

## MOBILE MEDICAL UNIT (MMU) PROGRAM MANAGEMENT

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes authority and policy for the VHA to effectively manage the operations of a fleet of Mobile Medical Units (MMUs).
- 2. SUMMARY OF CONTENT:** This directive defines the policy for activation, management, and operation of MMUs and requires tracking and annual reports to Congress regarding clinical care provided through MMUs and Mobile Vet Centers (MVCs). This directive also contains an amendment in paragraph 5.i. to remove the mandate for local policy creation, dated May 11, 2020.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** The VHA Office of Emergency Management (10NA1) is responsible for the contents of this directive. Questions may be addressed to [VHAOEMSeniorStaff@va.gov](mailto:VHAOEMSeniorStaff@va.gov).
- 5. RESCISSIONS:** None.
- 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 This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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## MOBILE MEDICAL UNIT (MMU) PROGRAM MANAGEMENT

### 1. PURPOSE

This Veterans Health Administration (VHA) directive defines responsibilities for the activation, management, and operation of the Mobile Medical Unit (MMU) Program, establishes expectations for MMU operations, and requires annual reports to Congress regarding telemedicine and mobile health delivery through MMU and Mobile Vet Centers (MVCs). **AUTHORITY:** Title 38 United States Code (U.S.C.) 1706, 1709A, 1785, 8117, and Public Law 113-146.

### 2. BACKGROUND

a. MMUs have been in use by the Department of Veterans Affairs (VA) for more than 20 years. MMUs deliver primary care and other services to which the Veteran beneficiaries who have limited access to VA healthcare services due to low population density, remoteness, or limited local demand for specialized services. MMUs have also been used to identify and enroll Veterans who, for various reasons, may not have sought needed care and services at permanent VA facilities.

b. MMUs can offer predictably accessible, standardized, and consistent quality healthcare to communities that are too sparsely populated to support a local permanent clinical installation or too remote from other permanent clinical installations for practical access.

c. MMUs provide service continuity during emergencies when permanent sites of care are disabled or insufficient to meet the demand for healthcare services.

d. MMUs, while having the unique virtue of portability, have associated limitations, such as reduced treatment space, equipment, supplies, medications, staffing levels and capabilities onboard, and may also have shorter daily hours of operation due to time spent in transit. Because of the fundamental differences between MMUs and permanent medical facilities, VHA has established operational and equipment requirements to ensure MMUs provide a standard of care similar to that offered by permanent medical facilities.

e. A MMU is expected to have a reduced life span due to the rigors of roadway travel and repeated set-up and deactivation. Similarly, on-board information technology and medical equipment may wear out or become obsolete more rapidly than that of permanent medical facilities. Thus, it is desirable to establish equipment monitoring, maintenance, replacement, and upgrade schedules to maximize hours of use while keeping repair and replacement costs to a minimum.

f. In a 2014 VA Office of Inspector General (OIG) report, OIG recommended “the Under Secretary for Health improve the oversight of MMUs by assessing their effect on rural Veterans’ health care access; establishing specific program responsibilities,

policies, and guidance, including requirements to capture MMU data in DSS; and supporting emergency preparedness plans.”

### 3. DEFINITIONS

a. **Appropriate Clinical Services**. Appropriate clinical services are those specified and authorized by the Deputy Under Secretary for Health for Policy and Services.

b. **Hatch Act Prohibited Event**. A Hatch Act prohibited event is one which is directed towards the success or failure of: a candidate for partisan political office; a political party; or a partisan political group. An event hosted by a Member of Congress or other elected official may be a partisan political event. *Questions regarding whether or not an event is prohibited by the Hatch Act should be referred to the Ethics Specialty Team (EST) of the Office of General Counsel. The EST should also be consulted where an event is hosted by a Member of Congress or other elected official.*

c. **MMU Travel Day**. A MMU travel day is a duty day within which the MMU staff spends a specified number of standard four hours travelling, setting-up, delivering healthcare services, and preparing for return travel.

