensive practice, including the physical plant in which the services are provided, e.g., community based outpatient clinic (CBOC).

3. DEFINITIONS

a. **Administrative Parent.** An administrative parent is defined as a collection of all the points of service that a leadership group (Medical Facility Director, Deputy Medical Facility Director, Chief of Staff, Associate or Assistant Director, and Nurse Executive) manages. The points of service can include any institution where health care is delivered. All of the data that originate from these points of service roll up to a single station number representing the administrative parent for management and programmatic activities.

b. **Common Name.** The common name references the geographic location of the site in its naming convention and is a descriptive name of the location. The common name is the most frequently used name of an outpatient site and is the name that it is most commonly known as in the local community. An example of a common name may be a County, City, Town or Street.

c. **Community-Based Outpatient Clinic.** A community-based outpatient clinic (CBOC) is a VA-operated, VA-funded, or VA-reimbursed site of care, which is located separate from a VA medical facility. A CBOC can provide primary, specialty, subspecialty, mental health, or any combination of health care delivery services that can be appropriately provided in an outpatient setting. The establishment of a new CBOC can only be approved by the Secretary, with Congressional notification consistent with 38 U.S.C. 8119(b)(2), (3), and (4). There are two recognized outpatient CBOC Classifications in VHA: Multi-Specialty CBOCs and Primary Care CBOCs.

d. **Multi-Specialty CBOC.** A multi-specialty CBOC (MS-CBOC) is a VA-owned, VA-leased, mobile, contract, or shared clinic that offers both primary and mental health care and two or more specialty services on site. Access to additional specialty services may be offered by referral or telehealth. These clinics may offer support services, such as pharmacy, laboratory, and x-ray. The clinic may be operational from 1 to 7 days per week. These clinics are permitted to provide invasive procedures with local anesthesia or minimal sedation, but not with moderate sedation or general anesthesia (see VHA Directive 1073, Moderate Sedation by Non-Anesthesia Providers).

e. **Primary Care CBOC.** A primary care CBOC (PC-CBOC) is a VA-owned, VA-leased, mobile, contract, or shared clinics that offers both medical (physically on site) and mental health care (either physically on site or by telehealth) and may offer support services such as pharmacy, laboratory, and x-ray. The clinic may be operational 1 to 7 days per week. Access to specialty care is not provided on site, but may be available through referral or telehealth services. A primary care CBOC often provides home-based primary care (HBPC) and home telehealth to the population it serves to meet the primary care and mental health needs of Veterans who have difficulty accessing clinic-based care. These clinics have access to a higher level of care within a VHA network of care. Primary care in VA includes both medical and mental health care services, as they are inseparable in providing personalized, proactive, patient-centered health care.

f. **Health Care Center.** A Health Care Center (HCC) is a VA-owned, VA-leased, contract, or shared clinic operated at least 5 days per week that provides primary care, mental health care, on site specialty services, and performs ambulatory surgery and/or invasive procedures, which may require moderate sedation or general anesthesia. The establishment of a new HCC can only be approved by the Secretary of Veterans Affairs, with Congressional notification.

(1) The HCC designated as an ambulatory surgery clinic (ASC) must meet the requirements of the assigned surgical complexity level and provide all associated support infrastructure, such as pharmacy, laboratory, and x-ray, to perform these health care services safely and effectively. ASC programs are evaluated against clinical criteria established by VHA's National Surgery Office (see VHA Directive 2011-037, Facility Infrastructure Requirements to Perform Invasive Procedures in an Ambulatory Surgery Center, or subsequent policy issue).

(2) The HCC not designated as an ASC, but performing invasive procedures under moderate sedation must meet criteria established by VHA Directive 1073.

(3) The HCC either assigned an ASC designation or performing invasive procedures under moderate sedation or anesthesia must comply with external accrediting bodies' standards for ambulatory surgery centers and/or provision of anesthesia or moderate sedation, such as The Joint Commission, Accreditation Association for Ambulatory Health Care (AAAHC), or American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF).

g. **Official Station Name.** The official station name is the name by which the outpatient site is referred in all official VA correspondence. The official name can be the same as the common name or can be the name given in honor of someone. Refer to the VAST Naming Guidance for an expanded definition, located at <http://planning.vssc.med.va.gov/VAST/Pages/default.aspx> **NOTE:** *This is an internal VA Web site that is not available to the public.*

h. **Other Outpatient Services Site.** Other Outpatient Services (OOS) Sites are sites in which Veterans receive services that do not meet the criteria to be classified as a CBOC or a Health Care Center (HCC). Many of the services provided at these sites are contacts made by VA or VHA personnel to provide information, social services, homelessness outreach services, activities to increase Veteran awareness of benefits and services, and support services, such as those provided in Vet Centers. Other services could be more clinical in nature, in which clinical services are provided to remote areas through a Telehealth clinic or other arrangement. If any other services are provided in this venue (external to a VA clinic or facility), they must be associated with, attached to, and coordinated by a health care delivery site located in a clinic or facility. The establishment of a new Other Outpatient Services Site can be approved by the Deputy Under Secretary of Health for Operations and Management. **NOTE:** *An Accessing Telehealth Through Local Area Stations (ATLAS) site is not considered as an operational outpatient site. For more information, refer to Appendix A, Business Guidelines.*

i. **Outpatient Site of Care.** An outpatient site of care is a health care site that is geographically distinct and separate from a VA inpatient site of care. No inpatient care is provided at an Outpatient Site of Care. Examples of inpatient sites of care are VA Medical Facility, VA Residential Care Site (i.e. stand-alone Domiciliary) and/or VA Extended Care Site (i.e. stand alone Community Living Center). Examples of Outpatient Sites of Care are Health Care Centers, Multi-Specialty CBOCs, Primary Care CBOCs, and Other Outpatient Service Sites. Geographically distinct means the site has a separate and distinct physical address.

j. **Point of Service/Site of Care.** A point of service within the VHA health care system is a distinct place usually defined by an address or a continuous range of addresses that identifies the physical location of where a Veteran interacts with VA health care providers. The point of service is sufficiently distinct in that it can be geo-coded and mapped for the purposes of calculating drive times, mileage and access standards. "Point of Service" and "Site of Care" are used interchangeably.

