Department of Veterans Affairs

Volume II
Medical Programs and
Information Technology Programs

Congressional Submission

FY 2019 Funding and
FY 2020 Advance Appropriations

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Veterans Health Administration Vision

Vision
The Veterans Health Administration (VHA) will continue to strive to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment, including community care as a part of a high-performing care network that supports learning, discovery and continuous improvement.

VHA will emphasize prevention and population health, and contribute to the Nation's well-being through education, research, and service in national emergencies.

National Contribution
VHA supports the public health of the Nation through medical, surgical, and mental health care; medical and prosthetic research; health professions education; and training. VHA also plays a key role in homeland security by serving as a resource in the event of a national emergency or natural disaster.

Stakeholders
Numerous stakeholders have a direct interest in VHA's delivery of health care, medical research, and medical education. They include:

- Veterans and their Families
- Native American Tribes
- State Veterans Homes
- Academic Affiliates
- Health Care Contract Providers
- Department of Defense (DOD) and other Federal Agencies
- Veteran Service Organizations
- State/County Veterans Offices
- Health Care Professional Trainees
- Researchers
- The President and Congress
- VA Employees

VA Medical Care Overview
VA is committed to providing Veterans and other eligible beneficiaries timely access to high-quality health services. VA's health care mission covers the continuum of care providing Inpatient and Outpatient services. This includes Pharmacy, Prosthetics, and Mental Health; Long-Term Care in both institutional and non-institutional settings. This also includes Community Care, and other health care programs, such as the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and Readjustment Counseling. VA will meet all of its commitments to treat Operation

Enduring Freedom (OEF), Operating Iraqi Freedom (OIF), Operation New Dawn (OND), Operation Inherent Resolve (OIR) Veterans, Service members with Other Than Honorable (OTH) administrative discharges who are in mental health distress and may be at risk for suicide or other adverse behaviors, and Service members in 2019 and 2020.

VA Medical Care Budget Priorities

This budget request will ensure the Nation's Veterans receive high-quality health care and timely access to benefits and services. In 2019, the budget requests $73.1 billion in discretionary appropriations, together with $3.4 billion in medical care collections, for a total of $76.5 billion in discretionary funding for VA health care to improve patient access and timeliness of medical care services for approximately 9.3 million enrolled Veterans. The requested funding would enable VA to provide a broad range of primary care, mental health care, specialized care, and related medical and social support services to enrolled Veterans, including services that are uniquely related to Veterans' health and special needs. The budget request supports the VA Secretary's five strategic priorities: 1) Focus Resources More Efficiently; 2) Modernize Our Systems; 3) Improve Timeliness of Services; 4) Prevent Veteran Suicides; and 5) Provide Greater Choice for Veterans.

Priority 1: Focus Resources More Efficiently

As part of our commitment to assuring that Veterans get the best care, as timely as possible, and as conveniently has possible, VHA defined foundational services as a critical component of VA modernization. VA will continue to sharpen its focus on directly providing those services that are most important to the coordination and management of a Veteran's overall medical and health needs, while purchasing services that can be as effectively or more conveniently delivered by non-VA providers. For direct service delivery, VHA is prioritizing services that are most related to service-connected disability and unique to the skill and missions of the Veterans Health Administration.

Foundational services include these mission-driven services:

- Primary Care, including Women's Health;
- Urgent Care;
- Mental Health Care;
- Geriatrics and Extended Care;
- Rehabilitation (e.g., Spinal Cord, Brain Injury/Polytrauma, Prosthesis/Orthoses, Blind Rehabilitation);
- Post-Deployment Health Care;
- War-Related Illness and Injury Study Centers functions.

VA facility and VISN leaders are assessing additional, non-VA options for other health services that are just as important to Veterans, yet can be as effectively or more conveniently delivered by non-VA providers. Local VA leaders are also considering accessibility of VA facilities and convenience factors (like weekend hours), as they develop recommendations for community access to non-VA providers for Veterans in their service areas.

While the focus on foundational services will be a significant change to the way VA provides health care, VA will continue to ensure that the full array of statutory VA health care services are made available to all enrolled Veterans. VA will also continue to offer services that are essential components of Veteran care and assistance such as assistance for homeless Veterans, Veterans Resource Centers, the Veterans Crisis Line/Suicide Prevention, Mental Health Intensive Case Management, treatment for Military Sexual Trauma and substance use disorder programs.

Defining VA-delivered foundational services and a process for determining which services VA should deliver in its own facilities and which services VA should purchase from community providers and Federal partners will enable VA to provide access to high-quality care for Veterans by balancing care provided by VA and the community/partners while addressing the increasing demand for care. Increased operational efficiency promotes VA's continuing commitment to its four missions:

- Education of health professionals;
- Research to advance the care of Veterans;
- Supporting our nation's emergency preparedness and, above all else;
- Providing the best possible care for Veterans.

VA is also focused on updating internal hiring practices. VA is the largest health care system in the United States, and in an industry where there is a national shortage of health care providers, VA often faces competition with the commercial sector and other employers. Historically, VA has followed hiring practices that have proven unduly burdensome. Over the past year, VA's business process improvement efforts have resulted in a more efficient hiring process. We were able to reduce the time it took to hire Medical Center Directors by 40% and obtained approval from the Office of Personnel Management (OPM) for critical position pay authority for many of our senior health care leaders. We recognize there is much work left to do. As we strive to find internal solutions, we look forward to working together on legislation to reform recruitment and compensation practices to stay competitive with the private sector and other employers.

To ensure that VA's management practices are effective, VA has implemented an initiative to detect and prevent fraud, waste, and abuse (STOP FWA), which is comprised of the following three components:

1. Establishment of the VA Prevention of Fraud, Waste, and Abuse Advisory Committee, which will provide VA with insight into best practices utilized in the private and public sectors;

2. Partnering with Centers for Medicare & Medicaid Services (CMS) to replicate their investigation process and utilize their data to identify medical providers with performance issues; and,

3. Working with the Department of Treasury to perform a deep dive on the Veterans Choice Program and diagnose gaps between VA and industry best practice to develop an optimal future state of the FWA program.

Priority 2: Modernize Our Systems

Key reform proposals included in the 2019 Budget Request are Electronic Health Record Modernization (EHRM), Infrastructure Initiative, Community Care, and Financial Management Business Transformation (FMBT).

VA will modernize its Electronic Health Record (EHR) system, improving internal, interagency, and overall interoperability, by adopting the same Cerner Millennium solution being deployed by the Department of Defense (DoD). Presently, VA employs over 130 disparate versions of VistA, and must communicate with DoD primarily through Joint Legacy Viewer (JLV), a non-transactional interface. Having a Veteran's complete and accurate health information in a single common EHR system is critical to patient safety, and the overall quality of care delivered to patients. This new EHR system will enable VA to keep pace with the improvements in health information technology and cyber security which the current system, VistA, is unable to do.

Moreover, the acquisition of this same solution, along with the support of joint interagency governance and national EHR leadership support, will enable VA to meaningfully advance the goal of providing a single longitudinal patient record that will capture all of a Service member's active duty and Veteran healthcare experiences. It will enable seamless care between the Departments without the current manual and electronic exchange and reconciliation of data between two separate systems. It will also result in better service to our Veterans because transitioning Service members will have their medical records at VA.

In support of VA's Electronic Health Record Modernization (EHRM) effort, the Department continues to conduct meetings with Cerner and national health IT/ interoperability experts to ensure a thorough assessment of VA's needs and requirements are considered prior to contract award.

VA is committed to providing the best possible care to Veterans, whether within VA or with our Federal and community partners. We remain committed to supporting Veterans' choices to seek care from private providers via our continued investment in the Community Care program.

VA is also a key participant in the White House Infrastructure Initiative to explore additional ways to modernize and obtain needed upgrades to VA's real property portfolio to support our continued delivery of quality care and services to our Nation's Veterans. VA will also continue on fixing critical deficiencies in our physical infrastructure by investing resources in the non-recurring maintenance (NRM) program in 2019.

Another critical system that will touch the delivery of all health and benefits is our new financial management system FMBT, which is under development. The 2019 budget continues modernizing our financial management system by transforming the Department from numerous stovepipe legacy systems to a proven, flexible, business transaction environment. Please see the *Information Technology 2019 Corporate Portfolio* section in Part 6 of this Volume for additional details as well as the *Office of Management* chapter in Volume III.

Priority 3: Improve Timeliness of Services

VA is committed to delivering timely and high quality health care to our Nation's Veterans. Veterans now have same-day services for primary care and mental health care at all VA medical centers across our system. VA is also committed to ensuring that any Veteran who requires urgent care will receive timely care.

In 2017, 81.48% of nearly 6 million outpatient appointments for new patients were completed within 30 days of the day the Veteran first requested the appointment. Beginning in 2017, VA changed the way it measured wait times, by starting the measurement from the date the Veteran first requested an appointment instead of from the date on which the Veteran would like the appointment to occur. This change led to an increase in the percent of patients waiting longer than 30 days for an appointment when compared to reported wait times in prior years. VA has reduced the Electronic Wait List from 56,271 entries to 22,829 entries, a 63% reduction between June 2014 and December 2017. The Electronic Wait List reflects the total number of all patients for whom appointments cannot be scheduled in 90 days or less.

In 2019, VA will expand Veteran access to medical care by increasing medical and clinical staff, improving its facilities, and expanding care provided in the community.

The 2019 request will support nearly 315,688 medical care Full Time Equivalent Employees (FTE), an increase of over 5,792 above the 2018 level. Through the community care program, VA and its contractors created more than 4 million authorizations for Veterans to receive care in the private sector in 2017.

Priority 4: Prevent Veteran Suicides

The 2019 Budget requests $8.6 billion for Veterans' mental health services, an increase of 5.8% above the 2018 current estimate. It also includes $190 million for suicide prevention outreach. VA recognizes that Veterans are at an increased risk for suicide and implemented a national suicide prevention strategy to address this crisis. VA is bringing the best minds in the public and private sectors together to determine the next steps in implementing the ending Veteran suicide.

VA's suicide prevention program is based on a public health approach that is ongoing; utilizing universal, selective, and indicated strategies while recognizing that suicide prevention requires ready access to high-quality mental health services, supplemented by programs that address the risk for suicide directly, starting far earlier in the trajectory that

leads to a Veteran taking his or her own life. VA cannot do this alone and suicide is not solely a mental health issue; 70% of Veterans who die by suicide are not actively engaged in VA health care[1]. Veteran suicide is a national issue and can only be ended through a nationwide community-level approach that begins to solve the upstream risks Veterans face, such as loss of belonging, meaningful employment, and engagement with family, friends, and community.

As part of VA's commitment to put forth resources, services, and technology to reduce Veteran suicide, VA initiated the Recovery Engagement and Coordination for Health Veterans Enhanced Treatment (REACH VET). This program finishes its first full year of implementation in February 2018 and has identified more than 30,000 at risk Veterans to date. REACH VET uses a new predictive model in order to analyze existing data from Veterans' health records to identify those who are at a statistically elevated risk for suicide, hospitalization, illnesses, and other adverse outcomes, so that VHA providers can review and enhance care and talk to these Veterans about their needs.

REACH VET was expanded to provide risk information about suicide and opioids, as well as clinical decision support to Veterans Crisis Line responders and is being further expanded to provide this important risk information to frontline VHA providers. REACH VET is limited to Veterans engaged in our health care system and is risk-focused, so while it is critically important to those Veterans it touches, it is not enough to bring down Veteran suicide rates. VA will continue to take bold action aimed at ending all Veteran suicide, not just for those engaged with our system.

VA knows that 14 of the 20 Veterans who on average commit suicide each day did not, for various reasons, receive care within VA[1]. VA's goal is to more effectively promote and provide care and assistance to such individuals to the maximum extent authorized by law. In that regard, beginning on July 5, 2017, VA expanded access to emergent mental health care for former Service members, who separated from active duty with Other Than Honorable (OTH) administrative discharges.

This initiative specifically focuses on expanding access to former Service members with OTH administrative discharges who are in mental health distress and may be at risk for suicide or other adverse behaviors. VA estimates there are more than 500,000 former Service members with OTH administrative discharges. As part of this initiative, former Service members with OTH administrative discharges who present to VA seeking mental health care in emergency circumstances for a condition the former Service member asserts is related to military service would be eligible for evaluation and treatment for their mental health condition.

Such individuals may access the system for emergency mental health services by visiting a VA emergency room, outpatient clinic, Vet Center, or by calling the Veterans Crisis Line. Services may include: medication management/pharmacotherapy, lab work, case management, psycho-education, and psychotherapy. VA intends to carry this initiative

[1] Executive Summary (page 4) of 2016 report, Suicide Among Veterans and Other Americans 2001-2014, available at https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf.

out within our existing resources because it is the right thing to do for Veterans. As of December 30, 2017, VHA has received 3,241 requests for health care services. In addition, in 2017, Readjustment Counseling Services (RCS) through Vet Centers provided services to 1,130 Veterans with "Other than Honorable" discharges and were provided 9,889 readjustment counseling visits.

Priority 5: Provide Greater Choice for Veterans

Veterans deserve greater access, choice, and control over their healthcare. VA is committed to ensuring Veterans can make decisions that work best for themselves and their families.

The Budget supports implementation of VA's proposed new, consolidated care program, known as Veteran Coordinated Access & Rewarding Experiences, or Veteran CARE. Our current system of providing care for Veterans outside of VA requires that Veterans and community providers navigate a complex and confusing bureaucracy. VA is committed to building an improved, integrated network for Veterans, community providers, including our Federal partners, and VA employees. VA submitted these proposed reforms to Congress in the Veteran CARE legislative proposal package in October 2017.

Veteran CARE will clarify and simplify eligibility requirements, build a high performing network, streamline clinical and administrative processes, and implement new care coordination support for Veterans. The CARE program will improve Veterans' experience and access to health care, building on the best features of existing community care programs. It will complement and support VA's internal capacity for the direct delivery of care with an emphasis on foundational services. The CARE reforms will also provide VA with new tools to compete with the private sector on quality and accessibility. VA will work with Congress and stakeholders to pass the legislative authorities for Veteran CARE, with the goal of improving Veterans' health outcomes and experience, as well as maximizing the quality, efficiency, and fiscal sustainability of VA's health program.

Demand for community care remains high. Authorizations for VA community care were approximately 3% higher in 2017 than in 2016.

In 2019, the Budget reflects $12.4 billion in total obligations to support community care for Veterans and eligible beneficiaries. In addition, beginning in 2019, VA will record community care obligations on the date of payment rather than the date of authorization. This change in the timing of obligations results in a one-time savings of $1.8 billion, and results in a total 2019 program level of $14.2 billion for community care.

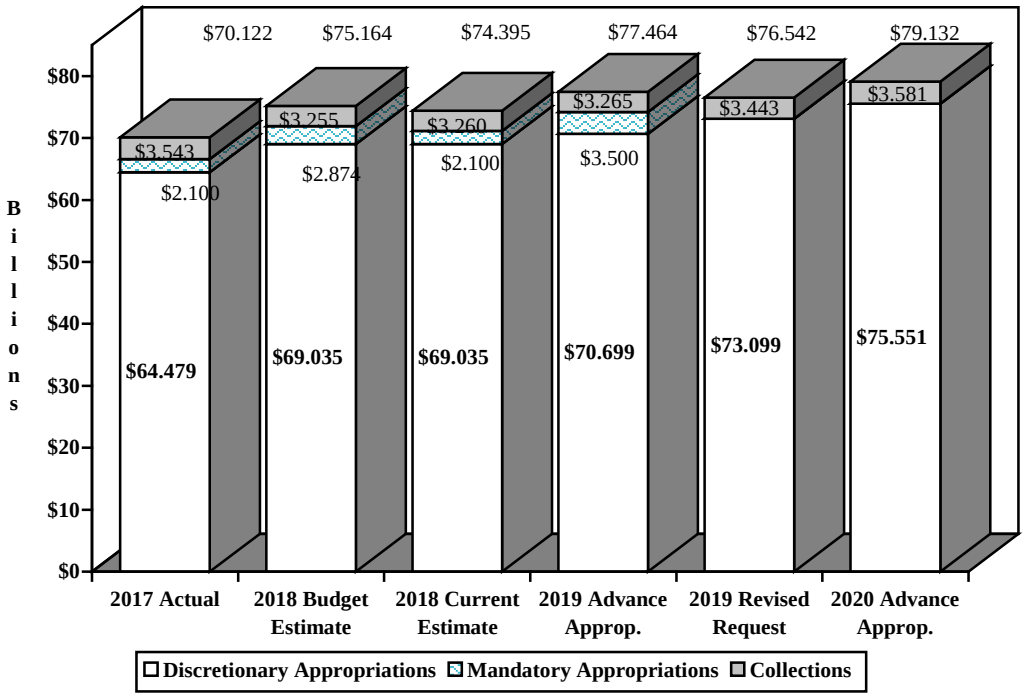
The Veterans Choice Program grew in 2017, with more Veterans utilizing the program than in 2016. Choice comprised approximately 50% of all VA community care completed appointments in 2017. In August 2017, with Choice poised to run out of funding and no successor program yet in place, Congress appropriated $2.1 billion in emergency funding

to continue Choice. In December 2017, Congress included an additional $2.1 billion for Choice in the continuing resolution.

VA has partnered with Veterans, community providers and Federal partners, Veteran Service Organizations (VSOs), and other stakeholders to understand their needs and incorporate crucial input into the concept for a consolidated VA community care program. Currently, VA is working with Congress to develop a community care program that addresses the challenges we face in achieving our common goal of providing the best health care and benefits we can for our Veterans.

Funding Highlights

Medical Care
Appropriation and Collections 1/



1/Medical Care represents four discretionary appropriations: Medical Services, Medical Community Care, Medical Support and Compliance, and Medical Facilities; and includes mandatory and discretionary appropriations in the Veterans Choice Fund. Collections exclude the portion of Medical Care Collections Fund (MCCF) collections actually or anticipated to be transferred to the Joint DOD-VA Medical Facility Demonstration Fund, in support of the Captain James A. Lovell Federal Health Care Center (FHCC). In 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation. The 2018 Current Estimate level in this chart, and in all subsequent charts and tables in the Volume II Medical Care chapters reflect the 2018 President's Budget level; the 2018 levels shown in the President's Budget Appendix reflect the annualized level provided by the continuing resolution (Continuing Appropriations Act, 2018 (Division D of P.L. 115-56, as amended)).

The 2019 Budget supports the Secretary's five strategic priorities, which include focusing resources and providing greater choice for Veterans. The budget achieves these specific priorities through the following major proposals:

- Merge the Medical Services and Medical Community Care accounts in order to improve efficiency and efficacy of health-care delivery and program execution.

- Support VA's proposed community care program, known as Veteran Coordinated Access & Rewarding Experiences (Veteran CARE), which consolidates and streamlines VA's community care program, by requesting $1.9 billion in discretionary budget authority in 2019. This funding will help ensure a smooth transition from the Veterans Choice Program to the successor Veteran CARE program.

- Provide a total program funding level of $14.2 billion for all Community Care in 2019, an increase of 9.1% above the 2018 Budget before accounting for the change in timing of obligations.

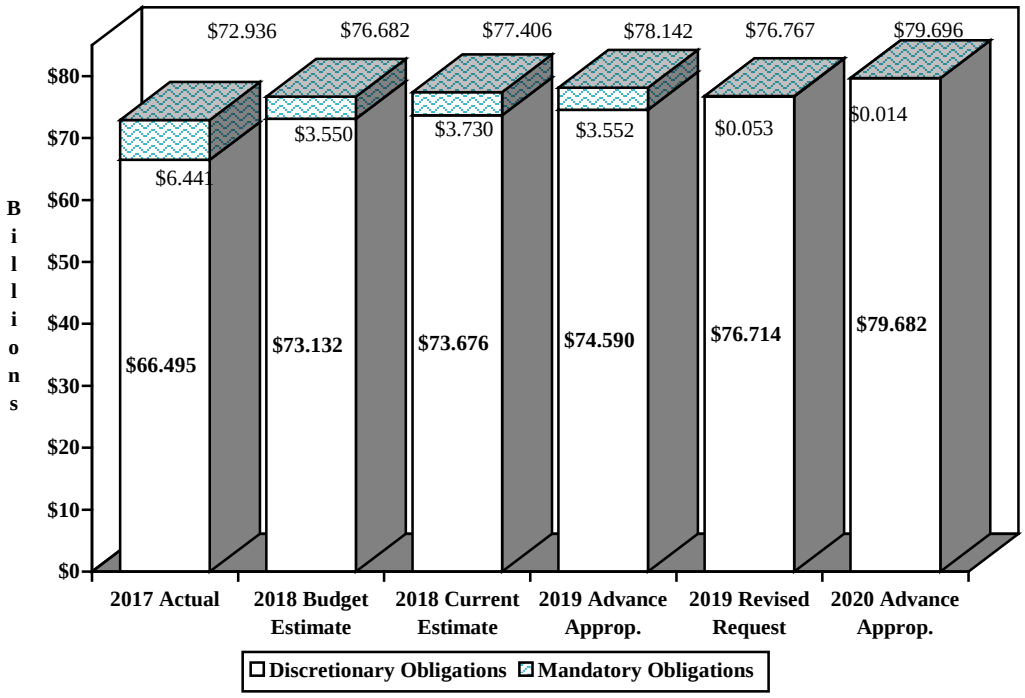
The budget strengthens VA's commitment to providing Veterans and other eligible beneficiaries with timely access to high-quality health services. VA will continue to sharpen its focus on directly providing those services that are most important to the coordination and management of a Veteran's overall medical and health needs, while purchasing services that can be as effectively or more conveniently delivered by non-VA providers or are unavailable at VA facilities. The budget supports VA's efforts to consolidate and reform VA's community care programs, improve Veterans' choice of health care providers, and to make other improvements to the VA health care system.

Total Appropriations Levels Compared to Total Available Resources

The Medical Care Appropriations and Collections chart on the first page reflects only appropriations (discretionary and mandatory) for the Medical Care program. However, total resources available to the Medical Care program also include unobligated balances carried forward from prior fiscal years, reimbursements, and recoveries. When combined, this total reflects the all available budgetary resources in a given fiscal year.

Total obligations for the Medical Care program represent how VA expects to use its available budgetary resources to deliver medical care services and other benefits for enrolled Veterans and eligible beneficiaries. The next chart shows total obligations for the Medical Care program from all available resources.

Medical Care Obligations1/



1/Medical Care represents four discretionary appropriations: Medical Services, Medical Community Care, Medical Support and Compliance, and Medical Facilities; and includes mandatory and discretionary appropriations in the Veterans Choice Fund. Collections exclude the portion of Medical Care Collections Fund (MCCF) collections actually or anticipated to be transferred to the Joint DOD-VA Medical Facility Demonstration Fund, in support of the Captain James A. Lovell Federal Health Care Center (FHCC). In 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation.

The following tables show two different ways of viewing resources in the Medical Care program. The first table shows all budgetary resources in the Medical Care program and accounts for appropriations, collections, unobligated balances, and reimbursements. The second table shows account-level details for appropriations, obligations, and FTEs.

Medical Care Budgetary Resources
(dollars in thousands)

Discretionary Medical Care Budgetary Resources	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Appropriation								
Advance Appropriation	$70,517,181	$66,385,032	$66,385,032	$70,699,313	$70,699,313	$75,550,600	$4,314,281	$4,851,287
Annual Appropriation Adjustment	$1,326,661	$2,650,000	$2,650,000	$0	$2,400,000	$0	($250,000)	($2,400,000)
Opioid (PL 115-31)	$50,000	$0	$0	$0	$0	$0	$0	$0
Appropriation [Subtotal]	$71,893,842	$69,035,032	$69,035,032	$70,699,313	$73,099,313	$75,550,600	$4,064,281	$2,451,287
Rescission	($7,415,181)	$0	$0	$0	$0	$0	$0	
Transfers To (-)								
VA/DoD JIF (0165)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	$0	$0
FHCC (0169)	($267,430)	($289,619)	($289,619)	($298,626)	($293,909)	($299,787)	($4,290)	($5,878)
Transfers To [Subtotal]	($282,430)	($304,619)	($304,619)	($313,626)	($308,909)	($314,787)	($4,290)	($5,878)
Collections 1/	$3,542,919	$3,254,968	$3,259,537	$3,264,616	$3,443,133	$3,580,999	$183,596	$137,866
Budget Authority	$67,739,150	$71,985,381	$71,989,950	$73,650,303	$76,233,537	$78,816,812	$4,243,587	$2,583,275
Reimbursements	$148,489	$189,404	$148,489	$189,404	$170,613	$175,000	$22,124	$4,387
Unobligated Balance (SOY)	$761,299	$1,707,206	$2,537,462	$750,000	$1,000,000	$690,217	($1,537,462)	($309,783)
Adjustment to Unobligated Balances	$223,143						$0	$0
Unobligated Balance (EOY)	($2,537,462)	($750,000)	($1,000,000)	$0	($690,217)	$0	$309,783	$690,217
Lapse	($617)	$0	$0	$0	$0	$0	$0	$0
Financial Management System [Subtotal]	$66,334,002	$73,131,991	$73,675,901	$74,589,707	$76,713,933	$79,682,029	$3,038,032	$2,968,096
Prior Year Recoveries	$161,234	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Discretionary	$66,495,236	$73,131,991	$73,675,901	$74,589,707	$76,713,933	$79,682,029	$3,038,032	$2,968,096
Mandatory Medical Care Budgetary Resources 2/3/								
Veterans Choice Act, Sec. 801 (excludes IT & Minor Construction)								
Unobligated Balance (SOY), No-Year	$1,037,730	$117,000	$131,031	$67,000	$67,000	$14,367	($64,031)	($52,633)
Unobligated Balance (EOY), No-Year	($131,031)	($67,000)	($67,000)	($14,367)	($14,367)	$0	$52,633	$14,367
Financial Management System [Subtotal]	$906,699	$50,000	$64,031	$52,633	$52,633	$14,367	($11,398)	($38,266)
Prior Year Recoveries	$50,281	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Sec. 801	$956,980	$50,000	$64,031	$52,633	$52,633	$14,367	($11,398)	($38,266)
Veterans Choice Act, Sec. 802 (excludes IT)								
Appropriation , Annual	$2,100,000	$2,874,000	$2,100,000	$3,500,000	$0	$0	($2,100,000)	$0
Transfers To (-) Veterans Choice Fund IT	($172,800)	$0	$0	$0	$0	$0	$0	$0
Budget Authority	$1,927,200	$2,874,000	$2,100,000	$3,500,000	$0	$0	($2,100,000)	$0
Unobligated Balance (SOY), No-Year	$4,423,222	$626,000	$1,565,853	$0	$0	$0	($1,565,853)	$0
Unobligated Balance (EOY), No-Year	($1,565,853)	$0	$0	$0	$0	$0	$0	$0
Financial Management System [Subtotal]	$4,784,569	$3,500,000	$3,665,853	$3,500,000	$0	$0	($3,665,853)	$0
Prior Year Recoveries	$699,650	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Sec. 802	$5,484,219	$3,500,000	$3,665,853	$3,500,000	$0	$0	($3,665,853)	$0
Obligations [Total] Mandatory	$6,441,199	$3,550,000	$3,729,884	$3,552,633	$52,633	$14,367	($3,677,251)	($38,266)
Obligations [Grand Total] Disc. + Mand.	$72,936,435	$76,681,991	$77,405,785	$78,142,340	$76,766,566	$79,696,396	($639,219)	$2,929,830

1/ Excludes the portion of MCCF collections actually, or anticipated to be, transferred to the Joint DOD-VA Medical Facility Demonstration Fund, in support of the Captain James A. Lovell Federal Health Care Center (FHCC).

2/ OI&T and Minor Construction Section 801 mandatory obligations data are excluded from this table.

3/ OI&T Section 802 mandatory obligations data are excluded from this table.

Medical Care Appropriations, Obligations, and FTE by Account
(dollars in thousands)

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Appropriations								
Discretionary Appropriations 1/								
Medical Services (0160)	$45,421,812	$45,918,362	$45,918,362	$49,161,165	$58,045,869	$63,167,774	$12,127,507	$5,121,905
Medical Community Care (0140) 2/	$7,246,181	$9,663,118	$9,663,118	$8,384,704	$0	$0	($9,663,118)	$0
Medical Support & Compliance (0152)	$6,498,000	$6,938,877	$6,938,877	$7,239,156	$7,239,156	$7,106,150	$300,279	($133,006)
Medical Facilities (0162)	$5,312,668	$6,514,675	$6,514,675	$5,914,288	$5,914,288	$5,276,676	($600,387)	($637,612)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$1,900,000	$0	$1,900,000	($1,900,000)
Discretionary Appropriations [Subtotal]	**$64,478,661**	**$69,035,032**	**$69,035,032**	**$70,699,313**	**$73,099,313**	**$75,550,600**	**$4,064,281**	**$2,451,287**
MCCF Collections 3/	$3,542,919	$3,254,968	$3,259,537	$3,264,616	$3,443,133	$3,580,999	$183,596	$137,866
Discretionary Appropriations [Total]	**$68,021,580**	**$72,290,000**	**$72,294,569**	**$73,963,929**	**$76,542,446**	**$79,131,599**	**$4,247,877**	**$2,589,153**
Mandatory Appropriations 4/								
Veterans Choice Fund (0172)	$2,100,000	$2,874,000	$2,100,000	$3,500,000	$0	$0	($2,100,000)	$0
Mandatory Appropriations [Total]	**$2,100,000**	**$2,874,000**	**$2,100,000**	**$3,500,000**	**$0**	**$0**	($2,100,000)	$0
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$2,100,000*	*$2,874,000*	*$2,100,000*	*$3,500,000*	*$1,900,000*	*$0*	*($200,000)*	*($1,900,000)*
Appropriations [Total]	**$70,121,580**	**$75,164,000**	**$74,394,569**	**$77,463,929**	**$76,542,446**	**$79,131,599**	**$2,147,877**	**$2,589,153**
Obligations								
Discretionary Obligations 5/								
Medical Services (0160)	$46,551,034	$50,509,284	$50,792,443	$52,096,734	$61,649,446	$67,328,810	$10,857,003	$5,679,364
Medical Community Care (0140)	$8,069,787	$9,142,854	$9,363,164	$9,370,245	$0	$0	($9,363,164)	$0
Medical Support & Compliance (0152)	$6,431,672	$6,980,148	$7,003,833	$7,229,563	$7,019,350	$7,096,446	$15,517	$77,096
Medical Facilities (0162)	$5,281,509	$6,499,705	$6,516,461	$5,893,165	$6,145,137	$5,256,773	($371,324)	($888,364)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$1,900,000	$0	$1,900,000	($1,900,000)
Discretionary Obligations [Subtotal]	**$66,334,002**	**$73,131,991**	**$73,675,901**	**$74,589,707**	**$76,713,933**	**$79,682,029**	**$3,038,032**	**$2,968,096**
Prior Year Recoveries	$161,234	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$66,495,236**	**$73,131,991**	**$73,675,901**	**$74,589,707**	**$76,713,933**	**$79,682,029**	**$3,038,032**	**$2,968,096**
Mandatory Obligations 6/								
Veterans Choice Act Section 801								
Medical Services (0160)	$791,483	$31,614	$29,025	$45,533	$38,633	$14,367	$9,608	($24,266)
Medical Support & Compliance (0152)	$2,853	$14,386	$8,633	$6,100	$9,000	$0	$367	($9,000)
Medical Facilities (0162)	$112,363	$4,000	$26,373	$1,000	$5,000	$0	($21,373)	($5,000)
Veterans Choice Act Section 801 [Subtotal]	**$906,699**	**$50,000**	**$64,031**	**$52,633**	**$52,633**	**$14,367**	**($11,398)**	**($38,266)**
Veterans Choice Fund (0172) [Subtotal] 8/	**$4,784,569**	**$3,500,000**	**$3,665,853**	**$3,500,000**	**$0**	**$0**	**($3,665,853)**	**$0**
Mandatory Obligations [Subtotal]	**$5,691,268**	**$3,550,000**	**$3,729,884**	**$3,552,633**	**$52,633**	**$14,367**	**($3,677,251)**	**($38,266)**
Prior Year Recoveries	$749,931	$0	$0	$0	$0	$0	$0	$0
Mandatory Obligations [Total]	**$6,441,199**	**$3,550,000**	**$3,729,884**	**$3,552,633**	**$52,633**	**$14,367**	**($3,677,251)**	**($38,266)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$4,784,569*	*$3,500,000*	*$3,665,853*	*$3,500,000*	*$1,900,000*	*$0*	*($1,765,853)*	*($1,900,000)*
Obligations [Total]	**$72,936,435**	**$76,681,991**	**$77,405,785**	**$78,142,340**	**$76,766,566**	**$79,696,396**	**($639,219)**	**$2,929,830**
Full-Time Equivalent (FTE) 7/								
Discretionary Funding								
Medical Services (0160)	224,112	236,540	234,421	238,956	240,213	244,794	5,792	4,581
Medical Support & Compliance (0152)	50,922	53,099	51,081	53,352	51,081	51,097	0	16
Medical Facilities (0162)	24,150	25,189	24,378	25,477	24,378	24,378	0	0
Discretionary Funding [Subtotal]	**299,184**	**314,828**	**309,880**	**317,785**	**315,672**	**320,269**	**5,792**	**4,597**
Mandatory Funding								
Veterans Choice Act Sec. 801 (0160XA, 0152XA, & 0162XA) 7/ ...	5,506	0	16	0	16	0	0	(16)
Veterans Choice Act Sec. 802 (0172) 8/	158	0	0	0	0	0	0	0
Veterans Choice Program (0172)	0	131	0	131	0	0	0	0
Mandatory Funding [Subtotal]	**5,664**	**131**	**16**	**131**	**16**	**0**	**0**	**(16)**
FTE [Total]	**304,848**	**314,959**	**309,896**	**317,916**	**315,688**	**320,269**	**5,792**	**4,581**

1/ Includes all rescissions but not transfers to the two joint Department of Defense (DoD)-VA healthcare accounts.

2/ In 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation.

3/ Excludes the portion of MCCF collections actually, or anticipated to be, transferred to the Joint DOD-VA Medical Facility Demonstration Fund, in support of the Captain James A. Lovell Federal Health Care Center (FHCC).

4/ VA is requesting $1.9 billion in new discretionary budget authority for the Veterans Choice Fund in 2019.

5/ Obligations after transfers, reimbursements, changes in unobligated balances and lapse.

6/ OI&T and Minor Construction Section 801 mandatory obligations data are excluded from this table.

7/ Does not include FTEs in the two joint DoD-VA health care accounts.

8/ OI&T Section 802 Mandatory Obligations and FTE data are excluded from this table

Medical Care Program Funding Requirements

The President's Budget submission for Medical Care is based predominately on an actuarial model, known as the Enrollee Health Care Projection Model (EHCPM). The EHCPM is founded on actuarial methods employed by the Nation's insurers and public providers, such as Medicare and Medicaid. The resource request is tied to actuarial estimates of the projected Veteran population, projected enrollment in VA health care and projected changes in the demographic mix of enrollees over time. Demand is adjusted for expected utilization changes anticipated for an aging Veteran population and services mandated by statute.

The utilization projections are based on the following factors: private-sector benchmarks adjusted to reflect the VA health care services package; Veteran enrollee age, gender, and morbidity; enrollee reliance on VA versus other health care providers; and VA's level of management in providing health care. The changing demand for VA health care reflects many factors, including changes in health care practice such as the increasing use of pharmaceuticals; the advanced aging of many World War II, Korean, and Vietnam Veterans in greater need of health care; and the outcome of high Veteran satisfaction with the health-care delivery. Finally, EHCPM projects the total cost of providing over 95 types of health care services by multiplying the expected VA utilization by the anticipated cost per service. Additional information on EHCPM can be found in the Appendix chapter. Not all requirements are projected by EHCPM; see the "Model and Non-Model Obligations" chart in the Appendix chapter for more information.

Medical Services

Medical Services Budget Authority and Obligation Authority
(dollars in thousands)

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Medical Services (0160) Discretionary								
Advance Appropriation	$51,673,000	$44,886,554	$44,886,554	$49,161,165	$49,161,165	$63,167,774	$4,274,611	$14,006,609
Annual Appropriation Adjustment	$1,078,993	$1,031,808	$1,031,808	$0	$500,000	$0	($531,808)	($500,000)
Public Law 115-31, Div L, Title II	$50,000	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$52,801,993**	**$45,918,362**	**$45,918,362**	**$49,161,165**	**$49,661,165**	**$63,167,774**	**$3,742,803**	**$13,506,609**
Rescissions								
Public Law 114-223, Section 217	($7,246,181)	$0	$0	$0	$0	$0	$0	$0
Public Law 114-223, Section 236	($134,000)	$0	$0	$0	$0	$0	$0	$0
Subtotal	**($7,380,181)**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Transfers To:								
FHCC (0169)	($185,773)	($198,642)	($198,642)	($204,820)	($228,090)	($232,652)	($29,448)	($4,562)
Medical Facilities	$0	$0	$0	$0	($39,334)	$0	($39,334)	$39,334
DoD/VA JIF (0165)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	$0	$0
Subtotal	**($200,773)**	**($213,642)**	**($213,642)**	**($219,820)**	**($282,424)**	**($247,652)**	**($68,782)**	**$34,772**
Transfers From								
Medical Community Care (0140)	$0	$0	$0	$0	$8,384,704	$0	$8,384,704	($8,384,704)
Subtotal	**$0**	**$0**	**$0**	**$0**	**$8,384,704**	**$0**	**$8,384,704**	**($8,384,704)**
Collections								
Transfer from Medical Care Collections Fund	$2,292,919	$2,999,115	$3,003,684	$3,002,146	$3,443,133	$3,580,999	$439,449	$137,866
Subtotal	**$2,292,919**	**$2,999,115**	**$3,003,684**	**$3,002,146**	**$3,443,133**	**$3,580,999**	**$439,449**	**$137,866**
Budget Authority [Total]	**$47,513,958**	**$48,703,835**	**$48,708,404**	**$51,943,491**	**$61,206,578**	**$66,501,121**	**$12,498,174**	**$5,294,543**
Reimbursements	$120,501	$153,243	$110,961	$153,243	$133,085	$137,472	$22,124	$4,387
Unobligated Balance (SOY)								
No-Year	$47,398	$45,000	$532,324	$0	$0	$0	($532,324)	$0
Prior Year Recoveries	$0	$223,143	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$134	$0	$136	$0	$0	$0	($136)	$0
2-Year	$619,333	$1,384,063	$1,440,618	$0	$1,000,000	$690,217	($440,618)	($309,783)
4-Year	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$666,865	$1,652,206	$1,973,078	$0	$1,000,000	$690,217	($973,078)	($309,783)
Adjustment to Unobligated Balances	$223,143	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY)								
No-Year	($532,324)	$0	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	($136)	$0	$0	$0	$0	$0	$0	$0
2-Year	($1,440,618)	$0	$0	$0	($690,217)	$0	($690,217)	$690,217
4-Year	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	($1,973,078)	$0	$0	$0	($690,217)	$0	($690,217)	$690,217
Lapse	($355)	$0	$0	$0	$0	$0	$0	$0
Financial Management System [Subtotal]	$46,551,034	$50,509,284	$50,792,443	$52,096,734	$61,649,446	$67,328,810	$10,857,003	$5,679,364
Prior Year Recoveries	$147,373	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Discretionary	$46,698,407	$50,509,284	$50,792,443	$52,096,734	$61,649,446	$67,328,810	$10,857,003	$5,679,364
Medical Services (0160) Mandatory, VACAA Sec. 801								
Unobligated Balance (SOY), No-Year	$873,508	$91,514	$82,025	$59,900	$53,000	$14,367	($29,025)	($38,633)
Unobligated Balance (EOY), No-Year	($82,025)	($59,900)	($53,000)	($14,367)	($14,367)	$0	$38,633	$14,367
Financial Management System [Subtotal]	$791,483	$31,614	$29,025	$45,533	$38,633	$14,367	$9,608	($24,266)
Prior Year Recoveries	$1,376	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Mandatory Sec. 801	$792,859	$31,614	$29,025	$45,533	$38,633	$14,367	$9,608	($24,266)
Obligations [Grand Total] Disc. + Mand.	**$47,491,266**	**$50,540,898**	**$50,821,468**	**$52,142,267**	**$61,688,079**	**$67,343,177**	**$10,866,611**	**$5,655,098**

In 2019, Medical Services increases $500 million above the requested advance appropriation to meet the projected Veteran demand for VA and community provided services. In addition, VA proposes transferring $8.385 billion from the Medical Community Care advance appropriation and funding Community Care obligations in the

Medical Services account. Consolidating the Medical Services and Medical Community Care accounts will enable VA to most efficiently manage its resources, by providing flexibility to local facilities to balance the use of VA-provided medical care and community-provided medical care to meet local care demands. After factoring this transfer and including all available resources (e.g., carryover discretionary balances and available balances from the Veterans Choice Act Section 801 funding), the growth in total obligations for this account is $1.5 billion above the 2018 current estimate: +$351.1 million for VA-provided services and activities and +$1.152.3 billion for community care (excluding the Veterans Choice Fund).

In 2019, the Medical Services account includes $12.4 billion in total obligations to support community care for Veterans and eligible beneficiaries. In addition, beginning in 2019, VA will record community care obligations on the date of payment rather than the date of authorization. This change in the timing of obligations results in a one-time savings of $1.8 billion, and results in a total 2019 program level of $14.2 billion for community care, an increase of 9.1% above the 2018 Budget.

Medical Community Care

Medical Community Care Budget Authority and Obligation Authority
(dollars in thousands)

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Medical Community Care (0140), Discretionary								
Advance Appropriation	$7,246,181	$9,409,118	$9,409,118	$8,384,704	$8,384,704	$0	($1,024,414)	($8,384,704)
Annual Appropriation Adjustment	$0	$254,000	$254,000	$0	$0	$0	($254,000)	$0
Subtotal	**$7,246,181**	**$9,663,118**	**$9,663,118**	**$8,384,704**	**$8,384,704**	**$0**	**($1,278,414)**	**($8,384,704)**
Transfers To:								
FHCC (0169)	($21,000)	($26,117)	($26,117)	($26,929)	$0	$0	$26,117	$0
Medical Services (0160)	$0	$0	$0	$0	($8,384,704)	$0	($8,384,704)	$8,384,704
Subtotal	**($21,000)**	**($26,117)**	**($26,117)**	**($26,929)**	**($8,384,704)**	**$0**	**($8,358,587)**	**$8,384,704**
Transfers From								
Medical Support and Compliance (0152)	$64,980	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$64,980**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Collections								
Transfer from Medical Care Collections Fund	$1,250,000	$255,853	$255,853	$262,470	$0	$0	($255,853)	$0
Subtotal	**$1,250,000**	**$255,853**	**$255,853**	**$262,470**	**$0**	**$0**	**($255,853)**	**$0**
Budget Authority [Total]	**$8,540,161**	**$9,892,854**	**$9,892,854**	**$8,620,245**	**$0**	**$0**	**($9,892,854)**	**$0**
Reimbursements	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY)								
No-Year	$0	$0	$292,175	$0	$0	$0	($292,175)	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$178,135	$750,000	$0	$0	($178,135)	$0
Unobligated Balance (SOY) [Subtotal]	$0	$0	$470,310	$750,000	$0	$0	($470,310)	$0
Adjustment to Unobligated Balances	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY)								
No-Year	($292,175)	$0	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	($178,135)	($750,000)	($1,000,000)	$0	$0	$0	$1,000,000	$0
Unobligated Balance (EOY) [Subtotal]	($470,310)	($750,000)	($1,000,000)	$0	$0	$0	$1,000,000	$0
Lapse	($64)	$0	$0	$0	$0	$0	$0	$0
Financial Management System [Subtotal]	$8,069,787	$9,142,854	$9,363,164	$9,370,245	$0	$0	($9,363,164)	$0
Prior Year Recoveries	$0	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Discretionary	$8,069,787	$9,142,854	$9,363,164	$9,370,245	$0	$0	($9,363,164)	$0

In 2019, the budget proposes to merge the Medical Community Care and the Medical Services accounts. The separate appropriation for Community Care has restricted our Medical Center Directors as they manage their budgets and make decisions about whether care can be provided in a VA facility or must be purchased from community providers. This is a dynamic situation as the loss of a key clinical staff position, such as a general surgeon, will require that the care they provided be shifted to the community until a replacement can be found and brought on board, which can be a lengthy process. Conversely, if a position has been vacant for a period of time but is successfully filled, the care should be realigned from the community back to the VA medical center. This can also occur when VA facilities must temporarily be closed because of damage, such as from the recent hurricanes. This change will enable our field staff to respond rapidly and effectively to unanticipated changes in the healthcare environment throughout the year.

Beginning in 2019, VA proposes to modify how it manages Community Care funds to enhance each VA Medical Center's ability to rapidly respond to changes in clinical

staffing and readily realign funds to provide care in VA facilities or to purchase care from community providers.

The following display shows community care from all funding sources. In 2019, the Budget reflects $12.4 billion in total obligations to support community care for Veterans and eligible beneficiaries. In addition, beginning in 2019, VA will record community care obligations on the date of payment rather than the date of authorization. This change in the timing of obligations results in a one-time savings of $1.8 billion, and results in a total 2019 program level of $14.2 billion for community care, 9.1% above the 2018 program level.

Community Care, All Funding Sources
Includes Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$0	$0	$0	$0	$10,515,454	$14,658,686	$10,515,454	$4,143,232
Medical Community Care (0140)	$8,069,787	$9,142,854	$9,363,164	$9,370,245	$0	$0	($9,363,164)	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$1,900,000	$0	$1,900,000	($1,900,000)
Discretionary Obligations [Total]	**$8,069,787**	**$9,142,854**	**$9,363,164**	**$9,370,245**	**$12,415,454**	**$14,658,686**	**$3,052,290**	**$2,243,232**
Veterans Choice Act (P.L. 113-146)								
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$29,611	$31,000	$25,423	$154,000	$0	$0	($25,423)	$0
Medical Care (0172XB)	$4,989,415	$3,469,000	$3,625,098	$3,346,000	$0	$0	($3,625,098)	$0
Emergency Hepatitis C (0172XC)	($1,130)	$0	$91	$0	$0	$0	($91)	$0
Emergency Community Care (0172XE)	($233,327)	$0	$15,241	$0	$0	$0	($15,241)	$0
Veterans Choice Fund [Subtotal]	**$4,784,569**	**$3,500,000**	**$3,665,853**	**$3,500,000**	**$0**	**$0**	**($3,665,853)**	**$0**
VA Prior-Year Recoveries								
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund (0172)	$699,650	$0	$0	$0	$0	$0	$0	$0
VA Prior-Year Recoveries [Subtotal]	**$699,650**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total] 1/	**$13,554,006**	**$12,642,854**	**$13,029,017**	**$12,870,245**	**$12,415,454**	**$14,658,686**	**($613,563)**	**$2,243,232**
Impact of the change in timing of obligations					*$1,800,000*			
Restated Obligations 1/					**$14,215,454**		**$1,186,437**	**$443,232**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$4,784,569*	*$3,500,000*	*$3,665,853*	*$3,500,000*	*$1,900,000*	*$0*	*($1,765,853)*	*($1,900,000)*

1/The Budget includes $12.4 billion in total obligations for Choice/Community Care in FY 2019. Programmatic resources total $14.2 billion, 9.1 percent above 2018 after adjusting for the impact of the change in timing of obligations.

Medical Support and Compliance

Medical Support and Compliance Budget Authority and Obligation Authority
(dollars in thousands)

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Medical Support & Compliance (0152), Discretionary								
Advance Appropriation	$6,524,000	$6,654,480	$6,654,480	$7,239,156	$7,239,156	$7,106,150	$584,676	($133,006)
Annual Appropriation Adjustment	$0	$284,397	$284,397	$0	$0	$0	($284,397)	$0
Subtotal	**$6,524,000**	**$6,938,877**	**$6,938,877**	**$7,239,156**	**$7,239,156**	**$7,106,150**	**$300,279**	**($133,006)**
Rescissions								
Public Law 114-223, Section 236	($26,000)	$0	$0	$0	$0	$0	$0	$0
Subtotal	**($26,000)**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Transfers To:								
FHCC (0169)	($25,991)	($27,792)	($27,792)	($28,656)	($28,203)	($28,767)	($411)	($564)
Medical Community Care (0140)	($64,980)	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	($210,666)	$0	($210,666)	$210,666
Subtotal	**($90,971)**	**($27,792)**	**($27,792)**	**($28,656)**	**($238,869)**	**($28,767)**	**($211,077)**	**$210,102**
Budget Authority [Total]	**$6,407,029**	**$6,911,085**	**$6,911,085**	**$7,210,500**	**$7,000,287**	**$7,077,383**	**$89,202**	**$77,096**
Reimbursements	$13,892	$19,063	$19,063	$19,063	$19,063	$19,063	$0	$0
Unobligated Balance (SOY)								
No-Year	$0	$50,000	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$216	$0	$111	$0	$0	$0	($111)	$0
2-Year	$84,284	$0	$73,574	$0	$0	$0	($73,574)	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$84,500	$50,000	$73,685	$0	$0	$0	($73,685)	$0
Adjustment to Unobligated Balances	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY)								
No-Year	$0	$0	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	($111)	$0	$0	$0	$0	$0	$0	$0
2-Year	($73,574)	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	($73,685)	$0	$0	$0	$0	$0	$0	$0
Lapse	($64)	$0	$0	$0	$0	$0	$0	$0
Financial Management System [Subtotal]	$6,431,672	$6,980,148	$7,003,833	$7,229,563	$7,019,350	$7,096,446	$15,517	$77,096
Prior Year Recoveries	$141	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Discretionary	$6,431,813	$6,980,148	$7,003,833	$7,229,563	$7,019,350	$7,096,446	$15,517	$77,096
Medical Support & Compliance (0152) Mandatory, VACAA Sec. 801								
Unobligated Balance (SOY), No-Year	$20,486	$20,486	$17,633	$6,100	$9,000	$0	($8,633)	($9,000)
Unobligated Balance (EOY), No-Year	($17,633)	($6,100)	($9,000)	$0	$0	$0	$9,000	$0
Financial Management System [Subtotal]	$2,853	$14,386	$8,633	$6,100	$9,000	$0	$367	($9,000)
Prior Year Recoveries	$8	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Mandatory Sec. 801	$2,861	$14,386	$8,633	$6,100	$9,000	$0	$367	($9,000)
Obligations [Grand Total] Disc. + Mand.	**$6,434,674**	**$6,994,534**	**$7,012,466**	**$7,235,663**	**$7,028,350**	**$7,096,446**	**$15,884**	**$68,096**

In 2019, Medical Support and Compliance maintains the requested advance appropriation. However, when all available resources are included, total obligations in this account is $15.9 million higher than the 2018 current estimate. The additional funding in 2019 supports increased administrative requirements in the community care program and VA Medical Centers. The increased administrative requirements are due to continual improvements in program operations and business practices.

Medical Facilities

Medical Facilities Budget Authority and Obligation Authority
(dollars in thousands)

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Medical Facilities (0162), Discretionary								
Advance Appropriation	$5,074,000	$5,434,880	$5,434,880	$5,914,288	$5,914,288	$5,276,676	$479,408	($637,612)
Annual Appropriation Adjustment	$247,668	$1,079,795	$1,079,795	$0	$0	$0	($1,079,795)	$0
Subtotal	**$5,321,668**	**$6,514,675**	**$6,514,675**	**$5,914,288**	**$5,914,288**	**$5,276,676**	**($600,387)**	**($637,612)**
Rescissions								
Public Law 114-223, Section 236	($9,000)	$0	$0	$0	$0	$0	$0	$0
Subtotal	**($9,000)**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Transfers To:								
FHCC (0169)	($34,666)	($37,068)	($37,068)	($38,221)	($37,616)	($38,368)	($548)	($752)
Subtotal	**($34,666)**	**($37,068)**	**($37,068)**	**($38,221)**	**($37,616)**	**($38,368)**	**($548)**	**($752)**
Transfers From:								
Medical Services (0160)	$0	$0	$0	$0	$39,334	$0	$39,334	($39,334)
Medical Support and Compliance (0152)	$0	$0	$0	$0	$210,666	$0	$210,666	($210,666)
Subtotal	**$0**	**$0**	**$0**	**$0**	**$250,000**	**$0**	**$250,000**	**($250,000)**
Budget Authority [Total]	**$5,278,002**	**$6,477,607**	**$6,477,607**	**$5,876,067**	**$6,126,672**	**$5,238,308**	**($350,935)**	**($888,364)**
Reimbursements	$14,096	$17,098	$18,465	$17,098	$18,465	$18,465	$0	$0
Unobligated Balance (SOY)								
No-Year	$5,977	$5,000	$6,438	$0	$0	$0	($6,438)	$0
H1N1 No-Year (PL 111-32)	$0	$0	$4	$0	$0	$0	($4)	$0
2-Year	$3,957	$0	$13,947	$0	$0	$0	($13,947)	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$9,934	$5,000	$20,389	$0	$0	$0	($20,389)	$0
Adjustment to Unobligated Balances	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY)								
No-Year	($6,438)	$0	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	($4)	$0	$0	$0	$0	$0	$0	$0
2-Year	($13,947)	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	($20,389)	$0	$0	$0	$0	$0	$0	$0
Lapse	($134)	$0	$0	$0	$0	$0	$0	$0
Financial Management System [Subtotal]	$5,281,509	$6,499,705	$6,516,461	$5,893,165	$6,145,137	$5,256,773	($371,324)	($888,364)
Prior Year Recoveries	$13,720	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Discretionary	$5,295,229	$6,499,705	$6,516,461	$5,893,165	$6,145,137	$5,256,773	($371,324)	($888,364)
Medical Facilities (0162) Mandatory, VACAA Sec. 801								
Unobligated Balance (SOY), No-Year	$143,736	$5,000	$31,373	$1,000	$5,000	$0	($26,373)	($5,000)
Unobligated Balance (EOY), No-Year	($31,373)	($1,000)	($5,000)	$0	$0	$0	$5,000	$0
Financial Management System [Subtotal]	$112,363	$4,000	$26,373	$1,000	$5,000	$0	($21,373)	($5,000)
Prior Year Recoveries	$48,897	$0	$0	$0	$0	$0	$0	$0
Obligations [Total] Mandatory Sec. 801	$161,260	$4,000	$26,373	$1,000	$5,000	$0	($21,373)	($5,000)
Obligations [Grand Total] Disc. + Mand.	**$5,456,489**	**$6,503,705**	**$6,542,834**	**$5,894,165**	**$6,150,137**	**$5,256,773**	**($392,697)**	**($893,364)**

In 2019, Medical Facilities maintains the requested advance appropriation. However, when all available resources are included, total obligations in 2019 are $392.7 million lower than the 2018 current estimate. The reduced funding reflects a lower Non-Recurring Maintenance (NRM) level following a year of elevated investments to address the significant sustainment and infrastructure repair needs of VHA facilities.

Veterans Choice Fund

Veterans Choice Fund Budget Authority and Obligation Authority
(dollars in thousands)

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Veterans Choice Fund (0172), Discretionary								
Annual Appropriation	$0	$0	$0	$0	$1,900,000	$0	$1,900,000	($1,900,000)
Subtotal	**$0**	**$0**	**$0**	**$0**	**$1,900,000**	**$0**	**$1,900,000**	**($1,900,000)**
Budget Authority [Total]	**$0**	**$0**	**$0**	**$0**	**$1,900,000**	**$0**	**$1,900,000**	**($1,900,000)**
Obligations [Total] Discretionary	$0	$0	$0	$0	$1,900,000	$0	$1,900,000	($1,900,000)
Veterans Choice Fund (0172), Mandatory								
Medical Care								
Annual Appropriation	$2,100,000	$2,874,000	$2,100,000	$3,500,000	$0	$0	($2,100,000)	$0
Subtotal	**$2,100,000**	**$2,874,000**	**$2,100,000**	**$3,500,000**	**$0**	**$0**	**($2,100,000)**	**$0**
Transfers	**($172,800)**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Budget Authority [Total]	**$1,927,200**	**$2,874,000**	**$2,100,000**	**$3,500,000**	**$0**	**$0**	**($2,100,000)**	**$0**
Unobligated Balance (SOY), No-Year	$4,423,222	$626,000	$1,565,853	$0	$0	$0	($1,565,853)	$0
Unobligated Balance (EOY), No-Year	($1,565,853)	$0	$0	$0	$0	$0	$0	$0
Financial Management System [Subtotal]	$4,784,569	$3,500,000	$3,665,853	$3,500,000	$0	$0	($3,665,853)	$0
Prior Year Recoveries	$699,650	$0	$0	$0	$0	$0	$0	$0
Obligations [Subtotal] Mandatory Medical Care	**$5,484,219**	**$3,500,000**	**$3,665,853**	**$3,500,000**	**$0**	**$0**	**($3,665,853)**	**$0**
OI&T								
Annual Appropriation	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Transfers	**$172,800**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Budget Authority [Total]	**$172,800**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Unobligated Balance (SOY), No-Year	$80,237	$0	$165,834	$0	$0	$0	($165,834)	$0
Unobligated Balance (EOY), No-Year	($165,834)	$0	$0	$0	$0	$0	$0	$0
Financial Management System [Subtotal]	$87,203	$0	$165,834	$0	$0	$0	($165,834)	$0
Prior Year Recoveries	$2,829	$0	$0	$0	$0	$0	$0	$0
Obligations [Subtotal] Mandatory OI&T	**$90,032**	**$0**	**$165,834**	**$0**	**$0**	**$0**	**($165,834)**	**$0**
Obligations [Total] Mandatory	**$5,574,251**	**$3,500,000**	**$3,831,687**	**$3,500,000**	**$0**	**$0**	**($3,831,687)**	**$0**
Obligations [Grand Total] Disc. + Mand.	**$5,574,251**	**$3,500,000**	**$3,831,687**	**$3,500,000**	**$1,900,000**	**$0**	**($1,931,687)**	**($1,900,000)**

VA is requesting $1.9 billion in discretionary budget authority in 2019 to help ensure a smooth transition from the Veterans Choice Program to the successor Veteran CARE program.

The following table displays, on an obligation basis, the estimated resources by major category that VA projects to incur. For more information about each major category, please see the program narratives in the Medical Care Chapter and the EHCPM section of the Appendix chapter.

Total Medical Care Obligations by Program
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Health Care Services								
Ambulatory Care	$35,376,686	$36,147,787	$38,598,231	$35,627,111	$37,243,441	$37,225,141	($1,354,790)	($18,300)
Dental Care	$1,187,463	$1,209,700	$1,272,200	$1,282,300	$1,357,900	$1,445,600	$85,700	$87,700
Inpatient Care	$13,000,537	$14,586,100	$13,763,700	$15,023,700	$13,075,515	$14,604,300	($688,185)	$1,528,785
Mental Health Care	$7,702,648	$8,353,200	$8,134,000	$8,770,900	$8,602,500	$9,083,400	$468,500	$480,900
Prosthetics	$3,171,188	$3,721,300	$3,596,816	$4,019,000	$3,853,269	$4,202,700	$256,453	$349,431
Rehabilitation Care	$891,747	$929,400	$931,700	$957,300	$964,200	$999,200	$32,500	$35,000
Health Care Services [Subtotal]	**$61,330,269**	**$64,947,487**	**$66,296,647**	**$65,680,311**	**$65,096,825**	**$67,560,341**	**($1,199,822)**	**$2,463,516**
Long-Term Services & Supports (LTSS)								
Institutional LTSS								
VA Community Living Centers (VA CLC)	$3,557,504	$3,696,700	$3,706,200	$3,844,600	$3,853,300	$3,992,800	$147,100	$139,500
Community Nursing Home	$906,792	$1,032,400	$933,289	$1,104,700	$1,006,451	$1,077,034	$73,162	$70,583
State Home Nursing	$1,254,048	$1,290,362	$1,226,226	$1,367,993	$1,247,009	$1,276,275	$20,783	$29,266
State Home Domiciliary	$58,086	$54,400	$54,400	$54,206	$61,764	$61,196	$7,364	($568)
Institutional LTSS [Subtotal]	$5,776,430	$6,073,862	$5,920,115	$6,371,499	$6,168,524	$6,407,305	$248,409	$238,781
Non-Institutional LTSS								
State Home Adult Day Care	$1,562	$1,195	$1,195	$1,317	$1,322	$1,417	$127	$95
Other Non-Institutional LTSS	$2,477,698	$2,746,600	$2,697,064	$2,958,700	$2,854,484	$2,985,375	$157,420	$130,891
Non-Institutional LTSS [Subtotal]	$2,479,260	$2,747,795	$2,698,259	$2,960,017	$2,855,806	$2,986,792	$157,547	$130,986
LTSS [Subtotal]	**$8,255,690**	**$8,821,657**	**$8,618,374**	**$9,331,516**	**$9,024,330**	**$9,394,097**	**$405,956**	**$369,767**
Other Health Care Programs								
Camp Lejeune Families (P.L. 112-154)	$4,165	$6,664	$3,998	$7,630	$4,229	$4,260	$231	$31
Caregivers (Excluding CHAMPVA)	$453,631	$603,939	$488,775	$675,777	$496,032	$510,592	$7,257	$14,560
CHAMPVA & Other Dependent Prgs	$1,739,544	$2,079,956	$1,771,715	$2,227,366	$1,846,059	$1,921,349	$74,344	$75,290
Readjustment Counseling	$241,971	$243,483	$247,471	$243,483	$271,004	$277,382	$23,533	$6,378
Other Health Care Programs [Subtotal]	**$2,439,311**	**$2,934,042**	**$2,511,959**	**$3,154,256**	**$2,617,324**	**$2,713,583**	**$105,365**	**$96,259**
Legislative Proposals 1/	$0	($21,195)	($21,195)	($23,743)	$28,087	$28,375	$49,282	$288
Obligations [Subtotal]	**$72,025,270**	**$76,681,991**	**$77,405,785**	**$78,142,340**	**$76,766,566**	**$79,696,396**	**($639,219)**	**$2,929,830**
VA Prior Year Recoveries	$911,165	$0	$0	$0	$0	$0	$0	$0
Obligations [Total]	$72,936,435	$76,681,991	$77,405,785	$78,142,340	$76,766,566	$79,696,396	($639,219)	$2,929,830

Note: Dollars may not add due to rounding in this and subsequent charts.
1/The totals displayed may be different than those displayed in the President's Budget Appendix.

Programs Included in Medical Care Obligations
Includes Veterans Choice Act Sec. 801 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Medical Care Programs: (Included Above)								
Activations	$661,379	$862,166	$862,166	$744,911	$672,125	$0	($190,041)	($672,125)
Call Center Modernization	$2,550	$10,000	$5,000	$10,000	$5,000	$5,000	$0	$0
Comprehensive Addiction & Recovery Act (P.L. 114-198)	$8,633	$55,821	$50,072	$46,821	$52,025	$54,054	$1,953	$2,029
Education & Training	$2,118,345	$1,920,756	$2,071,918	$1,999,009	$2,028,040	$2,163,137	($43,878)	$135,097
Electronic Health Record Modernization & Interoperability 1/	$64,599	$226,012	$690,000	$255,961	$0	$0	($690,000)	$0
Health Professionals Educational Assistance Program	$66,907	$85,036	$85,036	$105,836	$105,836	$127,836	$20,800	$22,000
Hepatitis C Treatment	$746,116	$751,200	$751,200	$199,348	$199,348	$157,208	($551,852)	($42,140)
Indian Health Services	$14,985	$28,000	$15,308	$28,000	$15,645	$15,958	$337	$313
Leases	$644,427	$953,828	$953,828	$971,676	$971,676	$803,366	$17,848	($168,310)
National Veterans Sports Program	$15,830	$15,830	$15,958	$16,214	$16,825	$17,431	$867	$606
Non-Recurring Maintenance	$1,083,520	$1,870,000	$1,905,731	$1,150,000	$1,445,565	$626,580	($460,166)	($818,985)
Rural Health	$202,560	$250,000	$250,000	$250,000	$250,000	$250,000	$0	$0
Telehealth	$693,192	$1,056,655	$743,241	$1,229,500	$970,535	$954,927	$227,294	($15,608)
Veterans Homelessness Programs	$1,616,480	$1,727,784	$1,727,784	$1,753,534	$1,753,534	$1,753,534	$25,750	$0

1/ VHA is reserving funds in 2018 to transfer $690 million from Medical Care into a new EHRM appropriation as described in Part 5 of this Volume

Funding Highlights:

In 2019, the Budget:

- Requests $73.099 billion in discretionary appropriations, equal to the 2019 advance appropriations request in the 2018 budget, to expand VA capacity to provide Veterans' medical care in VA medical facilities, purchase more care in the community, and support continuing improvements in the delivery of mental health care, specialized care for women Veterans, new treatments for Hepatitis C, and benefits for Veterans' caregivers. Also, the Budget includes $3.443 billion in estimated medical care collections for a combined discretionary resource amount of approximately $76.542 billion.

- Provides $8.603 billion in 2019 to ensure the availability of a range of mental health services, from the treatment of common mental health conditions in primary care to more intensive interventions in specialty mental health programs for more severe and persisting mental health conditions.

- Provides $1.754 billion in 2019 to sustain VA's ongoing efforts to prevent and treat Veteran homelessness, including $320 million for the Supportive Services for Veteran Families (SSVF) program.

- Provides $672 million in 2019 to ensure timely activation of new and renovated medical facilities already under construction.

- Invests $618 million in 2019, within the Medical Care accounts, to support medical and prosthetic research efforts to advance the care and quality of life for Veterans, such as the Million Veteran Program (MVP), a genomic medicine

program that seeks to collect genetic samples and general health information; and post-deployment mental health studies.

- Provides $199 million in 2019 for new Hepatitis C treatment. VA wants to ensure that all Veterans eligible for these new drugs, based on their clinician's recommendation, receive the medication. VA continues to estimate that approximately 80% of all Veterans with HCV enrolled in VA care will be treated by 2020.

In 2020, the Budget:

- Requests $75.551 billion in 2020 discretionary advance appropriations for medical care programs, to ensure continuity of Veterans' health care services. Also, the Budget includes $3.581 billion in estimated medical care collections for a combined discretionary resource of approximately $79.132 billion.

2019 Highlights

The 2019 President's Budget is requesting discretionary appropriations of $73.099 billion for VA Medical Care, an increase of $2.4 billion over the 2019 advance appropriations request in the 2018 President's Budget, to meet Veterans' medical care needs, a 5.9% increase over the 2018 discretionary appropriations level current estimate. After accounting for total budgetary resources, both discretionary and mandatory, total Medical Care obligations in 2019 are estimated to be $76.767 billion to support 7.0 million unique patients and 9.3 million enrolled Veterans. This resource level will ensure the delivery of high-quality and timely health care services to Veterans and other eligible beneficiaries.

Total estimated obligations for 2019 are $1.376 billion below the initial estimate for total obligations in 2019, as included in the 2018 President's Budget. This total net decrease is primarily due to the following factors:

- **Health Care Services (-$583.5 million).** Ongoing health care services estimate decrease by $583.5 million, driven largely by a technical one-time change in the timing of obligations for community care. The following programs are the key drivers of the healthcare services decrease:

    - **Change in Timing of Community Care Obligations (-$1.8 billion).** Allows VA to record an obligation for community care when the amount is certain (i.e., when VA approves the payment of the claim for the incident of care). This change is anticipated to reduce the potential for large de-obligation amounts after the funds have expired. This is a one-time saver in 2019. It will also enable VA to better manage budgetary resources and produce more accurate estimates.

    - **Electronic Health Record Modernization and Interoperability (-$256.0 million).** The cost of supporting the Electronic Health Record

Modernization (EHRM) and Interoperability Program, formerly known as Veterans Integrated System Technology Architecture (VistA) evolution project are supported within a separate account in 2019.

- **Activations (-$72.8 million).** The cost of facilities activation has decreased from the original 2019 Advance Appropriation estimate based on a revised construction activity plan.

- **Non-Recurring Maintenance (+$295.6 million).** The total NRM estimate of $1.446 billion, $295.6 billion above the advance appropriation level, reflects a focused investment in the program to address VHA's significant sustainment and infrastructure repair needs.

- **Long-Term Services and Supports (-$307.2 million).** Long-Term Services and Supports estimate decreased by $307.2 million, reflecting trends in the most recent actuals and continued investment into non-institutional settings.

- **Other Health Care Programs (-$536.9 million).** Ongoing health service programs not projected by the EHCPM decreased by $536.9 million. The Caregivers program cost estimate decreased by $179.7 million, driven largely by a revision, based on actuals, in the projected number of Caregivers receiving stipend payments. The combined sum of the estimates for CHAMPVA and Camp Lejeune families decreased by $384.7 million. Readjustment counseling increased by $27.5 million based on updated actuals and revised assumptions in workload.

- **Proposed Legislation (+$51.8 million).** The cost of VHA proposed legislation increased by $51.8 million. See the chapter on *Proposed Legislation* for more information. The totals displayed may be different than the President's Budget Appendix.

Update to the 2019 Advance Appropriations Request
Includes Veterans Choice Act (P.L. 113-146) & Veterans Choice Fund
(dollars in thousands)

Description	2019 Advance Approp.	2019 Revised Request	Increase/ Decrease
Health Care Services:			
Medical Care Appropriations	$62,822,478	$63,489,878	$667,400
Veterans Choice Act, Section 801	$52,633	$52,633	$0
Veterans Choice Act, Sect. 802 & Veterans Choice Program	$2,805,200	$1,554,314	($1,250,886)
Health Care Services [Subtotal]	$65,680,311	$65,096,825	($583,486)
Non-Add Included Above:			
Activations	*$744,911*	*$672,125*	*($72,786)*
Change in Community Care Obligation timing	*$0*	*($1,800,000)*	*($1,800,000)*
Electronic Health Record Modernization	*$255,961*	*$0*	*($255,961)*
Non-Recurring Maintenance	*$1,150,000*	*$1,445,565*	*$295,565*
Long-Term Services & Supports (LTSS)			
Institutional LTSS	$6,371,499	$6,168,524	($202,975)
Non-Institutional LTSS	$2,265,217	$2,510,120	$244,903
Veterans Choice Program	$694,800	$345,686	($349,114)
LTSS [Subtotal]	$9,331,516	$9,024,330	($307,186)
Other Health Care Programs			
Camp Lejeune Families (P.L. 112-154)	$7,630	$4,229	($3,401)
Caregivers (Excluding CHAMPVA)	$675,777	$496,032	($179,745)
CHAMPVA & Other Dependent Prgs	$2,227,366	$1,846,059	($381,307)
Readjustment Counseling	$243,483	$271,004	$27,521
Other Health Care Programs [Subtotal]	$3,154,256	$2,617,324	($536,932)
Legislative Proposals	($23,743)	$28,087	$51,830
Obligations [Total]	$78,142,340	$76,766,566	($1,375,774)
Funding Availability:			
Appropriation	$70,699,313	$70,699,313	$0
Trns to North Chicago Demo. Fund	($298,626)	($293,909)	$4,717
Trns to DoD-VA Health Care Sharing Incentive Fund	($15,000)	($15,000)	$0
Medical Care Collections Fund	$3,264,616	$3,443,133	$178,517
Reimbursements	$189,404	$170,613	($18,791)
Change in Unobligated Balances	$750,000	$309,783	($440,217)
Veterans Choice Act Section 801	$52,633	$52,633	$0
Veterans Choice Program	$3,500,000	$0	($3,500,000)
Change in Funding Availability [Total]	$78,142,340	$74,366,566	($3,775,774)
Annual Appropriation Adjustment:			
Medical Services Community Care	$0	$500,000	$500,000
Veterans Choice Program, Discretionary	$0	$1,900,000	$1,900,000
Annual Appropriation Adjustment [Total]	$0	$2,400,000	$2,400,000
Funding Availability [Total]	$78,142,340	$76,766,566	($1,375,774)

Update to the 2019 Advance Appropriation Request
Medical Care
(Includes Veterans Choice Act)
(dollars in thousands)

Description	2019 Revised Estimate	Available Medical Care Funding: Adv. Approp. Incl. Transfers	Re-estimate	Mandatory 802 AA request	Collections	Net Transfers	Reimb.	Use of Unobl. Balances: Discretionary	VACAA 801	Choice Fund Mandatory	Subtotal	Annual Approp. Adjust. Requried
Health Care Services:												
Ambulatory Care	$37,243,441	$35,627,111	$1,428,096	($1,187,907)	$178,517	$4,717	($18,791)	($440,217)	$0	$0	$35,591,526	$1,651,915
Dental Care	$1,357,900	$1,282,300	$98,104	($60,304)	$0	$0	$0	$0	$0	$0	$1,320,100	$37,800
Inpatient Care	$13,075,515	$15,023,700	($740,343)	($1,551,789)	$0	$0	$0	$0	$0	$0	$12,731,568	$343,947
Mental Health Care	$8,602,500	$8,770,900	($177,900)	$0	$0	$0	$0	$0	$0	$0	$8,593,000	$9,500
Prosthetics	$3,853,269	$4,019,000	($171,683)	($5,200)	$0	$0	$0	$0	$0	$0	$3,842,117	$11,152
Rehabilitation Care	$964,200	$957,300	$6,900	$0	$0	$0	$0	$0	$0	$0	$964,200	$0
Health Care Services [Total]	$65,096,825	$65,680,311	$443,174	($2,805,200)	$178,517	$4,717	($18,791)	($440,217)	$0	$0	$63,042,511	$2,054,314
Long-Term Services and Supports:												
Institutional Care	$6,168,524	$6,371,499	($202,975)	$0	$0	$0	$0	$0	$0	$0	$6,168,524	$0
Non-Institutional Care	$2,855,806	$2,960,017	$244,903	($694,800)	$0	$0	$0	$0	$0	$0	$2,510,120	$345,686
VA Long-Term Services and Supports [Total]	$9,024,330	$9,331,516	$41,928	($694,800)	$0	$0	$0	$0	$0	$0	$8,678,644	$345,686
Other Health Care Programs:												
CHAMPVA, Spina Bifida, FMP, & CWVV	$1,846,059	$2,227,366	($381,307)	$0	$0	$0	$0	$0	$0	$0	$1,846,059	$0
Caregivers (Non-CHAMPVA)	$496,032	$675,777	($179,745)	$0	$0	$0	$0	$0	$0	$0	$496,032	$0
Camp Lejeune - Family	$4,229	$7,630	($3,401)	$0	$0	$0	$0	$0	$0	$0	$4,229	$0
Readjustment Counseling	$271,004	$243,483	$27,521	$0	$0	$0	$0	$0	$0	$0	$271,004	$0
Other Health Care Programs [Total]	$2,617,324	$3,154,256	($536,932)	$0	$0	$0	$0	$0	$0	$0	$2,617,324	$0
VA Legislative Proposals:												
Total	$28,087	($23,743)	$51,830	$0	$0	$0	$0	$0	$0	$0	$28,087	$0
Obligations [Total]	$76,766,566	$78,142,340	$0	($3,500,000)	$178,517	$4,717	($18,791)	($440,217)	$0	$0	$74,366,566	$2,400,000
2019 Advance Appropriation				$3,500,000	$3,264,616	($313,626)	$189,404	$750,000	$52,633	$0		
2019 President's Budget				0	$3,443,133	($308,909)	$170,613	$309,783	$52,633	$0		
Change in available Funding				($3,500,000)	$178,517	$4,717	($18,791)	($440,217)	$0	$0		

2020 Advance Appropriations Request

The President's Budget requests $75.551 billion in advance discretionary appropriations for the VA medical care program in 2020, a 3.4% increase over the 2019 discretionary request. Advance appropriations enable timely and predictable funding for VA's medical care to prevent our Nation's Veterans from being adversely affected by budget delays and provides opportunities to more effectively use resources in a constrained fiscal environment. This request for advance appropriations will support over 7.1 million unique patients and 9.4 million enrolled Veterans fulfilling our commitment to Veterans to provide timely and accessible high-quality medical services. Total estimated obligations for 2020 are $2.930 billion above the 2019 level. This total net increase is due to the following factors:

- **Health Care Services (+$2.464 billion).** Health care services, which is composed of ambulatory care, dental care, inpatient care, mental health care, prosthetics, and rehabilitation care, is projected to increase by $2.464 million. The increase is largely driven by the projected increase of $2.1 billion in community care obligations, the result of one-time savings in 2019.

- **Long-Term Services and Supports (+$370.0 million).** Long-Term Services and Supports increase by $370.0 million, driven largely by cost estimates provided by the EHPCM and projected State Nursing Home growth.

- **Other Health Care Programs (+$96.3 million).** CHAMPVA, Caregivers and other health care programs increase by $96.3 million to fund annual increases in workload.

- **Proposed Legislation (+$0.3 million).** VA's proposed medical care legislation is expected to increase obligations by $0.3 million.

The following tables show the sources of funding for actual and projected obligations from 2017 through 2020. Each year begins with appropriated funds by account and then shows the results of rescissions, transfers, medical care collections, reimbursements, changes in unobligated balances, and lapse. Each year ends with a total obligation amount. For comparison, 2018 and 2019 estimates from the 2018 Congressional Justification are displayed as well.

2017 Actual
Dollars in Thousands ($000)

Description	Discretionary					
	Medical Services 0160	Medical Community Care 0140	Subtotal	Medical Support & Compl 0152	Medical Facilities 0162	Medical Care Total
APPROPRIATION						
Advance Appropriation	$51,673,000	$7,246,181	$58,919,181	$6,524,000	$5,074,000	$70,517,181
Annual Appropriation Adjustment	$1,078,993	$0	$1,078,993	$0	$247,668	$1,326,661
Medical Community Care	($7,246,181)	$0	($7,246,181)	$0	$0	($7,246,181)
Opioid (PL 115-31)	$50,000	$0	$50,000	$0	$0	$50,000
Appropriation [Subtotal]	$45,555,812	$7,246,181	$52,801,993	$6,524,000	$5,321,668	$64,647,661
RESCISSION	($134,000)	$0	($134,000)	($26,000)	($9,000)	($169,000)
TRANSFERS TO (-)						
Medical Community Care (0140)	$0	$0	$0	($64,980)	$0	($64,980)
VA/DoD JIF (0165)	($15,000)	$0	($15,000)	$0	$0	($15,000)
FHCC (0169)	($185,773)	($21,000)	($206,773)	($25,991)	($34,666)	($267,430)
Transfers To [Subtotal]	($200,773)	($21,000)	($221,773)	($90,971)	($34,666)	($347,410)
TRANSFERS FROM (+)						
Medical Services (0160)	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152)	$0	$64,980	$64,980	$0	$0	$64,980
Transfers From {Subtotal]	$0	$64,980	$64,980	$0	$0	$64,980
COLLECTIONS	$2,292,919	$1,250,000	$3,542,919	$0	$0	$3,542,919
BUDGET AUTHORITY	$47,513,958	$8,540,161	$56,054,119	$6,407,029	$5,278,002	$67,739,150
REIMBURSEMENTS	$120,501	$0	$120,501	$13,892	$14,096	$148,489
UNOBLIGATED BALANCE (SOY)						
No-Year	$47,398	$0	$47,398	$0	$5,977	$53,375
H1N1 No-Year (PL 111-32)	$134	$0	$134	$216	$0	$350
2-Year	$619,333	$0	$619,333	$84,284	$3,957	$707,574
4-Year	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$666,865	$0	$666,865	$84,500	$9,934	$761,299
ADJUSTMENT TO UNOBLIGATED BALANCES	$223,143	$0	$223,143	$0	$0	$223,143
UNOBLIGATED BALANCE (EOY)						
No-Year	($532,324)	($292,175)	($824,499)	$0	($6,438)	($830,937)
H1N1 No-Year (PL 111-32)	($136)	$0	($136)	($111)	($4)	($251)
2-Year	($1,440,618)	$0	($1,440,618)	($73,574)	($13,947)	($1,528,139)
4-Year	$0	($178,135)	($178,135)	$0	$0	($178,135)
Unobligated Balance (EOY) [Subtotal]	($1,973,078)	($470,310)	($2,443,388)	($73,685)	($20,389)	($2,537,462)
LAPSE	($355)	($64)	($419)	($64)	($134)	($617)
FINANCIAL MANAGEMENT SYSTEM [SUBTOTAL]	$46,551,034	$8,069,787	$54,620,821	$6,431,672	$5,281,509	$66,334,002
PRIOR YEAR RECOVERIES	$147,373	$0	$147,373	$141	$13,720	$161,234
OBLIGATIONS [Total] NON-801/802	$46,698,407	$8,069,787	$54,768,194	$6,431,813	$5,295,229	$66,495,236
FTE NON-801/802	224,112	0	224,112	50,922	24,150	299,184

2017 Actual
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Mandatory								
	Medical Services 0160XA	Medical Support & Compl 0152XA	Medical Facilities 0162XA	Medical Care Total (continued)	Minor Cons. 0111XA	Information Technology: Dev. 0167XD	Information Technology: Sustain. 0167XO	Information Technology: Pay & Adm 0167XZ	Section 801 Grand Total
UNOBLIGATED BALANCE (SOY)									
No-Year	$873,508	$20,486	$143,736	$1,037,730	$117,529	$92,135	$112,699	$24,296	$1,384,389
UNOBLIGATED BALANCE (EOY)									
No-Year	($82,025)	($17,633)	($31,373)	($131,031)	($52,008)	($45,902)	($64,883)	($7,246)	($301,070)
FINANCIAL MANAGEMENT SYSTEM [SUBTOTAL]	$791,483	$2,853	$112,363	$906,699	$65,521	$46,233	$47,816	$17,050	$1,083,319
PRIOR YEAR RECOVERIES	$1,376	$8	$48,897	$50,281	$6,269	$2,099	$837	$0	$59,486
OBLIGATIONS [Total]	$792,859	$2,861	$161,260	$956,980	$71,790	$48,332	$48,653	$17,050	$1,142,805
FTE	5,488	17	1	5,506	0	0	0	0	5,506

2017 Actual
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 802

Description	Mandatory								
	Admin. 0172XA	Medical Care 0172XB	Emerg. Hepatitis C 0172XC	Emerg. Com. Care 0172XE	Medical Care Total (continued)	Information Technology Dev. 0172XD	Information Technology Sustain. 0172XO	Information Technology Pay & Adm 0172XZ	Section 802 Grand Total
APPROPRIATION									
Appropriation	$0	$2,100,000	$0	$0	$2,100,000	$0	$0	$0	$2,100,000
Annual Appropriation Adjustment	$0	$0	$0	$0	$0	$0	$0	$0	$0
Appropriation [Subtotal]	$0	$2,100,000	$0	$0	$2,100,000	$0	$0	$0	$2,100,000
RESCISSION	$0	$0	$0	$0	$0	$0	$0	$0	$0
TRANSFERS TO (-)	($126,398)	$0	($11,900)	($401,000)	($539,298)	$0	$0	$0	($539,298)
TRANSFERS FROM (+)	$0	$366,498	$0	$0	$366,498	$152,472	$19,328	$1,000	$539,298
BUDGET AUTHORITY	($126,398)	$2,466,498	($11,900)	($401,000)	$1,927,200	$152,472	$19,328	$1,000	$2,100,000
UNOBLIGATED BALANCE (SOY)									
No-Year	$180,432	$4,049,015	$10,861	$182,914	$4,423,222	$76,653	$3,472	$112	$4,503,459
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$180,432	$4,049,015	$10,861	$182,914	$4,423,222	$76,653	$3,472	$112	$4,503,459
UNOBLIGATED BALANCE (EOY)									
No-Year	($24,423)	($1,526,098)	($91)	($15,241)	($1,565,853)	($144,654)	($21,162)	($18)	($1,731,687)
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	($24,423)	($1,526,098)	($91)	($15,241)	($1,565,853)	($144,654)	($21,162)	($18)	($1,731,687)
FINANCIAL MANAGEMENT SYSTEM [SUBTOTAL]	$29,611	$4,989,415	($1,130)	($233,327)	$4,784,569	$84,471	$1,638	$1,094	$4,871,772
PRIOR YEAR RECOVERIES	$13,192	$429,229	$1,030	$256,199	$699,650	$1,725	$1,104	$0	$702,479
OBLIGATIONS [Total]	$42,803	$5,418,644	($100)	$22,872	$5,484,219	$86,196	$2,742	$1,094	$5,574,251
FTE [Total]	66	92	0	0	158	0	0	1	159

Medical Care Obligations Regular	**$66,495,236**
Medical Care Obls., VACAA, Section 801	**$956,980**
Medical Care Obls., VACAA, Section 802	**$5,484,219**
Medical Care Obligations [Grand Total]	**$72,936,435**
Medical Care FTE Regular	**299,184**
Medical Care FTE., VACAA, Section 801	**5,506**
Medical Care FTE., VACAA, Section 802	**158**
Medical Care FTE [Grand Total]	**304,848**

2018 Annual Appropriation Adjustment (2018 Congressional Justification)
Dollars in Thousands ($000)

Description	Discretionary					
	Medical Services 0160	Medical Community Care 0140	Subtotal	Medical Support & Compl 0152	Medical Facilities 0162	Medical Care Total
APPROPRIATION						
Advance Appropriation	$44,886,554	$9,409,118	$54,295,672	$6,654,480	$5,434,880	$66,385,032
Annual Appropriation Adjustment	$1,031,808	$254,000	$1,285,808	$284,397	$1,079,795	$2,650,000
Appropriation [Subtotal]	$45,918,362	$9,663,118	$55,581,480	$6,938,877	$6,514,675	$69,035,032
TRANSFERS TO (-)						
VA/DoD JIF (0165)	($15,000)	$0	($15,000)	$0	$0	($15,000)
FHCC (0169)	($198,642)	($26,117)	($224,759)	($27,792)	($37,068)	($289,619)
Transfers To [Subtotal]	($213,642)	($26,117)	($239,759)	($27,792)	($37,068)	($304,619)
COLLECTIONS	$2,999,115	$255,853	$3,254,968	$0	$0	$3,254,968
BUDGET AUTHORITY	$48,703,835	$9,892,854	$58,596,689	$6,911,085	$6,477,607	$71,985,381
REIMBURSEMENTS	$153,243	$0	$153,243	$19,063	$17,098	$189,404
UNOBLIGATED BALANCE (SOY)						
No-Year	$45,000	$0	$45,000	$50,000	$5,000	$100,000
Prior Year Recoveries	$223,143	$0	$223,143	$0	$0	$223,143
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0
2-Year	$1,384,063	$0	$1,384,063	$0	$0	$1,384,063
4-Year	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$1,652,206	$0	$1,652,206	$50,000	$5,000	$1,707,206
UNOBLIGATED BALANCE (EOY)						
No-Year	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0
4-Year	$0	($750,000)	($750,000)	$0	$0	($750,000)
Unobligated Balance (EOY) [Subtotal]	$0	($750,000)	($750,000)	$0	$0	($750,000)
OBLIGATIONS [Total] NON-801/802	$50,509,284	$9,142,854	$59,652,138	$6,980,148	$6,499,705	$73,131,991
FTE NON-801/802	236,540	0	236,540	53,099	25,189	314,828

2018 Annual Appropriation Adjustment (2018 Congressional Justification)
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Mandatory								
	Medical Services 0160XA	Medical Support & Compl 0152XA	Medical Facilities 0162XA	Medical Care Total (continued)	Minor Cons. 0111XA	Information Technology Dev. 0167XD	Information Technology Sustain. 0167XO	Information Technology Pay & Adm 0167XZ	Section $801 Grand Total
UNOBLIGATED BALANCE (SOY)									
No-Year	$91,514	$20,486	$5,000	$117,000	$0	$17,964	$64,199	$8,296	$207,459
UNOBLIGATED BALANCE (EOY)									
No-Year	($59,900)	($6,100)	($1,000)	($67,000)	$0	$0	$0	$0	($67,000)
OBLIGATIONS [Total]	$31,614	$14,386	$4,000	$50,000	$0	$17,964	$64,199	$8,296	$140,459
FTE	0	0	0	0	0	0	0	0	0

2018 Annual Appropriation Adjustment (2018 Congressional Justification)
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 802

	Mandatory								
					Medical	Information Technology			Section
Description	Admin. 0172XA	Medical Care 0172XB	Emerg. Hepatitis C 0172XC	Emerg. Com. Care 0172XE	Care Total (continued)	Dev. 0172XD	Sustain. 0172XO	Pay & Adm 0172XZ	$802 Grand Total
APPROPRIATION									
Appropriation	$31,000	$2,843,000	$0	$0	$2,874,000	$0	$0	$0	$2,874,000
Appropriation [Subtotal]	$31,000	$2,843,000	$0	$0	$2,874,000	$0	$0	$0	$2,874,000
BUDGET AUTHORITY	$31,000	$2,843,000	$0	$0	$2,874,000	$0	$0	$0	$2,874,000
UNOBLIGATED BALANCE (SOY)									
No-Year	$0	$626,000	$0	$0	$626,000	$0	$0	$0	$626,000
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$0	$626,000	$0	$0	$626,000	$0	$0	$0	$626,000
UNOBLIGATED BALANCE (EOY)									
No-Year	$0	$0	$0	$0	$0				
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0	$0
OBLIGATIONS [Total]	$31,000	$3,469,000	$0	$0	$3,500,000	$0	$0	$0	$3,500,000
FTE [Total]	131	0	0	0	131	0	0	0	131

Medical Care Obligations Regular	**$73,131,991**
Medical Care Obls., VACAA, Section 801	**$50,000**
Medical Care Obls., VACAA, Section 802	**$3,500,000**
Medical Care Obligations [Grand Total]	**$76,681,991**
Medical Care FTE Regular	**314,828**
Medical Care FTE., VACAA, Section 801	**0**
Medical Care FTE., VACAA, Section 802	**131**
Medical Care FTE [Grand Total]	**314,959**

2018 Current Estimate
Dollars in Thousands ($000)

Description	Discretionary					
	Medical Services 0160	Medical Community Care 0140	Subtotal	Medical Support & Compl 0152	Medical Facilities 0162	Medical Care Total
APPROPRIATION						
Advance Appropriation	$44,886,554	$9,409,118	$54,295,672	$6,654,480	$5,434,880	$66,385,032
Annual Appropriation Adjustment	$1,031,808	$254,000	$1,285,808	$284,397	$1,079,795	$2,650,000
Appropriation [Subtotal]	$45,918,362	$9,663,118	$55,581,480	$6,938,877	$6,514,675	$69,035,032
TRANSFERS TO (-)						
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0
VA/DoD JIF (0165)	($15,000)	$0	($15,000)	$0	$0	($15,000)
FHCC (0169)	($198,642)	($26,117)	($224,759)	($27,792)	($37,068)	($289,619)
Transfers To [Subtotal]	($213,642)	($26,117)	($239,759)	($27,792)	($37,068)	($304,619)
TRANSFERS FROM (+)						
Medical Services (0160)	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0
Transfers From {Subtotal]	$0	$0	$0	$0	$0	$0
COLLECTIONS	$3,003,684	$255,853	$3,259,537	$0	$0	$3,259,537
BUDGET AUTHORITY	$48,708,404	$9,892,854	$58,601,258	$6,911,085	$6,477,607	$71,989,950
REIMBURSEMENTS	$110,961	$0	$110,961	$19,063	$18,465	$148,489
UNOBLIGATED BALANCE (SOY)						
No-Year	$532,324	$292,175	$824,499	$0	$6,438	$830,937
H1N1 No-Year (PL 111-32)	$136	$0	$136	$111	$4	$251
2-Year	$1,440,618	$0	$1,440,618	$73,574	$13,947	$1,528,139
4-Year	$0	$178,135	$178,135	$0	$0	$178,135
Unobligated Balance (SOY) [Subtotal]	$1,973,078	$470,310	$2,443,388	$73,685	$20,389	$2,537,462
UNOBLIGATED BALANCE (EOY)						
No-Year	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0
4-Year 1/	$0	($1,000,000)	($1,000,000)	$0	$0	($1,000,000)
Unobligated Balance (EOY) [Subtotal]	$0	($1,000,000)	($1,000,000)	$0	$0	($1,000,000)
OBLIGATIONS [Total] NON-801/802	$50,792,443	$9,363,164	$60,155,607	$7,003,833	$6,516,461	$73,675,901
FTE NON-801/802	234,421	0	234,421	51,081	24,378	309,880

1/ Proposed administrative provision pertaining to merging Medical Services and Medical Community Care accounts converts unobligated balances to 2-year in FY 2019.