d. **MMU Clinic Day**. A MMU clinic day is a duty day in which a pre-determined selection of appropriate clinical services is scheduled to be provided at a service location or locations.

e. **MMU Maintenance Day**. A MMU maintenance day is when the unit is out of service, and maintenance is provided by mechanical and biomed staff while MMU clinicians are engaged in other clinical activities.

f. **Mobile Medical Unit**. A MMU is a self-powered vehicle or trailer on wheels capable of moving from one physical location to another, which is used to provide appropriate clinical services to patients in a self-contained environment away from the associated parent VA Medical Facility or VISN.

g. **Mobile Vet Centers (MVCs)**. Readjustment Counseling Service (RCS) maintains a fleet of MVCs to support readjustment counseling for combat Veterans and their families. These vehicles are used to provide outreach and direct readjustment counseling at active military, Reserve, and National Guard demobilization activities. Although maintained by a specific Vet Center, each MVC is assigned a service area larger than the host Vet Center in order to cover the entire continental United States. The RCS Regional Manager is responsible for the appropriate and effective utilization of the MVCs assigned to their region.

h. **Outreach**. Outreach is the systematic solicitation of Veterans and their families to provide information and counseling about available services and benefits.

i. **Outreach Event**. Deployment for the purposes of outreach rather than patient care.

j. **Primary Service Category.** The primary service category is the set of capabilities, functions, and clinical services provided by the MMU. In general, the MMU primary service category will be the defined set of services it is authorized to provide, using the same service definitions as permanent VA medical facilities. Each primary service category has established management and operating standards for each group of MMUs. Every MMU will be classified into one or more service categories defined by the Deputy Under Secretary for Health for Policy and Services, including but not limited to:

- (1) Primary Medical Care;
- (2) Specialty Medical Care (e.g., Cardiac Care, Vascular Care);
- (3) Ancillary Care (e.g., Lab, X-ray, MRI, Pharmacy, and Mammography);
- (4) Prosthetic Services (e.g., parts, repairs, and general assistance); and
- (5) Dental Services.

k. **Scheduled Route.** The scheduled route is the pre-determined, and published, itinerary of service locations in the service delivery area that the MMU follows on clinic and travel days.

l. **Service Delivery Area.** A service delivery area is a geographic region for which the MMU has met all Federal, State and local laws and regulations to act as a health care service provider and is authorized to provide clinical care.

m. **Service Location.** The service location is the physical address at which the MMU provides appropriate clinical services during a clinic day.

n. **Service Location Specific Contingency Plan.** A pre-established response to situations where continuity of service is interrupted due to a threat to person or property.

o. **Site-Specific Service Delivery Area.** The site-specific service delivery area is the physical area directly surrounding the unit at the Service Location where services are being provided.

p. **Telehealth Services.** The use of technologies to provide clinical care and patient health education in circumstances where distance separates those receiving services and those providing services. VHA provides guidance on Telehealth services at <https://vaww.telehealth.va.gov/>. **NOTE:** *This is an internal VA website and is not accessible to the public.*

#### 4. POLICY

It is VHA's policy that the health care provided through Mobile Medical Units (MMUs) and Mobile Vet Centers (MVCs) is delivered by an on-location clinician or through a Telehealth modality, and complies with all policies and procedures for the provision of

benefits and services in VHA. MMUs and MVCs are maintained to ensure their readiness for deployment when needed for disasters and service disruptions. Data on all VHA MMUs are compiled and catalogued by VHA Office of Emergency Management to support continuity and recovery missions. MMUs and MVCs providing routine healthcare services are listed in the VA Site Tracking (VAST) database per VHA Directive 1044, Assignment and Maintenance of Station Numbers and Attributes and VHA Handbook 1006.02, VHA Site Classifications and Definitions. This directive establishes a consistent mission and standards for patient care, operation, procurement and performance monitoring for MMUs, and requires annual reports to Congress regarding telemedicine and mobile health delivery through MMU and MVCs.

