

SPIRITUAL CARE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides policy for ensuring the availability of spiritual care for all persons receiving VHA care.

2. SUMMARY OF MAJOR CHANGES: This directive includes the following updates:

a. Revises definitions (see paragraph 3).

b. Revises responsibilities (see paragraph 5).

c. Revises clinical documentation requirements in relation to spiritual screening and spiritual assessment (see paragraph 5).

d. Provides clarification regarding the National VA Chaplain Service's relationship with National Cemetery Administration (NCA) and Veterans Benefit Administration (VBA) (see paragraph 7).

e. Provides clarification regarding use of chaplain space, community clergy and Traditional Practitioners.

f. Provides clarification regarding religious rights and protections of chaplains and requirements to maintain ecclesiastical endorsement.

3. RELATED ISSUES: VA Directive 0022, Religious Symbols in VA Facilities, dated January 31, 2020, and VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.

4. RESPONSIBLE OFFICE: The National VA Chaplain Service (12CHAP) is responsible for the content of this VHA directive. Questions may be referred by phone at 202-461-1625, or by email at VANationalChaplainStaff@va.gov.

5. RESCISSIONS: VHA Directive 1111(2), Spiritual and Pastoral Care in the Veterans Health Administration, dated November 22, 2016; VHA Memorandum 2018-02-36, Chaplain Service Annual Report, dated February 27, 2018; and VHA Memorandum 2020-02-31, Veterans Affairs Medical Center (VAMC) Chaplain Service Organizational Structure and Reporting Chain, dated February 26, 2020, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of July 2026. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

July 21, 2021

VHA DIRECTIVE 1111

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Steven L. Lieberman, M.D.
Deputy to the Deputy Under Secretary for
Health
Performing the Delegable Duties of the
Under Secretary for Health

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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SPIRITUAL CARE

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy for ensuring the availability of spiritual care for all persons receiving VHA care. Chaplains work with Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA) to ensure that Veterans who need medical care (including counseling for their spiritual needs) are referred to the National Department of Veterans Affairs (VA) Chaplain Service. **AUTHORITY:** 38 U.S.C. §§ 7301(b), 7305, 7306. **NOTE:** *VHA prohibits proselytizing (see definition paragraph 3) and does not promote, favor or prefer any particular religion or faith group, nor does VHA promote, favor or prefer religion over non-religion. Nothing in this directive is intended, nor should be construed, to suggest or direct any policy, practice or action that is contrary to the doctrine or practice of any faith group. Nevertheless, VHA's mission to care for Veterans is paramount, and VHA may restrict or prohibit any practice that it deems detrimental to the health or safety of patients. The choice to receive spiritual care, complete a spiritual assessment or participate in a spiritually based treatment program always remains the private choice of the Veteran.*

2. BACKGROUND

a. In accordance with 38 U.S.C. § 7301, VA provides a complete medical and hospital service for the medical care and treatment of Veterans. VA includes spiritual care as part of this care and treatment. The type and extent of spiritual care provided must be commensurate with the needs, desires and voluntary consent of the individual Veteran. VA medical facilities must maintain a Chaplain Service and sufficient staff employed to ensure that Veterans' diverse spiritual health care needs are met.

b. The official title for VA chaplains is "Chaplain" (see definition in paragraph 3). In official capacities, the chaplain is addressed as "Chaplain" and must use this designation in signing official communications.

c. Spiritual care must be available to Veterans wherever inpatient care or outpatient medical services are provided through VHA. In accordance with 38 C.F.R. § 17.33(b)(7), the opportunity for religious worship must be made available to each patient who desires such opportunity. No patient may be coerced into engaging in any religious activities against their desires.

d. Each Veteran's preference for spiritual care must be screened (see definition of spiritual screening, paragraph 3) as part of a complete evaluation of the individual's health care needs. When a more in-depth spiritual assessment (see definition of spiritual assessment, paragraph 3) is indicated, a chaplain is the only subject matter expert authorized to conduct the spiritual assessment, devise a spiritual care plan and provide appropriate spiritual care as desired by the Veteran. Chaplains collaborate with other VA health care providers in the provision of holistic care throughout a full spectrum of interventions and services as appropriate to an individual's needs and

desires, including:

- (1) Conducting worship services, rituals, rites, religious sacraments and ordinances.
- (2) Coordinating and providing spiritual care for Veterans in all inpatient and outpatient treatment settings.
- (3) Providing spiritual counseling for individuals and immediate family members during crisis situations.
- (4) Facilitating spirituality and therapeutic groups.

e. Because spirituality is an important dimension of health for many Veterans and their families, it must be addressed in all components of VHA's mission, including patient care, research, emergency preparedness and health care education. Chaplains provide expertise in health care ethics and meet with the Veterans' families and loved ones (see paragraph 5). In addition, chaplains educate VHA health care providers about the role of chaplains and the importance of spiritual care's contributions to the holistic care of Veterans.