2018 Current Estimate
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Mandatory								
	Medical Services 0160XA	Medical Support & Compl 0152XA	Medical Facilities 0162XA	Medical Care Total (continued)	Minor Cons. 0111XA	Information Technology Dev. 0167XD	Information Technology Sustain. 0167XO	Information Technology Pay & Adm 0167XZ	Section 801 Grand Total
UNOBLIGATED BALANCE (SOY)									
No-Year	$82,025	$17,633	$31,373	$131,031	$52,008	$45,902	$64,883	$7,246	$301,070
UNOBLIGATED BALANCE (EOY)									
No-Year	($53,000)	($9,000)	($5,000)	($67,000)	$0	$0	$0	$0	($67,000)
OBLIGATIONS [Total]	$29,025	$8,633	$26,373	$64,031	$52,008	$45,902	$64,883	$7,246	$234,070
FTE	0	16	0	16	0	0	0	0	16

2018 Current Estimate
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 802

	Mandatory								
					Medical				Section
					Care	Information Technology			802
	Admin.	Medical Care	Emerg. Hepatitis C	Emerg. Com. Care	Total	Dev.	Sustain.	Pay & Adm	Grand
Description	**0172XA**	**0172XB**	**0172XC**	**0172XE**	**(continued)**	**0172XD**	**0172XO**	**0172XZ**	**Total**
APPROPRIATION									
Appropriation	$31,000	$2,069,000	$0	$0	$2,100,000	$0	$0	$0	$2,100,000
Appropriation [Subtotal]	$31,000	$2,069,000	$0	$0	$2,100,000	$0	$0	$0	$2,100,000
BUDGET AUTHORITY	$31,000	$2,069,000	$0	$0	$2,100,000	$0	$0	$0	$2,100,000
UNOBLIGATED BALANCE (SOY)									
No-Year	$24,423	$1,526,098	$91	$15,241	$1,565,853	$144,654	$21,162	$18	$1,731,687
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$24,423	$1,526,098	$91	$15,241	$1,565,853	$144,654	$21,162	$18	$1,731,687
UNOBLIGATED BALANCE (EOY)									
No-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0	$0
OBLIGATIONS [Total]	$55,423	$3,595,098	$91	$15,241	$3,665,853	$144,654	$21,162	$18	$3,831,687
FTE [Total]	0	0	0	0	0	0	0	0	0

Medical Care Obligations Regular	**$73,675,901**
Medical Care Obls., VACAA, Section 801	**$64,031**
Medical Care Obls., VACAA, Section 802	**$3,665,853**
Medical Care Obligations [Grand Total]	**$77,405,785**
Medical Care FTE Regular	**309,880**
Medical Care FTE., VACAA, Section 801	**16**
Medical Care FTE., VACAA, Section 802	**0**
Medical Care FTE [Grand Total]	**309,896**

2019 Advance Appropriation (2018 Congressional Justification)
Dollars in Thousands ($000)

Description	Discretionary					
	Medical Services 0160	Medical Community Care 0140	Subtotal	Medical Support & Compl 0152	Medical Facilities 0162	Medical Care Total
APPROPRIATION						
Advance Appropriation	$49,161,165	$8,384,704	$57,545,869	$7,239,156	$5,914,288	$70,699,313
Appropriation [Subtotal]	$49,161,165	$8,384,704	$57,545,869	$7,239,156	$5,914,288	$70,699,313
TRANSFERS TO (-)						
VA/DoD JIF (0165)	($15,000)	$0	($15,000)	$0	$0	($15,000)
FHCC (0169)	($204,820)	($26,929)	($231,749)	($28,656)	($38,221)	($298,626)
Transfers To [Subtotal]	($219,820)	($26,929)	($246,749)	($28,656)	($38,221)	($313,626)
COLLECTIONS	$3,002,146	$262,470	$3,264,616	$0	$0	$3,264,616
BUDGET AUTHORITY	$51,943,491	$8,620,245	$60,563,736	$7,210,500	$5,876,067	$73,650,303
REIMBURSEMENTS	$153,243	$0	$153,243	$19,063	$17,098	$189,404
UNOBLIGATED BALANCE (SOY)						
No-Year	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0
4-Year	$0	$750,000	$750,000	$0	$0	$750,000
Unobligated Balance (SOY) [Subtotal]	$0	$750,000	$750,000	$0	$0	$750,000
UNOBLIGATED BALANCE (EOY)						
No-Year	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	$0	$0	$0	$0	$0	$0
OBLIGATIONS [Total] NON-801/802	$52,096,734	$9,370,245	$61,466,979	$7,229,563	$5,893,165	$74,589,707
FTE NON-801/802	238,956	0	238,956	53,352	25,477	317,785

2019 Advance Appropriation (2018 Congressional Justification)
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Mandatory								
	Medical Services 0160XA	Medical Support & Compl 0152XA	Medical Facilities 0162XA	Medical Care Total (continued)	Minor Cons. 0111XA	Information Technology Dev. 0167XD	Information Technology Sustain. 0167XO	Information Technology Pay & Adm 0167XZ	Section 801 Grand Total
UNOBLIGATED BALANCE (SOY)									
No-Year	$59,900	$6,100	$1,000	$67,000	$0	$0	$0	$0	$67,000
UNOBLIGATED BALANCE (EOY)									
No-Year	($14,367)	$0	$0	($14,367)	$0	$0	$0	$0	($14,367)
OBLIGATIONS [Total]	$45,533	$6,100	$1,000	$52,633	$0	$0	$0	$0	$52,633
FTE	0	0	0	0	0	0	0	0	0

2019 Advance Appropriation (2018 Congressional Justification)
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 802

	Mandatory								
					Medical	Information Technology			Section
Description	Admin. 0172XA	Medical Care 0172XB	Emerg. Hepatitis C 0172XC	Emerg. Com. Care 0172XE	Care Total (continued)	Dev. 0172XD	Sustain. 0172XO	Pay & Adm 0172XZ	802 Grand Total
APPROPRIATION									
Appropriation	$154,000	$3,346,000	$0	$0	$3,500,000	$0	$0	$0	$3,500,000
Appropriation [Subtotal]	$154,000	$3,346,000	$0	$0	$3,500,000	$0	$0	$0	$3,500,000
BUDGET AUTHORITY	$154,000	$3,346,000	$0	$0	$3,500,000	$0	$0	$0	$3,500,000
UNOBLIGATED BALANCE (SOY)									
No-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0	$0
UNOBLIGATED BALANCE (EOY)									
No-Year	$0	$0	$0	$0	$0				
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0	$0
OBLIGATIONS [Total]	$154,000	$3,346,000	$0	$0	$3,500,000	$0	$0	$0	$3,500,000
FTE [Total]	131	0	0	0	131	0	0	0	131

Medical Care Obligations Regular	**$74,589,707**
Medical Care Obls., VACAA, Section 801	**$52,633**
Medical Care Obls., VACAA, Section 802	**$3,500,000**
Medical Care Obligations [Grand Total]	**$78,142,340**
Medical Care FTE Regular	**317,785**
Medical Care FTE., VACAA, Section 801	**0**
Medical Care FTE., VACAA, Section 802	**131**
Medical Care FTE [Grand Total]	**317,916**

2019 Revised Estimate
Dollars in Thousands ($000)

Description	Discretionary			
	Medical Services Community Care 0160 1/	Medical Support & Compl 0152	Medical Facilities 0162	Medical Care Total
APPROPRIATION				
Advance Appropriation	$49,161,165	$7,239,156	$5,914,288	$62,314,609
Annual Appropriation Adjustment	$500,000	$0	$0	$500,000
Appropriation [Subtotal]	$49,661,165	$7,239,156	$5,914,288	$62,814,609
TRANSFERS TO (-)				
Medical Facilities (0162)	($39,334)	($210,666)	$0	($250,000)
VA/DoD JIF (0165)	($15,000)	$0	$0	($15,000)
FHCC (0169)	($228,090)	($28,203)	($37,616)	($293,909)
Transfers To [Subtotal]	($282,424)	($238,869)	($37,616)	($558,909)
TRANSFERS FROM (+)				
Medical Community Care (0140)	$8,384,704	$0	$250,000	$8,634,704
Transfers From {Subtotal]	$8,384,704	$0	$250,000	$8,634,704
COLLECTIONS	$3,443,133	$0	$0	$3,443,133
BUDGET AUTHORITY	$61,206,578	$7,000,287	$6,126,672	$74,333,537
REIMBURSEMENTS	$133,085	$19,063	$18,465	$170,613
UNOBLIGATED BALANCE (SOY)				
No-Year	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0
2-Year 2/	$1,000,000	$0	$0	$1,000,000
4-Year Transfer fr Medical Community Care (0140)	$0	$0	$0	$0
4-Year	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$1,000,000	$0	$0	$1,000,000
UNOBLIGATED BALANCE (EOY)				
No-Year	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0
2-Year	($690,217)	$0	$0	($690,217)
4-Year	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	($690,217)	$0	$0	($690,217)
OBLIGATIONS [Total] NON-801/802	$61,649,446	$7,019,350	$6,145,137	$74,813,933
FTE NON-801/802	240,213	51,081	24,378	315,672

1/ In FY 2019 the budget proposes to merge the Medical Community Care (0140) appropriation with the Medical Services appropriation (0160)
2/ Proposed administrative provision pertaining to merging Medical Services and Medical Community Care accounts converts unobligated balances to 2-year in FY 2019.

2019 Revised Estimate
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Mandatory								Section 801 Grand Total
	Medical Services 0160XA	Medical Support & Compl 0152XA	Medical Facilities 0162XA	Medical Care Total (continued)	Minor Cons. 0111XA	Information Technology Dev. 0167XD	Information Technology Sustain. 0167XO	Information Technology Pay & Adm 0167XZ	
UNOBLIGATED BALANCE (SOY)									
No-Year	$53,000	$9,000	$5,000	$67,000	$0	$0	$0	$0	$67,000
UNOBLIGATED BALANCE (EOY)									
No-Year	($14,367)	$0	$0	($14,367)	$0	$0	$0	$0	($14,367)
OBLIGATIONS [Total]	$38,633	$9,000	$5,000	$52,633	$0	$0	$0	$0	$52,633
FTE	0	16	0	16	0	0	0	0	16

2019 Revised Estimate
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 802

Description	Mandatory				Discretionary	Medical Care Total (continued)	Mandatory Information Technology			Section 802 Grand Total
	Admin. 0172XA	Medical Care 0172XB	Emerg. Hepatitis C 0172XC	Emerg. Com. Care 0172XE	Veterans Choice Fund 0172XG		Dev. 0172XD	Sustain. 0172XO	Pay & Adm 0172XZ	
APPROPRIATION										
Appropriation	$0	$0	$0	$0	$1,900,000	$1,900,000	$0	$0	$0	$1,900,000
Appropriation [Subtotal]	$0	$0	$0	$0	$1,900,000	$1,900,000	$0	$0	$0	$1,900,000
BUDGET AUTHORITY	$0	$0	$0	$0	$1,900,000	$1,900,000	$0	$0	$0	$1,900,000
UNOBLIGATED BALANCE (SOY)										
No-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
UNOBLIGATED BALANCE (EOY)										
No-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
OBLIGATIONS [Total]	$0	$0	$0	$0	$1,900,000	$1,900,000	$0	$0	$0	$1,900,000
FTE [Total]	0	0	0	0	0	0	0	0	0	0

Medical Care Obligations Regular	**$74,813,933**
Medical Care Obls., VACAA, Section 801	**$52,633**
Medical Care Obls., VACAA, Section 802	**$1,900,000**
Medical Care Obligations [Grand Total]	**$76,766,566**
Medical Care FTE Regular	**315,672**
Medical Care FTE., VACAA, Section 801	**16**
Medical Care FTE., VACAA, Section 802	**0**
Medical Care FTE [Grand Total]	**315,688**

2020 Advance Appropriation
Dollars in Thousands ($000)

Description	Med Svc & Med Com Care Merger 0160 & 0140	Medical Support & Compl 0152	Medical Facilities 0162	Medical Care Total
APPROPRIATION				
Advance Appropriation	$63,167,774	$7,106,150	$5,276,676	$75,550,600
Appropriation [Subtotal]	$63,167,774	$7,106,150	$5,276,676	$75,550,600
TRANSFERS TO (-)				
Medical Community Care (0140)	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0
VA/DoD JIF (0165)	($15,000)	$0	$0	($15,000)
FHCC (0169)	($232,652)	($28,767)	($38,368)	($299,787)
Transfers To [Subtotal]	($247,652)	($28,767)	($38,368)	($314,787)
TRANSFERS FROM (+)				
Medical Community Care (0140)	$0	$0	$0	$0
Medical Support & Compliance (0152)	$0	$0	$0	$0
Transfers From {Subtotal]	$0	$0	$0	$0
COLLECTIONS	$3,580,999	$0	$0	$3,580,999
BUDGET AUTHORITY	$66,501,121	$7,077,383	$5,238,308	$78,816,812
REIMBURSEMENTS	$137,472	$19,063	$18,465	$175,000
UNOBLIGATED BALANCE (SOY)				
No-Year	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0
2-Year	$690,217	$0	$0	$690,217
4-Year Transfer fr Medical Community Care (0140)	$0	$0	$0	$0
4-Year	$0	$0	$0	$0
Unobligated Balance (SOY) [Subtotal]	$690,217	$0	$0	$690,217
UNOBLIGATED BALANCE (EOY)				
No-Year	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0
2-Year	$0	$0	$0	$0
4-Year	$0	$0	$0	$0
Unobligated Balance (EOY) [Subtotal]	$0	$0	$0	$0
OBLIGATIONS [Total] NON-801/802	$67,328,810	$7,096,446	$5,256,773	$79,682,029
FTE NON-801/802	244,794	51,097	24,378	320,269

2020 Advance Appropriation
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801

	Mandatory								
						Information Technology			
Description	Medical Services 0160XA	Medical Support & Compl 0152XA	Medical Facilities 0162XA	Medical Care Total (continued)	Minor Cons. 0111XA	Dev. 0167XD	Sustain. 0167XO	Pay & Adm 0167XZ	Section 801 Grand Total
UNOBLIGATED BALANCE (SOY)									
No-Year	$14,367	$0	$0	$14,367	$0	$0	$0	$0	$14,367
UNOBLIGATED BALANCE (EOY)									
No-Year	$0	$0	$0	$0	$0	$0	$0	$0	$0
OBLIGATIONS [Total]	$14,367	$0	$0	$14,367	$0	$0	$0	$0	$14,367
FTE	0	0	0	0	0	0	0	0	0

Medical Care Obligations Regular	**$79,682,029**
Medical Care Obls., VACAA, Section 801	**$14,367**
Medical Care Obls., VACAA, Section 802	**$0**
Medical Care Obligations [Grand Total]	**$79,696,396**
Medical Care FTE Regular	**320,269**
Medical Care FTE., VACAA, Section 801	**0**
Medical Care FTE., VACAA, Section 802	**0**
Medical Care FTE [Grand Total]	**320,269**

2017 Appropriation Transfers & Supplementals

Veterans Access, Choice, and Accountability Act of 2014 (Veterans Choice Act)

- **$2,100,000,000 Addition to the Veterans Choice Fund**. This reflects additional funds deposited in the Veterans Choice Fund under section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) for purposes of operating the Veterans Choice Program. The authority for the addition to the Veterans Choice Fund is provided in the VA Choice and Quality Employment Act of 2017 (Public Law 115-46), Title 1, Section 101, signed on September 12, 2017.

Annual Appropriation in 2017

- **$1,078,993,000 Addition to the Medical Services Appropriation.** This reflects an addition to the funds previously appropriated under Medical Services that became available on October 1, 2016. The authority for the addition to Medical Services Appropriation is provided in the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, signed on September 29, 2016.

- **$247,668,000 Addition to the Medical Facilities Appropriation.** This reflects an addition to the funds previously appropriated under Medical Facilities that became available on October 1, 2016. The authority for the addition to Medical Facilities Appropriation is provided in the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, signed on September 29, 2016.

- **$7,246,181,000 Medical Community Care Appropriation.** This reflects annual appropriation for Medical Community Care provided in the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, signed on September 29, 2016.

- **$50,000,000 Addition to the Medical Services Appropriation.** This reflects an addition to the funds previously appropriated under Medical Services that became available on October 1, 2016 for opioid and substance abuse prevention and treatment, and the further implementation of the Jason Simcakoski Memorial and Promise Act (Public Law 114-198), Title IX. The authority for the addition to Medical Services Appropriation is provided in the Consolidated Appropriations Act, 2017 (Public Law 115-31), Division L, Title II, signed on May 5, 2017.

Explanation of Rescissions in 2017

- **$7,246,181,000 Rescission to the Medical Services Appropriation.** This reflects a rescission of $7,246,181,000 of the amounts appropriated in the Consolidated Appropriations Act, 2016 (PL 114-113), Division J, Title II. The authority for the rescission is provided in the Consolidated Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, Section 236, signed on September 29, 2016.

- **$40,000,000 Rescission of DoD-VA Health Care Sharing Incentive Fund (JIF).** This reflects a rescission of $40,000,000 of Unobligated Balances available from within the DoD-VA Health Care Sharing Incentive Fund. The authority for the rescission is provided in the Consolidated Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, Section 235, signed on September 29, 2016.

- **$134,000,000 Rescission to the Medical Services Appropriation.** This reflects a rescission of $134,000,000 of discretionary funds from the Medical Services Appropriation made available in Public Law 114-113. The authority for the rescission is provided in the Consolidated Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, Section 236, signed on September 29, 2016.

- **$26,000,000 Rescission to the Medical Support and Compliance Appropriation.** This reflects a rescission of $26,000,000 of discretionary funds from the Medical Support and Compliance Appropriation made available in Public Law 114-113. The authority for the rescission is provided in the Consolidated Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, Section 236, signed on September 29, 2016.

- **$9,000,000 Rescission to the Medical Facilities Appropriation.** This reflects a rescission of $9,000,000 of discretionary funds from the Medical Facilities Appropriation made available in Public Law 114-113. The authority for the rescission is provided in the Consolidated Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, Section 236, signed on September 29, 2016.

Explanation of Appropriation Transfers in 2017

- **$15,000,000 Transfer to the DoD–VA Health Care Sharing Incentive Fund (JIF) from Medical Services.** Title 38, section 8111(d)(2), states that, "To facilitate the incentive program, there is established in the Treasury a fund to be known as the "DoD–VA Health Care Sharing Incentive Fund." Each Secretary shall annually contribute to the fund a minimum of $15,000,000 from the funds appropriated to that Secretary's Department. Such funds shall remain available until expended and shall be available for any purpose authorized by this section."

- **$267,430,000 Transfer to Joint DoD–VA Medical Facility Demonstration Fund**. This reflects a transfer to the Joint DoD–VA Medical Facility Demonstration Fund from Medical Services ($185,773,000), Medical Support and Compliance ($25,991,118), Medical Facilities ($34,665,882), and Medical Community Care ($21,000,000). The authority for this transfer is provided in the Consolidated Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, Section 222, signed on September 29, 2016. The Demonstration Fund supports the continuing operations of the Captain James A. Lovell Federal Health Care Center (FHCC), in North Chicago, which began operations on December 20, 2010.

- **$64,980,000 Transfer of 1 Percent to Medical Community Care Appropriation from Medical Support and Compliance Appropriation.** This reflects a transfer to Medical Community Care Appropriation from Medical Support and Compliance. The authority for this transfer is provided in the Consolidated Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114-223), Division A, Title II, Section 202, signed on September 29, 2016.

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Medical Patient Caseload

Today's Veterans have a comprehensive medical benefits package, which the Department of Veterans Affairs (VA) administers through an annual patient enrollment system. The enrollment system is based on priority groups to ensure health care benefits are readily available to all enrolled Veterans. Complementing the comprehensive benefits package and improved access is our ongoing commitment to providing the very best in quality service. VA's goal is to ensure our patients receive the finest quality health care, regardless of the treatment program or the location. Enrollment in the VA health care system provides Veterans with the assurance that comprehensive health care services will be available when and where they are needed during that enrollment period.

Unique Patients 1/

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Priority Levels								
1-6	4,966,485	5,139,379	5,080,051	5,248,414	**5,186,551**	**5,281,190**	106,500	94,639
7-8	1,147,976	1,132,095	1,114,856	1,109,539	**1,083,620**	**1,055,791**	(31,236)	(27,829)
Veterans [Subtotal]	6,114,461	6,271,474	6,194,907	6,357,953	**6,270,171**	**6,336,981**	75,264	66,810
Non-Veterans [Subtotal] 2/	706,895	756,707	718,750	773,606	**736,472**	**753,732**	17,722	17,260
Unique Patients [Total]	**6,821,356**	**7,028,181**	**6,913,657**	**7,131,559**	**7,006,643**	**7,090,713**	**92,986**	**84,070**

Unique Enrollees 3/

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Priority Levels								
1-6	7,011,643	7,249,646	7,106,496	7,380,921	**7,193,188**	**7,275,508**	86,692	82,320
7-8	2,111,316	2,096,266	2,139,050	1,991,737	**2,128,326**	**2,107,369**	(10,724)	(20,957)
Unique Enrollees [Total]	**9,122,959**	**9,345,912**	**9,245,546**	**9,372,658**	**9,321,514**	**9,382,877**	**75,968**	**61,363**

Users as a Percent of Enrollees

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Priority Levels								
1-6	70.8%	70.9%	71.5%	71.1%	**72.1%**	**72.6%**	0.6%	0.5%
7-8	54.4%	54.0%	52.1%	55.7%	**50.9%**	**50.1%**	-1.2%	-0.8%
Unique Enrollees [Total]	67.0%	67.1%	67.0%	67.8%	**67.3%**	**67.5%**	0.3%	0.3%

1/ Unique patients are uniquely identified individuals treated by VA or whose treatment is paid for by VA.
2/ Non-Veterans include active duty military and reserve, spousal collateral, consultations and instruction, Civilian Health and Medical Program of the Department of Veteran Affairs (CHAMPVA) workload, reimbursable workload

with affiliates, humanitarian care, and employees receiving preventive occupational immunizations, such as Hepatitis A&B and flu vaccinations.
3/ Similar to unique patients, the count of unique enrollees represents the count of Veterans enrolled for Veterans health care sometime during the course of the year.

Unique Patients 1/

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Priority Levels								
1-6	4,966,485	5,139,379	5,080,051	5,248,414	5,186,551	5,281,190	106,500	94,639
7-8	1,147,976	1,132,095	1,114,856	1,109,539	1,083,620	1,055,791	(31,236)	(27,829)
Veterans [Subtotal]	6,114,461	6,271,474	6,194,907	6,357,953	6,270,171	6,336,981	75,264	66,810
Non-Veterans 2/	706,895	756,707	718,750	773,606	736,472	753,732	17,722	17,260
Unique Patients [Total]	**6,821,356**	**7,028,181**	**6,913,657**	**7,131,559**	**7,006,643**	**7,090,713**	**92,986**	**84,070**

Obligations by Priority Group
Includes Veterans Choice Act
(dollars in thousands)

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Priority Levels								
1-6	$64,126,869	$67,885,565	$68,140,192	$68,413,455	**$67,493,243**	**$70,078,437**	($646,949)	$2,585,194
7-8	$6,692,423	$7,087,236	$7,111,262	$7,119,086	**$7,043,745**	**$7,313,542**	($67,517)	$269,797
Veterans [Subtotal]	$70,819,292	$74,972,801	$75,251,454	$75,532,541	**$74,536,988**	**$77,391,979**	($714,466)	$2,854,991
Non-Veterans 2/	$2,117,143	$2,462,572	$2,154,331	$2,609,799	**$2,229,578**	**$2,304,417**	$75,247	$74,839
Obligations [Total]	**$72,936,435**	**$77,435,373**	**$77,405,785**	**$78,142,340**	**$76,766,566**	**$79,696,396**	**($639,219)**	**$2,929,830**

Obligations Per Unique Patient
(dollars)

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Priority Levels								
1-6	$12,912	$13,209	$13,413	$13,035	**$13,013**	**$13,269**	($400)	$256
7-8	$5,830	$6,260	$6,379	$6,416	**$6,500**	**$6,927**	$121	$427
Veterans [Subtotal]	$11,582	$11,955	$12,147	$11,880	**$11,888**	**$12,213**	($259)	$325
Non-Veterans 2/	$2,995	$3,254	$2,997	$3,374	**$3,027**	**$3,057**	$30	$30
Obligations Per Unique Patient [Total]	**$10,692**	**$11,018**	**$11,196**	**$10,957**	**$10,956**	**$11,240**	**($240)**	**$284**

1/ Unique patients are uniquely identified individuals treated by VA or whose treatment is paid for by VA.
2/ Non-Veterans include active duty military and reserve, spousal collateral, consultations and instruction, CHAMPVA workload, reimbursable workload with affiliates, humanitarian care, and employees receiving preventive occupational immunizations, such as Hepatitis A&B and flu vaccinations.

Unique Patients 1/

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Priority Levels								
Priority 1	2,006,933	2,139,966	2,138,459	2,255,093	**2,263,147**	**2,373,981**	124,688	110,834
Priority 2	497,962	524,832	503,773	534,537	**509,268**	**514,152**	5,495	4,884
Priority 3	774,553	802,767	787,048	817,437	**798,895**	**809,426**	11,847	10,531
Priority 4	178,018	181,229	174,032	179,400	**170,209**	**166,816**	(3,823)	(3,393)
Priority 5	1,251,060	1,234,051	1,223,098	1,207,326	**1,195,472**	**1,170,883**	(27,626)	(24,589)
Priority 6	257,959	256,534	253,641	254,621	**249,560**	**245,932**	(4,081)	(3,628)
Priority 7	191,647	194,700	197,294	200,649	**202,653**	**207,391**	5,359	4,738
Priority 8	956,329	937,395	917,562	908,890	**880,967**	**848,400**	(36,595)	(32,567)
Veterans [Subtotal]	6,114,461	6,271,474	6,194,907	6,357,953	**6,270,171**	**6,336,981**	75,264	66,810
Non-Veterans 2,3/								
CHAMPVA/SB/FMP/CW/CITI Non-Vets	360,077		371,438		**388,666**	**405,432**	17,228	16,766
N : Non-Veteran	3,537		3,783		**4,029**	**4,275**	246	246
N0: Non-Vet, Catastro Disab	27		31		**35**	**39**	4	4
N1: Non-Vet, CHAMPVA Ben	16,889		15,293		**13,697**	**12,101**	(1,596)	(1,596)
N2: Non-Vet, Collaterals	7,414		7,418		**7,422**	**7,426**	4	4
N3: Non-Vet, VA Employee	202,924		202,065		**201,206**	**200,347**	(859)	(859)
N4: Non-Vet, Other Federal	616		587		**558**	**529**	(29)	(29)
N5: Non-Vet, Allied Veterans	1,169		1,201		**1,233**	**1,265**	32	32
N6: Non-Vet, Humanitarian	22,162		23,781		**25,400**	**27,019**	1,619	1,619
N7: Non-Vet, Sharing Agreement	32,508		33,998		**35,488**	**36,978**	1,490	1,490
N9: Non-Vet, TRICARE/CHAMPUS	2,441		2,207		**1,973**	**1,739**	(234)	(234)
NF : FHC Active Duty 4/	57,131		56,948		**56,765**	**56,582**	(183)	(183)
Non-Veterans [Subtotal]	706,895	756,707	718,750	773,606	**736,472**	**753,732**	17,722	17,260
Unique Patients [Total]	**6,821,356**	**7,028,181**	**6,913,657**	**7,131,559**	**7,006,643**	**7,090,713**	**92,986**	**84,070**
OEF/OIF/OND/OIR (Incl. Above)	894,137	995,196	965,322	887,098	1,035,215	1,105,476	69,893	70,261

1/ Unique patients are uniquely identified individuals treated by VA or whose treatment is paid for by VA.
2/ Non-Veterans include active duty military and reserve, spousal collateral, consultations and instruction, CHAMPVA workload, reimbursable workload with affiliates, humanitarian care, and employees receiving preventive occupational immunizations, such as Hepatitis A&B and flu vaccinations.
3/ Detail not displayed in 2018 President's Budget.
4/ Active duty Non-Veterans at the Captain James A. Lovell Federal Health Care Center (FHCC).

Unique Patients By Age 1/ (Under 65)

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Priority Levels								
Priority 1	1,106,518	1,156,365	1,183,610	1,213,565	**1,259,233**	**1,325,664**	75,623	66,431
Priority 2	281,207	289,569	279,481	289,328	**277,529**	**275,361**	(1,952)	(2,168)
Priority 3	367,121	366,269	360,371	360,536	**353,698**	**346,761**	(6,673)	(6,937)
Priority 4	49,178	46,714	43,882	42,381	**38,517**	**33,432**	(5,365)	(5,085)
Priority 5	586,497	560,165	546,486	525,358	**505,936**	**467,740**	(40,550)	(38,196)
Priority 6	89,219	63,319	76,156	45,805	**65,228**	**54,117**	(10,928)	(11,111)
Priority 7	76,984	79,196	80,294	82,496	**83,333**	**86,065**	3,039	2,732
Priority 8	309,810	308,248	303,709	304,369	**298,332**	**294,005**	(5,377)	(4,327)
Veterans [Subtotal]	2,866,535	2,869,845	2,873,989	2,863,838	**2,881,806**	**2,883,144**	7,816	1,339
Non-Veterans 2,3/								
CHAMPVA/SB/FMP/CW/CITI Non-Vets	341,788		352,640		**369,057**	**385,018**	16,417	15,961
N : Non-Veteran	3,019		3,312		**3,697**	**4,086**	385	389
N0: Non-Vet, Catastro Disab	25		29		**33**	**36**	4	3
N1: Non-Vet, CHAMPVA Ben	16,329		14,755		**13,188**	**11,638**	(1,567)	(1,550)
N2: Non-Vet, Collaterals	5,840		5,774		**5,707**	**5,657**	(67)	(50)
N3: Non-Vet, VA Employee	190,851		188,792		**185,927**	**183,688**	(2,865)	(2,239)
N4: Non-Vet, Other Federal	591		562		**541**	**516**	(21)	(25)
N5: Non-Vet, Allied Veterans	984		1,014		**1,057**	**1,091**	43	34
N6: Non-Vet, Humanitarian	19,399		20,861		**22,359**	**23,821**	1,498	1,462
N7: Non-Vet, Sharing Agreement	30,777		32,020		**33,255**	**34,508**	1,235	1,253
N9: Non-Vet, TRICARE/CHAMPUS	2,145		1,915		**1,695**	**1,480**	(220)	(215)
NF : FHC Active Duty 4/	57,131		56,948		**56,765**	**56,582**	(183)	(183)
Non-Veterans [Subtotal]	668,879	714,301	678,622	729,171	**693,281**	**708,121**	14,659	14,840
Unique Patients [Total]	**3,535,414**	**3,584,146**	**3,552,611**	**3,593,009**	**3,575,087**	**3,591,265**	**22,475**	**16,179**

1/ Unique patients are uniquely identified individuals treated by VA or whose treatment is paid for by VA.
2/ Non-Veterans include active duty military and reserve, spousal collateral, consultations and instruction, CHAMPVA workload, reimbursable workload with affiliates, humanitarian care, and employees receiving preventive occupational immunizations, such as Hepatitis A&B and flu vaccinations.
3/ Detail not displayed in 2018 President's Budget.
4/ Active duty Non-Veterans at the Captain James A. Lovell Federal Health Care Center (FHCC).

Unique Patients By Age 1/ (65 and Older)

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Priority Levels								
Priority 1	900,416	983,601	954,849	1,041,528	**1,003,915**	**1,048,317**	49,066	44,402
Priority 2	216,755	235,263	224,292	245,209	**231,739**	**238,791**	7,447	7,052
Priority 3	407,432	436,498	426,677	456,901	**445,197**	**462,665**	18,520	17,468
Priority 4	128,840	134,515	130,150	137,019	**131,692**	**133,384**	1,542	1,692
Priority 5	664,563	673,886	676,612	681,968	**689,536**	**703,144**	12,924	13,607
Priority 6	168,740	193,215	177,485	208,816	**184,332**	**191,815**	6,847	7,483
Priority 7	114,662	115,504	116,999	118,153	**119,320**	**121,326**	2,320	2,006
Priority 8	646,518	629,147	613,852	604,521	**582,635**	**554,395**	(31,218)	(28,240)
Veterans [Subtotal]	3,247,926	3,401,629	3,320,917	3,494,115	**3,388,365**	**3,453,836**	67,449	65,471
Non-Veterans 2,3/								
CHAMPVA/SB/FMP/CW/CITI Non-Vets	18,288		18,799		**19,609**	**20,414**	810	805
N : Non-Veteran	518		471		**332**	**189**	(139)	(143)
N0: Non-Vet, Catastro Disab	2		2		**3**	**3**	1	0
N1: Non-Vet, CHAMPVA Ben	560		538		**509**	**463**	(29)	(46)
N2: Non-Vet, Collaterals	1,574		1,644		**1,715**	**1,769**	71	54
N3: Non-Vet, VA Employee	12,073		13,273		**15,279**	**16,659**	2,006	1,380
N4: Non-Vet, Other Federal	25		25		**17**	**13**	(8)	(4)
N5: Non-Vet, Allied Veterans	185		187		**176**	**174**	(11)	(2)
N6: Non-Vet, Humanitarian	2,763		2,920		**3,041**	**3,198**	121	157
N7: Non-Vet, Sharing Agreement	1,731		1,978		**2,233**	**2,470**	255	237
N9: Non-Vet, TRICARE/CHAMPUS	297		292		**277**	**259**	(15)	(18)
NF : FHC Active Duty 4/	0		0		**0**	**0**	0	0
Non-Veterans [Subtotal]	38,016	42,406	40,129	44,435	**43,191**	**45,611**	3,062	2,420
Unique Patients [Total]	**3,285,942**	**3,444,035**	**3,361,046**	**3,538,550**	**3,431,556**	**3,499,447**	**70,511**	**67,891**

1/ Unique patients are uniquely identified individuals treated by VA or whose treatment is paid for by VA.
2/ Non-Veterans include active duty military and reserve, spousal collateral, consultations and instruction, CHAMPVA workload, reimbursable workload with affiliates, humanitarian care, and employees receiving preventive occupational immunizations, such as Hepatitis A&B and flu vaccinations.
3/ Detail not displayed in 2018 President's Budget.
4/ Active duty Non-Veterans at the Captain James A. Lovell Federal Health Care Center (FHCC).

Obligations by Priority Group
2017-2020

	2017 Actual Unique Patients	2017 Actual Obligations ($1,000)	Obligation per Unique Patient	2018 Estimated Unique Patients	2018 Estimated Obligations ($1,000)	Obligation per Unique Patient	2019 Estimated Unique Patients	2019 Estimated Obligations ($1,000)	Obligation per Unique Patient	2020 Estimated Unique Patients	2020 Estimated Obligations ($1,000)	Obligation per Unique Patient
Priority Groups												
Priority 1	2,006,933	$30,962,194	$15,428	2,138,459	$32,899,936	$15,385	2,263,148	$32,587,571	$14,399	2,373,981	$33,835,774	$14,253
Priority 2	497,962	$4,114,601	$8,263	503,773	$4,372,109	$8,679	509,268	$4,330,599	$8,504	514,152	$4,496,474	$8,745
Priority 3	774,553	$6,494,129	$8,384	787,048	$6,900,558	$8,768	798,895	$6,835,042	$8,556	809,426	$7,096,844	$8,768
Priority 4	178,018	$5,693,871	$31,985	174,032	$6,050,217	$34,765	170,209	$5,992,774	$35,208	166,816	$6,222,315	$37,300
Priority 5	1,251,060	$15,714,801	$12,561	1,223,098	$16,698,298	$13,652	1,195,472	$16,539,758	$13,835	1,170,883	$17,173,280	$14,667
Priority 6	257,959	$1,147,273	$4,448	253,641	$1,219,074	$4,806	249,560	$1,207,499	$4,839	245,932	$1,253,750	$5,098
P1-6 Subtotal	4,966,485	$64,126,869	$12,912	5,080,051	$68,140,192	$13,413	5,186,552	$67,493,243	$13,013	5,281,190	$70,078,437	$13,269
Priority 7	191,647	$1,480,123	$7,723	197,294	$1,572,755	$7,972	202,653	$1,557,823	$7,687	207,391	$1,617,492	$7,799
Priority 8	956,329	$5,212,300	$5,450	917,562	$5,538,507	$6,036	880,967	$5,485,922	$6,227	848,400	$5,696,050	$6,714
P7-8 Subtotal	1,147,976	$6,692,423	$5,830	1,114,856	$7,111,262	$6,379	1,083,619	$7,043,745	$6,500	1,055,790	$7,313,542	$6,927
Veterans [Subtotal]	6,114,461	$70,819,292	$11,582	6,194,907	$75,251,454	$12,147	6,270,171	$74,536,988	$11,888	6,336,980	$77,391,979	$12,213
Non-Veterans												
CHAMPVA/SB/FMP/CW/CITI Non-Vets	360,077	$1,727,544	$4,798	371,438	$1,771,715	$4,770	388,666	$1,846,059	$4,750	405,432	$1,921,349	$4,739
N : Non-Veteran	3,537	$38,959	$11,015	3,783	$38,261	$10,114	4,029	$38,352	$9,519	4,275	$38,306	$8,960
N0: Non-Vet, Catastro Disab	27	$117	$4,333	31	$115	$3,710	35	$115	$3,286	39	$115	$2,949
N1: Non-Vet, CHAMPVA Ben.	16,889	$105,309	$6,235	15,293	$103,421	$6,763	13,697	$103,665	$7,568	12,101	$103,543	$8,557
N2: Non-Vet, Collaterals	7,414	$8,727	$1,177	7,418	$8,571	$1,155	7,422	$8,591	$1,158	7,426	$8,581	$1,156
N3: Non-Vet, VA Employee	202,924	$98,023	$483	202,065	$96,266	$476	201,206	$96,493	$480	200,347	$96,380	$481
N4: Non-Vet, Other Federal	616	$740	$1,201	587	$727	$1,239	558	$729	$1,306	529	$728	$1,376
N5: Non-Vet, Allied Veterans	1,169	$6,234	$5,333	1,201	$6,122	$5,097	1,233	$6,136	$4,976	1,265	$6,129	$4,845
N6: Non-Vet, Humanitarian	22,162	$31,558	$1,424	23,781	$30,992	$1,303	25,400	$31,065	$1,223	27,019	$31,029	$1,148
N7: Non-Vet, Sharing Agreement	32,508	$88,127	$2,711	33,998	$86,548	$2,546	35,488	$86,752	$2,445	36,978	$86,650	$2,343
N9: Non-Vet, TRICARE/CHAMPUS	2,441	$11,805	$4,836	2,207	$11,593	$5,253	1,973	$11,621	$5,890	1,739	$11,607	$6,675
NF : FHC Active Duty 1/	57,131	$0	$0	56,948	$0	$0	56,765	$0	$0	56,582	$0	$0
Non-Veterans [Subtotal]	706,895	$2,117,143	$2,995	718,750	$2,154,331	$2,997	736,472	$2,229,578	$3,027	753,732	$2,304,417	$3,057
Total	**6,821,356**	**$72,936,435**	**$10,692**	**6,913,657**	**$77,405,785**	**$11,196**	**7,006,643**	**$76,766,566**	**$10,956**	**7,090,712**	**$79,696,396**	**$11,240**

1/ Active duty Non-Veterans at the Captain James A. Lovell Federal Health Care Center (FHCC) and funded by the DoD-VA Medical Facility Demonstration Fund Appropriation Transfers and excluded from the Medical Care obligation total.

Veteran Enrollment Priority Group Definitions

Priority Group	Definition
1	· Veterans with VA-rated service-connected disabilities 50% or more disabling. · Veterans determined by VA to be unemployable due to service-connected conditions.
2	· Veterans with VA-rated service-connected disabilities 30% or 40% disabling.
3	· Veterans who are Former Prisoners of War (POWs). · Veterans awarded a Purple Heart medal. · Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty. · Veterans with VA-rated service-connected disabilities 10% or 20% disabling. · Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation". · Veterans awarded the Medal Of Honor (MOH).
4	· Veterans who are receiving aid and attendance or housebound benefits from VA. · Veterans who have been determined by VA to be catastrophically disabled.
5	· Nonservice-connected Veterans and noncompensable service-connected Veterans rated 0% disabled by VA with annual income and/or net worth below the VA national income threshold and geographically-adjusted income threshold for their resident location. · Veterans receiving VA pension benefits. · Veterans eligible for Medicaid programs.
6	· Compensable 0% service-connected Veterans. · Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki. · Project 112/SHAD participants. · Veterans of the Mexican border period or of World War I. · Veterans who served in the Republic of Vietnam between January 9, 1962, and May 7, 1975. · Veterans of the Persian Gulf War who served between August 2, 1990, and November 11, 1998. · Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987*. · Veterans who served in a theater of combat operations after November 11, 1998 as follows: o Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for five years post discharge.

Notes:
At the end of this enhanced enrollment priority group placement time period, Veterans will be assigned to the highest Priority Group (PG) their eligibility status at that time qualifies for.
*While eligible for PG 6, until system changes are implemented, Veterans are assigned to PG 7 or 8 depending on their household income.
** While eligible for PG 6, due to system limitations, Veterans will be manually assigned to Priority Group 8c, yet eligible for the enhance benefits.

Priority Group	Definition
7	· Veterans with gross household income below the geographically-adjusted VA income limit for their resident location, and who agree to pay copays. · Veterans with gross household income above the VA and the geographically-adjusted income limit for their resident location, and who agrees to pay copays. **Veterans eligible for enrollment:** Noncompensable 0% service-connected and: o Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status. o Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographic income limits by 10% or less.
8	· Veterans with gross household incomes above the VA income limits and the geographically- adjusted income limits for their resident location, and who agree to pay copays. **Veterans eligible for enrollment:** Non-service connected and: o Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status. o Subpriority d: Enrolled on or after June 15, 2009, whose income exceeds the current VA or geographic income limits by 10% or less. **Veterans not eligible for enrollment:** Veterans not meeting the criteria above: o Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only). o Subpriority g: Nonservice-connected.

Non-Veteran Definitions

The majority of the individuals who receive medical attention from the VA health care system are individuals who have completed military service and are considered to hold Veteran status. However, a small number of patients who are treated within the VA health care system are not Veteran individuals. This non-Veteran population consists of individuals such as VA employees, the widows and family of veterans, or active military. Patient records indicate the non-Veteran status.

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) – The Veterans Health Care Expansion Act of 1973, Public Law 93-82, authorized VA to provide a health benefits program that shares the cost of medical supplies and services with eligible beneficiaries. The Veterans' Survivor Benefits Improvements Act of 2001, Public Law 107-14, extended CHAMPVA benefits, as a secondary payer to Medicare, to CHAMPVA beneficiaries over age 65. To be eligible for CHAMPVA benefits, the beneficiary must be the spouse or child of a Veteran who has a total and permanent service-connected disability, or the widowed spouse or child of a Veteran who: (a) died as a result of a service-connected disability; (b) had a total, permanent disability resulting from a service-connected condition at the time of death; or (c) died on active duty, and in all cases, the family member is not eligible for medical benefits under the Department of Defense (DOD) TRICARE Program. CHAMPVA by law is a secondary payer to other health insurance plans, to include Medicare. CHAMPVA assumes primary payer status for Medicaid, Indian Health Service, and State Victims of Crime Compensation Programs.

The Veterans Caregivers and Veterans Omnibus Health Services Act of 2010, Public Law 111-163, section 102, further expanded CHAMPVA to include primary family caregivers of certain seriously injured Veterans. Eligible primary family caregivers are authorized to receive health care benefits through the existing CHAMPVA Program when the primary family caregiver has no other health care coverage (including Medicare and Medicaid).

In addition to CHAMPVA, other VA Community Care programs also include the Foreign Medical Program (FMP), Spina Bifida Health Care Benefits Program, and Children of Women Vietnam Veterans Health Care Benefits Program (CWVV).

Foreign Medical Program (FMP) – The Foreign Medical Program is a health care benefits program for United States Veterans with VA-rated service-connected conditions that are residing or traveling abroad, including the Philippines as of October 1, 2017. Under FMP, VA assumes payment responsibility for certain necessary medical services associated with the treatment of Veterans' service-connected conditions, with certain exclusions.

Spina Bifida Health Care Program (SB) – Under the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act of 1997, Public Law 104-204, section 421, VA administers the Spina Bifida Health Care

Benefits Program for birth children of Vietnam Veterans diagnosed with spina bifida (excluding spina bifida occulta). Additionally, the Veterans Benefit Act of 2003, Public Law 108-183, section 102, authorized birth children with spina bifida of certain Veterans who served in Korea to be eligible for care under this program. Prior to October 10, 2008, the program provided reimbursement only for medical services associated with spina bifida; however, under the Veterans' Mental Health and Other Care Improvements Act of 2008, Public Law 110-387, the program provides reimbursement for comprehensive medical care.

Children of Women Vietnam Veterans Health Care Benefits Program (CWVV) – Under the Veterans Benefits and Health Care Improvement Act of 2000, Public Law 106-419, section 401, VA administers the CWVV Program for children with certain birth defects born to women Vietnam Veterans. CWVV Program provides reimbursement only for covered birth defects.

CHAMPVA In-house Treatment Initiative (CITI) is a voluntary program that allows treatment of beneficiaries of the Civilian Health and Medical Program of the Department of Veteran Affairs (CHAMPVA) at Veterans Affairs Medical Centers (VAMCs) that have elected to participate in CITI.

Veterans Health Administration (VHA) Facility Non-Veterans

Non-Veteran	Includes all non-Veterans who are seen only in a VA inpatient setting.
Non-Veteran - Catastrophic Disability	Patient with catastrophic disability who is not a Veteran.
Non-Veteran – CHAMPVA	A health care benefits program that provides coverage to the spouse or widow(er) and to the dependent children of a qualifying Veteran.
Non-Veteran – Collaterals	Relatives, newborns and caregivers associated with Veterans.
Non-Veteran - VA Employee	Employees of the VA
Non-Veteran - Other Federal	Patient with Federal employment
Non-Veteran - Allied Veteran	Allied beneficiaries are former members of the arme forces of nations allied with the United States in World Wars I and II.
Non-Veteran – Humanitarian	Typically emergency care to a non-Veteran patient.
Non-Veteran - Sharing Agreement	Patient receiving care by way of a written Sharing agreement. Often times with the Department of Defense (DOD).
Non-Veteran – TRICARE/CHAMPUS	TRICARE is a program for Active Duty personnel and certain other DOD beneficiaries.

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Employment Summary

Employment Summary (FTE)

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Medical Services	224,112	236,540	234,421	238,956	240,213	244,794	5,792	4,581
Medical Community Care	0	0	0	0	0	0	0	0
Medical Support & Compliance	50,922	53,099	51,081	53,352	51,081	51,097	0	16
Medical Facilities	24,150	25,189	24,378	25,477	24,378	24,378	0	0
Total Discretionary Medical Care	299,184	314,828	309,880	317,785	315,672	320,269	5,792	4,597

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Veterans Choice Act, Sec. 801, FTE 1/	5,506	0	16	0	16	0	0	(16)
Veterans Choice Act, Sec. 802, FTE	158	0	0	0	0	0	0	0
Veterans Choice Program 2/	0	131	0	131	0	0	0	0
Total Mandatory Medical Care	5,664	131	16	131	16	0	0	(16)
Grand Total Medical Care FTE	**304,848**	**314,959**	**309,896**	**317,916**	**315,688**	**320,269**	**5,792**	**4,581**

1/ Section 801 FTE merge into Medical Services; Support & Compliance; and Facilities appropriations.
2/ Veterans Choice and Community Care administrative FTE are funded by Medical Support and Compliance

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Estimate	+/- 2018-2019
Canteen Service	3,455	3,500	3,586	3,586	0
Medical & Prosthetic Research 3/	3,071	3,155	3,249	3,214	(35)
DOD-VA Health Care Sharing Fund	33	57	33	33	0
General Post	8	0	8	8	0
Joint DoD-VA Med. Fac. Demo. Fund:					
Civilian	2,096	2,172	2,172	2,172	0
DoD Uniformed Military	909	909	909	909	0
Joint DoD-VA Med. Fac. Demo. Fund Total	3,005	3,081	3,081	3,081	0

3/ FTE revised to reflect different method of accounting for FTE estimates.

FTE by Type
Medical Care

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Physicians	20,263	21,902	21,505	22,119	22,026	22,439	521	413
Dentists	1,139	1,176	1,193	1,188	1,222	1,245	29	23
Registered Nurses	57,220	60,884	59,712	61,475	61,111	62,220	1,399	1,109
LP Nurse/LV Nurse/Nurse Assistant	25,811	26,584	26,838	26,855	27,498	28,020	660	522
Non-Physician Providers	13,867	14,850	14,787	14,999	15,146	15,430	359	284
Health Technicians/Allied Health	68,092	71,331	70,618	72,048	72,333	73,691	1,715	1,358
Wage Board/Purchase & Hire	26,168	27,600	26,512	27,947	26,649	26,757	137	108
All Other 1/	86,624	90,501	88,715	91,154	89,687	90,467	972	780
SubTotal	299,184	314,828	309,880	317,785	315,672	320,269	5,792	4,597
Veterans Choice Act, Sec. 801, FTE	5,506	0	16	0	16	0	0	(16)
Veterans Choice Act, Sec. 802, FTE	158	0	0	0	0	0	0	0
Veterans Choice Program	0	131	0	131	0	0	0	0
Total	304,848	314,959	309,896	317,916	315,688	320,269	5,792	4,581

1/ All Other category includes personnel such as medical support assistance, administrative support clerks, administrative specialist, police, personnel management specialists, management and program analysts, medical records clerks/technicians, budget/fiscal, contract administrators, supply technicians, and other staff that are necessary for the effective operations of VHA medical facilities.

FTE by Type
Medical Services

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Physicians	19,661	21,276	20,902	21,493	21,423	21,833	521	410
Dentists	1,128	1,170	1,182	1,182	1,211	1,234	29	23
Registered Nurses	54,243	57,840	56,707	58,431	58,106	59,214	1,399	1,108
LP Nurse/LV Nurse/Nurse Assistant	25,733	26,500	26,756	26,771	27,416	27,938	660	522
Non-Physician Providers	13,628	14,607	14,548	14,756	14,907	15,191	359	284
Health Technicians/Allied Health	66,950	70,259	69,468	70,976	71,183	72,541	1,715	1,358
Wage Board/Purchase & Hire	5,429	5,764	5,545	5,823	5,682	5,790	137	108
All Other	37,340	39,124	39,313	39,524	40,285	41,053	972	768
SubTotal	224,112	236,540	234,421	238,956	240,213	244,794	5,792	4,581
Veterans Choice Act, Sec. 801, FTE	5,488	0	0	0	0	0	0	0
Total	229,600	236,540	234,421	238,956	240,213	244,794	5,792	4,581

FTE by Type
Medical Support & Compliance

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Physicians	602	626	603	626	603	606	0	3
Dentists	11	6	11	6	11	11	0	0
Registered Nurses	2,976	3,044	3,004	3,044	3,004	3,005	0	1
LP Nurse/LV Nurse/Nurse Assistant	76	84	80	84	80	80	0	0
Non-Physician Providers	239	243	239	243	239	239	0	0
Health Technicians/Allied Health	998	933	1,006	933	1,006	1,006	0	0
Wage Board/Purchase & Hire	781	1,049	781	1,049	781	781	0	0
All Other 1/	45,239	47,114	45,357	47,367	45,357	45,369	0	12
SubTotal	50,922	53,099	51,081	53,352	51,081	51,097	0	16
Veterans Choice Act, Sec. 801, FTE	17	0	16	0	16	0	0	(16)
Total	50,939	53,099	51,097	53,352	51,097	51,097	0	0

1/ All Other category includes: Administrative Support Clerk, Administrative Specialist, Police , Personnel Management Specialist, Management And Program Analyst, Medical Records Clerk/Technician, Budget/Fiscal, Contract Administrator, Supply Technician, Medical Support Assistance, and other staff that are necessary for the effective operations of VHA Medical Support & Compliance.

FTE by Type
Medical Facilities

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Physicians	0	0	0	0	0	0	0	0
Dentists	0	0	0	0	0	0	0	0
Registered Nurses	1	0	1	0	1	1	0	0
LP Nurse/LV Nurse/Nurse Assistant	2	0	2	0	2	2	0	0
Non-Physician Providers	0	0	0	0	0	0	0	0
Health Technicians/Allied Health	144	139	144	139	144	144	0	0
Wage Board/Purchase & Hire	19,958	20,787	20,186	21,075	20,186	20,186	0	0
All Other 1/	4,045	4,263	4,045	4,263	4,045	4,045	0	0
SubTotal	24,150	25,189	24,378	25,477	24,378	24,378	0	0
Veterans Choice Act, Sec. 801, FTE	1	0	0	0	0	0	0	0
Total	24,151	25,189	24,378	25,477	24,378	24,378	0	0

1/All Other category includes maintenance controllers, engineers/architects, administrative support clerks, safety and occupational health specialists, fire protection and prevention staff, engineering technicians, hospitals housekeepers and managers, industrial hygienists, administrative specialists, and other staff that are necessary for the effective operations of VHA medical facilities.

Employment Summary, FTE by Grade
(Includes Veterans Choice Act, Section 801)

	2017 Actuals				
General Schedule Grade or Title 38	Medical Services 0160 & 0160XA	Medical Support & Compliance 0152 & 0152XA	Medical Facilities 0162 & 0162XA	Veterans Choice (Sect 802) 0172XA & 0172XB	Medical Care FTE Total
Senior Executive Service	0	160	0	0	160
Title 38	89,492	3,861	24	0	93,377
15 or Higher	166	488	1	0	655
14	1,039	1,883	115	0	3,037
13	9,967	3,817	532	0	14,316
12	14,770	5,499	903	158	21,330
11	16,854	4,974	939	0	22,767
10	2,260	102	80	0	2,442
9	10,259	5,019	408	0	15,686
8	6,069	2,288	28	0	8,385
7	10,676	7,248	403	0	18,327
6	37,946	8,902	327	0	47,175
5	21,603	3,867	262	0	25,732
4	2,356	1,729	63	0	4,148
3	546	94	115	0	755
2	52	20	17	0	89
1	8	2	1	0	11
Wage Board	5,537	986	19,933	0	26,456
FTE Total	229,600	50,939	24,151	158	304,848

FTE, 2017 Actual (Includes VACAA Section 801)

Office of Personnel Management (OPM) Occupational Groups and Families	Medical Services (0160 & 0160XA)	Medical Support & Compliance (0152 & 0152XA)	Medical Facilities (0162 & 0162XA)	Total
0000 –Miscellaneous Occupations Group	656	4,685	765	6,106
0100 – Social Science, Psychology, And Welfare Group	23,113	317	1	23,431
0200 – Human Resources Management Group	21	4,839	0	4,860
0300 – General Administrative, Clerical, And Office Services Group	9,873	13,677	875	24,425
0500 – Accounting And Budget Group	375	6,406	53	6,834
0600 –Medical, Hospital, Dental, And Public Health Group	185,434	10,429	543	196,406
0800 – Engineering And Architecture Group	273	176	1,369	1,818
0900 – Legal And Kindred Group	546	1,510	1	2,057
1000 – Information And Arts Group	253	459	168	880
1100 – Business And Industry Group	867	2,562	51	3,480
1300 – Physical Sciences Group	46	48	28	122
1400 – Library And Archives Group	128	44	0	172
1600 – Equipment, Facilities, And Services Group	914	17	175	1,106
1700 – Education Group	913	762	16	1,691
2000 – Supply Group	406	3,444	56	3,906
2100 – Transportation Group	97	447	102	646
2600 – Electronic Equipment Installation And Maintenance Family	7	0	229	236
2800 – Electrical Installation And Maintenance Family	20	1	779	800
3500 – General Services And Support Work Family	56	9	10,714	10,779
4100 – Painting And Paperhanging Family	3	1	424	428
4200 – Plumbing And Pipefitting Family	0	0	585	585
4600 –Wood Work Family	0	0	445	445
4700 – General Maintenance And Operations Work Family	8	1	2,073	2,082
4800 – General Equipment Maintenance Family	94	12	107	213
5000 – Plant And Animal Work Family	0	0	183	183
5300 – Industrial Equipment Maintenance Family	2	1	827	830
5400 – Industrial Equipment Operation Family	1	0	747	748
5700 – Transportation/Mobile Equipment Operation Family	102	272	1,616	1,990
6900 –Warehousing And Stock Handling Family	43	706	63	812
7300 – Laundry, Dry Cleaning, And Pressing Family	1	0	887	888
7400 – Food Preparation And Serving Family	5,134	2	1	5,137
OPM Occupational Groups and Families Not Covered Above1/	214	112	268	594
Grand Total	229,600	50,939	24,151	304,690

1/ includes Occupation Groups with Total Medical Care of less than 100

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Appropriation Language

Medical Services Appropriation Language

For necessary expenses for furnishing, as authorized by law, inpatient and outpatient care and treatment to beneficiaries of the Department of Veterans Affairs and veterans described in section 1705(a) of title 38, United States Code, including care and treatment in facilities not under the jurisdiction of the Department, and including medical supplies and equipment, bioengineering services, food services, and salaries and expenses of healthcare employees hired under title 38, United States Code, aid to State homes as authorized by section 1741 of title 38, United States Code, assistance and support services for caregivers as authorized by section 1720G of title 38, United States Code, loan repayments authorized by section 604 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111–163; 124 Stat. 1174; 38 U.S.C. 7681 note), monthly assistance allowances authorized by section 322(d) of title 38, United States Code, grants authorized by section 521A of title 38, United States Code, and administrative expenses necessary to carry out sections 322(d) and 521A of title 38, United States Code, and hospital care and medical services authorized by section 1787 of title 38, United States Code; $500,000,000, which shall be in addition to funds previously appropriated under this heading that become available on October 1, 2018; and, in addition, $63,167,774,000, plus reimbursements, shall become available on October 1, 2019, and shall remain available until September 30, 2020: Provided, That not to exceed 5 percent of such amount shall remain available until September 30, 2021: Provided further, That, notwithstanding any other provision of law, the Secretary of Veterans Affairs shall establish a priority for the provision of medical treatment for veterans who have service-connected disabilities, lower income, or have special needs: Provided further, That, notwithstanding any other provision of law, the Secretary of Veterans Affairs shall give priority funding for the provision of basic medical benefits to veterans in enrollment priority groups 1 through 6: Provided further, That, notwithstanding any other provision of law, the Secretary of Veterans Affairs may authorize the dispensing of prescription drugs from Veterans Health Administration facilities to enrolled veterans with privately written prescriptions based on requirements established by the Secretary: Provided further, That the implementation of the program described in the previous proviso shall incur no additional cost to the Department of Veterans Affairs.

Medical Support & Compliance Appropriation Language

For necessary expenses in the administration of the medical, hospital, nursing home, domiciliary, construction, supply, and research activities, as authorized by law; administrative expenses in support of capital policy activities; and administrative and

legal expenses of the Department for collecting and recovering amounts owed the Department as authorized under chapter 17 of title 38, United States Code, and the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), $7,106,150,000, plus reimbursements, shall become available on October 1, 2019, and shall remain available until September 30, 2020: Provided, That not to exceed 5 percent of such amount shall remain available until September 30, 2021.

Medical Facilities Appropriation Language

For necessary expenses for the maintenance and operation of hospitals, nursing homes, domiciliary facilities, and other necessary facilities of the Veterans Health Administration; for administrative expenses in support of planning, design, project management, real property acquisition and disposition, construction, and renovation of any facility under the jurisdiction or for the use of the Department; for oversight, engineering, and architectural activities not charged to project costs; for repairing, altering, improving, or providing facilities in the several hospitals and homes under the jurisdiction of the Department, not otherwise provided for, either by contract or by the hire of temporary employees and purchase of materials; for leases of facilities; and for laundry services; $5,276,676,000, plus reimbursements, shall become available on October 1, 2019, and shall remain available until September 30, 2020: Provided, That not to exceed 5 percent of such amount shall remain available until September 30, 2021.

Veterans Choice Fund

For an additional amount for the Veterans Choice Fund as authorized by section 802 of the Veterans Access, Choice, and Accountability Act, as amended (Public Law 113-146; 38 U.S.C. 1701 note), $1,900,000,000, to remain available until expended: Provided, That this amount and amounts made available in this or any prior Acts for the Department of Veterans Affairs to the "Medical Services" and "Veterans Choice Fund" accounts may be transferred between the accounts: Provided further, That prior to transferring funds, the Secretary of Veterans Affairs shall submit notice thereof to the Committees on Appropriations of both Houses of Congress: Provided further, That funds transferred under this section that were previously designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)), the Concurrent Resolution on the Budget, or the Balanced Budget and Emergency Deficit Control Act of 1985 are designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control act of 1985 and shall be available only if the President subsequently so designates all such amounts and transmits such designations to the Congress.

Select Administrative Provisions

The following administrative provision would merge the Medical Services and Medical Community Care accounts, beginning in FY 2019, in order to improve efficiency and efficacy of healthcare delivery and program execution.

SEC. 226. (a) Upon enactment of this Act:

(1) unobligated and obligated balances in 36–17–0140 shall be transferred to and merged with 36–17–0160, and any adjustments to obligations incurred in 36–17–0140 may be made from 36–17–0160;

(2) unobligated and obligated balances in 36–18–0140 shall be transferred to and merged with 36–18–0160, and any adjustments to obligations incurred in 36–18–0140 may be made from 36–18–0160;

(3) unobligated and obligated balances in 36–1720–0140 shall be transferred to and merged with 36–1819–0160, and any adjustments to obligations incurred in 36–1720–0140 may be made from 36–1819–0160;

(4) unobligated and obligated balances in 36–1821–0140 shall be transferred to and merged with 36–1920–0160, and any adjustments to obligations incurred in 36–1821–0140 may be made from 36–1920–0160;

(5) any amounts appropriated to "Medical Community Care" in a prior appropriations Act that become available on October 1, 2018 and are available through September 30, 2019 shall be warranted to 36–19–0160, and available for the purposes of such account; and

(6) any amounts appropriated to "Medical Community Care" in a prior appropriations Act that become available on October 1, 2018 and are available through September 30, 2022 shall be available through September 30, 2020, and warranted to 36–1920–0160, and available for the purposes of such account.

(b) Following the transfer of balances in 36–17–0140, 36–18–0140, 36–1720–0140, and 36–1821–0140, such accounts shall be closed. Any collections authorized or required to be credited to these accounts that are not received before the closing of such accounts shall be credited to the accounts to which such balances are transferred and merged.

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Medical Care

The Medical Care obligations shown below reflect funding from the program's discretionary budget authority, existing mandatory budget authority available from Sections 801 and 802 of the Veterans Choice Act, and mandatory carryover from resources that were requested in 2018 to help ensure a smooth transition from the Veterans Choice Program to VA's successor community care program (Veteran CARE). The programmatic funding levels are shown with all of these funding sources combined to allow for a comprehensive picture of the program's operations.

Total Medical Care Obligations by Program
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Health Care Services								
Ambulatory Care	$35,376,686	$36,147,787	$38,598,231	$35,627,111	$37,243,441	$37,225,141	($1,354,790)	($18,300)
Dental Care	$1,187,463	$1,209,700	$1,272,200	$1,282,300	$1,357,900	$1,445,600	$85,700	$87,700
Inpatient Care	$13,000,537	$14,586,100	$13,763,700	$15,023,700	$13,075,515	$14,604,300	($688,185)	$1,528,785
Mental Health Care	$7,702,648	$8,353,200	$8,134,000	$8,770,900	$8,602,500	$9,083,400	$468,500	$480,900
Prosthetics	$3,171,188	$3,721,300	$3,596,816	$4,019,000	$3,853,269	$4,202,700	$256,453	$349,431
Rehabilitation Care	$891,747	$929,400	$931,700	$957,300	$964,200	$999,200	$32,500	$35,000
Health Care Services [Subtotal]	**$61,330,269**	**$64,947,487**	**$66,296,647**	**$65,680,311**	**$65,096,825**	**$67,560,341**	**($1,199,822)**	**$2,463,516**
Long-Term Services & Supports (LTSS)								
Institutional LTSS								
VA Community Living Centers (VA CLC)	$3,557,504	$3,696,700	$3,706,200	$3,844,600	$3,853,300	$3,992,800	$147,100	$139,500
Community Nursing Home	$906,792	$1,032,400	$933,289	$1,104,700	$1,006,451	$1,077,034	$73,162	$70,583
State Home Nursing	$1,254,048	$1,290,362	$1,226,226	$1,367,993	$1,247,009	$1,276,275	$20,783	$29,266
State Home Domiciliary	$58,086	$54,400	$54,400	$54,206	$61,764	$61,196	$7,364	($568)
Institutional LTSS [Subtotal]	$5,776,430	$6,073,862	$5,920,115	$6,371,499	$6,168,524	$6,407,305	$248,409	$238,781
Non-Institutional LTSS								
State Home Adult Day Care	$1,562	$1,195	$1,195	$1,317	$1,322	$1,417	$127	$95
Other Non-Institutional LTSS	$2,477,698	$2,746,600	$2,697,064	$2,958,700	$2,854,484	$2,985,375	$157,420	$130,891
Non-Institutional LTSS [Subtotal]	$2,479,260	$2,747,795	$2,698,259	$2,960,017	$2,855,806	$2,986,792	$157,547	$130,986
LTSS [Subtotal]	**$8,255,690**	**$8,821,657**	**$8,618,374**	**$9,331,516**	**$9,024,330**	**$9,394,097**	**$405,956**	**$369,767**
Other Health Care Programs								
Camp Lejeune Families (P.L. 112-154)	$4,165	$6,664	$3,998	$7,630	$4,229	$4,260	$231	$31
Caregivers (Excluding CHAMPVA)	$453,631	$603,939	$488,775	$675,777	$496,032	$510,592	$7,257	$14,560
CHAMPVA & Other Dependent Prgs	$1,739,544	$2,079,956	$1,771,715	$2,227,366	$1,846,059	$1,921,349	$74,344	$75,290
Readjustment Counseling	$241,971	$243,483	$247,471	$243,483	$271,004	$277,382	$23,533	$6,378
Other Health Care Programs [Subtotal]	**$2,439,311**	**$2,934,042**	**$2,511,959**	**$3,154,256**	**$2,617,324**	**$2,713,583**	**$105,365**	**$96,259**
Legislative Proposals 1/	$0	($21,195)	($21,195)	($23,743)	$28,087	$28,375	$49,282	$288
Obligations [Subtotal]	**$72,025,270**	**$76,681,991**	**$77,405,785**	**$78,142,340**	**$76,766,566**	**$79,696,396**	**($639,219)**	**$2,929,830**
VA Prior Year Recoveries	$911,165	$0	$0	$0	$0	$0	$0	$0
Obligations [Total]	$72,936,435	$76,681,991	$77,405,785	$78,142,340	$76,766,566	$79,696,396	($639,219)	$2,929,830

1/ The totals displayed may be different than those displayed in the President's Budget Appendix

2/ The Budget includes $12.4 billion in total obligations for Choice/Community Care in 2019. Programmatic resources total $14.2 billion, 9.1% above 2018 after adjusting for the impact of the change in timing of obligations.

Programs Included in Medical Care Obligations
Includes Veterans Choice Act Sec. 801 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Medical Care Programs: (Included Above)								
Activations	$661,379	$862,166	$862,166	$744,911	$672,125	$0	($190,041)	($672,125)
Call Center Modernization	$2,550	$10,000	$5,000	$10,000	$5,000	$5,000	$0	$0
Comprehensive Addiction & Recovery Act (P.L. 114-198)	$8,633	$55,821	$50,072	$46,821	$52,025	$54,054	$1,953	$2,029
Education & Training	$2,118,345	$1,920,756	$2,071,918	$1,999,009	$2,028,040	$2,163,137	($43,878)	$135,097
Electronic Health Record Modernization & Interoperability 1/	$64,599	$226,012	$690,000	$255,961	$0	$0	($690,000)	$0
Health Professionals Educational Assistance Program	$66,907	$85,036	$85,036	$105,836	$105,836	$127,836	$20,800	$22,000
Hepatitis C Treatment	$746,116	$751,200	$751,200	$199,348	$199,348	$157,208	($551,852)	($42,140)
Indian Health Services	$14,993	$28,000	$15,308	$28,000	$15,645	$15,958	$337	$313
Leases	$644,427	$953,828	$953,828	$971,676	$971,676	$803,366	$17,848	($168,310)
National Veterans Sports Program	$15,830	$15,830	$15,958	$16,214	$16,825	$17,431	$867	$606
Non-Recurring Maintenance	$1,083,520	$1,870,000	$1,905,731	$1,150,000	$1,445,565	$626,580	($460,166)	($818,985)
Rural Health	$202,560	$250,000	$250,000	$250,000	$250,000	$250,000	$0	$0
Telehealth	$693,192	$1,056,655	$743,241	$1,229,500	$970,535	$954,927	$227,294	($15,608)
Veterans Homelessness Programs	$1,616,480	$1,727,784	$1,727,784	$1,753,534	$1,753,534	$1,753,534	$25,750	$0

1/ VHA is reserving funds in 2018 to transfer $690 million from Medical Care into a new EHRM appropriation as described in Part 5 of this Volume

Summary of Workloads for VA and Non-VA Facilities

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Outpatient Visits (000):								
Ambulatory Care:								
Staff	85,128	91,660	86,481	94,051	87,644	88,684	1,163	1,040
Community Care	24,310	20,026	26,245	21,196	28,428	30,238	2,183	1,810
Subtotal	109,438	111,686	112,726	115,247	116,072	118,922	3,346	2,850
Readjustment Counseling:								
Visits	1,961	1,982	2,118	2,081	2,287	2,470	169	183
Grand Total	111,399	113,668	114,844	117,328	118,359	121,392	3,515	3,033
Patients Treated:								
Inpatient Care	628,371	616,712	629,544	617,885	630,717	631,890	1,173	1,173
Rehabilitation Care	15,787	16,049	15,826	16,088	15,865	15,904	39	39
Mental Health Care Total	153,241	148,889	152,063	148,198	151,345	150,630	(718)	(715)
Acute Psychiatry	*86,951*	*80,920*	*84,545*	*78,514*	*82,139*	*79,733*	*(2,406)*	*(2,406)*
Community Care Hospital (Psych)	*24,049*	*27,042*	*25,764*	*28,757*	*27,479*	*29,194*	*1,715*	*1,715*
Psy Residential Rehab	*16,476*	*16,553*	*15,837*	*16,553*	*15,827*	*15,818*	*(10)*	*(9)*
Dom Residential Rehab	*25,765*	*24,374*	*25,917*	*24,374*	*25,900*	*25,885*	*(17)*	*(15)*
Long-Term Care: Institutional	119,240	120,049	121,178	121,987	123,116	125,054	1,938	1,938
Subacute Care	1,572	1,490	1,490	1,408	1,408	1,326	(82)	(82)
Inpatient Facilities, Total	918,211	903,189	920,101	905,566	922,451	924,804	2,350	2,353
Average Daily Census:								
Inpatient Care	9,145	9,126	9,202	9,183	9,259	9,291	57	32
Rehabilitation Care	1,168	1,162	1,168	1,165	1,167	1,164	(1)	(3)
Mental Health Care Total	8,769	8,723	8,708	8,685	8,645	8,559	(63)	(86)
Acute Psychiatry	*2,353*	*2,274*	*2,280*	*2,207*	*2,207*	*2,128*	*(73)*	*(79)*
Community Care Hospital (Psych)	*570*	*590*	*612*	*634*	*654*	*694*	*42*	*40*
Psy Residential Rehab	*1,815*	*1,827*	*1,806*	*1,822*	*1,796*	*1,781*	*(10)*	*(15)*
Dom Residential Rehab	*4,031*	*4,032*	*4,010*	*4,022*	*3,988*	*3,956*	*(22)*	*(32)*
Long-Term Care: Institutional	42,643	43,021	43,159	43,394	43,631	44,016	472	385
Subacute Care	110	105	110	105	111	110	1	(1)
Inpatient Facilities, Total	61,835	62,137	62,347	62,532	62,813	63,140	466	327
Length of Stay:								
Inpatient Care	5.3	5.4	5.3	5.4	5.4	5.4	0.1	0.0
Rehabilitation Care	27.0	26.4	26.9	26.4	26.8	26.8	(0.1)	0.0
Mental Health Care	20.9	21.4	20.9	21.4	20.8	20.8	(0.1)	0.0
Long-Term Care: Institutional	130.5	130.8	130.0	129.8	129.4	128.8	(0.6)	(0.6)
Subacute Care	25.5	25.7	26.9	27.2	28.8	30.4	1.9	1.6
Dental Procedures (000)	5,194	5,388	5,408	5,561	5,609	5,803	201	194
CHAMPVA/FMP/Spina Bifida:								
Outpatient Workloads (000)	15,384	16,495	16,039	17,218	16,694	17,350	655	656

The next sections provide additional funding, workload, and program detail on each category of Health Care Services; Long-Term Services and Supports; Other Health Care Programs; and assorted programs (e.g., Hepatitis C).

Ambulatory Care

Ambulatory Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$24,240,847	$25,027,417	$26,885,928	$24,863,174	$26,017,768	$25,233,985	($868,160)	($783,783)
Medical Services Community Care (0160)	$0	$0	$0	$0	$3,483,460	$5,857,622	$3,483,460	$2,374,162
Medical Community Care (0140)	$1,589,371	$2,342,023	$2,530,720	$2,344,979	$0	$0	$952,740	$2,374,162
Subtotal	$25,830,218	$27,369,440	$29,416,648	$27,208,153	$29,501,228	$31,091,607	$84,580	$1,590,379
Medical Support & Compliance (0152)	$3,237,724	$4,022,037	$3,582,045	$4,281,922	$3,372,386	$3,407,210	($209,659)	$34,824
Medical Facilities (0162)	$2,728,730	$3,503,199	$3,383,523	$2,896,496	$3,186,779	$2,718,257	($196,744)	($468,522)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$1,152,215	$0	$1,152,215	($1,152,215)
Discretionary Obligations [Total]	**$31,796,672**	**$34,894,676**	**$36,382,216**	**$34,386,571**	**$37,212,608**	**$37,217,074**	**$830,392**	**$4,466**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$451,796	$31,614	$16,425	$45,533	$21,933	$8,067	$5,508	($13,866)
Medical Support & Compliance (0152XA)	$1,499	$14,386	$5,933	$6,100	$6,200	$0	$267	($6,200)
Medical Facilities (0162XA)	$58,518	$4,000	$13,673	$1,000	$2,700	$0	($10,973)	($2,700)
Section 801 [Subtotal]	**$511,813**	**$50,000**	**$36,031**	**$52,633**	**$30,833**	**$8,067**	**($5,198)**	**($22,766)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$18,989	$31,000	$16,423	$154,000	$0	$0	($16,423)	$0
Medical Care (0172XB)	$3,199,566	$1,172,111	$2,153,629	$1,033,907	$0	$0	($2,153,629)	$0
Emergency Hepatitis C (0172XC)	($726)	$0	$91	$0	$0	$0	($91)	$0
Emergency Community Care (0172XE)	($149,628)	$0	$9,841	$0	$0	$0	($9,841)	$0
Veterans Choice Fund [Subtotal]	**$3,068,201**	**$1,203,111**	**$2,179,984**	**$1,187,907**	**$0**	**$0**	**($2,179,984)**	**$0**
Mandatory Obligations [Total]	**$3,580,014**	**$1,253,111**	**$2,216,015**	**$1,240,540**	**$30,833**	**$8,067**	**($2,185,182)**	**($22,766)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$3,068,201*	*$1,203,111*	*$2,179,984*	*$1,187,907*	*$1,152,215*	*$0*	*($1,027,769)*	*($1,152,215)*
Obligations [Grand Total]	**$35,376,686**	**$36,147,787**	**$38,598,231**	**$35,627,111**	**$37,243,441**	**$37,225,141**	**($1,354,790)**	**($18,300)**

The Budget includes $12.4 billion in total obligations for Choice/Community Care in 2019. Programmatic resources total $14.2 billion, 9.1% above 2018 after adjusting for the impact of the change in timing of obligations.

Ambulatory Outpatient Visits, including Mental Health and Home-Based Community Care
(visits in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
VA Staff	85,128	91,660	86,481	94,051	87,644	88,684	1,163	1,040
Community Care	24,310	20,026	26,245	21,196	28,428	30,238	2,183	1,810
Total	109,438	111,686	112,726	115,247	116,072	118,922	3,346	2,850

This health service category includes funding for ambulatory care in VA hospital- and community-based clinics, as well as ambulatory care provided in the community. Community care is provided to eligible beneficiaries when VA facilities are not geographically accessible, services are not available at a particular facility, or when care

cannot be provided in a timely manner within existing resources. For more details about ambulatory care, please see the *Appendix* chapter.

2017 Accomplishments

1. Priority 1: Focus Resources More Efficiently
    a. Performed quarterly verification of Primary Care Management Module (PCMM) data accuracy (all VISNs).
    b. Expanded rural access through a telehealth community partnership in Hawaii and Kentucky.
    c. Introduced telehealth modalities to five pilot VISN call centers, going live in VISN 22 to expand options for one-call resolution of Veterans' requests.
    d. Partnered with the Office of Veterans Access to Care to provide SME support to 30 sites with access - or PACT-related challenges.
    e. Spread the PACT Space Design Model to new and redesigned areas to create an environment conducive to efficiency.

2. Priority 2: Modernize Our Systems
    a. Facilitated implementation of PCMM Web enterprise-wide to streamline and standardize data in support of effective primary care operations.
    b. Implemented VA Video Connect in Patient Aligned Care Teams (PACT) across nine VISNs, offering Veterans the choice of care into their homes via video on a personal or VA device.
    c. Implemented VA PACT University and released Primary Care Education Standards enterprise-wide to deliver consistent, foundational training across the enterprise (Priorities 2 & 3).

3. Priority 3: Improve Timeliness of Services
    a. Achieved open access to primary care at all VA Medical Centers. When a Veteran contacts Primary Care, depending on the urgency, Primary Care either addresses the Veteran's primary care needs that day or schedules appropriate follow-up care. The healthcare need may be addressed by providing a face-to-face visit, returning a phone call, arranging a telehealth or video care visit, responding by secure email, or scheduling a future appointment.
    b. Augmented gap coverage via the Interim Staffing Program by hiring 58 new clinical providers and entering an agreement to assign Public Health Service (PHS) medical officers to facilities with staffing challenges.
    c. Supported seven Strategic Analytics for Improvement and Learning Deep Dive improvement events to at-risk sites for multiple outpatient measures (Priorities 3 & 4).

4. Priority 4: Prevent Veteran Suicides
    a. Provided collaborative Primary Care-Mental Health (PCMHI) care to more than 8% of all Veterans enrolled at primary care sites, representing a 5%

increase over the year prior and assuring high-quality depression care that decreases the risk of suicide. PC-MHI programs served 413,000 Veterans through 1.2 million mental health encounters in PACT during 2017. Program assistance efforts supporting evidence-based collaborative care for this program during 2017 included two cohorts of the mental health care management mentorship series and field support for data-driven and measurement-based mental health care in PACT.

b. Co-sponsored an accredited Office of Primary Care Operations Interim Staffing Program opioid-control and suicide-prevention webinar (452 attendees).
c. Partnered with the Office of Mental Health and Suicide Prevention for the Suicide Prevention State of the Art Conference.

5. Priority 5: Provide Greater Choice for Veterans
   a. Expanded Telehealth to include emergency responses to Hurricanes Harvey, Irma, and Maria, while collaborating with the Office of Connected Care Virtual-Integrated Multisite Patient Aligned Care Teams (V-IMPACT), to mobilize 539 clinical staff within a 3-day period (Priorities 1, 2 & 4).
   b. Partnered with the Office of Rural Health to deploy eight V-IMPACT Hubs providing care to over 33 spoke sites across the Veterans Health Administration while also providing safety net primary care and mental health pharmacy services (Priorities 1-5).
   c. Using Integrated Care Design, created flexible, adaptable clinical infrastructure, supporting same-day and video-care services and facilitating seamless experiences across service lines.

2018-2020 Goals

1. Achieve efficiencies and alignment through deployment of strategic field-based councils, including integration with other foundational services, in support of VHA modernization and the agency's priorities.

2. Enhance timeliness by ensuring primary care providers are available during times of extended provider absences through enhanced gap coverage (including virtual).

3. Expand access by opening Telehealth capacity for underproductive providers to assist access-challenged providers.

4. Promote a learning organization by expanding enrollment of primary care staff in the VA PACT University (VPU).

5. Based on lessons from 2017, establish a nationwide plan to preposition primary care providers via Telehealth for future disaster responses.

Summary level literature review concerning recent research on VA outpatient care, VA care coordination, and VA performance managing chronic diseases

1. Data from more than 800 Veterans Health Administration (VHA) primary care clinics revealed that national implementation of a Patient-Centered Medical Home (PCMH) was effective at improving several chronic disease outcomes over time (VHA Health Services Research).
2. Home Base Primary Care (HBPC) enrollment was associated with fewer hospitalizations for a range of ambulatory care sensitive conditions in very medically complex Veterans with diabetes mellitus; findings suggested that the benefits of HBPC may be attributable to its comprehensive approach rather than condition-specific interventions (Portland VA).
3. Intensive outpatient care for high-need patients did not reduce acute care utilization or costs compared with standard VA care, but positive effects on experience were seen (VA Palo Alto).
4. Patient-centered medical home implementation was greater in rural compared to urban primary care clinics in VHA, likely related to clinic organizational factors (VA Puget Sound).
5. A PACT model can reduce Emergency Department (ED) visits and increase appropriate use of ED services in VHA among homeless, highly comorbid Veterans (VA Salt Lake City, VA Providence).
6. Among Veterans with Post Traumatic Stress Disorder (PTSD), high implementation of the patient-centered medical home (PACT model) reduced use of inpatient and specialty services (Seattle VA).
7. Among Veterans with PTSD, PACT implementation was associated with a lower rate of hospitalizations and specialty care visits, and enhanced access to primary care (Seattle VA).
8. Among VA Women's health clinics, successful implementation of PACT has been inconsistent. Barriers to full PACT implementation included short staffing, inclusion of part-time providers on teams, balancing performance requirements for continuity and same-day access, and space constraints. Specialized policy or practice may be required if the full benefits of PACT are to be realized for women Veterans (Greater LA VA).
9. Enhanced delivery of primary care in PACT may require clarifying factors impacting self-efficacy among inter-professional teams (Palo Alto VA, Greater Los Angeles VA).
10. Patient-centered ratings were lower for facilities with medium or high concentrations of Hispanic patients, and ratings decreased as patient panel sizes increased, especially among facilities with higher concentrations of black patients (Pittsburgh VA).
11. Findings illustrate expert opinion about different approaches to patient engagement and highlight the benefits and challenges posed by each. Although experts rated local consultations with patients on an as-needed basis as most desirable and feasible, they rated being an equal stakeholder at the local level as having the highest potential impact on patient-centeredness and care quality. This result highlights a perceived discrepancy between what is most desirable and what is potentially most effective but suggests that routine local engagement of patients as

equal stakeholders may be a desirable first step for promoting high-quality, patient-centered care (VA Greater Los Angeles Healthcare System).