## 5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for:

(1) Reviewing clinical and operational performance data on an annual basis to ensure that MMUs remain a safe and cost-effective service component of the continuum of care.

(2) Ensuring clinical operational and business case standards for purchasing an MMU are developed and published.

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

(1) Establishing national guidance regarding MMU planning, approval, implementation, ongoing monitoring, reporting and operations.

(2) Ensuring that procurement and operational standards are developed, published, and implemented by all appropriate program offices, VISNs, and Medical Centers/Health Care Facilities with regard to MMUs.

(3) Ensuring all proposals requiring restructuring, reduction, or augmentation of major clinical programs or services or non-mandated VHA programs, be done in accordance with VHA Directive 1043, Restructuring of VHA Clinical Programs, published November 2, 2016, or subsequent policy.

(4) Authorizing the purchase of all new MMUs as well as any substantial changes to the mission or operation of the MMU program in accordance with current clinical restructuring guidance. Prior to authorizing the purchase of a new unit, the Contracting Officer for the acquisition ensures that the new unit complies with all design standards.

(5) Determining which MMUs will be assigned to deploy to support continuity of care to Veterans affected by emergencies and disasters.

c. **Assistant Deputy Under Secretary for Health for Clinical Operations.** The Assistant Deputy Under Secretary for Health for Clinical Operations is responsible for conducting an annual review of the MMU Program pertaining to the requirements in Public Law 113-146, and forwarding that information to the National MMU Program Manager for inclusion in the annual report to Congress. The review should minimally include the following:

(a) A description of the use of MMUs in delivery of services to Veterans, including Telehealth services, during the previous year, including the following:

1. An analysis of the effectiveness of using MMUs to provide health care services to Veterans through the use of Telehealth;

2. Any recommendations for an increase or decrease in the number of MMUs of the Department;

3. Any recommendations for an increase or decrease in the Telehealth capabilities of each MMU;

4. The feasibility and advisability of using temporary health care providers, including locum tenens, to provide direct health care services to Veterans at MMUs;

(b) Provide other recommendations to the National MMU Program Manager for improvement of the use of MMUs.

d. **Assistant Deputy Under Secretary for Health for Administrative Operations.** The Assistant Deputy Under Secretary for Health for Administrative Operations is responsible for:

(1) Ensuring the development of MMU standards based on recommendations from the appropriate VHA Program Offices, each contributing from within their respective programmatic scope, and the submission of these standards to the National MMU Program Manager for compilation. MMU standards to be developed include:

(a) Environment of Care standards, developed by Environmental Programs Service (EPS/10NA7), Occupational Safety and Health Management (OSHM/10NA8), Healthcare Technology Management (HTM/10NA9);

(b) Design standards developed by Office of Capital Asset Management and Engineering (OCAMES/10NA5);

(c) Vehicle maintenance and safety standards developed by Office of Capital Asset Management and Engineering (OCAMES/10NA5) and Occupational Safety and Health Management (OSHM/10NA8);

(d) Equipment safety, maintenance, and standards developed by Office of Capital Asset Management and Engineering (OCAMES/10NA5), Occupational Safety and

Health Management (OSHM/10NA8), Healthcare Technology Management (HTM/10NA9);

(e) Physical security standards developed by Office of Capital Asset Management and Engineering (OCAMES/10NA5);

(f) Clinical equipment management standards developed by Healthcare Technology Management (HTM/10NA9);

(g) Expendable supply inventory level standards developed by Procurement and Logistics Office (P&LO/10NA2);

(h) Transportation approvals (e.g., staff, equipment, patients) developed by the VHA Business Office (CBO/10NA10);

(i) Procurement, acquisition, and sustainment planning standards developed by Procurement and Logistics Office (10NA2).