3. DEFINITIONS

a. **Chaplain.** A chaplain is an individual who is employed or contracted to provide spiritual care to Veterans receiving inpatient or outpatient care from a VA medical facility, as well as their families. Chaplains are Title 38 Hybrid clinical employees and must meet the qualification requirements of VA Handbook 5005/135, Staffing, Part II Appendix G67, dated September 24, 2020. Chaplains' spiritual care and counseling is characterized by:

- (1) In-depth assessment, evaluation and treatment of Veterans.
- (2) A high degree of integration into the total care and treatment program of a VA medical facility.
- (3) Close working relationships with staff members of other professional health care disciplines.

b. **Community Clergy.** Community clergy are faith leaders in the community who visit Veterans who are members of their congregation.

c. **Ecclesiastical Endorsement.** An ecclesiastical endorsement is a written statement addressed to VA and signed by the designated endorsing official of an ecclesiastical endorsing organization certifying that an individual is in good standing with the faith group or denomination and, in the opinion of the endorsing official, is qualified to perform the full range of ministry, including all sacraments, rites, ordinances, rituals and liturgies required by members of the faith group. An individual must obtain and maintain a full and active ecclesiastical endorsement to be employed as a chaplain.

d. **Ecclesiastical Endorsing Official.** An ecclesiastical endorsing official is an individual who is authorized to provide or withdraw ecclesiastical endorsements on behalf of an ecclesiastical endorsing organization.

e. **Ecclesiastical Endorsing Organization.** An ecclesiastical endorsing organization is an organization that meets the eligibility requirements of 38 C.F.R § 17.655(c) and has been properly designated as an endorsing organization in accordance with 38 C.F.R. § 17.655(e).

f. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of Veteran health information resulting from clinical Veteran care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. **NOTE:** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

g. **Native American Traditional Practitioner (Traditional Practitioner).** A Native American Traditional Practitioner (henceforth referred to as Traditional Practitioner) is an individual who provides Native American traditional practices to meet the spiritual needs of Veterans who desire them. In this directive, the term Native American includes American Indians, Native Hawaiians/Pacific Islanders and Alaska Natives. Traditional Practitioners are not chaplains and do not have to meet VA's chaplain qualification requirements.

h. **Proselytizing.** Proselytizing is attempting to impose religious beliefs or practices on an individual without the individual's consent.

i. **Religious Expression.** Religious expression is all types of worship, sacraments, rites, ordinances, ceremonies, prayer, meditation and traditional observances by which individuals carry out their religious beliefs or through which they maintain or enhance their relationship with the focus of their religion. This includes wearing religiously significant clothing or jewelry, maintaining dietary customs and carrying or displaying religious articles, symbols, pictures or scripture.

j. **Spiritual Assessment.** A spiritual assessment is an ongoing evaluation administered by a chaplain, with voluntary participation from the Veteran, that uses standardized questions to gather information and define the Veteran's desires, needs, hopes, spiritual resources and spiritual injuries for the purpose of care planning.

k. **Spiritual Care.** Spiritual care is a total program of assessment and care, administered and overseen by chaplains, that utilizes the full spectrum of professional interventions to:

- (1) Assess Veterans' religious and spiritual needs, resources and desires.
- (2) Address spiritual strengths and injuries.

(3) Enhance Veterans' spiritual health and well-being. **NOTE:** *Chaplains are the only health care providers authorized to provide spiritual interventions at any VA medical facility. Community clergy may provide patient-requested ministry only according to their specific faith group traditions.*

I. **Spiritual Screening.** A spiritual screening is a question designed to be answered voluntarily by the Veteran for the purpose of determining whether the Veteran has spiritual concerns that affect the Veteran's health care, has needs for accommodation of free exercise of religion or desires immediate spiritual care. The standardized spiritual screening is part of the nursing admissions screening. When a positive screening occurs, a chaplain consult must be entered in the patient's EHR.