k. **Primary Care.** A primary care visit is defined in 38 Code of Federal Regulations (CFR) 17.108(c)(3) as: “an episode of care furnished in a clinic that provides integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community. Primary care includes, but is not limited to, diagnosis and management of acute and chronic biopsychosocial conditions, health promotion, disease prevention, overall care management, and patient and caregiver education.” The VHA site classification process defines primary care as those encounters that occur within the primary care class of encounters.

l. **Veterans Health Administration Site Tracking System.** The VHA site tracking (VAST) system (or database) is a centralized and dynamic inventory of VHA clinical care service sites that serves as the authoritative source of all VHA clinical sites of care with a unique address and an official station number. The database includes sites of care, geographic location, and station specific attributes that form the repository of the various points of care and their current classifications. **NOTE:** *For information regarding VAST, please reference <http://planning.vssc.med.va.gov/VAST/Pages/default.aspx>. This is an internal VA Web site that is not available to the public.*

4. POLICY

It is VHA policy that the establishment of outpatient sites of care is subject to the development of plans, VA Central Office approval, Congressional notification, the availability of funds within the Veterans Integrated Service Network (VISN), applicable Federal statutes, and VA acquisition regulations. Planning for new VA outpatient sites of care should take place when all internal efficiencies have been exhausted (space, clinic hours, staffing) and Community Care is not appropriate to meet the identified demand.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for the final endorsement of the annual proposed new sites of care for Strategic Capital Investment Plan (SCIP) submission to the VA Office of Asset Enterprise Management.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Interfacing between VA and VHA Office of Asset Enterprise Management on all matters related to outpatient sites of care and SCIP.

(2) Developing and reviewing a set of monitors for evaluating the operational progress toward planned growth and services of VA outpatient sites of care.

(3) Reviewing changes in annual facility classifications for VA outpatient site of care for planned and unexpected changes in scope and services being delivered and act on consequent stakeholder notification requirements.

(4) Maintaining the accuracy of the official database of VA medical facilities and attributes in the VAST Database and act as an approving official for major change requests entered into the VAST application.

(5) Reviewing, routing, and providing a disposition for actions in VAST that require Deputy Under Secretary for Health for Operations and Management approval within 2 business weeks.

(6) Monitoring the overall processing and timeliness of VAST requests in the electronic system.

(7) Functioning as a resource for Medical Facility and VISN staff on VAST request priorities and workflows.

(8) Assist the field in analyzing the VAST data and assisting the field in determining the appropriate corrective action.

(9) Administering VAST validation exercises.

(10) Responding to national reporting requirements that involve data supplied by the VAST system of record.

c. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for:

(1) Developing guidelines, in collaboration with the Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, for planning and opening new outpatient sites of care.

(2) Developing guidelines, in collaboration with the Office of Quality, Safety and Value and the Office of the Assistant Deputy Under Secretary for Health for Clinical Operations, for monitoring quality and comprehensiveness of care in outpatient sites of care.

(3) Creating VHA policy on clinical restructuring for new and changing services at VA outpatient sites of care.

d. **Assistant Deputy Under Secretary for Health for Policy and Planning.** The Assistant Deputy Under Secretary for Health for Policy and Planning is responsible for:

(1) Providing direction to the field for proposing new sites of care in the VHA Health Systems Planning Application (HSPA) and the VHA Access Expansion Plan (AEP).

(2) Maintaining the VHA Rural Access Tool and HSPA.

(3) Providing coordination and oversight of the annual multi-disciplinary expert panel review for endorsement of proposed VHA sites of care through the AEP process.

(4) Providing coordination and oversight of communication of national expert panel reviews to VISNs.

(5) Coordinating with the Deputy Under Secretary for Health for Operations and Management and the Deputy Under Secretary for Health for Policy and Services, to review and update the VA outpatient sites of care Business Guidelines.

e. **Assistant Deputy Under Secretary for Health for Clinical Operations.** The Assistant Deputy Under Secretary for Health for Clinical Operations is responsible for:

(1) Disseminating VHA policy on clinical restructuring for new and changing services at VA outpatient sites of care.

(2) Providing timely approval or disapproval of clinical restructuring requests submitted by the VISNs and VA medical facilities, as they impact outpatient sites of care.

(3) Developing guidelines, in collaboration with the Deputy Under Secretary for Health for Organizational Excellence and the Deputy Under Secretary for Health for Policy and Services, for monitoring quality and comprehensiveness of care in outpatient sites of care.

f. **Deputy Under Secretary for Health for Organizational Excellence.** The Deputy Under Secretary for Health for Organizational Excellence, collaborates with the Deputy Under Secretary for Health for Policy and Services and the Assistant Deputy Under Secretary for Health for Clinical Operations, to provide feedback to the VISNs on outpatient sites of care performance annually with regard to clinical indicators such as: patient satisfaction surveys, preventive care, and clinical guidelines.

g. **VHA Support Service Center (VSSC):** VSSC collaborates with the Deputy Under Secretary for Health for Health for Operations and Management staff in:

(1) Maintaining the web-based VAST Application.

(2) Providing technical support for utilizing the web-based VAST Application, by providing access to a Help Desk where Application specific, technical questions can be answered.

(3) Producing VAST and Site of Care reports made available on VSSC web pages.

(4) Producing the Annual Facility Classification and associated model.

h. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director will be responsible for:

(1) Ensuring timely completion of the VISN annual HSPA/AEP submission to the Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, including any proposed new VHA sites of care.

(2) Ensuring the timely completion of the VISN SCIP submission to the Office of Asset Enterprise Management, including any endorsed new VHA sites of care.

(3) Ensuring VISN compliance with VHA Directive 1044, Assignment and Maintenance of Station Numbers & Attributes, by acquiring an official station number (reserving and activating) for all new sites of care as well as coordinating changes to existing sites of care with the Deputy Under Secretary for Health for Operations and Management and submitting those requests in a timely manner through the VAST System.

(4) Ensuring the data in the VAST System is kept current and the information reviewed and updated through the quarterly validation process.

(5) Continuous quality monitoring of VA outpatient sites of care and ensuring consistent, quality care is being delivered according to VA regulations, policies, and procedures.

(6) The evaluation of outpatient sites of care to ensure they are meeting their operational monitors such as their intended business purposes and overall goals and objectives.

(7) Assuring standards of operation are met and outpatient sites of care are in compliance to receive and/or maintain accreditation.