(2) Provide recommendations to the National MMU Program Manager for improvement of standards applicable to MMUs.

e. **Office of Readjustment Counseling Services (RCS)**. The Office of Readjustment Counseling Services (RCS) is responsible for:

(1) Developing and publishing a set of requirements for the operation and evaluation of MVC-based services, as required by Public Law 113-146, to include at a minimum:

(a) The number of days each MVC is expected to travel and provide services per year;

(b) The number of locations each MVC is expected to visit per year;

(c) The number of appointments each MVC is expected to conduct per year;

(d) The method and timing of notifications given to individuals in the area to which the MVC is traveling, including notifications informing Veterans of the availability to schedule appointments at the MVC;

(e) Number of days and total hours each MVC was open to provide services; and

(f) Number of patient encounters by practice specialty.

(2) Conducting an annual review of the MVC operations pertaining to the requirements section 204 of Public Law 113-146, and forwarding that information to the National MMU Program Manager for inclusion in the annual report to Congress. The review should minimally include the following:

(a) A description of the use of MVCs to provide mobile health and Telehealth services to Veterans during the previous year, including the following:

1. The number of days and hours each MVCs was open to provide readjustment counseling services.

2. The number of days each MVCs traveled to a location other than its parent facility to provide such services.

3. The number of appointments each MVCs conducted to provide such services on average per month and in total during such year.

(b) An analysis of the effectiveness of using MVCs to provide health care services to Veterans through the use of Telehealth.

(c) Any recommendations for an increase in the number of MVCs.

(d) Any recommendations for an increase in the Telehealth capabilities of each MVCs.

(e) The feasibility and advisability of using temporary health care providers, including locum tenens, to provide direct health care services to Veterans at MVCs.

(f) Such other recommendations for improvement of the use of MVCs as appropriate.

f. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services, or designee, is responsible for:

(1) Incorporating MMU-based services into the Primary Care Planning Model, Health Systems Planning Application, and all other service delivery planning activities as a component of the overall VHA Continuum of Care.

(2) Defining the scope and types of clinical services that may be provided within each primary service category based and ensuring this information is shared with VISN and facility strategic planning staff.

(3) Defining the primary service categories of MMU services based on specifications, equipment, operating standards and staffing, and assigning and authorizing the service category to each MMU.

(4) Defining the minimum requirements for Telehealth services provided through MMUs and MVCs.

(5) Defining the scope and types of Telehealth services that may be provided through MMUs.

(6) Providing the National MMU Program Manager (on a semi-annual basis, or as appropriate) with a list and associated standards of primary service category designations to ensure the MMU inventory is accurate and up-to-date.

(7) Developing and publishing a set of requirements for operating and evaluating the performance of MMU-based services, as required by Public Law 113-146, to include at a minimum:

- (a) The number of days each MMU is expected to travel and provide services per year.
- (b) The number of locations each MMU is expected to visit per year.
- (c) The number of appointments each MMU is expected to conduct per year.
- (d) The method and timing of notifications given to individuals in the area to which the MMU is traveling, including notifications informing Veterans of the availability to schedule appointments at the MMU.
- (e) Number of days and total hours each MMU was open to provide services;
- (f) Number of patient encounters by practice specialty.

**NOTE:** *MMU specific information for these points of information must be available on the VISN Support Service Center (VSSC) web page at: <http://vssc.med.va.gov> and available throughout VHA. This is an internal VA website and is not accessible to the public.*

(8) Developing, and issuing, guidance on pharmacy procedures to have prescriptions filled for patients being treated in an MMU, including guidance to meet immediate prescription needs through:

- (a) Use of an on-unit pharmaceutical cache;
- (b) Use of the VA Consolidated Mail Outpatient Pharmacy network;
- (c) An emergency first fill arrangement with a local pharmacy;
- (d) VA's retail pharmacy network for purchased care;

(9) Monitoring national data recording systems to ensure field program managers are reporting workload, travel, capability, and readiness data in a timely manner.

(10) Providing clinical content to the MMU Program Manager and expert review for the development of the MMU annual report.

(11) Collaborating with the Assistant Deputy Under Secretary for Health for Workforce Services to develop primary service category-specific training materials for use by MMU staff.

g. **Assistant Deputy Under Secretary for Health for Workforce Services:** The Assistant Deputy Under Secretary for Health for Workforce Services, or designee, is responsible for:

(1) Establishing national staffing standards for each primary service category classification of MMU.