12. PCMH implementation did not significantly increase adherence to oral hypoglycemic agents among a national cohort of Veterans with diabetes, although aspects of implementation were associated with increased adherence. Measures of access to care appear the most significant (VA Puget Sound Healthcare System).
13. Health systems implementing PCMH should account for population-level comorbidity burden when planning for PCMH-related changes in PCP utilization (VA Puget Sound Health Care System).
14. PCMH may be effective in managing care for racial/ethnic minorities with mental health and/or substance use disorders (MHSUDs) (Pittsburgh Healthcare System).
15. The perception of receiving help for high-risk patient care may be valuable in reducing provider stress (VA Greater Los Angeles Healthcare System).
16. VHA primary care clinics with the most PCMH components in place in 2012 had greater improvements in several chronic disease quality measures in 2009–2013 than the lowest PCMH clinics (VHA Health Services Research).
17. Many integrated health systems and accountable care organizations have turned to intensive primary care programs to improve quality of care and reduce costs for high-need, high-cost patients. In the presence of patient-centered medical homes, key program elements that emerged include an interdisciplinary team with social workers and mental health providers, comprehensive patient assessments, and weekly interdisciplinary team meetings, which are found valuable to improving population management efforts of high-risk patients (VHA).

Dental Care

Dental Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$695,531	$831,673	$765,071	$889,069	$874,314	$1,005,670	$109,243	$131,356
Medical Services (0160) Community Care	$0	$0	$0	$0	$167,386	$177,730	$167,386	$10,344
Medical Community Care (0140)	$133,401	$101,300	$157,229	$101,300	$0	$0	($157,229)	$0
Subtotal	$828,932	$932,973	$922,300	$990,369	$1,041,700	$1,183,400	$119,400	$141,700
Medical Support & Compliance (0152)	$136,418	$115,795	$148,500	$115,795	$157,400	$159,200	$8,900	$1,800
Medical Facilities (0162)	$103,540	$115,832	$127,400	$115,832	$120,100	$102,700	($7,300)	($17,400)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$37,800	$0	$37,800	($37,800)
Discretionary Obligations [Total]	**$1,068,890**	**$1,164,600**	**$1,198,200**	**$1,221,996**	**$1,357,000**	**$1,445,300**	**$158,800**	**$88,300**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$12,884	$0	$500	$0	$700	$300	$200	($400)
Medical Support & Compliance (0152XA)	$63	$0	$100	$0	$100	$0	$0	($100)
Medical Facilities (0162XA)	$2,220	$0	$500	$0	$100	$0	($400)	($100)
Section 801 [Subtotal]	**$15,167**	**$0**	**$1,100**	**$0**	**$900**	**$300**	**($200)**	**($600)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$640	$0	$500	$0	$0	$0	($500)	$0
Medical Care (0172XB)	$107,833	$45,100	$72,100	$60,304	$0	$0	($72,100)	$0
Emergency Hepatitis C (0172XC)	($24)	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($5,043)	$0	$300	$0	$0	$0	($300)	$0
Veterans Choice Fund [Subtotal]	**$103,406**	**$45,100**	**$72,900**	**$60,304**	**$0**	**$0**	**($72,900)**	**$0**
Mandatory Obligations [Total]	**$118,573**	**$45,100**	**$74,000**	**$60,304**	**$900**	**$300**	**($73,100)**	**($600)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$103,406*	*$45,100*	*$72,900*	*$60,304*	*$37,800*	*$0*	*($35,100)*	*($37,800)*
Obligations [Grand Total]	**$1,187,463**	**$1,209,700**	**$1,272,200**	**$1,282,300**	**$1,357,900**	**$1,445,600**	**$85,700**	**$87,700**

Dental Procedures
(procedures in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
VA Facilities	4,722	4,905	4,917	5,063	5,101	5,278	184	177
Community	472	483	491	498	508	525	17	17
Procedures [Total]	5,194	5,388	5,408	5,561	5,609	5,803	201	194

The mission of VA Dentistry is to improve the oral health of eligible Veterans. Eligibility for dental care is defined by statute and is provided by the provisions of existing law and VA regulations. The scope of care provided for every Veteran is determined by the Veteran's eligibility. VA Dentistry strives to be the benchmark of excellence and value in oral health care by providing exemplary services that are both patient-centered and evidence-based.

2017 Accomplishments

- Provided dental care for over half a million Veterans. Approximately 50,000 Veterans were surveyed, revealing that their satisfaction with VA dental care exceeds private-sector benchmarks.

• 95% of active comprehensive care dental patients have been teamed with a primary dental care provider to oversee and coordinate their care needs, consistent with the patient-centric care model.
• Incorporated dental care provisions into the pending Community Care Network contracts to increase Veterans' access and choice of dental care options.
• The Office of Dentistry's Education program developed and provided over 9,500 individual hours of directed learning for VA employees.
• Developed a Dental Care – Strategic Delivery Decisions template that provides a framework for analysis of dental care delivery to enable VA to agilely adapt to changing business environments and Veterans' needs in support of VA's modernization effort.

2018-2020 Goals

• Provide leadership engagement opportunities to spread innovation and best practices, modernize systems, and optimize market area health systems.
• Continue to right-size facility infrastructure to cost-effectively meet the forecasted demand for Veteran dental care utilizing a contemporary dental-clinic design guide, data-driven space planning, and standardized activations criteria.
• Improve Veterans' access to regular dental care by maintaining national dental quality indicators that focus on population health management metrics, promoting timely preventive services.
• Develop clinical recommendations for dental care using an interdisciplinary approach to prevention and early intervention that will sustain and improve the oral, as well as overall, health of Veterans.
• Ensure an engaged, skilled dental workforce valuing individual accountability, recognition, and educational opportunities that promote state-of-the-art, evidence-based dental care.

Inpatient Care

Inpatient Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$7,584,073	$8,996,697	$8,279,716	$9,624,226	$8,315,639	$9,271,913	$35,923	$956,274
Medical Services (0160) Community Care	$0	$0	$0	$0	$1,816,429	$2,889,287	$1,816,429	$1,072,858
Medical Community Care (0140)	$2,043,692	$1,551,789	$2,209,990	$1,361,860	$0	$0	($2,209,990)	$0
Subtotal	$9,627,765	$10,548,486	$10,489,706	$10,986,086	$10,132,068	$12,161,200	($357,638)	$2,029,132
Medical Support & Compliance (0152)	$1,253,422	$1,256,464	$1,364,900	$1,256,464	$1,446,800	$1,463,100	$81,900	$16,300
Medical Facilities (0162)	$984,619	$1,229,361	$1,211,700	$1,229,361	$1,142,600	$977,400	($69,100)	($165,200)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$344,947	$0	$344,947	($344,947)
Discretionary Obligations [Total]	**$11,865,806**	**$13,034,311**	**$13,066,306**	**$13,471,911**	**$13,066,415**	**$14,601,700**	**$109**	**$1,535,285**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$141,069	$0	$5,200	$0	$6,900	$2,600	$1,700	($4,300)
Medical Support & Compliance (0152XA)	$580	$0	$1,200	$0	$1,300	$0	$100	($1,300)
Medical Facilities (0162XA)	$21,116	$0	$5,000	$0	$900	$0	($4,100)	($900)
Section 801 [Subtotal]	**$162,765**	**$0**	**$11,400**	**$0**	**$9,100**	**$2,600**	**($2,300)**	**($6,500)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$6,015	$0	$5,200	$0	$0	$0	($5,200)	$0
Medical Care (0172XB)	$1,013,579	$1,551,789	$677,694	$1,551,789	$0	$0	($677,694)	$0
Emergency Hepatitis C (0172XC)	($229)	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($47,399)	$0	$3,100	$0	$0	$0	($3,100)	$0
Veterans Choice Fund [Subtotal]	**$971,966**	**$1,551,789**	**$685,994**	**$1,551,789**	**$0**	**$0**	**($685,994)**	**$0**
Mandatory Obligations [Total]	**$1,134,731**	**$1,551,789**	**$697,394**	**$1,551,789**	**$9,100**	**$2,600**	**($688,294)**	**($6,500)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$971,966*	*$1,551,789*	*$685,994*	*$1,551,789*	*$344,947*	*$0*	*($341,047)*	*($344,947)*
Obligations [Grand Total]	**$13,000,537**	**$14,586,100**	**$13,763,700**	**$15,023,700**	**$13,075,515**	**$14,604,300**	**($688,185)**	**$1,528,785**

Inpatient Care Patients Treated

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Patients Treated:								
Medicine	346,091	338,235	341,147	333,291	336,203	331,259	(4,944)	(4,944)
Neurology	5,676	5,381	5,405	5,110	5,134	4,863	(271)	(271)
Surgery	94,428	94,019	91,814	91,405	89,200	86,586	(2,614)	(2,614)
Community Care Hospital (non-Mental Health)	182,176	179,077	191,178	188,079	200,180	209,182	9,002	9,002
Subtotal Acute Medicine	628,371	616,712	629,544	617,885	630,717	631,890	1,173	1,173
Blind Rehabilitative	4,922	5,082	4,922	5,082	4,922	4,922	0	0
Spinal Cord Injury	8,544	8,562	8,583	8,601	8,622	8,661	39	39
Other Rehabilitative Medicine	2,321	2,405	2,321	2,405	2,321	2,321	0	0
Subtotal Rehabilitative Medicine	15,787	16,049	15,826	16,088	15,865	15,904	39	39
Acute Psychiatry	86,951	80,920	84,545	78,514	82,139	79,733	(2,406)	(2,406)
Community Care Hospital (Psych)	24,049	27,042	25,764	28,757	27,479	29,194	1,715	1,715
Psy Residential Rehab	16,476	16,553	15,837	16,553	15,827	15,818	(10)	(9)
Dom Residential Rehab	25,765	24,374	25,917	24,374	25,900	25,885	(17)	(15)
Subtotal Mental Health Care	153,241	148,889	152,063	148,198	151,345	150,630	(718)	(715)
Long-Term Care: Institutional	119,240	120,049	121,178	121,987	123,116	125,054	1,938	1,938
Subacture Care	1,572	1,490	1,490	1,408	1,408	1,326	(82)	(82)
Inpatient Facilities Patients Treated [Total]	918,211	903,189	920,101	905,566	922,451	924,804	2,350	2,353

Inpatient Care Average Daily Census

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Average Daily Census (ADC):								
Medicine	5,149	5,091	5,114	5,056	5,079	5,029	(35)	(50)
Neurology	63	55	57	49	51	45	(6)	(6)
Surgery	1,266	1,237	1,200	1,171	1,134	1,066	(66)	(68)
Community Care Hospital (non-Mental Health)	2,667	2,743	2,831	2,907	2,995	3,151	164	156
Subtotal Acute Medicine	9,145	9,126	9,202	9,183	9,259	9,291	57	32
Blind Rehabilitative	254	255	254	256	254	254	0	0
Spinal Cord Injury	748	740	748	742	748	746	0	(2)
Other Rehabilitative Medicine	166	167	166	167	165	164	(1)	(1)
Subtotal Rehabilitative Medicine	1,168	1,162	1,168	1,165	1,167	1,164	(1)	(3)
Acute Psychiatry	2,353	2,274	2,280	2,207	2,207	2,128	(73)	(79)
Community Care Hospital (Psych)	570	590	612	634	654	694	42	40
Psy Residential Rehab	1,815	1,827	1,806	1,822	1,796	1,781	(10)	(15)
Dom Residential Rehab	4,031	4,032	4,010	4,022	3,988	3,956	(22)	(32)
Subtotal Mental Health Care	8,769	8,723	8,708	8,685	8,645	8,559	(63)	(86)
Long-Term Care: Institutional	42,643	43,021	43,159	43,394	43,631	44,016	472	385
Subacture Care	110	105	110	105	111	110	1	(1)
Inpatient Facilities ADC [Total]	61,835	62,137	62,347	62,532	62,813	63,140	466	327

Inpatient Care Length of Stay

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Length of Stay:								
Medicine	5.4	5.5	5.5	5.5	5.5	5.6	0.0	0.1
Neurology	4.1	3.7	3.8	3.5	3.6	3.4	(0.2)	(0.2)
Surgery	4.9	4.8	4.8	4.7	4.6	4.5	(0.2)	(0.1)
Community Care Hospital (non-Mental Health)	5.3	5.6	5.4	5.6	5.5	5.5	0.1	0.0
Acute Medicine [Total]	5.3	5.4	5.3	5.4	5.4	5.4	0.1	0.0
Blind Rehabilitative	18.8	18.3	18.8	18.4	18.8	18.9	0.0	0.1
Spinal Cord Injury	32.0	31.5	31.8	31.5	31.7	31.5	(0.1)	(0.2)
Other Rehabilitative Medicine	26.1	25.3	26.1	25.3	25.9	25.9	(0.2)	0.0
Rehabilitative Medicine [Total]	27.0	26.4	26.9	26.4	26.8	26.8	(0.1)	0.0
Acute Psychiatry	9.9	10.3	9.8	10.3	9.8	9.8	0.0	0.0
Community Care Hospital (Psych)	8.7	8.0	8.7	8.0	8.7	8.7	0.0	0.0
Psy Residential Rehab	40.2	40.3	41.6	40.2	41.4	41.2	(0.2)	(0.2)
Dom Residential Rehab	57.1	60.4	56.5	60.2	56.2	55.9	(0.3)	(0.3)
Mental Health Care [Total]	20.9	21.4	20.9	21.4	20.8	20.8	(0.1)	0.0
Long-Term Care: Institutional	130.5	130.8	130.0	129.8	129.4	128.8	(0.6)	(0.6)
Subacture Care	25.5	25.7	26.9	27.2	28.8	30.4	1.9	1.6

VA delivers inpatient acute care in its hospitals and through community care.

VA Inpatient Evaluation Center (IPEC) data on how VA inpatient care compares to private-sector inpatient care for mortality and readmissions, patient safety indications, and health care associated infections is shown in the chart below.

VA tracks industry-standard measures of patient outcomes during hospitalization, which include risk-adjusted 30-day mortality and readmission rates; rates of potentially preventable complications (Patient Safety Indicators - PSIs); and Health Care Associated Infections (HAIs). The comparisons listed below are based on most recent published data. In some cases, there may be slight revisions of 2017 data. The following overall trends are noted:

- VA risk-adjusted mortality is on par or lower than the private sector;
- VA readmission rates are slightly lower than the private sector;
- Rates of PSIs compare favorably with the private sector overall; and
- Rates of health care associated infection are lower than the private sector.

An independent assessment of VA care was recently published in JAMA Internal Medicine, April 17, 2017 and confirmed VA had better outcomes than the private sector for 6 of 9 patient safety indicators, and better outcomes for all mortality and readmission statistics[2] (http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2618816).

[2] Blay Jr, E., DeLancey, J. O., & Hewitt, D. B. (2017, April 17). Initial Public Reporting of Quality at Veterans Affairs vs Non–Veterans Affairs Hospitals. *JAMA Internal Medicine*.

	VA October 1, 2014 – September 30, 2017	CMS July 1, 2013 - June 30, 2016
Mortality	**Rate**	**Rate**
30-day risk standardized mortality rate - Congestive Heart Failure (CHF RSMR)	N/A	11.9
30-day risk standardized mortality rate - Pneumonia (Pneumonia RSMR)	18.43	15.9
30-day risk standardized mortality rate – Acute Myocardial Infarction (AMI RSMR)	8.03	13.6
30-day risk standardized mortality rate – Chronic Obstructive Pulmonary Disease (COPD RSMR)	4.72	8.0
Readmission	**Rate**	**Rate**
30-day risk standardized readmission rate - Congestive Heart Failure (CHF RSRR)	19.39	21.6
30-day risk standardized readmission rate - Pneumonia (Pneumonia RSRR)	17.05	16.9
30-day risk standardized readmission rate - Acute Myocardial Infarction (AMI RSRR)	16.51	16.3
30-day risk standardized readmission rate – Chronic Obstructive Pulmonary Disease (COPD RSRR)	15.54	19.8

Please Note:

- First column: VA data only
- Second Column: Private Sector data, VA data not included
- For Patient Safety Indicators (PSI) and Inpatient Quality Indicators (IQI) rates, first VA column reports rates using International Classification of Disease (ICD)-9 and AHRQ v5.0 software
- CMS rates are the most recently updated rates available as of 10/17 and report on private sector national rates – second column. IQI rates have not been updated by Centers for Medicare & Medicaid Services (CMS).
- VA PSI and IQI rates reported in the third column use ICD-10 and Agency for Healthcare Research and Quality (AHRQ) v6.0 software
- Definition changes across software versions released by AHRQ can impact rates so caution is urged.

Patient Safety Indicators (PSIs)[1]	VA* Observed Rate from October 1, 2012 - September 30, 2015	CMS Reported National Rate from July 1, 2014 – September 30, 2015	VA* Observed Rate Using ICD-10 from October 1, 2015 – September 30, 2017
Pressure Ulcer Rate (PSI 03)	0.35	0.26	0.60
Inpatient Surgical Deaths (PSI 04)	105.38	139.05	100.97
Collapsed lung due to medical treatment (PSI 06)	0.30	0.40	0.19
Postoperative Hip Fracture (PSI 08)	0.06	0.10	0.08
Perioperative Bleeding/Bruise (PSI 09)	5.91	4.78	1.94
Postoperative Kidney & Diabetic Complications (PSI 10)	1.17	1.12	0.88
Postoperative Respiratory Failure (PSI 11)	9.99	11.89	5.55
Perioperative Blood Clot/Embolism (PSI 12)	4.06	4.35	3.29
Postoperative Sepsis (PSI 13)	7.64	5.94	4.00
A wound that splits open after surgery on the abdomen or pelvis (PSI 14)	3.10	2.26	0.52
Accidental puncture or laceration from medical treatment (PSI 15)	1.29	0.88	0.53

Inpatient Quality Indicators (IQIs)[1]	VA* Observed Rate from October 1, 2012 - September 30, 2015	CMS Historical Reported National Rate July 1, 2010 – June 30, 2013	VA* Observed Rate Using ICD-10 from October 1, 2015 – September 30, 2017
Esophageal Resection Mortality (IQI 08)	51.5	39.89	56.0
Pancreatic Resection Mortality (IQI 09)	23.1	29.42	14.4
Abdominal Aortic Aneurysm Repair Mortality (IQI 11)	10.0	35.9	8.10
Coronary Artery Bypass Mortality (IQI 12)	14.3	25.2	18.6
Craniotomy Mortality (IQI 13)	18.5	58.77	18.0
Hip Replacement Mortality (IQI 14)	1.30	0.66	1.10
Acute MI Mortality (IQI 15)	37.1	56.49	30.0
Congestive Heart Failure Mortality (IQI 16)	19.2	30.68	15.0
Acute Stroke Mortality (IQI 17)	27.5	82.53	19.1
GI Hemorrhage Mortality (IQI 18)	17.8	22.31	13.4
Hip Fracture Mortality (IQI 19)	35.0	25.3	21.10
Pneumonia Mortality (IQI 20)	28.2	35.05	20.10
Percutaneous Coronary Intervention Mortality (IQI 30)	13.7	21.08	14.0
Carotid Endarterectomy Mortality (IQI 31)	2.2	4.4	2.3

	VA (October 1, 2016 - September 30, 2017)	NHSN/CDC (2014)[3]
Healthcare-Associated Infections (HAIs)	**Mean**	**Mean SIR**
1. Central Line Associated Bloodstream Infection Rate (CLABSI) per 1,000 line days		
Acute Care	0.57	0.56
ICU	0.82	0.45
2. Catheter Associated Urinary Tract Infection (CAUTI) per 1,000 catheter days		
Acute Care	0.92	0.76
ICU	0.68	1.15
3. Ventilator Associated Events (VAE) per 1,000 vent days		
ICU	4.7	Not Available
	Rate	**NHSN Pooled Mean Rates for 2014[2]**
4. Total Bloodstream (BSI) Infection rates per 100 patient months		
Outpatient Dialysis Treatment Center	0.58	0.64
5. Access-Related Bloodstream (ARB) Infection rates per 100 patient months		
Outpatient Dialysis Treatment Center	0.42	0.49

Data Sources

[1]AHRQ - http://www.ahrq.gov

[2]CJASN ePress Published on June 29, 2017 as doi: 10.2215/CJN.11411116

[3]National Healthcare Safety Network (NHSN) – Centers for Disease Control and Prevention. 2014 National and State Healthcare-Associated Infection Progress Report. Published March, 2016. www.cdc.gov/hai/progress-report/index.html; https://www.cdc.gov/hai/surveillance/progress-report/index.html

Mental Health Care

Mental Health Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$5,767,135	$6,334,010	$6,045,900	$6,746,664	$6,532,800	$7,048,600	$486,900	$515,800
Medical Services (0160) Community Care	$0	$0	$0	$0	$199,400	$299,900	$199,400	$100,500
Medical Community Care (0140)	$176,436	$315,099	$204,700	$320,145	$0	$0	($204,700)	$0
Subtotal	$5,943,571	$6,649,109	$6,250,600	$7,066,809	$6,732,200	$7,348,500	$481,600	$616,300
Medical Support & Compliance (0152)	$831,583	$840,316	$905,500	$840,316	$959,800	$970,600	$54,300	$10,800
Medical Facilities (0162)	$767,967	$863,775	$945,100	$863,775	$891,200	$762,300	($53,900)	($128,900)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$12,500	$0	$12,500	($12,500)
Discretionary Obligations [Total]	**$7,543,121**	**$8,353,200**	**$8,101,200**	**$8,770,900**	**$8,595,700**	**$9,081,400**	**$494,500**	**$485,700**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$108,493	$0	$4,000	$0	$5,300	$2,000	$1,300	($3,300)
Medical Support & Compliance (0152XA)	$385	$0	$800	$0	$800	$0	$0	($800)
Medical Facilities (0162XA)	$16,470	$0	$3,900	$0	$700	$0	($3,200)	($700)
Section 801 [Subtotal]	**$125,348**	**$0**	**$8,700**	**$0**	**$6,800**	**$2,000**	**($1,900)**	**($4,800)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$212	$0	$200	$0	$0	$0	($200)	$0
Medical Care (0172XB)	$35,642	$0	$23,800	$0	$0	$0	($23,800)	$0
Emergency Hepatitis C (0172XC)	($8)	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($1,667)	$0	$100	$0	$0	$0	($100)	$0
Veterans Choice Fund [Subtotal]	**$34,179**	**$0**	**$24,100**	**$0**	**$0**	**$0**	**($24,100)**	**$0**
Mandatory Obligations [Total]	**$159,527**	**$0**	**$32,800**	**$0**	**$6,800**	**$2,000**	**($26,000)**	**($4,800)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$34,179*	*$0*	*$24,100*	*$0*	*$12,500*	*$0*	*($11,600)*	*($12,500)*
Obligations [Grand Total]	**$7,702,648**	**$8,353,200**	**$8,134,000**	**$8,770,900**	**$8,602,500**	**$9,083,400**	**$468,500**	**$480,900**

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Treatment Modality ($000):								
VA Inpatient Hospital	$1,468,756	$1,465,298	$1,494,258	$1,472,773	$1,517,172	$1,546,393	$22,914	$29,221
Contract Inpatient Hospital	$443,147	$462,177	$522,504	$488,234	$639,459	$738,219	$116,955	$98,760
Psychiatric Res. Rehab. Trmt	$287,337	$283,865	$286,602	$278,183	$286,495	$281,613	($107)	($4,882)
VA Dom. Residential Rehab. Trmt	$499,569	$472,794	$493,786	$468,455	$499,210	$506,210	$5,424	$7,000
VA Outpatient Clinics	$4,549,440	$5,232,104	$4,831,520	$5,612,915	$5,105,362	$5,400,688	$273,842	$295,326
Non-VA Outpatient	$79,205	$31,573	$94,352	$32,736	$118,965	$147,836	$24,613	$28,871
Suicide Prevention Outreach	$167,174	$186,128	$186,128	$189,576	$190,000	$193,000	$3,872	$3,000
VA - Mental Health in non MH Setting	$208,020	$219,261	$224,850	$228,028	$245,837	$269,441	$20,987	$23,604
Total	$7,702,648	$8,353,200	$8,134,000	$8,770,900	$8,602,500	$9,083,400	$468,500	$480,900
Major Characteristics of Program ($000):								
SMI - PTSD	$357,766	$383,135	$361,897	$390,016	$366,061	$369,552	$4,164	$3,491
SMI - Substance Abuse	$604,729	$588,033	$619,429	$600,608	$635,525	$653,397	$16,096	$17,872
SMI - Other Than PTSD & SA	$4,887,173	$5,371,817	$5,103,581	$5,711,945	$5,302,893	$5,495,070	$199,312	$192,177
Subtotal, SMI	$5,849,668	$6,342,985	$6,084,907	$6,702,569	$6,304,479	$6,518,019	$219,572	$213,540
Suicide Prevention Outreach	$167,174	$186,128	$186,128	$186,128	$190,000	$193,000	$3,872	$3,000
Other Mental Health (Non-SMI)	$1,685,806	$1,824,087	$1,862,965	$1,882,203	$2,108,021	$2,372,381	$245,056	$264,360
Total Mental Health	$7,702,648	$8,353,200	$8,134,000	$8,770,900	$8,602,500	$9,083,400	$468,500	$480,900
Included Above:								
OEF/OIF/OND POPULATION *ONLY*:								
SMI - PTSD	$154,252	$167,017	$161,245	$174,244	$169,038	$175,800	$7,793	$6,762
SMI - Substance Abuse	$133,626	$133,085	$142,868	$139,526	$155,254	$168,133	$12,386	$12,879
SMI - Other Than PTSD & SA	$916,220	$959,130	$1,007,581	$1,034,409	$1,106,232	$1,209,041	$98,651	$102,809
Subtotal, SMI	$1,204,098	$1,259,232	$1,311,694	$1,348,179	$1,430,524	$1,552,974	$118,830	$122,450
Other Mental Health (Non-SMI)	$329,459	$381,644	$366,857	$419,742	$414,411	$465,164	$47,554	$50,753
Total OEF/OIF/OND	$1,533,557	$1,640,876	$1,678,551	$1,767,921	$1,844,935	$2,018,138	$166,384	$173,203
Average Daily Census:								
Acute Psychiatry	2,353	2,274	2,280	2,207	2,207	2,128	(73)	(79)
Contract Hospital (Psych)	570	590	612	634	654	694	42	40
Psy Residential Rehab	1,815	1,781	1,806	1,777	1,796	1,781	(10)	(15)
Dom Residential Rehab	4,031	4,078	4,010	4,067	3,988	3,956	(21)	(32)
Total	8,769	8,723	8,707	8,685	8,645	8,559	(62)	(86)
Outpatient Visits:								
VA Care - Mental Health	13,310,188	14,503,778	13,480,697	15,029,072	13,610,484	13,723,090	129,787	112,606
Non-VA Care - Mental Health	450,397	381,570	494,805	401,669	540,195	582,282	45,390	42,087
Not Included Above:								
VA - Mental Health in non MH Setting	939,095	972,794	972,146	1,001,582	1,003,065	1,038,682	30,919	35,617

Mental Health Care

Consistent with the Secretary's intent to innovate and deliver services more efficiently, the mental health and suicide prevention offices have integrated with the Veterans Crisis Line (VCL) to accelerate VA's commitment to be there for Veterans, to prevent suicide, to promote recovery, and to ensure access to high-quality mental health care. The integrated Office of Mental Health and Suicide Prevention (OMHSP) provides policy and implementation guidance and oversight and management of mental health and suicide prevention services. This realignment will improve efficiency, deployment of resources toward priorities, and communication and collaboration with VHA field operations.

2017 Accomplishments

- Improved coordination of complimentary mental health services and expedited decision-making and program implementation through office realignments.
- Launched a comprehensive Be There for Veterans suicide prevention initiative to improve transitions to civilian life, know all Veterans to include those outside VA, partner across communities, improve lethal means safety, and expand access to

mental health care.

- Launched a Veteran Outreach Toolkit focused on suicide prevention for community partners *https://www.va.gov/nace/docs/myVAoutreachToolkitPreventingVeteransuicideIsEveryonesBusiness.pdf* and hosted sessions on how to use it.
- Supported over 14,000 suicide prevention outreach events through local Suicide Prevention Coordinators, engaging over 1.5 million people nationwide.
- Implemented Recovery Engagement and Coordination for Health Veteran Enhanced Treatment (REACH VET), resulting in the clinical review of 20,000 Veterans at risk for self-harm.
- Doubled VCL capacity, improving Veteran access to crisis intervention services.
- Authored over 400 peer-reviewed publications in Mental Health and Suicide Prevention.
- Implemented the Secretary's Other Than Honorable (OTH) Emergent Mental Health Initiative.
- Increased the number of Veterans seen by the Primary Care Mental Health Integration programs on the same day as their primary care appointment by 22% over the past year.
- Provided active consultation to facilities under-performing on Mental Health Strategic Analytics for Improvement and Learning (SAIL) [<1 standard deviation (SD) below average], through on-site and virtual visits, resulting in 83% of facilities <1 SD below average improving over the year.
- Re-engaged Veterans with a serious mental illness who were lost to follow-up through the Serious Mental Illness Re-Engage Program (42% of those contacted returned to care).
- Provided 2,107 consults with VA and community providers, treating Veterans with posttraumatic stress disorder (PTSD) through the National Center for PTSD Consultation Program (50% increase over 2016).
- Established seven new regional Telemental Health hubs, bringing the total number of hubs to 11 and improving Veteran access to mental health care.
- Facilitated 11 new partnerships between local Compensated Work Therapy Programs and JDog Junk Removal and Hauling, resulting in expanded employment opportunities for Veterans.
- Implemented Mental Health Residential Rehabilitation Treatment Program (MH RRTP) Surge on Safety, including establishment of local MH RRTP-specific safety committees and resulting in an increase in post-discharge follow-up.
- Launched the Measurement Based Care (MBC) in Mental Health Initiative in 59 facilities and more than 170 mental health clinics and programs.
- Implemented updated tobacco cessation prescribing guidelines, resulting in a 50% increase in unique patients prescribed Varenicline (Chantix©) across the system.
- Decreased use of potentially dangerous benzodiazepines in older Veterans through the Psychotropic Drug Safety Initiative, with nearly 10,000 fewer older Veterans filling benzodiazepine prescriptions compared to one year prior.

2018-2020 Goals

- Reduce and eliminate death by suicide among Veterans through a public health approach across communities, by promoting health and well-being, and by providing ready access to high quality mental health care.
- Advance predictive analytics through intergovernmental and non-VA partnerships to expand this groundbreaking approach to addressing Veteran self-harm.
- Open a third Veterans Crisis Line location to meet increase demands for crisis intervention services.
- Increase Veterans' access to care through increased mental health staff hiring and expansion of telehealth services.
- Promote the development of skills in VA providers to diagnose and assess PTSD by developing a computer-based training using simulated virtual patient technology that will allow clinicians to practice and receive customizable feedback on giving CAPS-5 to a lifelike virtual patient.
- Continue expansion of Brain Bank activities and promote research to enhance the assessment and treatment of PTSD through the identification of biomarkers and novel treatment strategies.
- Expand collaborative partnerships with the private sector to enhance and complement VA's efforts to improve Veterans' mental health and reduce Veteran suicide.
- Continue outreach efforts to increase awareness of mental health services and resources, reduce negative perceptions about seeking mental health care and improve mental health literacy among Veterans and their families and friends.

Congressional Reports

- Maximize the Availability of Opioid Receptor Antagonists
- Special Committee on Posttraumatic Stress Disorder (PTSD)
- Training and Certification for Mental Health Care Providers on Care for Military Sexual Trauma (MST)/PTSD Veterans
- Treatment and Services Available for MST
- Transparency In Mental Health Semi-Annual Report – Part A
- Transparency In Mental Health Semi-Annual Report – Part B
- Clay Hunt Suicide Prevention for American Veterans Act

Workload

Between 2005 and 2017, the number of Veterans who received mental health care from VHA grew by 86%. This rate of increase is more than three times the increase in VHA users overall. The proportion of Veterans served by VHA who receive mental health services has changed substantially. In 2005, 19% of VHA users received mental health services, and in 2017, the figure was 28%.

National Center for Posttraumatic Stress Disorder (NCPTSD)

National Center for Posttraumatic Stress Disorder (NCPTSD)
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Obligations	$39,030	$17,998	$39,001	$19,680	$19,680	$20,270	($19,321)	$590

NCPTSD was created in 1989 in response to a Congressional mandate (Public Law 98-528, 98 Stat. 2686 (1984)) to address the needs of Veterans with PTSD. In 2014, NCPTSD received funding to address two goals: to establish a PTSD brain tissue bank to facilitate cutting edge PTSD research and to enhance access for rural Veterans by consulting on PTSD treatment with community providers who treat Veterans.

The NCPTSD mission is to advance the clinical care and social welfare of America's Veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. The Congressional mandate (Public Law 98-528, 98 Stat. 2686 (1984)) called for a center of excellence that would set the agenda for research and education on PTSD without direct responsibility for patient care. NCPTSD also was mandated to serve as a resource center for information about PTSD research and education for VA and other Federal and non-Federal organizations. NCPTSD currently consists of seven divisions located at VA facilities, with headquarters in White River Junction, VT. Other divisions are located in Boston, MA; West Haven, CT; Palo Alto, CA; and Honolulu, HI. NCPTSD is an integral component of the Office of Mental Health and Suicide Prevention in VHA.

Each of NCPTSD's divisions has its own area of specialization, giving researchers access to different types of expertise across many geographical areas of the country. Besides its own staff, NCPTSD has built strong collaborative relationships with institutions and agencies from VA, other branches of government, the health care community, and academia, giving researchers a vast array of affiliates and partners for research activities. These activities are enriched by constant contact with clinicians who are directly involved in patient care, giving the research activities a uniquely real-world perspective. As a result, NCPTSD specializes in translating basic findings into clinically relevant techniques and studying how best to implement evidence-based practices into care. NCPTSD brings current research and clinical knowledge from the field to Veterans, their families, the general public, clinicians, military leaders, and others. Information is efficiently disseminated through NCPTSD's award-winning website (www.ptsd.va.gov), publications, online resources, as well as nationwide trainings.

2017 Accomplishments

- Led 139 funded research studies and published 419 scholarly works.
- Expanded the National PTSD Brain Bank expanded to include over 160 brains from individuals with PTSD and over 200 control brains. More than 60 individuals

with PTSD have agreed to donate their brains post-mortem to the PTSD Brain Bank.

- Continued studies of the genetics of PTSD, including studies using data from the Million Veteran Program, the PTSD Brain Bank, the National Health and Resilience in Veterans Study and the Psychiatric Genomics Consortium. One of the largest of these studies identified genes potentially involved in specific symptoms of PTSD.
- Conducted multiple studies of treatment efficacy and engagement. Recruitment of Veterans for the Comparative Effectiveness Research in Veterans with PTSD (CERV-PTSD) study, a large multi-site trial comparing two of the most effective treatments for PTSD (Prolonged Exposure and Cognitive Processing Therapy), will be completed in 2018 and will include over 900 Veterans enrolled.
- Continued development of novel treatments, including testing of a written exposure intervention that may improve patient engagement. An ongoing study of ketamine, a rapid-acting drug, expanded to include a focus on suicide prevention, and other medication studies are in development. Other ongoing work is testing a collaborative stakeholder model for improving timely access to VA mental health services.
- Initiated a 4th wave of data collection for Veterans After-discharge Longitudinal Registry (Project VALOR) (a registry of 1,649 male and female Veterans of the Iraq and Afghanistan Wars who became VHA users after 2002). The Longitudinal Investigation of Gender, Health, and Trauma (LIGHT) study focuses on the impact of community violence on Veteran mental and physical health.
- Continued implementation of a national network of peer-facilitated education and support groups for women Veterans who want to improve well-being and collaborated with the Office of Rural Health to disseminate Skills Training in Affective and Interpersonal Regulation (STAIR), an intervention to improve emotion regulation skills, focusing on women Veterans living in rural communities.
- Increased requests by 53% for its PTSD Consultation Program, (www.ptsd.va.gov/consult), which is available to providers who treat Veterans with PTSD to obtain consultation on assessment, evidence-based treatment, resources, education and training, and transitioning Veterans to VA care. The program responded to 2,101 consults in 2017, 548 of which were from community providers treating Veterans. Making consultation available to providers outside of VA supports the Veterans Access, Choice, and Accountability Act by enhancing the skills and knowledge of community providers who are treating Veterans with PTSD.
- Expanded the PTSD 101 online continuing education series to support clinicians treating Veterans with PTSD with new courses on shared decision-making, treating PTSD and suicide risk, the neurobiology of PTSD, and conjoint therapy for PTSD.
- Enhanced the care of Veterans with PTSD by launching the first online decision aid for Veterans with PTSD in order to help them learn about effective PTSD treatments and engage in shared decision-making with providers

- Collaborated with over 100 organizations and departments on PTSD Awareness Month and Day to implement a national online and networking campaign to promote raising PTSD awareness centered on the theme of "PTSD Awareness: Learn. Connect. Share." with social media outreach as a main focus.
- Increased the Center's web and social media activity by 42%: website (over 8 million views in 2017), Facebook (138,252 likes), Twitter (34,443 followers), and the PTSD Monthly Update (223,677 subscribers).

2018-2020 Goals

- Conduct a face-to-face workshop for PTSD specialty clinicians to share innovative approaches in suicide prevention efforts and strategies to increase access to effective PTSD treatments in specialty PTSD outpatient and residential programs.
- Continue to expand the VA's National PTSD Brain Bank through strategic partnerships with groups that include potential donors, such as Veteran registries, Service member registries, and medical examiners offices.
- Complete key studies of PTSD treatment, including a large, multi-site study of ketamine for the treatment for PTSD and the CERV-PTSD trial.
- Continue genetics and imaging biomarker studies aimed at providing novel targets for the prevention and treatment of PTSD.
- Initiate a VA Cooperative Study to evaluate sleep medications for PTSD and work with VA's Office of Research and Development to develop more effective medications for PTSD.
- Continue efforts aimed at identifying risk factors for suicide and developing interventions that may help prevent suicidal behavior in Veterans with PTSD.
- Expand strategic partnerships with organizations that enhance the VA's ability to improve Veterans' mental health, including Cohen Veteran's Biosciences and the Bush Institute.
- Promote skill development in VA providers to diagnose PTSD by developing a computer-based training using simulated virtual patient technology that will allow clinicians to practice and receive feedback on giving the CAPS-5 PTSD interview to a lifelike virtual patient.
- Develop an online toolkit for providers working with Veteran patients in rural settings with PTSD. The toolkit will provide clinicians with evidence-based prescribing and psychotherapy guidance, telehealth support tips, access to training and consultation opportunities, and guidance about implementing measurement-based care.
- Conduct 2-3 pilot trainings across the country to train community-based rural providers in using Prolonged Exposure therapy for the treatment of PTSD. The training will also include trainee consultation and supervision.
- Continue enhancements to VetChange, an online self-help site for Veterans concerned about their drinking and PTSD symptoms by adding new functionality to enable integration with in-person clinical care and data connection between platforms.
- Continue to update educational materials to reflect changes to the VA/DoD Clinical Practice Guideline for the Management of PTSD.

- Continue outreach efforts to increase awareness of mental health services and resources, reduce negative perceptions about seeking mental health care for PTSD, and improve mental health literacy among Veterans and their loved ones.

Prosthetics

Prosthetics
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$3,157,136	$3,716,100	$3,574,613	$4,013,800	$3,842,117	$4,202,700	$267,504	$360,583
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$3,157,136	$3,716,100	$3,574,613	$4,013,800	$3,842,117	$4,202,700	$267,504	$360,583
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$11,152	$0	$11,152	($11,152)
Discretionary Obligations [Total]	**$3,157,136**	**$3,716,100**	**$3,574,613**	**$4,013,800**	**$3,853,269**	**$4,202,700**	**$278,656**	**$349,431**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$87	$0	$100	$0	$0	$0	($100)	$0
Medical Care (0172XB)	$14,653	$5,200	$22,103	$5,200	$0	$0	($22,103)	$0
Emergency Hepatitis C (0172XC)	($3)	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($685)	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$14,052**	**$5,200**	**$22,203**	**$5,200**	**$0**	**$0**	**($22,203)**	**$0**
Mandatory Obligations [Total]	**$14,052**	**$5,200**	**$22,203**	**$5,200**	**$0**	**$0**	**($22,203)**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$14,052*	*$5,200*	*$22,203*	*$5,200*	*$11,152*	*$0*	*($11,051)*	*($11,152)*
Obligations [Grand Total]	**$3,171,188**	**$3,721,300**	**$3,596,816**	**$4,019,000**	**$3,853,269**	**$4,202,700**	**$256,453**	**$349,431**

Background

Public Laws and U.S. Code authorizing VA to provide Prosthetic and Sensory Aids (PSAS), and other medical devices, items, and services include 38 CFR 17.150, Sections 1701(6)(F) and 1710.

Program Description

PSAS is the VA integrated delivery system designed to provide medically prescribed prosthetic and sensory aids, medical devices, assistive aids, repairs and services to eligible Veterans to enable them to achieve their highest level of function and maximize their independence. The term "prosthetic device" refers to any device that supports or replaces loss of a body part or function, and includes a full range of equipment and services for Veterans. This includes, but is not limited to: artificial limbs, orthopedic footwear, orthopedic braces and supports, eyeglasses, hearing aids, speech communication aids, cosmetic restorations, breast prostheses, wigs, home oxygen, items that improve accessibility and mobility (e.g., ramps, vehicle modifications, wheelchairs, and mobility aids), and devices surgically placed in the Veteran (e.g., implants, stents, joint

replacements, and pacemakers). PSAS is responsible for the provision of these items from prescription through procurement, delivery, training, replacement, and when necessary, repair.

2017 Prosthetics by Category

Description	Quantity
Home Modifications.....	10,074
Prostheses/Restorations.....	11,410
Dialysis.....	21,765
Beds/Lifts.....	124,099
Limbs.....	240,826
Walking Aids.....	361,988
Implants.....	515,122
Wheeled Mobility.....	699,229
Shoes/Orthoses/Orthotics.....	2,928,641
Misc. Durable Medical Equipment.....	4,679,282
Oxygen/Respiratory.....	16,874,873
Sensory/Neuro Aids.....	21,871,679
Other.....	111,954,275
Grand Total.....	**160,293,263**

2017 Accomplishments

In 2017, VHA PSAS provided 21 million medical items, devices, and services to 3.4 million Veterans. Significant accomplishments include:

- Deployed the Advanced Prosthetics Acquisition Tool (APAT) nationally, enabling PSAS to operate as a high performing network, integrating and upgrading multiple national VA software programs, consolidating processes and documentation, and permitting enterprise level access to the patient prosthetic activity.
- Implemented National Acquisition Strategies and award of the Top 20 Implant Vendor Contracts to standardize acquisition efficiencies and leverage VA's buying power to procure prosthetic items at lower cost while maintaining high quality.
- Reduced open prosthetic consults greater than 30 days by 50% through innovative best practices, development of automation systems and data tools, and establishing a national remote processing team to support facilities with workforce challenges.
- Led VA efforts to implement requirements of the Veterans Mobility Safety Act of 2016 (House Resolution (H.R.) 3471) to expand quality and safety policies and procedures for the Automobile Adaptive Equipment benefit program through solicitation of comments via the Federal Register and organizing a VHA ground-breaking Inter-agency Public Meeting to seek consultative advice.
- Conducted an inter-agency Clothing Allowance Benefit Process Improvement Project to develop programmatic short-term and long-term recommendations for

the Veterans Benefits Administration (VBA) and VHA, resulting in several adopted practices to streamline business processes and establish a Clothing Allowance Field Advisory Committee.

- Improved the interactive analytic budget tool (Variance Report) to more effectively monitor execution of the PSAS specific purpose budget and expenditures for prosthetic devices.
- PSAS supported VA's implementation of the Choice Act and Patient-Centered Community Care (PC3) program through development of prosthetic implementation strategies under the Choice Program.
- Enhanced partnerships with Veterans Service Organizations (VSO)s (e.g., Paralyzed Veterans of America, Disabled American Veterans, Blind Veterans Association) through multiple national trainings, conferences, presentations, and recurring collaborative VSO/ Prosthetic workgroup meetings to address issues and concerns related to the provision of PSAS services across VA.

2018-2020 Goals

- Support the Strategic Analytics for Improvement and Learning (SAIL) VA model by developing a measure under the Access domain related to the timeliness of providing prosthetic devices and sensory aids.
- Develop additional business practice guidelines to streamline operational business processes for procurement of prosthetic appliances.
- Pursue publication of new regulations and update policy documents for PSAS.
- Lead VA efforts to implement requirements of the Veterans Mobility Safety Act of 2016 (H.R. 3471) to expand quality and safety policies and procedures for the Automobile Adaptive Equipment benefit program to increase customer satisfaction and Veteran Safety.
- Deploy additional automation systems and data tools to modernize and standardize PSAS workflows, enhance operational efficiencies, and monitor PSAS performance.
- Continue to refine and develop processes, policies, and guidance that produce more accurate analyses and modeling to project resource requirements, and maintain stringent fiscal accountability for the PSAS specific purpose budget.
- Strengthen PSAS internal controls and improve payment and documentation procedures.
- Remain abreast of emerging technologies and prosthetic devices, and incorporate the provision of such devices as determined by best clinical practices.
- Continue to work with the Community Care Office to develop the next generation of contracts to ensure the provision of prosthetic devices under the Choice Program is managed in an efficient, cost-effective, and patient-centered manner.
- Enhance partnership with VBA to improve processing of the Clothing Allowance and Automobile Adaptive Equipment benefits, and administration of these programs by VHA.
- Continue to improve the partnership with VBA's Adaptive Housing programs, and the processes and timeliness for VHA's Home Improvements and Structural Alterations program.

- Implement additional supply chain management acquisition initiatives to establish the delivery and inventory process for the management of prosthetic items/surgical implants.

Rehabilitation Care

Rehabilitative Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$678,692	$822,521	$701,200	$850,421	$733,900	$784,100	$32,700	$50,200
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$678,692	$822,521	$701,200	$850,421	$733,900	$784,100	$32,700	$50,200
Medical Support & Compliance (0152)	$103,200	$243	$112,400	$243	$119,100	$120,400	$6,700	$1,300
Medical Facilities (0162)	$95,066	$106,636	$117,000	$106,636	$110,300	$94,400	($6,700)	($15,900)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$876,958**	**$929,400**	**$930,600**	**$957,300**	**$963,300**	**$998,900**	**$32,700**	**$35,600**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$12,702	$0	$500	$0	$700	$300	$200	($400)
Medical Support & Compliance (0152XA)	$48	$0	$100	$0	$100	$0	$0	($100)
Medical Facilities (0162XA)	$2,039	$0	$500	$0	$100	$0	($400)	($100)
Section 801 [Subtotal]	**$14,789**	**$0**	**$1,100**	**$0**	**$900**	**$300**	**($200)**	**($600)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$14,789**	**$0**	**$1,100**	**$0**	**$900**	**$300**	**($200)**	**($600)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$891,747**	**$929,400**	**$931,700**	**$957,300**	**$964,200**	**$999,200**	**$32,500**	**$35,000**

VHA provides specialized rehabilitation care and services for Veterans with blindness and spinal cord injuries or disorders, as well as general rehabilitation care as required following medical care treatment.

Blind Rehabilitation Service

Background

Blind Rehabilitation Service (BRS) programs include: inpatient and outpatient blind and vision rehabilitation programs, adjustment to blindness and benefits counseling, patient and family education, and recommendation and training in the use of access technology that supports family and community integration, and the highest level of functional independence. The mission of Spinal Cord Injury and Disorders (SCI/D) Services is to promote the health, independence, quality of life, and productivity of individuals with spinal cord injury and disorders through efficient delivery of acute rehabilitation, psychological, social, vocational, medical, and surgical care, professional training, as well as patient and family education.

Public Laws and U.S. Code governing rehabilitation provided by Blind Rehabilitation Service include:

Public Law 109–461, Section 207
Establishes 35 new Blind Rehabilitation Outpatient Specialist positions.

Public Law 111–163, section 7501
Establishes a scholarship program leading to a degree or certificate in visual impairment or orientation and mobility rehabilitation.

Public Law 114–223, Section 250
Changes to beneficiary travel funding for Veterans who receive care in rehabilitation centers and clinics provided through special disabilities rehabilitation program of the Department.

Program Description
The mission of Blind Rehabilitation Service (BRS) is to assist eligible blind and visually impaired Veterans and Service members in developing the skills needed for personal independence and successful reintegration into the community and family environment. BRS programs include inpatient and outpatient blind and vision rehabilitation programs, adjustment to blindness and benefits counseling, patient and family education, as well as selection and training in the use of access technology that supports independence and integration.

Rehabilitation in BRS is patient-centered and interdisciplinary, developing and deploying integrated plans of care that address the Veterans' needs and goals to guide service delivery. Family members, included as members of the team, are provided with education and training that allows them to understand visual impairment and provide support for goal achievement. The specialized blind rehabilitation database provides a mechanism for coordinating system-wide care, management and data analyses. BRS personnel evaluate and determine best practices for selecting, training and providing Veterans with cutting-edge technology for peak performance. BRS programs provide a model of care that extends from the Veteran's home to the local VA care site, regional low vision clinics, and lodger and inpatient training programs. Components of the model include the following.

- 13 inpatient blind rehabilitation centers;
- 9 outpatient blind rehabilitation clinics;
- 44 low vision clinics;
- 166 blindness case managers (e.g., Visual Impairment Services Team (VIST) Coordinators) for severely disabled blind Veterans; and
- 93 Blind Rehabilitation Outpatient Specialists (BROS) who provide care to VA medical facilities and in Veterans' homes. BROS are assigned at Polytrauma Centers and other sites of care to support the care of Service members and Veterans whose injuries and disorders include vision loss.

2017 Accomplishments

- Clinical Video Telehealth (CVT) BRS services in the home have expanded, a 53% increase in CVT to home encounters, both VIST and Visual Impairment Services Outpatient Rehabilitation (VISOR) encounters have nearly doubled over 2016.
- BRS developed templates / tables that will be used as guidance for further development of telehealth training modules.
- Revised three policy documents, the BRC Directive, VIST Directive, and Outpatient Clinics Directive.
- In partnership with Employee Education Services (EES), developed and provided a National Blind Rehabilitation Conference that received the highest accolades for a national conference.
- In partnership with Workforce Management, selected the Visual Impairment and Orientation and Mobility Professional Scholarship Program (VIOMPSP) scholars and placed graduated scholars in BRS programs. To date, 26 scholars are in their professional training, and 11 scholar graduates have been place in BRS programs.
- Deployed quarterly BRS Journal Club webinars.
- In partnership with EES, developed Monthly Education Conference Calls, accredited by Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP). Accreditation required pre-planning, identifying abstract objectives, and ensuring course work meets ACVREP classification requirements. Topics support practice in VHA BRS programs, as well as important VHA initiatives such as Suicide Prevention, etc.
- Supported ACVREP accreditation for continuing education in BRS programs. Provided leadership to plan and implement and BRS Educational Needs Assessment Surveys. Excellent employee engagement and participation in survey-302 BRS participants.
- Facilitated a new partnership with the VA Accreditation Office new processes to ensure payment of an annual fee, ease of registration, and tracking of ACVREP Continuing Education Units (CEUs). Successfully completed renew the application for ACVREP, and achieved renewal status for the next three years.
- Provided 92.5 hours of ACVREP Continuing Education (CE). This CE accredited by ACVREP is required for re-certification every five years.
- Partnered with Office of Academic Affiliation (OAA) / BRS trainee and stipend program to facilitate development of successful student programs.
- Developed and deployed BRS newsletter.
- Worked extensively this year to assure that blinded Veterans' access needs were addressed through the following
    - a. Partnered with other VA offices to assure that Veterans can read policy documents, appointment letters, information from the medical facility, etc. in their preferred medium.
    - b. Partnered with CBO/VPS to examine kiosk accessibility; a test by VPS personnel with a blind Veteran with excellent computer skills deemed that kiosks are NOT accessible. A kiosk deep-dive that was completed by this office with Veterans who are blind or have low vision in 2015 provided information on specific issues, concerns, and frustrations that Veterans face when attempting to check in at kiosks.

    - c. Partnered with Pharmacy, IT, and vendors to assure Veteran access to the full 10 kilobit of memory available in an audible prescription reading device on contract for Veterans who are blind or have low vision. The new patch is being tested at three BRS program sites.
- BRS has worked to shorten wait times for Veterans who are blind or have low vision and receive care in VHA programs; admission to inpatient Blind Rehabilitation Center (BRC): 66.1 days in 2016, 67.5 days in 2017 (down from 111 days in 2011).
- Wait time in 2017 (through 9/27/17) outpatient BRS services for established, scheduled patients from 0-30 days of patients' desired appointments were:
  - 96.8% for advanced low vision clinic appointments,
  - 96.5% for intermediate low vision clinic appointments,
  - 95.9% of VISOR hospital clinic appointments,
  - 99.3% of BROS clinic appointments,
  - 99.2% for VIST Coordinator appointments.

2018-2020 Goals

- Explore, promote, develop, and manage partnerships with National Veterans Sports Programs and Special Events; inform the field and foster BRS involvement.
- Pursue opportunities to strategically partner and create collaborations within VA as well as with community stakeholders to promote Veterans' choice.
- Strengthen BRS foundational programs that have no equivalent in the private sector, e.g., inpatient blind rehabilitation centers, outpatient hospital clinics, Visual Impairment Services Team (VIST) programs, in every health care system.
- Evaluate and deploy best practice assessments, outcomes, evaluation, and interventions (including technology) to improve timeliness, access, and outcomes of blind rehabilitation.
- In partnership with EES, provide continuing education units recognized and required by the credentialing organization, Academy for the Certification of Vision Rehabilitation and Education Professionals, for educational offerings provided to staff via national teleconference training sessions.
- Partner with VHA Healthcare Talent Management Office to facilitate and manage the Visually Impaired Orientation and Mobility Professionals Scholarship Program (VIOMPSP), placing graduates in BRS programmatic positions.
- Improve Veteran access to blind rehabilitation services, opportunities for connected health, and enhance service delivery and efficiency through telerehabilitation. Partner with Clinical Video Telehealth to evaluate and deploy technology for providing care in blinded Veterans' homes. Their inability to drive is a barrier to attending intermittent visits for blind and vision rehabilitation care at a VA medical facility.
- Partner with PSAS to evaluate the burgeoning technology provided in head-mounted devices that magnify, read, recognize faces, and provide remotely viewing agents to assist blind Veterans in their daily tasks.
- Partner with PSAS to publish regulations specific to prosthetic devices for blinded Veterans in the Federal Register.

- Develop and deploy an evidence-based therapy curriculum in outpatient clinics to strengthen the care in those programs, evaluate productivity, provide feedback, and assure productivity by measuring outcomes at the specific goal level.

Spinal Cord Injury and Disorders

Background

The mission and commitment of the VA Spinal Cord Injuries and Disorders (SCI/D) System of Care for Veterans with SCI/D is to support and maintain their health, independence, quality of life, and productivity from initial injury or illness through their lifespan. The program is supported by Public Law 114-223 (report inpatient capacity (beds and staffing) of the SCI/D program to Congress) and VHA Directives/Handbooks (VHA Directive 1176 ("Spinal Cord Injury and Disorders System of Care", October 1, 2010), VHA Directive 1176.01 ("Spinal Cord Injury and Disorders System of Care", February 8, 2011), VHA Directive 2008-085 ("Spinal Cord Injury Center Staffing and Beds", December 18, 2008), VHA Handbook 1176.02 ("Spinal Cord Injury and Disorders Extended Care Services", June 13, 2007), and VHA Directive 2011-032 ("Availability of Medical and Surgical Supply Products for Veterans with Spinal Cord Injury/Disorder", August 22, 2011).

Program Description

The VA SCI/D System of Care is organizationally designed as a "hub-and-spokes" model in which strategic centralization of comprehensive care is provided at 24 regional SCI/D Centers (hubs) and basic services are delivered at VA Medical Centers that do not have SCI/D Centers (spokes). The SCI/D Centers provide the full spectrum of SCI/D specialty and primary care delivered by interdisciplinary teams. SCI/D spoke Patient Aligned Care Teams (SCI/D PACTs) provide primary care and limited specialty care by providers that have received focused SCI/D education. Several inter-connected SCI/D programs and activities coordinate and extend care, including SCI/D telehealth, SCI/D home care, and non-institutional care programs.

VA's SCI/D System of Care provides the full continuum of Veteran-focused, interdisciplinary team-based lifelong care, including state-of-the-science acute rehabilitation; sustaining medical/surgical treatment; primary and preventive care, including annual evaluations, provisions for prosthetics, and durable medical equipment; and unique SCI/D care such as ventilator management, home-based care, telehealth, SCI/D Center directed home and community-based services, respite care, long-term care, and end-of-life care. There are also dedicated institutional SCI/D long-term care units at six SCI/D Centers.

2017 Accomplishments

- Following major transitions in the SCI/D National Program Office, a permanent Executive Director was selected in 2017. Subsequently, crucial vacancies in the program office were filled.

- A major focus in 2017 was to update, rewrite, and consolidate all SCI/D directives and handbooks into one directive. The updated directive will be easier to use than five separate documents and clarifies requirements in the SCI/D System of Care.
- To improve communication and enhance collaboration with the Paralyzed Veterans of America (PVA), a face-to-face conference was held that brought together leadership from PVA, VHA, SCI/D National Program Office and SCI/D Centers.
- To improve communication, clarify expectations, and assist in problem solving, the Executive Director and Deputy Executive Director visited approximately 25% of the SCI/D Centers in the last two quarters of 2017.
- In collaboration with the Office of Nursing Services and PVA, a SCI/D nurse staffing methodology was finalized and deployed for implementation nationally to the SCI/D System of Care.
- In collaboration with the Office of Construction and Facilities Management and HDR Architecture Inc., planning and development of the SCI/D Design Guide were started and site visits to SCI/D Centers were completed.

2018-2020 Goals

- Continue development of a methodology to meet the new Public Law 114-223 reporting requirements on inpatient staffing and bed capacity in SCI/D Centers.
- Continue collaborations with the Office of Nursing Services (ONS) to implement the new nurse staffing methodology for SCI/D to ensure safe, quality inpatient care for Veterans admitted to SCI/D inpatient units.
- Pursue publication of the new SCI/D directive and implement the directive with a particular focus on fully staffing SCI/D home care programs and SCI/D outpatient care in SCI/D Centers and SCI/D PACTs in SCI/D spokes.
- Develop a strategy to integrate and implement Whole Health components in the SCI/D System of Care.
- Assess the use of telehealth in the SCI/D System of Care and develop a strategy to enhance virtual care to expand the reach of Veteran-centric SCI/D specialty care.
- Begin operationalization of SCI/D Think Tanks, which will serve as a forum for SCI/D leadership to define and pursue operational priorities and innovative practices in access to and quality of care, the patient experience, quality of life, patient safety, and coordination of care.
- Implement actions to modernize and enhance the SCI/D Registry and Outcomes effort:
    - Create a new Corporate Data Warehouse-generated SCI/D national registry, based on existing data comparison results.
    - Release a SCI/D Registry Information and Technology (IT) platform user interface that can be used by SCI/D Centers.
    - Engage with VHA Analytics and other VHA performance metric work groups to explore SCI/D specific SAIL or other performance measure tool development and IT platform/user interface.
- Continue site visits by the SCI/D National Program Office to SCI/D Centers.
- Continue collaboration and development of the SCI/D Design Guide

Congressional Reports

Public Law 114-223 requires reporting of staffing and beds in SCI/D Centers established in Section 1706(b)(5)(A) of title 38, United States Code (passed in 1996, expired in 2008, reinstated reporting requirement in 2016).

Long-Term Services and Supports (LTSS)

VA provides a wide range of long-term services and supports including geriatric outpatient programs, home and community-based LTSS, and end-of-life services. These services are provided in multiple venues, including VA Community Living Centers (CLCs), Community Nursing Homes (CNHs), State Veterans Homes (SVHs), and home and other community-based settings. The following charts show obligations and associated workload for each LTSS program.

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Obligations ($000)								
Institutional								
Community Nursing Home	$906,792	$1,032,400	$933,289	$1,104,700	$1,006,451	$1,077,034	$73,162	$70,583
State Home Domiciliary	$58,086	$54,400	$54,400	$54,206	$61,764	$61,196	$7,364	($568)
State Home Nursing	$1,254,048	$1,290,362	$1,226,226	$1,367,993	$1,247,009	$1,276,275	$20,783	$29,266
VA Community Living Centers	$3,557,504	$3,696,700	$3,706,200	$3,844,600	$3,853,300	$3,992,800	$147,100	$139,500
Institutional Obligations [Total]	$5,776,430	$6,073,862	$5,920,115	$6,371,499	$6,168,524	$6,407,305	$248,409	$238,781
Non-Institutional								
Community Adult Day Health Care	$114,371	$107,500	$123,300	$115,000	$132,600	$141,600	$9,300	$9,000
Community Residential Care	$124,041	$130,500	$120,300	$130,500	$120,500	$121,000	$200	$500
Home Hospice Care	$91,142	$120,400	$94,600	$127,000	$98,000	$101,200	$3,400	$3,200
Home Respite Care	$54,309	$75,300	$58,400	$80,600	$62,600	$67,000	$4,200	$4,400
Home Telehealth	$244,157	$263,900	$254,664	$277,100	$261,608	$266,775	$6,944	$5,167
Home-Based Primary Care	$734,042	$824,000	$816,800	$898,200	$875,691	$920,100	$58,891	$44,409
Homemaker/Home Health Aide Prgs.	$723,073	$804,400	$817,700	$892,900	$873,385	$918,700	$55,685	$45,315
Purchased Skilled Home Care	$364,807	$392,200	$382,500	$407,900	$400,100	$417,800	$17,600	$17,700
Spinal Cord Injury & Disability Home Care	$10,480	$12,200	$10,900	$12,700	$11,400	$11,900	$500	$500
State Home Adult Day Health Care	$1,562	$1,195	$1,195	$1,317	$1,322	$1,417	$127	$95
VA Adult Day Health Care	$17,276	$16,200	$17,900	$16,800	$18,600	$19,300	$700	$700
Non-Institutional Obligations [Total]	$2,479,260	$2,747,795	$2,698,259	$2,960,017	$2,855,806	$2,986,792	$157,547	$130,986
Long-Term Services & Supports Obligations [Total]	$8,255,690	$8,821,657	$8,618,374	$9,331,516	$9,024,330	$9,394,097	$405,956	$369,767
Institutional Average Daily Census								
Community Nursing Home	9,251	9,614	9,671	10,035	10,090	10,481	419	391
State Home Domiciliary	3,763	3,783	3,764	3,783	3,764	3,754	0	(10)
State Home Nursing	20,582	20,930	20,741	21,089	20,900	21,001	159	101
VA Community Living Centers	9,047	8,694	8,983	8,487	8,877	8,779	(106)	(98)
Institutional Average Daily Census [Total]	42,643	43,021	43,159	43,394	43,631	44,016	472	385
Institutional Per Diem								
Community Nursing Home	$267.82	$294.21	$264.40	$301.60	$273.28	$280.76	$8.88	$7.48
State Home Domiciliary	$42.17	$39.40	$39.60	$39.26	$44.96	$44.53	$5.36	($0.43)
State Home Nursing	$166.47	$168.91	$161.98	$177.72	$163.47	$166.04	$1.49	$2.57
VA Community Living Centers	$1,074.35	$1,164.94	$1,130.32	$1,241.09	$1,189.25	$1,242.60	$58.93	$53.35
Institutional Per Diem [Total]	$370.11	$386.80	$375.81	$402.27	$387.34	$397.72	$11.53	$10.38

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Nursing Home Average Daily Census, Long & Short Stay								
Community Nursing Home								
Long Stay	7,421	7,702	7,730	8,011	8,038	8,324	308	286
Short Stay	1,830	1,912	1,941	2,024	2,052	2,157	111	105
Community Nursing Home Stays [Total]	9,251	9,614	9,671	10,035	10,090	10,481	419	391
State Home Nursing								
Long Stay	19,616	20,037	19,764	20,185	19,912	20,005	148	93
Short Stay	966	893	977	904	988	996	11	8
State Nursing Home Stays [Total]	20,582	20,930	20,741	21,089	20,900	21,001	159	101
VA Community Living Centers								
Long Stay	6,731	6,414	6,682	6,230	6,603	6,530	(79)	(73)
Short Stay	2,316	2,280	2,301	2,257	2,274	2,249	(27)	(25)
VA Community Living Centers Stays [Total]	9,047	8,694	8,983	8,487	8,877	8,779	(106)	(98)
All Nursing Home Average Daily Census, Long & Short Stay [Grand Total]	38,880	39,238	39,395	39,611	39,867	40,262	472	395
Nursing Home Average Daily Census by Age								
Community Nursing Home								
< 65	1,226	1,262	1,209	1,279	1,238	1,259	29	21
65 to 84	5,541	5,769	5,890	6,071	6,177	6,452	287	275
> 84	2,484	2,583	2,572	2,685	2,675	2,770	103	95
Community Nursing Home Stays [Total]	9,251	9,614	9,671	10,035	10,090	10,481	419	391
State Home Nursing								
< 65	1,161	1,064	1,046	1,041	1,040	1,025	(6)	(15)
65 to 84	9,733	10,004	9,891	10,107	9,976	10,039	85	63
> 84	9,688	9,862	9,803	9,941	9,884	9,937	81	53
State Home Nursing Stays [Total]	20,582	20,930	20,741	21,089	20,900	21,001	159	101
VA Community Living Centers								
< 65	1,601	1,459	1,517	1,377	1,479	1,437	(38)	(42)
65 to 84	5,370	5,280	5,395	5,203	5,346	5,309	(49)	(37)
> 84	2,076	1,955	2,071	1,907	2,052	2,034	(19)	(18)
VA Community Living Centers Stays [Total]	9,047	8,694	8,983	8,487	8,877	8,779	(106)	(98)
All Nursing Home Average Daily Census by Age [Grand Total]	38,880	39,238	39,395	39,611	39,867	40,262	472	395
Nursing Home Average Daily Census by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	7,447	7,666	7,789	7,987	8,130	8,447	341	317
Non-Service Connected	720	1,168	735	1,236	760	783	25	23
Service-Connected	1,084	780	1,147	812	1,200	1,252	53	52
Community Nursing Home Stays [Total]	9,251	9,614	9,671	10,035	10,090	10,481	419	391
State Home Nursing								
Priority 1A	3,964	4,006	4,222	4,148	4,334	4,441	112	107
Non-Service Connected	3,644	13,302	3,694	13,297	3,733	3,760	39	27
Service-Connected	12,974	3,622	12,824	3,644	12,833	12,800	9	(33)
State Home Nursing Stays [Total]	20,582	20,930	20,741	21,089	20,900	21,001	159	101
VA Community Living Centers								
Priority 1A	5,150	4,953	5,151	4,852	5,102	5,058	(49)	(44)
Non-Service Connected	1,278	2,505	1,251	2,436	1,230	1,210	(21)	(20)
Service-Connected	2,619	1,236	2,581	1,199	2,545	2,511	(36)	(34)
VA Community Living Centers Stays [Total]	9,047	8,694	8,983	8,487	8,877	8,779	(106)	(98)
All Nursing Home Stays by Priority 1A, SC & Non-SC [Total]	38,880	39,238	39,395	39,611	39,867	40,262	472	395

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Patients Treated by Long & Short Stay								
Community Nursing Home								
Long Stay	10,521	10,759	10,964	11,202	11,407	11,850	443	443
Short Stay	24,639	25,363	26,149	26,873	27,659	29,169	1,510	1,510
Community Nursing Home Patients Trtd., [Total]	35,160	36,122	37,113	38,075	39,066	41,019	1,953	1,953
State Home Nursing								
Long Stay	24,364	25,096	24,594	25,326	24,824	25,054	230	230
Short Stay	8,049	7,658	8,139	7,748	8,229	8,319	90	90
State Home Nursing Patients Trtd., [Total]	32,413	32,754	32,733	33,074	33,053	33,373	320	320
VA Community Living Centers								
Long Stay	9,734	9,210	9,468	8,944	9,202	8,936	(266)	(266)
Short Stay	36,641	36,933	36,555	36,847	36,469	36,383	(86)	(86)
VA Community Living Centers Patients Trtd., [Total]	46,375	46,143	46,023	45,791	45,671	45,319	(352)	(352)
Grand Total Patients Treated by Long & Short Stay	113,948	115,019	115,869	116,940	117,790	119,711	1,921	1,921
Patients Treated by Age								
Community Nursing Home								
< 65	5,365	5,288	5,210	5,252	5,087	5,013	(123)	(74)
65 to 84	20,391	21,180	21,992	22,640	23,559	25,076	1,567	1,517
> 84	9,404	9,654	9,911	10,183	10,420	10,930	509	510
Community Nursing Home Stays [Total]	35,160	36,122	37,113	38,075	39,066	41,019	1,953	1,953
State Home Nursing								
< 65	1,643	1,377	1,535	1,246	1,440	1,361	(95)	(79)
65 to 84	15,333	15,750	15,588	16,005	15,831	16,062	243	231
> 84	15,437	15,627	15,610	15,823	15,782	15,950	172	168
State Home Nursing Stays [Total]	32,413	32,754	32,733	33,074	33,053	33,373	320	320
VA Community Living Centers								
< 65	9,684	8,391	8,993	7,512	8,344	7,773	(649)	(571)
65 to 84	26,676	27,837	26,908	28,367	27,111	27,259	203	148
> 84	10,015	9,915	10,122	9,912	10,216	10,287	94	71
VA Community Living Centers Stays [Total]	46,375	46,143	46,023	45,791	45,671	45,319	(352)	(352)
All Patients Treated by Age [Grand Total]	113,948	115,019	115,869	116,940	117,790	119,711	1,921	1,921
Patients Treated by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	21,166	21,337	22,342	22,591	23,518	24,693	1,176	1,175
Non-Service Connected	9,562	10,008	4,678	10,481	4,924	5,171	246	247
Service-Connected	4,432	4,777	10,093	5,003	10,624	11,155	531	531
Community Nursing Home Stays [Total]	35,160	36,122	37,113	38,075	39,066	41,019	1,953	1,953
State Home Nursing								
Priority 1A	6,373	7,050	6,436	7,608	6,499	6,562	63	63
Non-Service Connected	20,333	19,919	5,763	19,624	5,820	5,876	57	56
Service-Connected	5,707	5,785	20,534	5,842	20,734	20,935	200	201
State Home Nursing Stays [Total]	32,413	32,754	32,733	33,074	33,053	33,373	320	320
VA Community Living Centers								
Priority 1A	16,921	16,924	16,793	17,004	16,664	16,536	(129)	(128)
Non-Service Connected	20,358	20,443	9,027	20,163	8,958	8,889	(69)	(69)
Service-Connected	9,096	8,776	20,203	8,624	20,049	19,894	(154)	(155)
VA Community Living Centers Stays [Total]	46,375	46,143	46,023	45,791	45,671	45,319	(352)	(352)
All Patients Treated by Priority 1A, SC & Non-SC [Total]	113,948	115,019	115,869	116,940	117,790	119,711	1,921	1,921

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Length of Stay by Long & Short Stay								
Community Nursing Home								
Long Stay	258.2	261.3	257.3	261.0	257.2	257.1	(0.1)	(0.1)
Short Stay	27.2	27.5	27.1	27.5	27.1	27.1	-	-
Community Nursing Home Length of Stay	96.3	97.1	95.1	96.2	94.3	93.5	(0.8)	(0.8)
State Home Nursing								
Long Stay	294.7	291.4	293.3	290.9	292.8	292.2	(0.5)	(0.6)
Short Stay	43.9	42.6	43.8	42.6	43.8	43.8	-	-
State Home Nursing Length of Stay	232.4	233.2	231.3	232.7	230.8	230.3	(0.5)	(0.5)
VA Community Living Centers								
Long Stay	253.1	254.2	257.6	254.2	261.9	267.5	4.3	5.6
Short Stay	23.1	22.5	23.0	22.4	22.8	22.6	(0.2)	(0.2)
VA Community Living Centers Length of Stay	71.4	68.8	71.2	67.6	70.9	70.9	(0.3)	-
Grand Total Length of Stay by Long & Short Stay	124.9	124.5	124.1	123.6	123.5	123.1	(0.6)	(0.4)
Length of Stay by Age								
Community Nursing Home								
< 65	83.6	87.1	84.7	88.9	88.8	91.9	4.1	3.1
65 to 84	99.5	99.4	97.8	97.9	95.7	94.2	(2.1)	(1.5)
> 84	96.7	97.7	94.7	96.2	93.7	92.7	(1.0)	(1.0)
Community Nursing Home Length of Stay [Total]	96.3	97.1	95.1	96.2	94.3	93.5	(0.8)	(0.8)
State Home Nursing								
< 65	258.6	282.0	248.8	304.9	263.6	275.7	14.8	12.1
65 to 84	232.3	231.8	231.6	230.5	230.0	228.7	(1.6)	(1.3)
> 84	229.7	230.3	229.2	229.3	228.6	228.0	(0.6)	(0.6)
State Home Nursing Length of Stay [Total]	232.4	233.2	231.3	232.7	230.8	230.3	(0.5)	(0.5)
VA Community Living Centers								
< 65	60.5	63.5	61.6	66.9	64.7	67.6	3.1	2.9
65 to 84	73.7	69.2	73.2	66.9	72.0	71.3	(1.2)	(0.7)
> 84	75.9	72.0	74.7	70.2	73.3	72.4	(1.4)	(0.9)
VA Community Living Centers Length of Stay [Total]	71.4	68.8	71.2	67.6	70.9	70.9	(0.3)	-
Grand Total Length of Stay by Age	124.9	124.5	124.1	123.6	123.5	123.1	(0.6)	(0.4)
Length of Stay by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	128.8	131.1	127.2	129.0	126.2	125.2	(1.0)	(1.0)
Non-Service Connected	27.6	42.6	57.3	43.0	56.3	55.4	(1.0)	(0.9)
Service-Connected	89.5	59.6	41.5	59.2	41.2	41.1	(0.3)	(0.1)
Community Nursing Home Length of Stay [Total]	96.3	97.1	95.1	96.2	94.3	93.5	(0.8)	(0.8)
State Home Nursing								
Priority 1A	227.7	207.4	239.5	199.0	243.4	247.7	3.9	4.3
Non-Service Connected	65.6	243.7	234.0	247.3	234.1	234.2	0.1	0.1
Service-Connected	832.0	228.5	228.0	227.7	225.9	223.8	(2.1)	(2.1)
State Home Nursing Length of Stay [Total]	232.4	233.2	231.3	232.7	230.8	230.3	(0.5)	(0.5)
VA Community Living Centers								
Priority 1A	111.4	106.8	112.0	104.2	111.8	112.0	(0.2)	0.2
Non-Service Connected	23.0	44.7	50.6	44.1	50.1	49.8	(0.5)	(0.3)
Service-Connected	105.4	51.4	46.6	50.7	46.3	46.2	(0.3)	(0.1)
VA Community Living Centers Length of Stay [Total]	71.4	68.8	71.2	67.6	70.9	70.9	(0.3)	-
Grand Totall Length of Stay by Priority 1A, SC & Non-SC [Total]	124.9	124.5	124.1	123.6	123.5	123.1	(0.6)	(0.4)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Obligations by Long & Short Stay								
Community Nursing Home								
Long Stay	$716,816	$812,128	$734,930	$869,002	$789,743	$842,373	$54,813	$52,630
Short Stay	$189,976	$220,272	$198,359	$235,698	$216,708	$234,660	$18,349	$17,952
Community Nursing Home Patients Trtd., [Total]	$906,792	$1,032,400	$933,289	$1,104,700	$1,006,451	$1,077,034	$73,162	$70,583
State Home Nursing								
Long Stay	$1,192,095	$1,235,858	$1,164,999	$1,310,210	$1,184,534	$1,212,121	$19,535	$27,587
Short Stay	$61,953	$54,504	$61,227	$57,783	$62,475	$64,154	$1,248	$1,679
State Home Nursing Patients Trtd., [Total]	$1,254,048	$1,290,362	$1,226,226	$1,367,993	$1,247,009	$1,276,275	$20,783	$29,266
VA Community Living Centers								
Long Stay	$2,489,672	$2,543,698	$2,592,874	$2,645,468	$2,695,468	$2,793,355	$102,594	$97,887
Short Stay	$1,067,832	$1,153,002	$1,113,326	$1,199,132	$1,157,832	$1,199,445	$44,506	$41,613
VA Community Living Centers Patients Trtd., [Total]	$3,557,504	$3,696,700	$3,706,200	$3,844,600	$3,853,300	$3,992,800	$147,100	$139,500
Grand Total Obligations by Long & Short Stay [Total]	$5,718,344	$6,019,462	$5,865,715	$6,317,293	$6,106,760	$6,346,109	$241,045	$239,349
Obligations by Age								
Community Nursing Home								
< 65	$127,516	$142,495	$123,879	$152,474	$131,108	$144,684	$7,229	$13,576
65 to 84	$546,829	$626,639	$572,431	$670,523	$620,517	$703,407	$48,086	$82,890
> 84	$232,447	$263,266	$236,979	$281,703	$254,826	$286,274	$17,847	$31,448
Community Nursing Home Obligations [Total]	$906,792	$1,032,400	$933,289	$1,104,700	$1,006,451	$1,077,034	$73,162	$70,583
State Home Nursing								
< 65	$68,180	$68,288	$60,117	$72,396	$60,280	$66,473	$163	$6,193
65 to 84	$604,687	$624,891	$591,179	$662,486	$601,746	$677,296	$10,567	$75,550
> 84	$581,181	$597,183	$574,930	$633,111	$584,983	$657,853	$10,053	$72,870
State Home Nursing Obligations [Total]	$1,254,048	$1,290,362	$1,226,226	$1,367,993	$1,247,009	$1,276,275	$20,783	$29,266
VA Community Living Centers								
< 65	$661,653	$654,849	$657,822	$681,049	$674,804	$655,677	$16,982	($19,127)
65 to 84	$2,120,390	$2,251,833	$2,235,958	$2,341,925	$2,331,461	$2,314,973	$95,503	($16,488)
> 84	$775,461	$790,018	$812,420	$821,626	$847,035	$839,472	$34,615	($7,563)
VA Community Living Centers Obligations [Total]	$3,557,504	$3,696,700	$3,706,200	$3,844,600	$3,853,300	$3,992,800	$147,100	$139,500
Grand Total Obligations by Age	$5,718,344	$6,019,462	$5,865,715	$6,317,293	$6,106,760	$6,346,109	$241,045	$239,349
Obligations by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	$738,326	$831,995	$761,182	$890,260	$821,500	$879,684	$60,318	$58,184
Non-Service Connected	$99,853	$118,826	$100,529	$127,148	$107,487	$114,084	$6,958	$6,597
Service-Connected	$68,613	$81,579	$71,578	$87,292	$77,464	$83,266	$5,886	$5,802
Community Nursing Home Obligations [Total]	$906,792	$1,032,400	$933,289	$1,104,700	$1,006,451	$1,077,034	$73,162	$70,583
State Home Nursing								
Priority 1A	$265,988	$269,522	$273,486	$285,737	$281,986	$292,885	$8,500	$10,899
Non-Service Connected	$771,222	$796,974	$745,848	$844,922	$757,071	$773,092	$11,223	$16,021
Service-Connected	$216,838	$223,866	$206,892	$237,334	$207,952	$210,297	$1,060	$2,345
State Home Nursing Obligations [Total]	$1,254,048	$1,290,362	$1,226,226	$1,367,993	$1,247,009	$1,276,275	$20,783	$29,266
VA Community Living Centers								
Priority 1A	$1,945,353	$2,009,155	$2,044,422	$2,089,539	$2,131,679	$2,215,887	$87,257	$84,208
Non-Service Connected	$1,095,702	$1,141,501	$1,126,789	$1,187,171	$1,166,142	$1,202,477	$39,353	$36,335
Service-Connected	$516,449	$546,044	$534,989	$567,890	$555,479	$574,436	$20,490	$18,957
VA Community Living Centers Obligations [Total]	$3,557,504	$3,696,700	$3,706,200	$3,844,600	$3,853,300	$3,992,800	$147,100	$139,500
Obligations by Priority 1A, SC & Non-SC [Total]	$5,718,344	$6,019,462	$5,865,715	$6,317,293	$6,106,760	$6,346,109	$241,045	$239,349

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Per Diems by Long & Short Stay								
Community Nursing Home								
Long Stay	$263.92	$288.89	$260.48	$297.19	$269.18	$276.50	$8.70	$7.32
Short Stay	$283.64	$315.63	$279.99	$319.05	$289.34	$297.20	$9.35	$7.86
Community Nursing Home Patients Trtd., [Total]	$267.82	$294.21	$264.40	$301.60	$273.28	$280.76	$8.88	$7.48
State Home Nursing								
Long Stay	$166.04	$168.98	$161.50	$177.84	$162.98	$165.55	$1.48	$2.57
Short Stay	$175.23	$167.22	$171.67	$175.12	$173.24	$175.98	$1.57	$2.74
State Home Nursing Patients Trtd., [Total]	$166.47	$168.91	$161.98	$177.72	$163.47	$166.04	$1.49	$2.57
VA Community Living Centers								
Long Stay	$1,010.60	$1,086.54	$1,063.14	$1,163.38	$1,118.41	$1,168.75	$55.27	$50.34
Short Stay	$1,259.62	$1,385.49	$1,325.35	$1,455.60	$1,394.96	$1,457.00	$69.61	$62.04
VA Community Living Centers Patients Trtd., [Total]	$1,074.35	$1,164.94	$1,130.32	$1,241.09	$1,189.25	$1,242.60	$58.93	$53.35
Overall Per Diem by Long & Short Stay	$401.85	$420.30	$407.93	$436.94	$419.67	$430.66	$11.74	$10.99
Per Diem by Age								
Community Nursing Home								
< 65	$284.18	$309.35	$280.65	$326.61	$290.15	$313.93	$9.50	$23.78
65 to 84	$269.64	$297.59	$266.28	$302.59	$275.22	$297.86	$8.94	$22.64
> 84	$255.68	$279.24	$252.45	$287.44	$260.99	$282.39	$8.54	$21.40
Community Nursing Home Overall Per Diem	$267.82	$294.21	$264.40	$301.60	$273.28	$280.76	$8.88	$7.48
State Home Nursing								
< 65	$160.45	$175.84	$157.39	$190.53	$158.80	$177.18	$1.41	$18.38
65 to 84	$169.75	$171.13	$163.75	$179.58	$165.26	$184.34	$1.51	$19.08
> 84	$163.91	$165.90	$160.67	$174.48	$162.15	$180.88	$1.48	$18.73
State Home Nursing Overall Per Diem	$166.47	$168.91	$161.98	$177.72	$163.47	$166.04	$1.49	$2.57
VA Community Living Centers								
< 65	$1,128.84	$1,229.68	$1,188.32	$1,355.04	$1,250.02	$1,246.97	$61.70	($3.05)
65 to 84	$1,078.80	$1,168.45	$1,135.40	$1,233.18	$1,194.83	$1,191.44	$59.43	($3.39)
> 84	$1,020.82	$1,107.13	$1,074.61	$1,180.40	$1,130.92	$1,127.65	$56.31	($3.27)
VA Community Living Centers Overall Per Diem	$1,074.35	$1,164.94	$1,130.32	$1,241.09	$1,189.25	$1,242.60	$58.93	$53.35
Overall Per Diem by Age	$401.85	$420.30	$407.93	$436.94	$419.67	$430.66	$11.74	$10.99
Per Diem by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	$270.89	$297.34	$267.74	$305.38	$276.84	$284.55	$9.10	$7.71
Non-Service Connected	$378.92	$278.72	$374.80	$281.84	$387.48	$398.33	$12.68	$10.85
Service-Connected	$172.94	$286.54	$170.97	$294.53	$176.86	$181.71	$5.89	$4.85
Community Nursing Home Overall Per Diem	$267.82	$294.21	$264.40	$301.60	$273.28	$280.76	$8.88	$7.48
State Home Nursing								
Priority 1A	$183.34	$184.33	$177.45	$188.73	$178.26	$180.21	$0.81	$1.95
Non-Service Connected	$578.26	$164.15	$553.17	$174.09	$555.63	$561.79	$2.46	$6.16
Service-Connected	$45.66	$169.34	$44.20	$178.44	$44.40	$44.89	$0.20	$0.49
State Home Nursing Overall Per Diem	$166.47	$168.91	$161.98	$177.72	$163.47	$166.04	$1.49	$2.57
VA Community Living Centers								
Priority 1A	$1,031.97	$1,111.35	$1,087.45	$1,179.88	$1,144.69	$1,196.91	$57.24	$52.22
Non-Service Connected	$2,342.28	$1,248.46	$2,467.19	$1,335.19	$2,597.49	$2,715.54	$130.30	$118.05
Service-Connected	$538.85	$1,210.36	$567.82	$1,297.63	$597.98	$624.98	$30.16	$27.00
VA Community Living Centers Overall Per Diem	$1,074.35	$1,164.94	$1,130.32	$1,241.09	$1,189.25	$1,242.60	$58.93	$53.35
Overall Per Diem for Priority 1A, SC & Non-SC	$401.85	$420.30	$407.93	$436.94	$419.67	$430.66	$11.74	$10.99

Description	2017 Actual	2017 Budget Estimate	2017 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Non-Institutional Obligations ($000)								
Community Adult Day Health Care	$114,371	$107,500	$123,300	$115,000	$132,600	$141,600	$9,300	$9,000
Community Residential Care	$124,041	$130,500	$120,300	$130,500	$120,500	$121,000	$200	$500
Home Hospice Care	$91,142	$120,400	$94,600	$127,000	$98,000	$101,200	$3,400	$3,200
Home Respite Care	$54,309	$75,300	$58,400	$80,600	$62,600	$67,000	$4,200	$4,400
Home Telehealth	$244,157	$263,900	$254,664	$277,100	$261,608	$266,775	$6,944	$5,167
Home-Based Primary Care	$734,042	$824,000	$816,800	$898,200	$875,691	$920,100	$58,891	$44,409
Homemaker/Home Health Aide Prgs.	$723,073	$804,400	$817,700	$892,900	$873,385	$918,700	$55,685	$45,315
Purchased Skilled Home Care	$364,807	$392,200	$382,500	$407,900	$400,100	$417,800	$17,600	$17,700
Spinal Cord Injury & Disability Home Care	$10,480	$12,200	$10,900	$12,700	$11,400	$11,900	$500	$500
State Home Adult Day Health Care	$1,562	$1,195	$1,195	$1,317	$1,322	$1,417	$127	$95
VA Adult Day Health Care	$17,276	$16,200	$17,900	$16,800	$18,600	$19,300	$700	$700
Non-Institutional Obligations [Total]	**$2,479,260**	**$2,747,795**	**$2,698,259**	**$2,960,017**	**$2,855,806**	**$2,986,792**	**$157,547**	**$130,986**
Non-Institutional Clinic Stops/Procedures								
Community Adult Day Health Care	987,283	1,100,457	1,026,878	1,156,647	1,067,038	1,105,838	40,160	38,800
Community Residential Care	66,957	74,343	66,108	75,353	64,873	63,530	(1,235)	(1,343)
Home Hospice Care	561,566	494,478	582,756	507,109	614,619	652,368	31,863	37,749
Home Respite Care	289,727	324,293	294,219	328,871	292,245	286,550	(1,974)	(5,695)
Home Telehealth	989,340	1,189,774	983,674	1,219,492	971,063	938,516	(12,611)	(32,547)
Home-Based Primary Care	1,335,087	1,465,695	1,389,120	1,526,189	1,432,932	1,470,551	43,812	37,619
Homemaker/Home Health Aide Prgs. 1/	11,262,426	11,042,715	11,538,083	11,419,930	11,888,404	12,221,010	350,321	332,606
Purchased Skilled Home Care	2,215,309	2,756,206	2,217,102	2,845,712	2,192,025	2,119,275	(25,077)	(72,750)
Spinal Cord Injury Home Care	20,059	21,586	19,897	21,921	19,865	19,700	(32)	(165)
State Adult Day Health Care	427	82	507	84	591	668	84	77
VA Adult Day Health Care	126,550	144,542	118,914	134,994	109,606	99,592	(9,308)	(10,014)
Non-Institutional Clinic Stops/Procedures [Total]	**17,854,731**	**18,614,171**	**18,237,258**	**19,236,302**	**18,653,261**	**18,977,598**	**416,003**	**324,337**
Non-Institutional Cost Per Clinic Stops/Procedures								
Community Adult Day Health Care	$115.84	$97.69	$120.07	$99.43	$124.27	$128.05	$4.20	$3.78
Community Residential Care	$1,852.55	$1,755.38	$1,819.76	$1,731.85	$1,857.48	$1,904.61	$37.72	$47.13
Home Hospice Care	$162.30	$243.49	$162.33	$250.44	$159.45	$155.13	($2.88)	($4.32)
Home Respite Care	$187.45	$232.20	$198.49	$245.08	$214.20	$233.82	$15.71	$19.62
Home Telehealth	$246.79	$221.81	$258.89	$227.23	$269.40	$284.25	$10.51	$14.85
Home-Based Primary Care	$549.81	$562.19	$588.00	$588.52	$611.12	$625.68	$23.12	$14.56
Homemaker/Home Health Aide Prgs. 1/	$64.20	$72.84	$70.87	$78.19	$73.47	$75.17	$2.60	$1.70
Purchased Skilled Home Care	$164.68	$142.30	$172.52	$143.34	$182.53	$197.14	$10.01	$14.61
Spinal Cord Injury Home Care	$522.46	$565.18	$547.82	$579.35	$573.87	$604.06	$26.05	$30.19
State Adult Day Health Care	$14.57	$58.06	$9.39	$62.46	$8.91	$8.42	($0.48)	($0.49)
VA Adult Day Health Care	$136.52	$112.08	$150.53	$124.45	$169.70	$193.79	$19.17	$24.09
Non-Institutional Cost Per Clinic Stops/Procedures	**$138.86**	**$147.62**	**$147.95**	**$153.88**	**$153.10**	**$157.39**	**$5.15**	**$4.29**

1/Estimated actual based on preliminary workload data for FY 2017. Number is subject to change upon receipt and review of final workload data for the fiscal year.