(8) Following the appropriate out of cycle process for sites of care proposed outside the regular planning cycle, which occurs June through September of each year.

(9) Ensuring pre-planning discussions with appropriate VHA Central Office Program Offices as it relates to planned services for new or existing sites.

6. PROCEDURES

a. **Requesting New Sites of Care and Approval Process.** Requesting a new site of care begins with identification of an underserved area or population through the use of the Enrollee Health Care Projection Model (EHCPM) data, the Health Systems Planning Application (HSPA), and the Assistant Deputy Under Secretary for Health for Policy and Planning tools. Planning for new VA outpatient sites of care should take place when it has been determined that all internal efficiencies have been exhausted (space, clinic hours, staffing) and Community Care is not appropriate to meet the identified current or projected demand.

(1) Once an underserved area has been identified, the optimal means by which to provide services to that population must be determined. Capital infrastructure is not the only means by which health care services can be provided to an underserved population. Community Care and other non-capital solutions are to be equally considered as part of the evaluation process.

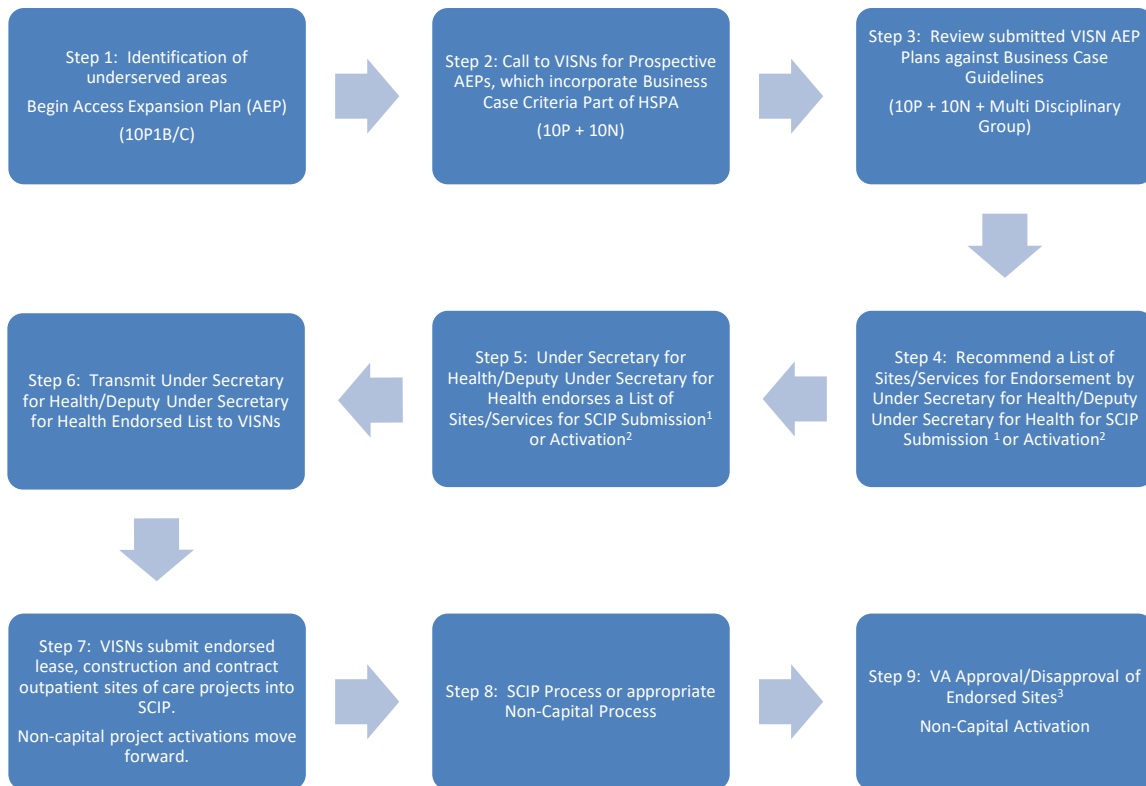
(2) If it is determined that a new outpatient site of care is needed, then the VISN will input the site of care and its site specific information into its annual Access Expansion Plan (AEP).

(3) Once all of the VISN AEPs are submitted, they are reviewed by an interdisciplinary expert panel against the Business Guidelines Criteria (Appendix A). The panel determines a list of sites that they recommend through the Assistant Deputy Under Secretary for Health for Policy and Planning for endorsement by the Under Secretary for Health for SCIP submission.

(4) After the list receives endorsement from the Under Secretary for Health, the Office of the Assistant Deputy Under Secretary for Health for Policy and Planning notifies the VISNs of the endorsement and advises the VISNs to move forward with their proposed plans ensuring proper inclusion in their VISN SCIP plans, where appropriate.

(5) Final approval and required Congressional notification takes place as part of the SCIP process.

(6) Figure 6.1 New Sites of Care Approval Flow Process



(7) Figure 6.1 Text Description. Step 1: Identification of underserved areas. Begin Access Expansion Plan (AEP) (10P1B/C). Step 2: Call to VISNs for Prospective AEPs, which incorporate Business Case Criteria Part of HSPA (10P and 10N). Step 3: Review submitted VISN AEP Plans against Business Case Guidelines (10P and 10N and Multi-Disciplinary Group). Step 4: Recommend a list of Sites/Services for

*Endorsement by Under Secretary for Health/Deputy Under Secretary for Health for SCIP Submission or Activation. **Step 5:** Under Secretary for Health/Deputy Under Secretary for Health endorses a list of Sites/Services for SCIP Submission or Activation. **Step 6:** Transmit Under Secretary for Health/Deputy Under Secretary for Health Endorsed List to VISNs. **Step 7:** VISNs submit endorsed lease, construction and contract outpatient sites of care projects into SCIP. Non-capital project activations move forward. **Step 8:** SCIP Process or appropriate Non-capital Process. **Step 9:** VA Approval/Disapproval of Endorsed Sites. Non-Capital activation. **NOTE:** Contract outpatient sites of care are endorsed by the Under Secretary for Health to pass through the SCIP process for VA approval. Non-capital projects, such as executing connected health modalities, are activated consistent with local processes. Contract outpatient sites of care require VA approval, but are not factored into budget decisions. Planning for new VA outpatient sites of care should take place when it has been determined that all internal efficiencies have been exhausted (space, clinic hours, staffing) and Community Care is not appropriate to meet the identified current and/or projected demand.*

b. **Business Guidelines for Sites of Care.** Business Guidelines have been established for the review of new sites of outpatient care. The guidelines are used by the Expert Review Panel as part of the Access Expansion Planning (AEP) process to review and make recommendations to the Deputy Under Secretary for Health for Operations and Management to approve or disapprove endorsement for inclusion in the SCIP each year. Each outpatient site designation has its own set of business guidelines. The guidelines are outlined in Appendix A and the AEP SharePoint site can be accessed at:

<https://vaww.vha.vaco.portal.va.gov/sites/ADUSH/Lists/Access%20Expansion%20Plan%20AEP%20Out%20of%20Cycle%20Submissions/AllItems.aspx> **NOTE:** *This is an internal VA Web site that is not accessible to the public..* The AEP contains documentation sections related to the business guidelines that must be completed for a proposed site to be considered. The guidelines cover the areas of access to care, collaboration, strategic planning, population projections, workload, and finance.

c. **Requests for New Sites of Care Require the Following for AEP Review and Approval.**

(1) 10N Exception to FY 2018 Suspension: Requests to submit exception with justification and Network Director/CFO Certification must be submitted to the Deputy Under Secretary for Health for Operations and Management for review and approval. Submissions will be analyzed and reviewed on a case-by-case basis. Emphasis will be placed on initiatives that improve access to primary care and mental health. VISNs should contact their Assistant Deputy Under Secretary for Health for OPP VISN Liaison for assistance with the exception request. [Assistant Deputy Under Secretary for Health Planning Liaisons](#). **NOTE:** *This is an internal VA Web site that is not accessible to the public.*

(2) Once 10N approves the exception request, Planners must access and complete the AEP Out of Cycle Submission document by “Adding New Item” on the AEP

SharePoint site for review.

<https://vaww.vha.vaco.portal.va.gov/sites/AssistantDeputyUnderSecretaryHealth/Lists/Access%20Expansion%20Plan%20AEP%20Out%20of%20Cycle%20Submissions/AllItems.aspx> **NOTE:** *This is an internal VA Web site that is not accessible to the public.*

(3) Recommended AEP projects are submitted to the Deputy Under Secretary for Health for Operations and Management for final endorsement. Deputy Under Secretary for Health for Operations and Management endorsed projects may then proceed for review through the SCIP process and/or other subsequent approval processes.

d. Site Classification.

(1) Veterans Health Administration (VHA) points of service are all rated through the VHA site classification process. Each unique point of service is rated in all four major medical care categories: outpatient, inpatient, residential, and extended care. These ratings are broken down into sub-ratings for each category and are based on actual workload completed at each point of service in the prior fiscal year.

(2) The VHA site classification process uses, as its source of official VHA outpatient data, the Corporate Data Warehouse (CDW), or its successor. This database relies on Decision Support System (DSS) identifiers, commonly known as clinic stop codes, to classify encounters into workload types. Those workload types are used to classify the sites for the VHA site classification process. The list of clinic stop codes is updated semi-annually and is available on the Managerial Cost Accounting Office (MCAO) web site: http://vaww.dss.med.va.gov/programdocs/pd_oident.asp. **NOTE:** *This is an internal VA Web site that is not accessible to the public.*

(3) The VHA Handbook 1006.02, Site Classifications and Definitions, is the governing authority for site classification. This directive can be found at: http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2970. **NOTE:** *This is an internal VA Web site that is not accessible to the public.*

(4) There are four classification attributes (ratings) that describe how a classification has been earned:

(a) Assigned (in Year #1) (**Conditional Rating**),

(b) Earned (with prior end of year workload) (**Firm Rating**),

(c) Retained (carryover from previously earned end of year workload that is not the Workload Year) (**Save Rating**), or

(d) Overturned (**Appealed Rating**).

(5) When a VISN initially enters a proposed outpatient site of care into the AEP, the VISN is required to identify the site's "conditional classification". This classification must be one of the four approved outpatient classifications, Health Care Center (HCC), Multi-Specialty CBOC (MS- CBOC), Primary Care CBOC (PC-CBOC), or Other Outpatient

Services (OOS) Site, as outlined in VHA Handbook 1006.02. A conditional classification signifies the classification the site is planned to have, when fully activated, based on the business guidelines. The site, if approved, maintains this conditional classification until the next cycle of the annual classification run to generate an updated official site classification as stated in VHA Handbook 1006.02.

(6) Each point of service receives one outpatient classification based on services provided. All outpatient classifications are mutually exclusive.

e. **Acquisition Guidelines.** VHA is authorized to enter into commercial contracts as well as selling and exchange sharing agreements for outpatient sites of care with educational institutions, health care providers and the Department of Defense (DoD). Once planning is executed and approved, steps to initiate the appropriate contractual mechanism (sharing agreement or commercial contract) should be determined. For example, when the approved outpatient care site results in leased space, implementing a commercial contract would be the appropriate mechanism, resulting in an executed commercial contract. In that instance, the proposed commercial contract must adhere to strict guidance regulated by the Federal Acquisition Regulation (FAR) and VA Acquisition Regulation (VAAR). Alternatively, should the approved planning result in needed outpatient sites of care for space only, implementing a sharing agreement would be the appropriate contractual mechanism. DoD sharing of health care, for example, would also result in an executed sharing agreement as the appropriate contractual mechanism. All sharing agreements must also comply with all regulatory guidance (refer to Appendix B for further guidance and the responsible program offices).

f. **General Naming Conventions.**

(1) VA outpatient sites of care are generally named for the geographical location where they are located. An outpatient site of care's name should be as general as possible and should be determined by using the city or county in which the facility resides as the primary designation. The location should only be coupled with the tag "VA Clinic" (i.e., Worcester VA Clinic, or Montgomery County VA Clinic). Likewise, the tag for mobile clinics is "VA Mobile Clinic" (i.e., American Lake VA Mobile Clinic). The site of care should not reference specific services, site classifications or building structures in the name, as clinical services, classifications or site designations could change over time. The exception is if the VA clinic was named after an individual (known as an Honorary Name) as the official name. In this case, the common name would still be the location descriptive name.