(2) Establishing minimum MMU staff competencies by primary service category (e.g., Basic Life Support (BLS)).

(3) Collaborating with the Assistant Deputy Under Secretary for Health for Policy and Services to develop primary service category-specific training materials for use by MMU staff.

(4) Ensuring that VHA's credentialing and privileging standards, currently promulgated in VHA Directive 2012-030, Credentialing of Health Care Professionals and VHA Handbook 1100.19, Credentialing and Privileging, provide guidance and define requirements for providers operating within MMUs.

(5) Ensuring a standard set of privileges is defined for each primary service category of MMUs.

h. **Director, VHA Office of Emergency Management.** The Director of the VHA Office of Emergency Management (OEM), or designee, is responsible for:

(1) Designating a National Mobile Medical Unit Program Manager within the Office of Emergency Management.

(2) Coordinate the development of processes for requesting and deploying mobile resources, including MMUs, to be diverted from normal operations and used in support of emergency needs.

i. **National Mobile Medical Unit Program Manager.** The National Mobile Medical Unit Program Manager, or designee, is responsible for:

(1) Maintaining and publishing an accurate, geodetic, inventory of MMUs by primary mission/service capability and operational requirements. The inventory for MMUs must include:

- (a) Date of activation/deactivation;
- (b) Service delivery area;
- (c) Scheduled deployment dates, times, and routes; and
- (d) Clinical and technical operator staffing.

(2) In coordination with resource owners, coordinating the development of reporting and data collection processes for MMUs, that resource owners must follow to ensure accurate technical, specification, requirements, and capability information is compiled and catalogued.

(3) Coordinating the development of readiness standards for all MMUs.

(4) Coordinating the deployment of MMUs for emergency continuity, and disaster support missions.

(5) Ensuring all guidance, standards, and other MMU program requirements are published, maintained, and available on the VHA OEM intranet site.

(6) Maintaining and updating this directive.

(7) Compile an annual program evaluation, using data and expertise provided by VHA Program Offices, Networks and VHA Facilities.

(8) Preparing the annual report to Congress in accordance with Section 204, Public Law 113-146, on access to health care through the use of MVCs and MMUs, which will include:

(a) A description of the use of MMUs and MVCs to provide both Telehealth and in-person clinical services during the preceding year, including:

1. The number of days each MMU & MVC was open to provide such services.

2. The number of days each unit or center traveled to a location other its home station to provide such services.

3. The number of appointments each unit or center conducted to provide such services on average per month and in total during such year.

(b) An analysis of the effectiveness of using MMUs and MVCs to provide health care services to Veterans through the use of telemedicine.

(c) Any recommendations for an increase or decrease in the number of MMUs or MVCs of the Department.

(d) Any recommendations for an increase in the telemedicine capabilities of MMUs and MVS.

(e) The feasibility and advisability of using temporary health care providers, including locum tenens, to provide direct health care services to Veterans at MMUs and MVCs.

(f) Any other recommendations on improvement of the use of MMUs and MVCs to delivery healthcare services to Veterans.

j. **Veterans Integrated Service Network (VISN) Director.** The VISN Director, or designee, is responsible for:

(1) Ensuring that consistent, high-quality care is delivered according to VA regulations, policies, and procedures.

(2) Ensuring that MMUs are considered in VISN strategic planning efforts to provide Veterans with quality health care in the most appropriate setting.

(3) Reviewing and approving any permanent changes in MMU-based services within the VISN, and ensuring such changes are communicated to VHA OEM and updated in the MMU resource inventory.

(4) Meeting all the requirements outlined in paragraph 5.k., for any MMU operated directly by the VISN, and not assigned to a parent medical facility.

k. **VA Medical Facility Directors.** The VA medical facility Director, or designee, is responsible for:

(1) Employing MMUs, as appropriate, to improve access for Veterans to receive high quality health care.