Community Living Centers
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$2,586,905	$2,698,850	$2,645,500	$2,846,750	$2,794,100	$3,004,000	$148,600	$209,900
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$2,586,905	$2,698,850	$2,645,500	$2,846,750	$2,794,100	$3,004,000	$148,600	$209,900
Medical Support & Compliance (0152)	$470,157	$491,589	$512,000	$491,589	$542,700	$548,800	$30,700	$6,100
Medical Facilities (0162)	$442,327	$506,261	$544,300	$506,261	$513,300	$439,100	($31,000)	($74,200)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$3,499,389**	**$3,696,700**	**$3,701,800**	**$3,844,600**	**$3,850,100**	**$3,991,900**	**$148,300**	**$141,800**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$48,411	$0	$1,800	$0	$2,400	$900	$600	($1,500)
Medical Support & Compliance (0152XA)	$218	$0	$400	$0	$400	$0	$0	($400)
Medical Facilities (0162XA)	$9,486	$0	$2,200	$0	$400	$0	($1,800)	($400)
Section 801 [Subtotal]	**$58,115**	**$0**	**$4,400**	**$0**	**$3,200**	**$900**	**($1,200)**	**($2,300)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$58,115**	**$0**	**$4,400**	**$0**	**$3,200**	**$900**	**($1,200)**	**($2,300)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$3,557,504**	**$3,696,700**	**$3,706,200**	**$3,844,600**	**$3,853,300**	**$3,992,800**	**$147,100**	**$139,500**

Community Residential Care (VA Care)
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.\	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$105,003	$112,483	$100,700	$112,483	$100,900	$102,700	$200	$1,800
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$105,003	$112,483	$100,700	$112,483	$100,900	$102,700	$200	$1,800
Medical Support & Compliance (0152)	$8,919	$9,004	$9,700	$9,004	$10,300	$10,400	$600	$100
Medical Facilities (0162)	$7,973	$9,013	$9,800	$9,013	$9,200	$7,900	($600)	($1,300)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$121,895**	**$130,500**	**$120,200**	**$130,500**	**$120,400**	**$121,000**	**$200**	**$600**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$1,971	$0	$100	$0	$100	$0	$0	($100)
Medical Support & Compliance (0152XA)	$4	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$171	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$2,146**	**$0**	**$100**	**$0**	**$100**	**$0**	**$0**	**($100)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$2,146**	**$0**	**$100**	**$0**	**$100**	**$0**	**$0**	**($100)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$124,041**	**$130,500**	**$120,300**	**$130,500**	**$120,500**	**$121,000**	**$200**	**$500**

Home Telehealth
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$171,684	$187,467	$175,064	$200,667	$182,108	$192,275	$7,044	$10,167
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$171,684	$187,467	$175,064	$200,667	$182,108	$192,275	$7,044	$10,167
Medical Support & Compliance (0152)	$36,299	$38,535	$39,500	$38,535	$41,900	$42,400	$2,400	$500
Medical Facilities (0162)	$32,342	$37,898	$39,800	$37,898	$37,500	$32,100	($2,300)	($5,400)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$240,325**	**$263,900**	**$254,364**	**$277,100**	**$261,508**	**$266,775**	**$7,144**	**$5,267**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$3,121	$0	$100	$0	$100	$0	$0	($100)
Medical Support & Compliance (0152XA)	$17	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$694	$0	$200	$0	$0	$0	($200)	$0
Section 801 [Subtotal]	**$3,832**	**$0**	**$300**	**$0**	**$100**	**$0**	**($200)**	**($100)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$3,832**	**$0**	**$300**	**$0**	**$100**	**$0**	**($200)**	**($100)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$244,157**	**$263,900**	**$254,664**	**$277,100**	**$261,608**	**$266,775**	**$6,944**	**$5,167**

Home-Based Primary Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$565,803	$656,787	$635,600	$730,987	$694,591	$750,800	$58,991	$56,209
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$565,803	$656,787	$635,600	$730,987	$694,591	$750,800	$58,991	$56,209
Medical Support & Compliance (0152)	$81,861	$84,384	$89,100	$84,384	$94,400	$95,500	$5,300	$1,100
Medical Facilities (0162)	$74,115	$82,829	$91,200	$82,829	$86,000	$73,600	($5,200)	($12,400)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$721,779**	**$824,000**	**$815,900**	**$898,200**	**$874,991**	**$919,900**	**$59,091**	**$44,909**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$10,636	$0	$400	$0	$500	$200	$100	($300)
Medical Support & Compliance (0152XA)	$38	$0	$100	$0	$100	$0	$0	($100)
Medical Facilities (0162XA)	$1,589	$0	$400	$0	$100	$0	($300)	($100)
Section 801 [Subtotal]	**$12,263**	**$0**	**$900**	**$0**	**$700**	**$200**	**($200)**	**($500)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$12,263**	**$0**	**$900**	**$0**	**$700**	**$200**	**($200)**	**($500)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$734,042**	**$824,000**	**$816,800**	**$898,200**	**$875,691**	**$920,100**	**$58,891**	**$44,409**

Spinal Cord Injury & Disability Home Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$8,482	$9,954	$8,800	$10,454	$9,300	$9,900	$500	$600
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$8,482	$9,954	$8,800	$10,454	$9,300	$9,900	$500	$600
Medical Support & Compliance (0152)	$951	$1,118	$1,000	$1,118	$1,100	$1,100	$100	$0
Medical Facilities (0162)	$870	$1,128	$1,100	$1,128	$1,000	$900	($100)	($100)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$10,303**	**$12,200**	**$10,900**	**$12,700**	**$11,400**	**$11,900**	**$500**	**$500**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$158	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$19	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$177**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$177**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$10,480**	**$12,200**	**$10,900**	**$12,700**	**$11,400**	**$11,900**	**$500**	**$500**

VA Adult Day Health Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$12,911	$12,097	$13,200	$12,697	$13,900	$14,900	$700	$1,000
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$12,911	$12,097	$13,200	$12,697	$13,900	$14,900	$700	$1,000
Medical Support & Compliance (0152)	$2,180	$2,127	$2,400	$2,127	$2,500	$2,500	$100	$0
Medical Facilities (0162)	$1,901	$1,976	$2,300	$1,976	$2,200	$1,900	($100)	($300)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$16,992**	**$16,200**	**$17,900**	**$16,800**	**$18,600**	**$19,300**	**$700**	**$700**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$242	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$1	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$41	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$284**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$284**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$17,276**	**$16,200**	**$17,900**	**$16,800**	**$18,600**	**$19,300**	**$700**	**$700**

Community Nursing Home
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$963,651	$1,033,734	$963,651	$70,083
Medical Community Care (0140)	$869,690	$1,032,400	$892,889	$1,104,700	$0	$0	($892,889)	$0
Subtotal	$869,690	$1,032,400	$892,889	$1,104,700	$963,651	$1,033,734	$70,762	$70,083
Medical Support & Compliance (0152)	$37,102	$0	$40,400	$0	$42,800	$43,300	$2,400	$500
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$906,792**	**$1,032,400**	**$933,289**	**$1,104,700**	**$1,006,451**	**$1,077,034**	**$73,162**	**$70,583**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$906,792**	**$1,032,400**	**$933,289**	**$1,104,700**	**$1,006,451**	**$1,077,034**	**$73,162**	**$70,583**

State Nursing Home
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$15	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$1,245,709	$1,274,975	$1,245,709	$29,266
Medical Community Care (0140)	$1,252,899	$1,290,362	$1,225,026	$1,367,993	$0	$0	########	$0
Subtotal	$1,252,914	$1,290,362	$1,225,026	$1,367,993	$1,245,709	$1,274,975	$20,683	$29,266
Medical Support & Compliance (0152)	$1,134	$0	$1,200	$0	$1,300	$1,300	$100	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$1,254,048**	**$1,290,362**	**$1,226,226**	**$1,367,993**	**$1,247,009**	**$1,276,275**	**$20,783**	**$29,266**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$1,254,048**	**$1,290,362**	**$1,226,226**	**$1,367,993**	**$1,247,009**	**$1,276,275**	**$20,783**	**$29,266**

State Home Domciliary
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$61,764	$61,196	$61,764	($568)
Medical Community Care (0140)	$58,086	$54,400	$54,400	$54,206	$0	$0	($54,400)	$0
Subtotal	$58,086	$54,400	$54,400	$54,206	$61,764	$61,196	$7,364	($568)
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$58,086**	**$54,400**	**$54,400**	**$54,206**	**$61,764**	**$61,196**	**$7,364**	**($568)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$58,086**	**$54,400**	**$54,400**	**$54,206**	**$61,764**	**$61,196**	**$7,364**	**($568)**

State Home Adult Day Health Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$618	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$1,322	$1,417	$1,322	$95
Medical Community Care (0140)	$944	$1,195	$1,195	$1,317	$0	$0	($1,195)	$0
Subtotal	$1,562	$1,195	$1,195	$1,317	$1,322	$1,417	$127	$95
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$1,562**	**$1,195**	**$1,195**	**$1,317**	**$1,322**	**$1,417**	**$127**	**$95**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$1,562**	**$1,195**	**$1,195**	**$1,317**	**$1,322**	**$1,417**	**$127**	**$95**

Community Adult Day Health Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$110,900	$128,400	$110,900	$17,500
Medical Community Care (0140)	$79,387	$93,700	$94,200	$101,200	$0	$0	($94,200)	$0
Subtotal	$79,387	$93,700	$94,200	$101,200	$110,900	$128,400	$16,700	$17,500
Medical Support & Compliance (0152)	$11,351	$0	$12,400	$0	$13,100	$13,200	$700	$100
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$8,600	$0	$8,600	($8,600)
Discretionary Obligations [Total]	**$90,738**	**$93,700**	**$106,600**	**$101,200**	**$132,600**	**$141,600**	**$26,000**	**$9,000**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$146	$0	$100	$0	$0	$0	($100)	$0
Medical Care (0172XB)	$24,645	$13,800	$16,500	$13,800	$0	$0	($16,500)	$0
Emergency Hepatitis C (0172XC)	($6)	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($1,152)	$0	$100	$0	$0	$0	($100)	$0
Veterans Choice Fund [Subtotal]	**$23,633**	**$13,800**	**$16,700**	**$13,800**	**$0**	**$0**	**($16,700)**	**$0**
Mandatory Obligations [Total]	**$23,633**	**$13,800**	**$16,700**	**$13,800**	**$0**	**$0**	**($16,700)**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$23,633*	*$13,800*	*$16,700*	*$13,800*	*$8,600*	*$0*	*($8,100)*	*($8,600)*
Obligations [Grand Total]	**$114,371**	**$107,500**	**$123,300**	**$115,000**	**$132,600**	**$141,600**	**$9,300**	**$9,000**

Home Hospice Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	($1)	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$83,800	$88,800	$83,800	$5,000
Medical Community Care (0140)	$75,134	$79,100	$79,300	$85,700	$0	$0	($79,300)	$0
Subtotal	$75,133	$79,100	$79,300	$85,700	$83,800	$88,800	$4,500	$5,000
Medical Support & Compliance (0152)	$10,667	$0	$11,600	$0	$12,300	$12,400	$700	$100
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$1,900	$0	$1,900	($1,900)
Discretionary Obligations [Total]	**$85,800**	**$79,100**	**$90,900**	**$85,700**	**$98,000**	**$101,200**	**$7,100**	**$3,200**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$33	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$5,570	$41,300	$3,700	$41,300	$0	$0	($3,700)	$0
Emergency Hepatitis C (0172XC)	($1)	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($260)	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$5,342**	**$41,300**	**$3,700**	**$41,300**	**$0**	**$0**	**($3,700)**	**$0**
Mandatory Obligations [Total]	**$5,342**	**$41,300**	**$3,700**	**$41,300**	**$0**	**$0**	**($3,700)**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$5,342*	*$41,300*	*$3,700*	*$41,300*	*$1,900*	*$0*	*($1,800)*	*($1,900)*
Obligations [Grand Total]	**$91,142**	**$120,400**	**$94,600**	**$127,000**	**$98,000**	**$101,200**	**$3,400**	**$3,200**

Home Respite Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2019 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$46,600	$60,200	$46,600	$13,600
Medical Community Care (0140)	$22,821	$75,300	$34,000	$80,600	$0	$0	($34,000)	$0
Subtotal	$22,821	$75,300	$34,000	$80,600	$46,600	$60,200	$12,600	$13,600
Medical Support & Compliance (0152)	$5,786	$0	$6,300	$0	$6,700	$6,800	$400	$100
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$9,300	$0	$9,300	($9,300)
Discretionary Obligations [Total]	**$28,607**	**$75,300**	**$40,300**	**$80,600**	**$62,600**	**$67,000**	**$22,300**	**$4,400**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$159	$0	$100	$0	$0	$0	($100)	$0
Medical Care (0172XB)	$26,802	$0	$17,900	$0	$0	$0	($17,900)	$0
Emergency Hepatitis C (0172XC)	($6)	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($1,253)	$0	$100	$0	$0	$0	($100)	$0
Veterans Choice Fund [Subtotal]	**$25,702**	**$0**	**$18,100**	**$0**	**$0**	**$0**	**($18,100)**	**$0**
Mandatory Obligations [Total]	**$25,702**	**$0**	**$18,100**	**$0**	**$0**	**$0**	**($18,100)**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$25,702*	*$0*	*$18,100*	*$0*	*$9,300*	*$0*	*($8,800)*	*($9,300)*
Obligations [Grand Total]	**$54,309**	**$75,300**	**$58,400**	**$80,600**	**$62,600**	**$67,000**	**$4,200**	**$4,400**

Homemaker/Home Health Aide Program
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual 1/	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	($1)	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$531,999	$869,800	$531,999	$337,801
Medical Community Care (0140)	$220,995	$205,000	$184,828	$293,500	$0	$0	($184,828)	$0
Subtotal	$220,994	$205,000	$184,828	$293,500	$531,999	$869,800	$347,171	$337,801
Medical Support & Compliance (0152)	$41,939	$0	$45,700	$0	$48,400	$48,900	$2,700	$500
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$292,986	$0	$292,986	($292,986)
Discretionary Obligations [Total]	**$262,933**	**$205,000**	**$230,528**	**$293,500**	**$873,385**	**$918,700**	**$642,857**	**$45,315**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$2,848	$0	$2,400	$0	$0	$0	($2,400)	$0
Medical Care (0172XB)	$479,840	$599,400	$583,272	$599,400	$0	$0	($583,272)	$0
Emergency Hepatitis C (0172XC)	($109)	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($22,439)	$0	$1,500	$0	$0	$0	($1,500)	$0
Veterans Choice Fund [Subtotal]	**$460,140**	**$599,400**	**$587,172**	**$599,400**	**$0**	**$0**	**($587,172)**	**$0**
Mandatory Obligations [Total]	**$460,140**	**$599,400**	**$587,172**	**$599,400**	**$0**	**$0**	**($587,172)**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$460,140*	*$599,400*	*$587,172*	*$599,400*	*$292,986*	*$0*	*($294,186)*	*($292,986)*
Obligations [Grand Total]	**$723,073**	**$804,400**	**$817,700**	**$892,900**	**$873,385**	**$918,700**	**$55,685**	**$45,315**

1/Estimated actual based on preliminary workload data for FY 2017. Number is subject to change upon receipt and review of final workload data for the fiscal year.

Purchased Skilled Home Care
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	($1)	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$336,800	$382,700	$336,800	$45,900
Medical Community Care (0140)	$256,821	$351,900	$294,800	$367,600	$0	$0	($294,800)	$0
Subtotal	$256,820	$351,900	$294,800	$367,600	$336,800	$382,700	$42,000	$45,900
Medical Support & Compliance (0152)	$30,039	$0	$32,700	$0	$34,700	$35,100	$2,000	$400
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$28,600	$0	$28,600	($28,600)
Discretionary Obligations [Total]	**$286,859**	**$351,900**	**$327,500**	**$367,600**	**$400,100**	**$417,800**	**$72,600**	**$17,700**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$482	$0	$400	$0	$0	$0	($400)	$0
Medical Care (0172XB)	$81,285	$40,300	$54,400	$40,300	$0	$0	($54,400)	$0
Emergency Hepatitis C (0172XC)	($18)	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($3,801)	$0	$200	$0	$0	$0	($200)	$0
Veterans Choice Fund [Subtotal]	**$77,948**	**$40,300**	**$55,000**	**$40,300**	**$0**	**$0**	**($55,000)**	**$0**
Mandatory Obligations [Total]	**$77,948**	**$40,300**	**$55,000**	**$40,300**	**$0**	**$0**	**($55,000)**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$77,948*	*$40,300*	*$55,000*	*$40,300*	*$28,600*	*$0*	*($26,400)*	*($28,600)*
Obligations [Grand Total]	**$364,807**	**$392,200**	**$382,500**	**$407,900**	**$400,100**	**$417,800**	**$17,600**	**$17,700**

FY17 Unique Patients Using Non Instutional Long Term Supportive Services by Fund				
LTSS Category	**Medical Services (0160)**	**Joint Demonstration Fund (0169)**	**Medical Community Care (0140)**	**Veterans Choice Program (0172)**
VA Adult Day Health Care	6,382	0	0	0
Community Adult Day	10,040	71	10,575	0
Home-Based Primary	277,143	254	0	0
Home Respite Care	17,324	77	17,324	0
Purchased Skilled Care	94,043	754	96,810	15,546
Hospice Care	81,210	122	8,243	0
Homemaker/Home Health Aide	113,108	598	120,594	0
SCI Home Care	5,392	0	0	0
Community Residential	21,329	0	0	0
Home Telehealth	498,047	628	0	0
State Adult Day Health Care	0	0	159	0

Medical Service (0160) funds the VHA programs and MCC (0140) or Choice (0172) fund the purchased care programs

Background

All Veterans enrolled in VA's health care system are eligible for geriatric outpatient programs, home and community based LTSS, and end-of-life services identified in CFR § 17.38 (VA Medical Benefits Package). Clinical indicators and Veteran conditions help health care professionals determine whether the service is needed to promote, preserve, or restore the health of the individual in accord with generally accepted standards of medical practice. Specific eligibility and admission criteria are unique to each of three venues of facility-based services. These venues include VA Community Living Centers (CLCs), Community Nursing Homes (CNHs), State Veterans Homes (SVHs) and home and other community-based settings.

Description of LTSS & State Home Programs

The portfolio of Geriatrics and Extended Care (GEC) programs include: Adult Day Health Care; Home Based Primary Care; Homemaker & Home Health Aide, including Veteran Directed Care; Community Residential Care, including Medical Foster Homes; Respite Services; Skilled Home Care; VA Community Living Centers; Community Nursing Homes; State Veterans Homes; and Community Home Hospice and Inpatient Hospice.

2017 Accomplishments

Geriatrics and Extended Care (GEC) honored Veterans' preferences for care by increasing access to Home and Community Based Services (HCBS) with 321,247 Veterans served. This was a 12% increase over 2016. GEC achieved a 3% increase in access in GERI-PACT. GEC improved customer service by increasing the percentage of palliative care consults conducted >30 days before death to 43%, an intervention known to improve the experience of care for Veterans with serious illness and for family members when the loved one dies. The CLC program introduced the CLC SAIL report that for the first time allows VHA CLCs to assess their performance on eight quality measures and unannounced survey results. These metrics are the same ones that Centers for Medicare

and Medicaid Services uses to assess nursing home quality. CLCs can compare their performance with others in the same network and CLCs across the country, as well as track their own performance over time. This SAIL report provides a quantifiable measure of quality care for VHA's most vulnerable Veterans.

2018-2020 Goals

- Provide leadership and oversight for a well-integrated, system-wide continuum of evidence-based, Veteran-centric GEC programs and services to meet the needs of Veterans and their caregivers.
- Establish infrastructure, promote innovation and the use of data, tools, and continuous quality improvement approaches to ensure personalized, proactive, Veteran-centered care.
- Ensure Veterans have reliable access to quality care in facility, community, and home-based settings, to the extent they are eligible, delivered by appropriately trained health care professionals, teams, and caregivers.
- Achieve exceptional outcomes including exemplary Veteran, employee, and other stakeholder satisfaction with our programs and services.
- Be excellent financial stewards in delivering high-value programs and services.

State Home Programs

State Veterans Homes (SVHs) are facilities, approved by VA, which a state has established primarily for the care of Veterans disabled by age, disease, or otherwise, who because of such disability, are incapable of earning a living. SVHs offer three levels of care: Nursing Home Care; Domiciliary Care; or Adult Day Health Care (ADHC). VA pays a per diem to states for the care of eligible Veterans, but the per diem rates are different for each of the three levels of care offered. The cost of SVH care is determined by a very detailed and strict budgetary process. For nursing home care, the SVH receives a basic per diem payment, unless a Veteran qualifies for a higher prevailing per diem rate under 38 U.S.C. 1745, which constitutes payment in full. Authority: 38 U.S.C., 501, 1710, 1720, 1741-1745 and CFR Parts 17.42, 17.46-47, 17.190, 17.194, 51, 52, 59.

2017 Accomplishments

In 2016, there were 144 recognized SVH Nursing Homes programs, 54 recognized Domiciliary Care programs, and 3 ADHC programs, with an average daily census of over 23,000 Veterans, 2,500 Veteran Spouses, and Gold Star Parents.

2018-2020 Goals

VA proposed new regulations for the SVH program that reorganize, update, and clarify regulations for nursing home and ADHC, and establish comprehensive domiciliary regulations, and allow for social as well as medical model ADHC. The SVH program's goal is to publish the final rule for the SVH program and grow the ADHC program. Growing this program helps support VA's emphasis to increase access to care.

Camp Lejeune

Camp Lejeune Family Members
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$384	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160) Community Care	$0	$0	$0	$0	$1,429	$1,460	$1,429	$31
Medical Community Care (0140)	$1,368	$6,664	$1,398	$7,630	$0	$0	($1,398)	$0
Subtotal	$1,752	$6,664	$1,398	$7,630	$1,429	$1,460	$31	$31
Medical Support & Compliance (0152)	$2,413	$0	$2,600	$0	$2,800	$2,800	$200	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$4,165**	**$6,664**	**$3,998**	**$7,630**	**$4,229**	**$4,260**	**$231**	**$31**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0		$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0		$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$4,165**	**$6,664**	**$3,998**	**$7,630**	**$4,229**	**$4,260**	**$231**	**$31**

The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (Public Law 112-154) extended eligibility for VA hospital care and medical services to certain Veterans who were stationed at Camp Lejeune, North Carolina, for at least 30 days between 1957 and 1987. Family members of such Veterans who resided, or were in utero, at Camp Lejeune for at least 30 days during that period are eligible for reimbursement of hospital care and medical services for 15 specified illnesses and conditions (the VA is the payer of last resort).

Hospital care and medical services may only be furnished to family members to the extent and in the amount provided in appropriations acts for such purpose. In addition, VA may only provide reimbursement for such hospital care and medical services provided to a family member after all other claims and remedies against third parties for such care and services have been exhausted. The Consolidated and Further Continuing Appropriations Act of 2015 (Public Law 113-235), which was signed on December 16, 2014, increased the Camp Lejeune exposure period back from January 1, 1957, to August 1, 1953.

VA began providing care to Camp Lejeune Veterans on August 6, 2012, the day the initial law was enacted, and published regulations supporting the implementation of this statutory requirement on September 11, 2013. VA began enrolling and reimbursing

family members for medical care related to the treatment of the Camp Lejeune conditions on October 24, 2014. This was 30 days after the family member interim final rule was published in the Federal Register and became effective. Qualified family members with at least 30 days of Camp Lejeune residency from 1957-1987 may receive reimbursement for treatment received up to two years prior to the date on their eligibility determination. For family members with at least 30 days of Camp Lejeune residency from August 1, 1953 – December 31, 1956, VA may only provide claims reimbursement for covered treatment received on or after December 16, 2014. VA may not reimburse family members for Camp Lejeune related care before March 26, 2013, the date when Congress provided funding to Camp Lejeune Family Member Program (CLFMP). For additional detail please see the *Medical Services and Community Care* chapter.

Program of Comprehensive Assistance for Family Caregivers

Program of Comprehensive Assistance for Family Caregivers
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$448,775	$568,052	$484,197	$633,827	$490,812	$505,368	$6,615	$14,556
Medical Services (0160) Community Care	$0	$0	$0	$0	$1,620	$1,624	$1,620	$4
Medical Community Care (0140)	$1,171	$32,517	$1,208	$38,580	$0	$0	($1,208)	$0
Subtotal	$449,946	$600,569	$485,405	$672,407	$492,432	$506,992	$7,027	$14,560
Medical Support & Compliance (0152)	$3,685	$3,370	$3,370	$3,370	$3,600	$3,600	$230	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$453,631**	**$603,939**	**$488,775**	**$675,777**	**$496,032**	**$510,592**	**$7,257**	**$14,560**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Subtotal]	**$453,631**	**$603,939**	**$488,775**	**$675,777**	**$496,032**	**$510,592**	**$7,257**	**$14,560**
CHAMPVA for Caregivers	***$12,000***		***$14,000***		***$14,308***	***$14,623***		
Obligations [Total]	***$465,631***		***$502,775***		***$510,340***	***$525,215***		

The Caregivers and Veterans Omnibus Health Services Act of 2010, signed into law on May 5, 2010, allows VA to provide an unprecedented level of benefits to family caregivers of Veterans ("Family Caregivers"). The Caregiver Law (Public Law 111-163, Title 1, Caregiver Support) directly benefits Family Caregivers of all eras by establishing a comprehensive National Caregiver Support Program with a prevention and wellness

focus that includes the use of evidence-based training and support services for Family Caregivers.

Public Law 111-163 establishes additional services and supports for Family Caregivers of eligible post-9/11 Veterans seriously injured in the line of duty under the Program of Comprehensive Assistance for Family Caregivers. Additional services and supports include a stipend paid directly to the Family Caregiver, enrollment in VA's Civilian Health and Medical Program (CHAMPVA) if the Family Caregiver is not already eligible under a health care plan, an expanded respite benefit, and mental health treatment.

2017 Accomplishments

- VA has partnered with TechWerks, LLC to provide comprehensive Family Caregiver training for eligible Family Caregivers. Training is available for Family Caregivers in traditional classroom settings, in a workbook format, and in an online format. More than 38,000 Caregivers have been trained since the program's inception in May 2011.
- Caregiver Support Coordinators at each VA Medical Center serve as the clinical experts on Caregiver issues and are knowledgeable of both VA and non-VA support services and benefits available for Veterans of all eras and their Family Caregivers. Caregiver Support Coordinators can also assist eligible post-9/11 Veterans and their Caregivers in applying for additional services.
- VA established a National Caregiver Support Line (855-260-3274) on February 1, 2011, at the VA Medical Center located in Canandaigua, NY. This support line is available to respond to inquiries about the Caregiver services, as well as serve as a resource and referral center for Caregivers, Veterans, and others seeking Caregiver information; provide referrals to local VA Medical Center Caregiver Support Coordinators and VA/community resources and provide emotional support. As of December 2017, VA's Caregiver Support Line has received 321,342 calls, averaging over 200 calls per day. The calls received are from Family Caregivers of Veterans of all eras.
- VA officially published VHA Directive 1152 (Caregiver Support Program) specifying VA staff responsibilities for the implementation of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and the Program of General Caregiver Support Services collectively referred to as the Caregiver Support Program. The directive also describes program operations to include eligibility criteria and required services and supports.
- VA partnered with external stakeholders to conduct a strategic review of PCAFC. The partnership focused on the challenges of defining eligibility criteria, reassessment/tier systems, and monitoring/discharge processes within the context of current laws and regulations. This resulted in several future state scenarios that have been used to initiate change within the program.

2018- 2020 Goals

- **Caregiver Education and Training -** Continue to provide education and training opportunities for caregivers of all eras.

- **Caregiver Support Line** - Continue monthly telephonic educational calls offered for Family Caregivers nationwide including quarterly calls presented by caregivers, offering an additional forum of peer support.
- **Caregiver Peer Support** - Expand opportunities for caregiver peer support through ongoing collaboration with Department of Defense, the Elizabeth Dole Foundation, and other community partners through establishing both local and web-based opportunities to connect caregivers of Veterans and Service members to one another.
- **VA Cares** – The Caregiver Support Program Office has partnered with VHA's HSR&D to embark on a Quality Evaluation Research Initiative (QUERI) and collaboratively funded the VA Caregiver Support Program Partnered Evaluation Center (VA-CARES). In 2017, the Caregiver Support Program and VA Cares will continue its collaborative partnership through a long term project extension that will extend thru 2020. This project will allow for more health care utilization analysis with the increased passage of time and will examine the effect of participation on Veteran utilization and total health care costs at three years. The extension will also include a formative evaluation of the application process to identify areas and approaches for improving consistency across VA. Also, the VA Cares team will examine potential changes in the level of stress of caregivers participating in PCAFC. This will be an ongoing project with deliverables not anticipated until 2019.
- **Utilize findings from Survey of Veteran Enrollees' Health and Use of Health Care** – VA was afforded the opportunity to add or modify eight questions on this annual survey conducted in 2016 to capture data related to caregiver support needs. Findings of this annual survey have not yet been made available.
- **Continue Strategic Partnerships** – Promote innovative opportunities to enhance caregiver support through ongoing collaboration with DOD, the Elizabeth Dole Foundation, AARP and other community partners.
- Partnered with a small business contractor to develop and implement a Veteran and caregiver satisfaction survey.

Congressional Reports
CMR 17-16 VA 0907

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and Other Dependent Programs

CHAMPVA & Other Dependent Programs
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$321,380	$352,620	$294,637	$381,507	$301,119	$307,743	$6,482	$6,624
Medical Services (0160) Community Care	$0	$0	$0	$0	$1,463,185	$1,529,841	$1,463,185	$66,656
Medical Community Care (0140) 2/	$1,287,571	$1,610,105	$1,397,281	$1,738,935	$0	$0	($1,397,281)	$0
Subtotal	$1,608,951	$1,962,725	$1,691,918	$2,120,442	$1,764,304	$1,837,584	$72,386	$73,280
Medical Support & Compliance (0152) 1/	$122,703	$109,034	$72,597	$98,564	$74,195	$75,827	$1,598	$1,632
Medical Facilities (0162)	$7,890	$8,197	$7,200	$8,360	$7,560	$7,938	$360	$378
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$1,739,544**	**$2,079,956**	**$1,771,715**	**$2,227,366**	**$1,846,059**	**$1,921,349**	**$74,344**	**$75,290**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$1,739,544**	**$2,079,956**	**$1,771,715**	**$2,227,366**	**$1,846,059**	**$1,921,349**	**$74,344**	**$75,290**

1/ Reflects Office of Community Care reorganization and cost accounting change beginning in 2018
2/ Includes Caregivers CHAMPVA

CHAMPVA & Other Dependent Programs
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Obligations:								
CHAMPVA	$1,543,699	$1,875,192	$1,623,528	$2,028,807	$1,693,842	$1,764,474	$70,314	$70,632
Foreign Medical Programs (includes Foreign C&P Exams)	$30,654	$33,504	$32,201	$34,996	$32,817	$34,194	$616	$1,377
Spina Bifida Program	$34,597	$53,829	$35,989	$56,439	$37,445	$38,716	$1,456	$1,271
Children of Women Vietnam Veterans	$1	$200	$200	$200	$200	$200	$0	$0
Subtotal	$1,608,951	$1,962,725	$1,691,918	$2,120,442	$1,764,304	$1,837,584	$72,386	$73,280
Obligations:								
Administrative	$122,703	$109,034	$72,597	$98,564	$74,195	$75,827	$1,598	$1,632
Facilities	$7,890	$8,197	$7,200	$8,360	$7,560	$7,938	$360	$378
Total	$1,739,544	$2,079,956	$1,771,715	$2,227,366	$1,846,059	$1,921,349	$74,344	$75,290

CHAMPVA/FMP/Spina Bifida
(claims in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Outpatient Claims:								
CVA (paid claims)	15,210	16,310	15,859	17,028	16,509	17,159	650	650
Foreign Medical Program (paid claims)	65	70	69	73	73	77	4	4
Foreign C&P Exam (paid claims)	1	7	1	8	1	1	0	0
Spina Bifida Program (paid claims)	108	108	110	109	111	113	1	2
Outpatient Workload [Total]	15,384	16,495	16,039	17,218	16,694	17,350	655	656
Unique Patients:								
Non-Vet CITI	15,454	14,486	14,212	13,786	13,246	12,534	(966)	(712)
CHAMPVA w/o CITI	346,469	369,283	368,333	386,866	384,831	400,612		
Foreign Medical Program (Medical only)	2,589	3,050	2,689	3,170	2,789	2,889	100	100
Foreign C&P Exam Unique Veterans	484	2,949	600	3,129	600	600	0	0
Spina Bifida Program	900	943	925	950	925	925	0	0
Outpatient Workload [Total]	365,896	390,711	386,759	407,901	402,391	417,560	15,632	15,169

The Veterans Health Care Expansion Act of 1973, Public Law 93-82, authorized VA to provide a health benefits program that shares the cost of medical supplies and services with eligible beneficiaries. The Veterans' Survivor Benefits Improvements Act of 2001, Public Law 107-14, extended CHAMPVA benefits, as a secondary payer to Medicare, to CHAMPVA beneficiaries over age 65. To be eligible for CHAMPVA benefits, the beneficiary must be the spouse or child of a Veteran who has a total and permanent service-connected disability. Or be a widowed spouse or child of a Veteran who: (a) died as a result of a service-connected disability; (b) had a total, permanent disability resulting from a service-connected condition at the time of death; or (c) died on active duty and in all cases the family member is not eligible for medical benefits under the DOD TRICARE Program. CHAMPVA by law is a secondary payer to other health insurance plans to include Medicare. CHAMPVA assumes primary payer status for Medicaid, Indian Health Service, and State Victims of Crime Compensation Programs.

The Veterans Caregivers and Veterans Omnibus Health Services Act of 2010, Public Law 111-163, section 102, further expanded CHAMPVA to include primary family caregivers of certain seriously injured Veterans. Eligible primary family caregivers are authorized to receive health care benefits through the existing CHAMPVA Program when the primary family caregiver has no other health care coverage, including Medicare and Medicaid.

In addition to CHAMPVA, other VA Community Care programs also include the Foreign Medical Program (FMP), Spina Bifida Health Care Benefits Program, and Children of Women Vietnam Veterans Health Care Benefits Program (CWVV).

Foreign Medical Program (FMP) - A health care benefits program for United States Veterans with VA-rated service-connected conditions that are residing or traveling abroad, excluding the Philippines where the VA Outpatient Clinic has jurisdiction of the health care services. Under FMP, VA assumes payment responsibility for certain necessary

medical services associated with the treatment of Veterans' service-connected conditions, with certain exclusions.

Spina Bifida Health Care Program - Under the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act of 1997, Public Law 104-204, section 421, VA administers the Spina Bifida Health Care Benefits Program for birth children of Vietnam Veterans diagnosed with spina bifida (excluding spina bifida occulta). Additionally, the Veterans Benefit Act of 2003, Public Law 108-183, section 102, authorized birth children with spina bifida of certain Veterans who served in Korea to be eligible for care under this program. Prior to October 10, 2008, the program provided reimbursement only for medical services associated with Spina Bifida; however, under the Veterans' Mental Health and Other Care Improvements Act of 2008, Public Law 110-387, the program provides reimbursement for comprehensive medical care.

Children of Women Vietnam Veterans Health Care Program (CWVV) - Under the Veterans Benefits and Health Care Improvement Act of 2000, Public Law 106-419, section 401, VA administers the CWVV Program for children with certain birth defects born to women Vietnam Veterans. CWVV Program provides reimbursement only for covered birth defects.

Readjustment Counseling

Readjustment Counseling
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$205,663	$203,751	$203,512	$203,751	$224,781	$230,118	$21,269	$5,337
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$205,663	$203,751	$203,512	$203,751	$224,781	$230,118	$21,269	$5,337
Medical Support & Compliance (0152)	$2,139	$6,132	$7,921	$6,132	$8,825	$8,986	$904	$161
Medical Facilities (0162)	$34,169	$33,600	$36,038	$33,600	$37,398	$38,278	$1,360	$880
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$241,971**	**$243,483**	**$247,471**	**$243,483**	**$271,004**	**$277,382**	**$23,533**	**$6,378**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$241,971**	**$243,483**	**$247,471**	**$243,483**	**$271,004**	**$277,382**	**$23,533**	**$6,378**

Readjustment Counseling Visits
(visits in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Visits	1,961	1,982	2,118	2,081	2,287	2,470	169	183

Background / Justification

Readjustment Counseling Service is legislatively mandated through 38 USC Section 1712 A.

Program Description

Readjustment Counseling Service (RCS) currently consists of 300 Vet Centers, 80 Mobile Vet Centers, 18 Outstations, the Vet Center Call Center, and over 950 Community Access Points (CAP) (this number fluctuates dependent on demand). Vet Centers across the country provide a broad range of counseling, outreach, and referral services to eligible Veterans, active duty Service members, and their families regardless of enrollment in VHA health care, service connection, or character of discharge.

Vet Centers guide Veterans, Service members and their families through many of the major adjustments in lifestyle that often occur after individuals return from deployment or other traumatic situations. Services for an eligible individual may include individual, group, marriage, or family counseling for challenges such as the symptoms associated with Posttraumatic Stress Disorder (PTSD), substance-abuse and drug assessments and referrals, suicidal or homicidal ideations, or socio-economic issues. Vet Centers also provide Veterans Benefit Administration (VBA) benefit information and referrals to Regional Offices, employment counseling, outreach and education, assistance with disability claims, and many other services. Vet Center services are also provided to family members of Veterans and Service members for military related issues when it is found aid in the readjustment of those that have served or to help that family cope with the deployment of a loved one. This includes bereavement counseling for families who experience an active duty death. All services are free of cost and are strictly confidential.

To strengthen readjustment counseling capacity across the country RCS has aggressively pursued ongoing strategies to increase access to readjustment counseling and all other VA services to all eligible Veterans, active-duty Service members, and their families.

2017 Accomplishments

- Provided over 1,960,900 readjustment counseling services visits & outreach contacts (9% increase over 2016) for over 287,095 Veterans, Service members, and families (10% increase over 2016).
- Vet Center staff provided services in 981 CAPs (32.21% increase over 2016) and created 2 new outstations in the communities of Grand Forks, ND and Lacey, WA (11.74% increase over 2016). Over 14.91% of all Vet Center visits were provided in these distant locations representing a 10.67% increase over 2016.
- Provided 362,731 readjustment counseling visits during non-traditional hours (before 8:00 a.m., after 4:30 p.m., and weekends), a 41% increase over 16;
- Provided over 227,018 readjustment counseling family visits (6% increase over 2016).
- Hosted and/or participated in 45,992 Outreach Events (13% increase over 2016).
- Processed over 144,671 live telephone calls from Veterans, Service members, families, and community stakeholders through the Vet Center Call Center (19% increase over 2016).
- Increased the number of successful RCS suicide interventions by over 27% from 2016 levels. RCS continued to be an integral part of the VA 4th Mission (Emergency Response) such as the response to three major hurricanes that included over the deployment of over 16 Mobile Vet Centers and 85 staff that in addition to local staff provided services to over 3,300 Veterans, 109 Service members, 700 families, and 2,600 citizens.

2018-2020 Goals

- Improve access to readjustment counseling in communities distant from existing Vet Center services through increasing the number of Vet Centers (projected increase of 5), Outstations (projected increase of 5), and Community Access Points in Rural and Highly Rural Areas.

- To support Human Resources (HR) modernization efforts and improve the delivery of services, HR and fiscal support for all RCS Vet Centers and their employees will be realigned to one station number (STA 703). The realignment will transition approximately 2,200 RCS employees located at 300 Vet Centers and 18 outstations who are currently aligned under 124 medical centers nationwide, to a newly created station number. To fully implement this initiative, RCS has created and staffed an internal finance office and stood up a single fiscal station to manage all RCS Fiscal functions. VHA's Workforce Management and Consulting Office (WMC) will provide HR services through the Consolidated Human Resources Management Office (CHRMO), and the Financial Services Center (FSC) will become the new payroll provider. CHRMO, in coordination with RCS Finance and the FSC, will manage the transition.
- Continue to address the unmet mental health needs of Veterans in rural and highly rural areas.
- Expand Tele-Mental Health Services (Vet Center to eligible individual's home; Vet Center to VA Medical Center when higher level care is required).
- Provide our employees with training opportunities to ensure successful knowledge transfer and leadership development.
- Replacement of remaining 48 first and second generation Mobile Vet Centers over a 3-year period.
- Improve infrastructure through planned expansions and/or relocations to include, but not limited to, 21 expansions, and 61 relocations.

Congressional Reports

Section 7309(e) of Title 38, United States Code requires, not later than March 15th of each year, the Secretary of Veterans Affairs to submit to the Senate and House Committees on Veterans Affairs' a report (Congressionally Mandated Report 18-28 - Annual Report on the Readjustment Counseling Service) on the activities of the Readjustment Counseling Service during the preceding fiscal year.

Activations

Activations
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$476,625	$607,766	$607,766	$513,251	$484,374	$0	($123,392)	($484,374)
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$476,625	$607,766	$607,766	$513,251	$484,374	$0	($123,392)	($484,374)
Medical Support & Compliance (0152)	$91,030	$90,800	$90,800	$83,920	$92,510	$0	$1,710	($92,510)
Medical Facilities (0162)	$93,717	$163,600	$163,600	$147,740	$95,241	$0	($68,359)	($95,241)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$661,372**	**$862,166**	**$862,166**	**$744,911**	**$672,125**	**$0**	**($190,041)**	**($672,125)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$7	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$7**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$7**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$661,379**	**$862,166**	**$862,166**	**$744,911**	**$672,125**	**$0**	**($190,041)**	**($672,125)**

Facility activations provide non-recurring (equipment and supplies) and recurring (additional personnel) costs associated with the activation of completed construction of new or replacement medical care facilities. Resources include assumed rates for medical equipment and furniture reuse based on the facility type (renovation, replacement, or new). VA's activation plans are sensitive to delays in construction schedules and lease awards. VA has recently taken steps to identify and more closely monitor the activations of new facilities and leases to assure that projects stay on schedule, which will promote better synchronization of budgetary resources with program needs.

Call Center Modernization

Call Center Modernization
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152)	$2,550	$10,000	$5,000	$10,000	$5,000	$5,000	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$2,550**	**$10,000**	**$5,000**	**$10,000**	**$5,000**	**$5,000**	**$0**	**$0**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$2,550**	**$10,000**	**$5,000**	**$10,000**	**$5,000**	**$5,000**	**$0**	**$0**

Leading efforts to design a comprehensive plan to effectively and efficiently field, triage, track and address concerns or complaints using industry best practices and 24/7 live answer capabilities, with additional, enhanced multi-channel features (e.g., text, email, and chat).

Comprehensive Addiction and Recovery Act

The following table shows VA's current estimates for the cost of implementing all sections of the Comprehensive Addiction and Recovery Act of 2016 (CARA), Public Law 114-198: Subtitle A: Opioid Therapy and Pain Management Safety, Subtitle B: Patient Advocacy, and Subtitle C: Complementary and Integrative Health (CIH).

Comprehensive Addiction & Recovery Act of 2016
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
Public Law 114-198
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$5	$46,830	$44,738	$36,830	$42,034	$44,063	($2,704)	$2,029
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$5	$46,830	$44,738	$36,830	$42,034	$44,063	($2,704)	$2,029
Medical Support & Compliance (0152)	$4,206	$8,991	$5,334	$9,991	$9,991	$9,991	$4,657	$0
Medical Facilities (0162)	$4,422	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$8,633**	**$55,821**	**$50,072**	**$46,821**	**$52,025**	**$54,054**	**$1,953**	**$2,029**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund								
Mandatory Obligations					$0			
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$8,633**	**$55,821**	**$50,072**	**$46,821**	**$52,025**	**$54,054**	**$1,953**	**$2,029**

The Comprehensive Addiction and Recovery Act of 2016 (CARA), signed into law on July 22, 2016, included title IX, the Jason Simcakoski Memorial and Promise Act, that expanded opioid safety measures, patient advocacy, and other reform provisions.

CARA is a comprehensive effort to address the opioid addiction epidemic. Within VHA, the over prescribing of opioids for large numbers of Veterans with chronic pain exposes them to great risk. This includes overdose and opioid use disorder, both of which are risk factors for suicide. In accordance with CARA, VHA is reducing reliance on opioid medication for chronic pain management, providing safer prescribing and monitoring practices, and moving towards a Veteran-centric, biopsychosocial care plan.

Subtitle A: Opioid Therapy and Pain Management Safety

VA's Opioid Safety Initiative (OSI) aims to reduce over-reliance on opioid analgesics for pain management and to promote the safe and effective use of opioid therapy when clinically indicated. CARA expands the OSI initiative and includes additional requirements for decreasing Veteran risks associated with long-term opioid use. OSI tracks and monitors five key metrics utilizing the OSI Dashboard.

Key clinical metric trends from Quarter Four of 2012 to Quarter Four of 2017 show:

- 67% reduction in Veterans receiving opioid and benzodiazepine together;
- 44% reduction in Veterans on long-term opioid therapy (≥ to 90 days);
- 38% reduction in Veterans receiving opioids;
- 56% reduction in Veterans receiving > 100 Morphine Equivalent Daily Dose;
- 51% increase in Veterans on long-term opioid therapy with a Urine Drug Screen (UDS) completed within last year to help guide treatment decisions.

- To prevent over or duplicative prescribing, CARA enhances VA's requirements for accessing and utilizing state Prescription Drug Monitoring Programs (PDMP). VHA's Directive outlining requirements for PDMP checks was issued in October 2016. This directive outlines the policies and procedures to ensure VA is in compliance with CARA requirements related to PDMPs. From Quarter 3, Fiscal Year 2013 (ending in June 2013) to Quarter 4, Fiscal Year 2017, VA providers have documented over 2.3 million queries to State Prescription Drug Monitoring Programs to help guide treatment decisions.

- In addition to querying state databases, VA transmits prescription data to applicable states. Because the VHA's current process of querying state PDMP websites is manual, it is unnecessarily time consuming for prescribers to access the prescribing information needed to intervene for patient safety and to mitigate potential controlled substance abuse and drug diversion. Incorporating PDMP data into VHA's current EMR is a priority that will require funding. Accomplishing this will involve utilizing existing technology within VA, devising software solutions in collaboration with states and considering commercially available programs or products to enhance data access and database monitoring of the entered information.

- VA and DOD have collaborated through joint workgroups to enhance efforts to combat the opioid epidemic. These workgroups released updated VA/DOD Clinical Practical Guideline (CPG) for Long-Term Opioid Therapy for Chronic Pain in February 2017 and the VA/DoD CPG for Diagnosis and Treatment of Low Back Pain in September 2017. These CPGs incorporates the new CDC guidelines on pain management as well as the latest research and best practices of VA/DOD and the private sector to provide safe, effective therapy for these conditions.

- CARA mandates a designated pain management team of health care professionals at each facility responsible for coordinating and overseeing pain management therapy for patients experiencing non-cancer-related acute and chronic pain. Each facility director has provided a report identifying their pain management teams. Facilities are in the process of creating and implementing teams and pain management and referral structures and processes.

Continued Efforts Related to CARA Include

- Automated PDMP checks/data retrievals to reduce provider burden. Additional funding will be required to integrate state PDMPs data into VISTA/CPRS.
- Ensure 100% of all VA facilities have an active Pain Management Team in place with full integration into care planning.

- Close collaboration between Mental Health and Pain Clinics with the integration of addiction medicine and access to Medication Assisted Therapy (MAT) in Pain Clinics and Patient Aligned Care Teams (PACT).
- High-functioning E-Consult Services at all VA facilities for Pain Management.
- VHA builds capacity for high functioning primary care teams with timely access to pain specialty care for the most complex pain patients (stepped care).
- Ensure >95% of all Veterans receiving long-term opioids with their care in VA facilities have a Urine Drug Testing, PDMP check, Informed Consent.
- Expand one-on-one provider education to opioid prescriber outliers to all sites.

Subtitle B: Patient Advocacy

The Office of Patient Advocacy was established as directed by the Comprehensive Addiction and Recovery Act (CARA), Public Law 114-198 as a national program office. The office develops and implements standardized patient advocacy policy, trends national Veteran feedback data that may influence enterprise-wide programmatic change and sets national training standards and core competencies for Patient Advocates.

The mission of VHA Patient Advocacy: ***Honor America's Veterans through the delivery of exceptional advocacy services to advance and influence health care that improves the health and well-being of Veterans.***

The Office of Patient Advocacy accomplishes its mission through policy, analysis and trending data, actions based on feedback, and skill development, with the goal of empowering Patient Advocates to influence the shifting culture from a complaint-based model to a more proactive, whole health system approach.

2017 Accomplishments since the establishment of the national office include:

- National Office of Patient Advocacy established July 2017.
- Informational review of current patient advocacy services across VHA completed.
- VHA Directive 1003.4, "VHA Patient Advocacy" revised and pending final signature.
- Organizational chart and position descriptions developed for Office of Patient Advocacy positions.
- New codes for the Patient Advocate Tracking System (PATS) developed and implemented October 1, 2017.
- Partnering with VA Veteran Experience Office and Dynamics contractor team to develop a Veteran Feedback Tool to replace PATS.
- All facilities are now required to use PATS for documenting, tracking and trending Veterans' complaints and compliments information.
- Virtual educational training sessions were conducted on use of PATS and managing data to improve advocacy services.
- New Patient Advocate Orientation and Training Plan was developed and distributed.

2018-2020 Goals

- Implementation of Veteran experience feedback tool to replace the current Patient Advocate Tracking system (PATS).

- Implement national strategic workgroup recommendations to advance patient advocacy services.
- Educate patient advocates on data management, including trending and analysis, so monthly reporting to leadership results in actions to address common themes/concerns raised by Veterans.
- Fund VISN and local facility initiatives that seek to explore, expand or enhance services for Veterans (innovation).
- Exceed CARA requirements and develop infrastructure and processes that support sustainment of actions/changes to patient advocacy.

Subtitle C: Complementary and Integrative Health (CIH)
VA is actively engaged in expanding identified CIH services for integrative pain management and related services. This plan includes pilot programs in geographically diverse areas including three poly-trauma rehabilitation centers. Impact of expanded CIH services on opioid prescription rates at these pilot sites as well as nationally is a major focus of this effort, particularly for medical centers with opioid prescriptions rates in conflict with national care standards.

CARA section 931 (Expansion of Research and Education on and Delivery of Complementary and Integrative Health to Veterans), requires the establishment of the "Creating Options for Veteran's Expedited Recovery" or COVER Commission. The commission's responsibility is to "examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of Veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities."

VA has identified a Designated Federal Officer (DFO), Alternate DFOs, and other support staff that have been preparing for the work of the Commission since the passing of the legislation, including the development of the Commission charter. Four of the ten Commissioners have been appointed; six Commissioners are yet to be appointed by Congress (4) and the White House (2). Once the Commission reaches a quorum and begins meeting, VA will continue to support this Commission through funding for Commission staff, travel for Commissioners, meeting space, and other logistics.

Section 932 (Expansion of Research and Education on and Delivery of Complementary and Integrative Health to Veterans), requires the development of a plan within 180 days of the date of the enactment of the Act to expand materially and substantially the scope of effectiveness of research and education on, and delivery and integration of, complementary and integrative health services into the health care services provided to Veterans. This work has been completed and the plan which was signed by Secretary of Veterans Affairs in March 2017 is now being used to guide the expansion of CIH services, research and education.

CARA section 933 (Pilot Program On Integration of Complementary and Integrative Health and Related Issues for Veterans and Family Members of Veterans), requires pilot projects in coordination with the Office of Patient Centered Care & Cultural

Transformation (OPCC&CT) on integrating the delivery of complementary and integrative health services selected by the Secretary with other health care services provided by VA for Veterans with mental health conditions, chronic pain conditions, other chronic conditions, and other conditions as the Secretary determines appropriate.

Each of the 18 Veterans Integrated Service Networks (VISN) selected one facility to serve as a pilot site, ensuring distribution throughout VHA. OPCC&CT is actively supporting the implementation at the 18 sites utilizing a learning collaborative model, through education and consultation, and with the development of implementation tools and resources. As implementation progresses, pilot sites will collect ongoing evaluation data of patient reported outcomes, cost and utilization, clinical outcomes, and Veteran and staff satisfaction.

2018-2020 Goals

- Support creating options for Veterans' Expedited Recovery (COVER)
- Continue to implement recommendations defined in the Expansion of CIH report (Improve Access to Care to meet the changing needs of Veterans)
- Support pilot sites rolling our complementary and integrative health services and evaluate gathered data. (Improve Access to Care).

Fitness of Health Care Providers

Completed the facility reviews and submitted the following Congressionally Mandated Reports (CMR) related to the fitness of Health Care Providers:

- Report to Congress on Transmission of VA Healthcare Provider Information to State Medical Boards
- Report on Compliance by Department of Veterans Affairs with Reviews of Health Care Providers Leaving VA or Transferring to Other Facilities

Future efforts will include annual reviews by network directors of professional licenses. Quality, Safety, and Value will continue to review and update the licensure monitoring system and audit compliance when necessary.

Opioid Prevention and Treatment, and VA Mental Health Program Efforts to Address the Comprehensive Addiction and Recovery Act of 2016 (CARA)

Opioid Prevention Obligations ($ millions)	2017 Actual	2018 Current Estimate	2019 Revised Request	2020 Advance Approp.
Opioid Prevention and Treatment Program.....	$318	$317	$330	$334
Comprehensive Addiction and Recovery Act	$0	$50	$52	$54
Obligations [Grand Total].....	$318	$367	$382	$388

CARA does not require or facilitate changes or expansion of VA substance use disorder treatment services, but it does include requirements for VA to better identify, prevent, and mitigate risks related to opioid use.

- VHA is developing clinical protocols and data sharing procedures to facilitate regular urine drug screening and PDMP checks to identify and address substance use in patients receiving opioid prescriptions. Tracking of clinician PDMP queries has been added to VHA decision support tools for opioid safety (e.g. the Stratification Tool for Opioid Risk Mitigation (STORM)). In coming years, VA will work to improve data sharing systems with State PDMPs to facilitate these data checks and reduce burden on clinicians.

- The Overdose Education and Naloxone Distribution (OEND**)** initiative targets education and training for opioid overdose (including prevention and recognition) and rescue response (including distribution of naloxone kits). Per CARA, VHA has made naloxone available to all VA health care systems. Copayments for Naloxone prescriptions and related education were reduced to zero and this care will be provided free of charge to Veterans. Through the life of the program, VA has provided this potentially life-saving training and medication to over 95,000 unique patients and 122,000 prescriptions across all states. In 2017, VA implemented national tracking of naloxone use by patients and is expanding use of naloxone by VA police and the availability of naloxone in defibrillator cabinets. Veterans at highest risk of overdose will continue to be identified through this program and naloxone distribution will expand. VHA submitted the CARA mandated report entitled "Maximize the Availability of Opioid Receptor Antagonists" in October 2016. VA updated their pharmacy package and added additional clinic stop designations to prevent copayments from being charged for naloxone prescriptions or stand-alone overdose education encounters.

- VHA is working to establish guidance for VA providers regarding the use of opioid therapy decision support tools to assess risk prior to prescribing opioids. To allow for a risk assessment before the opioid prescription, STORM was expanded to provide patient specific estimates of the risk of serious adverse events. Were the patient to initiate a low, medium or high dose of opioid therapy; track use of universal precautions to reduce risk; and recommend alternative pain management options. STORM has been made available nationally to clinicians to inform risk-benefit discussions with patients prior to initiating opioid therapy and VHA has drafted and is currently reviewing guidance on the clinical use of this pre-prescription case review practice.

I. Congressional Reports (name & frequency)

Report name	Frequency	Duration/number of reports	Office
Report to Congress on Transmission of VA Healthcare Provider Information to State Medical Boards			QSV
Report on Compliance by Department of Veterans Affairs with Reviews of Health Care Providers Leaving VA or Transferring to Other Facilities			QSV
Section 923: VA Response and Follow-up to GAO Report on Patient Advocacy program	1 time with 6 month updates	Until recommendations complete	10H
Section 911: Report to congress on the Increased Availability and Use of Opioid Receptor Antagonists			
Section 913: Annual Report on Opioid Therapy and Prescription rates for 5 years	Annual		PBM
Section 911: Report to Congress the feasibility and advisability of enhancing OTRR for real time tracking on key data related to OSI.			OSC

Education & Training

Education & Training Total
Includes Veterans Choice Act Sec. 801 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	**$2,118,345**	**$1,920,756**	**$2,071,918**	**$1,999,009**	**$2,028,040**	**$2,163,137**	**($43,878)**	**$135,097**
Education & Training Support	$1,208,609	$935,378	$986,000	$973,188	$994,815	$1,074,681	$8,815	$79,866
Education & Training Trainees	$230,857	$229,299	$279,921	$210,623	$232,250	$251,111	($47,671)	$18,861
Graduate Medical Education Trainees	$678,879	$756,079	$805,997	$815,198	$800,975	$837,345	($5,022)	$36,370

Training Support

Training support is the VERA Educational Support Supplement. VA provides medical centers who host clinical training programs with an indirect education cost supplement that is intended to cover costs associated with training physician and dental residents, medical and nursing students as well as other allied health trainees. These funds are provided as a ‘pass-through’ to the General Purpose Budget of all VA Medical Centers who have clinical training programs.

Trainees (non-GME)

As one of four statutory missions, VHA conducts education and training programs to enhance the quality of care provided to Veterans within the VA health care system. This funding covers the salary and benefit costs for VA clinical trainees in more than 40 allied health professions, including nurses, pharmacists, audiologists, dietitians, social workers, psychologists, physical therapists, optometrists, podiatrists, physician assistants, respiratory therapists, and nurse practitioners.

Trainees (GME)

Title 38 U.S.C. mandates that VA assist in the training of health professionals for its own needs and those of the Nation. VA’s physician education program is conducted in collaboration with 144 of 149 LCME-accredited medical schools and 34 of 34 AOA-accredited medical schools. This funding covers the salary and benefits of physician and dental residents who rotate at VA Medical Centers providing care to Veterans throughout the year.

Education & Training Support
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$1,065,909	$785,678	$828,200	$817,488	$835,667	$902,686	$7,467	$67,019
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$1,065,909	$785,678	$828,200	$817,488	$835,667	$902,686	$7,467	$67,019
Medical Support & Compliance (0152)	$62,400	$65,500	$69,044	$68,100	$69,592	$75,255	$548	$5,663
Medical Facilities (0162)	$80,300	$84,200	$88,756	$87,600	$89,556	$96,740	$800	$7,184
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$1,208,609**	**$935,378**	**$986,000**	**$973,188**	**$994,815**	**$1,074,681**	**$8,815**	**$79,866**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**				
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$1,208,609**	**$935,378**	**$986,000**	**$973,188**	**$994,815**	**$1,074,681**	**$8,815**	**$79,866**

Education & Training Trainees
Includes Veterans Choice Act Sec. 801 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$230,660	$228,899	$279,525	$210,219	$231,850	$250,711	($47,675)	$18,861
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$230,660	$228,899	$279,525	$210,219	$231,850	$250,711	($47,675)	$18,861
Medical Support & Compliance (0152)	$197	$400	$396	$404	$400	$400	$4	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$230,857**	**$229,299**	**$279,921**	**$210,623**	**$232,250**	**$251,111**	**($47,671)**	**$18,861**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**		**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$230,857**	**$229,299**	**$279,921**	**$210,623**	**$232,250**	**$251,111**	**($47,671)**	**$18,861**

Graduate Medical Education Trainees
Includes Veterans Choice Act Sec. 801 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$653,777	$706,079	$706,079	$762,565	$762,565	$823,570	$52,302	$56,486
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$653,777	$706,079	$706,079	$762,565	$762,565	$823,570	$52,302	$56,486
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$653,777**	**$706,079**	**$706,079**	**$762,565**	**$762,565**	**$823,570**	**$56,486**	**$61,005**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$21,781	$31,614	$72,806	$45,533	$19,115	$0	($53,691)	($19,115)
Medical Support & Compliance (0152XA)	$2,846	$14,386	$17,048	$6,100	$12,657	$9,397	($4,391)	($3,260)
Medical Facilities (0162XA)	$475	$4,000	$10,064	$1,000	$6,638	$4,378	($3,426)	($2,260)
Section 801 [Subtotal]	**$25,102**	**$50,000**	**$99,918**	**$52,633**	**$38,410**	**$13,775**	**($61,508)**	**($24,635)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$25,102**	**$50,000**	**$99,918**	**$52,633**	**$38,410**	**$13,775**	**($61,508)**	**($24,635)**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$678,879**	**$756,079**	**$805,997**	**$815,198**	**$800,975**	**$837,345**	**($5,022)**	**$36,370**

Background

As one of VA's four statutory missions, the Office of Academic Affiliations (OAA) conducts an education and training program for health professions trainees. OAA works "to assist in providing an adequate supply of health personnel to the Nation" (38 United States Code (U.S.C.), section 7302). In accordance with this mission, "to educate for VA and for the Nation," clinical education and training efforts are accomplished through coordinated programs and activities in partnership with affiliated U.S. academic institutions. In addition, under Public Law 113-146, "Veterans Access, Choice, and Accountability Act of 2014" (VACAA), Section 301(b)(2) of the Act, charges VA, through the Office of Academic Affiliations to "increase the number of graduate medical education residency positions at medical facilities of the Department by up to 1,500 positions," over a five-year period beginning one year after the enactment of VACAA. Subsequently, on December 15, 2016, the 114th Congress, House and Senate, passed the "Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016". Section C.617 of the bill extended the period for the increase in Graduate Medical Education residency positions at Medical Facilities of the Department of Veterans Affairs from 5 years to 10 Years.

Managing a portfolio of over 16,000 paid clinical training positions, the OAA budget is split between GME Physician Residents, which account for approximately 80% of its budget, and Allied Health/Nursing trainees, which account for about 20% of the budget. OAA manages the Allied Health/Nursing stipends and also matches the Academic Affiliate stipends for Physician Residents.

Program Description

Representing more than 40 health care disciplines, over 125,000 trainees receive all or part of their clinical training in VA health care facilities. Health professional trainees contribute substantially to VA's ability to deliver cost-effective, high-quality patient care for Veterans. Nearly a third of currently employed VA health professionals have received some or all of their clinical training in VA. To continue to meet its workforce needs while providing innovative, 'state of the art' Veteran care, VA has identified and expanded clinical training programs in critical areas of need as defined by the VA and VHA strategic plans, VA Secretary's priorities and the Veterans Access, Choice, and Accountability Act of 2014 (Veterans Choice Act).

VA's physician education program is conducted in collaboration with 144 of 149 allopathic medical schools and 34 of 34 AOA Accredited medical schools. VA is the second largest Federal supporter (after the Centers for Medicare & Medicaid Services) of physician graduate medical education. Also, more than 40 other health professions are represented by affiliations with over 1,800 unique colleges and universities. Among these institutions are Hispanic Serving Institutions, Historically Black Colleges and Universities, Asian American and Native American Pacific Islander Serving Institutions, and Native American Serving Institutions.

2017 Accomplishments

- Funded 43,500 individual physician residents, equal to 50% of the total number of physicians in the VHA workforce, who provide care to Veterans at VA Medical Centers across the nation.
- Funded 750 new mental health trainees through the prior mental health expansion program and implemented the 6th phase of VA's Mental Health expansion program 'as an area of critical need'; in 2016, 70 positions were awarded across 29 sites.
- Led implementation of VACAA Section 301b GME residency expansion, advancing the number of new GME positions to 774.
- Expanded VACAA GME into underserved clinical settings, as directed by the VACAA statute; established 70% of VACAA positions in primary care (44%) and mental health (26%) specialties. The remaining 30% of the positions were used to meet critical access needs at local VA medical centers.
- Expanded VA's ground breaking Post-Baccalaureate Nurse Residency Program, increasing the program to 75 nurse residency positions; the new Psychiatric Mental Health Nurse Practitioner program was also expanded, and a new VA Nursing Academy Graduate Education program was created to stimulate the training of advanced practice nurses in a VA setting, specializing in acute care and geriatrics.
- Developed and assisted in the implementation of a new method for calculating the VERA Education Support Supplement (VESS), for the first time Non-GME FTE were included as part of the model improving equality of the supplement to VA Medical Centers.
- Assumed responsibility for the VA BD-STEP (Big Data Scientist) program in collaboration with NIH and the National Cancer Institute.
- Established a new NARA Trainee System of Records for maintenance of Trainee On-Boarding Records.
- Published a peer-reviewed e-book providing strategies for improving inter-professional education, available to VA and the Nation

2018-2020 Goals

- Increase recruitment of VHA clinical staff, especially in Physician, Mental Health and Nursing shortage areas, using VA's Health Professions Trainees as a recruitment pipeline.
- Improve trainee recruitment from the VA Advanced Fellowships programs.
- Oversee all clinical trainee financial resources; seek to implement stronger controls at the local level, for VA Health Professions Education Mission, including the new VACAA funding stream, which will be separately tracked to maintain public's trust.
- Enhance strategic alignments between OAA Health Professions training programs and Patient Care Services program office to achieve optimal access and clinical outcomes for Veterans.
- Continue VACAA 301b GME Expansion to achieve 1,500 new residency positions in VA.
- Using VACAA Funding Grants, continue to build capacity and infrastructure at GME naive or rural VA Medical Centers to establish new GME Residency Training Programs.
- Strengthen VHA's reputation as a clinical training site of choice by maintaining parity in trainee stipends between VA and the Private Sector.

- Promote strong partnerships between VA and its academic affiliates (AAs) as core element to ensuring and enhancing access, quality, and safety across US healthcare to meet the need of Veterans, and of the Nation.
- Continue the National Academic Affiliations Council, a Federal Advisory Committee helping to identify barriers impeding full realization of academic partnerships and the broader VA training mission, by providing constructive recommendations directly advising the SECVA and USH and establish the Strategic Academic Affiliations Council, a VHA internal advisory council that will advise on implementation of NAAC recommendations.
- Enhance clinical training partnerships between DoD and VHA Residency programs, explore the development of a new collaborative partnership with the Uniformed Services University of the Health Sciences (USUHS).
- Continue to lead innovation in healthcare through expanding or launching new programs to fill unmet needs in healthcare education.
- Explore the establishment of a national Health Professions Trainee Registration and Tracking System in partnership with VHA HR Line of Business (HRLOB) and the Office of Personnel Management.
- Explore centralization of payments for clinical education training accreditation bodies;
- To meet Nursing shortages within VHA, continue to provide consultative support to the 11 new current Post Baccalaureate Nurse Residency (PBNR) programs and start up additional, while increasing the numbers of Nurse Practitioner students in the VANA-GE program.
- Modify NARA Trainee System of Records to include and allow additional trainee documentation requirements.

Congressional Reports

The Office of Academic Affiliations is responsible for one Congressionally Mandated Report (CMR):

Name: "Report on Graduate Medical Education Residency Positions"
Frequency: Annual
Citation: Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146), Section 301(b)

Health Professionals Educational Assistance Program (HPEAP)

Health Professional Educational Assistance Program (HPEAP)
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	**$66,907**	**$85,036**	**$85,036**	**$105,836**	**$105,836**	**$127,836**	**$20,800**	**$22,000**
Education Debt Reduction Program (EDRP)	$34,000	$49,000	$49,000	$68,000	$68,000	$90,000	$19,000	$22,000
Employee Incentive Scholarship Program (EISP)	$1,900	$2,000	$2,000	$2,000	$2,000	$2,000	$0	$0
VA Nursing Education for Employees Program (VANEEP)	$11,603	$12,287	$12,287	$12,287	$12,287	$12,287	$0	$0
Nat'l Nursing Education Initiative (NNEI)	$16,458	$17,049	$17,049	$17,049	$17,049	$17,049	$0	$0
Health Professional Scholarship Program (HPSP)/1	$2,520	$3,800	$3,800	$5,600	$5,600	$5,600	$1,800	$0
Visual Impairment Education Assistance Program (VIOMPSI	$426	$900	$900	$900	$900	$900	$0	$0

The authority for the Health Professionals Educational Assistance Program includes three critical programs: the Education Debt Reduction Program (EDRP), the Employee Incentive Scholarship Program (EISP), and the Health Professional Scholarship Program (HPSP). To achieve the Veterans Health Administration's (VHA) mission of providing timely and exceptional patient centered care for our Nation's Veterans, it is essential to recruit and retain highly qualified healthcare professionals. These programs directly support the VA Breakthrough Priorities of Improving Access to Health Care and Staffing Critical Positions. Currently, 100% appropriated funds are utilized for awards and scholarships, with zero overhead or maintenance costs.

In order to meet critical staffing needs, each VA medical center ranks top mission critical occupations through the Workforce and Succession Strategic Plan and prioritizes the use of resources, such as EDRP, EISP and HPSP, to meet hiring needs for the most critically needed positions.

Education Debt Reduction Program

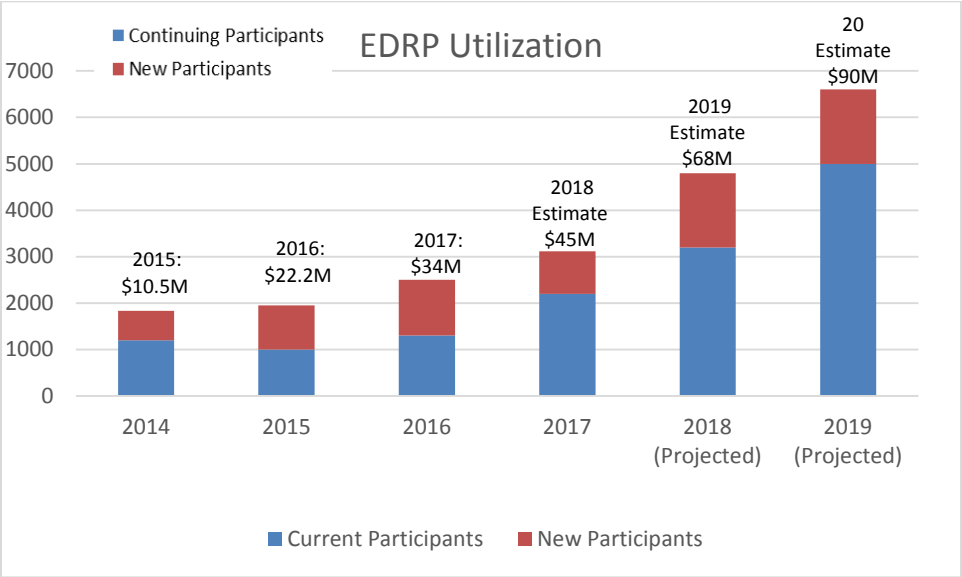
The Education Debt Reduction Program (EDRP) was authorized by the Veterans Programs Enhancement Act of 1998, Public Law 105-368 and implemented in 2002. The statute was amended by the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 (P.L. 107-135), the Caregivers and Veterans Omnibus Health Service Act of 2010 (P.L. 111-163), the Veterans Access, Choice, and Accountability Act of 2014 (P.L. 113-146), and the Department of Veteran Affairs Expiring Authorities Act of 2014 (P.L. 113-175). P.L. 113-146 allows EDRP participants to receive education debt reduction payments up to a maximum of $120,000 for up to five years.

As a result of P.L. 113-146, both the number of overall new EDRP awards and average award amounts per participant are increasing. The current active participants have increased by 45% since 2014 and the current average award is $15,000 per year ($75,000 over 5 years), a more than 40% increase from pre-VACAA awards. In 2017, VA medical centers awarded less than 10 new EDRP awards on average, and system-wide, approximately 1% of all VHA employees received an EDRP award.

EDRP is a multi-year program; therefore participant eligibility must be reviewed and certified at least once annually. As the participant base expands additional staffing

resources are required to ensure appropriate oversight is maintained. One General Schedule 9/11 employee for every 1,000 participants enables the EDRP to review new applications, monitor and certify eligibility for active participants, process participant payments, provide training and consultative services to VHA medical centers, human resources offices, employees, applicants and participants.

Table 1: EDRP Utilization



Employee Incentive Scholarship Program (EISP)

The Employee Incentive Scholarship Program (EISP) was established by title VIII of Public Law (P.L.) 105-368, the Department of Veterans Affairs Health Care Personnel Incentive Act of 1998, and codified in sections 7671-7675 of Title 38 United States Code (U.S.C.). The statute was amended by P.L. 107-135, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, P.L. 108-170, the Veterans Health Care, Capital Asset, And Business Improvement Act of 2003, and P.L. 108-422, the Veterans Health Programs Improvement Act of 2004. EISP authorizes VA to award scholarships to employees pursuing degrees or training in health care disciplines for which recruitment and retention of qualified personnel are difficult. The National Nursing Education Initiative (NNEI) and the VA Nursing Education for Employees Program (VANEEP) are policy-derived programs that stem from the legislative authority of EISP.

EISP awards cover tuition and related expenses such as registration, fees, and books. The academic curricula covered under this program includes education and training programs in fields leading to appointments or retention in title 38 or Hybrid title 38 health care positions listed in 38 U.S.C. section 7401. The maximum amount of a scholarship that may be awarded to an employee enrolled in a full-time curriculum is $39,017 for the equivalent of three years of full-time coursework. Title 38 U.S.C. section 7631 allows for periodic adjustments in the amount of assistance whenever there is a general Federal pay increase. As of September 30, 2017, VA has awarded 18,677 scholarships to EISP, NNEI, and VANEEP participants since the program started in 2000.

Health Professional Scholarship Program (HPSP) and the Visual Impairment and Orientation and Mobility Professional Scholarship Program (VIOMPSP)

VA Health Professional Scholarship Program (HPSP) and the Visual Impairment and Orientation and Mobility Professional Scholarship Program (VIOMPSP) were authorized under P.L. 111-163, the Caregivers and Veterans Omnibus Health Service Act of 2010. P.L. 113-146, The Veterans Access, Choice, and Accountability Act (VACAA) of 2014, extended the authorization for HPSP through December 31, 2019. This legislation allows VA to provide scholarship awards to VA and non-VA employees in exchange for a service obligation with VHA.

The VIOMPSP provides financial assistance to individuals pursuing a program of study leading to a degree or certificate in visual impairment or orientation and mobility. For VIOMPSP, each scholarship recipient receives tuition (up to $15,000) for each year of a degree program (not to exceed a total of $45,000). As of September 30, 2017, VA has awarded 27 scholarships to VIOMPSP participants since the program started in 2015. Educational assistance awarded to date totals $426,369. For HPSP each scholarship, a recipient receives tuition, a monthly stipend, and other required education fees for education/training that would lead to an appointment in a title 38 or Hybrid title 38 occupations. The annual HPSP awards are based on the occupations for which there are the largest healthcare staffing shortages throughout VA. During 2017 we offered awards in Nursing, Physical Therapy, and Physician Assistants. During 2017 VIOMPSP administered funding to 107 students: 66 nurses, 26 Physician Assistants, and 15 Physical Therapists. The total cost of the awards for HPSP during 2017 was $2,520,217.

2017 Accomplishments

EDRP assists VA in securing healthcare providers by repaying student loans for up to five years, serving as a critical recruitment and retention tool for medical centers.

- During the 2017 application cycle, VHA awarded over 900 new EDRP awards.
    - Over 3,000 new awards have been made since 2015, bringing active participant rates to the highest level in over a decade.
    - Physicians are the top occupations receiving EDRP awards, followed by registered nurses (including advanced practice), pharmacists, psychologists, physician assistants, and physical therapists.
    - Psychologists received the third most EDRP awards in 2017; corresponding with the national mission critical occupations rankings for the T/HT38 occupations.
    - Continued improvement of program execution by utilizing all appropriated funding in support of staffing critical direct patient care positions.

EISP, VIOMPSP and HPSP assist the VA in meeting its staffing needs by requiring a service obligation for each year of education funded. This enables VHA to gain commitments for future employment following graduation and licensure/certification:

- During 2017 the VA supported 2,681 employees actively participating in the educational phase of their scholarship with EISP/NNEI/VANEEP funding.

- During 2017 the VA supported 107 students actively participating in the HPSP Program.
- During 2017 the VA supported 19 students actively participating in the VIOMPSP Program.
- The Top 5 occupations based on their completion occupations were Registered Nurses, Licensed Practical/Vocational Nurses, Social Workers, Physical Therapists, and Medical Technologist/Medical Records Technician. New awards during 2017 totaled 909.
- The largest component of scholarship participants consists of supporting Registered Nurses participating in Baccalaureate, Masters, and Doctorate academic programs. During 2017, 240 Registered Nurses completed Baccalaureate degrees, 348 completed Masters, and 37 completed Doctorate degrees.
- As of September 2017, VIOMPSP placed eight graduates in hard to fill locations increasing the access to visual impairment services for our Nation's Veterans.

2018-2020 Goals

- Incremental increases in program budget to sustain current award rates.
    - Recruitment and retention tools such as EDRP and HPSP have since been heavily promoted by VA and VHA leadership to aid with hiring additional providers. In order to continue the new maximum award amount to attract critical healthcare providers and sustain the commitments to current participants, the EDRP and HPSP baseline budgets must be increased over the next several fiscal years to ensure sufficient funding is available.
        - Note: Should the program expand, additional FTE will be required to staff program expansion.
- End-to-end automation
    - Current operations are largely manual and paper-based, requiring redundant and administratively burdensome processes. Development of an automated, applicant/participant facing system integrated with existing personnel systems would streamline processes and enable more effective evaluation and oversight.

Congressional Reports

P.L. 107-135, the Department of Veterans Health Care Programs Enhancement Act of 2001, Sec. 125, Annual Report on Use of Authorities to Enhance Retention of Experienced Nurses.

Hepatitis C Treatment

Hepatitis C
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$746,116	$751,200	$751,200	$199,348	$199,348	$157,208	($551,852)	($42,140)
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$746,116	$751,200	$751,200	$199,348	$199,348	$157,208	($551,852)	($42,140)
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$746,116**	**$751,200**	**$751,200**	**$199,348**	**$199,348**	**$157,208**	**($551,852)**	**($42,140)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$746,116**	**$751,200**	**$751,200**	**$199,348**	**$199,348**	**$157,208**	**($551,852)**	**($42,140)**

VA's National Viral Hepatitis Program is governed by VHA Directive 1300.01 (Management of Infectious Diseases and Infection Prevention and Control Programs) and Title 38 United States Code (U.S.C.) 7301(b). Treating and curing hepatitis C virus (HCV) among Veterans in VA care has been a high priority for the Secretary of the Veterans Administration and the Senate and House Veterans Affairs Committees. VA places a high priority on ensuring that all enrolled Veterans who require Hepatitis C treatment have access to evaluation and treatment. HCV is an infectious disease primarily affecting the liver and is often asymptomatic. Chronic infection can lead to scarring of the liver (e.g. fibrosis or cirrhosis), and in some cases, those with cirrhosis will go on to develop liver failure, or liver cancer.

In October of 2013, VA had identified approximately 168,000 enrolled Veterans with an HCV diagnosis, over 30,000 of whom had a diagnosis of cirrhosis; the proportion of HCV enrollees with cirrhosis has doubled over the last decade. As of September 30, 2017, 80.1% of Veterans in care in the 1945-1965 birth cohort have been screened (the highest risk population for HCV). If all remaining birth cohort and high risk patients in care in VHA were tested, this would yield an estimated 8,000-11,000 undiagnosed HCV patients.

Since January 2014, the U.S. Food and Drug Administration has approved multiple new highly effective direct acting antiviral (DAA) drugs for the treatment of HCV, all of which are available on the VA National Formulary. Since the availability of these all-oral HCV antivirals, from January 2014 through October 2017, VA has treated over 99,000 Veterans and achieved cure rates of over 95%. As of October 2017, approximately 45,000 Veterans diagnosed with HCV remain potentially eligible for treatment.

VA continues to estimate that approximately 80% of all Veterans with HCV enrolled in VA care will be treated by 2020. The majority of Veterans remaining in the untreated pool at that time are estimated to be more difficult to engage in care due to issues such as homelessness, untreated mental health and substance use comorbidities, or those uninterested or unwilling to receive HCV treatment. VA will continue outreach to these patients and remains committed to diagnosing and treating all Veterans in care with HCV who are willing and able to be treated.

2017 Accomplishments

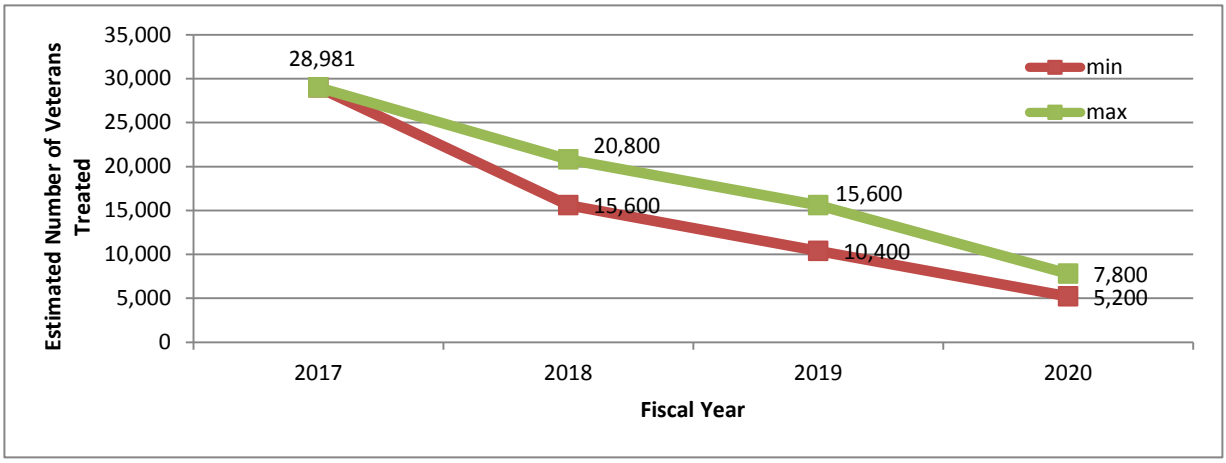
- 80.1% of Veterans in the 1945-1965 birth cohort have been tested for HCV infection.
- 99,292 unique Veterans have been treated with HCV DAAs with cure rate at 95.7%.
- 18 VISN hepatitis innovation teams (HITs) were funded to redesign HCV care.

2018-2020 Goals

- Continue to increase screening of Veterans in the 1945-1965 birth cohort and other high risk populations such as homeless and injection drug users (IDUs).
- Treat the majority of Veterans in care with HCV by 2020.
- Continue to support VISN HITs to increase screening and treatment of HCV and begin to address issues of advanced liver disease across the system.

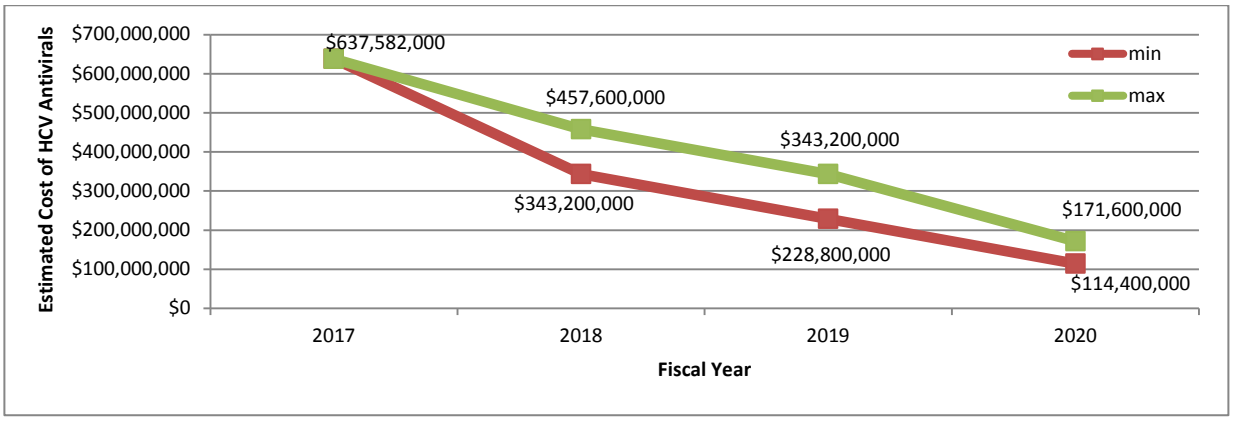
VA has developed a Hepatitis C projection model to supplement the VA Enrollee Health Care Projection Model. The Hepatitis C model projects both the number of enrolled HCV-infected Veterans remaining to be treated as well as HCV medication cost projections for 2018-2020; the model assumes a stable, average treatment cost of $20,000 per treatment course, shown in Figures A & B.

Figure A: Total number of Veterans enrolled in care remaining to be treated



Source: Population Health Service (10P4-V)

Figure B: Hepatitis C Medication Cost Projections



Source: Population Health Service (10P4-V)

Congressional Reports (name & frequency)

- Curing Hepatitis C in the Veteran Population, quarterly Report to Congress

Indian Health Services

Indian Health Services
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$7	$0	$0	$0	$0	$0	$0	$0
Medical Services Community Care (0160)	$0	$0	$0	$0	$15,645	$15,958	$15,645	$313
Medical Community Care (0140)	$14,986	$28,000	$15,308	$28,000	$0	$0	($15,308)	$0
Subtotal	$14,993	$28,000	$15,308	$28,000	$15,645	$15,958	$337	$313
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$14,993**	**$28,000**	**$15,308**	**$28,000**	**$15,645**	**$15,958**	**$337**	**$313**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$14,993**	**$28,000**	**$15,308**	**$28,000**	**$15,645**	**$15,958**	**$337**	**$313**

VA and the Indian Health Service (IHS) signed the VA-IHS National Reimbursement Agreement in December 2012. This agreement facilitates reimbursement by VA to IHS for direct health care services provided to eligible American Indian/Alaskan Native (AI/AN) Veterans in IHS facilities. The agreement also paved the way for agreements negotiated between VA and Tribal Health Programs (THP). Each interested tribe can initiate contact with the VHA Office of Community Care, which will provide the necessary paper work and guidance for the tribe to pursue the agreement. Once an agreement is signed, VA will reimburse them for direct care provided to eligible AI/AN Veterans. Please see workload below.