4. POLICY

It is VHA policy that spiritual care is integrated into the comprehensive health care provided to Veterans as part of the medical benefits package, and that spiritual care is provided to other beneficiaries and individuals as authorized by statute.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

c. **National Director, National VA Chaplain Service.** The National Director, National VA Chaplain Service is responsible for:

(1) Providing oversight and management of the National VA Chaplain Service.

(2) Advising officials in VA Central Office and in VA medical facilities regarding policies and procedures for the provision of spiritual care, conflicts between chaplain duties and faith group beliefs, and religious expression in VA medical facilities.

(3) Maintaining liaisons with ecclesiastical endorsing organizations, Office of Congressional and Legislative Affairs, Office of General Counsel and Office of Public and Intergovernmental Affairs. **NOTE:** *For more information regarding liaison activities with ecclesiastical endorsing organizations, see 38 C.F.R. § 17.655.*

(4) Planning and directing a national spiritual care program consistent with the overall mission of health care delivery in VHA.

d. **National Program Manager for Transitional Care and Education.** The National Program Manager for Transitional Care and Education is responsible for:

(1) Maintaining liaisons with Department of Defense, VBA, Office of Rural Health and Office of Mental Health and Suicide Prevention in order to evaluate needs and establish collaborative programs to meet those needs.

(2) Developing and overseeing spiritual care and outreach for transitioning Service members.

(3) Developing and overseeing a Community Clergy Training Program.

(4) Developing and overseeing Chaplain Orientation Electronic Course (see paragraph 10).

e. **National Program Manager for Clinical Care and Professional Development.** The National Program Manager for Clinical Care and Professional Development is responsible for:

(1) Maintaining liaisons with Health Information Management Service, Office of Academic Affiliations and external agencies which provide accredited Clinical Pastoral Education (CPE) in order to evaluate needs and establish collaborative programs to meet those needs.

(2) Developing and overseeing EHR documentation and reporting for chaplain workload to ensure encounters are being completed and properly documented at each VA medical facility.

(3) Overseeing CPE programs.

(4) Developing and overseeing National VA Chaplain Service policy.

f. **National Program Manager for Family Care and Bereavement.** The National Program Manager for Family Care and Bereavement is responsible for:

(1) Maintaining liaisons with NCA, Civil Air Patrol, Office of Emergency Management and Office of Care Management and Social Work Services in order to evaluate needs and establish collaborative programs to meet those needs.

(2) Providing oversight of spiritual care at National Cemeteries.

(3) Developing and overseeing spiritual care programs for families and caregivers.

(4) Providing oversight of chaplain emergency preparedness and response.

g. **Veterans Integrated Services Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and taking appropriate corrective action for noncompliance.

(2) Ensuring that Veterans are provided with opportunities for religious worship or personal meditation, in accordance with their needs and desires and in appropriate settings.

(3) Ensuring that the Chaplain Service is an independent service which reports to a member of the VA medical facility Executive Leadership Team, such as the facility Director, Deputy Director, Chief of Staff, Associate Director, Associate Director/Nurse Executive or Assistant Director.

(4) Ensuring that adequate Chaplain Service staffing is provided to identify and meet the spiritual care needs and desires of Veterans 24 hours a day, 7 days a week and 365 days a year.

i. **Chief, VA Medical Facility Chaplain Service.** The Chief, Chaplain Service at each VA medical facility is responsible for:

(1) Planning, developing and directing a local program of spiritual care and counseling.

(2) Supervising chaplain staff members, including by ensuring that both inpatients and outpatients receive appropriate spiritual care, as desired or requested by the Veteran.

(3) Advising the VA medical facility Director about the best strategies to meet the religious and spiritual needs of the patient population, individual patients and their families.

(4) Ensuring that Veterans' constitutional right to free exercise of religion is protected.

(5) Ensuring patients are protected from proselytizing.

(6) Advising the facility Executive Leadership Team about free religious expression in the VA medical facility.

(7) Coordinating chaplains to orient other health care providers to spiritual issues in Veteran care.