(2) Ensuring that sufficient resources are provided for ongoing scheduled and unscheduled maintenance of MMUs assigned to the facility.

(3) Ensuring the MMU data compiled and maintained by VHA OEM is current and accurate, and reporting MMU deployment readiness information at least semi-annually or whenever MMU operational status changes.

(4) Ensuring MMU scheduled routes coincide with those areas where Veteran patients travel significant distances and/or endure excessive travel time to access care.

(5) Ensuring that any MMU operated by the facility is capable of providing Telehealth services in accordance with VHA Policy. **NOTE:** *While not required, strong consideration will be given to adapting the optimal variation of Telehealth services that should be utilized on a MMU based on the proposed Primary Service Category defined by the Deputy Under Secretary for Health for Policy and Services.*

(6) Ensure that the Pharmacy Director develops a plan to dispense pharmaceuticals for both urgent and routine matters that do not place an undue burden on the patient to fill the prescription due to travel distance or length of time until the medication would be received.

(7) Designating a facility level MMU Program Manager.

(8) Providing the National MMU Program Manager, through the VISN Office, with the name and contact information of the Facility MMU Program Manager.

(9) Reviewing and approving all plans, schedules, and reports prepared and submitted by the Facility MMU Program Manager regarding the facility MMU program.

(10) Upon recommendation from the Facility MMU Program Manager, determining if the MMU's operations will deviate from any planned or approved activity.

(11) Ensuring that any deviation from the published schedule or approved operations is communicated to internal (VISN and VHA OEM) and external stakeholders as soon as practical.

(12) Reviewing, approving, and monitoring compliance of the facility's plan for the disbursement of pharmaceuticals to patients treated on an MMU.

(13) Ensuring that all proposals to restructure, reduce, or augment any of the major clinical programs or services provided on the MMU are processed in accordance with VHA Directive 1043, Restructuring of VHA Clinical Programs, published November 2, 2016, or subsequent policy.

(14) Establishing plans for emergency preparation, deployment, staffing, and post-deployment recovery of MMUs are developed in coordination with the Facility Emergency Program Manager and in accordance with applicable VHA directives regarding critical deployable resources for disasters and emergencies to ensure that MMUs can be efficiently deployed when needed.

(15) Ensuring that MMU personnel deploying on disaster support missions will do so in accordance with VHA Directive 0320, Comprehensive Emergency Management Program, published April 12, 2013, and VHA Handbook 0320.03 Disaster Emergency Medical Personnel System (DEMPS) Program and Database, published March 26, 2008, or subsequent policy.

(16) Ensuring continuity of care to Veterans in times of emergency by requesting MMUs through the VISN Director to VHA OEM, as early as feasible, once the need has been identified, and providing operational support to MMUs deployed to the local area as requested.

(17) Ensure that the MMU is not used in support of a Hatch Act prohibited event.

I. **Facility Mobile Medical Unit Program Manager.** The Facility Mobile Medical Unit Program Manager, or designee, is responsible for:

(1) Ensuring that all MMU guidelines and standards established by this directive are implemented for each MMU within the facility catchment area.

(2) Ensuring that local plans to establish new MMUs and scheduled routes take into account network-wide analyses of current and projected Veteran demographics, determine relative priorities, and identify evidence-based areas of greatest need.

(3) Establishing procedures and processes to ensure the MMU complies with all Federal, State, and local operating requirements based on the specific type of unit and service delivery area in which the unit will operate.

(4) Establishing procedures and processes to ensure providers comply with all Federal, State, and local practice requirements for each jurisdiction of the service delivery area in which the unit will operate.

(5) Ensuring VA information security is protected during MMU healthcare services delivery.

(6) Developing a scheduled route for each MMU operated by the facility while ensuring the scheduled route accounts for maintenance.

(7) Ensuring that all appropriate permissions and permits have been secured to operate at a service location.

(8) Maintaining and publishing the scheduled route and services delivered for each MMU operated by the facility in the VAST database and on the organization's website.

(9) Ensuring the MMU has the appropriate clinic profile for each primary service category in the VA-approved scheduling application.