Description	2017 Actual	2018 Estimate	2019 Estimate	2020 Estimate
Total Unique Veterans	4,984	5,050	5,050	5,050
Number of Tribal Agreements in Place*	104	106	106	106

* In addition to the current tribal agreements in place, there is a National Reimbrusement Agreement with Indian Health Service covering approximately 104 Indian Health Services sites.

Leases

Leases
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$630,153	$953,828	$953,828	$971,676	$971,676	$803,366	$17,848	($168,310)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$630,153**	**$953,828**	**$953,828**	**$971,676**	**$971,676**	**$803,366**	**$17,848**	**($168,310)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$14,274	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$14,274**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$14,274**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$644,427**	**$953,828**	**$953,828**	**$971,676**	**$971,676**	**$803,366**	**$17,848**	**($168,310)**

Leases fall into the following two primary categories: space procured by the General Services Administration (GSA) on behalf of VA and space procured directly by VA (via delegated authority from GSA) in commercial venues. Leases can have many functions, ranging from clinical space for CBOCs to warehouses for storage of supplies and equipment, all in support of the operational needs of the local medical center. For additional information, please see the *Medical Facilities* chapter.

National Veterans Sports Program

National Veterans Sports Program
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$10,721	$10,721	$10,751	$11,105	$11,498	$11,912	$747	$414
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$10,721	$10,721	$10,751	$11,105	$11,498	$11,912	$747	$414
Medical Support & Compliance (0152)	$5,109	$5,109	$5,207	$5,109	$5,327	$5,519	$120	$192
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$15,830**	**$15,830**	**$15,958**	**$16,214**	**$16,825**	**$17,431**	**$867**	**$606**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$15,830**	**$15,830**	**$15,958**	**$16,214**	**$16,825**	**$17,431**	**$867**	**$606**

Veteran Monthly Assistance Allowance (VMAA) for Disabled Veterans Training in Paralympic and Olympic Sports Program

Background

Public Law 38 U.S.C. 322(d), Public Law 110-389 and Public Law 114-223 authorize the VMAA Program. The VMAA Program is a component of various VA/VHA initiatives in support of Veterans with disabilities participating in Paralympic or Olympic adaptive sports for therapeutic, rehabilitative, and whole-life health and wellness. This program is also a lead component for VA's Public Private Partnerships under 38 U.S.C. 523.

Program Description

The Veteran Monthly Assistance Allowance (VMAA) provides an allowance to Veterans with disabilities who meet both the disability and performance criteria established for Paralympic or Olympic sports, and who are training in either their respective Paralympic or Olympic sport governing body. The VMAA program now covers 47 different groups of Olympic Sports for each of the six different Olympic jurisdictions in the United States.

2017 Accomplishments

A total of 229 disabled Veterans received VMAA, and competed in 30 Paralympic sport groupings under the United States Olympic Committee, Puerto Rico Paralympic Committee, and National Paralympic Committee, U.S. Virgin Islands. Approximately 75 Veterans became or maintained positions as national team members and achieved honors as high as national championships.

2018-2020 Goals
The VMAA program will support qualifying disabled Veterans' active participation in Olympic and Paralympic training activities, directly relating to VA's Strategic Goals of Empowering Veterans to Improve Their Well-Being. Outreach efforts are focused on connecting as many potential Veteran athletes as possible with resources to enroll in the VMAA program.

Grants for Adaptive Sports Programs for Disabled Veterans and Disabled Members of the Armed Forces (ASG) Program

Background
Public Law: 38 U.S.C. 521A, Public Law 110-389, and Public Law 114-223 authorize the Adaptive Sport Grants (ASG) Programs for disabled Veterans and disabled members of the Armed Forces. This program is synergistic with the Veterans Monthly Assistance Allowance Program for Disabled Veterans Training in Paralympic, 38 U.S.C. 322(d), as authorized by the same legislation.

Program Description
The ASG Program provides grant funding to organizations to increase the availability and quality of adaptive sport activities for Veterans and Service members with disabilities within their home communities, as well as more promoting advanced Paralympic and adaptive sport programs at the regional and national levels.

2017 Accomplishments
VA provided $8 million in grant awards to 94 adaptive sports organizations, establishing ASG agreements to provide adaptive sport activities to benefit Veterans and Service members with disabilities in 2018. This was the largest amount and most such grants ever awarded by VA, and included 29 national organizations, 36 regional programs, and 29 community-based programs. During 2017, the ASG program supported approximately 10,000 disabled Veterans directly through training programs, camps, clinics, and competitions. Additionally, over 1,000 adaptive sport providers received training to enhance their capabilities to provide adaptive sport programs for Veterans with disabilities.

2018-2020 Goals
The ASG program will support qualifying disabled Veterans' active participation in adaptive sports at the recreational through elite competition levels, directly related to VA's Strategic Goal of Empowering Veterans to Improve Their Well-Being through activity. The ASG program will foster, active partnerships with adaptive sport entities (e.g., Veteran Service Organizations, colleges and universities, hospitals, Paralympic and

adaptive sport organizations, state and community-based entities, nonprofit organizations and other eligible entities), directly relating to VA's Strategic Goal of Enhancing and Developing Trusted Partnerships.

VA National VA Rehabilitation Adaptive Sports and Therapeutic Arts Events

Background
Public Law: 38 USC 521 authorizes VA to assist organizations in providing recreational activities that will further the rehabilitation of disabled Veterans if the activities are available on a national basis and if a significant percentage of individuals participating in the activities are eligible for VA rehabilitative services.

Program Description
VA provides six national events annually; four are co-presented by Veterans Service Organizations (VSOs), and two have significant VSO involvement in program inception and/or execution. These programs provide Veterans who are eligible in VA health care opportunities to engage in adaptive sport or therapeutic arts through competition and participation for their rehabilitation, health and wellness.

National Veterans Wheelchair Games (founded in 1981) serves Veterans with spinal cord injuries, multiple sclerosis, amputations, stroke, and other neurological injuries. Co-sponsored by the Paralyzed Veterans of America, this program provides adaptive sports medicine through competition in 19 different sports competitions.

National Veterans Golden Age Games (founded in 1985) provides a national competition of 17 sporting events for participation by Veterans ages 55 years and older.

National Disabled Veterans Winter Sports Clinic (founded in 1987) serves disabled Veterans with spinal cord injuries, traumatic brain injury, visual impairments, amputations, and certain other neurological conditions. Hosted by the Grand Junction Veterans Health Care System and co-presented with the Disabled American Veterans (DAV), Veterans are introduced to adaptive winter sports, teaching them to adopt an active, healthy lifestyle through their participation in this Sports Clinic.

National Veterans Creative Arts Festival (founded in 1989) provides Veterans opportunities for health and healing through therapeutic arts. The program begins with local art competitions held at VA medical facilities nationwide. Co-presented with the American Legion Auxiliary, the top medal-winning artists are invited to the Festival to showcase their artwork and perform live music, drama, dance, or original writing selections in a stage show open to the public.

National Disabled Veterans TEE (Training, Exposure, Experience) Tournament (founded in 1994) serves Veterans with visual impairments, amputations, traumatic brain injuries, psychological trauma, certain neurological conditions, spinal cord injuries and other life changing disabilities. Hosted by the Iowa City VA Health Care System and co-presented with the DAV, this event provides disabled Veterans opportunities for

rehabilitation, health and wellness through golf and golf instruction and other activities (e.g., bowling, horseback riding, kayaking, Frisbee golf, adaptive cycling).

National Veterans Summer Sports Clinic (founded in 2008) serves recently-injured Veterans by providing opportunities for participation in adaptive summer sports activities. Hosted by the VA San Diego Healthcare System, the Clinic serves Veterans from across the country with a variety of injuries, ranging from traumatic brain injury and polytrauma, to spinal cord injury, or loss of limb. Collectively, more than 5,500 Veterans participate in these programs and events, annually.

2018-2020 Goals

The six NVSP&SE programs support active participation of Veterans with disabilities in these events to enhance their health, wellness, and rehabilitation experience through various sport opportunities and clinics, directly relating to VA's Strategic Goals of Empowering Veterans to Improve Their Well-Being. Current NVSP&SE plans and initiatives link directly link to the VHA Priority Goals of Building a High Performance Network, integrating the NVSP&SE with national clinical program offices responsible for rehabilitation and prosthetic services.

Program goals further leverage strategic partnerships to expand adaptive sports for disabled Veterans through ongoing, community-based activities, supporting VA's Strategic Goal of Enhancing and Developing Trusted Partnerships. NVSP&SE national adaptive sports and therapeutic arts programs will continue to serve as a model for provision of adaptive sports medicine and therapeutic arts.

Twenty five percent of all Veterans served will be first time participants, 10% of VA adaptive sports providers supporting these events will be first time participants, and VA staff will train community providers to elevate the level of care provided in the community to Veterans seeking adaptive sports and therapeutic arts in the community. Additionally, new collaborations with community or VSO partners will be increased by at least 10%.

Congressional Reports

The "VA National Veterans Sports Programs & Special Events Annual Report" details the use of grant funds administered by NVSP&SE during the year, and this annual report includes information on the six events.

Non-Recurring Maintenance

Non-Recurring Maintenance
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$158	$0	$0	$0	$0	$0	$0	$0
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$158	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$1,069,325	$1,870,000	$1,905,731	$1,150,000	$1,445,565	$626,580	($460,166)	($818,985)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$1,069,483**	**$1,870,000**	**$1,905,731**	**$1,150,000**	**$1,445,565**	**$626,580**	**($460,166)**	**($818,985)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$14,037	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$14,037**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$14,037**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$1,083,520**	**$1,870,000**	**$1,905,731**	**$1,150,000**	**$1,445,565**	**$626,580**	**($460,166)**	**($818,985)**

VHA uses its Non-Recurring Maintenance (NRM) projects to make additions, alterations, and modifications to land, buildings, other structures, nonstructural improvements of land, and fixed equipment. This can also occur when the equipment is acquired under contract and becomes permanently attached to or part of the building or structure). NRM is utilized to maintain and modernize existing campus facilities, buildings, and building systems; replace existing building system components; provide for adequate future functional building system capacity. NRM can also be used for environmental remediation and abatement, and building demolition. This is accomplished without constructing any new building square footage for functional program space.

Please see the *Medical Facilities* chapter in Volume II and various chapters in Volume IV for additional information.

Rural Health

Rural Health
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$172,822	$221,336	$218,870	$221,336	$218,870	$218,870	$0	$0
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$172,822	$221,336	$218,870	$221,336	$218,870	$218,870	$0	$0
Medical Support & Compliance (0152)	$18,773	$16,664	$19,130	$16,664	$19,130	$19,130	$0	$0
Medical Facilities (0162)	$10,965	$12,000	$12,000	$12,000	$12,000	$12,000	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	$202,560	$250,000	$250,000	$250,000	$250,000	$250,000	$0	$0
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$202,560**	**$250,000**	**$250,000**	**$250,000**	**$250,000**	**$250,000**	**$0**	**$0**

Background

Congress created the VHA Office of Rural Health (ORH) in December 2006 (38 US Code §7308) with these primary functions:

- In cooperation with the medical, rehabilitation, health services, and cooperative studies research programs to conduct, coordinate, promote, and disseminate research into issues affecting Veterans living in rural areas. This is done with the cooperation of the Office of Policy and the Office of Research and Development of the Veterans Health Administration.

- To develop, refine, and promulgate policies, best practices, lessons learned, and innovative and successful programs to improve care and services for Veterans who reside in rural areas of the United States.

38 US Code §7308 also charges ORH's Veterans Rural Health Resource Centers (VRHRC) with these functions:

- To improve the understanding of the challenges faced by Veterans living in rural areas.

- To identify disparities in the availability of health care to Veterans living in rural areas.

- To formulate practices or programs to enhance the delivery of health care to Veterans living in rural areas.

- To develop special practices and products for the benefit of Veterans living in rural areas and for implementation of such practices and products in the Department system wide.

Program Description
ORH uses three distinct approaches to accomplish its mission to improve the health and well-being of rural Veterans by increasing their access to care and services. First, ORH partners with VHA national program offices to develop Enterprise Wide Initiatives (EWI) that offer VA facilities serving rural Veterans initial funding to stand up new and innovative programs to increase access to care for rural Veterans. Examples of EWIs include: Teleprimary Care, Telemental Health Hubs, and Clinical Pharmacy Staffing for clinics serving rural Veterans.

Second, VRHRCs, hosted by VA medical centers across the country, develop tailored, innovative projects into ORH Rural Promising Practices, which are fully tested, developed, and then implemented at VA sites serving rural Veterans nationwide.

Third, in keeping with its mandate to "assist the Under Secretary for Health in conducting, coordinating, promoting, and disseminating research into issues affecting Veterans living in rural areas," ORH works closely with VHA Health Services Research & Development (HSR&D), the Quality Enhancement Research Initiative (QUERI), VRHRCs, and other national health system researchers and evaluators to execute program implementation evaluation and research initiatives that identify rural Veteran health care disparities and improve understanding of the unique health care access challenges faced by rural Veterans. The results of these studies are disseminated nationwide to both government and community audiences.

2017 Accomplishments
- Deployed 40 Enterprise Wide Initiatives (EWI) that served 1.5 million Veterans at more than 760 VA health care sites across the country.
- Supported 15,500 VHA health care providers and staff with rural-focused workforce training programs.
- Supported the field based activities of the VRHRCs that implemented 6 ORH Rural Promising Practices at 64 sites nationally, 17 Clinical Innovation programs, and 10 studies on health care access issues affecting rural Veterans.
- Partnered with the Veterans Engineering Resource Center (VERC) to evaluate the effectiveness of the MyVA Access redesign at rural VA medical centers to achieve same day primary and mental health care access for Veterans.

2018-2020 Goals

ORH will continue to focus on its mission to improve the health and well-being of rural Veterans by increasing their access to care and services by implementing its strategic goals, all of which are driven by the Secretary's five priorities:

ORH Program	ORH Strategic Goals	Secretary's Priorities
ORH Enterprise Wide Initiatives	Improve the health and well-being of rural Veterans by increasing their access to care and services; Strengthen community health care infrastructure where rural Veterans reside	Greater Choice; Modernize Systems; Improve Timeliness; Suicide Prevention.
ORH Rural Promising Practices; ORH Engagement with the VHA Diffusion of Excellence Council and the VA Center for Innovation	Improve the health and well-being of rural Veterans by increasing their access to care and services	Greater Choice; Modernize Systems; Focus Resources; Improve Timeliness
ORH study initiatives that identify rural Veteran health care disparities and improve understanding of the unique challenges faced by our rural Veterans	Generate and diffuse knowledge regarding rural Veteran health; Inform health care policy that impacts rural Veterans & rural health care delivery	Modernize Systems; Focus Resources

In striving to achieve these goals, ORH will continue to expand opportunities for VHA field units to participate in its EWIs and promising rural practices.

Obligations for Rural Veterans
(dollars in thousands)

Description	2017 Actual	2018 Estimate	2019 Estimate	2020 Estimate
VISN				
1.....	$854,684	$890,065	$940,489	$994,680
2.....	$740,516	$748,059	$764,514	$784,577
4.....	$733,197	$750,696	$774,631	$798,456
5.....	$761,328	$789,454	$822,413	$855,110
6.....	$1,532,138	$1,624,951	$1,716,185	$1,801,357
7.....	$1,476,683	$1,537,545	$1,609,997	$1,686,638
8.....	$862,434	$879,610	$909,620	$939,234
9.....	$1,336,888	$1,389,035	$1,437,988	$1,485,002
11.....	$1,758,786	$1,836,414	$1,910,408	$1,984,454
12.....	$1,005,204	$1,055,122	$1,099,558	$1,141,889
15.....	$1,385,325	$1,461,775	$1,521,854	$1,567,368
16.....	$1,576,859	$1,609,969	$1,646,197	$1,681,361
17.....	$1,102,530	$1,135,969	$1,179,283	$1,222,496
19.....	$1,320,859	$1,397,787	$1,469,917	$1,537,868
20.....	$1,220,755	$1,298,790	$1,373,306	$1,446,010
21.....	$909,399	$959,413	$1,001,154	$1,042,881
22.....	$839,649	$882,485	$915,687	$949,558
23.....	$1,698,031	$1,764,125	$1,822,420	$1,879,760
Obligations [Grand Total].....	**$21,115,265**	**$22,011,264**	**$22,915,621**	**$23,798,699**

Congressional Reports

Each year since 2012, ORH has completed a Congressional Tracking Report (CTR) on the previous year's expenditures and projected expenditures for the next year. There is no legislative requirement for these reports.

Veterans Homelessness Programs

Veterans Homelessness Programs
Obligations by Category
(dollars in thousands)

Description	2017 Actual	2018 Revised Request	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Homeless Veterans Treatment Costs 1/	**$5,532,558**	**$5,573,956**	**$5,588,304**	**$5,718,879**	**$5,633,442**	**$5,683,869**	**$45,138**	**$50,427**
Programs to Assist Homeless Veterans								
Permament Housing Supportive Services								
HUD-VASH Case Management (I)	$345,833	$408,300	$408,300	$408,300	$408,300	$408,300	$0	$0
HUD-VASH (S)	$163,026	$134,593	$134,593	$141,360	$141,360	$141,360	$6,767	$0
Perm. Housing Supp. Services [Subtotal]	**$508,859**	**$542,893**	**$542,893**	**$549,660**	**$549,660**	**$549,660**	**$6,767**	**$0**
Transitional Housing								
Grant & Per Diem (I)	$183,034	$226,068	$226,068	$226,068	$226,068	$226,068	$0	$0
Gran & Per Diem Liaisons (I)	$31,596	$31,409	$31,409	$31,409	$31,409	$31,409	$0	$0
Other (S)	$31,780	$43,068	$43,068	$50,026	$50,026	$50,026	$6,958	$0
Health Care for Homeless Vets (S)	$25,126	$27,999	$27,999	$29,407	$29,407	$29,407	$1,408	$0
Health Care for Homeless Vets (I)	$151,977	$160,864	$160,864	$160,864	$160,864	$160,864	$0	$0
Transitional Housing [Subtotal]	**$423,513**	**$489,408**	**$489,408**	**$497,774**	**$497,774**	**$497,774**	**$8,366**	**$0**
Prevention Services								
Supportive Svcs Low Income Vets & Families (I)	$320,073	$320,000	$320,000	$320,000	$320,000	$320,000	$0	$0
National Call Center for Homeless Veterans (I)	$5,313	$5,568	$5,568	$5,568	$5,568	$5,568	$0	$0
Justice Outreach Homeless Prevention (I)	$31,149	$37,653	$37,653	$37,653	$37,653	$37,653	$0	$0
Justice Outreach Homeless Prevention (S)	$19,263	$11,125	$11,125	$11,684	$11,684	$11,684	$559	$0
Prevention Services [Subtotal]	**$375,798**	**$374,346**	**$374,346**	**$374,905**	**$374,905**	**$374,905**	**$559**	**$0**
Treatment								
Domiciliary Care for Homeless Vets (S)	$194,105	$209,989	$209,989	$220,547	$220,547	$220,547	$10,558	$0
Telephone Homeless Chronically Mentall Ill (S)	$25,865	$24,821	$24,821	$24,293	$24,293	$24,293	($528)	$0
Treatment [Subtotal]	**$219,970**	**$234,810**	**$234,810**	**$244,840**	**$244,840**	**$244,840**	**$10,030**	**$0**
Employment/Job Training								
Homeless Veterans Community Employment Prg (I)	$13,173	$15,182	$15,182	$15,182	$15,182	$15,182	$0	$0
Homeless. Ther. Empl., CWT & CWT/TR (S)	$66,504	$60,012	$60,012	$60,012	$60,012	$60,012	$0	$0
Employment/Job Training [Subtotal]	**$79,677**	**$75,194**	**$75,194**	**$75,194**	**$75,194**	**$75,194**	**$0**	**$0**
Administrative								
Supportive Svces Low Income Vets & Families Adm	$7,510	$8,675	$8,675	$8,703	$8,703	$8,703	$28	$0
National Homeless Registry	$1,153	$2,458	$2,458	$2,458	$2,458	$2,458	$0	$0
Adminsitrative [Subtotal]	**$8,663**	**$11,133**	**$11,133**	**$11,161**	**$11,161**	**$11,161**	**$28**	**$0**
Obligations [SubTotal]	**$1,616,480**	**$1,727,784**	**$1,727,784**	**$1,753,534**	**$1,753,534**	**$1,753,534**	**$25,750**	**$0**
Breakout by Specific & General Purpose								
(I) Initiative Specific Purpose	$1,090,811	$1,216,177	$1,216,177	$1,216,205	$1,216,205	$1,216,205	$28	$0
(S) Sustainment General Purpose	$525,669	$511,607	$511,607	$537,329	$537,329	$537,329	$25,722	$0
Obligations [Total]	**$1,616,480**	**$1,727,784**	**$1,727,784**	**$1,753,534**	**$1,753,534**	**$1,753,534**	**$25,750**	**$0**

1/ Represents Total Fiscal Year Medical Care obligations used to treat those Veterans presenting with a homeless diagnosis during the Fiscal Year in either inpatient or outpatient setting.

VA is committed to the objective of ending Veteran homelessness, and pursues that objective in close collaboration with our Federal agency partners, leading national organizations, and State and local government agencies, and with Veteran-Service Organizations and other nonprofit partners in communities across the country. VA and our partners are striving to implement a systemic end to Veteran homelessness. VA, the Department of Housing and Urban Development (HUD) and the U.S. Interagency Council on Homelessness (USICH), have developed criteria for that systemic end of Veteran homelessness, which means:

- Identify all Veterans experiencing homelessness;

- Provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants it;
- Provide service intensive transitional housing in limited instances;
- Have capacity to assist Veterans to swiftly move into permanent housing; and
- Have resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

Significant progress has been made to prevent and end Veteran homelessness. The number of Veterans experiencing homelessness in the United States declined by nearly half since 2010. To date, 60 communities, across 30 States, have been confirmed by VA, HUD, and USICH as having achieved the goal of effectively ending Veteran homelessness. Nationally, the total number of homeless Veterans, including those in sheltered and unsheltered locations on a single night in January 2017, was just over 40,000. While this represents a slight increase in Veteran homelessness over 2016, decreases in Veteran homelessness in the majority of HUD Continuums of Care in 2017, coupled with the overall decline in Veteran homelessness since 2010, demonstrate that the evidence-based strategies employed by VA and its partners to help Veterans become and remain permanently housed are working. In addition, over 600,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness through HUD's targeted housing vouchers and VA's homelessness programs.

Domiciliary Care for Homeless Veterans (DCHV)

The DCHV program is authorized by 38 U.S.C. § 1710 and 8110; 38 U.S.C. § 1710 authorizes VA to provide inpatient care. Title 38 Code of Federal Regulations (CFR) 17.46, 17.47, and 17.48 provides eligibility criteria for DRRTP and CWT-TR programs. The DCHV program provides time-limited residential treatment to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs, including homelessness and unemployment. DCHV programs provide homeless Veterans access to medical, mental health, and substance use disorder treatment in addition to psychosocial and vocational rehabilitation treatment programs.

2017 Accomplishments

- The DCHV program provided services to over 7,300 Veterans.
- The DCHV program offered more than 2,000 operational beds at 46 sites in support of homeless Veterans.

Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH) Program

The HUD-VASH program is authorized by 38 U.S.C § 2003(b) which requires VA to provide case management to HUD-VASH participants. HUD-VASH is a collaborative program between HUD and VA where eligible homeless Veterans receive a Housing Choice rental voucher from HUD, paired with VA-provided case management and supportive services to sustain housing stability and recovery from physical and mental health problems, substance use disorders, and functional concerns contributing to or resulting from homelessness.

HUD-VASH subscribes to the principles of the "Housing First" model of care. Housing First is an evidence-based practice model that has demonstrated that the practice of rapidly moving individuals into housing. It wraps supportive services around the homeless Veterans as needed. It helps homeless individuals exit from homelessness, remain stable in housing, thus improving ability and motivation to engage in treatment strategies. Program goals include housing stability while promoting maximum Veteran recovery and independence in the community for the Veteran and the Veteran's family.

2017 Accomplishments

- Vouchers active: 85,085; vouchers in use: 83,459
- Veterans housed: 77,850
- Vouchers issued to Veterans seeking housing: 4,387
- Vouchers reserved for Veterans undergoing PHA Validation: 1,222
- Vouchers available: 1,626

The 2018 budget included additional funding to support the addition of approximately 5,500 new HUD-VASH vouchers in late 2017/early 2018. With the addition of these new vouchers, HUD-VASH will be supporting a total of approximately 93,000 vouchers as of late 2017/early 2018.

Homeless Patient Aligned Care Teams (H-PACT)

The H-PACT program is authorized by 38 U.S.C. § 7301(b) and 38 C.F.R. 17.38. H-PACT provides a coordinated "medical home" specifically tailored to the needs of homeless and vulnerable Veterans. At selected VA facilities, Veterans are assigned to an H-PACT care team that includes a primary care provider, nurse, social worker, homeless program staff, and others who provide open-access, wrap-around medical care, case management, housing, and social services assistance, to provide and coordinate the health care they may need while assisting them in obtaining and staying in permanent housing.

2017 Accomplishments

- Over 19,000 homeless and at-risk Veterans are enrolled in the H-PACT program across the country.
- There are 65 H-PACT sites located at VA medical centers (VAMC), Community Based Outpatient Clinics (CBOC), and Community Resource & Referral Centers (CRRC) across the country.
- H-PACT program demonstrates substantial reductions in emergency department visits and hospitalizations.
- The H-PACT team model of care facilitates accelerated placement into permanent housing. Veterans in H-PACTs were housed in permanent housing 81 days faster than those not enrolled in an H-PACT.
- H-PACT care more effectively engages Veterans in ambulatory care.
- Care in H-PACT costs almost $10,000 less per Veteran per year.
- H-PACT findings are supported extensively by several research studies and nearly a dozen peer-reviewed academic publications.
- H-PACT was recognized and featured by the Commonwealth Fund as an innovative practice model.

- The H-PACT practice network serves as a platform for new initiatives including: piloting Hospital-to-Housing (H2H, now a GPD bed model); Staying Housed; mobile texting platforms; screening for food insecurity; and SOAR.

Homeless Providers Grant and Per Diem Program (GPD)
The GPD program is authorized by 38 U.S.C. §§ 2011, 2012, 2061, and 2064 and 38 CFR Part 61. The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD-funded projects offer communities a way to help homeless Veterans with housing and services while assisting VAMCs by augmenting or supplementing care.

2017 Accomplishments
- VA's largest transitional housing program with over 12,500 beds nationwide.
- Over 23,700 Veterans entered GPD transitional housing.
- Announced awards that will provide approximately $185 million in per diem funding for 556 projects to community agencies that provide transitional housing and supportive care for homeless Veterans.
- Approximately $3 million in grant funding awarded to 13 community agencies that provide services for homeless with special needs.
- Approximately 400 Transition in Place model housing units operational.
- More than 14,500 homeless Veterans exited GPD to permanent housing.
- Average length-of-stay in GPD: 174 days *(lowest since 2009).*

Health Care for Homeless Veterans (HCHV)
The HCHV Program is authorized by 38 U.S.C. 2031 and 38 CFR Part 63. The central goal of HCHV programs is to reduce homelessness among Veterans by engaging and connecting homeless Veterans with health care and other needed services. HCHV programs provide outreach, case management and HCHV Contract Residential Services (CRS) programs ensuring that homeless Veterans, especially those who are chronically homeless many with serious mental health diagnoses and/or substance use disorders, can engage with VA and community partners that provide quality housing and services that meet the needs of these special populations.

2017 Accomplishments
- Over 6,300 Veterans exited HCHV CRS programs to permanent housing. The average length of stay in a HCHV CRS program is 77 days. 86% of Veterans exiting CRS programs engage in VA mental health services and 93% receive ongoing VA medical services.
- HCHV supported 360 Stand Downs providing outreach to over 80,000 Veterans.
- HCHV supported 31 Community Resource and Referral Centers (CRRC). CRRCs are collaborative, multi-agency, multidisciplinary programs that serve homeless Veterans by providing a central location to engage and provide access to

immediate housing options, job development programs, and other VA and non-VA benefits. More than 29,000 Veterans received services in VA CRRC programs.
- HCHV provided outreach services to over 138,500 total Veterans.
- HCHV provided case management services to over 10,790 Veterans.

Supportive Services for Veteran Families (SSVF)
The SSVF program is authorized by 38 U.S.C. 2044 and provides supportive services to very low-income Veteran families in or transitioning to permanent housing. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. Funds are granted to private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.

2017 Accomplishments
- $393 million in support (through a combination of the 2017 annual appropriation and funding remaining from 3 year "surge" grants made in 2015) provided to 376 organizations in all 50 states, Puerto Rico, the District of Columbia, Guam, and the Virgin Islands. An additional $100 million available to 92 grantees in 70 high need communities (part of 3-year grant awards made in 2015).
- SSVF assisted nearly 130,000 individuals; with 84,000 Veterans assisted.
- Nearly 28,000 children assisted in over 14,000 households with children.
- Of the Veterans assisted, over 11,300, or roughly 13%, were female.
- 82% of those discharged from the SSVF program obtained permanent housing.

Veterans Justice Outreach (VJO)
The VJO program is authorized by 38 U.S.C. § 2022. The purpose of the VJO Program is to prevent homelessness, and avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans. This is accomplished by ensuring that eligible justice-involved Veterans encountered by police, and in jails or courts, have timely access to VHA mental health, substance abuse, and homeless services when clinically indicated, and other VA services and benefits as appropriate.

2017 Accomplishments
- The VJO program provided services to over 46,500 justice-involved Veterans.
- VA provided support to 461 Veterans Treatment Courts and other Veteran-focused court programs.
- VA partnered with legal providers to offer 158 pro-bono legal clinics to Veterans on site at VAMCs.

Homeless Veteran Community Employment Services (HVCES)
HVCES is authorized by 38 U.S. Code § 2031 and 2033. To help improve employment outcomes for homeless Veterans, in 2017 VA continued to support the Vocational Development Specialists who are embedded in homeless program teams and serve as Employment Specialists and Community Employment Coordinators (CEC). HVCES staff ensure that a range of employment services are accessible to Veterans who have

experienced homelessness, including chronically homeless Veterans, complement existing medical center-based employment services, and are a bridge to employment opportunities and resources in the local community.

2017 Accomplishments

- In 2017 approximately 7,000 Veterans exited homeless residential programs with employment (GPD, CWT/TR, and DCHV). This represents a consistent upward trend in these employment rates over the past four (4) years.
- In addition, employment rates for Veterans housed through HUD-VASH exceeded the national target by 4%.

National Center on Homelessness among Veterans (the Center)

The Center is established by section 713 of the Jeff Miller and Richard Blumenthal Health Care and Benefits Improvement Act of 2016. The Center works to promote recovery-oriented care for Veterans who are homeless or at-risk for homelessness by conducting and supporting research; assessing the effectiveness of programs; identifying and disseminating best practices and integrating these practices into polices, programs, and services for homeless or at-risk Veterans; and serving as a resource center for all research and training activities carried out by the Department and by other Federal and non-Federal entities with respect to Veteran homelessness. The Center is active in research, model development, education and policy analysis.

2017 Accomplishments

- Hosted the Homeless Evidence and Research Synthesis Roundtable Series with events focusing on Opioid Dependence& the Homelessness Community and Rural Homeless Veterans. These virtual interagency research symposia provide a platform for researchers and providers to discuss the impact of homelessness and special needs associated with these cohorts.
- Center researchers developed professional presentations, research briefs and published numerous articles in peer-reviewed journals on issues related to Veteran homelessness.
- Developed a comprehensive database for all HPO based education for on-going access to competency development.
- Completed the second annual knowledge survey to assess knowledge gaps of employees serving homeless Veterans.
- Developed a 2017 educational series for VA staff working with homeless populations. 6,481 registrations and 3,193 unique employees participated from across the country.
- Developed homeless population-based competencies for VA staff working in homeless programs leading to establishing a certificate program in 2018.
- Awarded five intramural grants to support homeless research.
- Established a “Connecting Research to Practice” series that provides a forum for researchers and homeless providers to discuss current research and implications for planning, developing, or implementing services for homeless or formerly homeless Veterans.
- Developed processes for two pilot program models (Low Demand Residential and

Hospital to Housing) for transition to national implementation through the Grant Per Diem Program 17 Notice of Fund Availability (NOFA).

- Transitioned Safe Haven pilot initiatives (an early recovery residential housing program design) to HPO Clinical Operations.
- Continued utilizing predictive analytics to achieve a population health management approach to understand the key factors that contribute to the cycle of homelessness and to predict when a Veteran is at risk of becoming homeless.

2018-2020 Goals

Continue to Reduce Veteran Homelessness, the following are 2018–2020 goals to achieve continued successful outcomes:

- Maximize the use of existing and any additional vouchers by prioritizing the admission of chronic and other highly vulnerable homeless Veterans.
- Continue field-based coaching for targeting the high-utilizing Veterans for enhanced behavioral and medical intervention to address unmet needs. Continue to refine quarterly performance reporting to respond to and support the goals of local Medical Center leadership. Address emerging needs in the field (*e.g.* aging and palliative care). Further define and refine H-PACT's role within medical centers and across the continuum of care needs for our Veterans who may be challenged in their capacity to access and engage in traditional care models because of their homelessness or risk for becoming homeless.
- Improve the efficiency and resource allocation of the SSVF and Homeless Provider's GPD program through a competitive time limited grant award process.
- Increase street outreach with the goal of connecting vulnerable, unsheltered Veterans to critical services that he/she would otherwise be reluctant or unable to independently access through traditional service settings.
- Partner with communities through the Veterans Justice Outreach program, to facilitate access to needed VA treatment for justice-involved Veterans.
- Continue to connect homeless research findings to practical clinical applications for those providing services to our homeless Veteran population.
- Assist communities in developing and maintaining their coordinated entry systems; assist communities in accelerating housing placement rates through more efficient coordination of VA and community resources and information.
- Establish a platform for shared data exchange that include VA and community-based data for the collection of homeless Veteran data and improved resource management for seamless access to services and improved Veteran experience.

Congressional Reports

The Homeless Programs Office is responsible for two annual Congressionally Mandated Reports:

- Specialized Homeless Program
- Contracting for Case Management Services in the HUD-VASH Program

Medical Care Collections Fund

VA estimates collections of $3.461 billion and $3.600 billion in 2019 and 2020, respectively.

Medical Care Collections Fund 1/ 3/
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Medical Care Collections Fund								
1st Party Other Co-Payments	$188,812	$203,513	$203,513	$205,023	**$203,605**	**$209,680**	$92	$6,075
3rd Party Community Care 2/	$29,722	$0	$235,993	$0	**$250,588**	**$265,934**	$14,595	$15,346
3rd Party Insurance Collections	$2,606,054	$2,424,508	$2,200,086	$2,431,749	**$2,388,077**	**$2,504,925**	$187,991	$116,848
3rd Party RX Insurance	$103,393	$115,492	$103,921	$119,664	**$104,765**	**$108,157**	$844	$3,392
Comp. & Pension Living Expenses	$1,923	$2,000	$2,000	$2,000	**$2,000**	**$2,000**	$0	$0
Comp. Work Therapy Collections	$65,849	$61,000	$66,000	$61,000	**$66,000**	**$66,000**	$0	$0
Enhanced-Use Revenue	$1,387	$2,000	$1,387	$2,000	**$1,387**	**$1,387**	$0	$0
Long-Term Care Co-Payments	$2,492	$2,476	$2,476	$2,501	**$2,560**	**$2,540**	$84	($20)
Parking Fees	$4,314	$4,000	$4,000	$4,000	**$4,000**	**$4,000**	$0	$0
Pharmacy Co-Payments	$557,696	$455,762	$455,762	$452,162	**$438,235**	**$435,293**	($17,527)	($2,942)
Collections [Total]	**$3,561,642**	**$3,270,751**	**$3,275,138**	**$3,280,099**	**$3,461,217**	**$3,599,916**	**$186,079**	**$138,699**
Included Above:								
Joint DoD/VA Medical Facility Demo. Fund	$18,722	$15,783	$15,601	$15,482	$18,084	$18,917	$2,483	$833
Legislative Proposals (Not Included Above). See Proposed Legislation Chapter								
Acceptance of VA as a Participating Provider by 3rd Party Payers					$105,901	$107,379		
Aligning w/Industry Stds. By Eliminating Offset of 1st Party Copayments					$53,909	$53,697		
Improving Timeliness of Billing by Authorizing the Release of Protected Patient Info Hlth. Care Svcs					$42,393	$44,047		
Mandatory Insurance Capture Enforcement					$8,549	$8,669		
Legislative Proposals Collections [Total]					**$210,752**	**$213,792**		

1/ Estimates include collections actually or anticipated to be transferred to the Joint DoD-VA Medical Facility Demonstration Fund, in support of the FHCC.

2/ Tracking of 3rd party community care collections began in the 4th quarter of Fiscal Year 2017.

3/ Collections of $3,508,310,357 were received by VA in 2017. Due to a one month lag in timing from when the funds are received and transferred from the Medical Care Collections Fund, $3,542,919,374 was transferred to Medical Services and $18,722,458 to the Joint DoD-VA Medical Demonstration Fund from September 2016 through August 2017 for an overall total of $3,561,641,832. The funds collected in September 2017 were transferred in Fiscal Year 2018.

The Balanced Budget Act of 1997 (Public Law 105-33) established the VA Medical Care Collections Fund (MCCF). The legislation required that amounts collected or recovered after June 30, 1997, be deposited into the MCCF and used to furnish medical care and services to Veterans and to cover expenses incurred to collect amounts owed for the medical care and services furnished.

MCCF collections totaled nearly $3.562 billion in 2017, reflecting a $58 million, 1.7% increase over 2016 from increased workload and an emphasis on improving revenue-cycle processes. VA is expecting MCCF total collections to be approximately $3.275 billion in 2018. Collections in 2018 have been re-estimated downward, primarily due to broader healthcare payer changes that have resulted in third-party payers proposing reductions to their reimbursement levels. In addition, the collections estimates reflect the effects of the recent implementation of VA's tiered copayment structure, which is projected to lower average outpatient pharmacy copayments for all Veterans. MCCF collections in 2019 and 2020 are projected to grow commensurate with utilization and stable reimbursement ratios.

To maximize the efficiency and effectiveness of revenue-cycle processes in support of consistently attaining the MCCF targets, Office of Community Care, Revenue Operations (OCC RO) has embarked on a series of coordinated initiatives. The most recent of these activities include:

Revenue Operations Transformation Initiatives

OCC RO is currently collaborating closely with Medical Centers and Network leadership and other key stakeholders to address opportunities identified by the Veterans Access, Choice, and Accountability Act of 2014, Section 201: Independent Assessment across VHA's revenue cycle. Project teams are currently deployed to address findings and implement improvements across six key areas of the revenue cycle: Veteran registration/patient intake, clinical documentation, clinical coding, mitigating revenue leakage, billing and collections, and denials management of Third Party claims. Each of these teams is focused on several specific projects that will be tested and implemented via a phased approach to positively transform VHA's revenue cycle and increase third party collections.

In 2012, traditional VHA back office business functions were consolidated into seven regional Centers of Excellence. This initiative has transformed VHA billing and collections activities to more closely align with industry best practices including standardized operating processes, extensive use of business tools and increased levels of accountability at all levels of the organization. These RO transformation initiatives are intended to enhance the billing and collections activities that were consolidated by the Congressionally-mandated deployment of Consolidated Patient Account Centers (CPACs).

Other Revenue supporting functions to optimize Revenue Operations include:

Revenue Operations Payer Relations Office

The Payer Relations Office (PRO) continues to aggressively pursue strategies to effectively manage relationships with third-party payers. The PRO staff continues to verify reimbursement rates of existing third-party payer agreements to ensure compliance with federal requirements. PRO staff is pursuing opportunities for VHA to participate in value based reimbursement arrangements with third-party payers to align with industry reimbursement models as they shift from a

fee-for-service to more value based reimbursement. PRO continues to focus on leveraging pay for performance options identified in third-party payer agreements and maximize reimbursement through all available programs strengthened payer relations.

eBusiness Initiatives

In an effort to leverage the health care industry's migration to national standard electronic data exchanges under the Health Insurance Portability and Accountability Act (HIPAA) and to comply with Section 1729A of Public Law 99-272, the Consolidated Omnibus Budget Reconciliation Act of 1985, VHA implemented and maintains a portfolio of industry-compliant electronic data interchange (EDI) processes including Medicare-equivalent Remittance Advices (eMRA); insurance verification; inpatient/outpatient/pharmacy billing; payments; and Electronic Funds Transfer (EFT). These electronic processes require ongoing and annual software updates to maintain compliance with industry standards for EDI processing.

As of the end of 2017, electronic claims for medical services represented approximately 95% of the overall medical claim volume, with connections to 928 commercial and 396 eMRA secondary payers. Of these electronically-submitted claims, approximately 24% were "end-to-end transactions", which means claims were generated automatically with no manual intervention. For pharmacy claims, 71% were submitted electronically and paid on initial submission, meaning the claims had no errors and required no manual intervention. By the end of 2017 over 99% of the MCCF and non-MCCF revenue was acknowledged by EFT, significantly above the Department of Treasury goal for 2017 of 70%. Reference: Treasury Outreach Presentation, June 2014. Provider cost of Claim Submission/Receipt is $2.02 manual versus $.59 electronic. Provider cost of Claim Remittance Advice is $5.69 manual versus $.95 electronic. (Source: 2016 Council for Affordable Quality Healthcare (CAQH) Index Report).

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Programs for Select Veteran Populations

Introduction

This section provides narrative descriptions of selected programs in Veterans Health Administration (VHA) that serve certain Veteran populations. The funding levels presented in this chapter highlight these programs to provide a better understanding of programmatic services provided to Veterans. The obligations shown in each table below reflect the cost of total health care services provided to each designated Veteran population. However, some programs overlap and therefore cannot be added together to determine the overall funding amount. For example, the cost of health care services provided to a female Gulf War Veteran would appear in both the Gulf War and Women Veterans Health Care funding lines.

Programs for Select Veteran Populations*
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations								
AIDS / HIV Program	$1,083,065	$1,123,200	$1,127,291	$1,176,000	**$1,172,477**	**$1,219,776**	$45,186	$47,299
Post Deployment Health Services:								
Gulf War	$2,964,233	$3,322,300	$3,262,227	$3,674,400	**$3,587,398**	**$3,943,176**	$325,171	$355,778
OEF/OIF/OND/OIR	$5,672,467	$5,529,900	$6,340,246	$5,909,400	**$7,020,934**	**$7,736,571**	$680,688	$715,637
Traumatic Brain Injury:								
TBI-OEF/OIF/OND/OIR	$167,264	$51,000	$162,946	$46,800	**$163,475**	**$170,238**	$529	$6,763
TBI-All Veteran Care	$558,189	$316,200	$573,336	$343,300	**$588,066**	**$604,088**	$14,730	$16,022
Women Veterans Health Care:								
Gender-Specific Care	$453,912	$504,700	$482,671	$539,300	**$511,352**	**$541,028**	$28,681	$29,676
Total Care	$4,827,805	$5,634,300	$5,264,751	$6,260,500	**$5,718,306**	**$6,196,031**	$453,555	$477,725

*Excludes the Captain James A. Lovell Federal Health Care Center (FHCC) fund (0169).

Note: The sources of the clinical and utilization data used to identify the sub-populations are the Inpatient discharge file, the Outpatient encounter file and Purchased Care payment file. The cost of the relevant patients and the services associated with each of the sub-populations is based on the Managerial Cost Accounting (MCA) system. The MCA system assigns costs to all VHA inpatient and outpatient encounters. In the budget submission, the MCA costs are augmented with the payments for community care services and adjusted to reflect obligations.

AIDS / HIV Program

AIDS / HIV Program
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$863,403	$952,000	$898,334	$996,900	$0	$0	($898,334)	$0
Medical Services Community Care (0160) 1/	$0	$0	$0	$0	$991,756	$1,038,540	$991,756	$46,784
Medical Support & Compliance (0152)	$84,612	$86,700	$88,074	$90,700	$91,614	$95,321	$3,540	$3,707
Medical Facilities (0162)	$76,326	$82,100	$79,427	$85,900	$82,596	$85,915	$3,169	$3,319
Medical Community Care (0140)	$52,753	$0	$55,218	$0	$0	$0	($55,218)	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$6,511	$0	$6,511	($6,511)
Discretionary Obligations [Total]	**$1,077,094**	**$1,120,800**	**$1,121,053**	**$1,173,500**	**$1,172,477**	**$1,219,776**	**$51,424**	**$47,299**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$5,971	$2,400	$6,238	$2,500	$0	$0	($6,238)	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$5,971**	**$2,400**	**$6,238**	**$2,500**	**$0**	**$0**	**($6,238)**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$5,971**	**$2,400**	**$6,238**	**$2,500**	**$0**	**$0**	**($6,238)**	**$0**
Non-Add Included Above								
Veterans Choice Fund (Mandatory & Discretionary)	***$5,971***	***$2,400***	***$6,238***	***$2,500***	***$6,511***	***$0***	***$273***	***($6,511)***
Obligations [Grand Total]	**$1,083,065**	**$1,123,200**	**$1,127,291**	**$1,176,000**	**$1,172,477**	**$1,219,776**	**$45,186**	**$47,299**

1/ In FY 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation.

Background / Justification

VHA Directive 1304 gives VHA's National Human Immunodeficiency Virus (HIV) Program, under the HIV, Hepatitis and Related Conditions (HHRC) programs within the Specialty Care Services, the responsibility to provide primary guidance and advice to the Under Secretary for Health on VHA policy and services related to HIV infection. HHRC leads the coordination of quality improvement activities using population-based approaches for prevention, diagnosis, care, and treatment of Veterans with HIV across the VHA health care system.

VHA's National HIV program ensures that Veterans with HIV infection receive the highest quality comprehensive clinical care, including testing, diagnosis, timely linkage to care, and treatment, as well as treatment of co-morbidities, working to reduce health disparities, and promoting evidence-based HIV preventive services.

Description of Program

In December 2015, the President updated the National HIV/Acquired Immunodeficiency Syndrome (AIDS) Strategy (NHAS) with a supplement of clinical indicators published in July 2016. As one of the Federal agencies required to implement this strategic plan by

2020, the Department of Veterans Affairs (VA) utilizes the HIV Care Continuum model to assess gaps in care, from diagnosis and active linkage to, and retention in care, to initiation of Anti-Retroviral Therapy (ART) and viral suppression, meaning that no detectable virus is present in the blood. The NHAS clinical indicators supplement lays out an ambitious plan to increase all steps in the care continuum, and VHA's National HIV Program has implemented a VA-specific plan to continue to meet the President's goals.

It is VHA policy that all Veterans be offered HIV testing at least once in their lifetime, with testing offered at least annually to those who have on-going risk of exposure. Multiple published studies have shown that individuals who are aware of their infection are less likely to transmit HIV to others, and are more like to modify high-risk behaviors, thus decreasing disease transmission. Since 2009, HIV testing has almost quadrupled among Veterans in VHA with 40.7% of all Veterans enrolled in VHA care having received an HIV test in 2016, with 99% of those newly diagnosed linked to VHA care within 90 days of their diagnosis. VHA will continue to expand HIV testing, particularly for Veterans at high risk, due to the on-going opioid crisis in the United States.

In addition, VHA's National HIV program will work with other VA and VHA program offices to improve HIV screening rates and educational efforts in primary care, women's health, mental health and substance use programs, homelessness and jail re-entry programs, and in community-based outpatient clinics. The program also promotes the use of an electronic clinical reminder which prompts VA providers to offer HIV testing to all Veterans, as well as promoting the use of point-of care, or rapid, HIV testing in appropriate clinical settings, such as homeless outreach programs and Stand Downs and other outreach settings.

VHA's National HIV Program will continue to work to ensure all Veterans diagnosed with HIV in VA care are not only linked to care in a timely manner, but are retained in care and engaged in treatment. Under VHA policy, providers are expected to follow U.S. Department of Health and Human Services (HHS) treatment guidelines to ensure that all HIV-positive Veterans receive high-quality care. All Anti-Retroviral medications approved by the Food and Drug Administration (FDA) are available to Veterans with HIV infection.

Veterans with HIV infection suffer from high rates of medical and psychiatric co-morbidities, including mental health and substance use disorders, cardiovascular disease, renal dysfunction, and metabolic disorders. VA will continue to ensure all Veterans in VA care with HIV receive the care they need for these conditions through comprehensive, integrated models where possible. To this end, VA's National HIV program continues to collaborate with VHA's Office of Academic Affiliations to support a training program for clinical psychology postdoctoral fellows with an emphasis in integrated mental health in HIV clinical settings. The National HIV program supports quality improvement initiatives at several VA Medical Centers, addressing HIV-related cognitive impairment and increasing HIV prevention efforts. VHA's National HIV Program continues to ensure that educational opportunities regarding the management

and treatment of HIV infection and related co-morbidities are made available to all VA providers. Through annual data reports, the program will provide feedback to VA providers, leadership, and the public on quality indicators of HIV/AIDS care delivered to Veterans.

In terms of HIV prevention, in 2014, following regulatory action by FDA and guidance from the U.S. Centers for Disease Control and Prevention, VHA's Pharmacy Benefits Management Service (PBM) added the use of HIV Pre-exposure Prophylaxis (PrEP) in VA for the combination medication emtricitabine / tenofovir, already on the VA National Formulary to treat HIV. VA continues to promote the broader use of PrEP across the system by addressing local and systemic barriers to increased uptake, as well as working to make condoms more universally available to all Veterans in VA care. The National HIV program encourages implementation of evidence-based HIV prevention strategies among HIV–negative Veterans, and among HIV-positive Veterans to reduce the risk of transmission to others.

VHA's National HIV Program is committed to collaborating with other Federal agencies to ensure that HIV-positive Veterans are linked to the appropriate providers in a timely manner and receive the highest standard of care either in VA or in the community. VHA is a leader among health care organizations in delivering high-quality HIV care and through Federal collaborations. VHA is a strong contributor in comprehensively addressing the continued barriers to reversing the epidemic.

2017 Accomplishments

- Increased HIV testing rates from 38.2% in 2015 to 40.7% in 2016
- 99% linkage to care within 90 days for all Veterans in VA care newly diagnosed with HIV

2018–2020 Goals

- Increase HIV testing rates to 42% by 2019
- Identify and develop a VA-wide strategy for HIV prevention which includes broad uptake of PrEP, as well as Treatment as Prevention (TasP) and other evidence-based prevention efforts.
- Develop a strategic plan to more adequately and comprehensively address depression in HIV clinical care settings across the system.
- Develop a strategic plan to more adequately and comprehensively address racial disparities in HIV clinical care settings across the system.

National / Congressional Reports

- Annual Report to Congress on VA HIV testing rates, as requested.
- White House, Office of National AIDS Policy, National HIV/AIDS Strategic Implementation Plan action items update; quarterly updates.

Workload

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Unique Patients [Total]	30,594	31,473	31,041	32,001	**31,409**	**31,726**	368	317

Post Deployment Health Services (PDHS)

Post Deployment Health Services: Gulf War
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$2,098,315	$2,584,000	$2,307,787	$2,857,600	$0	$0	($2,307,787)	$0
Medical Services Community Care (0160) 1/	$0	$0	$0	$0	$2,791,818	$3,100,569	$2,791,818	$308,751
Medical Support & Compliance (0152)	$335,929	$370,500	$369,858	$409,900	$406,864	$447,351	$37,006	$40,487
Medical Facilities (0162)	$296,750	$356,500	$326,746	$394,400	$359,463	$395,256	$32,717	$35,793
Medical Community Care (0140)	$209,129	$0	$231,260	$0	$0	$0	($231,260)	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$29,253	$0	$29,253	($29,253)
Discretionary Obligations [Total]	**$2,940,123**	**$3,311,000**	**$3,235,651**	**$3,661,900**	**$3,587,398**	**$3,943,176**	**$351,747**	**$355,778**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$24,110	$11,300	$26,576	$12,500	$0	$0	($26,576)	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$24,110**	**$11,300**	**$26,576**	**$12,500**	**$0**	**$0**	**($26,576)**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$24,110**	**$11,300**	**$26,576**	**$12,500**	**$0**	**$0**	**($26,576)**	**$0**
Non-Add Included Above								
Veterans Choice Fund (Mandatory & Discretionary)	***$24,110***	***$11,300***	***$26,576***	***$12,500***	***$29,253***	***$0***	***$2,677***	***($29,253)***
Obligations [Grand Total]	**$2,964,233**	**$3,322,300**	**$3,262,227**	**$3,674,400**	**$3,587,398**	**$3,943,176**	**$325,171**	**$355,778**

1/ In FY 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation.

Post Deployment Health Services: OEF/OIF/OND/OIR
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$3,998,882	$4,368,400	$4,467,025	$4,668,600	$0	$0	($4,467,025)	$0
Medical Services Community Care (0160) 1/	$0	$0	$0	$0	$5,495,561	$6,245,478	$5,495,561	$749,917
Medical Support & Compliance (0152)	$601,032	$580,300	$671,384	$619,800	$743,090	$818,519	$71,706	$75,429
Medical Facilities (0162)	$494,681	$518,000	$552,207	$553,200	$610,846	$672,574	$58,639	$61,728
Medical Community Care (0140)	$441,284	$0	$495,791	$0	$0	$0	($495,791)	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$171,437	$0	$171,437	($171,437)
Discretionary Obligations [Total]	**$5,535,879**	**$5,466,700**	**$6,186,407**	**$5,841,600**	**$7,020,934**	**$7,736,571**	**$834,527**	**$715,637**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$136,588	$63,200	$153,839	$67,800	$0	$0	($153,839)	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$136,588**	**$63,200**	**$153,839**	**$67,800**	**$0**	**$0**	**($153,839)**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$136,588**	**$63,200**	**$153,839**	**$67,800**	**$0**	**$0**	**($153,839)**	**$0**
Non-Add Included Above								
Veterans Choice Fund (Mandatory & Discretionary)	***$136,588***	***$63,200***	***$153,839***	***$67,800***	***$171,437***	***$0***	***$17,598***	***($171,437)***
Obligations [Grand Total]	**$5,672,467**	**$5,529,900**	**$6,340,246**	**$5,909,400**	**$7,020,934**	**$7,736,571**	**$680,688**	**$715,637**

1/ In FY 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation.

Background / Justification

Post-Deployment Health Services assesses the impact of deployment/environmental exposures on Veterans and develops related policy, research, and education and health care strategies. The Epidemiology Service conducts surveillance of health care data and conducts original research to understand the effects of military service and deployment on Veterans' health. The activities of the office are governed by the following public laws, Federal registry, and Presidential, VA/VHA initiatives.

Public Laws /Federal Registry /Initiatives

a. Public Law 110-389: governs both the Gulf War and Health Updates and a Multiple Sclerosis Study.
b. Public Law 105-368: governs the War Related Illness and Injury Study Center (WRIISC), Ionizing Radiation.
c. Public Law 105-368 and Public Law 105-277: general laws that provide program oversight.
d. Public Law 112-260, Section 201: governs Airborne Hazards and Open Burn Pits Registry.
e. Public Law 98-542, Public Law 99-576, 38 CFR 3.311 (Ionizing Radiation).

Description of Programs

Gulf War

The Gulf War Veteran program provides a range of services, including Priority Level 6 eligibility for health care and no-cost clinical registry evaluations for Gulf War Veterans to access VA clinical care and the Gulf War Registry Program. The program provides special clinical and diagnostic evaluations for combat Veterans with difficult-to-diagnose illnesses and world-class research on Veteran health issues. VA works to meet the special medical needs of Gulf War Veterans who served in Southwest Asia and are concerned about depleted uranium munitions or other forms of embedded-fragment wounds during combat. VA also conducts surveys of Gulf War Veterans to determine if they have any adverse health effects related to their deployment and develops effective outreach and educational tools for Gulf War Veterans with health concerns related to potential environmental exposures and their deployment. Some of the research involved includes:

- Research collaborations with Department of Defense (DoD) to link Millennium Cohort Data with VA research and administrative data to create a longitudinal exposure and health record and examine temporal changes in the burden of disease among Gulf War and Gulf Era Veterans.
- Identifying Gulf War Veterans who participated in the 1995 Gulf War Study who screened positive for Gulf War Illness, and work with Office of Research and Development to determine the best way to utilize this cohort for treatment studies, diagnostic studies, genomic studies, and epidemiologic studies.
- Developing a comprehensive study of migraines and early markers of neurological disease, such as Parkinson's disease, in the pre- and post-9/11 Veteran populations.

Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND)/Operation Inherent Resolve (OIR)

VA provides medical care to military personnel who served in OEF/OIF/OND/OIR. Veterans deployed to combat zones are entitled to five years of eligibility for VA health care services following their separation from active duty, even if they are not otherwise eligible to enroll in VA. VA is committed to ensuring a continuum of care for our injured Service members and supports ongoing efforts to continuously improve this process while providing the necessary care to these returning Service members. VA's outreach network ensures that returning Service members receive full information about VA benefits and services. Each medical center and benefits office now has a point of contact assigned to work with returning OEF/OIF/OND/OIR Veterans who represent 15% of the overall VA patients served.

War Related Illness and Injury Study Center (New Jersey, District of Columbia, California)

The War Related Illness and Injury Study Center (WRIISC) is a congressionally mandated VA program devoted to the post-deployment health concerns of Veterans and their unique health care needs. Overseen by the Post-Deployment Health Service, the three WRIISC sites are located within VA medical centers in Washington, DC; East

Orange, NJ; and, Palo Alto, CA. These centers serve as a resource providing clinical evaluation, research, education, and risk communication for Veterans, their families, health care providers, and others that often involve Gulf War Veterans. In addition, the WRIISC provides specialized evaluations for Veterans with deployment-related health concerns utilizing a multidisciplinary team in an evidence-based and patient-centered approach.

2017 Accomplishments

- The VA/DoD Airborne Hazards Symposium (May 8-9, 2017) was the fourth in a series of meetings to explore progress in addressing the health effects of exposure to airborne hazards during deployment to Southwest Asia. The themes of the meeting were education & outreach, clinical care, responses to recent National Academies' and Defense Health Board reports, and research activities.
- Post Deployment Health Services (PDHS) and War Related Illness and Injury Study Center (WRIISC) were declared a VA Delivered Foundational Service in July 2017. As a VA Delivered Foundational Service, PDHS assesses the impact of deployment and environmental exposures on Veterans (and families) and develops related research, education risk communication, policy, and health care strategies. It informs VBA / VHA compensation policy development. The program has Environmental Health coordinators and clinicians at each VA Medical Center (VAMC) to provide Veteran education and registry examinations. Part of this network includes the War Related Illness and Injury Study Center (WRIISC) at 3 sites which serves as a national resource for deployment health since 2001 as established by Public Law 105-368. The WRIISC mission is to improve the health, quality of life and function of Veterans with post deployment concerns. Priority is given to conditions attributed to combat or military-related exposure, especially those that are medically unexplained or difficult-to-diagnose, including Chronic Multisymptom Illness (CMI) (e.g., Gulf War Illness), occupational and environmental exposures (e.g., airborne hazards and burn pit smoke), complex and difficult-to-manage health conditions (e.g., chronic fatigue syndrome), and other conditions with unclear or controversial mechanism (e.g., mild traumatic brain injury, possible mefloquine reactions).
- For Veterans with medically unexplained, chronic, deployment-related health concerns, WRIISC offers a multi-day, multidisciplinary in person evaluation. The team also offers e-Consults to make specific recommendations for next steps in the evaluation and management of the patient's health concerns by the Veteran's Health Care Provider.
- PDHS initiated a review of military base water contamination with per- and PolyFfluoroAlkyl Substances (PFAS), including PerFluoroOctane Sulfonate and PerFluoroOctanoic Acid (PFOS and PFOA, respectively) and with other Federal agencies developed a Whole-of-Government Approach well before the issue became a national and Congressional concern. This review started in January 2017. PFAS are fire-fighting foams that persist in the environment; they are also used in a variety of products, such as clothing, furniture, adhesives, food packaging, and heat-resistant non-stick cooking surfaces. Because of their widespread presence in the environment, low levels of several PFAS have been

found in the blood serum of nearly all people studied in the U.S. population. The science is currently not strong enough to establish a significant relationship between exposure to PFAS in drinking water and adverse health outcomes, however some studies note concerns for liver, pancreas and thyroid health outcomes. As future studies and medical information regarding associations between PFAS exposure and health outcomes continue to become available, and strong associations are established, VA will review this information and consider any policy implications. VA will be able to address concern for Veterans as the science is reviewed.

- Camp Lejeune Presumptions Final Rule. In January 2017, VA published "VA's Final Rule to Consider Certain Diseases Associated with Exposure to Contaminants in the Water Supply at Camp Lejeune as Presumptive for Service Connection". The rule became effective in March 2017 and is part of the Department of Veterans Affairs' ongoing commitment to provide care to Veterans. This established a presumption of service connection for eight conditions associated with exposure to contaminants in the water supply at Camp Lejeune. These include: adult leukemia; aplastic anemia and other myelodysplastic syndromes; bladder, kidney and liver cancers; multiple myeloma; non-Hodgkin's lymphoma; and, Parkinson's disease. This is historic in that it represents the first establishment of presumption of service connection for a garrison-based (not deployment-based) exposure.
- Access increased at the three War Related Illness and Injury Study Center (WRIISC) sites through the enhanced use of e-Consults. These consults can be accessed from the Clinical Patient Record System (CPRS) in the consult tab as a "War Related Illness and Injury Study Center IFC E-Consult". This allows the provider and the Veteran to have a comprehensive plan developed for future medical care.
- This program particularly benefits and assists Veterans who have:
    - Complex health conditions with no known cause (medically unexplained symptoms).
    - Had many tests and/or treatment with little to no symptom improvement.
    - Experienced possible deployment-related environmental exposure problems or concerns.
- The Airborne Hazards and Open Burn Pits Registry has over 122,000 Veteran and Service member participants who are encouraged to have no-cost medical evaluations with a VA provider.
- Leveraging core infrastructure support, a robust clinical population, and goodwill with Veterans accumulated through more than fifteen years of outreach, education, and risk communication, WRIISC investigators have successfully competed for VA, Department of Defense, and other external funding to advance our understanding of the health effects of deployment.
- PDHS has initiated the field collection for the Vietnam Era Health Retrospective Observational Study (VE-HEROeS) that has invited approximately 43,000 Veterans to participate along with civilian controls; a similar study for the OEF/OIF/OND/OIR Veterans is in planning and will kick off in 2017. Planning

is also underway for mortality studies of Vietnam Veterans and 1991 Gulf War Veterans.

- Initiation of the Coming Home from Afghanistan and Iraq (CHAI) Study. Conclusion of data collection and promotion of new study findings from VE-HEROeS.

2018-2020 Goals

- PDHS will use a "whole of government approach" to work across portfolio boundaries to achieve a shared goal and integrated government response to issues related to the impact of deployment/environmental exposures on Veterans and develops related policy, research and health care strategies supporting initiatives through:
    - Individual Longitudinal Exposure Record (ILER).
    - ILER as a key and essential component of the Electronic Health Record (a VA Secretary's priority).
    - VA-DoD Deployment Health Work Group (DHWG).
    - Joint Policy Development with DOD, HHS, etc.
    - Joint Research / Epi Surveys with DOD, HHS, etc.
    - Early alerts for changing National Standards and Reports.
    - Enhance participation within the six VA Environmental Health Registries.
    - Scientific / Policy Exchange meetings with other Federal Agencies.
- PDHS will shift focus to VISN-level leadership in an effort to enhance and promulgate the delivery of PDHS/WRIISC as a VA-Delivered Foundational Service. Activities which will enhance this effort include:
    - Education (Webinars, E-learning).
    - E-Consults / National Referral Program.
    - Outreach (Newsletters, webpages).
    - Exposure Education App.
    - Establish PDHS/WRIISC standards and metrics.
    - Targeted phone calls, emails and letters to both internal and external stakeholders.
    - National Environmental Health Lead Coordinators National Conference.

National / Congressional Reports

- Public Law 110-389 oversees the following reports:
    - Congressional Tracking Report (CTR) 17-32: National Academy of Sciences Study on Gulf War Illness.
    - CTR 17-21: Gulf War Symptoms Study.
- Public Law 112-260 oversees the following reports:
    - Long-Term Consequences of Exposure to Burn Pits in Iraq and Afghanistan National Defense Authorization Act of Fiscal Year 2008, Public Law 110-181, Section 1704 (d).
    - CTR 17-50: Airborne Hazards and Open Burn Pits Registry (AHOBPR).

Workload

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Unique Patients								
Gulf War	377,120	402,444	396,522	421,532	**415,070**	**432,350**	18,548	17,280
OEF/OIF/OND/OIR	894,137	858,552	965,322	887,098	**1,035,215**	**1,105,476**	69,893	70,261

Traumatic Brain Injury (TBI) and Polytrauma System of Care (PSC)

Traumatic Brain Injury: OEF/OIF/OND/OIR*
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	**2017 Actual**	**2018 Budget Estimate**	**2018 Current Estimate**	**2019 Advance Approp.**	**2019 Revised Request**	**2020 Advance Approp.**	**+/- 2018-2019**	**+/- 2019-2020**
Discretionary Obligations								
Medical Services (0160)	$122,056	$41,200	$118,412	$37,800	$0	$0	($118,412)	$0
Medical Services Community Care (0160) 1/	$0	$0	$0	$0	$126,948	$132,421	$126,948	$5,473
Medical Support & Compliance (0152)	$19,438	$5,200	$19,029	$4,800	$19,151	$19,948	$122	$797
Medical Facilities (0162)	$17,405	$4,500	$17,043	$4,100	$17,155	$17,869	$112	$714
Medical Community Care (0140)	$8,140	$0	$8,243	$0	$0	$0	($8,243)	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$221	$0	$221	($221)
Discretionary Obligations [Total]	**$167,039**	**$50,900**	**$162,727**	**$46,700**	**$163,475**	**$170,238**	**$748**	**$6,763**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$225	$100	$219	$100	$0	$0	($219)	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$225**	**$100**	**$219**	**$100**	**$0**	**$0**	**($219)**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$225**	**$100**	**$219**	**$100**	**$0**	**$0**	**($219)**	**$0**
Non-Add Included Above								
Veterans Choice Fund (Mandatory & Discretionary)	***$225***	***$100***	***$219***	***$100***	***$221***	***$0***	***$2***	***($221)***
Obligations [Grand Total]	**$167,264**	**$51,000**	**$162,946**	**$46,800**	**$163,475**	**$170,238**	**$529**	**$6,763**

**Included in TBI-All Veteran Care*
1/ In FY 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation.

Traumatic Brain Injury: All Veteran Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$384,234	$255,000	$394,435	$276,800	$0	$0	($394,435)	$0
Medical Services Community Care (0160) 1/	$0	$0	$0	$0	$458,156	$471,268	$458,156	$13,112
Medical Support & Compliance (0152)	$65,783	$33,200	$67,619	$36,100	$69,407	$71,353	$1,788	$1,946
Medical Facilities (0162)	$56,666	$27,600	$58,252	$30,000	$59,792	$61,467	$1,540	$1,675
Medical Community Care (0140)	$50,828	$0	$52,336	$0	$0	$0	($52,336)	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$711	$0	$711	($711)
Discretionary Obligations [Total]	**$557,511**	**$315,800**	**$572,642**	**$342,900**	**$588,066**	**$604,088**	**$15,424**	**$16,022**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$678	$400	$694	$400	$0	$0	($694)	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$678**	**$400**	**$694**	**$400**	**$0**	**$0**	**($694)**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$678**	**$400**	**$694**	**$400**	**$0**	**$0**	**($694)**	**$0**
Non-Add Included Above								
Veterans Choice Fund (Mandatory & Discretionary)	***$678***	***$400***	***$694***	***$400***	***$711***	***$0***	***$17***	***($711)***
Obligations [Grand Total]	**$558,189**	**$316,200**	**$573,336**	**$343,300**	**$588,066**	**$604,088**	**$14,730**	**$16,022**

1/ In FY 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation.

VA estimates the 10-year cost (2019-2028) to be $1.9 billion for TBI-OEF/OIF/OND/OIR Veterans and $6.8 billion for TBI-All Veteran Care.

Notes:
As required by the "Consolidated Appropriations Act, 2008," Public Law 110-161, the 10-year cost is reported in compliance with Senate Report 110-85, page 7: "The Committee therefore directs the VA to include in its budget calculations not only the current health care needs of all Veterans but also the long range projected health care needs of OEF/OIF Veterans, particularly those suffering from Post-Traumatic Stress Disorder and Traumatic Brain Injury."

The above TBI data reflects a significant increase in the number of TBI diagnosis as a result of using the new ICD-10 medical classification list, beginning in 2016.

Background / Justification

Public laws and the United States Code governing rehabilitation provided by the Polytrauma System of Care include:

- Public Law 108–422, Section 302 directed VA to establish centers for research, education and clinical activities on complex multi-trauma associated with combat injuries.
- Public Law 108-447 directed VA to ensure that Veterans with loss of limb and other very severe and lasting injuries have access to the best of both modern medicine and integrative holistic therapies for rehabilitation.

- Public Law 110–181, Title 17, Section 1705 (unfunded mandate) directed VA to conduct a 5-year pilot program on "assisted living services for veterans with traumatic brain injury," to include "provision of rehabilitative services for Veterans participating in pilot."
- Public Law 113-257 extended Assisted Living for Veterans with TBI Pilot Program to October 2017, and amended original reporting requirements of the Public Law 110-181 to require quarterly progress reports for the Pilot.
- Public Law 110-181, Section 1704 (d), directs VA to collaborate with the TBI rehabilitation research community, grantees of the National Institute of Disability and Rehabilitation Research (NIDRR) of the Department of Education, the Defense and Veterans Brain Injury Center (DVBIC), and other Governmental entities engaged in TBI rehabilitation.
- Title 38 United States Code
    - §1710C – TBI: Interdisciplinary plans for rehabilitation and reintegration into the community,
    - §1710D – TBI: Comprehensive program for long-term rehabilitation.

Description of Program

VA's PSC is the largest integrated system of care dedicated to the medical rehabilitation of Veterans and Service members with combat and non-combat related TBI and polytrauma. PSC programs are organized into a four-tier system that ensures access to the appropriate level of specialized rehabilitation care at 110 medical centers across VA. Medical rehabilitation services in PSC address the goals of recovery and community re-integration of Veterans with TBI and polytrauma including:

- Mandatory TBI Screening of all Veterans of combat operations in Iraq and Afghanistan. Veterans with positive screens are referred for comprehensive evaluations by specialty providers.
- Veterans with TBI requiring rehabilitation receive an Individualized Rehabilitation and Community Reintegration (IRCR) Plan of Care documenting the physical, cognitive, mental health and vocational problems that affect the Veteran's successful community re-integration, and the plan for addressing those problems. The functional status of Veterans with an IRCR Plan of Care is measured using a validated tool that allows VA providers to track changes and to provide appropriate interventions at the right time.
- The interdisciplinary teams providing services in PSC comprise specialists from physiatrists, nursing, psychology, social work, physical therapy, occupational therapy, speech-language pathology, recreational therapy, and other disciplines, as appropriate for the individual needs of the patient.
- Since 2010, the five Polytrauma Rehabilitation Centers (PRCs) have collaborated with HHS TBI Model System (TBIMS) Program sponsored by the National Institute on Disability, Independent Living, and Rehabilitation Research. This enables VA to benchmark outcomes against those facilities that are the gold standard for private sector rehabilitation, for which VA has demonstrated outcomes that are similar or better than the community standard.
- Outcome data collected in PSC show that Veterans with TBI and polytrauma that receive rehabilitation in VA meet or exceed external non-Veteran benchmarks in

functioning, community participation, and satisfaction with life. These outcomes reflect the outstanding rehabilitative care, prosthetic services, benefits, and adaptive modifications to the home and automobile that help Veterans with severe disabilities overcome common obstacles to achieve personal independence, positive life adjustment, and opportunities in meaningful areas of life.

- PSC collaborates with specialists in the DoD, HHS, academia, and private sector to develop and deploy consensus positions and guidance on best practices – VA/DoD Clinical Practice Guidelines for the management of mild TBI have been widely disseminated to VA rehabilitation providers through educational and training opportunities and reinforced through information technology solutions in the computerized medical record.

2017 Accomplishments

PSC leads the Nation in advancing rehabilitation care for TBI and polytrauma. During 2017:

- VA has screened over 1.1 million post-9/11 Veterans for possible TBI since April 2007.
- Integration with the VA Amputation System of Care to provide acute and long-term medical, rehabilitation and prosthetic needs for individuals with amputations.
- Expanded availability of expertise from the Assistive Technology Labs at the PRCs offering comprehensive evaluation, prescription and training for the use of technology to optimize the Veterans' independence and community participation goals.
- Emerging Consciousness Programs at the PRCs serving Veterans and Service members who are slow to recover consciousness after severe brain injuries.
- Expanding Tele-rehabilitation services to include standardized protocols for remote TBI evaluation, technology for in-home monitoring of TBI related health problems, and the use of the Concussion Coach mobile app for self-management of TBI symptoms.
- Collaboration with HHS funded TBIMS Program, 16 premiere private and academic TBI rehabilitation centers. In July 2017, a special issue of the Journal of Head Trauma Rehabilitation (JHTR) was released which highlighted the collaboration between VA and National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) funded TBIMS sites, including the first comparative analysis between the VA and NIDILRR cohorts..

2018–2020 Goals

- Finalize performance dashboards for specialized TBI centers to ensure alignment of resources and provision of regional TBI roles to meet the ongoing needs of Veterans with TBI throughout VHA.
- Further implement a chronic disease framework for TBI by monitoring follow up criteria and guidance for Veterans with moderate/severe TBI throughout VHA.
- Monitor access to specialty TBI evaluation and care by continual monitoring of TBI evaluations.

- Expand access to specialty TBI care through the further development of four telehealth sites to provide TBI evaluations and consultation to Veterans at spoke sites in rural communities.

National / Congressional Reports

- Report of the Committee on Care of Veterans with Traumatic Brain Injury; Public Law 111-163, Section 515. Annual report.
- Report to Congress on Neurologic Conditions (TBI); House Appropriations Report 113-416 (page 31). Annual report.
- Report on the Assisted Living Pilot Program for Veterans with Traumatic Brain Injury; Public Law 113-257, Section 1705. Quarterly report.
- Report to Congress on rehabilitation programs including: (1) an assessment of the Veteran-to-staff ratio for each program, and (2) recommendations to reduce the Veteran-to-staff ratio for each program; House Report 5325, Section 254. Annual report.

Workload

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Unique Patients								
TBI-OEF/OIF/OND/OIR**.....	48,739	21,246	47,504	18,608	**47,339**	**48,207**	(165)	868
TBI-All Veteran Care.....	89,659	74,584	90,877	75,803	**91,818**	**92,824**	941	1,006

**Included in TBI-All Veteran Care.

Women Veterans Health Care

Women Veterans Health Care: Gender-Specific*
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$258,097	$401,900	$274,613	$429,500	$0	$0	($274,613)	$0
Medical Services Community Care (0160) 1/	$0	$0	$0	$0	$395,755	$444,916	$395,755	$49,161
Medical Support & Compliance (0152)	$47,482	$51,300	$50,478	$54,800	$53,465	$56,555	$2,987	$3,090
Medical Facilities (0162)	$33,117	$38,900	$35,242	$41,600	$37,363	$39,557	$2,121	$2,194
Medical Community Care (0140)	$93,204	$0	$98,944	$0	$0	$0	($98,944)	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$24,769	$0	$24,769	($24,769)
Discretionary Obligations [Total]	**$431,900**	**$492,100**	**$459,277**	**$525,900**	**$511,352**	**$541,028**	**$52,075**	**$29,676**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$22,012	$12,600	$23,394	$13,400	$0	$0	($23,394)	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$22,012**	**$12,600**	**$23,394**	**$13,400**	**$0**	**$0**	**($23,394)**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$22,012**	**$12,600**	**$23,394**	**$13,400**	**$0**	**$0**	**($23,394)**	**$0**
Non-Add Included Above								
Veterans Choice Fund (Mandatory & Discretionary)	***$22,012***	***$12,600***	***$23,394***	***$13,400***	***$24,769***	***$0***	***$1,375***	***($24,769)***
Obligations [Grand Total]	**$453,912**	**$504,700**	**$482,671**	**$539,300**	**$511,352**	**$541,028**	**$28,681**	**$29,676**

**Included in Women Veterans Total Care*
1/ In FY 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation.

Women Veterans Health Care: Total
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$3,267,883	$4,510,300	$3,562,831	$5,011,500	$0	$0	($3,562,831)	$0
Medical Services Community Care (0160) 1/	$0	$0	$0	$0	$4,513,460	$5,065,045	$4,513,460	$551,585
Medical Support & Compliance (0152)	$497,519	$565,900	$542,545	$628,700	$589,275	$638,500	$46,730	$49,225
Medical Facilities (0162)	$383,872	$488,900	$418,563	$543,200	$454,568	$492,486	$36,005	$37,918
Medical Community Care (0140)	$543,132	$0	$592,879	$0	$0	$0	($592,879)	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$161,003	$0	$161,003	($161,003)
Discretionary Obligations [Total]	**$4,692,406**	**$5,565,100**	**$5,116,818**	**$6,183,400**	**$5,718,306**	**$6,196,031**	**$601,488**	**$477,725**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$135,399	$69,200	$147,933	$77,100	$0	$0	($147,933)	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$135,399**	**$69,200**	**$147,933**	**$77,100**	**$0**	**$0**	**($147,933)**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$135,399**	**$69,200**	**$147,933**	**$77,100**	**$0**	**$0**	**($147,933)**	**$0**
Non-Add Included Above								
Veterans Choice Fund (Mandatory & Discretionary)	***$135,399***	***$69,200***	***$147,933***	***$77,100***	***$161,003***	***$0***	***$13,070***	***($161,003)***
Obligations [Grand Total]	**$4,827,805**	**$5,634,300**	**$5,264,751**	**$6,260,500**	**$5,718,306**	**$6,196,031**	**$453,555**	**$477,725**

1/ In FY 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation.

Background / Justification

VA Public Law 102-585, Veterans Health Care Act of 1992, enacted November 4, 1992, authorized VA to provide gender-specific services, such as Pap tests, breast examinations, mammography, and general reproductive health care to eligible women Veterans. Public Law 103-452 provided authority and priority for counseling and treatment for sexual trauma incurred while on duty in the military.

Services for women have steadily expanded and improved in the past three decades. VA responded to the growing number of women Veterans by targeting programs and facilities to meet their unique health care needs. Significant gains have also been made in the areas of physical accommodations to ensure privacy and safety.

Description of Program

Women's Health Services (WHS) oversees program and policy development for women's health in VHA and provides strategic support to implement positive changes in the provision of care for all women Veterans.

Women comprise 15.5% of today's active duty military forces and 19% of National Guard and Reserves. Correspondingly, women are enrolling for VA health care at record levels: the number of women Veterans using VA health care has now tripled since 2001. Based on the upward trend of women in all service branches; the continued

withdrawal of troops from war zones, the decision to allow women in combat roles, and the increased number of women choosing VA for healthcare; the expected number of women Veterans using VA health care will rise rapidly, the complexity of injuries of returning troops is likely to increase, and the cost associated with their care will grow accordingly.

VA is improving access, services, resources, facilities, and workforce capacity to make health care more accessible, more sensitive to gender-specific needs, and of the highest quality for the women Veterans of today and tomorrow. VA specifically wants to ensure that every eligible woman Veteran receives high-quality comprehensive care that includes reproductive health care (such as maternity and gynecology care) and treatment for all gender-specific conditions and disorders, as well as mental health care, basic preventive care, acute care, and chronic disease management.

Most importantly, deployed women are sustaining injuries similar to those of their male counterparts, both in severity and complexity. VA is anticipating and preparing not only for the increase in the number of women Veterans but also for the accompanying complexity and longevity of treatment needs they will bring with them. Security and privacy for women Veterans is a high priority for VA. VA is training providers and other clinical staff, enhancing facilities to meet the needs of women Veterans, and reaching out to inform women Veterans about VA services. VA has implemented women's health care delivery models of care that ensure women receive equitable, timely, high-quality primary health care from a single primary care provider and team, thereby decreasing fragmentation and improving quality of care for women Veterans.

2017 Accomplishments

- Increased use of the breast care registry to improve patient safety and health outcomes.
- Launched an *End Harassment* culture change campaign to improve the VA experience for women Veterans.
- Established a maternity care tracker that enhances the delivery of high quality maternity care by coordinating care between VA and non-VA providers.
- Supported the MomMoodBooster, a program that focuses on women living in rural communities designed to help women Veterans recover from postpartum depression.
- Trained nearly 800 primary care providers and nurses and emergency care providers and nurses in women's health mini-residencies.
- Led planning and delivery of Women Veterans Program Managers (WVPMs) Professional Development Session adjacent to the Women Veterans Summit in Houston, TX in August 2017.

2018–2020 Goals

- Eliminate disparities in access to care for women Veterans.
- Increase women's health workforce.
- Enhance women Veteran experience.
- Eliminate privacy and environment of care deficiencies.

- Change the culture of VA to be more welcoming to women.

Workload

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Unique Patients								
Gender-Specific Unique Patients**.....	271,669	284,613	280,960	294,413	**288,142**	**295,182**	7,182	7,040
Unique Patients [Total].....	491,596	526,154	514,692	552,629	**536,549**	**557,938**	21,857	21,389

**Included in Women Veterans Total Unique Patients.

Gender-Specific Care

	2017 Actual		2018 Estimate		2019 Estimate		2020 Estimate	
Category of Care	**VA**	**Community Care**	**VA**	**Community Care**	**VA**	**Community Care**	**VA**	**Community Care**
Cancer and Screening	73%	27%	71%	29%	69%	31%	67%	33%
Genitourinary Care	84%	16%	83%	17%	81%	19%	80%	20%
Osteoporosis	81%	19%	75%	25%	71%	29%	67%	33%
Pregnancy and Postpartum Care	13%	87%	11%	89%	10%	90%	9%	91%
Women's Clinic	100%	0%	100%	0%	100%	0%	100%	0%

Note:
The above Women Veterans data reflects the %ages of the VA and Community Care by gender-specific categories.

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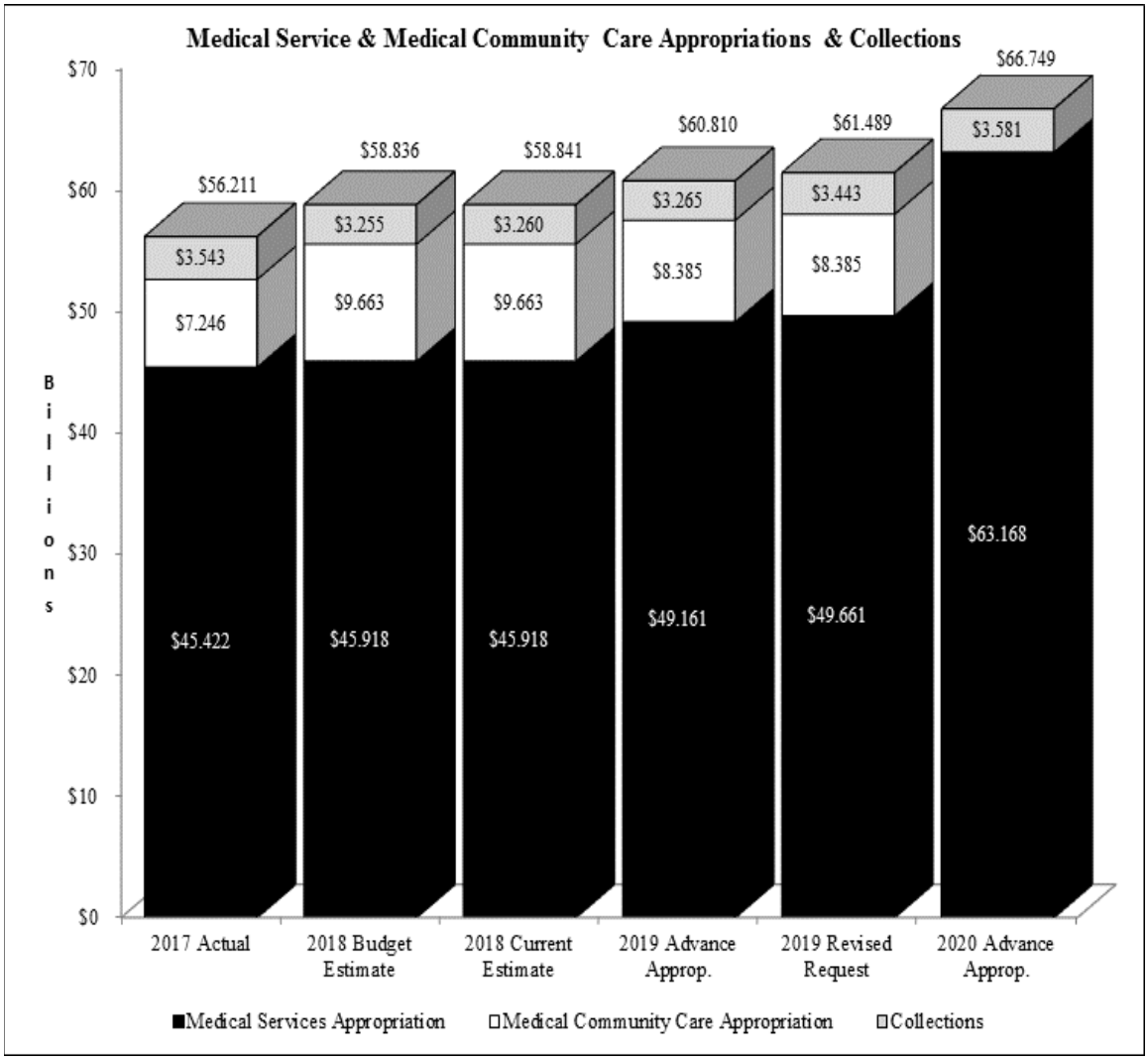
Medical Services & Medical Community Care



1/ Collections exclude the portion of Medical Care Collections Fund (MCCF) collections actually, or anticipated to be transferred to Medical Community Care or the Joint DOD-VA Medical Facility Demonstration Fund, in support of the Captain James A. Lovell Federal Health Care Center (FHCC).
2/ 2020 reflects the merger of the Medical Community Care appropriation with Medical Services, including $14.7 billion in discretionary Community Care funding.

The 2019 Budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation, as was the case prior to 2017. The separate appropriation for Community Care has restricted the ability of our Medical Center Directors to

efficiently manage their budgets and make decisions about whether the care can be provided in their facilities or must be purchased from community providers or Federal partners. This is a dynamic situation, as our staff must adjust to staff hiring and departures, emergencies such as the recent hurricanes, and other unanticipated changes in the health care environment throughout the year. This change will maximize our ability to focus our resources on the services Veterans most need. VA will continue to report all budget execution and data separately for VA-provided direct care and for community care.

The Budget also supports implementation of VA's proposed new, consolidated care program, known as Veteran Coordinated Access & Rewarding Experiences, or Veteran CARE. Veterans deserve greater access, choice, and control over their healthcare. VA is committed to ensuring Veterans can make decisions that work best for themselves and their families. Our current system of providing care for Veterans outside of VA requires that Veterans and community providers navigate a complex and confusing bureaucracy. VA is committed to building an improved, integrated network for Veterans, community providers, including our Federal partners, and VA employees. VA submitted these proposed reforms to Congress in the Veteran CARE legislative proposal package in October 2017. The Budget requests $1.9 billion in discretionary budget authority in 2019 for the Veterans Choice Fund. This funding will help ensure a smooth transition from the Veterans Choice Program to the successor Veteran CARE program. The Budget includes savings from rounding Cost-of-Living (COLA) adjustments for benefits payments to the next lowest dollar and establishing a maximum allowable fee structure in the post-9/11 GI Bill for VA-funded flight programs at public schools.