(2) VA medical facilities may be named in honor of individuals only when authorized by congressional mandate or Executive Order of the President. Please reference the VAST naming guidance for more specific guidance on station naming.

<http://planning.vssc.med.va.gov/VAST/Pages/default.aspx> **NOTE:** *This is an internal VA Web site that is not available to the public.*

g. **Quality, Monitoring, Evaluation and Performance.**

(1) There are two types of monitoring, clinical quality monitoring and operational monitoring. Clinical quality monitoring is the continuous monitoring of outpatient sites of care and ensuring consistent, quality care is being delivered according to VA regulations, policies, and procedures. Operational monitoring is the evaluation of whether outpatient sites of care are meeting their business purposes and overall goals and objectives.

(2) The VHA Office of Performance Measurement provides reports to all divisions on clinical quality monitors, measures, and patient satisfaction. Results are reported to the field monthly or quarterly as part of the performance measure report.

(3) The Deputy Under Secretary for Health for Operations and Management is responsible for developing a set of operational monitors for evaluating the progress of outpatient sites of care (available on the VSSC) web page at: <http://vssc.med.va.gov>. **NOTE:** *This is an internal VA Web site that is not available to the public.* Reports may include, but are not limited to:

- (a) Wait times and workload (use most recent reports on VSSC site);
- (b) Outpatient site costs (use the MCAO data); and
- (c) Allocation Resource Center (ARC) reports.

NOTE: *These monitors may be enhanced over time, as additional data becomes available. The Deputy Under Secretary for Health for Operations and Management reviews outpatient sites of care performance and monitors with the VISNs on a quarterly basis through the network performance review process.*

(4) In the process of evaluating outpatient site of care performance, VISNs may close, relocate, change the management method of operation, or change the scope of services offered at an outpatient site of care. Requests for changes to planned or operating outpatient sites of care must first be approved through the clinical restructuring process (if appropriate) and then be submitted to the Deputy Under Secretary for Health for Operations and Management for approval through the VAST system. Specific example guidance can be referenced on the VSSC Operational & Planning Portal, under the VAST tab at: <http://planning.vssc.med.va.gov/VAST/Pages/default.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

h. **Standards of Operation.** Veterans receive the same standard of care at all VA medical facilities. Care at outpatient sites must be consistent, safe, and of high quality, regardless of the management model (VA-staffed or contract). Outpatient sites of care are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance. The following outlines specific requirements that must be met at outpatient sites of care.

i. **Scope of Services.** The scope of service at outpatient sites of care varies based on the needs of the population to be served. Multi-Specialty CBOCs and HCCs

must provide primary care and mental health services on site. Primary Care CBOCs may provide access to mental health services through telehealth modalities but must provide Primary Care services on site. The configuration of services offered is a function of the needs of Veterans in the designated service area and is determined by providing the greatest value for the Veterans served.

j. **Primary Care Services.** Primary care services must provide intake; initial assessment; health promotion (screening and counseling); disease prevention; management of acute minor illnesses and chronic bio-psychosocial conditions; pharmacotherapy management; physical examinations; primary care women's health; injections and immunizations; referrals for specialty, rehabilitation, and other levels of care; follow-up; overall care management; and patient and caregiver education.

k. **Mental Health Services.** Mental Health services must include a range of services including, but not limited to: screening and prevention for mental disorders, diagnostic evaluation for mental health and substance use disorders; pharmacotherapy, psychotherapy and/or psychosocial counseling for mental disorders, substance use disorder treatment, sexual trauma counseling, and patient and/or family education. For specific Mental Health service mandates, please refer to VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Facilities and Clinics, or subsequent policy issue. ***NOTE: The provision of other specialized medical or mental health services, including telemedicine options, at an outpatient site of care depends on the size and needs of the population served. The mechanism by which these services are provided depends on various considerations including the type of contract arrangements, availability of qualified VA staff or VA's ability to hire specialists in that location. The parent facility must have the capability to provide necessary backup support for the outpatient site of care and referral mechanisms for specialty care.***

(1) **Staffing.** Outpatient sites of care must be staffed to address full patient demand. Outpatient sites are to be structured and managed through primary care and mental health panels and are subject to current policy on VHA primary care and mental health panel size and staffing models. Interdisciplinary staffing is essential to quality patient care and must be sufficient to provide high quality treatment to the diverse Veteran population.

(2) **Quality and Performance.** One standard of care must be maintained at all VA health care facilities, including outpatient sites of care. The quality of care expected is independent of the model, site, or provider (i.e., VA-staffed or contracted care). Outpatient sites of care must be incorporated into the administrative parent facility's quality management program, which includes analyses of care at the site and credentialing and privileging of licensed independent and dependent providers. Identified quality of care issues are addressed through the facility's quality management program. VA outpatient sites of care must meet the quality management standards of The Joint Commission and applicable accrediting bodies. Outpatient sites of care visits are included in the quarterly data or abstraction process that supports VHA's Performance Measurement Program (PMP). Outpatient site patients are to be included in national and local patient satisfaction surveys.

(3) **Emergencies.** Each outpatient site of care must have a local policy or standard operating procedure defining how emergencies are handled, including health and mental health emergencies. Sites must maintain appropriate emergency response capability. Facility leadership are responsible for making a determination as to the type(s) of equipment (e.g., a crash cart, Automatic External Defibrillators (AED)) that need to be located at the sites through their standing Code or Cardio-pulmonary Resuscitation Committees. Outpatient sites of care that do not have advance cardiac life support trained providers, appropriate supplies, or a code team, are required to have an AED at their site.

I. **Station Numbering.** Station Numbering is the process by which all VHA sites of care are assigned a unique identifier consisting of a station number and in some cases a suffix modifier. VA station numbers are administered on a centralized basis by the Deputy Assistant Secretary (DAS) for Finance, except for those numbers assigned to Vet Centers and Mobile Vet Centers, which are assigned, managed, and monitored by Readjustment Counseling Services (RCS).

(1) The VHA Site Tracking (VAST) System is a web-based repository of real-time information on VHA clinical sites of care. VAST is the authoritative source of VHA's official count of clinical sites of care. VAST data is maintained by VISN, Deputy Under Secretary for Health for Operations and Management, and VA's Financial Service Center (FSC) Points of Contact and is technically supported by the VHA Office of Organizational Excellence (10E). The goal of VAST is to provide a centralized location from which dynamic reports can be created to provide an accurate real time snap shot of all VHA clinical sites and helpful demographic information about these sites for VHA leadership, VHA staff, Veterans and Veterans' families, and caregivers.