(10) Ensuring the MMU has the appropriate workload mapping for each primary service category in the VA-approved workload capturing system, so all clinical services provided are appropriately captured in the record.

(11) Establishing local staffing plan consistent national staffing standards for each primary service category provided by a MMU.

(12) Ensuring national requirements for MMU staff competencies are tailored to reflect state statutes and local regulations.

(13) Ensuring all staff physically serving on a MMU are trained and appropriately licensed to fulfil their assigned role on the MMU.

(14) Ensuring all clinical staff physically serving on a MMU are trained and appropriately licensed to provide clinical care on an MMU.

(15) Establishing supply inventory levels and replenishment and rotation schedules for single use and expendable medical equipment and supplies.

(16) Establishing a plan to maintain the environment of care within the MMU in accordance with VHA Directive 1608, Comprehensive Environment of Care (CEOC) Program, published February 1, 2016, or subsequent policy.

(17) Establishing a vehicle and staff safety plan in coordination with the Facility Safety and/or Security Officer(s) that conforms to the national guidance on vehicle maintenance and safety and information and physical security.

(18) Coordinating a preventive maintenance plan for the biomedical equipment on the MMU that conforms to appropriate national guidance on MMU and biomedical equipment maintenance, in coordination with the Facility Biomedical Engineer.

(19) Coordinating with the Facility Information Security Officer to ensure that the MMU is incorporated into the facility's Information Security Plan and Program.

(20) Maintaining records of all the plans, service location agreements, staff training records, and operating licensures for all MMU staff.

(21) Developing and implementing a location-specific service contingency plan.

(22) Develop and implement unit staff skills training and assessments.

(23) Monitoring and reviewing MMU performance to provide a recommendation to facility leadership on the need to suspend MMU operations, if for any reason the unit is not able to ensure the delivery of consistent, high-quality care in accordance with VA regulations, policies, and procedures.

(24) Ensuring that a MMU Team Lead is assigned to each MMU trip.

m. **Mobile Medical Unit Team Lead.** The MMU Team Lead is responsible for:

(1) Performing pre-deployment assessment of the unit before leaving the parent facility on a travel day.

(2) Ensuring the site-specific service area is appropriate to support the needs of the MMU as well as the services being provided.

(3) Leading the team in all activities needed to convert the MMU from travel mode to service delivery mode and from service delivery mode back to travel mode.

(4) Reporting any issue to the facility Mobile Medical Unit Program Manager while travelling and supporting delivery of mobile healthcare services.

(5) Implementing facility site specific contingency plans in the event of an unplanned development.

n. **Fleet Manager.** The VA medical facility Fleet Manager is responsible for:

(1) Maintaining the MMU and on-board mechanical equipment in conformance with the manufacturer's and other applicable guidance on vehicle maintenance and safety.

(2) Ensuring all drivers meet appropriate state driver's license and associated medical requirements.

## 6. REFERENCES

a. Public Law 113-146, Veterans Access, Choice, and Accountability Act of 2014

b. 38 U.S.C. 1706, Management of health care: other requirements

c. 38 U.S.C. 1709A, Teleconsultation

d. 38 U.S.C. 1785, Care and services during certain disasters and emergencies

- e. 38 U.S.C. 8117, Emergency preparedness
- f. 5 U.S.C. 7321-7326, Hatch Act
- g. VHA Directive 1043, Restructuring of VHA Clinical Programs
- h. VHA Directive 1044, Assignment and Maintenance of Station Numbers and Attributes
- i. VHA Handbook 1006.02, VHA Site Classifications and Definitions
- j. VHA Directive 0320, Comprehensive Emergency Management Program
- k. VHA Directive 1608, Comprehensive Environment of Care (CEOC) Program
- l. VHA Directive 2012-030, Credentialing of Health Care Professionals
- m. VHA Handbook 0320.03, Disaster Emergency Medical Personnel System (DEMPS) Program and Database
- n. VHA Handbook 1100.19, Credentialing and Privileging