Veteran CARE will clarify and simplify eligibility requirements, build a high performing network, streamline clinical and administrative processes, and implement new care coordination support for Veterans. Veteran CARE will improve Veterans' experience and access to health care, building on the best features of existing community care programs. This new program will complement and support VA's internal capacity for the direct delivery of care with an emphasis on foundational services. The CARE reforms will provide VA with new tools to compete with the private sector on quality and accessibility. VA will work with Congress and stakeholders to pass the legislative authorities for Veteran CARE, with the goal of improving Veterans' health outcomes and experience, as well as maximizing the quality, efficiency, and fiscal sustainability of VA's health program.

Of the obligations in the Medical Services account in 2019, $12.4 billion reflect total obligations for all Community Care programs. However, total programmatic resources for Community Care are $14.2 billion, 9.1% above 2018, after adjusting for the impact of the change in timing of obligations.

Medical Services and Community Care (0160, 0160XA, & 0140)
Crosswalk, 2017-2020
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Appropriation Medical Services (0160) & Medical Community Care (0140)								
Advance Appropriation Medical Services (0160)	$51,673,000	$44,886,554	$44,886,554	$49,161,165	$49,161,165	$63,167,774	$4,274,611	$14,006,609
Advance Appropriation Medical Community Care (0140)	$7,246,181	$9,409,118	$9,409,118	$8,384,704	$8,384,704	$0	($1,024,414)	($8,384,704)
Annual Appropriation Adjustment Medical Services (0160)	$1,078,993	$1,031,808	$1,031,808	$0	$500,000	$0	($531,808)	($500,000)
Annual Appropriation Adjustment Medical Community Care (0140)	$0	$254,000	$254,000	$0	$0	$0	($254,000)	$0
P.L. 115-31, Div L, Title II appropriated to Medical Services (0160)	$50,000	$0	$0	$0	$0	$0	$0	$0
Appropriations Request Subtotal	$60,048,174	$55,581,480	$55,581,480	$57,545,869	$58,045,869	$63,167,774	$2,464,389	$5,121,905
Rescission to Medical Services (0160), P.L. 114-223, Sec. 217	($7,246,181)	$0	$0	$0	$0	$0	$0	$0
Rescission to Medical Services (0160) P.L. 114-223, Sec. 236	($134,000)	$0	$0	$0	$0	$0	$0	$0
Net Appropriation	**$52,667,993**	**$55,581,480**	**$55,581,480**	**$57,545,869**	**$58,045,869**	**$63,167,774**	**$2,464,389**	**$5,121,905**
Tranfers To:								
North Chicago Demo. Fund (0169) from Medical Services (0160)	($185,773)	($198,642)	($198,642)	($204,820)	($228,090)	($232,652)	($29,448)	($4,562)
North Chicago Demo. Fund (0169) from Medical Community Care (0140)	($21,000)	($26,117)	($26,117)	($26,929)	$0	$0	$26,117	$0
DoD-VA Hlth Care Svcs Incentive Fund (0165) from Medical Services (0160)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	$0	$0
Medical Facilities (0162) from Medical Services (0160)	$0	$0	$0	$0	($39,334)	$0	($39,334)	$39,334
Medical Services (0160) from Medical Community Care (0140)	$0	$0	$0	$0	($8,384,704)	$0	($8,384,704)	$8,384,704
Transfers To [Subtotal]	($221,773)	($239,759)	($239,759)	($246,749)	($8,667,128)	($247,652)	($8,427,369)	$8,419,476
Transfers From:								
Medical Support and Compliance (0152) to Medical Community Care (0140)	$64,980	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140) to Medical Services (0160)	$0	$0	$0	$0	$8,384,704	$0	$8,384,704	($8,384,704)
Transfers From [Subtotal]	$64,980	$0	$0	$0	$8,384,704	$0	$8,384,704	($8,384,704)
Collections:								
Transfer from Medical Care Collections Fund (5287)	$2,292,919	$2,999,115	$3,003,684	$3,002,146	$3,443,133	$3,580,999	$439,449	$137,866
MCCF Transfer to Medical Community Care (0140)	$1,250,000	$255,853	$255,853	$262,470	$0	$0	($255,853)	$0
Collections [Subtotal]	$3,542,919	$3,254,968	$3,259,537	$3,264,616	$3,443,133	$3,580,999	$183,596	$137,866
Budget Authority Total	$56,054,119	$58,596,689	$58,601,258	$60,563,736	$61,206,578	$66,501,121	$2,605,320	$5,294,543
Reimbursements Medical Services (0160)	$120,501	$153,243	$110,961	$153,243	$133,085	$137,472	$22,124	$4,387
Unobligated Balance (SOY):								
No-Year Medical Services (0160)	$47,398	$45,000	$532,324	$0	$0	$0	($532,324)	$0
No-Year Medical Community Care (0140)	$0	$0	$292,175	$0	$0	$0	($292,175)	$0
Prior Year Recoveries	$0	$223,143	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$134	$0	$136	$0	$0	$0	($136)	$0
2-Year (Medical Services)	$619,333	$1,384,063	$1,440,618	$0	$0	$690,217	($1,440,618)	$690,217
2-Year Transfer fr Medical Community Care (0140) 1/	$0	$0	$0	$0	$1,000,000	$0	$1,000,000	($1,000,000)
4-Year Medical Community Care (0140)	$0	$0	$178,135	$750,000	$0	$0	($178,135)	$0
Unobligated Balance (SOY) [Subtotal]	$666,865	$1,652,206	$2,443,388	$750,000	$1,000,000	$690,217	($1,443,388)	($309,783)
Adjustment to Unobligated Balances (PY)	$223,143	$0	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY):								
No-Year Medical Services (0160)	($532,324)	$0	$0	$0	$0	$0	$0	$0
No-Year Medical Community Care (0140)	($292,175)	$0	$0	$0	$0	$0	$0	$0
Prior Year Recoveries	$0	$0	$0	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	($136)	$0	$0	$0	$0	$0	$0	$0
2-Year (Medical Services)	($1,440,618)	$0	$0	$0	($690,217)	$0	($690,217)	$690,217
4-Year Medical Community Care (0140)	($178,135)	($750,000)	($1,000,000)	$0	$0	$0	$1,000,000	$0
Unobligated Balance (EOY) [Subtotal]	($2,443,388)	($750,000)	($1,000,000)	$0	($690,217)	$0	$309,783	$690,217
Lapse Medical Services (0160)	($355)	$0	$0	$0	$0	$0	$0	$0
Lapse Medical Community Care (0140)	($64)	$0	$0	$0	$0	$0	$0	$0
Subtotal	$54,620,821	$59,652,138	$60,155,607	$61,466,979	$61,649,446	$67,328,810	$1,493,839	$5,679,364
Prior Year Recoveries	$147,373	$0	$0	$0	$0	$0	$0	$0
Obligations (0160) [Total]	$54,768,194	$59,652,138	$60,155,607	$61,466,979	$61,649,446	$67,328,810	$1,493,839	$5,679,364
VACAA, Section 801 Medical Services (0160XA)								
Unobligated Balance (SOY):								
No-Year	$873,508	$91,514	$82,025	$59,900	$53,000	$14,367	($29,025)	($38,633)
Unobligated Balance (EOY):								
No-Year	($82,025)	($59,900)	($53,000)	($14,367)	($14,367)	$0	$38,633	$14,367
Subtotal	$791,483	$31,614	$29,025	$45,533	$38,633	$14,367	$9,608	($24,266)
Prior Year Recoveries	$1,376	$0	$0	$0	$0	$0	$0	$0
Obligations (0160XA) [Total]	$792,859	$31,614	$29,025	$45,533	$38,633	$14,367	$9,608	($24,266)
Budget Authority [Grand Total]	$56,054,119	$58,596,689	$58,601,258	$60,563,736	$61,206,578	$66,501,121	$2,605,320	$5,294,543
Obligations [Grand Total]	$55,561,053	$59,683,752	$60,184,632	$61,512,512	$61,688,079	$67,343,177	$1,503,447	$5,655,098
FTE								
Medical Services (0160)	224,112	236,540	234,421	238,956	240,213	244,794	5,792	4,581
VACAA, Section 801 (0160XA)	5,488	0	0	0	0	0	0	0
FTE [Total]	229,600	236,540	234,421	238,956	240,213	244,794	5,792	4,581

1/Proposed administrative provision pertaining to merging Medical Services and Medical Community Care accounts converts unobligated balances to 2-year

Summary of 2019 Revised Request

A 2019 discretionary advance appropriation of $49.161 billion for Medical Services and $8.385 billion for Medical Community Care was requested in the 2018 President's Budget and is pending Congressional enactment. Our 2019 request proposes to merge the Medical Community Care appropriation with the Medical Services appropriation, as was the case prior to 2017. The separate appropriation for Community Care has restricted our Medical Center Directors as they manage their budgets and make decisions about whether care can be provided in a VA facility or must be purchased from community providers. This is a dynamic situation, as the loss of a key clinical staff position, such as a general surgeon, will require that the care they provided be shifted to the community until a replacement can be found and brought on board, which can be a lengthy process. Conversely, if a position has been vacant for a period of time but is successfully filled, the care should be realigned from the community back to the VA medical center. This can also occur when VA facilities must temporarily be closed because of damage, such as from the recent hurricanes. This change will enable our field staff to respond rapidly and effectively to unanticipated changes in the health care environment throughout the year.

This budget requests an additional $500 million above the 2019 advance appropriation. Combining the appropriation request with changes in unobligated balances, collections, transfers, and reimbursements brings the Medical Services total resources to $61.688 billion. This funding level is sufficient to deliver high-quality and timely health care services to Veterans and other eligible beneficiaries. Total obligations are estimated to increase by $176 million in 2019, compared to the initial 2019 estimate. This total net increase is primarily due to the following factors:

- **Health Care Services (+$857 million).** Ongoing health care services estimate decreased by $2 million, driven largely by lower Pharmacy and Prosthetics costs, and lower average personal service costs. The following programs are the key drivers of the health care services changes:

    - **Medical Equipment (+$362 million).** Increased funding is required for VA to maintain historic levels of annual equipment purchase.

    - **Activations (-$29 million).** The decrease accounts for an annual adjustment to the timeline for activation of new and replacement medical facilities.

    - **Medical Staffing (-$139 million)**. The average cost of Medical Services FTE has been reduced based on recent actuals and changes to the federal pay raise assumption.

    - **Prosthetics (-$172 million).** Estimates were revised downward to reflect the latest programmatic trends.

- **Electronic Health Record Modernization & Interoperability (-$224 million).** In 2019, Electronic Health Record Modernization resources are requested as a separate appropriation.

- **Pharmacy (-$332 million)**. Estimates were revised downward to reflect the latest actuarial and programmatic trends. Hepatitis C obligations are projected to decrease as a result of a smaller eligible population, the result of VA's successful intervention.

- **Long-Term Services and Support (-$190 million).** Estimates were revised upward due primarily due to a technical change, as more funding is provided using discretionary than mandatory resources as the community care program transitions from the Choice Program to the new Veteran CARE program.

- **Other Health Care Programs (-$521 million).** VA-provided health service programs not projected by the Enrollee Health Care Projection Model (EHCPM) are expected to yield a net decrease of $521 million, driven largely by a decrease of $391 million in the CHAMPVA program, $146 million in Caregiver program costs and other decreases of $12 million to reflect actual estimates. This decrease is partially offset by a $28 million increase in the Readjustment Counseling program.

- **Legislative Proposals (+$30 million).** Estimates of VHA's proposed legislation affecting the Medical Services appropriation.

Update to the Medical Service 2019 Advance Appropriations Request
Includes Veterans Choice Act Sec. 801
(dollars in Thousands)

Description	2019 Services Advance Approp. (0160 & 0160XA)	2019 Community Advance Approp. (0140)	2019 Subtotal Advance Approp.	2019 Medical Services VA Care Care	2019 Medical Services Community Care	2019 Subtotal Revised Request 1/ (0160, 0160XA)	Increase/ Decrease
Health Care Services	$47,032,887	$4,128,284	$51,161,171	$46,352,071	$5,666,675	$52,018,746	$857,575
Non-Add included above:							
Activations	*$513,251*	*$0*	*$513,251*	*$484,374*	*$0*	$484,374	($28,877)
Beneficiary Travel	*$1,033,700*	*$0*	*$1,033,700*	*$1,076,920*	*$0*	$1,076,920	$43,220
Care in the Community	*$0*	*$4,128,284*	*$4,128,284*	*$0*	*$5,666,675*	$5,666,675	$1,538,391
Electronic-Record Modernization & Interoperability	*$224,341*	*$0*	*$224,341*	*$0*	*$0*	$0	($224,341)
Medical Equipment	*$860,975*	*$0*	*$860,975*	*$1,223,154*	*$0*	$1,223,154	$362,179
Medical Staffing	*$31,044,968*	*$0*	*$31,044,968*	*$30,906,347*	*$0*	$30,906,347	($138,621)
Pharmacy	*$7,143,529*	*$0*	*$7,143,529*	*$6,812,011*	*$0*	$6,812,011	($331,518)
Prosthetics	*$4,013,800*	*$0*	*$4,013,800*	*$3,842,117*	*$0*	$3,842,117	($171,683)
Long-Term Services and Supports:							
VA	$3,914,038	$0	$3,914,038	$3,797,999	$0	$3,797,999	($116,039)
Community	$0	$3,456,816	$3,456,816	$0	$3,382,545	$3,382,545	($74,271)
Long-Term Services and Supports [Total]	$3,914,038	$3,456,816	$7,370,854	$3,797,999	$3,382,545	$7,180,544	($190,310)
Other Health Care Programs:							
VA	$1,219,085	$0	$1,219,085	$1,016,712	$0	$1,016,712	($202,373)
Community	$0	$1,785,145	$1,785,145	$0	$1,466,234	$1,466,234	($318,911)
Other Health Care Programs [Subtotal]	$1,219,085	$1,785,145	$3,004,230	$1,016,712	$1,466,234	$2,482,946	($521,284)
VA Legislative Proposals	($23,743)	$0	($23,743)	$5,843	$0	$5,843	$29,586
Obligations [Total]	$52,142,267	$9,370,245	$61,512,512	$51,172,625	$10,515,454	$61,688,079	$175,567
Funding Availability:							
Advance Appropriation	$49,161,165	$8,384,704	$57,545,869	$49,161,165	$8,384,704	$57,545,869	$0
Annual Appropriation Adjustement	$0	$0	$0	$0	$500,000	$500,000	$500,000
Trns to North Chicago Demo. Fund	($204,820)	($26,929)	($231,749)	($201,586)	($26,504)	($228,090)	$3,659
Trns to DoD-VA Health Care Sharing Incentive Fund	($15,000)	$0	($15,000)	($15,000)	$0	($15,000)	$0
Trns to Medical Facilities	$0	$0	$0	$0	($39,334)	($39,334)	($39,334)
Trns Between Accounts	$0	$0	$0	($446,000)	$446,000	$0	$0
Medical Care Collections Fund	$3,002,146	$262,470	$3,264,616	$3,192,545	$250,588	$3,443,133	$178,517
Reimbursements	$153,243	$0	$153,243	$133,085	$0	$133,085	($20,158)
Change in Unobligated Balances	$0	$750,000	$750,000	($690,217)	$1,000,000	$309,783	($440,217)
Veterans Choice Act Sec 801	$45,533	$0	$45,533	$38,633	$0	$38,633	($6,900)
Funding Availability [Total]	$52,142,267	$9,370,245	$61,512,512	$51,172,625	$10,515,454	$61,688,079	$175,567
Annual Appropriation Adjustment							$0

1/ VA is proposing that the Medical Community Care appropriation be consolidated into the Medical Services appropriation improving the execution of our budget and allowing VA to rapidly respond to unanticipated changes in the health care environment throughout the year.

Update to the 2019 Advance Appropriation Request
Medical Services (0160 & 0160XA) & Medical Community Care (0140)
(Includes Veterans Choice Act)
(dollars in thousands)

	2019 Revised Estimate			Available Medical Services and Medical Community Care Funding								Annual Approp. Adjust. Requried		
	Medical Services								Use of Unobl. Balances			Medical Services		
Description	VA Care	Community Care	Subtotal	**Adv. Approp. Incl. Transfers**	**Re-estimate**	**Collections**	**Net Transfers**	**Reimb.**	**Discretionary**	**VACAA 801**	**Subtotal**	Non-Community Care	Community Care	**Subtotal**
Health Care Services:														
Health Care Services [Total]	$46,352,071	$5,666,675	$52,018,746	$51,161,171	($8,209)	$178,517	($35,675)	($20,158)	$250,000	($6,900)	$51,518,746	$0	$500,000	**$500,000**
Non-Add included above:														
Activations	*$484,374*	*$0*	*$484,374*	*$513,251*	($28,877)	*$0*	*$0*	*$0*	*$0*	*$0*	*$484,374*	*$0*	*$0*	***$0***
Beneficiary Travel	*$1,076,920*	*$0*	*$1,076,920*	*$1,033,700*	$43,220	*$0*	*$0*	*$0*	*$0*	*$0*	*$1,076,920*	*$0*	*$0*	***$0***
Care in the Community (excluding CHAMPVA & LTSS)	*$0*	*$5,666,675*	*$5,666,675*	*$4,128,284*	$1,038,391	*$0*	*$0*	*$0*	*$0*	*$0*	*$5,166,675*	*$0*	*$500,000*	***$500,000***
Electronic-Record Modernization & Interperability	*$0*	*$0*	*$0*	*$224,341*	($224,341)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	***$0***
Medical Equipment	*$1,223,154*	*$0*	*$1,223,154*	*$860,975*	$362,179	*$0*	*$0*	*$0*	*$0*	*$0*	*$1,223,154*	*$0*	*$0*	***$0***
Medical Staffing	*$30,906,347*	*$0*	*$30,906,347*	*$31,044,968*	($511,305)	*$178,517*	*($35,675)*	*($20,158)*	*$250,000*	*$0*	*$30,906,347*	*$0*	*$0*	***$0***
Pharmacy	*$6,812,011*	*$0*	*$6,812,011*	*$7,143,529*	($331,518)	*$0*	*$0*	*$0*	*$0*	*$0*	*$6,812,011*	*$0*	*$0*	***$0***
Prosthetics	*$3,842,117*	*$0*	*$3,842,117*	*$4,013,800*	($171,683)	*$0*	*$0*	*$0*	*$0*	*$0*	*$3,842,117*	*$0*	*$0*	***$0***
Remaining Health Care Services	*$2,007,148*	*$0*	*$2,007,148*	*$2,198,323*	($184,275)	*$0*	*$0*	*$0*	*$0*	*($6,900)*	*$2,007,148*	*$0*	*$0*	***$0***
Long-Term Services and Supports:														
Institutional Care	$2,796,500	$2,272,446	$5,068,946	$4,817,568	$251,378	$0	$0	$0	$0	$0	$5,068,946	$0	$0	**$0**
Non-Institutional Care	$1,001,499	$1,110,099	$2,111,598	$1,995,888	$115,710	$0	$0	$0	$0	$0	$2,111,598	$0	$0	**$0**
VA Long-Term Services and Supports [Total]	$3,797,999	$3,382,545	$7,180,544	$6,813,456	$367,088	$0	$0	$0	$0	$0	$7,180,544	$0	$0	**$0**
Other Health Care Programs:														
CHAMPVA, Spina Bifida, FMP, & CWVV	$301,119	$1,463,185	$1,764,304	$2,155,583	($391,279)	$0	$0	$0	$0	$0	$1,764,304	$0	$0	**$0**
Caregivers (Non-CHAMPVA)	$490,812	$1,620	$492,432	$637,266	($144,834)	$0	$0	$0	$0	$0	$492,432	$0	$0	**$0**
Camp Lejeune - Family	$0	$1,429	$1,429	$7,630	($6,201)	$0	$0	$0	$0	$0	$1,429	$0	$0	**$0**
Readjustment Counseling	$224,781	$0	$224,781	$203,751	$21,030	$0	$0	$0	$0	$0	$224,781	$0	$0	**$0**
Other Health Care Programs [Total]	$1,016,712	$1,466,234	$2,482,946	$3,004,230	($521,284)	$0	$0	$0	$0	$0	$2,482,946	$0	$0	**$0**
VA Legislative Proposals:														
Total	$5,843	$0	$5,843	($23,743)	$29,586	$0	$0	$0	$0	$0	$5,843	$0	$0	**$0**
Obligations [Total]	$51,172,625	$10,515,454	$61,688,079	$60,955,114	($132,819)	$178,517	($35,675)	($20,158)	$250,000	($6,900)	$61,188,079	$0	$500,000	**$500,000**

Summary of the 2020 Advance Appropriations Request
The Medical Services Advance Appropriation Request is for $63.2 billion, an increase of $5.1 billion from the 2019 Revised Request.

The 2020 request allows for an increase of:

- **Health Care Services (+$4.8 billion).** The increase above the 2019 revised request are driven by:
    - **Community Care (+$3.6 billion).** The large increase in discretionary Community Care from 2019 to 2020 is primarily the result of the exhaustion of balances in the Veterans Choice Fund in 2019 and the change in timing of community care obligation proposal.
    - **Medical Staffing (+$1.1 billion)**. Medical Services increase by 4,581 medical FTE to meet projected increases in Veteran utilization of VA's medical system.
    - **Remaining Health Care Service Activity (+$524 million).** Estimates increased to reflect the latest programmatic trends.
    - **Pharmacy (+$522 million)**. Estimates increase to reflect the latest actuarial and programmatic trends. Hepatitis C obligations are projected to reach a steady state, from a smaller eligible population, the result of VA's successful intervention.
    - **Prosthetics (+$361 million).** Estimates reflect the latest programmatic trends.
    - **Beneficiary Travel (+$32 million).** The increase is driven by the most recent trends and revised projections.
    - **Activations (-$484 million).** The decrease reflects no activations funding in the 2020 advance appropriation request. Activation requirements will be revisited in the 2020 Congressional Justification.
    - **Medical Equipment (-$861 million).** Medical equipment requirements will be revisited in the 2020 Congressional Justification.

- **Long-Term Services and Supports (+796 million).** Estimates reflect the latest programmatic trends and increases to care provided by the community funded by discretionary resources.

- **Other Health Care programs (+93 million).** The increase is largely driven by the latest Caregiver stipend costs and CHAMPVA claim projections.

Medical Services & Medical Community Care Obligations by Program
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2018 to 2019 Revised Request Increase/Decreases			2019 to 2020 Advance Appropriation Increase/Decreases		
	Medical Services			Medical Services		
	VA Care	Community Care	Subtotal	VA Care	Community Care	Subtotal
Health Care Services:						
Health Care Services [Total]	$73,018	$564,036	$637,054	$1,208,164	$3,557,864	$4,766,028
Non-Add included above:						
Activations	*($123,426)*	*$0*	*($123,426)*	*($484,374)*	*$0*	*($484,374)*
Beneficiary Travel	*$51,420*	*$0*	*$51,420*	*$32,280*	*$0*	*$32,280*
Care in the Community (excluding CHAMPVA & LTSS)	*$0*	*$564,036*	*$564,036*	*$0*	*$3,557,864*	*$3,557,864*
Electronic-Record Modernization & Interperability	*($640,463)*	*$0*	*($640,463)*	*$0*	*$0*	*$0*
Medical Equipment	*($513,374)*	*$0*	*($513,374)*	*($860,632)*	*$0*	*($860,632)*
Medical Staffing	*$1,402,642*	*$0*	*$1,402,642*	*$1,113,675*	*$0*	*$1,113,675*
Pharmacy	*$6,279*	*$0*	*$6,279*	*$522,389*	*$0*	*$522,389*
Prosthetics	*$267,504*	*$0*	*$267,504*	*$360,583*	*$0*	*$360,583*
Long-Term Services and Supports VA Care:						
VA Community Living Centers (VA CLC)	$149,200	$0	$149,200	$208,400	$0	$208,400
Non-Institutional VA Care	$67,535	$0	$67,535	$69,276	$0	$69,276
VA Long-Term Services and Supports [Total]	$216,735	$0	$216,735	$277,676	$0	$277,676
Long-Term Services and Supports Community Care:						
Community Nursing Home	$0	$70,762	$70,762	$0	$70,083	$70,083
Community Non-Institutional Care	$0	$422,971	$422,971	$0	$419,801	$419,801
State Nursing Home	$0	$20,683	$20,683	$0	$29,266	$29,266
State Home Domiciliary	$0	$7,364	$7,364	$0	($568)	($568)
State Home Adult Day Care	$0	$127	$127	$0	$95	$95
Community Long-Term Services and Supports [Total]	$0	$521,907	$521,907	$0	$518,677	$518,677
Other Health Care Programs VA Care:						
CHAMPVA Medical Staff, Pharmacy Costs	$6,482	$0	$6,482	$6,624	$0	$6,624
Caregivers (Title 1)	$6,615	$0	$6,615	$14,556	$0	$14,556
Camp Lejeune - Family	$0	$0	$0	$0	$0	$0
Readjustment Counseling	$21,269	$0	$21,269	$5,337	$0	$5,337
Other Health Care Programs [Total]	$34,366	$0	$34,366	$26,517	$0	$26,517
Other Health Care Programs Community Care:						
CHAMPVA, Spina Bifida, FMP, & CWVV	$0	$65,904	$65,904	$0	$66,656	$66,656
Caregivers (non-CHAMPVA)	$0	$412	$412	$0	$4	$4
Camp Lejeune Family	$0	$31	$31	$0	$31	$31
Other Health Care Programs community care [Total]	$0	$66,347	$66,347	$0	$66,691	$66,691
VA Legislative Proposals:						
Total	$27,038	$0	$27,038	($491)	$0	($491)
Total Obligations	**$351,157**	**$1,152,290**	**$1,503,447**	**$1,511,866**	**$4,143,232**	**$5,655,098**

Medical Services Program Funding Requirements

Medical Services & Medical Community Care Obligations by Program
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2017 Actuals			2018 Budget Estimate			2018 Current Estimate		
	Medical Services (0160)	Medical Community Care (0140)	Subtotal	Medical Services (0160)	Medical Community Care (0140)	Subtotal	Medical Services (0160)	Medical Community Care (0140)	Subtotal
Health Care Services:									
Health Care Services [Total]	$42,850,355	$3,942,900	$46,793,255	$45,760,032	$4,310,211	$50,070,243	$46,279,053	$5,102,639	$51,381,692
Non-Add included above:									
Activations	*$476,625*	*$0*	*$476,625*	*$607,800*	*$0*	*$607,800*	*$607,800*	*$0*	*$607,800*
Beneficiary Travel	*$943,430*	*$0*	*$943,430*	*$993,900*	*$0*	*$993,900*	*$1,025,500*	*$0*	*$1,025,500*
Care in the Community (excluding CHAMPVA & LTSS)	*$0*	*$3,942,900*	*$3,942,900*	*$0*	*$4,310,211*	*$4,310,211*	*$0*	*$5,102,639*	*$5,102,639*
Electronic-Record Modernization & Interperability	*$0*	*$0*	*$0*	*$176,475*	*$0*	*$176,475*	*$640,463*	*$0*	*$640,463*
Medical Equipment	*$1,628,538*	*$0*	*$1,628,538*	*$1,221,802*	*$0*	*$1,221,802*	*$1,736,528*	*$0*	*$1,736,528*
Medical Staffing	*$28,115,563*	*$0*	*$28,115,563*	*$29,609,614*	*$0*	*$29,609,614*	*$29,503,705*	*$0*	*$29,503,705*
Pharmacy	*$6,590,013*	*$0*	*$6,590,013*	*$6,998,429*	*$0*	*$6,998,429*	*$6,805,732*	*$0*	*$6,805,732*
Prosthetics	*$3,157,136*	*$0*	*$3,157,136*	*$3,716,100*	*$0*	*$3,716,100*	*$3,574,613*	*$0*	*$3,574,613*
Long-Term Services and Supports VA Care:									
VA Community Living Centers (VA CLC)	$2,635,316	$0	$2,635,316	$2,698,850	$0	$2,698,850	$2,647,300	$0	$2,647,300
Non-Institutional VA Care	$880,011	$0	$880,011	$978,788	$0	$978,788	$933,964	$0	$933,964
VA Long-Term Services and Supports [Total]	$3,515,327	$0	$3,515,327	$3,677,638	$0	$3,677,638	$3,581,264	$0	$3,581,264
Long-Term Services and Supports Community Care:									
Community Nursing Home	$0	$869,690	$869,690	$0	$1,032,400	$1,032,400	$0	$892,889	$892,889
Community Non-Institutional Care	$0	$655,158	$655,158	$0	$805,000	$805,000	$0	$687,128	$687,128
State Nursing Home	$15	$1,252,899	$1,252,914	$0	$1,290,362	$1,290,362	$0	$1,225,026	$1,225,026
State Home Domiciliary	$0	$58,086	$58,086	$0	$54,400	$54,400	$0	$54,400	$54,400
State Home Adult Day Care	$618	$944	$1,562	$0	$1,195	$1,195	$0	$1,195	$1,195
Community Long-Term Services and Supports [Total]	$633	$2,836,777	$2,837,410	$0	$3,183,357	$3,183,357	$0	$2,860,638	$2,860,638
Other Health Care Programs VA Care:									
CHAMPVA Medical Staff, Pharmacy Costs	$321,380	$0	$321,380	$352,620	$0	$352,620	$294,637	$0	$294,637
Caregivers (Title 1)	$448,775	$0	$448,775	$568,052	$0	$568,052	$484,197	$0	$484,197
Camp Lejeune - Family	$384	$0	$384	$0	$0	$0	$0	$0	$0
Readjustment Counseling	$205,663	$0	$205,663	$203,751	$0	$203,751	$203,512	$0	$203,512
Other Health Care Programs [Total]	$976,202	$0	$976,202	$1,124,423	$0	$1,124,423	$982,346	$0	$982,346
Other Health Care Programs Community Care:									
CHAMPVA, Spina Bifida, FMP, & CWVV	$0	$1,287,571	$1,287,571	$0	$1,639,249	$1,639,249	$0	$1,397,281	$1,397,281
Caregivers (non-CHAMPVA)	$0	$1,171	$1,171	$0	$3,373	$3,373	$0	$1,208	$1,208
Camp Lejeune Family	$0	$1,368	$1,368	$0	$6,664	$6,664	$0	$1,398	$1,398
Other Health Care Programs community care [Total]	$0	$1,290,110	$1,290,110	$0	$1,649,286	$1,649,286	$0	$1,399,887	$1,399,887
VA Legislative Proposals:									
Total	$0	$0	$0	($21,195)	$0	($21,195)	($21,195)	$0	($21,195)
Obligations [Subtotal]	**$47,342,517**	**$8,069,787**	**$55,412,304**	**$50,540,898**	**$9,142,854**	**$59,683,752**	**$50,821,468**	**$9,363,164**	**$60,184,632**
VA Prior-Year Recoveries	$148,749	$0	$148,749	$0	$0	$0	$0	$0	$0
Total Obligations	$47,491,266	$8,069,787	$55,561,053	$50,540,898	$9,142,854	$59,683,752	$50,821,468	$9,363,164	$60,184,632

Medical Services & Medical Community Care Obligations by Program
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2019 Advance Appropriation			2019 Revised Request			2020 Advance Appropriation		
				Medical Services 1/			Medical Services		
	Medical Services (0160)	Medical Community Care (0140)	Subtotal	Medical Services (0160)	Medical Community Care (0140)	Subtotal	Medical Services (0160)	Medical Community Care (0140)	Subtotal
Health Care Services:									
Health Care Services [Total]	$47,032,887	$4,128,284	$51,161,171	$46,352,071	$5,666,675	$52,018,746	$47,560,235	$9,224,539	$56,784,774
Non-Add included above:									
Activations	*$513,251*	*$0*	*$513,251*	*$484,374*	*$0*	*$484,374*	*$0*	*$0*	*$0*
Beneficiary Travel	*$1,033,700*	*$0*	*$1,033,700*	*$1,076,920*	*$0*	*$1,076,920*	*$1,109,200*	*$0*	*$1,109,200*
Care in the Community (excluding CHAMPVA & LTSS)	*$0*	*$4,128,284*	*$4,128,284*	*$0*	*$5,666,675*	*$5,666,675*	*$0*	*$9,224,539*	*$9,224,539*
Electronic-Record Modernization & Interperability	*$224,341*	*$0*	*$224,341*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Medical Equipment	*$860,975*	*$0*	*$860,975*	*$1,223,154*	*$0*	*$1,223,154*	*$362,522*	*$0*	*$362,522*
Medical Staffing	*$31,044,968*	*$0*	*$31,044,968*	*$30,906,347*	*$0*	*$30,906,347*	*$32,020,022*	*$0*	*$32,020,022*
Pharmacy	*$7,143,529*	*$0*	*$7,143,529*	*$6,812,011*	*$0*	*$6,812,011*	*$7,334,400*	*$0*	*$7,334,400*
Prosthetics	*$4,013,800*	*$0*	*$4,013,800*	*$3,842,117*	*$0*	*$3,842,117*	*$4,202,700*	*$0*	*$4,202,700*
Long-Term Services and Supports VA Care:									
VA Community Living Centers (VA CLC)	$2,846,750	$0	$2,846,750	$2,796,500	$0	$2,796,500	$3,004,900	$0	$3,004,900
Non-Institutional VA Care	$1,067,288	$0	$1,067,288	$1,001,499	$0	$1,001,499	$1,070,775	$0	$1,070,775
VA Long-Term Services and Supports [Total]	$3,914,038	$0	$3,914,038	$3,797,999	$0	$3,797,999	$4,075,675	$0	$4,075,675
Long-Term Services and Supports Community Care:									
Community Nursing Home	$0	$1,104,700	$1,104,700	$0	$963,651	$963,651	$0	$1,033,734	$1,033,734
Community Non-Institutional Care	$0	$928,600	$928,600	$0	$1,110,099	$1,110,099	$0	$1,529,900	$1,529,900
State Nursing Home	$0	$1,367,993	$1,367,993	$0	$1,245,709	$1,245,709	$0	$1,274,975	$1,274,975
State Home Domicillary	$0	$54,206	$54,206	$0	$61,764	$61,764	$0	$61,196	$61,196
State Home Adult Day Care	$0	$1,317	$1,317	$0	$1,322	$1,322	$0	$1,417	$1,417
Community Long-Term Services and Supports [Total]	$0	$3,456,816	$3,456,816	$0	$3,382,545	$3,382,545	$0	$3,901,222	$3,901,222
Other Health Care Programs VA Care:									
CHAMPVA Medical Staff, Pharmacy Costs	$381,507	$0	$381,507	$301,119	$0	$301,119	$307,743	$0	$307,743
Caregivers (Title 1)	$633,827	$0	$633,827	$490,812	$0	$490,812	$505,368	$0	$505,368
Camp Lejeune - Family	$0	$0	$0	$0	$0	$0	$0	$0	$0
Readjustment Counseling	$203,751	$0	$203,751	$224,781	$0	$224,781	$230,118	$0	$230,118
Other Health Care Programs [Total]	$1,219,085	$0	$1,219,085	$1,016,712	$0	$1,016,712	$1,043,229	$0	$1,043,229
Other Health Care Programs Community Care:									
CHAMPVA, Spina Bifida, FMP, & CWVV	$0	$1,774,076	$1,774,076	$0	$1,463,185	$1,463,185	$0	$1,529,841	$1,529,841
Caregivers (non-CHAMPVA)	$0	$3,439	$3,439	$0	$1,620	$1,620	$0	$1,624	$1,624
Camp Lejeune Family	$0	$7,630	$7,630	$0	$1,429	$1,429	$0	$1,460	$1,460
Other Health Care Programs community care [Total]	$0	$1,785,145	$1,785,145	$0	$1,466,234	$1,466,234	$0	$1,532,925	$1,532,925
VA Legislative Proposals:									
Total	($23,743)	$0	($23,743)	$5,843	$0	$5,843	$5,352	$0	$5,352
Total Obligations	**$52,142,267**	**$9,370,245**	**$61,512,512**	**$51,172,625**	**$10,515,454**	**$61,688,079**	**$52,684,491**	**$14,658,686**	**$67,343,177**

1/ In FY 2019 the budget proposes to merge the Medical Community Care appropriation with the Medical Services appropriation

Medical Services VA Care

Medical Services Excluding Community Care
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$46,549,658	$50,509,284	$50,792,443	$52,096,734	$51,133,992	$52,670,124	$341,549	$1,536,132
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$792,859	$31,614	$29,025	$45,533	$38,633	$14,367	$9,608	($24,266)
Obligations [Subtotal]	**$47,342,517**	**$50,540,898**	**$50,821,468**	**$52,142,267**	**$51,172,625**	**$52,684,491**	**$351,157**	**$1,511,866**
VA Prior-Year Recoveries								
Medical Services (0160)	$147,373	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160XA)	$1,376	$0	$0	$0	$0	$0	$0	$0
VA Prior-Year Recoveries [Subtotal]	**$148,749**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$47,491,266**	**$50,540,898**	**$50,821,468**	**$52,142,267**	**$51,172,625**	**$52,684,491**	**$351,157**	**$1,511,866**

VA is committed to providing the best access to care for Veterans. To deliver the full care spectrum as defined in VA's medical benefits package, VA will focus on its foundational services—those areas in which it can excel—and build community partnerships for complementary services. These principles include:

- Enabling VA to provide access to high-quality care for Veterans by balancing services provided by VA and the community, given changing demands for care and resource limitations;
- Promoting operational efficiency and simplicity, while supporting VA's clinical care, education, and research missions; and
- Allowing facilities to meet the changing needs of Veterans in a flexible way.

High-performing organizations cannot excel at every capability and thus must make decisions about how best to invest their resources. VA will therefore further define and grow its foundational services to excel in the provision of clinical care to Veterans.

The following tables show obligations in eight distinct activities of the Medical Services account that are not provided by the community.

Activations

Activations 1/
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2017 Actual 1/	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$476,625	$607,800	$607,800	$513,251	$484,374	$0	($123,426)	($484,374)
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services Obligations [Grand Total]	**$476,625**	**$607,800**	**$607,800**	**$513,251**	**$484,374**	**$0**	**($123,426)**	**($484,374)**

1/ This table displays obligations (both discretionary [0160] and mandatory [0160XA]) for the Medical Services account, only. See the Medical Care chapter for detail on all accounts that support the Activations program.

Facility activations provide non-recurring (equipment and supplies) and recurring (additional personnel) costs associated with the activation of completed construction of new or replacement medical care facilities. Resources include assumed rates for medical equipment and furniture reuse based on the facility type (renovation, replacement, or new). VA's activation plans are sensitive to delays in construction schedules and lease awards. VA has recently taken steps to identify and more closely monitor the activations of new facilities and leases to assure that projects stay on schedule, which will promote better synchronization of budgetary resources with program needs.

Medical Equipment

VA Medical Equipment 1/
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2017 Actual 1/	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$1,607,657	$1,221,802	$1,736,528	$860,975	$1,223,154	$362,522	($513,374)	($860,632)
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$20,881	$0	$0	$0	$0	$0	$0	$0
Obligations [Grand Total]	**$1,628,538**	**$1,221,802**	**$1,736,528**	**$860,975**	**$1,223,154**	**$362,522**	**($513,374)**	**($860,632)**

1/ This table only displays obligations for medical equipment; for total obligations on all types of equipment, including non-medical, please see the Obligations by Object table in the Appendix chapter

Medical Services equipment includes capitalized equipment such as laboratory, pharmacy, operating room, x-ray, and medical rehabilitation equipment, with a purchase price of $1,000,000 or more; and non-capitalized equipment, such as scientific instruments and appliances, measuring and weighing instruments, and accessories and surgical instruments that cost less than $1,000,000.

Much of the medical equipment used across VHA is comparable or more capable than equipment used in the community. Biomedical Engineering is responsible for the deployment and sustainment of medical equipment. Modernizing VHA's equipment safety and security infrastructure is the result of strong vision, deliberate systems engineering, extensive collaboration, and cultural transformation across the enterprise.

VHA deployed $1.1 billion worth of new medical equipment during 2017 and modernized engineering systems to enhance the safety and cyber security of medical technology.

Plans for New and Replacement Equipment in 2018-2020

The medical equipment technology refresh is based on a lifecycle replacement model applied to existing medical equipment holdings. The model incorporates the lifespan of various medical equipment categories (note: lifespans are based upon the clinical utility of equipment, evolving clinical functionality, technical supportability, etc.). Current medical equipment holdings have a value of approximately $8 billion.

For high-level life cycle planning purposes, medical equipment holdings are grouped by general function, volume, and/or cost. Groupings include Sterile Processing Systems, Pathology/Laboratory, High Cost Diagnostic Imaging, Low Cost Imaging, High Cost Non-Imaging, High Criticality, High Volume, Clinical Systems, and General Medical equipment.

Medical equipment due for replacement according to the lifecycle model is identified for each planning group by VHA VISN by fiscal year.

Impact of VA Medical Equipment on Medical Care and Staff Productivity
New medical equipment was deployed at all facilities and across all clinical programs and sub-specialties. Modernized medical equipment expands Veterans access to care, provides clinical functionality that meets or exceeds community standards\ and improves patient safety and information security. VA utilizes approximately 800,000 medical devices across the country to deliver healthcare to Veterans. 90,000 medical devices communicate with the electronic health record via the IT network and must be specially managed for cybersecurity risks.

Medical equipment closely aligns with four (4) of the VA's Top Five Priorities –Greater Choice for Veterans; Modernizing Our System; Focus Resources More Efficiently; and Improve Timeliness of Service.

1) Medical equipment directly contributes to improving the Veteran experience by providing state-of-the art medical equipment in the healthcare environment across the VA, reducing the number of Veteran Community Care appointments needed.
2) Providing quality care and services through medical devices supports optimal care and experience for Veterans. Medical equipment management supports VA modernization efforts by improving VHA's overall supply chain management functions for medical equipment and technology as well as facilitating and leading strategic sourcing of medical technologies.
3) Medical equipment plays a key role in focusing VA resources more efficiently by enhancing and supporting the clinical staff through training and education of the technology.
4) Medical equipment directly contributes to improving the timeliness of service by ensuring VA Medical Centers of various complexities by having the right clinical functionality available at the right time.

Additionally, medical equipment is core to supporting clinical programs for Veterans. An example is the CT scanners that provide clinical capability for lung cancer screening, which is a key clinical program within VA.

The Office of Healthcare Technology Management (HTM) is responsible for national policies and directives related to medical equipment management and safety while providing national leadership, consultation, and technology support in technology management. The HTM Program Office oversees Biomedical Engineering within VHA, which is responsible for approximately $8 billion worth of medical equipment. This singular focus on direct patient care technology is unique within VA. The HTM Program Office is consistently driven to deliver high quality and cost effective service and works with a multitude of clinical program offices in achieving this goal.

Medical Services Staffing

VA Medical Services Staffing 1/
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2017 Actual 1/	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$27,387,388	$29,609,614	$29,503,705	$31,044,968	$30,906,347	$32,020,022	$1,402,642	$1,113,675
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$728,175	$0	$0	$0	$0	$0	$0	$0
Obligations [Grand Total]	**$28,115,563**	**$29,609,614**	**$29,503,705**	**$31,044,968**	**$30,906,347**	**$32,020,022**	**$1,402,642**	**$1,113,675**

1/ For additional FTE details, please see the Employment Summary chapter and the Obligations by Object table in the Appendix chapter

Medical Services FTE represents the largest share of VHA obligations by object. They include:

- Physicians;
- Dentists;
- Registered Nurses;
- LP Nurse/LV Nurse/ Nurse Assistant;
- Non-physician providers such as podiatrists, physicians assistants, psychologists, nurse practitioners, chiropractors, and optometrists; and
- Health Technicians/Allied Health, such as respiratory therapists, physical therapists, dietitians, social works, radiology technologists, pharmacists, audiologist and speech pathologists, nuclear medicine technologists, and laboratory aids and workers.
- Wage Board/Purchase & Hire;
- All Other

FTE by Type
Includes Veterans Choice Act Sec. 801
Medical Services

Account	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary FTE								
Physicians	19,661	21,276	20,902	21,493	21,423	21,833	521	410
Dentists	1,128	1,170	1,182	1,182	1,211	1,234	29	23
Registered Nurses	54,243	57,840	56,707	58,431	58,106	59,214	1,399	1,108
LP Nurse/LV Nurse/Nurse Assistant	25,733	26,500	26,756	26,771	27,416	27,938	660	522
Non-Physician Providers	13,628	14,607	14,548	14,756	14,907	15,191	359	284
Health Technicians/Allied Health	66,950	70,259	69,468	70,976	71,183	72,541	1,715	1,358
Wage Board/Purchase & Hire	5,429	5,764	5,545	5,823	5,682	5,790	137	108
All Other	37,340	39,124	39,313	39,524	40,285	41,053	972	768
Discretionary Medical Service FTE [Subtotal]	**224,112**	**236,540**	**234,421**	**238,956**	**240,213**	**244,794**	**5,792**	**4,581**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory FTE								
Physicians	811	0	0	0	0	0	0	0
Dentists	30	0	0	0	0	0	0	0
Registered Nurses	1,298	0	0	0	0	0	0	0
LP Nurse/LV Nurse/Nurse Assistant	473	0	0	0	0	0	0	0
Non-Physician Providers	621	0	0	0	0	0	0	0
Health Technicians/Allied Health	1,090	0	0	0	0	0	0	0
Wage Board/Purchase & Hire	2	0	0	0	0	0	0	0
All Other	1,163	0	0	0	0	0	0	0
Veterans Choice Act FTE [Subtotal]	**5,488**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Medical Services FTE								
Physicians	20,472	21,276	20,902	21,493	21,423	21,833	521	410
Dentists	1,158	1,170	1,182	1,182	1,211	1,234	29	23
Registered Nurses	55,541	57,840	56,707	58,431	58,106	59,214	1,399	1,108
LP Nurse/LV Nurse/Nurse Assistant	26,206	26,500	26,756	26,771	27,416	27,938	660	522
Non-Physician Providers	14,249	14,607	14,548	14,756	14,907	15,191	359	284
Health Technicians/Allied Health	68,040	70,259	69,468	70,976	71,183	72,541	1,715	1,358
Wage Board/Purchase & Hire	5,431	5,764	5,545	5,823	5,682	5,790	137	108
All Other	38,503	39,124	39,313	39,524	40,285	41,053	972	768
Medical Services FTE [Grand Total[	**229,600**	**236,540**	**234,421**	**238,956**	**240,213**	**244,794**	**5,792**	**4,581**

Medical Services will have 240,213 FTE in 2019, an increase of 1,257 FTE over the advance appropriation. This FTE level sustains and builds on VA's capacity to provide care following the Veterans Choice Act. We expect to meet the large increase in demand for VA-provided health care in a post-Veterans Choice Act environment, as reflected in the workload tables provided in the Medical Care Chapter. The 2020 provider level of 244,794 FTE is 4,581 FTE above the 2019 estimate and reflects continued growth in demand for VA provided services. The 2020 FTE level will be re-evaluated in the 2020 Congressional Justification.

VA's Medical Provider Recruitment & Retention Practices

As the Nation's largest integrated health care delivery system, VHA workforce challenges mirror those of the health care industry as a whole. VHA remains fully engaged in a competitive clinical recruitment market and, therefore, faces similar challenges as our private sector counterparts. Some factors include: the growing national shortage and availability of experienced, quality candidates who possess the competencies required for the position; the salaries typically paid by private industry for similar positions;

employment trends and labor-market factors that may affect the ability to recruit candidates; and other supporting factors such as rural/highly rural locations that may be considered less desirable.

VA has undertaken a nationwide Mental Health Hiring Initiative (MHHI) focused on filling critical mental health vacancies. Additional initiatives that have or will improve recruitment and retention include: increased maximum physician salaries; efforts to revamp entrance and exit surveys; recruitment/relocation and retention (3Rs) incentives; Education Debt Reduction Program (EDRP); employee referral bonus programs; targeted nationwide recruitment advertising and marketing; the Take A Closer Look at VA trainee outreach recruitment program; expanding opportunities for telemedicine providers; DoD/VA effort to recruit transitioning service members; and exhibiting regularly at key healthcare conferences and job fairs. Nationwide nurse recruitment streamlining and improvement is a key focus for 2018.

Local VA Medical Center HR departments are actively recruiting to fill their vacancies. As a national partner with regional/local efforts, the VHA National Recruitment Program (NRP) provides VHA with a small in-house team of skilled professional recruiters employing private sector best practices to the agency's most critical clinical and executive positions. The national recruiters work directly with VISN Directors, Medical Center Directors, and clinical leadership in the development of comprehensive, client-centered recruitment strategies that address both current and future critical needs. At this time, the NRP has won multiple industry awards and is successfully recruiting physicians at more than twice the rate of their private sector recruiter counterparts per recruiter, but demand exceeds their current staffing capacity. Training for field level healthcare recruiters and human resources staff focused on deploying private sector recruitment best practices, occurs regularly.

During the VACAA hiring initiative, VHA hired 10,682 new FTE in support of patient care using funds provided in Sec. 801 of the law.

Staffing Model Development

VHA is actively working on developing additional staffing models and validating existing models. VHA is working towards establishing facility-specific staffing targets based on an assessment of projected healthcare needs, staffing models, and workforce productivity to estimate a baseline, acceptable range of staffing levels needed to provide care.

VA Long-Term Services and Supports Programs

VA Long-Term Services and Supports
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2017 Actual 1/	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160) Institutional								
VA Community Living Centers (VA CLC)	$2,586,905	$2,698,850	$2,645,500	$2,846,750	$2,794,100	$3,004,000	$148,600	$209,900
Medical Services (0160) Non-Institutional								
Community Residential Care	$105,003	$112,483	$100,700	$112,483	$100,900	$102,700	$200	$1,800
Home Telehealth	$171,684	$187,467	$175,064	$200,667	$182,108	$192,275	$7,044	$10,167
Home-Based Primary Care	$565,803	$656,787	$635,600	$730,987	$694,591	$750,800	$58,991	$56,209
Spinal Cord Injury & Disability Home Care	$8,482	$9,954	$8,800	$10,454	$9,300	$9,900	$500	$600
VA Adult Day Health Care	$12,911	$12,097	$13,200	$12,697	$13,900	$14,900	$700	$1,000
Non-Institutional [Subtotal]	**$863,883**	**$978,788**	**$933,364**	**$1,067,288**	**$1,000,799**	**$1,070,575**	**$67,435**	**$69,776**
Discretionary Obligations [Total]	**$3,450,788**	**$3,677,638**	**$3,578,864**	**$3,914,038**	**$3,794,899**	**$4,074,575**	**$216,035**	**$279,676**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA) Institutional								
VA Community Living Centers (VA CLC)	$48,411	$0	$1,800	$0	$2,400	$900	$600	($1,500)
Medical Services (0160XA) Non-Institutional								
Community Residential Care	$1,971	$0	$100	$0	$100	$0	$0	($100)
Home Telehealth	$3,121	$0	$100	$0	$100	$0	$0	($100)
Home-Based Primary Care	$10,636	$0	$400	$0	$500	$200	$100	($300)
Spinal Cord Injury & Disability Home Care	$158	$0	$0	$0	$0	$0	$0	$0
VA Adult Day Health Care	$242	$0	$0	$0	$0	$0	$0	$0
Non-Institutional [Subtotal]	**$16,128**	**$0**	**$600**	**$0**	**$700**	**$200**	**$100**	**($500)**
Mandatory Obligations [Total]	**$64,539**	**$0**	**$2,400**	**$0**	**$3,100**	**$1,100**	**$700**	**($2,000)**
Non-Add Included Above:								
Institutional Lon-Term Services and Supports	*$2,635,316*	*$2,698,850*	*$2,647,300*	*$2,846,750*	*$2,796,500*	*$3,004,900*	*$149,200*	*$208,400*
Non-Institutional Lon-Term Services and Supports	*$880,011*	*$978,788*	*$933,964*	*$1,067,288*	*$1,001,499*	*$1,070,775*	*$67,535*	*$69,276*
Obligations [Grand Total]	**$3,515,327**	**$3,677,638**	**$3,581,264**	**$3,914,038**	**$3,797,999**	**$4,075,675**	**$216,735**	**$277,676**

1/ This table only displays obligations for medical services LTSS; for total obligations across all appropriation please see the Medical Care chapter

The Medical Services portions of the VA-provided Long-Term Services and Supports programs include VA Community Living Centers, Community Residential Care, VA Adult Day Care, Home-Based Primary Care, Spinal Cord Injury Home Care, and Home Telehealth. Please see the *Medical Care* chapter for more information about these programs.

Other Health Care Programs VA Care

Other Health Care Programs VA Care
(dollars in thousands)

Description	2017 Actual 1/	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Medical Services (0160)								
CHAMPVA Medical Staff, Pharmacy Costs	$321,380	$352,620	$294,637	$381,507	$301,119	$307,743	$6,482	$6,624
Caregivers (Title 1) Stipends, VA Care	$448,775	$568,052	$484,197	$633,827	$490,812	$505,368	$6,615	$14,556
Readjustment Counseling	$205,663	$203,751	$203,512	$203,751	$224,781	$230,118	$21,269	$5,337
Camp Lejeune - Family	$384	$0	$0	$0	$0	$0	$0	$0
Obligations [Total]	**$976,202**	**$1,124,423**	**$982,346**	**$1,219,085**	**$1,016,712**	**$1,043,229**	**$34,366**	**$26,517**

1/ This table only displays obligations for medical services; for total obligations across all appropriation please see the Medical Care chapter

Medical Services FTE and Pharmacy costs associated with the CHAMPVA program remain in the Medical Services Appropriation. Also, costs for Caregivers stipend payments and the Medical Services costs for the Readjustment Counseling program remain in the Medical Services appropriation. Please see the *Medical Care* chapter for more information about these programs.

Medical Services Support for VA and Community Provided Care

Beneficiary Travel

Beneficiary Travel 1/
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$943,430	$993,900	$1,025,500	$1,033,700	$1,066,600	$1,109,200	$41,100	$42,600
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$943,430	$993,900	$1,025,500	$1,033,700	$1,066,600	$1,109,200	$41,100	$42,600
Medical Support & Compliance (0152)	$190	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$628	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$10,320	$0	$10,320	($10,320)
Discretionary Obligations [Total]	**$944,248**	**$993,900**	**$1,025,500**	**$1,033,700**	**$1,076,920**	**$1,109,200**	**$51,420**	**$32,280**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$20,640	$11,700	$20,640	$11,700	$0	$0	($20,640)	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($834)	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$19,806**	**$11,700**	**$20,640**	**$11,700**	**$0**	**$0**	**($20,640)**	**$0**
Mandatory Obligations [Total]	**$19,806**	**$11,700**	**$20,640**	**$11,700**	**$0**	**$0**	**($20,640)**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$19,806*	*$11,700*	*$20,640*	*$11,700*	*$10,320*	*$0*	*($10,320)*	*($10,320)*
Obligations [Grand Total]	**$964,054**	**$1,005,600**	**$1,046,140**	**$1,045,400**	**$1,076,920**	**$1,109,200**	**$30,780**	**$32,280**

1/ This table displays all obligations in the Beneficiary Travel program, not just Medical Services obligations, as total funding for this program is not displayed in any other chapter.

VA administers a Beneficiary Travel (BT) Program to help alleviate the costs of travel to medical appointments for eligible veterans. Travel benefit eligibility for Veterans is based on either the characteristics of the Veteran, the type of medical appointment, or a combination of the two. Certain people who are not Veterans, including family members or others accompanying Veterans to appointments, may also be eligible for the benefit. Travel costs are reimbursed to beneficiaries, usually after a deductible. Costs covered by the program include a per-mile rate for travel in private vehicles, “special mode” (e.g., ambulance) travel in certain circumstances, and in some cases airfare, meals, and lodging.

Beneficiary Travel by Type
(dollars in thousands)

	2017 Actual	2018 Current Estimate	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Beneficiary Travel-Mileage.....	$455,912	$491,201	$502,411	$514,298	$11,210	$11,887
Beneficiary Travel-Special Mode.....	$454,846	$493,070	$512,247	$532,173	$19,177	$19,926
All Other Beneficiary Travel.....	$53,296	$61,869	$62,262	$62,729	$393	$467
Beneficiary Travel Total.....	**$964,054**	**$1,046,140**	**$1,076,920**	**$1,109,200**	**$30,780**	**$32,280**

Description

The Beneficiary Travel program supports Veteran's access to care by providing travel reimbursement of incurred costs to eligible Veterans, and providing transport when medically necessary to eligible Veterans via special mode (wheelchair, stretcher, ambulance, air ambulance).

BT is regulated by 38 CFR Part 70 – VHA Beneficiary Travel under 38 U.S.C. 111 which is currently under review to update benefits proposing a more Veteran centric approach to travel support for healthcare. BT is also constrained by Public Law 111-163, Section 305(f) Caregiver travel, Public Law 114-223 travel for SCI, Visually Impaired, and Multiple Amputee Travel for Rehabilitation, and 38 CFR 17.148, Travel for Service Dog training.

2017 Accomplishments

VA initiated a technology enabling business reengineering project to improve and automate the BT payment and travel assistance process. Veterans will be able to request reimbursement or order service from multiple access points. The new system will also eliminate current risks of improper payments by ensuring standardized implementation of BT regulatory authority nationally. We also piloted the use of Fee Basis Claims System (FBCS) to standardize and automate Special Mode claims processing.

2018-2020 Goals

Goals are to bring VA into Improper Payments and Elimination Recovery Act (IPERA) compliance; launch the new Beneficiary Travel Self-Service System (BTS3); launch the use of the FBCS Special Mode Processing nationally; further automate reporting, analytics, and business intelligence dashboards; standardize processes nationally; positively impact access to care initiatives.

Pharmacy

Pharmacy 1/
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$6,468,033	$6,998,429	$6,801,232	$7,143,529	$6,806,011	$7,332,200	$4,779	$526,189
Medical Services Community Care (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$6,468,033	$6,998,429	$6,801,232	$7,143,529	$6,806,011	$7,332,200	$4,779	$526,189
Medical Support & Compliance (0152)	$304,474	$0	$331,500	$0	$351,400	$355,400	$19,900	$4,000
Medical Facilities (0162)	$319,983	$223,771	$393,800	$223,771	$371,400	$317,700	($22,400)	($53,700)
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$53,189	$0	$53,189	($53,189)
Discretionary Obligations [Total]	**$7,092,490**	**$7,222,200**	**$7,526,532**	**$7,367,300**	**$7,582,000**	**$8,005,300**	**$55,468**	**$423,300**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$121,980	$0	$4,500	$0	$6,000	$2,200	$1,500	($3,800)
Medical Support & Compliance (0152XA)	$141	$0	$300	$0	$300	$0	$0	($300)
Medical Facilities (0162XA)	$6,862	$0	$1,600	$0	$300	$0	($1,300)	($300)
Section 801 [Subtotal]	**$128,983**	**$0**	**$6,400**	**$0**	**$6,600**	**$2,200**	**$200**	**($4,400)**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$479	$0	$400	$0	$0	$0	($400)	$0
Medical Care (0172XB)	$80,748	$30,600	$105,377	$30,600	$0	$0	($105,377)	$0
Emergency Hepatitis C (0172XC)	($18)	$0	$91	$0	$0	$0	($91)	$0
Emergency Community Care (0172XE)	($3,776)	$0	$200	$0	$0	$0	($200)	$0
Veterans Choice Fund [Subtotal]	**$77,433**	**$30,600**	**$106,068**	**$30,600**	**$0**	**$0**	**($105,668)**	**$0**
Mandatory Obligations [Total]	**$206,416**	**$30,600**	**$112,468**	**$30,600**	**$6,600**	**$2,200**	**($105,959)**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$77,433*	*$30,600*	*$106,068*	*$30,600*	*$53,189*	*$0*	*($52,479)*	*($53,189)*
Obligations [Grand Total]	**$7,298,906**	**$7,252,800**	**$7,639,000**	**$7,397,900**	**$7,588,600**	**$8,007,500**	**($50,491)**	**$423,300**

1/ This table displays all obligations in the Pharmacy program, not just Medical Services obligations, as total funding for this program is not displayed in any other chapter.

Pharmacy Program Data

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Number of 30-Day RXs (Millions)	280	294	286	300	291	296	5	5

VA's use of medication therapies is a fundamental underpinning of how VA delivers health care today. VA's primary focus is on diagnosis and treatment in an ambulatory environment and home environment basis with institutional care as the modality of last resort.

Key Pharmacy Benefits Management Service (PBM) Functions:

National Formulary- The VA National Formulary (VANF) is the sole drug formulary in use in VA. The VANF contains national standardization items within selected therapeutic categories and ensures uniform availability of drug therapies across the nation. Drugs not listed on the VANF are available on a Prior Authorization (PA) basis. The VANF is an evidenced-based process that places a premium on drug safety and effectiveness and had s been judged as clinically and economically sound by multiple external reviewing organizations.

Consolidated Mail Outpatient Pharmacies (CMOP)- VA automated and consolidated its prescription fulfillment processes for Veteran outpatients. Prescriptions are filled and mailed to the Veteran's home. CMOPs significantly improve customer service, reduce the

potential for errors, and improve efficiency by filling large volumes of prescriptions faster with continually improving technologies that require less staff than would be needed at individual VA medical centers. VA currently operates seven facilities across the nation and fills approximately 80% of all outpatient prescriptions via the CMOPs.

Pharmacy Recruitment and Retention Office (PRRO)- This office is responsible for developing VA initiatives to address ongoing difficulties to recruit and retain mission critical pharmacists. PRRO provides guidance and support to VA facilities facing pharmacy recruitment and retention challenges. PRRO also provides expertise with PBM-related Workforce Succession Strategic Planning and is responsible for oversight of national pharmacy policy. PRRO develops educational programming to enhance pharmacy managers' compliance with VHA policy.

VA Adverse Drug Event Reporting (VA ADERS) / VA Center for Medication Safety (VAMedSAFE)- VAMedSAFE conducts passive surveillance (VA ADERS), active medication safety surveillance (integrated databases), and national medication safety Medication Use Evaluations and Risk Reduction efforts for certain classes of medication and vaccines. Staff works collaboratively with the Food and Drug Administration (FDA) on surveillance with an emphasis on the safe use of medications and vaccines in the Veteran population.

VA Mobile Pharmacies- VA mobile pharmacies provide acute and chronic medications to Veterans and potentially other Americans affected by a natural disaster. VA's four mobile pharmacies are capable of connecting via satellite to a CMOP which can then dispense prescriptions for delivery to a central location within the disaster zone.

Pharmacy Clinical Informatics and Re-engineering- VA Pharmacy Informatics and Re-engineering program provides business owner oversight of pharmacy development activities to improve and transform health care through information technology. The primary initiative is to replace the Pharmacy VistA system component of VA's Electronic Health Record. VA's Pharmacy Product System (PPS)/National Drug File Project (PPS/NDF) is the largest open-source drug file in the United States. The Drug File contains over 128,000 medications and product terms, and the system contains medication information that is provided to patients.

Clinical Pharmacy Program Office- The primary focus of this program office is to maximize the utilization of Clinical Pharmacists as advanced practice providers with a scope of practice, thus improving care by performing essential medication management services, enhancing medication safety, and significantly improving chronic disease management in our Veteran population. Since the inception of this program office, there has been a 90% increase in Clinical Pharmacists practicing as advanced practice providers. Additionally, the program office has developed robust and comprehensive data collection tools, including metrics that illustrate both the performance and quality of clinical pharmacy practice in VHA.

Pharmacy Residency Program Office- The Pharmacy Residency Program Office's (PRPO) mission is to train post-doctoral pharmacists for the VA and the profession, and, over the past 16 years, the program office has trained over 6,500 pharmacists in post-graduate years (PGY) 1 and 2 and fellowships. VA is the largest post-doctoral training program in the nation, with over 286 programs nationally, and has become the residencies-of-choice for the profession.

Academic Detailing- The PBM National Academic Detailing Service (ADS) provides central resources for VA clinical pharmacists to deliver educational outreach to advance evidence-based practices. The ADS core services include development of educational resources, hands-on training and clinical informatics tools covering a variety of topic initiatives, including Opioid Safety Initiative (OSI), Opioid Overdose Education and Naloxone Distribution (OEND), and the Psychotropic Drug Safety Initiative (PDSI).

Patient Medication Information Management and Medication Reconciliation Initiative Office- collaborates with program offices, the field, and partner federal healthcare organizations to ensure patients and their caregivers have safe, effective, team-based, patient-driven medication reconciliation as part of a larger goal to partner with patients and their medications.

Meds by Mail Program- The Pharmacy Benefits Management (PBM) Meds by Mail (MbM) Program provides comprehensive outpatient mail pharmacy services and call center support to qualifying beneficiaries of VHA's Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), including the CHAMPVA In-house Treatment Initiative (CITI) and Spina Bifida/ Children of Women Vietnam Veterans (CWVV) programs. All prescriptions processed by MbM are filled by VA's Consolidated Mail Outpatient Pharmacy (CMOP) and mailed directly to the beneficiary at no cost.

Virtual Pharmacy Service Program- The Pharmacy Benefits Management (PBM) Virtual Pharmacy Service (VPS) Program provides outpatient pharmacy support to VAMC pharmacies to process unverified prescriptions waiting pharmacist review. Participating VAMC pharmacies (19) have an average outpatient prescription processing time of less than two days. The VPS program is staffed by pharmacists located at the MbM serving centers in Dublin, GA and Cheyenne, WY. 2016 workload was 3.06 million outpatient prescriptions.

2017 Accomplishments

- Provided outpatient prescriptions to nearly 5 million Veterans.
- Veterans ranked CMOP "Among the Best" for the 9th consecutive year among mail-order pharmacies, including private sector companies, for customer satisfaction in the J.D. Power and Associates 2017 National Pharmacy Study. For the 7th time in the last 9 years, CMOP obtained the highest score among all mail order pharmacies, including private sector companies, in J.D. Power and Associates' 2017 National Pharmacy Study.
- Each day, over 5,000 Veterans track the delivery of their mail order prescriptions dispensed by CMOP via the MyHealtheVet website. Over 570,000 Veterans have

signed up for this service, and approximately 37,000 email notifications are sent to Veterans every day.

- Providing Opioid Overdose Education and Naloxone Distribution (OEND) to Veterans at risk of an opioid overdose is a key objective of VHA safety initiatives. In the less than two years since the program was implemented, nearly 100,000 Veterans have received a naloxone kit, and VA has documented several hundred overdose reversals as a result of this program.
- Joint VA, Department of Defense (DoD), Bureau of Prisons and Indian Health Service pharmaceutical contracts provide benefit to recently discharged Service members and other federal beneficiaries. The number of joint national pharmaceutical contracts increased from 139 to over 200 from the end of 2016 to the end of 2017, respectively, reducing cost and addressing chronic drug shortages.
- PBM provided comprehensive outpatient mail pharmacy services to 265,000 qualifying beneficiaries of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and dispensed 3.1 million outpatient prescriptions through the CMOP.
- The training of pharmacists to manage patients in direct patient care as mid-level practitioners is what makes VA pharmacy residency programs the residencies of choice. VA Pharmacy trains over 618 year-1 and year-2 post-graduates and fellows, annually and 80% of the Psychiatry pharmacists in the country. Continual expansion of Mental Health pharmacist residency training with over 70 pharmacist residents makes VA the largest Mental Health pharmacist training program in the country. Annual surveys indicate 95% of VA pharmacy residents want to be employed by VA after completion of the residency program.
- VA's use of Clinical Pharmacy Specialists (CPS) to expand access and improve the quality of medication management services continues to grow robustly. Since 2010, there has been a 101% increase in CPS advanced practice providers with a scope of practice. There are 3,910 clinical pharmacists, many working full time, caring for Veterans with both chronic and acute diseases where they accumulated over 5.6 million patient care visits in 2017. Major prescribing areas include Anticoagulants, Hepatitis C, and Anemia medications, where they prescribe 67%, 36%, and 34% of all prescriptions for these disease states, respectively.
- Expansion of the Pharmacists Achieve Results with Medications Documentation (PhARMD) Project to 140 VA facilities, used by over 4,850 pharmacist users, who documented over 2.9 million disease state interventions and an additional 905,000 interventions focused on their role in team-based care. These interventions demonstrate the clinical pharmacist's contribution to the use of medications in key chronic disease states such as diabetes, hypertension, hyperlipidemia, Hepatitis C, pain management, and mental health.
- In 2017, Pharmacy Benefits Management (PBM) Service partnered with the Office of Rural Health (ORH) to successfully implement an Enterprise Wide Initiative (EWI), led by the PBM Clinical Pharmacy Practice Office (CPPO). The 2.9 million rural Veterans, who rely on the U.S. Department of Veterans Affairs (VA) for health care, benefit from Advanced Practice Providers and Clinical Pharmacy Specialists (CPS) who focus on Comprehensive Medication Management (CMM) through virtual,

telephone, and traditional face to face visits. Data reveal that 86,011 encounters for 27,120 rural and 14,758 non-rural Veterans have been achieved.

- Pharmacy Academic Detailing was initiated in all VISNs, with a majority of VISNs categorized as fully implemented (83%). In 2017, over 13,000 outreach visits with over 9,000 unique providers corresponding to growth in outreach visits of 50% compared to 2016 was observed. Academic Detailing Service published a preliminary analysis of the impact of Academic Detailing on naloxone prescribing (https://www.ncbi.nlm.nih.gov/pubmed/28089521). In addition, the PBM ADS won the ASHP Best Practice Award for its report on the *Impact of a Non-profit National Academic Detailing Service on the Opioid Safety Initiative and the Opioid Overdose Education and Naloxone Distribution Program.*
- PBM continued to advance Medication Reconciliation and Medication Information Management in collaboration with the VA Engineering Resource Center and multiple program offices to promote, educate, measure, publish an online Toolkit, and share strong practices on Medication Reconciliation reaching over 10,000 individuals this year and over 35,000 in the past three years. We provided leadership to the Ask a Pharmacist Mobile App (deployed), Prescription Refill Mobile (in testing), and Essential Medication Information Standards Review Tool (in testing), After Visit Summary promotion from 17-70 facilities, and Medication Review and Allergy Review Tool (Developed, funding expired before testing). PBM served as sponsor and/or subject matter experts on medication reconciliation policy, performance monitoring, IT development, dissemination of best practices, and inter-program office medication safety collaborations and quality improvement projects.
- PBM Pharmacy Reengineering and Clinical Informatics (PBMCI) Program Office implemented an easy-to-use National Drug Formulary search tool that can be accessed by Veterans and non-VA clinicians at http://www.pbm.va.gov/apps/VANationalFormulary/
- PBM Pharmacy Reengineering and Clinical Informatics (PBMCI) Program Office successfully maintained and enhanced the following systems in VA: Pharmacy Product System and National Drug File Management and Enhancements; Medication Order Check Healthcare Application (MOCHA) Enhancements; Pharmacy Enterprise Customization System (PECS) Enhancements; Inpatient Medications Administration/Transdermal Medications; State Prescription Drug Monitoring (SPMP or SPDMP); Inbound ePrescribing; Pharmacy/Operations Safety Updates; and Inpatient Pharmacy Automated Dispensing Equipment Interface.
- PBM collaborated with the Member Services (previously Chief Business Office) in the release of the Fixed Medication Tiers (FMCT) Project. FMCT adds the ability to meet new VA regulations which change the medication copay structure to better match industry standards for tiered copays. It is anticipated that over 80% of patients will see a reduction in their copayments, as most prescriptions will fall into the Tier 1 and 2 categories, $5 or $8 respectively for each thirty days or less supply of medication.

2018-2020 Goals

- Build on 2017 accomplishments to ensure all key PBM functions meet the Department's clinical, policy and financial objectives.

- Continue Veteran engagement for safe disposal of medications and expansion of drug take-back options in alignment with the Drug Enforcement Administration (DEA) rule.
- Develop a standardized and efficient method, supporting multiple workflows, for all facilities to respond to drug consults and timeliness of approval for prior authorization and non-formulary medication requests. The process will gather detailed information for data analysis at the Facility, VISN, and National Level and eliminates the current manual tracking at each facility.
- Design and execute a data-driven process for tracking and trending the difficult-to-recruit pharmacy leadership vacancies and support VA facilities' ability to achieve better staffing in primary care and other specialty areas with Clinical Pharmacy Specialists (CPS).
- Support the full implementation of Academic Detailing programs within each VISN to enhance clinical staff practice change to include the full adoption of evidence-based practice recommendations across VHA directed initiatives.
- Enhance the Pharmacy Product System/National Drug File to support VA's ability to share data with DoD and other health care partners and define the requirements for the development of an e-prescribing system that will allow non-VA prescribers to transmit prescriptions electronically to VA pharmacies.
- Ensure VA pharmacy residencies support VA Pain Management, Ambulatory Care, Mental Health, Oncology, Pharmacy Administration and other clinical priorities.

Prosthetics

Prosthetics 1/
(dollars in thousands)

Description	2017 Actual 1/	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$3,157,136	$3,716,100	$3,574,613	$4,013,800	$3,842,117	$4,202,700	$267,504	$360,583
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Obligations [Grand Total]	**$3,157,136**	**$3,716,100**	**$3,574,613**	**$4,013,800**	**$3,842,117**	**$4,202,700**	**$267,504**	**$360,583**

1/ This table displays obligations (both discretionary [0160] and mandatory [0160XA]) for the Medical Services account, only. See the Medical Care chapter for detail on all accounts that support the Prosthetics program.

Nearly all prosthetics obligations will be in the Medical Services appropriation with the remaining obligations in the Veterans Choice Program. The Medical Community Care Appropriation will not fund Prosthetic obligations. Prosthetic and Sensory Aids Service (PSAS) is an integrated delivery system designed to provide medically prescribed prosthetic and sensory aids, medical devices, assistive aids, repairs, and services to eligible Veterans to maximize their independence and enhance their quality of life. Although the term "prosthetic device" may suggest images of artificial limbs, it refers to any device that supports or replaces the loss of a body part or function and includes a full range of equipment and services for Veterans. This includes but is not limited to, artificial limbs, hearing aids, speech communication aids, home oxygen, orthopedic footwear, orthopedic braces and supports, cosmetic restorations, breast prostheses, wigs; items that improve accessibility such as ramps and vehicle

modifications, wheelchairs and mobility aids; and devices surgically placed in the Veteran, such as stents, joint replacements, and pacemakers. These items are provided from prescription through procurement, delivery, training, replacement, and when necessary, repair. For more information, please see the Medical Care chapter.

Community-Provided Care: Medical Community Care/Medical Services & Veterans Choice Fund

Community Care, All Funding Sources
Includes Veterans Choice Program
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$0	$0	$0	$0	$10,515,454	$14,658,686	$10,515,454	$4,143,232
Medical Community Care (0140)	$8,069,787	$9,142,854	$9,363,164	$9,370,245	$0	$0	($9,363,164)	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$1,900,000	$0	$1,900,000	($1,900,000)
Discretionary Obligations [Total]	**$8,069,787**	**$9,142,854**	**$9,363,164**	**$9,370,245**	**$12,415,454**	**$14,658,686**	**$3,052,290**	**$2,243,232**
Veterans Choice Act (P.L. 113-146)								
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$29,611	$31,000	$25,423	$154,000	$0	$0	($25,423)	$0
Medical Care (0172XB)	$4,989,415	$3,469,000	$3,625,098	$3,346,000	$0	$0	($3,625,098)	$0
Emergency Hepatitis C (0172XC)	($1,130)	$0	$91	$0	$0	$0	($91)	$0
Emergency Community Care (0172XE)	($233,327)	$0	$15,241	$0	$0	$0	($15,241)	$0
Veterans Choice Fund [Subtotal]	**$4,784,569**	**$3,500,000**	**$3,665,853**	**$3,500,000**	**$0**	**$0**	**($3,665,853)**	**$0**
VA Prior-Year Recoveries								
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund (0172)	$699,650	$0	$0	$0	$0	$0	$0	$0
VA Prior-Year Recoveries [Subtotal]	**$699,650**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total] 1/	**$13,554,006**	**$12,642,854**	**$13,029,017**	**$12,870,245**	**$12,415,454**	**$14,658,686**	**($613,563)**	**$2,243,232**
Impact of the change in timing of obligations					*$1,800,000*			
Restated Obligations 1/					**$14,215,454**		**$1,186,437**	**$443,232**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$4,784,569*	*$3,500,000*	*$3,665,853*	*$3,500,000*	*$1,900,000*	*$0*	*($1,765,853)*	*($1,900,000)*

1/The Budget includes $12.4 billion in total obligations for Choice/Community Care in FY 2019. Programmatic resources total $14.2 billion, 9.1 percent above 2018 after adjusting for the impact of the change in timing of obligations.

Beginning in 2017, certain activities that had been funded by the Medical Services appropriation were funded by the new Medical Community Care appropriation and will continue to be through 2018. In 2019, VA is proposing to merge the discretionary Medical Community Care appropriation into the Medical Services appropriation. This will allow VA Medical Centers to rapidly and efficiently respond to unanticipated changes in clinical staffing and the health care environment throughout the year. Merging the accounts will help situations in which a VAMC loses a key clinical staff member, care must be realigned to the community until a replacement can come on board; conversely, filling a key clinical vacancy requires that funds move back into the VAMC to support operations there. VA will retain the ability to report on the budget execution of community care in the merged account.

In 2019, the Budget reflects $12.4 billion in total obligations to support community care for Veterans and eligible beneficiaries. In addition, beginning in 2019, VA will record community care obligations on the date of payment rather than the date of authorization. This change in the timing of obligations results in a one-time savings of $1.8 billion, and results in a total 2019 program level of $14.2 billion for community care.

Care in the Community Obligations by Program
Includes Veterans Choice Program
(dollars in thousands)

Description	2017 Actuals			2018 Budget Estimate			2018 Current Estimate		
	Veterans 2/ Choice Fund (0172)	Medical Community Care (0140)	Subtotal	Veterans Choice Fund (0172)	Medical Community Care (0140)	Subtotal	Veterans 2/ Choice Fund (0172)	Medical Community Care (0140)	Subtotal
Health Care Services:									
Ambulatory Care	$3,068,201	$1,589,371	$4,657,572	$1,203,111	$2,342,023	$3,545,134	$2,179,984	$2,530,720	$4,710,704
Dental Care	$103,406	$133,401	$236,807	$45,100	$101,300	$146,400	$72,900	$157,229	$230,129
Impatient Care	$971,966	$2,043,692	$3,015,658	$1,551,789	$1,551,789	$3,103,578	$685,994	$2,209,990	$2,895,984
Mental Health Care	$34,179	$176,436	$210,615	$0	$315,099	$315,099	$24,100	$204,700	$228,800
Prosthetics	$14,052	$0	$14,052	$5,200	$0	$5,200	$22,203	$0	$22,203
Rehabilitation Care	$0	$0	$0	$0	$0	$0	$0	$0	$0
Health Care Services [Total] 1/	$4,191,804	$3,942,900	$8,134,704	$2,805,200	$4,310,211	$7,115,411	$2,985,181	$5,102,639	$8,087,820
Long-Term Services and Supports Community Care:									
Community Nursing Home	$0	$869,690	$869,690	$0	$1,032,400	$1,032,400	$0	$892,889	$892,889
Community Non-Institutional Care	$592,765	$655,158	$1,247,923	$694,800	$805,000	$1,499,800	$680,672	$687,128	$1,367,800
State Nursing Home	$0	$1,252,899	$1,252,899	$0	$1,290,362	$1,290,362	$0	$1,225,026	$1,225,026
State Home Domiciliary	$0	$58,086	$58,086	$0	$54,400	$54,400	$0	$54,400	$54,400
State Home Adult Day Care	$0	$944	$944	$0	$1,195	$1,195	$0	$1,195	$1,195
Community Long-Term Services and Supports [Total]	$592,765	$2,836,777	$3,429,542	$694,800	$3,183,357	$3,878,157	$680,672	$2,860,638	$3,541,310
Other Health Care Programs Community Care:									
CHAMPVA, Spina Bifida, FMP, & CWVV	$0	$1,287,571	$1,287,571	$0	$1,639,249	$1,639,249	$0	$1,397,281	$1,397,281
Caregivers (non-CHAMPVA)	$0	$1,171	$1,171	$0	$3,373	$3,373	$0	$1,208	$1,208
Camp Lejeune Family	$0	$1,368	$1,368	$0	$6,664	$6,664	$0	$1,398	$1,398
Other Health Care Programs community care [Total]	$0	$1,290,110	$1,290,110	$0	$1,649,286	$1,649,286	$0	$1,399,887	$1,399,887
SubTotal Obligations	**$4,784,569**	**$8,069,787**	**$12,854,356**	**$3,500,000**	**$9,142,854**	**$12,642,854**	**$3,665,853**	**$9,363,164**	**$13,029,017**
VA Prior-Year Recoveries	$699,650	$0	$699,650	$0	$0	$0	$0	$0	$0
Total Obligations	$5,484,219	$8,069,787	$13,554,006	$3,500,000	$9,142,854	$12,642,854	$3,665,853	$9,363,164	$13,029,017

1/ Includes cost of proposed CARE Act
2/ Excludes OI&T components

Care in the Community Obligations by Program
Includes Veterans Choice Program
(dollars in thousands)

Description	2019 Advance Appropriation			2019 Revised Request			2020 Advance Appropriation		
	Veterans Choice Fund (0172)	Medical Community Care (0140)	Subtotal	Veterans Choice Fund (0172)	Medical Community Care (0160)	Subtotal	Veterans Choice Fund (0172)	Medical Community Care (0160)	Subtotal
Health Care Services:									
Ambulatory Care	$1,187,907	$2,344,979	$3,532,886	$1,152,215	$3,483,460	$4,635,675	$0	$5,857,622	$5,857,622
Dental Care	$60,304	$101,300	$161,604	$37,800	$167,386	$205,186	$0	$177,730	$177,730
Impatient Care	$1,551,789	$1,361,860	$2,913,649	$344,947	$1,816,429	$2,161,376	$0	$2,889,287	$2,889,287
Mental Health Care	$0	$320,145	$320,145	$12,500	$199,400	$211,900	$0	$299,900	$299,900
Prosthetics	$5,200	$0	$5,200	$11,152	$0	$11,152	$0	$0	$0
Rehabilitation Care	$0	$0	$0	$0	$0	$0	$0	$0	$0
Health Care Services [Total]	$2,805,200	$4,128,284	$6,933,484	$1,558,614	$5,666,675	$7,225,289	$0	$9,224,539	$9,224,539
Long-Term Services and Supports Community Care:									
Community Nursing Home	$0	$1,104,700	$1,104,700	$0	$963,651	$963,651	$0	$1,033,734	$1,033,734
Community Non-Institutional Care	$694,800	$928,600	$1,623,400	$341,386	$1,110,099	$1,451,485	$0	$1,529,900	$1,529,900
State Nursing Home	$0	$1,367,993	$1,367,993	$0	$1,245,709	$1,245,709	$0	$1,274,975	$1,274,975
State Home Domiciliary	$0	$54,206	$54,206	$0	$61,764	$61,764	$0	$61,196	$61,196
State Home Adult Day Care	$0	$1,317	$1,317	$0	$1,322	$1,322	$0	$1,417	$1,417
Community Long-Term Services and Supports [Total]	$694,800	$3,456,816	$4,151,616	$341,386	$3,382,545	$3,723,931	$0	$3,901,222	$3,901,222
Other Health Care Programs Community Care:									
CHAMPVA, Spina Bifida, FMP, & CWVV	$0	$1,774,076	$1,774,076	$0	$1,463,185	$1,463,185	$0	$1,529,841	$1,529,841
Caregivers (non-CHAMPVA)	$0	$3,439	$3,439	$0	$1,620	$1,620	$0	$1,624	$1,624
Camp Lejeune Family	$0	$7,630	$7,630	$0	$1,429	$1,429	$0	$1,460	$1,460
Other Health Care Programs community care [Total]	$0	$1,785,145	$1,785,145	$0	$1,466,234	$1,466,234	$0	$1,532,925	$1,532,925
Total Obligations 1/ 2/	**$3,500,000**	**$9,370,245**	**$12,870,245**	**$1,900,000**	**$10,515,454**	**$12,415,454**	**$0**	**$14,658,686**	**$14,658,686**

1/ Includes cost of proposed CARE Act
2/ The Budget includes $12.4 billion in total obligations for Choice/Community Care in FY 2019. Programmatic resources total $14.2 billion, 9.1 percent above 2018 after adjusting for the impact of the change in timing of obligations.

Care in the Community Obligations by Program
Includes Veterans Choice Program
(dollars in thousands)

Description	2018 to 2019 Revised Request Increase/Decreases			2019 to 2020 Advance Appropriation Increase/Decreases		
	Veterans Choice Fund	Medical Community Care	Subtotal	Veterans Choice Fund	Community Care	Subtotal
Health Care Services:						
Ambulatory Care	($1,027,769)	$952,740	($75,029)	($1,152,215)	$2,374,162	$1,221,947
Dental Care	($35,100)	$10,157	($24,943)	($37,800)	$10,344	($27,456)
Impatient Care	($341,047)	($393,561)	($734,608)	($344,947)	$1,072,858	$727,911
Mental Health Care	($11,600)	($5,300)	($16,900)	($12,500)	$100,500	$88,000
Prosthetics	($11,051)	$0	($11,051)	($11,152)	$0	($11,152)
Rehabilitation Care	$0	$0	$0	$0	$0	$0
Health Care Services [Total] 1/	($1,426,567)	$564,036	($862,531)	($1,558,614)	$3,557,864	$1,999,250
Long-Term Services and Supports Community Care:						
Community Nursing Home	$0	$70,762	$70,762	$0	$70,083	$70,083
Community Non-Institutional Care	($339,286)	$422,971	$83,685	($341,386)	$419,801	$78,415
State Nursing Home	$0	$20,683	$20,683	$0	$29,266	$29,266
State Home Domiciliary	$0	$7,364	$7,364	$0	($568)	($568)
State Home Adult Day Care	$0	$127	$127	$0	$95	$95
Community Long-Term Services and Supports [Total]	($339,286)	$521,907	$182,621	($341,386)	$518,677	$177,291
Other Health Care Programs Community Care:						
CHAMPVA, Spina Bifida, FMP, & CWVV	$0	$65,904	$65,904	$0	$66,656	$66,656
Caregivers (non-CHAMPVA)	$0	$412	$412	$0	$4	$4
Camp Lejeune Family	$0	$31	$31	$0	$31	$31
Other Health Care Programs community care [Total]	$0	$66,347	$66,347	$0	$66,691	$66,691
Total Obligations	**($1,765,853)**	**$1,152,290**	**($613,563)**	**($1,900,000)**	**$4,143,232**	**$2,243,232**

1/ Includes cost of proposed CARE Act

Descriptions of the above program activities not subsequently listed in this chapter can be found in the *Medical Care* chapter.

Office of Community Care

The Office of Community Care (OCC) was established in 2015 by the VHA Under Secretary for Health. The goal of OCC is to deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA staff. OCC provides Veterans access to health care by community providers when services are not available at a VA facility, are not available within a clinically appropriate timeframe, or when distance makes these services inaccessible. OCC currently uses multiple programs to increase Veterans access to high-quality care outside of VA. Through these programs, OCC also has responsibility for the Revenue Operations program that oversees billing and collections for non-service connected hospital care and medical services for certain Veterans. VA has authority to bill third-party health insurance and bill copayments to certain Veterans for non-service connected care when provided in the VA or through community care programs. OCC provided nearly 25.3 million community care appointments in 2017, and also provides services to eligible caregivers and dependents through family programs.

In 2019 and 2020, VA will work with Congress to transform Community Care by consolidating all of its community care programs and business processes. The streamlined Community Care program will offer clear eligibility requirements; build on existing infrastructure to develop a high-performing network of community providers, including Federal partners such as the Department of Defense, and academic affiliates; streamline clinical and administrative processes; and implement a continuum of care coordination services. VA is working with Congress to consolidate the existing community care programs so that VA is able to continue to provide Veterans expanded access to health care and services and to reduce administrative burdens on community providers and Veterans.