(2) The station numbering process starts after approval (or endorsement) of the site of care, and is managed in the electronic web-based VAST system at: <http://vaww.vssc.med.va.gov/VastWeb/>. **NOTE:** *This is an internal VA Web site that is not available to the public.* The specific details for activating and maintaining station numbers and associated data can be found in VHA Directive 1044, Assignment and Maintenance of Station Numbers and Attributes. After approval, the steps for acquiring a station number in the database are as follows:

(a) **Reserving a Station Number.** After approval, new sites of care with a unique address require a Memorandum and supporting documentation (see VAST Guidance), which is approved by the VISN Director and entered into the VAST system, requesting that a unique station identifier be reserved by the Financial Service Center (FSC). Reserving a number allows for the VHA data systems to add the planned site to databases in preparation for activation and transmitting workload and finance information. Reservation requests for a Station Number in VAST should be initiated as soon as formal VA approval is received for the site of care, not to exceed 90 days from the date of approval but at least 90 days in advance of submitting an activation request.

(b) **Requesting Activation of a Station Number.** Following reservation of a station number in VAST, as the acquisition process proceeds and the universe of options

narrows for a potential location, VISNs must seek approval for activation of the previously reserved station number in the VAST system at least 90 days in advance of activation. This approval ensures that the Deputy Under Secretary for Health for Operations and Management is aware of the location and also ensures stakeholder support at the national level. The activation notification ensures that the national data systems are aligned and that the Deputy Under Secretary for Health for Operations and Management is aware of the impending opening of the site for patient care.

(c) **Requesting Deactivation of a Station Number.** Deactivation is when sites of outpatient care stop seeing patients or delivering clinical services and reflects a change in the operational status of the site. There are two types of deactivation, temporary and permanent (also known as retirement).

(d) **Temporary Deactivation.** Temporary deactivation is used when a site of care needs to be temporarily closed such as those due to acts of nature or a contract site closing unexpectedly. Temporary deactivation allows the station number to remain active in the national data systems and maintains the continuity of data for when the site re-opens. This request is also completed in the electronic VAST system with approval by the Deputy Under Secretary for Health for Operations and Management for all outpatient sites of care classifications. Temporary deactivation is time limited and should be initiated if a site is inoperable for 60 days or longer. Requests must be accompanied with an estimated timeline for reactivation. Temporary deactivations for contract clinic issues should not exceed one year. VISNs will be required to request permanent deactivations of a Station Number in VAST, regardless of method of operation, when a site is temporarily deactivated for 3 years or more.

(e) **Permanent Deactivation (Retirement).** Permanent deactivation is used when a site of care ceases operations permanently, due to declining workload, or other reasons. This request is also completed in the electronic VAST system, and requires approval by the Secretary. This action will permanently retire the station number and prevent re-use in the future.

(3) Changes to any data for existing sites of care will also be maintained electronically in the VAST Database.

f. **Proposing a Site of Care Out of Cycle.** VHA outpatient sites of care developed and proposed outside of the normal planning cycle require two reviews. The first review is completed by the office of the Assistant Deputy Under Secretary for Health for Policy and Planning to determine whether the proposed site can be endorsed. For procedures regarding this review, please contact your liaison in the Office of the Assistant Deputy Under Secretary for Health for Policy and Planning. Liaisons are posted on the Assistant Deputy Under Secretary for Health for Policy and Planning Web site at http://vaww.va.gov/VHAOPP/10P1B_liaisons.asp. **NOTE:** *This is an internal VA Web site that is not available to the public.* The second review is completed by the Office of Capital Asset Management Engineering and Support (OCAMES) and must meet the identified out of cycle criteria. For procedures regarding the OCAMES review, please contact the appropriate OCAMES Program Manager.

7. REFERENCES

- a. VHA Handbook 1006.02, *VHA Site Classifications and Definitions*, http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2970. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- b. VHA Handbook 1101.02, *Primary Care Management Module (PCMM)*, http://vaww.va.gov/VHApublishations/ViewPublication.asp?pub_ID=2017. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- c. VHA Handbook 1101.10, *Patient Aligned Care Team (PACT) Handbook*, http://vaww.va.gov/VHApublishations/ViewPublication.asp?pub_ID=2977. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- d. VHA Handbook 1660.01, *Health Care Resources Sharing Authority – Selling*, http://vaww.va.gov/VHApublishations/ViewPublication.asp?pub_ID=1607. **NOTE:** This is an internal VA
- e. VHA Handbook 1660.04, *VA-DoD Health Care Resources Sharing Agreements*, http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3128. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- f. VHA Handbook 1820.1, *Sharing Use of Space*, http://vaww.va.gov/VHApublishations/ViewPublication.asp?pub_ID=1233. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- g. VHA Directive 1660, *Health Care Resources Sharing with the Department of Defense*, http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3127. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- h. VHA Directive 1044, *Assignment and Maintenance of Station Numbers and Attribute*, http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3185. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- i. VHA Directive 1075, *Strategic Planning Process*, http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2994. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- j. VHA Directive 1043, *Restructuring of VHA Clinical Programs*, http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=3292. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- k. VA Directive 1663, *Health Care Resources Contracting and Buying, Title 38 U.S.C. 8153* http://vaww.va.gov/vapubs/viewPublication.asp?Pub_ID=347&FType=2. **NOTE:** This is an internal VA Web site that is not accessible to the public.
- l. VA Directive 7815, *Acquisition of Real Property by Lease and by Assignment from General Services Administration*,

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http://vaww.va.gov/vapubs/viewPublication.asp?Pub_ID=617&FType=2. **NOTE:** This is an internal VA Web site that is not accessible to the public.

BUSINESS GUIDELINES

Planning for new VA outpatient sites of care should take place when it has been determined that all internal efficiencies have been exhausted (space, clinic hours, staffing) and Community Care is not appropriate to meet the identified current or projected demand.

When a new VA outpatient site of care is requested, it will be evaluated using the Business Guidelines developed and approved through the Site Continuum of Care (CoC) Implementation Task Force as part of the Continuum of Care implementation. These guidelines have been incorporated into the Access Expansion Plan (AEP) and are used by an expert panel to evaluate the sites of care submitted for VHA endorsement into SCIP.