(8) Accepting gifts, cards and other items with religious content that are presented to

the VA medical facility by organizations or individuals and intended for distribution to Veterans; and determining the appropriate distribution of such items. **NOTE:** *VHA Directive 4721, VHA General Post Fund – Gifts and Donations, dated August 13, 2018, authorizes the Chief, Chaplain Service to accept gifts or donations to be used for the benefit of the religious needs of patients and to support all Chaplain Service activities at the facility. At VA medical facilities that do not have a Chief, Chaplain Service, the VA medical facility Director may delegate this authority to the lead or coordinating chaplain. The Voluntary Service Officer/Program Manager at each VA facility is authorized to accept gifts that benefit the facility or its inpatients or members. Donations must be deposited to the General Post Fund.*

(9) Evaluating at least annually the spiritual care needs of the Veteran population served by the VA medical facility. **NOTE:** *Because many surveys of Veterans and others who are not Federal employees must be pre-approved by the Office of Management and Budget, VA Handbook 6309, Collections of Information, dated January 12, 2010, and the VA medical facility Chief of Staff must be consulted prior to conducting a survey.*

(10) Ensuring that VA medical facility chaplains maintain appropriate documentation (see paragraph 5.j.(8)) and that the Chaplain Service follows the guidance of the Managerial Cost Accounting Office (MCA/Decision Support System or DSS), Health Information Management Program Office and the National VA Chaplain Service to assure uniform reporting of workload across VHA.

(11) Ensuring use of approved National Chaplain Functional Statements. **NOTE:** *Additional information regarding Functional Statements can be found at: <https://dvagov.sharepoint.com/sites/VHACHaplainservices/Title%2038Hybrid/Forms/AllItems.aspx?id=%2Fsites%2FVHACHaplainservices%2FTitle%2038Hybrid%2FFunctional%20Statements&newTargetListUrl=%2Fsites%2FVHACHaplainservices%2FTitle%2038Hybrid&viewpath=%2Fsites%2FVHACHaplainservices%2FTitle%2038Hybrid%2FForms%2FAAllItems%2Easpx&viewid=7e9269a3%2Db03f%2D4d4d%2Db405%2Dde1521721694>. This is an internal VA website that is not available to the public.*

(12) Ensuring chaplains maintain full and active ecclesiastical endorsements (see paragraph 3).

(13) Providing the National Director with current, accurate VA medical facility data necessary to maintain the directory of chaplains.

(14) Ensuring the comfort of Veterans in the chapel or VA medical facility's place of worship.

(15) Ensuring that full-time chaplains do not accept commitments outside of the VA medical facility that conflict with their responsibility to provide spiritual care duties within the facility.

(16) Ensuring chaplain responsibilities do not include duties that conflict with their role of spiritual caregiver or their ecclesiastical faith group beliefs.

(17) Reviewing all donated or purchased religious literature for appropriateness and determining its placement or distribution.

j. **VA Medical Facility Chaplains.** VA medical facility chaplains are responsible for:

(1) Supporting spiritual belief systems and practices as requested by Veterans.

(2) Assessing a Veteran's desire, or lack of desire, for spiritual care as part of the total integration of the Veteran's health care needs, including visiting pre- and post-operative patients according to their expressed wishes.

(3) Meeting with immediate relatives and visitors of Veterans during regular and emergency visits.

(4) Providing spiritual counseling for Veterans' immediate family members, legal guardians, family caregivers and others who are eligible for consultation, professional counseling, marriage and family counseling and training (see 38 U.S.C. § 1782).

(5) Providing bereavement counseling for individuals who received services in the case of a death that was unexpected, or that occurred while the Veteran was participating in a VA hospice program or similar program run by VA and for family members, including parents, of members of the Armed Forces who die in the active military, naval or air service in the line of duty and under circumstances not due to the person's own misconduct (see 38 U.S.C. § 1783 and 38 C.F.R. § 17.98).

(6) Providing spiritual counseling for approved family caregivers of eligible Veterans as desired in accordance with 38 U.S.C. § 1720G(a)(3)(A)(i)(III).

(7) Providing spiritual care for eligible survivors and dependents and caregivers of certain Veterans (see 38 U.S.C. § 1781).

(8) Maintaining appropriate documentation in accordance with the following:

(a) Care must be documented in the EHR in accordance with 44 U.S.C. §§ 3101-3102 and VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015. **NOTE:** *Questions as to whether information communicated by a Veteran to a chaplain is considered to be confidential and privileged, such that it is protected from disclosure in connection with any VA administrative or other legal proceeding, should be referred to the Office of General Counsel or Regional Counsel.*

(b) VA medical facility processes must be followed regarding the specific format for recording progress notes.