VA is in the process of changing its accounting for obligations for health care services purchased from non-VA providers. Up to this time, such obligations have been recorded at the time the health care services were authorized. Obligations were later adjusted after health care services were rendered, VA received a claim for payment, VA evaluated the claim to ensure that it was allowable, and VA approved the claim for payment. Because of the lag in the time between the date services were rendered and the date a claim was processed, approved and paid, approximately 75 % of the preliminary 2017 obligations were based on VA's "best estimate" of services that a Veteran might or might not receive. This is because the amount of VA's final liability was contingent on the Veteran seeking health care services and the type and length of services that were provided by the non-VA provider. The proposed accounting change will mean that obligations will be recorded at the time claims are processed and approved, thereby eliminating the uncertainty regarding the actual total obligations against the program. The Department believes that this change in obligation procedure will improve program management and the ability to forecast and justify budget requirements. The Comptroller General has opined in the past that VA could determine whether the government should accept liability for non-VA health care claims following a review and approval process and record obligations upon approval. Starting in 2019, VA will change the timing of recording medical community obligations. This will result in a one-time cost savings of

approximately $1.8 billion in the 2019 Budget, as a result of end of fiscal year accounting and deobligation of funds.

2017 Accomplishments

- Provided over 3.4 million Community Care/Choice authorizations, a 4% increase from 2016;
- Collected $3.5 billion through the Revenue Operations program;
- Served nearly 362,000 beneficiaries through CHAMPVA;
- Enrolled the first and only Children of Women Veterans beneficiary;
- VA provided over $1,320,183,000 to State Veteran Homes to care for over 35,000 Veterans, a 7.33% increase from 2016;
- Reached 105 health care reimbursement agreements with Tribal Health Programs, a 13% increase from 2016;
- Deployed a series of information technology and business process tools to improve care coordination and exchange of information with community providers; and
- Increased Electronic Funds Transfer (EFT) from 91% to 96% of MCCF revenue collected.

2018-2020 Goals

- Continue to work with our stakeholders and Congress to develop and implement a streamlined, consolidated community care program;
- Award and implement the new Community Care Network contract;
- Develop and implement transition plans from current PC3/Choice contract to the new Community Care Network contract;
- Continue to implement information technology to improve care coordination and exchange of information with community providers;
- Standardize community care in the VAMCs across the enterprise through deployment of guidance for the operating and care coordination models;
- Implement the new quality and safety framework for community care;
- Develop a robust provider relations' response office to ensure ability to adequately manage response to high volume and quick-turnaround assignments;
- Increase timeliness for processing clean claims; and
- Sustain and enhance revenue operations, while optimizing business processes through effective use of technology.

Veterans Choice Program and Veteran CARE

In August 2014, Congress enacted the Veterans Access, Choice and Accountability Act (Choice Act), which required VA to establish the Choice Program to improve access to health care. The Choice Program became an additional method for VA to purchase community care, which VA has been providing for over 70 years.

VA had 90 days to fully implement the Choice Program after the Choice Act was signed. An implementation of this speed and scope was unprecedented for a government health care program of this size. Given the short timeline to launch, VA's only option in seeking

partners in the private sector was to modify previously existing national contracts for community care, which were never intended to handle the scale or complexity of the Choice Program. In addition, the Choice Act directed VA to change the way it operated both internally and with community partners, creating additional steps to purchase community care. In short, despite meeting the Congressionally-mandated implementation deadline of November 4, 2014, the Choice Program has experienced many challenges and growing pains.

VA has been working since the launch of the Choice Program with its stakeholders to make immediate and long-term program improvements. VA and Congress worked together on six amendments to the Choice Act since 2014 that improved the Veteran experience with the Choice Program, such as increasing the number of Veterans eligible and expanding the number of community providers who can treat Veterans under the program. Working with the third-party administrators, VA issued over 70 contract modifications since the beginning of the PC3/Choice contract to improve access, efficiency, and address many of the issues raised by our oversight organizations. In 2017, VA worked to streamline the authorization and referral process for Choice by deploying a technology solution that automated the manual process for compiling medical records required for referrals to community providers. From November 2014 to September 2017, VA served 1,869,088 Veterans through the Choice Program for over eighty different categories of care. Over time, the Veterans who opted into the Choice Program have been satisfied both with their particular provider as well as the program as a whole.

Since the implementation of the Choice Program, demand for VA health care has gone up. This demand has been accounted for to the extent possible within VA facilities and by utilizing community care options, including the Choice Program. As a result, the Choice Program continues to serve as a valuable option for Veterans seeking timely access to health care. As the health care landscape changes, VA understands that its health care delivery system must also change to better meet the evolving needs of Veterans.

In October 2017, VA submitted the Veteran Coordinated Access & Rewarding Experiences (CARE) Act to Congress to consolidate and modernize the community care program based on the clinical needs of Veterans. If adopted, Veteran CARE will clarify and simplify eligibility requirements, build a high-performing network, streamline clinical and administrative processes, and implement new care coordination support for Veterans. Veteran CARE will improve Veterans' experience and access to health care, building on the best features of existing community care programs. This new program will complement and support VA internal capacity for the direct delivery of care, which will emphasize foundational services. It will provide VA with new tools to compete with the private sector on quality and accessibility. This plan will continue to support VA's other missions of research, education, and contingency support for emergencies and disasters. VA is working with Congress and stakeholders to pass legislative authorities for Veteran CARE, with the goal of improving Veteran's health outcomes and experience, as well as maximizing the quality, efficiency, and fiscal sustainability of VA's health programs.

Status of the National Network Contract

VA posted the Community Care Network (CCN) Request for Proposal (RFP) on Fed.Biz.OPPs.gov on December 28, 2016. The new contract provides many enhancements to the existing contract vehicle. The CCN RFP calls for building a robust network of hospitals, clinics, pharmacies, and other facilities that align with the needs of Veterans. All providers that meet the eligibility requirements identified in the RFP are encouraged to become part of the network. Key features of this new network will include:

- Network: Increased options for Veterans to select a provider that meets their needs close to home.
- Referrals: Expedited process that allows Veterans to receive care quicker in the community.
- Care Coordination: Improved care coordination by enabling the Veteran, community providers, and VA to work more collaboratively.
- Quality & Monitoring: Enhanced quality and safety monitoring framework to ensure transparency and allow Veterans to identify high-performing providers. Provides oversight to limit fraud, waste and abuse.
- Customer Service: Localized customer service is providing a direct connection for Veterans to receive answers to their questions promptly and accurately. Ensure claims are paid within prompt payment standards.

Medical Community Care (0140) Description

The 2017 President's Submission requested a new Medical Community Care appropriation, as required by the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (Public Law 114-41). Public Law 114-223, the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act, signed September 9, 2016, provided VA with appropriations for this new account and the flexibility to transfer amounts among the new Medical Community Care account and the other three medical care accounts as needed. The Continuing Appropriations Act also enabled VA to transfer collections from the Medical Care Collections Fund into the Medical Community Care account.

Medical Community Care consolidated all community care programs under a single appropriation for both Veterans and beneficiaries. This appropriation authorizes the Secretary to furnish Hospital Care and Medical Services to eligible Veterans through contracts or agreements with certain eligible entities, as well as pay for care for eligible beneficiaries. In 2019, the Medical Services appropriation will fund Medical Community Care activity after a transfer of $8.4 billion from the Medical Community Care account to the Medical Services account and an additional $500 million annual appropriation adjustment.

VA believes that utilizing the Medical Services appropriation for the Medical Community Care program will align with VA's vision for the future of health care delivery, which aims to provide Veterans and beneficiaries the best care anywhere both inside and outside

VA. The Medical Community Care program for Veterans will provide a simplified program that is easy to understand and administer, and that meets the needs of Veterans, employees, and community providers. It will improve the Veteran experience with community care, and continue to recognize community care as a pillar for delivering health care to Veterans. This includes delivering personalized, proactive, and patient-driven health care; using metrics and data analytics to drive improvement; using innovative technologies and care models to optimize health outcomes; and maintaining a high-performing network to deliver community care.

After a Veteran is enrolled in VA health care, the criteria for VA's various methods for purchasing community care are applied to determine when a Veteran may receive his or her health benefits outside of a VA facility. VA is responsible for payment for the care and services furnished under this program. When care is provided for a non-service connected condition, VA will use existing authority to bill and collect from third-party insurance when a Veteran has other health insurance.

This fund will also include the resources for select health care programs that VA provides for certain beneficiaries (CHAMPVA, Camp Lejeune, etc.) through non-VA providers. The programs serve as another form of health care available to beneficiaries of Veterans who have specific eligibility. VA acts as the payer for these various programs when the beneficiary receives community care.

Camp Lejeune Family Member Program - Camp Lejeune Family Member Program (CLFMP) provides reimbursement as the last payer for health care for 15 medical conditions to family members of active duty Veterans who were stationed or resided at Camp Lejeune, North Carolina for more than 30 days from August 1, 1953 through December 31, 1987.

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and Other Dependent Programs

CHAMPVA - A comprehensive health care program in which the VA shares the cost of covered health care services and supplies to eligible beneficiaries. The Veterans' Survivor Benefits Improvements Act of 2001, Public Law 107-14, extended CHAMPVA benefits, as a secondary payer to Medicare, to CHAMPVA beneficiaries over age 65.

Foreign Medical Program (FMP) - A health care benefits program for United States Veterans with VA-rated service-connected conditions who are residing or traveling abroad, excluding the Philippines where the VA Outpatient Clinic has jurisdiction of the health care services. Under FMP, VA assumes payment responsibility for certain necessary medical services associated with the treatment of Veterans' service-connected conditions, with certain exclusions.

Spina Bifida Health Care Program - Under the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act of 1997, Public Law 104-204, section 421, VA administers the Spina Bifida Health Care Benefits Program for birth children of Vietnam Veterans diagnosed with spina bifida (excluding spina bifida occulta). Additionally, the Veterans Benefit Act of 2003, Public Law 108-183, section 102, authorized birth children with spina bifida of certain Veterans who served in Korea to be eligible for care under this program. Prior to October 10, 2008, the program provided reimbursement only for medical services associated with Spina Bifida; however, under the Veterans' Mental Health and Other Care Improvements Act of 2008, Public Law 110-387, the program provides reimbursement for comprehensive medical care.

Children of Women Vietnam Veterans Health Care Program (CWVV) - Under the Veterans Benefits and Health Care Improvement Act of 2000, Public Law 106-419, section 401, VA administers the CWVV Program for children with certain birth defects born to women Vietnam Veterans. CWVV Program provides reimbursement only for covered birth defects.

Indian Health Service and Tribal Health Programs - Since December 2012, VHA has entered into agreements with Indian Health Service (IHS) and Tribal Health Program (THP) health facilities to reimburse them for direct care services provided to American Indian and Alaskan Native eligible Veterans. Community Care works with the Office of Tribal Government Relations (OTGR), and VA Medical Centers (VAMCs) to implement the program.

Long-Term Services and Supports

Community Nursing Home (CNH) - VA contracts with private and public nursing homes that are Medicare or Medicaid certified. These homes are located in many local communities where Veterans can receive care near their homes and families. Veterans with service connected disabilities rated at 70% or more or who need nursing home care for a service connected condition have mandatory eligibility for care. All other enrolled Veterans are eligible for care as resources allow.

Purchased Home and Community-Based Services – These services are part of the VA Medical Benefits package and are required to be available to enrolled Veteran in need of these services. Services are targeted for Veterans at high risk of nursing home care, Veterans who need assistance in multiple daily living activities or have a significant cognitive impairment, and Veterans at the end of life. Services are purchased from agencies that are Medicare or Medicaid-certified or approved by state or county aging and disability agencies. Services include: Community Adult Day Health Care; Homemaker/Home Health Aide/Veteran Directed Home Care; Hospice and Palliative Care; Purchased Skilled Home Care and Respite Care.

Community Adult Day Health Care: VA contracts with Adult Day Health Care (ADHC) programs to provide health maintenance and rehabilitative services to eligible Veterans in a group setting during daytime hours. ADHC providers are Medicaid-certified or approved by the state/county aging and disability agency.

Homemaker and Home Health Aide: VA purchases Homemaker and Home Health Aide (H/HHA) services from agencies that are Medicaid-certified or approved by the state/county aging and disability agency. VA also purchases Veteran Directed Home Care from state/county aging and disability agencies. Veterans hire their own workers, including family members, in this program.

Home Hospice and Palliative Care Services: VA purchases hospice services from Medicare-certified agencies. Hospice care provides comfort-oriented and supportive services in the home or a facility for persons in the advanced stages of disease with a life expectancy of fewer than six months. Palliative care has no associated survival requirement.

Purchased Skilled Home Care Services - VA purchases Skilled Home Care services from Medicare/Medicaid-certified providers. The services cover skilled nursing services as well as medical social services, occupational therapy, physical therapy, and speech-language pathology. Services are generally time-limited but may include episodes of care longer than 60 days.

Respite Care Services - Provides relief for the spouse or other caregiver of a chronically ill or disabled Veteran at home. VA purchases respite care from H/HHA and special purpose respite agencies. Respite care is usually limited to 30 days per year.

State Home Per Diem Program - The State Home Per Diem Program establishes annual State Home Per Diem payment rates and processes payments to State Homes for eligible Veterans. The State Homes Per Diem program comprises four components or levels of payment: (1) Adult Day Health Care (ADHC), (2) State Home Domiciliary Care, and (3) State Home Nursing Care [Basic and P1A].

- **State Home Adult Day Health Care (ADHC) -** ADHC provides support for individuals who do not fully function independently, but do not need full-time nursing care. It is generally provided in a group environment, and is coordinated with health and social services designed to stabilize or improve a veteran's ability for self-care, or to prevent, postpone, or reduce the need for institutional placement.

- **State Home Domiciliary Care -** Provides shelter, food, and necessary medical care on an ambulatory self-care basis to assist eligible Veterans who are suffering from a disability, disease, or defect of such a degree that incapacitates the Veteran

from earning a living. However, the Veteran, although not in need of hospitalization or nursing care services, needs to attain the physical, mental, and social well-being through special rehabilitative programs to restore the Veteran to the highest level of functioning.

- **State Home Nursing Care -** Provides accommodations for convalescents or other persons whom are not acutely ill and not in need of hospital care, but who require nursing care and related medical services, if such nursing care and medical services are prescribed by, or are performed under the general direction of, persons duly licensed to provide such care. It does not include domiciliary care.

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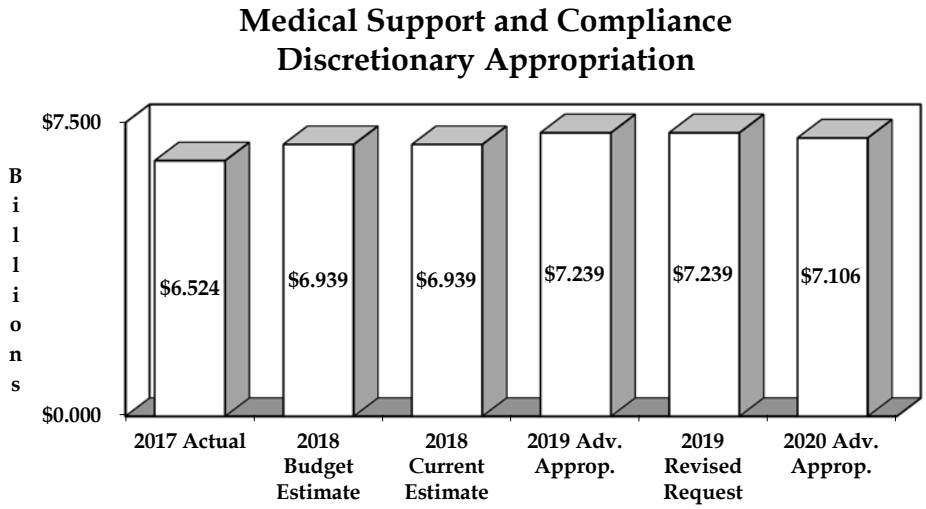
Medical Support and Compliance



2019 Funding and 2020 Advance Appropriations Request

The Medical Support and Compliance appropriation finances the supporting structures that underlie VHA's ability to deliver high-quality health care services to our Veterans. Approximately 65% of the 2019 total funding for this appropriation is designated for VA Medical Centers (VAMCs), Veteran Integrated Service Networks (VISNs), and Other Field Activities, and the remaining 35% of the funding is designated for VHA Central Office and National Consolidated Activities. This funding ensures that leadership management teams are in place to govern, appropriate oversight to safeguard quality of care for our Veterans is available, essential security services are provided, needed supplies and medications are ordered, health care provider vacancies are filled, financial services and oversight are provided, required medical equipment is procured and patient encounters are appropriately recorded.

These critical functions are further detailed through this chapter.

Medical Support & Compliance (0152 & 0152XA)
Crosswalk, 2017-2020
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Appropriation Medical Support & Compliance (0152)								
Annual Appropriation	$6,524,000	$6,654,480	$6,654,480	$7,239,156	**$7,239,156**	**$7,106,150**	$584,676	($133,006)
Annual Appropriation Adjustment	$0	$284,397	$284,397	$0	**$0**	**$0**	($284,397)	$0
Appropriations Request [Subtotal]	$6,524,000	$6,938,877	$6,938,877	$7,239,156	**$7,239,156**	**$7,106,150**	$300,279	($133,006)
Rescission	($26,000)	$0	$0	$0	**$0**	**$0**	$0	$0
Net Appropriation	**$6,498,000**	**$6,938,877**	**$6,938,877**	**$7,239,156**	**$7,239,156**	**$7,106,150**	**$300,279**	**($133,006)**
Tranfers To								
Medical Community Care (0140)	($64,980)	$0	$0	$0	**$0**	**$0**	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	**($210,666)**	**$0**	($210,666)	$210,666
FHCC (0169)	($25,991)	($27,792)	($27,792)	($28,656)	**($28,203)**	**($28,767)**	$0	$0
Transfers To [Subtotal]	($90,971)	($27,792)	($27,792)	($28,656)	**($238,869)**	**($28,767)**	($211,077)	$210,102
Budget Authority [Total]	$6,407,029	$6,911,085	$6,911,085	$7,210,500	**$7,000,287**	**$7,077,383**	$89,202	$77,096
Reimbursements	$13,892	$19,063	$19,063	$19,063	**$19,063**	**$19,063**	$0	$0
Unobligated Balance (SOY)								
No-Year	$0	$50,000	$0	$0	**$0**	**$0**	$0	$0
H1N1 No-Year (PL 111-32)	$216	$0	$111	$0	**$0**	**$0**	($111)	$0
2-Year	$84,284	$0	$73,574	$0	**$0**	**$0**	($73,574)	$0
4-Year	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Unobligated Balance (SOY) [Subtotal]	$84,500	$50,000	$73,685	$0	**$0**	**$0**	($73,685)	$0
Unobligated Balance (EOY)								
No-Year	$0	$0	$0	$0	**$0**	**$0**	$0	$0
H1N1 No-Year (PL 111-32)	($111)	$0	$0	$0	**$0**	**$0**	$0	$0
2-Year	($73,574)	$0	$0	$0	**$0**	**$0**	$0	$0
4-Year	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Unobligated Balance (EOY) [Subtotal]	($73,685)	$0	$0	$0	**$0**	**$0**	$0	$0
Lapse	($64)	$0	$0	$0	**$0**	**$0**	$0	$0
Subtotal	$6,431,672	$6,980,148	$7,003,833	$7,229,563	**$7,019,350**	**$7,096,446**	$15,517	$77,096
Prior Year Recoveries	$141	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations (0152) [Total]	**$6,431,813**	**$6,980,148**	**$7,003,833**	**$7,229,563**	**$7,019,350**	**$7,096,446**	**$15,517**	**$77,096**
VACAA, Section 801 (0152XA)								
Unobligated Balance (SOY)	$20,486	$20,486	$17,633	$6,100	**$9,000**	**$0**	($8,633)	($9,000)
Unobligated Balance (EOY)	($17,633)	($6,100)	($9,000)	$0	**$0**	**$0**	$9,000	$0
Subtotal	$2,853	$14,386	$8,633	$6,100	**$9,000**	**$0**	$367	($9,000)
Prior Year Recoveries	$8	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations (0152XA) [Total]	**$2,861**	**$14,386**	**$8,633**	**$6,100**	**$9,000**	**$0**	**$367**	**($9,000)**
Obligations [Grand Total]	**$6,434,674**	**$6,994,534**	**$7,012,466**	**$7,235,663**	**$7,028,350**	**$7,096,446**	**$15,884**	**$68,096**
FTE								
Medical Support & Compliance (0152)	50,922	53,099	51,081	53,352	**51,081**	**51,097**	0	16
VACAA, Section 801 (0152XA)	17	0	16	0	**16**	**0**	0	(16)
FTE [Total]	**50,939**	**53,099**	**51,097**	**53,352**	**51,097**	**51,097**	**0**	**0**

Update to the 2019 Advance Appropriation Request
Medical Support & Compliance (0152)
(Excludes Veterans Choice Act)
(dollars in thousands)

Description	2019 Revised Estimate	Available Funding: Adv. Approp. Incl. Transfers	Re-estimate	Transfers To	Reimb.	Use of Unobl. Balance	Subtotal	Amount of Tranfer
VA Medical Centers, VISNs & Other Field Activities:								
VAMCs and Other Field Activities	$4,402,472	$4,891,964	($489,492)	$0	$0	$0	$4,402,472	**$0**
VISN Headquarters	$175,086	$177,701	($2,615)	$0	$0	$0	$175,086	**$0**
Subtotal	$4,577,558	$5,069,665	($492,107)	$0	$0	$0	$4,577,558	**$0**
VHACO & National Consolidated Activities:								
Consolidated Mail Outpatient Pharmacies (CMOP)	$20,500	$20,210	$290	$0	$0	$0	$20,500	**$0**
Employee Education Service Center	$82,654	$85,166	($2,512)	$0	$0	$0	$82,654	**$0**
National Center for Patient Safety	$8,756	$8,923	($167)	$0	$0	$0	$8,756	**$0**
Office of Community Care	$931,058	$756,755	$384,516	$453	$0	$0	$1,141,724	**($210,666)**
Office of Health Informatics	$234,079	$236,206	($2,127)	$0	$0	$0	$234,079	**$0**
Readjustment Counseling Service	$6,249	$0	$6,249	$0	$0	$0	$6,249	**$0**
VHA Central Office	$689,891	$678,159	$11,732	$0	$0	$0	$689,891	**$0**
VHA Member Services	$192,955	$119,135	$73,820	$0	$0	$0	$192,955	**$0**
VHA Service Center	$275,650	$255,344	$20,306	$0	$0	$0	$275,650	**$0**
Subtotal	$2,441,792	$2,159,898	$492,107	$453	$0	$0	$2,652,458	**($210,666)**
Obligations [Total]	$7,019,350	$7,229,563	$0	$453	$0	$0	$7,230,016	**($210,666)**

** The totals displayed may be different than the President's Budget Appendix.*

The funding levels shown below include the program's total discretionary budget authority plus reimbursements, as well as the budget authority available due to unobligated start-of-year mandatory balances from Sec. 801 of the Choice Act. The programmatic funding levels are shown with both of these funding sources combined to allow for a comprehensive picture of the program's operations.

Program Resources

- **$7.028 billion in 2019**
- **$7.096 billion in 2020**

To provide better visibility into the spending under this appropriation, VA is providing additional detail on obligations by the following categories. The following charts reflect VA's actuals for 2017, the current plan for 2018, revised request for 2019, and 2020 advance appropriation.

VA's transfer of $210.7 million to Medical Facilities in 2019 goes toward an estimated $1.4 billion in Non-Recurring Maintenance projects.

Summary of Obligations by Functional Area
Medical Support and Compliance (0152 & 0152XA)
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
VA Medical Centers, VISNs & Other Field Activities (0152)								
VAMCs and Other Field Activities	$4,150,434	$4,612,234	$4,402,472	$4,891,964	**$4,402,472**	**$4,437,036**	$0	$34,564
VISN Headquarters	$171,822	$174,388	$175,086	$177,701	**$175,086**	**$175,086**	$0	$0
Subtotal	$4,322,256	$4,786,622	$4,577,558	$5,069,665	**$4,577,558**	**$4,612,122**	$0	$34,564
VHACO & National Consolidated Activities (0152)								
Consolidated Mail Outpatient Pharmacies	$17,752	$19,833	$20,500	$20,210	**$20,500**	**$20,500**	$0	$0
Employee Education Service Center	$67,434	$83,578	$82,654	$85,166	**$82,654**	**$82,654**	$0	$0
National Center for Patient Safety	$7,829	$8,756	$8,756	$8,923	**$8,756**	**$8,756**	$0	$0
Office of Community Care	$645,896	$816,546	$865,641	$756,755	**$931,058**	**$973,590**	$65,417	$42,532
Office of Health Informatics	$228,079	$231,802	$283,979	$236,206	**$234,079**	**$234,079**	($49,900)	$0
Readjustment Counseling Service	$2,139	$0	$6,249	$0	**$6,249**	**$6,249**	$0	$0
VHA Central Office	$680,384	$665,514	$689,891	$678,159	**$689,891**	**$689,891**	$0	$0
VHA Member Services	$189,357	$116,914	$192,955	$119,135	**$192,955**	**$192,955**	$0	$0
VHA Service Center	$270,546	$250,583	$275,650	$255,344	**$275,650**	**$275,650**	$0	$0
Obligations Before Prior Year Recoveries (0152)	**$2,109,416**	**$2,193,526**	**$2,426,275**	**$2,159,898**	**$2,441,792**	**$2,484,324**	**$15,517**	**$42,532**
Prior Year Recoveries	$141	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations [Total] After Prior Year Recoveries (0152)	**$6,431,813**	**$6,980,148**	**$7,003,833**	**$7,229,563**	**$7,019,350**	**$7,096,446**	**$15,517**	**$77,096**
VACAA, Section 801 (0152XA)								
Activations	$7	$0	$0	$0	**$0**	**$0**	$0	$0
Staffing Shortage & Report (Sect. 301)	$2,846	$14,386	$8,633	$6,100	**$9,000**	**$0**	$367	($9,000)
Obligations Before Prior Year Recoveries (0152XA)	**$2,853**	**$14,386**	**$8,633**	**$6,100**	**$9,000**	**$0**	**$367**	**($9,000)**
Prior Year Recoveries	$8	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations [Total] (0152XA)	**$2,861**	**$14,386**	**$8,633**	**$6,100**	**$9,000**	**$0**	**$367**	**($9,000)**
Obligations [Grand Total]	**$6,434,674**	**$6,994,534**	**$7,012,466**	**$7,235,663**	**$7,028,350**	**$7,096,446**	**$15,884**	**$68,096**

** The totals displayed may be different than the President's Budget Appendix.*

Fiscal Year 2017 Actuals
Medical Support and Compliance (0152 & 0152XA)
(dollars in thousands)

Description	Pay & Benefits 1/	Capital 2/	All Other 3/	Total	FTE
VA Medical Centers, VISNs & Other Field Activities (0152)					
VAMCs and Other Field Activities	$3,408,420	$40,939	$701,072	$4,150,431	36,479
VISN Headquarters	$151,756	$393	$19,673	$171,822	982
Subtotal	$3,560,176	$41,332	$720,745	$4,322,253	37,461
VHACO & National Consolidated Activities (0152)					
Consolidated Mail Outpatient Pharmacies	$16,688	$29	$1,035	$17,752	1,912
Employee Education Service Center	$47,900	$369	$19,165	$67,434	46
National Center for Patient Safety	$7,047	$16	$766	$7,829	2,411
Office of Community Care	$469,504	$237	$176,155	$645,896	176
Office of Health Informatics	$99,381	$10	$128,688	$228,079	429
Readjustment Counseling Service	$1,478	$0	$661	$2,139	1
VHA Central Office	$274,265	$1,306	$404,816	$680,387	6,072
VHA Member Services	$158,528	$1,126	$29,703	$189,357	1,769
VHA Service Center	$247,544	$309	$22,693	$270,546	645
Subtotal	$1,322,335	$3,402	$783,682	$2,109,419	13,461
Obligations Before Prior Year Recoveries (0152)	**$4,882,511**	**$44,734**	**$1,504,427**	**$6,431,672**	**50,922**
Prior Year Recoveries	$0	$0	$141	$141	0
Obligations Total After Prior Year Recoveries (0152)	**$4,882,511**	**$44,734**	**$1,504,568**	**$6,431,813**	**50,922**
VACAA, Section 801 (0152XA)					
Activations	$7	$0	$0	$7	0
Staffing Shortage & Report (Sect. 301)	$2,667	$61	$118	$2,846	17
Obligations Before Prior Year Recoveries (0152XA)	**$2,674**	**$61**	**$118**	**$2,853**	**17**
Prior Year Recoveries	$0	$0	$8	$8	0
Obligations Total (0152XA)	**$2,674**	**$61**	**$126**	**$2,861**	**17**
Obligations [Grand Total]	**$4,885,185**	**$44,795**	**$1,504,694**	**$6,434,674**	**50,939**

1/ Pay Benefits = 10 Personnel Compensation and Benefits.

2/ Capital = 31 Equipment and 32 Lands and Structures.

3/ All Other = 21 Travel & Transportation of Persons; 22 Transportation of Things; 23 Rent, Communications & Utilities; 24 Printing & Reproduction; 25 Other Contractual Services; and 26 Supplies & Materials

VA Medical Centers, Veteran Integrated Service Networks (VISN) Headquarters, & Other Field Activities

The obligations shown in the tables below reflect discretionary budget authority plus reimbursements.

1. VA Medical Centers & Other Field Activities

VA Medical Centers And Other Field Activities
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$4,150,434	$4,612,234	$4,402,472	$4,891,964	**$4,402,472**	**$4,437,036**	$0	$34,564
Medical Support & Compliance (0152).....	$4,150,434	$4,612,234	$4,402,472	$4,891,964	**$4,402,472**	**$4,437,036**	$0	$34,564

Program Description

Funding in this account for VA Medical Centers and other field activities supports the management, operation, oversight, security, and administration of the VA's health care system. This includes medical center management teams (Director, Chief of Staff, Chief Medical Officer, and Chief Nurse), medical center support functions (quality of care oversight, security services, legal services, billing and coding activities, acquisition, procurement, and logistics activities), human resource management, logistics and supply chain management, and financial management. Of the many functions required to operate VHA facilities, one essential function is revenue generation. This begins at the medical centers and clinics with the verification of insurance and the coding of inpatient and outpatient encounters.

2. Veteran Integrated Service Networks (VISN) Headquarters

Veterans Integrated Service Networks (VISN) Headquarters
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$171,822	$174,388	$175,086	$177,701	**$175,086**	**$175,086**	$0	$0
Medical Support & Compliance (0152).....	$171,822	$174,388	$175,086	$177,701	**$175,086**	**$175,086**	$0	$0

Program Description

These funds provide the necessary resources for the VISN offices that provide regional support, management and oversight to the medical centers, clinics and other field activities within their regions. This includes, but is not limited to, network leadership teams (Network Director, Deputy Network Director, Chief Financial Officer, Chief Medical Officer, and Chief Information Officer) and clinical and administrative functional leads that are centrally located to provide leadership to those programs within each VISN. Each VISN office is responsible for coordinating the delivery of health care to Veterans by leveraging and integrating operations at all of the VA health care facilities within the VISN.

Veterans Health Administration Central Office (VHACO) & National Consolidated Activities

3. Consolidated Mail Outpatient Pharmacies (CMOP)

Consolidated Mail Outpatient Pharmacies (CMOP)
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$17,752	$19,833	$20,500	$20,210	**$20,500**	**$20,500**	$0	$0
Medical Support & Compliance (0152).....	$17,752	$19,833	$20,500	$20,210	**$20,500**	**$20,500**	$0	$0

Program Description

VA's CMOP program provides outpatient pharmaceutical dispensing support services to Veterans being cared for at VA healthcare facilities and Medical Centers located within each of the VISNs throughout the United States. CMOP acts as an extension of the medical facility pharmacies providing the fulfillment services for 80.3% of all outpatient prescriptions provided to Veterans by VHA in 2017. This is accomplished through the use of highly automated technologies that support the dispensing of over 474,000 prescriptions every work day and 121.7 million prescriptions in 2017.

CMOP program consists of a network of seven pharmacies located in:

- Chelmsford, MA
- Charleston, SC
- Dallas, TX
- Hines, IL
- Leavenworth, KS
- Murfreesboro, TN
- Tucson, AZ

Support and Compliance dollars are approximately 5.6% of CMOPs total budget. These funds are used for logistics staff who purchase $3.2 billion in medications, finance staff who monitor budgets, and allocate funds and various administrative staff. Staffs are located in all seven CMOPs and the National CMOP office.

2017 Accomplishments

- J.D. Power and Associates National Pharmacy Studies: The CMOP once again had the top Customer Satisfaction Index rating in 2017 compared to private sector mail order pharmacies. Since 2010, CMOP has had the highest score for 6 of the 8 years. J.D. Power provides an unbiased and external validation of CMOP's commitment and dedication to customer service.

- For 2017 CMOP exceeded all core metric performance metric benchmarks.

CMOP Core Metric 2017	Target	CMOP Cumulative
Quality Core Measures		
Wrong Patient CMOP & Contractor	=>6 Sigma	6.04
Wrong Product CMOP & Contractor	=>6 Sigma	6.16
Wrong Quantity CMOP & Contractor	=>5.7 Sigma	5.79
Average Delivery Days	=<3.5 days	2.44
Packages >5Days	=<2%	0.27
Satisfaction Core Measures		
Patient Satisfaction	=>80%	89%
Logistics Core Measures		
Percent Inactive		0.38
Turn Over Rate		32.50
Financial Core Measures		
PS + Ops/Rx	PS	$1.10
	Operating	$0.55
	= < Budget	$1.65
Operational Core Measures		
Monthly Turn Around	=<48 hours	41.1
Unreleased >10 Days per million RX	ND*	1.10
Cancel Backs	ND*	1.48
Cancel Backs (No 007 or 025)	ND*	0.79
Miscellaneous Measures		
Total Packages Mailed by Month CMOP & Contractor		84,569,451
Total RX Processed by Fiscal Date		121,702,465

- Prescriptions per day filled increased 1.7% in 2017.

2018-2020 Goals

- Implement new pharmacy dispensing automation at Murfreesboro, Hines, Charleston, and Leavenworth CMOP facilities. (Modernize our System, Focus Resources More Effectively, and Improve Timeliness of Services)
- Begin providing pharmacy mail order fulfillment services to Native American tribes through the Indian Health Services program. (Greater Choice for Veterans, and Focus Resources More Effectively)
- Establish a locally-controlled process with defined parameters for prioritizing software development. (Modernize Our System, Focus Our Resources More Effectively, Improve Timeliness of our Services)
- Reduce the number of “cancel backs” to VAMCs (Focus Our Resources More Effectively, Improve Timeliness of our Services). A “cancel back” is a situation where the CMOP cannot fill a prescription for a variety of reasons (medication not available, there are problems with incorrect directions, etc.). The prescription is then cancelled for CMOP fulfillment and sent back to the medical center for local review and/or fulfillment.
- Consolidate and disseminate CMOP's vison for the seamless transition to the new Electronic Health Record. (Modernize Our System, Greater Choice for Veterans)
- Partner with suicide prevention programs to disseminate useful contact information to Veterans receiving CMOP services. (Suicide Prevention)

Workload

CMOP workload is expected to increase at a rate of approximately 2%-3% per year during this time frame if current eligibility requirements remain constant. Modifications to eligibility requirements have the potential to change workload

projections if the modifications can significantly impact overall demand for outpatient pharmacy dispensing services through the VA system.

4. Employee Education Service Center

Employee Education Service Center
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$67,434	$83,578	$82,654	$85,166	**$82,654**	**$82,654**	$0	$0
Medical Support & Compliance (0152).....	$67,434	$83,578	$82,654	$85,166	**$82,654**	**$82,654**	$0	$0

Program Description

The mission of the Employee Education System (EES) is to honor America's Veterans by providing exceptional education and training that supports excellence in Veteran care and service. EES is a national program office that partners with other VA and VHA program offices, regional offices and facilities to provide quality workforce education and training to improve outcomes in Veteran clinical care, health care and business operations and administration. Using the industry-standard "ADDIE" instructional design process – Analyze, Design, Develop, Implement and Evaluate – EES staff build effective training that fully addresses organizational performance, skill, and knowledge gaps to meet VA strategic goals to provide broad Veteran access to high-quality patient-centered care and VA services. EES provides accredited, 508 compliant learning through 17 national and 2 state accreditations delivered through face to face events, virtual conferences, broadcasts, eLearning, simulation, videos, and webcasting. The training is designed and delivered via more than a dozen face-to-face or virtual learning options and is evaluated for impact on learning and operational outcomes and toward employee attainment of accredited learning credits necessary for certifications and licensure requirements.

Effective January 2017, EES assumed responsibility to provide training support services to all of VA including VBA, NCA and VA Headquarters staffs. All offices in VA may use EES services but are not required to do so. EES also provides clinical training to DoD, other federal agencies, and non-VA providers to achieve Presidential mandates.

2017 Accomplishments

- In 2017, EES delivered a total of 2,348 training projects including 1,103 face to face events, 845 virtual conferences, 171 eLearning web modules, and 111 Broadcasts.
- EES delivered a total of 1,322 projects supporting Under Secretary for Health (USH) priorities, including mental health and suicide prevention, opioid safety, and accountability. EES developed 163 mental health and suicide prevention projects to mitigate vulnerabilities for Veterans. EES trained 99.36% of opioid prescribing providers on opioid safety to meet White House requirements. Training to support

Patient Centered Care alone trained 2,475 VHA staff that granted 618,750 Continuing Education Units.

- EES supported the Veterans Access, Choice and Accountability Act through 100% of all Section 303 education and training requirements completed. EES collaborated with the Assistant Deputy Under Secretary for Health (ADUSH) for Access to train 17,253 employees on new systems of practice management and patient scheduling. EES also created a new mandatory training course for 29,348 staff with scheduling keys to reduce errors and eliminate improper records.
- EES also offered field accreditation services training to 187 agents at 111 VA Medical Centers and 17 VISNs; by using EES accreditation.

2018-2020 Goals

- Prioritize implementation of training to be aligned with VHA Modernization, foundational services, and SECVA priorities through the EES operating plan (SECVA Priorities 2 and 3: Modernize Systems and Focus Resources; VA Objectives 1.1, 2.1 and 2.2).
- Develop and implement a comprehensive plan to align the EES training plan process with VHA budget development process (SECVA Priority 3: Focus Resources; VA Objective 3.2).

5. National Center for Patient Safety

National Center For Patient Safety
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$7,829	$8,756	$8,756	$8,923	**$8,756**	**$8,756**	$0	$0
Medical Support & Compliance (0152).....	$7,829	$8,756	$8,756	$8,923	**$8,756**	**$8,756**	$0	$0

Program Description

The VA National Center for Patient Safety (NCPS) was established in 1999 to lead VA's patient safety efforts and to develop and nurture a culture of safety throughout the Veterans Health Administration. The primary mission of NCPS is the prevention of inadvertent harm to Veterans, controlling risks and vulnerabilities. NCPS coordinates patient safety activities throughout the enterprise; specifically, monitoring/promoting a safety culture; maintaining a database of patient safety events and investigations and sharing this knowledge widely; and working with other agencies, frontline staff, providing administration of patient safety reporting and investigation of patient safety events and industry to recall/re-design/repair unsafe medical devices.

NCPS is a multidisciplinary office with teams located in:

- Ann Arbor, MI
- Washington, DC
- White River Junction, VT

NCPS offers expertise on an array of patient safety and related health care issues. Patient safety officers at VA's regional health care systems and patient safety managers at VA's medical centers and other large facilities actively participate in the program. The NCPS program is based on a systems approach to problem solving that focuses on prevention, not punishment and is based on High Reliability Organization (HRO) and Human Factors Engineering (HFE) experience and science.

Some core functions include: designing and distributing patient safety tools for Veterans and their families/caregivers (e.g., the Daily Plan, Healthcare Literacy); training and education for all levels of VHA staff and trainees (e.g., Patient Safety "Boot Camps" and Workshops, Clinical Team Training, VA Chief Resident in Quality and Safety Program; VA Advanced Fellowship in Patient Safety); national data collection, analysis and feedback related to adverse events, and close calls (e.g., Root Cause Analysis, Healthcare Failure Mode and Effects Analysis); and analysis of high risk situations and dissemination of solution based information and guidance (e.g., Alerts, Advisories, Product Recalls, Lessons Learned, etc.)

2017 Accomplishments

- Collaboration with the Department of Defense (DoD) to implement the Joint Patient Safety Reporting (JPSR) Program. This development standardizes patient safety event reporting throughout VA and DoD and allows organizational learning that benefits the Active Duty Soldier-Veteran throughout the medical continuum of care, providing oversight and management for quality reporting and investigations Improving care at the bedside in collaboration with the Office of Nursing Services to continue a Breakthrough Series for facility-based teams on pressure injury prevention.
- The Daily Plan® (TDP) worked with Connected Health and Office of Information and Technology (OI&T) staff to create a more user-friendly product for TDP. With trends in decreased funding for IT enhancements, NCPS connected the Nurse Coordinator with staff leading the After Visit Summary to provide an enhanced product via class 2 software efforts.
- Worked with Surgical Services to coordinate Veterans Administration Surgical Quality Improvement Program/Project (VASQIP), Critical Incident Tracking Network/Notification (CITN) and Root Cause Analysis (RCA) reports of Serious Reportable Events in surgery and report quarterly, lessons learned to the field. Also, the field office worked other VHA program offices (anesthesia, nursing, information and analytics, mental health, geriatrics and extended care, VA Office of Mental Health Operations, VA Office of Academic Affairs and the VA National Center for Ethics). These collaborations have resulted in cutting edge training and feedback in patient safety in VA.
- Delivery of the Chief Resident in Quality and Safety (CRQS) Program (with the Office of Academic Affiliations) at over 60 VAMCs involving over 80 CRQS Residents, conducting dozens of patient safety and quality improvement projects benefitting Veterans today, enhancing resident

education in VA facilities, and preparing these Residents to become the VA physician leaders of the future.

- VA NCPS and NCPS Field Office Director participated in The Joint Commission expert panel that recently published a Special Report on Preventing Suicide in Health Care Facilities.
- Clinical Team Training has been delivered on 21 trips to 13 unique facilities, incorporating 32 units representing 17 specialties across the VA system, providing patient safety training to professionals at the frontlines and VISN offices.

2018-2020 Goals

- Collaborate across government agencies to promote patient safety, focusing on lessons from high reliability industries to enhance the delivery of safe patient care to our nations Veterans.
- This is best accomplished through a culture of safety, the development of high functioning clinical teams, designing of the environment, and the purchase of safe equipment and medications.

6. Office of Community Care

Office of Community Care
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$645,896	$816,546	$865,641	$756,755	**$931,058**	**$973,590**	$65,417	$42,532
Medical Support & Compliance (0152).....	$645,896	$816,546	$865,641	$756,755	**$931,058**	**$973,590**	$65,417	$42,532

Program Description

Office of Community Care (OCC) was established in 2015 by the VHA Under Secretary for Health. The goal of OCC is to deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA staff. OCC provides Veterans access to health care by community providers when services are not available at a VA facility, are not available within a clinically appropriate timeframe, or when distance makes these services inaccessible. OCC currently uses multiple programs to increase Veterans access to high-quality care outside of VA. Through these programs, OCC also has responsibility for the Revenue Operations program that oversees billing and collections for non-service connected hospital care and medical services for certain Veterans. VA has authority to bill third-party health insurance and bill copayments to certain Veterans for non-service connected care when provided in the VA or through community care programs. OCC served nearly 1.7 million Veterans in 2017, and also provides services to eligible caregivers and dependents through family programs. OCC has responsibility for administering the community care program, and funding for its administration is provided by the Medical Support & Compliance appropriation.

In addition to administering the community care program for enrolled Veterans, OCC also administers the following programs for eligible Veterans and beneficiaries.

Please see the *Medical Services* chapter for more information on these programs.

7. Office of Health Informatics

Office of Health Informatics
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$228,079	$231,802	$283,979	$236,206	**$234,079**	**$234,079**	($49,900)	$0
Medical Support & Compliance (0152).....	$228,079	$231,802	$283,979	$236,206	**$234,079**	**$234,079**	($49,900)	$0

Program Description

Office of Informatics and Information Governance and Office of Connected Care were merged into the Office of Health Informatics (OHI). OHI oversees the collection, exchange, and use of Electronic Health Record (EHR) data, optimizes the current EHR to promote evidence based decision-making and patient-centered care, and delivers health IT solutions that increase Veteran access to care and supports participation in their health care by:

- Ensuring that health care information systems are implemented in a manner that meets the requirements of VHA users, including the Electronic Health Record Modernization
- Enhancing heath information exchanges with federal and private partners
- Providing national policy and guidance to Health Informatics, Freedom of Information Act (FOIA), Privacy, Health Information Management, Records Management, and Library personnel nationwide
- Facilitating sound decision-making for development, acquisition, and maintenance of health IT investments through business requirements, IT strategy and priorities, and investment analysis
- Developing and delivering virtual and digital technologies that help Veterans communicate with their VA care teams and coordinate, track, and manage their health care
- Partnering with VHA Programs and VA's OIT to deploy enterprise applications and databases to support strategic goals and objectives for VHA.

2017 Accomplishments

- VA Direct Messaging added 396 new community partners for a total of 441 partners, enabling secure messaging and document exchange between VA and Community Partners.
- 17 VAMCs have exchanged over 20,000 messages to support Community Care referrals and transitions of care.

- Virtual Lifetime Electronic Record (VLER) Health on boarded 43 new community partners.
- Exceeded VA Personal Identity Verification (PIV) interim commitment of 85% to OMB, by enforcing over 90% of individuals utilizing VA computer systems.
- Reduced Outpatient coding backlogs by 18% by monitoring and working with the field on corrective actions.
- Using the Veteran Appointment Request application (VA online scheduling), Veterans have self-scheduled more than 4,000 appointments and completed more than 5,000 additional scheduling actions.
- VA Video Connect is being used by more than 500 VA providers.
- Redesigned MyHealtheVet to improve Veterans' online experience, affecting more than 4 million registered users.
- More than 500,000 Veterans have already used VA Health Summary (available to MyHealtheVet Premium account holders) to view, print or download a copy of their essential health and medical care information.

2018-2020 Goals

- VA Video Connect will be available at across the Department.
- Expand the Veteran Appointment Request (VAR) app to enable Veterans to self-schedule Video Visit and Mental Health appointments.
- Accelerate Direct Partner integration through the Health Information Exchange – Direct Secure Messaging by adding new community care partners.
- Add new Virtual Lifetime Electronic Record (VLER) Health partners, impacting over 95,000 Veterans by exchanging information with purchased care providers.
- Increase clinical adoption of VLER Exchange, by working to engage new partners and educating Veterans about the benefits of participating.
- Assist in the transition of users from VistAWeb to Joint Legacy Viewer (JLV) as the primary EHR viewer, accessing VA, DoD, and community health information exchange partner data.
- Partner with Electronic Health Record Modernization (EHRM) implementation by engaging health information management and privacy field personnel through communication and education and through collaborating with DoD on privacy policies.
- Provide ongoing subject matter and policy expertise regarding privacy and health care security and on data contained in Veterans' Electronic Health Records (EHR).
- Ensure all VA personnel have active PIV badges effective August 7, 2018.
- Continue working towards maximum PIV implementation.
- Transition to the Corporate Data Warehouse from the National Patient Care Database
- Reduce coding and release of information (ROI) facility backlogs.

- Provide services in Business Architecture, Requirements Development and Management, Investment Governance, and Open Source Management.

8. Readjustment Counseling Service

Readjustment Counseling Service
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$2,139	$0	$6,249	$0	**$6,249**	**$6,249**	$0	$0
Medical Support & Compliance (0152).....	$2,139	$0	$6,249	$0	**$6,249**	**$6,249**	$0	$0

Program Description

Readjustment Counseling Service (RCS) is directed by Public Law 38 USC Section 1712 A. Readjustment Counseling Service currently consists of 300 Vet Centers, 80 Mobile Vet Centers, 21 Outstations, the Vet Center Call Center, and over 900 Community Access Points (this number fluctuates dependent on demand). Vet Centers across the country provide a broad range of counseling, outreach, and referral services to eligible Veterans, active duty Service members, and their families, and recently OTH administrative discharges. Vet Centers guide Veterans, Service members, and their families through many of the major adjustments in lifestyle that often occur after individuals return from deployment or other traumatic situations. Services for an eligible individual may include individual, group, marriage, or family counseling for challenges such as the symptoms associated with Post-Traumatic Stress Disorder (PTSD), substance-abuse and drug assessments and referrals, suicidal or homicidal ideations, or socio-economic issues. Vet Centers also provide VBA benefit information and referrals to Regional Offices, employment counseling, outreach and education, assistance with disability claims, and many other services. Vet Center services are also provided to family members of Veterans and Service members for military related issues when it is found aid in the readjustment of those that have served. This includes bereavement counseling for families who experience an active duty death. All services are free of cost and are strictly confidential.

To strengthen readjustment counseling capacity across the country RCS has aggressively pursued ongoing strategies to increase access to readjustment counseling and all other VA services to all eligible Veterans, active duty Service members, and their families.

Please see the *Medical Care* chapter for more information on this program.

9. VHA Central Office

VHA Central Office
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$680,384	$665,514	$689,891	$678,159	**$689,891**	**$689,891**	$0	$0
Medical Support & Compliance (0152).....	$680,384	$665,514	$689,891	$678,159	**$689,891**	**$689,891**	$0	$0

Program Description

VHA Central Office (VHACO) is the headquarters for one of the world's largest integrated health care systems. VHACO is led by the Under Secretary for Health whose office serves as the Department's central coordination point for the establishment or implementation of policies, practices, management and operational activities of VHA. This must be done to most effectively carry out the mission of honoring America's Veterans by providing exceptional health care that improves their health and well-being. VHACO provides the strategic, policy and operational leadership that coordinates and governs VHA activities including development of strategic direction, deployment, and measurement of performance, accountability, and transparency of decision making. VHACO assures organizational oversight to the vision, values, and mission of VHA, and alignment with the strategic direction and goals of the administration and department.

In addition to the Office of the Under Secretary for Health, which includes the VHA Chief of Staff, Office of Research Oversight, Office of the Medical Inspector, and Readjustment Counseling Services, VHACO also includes the Principal Deputy Under Secretary for Health, the Deputy Under Secretary for Health for Operations and Management, and the Deputy Under Secretary for Health for Policy and Services.

Principal Deputy Under Secretary for Health provides leadership for the Office for Quality, Safety and Value, Office of Nursing, Office for Workforce Services, Office of Strategic Integration, Office of Health Equity, and Office of Finance. Deputy Under Secretary for Health for Operations and Management (DUSHOM) oversees field operations, providing broad and general operational direction and guidance.

DUSHOM is also responsible for other VHACO administrative programs (e.g., business operations, environmental programs management, canteen services, health care engineering, safety and technical services, acquisition and procurement, capital assets) and clinical operations (e.g., surgical services, primary care, dentistry, geriatrics, mental health, sterile processing, disability medical assessment, and the homeless program).

Deputy Under Secretary for Health for Policy and Services provides leadership for the offices responsible for health care policy, projecting the demand for health care services for strategic planning and budgeting, addressing the public health needs of Veterans, overseeing the policy development of all clinical care provided by the healthcare workforce, developing and coordinating collaboration with DoD and other federal agencies, developing and providing the health informatics and analytical and business intelligence to support the nation's largest integrated health care system, a robust research and development portfolio and ensure adherence to the highest ethical standards in health care.

10. VHA Member Services

VHA Member Services
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$189,357	$116,914	$192,955	$119,135	**$192,955**	**$192,955**	$0	$0
Medical Support & Compliance (0152).....	$189,357	$116,914	$192,955	$119,135	**$192,955**	**$192,955**	$0	$0

Member Services

Program Description

VHA Member Services' (MS) mission is to facilitate access to health care, benefits, and support services for Veterans and their families. MS provides oversight, review, and direct service for VA health care eligibility and enrollment, administration of health care benefits and homeless support for Veterans and beneficiaries. Member Services is comprised of three national programs:

- Health Eligibility Center (HEC)
- Health Resource Center (HRC)
- Veterans Transportation Program (VTP)

Health Eligibility Center (HEC)
Program Description
HEC is VHA's authoritative source for enrollment and eligibility activities that support the delivery of VA health care benefits. As a national service center HEC partners with VA Medical Centers to process, veri20 and determine enrollment in VA's Health Care System, as well as, process enrollments through Health Benefits telephone access at 877-222-VETS. HEC sponsors and manages the implementation of changes to enrollment practices, including systems changes to streamline and improve enrollment processes and outcomes; controls and maintains the enrollment database; processes a large %age of all applications for enrollment in VA health care; verifies Veterans' self-reported household income information to establish eligibility for health care services, copayment status and enrollment priority assignment; validates Social Security numbers to support the collection of Federal tax information; provides online benefits calculators, Information Bulletins, fact sheets and other products to inform stakeholders of VA health benefits; manages the Veteran Health Identification Card program and the VA Dental Insurance Program; and provides guidance and training to field staff on eligibility and enrollment.

2017 Accomplishments

- Updated and published 10-10EZ Application for Health Benefits and 10-10EZR Health Benefits Update Form with updates for birth sex, self-identified gender identity and other fields to reduce inconsistencies for field staff.
- Implemented and manned toll free emergency line to assist VA staff with registrations of displaced Veterans during recent hurricanes improving the timeliness of services.
- Focused resources more efficiently by identifying and delaying or suspending over 78,000 Veterans cases for those who reside in the counties covered by a FEMA designated areas to allow veterans time to reestablish residence before adjudicating cases to a decision.
- Monitored Death Master File notices per Death Master File agreement with Veterans Benefits Administrations (VBA) and Social Security Administration resulting in greater accuracy of our Veteran Records and improved resource sharing.
- Planned and executed W2myVA, Combat Veteran W2myVA, and Pending Application outbound call campaigns exceeding 1.8 million calls.

2018-2020 Goals

- Improve the timeliness of service to 95% accuracy rate of eligibility determinations within five (5) business days of receipt, establish an improved standardized and centralized enrollment process, and improve timeliness of communication with Veterans regarding eligibility status.
- Focus resources more efficiently by identifying Veterans not entitled to beneficiary travel via the income verification matching program for those Veterans whose income is above VBA Pension Rate and below the VA income limit.

Health Resource Center (HRC)

Program Description

HRC provides world class customer service and support to Veterans, their family members, beneficiaries, caregivers, other government agencies and the general public regarding VA health care benefits. This includes First Party (FP) billing, credit card payments, pharmacy-related inquiries, Help Desk (HD) technical assistance, National Call Center for Homeless Veterans (NCCHV), Pharmacy Customer Care (PCC) call center, Clinical Pharmacy Resources (CPR), and the Disaster Response Line. HRC responds to more than 6 million administrative and clinical Veteran inquiries each year by way of phone, email, web chat, secure messaging and correspondence requests.

2017 Accomplishments

- Activated Disaster Response Lines for recent hurricanes for Veteran inquiries and/or employee accountability.
- Added 7 VA facilities to PCC business line, to include all of VISN 8 which will increase anticipated call volume from 2.1 million to over 3 million annual contacts.
- Completed integration planning efforts for VA Cross Servicing Initiative as it relates to FP billing, recovering approximately $1,240,000 in VA medical care revenue.
- Successfully rolled out Vets.gov phone support on November 11, 2016.
- Published VHA Directive 1502, Homeless Veteran Contact and Referral Management dated June 7, 2017.

2018-2020 Goals

- Support the “New” Veterans Identification Card initiative for approximately 6 Million Veterans.
- Support eBenefits and MyHealtheVet website migration to Vets.gov platform to modernize and streamline Veteran communication options.
- Transition NCCHV to a new webchat platform to provide elaborate online technology for immediate access and responsiveness to Veteran inquiries regarding homelessness or at risk for homelessness situations.

- Fully implement Microsoft Customer Relationship Management Dynamics call documentation system across HRC in support of system modernization and streamlining technology efforts.
- Process Schedule II-V controlled medication renewals for all VA pharmacy facility partners to provide expedient responsiveness and reduce receipt wait times.
- Expand the scope of medication reviews to address Veterans bills for prescriptions related to Camp Lejeune Program medical care.
- Integrate a telephony system infrastructure and technology to support call center demands, requirements, and improved functionality.
- Meet PCC customer demand for reimbursable services.

Veterans Transportation Program (VTP)
Program Description
Veterans Transportation Program (VTP) office is the authoritative source for all Veteran related travel initiatives. Its core mission is to assist in the improvement of access to care and assist Veterans in overcoming transportation barriers to accessing VHA services. VTP is comprised of three business lines: Highly Rural Transportation Grants (HRTG), Beneficiary Travel (BT), and Veterans Transportation Services (VTS).

2017 Accomplishments
- Transport Totals – Veterans 557,331/Disabled Veterans 103,704/Attendants 24,984.
- Deployed the VetRide System which is an electronic ride scheduling & reporting system.
- Piloted the Fee Basis Claims System (FBCS) to automate Special Mode claims processing.
- Began testing of the Beneficiary Travel Self Service System (BTSSS).

2018-2020 Goals
- 15% increase in transport totals each year
- Bring VA into Improper Payments Elimination and Recovery Act compliance
- Launch national use of Beneficiary Travel Self-Service System (BTSSS) and Fee Basis Claim System (FBCS) Special Mode Processing

11. VHA Service Center (VSC)

VHA Service Center (VSC)
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$270,546	$250,583	$275,650	$255,344	**$275,650**	**$275,650**	$0	$0
Medical Support & Compliance (0152).....	$270,546	$250,583	$275,650	$255,344	**$275,650**	**$275,650**	$0	$0

Program Description

The VHA Service Center (VSC) is responsible for performing a wide array of Human Resource (HR) and Fiscal Services for approximately 5,500 VA and VHA employees. HR services include: Benefits, Classification, Employee/Labor Relations, Staffing, and Personnel Security Services in a Shared Services environment. Fiscal services include: Accounting, Budget, Auditing, Payroll, and Travel in a shared services environment. The VSC Personnel Security section is also responsible for processing background investigation and security screening services on approximately 27,000 VHA and VBA contractors nationwide.

2017 Accomplishments

- In 2017, the VHA Service Center (VSC) transitioned HR services for approximately 1,754 employees located in the VACO staff offices in Office of General Counsel (OGC), Office of Accountability and Whistleblower Protection (OAWP), Office of Management (OM), Office of Acquisition and Logistics (OAL), and Office of Procurement Acquisition Logistics (OPAL). This centralized HR service transition improved HR services for these VACO staff offices and was a part of the Central Office Human Resources Service (COHRS) Closure.
- In 2017, the VSC ranked as one of the highest throughout VHA in the area of Speed of Hire ending the Fiscal Year at over 92%.
- The VSC Personnel Security section processed more contractors for VHA and VBA than ever before, finishing the year at over 27,000 contractors nationwide.
- In 2017 VSC Fiscal fielded the VA Time and Attendance System (VATAS) to approximately 3500 personnel in two different VA Stations (701 and 776). This was the largest virtual fielding of VATAS to date in VA. VSC Fiscal services are provided to customers at Continental US (CONUS) and Outside Continental US (OCONUS) locations.

2018-2020 Goals

- In 2018, the VSC HR office has a goal to work towards reducing the number of vacancies for our VHA and VACO customer base with a priority on any vacancies directly associated with one of the VA priorities listed in Part I.

- In 2018, the VSC will be transitioning the new version of USA Staffing and will be rolling out the USA Staffing upgrade to its customer base. This will include training goals for both VSC staff and our customers.

Prior-Year Recoveries

Prior Year Recoveries
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total].....	$149	$0	$0	$0	**$0**	**$0**	$0	$0
Medical Support & Compliance (0152).....	$141	$0	$0	$0	**$0**	**$0**	$0	$0
Medical Support & Compliance (0152XA)...	$8	$0	$0	$0	**$0**	**$0**	$0	$0

VA's accounting system now records prior-year recoveries as required by Federal accounting policy under OMB Circular No. A-11 guidance. Because this is a technical change that does not affect the actual resource levels provide for Veterans services, there are no projections for future years. VA has modified its financial accounting system to be able to accurately monitor and record recoveries.

Veterans Choice Act, Public Law 113-146, Medical Support & Compliance, Section 801 (0152XA)

Within the Medical Support & Compliance Appropriation, estimates of obligations for 2018 and 2019 are $8,633,000 and $9,000,000 respectively. The obligations are consistent with the needs of the Veterans Choice Act and will be spent on staffing to support Section 301 (GME).

Veterans Choice Act, Public Law 113-146 (0152XA)
Section 801
Medical Support & Compliance
(dollars in thousands)

Description	**2017 Actual**	**2018 Budget Estimate**	**2018 Current Estimate**	**2019 Advance Approp.**	**2019 Revised Request**	**2020 Advance Approp.**	**+/- 2018-2019**	**+/- 2019-2020**
Activations.....	$7	$0	$0	$0	**$0**	**$0**	$0	$0
Section 301/302								
Staffing Shortage & Report (Sect. 301).....	$2,846	$14,386	$8,633	$6,100	**$9,000**	**$0**	$367	($9,000)
Subtotal.....	$2,846	$14,386	$8,633	$6,100	**$9,000**	**$0**	$367	($9,000)
Obligations Before Prior Year Recoveries (0152XA)....	**$2,853**	**$14,386**	**$8,633**	**$6,100**	**$9,000**	**$0**	$367	($9,000)
Prior Year Recoveries.....	$8	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations [Total] (0152XA).....	**$2,861**	**$14,386**	**$8,633**	**$6,100**	**$9,000**	**$0**	$367	($9,000)

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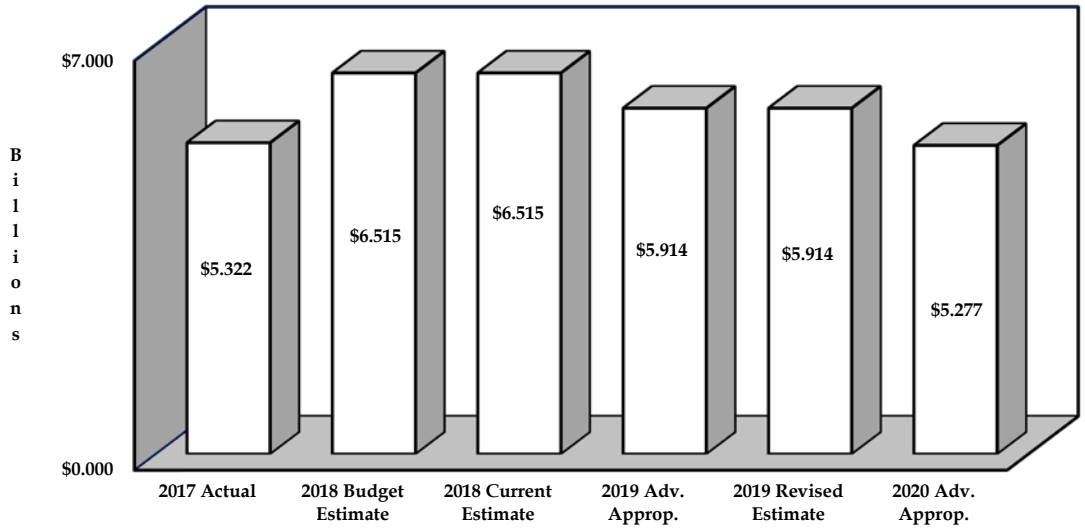
Medical Facilities

Medical Facilities Appropriation



2019 Funding and 2020 Advance Appropriations Request

The Medical Facilities appropriation supports the operation and maintenance of Department of Veterans Affairs (VA) hospitals, community-based outpatient clinics (CBOCs), community living centers, domiciliary facilities, Vet Centers, and the health care corporate offices. The appropriation also supports the administrative expenses of planning, designing, and executing construction or renovation projects at these facilities. The Veterans Health Administration (VHA) operates approximately 5,670 owned buildings on 16,333 acres of land, and 1,648 leases, encompassing 17.3 million square feet of space in its portfolio. A detailed explanation of the types and numbers of VHA health care facilities can be found in the Volume II chapter, *Facilities by Type.*

Medical Facilities
Crosswalk, 2017-2020
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Appropriation (0162)								
Advance Appropriation	$5,074,000	$5,434,880	$5,434,880	$5,914,288	**$5,914,288**	**$5,276,676**	$479,408	($637,612)
Annual Appropriation Adjustment	$247,668	$1,079,795	$1,079,795	$0	**$0**	**$0**	($1,079,795)	$0
Appropriations Request [Subtotal]	$5,321,668	$6,514,675	$6,514,675	$5,914,288	**$5,914,288**	**$5,276,676**	($600,387)	($637,612)
Rescission	($9,000)	$0	$0	$0	**$0**	**$0**	$0	$0
Net Appropriation	$5,312,668	$6,514,675	$6,514,675	$5,914,288	**$5,914,288**	**$5,276,676**	($600,387)	($637,612)
Transfers To:								
FHCC (0169)	($34,666)	($37,068)	($37,068)	($38,221)	**($37,616)**	**($38,368)**	($548)	($752)
Transfers To [Subtotal]	($34,666)	($37,068)	($37,068)	($38,221)	**($37,616)**	**($38,368)**	($548)	($752)
Transfer From:								
Medical Support & Compliance (0152)	$0	$0	$0	$0	**$210,666**	**$0**	$210,666	($210,666)
Med. Svcs./MCC Merger (0160)	$0	$0	$0	$0	**$39,334**	**$0**	$39,334	($39,334)
Transfers From [Subtotal]	$0	$0	$0	$0	**$250,000**	**$0**	$250,000	($250,000)
Budget Authority	$5,278,002	$6,477,607	$6,477,607	$5,876,067	**$6,126,672**	**$5,238,308**	($350,935)	($888,364)
Reimbursements	$14,096	$17,098	$18,465	$17,098	**$18,465**	**$18,465**	$0	$0
Unobligated Balance (SOY)								
No-Year	$5,977	$5,000	$6,438	$0	**$0**	**$0**	($6,438)	$0
H1N1 No-Year (PL 111-32)	$0	$0	$4	$0	**$0**	**$0**	($4)	$0
2-Year	$3,957	$0	$13,947	$0	**$0**	**$0**	($13,947)	$0
4-Year	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Unobligated Balance (SOY) [Subtotal]	$9,934	$5,000	$20,389	$0	**$0**	**$0**	($20,389)	$0
Unobligated Balance (EOY)								
No-Year	($6,438)	$0	$0	$0	**$0**	**$0**	$0	$0
H1N1 No-Year (PL 111-32)	($4)	$0	$0	$0	**$0**	**$0**	$0	$0
2-Year	($13,947)	$0	$0	$0	**$0**	**$0**	$0	$0
4-Year	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Unobligated Balance (EOY) [Subtotal]	($20,389)	$0	$0	$0	**$0**	**$0**	$0	$0
Lapse	($134)	$0	$0	$0	**$0**	**$0**	$0	$0
Subtotal	$5,281,509	$6,499,705	$6,516,461	$5,893,165	**$6,145,137**	**$5,256,773**	($371,324)	($888,364)
Prior Year Recoveries	$13,720	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations (0162) [Total]	$5,295,229	$6,499,705	$6,516,461	$5,893,165	**$6,145,137**	**$5,256,773**	($371,324)	($888,364)
VACAA, Section 801 (0162XA)								
Unobligated Balance (SOY)	$143,736	$5,000	$31,373	$1,000	**$5,000**	**$0**	($26,373)	($5,000)
Unobligated Balance (EOY)	($31,373)	($1,000)	($5,000)	$0	**$0**	**$0**	$5,000	$0
Subtotal	$112,363	$4,000	$26,373	$1,000	**$5,000**	**$0**	($21,373)	($5,000)
Prior Year Recoveries	$48,897	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations (0162XA) [Total]	$161,260	$4,000	$26,373	$1,000	**$5,000**	**$0**	($21,373)	($5,000)
Obligations [Grand Total]	$5,456,489	$6,503,705	$6,542,834	$5,894,165	**$6,150,137**	**$5,256,773**	($392,697)	($893,364)
FTE								
Medical Facilities (0162)	24,150	25,189	24,378	25,477	**24,378**	**24,378**	0	0
VACAA, Section 801 (0162XA)	1	0	0	0	**0**	**0**	0	0
FTE [Total]	24,151	25,189	24,378	25,477	**24,378**	**24,378**	0	0

The staff and associated funding supported by this appropriation are responsible for: keeping the VA hospitals and clinics climate controlled; maintaining a clean and germ- and pest- free environment; sanitizing and washing hospital linens, surgical scrubs, and clinical coats; cleaning and sterilizing the medical equipment; keeping the hospital signage clear and current; maintaining the trucks, buses and cars in good operating condition; ensuring the parking lots and walk ways are sanded and free of snow and ice; cutting the grass; keeping the boiler plants and air conditioning units operating effectively; and undertaking certain repairs and alterations to the buildings to keep them in good condition. Construction of new or replacement facilities are paid for under the Major Construction or Minor Construction appropriations. See Volume 4 for additional detail.

In 2019, a total transfer of $250 million ($210.7 million from Medical Support & Compliance and $39.3 million from the Medical Services/Medical Community Care merger) is requested to fund an estimated $1.4 billion in Non-Recurring Maintenance (NRM) projects.

The following chart shows details of the 2019 annual appropriation adjustment for each of the 11 functions that are funded by the Medical Facilities appropriation.

Dollars in Thousands

Medical Facilities (0162)

		Available Funding					
Description	2019 Revised Estimate	Approp. Incl. Transfers	Re-estimate	Transfers To	Reimb.	Subtotal	Amount of Transfer
Engineering & Environmental Management Svcs	$644,196	$703,700	($59,504)			$644,196	$0
Engineering Service	$886,400	$903,200	($16,800)			$886,400	$0
Ground Maintenance & Fire Protection	$102,800	$105,200	($2,400)			$102,800	$0
Leases	$971,676	$971,676	$0			$971,676	$0
Non-Recurring Maintenance	$1,445,565	$1,150,000	$43,593	$605	$1,367	$1,195,565	$250,000
Operating Equipment Maintenance & Repair	$259,600	$245,400	$14,200			$259,600	$0
Other Facilities Operation Support	$44,900	$50,889	($5,989)			$44,900	$0
Plant Operation	$790,700	$811,100	($20,400)			$790,700	$0
Recurring Maintenance & Repair	$582,100	$551,700	$30,400			$582,100	$0
Textile Care Processing & Maintenance	$225,000	$211,500	$13,500			$225,000	$0
Transportation	$192,200	$188,800	$3,400			$192,200	$0
Obligations [Total]	$6,145,137	$5,893,165	$0	$605	$1,367	$5,895,137	$250,000

The following chart shows the 2017 actual obligations from discretionary budget authority and reimbursements for each of the 11 functions, together with the function's share of total obligations. NRM is the single largest function for this account, accounting for just over 20% of total obligations.

Medical Facilities
Composition of FY 2017 Obligations by Function
Excludes Veterans Choice Act Obligations
(dollars in thousands)

Description	Obligations	Percent of Total
Engineering & Environmental Management Svcs.....	$618,875	11.69%
Engineering Service.....	$851,754	16.09%
Ground Maintenance & Fire Protection.....	$98,815	1.87%
Leases.....	$630,153	11.90%
Non-Recurring Maintenance.....	$1,069,325	20.19%
Operating Equipment Maintenance & Repair.....	$249,462	4.71%
Other Facilities Operation Support.....	$43,138	0.81%
Plant Operation.....	$759,780	14.35%
Recurring Maintenance & Repair.....	$559,332	10.56%
Textile Care Processing & Maintenance.....	$216,200	4.08%
Transportation.....	$184,675	3.49%
Obligations Before Prior Year Recoveries.....	**$5,281,509**	**99.74%**
Prior Year Recoveries.....	$13,720	0.26%
Obligations Total After Prior Year Recoveries.....	**$5,295,229**	**100.00%**

The next chart shows the total obligations for each of the budget years. For the account's discretionary budget authority plus reimbursements, obligations for each of the 11 functions are shown. Obligations for each of the programs funded through the Veterans Access, Choice and Accountability Act of 2014 (VACAA; "Choice Act") Section 801 are shown.

Medical Facilities
Obligations by Function, 2017-2020
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Function (0162)								
Energy Green Management 1/	$0	$11,827	$0	$11,827	**$0**	**$0**	$0	$0
Engineering & Environmental Management Svcs	$618,875	$685,800	$634,082	$703,700	**$644,196**	**$661,027**	$10,114	$16,831
Engineering Service	$851,754	$880,300	$872,900	$903,200	**$886,400**	**$910,000**	$13,500	$23,600
Ground Maintenance & Fire Protection	$98,815	$102,500	$101,300	$105,200	**$102,800**	**$105,600**	$1,500	$2,800
Leases	$630,153	$953,828	$953,828	$971,676	**$971,676**	**$803,366**	$17,848	($168,310)
Non-Recurring Maintenance	$1,069,325	$1,870,000	$1,891,851	$1,150,000	**$1,445,565**	**$626,580**	($446,286)	($818,985)
Operating Equipment Maintenance & Repair	$249,462	$239,200	$255,600	$245,400	**$259,600**	**$266,500**	$4,000	$6,900
Other Facilities Operation Support	$43,138	$37,950	$44,200	$39,062	**$44,900**	**$46,100**	$700	$1,200
Plant Operation	$759,780	$790,500	$778,600	$811,100	**$790,700**	**$811,700**	$12,100	$21,000
Recurring Maintenance & Repair	$559,332	$537,700	$573,200	$551,700	**$582,100**	**$597,600**	$8,900	$15,500
Textile Care Processing & Maintenance	$216,200	$206,100	$221,600	$211,500	**$225,000**	**$231,000**	$3,400	$6,000
Transportation	$184,675	$184,000	$189,300	$188,800	**$192,200**	**$197,300**	$2,900	$5,100
Obligations Before Prior Year Recoveries (0162)	$5,281,509	$6,499,705	$6,516,461	$5,893,165	**$6,145,137**	**$5,256,773**	($371,324)	($888,364)
Prior Year Recoveries	$13,720	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations Total After Prior Year Recoveries (0162)	$5,295,229	$6,499,705	$6,516,461	$5,893,165	**$6,145,137**	**$5,256,773**	($371,324)	($888,364)
VACAA, Section 801 (0162XA)								
Activations	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Hiring Medical Staff	$0	$0	$0	$0	**$0**	**$0**	$0	$0
HPEAP Modification	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Leases, Emergency	$3,002	$0	$0	$0	**$0**	**$0**	$0	$0
Leases, Pipeline	$12,038	$0	$0	$0	**$0**	**$0**	$0	$0
Leases, Sustainment	($767)	$0	$0	$0	**$0**	**$0**	$0	$0
Legionella	$89,233	$0	$0	$0	**$0**	**$0**	$0	$0
Non-Recurring Maintenance	$8,382	$0	$0	$0	**$0**	**$0**	$0	$0
Staffing Shortage & Report (Sect. 301)	$475	$4,000	$26,373	$1,000	**$5,000**	**$0**	($21,373)	($5,000)
Supervising Faculty Salary	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Supplies/Equipment	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations Before Prior Year Recoveries (0162XA)	$112,363	$4,000	$26,373	$1,000	**$5,000**	**$0**	($21,373)	($5,000)
Prior Year Recoveries	$48,897	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations Total After Prior Year Recoveries (0162XA)	$161,260	$4,000	$26,373	$1,000	**$5,000**	**$0**	($21,373)	($5,000)
Obligations [Grand Total]	$5,456,489	$6,503,705	$6,542,834	$5,894,165	**$6,150,137**	**$5,256,773**	($392,697)	($893,364)

1/Beginning in the 2019 Congressional Justification, Energy/Green Management is merged into the other remaining line items.

The next chart shows obligations of functional activity by personnel, capital, and all other cost categories. Capital obligations are primarily for equipment and non-recurring maintenance. The majority of all other costs consist of leases and plant operations.

Medical Facilities
2017 Actuals
(dollars in thousands)

Description	Pay & Benefits 1/	Capital 2/	All Other 3/	Total	FTE
Function (0162)					
Engineering & Environmental Management Svcs	$413,752	$35,168	$169,955	$618,875	3,817
Engineering Service	$631,293	$12,853	$207,608	$851,754	11,512
Ground Maintenance & Fire Protection	$65,768	$3,551	$29,496	$98,815	742
Leases	($8)	$55,630	$574,531	$630,153	0
Non-Recurring Maintenance	$0	$1,069,325	$0	$1,069,325	122
Operating Equipment Maintenance & Repair	$76,457	$11,661	$161,344	$249,462	892
Other Facilities Operation Support	$5,984	$3,557	$33,597	$43,138	7
Plant Operation	$132,705	$22,132	$604,943	$759,780	1,302
Recurring Maintenance & Repair	$286,853	$39,889	$232,590	$559,332	3,120
Textile Care Processing & Maintenance	$77,483	$46,977	$91,740	$216,200	1,229
Transportation	$99,533	$1,000	$84,142	$184,675	1,407
Obligations Before Prior Year Recoveries (0162)	$1,789,820	$1,301,743	$2,189,946	$5,281,509	24,150
Prior Year Recoveries	$0	$0	$13,720	$13,720	0
Obligations Total After Prior Year Recoveries (0162)	$1,789,820	$1,301,743	$2,203,666	$5,295,229	24,150
VACAA, Section 801 (0162XA)					
Activations	$0	$0	$0	$0	0
Hiring Medical Staff	$0	$0	$0	$0	0
HPEAP Modification	$0	$0	$0	$0	0
Leases, Emergency	$0	($10)	$3,012	$3,002	0
Leases, Pipeline	$0	$9,794	$2,244	$12,038	0
Leases, Sustainment	$0	($5)	($762)	($767)	0
Legionella	$0	$3,240	$85,993	$89,233	0
Non-Recurring Maintenance	$0	$9,274	($892)	$8,382	0
Staffing Shortage & Report (Sect. 301)	$43	$364	$68	$475	1
Supervising Faculty Salary	$0	$0	$0	$0	0
Supplies/Equipment	$0	$0	$0	$0	0
Obligations Before Prior Year Recoveries (0162XA)	$43	$22,657	$89,663	$112,363	1
Prior Year Recoveries	$0	$0	$48,897	$48,897	0
Obligations Total After Prior Year Recoveries (0162XA)	$43	$22,657	$138,560	$161,260	1
Obligations [Grand Total]	$1,789,863	$1,324,400	$2,342,226	$5,456,489	24,151

1/ Pay Benefits: Personnel Compensation & Benefits, Object Class10
2/ Capital: Equipment, Object Class 31; and Lands & Structures, Object Class 32
3/ All Other: Travel & Transportation of Persons, Object Class 21; Transportation of Things, Object Class 22; Rent, Communications, & Utilities, Object Class 23; Printing & Reproduction, Object Class 24; Other Contractual Services, Object Class 25; & Supplies & Materials, Object Class 26.

Each section below contains further detail on the operations of each of the account's 11 functions. The funding tables reflect only the obligations associated with the account's discretionary budget authority plus reimbursements.

1. Engineering and Environmental Management Services

Engineering & Environmental Management Services
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$618,875	$685,800	$634,082	$703,700	**$644,196**	**$661,027**	$10,114	$16,831
Medical Facilities (0162)	$618,875	$685,800	$634,082	$703,700	$644,196	$661,027	$10,114	$16,831

Engineering and Environmental Management Services are associated with personal services and other costs associated with the oversight and management of engineering activities; fire and safety engineering activities; project engineers, resident engineers, drafters, technicians, construction inspectors, and clerical employees, and all supplies and materials needed for preparation of specifications and drawings and contractual service cost for recurring projects; fleet, green and energy managers for related studies and activities.

2. Engineering Service

Engineering Service
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$851,754	$880,300	$872,900	$903,200	**$886,400**	**$910,000**	$13,500	$23,600
Medical Facilities (0162)	$851,754	$880,300	$872,900	$903,200	$886,400	$910,000	$13,500	$23,600

Engineering Service is associated with personal services and other costs associated with the oversight and management of Environmental Management activities, including the recycling operations; pest management operations; polytrauma equipment upgrades; bed services and patients assistance programs; removal and transportation of all waste materials.

3. Grounds Maintenance and Fire Protection

Grounds Maintenance & Fire Protection
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$98,815	$102,500	$101,300	$105,200	**$102,800**	**$105,600**	$1,500	$2,800
Medical Facilities (0162)	$98,815	$102,500	$101,300	$105,200	$102,800	$105,600	$1,500	$2,800

Grounds Maintenance and Fire Protection costs are associated with the maintenance of roads, walks, parking areas, and lawn management, as well as personal services and other costs associated with fire truck operation, supplies and materials.

4. Leases

Leases
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$630,153	$953,828	$953,828	$971,676	**$971,676**	**$803,366**	$17,848	($168,310)
Medical Facilities (0162)	$630,153	$953,828	$953,828	$971,676	$971,676	$803,366	$17,848	($168,310)

VHA has approximately 1,648 leases, encompassing 17.3 million square feet of space in its portfolio. Leases fall into the following two primary categories: space procured by the General Services Administration (GSA) on behalf of VA and space procured directly by VA (via delegated authority from GSA) in commercial venues. Leases can have many functions, ranging from clinical space for CBOCs to warehouses for storage of supplies and equipment, all in support of the operational needs of the local medical center. Leases complement the portfolio of VA-owned medical facilities and provide additional flexibility in providing services to Veterans in the right place and at the right time.

VA's 2019 budget includes an authorization request for three replacement outpatient clinic leases and one new outpatient clinic lease.

VHA typically does not utilize GSA to procure medical facility space on behalf of VA. Instead, VHA utilizes a delegation of leasing authority from GSA to procure the space directly. This delegation is granted on a lease-by-lease basis by GSA following GSA's review of the lease data. However, almost all procurement and contracting activities are managed by VHA. These leases are critical to meeting Veteran needs by allowing VA to operate clinics or other necessary services close to Veteran populations while maintaining flexibility, so these points of service can be relocated or resized on a regular basis due to shifting demographic trends. Although owned facilities provide some benefit over leasing in some situations, the flexibility and adaptability provided by leasing is key to VHA's mission.

5. Non-Recurring Maintenance (NRM)

Non-Recurring Maintenance
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$1,069,325	$1,870,000	$1,891,851	$1,150,000	**$1,445,565**	**$626,580**	($446,286)	($818,985)
Medical Facilities (0162)	$1,069,325	$1,870,000	$1,891,851	$1,150,000	$1,445,565	$626,580	($446,286)	($818,985)

VHA uses its NRM projects to make additions, alterations, and modifications to land, buildings, other structures, nonstructural improvements of land, and fixed equipment (when the equipment is acquired under contract and becomes permanently attached to or part of the building or structure) to maintain and modernize existing campus facilities, buildings, and building systems; replace existing building system components; provide for adequate future functional building system capacity without constructing any new building square footage for functional program space; and/or provide for environmental remediation and abatement, and building demolition.

VHA uses its NRM program as its primary means of addressing its most pressing infrastructure needs as identified by Facility Condition Assessments. These assessments are performed at each facility every 3 years, and highlight a building's most pressing and mission critical repair and maintenance needs. VHA specifically supports research and development infrastructure projects by ensuring that the Office of Research and Development is involved in the identification of gaps to support the Strategic Capital Investment Planning (SCIP) process. This inclusion ensures a research focus for mitigation within a 10-year window of identified research infrastructure deficiencies.

NRM projects are broken into three categories, as discussed and defined below.

Sustainment projects:

NRM sustainment projects involve the provision of resources that will convert functional space to a different program function within existing buildings or spaces, without adding any new space. Each sustainment project must be equal to, or less than, the amount outlined in title 38, United States Code, section 8104 (currently $10 million). The total project cost includes all amounts and expenditures associated with design, impact, contingency, and construction costs.

Infrastructure Modernization projects:

NRM infrastructure modernization projects involve the provision of resources to repair, modernize, replace, renovate, and provide for new "building systems," and do not convert functional space to a different program function. Such projects have no project cost limitation; however, any work to be done beyond the underlying building system must be ancillary to the overall total project cost (not exceed 25% of the total project cost). The

overall total project cost includes all amounts and expenditures associated with design, impact, contingency, and construction costs.

The types of "building systems" permitted for NRM infrastructure projects consist of the following: building thermal and moisture protection; doors and windows; interior finishes only directly related with building system work; conveyance and transport systems; fire suppression; plumbing; heating, ventilation, and air conditioning; electrical systems; communication systems; safety and security systems; utility systems, boiler plants, chiller plants, water filtration and treatment plants, cogeneration plants, central energy plants, elevator towers, connecting corridors, and stairwells.

Clinical Specific Initiative Projects:

Clinical Specific Initiative (CSI) projects are emergent projects that cannot be planned due to dynamic health care environments. Associated funding for these projects is distributed to the Veteran Integrated Service Networks (VISNs) at the beginning of each year, to obligate towards existing clinical building space, and address workload gaps, or support access within the following VHA high-profile categories:

- Women's Health
- Mental Health
- High-Cost/High Tech Medical Equipment Site Prep/Installations
- Reduce the Footprint Reduction (includes building demolition or conversion of under-utilized space to clinical functions)
- Donated Building Site Preparation (e.g., Fisher House) when constructed on VHA land
- Other Emergent Need Categories may be added to CSI program based on direction from the Under Secretary for Health.

*For CSI projects, only high-cost/high-tech medical equipment site prep/installation projects may involve the construction of new program functional building space.

6. Operating Equipment Maintenance and Repair

Operating Equipment Maintenance & Repair
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$249,462	$239,200	$255,600	$245,400	**$259,600**	**$266,500**	$4,000	$6,900
Medical Facilities (0162)	$249,462	$239,200	$255,600	$245,400	$259,600	$266,500	$4,000	$6,900

Operating Equipment Maintenance and Repair costs are associated with maintenance and repair of all non-expendable operating equipment, furniture, and fixtures, when performed by maintenance personnel or procured on a contractual basis, including rental equipment.

7. Other Facilities Operation Support

Other Facilities Operation Support
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$43,138	$37,950	$44,200	$39,062	**$44,900**	**$46,100**	$700	$1,200
Medical Facilities (0162)	$43,138	$37,950	$44,200	$39,062	$44,900	$46,100	$700	$1,200

This function includes other costs associated with inpatient and outpatient providers and miscellaneous benefits and services.

8. Plant Operations

Plant Operations
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$759,780	$790,500	$778,600	$811,100	**$790,700**	**$811,700**	$12,100	$21,000
Medical Facilities (0162)	$759,780	$790,500	$778,600	$811,100	$790,700	$811,700	$12,100	$21,000

Plant Operations support all the basic functions of the hospitals and medical clinics. Examples of these activities include the purchase of utilities, such as water, electricity, steam, gas, and sewage; general operations supervision; and operation of emergency electrical power systems, elevators, renewable energy; and all plant operations.

9. Recurring Maintenance and Repair

Recurring Maintenance & Repair
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$559,332	$537,700	$573,200	$551,700	**$582,100**	**$597,600**	$8,900	$15,500
Medical Facilities (0162)	$559,332	$537,700	$573,200	$551,700	$582,100	$597,600	$8,900	$15,500

Recurring Maintenance and Repair services encompass all projects where the minor improvement is below $25,000, such as maintenance service contracts and routine repair of facilities and the upkeep of land. Examples include: painting interior and exterior walls; the repair of water leaks in pipes and roofs; and the replacement of light bulbs, carpet, and ceiling and floor tiles.