Accessing Telehealth Through Local Area Stations (ATLAS) under Clinical Resource Hubs (CRH) does not fall under the purview of this directive.

ATLAS is a part of the VA Anywhere to Anywhere Telehealth Initiative. The goal of ATLAS is to enhance the accessibility of VA health care and help bridge the digital divide by establishing comfortable, private locations in communities where Veterans often have long travel times to a VA medical facility or poor connectivity at home. ATLAS offers Veterans a convenient space to connect with their VA healthcare team through video telehealth.

ATLAS was created as a VA telehealth resource for outreach to the Veteran within their hometown and surrounding community, not because VA medical facilities lack the space as is outlined in this directive. An ATLAS site is not considered as an operational outpatient site. Current ATLAS partnerships include Walmart, Veteran Service Organizations (VSOs), Veterans of Foreign Wars (VFWs), and American Legions. Future ATLAS partnerships include opportunities with the Department of Defense (DoD), Federally Qualified Health Centers (FQHCs), community libraries, universities, etc.

1. Other Outpatient Services – Non Clinical Guidelines

a. Are the planned services appropriate for the patient population to be served and the site of service requested? Services should include contacts for information, social services, homelessness outreach, and support services. No treatment/diagnostic care offered.

b. Has the VISN CFO initially certified the scope and the funding for the proposal (whether VISN or other funding source)? (Final certification of funding and scope will be required after Strategic Capital Investment Plan (SCIP) approval).

c. Does the site of service contribute to the accomplishment of VA and VHA Strategic Plans?

d. Does the site of service result in increased opportunities for DoD, Indian Health Service, Federally Qualified Health Center, or other collaboration or sharing?

2. Other Outpatient Services – Clinical Guidelines

a. Are the planned services appropriate for the patient population to be served and the site of service requested? Services should include contacts for information, social services, homelessness outreach, and support services.

b. Has the VISN Chief Finance Officer initially certified the scope and the funding for the proposal (whether VISN or other funding source)? (Final certification of funding and scope will be required after SCIP approval).

c. Does the site of service contribute to the accomplishment of VA and VHA Strategic Plans?

d. Does the site of service result in increased opportunities for DoD, Indian Health Service, Federally Qualified Health Center, or other collaboration or sharing?

e. Does the proposal include appropriate data sources and planning methodologies or projections to determine Veteran utilization and workload via the VISN Health Systems Planning Application (HSPA) and AEP?

f. Will this site of service reduce a workload or space gap?

3. Primary Care CBOC Guidelines

a. Are the planned services appropriate for the patient population to be served and the site of service requested? Services should include contacts for information, social services, and homelessness outreach, and support services.

b. Has the VISN CFO initially certified the scope and the funding for the proposal (whether VISN or other funding source)? (Final certification of funding and scope will be required after SCIP approval)

c. Does the site of service contribute to the accomplishment of VA and VHA Strategic Plans?

d. Does the site of service result in increased opportunities for DoD, Indian Health Service, Federally Qualified Health Center, or other collaboration or sharing?

e. Proposal includes appropriate data sources and planning methodologies or projections to determine Veteran utilization and workload via the VISN HSPA and Access Expansion Plan (AEP)?

f. Is the number of current Veteran users from the proposed service area at least 1,200 (primary care panel size) and has the 1,200 Veteran user threshold been sustained over the past three fiscal years. Those proposed service areas not meeting

the minimum user criteria should be evaluated for a make-buy justification, including consideration of telehealth as an alternative.

g. Will this site of service result in a reduction in the number of specialty care appointments outside of the wait time guidelines? (This applies only to Primary Care CBOCs with one additional specialty service.)

h. Will this site of service result in an increase in Veteran access to services or a sustainment of access to services as defined by the most recent access guidelines?

i. Does this site of service reduce a workload or space gap?

4. Multi-Specialty CBOC Guidelines

a. Are the planned services appropriate for the patient population to be served and the site of service requested? Services should include contacts for information, social services, homelessness outreach, and support services.

b. Has the VISN Chief Finance Officer initially certified the scope and the funding for the proposal (whether VISN or other funding source)? (Final certification of funding and scope will be required after SCIP approval.)

c. Does the site of service contribute to the accomplishment of VA and VHA Strategic Plans?

d. Does the site of service result in increased opportunities for DoD, Indian Health Service, Federally Qualified Health Center, or other collaboration or sharing?

e. Does the proposal include appropriate data sources and planning methodologies or projections to determine Veteran utilization and workload via the VISN HSPA and AEP?

f. Is the number of current Veteran users from the proposed service area at least 1,200 (primary care panel size) and has the 1,200 Veteran user threshold been sustained over the past three fiscal years? Those proposed service areas not meeting the minimum user criteria should be evaluated for a make-buy justification, including consideration of telehealth as an alternative.

g. Will this site of service result in a reduction in the number of specialty care appointments outside of the wait time guidelines?

h. Will this site of service result in an increase in Veteran access to services or a sustainment of access to services as defined by the most recent geographic access guidelines?

i. Does this site of service reduce a workload or space gap?

j. Does the projected utilization for each specialty care clinic proposed exceed the clinic classification threshold for outpatient stops and not expected to decline below this level in the next 5 years? (500 stops per year for current classification.)

k. Support/ancillary services are provided on site.

5. Health Care Center Guidelines

a. Are the planned services appropriate for the patient population to be served and the site of service requested? Services should include contacts for information, social services, homelessness outreach, and support services.

b. Has the VISN Chief Finance Officer initially certified the scope and the funding for the proposal (whether VISN or other funding source)? (Final certification of funding and scope will be required after SCIP approval.)

c. Does the site of service contribute to the accomplishment of VA and VHA Strategic Plans?

d. Does the site of service result in increased opportunities for DoD, Indian Health Service, Federally Qualified Health Center, or other collaboration or sharing?

e. Does the proposal include appropriate data sources and planning methodologies or projections to determine Veteran utilization and workload via the VISN HSPA and AEP?

f. Is the number of current Veteran users from the proposed service area at least 1,200 (primary care panel size) and has the 1,200 Veteran user threshold been sustained over the past three fiscal years? Those proposed service areas not meeting the minimum user criteria should be evaluated for a make-buy justification, including consideration of telehealth as an alternative.

g. Will this site of service result in a reduction in the number of specialty care appointments outside of the wait time guidelines?

h. Will this site of service result in an increase in Veteran access to services or a sustainment of access to services as defined by the most recent geographic access guidelines.

i. Does this site of service reduce a workload and/or space gap?

j. Does the projected utilization for each specialty care clinic proposed exceed the clinic classification threshold for outpatient stops and is not expected to decline below this level in the next 5 years? (500 stops per year for current classification)

k. Are Support/Ancillary Services provided on site?