(c) Documentation of spiritual assessments is required within the following time frames for CLCs, spinal cord injury, Intensive Care, Hospice and Mental Health Care:

1. CLCs, spinal cord injury, polytrauma: within the first 14 days of admission.

2. Intensive Care and Hospice: within the first 24 hours.

3. In the area of Mental Health:

a. Acute inpatient mental health services: within the first 72 hours of admission.

b. Residential Substance Abuse Treatment: within the first 7 days of admission.

(d) All inpatient and outpatient Chaplain Service workload must be recorded using count clinics. Approved Healthcare Common Procedure Coding System (HCPCS) Codes are as follows:

1. HCPCS Code Q9001 – Spiritual Assessment.

2. HCPCS Code Q9002 – Individual Counseling.

3. HCPCS Code Q9003 – Group Counseling.

4. HCPCS Code G9473 – for Hospice used in combination with other disciplines in Hospice Settings.

(9) Maintaining articles provided by ecclesiastical endorsing organizations, including the following:

(a) All articles used in the Chaplain Service which are on loan from an ecclesiastical endorsing organization must be listed on a memorandum and forwarded to the Acquisition and Materiel Management Officer.

(b) When the chaplain who is the responsible custodian of articles on loan from an ecclesiastical endorsing organization is transferred or separated from service, those articles must be transferred to the Acquisition and Materiel Management Officer for inventory and safekeeping until a new chaplain is assigned responsible custody.

(10) Maintaining a full and active ecclesiastical endorsement as a condition of employment (see paragraph 3).

(11) Educating VHA health care providers about the role of chaplains and the importance of spiritual care to the holistic care of Veterans.

(12) Providing expertise in health care ethics.

(13) Preparing the chapel for private use by patients at the conclusion of a religious worship service (see paragraph 9).

6. INTEGRATING SPIRITUAL CARE IN VA HEALTH CARE

a. VHA recognizes that spiritual care must be integrated into the total program of health care and be made available to all Veterans and their immediate family members and caregivers who desire such care (see paragraph 5.j.). Chaplains are the professional

health care providers on the interdisciplinary teams who provide spiritual care throughout the VA health care system.

b. The Veteran's voluntary expression of desires or requests lies at the heart of each and every aspect of the National VA Chaplain Service. Chaplains may not incorporate religious content into either their spiritual care or counseling, unless that is the patient's wish. Chaplains provide spiritual care to both religious and non-religious patients, but only if patients desire such services. The choice to receive such care remains the private choice of the Veteran.

c. All VA staff must be sensitive to and respectful of Veterans' desires, if any, for spiritual support. Interdisciplinary team members provide essential information to chaplains who provide spiritual care to Veterans in promotion of health and wellness; however, chaplains are the only health care providers authorized to conduct official spiritual assessments and to provide spiritual interventions at any VA medical facility. Community clergy may provide patient-requested ministry only according to their specific faith group traditions (see definition in paragraph 3.b.).

7. RELATIONSHIPS WITH THE NATIONAL CEMETERY ADMINISTRATION AND THE VETERANS BENEFITS ADMINISTRATION

Methods must be established to:

a. Inform Veterans and their families who are served at National Cemetery Administration (NCA) and Veterans Benefits Administration (VBA) locations that VA medical care includes spiritual care provided by chaplains who are trained and employed or contracted to address spiritual needs.

b. Ensure that the Chaplain Service at each VA medical facility maintains close, continuing relationships with NCA and VBA officials who are responsible for serving Veterans in the catchment area to provide awareness of the services provided by chaplains. **NOTE:** *Spiritual care provided as part of VHA medical care may be of value to many Veterans who seek benefits from VBA and families seeking benefits from NCA. VBA and NCA beneficiaries interested in receiving such care should be referred to National VA Chaplain Service.*

8. CHAPLAIN SERVICE AND ETHICS

a. Chaplains must comply with all standards of ethical conduct for employees of the Executive Branch; they are not to accept personal gifts or gratuities where such acceptance would violate the Standards of Ethical Conduct for Employees of the Executive Branch (see 5 C.F.R. part 2635). Additional information about the Federal employee standards of conduct may be obtained from the Regional Counsel or the Ethics Staff in the Office of General Counsel, VA Central Office. The Chaplain Service is qualified to offer leadership and guidance to Veterans and VA staff regarding health care decisions having ethical implications; therefore, each chaplain must stay abreast of health care ethics issues and be familiar with the following:

(1) Both religious and secular resources, such as those from the VA medical facility's local IntegratedEthics® program office and the National Center for Ethics in Health Care. **NOTE:** Additional information about the IntegratedEthics® program can be found at: <https://www.ethics.va.gov/integratedethics.asp>.