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l. Is the proposed site a minimum of 60 minutes' drive time from the nearest VA Medical Facility

m. Is the minimum surgical/procedural workload planned at least 15,000 stops?

ACQUISITION AND SHARING AGREEMENT GUIDELINES**1. Acquisition of Outpatient Sites of Care (Space and Service) Guidelines**

a. Medical Sharing/Affiliate Office (10NA2) – responsible for commercial contracts for outpatient sites of care (Primary Care CBOC, Multi-Specialty CBOC, Other Outpatient Services Site, Health Care Center -HCC) (38 U.S.C. 8153)

b. Business guidelines and established processes for documenting need and costing requirements through use of the Enrollee Health Care Projection Model (EHCPM) data, the Health Systems Planning Application (HSPA), the Patient Aligned Care Team (PACT) standards (or any approved updates to PACT) and Assistant Deputy Under Secretary for Health for Policy and Planning tools will be submitted to the Network Contracting Office (NCO) as the part of the procurement package to document VA Directive 1663 requirements for: (1) “Needs Assessment, (2) HR recruitment analysis and Independent Government Cost Estimate.

c. If primary care service is anticipated or included in the outpatient site of care, the HCR must utilize the mandated PWS/QASP found on the MSO intranet SharePoint site.

d. All commercial contracts (staff or equipment that includes space) (outpatient sites of care citing Title 38 U.S.C. 8153) will be subject to the procurement processes and thresholds outlined in VA Directive 1663, the VHA Procurement Manual and templates available on the VHA Medical Sharing Affiliate Office Customer Resource Center.

e. Contract Administration: VISN and local “parent” facilities are required to ensure the following contract administration functions occur: quality surveillance, performance monitoring, spend management, invoice validation and any other requirement assigned by the Contracting Officer Representative Delegation approved by the Contracting Office. All contract reporting requirements must be met in accordance with VHA procurement and any other laws, regulations, standards and policy in effect during the contract or other timeframe required.

f. Resources, templates and other guidance for the following processes are available on the MSO SharePoint Site at <https://vaww.vha.esp.va.gov/sites/PLOMSO/CRC/SitePages/Home.aspx>. This is an internal VA Website not accessible to the public.

2. Acquisition of Outpatient Sites of Care (Leasing of Space Only) Guidelines

a. VHA Center for Leasing Excellence (10NA2) – responsible for contract leases (38 U.S.C. 8103).

b. All proposed contracted “outpatient sites of care” are considered “medical space” and must be funded locally. Space can be acquired, on a very limited basis, through a competitive HCR Contract or through a non-competitive HCR Contract with an affiliated medical school. The Sharing Authority, under 38 U.S.C. Section 8153, is not to be used to acquire space for an outpatient site of care, unless the term is for less than 6 months

and is the space required while a lease is being finalized. Sharing authority does not provide VA sufficient property protections to operate a medical clinic and is only to be used as a temporary solution. If this temporary space requires minimal special purpose alterations, facilities are restricted to using non-reoccurring maintenance (NRM) funds only for any renovations to space under a sharing agreement. If minor or major construction funds are required then a lease is the required option.

c. Leases shall follow current federal and agency specific procurement processes.

d. Section 8103 of 38 U.S.C. – Authority to Construct, Alter and Acquire Sites for Medical Facilities and 38 U.S.C. 8104 – Congressional Approval of Certain Medical Facility Acquisitions, are subject to the processes outlined in VA Directive 7815 – Acquisition of Real Property by Lease and by Assignment from General Services Administration.

3. Selling or Exchange Agreements for Outpatient Sites of Care (Space (and/or Equipment) and Staff) Guidelines

a. Medical Sharing/Affiliate Office (10NA2) – responsible for commercial selling or exchange agreements for outpatient sites of care (38 U.S.C. 8153)

b. Sharing agreements for selling or exchange (staff and or equipment that includes space) involving an outpatient site of care citing Title 38 U.S.C. 8153 will use the processes outlined in VHA Handbook 1660.01 or any updates to such handbook or process as the agency defines.

c. Resources, templates and other guidance for the following processes are available on the MSO SharePoint Site at <https://vaww.vha.esp.va.gov/sites/PLOMSO/CRC/SitePages/Home.aspx>. This is an internal VA Website not accessible to the public.

4. Selling or Exchange Agreements for Outpatient Sites of Care (Space Only) Guidelines

a. Capital Asset Management and Planning Service (10NA5)– responsible for selling and/or exchange agreements for outpatient sites of care- space only (38 U.S.C. 8153)

b. Any selling/exchange agreement (space only) shall use the processes outlined in VHA Handbook 1820.1.

5. Selling or Exchange Agreements for Outpatient Sites of Care (VA-DoD) Guidelines

a. VA/DoD Medical Sharing Office (10P5) – responsible for VA/DoD sharing agreement initiatives (38 U.S.C. 8111)

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b. All sharing agreements using the VA-DOD Health Care Resources Sharing and Emergency Operations Act (38 U.S.C 8111) will be subject to the processes outlined in VHA Handbook 1660.04, "VA-DOD Direct Sharing Agreements" and VHA Directive 1660, "Health Care Resources Sharing with the Department of Defense."

c. This VHA directive defines tools that Department of Veterans Affairs (VA) medical facilities, Veterans Integrated Service Networks (VISN), and other organizational components utilize to develop health resources direct sharing agreements with military treatment facilities (MTF) and other Department of Defense (DoD) organizational components, which include National Guard and Reserve units.

d. Resources and policy defining the required process, templates and approvals are available on the following Web site: <http://vaww.dodcoordination.va.gov>.

All referenced policies can be found on the following Web sites:

VA Policies: <https://www.va.gov/vapubs/>

VHA Policies: <https://www.va.gov/vhapublications/index.cfm>