(2) VHA health care ethics policies (e.g., informed consent, advance directives, end-of-life care).

(3) The laws, religious beliefs and practices which apply to the ethical questions that arise in clinical settings.

b. Each chaplain must be prepared to discuss and counsel any staff member, Veteran or Veteran's family requesting information regarding the relationship of health care ethics issues to the ethical and religious standards of their respective faith community.

c. Chaplains serving on or chairing local ethics committees help formulate and implement ethics standards and criteria and educate staff in the IntegratedEthics® program.

9. CHAPELS AND OTHER WORSHIP FACILITIES

a. **Chapels.** The chapel, or a room set aside exclusively for use as a chapel, must be reserved for patients' spiritual activities, such as: worship, prayer, meditation and quiet contemplation. Such chapels are appointed and maintained as places for meditation and worship. When VA chaplains are not providing or facilitating a religious service for a particular faith group, the chapel must be maintained as religiously neutral, meaning it cannot be viewed as endorsing one religion over another. Religious literature, content and symbols must be made readily accessible to VA patients and visitors in a chapel or Chaplain Service office at their request. The only exception to the policy on maintaining chapels as religiously neutral are the chapels at VA medical facilities which were built with permanent religious symbols in the walls or windows. In these cases, the VA medical facility Director must also designate an appropriately sized room or construct a religiously neutral chapel, which is maintained in accordance with this VHA directive and VA Space Planning Criteria, Chapter 208: Chaplain Services, dated October 3, 2016. **NOTE:** Additional information regarding VA space planning criteria for Chaplain Services can be found at: <https://www.cfm.va.gov/til/space/SPchapter208.pdf>. See VA Directive 0022, Religious Symbols in VA Facilities, dated January 31, 2020, for policy regarding including religious symbols in passive displays at VA facilities.

(1) At the conclusion of a religious worship service in the chapel, the chaplain or designee must prepare the chapel for private use by patients.

(2) The construction of a chapel for the exclusive use of a particular religious or spiritual group is prohibited. No permanent (non-moveable) religious symbols are to be incorporated in the construction or renovation of chapels. The design of new chapels and alteration of existing chapel space must be approved in advance by the National

Director, National VA Chaplain Service.

(3) When patients' religious needs cannot be appropriately met in the chapel, the VA medical facility Director may designate, on an as-needed-basis, a small room or space (indoors or outdoors on the VA medical facility property) in which to accommodate sacramental, liturgical, religious or spiritual practices; however, this space is not to be identified as a chapel.

(4) All spaces to be used for spiritual purposes must be fully accessible to persons with disabilities.

(5) The use of candles, lights and draperies must be in accordance with VA safety policies.

(6) Chapels must remain available at all times for use by Veterans and their families.

b. **Offices.** Chaplains must be provided with office space that ensures privacy in counseling patients, families and staff (see VA Space Planning Criteria, Chapter 208 for additional information).

10. TRAINING

The following training is **recommended** for VA chaplains: Chaplain Orientation Electronic Course, which provides the foundational policy and operational practices for serving as a chaplain. The Chaplain Orientation Electronic Course is defined by the National Program Manager for Transitional Care and Education. **NOTE:** *For additional information regarding this training, please see <https://dvagov.sharepoint.com/sites/VHACHaplainservices/default.aspx>. This is an internal VA website that is not available to the public.*

11. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

12. REFERENCES

- a. 38 U.S.C. §§ 1720G(a)(3)(A)(i)(III), 1781, 1782, 1783, 7301, 7305, 7306.
- b. 44 U.S.C. §§ 3101-3102.
- c. 5 C.F.R. part 2635.
- d. 38 C.F.R. §§ 17.33(b)(7), 17.98, 17.655.

- e. VA Directive 0022, Religious Symbols in VA Facilities, dated January 31, 2020.
- f. VA Handbook 5005/135, Staffing, Part II Appendix G67, dated September 24, 2020.
- g. VA Handbook 6309, Collections of Information, dated January 12, 2010.
- h. VHA Directive 4721, VHA General Post Fund – Gifts and Donations, dated August 13, 2018.
- i. VHA Handbook 1907.01, Health Information Management and Health Records, dated March 19, 2015.
- j. VA Space Planning Criteria, Chapter 208: Chaplain Services, dated October 3, 2016, <https://www.cfm.va.gov/til/space/SPchapter208.pdf>.