10. Textile Care Processing and Management

Textile Care Processing & Maintenance
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$216,200	$206,100	$221,600	$211,500	**$225,000**	**$231,000**	$3,400	$6,000
Medical Facilities (0162)	$216,200	$206,100	$221,600	$211,500	$225,000	$231,000	$3,400	$6,000

Textile Care Processing and Management include the receipt, washing, drying, dry cleaning, folding, and the return of textiles such as bed linens, surgical towels, and nursing uniforms. Processing also involves the activities concerning maintenance and repair of textile processing equipment. Textile management activities include the procurement, inventory, delivery, issuance, repair, and marking all of the various types of textiles contained within the facility.

11. Transportation Services

Transportation Services
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$184,675	$184,000	$189,300	$188,800	**$192,200**	**$197,300**	$2,900	$5,100
Medical Facilities (0162)	$184,675	$184,000	$189,300	$188,800	$192,200	$197,300	$2,900	$5,100

Transportation Services include the costs to operate facilities' motor vehicles, including the purchase and operation of VA vans and buses, facility maintenance vehicles, and the clinical motor vehicle pool operations.

Prior Year Recoveries

Prior Year Recoveries
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Obligations [Total]	$62,617	$0	$0	$0	**$0**	**$0**	$0	$0
Medical Facilities (0162)	$13,720	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$48,897	$0	$0	$0	$0	$0	$0	$0

This is a change in VA's accounting system to record prior-year recoveries as required by Federal accounting policy under OMB Circular No. A-11 guidance. Because this is a technical change that does not affect the actual resource levels provide for Veterans

services, there are no projections for future years. VA has modified its financial accounting system to be able to accurately monitor and record recoveries.

Veterans Choice Act, Public Law 113-146, Medical Facilities, Section 801 (0162XA)

Within the Medical Facilities appropriation, estimates of obligations for 2018 and 2019 are $26,373,000 and $5,000,000 respectively. The obligations are consistent with the needs of the Veterans Choice Act and will be spent on staffing, leases, non-recurring maintenance and support legionella efforts, enhancing services to Veterans in the short-term while strengthening the underlying VA system to better serve Veterans in the future.

Medical Facilities
VACAA, Section 801, Public Law 113-146
Obligations by Function, 2017-2020
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
VACAA, Section 801 (0162XA)								
Activations	$0	$0	$0	$0	$0	$0	$0	$0
Hiring Medical Staff	$0	$0	$0	$0	$0	$0	$0	$0
HPEAP Modification	$0	$0	$0	$0	$0	$0	$0	$0
Leases, Emergency	$3,002	$0	$0	$0	$0	$0	$0	$0
Leases, Pipeline	$12,038	$0	$347	$0	$0	$0	($347)	$0
Leases, Sustainment	($767)	$0	$2,259	$0	$0	$0	($2,259)	$0
Legionella	$89,233	$0	$2,305	$0	$0	$0	($2,305)	$0
Non-Recurring Maintenance	$8,382	$0	$11,575	$0	$0	$0	($11,575)	$0
Staffing Shortage & Report (Sect. 301)	$475	$4,000	$9,887	$1,000	$5,000	$0	($4,887)	($5,000)
Supervising Faculty Salary	$0	$0	$0	$0	$0	$0	$0	$0
Supplies/Equipment	$0	$0	$0	$0	$0	$0	$0	$0
Obligations Before Prior Year Recoveries (0162XA)	$112,363	$4,000	$26,373	$1,000	$5,000	$0	($21,373)	($5,000)
Prior Year Recoveries	$48,897	$0	$0	$0	$0	$0	$0	$0
Obligations Total After Prior Year Recoveries (0162XA)	$161,260	$4,000	$26,373	$1,000	$5,000	$0	($21,373)	($5,000)

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Medical Facilities by Type

The Veterans Health Administration (VHA) operates approximately 5,670 owned buildings on 16,333 acres of land, and 1,648 leases, encompassing 17.3 million square feet of space in its portfolio.

In an effort to better clarify the types of outpatient health care settings, VA developed and implemented a VHA Site Classifications and Definitions Handbook 1006.2 (effective December 30, 2013). As a result, the table below provides a more granular level of detail based on the services provided and is consistent with the current classification methodology. A description of each of category of facility, along with an explanation of any changes in the number of installations, is provided after the table. Tables containing the names and locations of each installation within each facility category are located at the end of the chapter.

Medical Care
Number of Installations

		2018		2019		2020		
Description	2017 Actual 1/	Budget Estimate	Current Estimate	Advance Approp.	Revised Request	Advance Approp.	+/- 2018-2019	+/- 2019-2020
Veterans Integrated Service Networks (VISN)	**18**	**18**	**18**	**18**	**18**	**18**	0	0
VA Medical Centers (VAMC), Total	**170**	**170**	**170**	**170**	**170**	**170**	0	0
Included in VA Medical Centers, Total:								
VA Hospitals	145	145	145	145	145	145	0	0
Community Living Centers	133	136	134	136	134	134	0	0
Residential Rehabilitation Care (DRRTP)	112	115	114	117	120	123	6	3
VAMC-Based Outpatient Care Sites	170	170	170	170	170	170	0	0
Health Care Centers (HCC)	**24**	**23**	**24**	**23**	**24**	**24**	0	0
Community-Based Outpatient Clinics (CBOC)	**743**	**753**	**743**	**753**	**743**	**743**	0	0
Multi-Specialty CBOC	199	200	199	200	199	199	0	0
Primary Care CBOC	544	553	544	553	544	544	0	0
Other Outpatient Services Sites, Total	**294**	**306**	**294**	**306**	**294**	**294**	0	0
Included in Other Outpatient Services Sites, Total:								
Dialysis Centers	74	74	74	76	74	74	0	0
Community Resource and Referral Centers (CRRC)	31	30	31	30	31	31	0	0
Vet Centers	**300**	**300**	**300**	**300**	**300**	**300**	0	0
Mobile Vet Centers	**80**	**80**	**80**	**80**	**80**	**80**	0	0

1/ Reflects historical data as of September 30, 2017.

Annual Changes in Medical Care Installations:

Veterans Integrated Service Networks (VISN)
In 2015, VHA was geographically separated into 21 areas known as Veterans Integrated Service Networks (VISNs). Starting on October 1, 2015, the existing VISN structure has been modified in compliance with the VA Memorandum on VISN Realignment. As a result of the VISN realignment, VHA has a new realigned map with five districts. The VISN structure has been modified to reduce the number of VISNs from 21 to 18, and to bring the VISNs in line with the districts. Multiple factors were considered in the realignment process, including alignment within state boundaries, the population of Veterans served, and the number of health care systems within each VISN. The analysis supported a reduction in the number of VISNs from 21 to 18 to allow for a reasonable span of control, with 6 to 11 health care systems in the majority of the VISNs, while simultaneously reducing variation in Veteran population, enrollees, patients, full-time equivalent (FTE) staff, and budget.

VA Districts by VISN:

District	District Name	VISNs
1	North Atlantic	1,2,4,5,6
2	Southeast	7,8,9
3	Midwest	10,12,15,23
4	Continental	16,17,19
5	Pacific	20,21,22

Impact on the facilities

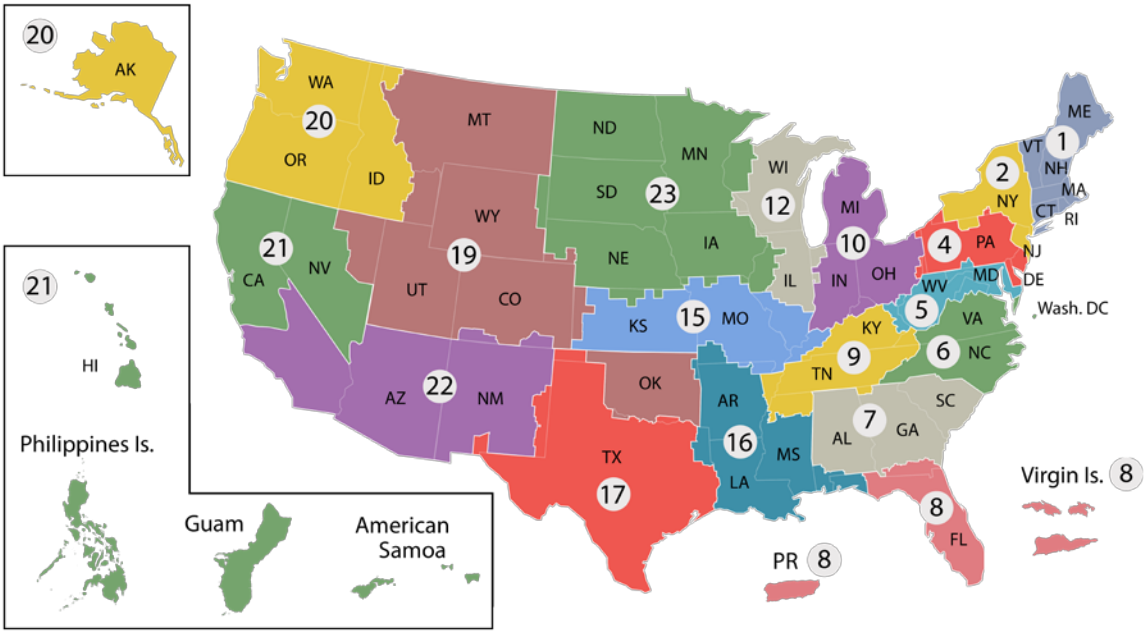
Phase 1 (starting fiscal year 2016):

- All facilities in VISN 3 have been integrated into VISN 2.
- All West Virginia VAMCs have been integrated into VISN 5: Clarksburg (formerly VISN 4), Beckley (formerly VISN 6), Huntington (formerly VISN 9). The Martinsburg VAMC is already part of VISN 5.
- Except for the Danville, IL VAMC, the facilities in VISN 11 have been integrated into VISN 10. The Danville VAMC is now part of VISN 12.
- The Oklahoma VAMCs (Oklahoma City and Muskogee) have been moved from VISN 16 to VISN 19.
- The Las Vegas VAMC has been moved from VISN 22 to VISN 21.
- The following VISN 18 Texas VAMCs have been integrated into VISN 17: Amarillo, West Texas, and El Paso.

Phase 2 (starting 2017):

- The remaining VISN 18 VAMCs in Arizona have been integrated into VISN 22: Tucson, Prescott, Phoenix, and Albuquerque.
- The Houston, TX VAMC will be moved from VISN 16 to VISN 17 in 2019.

New Map with 18 VISNs:



VA Medical Centers (VAMC)
VAMCs are a facilities that provide two or more categories of care (inpatient, outpatient, residential rehabilitation, or institutional extended care).

<u>VAMC changes in 2017:</u>
In 2017, the number of VAMCs has increased from 168 to 170 (+2 VAMC).

- +1 VAMC: VISN 5 Loch Raven VA Clinic (512GD) was a multi-specialty (MS) CBOC in 2016. However, the division is co-located with a community living center (CLC) (the 5129AA). The combination of a MS CBOC and CLC at the same address results in a VAMC classification.
- +1 VAMC: VISN 7 Fort McPherson VA Clinic (508GA) was a primary care (PC) CBOC in 2016. However, the division is co-located with a Residential Domiciliary (508BU). The combination of Fort McPherson VA Clinic (508GA) and the Residential Domiciliary (508BU) at the same address results in a VAMC classification.
- +1 VAMC: VISN 21 Martinez VA CLC (612) was originally classified as a Stand-Alone Extended Care Site, or CLC. In 2016, the Martinez VA Clinic (612GF) was classified as a Health Care Center. Because the Martinez VA CLC (collecting bed-days of care under 612AA) and the Martinez VA Clinic (612GF)

are co-located at the same address, the combined workload classifies the site as VAMC.

- -1 VAMC: VISN 1 Newington VAMC (689A4) has been reclassified from a VAMC to an MS CBOC in 2017 as it no longer provides residential services.

Of the 170 VAMCs, 145 were VA hospitals in 2017. The other 25 VAMCs did not provide acute care services and could not be classified as hospitals. They did, however, provide a mix of other bed-care services, such as CLCs and/or residential rehabilitation care, thus meeting the VAMC criteria.

VA Hospitals

A VA Hospital provides both inpatient acute care and outpatient care and may also provide residential rehabilitation care and/or institutional extended care.

Please refer to the section titled, "2017 VA Medical Centers and Hospitals" for the complete list of VA Medical Centers and Hospitals in 2017.

VA Hospital changes in 2017 (+1 VA Hospital):

In 2017, the number of hospitals has increased from 144 to 145.

- VISN 8 Orlando VAMC (675) has been reclassified as a VA Hospital.

Community Living Centers (CLC)

CLCs provide institutional extended care services and may be part of a VA Hospital (e.g., a wing), or a free-standing structure.

CLC changes in 2017:

In 2017, the number of CLCs has decreased from 135 to 133 (-2 CLC).

- -1 CLC: VISN 10, Ft. Thomas (539A4)
- -1 CLC: VISN 19, Eastern Colorado VA-Denver (554)

CLC changes in 2018:

In 2018, the number of CLCs is expected to increase from 133 to 134 (+1 CLC).

- +1 CLC, VISN 16, New Orleans VA Medical Center (629)

Please refer to the section titled, "2017 Community Living Centers (CLC)" for the complete list of CLCs in 2017.

Residential Rehabilitation Treatment Programs (RRTP)

Residential Rehabilitation Care (e.g., a Domiciliary Residential Rehabilitation Treatment Program (DRRTP)) provides rehabilitative care in a residential setting. Like a CLC, it may be part of a VA Hospital or a free-standing structure.

RRTP changes in 2017:

In 2017, the number of RRTPs has decreased from 115 to 112 (-3 RRTP).

- -1 DRRTP, Baltimore, MD (closed site)
- -1 DRRTP, Gallup, NM (closed site)

- -1 DRRTP, Clarksburg, WV (Louis A. Johnson VAMC): the site was counted twice within the VHA Site Tracking (VAST) database. The error has since been corrected, resulting in the net count of 112 facilities in 2017.

RRTP changes in 2018:
In 2018, the number of RRTPs is projected to increase to 114 (+2 RRTP).

- +1 Substance Abuse RRTP (SARRTP), Erie, PA
- +1 SARRTP, Fayetteville, AK

RRTP changes in 2019:
In 2019, RRTPs are projected to increase from 114 to 120 (+6 RRTP).

- +1 Domiciliary Care for Homeless Veterans, West Palm Beach, FL
- +1 Domiciliary Care for PTSD, Northampton, MA
- +1 SARRTP, Wichita, KS
- +1 SARRTP, Poplar Bluff, MO
- +1 SARRTP, Alexandria, LA
- +1 SARRTP, Oklahoma City, OK

RRTP changes in 2020:
In 2020, RRTPs are projected to increase from 120 to 123 (+3 RRTP).

- +1 SARRTP, Fayetteville, NC
- +1 SARRTP, Huntington, WV
- +1 DRRTP, San Juan, Puerto Rico

Please refer to the section titled, "2017 Residential Rehabilitation Treatment Programs (RRTP)" for the complete list of RRTPs in 2017.

VAMC-Based Outpatient Care Sites
A VAMC-Based Outpatient Care site is a VAMC that provides outpatient care. By definition, all VA Hospitals provide outpatient care, but some free-standing CLCs and/or DRRTPs also provide outpatient care and are therefore included in this classification.

Outpatient Classifications
There are four outpatient classifications: (1) Health Care Center (HCC); (2) MS CBOC; (3) PC CBOC; and (4) Other Outpatient Services (OOS) Site.

Workload (Service / Encounter Based) Outpatient Classification Criteria

Primary Care Encounters (Source: VSSC Outpatient Encounters Cube)	Mental Health Encounters (Source: VSSC Outpatient Encounters Cube)	Specialty Encounters (Source: VSSC Outpatient Encounters Cube)	Ambulatory Surgery Center, Same Day Outpatient Ambulatory Surgery Services, and/or Moderate Sedation (Source: Same Program Office/Clinical Inventory)	Classification (Rating) for FY17 based on FY16 Workload
Greater than 500	Greater than 500	Greater than 500 in any 2 or more Specialties	Yes	Health Care Center (HCC)
Greater than 500	Greater than 500	Greater than 500 in any 2 or more Specialties	None	Multi-Specialty CBOC
Greater than 500	Greater than 500	Greater than 500 in any 1 Specialty	None	Primary Care CBOC
Greater than 500	Greater than 500	500 or less in 1 or more Specialties	None	Primary Care CBOC
Greater than 500	Less than 500	Greater than 0	None	Other Outpatient Service Site (OOS)
Less than or equal to 500	Greater than 500	None	None	Other Outpatient Service Site (OOS)
Less than or equal to 500	Greater than 500	Greater than 0	None	Other Outpatient Service Site (OOS)
Less than or equal to 500	Less than or equal to 500	Greater than 0	None	Other Outpatient Service Site (OOS)
None	Less than or equal to 500	None	None	Other Outpatient Service Site (OOS)
None	None	Greater than 0	None	Other Outpatient Service Site (OOS)
None	None	None	None	No Rating unless otherwise specified

Health Care Centers (HCC)

HCCs are VA-owned, VA-leased, or contract clinics operated 5 days per week that provide primary care, mental health care, on-site specialty services, and perform ambulatory surgery and/or invasive procedures which may require moderate sedation or general anesthesia.

<u>HCC changes in 2017:</u>

In 2017, the number of HCCs has increased from 22 to 24 (+2 HCC).

- +1 HCC, Loma Linda, CA
- +1 HCC, Mishawaka, IN

Please refer to the section titled, "2017 Health Care Centers (HCC)" for the complete list of HCCs in 2017.

Multi-Specialty Community Based Outpatient Clinics (MS CBOC)

MS CBOCs (formerly known as CBOCs) are VA-owned, VA-leased, mobile, or contract clinic that offers both primary and mental health care and two or more specialty services physically 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 2006-023). The establishment of a new MS CBOC can only be approved by the Secretary, with Congressional notification consistent with 38 U.S.C. 8119(b) (2), (3), and (4).

<u>MS CBOC changes in 2017:</u>

In 2017, the number of MS CBOCs has decreased from 210 to 199 (-11 MS CBOC).

- There have been no new activations/de-activations of MS CBOC sites. The decrease is a result of the annual site classification process, which implements the central components of the VHA's Site Classification and Definitions Handbook (VHA Handbook 1006.02). Site Classifications are used in many VA and VHA operational areas. These areas include, but are not limited to, planning, budget preparation, billing, and determinations of access and market coverage, quality

reviews, and other legislative and organizational imperatives. The Site Classification recategorizes the stable end-of-year inventory between classification categories for the last day of a fiscal year and the first day of the next fiscal year based on the latest workload data with no net changes in the overall inventory counts.[3]

Please refer to the section titled, "2017 Multi-Specialty Community Based Clinics (MS CBOC)" for the complete list of MS CBOCs in 2017.

Primary Care Clinics (PC CBOC)

PC CBOCs are VA-owned, VA-leased, mobile, or contract clinics that offer 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 clinics 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. PC CBOCs often provide home-based primary care (HBPC) and home telehealth to the populations they serve 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. The establishment of a new PC CBOC can only be approved by the Secretary of Veterans Affairs, with Congressional notification consistent with 38 U.S.C. 8119(b) (2), (3), and (4).

<u>PC CBOC changes in 2017:</u>

In 2017, the number of PC CBOCs has increased from 528 to 544 (+16 PC CBOC).

- Changes due to activations and de-activations of station numbers for the following PC CBOC sites:
  - +1 PC CBOC, VISN 22, Phoenix Midtown VA Clinic (644GH)
  - +1 PC CBOC, VISN 23, Lyle C. Pearson Community Based Outpatient Clinic (618GN)
  - +1 PC CBOC, VISN 2, Sussex VA Clinic (561GK)
  - +1 PC CBOC, VISN 19, McCurtain County VA Clinic (623GC)
  - -1 PC CBOC, VISN 23, Eagle Butte VA Clinic (568HM)
  - -1 PC CBOC, VISN 5, Fort Howard VA Clinic (512GF)
- Changes due to the annual site reclassification based on end-of-fiscal-year (EO) 2017 workload data.[4]

Please refer to the section titled, "2017 Primary Community Based Outpatient Clinics (PC CBOC)" for the complete list of PC CBOCs in 2017.

[3] The impact of the annual site recategorization, based on EOFY 2017 workload data (i.e., information on the sites that have been reclassified) will become available in the VHA Site Tracking (VAST) database after March 15, 2018.

[4] The impact of the annual site recategorization, based on EOFY 2017 workload data (i.e., information on the sites that have been reclassified) will become available in the VAST database after March 15, 2018.

Other Outpatient Services (OOS) Sites

OOS sites are sites in which Veterans receive services that do not generate VHA encounter workload, or do not meet minimum workload criteria to be classified as a CBOC or 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, which can be 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.

<u>OOS site changes in 2017:</u>

In 2017, the number of OOS sites has decreased from 310 to 294 (-16 OOS).

- Changes due to activations and de-activations of station numbers for the following OOS sites:
    - +1 OOS, VISN 1, Lake Avenue VA Clinic (631QB)
    - +1 OOS, VISN 9, Downtown West VA Clinic (621QE)
    - +1 OOS, VISN 22, Southwest VA Clinic (644GC)
    - +1 OOS, VISN 6, Raeford Road VA Clinic (565QD)
    - +1 OOS, VISN 22, Cochise County VA Clinic (678QA)
    - +1 OOS, VISN 22, Pinal County VA Clinic (678QB)
    - +1 OOS, VISN 20, Downtown Eugene VA Clinic (653QA)
    - +1 OOS, VISN 21, Virginia Street VA Clinic (654QD)
    - -1 OOS, VISN 2, Albany VA Clinic (528QJ)
    - -1 OOS, VISN 20, Klamath Falls VA Mobile Clinic (692QA)
    - -1 OOS, VISN 21, North Las Vegas VA Clinic (593QA)
    - -1 OOS, VISN 20, Colville VA Clinic (668QA)
    - -1 OOS, VISN 23, Sioux Falls VA Clinic (438QA)
    - -1 OOS, VISN 23, Rock Island I VA Clinic (636QE)
    - -1 OOS, VISN 23, Rock Island 2 VA Clinic (636QF)
    - -1 OOS, VISN 21, Martinez (612) duplicate record removed
    - -1 OOS, VISN 12, Hines VA Mobile Clinic (578QA)
    - -1 OOS, VISN 8, Mahan Boulevard VA Clinic (573QI)
    - -1 OOS, VISN 17, Bonham VA Clinic (549GC)
    - -1 OOS, VISN 2, Canandaigua VA Mobile Clinic (528QM)
    - -1 OOS, VISN 9, Mount Tabor VA Clinic (603QA)
    - -1 OOS, VISN 20, Tonasket VA Clinic (668QF)
    - -1 OOS, VISN 22, Chinle VA Mobile Clinic (649QC)
- Changes due to the annual site reclassification, based on EO 2017 workload data.[5]

Please refer to the section titled, "2017 Other Outpatient Services (OOS) Sites" for the complete list of OOS sites in 2017.

[5] The impact of the annual site recategorization, based on EOFY 2017 workload data (i.e., information on the sites that have been reclassified) will become available in the VAST database after March 15, 2018.

Included among the OOS sites are **Dialysis Centers** and **Community Resource and Referral Centers (CRRC)**.

Dialysis Centers are highly specialized programs which provide facilities for the treatment of patients with irreversible renal insufficiencies. Treatment procedures require professional supervision by staff experienced in renal pathophysiology. The services may include self-dialysis training for Peritoneal Dialysis, in addition to on-site assisted dialysis (i.e., Hemodialysis). The Dialysis Centers administer both single-patient and multi-patient Hemodialysis systems.

In 2017, the number of Dialysis Centers has increased from 71 to 74 (+3 Dialysis Centers).

- +1 Dialysis Center, Orlando, FL
- +1 Dialysis Center, Charlotte, NC
- +1 Dialysis Center, Kernersville, NC

Please refer to the section titled, "2017 Outpatient Dialysis Centers" for the complete list of Dialysis Centers in 2017.

CRRCs provide Veterans who are homeless and at risk of homelessness with one-stop access to community-based, multiagency services to promote permanent housing, health and mental health care, career development and access to VA and non-VA benefits.

In 2017, the number of CRRCs has increased from 30 to 31 (+1 CRRC).

- +1 CRRC, Davenport, IA

Please refer to the section titled, "2017 Community Resource and Referral Centers (CRRC)" for the complete list of CRRCs in 2017.

Additional Services in the Community

Vet Centers

A Vet Center is a community-based counseling facility under the direct supervision of the Readjustment Counseling Service (RCS), within the Department of Veterans Affairs. Vet Centers provide professional readjustment counseling, community education, outreach to special populations, brokering of services with community agencies, and access to links between the Veteran and VA.

Mobile Vet Centers

A Mobile Vet Center is a community-based counseling mobile unit under the direct supervision of the Readjustment Counseling Service (RCS), within the Department of Veterans Affairs. Mobile Vet Centers are like Vet Centers, and may provide an array of services such as professional readjustment counseling, community education, and outreach to special populations, brokering of services with community agencies, and access to links between the Veteran and VA.

Please refer to the section titled, “2017 Vet Centers and Mobile Vet Centers (MVC)” for the complete list of Vet Centers and Mobile Vet Centers in 2017.

2017 VA Medical Centers and Hospitals

VISN	Station Number	Station Name	Classification	FY 2017 Hospital
1	402	Togus VA Medical Center	VA Medical Center (VAMC)	Yes
1	405	White River Junction VA Medical Center	VA Medical Center (VAMC)	Yes
1	518	Edith Nourse Rogers Memorial Veterans' Hospital	VA Medical Center (VAMC)	Yes
1	523	Jamaica Plain VA Medical Center	VA Medical Center (VAMC)	No
1	523A4	West Roxbury VA Medical Center	VA Medical Center (VAMC)	Yes
1	523A5	Brockton VA Medical Center	VA Medical Center (VAMC)	Yes
1	608	Manchester VA Medical Center	VA Medical Center (VAMC)	No
1	631	Edward P. Boland Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
1	650	Providence VA Medical Center	VA Medical Center (VAMC)	Yes
1	689	West Haven VA Medical Center	VA Medical Center (VAMC)	Yes
2	526	James J. Peters Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
2	528	Buffalo VA Medical Center	VA Medical Center (VAMC)	Yes
2	528A4	Batavia VA Medical Center	VA Medical Center (VAMC)	No
2	528A5	Canandaigua VA Medical Center	VA Medical Center (VAMC)	No
2	528A6	Bath VA Medical Center	VA Medical Center (VAMC)	Yes
2	528A7	Syracuse VA Medical Center	VA Medical Center (VAMC)	Yes
2	528A8	Samuel S. Stratton Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
2	561	East Orange VA Medical Center	VA Medical Center (VAMC)	Yes
2	561A4	Lyons VA Medical Center	VA Medical Center (VAMC)	Yes
2	620	Franklin Delano Roosevelt Hospital	VA Medical Center (VAMC)	Yes
2	620A4	Castle Point VA Medical Center	VA Medical Center (VAMC)	Yes
2	630	Manhattan VA Medical Center	VA Medical Center (VAMC)	Yes
2	630A4	Brooklyn VA Medical Center	VA Medical Center (VAMC)	Yes
2	630A5	St. Albans VA Medical Center	VA Medical Center (VAMC)	No
2	632	Northport VA Medical Center	VA Medical Center (VAMC)	Yes
4	460	Wilmington VA Medical Center	VA Medical Center (VAMC)	Yes
4	503	James E. Van Zandt Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
4	529	Butler VA Medical Center	VA Medical Center (VAMC)	No
4	542	Coatesville VA Medical Center	VA Medical Center (VAMC)	Yes
4	562	Erie VA Medical Center	VA Medical Center (VAMC)	Yes
4	595	Lebanon VA Medical Center	VA Medical Center (VAMC)	Yes
4	642	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
4	646	Pittsburgh VA Medical Center-University Drive	VA Medical Center (VAMC)	Yes
4	646A4	H. John Heinz III Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	No
4	693	Wilkes-Barre VA Medical Center	VA Medical Center (VAMC)	Yes
5	512	Baltimore VA Medical Center	VA Medical Center (VAMC)	Yes
5	512A5	Perry Point VA Medical Center	VA Medical Center (VAMC)	Yes
5	512GD	Loch Raven VA Clinic	VA Medical Center (VAMC)	No
5	517	Beckley VA Medical Center	VA Medical Center (VAMC)	Yes
5	540	Louis A. Johnson Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
5	581	Huntington VA Medical Center	VA Medical Center (VAMC)	Yes
5	613	Martinsburg VA Medical Center	VA Medical Center (VAMC)	Yes
5	688	Washington VA Medical Center	VA Medical Center (VAMC)	Yes
6	558	Durham VA Medical Center	VA Medical Center (VAMC)	Yes
6	565	Fayetteville VA Medical Center	VA Medical Center (VAMC)	Yes
6	590	Hampton VA Medical Center	VA Medical Center (VAMC)	Yes
6	637	Charles George Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
6	652	Hunter Holmes McGuire Hospital	VA Medical Center (VAMC)	Yes
6	658	Salem VA Medical Center	VA Medical Center (VAMC)	Yes
6	659	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes

2017 VA Medical Centers and Hospitals

VISN	Station Number	Station Name	Classification	FY 2017 Hospital
7	508	Atlanta VA Medical Center	VA Medical Center (VAMC)	Yes
7	508GA	Fort McPherson VA Clinic	VA Medical Center (VAMC)	No
7	508GK	Trinka Davis Veterans Village	VA Medical Center (VAMC)	No
7	509	Charlie Norwood Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
7	509A0	Augusta VA Medical Center-Uptown	VA Medical Center (VAMC)	Yes
7	521	Birmingham VA Medical Center	VA Medical Center (VAMC)	Yes
7	534	Ralph H. Johnson Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
7	544	Wm. Jennings Bryan Dorn Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
7	557	Carl Vinson Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
7	619	Central Alabama VA Medical Center-Montgomery	VA Medical Center (VAMC)	Yes
7	619A4	Central Alabama VA Medical Center-Tuskegee	VA Medical Center (VAMC)	Yes
7	679	Tuscaloosa VA Medical Center	VA Medical Center (VAMC)	Yes
8	516	C.W. Bill Young Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
8	546	Bruce W. Carter Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
8	548	West Palm Beach VA Medical Center	VA Medical Center (VAMC)	Yes
8	573	Malcom Randall Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
8	573A4	Lake City VA Medical Center	VA Medical Center (VAMC)	Yes
8	672	San Juan VA Medical Center	VA Medical Center (VAMC)	Yes
8	673	James A. Haley Veterans' Hospital	VA Medical Center (VAMC)	Yes
8	675	Orlando VA Medical Center	VA Medical Center (VAMC)	Yes
9	596	Lexington VA Medical Center-Leestown	VA Medical Center (VAMC)	No
9	596A4	Lexington VA Medical Center-Cooper	VA Medical Center (VAMC)	Yes
9	603	Robley Rex Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
9	614	Memphis VA Medical Center	VA Medical Center (VAMC)	Yes
9	621	James H. Quillen Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
9	626	Nashville VA Medical Center	VA Medical Center (VAMC)	Yes
9	626A4	Alvin C. York Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
10	506	Ann Arbor VA Medical Center	VA Medical Center (VAMC)	Yes
10	515	Battle Creek VA Medical Center	VA Medical Center (VAMC)	Yes
10	538	Chillicothe VA Medical Center	VA Medical Center (VAMC)	Yes
10	539	Cincinnati VA Medical Center	VA Medical Center (VAMC)	Yes
10	539A4	Cincinnati VA Medical Center-Fort Thomas	VA Medical Center (VAMC)	No
10	541	Louis Stokes Cleveland Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
10	552	Dayton VA Medical Center	VA Medical Center (VAMC)	Yes
10	553	John D. Dingell Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
10	583	Richard L. Roudebush Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
10	610	Marion VA Medical Center	VA Medical Center (VAMC)	Yes
10	610A4	Fort Wayne VA Medical Center	VA Medical Center (VAMC)	Yes
10	655	Aleda E. Lutz Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
12	537	Jesse Brown Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
12	550	Danville VA Medical Center	VA Medical Center (VAMC)	Yes
12	556	Captain James A. Lovell Federal Health Care Center	VA Medical Center (VAMC)	Yes
12	578	Edward Hines Junior Hospital	VA Medical Center (VAMC)	Yes
12	585	Oscar G. Johnson Department of Veterans Affairs Medical Facility	VA Medical Center (VAMC)	Yes
12	607	William S. Middleton Memorial Veterans' Hospital	VA Medical Center (VAMC)	Yes
12	676	Tomah VA Medical Center	VA Medical Center (VAMC)	Yes
12	695	Clement J. Zablocki Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes

2017 VA Medical Centers and Hospitals

VISN	Station Number	Station Name	Classification	FY 2017 Hospital
15	589	Kansas City VA Medical Center	VA Medical Center (VAMC)	Yes
15	589A4	Harry S. Truman Memorial Veterans' Hospital	VA Medical Center (VAMC)	Yes
15	589A5	Colmery-O'Neil Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
15	589A6	Dwight D. Eisenhower Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
15	589A7	Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center	VA Medical Center (VAMC)	Yes
15	657	John Cochran Veterans Hospital	VA Medical Center (VAMC)	Yes
15	657A0	St. Louis VA Medical Center-Jefferson Barracks	VA Medical Center (VAMC)	Yes
15	657A4	John J. Pershing Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
15	657A5	Marion VA Medical Center	VA Medical Center (VAMC)	Yes
16	502	Alexandria VA Medical Center	VA Medical Center (VAMC)	Yes
16	520	Biloxi VA Medical Center	VA Medical Center (VAMC)	Yes
16	564	Fayetteville VA Medical Center	VA Medical Center (VAMC)	Yes
16	580	Michael E. DeBakey Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
16	586	G.V. (Sonny) Montgomery Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
16	598	John L. McClellan Memorial Veterans' Hospital	VA Medical Center (VAMC)	Yes
16	598A0	Eugene J. Towbin Healthcare Center	VA Medical Center (VAMC)	Yes
16	667	Overton Brooks Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
17	504	Thomas E. Creek Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
17	519	George H. O'Brien, Jr., Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	No
17	549	Dallas VA Medical Center	VA Medical Center (VAMC)	Yes
17	549A4	Sam Rayburn Memorial Veterans Center	VA Medical Center (VAMC)	No
17	671	Audie L. Murphy Memorial Veterans' Hospital	VA Medical Center (VAMC)	Yes
17	671A4	Kerrville VA Medical Center	VA Medical Center (VAMC)	No
17	674	Olin E. Teague Veterans' Center	VA Medical Center (VAMC)	Yes
17	674A4	Doris Miller Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
19	436	Fort Harrison VA Medical Center	VA Medical Center (VAMC)	Yes
19	436A4	Miles City VA Medical Center	VA Medical Center (VAMC)	No
19	442	Cheyenne VA Medical Center	VA Medical Center (VAMC)	Yes
19	554	Denver VA Medical Center	VA Medical Center (VAMC)	Yes
19	575	Grand Junction VA Medical Center	VA Medical Center (VAMC)	Yes
19	623	Jack C. Montgomery Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
19	635	Oklahoma City VA Medical Center	VA Medical Center (VAMC)	Yes
19	660	George E. Wahlen Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
19	666	Sheridan VA Medical Center	VA Medical Center (VAMC)	Yes
20	463	Anchorage VA Medical Center	VA Medical Center (VAMC)	No
20	531	Boise VA Medical Center	VA Medical Center (VAMC)	Yes
20	648	Portland VA Medical Center	VA Medical Center (VAMC)	Yes
20	648A4	Portland VA Medical Center-Vancouver	VA Medical Center (VAMC)	No
20	653	Roseburg VA Medical Center	VA Medical Center (VAMC)	Yes
20	663	Seattle VA Medical Center	VA Medical Center (VAMC)	Yes
20	663A4	American Lake VA Medical Center	VA Medical Center (VAMC)	Yes
20	668	Mann-Grandstaff Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
20	687	Jonathan M. Wainwright Memorial VA Medical Center	VA Medical Center (VAMC)	No
20	692	White City VA Medical Center	VA Medical Center (VAMC)	No

2017 VA Medical Centers and Hospitals

VISN	Station Number	Station Name	Classification	FY 2017 Hospital
21	459	Spark M. Matsunaga Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
21	570	Fresno VA Medical Center	VA Medical Center (VAMC)	Yes
21	593	Las Vegas VA Medical Center	VA Medical Center (VAMC)	Yes
21	612A4	Sacramento VA Medical Center	VA Medical Center (VAMC)	Yes
21	612GF	Martinez VA Clinic	VA Medical Center (VAMC)	No
21	640	Palo Alto VA Medical Center	VA Medical Center (VAMC)	Yes
21	640A0	Palo Alto VA Medical Center-Menlo Park	VA Medical Center (VAMC)	No
21	640A4	Palo Alto VA Medical Center-Livermore	VA Medical Center (VAMC)	No
21	654	Ioannis A. Lougaris Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
21	662	San Francisco VA Medical Center	VA Medical Center (VAMC)	Yes
22	501	Raymond G. Murphy Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
22	600	Long Beach VA Medical Center	VA Medical Center (VAMC)	Yes
22	605	Jerry L. Pettis Memorial Veterans' Hospital	VA Medical Center (VAMC)	Yes
22	644	Carl T. Hayden Veterans' Administration Medical Center	VA Medical Center (VAMC)	Yes
22	649	Bob Stump Department of Veterans Affairs Medical Center	VA Medical Center (VAMC)	Yes
22	664	San Diego VA Medical Center	VA Medical Center (VAMC)	Yes
22	678	Tucson VA Medical Center	VA Medical Center (VAMC)	Yes
22	691	West Los Angeles VA Medical Center	VA Medical Center (VAMC)	Yes
22	691A4	Sepulveda VA Medical Center	VA Medical Center (VAMC)	No
23	437	Fargo VA Medical Center	VA Medical Center (VAMC)	Yes
23	438	Royal C. Johnson Veterans' Memorial Hospital	VA Medical Center (VAMC)	Yes
23	568	Fort Meade VA Medical Center	VA Medical Center (VAMC)	Yes
23	568A4	Hot Springs VA Medical Center	VA Medical Center (VAMC)	Yes
23	618	Minneapolis VA Medical Center	VA Medical Center (VAMC)	Yes
23	636	Omaha VA Medical Center	VA Medical Center (VAMC)	Yes
23	636A4	Grand Island VA Medical Center	VA Medical Center (VAMC)	No
23	636A6	Des Moines VA Medical Center	VA Medical Center (VAMC)	Yes
23	636A8	Iowa City VA Medical Center	VA Medical Center (VAMC)	Yes
23	656	St. Cloud VA Medical Center	VA Medical Center (VAMC)	Yes

2017 Community Living Centers (CLC)

CLC Program Count	VISN	Station Number	Offical Name
1	1	402	Maine VA
2	1	518	Edith Nourse Rogers VA
3	1	523A5	Boston VA-Brockton
4	1	608	Manchester VA
5	1	631	Central Western Massachusetts VA-Leeds
6	1	689	Connecticut VA-West Haven
7	2	528	Western New York VA-Buffalo
8	2	528A4	Western New York VA-Batavia
9	2	528A5	Canandaigua VA
10	2	528A6	Bath VA
11	2	528A7	Syracuse VA
12	2	528A8	Samuel S. Stratton VA
13	2	526	James J. Peters VA
14	2	561A4	New Jersey VA-Lyons
15	2	620	Franklin Delano Roosevelt VA - Montrose
16	2	620A4	Hudson Valley VA-Castle Point
17	2	630A5	New York Harbor VA-St. Albans
18	2	632	Northport VA
19	4	460	Wilmington VA
20	4	503	James E. Van Zandt VA
21	4	529	Butler VA
22	4	542	Coatesville VA
23	4	562	Erie VA
24	4	595	Lebanon VA
25	4	642	Philadelphia VA
26	4	646A4	Pittsburgh VA-H.J. Heinz VA
27	4	693	Wilkes-Barre VA
28	5	540	Louis A. Johnson VA
29	5	512	Maryland VA-Baltimore
30	5	512A5	Maryland VA-Perry Point
31	5	613	Martinsburg VA
32	5	688	Washington VA
33	5	517	Beckley VA
34	6	558	Durham VA
35	6	565	Fayetteville VA
36	6	590	Hampton VA
37	6	637	Charles George VA
38	6	652	Hunter Holmes McGuire VA
39	6	658	Salem VA
40	6	659	W.G. (Bill) Hefner VA
41	7	508	Atlanta VA
42	7	508GK	Trinka Davis Veterans Village Clinic
43	7	509A0	Augusta VA-Uptown
44	7	534	Ralph H. Johnson VA
45	7	544	William Jennings Bryan Dorn VA
46	7	557	Carl Vinson VA
47	7	619A4	Central Alabama VA-Tuskegee
48	7	679	Tuscaloosa VA

2017 Community Living Centers (CLC)

CLC Program Count	VISN	Station Number	Official Name
49	8	516	C.W. Bill Young VA
50	8	546	Miami VA
51	8	548	West Palm Beach VA
52	8	573	Malcom Randall VA
53	8	573A4	North Florida-South Georgia VA-Lake City
54	8	672	Caribbean VA-San Juan
55	8	673	James A. Haley VA
56	8	675	Orlando VA
57	9	596	Lexington VA-Leestown
58	9	621	James H. Quillen VA
59	9	626A4	Alvin C. York VA
60	10	538	Chillicothe VA
61	10	539	Cincinnati VA
62	10	541	Louis Stokes VA
63	10	552	Dayton VA
64	10	506	Ann Arbor VA
65	10	515	Battle Creek VA
66	10	553	John D. Dingell VA
67	10	610	Northern Indiana VA-Marion
68	10	655	Aleda E. Lutz VA
69	12	550	Illiana VA-Danville
70	12	537	Jesse Brown VA
71	12	556	Captain James A. Lovell VA
72	12	578	Edward Hines Jr. VA
73	12	585	Oscar G. Johnson VA
74	12	607	William S. Middleton VA
75	12	676	Tomah VA
76	12	695	Clement J. Zablocki VA
77	15	589A4	Harry S. Truman VA
78	15	589A5	Eastern Kansas VA-Colmery-O'Neil
79	15	589A6	Eastern Kansas VA-Dwight D. Eisenhower
80	15	589A7	Robert J. Dole VA
81	15	657A0	St. Louis VA-Jefferson Barracks
82	15	657A4	John J. Pershing VA
83	15	657A5	Marion VA
84	16	502	Alexandria VA
85	16	520	Gulf Coast VA-Biloxi
86	16	580	Michael E. DeBakey VA
87	16	586	G. V. (Sonny) Montgomery VA
88	16	598A0	Central Arkansas VA-Eugene J. Tobin
89	17	549	North Texas VA-Dallas
90	17	549A4	North Texas VA-Sam Rayburn
91	17	671	South Texas VA-Audie L. Murphy
92	17	671A4	South Texas VA-Kerrville
93	17	674	Central Texas VA-Olin E. Teague
94	17	674A4	Central Texas VA-Waco
95	17	504	Thomas E. Creek VA
96	17	519	West Texas VA-George H. O'Brien, Jr.

2017 Community Living Centers (CLC)

CLC Program Count	VISN	Station Number	Official Name
97	19	635	Oklahoma City VA
98	19	436GJ/436A4	Miles City VA Clinic/Miles City VAMC
99	19	442	Cheyenne VA
100	19	554A4	Eastern Colorado VA-Pueblo
101	19	575	Grand Junction VA
102	19	666	Sheridan VA
103	20	531	Boise VA
104	20	648A4	Portland VA-Vancouver
105	20	653	Roseburg VA
106	20	663	Puget Sound VA-Seattle
107	20	663A4	Puget Sound VA-American Lake
108	20	668	Mann-Grandstaff VA
109	21	459	Pacific Islands VA-Spark M. Matsunaga
110	21	570	Central California VA-Fresno
111	21	612	Northern California VA-East Bay (Martinez)
112	21	640	Palo Alto VA
113	21	640A0	Palo Alto VA-Menlo Park
114	21	640A4	Palo Alto VA-Livermore
115	21	654	Sierra Nevada VA-Ioannis A. Lougaris
116	21	662	San Francisco VA
117	22	501	New Mexico VA-Raymond G. Murphy
118	22	644	Carl T. Hayden VA
119	22	649	Northern Arizona VA-Prescott
120	22	678	Southern Arizona VA-Tucson
121	22	600	Long Beach VA
122	22	605	Loma Linda VA
123	22	664	San Diego VA
124	22	691	Greater Los Angeles VA-West Los Angeles
125	22	691A4	Sepulveda VA Clinic
126	23	437	Fargo VA
127	23	438	Sioux Falls VA
128	23	568	Black Hills VA-Fort Meade
129	23	568A4	Black Hills VA-Hot Springs
130	23	618	Minneapolis VA
131	23	636A4	Grand Island VA Clinic
132	23	636A6	Central Iowa VA-Des Moines
133	23	656	St. Cloud VA

2017 Residential Rehabilitation Treatment Programs (RRTP)

MH RRTP Program Count	VISN	Station Number	Official Name	Classification	Type of Service
1	1	405	White River Junction VA	VA Medical Center	Domiciliary Program
2	1	518	Edith Nourse Rogers VA- Bedord	VA Medical Center	Dom & CWT/TR
3	1	523	Boston VA-Jamaica Plain	VA Medical Center	Dom & CWT/TR
4	1	523A5	Boston VA-Brockton	VA Medical Center	Dom & CWT/TR
5	1	631	Central Western Massachusetts VA-Leeds (Northampton)	VA Medical Center	CWT/TR Program
6	1	689	Connecticut VA-West Haven	VA Medical Center	Dom & CWT/TR
7	2	528	Western New York VA-Buffalo	VA Medical Center	Domiciliary Program
8	2	528A4	Western New York VA-Batavia	VA Medical Center	Domiciliary Program
9	2	528A5	Canandaigua VA	VA Medical Center	Domiciliary Program
10	2	528A6	Bath VA	VA Medical Center	Domiciliary Program
11	2	528A8	Samuel S. Stratton VA- Albany	VA Medical Center	Dom & CWT/TR
12	2	561	New Jersey VA-East Orange	VA Medical Center	Domiciliary Program
13	2	561A4	New Jersey VA-Lyons	VA Medical Center	Dom & CWT/TR
14	2	620	Franklin Delano Roosevelt VA	VA Medical Center	Domiciliary Program
15	2	630A4	New York Harbor VA-Brooklyn Division	VA Medical Center	Domiciliary Program
16	2	632	Northport VA	VA Medical Center	Domiciliary Program
17	4	529	Butler VA	VA Medical Center	Dom & CWT/TR
18	4	542	Coatesville VA	VA Medical Center	Domiciliary Program
19	4	595	Lebanon VA	VA Medical Center	Dom & CWT/TR
20	4	642BU	Philadelphia VA Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Stand Alone Domiciliary Only
21	4	646A4	Pittsburgh VA-H.J. Heinz VA	VA Medical Center	Dom & CWT/TR
22	4	693	Wilkes-Barre VA	VA Medical Center	Domiciliary Program
23	5	512A5	Maryland VA-Perry Point	VA Medical Center	Dom & CWT/TR
24	5	540	Louis A. Johnson VA (Clarksburg)	VA Medical Center	Domiciliary Program
25	5	613	Martinsburg VA	VA Medical Center	Dom & CWT/TR
26	6	590	Hampton VA	VA Medical Center	Dom & CWT/TR
27	6	637	Charles George VA (Asheville)	VA Medical Center	Domiciliary Program
28	6	652	Hunter Holmes McGuire VA (Richmond)	VA Medical Center	Domiciliary Program
29	6	658	Salem VA	VA Medical Center	Domiciliary Program
30	6	659	W.G. (Bill) Hefner VA (Salisbury)	VA Medical Center	Dom & CWT/TR
31	7	508	Atlanta VA - Decatur	VA Medical Center	CWT/TR Program
32	7	508GA	Atlanta VA - Fort McPherson	VA Medical Center	Domiciliary Program
33	7	509A0	Augusta VA-Uptown	VA Medical Center	Domiciliary Program
34	7	521	Birmingham VA	VA Medical Center	CWT/TR Program
35	7	557	Carl Vinson VA (Dublin)	VA Medical Center	Domiciliary Program
36	7	619A4	Central Alabama VA-Tuskegee	VA Medical Center	Dom & CWT/TR
37	7	679	Tuscaloosa VA	VA Medical Center	Dom & CWT/TR
38	8	516	C.W. Bill Young VA (Bay Pines)	VA Medical Center	Domiciliary Program
39	8	546	Miami VA	VA Medical Center	Domiciliary Program
40	8	573A4	North Florida-South Georgia VA-Lake City	VA Medical Center	Domiciliary Program
41	8	573BU	Gainesville VA Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Stand Alone Domiciliary Only
42	8	673BV	Tampa VA Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Stand Alone Domiciliary Only
43	8	675	Orlando VA (Lake Baldwin)	VA Medical Center	Domiciliary Program
44	8	675	Orlando VA (Lake Nona)	VA Medical Center	Domiciliary Program
45	9	596	Lexington VA-Leestown	VA Medical Center	Domiciliary Program
46	9	603	Robley Rex VA (Louisville)	VA Medical Center	Domiciliary Program
47	9	614	Memphis VA	VA Medical Center	Domiciliary Program
48	9	621	James H. Quillen VA (Mountain Home)	VA Medical Center	Domiciliary Program
49	9	626A4	Alvin C. York VA (Murfreesboro)	VA Medical Center	Domiciliary Program

2017 Residential Rehabilitation Treatment Programs (RRTP)

MH RRTP Program Count	VISN	Station Number	Official Name	Classification	Type of Service
50	11	538	Chillicothe VA	VA Medical Center	Domiciliary Program
51	11	539	Cincinnati VA	VA Medical Center	Domiciliary Program
52	11	539A4	Cincinnati VA-Fort Thomas	VA Medical Center	Domiciliary Program
53	11	541	Louis Stokes VA (Cleveland - Wade Park Division)	VA Medical Center	Dom & CWT/TR Program
54	11	552	Dayton VA	VA Medical Center	Domiciliary Program
55	11	515	Battle Creek VA	VA Medical Center	Dom & CWT/TR
56	12	550	Illiana VA-Danville	VA Medical Center	Dom & CWT/TR
57	11	553BU	Detroit VA Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Stand Alone Domiciliary Only
58	11	583BU	Indianapolis VA Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Stand Alone Domiciliary Only
59	11	610	Northern Indiana VA-Marion	VA Medical Center	Domiciliary Program
60	12	537	Jesse Brown VA	VA Medical Center	Domiciliary Program
61	12	556	Captain James A. Lovell VA	VA Medical Center	Dom & CWT/TR
62	12	578	Edward Hines Jr. VA	VA Medical Center	Domiciliary Program
63	12	607	William S. Middleton VA (Madison)	VA Medical Center	Dom & CWT/TR
64	12	676	Tomah VA	VA Medical Center	Dom & CWT/TR
65	12	695	Clement J. Zablocki VA (Milwaukee)	VA Medical Center	Dom & CWT/TR
66	15	589	Kansas City VA	VA Medical Center	Domiciliary Program
67	15	589A4	Harry S. Truman VA - Columbia	VA Medical Center	CWT/TR Program
68	15	589A5	Eastern Kansas VA - Topeka Division	VA Medical Center	CWT/TR Program
69	15	589A6	Eastern Kansas VA - Dwight D. Eisenhower (Leavenworth Division)	VA Medical Center	Domiciliary Program
70	15	657A0	St. Louis VA-Jefferson Barracks	VA Medical Center	Domiciliary Program
71	15	657A5	Marion IL VA	VA Medical Center	Domiciliary Program
72	16	520	Gulf Coast VA-Biloxi	VA Medical Center	Domiciliary Program
73	16	586BU	Jackson VA Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Stand Alone Domiciliary Only
74	16	598A0	Central Arkansas VA-Eugene J. Tobin (N.Little Rock)	VA Medical Center	Dom & CWT/TR Program
75	19	635	Oklahoma City VA	VA Medical Center	CWT/TR Program
76	17	549	North Texas VA-Dallas	VA Medical Center	Dom & CWT/TR
77	17	549A4	North Texas VA-Sam Rayburn (Bonham)	VA Medical Center	Dom & CWT/TR
78	17	671	South Texas VA-Audie L. Murphy (San Antonio)	VA Medical Center	Domiciliary Program
79	17	674	Central Texas VA-Olin E. Teague (Temple)	VA Medical Center	Dom & CWT/TR
80	17	674A4	Central Texas VA-Waco	VA Medical Center	Domiciliary Program
81	22	501	New Mexico VA-Raymond G. Murphy (Albuquerque)	VA Medical Center	Dom & CWT/TR Program
82	22	519	West Texas VA-George H. O'Brien, Jr. (Big Spring)	VA Medical Center	Domiciliary Program
83	22	644	Carl T. Hayden VA (Phoenix)	VA Medical Center	Domiciliary Program
84	22	649	Northern Arizona VA-Prescott	VA Medical Center	Domiciliary Program
85	22	678	Southern Arizona VA-Tucson	VA Medical Center	Domiciliary Program
86	19	436	Montana VA-Fort Harrison	VA Medical Center	Domiciliary Program
87	19	442	Cheyenne	VA Medical Center	Domiciliary Program
88	19	554	Eastern Colorado VA-Denver	VA Medical Center	Domiciliary Program
89	19	554BU	Valor Point VA Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Stand Alone Domiciliary Only
90	19	660	George E. Wahlen VA (Salt Lake)	VA Medical Center	Domiciliary Program
91	19	666	Sheridan VA	VA Medical Center	Domiciliary Program

2017 Residential Rehabilitation Treatment Programs (RRTP)

MH RRTP Program Count	VISN	Station Number	Official Name	Classification	Type of Service
92	20	463	Alaska VA-Anchorage	VA Medical Center	Dom & CWT/TR
93	20	531	Boise VA	VA Medical Center	Domiciliary Program
94	20	648A4	Portland VA-Vancouver	VA Medical Center	Domiciliary Program
95	20	653	Roseburg VA	VA Medical Center	Domiciliary Program
96	20	663A4	Puget Sound VA-American Lake	VA Medical Center	Dom & CWT/TR
97	20	687	Jonathan M. Wainwright VA (Walla Walla)	VA Medical Center	Domiciliary Program
98	20	692	Southern Oregon VA-White City	VA Medical Center	Domiciliary Program
99	21	459	Pacific Islands VA-Spark M. Matsunaga	VA Medical Center	Domiciliary Program
100	21	640A0	Palo Alto VA-Menlo Park	VA Medical Center	Dom & CWT/TR
101	21	640BV	Palo Alto VA	VA Medical Center	Domiciliary
102	21	662	San Francisco VA	VA Medical Center	CWT/TR Program
103	22	664	San Diego VA	VA Medical Center	Domiciliary and CWT/TR
104	22	664BV	San Diego VA Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Stand Alone Domiciliary Only
105	22	691	Greater Los Angeles VA-West Los Angeles	VA Medical Center	Dom and CWT/TR
106	23	568	Black Hills VA-Fort Meade	VA Medical Center	CWT/TR Program
107	23	568A4	Black Hills VA-Hot Springs	VA Medical Center	Dom & CWT/TR
108	23	568A4	Black Hills VA - Hot Springs (Pine Ridge)	TBD	CWT/TR Program
109	23	636	Nebraska-Western Iowa VA-Omaha	VA Medical Center	Dom & CWT/TR
110	23	636A4	Grand Island VA Clinic	VA Medical Center	Dom & CWT/TR
111	23	636A6	Central Iowa VA-Des Moines	VA Medical Center	Domiciliary Program
112	23	656	St. Cloud VA	VA Medical Center	Domiciliary Program

2017 Health Care Centers (HCC)

HCC Count	VISN	Station Number	Official Station Name & Location
1	6	558GA	Greenville VA Clinic, NC
2	6	565GL	Cumberland County VA Clinic, Fayetteville, NC
3	6	659BZ	South Charlotte VA Clinic, NC
4	6	659GA	North Charlotte VA Clinic, NC
5	8	516BZ	Lee County VA Clinic, Cape Coral, FL
6	8	546BZ	William "Bill" Kling VA Outpatient Clinic, Sunrise, FL
7	8	573BY	Jacksonville 1 VA Clinic, FL
8	8	573GI	The Villages VA Clinic, FL
9	8	675GA	Viera VA Clinic, FL
10	8	675GG	Lake Baldwin VA Clinic, Orlando, FL
11	10	515BY	Wyoming VA Clinic, MI
12	10	610BY	St. Joseph County VA Clinic, Mishawaka, IN
13	10	757	Chalmers P. Wylie Veterans Outpatient Clinic, Columbus, OH
14	12	695GD	Milo C. Huempfner VA Outpatient Clinic, Green Bay, WI
15	15	657GJ	Evansville VA Clinic, IN
16	16	520BZ	Pensacola VA Clinic, FL
17	16	629	New Orleans VA Medical Center, LA
18	17	740	Harlingen VA Clinic, TX
19	17	740GA	Harlingen VA Clinic-Treasure Hills, TX
20	17	756	El Paso VA Clinic, TX
21	19	436GH	Billings VA Clinic, MN
22	20	653BY	Eugene VA Clinic, OR
23	21	612GH	McClellan VA Clinic, McClellan Park, CA
24	22	605BZ	Loma Linda VA Clinic, Redlands, CA

2017 Multi-Specialty Community Based Outpatient Clinics (MS CBOC)

MS CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
1	1	402GE	Lewiston VA Clinic	Lewiston-Maine
2	1	402HB	Bangor VA Clinic	Bangor-Maine
3	1	405HA	Burlington Lakeside VA Clinic	Burlington Lakeside
4	1	405HC	Littleton VA Clinic	Littleton
5	1	523BY	Lowell VA Clinic	Lowell
6	1	523BZ	Causeway VA Clinic	Causeway-Boston
7	1	631BY	Springfield VA Clinic	Springfield-Massachusetts
8	1	631GE	Worcester VA Clinic	Worcester
9	1	650GA	New Bedford VA Clinic	New Bedford
10	1	689A4	Newington VA Medical Center	Newington
11	2	528GE	Rochester VA Clinic	Rochester-New York
12	2	528GM	Donald J. Mitchell VA Outpatient Clinic	Rome-New York
13	2	528GN	Binghamton VA Clinic	Binghamton
14	2	528GO	Watertown VA Clinic	Watertown-New York
15	2	561BZ	James J. Howard Veterans' Outpatient Clinic	Brick
16	2	620GA	New City VA Clinic	New City
17	2	620GB	Carmel VA Clinic	Carmel
18	2	620GD	Goshen VA Clinic	Goshen-New York
19	2	620GE	Port Jervis VA Clinic	Port Jervis
20	2	620GG	Poughkeepsie VA Clinic	Poughkeepsie
21	2	630GB	Staten Island Community VA Clinic	Staten Island
22	2	632HB	Riverhead VA Clinic	Riverhead
23	4	460HG	Cumberland County VA Clinic	Vineland
24	4	503GA	Johnstown VA Clinic	Johnstown
25	4	503GB	DuBois VA Clinic	DuBois
26	4	503GC	State College VA Clinic	State College
27	4	529GA	Michael A. Marzano VA Outpatient Clinic	Hermitage
28	4	595GA	Camp Hill VA Clinic	Camp Hill
29	4	595GC	Lancaster VA Clinic	Lancaster-Pennsylvania
30	4	595GE	York VA Clinic	York
31	4	642GA	Burlington County VA Clinic	Burlington County-Marlton
32	4	642GC	Victor J. Saracini VA Outpatient Clinic	Horsham
33	4	642GD	Gloucester County VA Clinic	Gloucester County-Sewell
34	4	646GA	Belmont County VA Clinic	St. Clairsville
35	4	646GD	Washington County VA Clinic	Washington-Pennsylvania
36	4	693B4	Allentown VA Clinic	Allentown
37	4	693GA	Sayre VA Clinic	Sayre
38	5	512GA	Cambridge VA Clinic	Cambridge-Maryland
39	5	512GC	Glen Burnie VA Clinic	Glen Burnie
40	5	512GG	Fort Meade VA Clinic	Fort Meade-Maryland
41	5	581GB	Charleston VA Clinic	Charleston-West Virginia
42	5	613GB	Hagerstown VA Clinic	Hagerstown
43	5	613GC	Stephens City VA Clinic	Stephens City-Winchester
44	5	613GG	Fort Detrick VA Clinic	Fort Detrick
45	5	688GA	Fort Belvoir VA Clinic	Fort Belvoir

2017 Multi-Specialty Community Based Outpatient Clinics (MS CBOC)

MS CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
46	6	565GC	Wilmington VA Clinic	Wilmington-North Carolina
47	6	637GA	Franklin VA Clinic	Franklin-North Carolina
48	6	637GC	Hickory VA Clinic	Hickory
49	6	658GE	Wytheville VA Clinic	Wytheville
50	6	659BY	Kernersville VA Clinic	Kernersville
51	7	508GE	Oakwood VA Clinic	Oakwood
52	7	508GH	Lawrenceville VA Clinic	Lawrenceville
53	7	508QF	Atlanta VA Clinic	Atlanta-Arcadia Avenue
54	7	521GA	Huntsville VA Clinic	Huntsville
55	7	521GG	Bessemer VA Clinic	Bessemer
56	7	534BY	Savannah VA Clinic	Savannah-Georgia
57	7	534GB	Myrtle Beach VA Clinic	Myrtle Beach
58	7	534GD	Goose Creek VA Clinic	Goose Creek
59	7	544BZ	Greenville VA Clinic	Greenville-South Carolina
60	7	557GB	Albany VA Clinic	Albany-Georgia
61	7	557GE	Brunswick VA Clinic	Brunswick
62	7	619GD	Wiregrass VA Clinic	Wiregrass
63	7	619GF	Central Alabama Montgomery VA Clinic	Central Alabama Montgomery
64	8	516GD	Bradenton VA Clinic	Bradenton
65	8	516GE	Port Charlotte VA Clinic	Port Charlotte
66	8	573GD	Ocala VA Clinic	Ocala-Florida
67	8	573GE	Saint Augustine VA Clinic	Saint Augustine
68	8	573GF	Tallahassee VA Clinic	Tallahassee
69	8	672B0	Euripides Rubio VA Outpatient Clinic	Ponce
70	8	672BZ	Mayaguez VA Clinic	Mayaguez
71	8	673BZ	New Port Richey VA Clinic	New Port Richey
72	8	673GB	Lakeland VA Clinic	Lakeland
73	8	673GC	Brooksville VA Clinic	Brooksville
74	8	675GB	William V. Chappell, Jr. Veterans' Outpatient Clinic	Daytona Beach
75	8	675GE	Tavares VA Clinic	Tavares
76	8	675GF	Clermont VA Clinic	Clermont
77	9	603GE	Newburg VA Clinic	Newburg-Louisville
78	9	603GG	Scott County VA Clinic	Scott County-Scottsburg
79	9	621BY	William C. Tallent VA Outpatient Clinic	Knoxville-Tennessee
80	9	626GF	Chattanooga VA Clinic	Chattanooga
81	10	506GA	Toledo VA Clinic	Toledo
82	10	538GA	Athens VA Clinic	Athens-Ohio
83	10	538GB	Portsmouth VA Clinic	Portsmouth-Ohio
84	10	538GC	Marietta VA Clinic	Marietta
85	10	538GD	Lancaster VA Clinic	Lancaster-Ohio
86	10	538GE	Cambridge VA Clinic	Cambridge-Ohio
87	10	539GB	Clermont County VA Clinic	Clermont County-Cincinnati
88	10	539GC	Dearborn VA Clinic	Dearborn-Greendale
89	10	539GD	Florence VA Clinic	Florence-Kentucky
90	10	539GE	Hamilton VA Clinic	Hamilton-Ohio

2017 Multi-Specialty Community Based Outpatient Clinics (MS CBOC)

MS CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
91	10	541BY	Canton VA Clinic	Canton
92	10	541BZ	Youngstown VA Clinic	Youngstown
93	10	541GB	Lorain VA Clinic	Lorain
94	10	541GC	Sandusky VA Clinic	Sandusky
95	10	541GD	David F. Winder VA Community Based Outpatient Clinic	Mansfield
96	10	541GF	Painesville VA Clinic	Painesville
97	10	541GG	Akron VA Clinic	Akron
98	10	541GH	East Liverpool VA Clinic	East Liverpool-Calcutta
99	10	541GI	Warren VA Clinic	Warren-Ohio
100	10	541GJ	New Philadelphia VA Clinic	New Philadelphia
101	10	541GK	Ravenna VA Clinic	Ravenna
102	10	541GL	Parma VA Clinic	Parma
103	10	541GN	State Street VA Clinic	State Street-Painesville
104	10	552GA	Middletown VA Clinic	Middletown-Ohio
105	10	552GB	Lima VA Clinic	Lima
106	10	552GC	Richmond VA Clinic	Richmond-Indiana
107	10	552GD	Springfield VA Clinic	Springfield-Ohio
108	10	583GF	Wakeman VA Clinic	Camp Atterbury
109	10	655GB	Traverse City VA Clinic	Traverse City
110	10	757GD	Newark VA Clinic	Newark-Ohio
111	12	537BY	Adam Benjamin Jr., Veterans' Administration Outpatient Clinic	Crown Point
112	12	550BY	Bob Michel VA Outpatient Clinic	Peoria
113	12	578GA	Joliet VA Clinic	Joliet
114	12	578GF	LaSalle VA Clinic	LaSalle-Peru
115	12	607HA	Rockford VA Clinic	Rockford
116	12	676GD	Wisconsin Rapids VA Clinic	Wisconsin Rapids
117	12	695BY	John H. Bradley VA Outpatient Clinic	Appleton
118	15	589G1	Warrensburg VA Clinic	Warrensburg
119	15	589G8	Jefferson City VA Clinic	Jefferson City
120	15	589GF	Fort Leonard Wood VA Clinic	Fort Leonard Wood-Waynesville
121	15	589JF	Honor VA Clinic	Honor-Kansas City
122	16	502GB	Lafayette VA Clinic	Lafayette-Louisiana
123	16	520GA	Mobile VA Clinic	Mobile
124	16	564BY	Gene Taylor Veterans' Outpatient Clinic	Mount Vernon-Missouri
125	16	564GC	Branson VA Clinic	Branson
126	16	580BY	Beaumont VA Clinic	Beaumont
127	16	580BZ	Charles Wilson VA Outpatient Clinic	Lufkin
128	16	580GC	Galveston County VA Clinic	Galveston
129	16	580GD	Conroe VA Clinic	Conroe
130	16	580GE	Katy VA Clinic	Katy
131	16	580GG	Richmond VA Clinic	Richmond-Texas
132	16	580GH	Tomball VA Clinic	Tomball
133	16	598GC	Hot Springs VA Clinic	Hot Springs-Arkansas
134	16	598GG	Conway VA Clinic	Conway-Arkansas
135	16	629BY	Baton Rouge VA Clinic	Baton Rouge-Louisiana

2017 Multi-Specialty Community Based Outpatient Clinics (MS CBOC)

MS CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
136	16	629GB	Hammond VA Clinic	Hammond
137	16	667GA	Texarkana VA Clinic	Texarkana
138	16	667GC	Longview VA Clinic	Longview
139	17	504BY	Lubbock VA Clinic	Lubbock
140	17	519GA	Permian Basin VA Clinic	Permian Basin-Odessa
141	17	519HC	Abilene VA Clinic	Abilene
142	17	549BY	Fort Worth VA Clinic	Fort Worth
143	17	549GA	Tyler VA Clinic	Tyler
144	17	671BY	Frank M. Tejeda VA Outpatient Clinic	San Antonio-Eckert Road
145	17	671GO	North Central Federal VA Clinic	North Central Federal-San Antonio
146	17	674BY	Austin VA Clinic	Austin
147	17	740GC	Corpus Christi VA Clinic	Corpus Christi
148	17	740GH	South Enterprize VA Clinic	South Enterprize-Corpus Christi
149	19	436GC	Missoula VA Clinic	Missoula
150	19	442GC	Fort Collins VA Clinic	Fort Collins
151	19	442GD	Greeley VA Clinic	Greeley
152	19	554GC	Golden VA Clinic	Golden
153	19	554GD	PFC James Dunn VA Clinic	Pueblo-Colorado
154	19	554GE	PFC Floyd K. Lindstrom VA Clinic	Colorado Springs
155	19	623BY	Ernest Childers VA Outpatient Clinic	Tulsa-Oklahoma
156	20	531GG	Caldwell VA Clinic	Caldwell
157	20	648GA	Bend VA Clinic	Bend
158	20	648GB	Salem VA Clinic	Salem-Oregon
159	20	648GF	Hillsboro VA Clinic	Hillsboro
160	20	663GC	Mount Vernon VA Clinic	Mount Vernon-Washington
161	20	668GA	Wenatchee VA Clinic	Wenatchee
162	20	668GB	Coeur d 'Alene VA Clinic	Coeur d 'Alene
163	21	612B4	Redding VA Clinic	Redding
164	21	612BY	Oakland VA Clinic	Oakland
165	21	612GD	Fairfield VA Clinic	Fairfield-Travis Air Force Base
166	21	612GE	Mare Island VA Clinic	Mare Island-Vallejo
167	21	612GG	Chico VA Clinic	Chico
168	21	640BY	San Jose VA Clinic	San Jose
169	21	640HB	Modesto VA Clinic	Modesto
170	21	640HC	Monterey VA Clinic	Monterey-Seaside
171	21	662GA	Santa Rosa VA Clinic	Santa Rosa
172	21	662GC	Eureka VA Clinic	Eureka
173	22	600GB	Santa Ana VA Clinic	Santa Ana
174	22	644BY	Southeast VA Clinic	Southeast-Gilbert
175	22	644GA	Northwest VA Clinic	Northwest-Surprise
176	22	644GE	Thunderbird VA Clinic	Thunderbird-Phoenix
177	22	664BY	Mission Valley VA Clinic	Mission Valley-San Diego
178	22	664GB	Oceanside VA Clinic	Oceanside
179	22	664GC	Chula Vista VA Clinic	Chula Vista
180	22	678GA	Sierra Vista VA Clinic	Sierra Vista

2017 Multi-Specialty Community Based Outpatient Clinics (MS CBOC)

MS CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
181	22	678GB	Yuma VA Clinic	Yuma
182	22	678GC	Casa Grande VA Clinic	Casa Grande
183	22	678GF	Northwest Tucson VA Clinic	Northwest Tucson
184	22	678GG	Southeast Tucson VA Clinic	Southeast Tucson
185	22	691GD	Bakersfield VA Clinic	Bakersfield
186	22	691GE	Los Angeles VA Clinic	Los Angeles-East Temple
187	22	691GL	Santa Maria VA Clinic	Santa Maria
188	23	438GC	Sioux City VA Clinic	Sioux City
189	23	438GD	Aberdeen VA Clinic	Aberdeen
190	23	438GF	Watertown VA Clinic	Watertown-South Dakota
191	23	618BY	Twin Ports VA Clinic	Twin Ports-Superior
192	23	618GI	Northwest Metro VA Clinic	Northwest Metro-Minnesota
193	23	636A5	Lincoln VA Clinic	Lincoln-Nebraska
194	23	636GC	Mason City VA Clinic	Mason City
195	23	636GM	Carroll VA Clinic	Carroll
196	23	636GR	Knoxville VA Clinic	Knoxville-Iowa
197	23	636GS	Ottumwa VA Clinic	Ottumwa
198	23	636GT	Sterling VA Clinic	Sterling
199	23	656GA	Brainerd VA Clinic	Brainerd

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
1	1	402GA	Caribou VA Clinic	Caribou
2	1	402GB	Calais VA Clinic	Calais
3	1	402GC	Rumford VA Clinic	Rumford
4	1	402GD	Saco VA Clinic	Saco
5	1	402GF	Lincoln VA Clinic	Lincoln-Maine
6	1	402HC	Portland VA Clinic	Portland-Maine
7	1	405GA	Bennington VA Clinic	Bennington
8	1	405GC	Brattleboro VA Clinic	Brattleboro
9	1	405HE	Keene VA Clinic	Keene
10	1	405HF	Rutland VA Clinic	Rutland
11	1	518GA	Lynn VA Clinic	Lynn
12	1	518GB	Haverhill VA Clinic	Haverhill
13	1	518GE	Gloucester VA Clinic	Gloucester
14	1	523GA	Framingham VA Clinic	Framingham
15	1	608GA	Portsmouth VA Clinic	Portsmouth-New Hampshire
16	1	608GC	Somersworth VA Clinic	Somersworth
17	1	608GD	Conway VA Clinic	Conway-New Hampshire
18	1	608HA	Tilton VA Clinic	Tilton
19	1	631GC	Pittsfield VA Clinic	Pittsfield
20	1	631GD	Greenfield VA Clinic	Greenfield
21	1	631GF	Fitchburg VA Clinic	Fitchburg
22	1	650GB	Hyannis VA Clinic	Hyannis
23	1	650GD	Middletown VA Clinic	Middletown-Rhode Island
24	1	689GA	Waterbury VA Clinic	Waterbury
25	1	689GB	Stamford VA Clinic	Stamford-Connecticut
26	1	689GC	Willimantic VA Clinic	Willimantic
27	1	689GD	Winsted VA Clinic	Winsted
28	1	689GE	Danbury VA Clinic	Danbury
29	1	689HC	John J. McGuirk VA Outpatient Clinic	New London
30	2	526GA	White Plains VA Clinic	White Plains
31	2	526GB	Yonkers VA Clinic	Yonkers
32	2	528G2	Westport VA Clinic	Westport
33	2	528G3	Bainbridge VA Clinic	Bainbridge
34	2	528G4	Elmira VA Clinic	Elmira
35	2	528G5	Auburn VA Clinic	Auburn
36	2	528G6	Fonda VA Clinic	Fonda
37	2	528G7	Catskill VA Clinic	Catskill
38	2	528G8	Wellsville VA Clinic	Wellsville
39	2	528G9	Tompkins County VA Clinic	Tompkins County-Freeville
40	2	528GB	Jamestown VA Clinic	Jamestown-New York
41	2	528GC	Dunkirk VA Clinic	Dunkirk
42	2	528GD	Niagara Falls VA Clinic	Niagara Falls
43	2	528GK	Lockport VA Clinic	Lockport
44	2	528GL	Massena VA Clinic	Massena
45	2	528GP	Oswego VA Clinic	Oswego
46	2	528GQ	Lackawanna VA Clinic	Lackawanna
47	2	528GR	Olean VA Clinic	Olean
48	2	528GT	Glens Falls VA Clinic	Glens Falls
49	2	528GV	Plattsburgh VA Clinic	Plattsburgh
50	2	528GZ	Kingston VA Clinic	Kingston

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
51	2	561GA	Hamilton VA Clinic	Hamilton-New Jersey
52	2	561GB	Elizabeth VA Clinic	Elizabeth
53	2	561GD	Hackensack VA Clinic	Hackensack
54	2	561GE	Jersey City VA Clinic	Jersey City
55	2	561GF	Piscataway VA Clinic	Piscataway
56	2	561GH	Morristown VA Clinic	Morristown-New Jersey
57	2	561GI	Tinton Falls VA Clinic	Tinton Falls
58	2	561GJ	Paterson VA Clinic	Paterson
59	2	561GK	Sussex VA Clinic	Sussex-Newton
60	2	630GA	Harlem VA Clinic	Harlem
61	2	632GA	East Meadow VA Clinic	East Meadow
62	2	632HA	Valley Stream VA Clinic	Valley Stream
63	2	632HC	Bay Shore VA Clinic	Bay Shore
64	2	632HD	Patchogue VA Clinic	Patchogue
65	4	460GA	Sussex County VA Clinic	Georgetown-Delaware
66	4	460GC	Kent County VA Clinic	Dover-Delaware
67	4	460GD	Cape May County VA Clinic	Cape May
68	4	460HE	Atlantic County VA Clinic	Northfield
69	4	503GE	Indiana County VA Clinic	Indiana
70	4	529GB	Lawrence County VA Clinic	New Castle
71	4	529GC	Armstrong County VA Clinic	Kittanning
72	4	542GA	Springfield VA Clinic	Springfield-Pennsylvania
73	4	542GE	Spring City VA Clinic	Spring City
74	4	562GA	Crawford County VA Clinic	Meadville
75	4	562GB	Ashtabula County VA Clinic	Ashtabula
76	4	562GD	Venango County VA Clinic	Franklin-Pennsylvania
77	4	562GE	Warren County VA Clinic	Warren-Pennsylvania
78	4	595GD	Berks County VA Clinic	Wyomissing
79	4	595GF	Pottsville VA Clinic	Pottsville
80	4	642GF	Camden VA Clinic	Camden
81	4	646GB	Westmoreland County VA Clinic	Greensburg
82	4	646GC	Beaver County VA Clinic	Rochester
83	4	646GE	Fayette County VA Clinic	Uniontown
84	4	693GB	Williamsport VA Clinic	Williamsport
85	4	693GF	Columbia County VA Clinic	Berwick
86	5	512GE	Pocomoke City VA Clinic	Pocomoke City
87	5	517GB	Greenbrier County VA Clinic	Ronceverte
88	5	540GB	Wood County VA Clinic	Parkersburg
89	5	540GC	Braxton County VA Clinic	Sutton
90	5	540GD	Monongalia County VA Clinic	Westover
91	5	581GA	Prestonsburg VA Clinic	Prestonsburg
92	5	581GG	Gallipolis VA Clinic	Gallipolis
93	5	581GH	Lenore VA Clinic	Lenore-Williamson
94	5	613GA	Cumberland VA Clinic	Cumberland
95	5	613GE	Petersburg VA Clinic	Petersburg
96	5	613GF	Harrisonburg VA Clinic	Harrisonburg
97	5	688GB	Southeast Washington VA Clinic	Southeast Washington
98	5	688GD	Charlotte Hall VA Clinic	Charlotte Hall
99	5	688GE	Southern Prince George's County VA Clinic	Southern Prince George's County-Andrews Air Force Base
100	6	558GB	Raleigh VA Clinic	Raleigh-Sungate Boulevard

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
101	6	558GC	Morehead City VA Clinic	Morehead City
102	6	558GD	Durham County VA Clinic	Durham County
103	6	558GE	Hillandale Road VA Clinic	Hillandale Road-Durham
104	6	558GF	Wake County VA Clinic	Wake County-Raleigh
105	6	558GG	Raleigh III VA Clinic	Raleigh-Atlantic Avenue
106	6	565GA	Jacksonville VA Clinic	Jacksonville-Henderson Drive
107	6	565GD	Hamlet VA Clinic	Hamlet
108	6	565GE	Robeson County VA Clinic	Robeson County-Pembroke
109	6	565GF	Goldsboro VA Clinic	Goldsboro
110	6	565GG	Lee County VA Clinic	Sanford
111	6	565GH	Brunswick County VA Clinic	Brunswick County-Supply
112	6	565GJ	Jacksonville 2 VA Clinic	Jacksonville 2
113	6	590GB	Virginia Beach VA Clinic	Virginia Beach
114	6	590GC	Albemarle VA Clinic	Albemarle-Elizabeth City
115	6	590GD	Chesapeake VA Clinic	Chesapeake
116	6	637GB	Rutherford County VA Clinic	Rutherford County-Rutherfordton
117	6	652GA	Fredericksburg VA Clinic	Fredericksburg-Virginia
118	6	652GB	Fredericksburg 2 VA Clinic	Fredericksburg 2-Virginia
119	6	652GE	Charlottesville VA Clinic	Charlottesville
120	6	652GF	Emporia VA Clinic	Emporia-Virginia
121	6	652GG	Richmond 1 VA Mobile Clinic	Richmond 1 Mobile
122	6	652GH	Hunter Holmes McGuire 2 VA Mobile Clinic	Richmond 2 Mobile
123	6	658GB	Danville VA Clinic	Danville-Virginia
124	6	658GC	Lynchburg VA Clinic	Lynchburg
125	6	658GD	Staunton VA Clinic	Staunton
126	7	508GF	Austell VA Clinic	Austell
127	7	508GG	Stockbridge VA Clinic	Stockbridge
128	7	508GI	Newnan VA Clinic	Newnan
129	7	508GJ	Blairsville VA Clinic	Blairsville
130	7	508GL	Rome VA Clinic	Rome-Georgia
131	7	509GA	Athens VA Clinic	Athens-Georgia
132	7	509GB	Aiken VA Clinic	Aiken
133	7	521GC	Florence VA Clinic	Sheffield
134	7	521GD	Rainbow City VA Clinic	Rainbow City-Gadsden
135	7	521GE	Oxford VA Clinic	Oxford
136	7	521GF	Jasper VA Clinic	Jasper
137	7	521GH	Childersburg VA Clinic	Childersburg
138	7	521GI	Guntersville VA Clinic	Guntersville
139	7	521GJ	Birmingham VA Clinic	Birmingham-7th Avenue
140	7	534GC	Beaufort VA Clinic	Beaufort
141	7	534GE	Hinesville VA Clinic	Hinesville
142	7	534GF	Trident 1 VA Clinic	Trident 1-North Charleston
143	7	544GB	Florence VA Clinic	Florence-South Carolina
144	7	544GC	Rock Hill VA Clinic	Rock Hill
145	7	544GD	Anderson VA Clinic	Anderson
146	7	544GE	Orangeburg VA Clinic	Orangeburg
147	7	544GF	Sumter VA Clinic	Sumter
148	7	544GG	Spartanburg VA Clinic	Spartanburg
149	7	557GA	Macon VA Clinic	Macon
150	7	557GC	Milledgeville VA Clinic	Milledgeville

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
151	7	557GF	Tifton VA Clinic	Tifton
152	7	557HA	Perry VA Clinic	Perry-Georgia
153	7	619GA	Columbus VA Clinic	Columbus-Georgia
154	7	619GB	Dothan 1 VA Clinic	Dothan 1
155	7	619GE	Monroe County VA Clinic	Monroe County-Alabama
156	7	619QB	Fort Benning VA Clinic	Fort Benning
157	7	679GA	Selma VA Clinic	Selma
158	8	516GA	Sarasota VA Clinic	Sarasota
159	8	516GB	St. Petersburg VA Clinic	St. Petersburg
160	8	516GC	Palm Harbor VA Clinic	Palm Harbor
161	8	516GF	Naples VA Clinic	Naples
162	8	516GH	Sebring VA Clinic	Sebring
163	8	546GA	Miami Flagler VA Clinic	Miami Flagler
164	8	546GB	Key West VA Clinic	Key West
165	8	546GC	Homestead VA Clinic	Homestead
166	8	546GD	Pembroke Pines VA Clinic	Pembroke Pines-Hollywood
167	8	546GE	Key Largo VA Clinic	Key Largo
168	8	546GF	Hollywood VA Clinic	Hollywood
169	8	546GH	Deerfield Beach VA Clinic	Deerfield Beach
170	8	548GA	Fort Pierce VA Clinic	Fort Pierce
171	8	548GB	Delray Beach VA Clinic	Delray Beach
172	8	548GC	Stuart VA Clinic	Stuart
173	8	548GD	Boca Raton VA Clinic	Boca Raton
174	8	548GE	Vero Beach VA Clinic	Vero Beach
175	8	548GF	Okeechobee VA Clinic	Okeechobee
176	8	573GA	Valdosta VA Clinic	Valdosta
177	8	573GG	Lecanto VA Clinic	Lecanto
178	8	573GJ	St. Marys VA Clinic	St. Marys
179	8	573GK	Marianna VA Clinic	Marianna
180	8	573GL	Palatka VA Clinic	Palatka
181	8	573GM	Waycross VA Clinic	Waycross
182	8	573QJ	Jacksonville 2 VA Clinic	Jacksonville 2 University Boulevard
183	8	672GC	Arecibo VA Clinic	Arecibo
184	8	672GD	Ceiba VA Clinic	Ceiba-Pueblo Ward
185	8	672GE	Guayama VA Clinic	Guayama
186	8	673GF	Zephyrhills VA Clinic	Zephyrhills
187	8	673QK	Tampa 1 VA Mobile Clinic	Tampa 1 Mobile
188	8	675GC	Kissimmee VA Clinic	Kissimmee
189	8	675GD	Orange City VA Clinic	Orange City-Sanford
190	9	596GA	Somerset VA Clinic	Somerset
191	9	596GB	Morehead VA Clinic	Morehead
192	9	596GC	Hazard VA Clinic	Hazard
193	9	596GD	Berea VA Clinic	Berea
194	9	603GA	Fort Knox VA Clinic	Fort Knox
195	9	603GB	New Albany VA Clinic	New Albany
196	9	603GC	Shively VA Clinic	Shively-Louisville
197	9	603GD	Dupont VA Clinic	Dupont-Louisville
198	9	603GF	Grayson County VA Clinic	Grayson County-Clarkson
199	9	603GH	Carrollton VA Clinic	Carrollton-Kentucky
200	9	614GA	Tupelo VA Clinic	Tupelo

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
201	9	614GB	Jonesboro VA Clinic	Jonesboro
202	9	614GD	Savannah VA Clinic	Savannah-Tennessee
203	9	614GE	Covington VA Clinic	Covington-Memphis
204	9	614GF	Nonconnah Boulevard VA Clinic	Nonconnah-Memphis
205	9	614GG	Jackson VA Clinic	Jackson-Tennessee
206	9	614GI	Dyersburg VA Clinic	Dyersburg
207	9	614GN	Helena VA Clinic	Helena-Arkansas
208	9	621GC	Norton VA Clinic	Norton
209	9	621GG	Morristown VA Clinic	Morristown-Tennessee
210	9	621GI	Sevierville VA Clinic	Sevierville
211	9	621GJ	Bristol VA Clinic	Bristol
212	9	621GK	Campbell County VA Clinic	Campbell County-LaFollette
213	9	626GA	Dover VA Clinic	Dover-Tennessee
214	9	626GC	Bowling Green VA Clinic	Bowling Green
215	9	626GE	Clarksville VA Clinic	Clarksville
216	9	626GG	Tullahoma VA Clinic	Tullahoma-Arnold Air Force Base
217	9	626GH	Cookeville VA Clinic	Cookeville
218	9	626GJ	Hopkinsville VA Clinic	Hopkinsville
219	9	626GK	McMinnville VA Clinic	McMinnville
220	9	626GL	Roane County VA Clinic	Roane County-Harriman
221	9	626GM	Maury County VA Clinic	Maury County-Columbia
222	9	626GN	Athens VA Clinic	Athens-Tennessee
223	9	626GO	International Plaza VA Clinic	International Plaza-Nashville
224	10	506GB	Flint VA Clinic	Flint
225	10	506GC	Jackson VA Clinic	Jackson-Michigan Center
226	10	515GA	Muskegon VA Clinic	Muskegon
227	10	515GB	Lansing South VA Clinic	Lansing South
228	10	515GC	Benton Harbor VA Clinic	Benton Harbor
229	10	538GF	Wilmington VA Clinic	Wilmington-Ohio
230	10	539GA	Bellevue VA Clinic	Bellevue-Kentucky
231	10	539GF	Georgetown VA Clinic	Georgetown-Ohio
232	10	541GE	McCafferty VA Clinic	McCafferty-Cleveland
233	10	553GA	Yale VA Clinic	Yale
234	10	553GB	Pontiac VA Clinic	Pontiac
235	10	583GA	Terre Haute VA Clinic	Terre Haute
236	10	583GB	Bloomington VA Clinic	Bloomington
237	10	583GC	Martinsville VA Clinic	Martinsville
238	10	583GD	Indianapolis West VA Clinic	Indianapolis West
239	10	610GA	South Bend VA Clinic	South Bend
240	10	610GB	Muncie VA Clinic	Muncie
241	10	610GC	Goshen VA Clinic	Goshen-Indiana
242	10	610GD	Peru VA Clinic	Peru
243	10	655GA	Gaylord VA Clinic	Gaylord
244	10	655GC	Oscoda VA Clinic	Oscoda
245	10	655GD	Lieutenant Colonel Clement C. Van Wagoner VA Clinic	Alpena
246	10	655GE	Clare VA Clinic	Clare
247	10	655GF	Bad Axe VA Clinic	Bad Axe
248	10	655GG	Cadillac VA Clinic	Cadillac
249	10	655GH	Cheboygan County VA Clinic	Cheboygan County-Mackinaw City
250	10	655GI	Grayling VA Clinic	Grayling

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
251	10	757GA	Zanesville VA Clinic	Zanesville
252	10	757GB	Grove City VA Clinic	Grove City
253	10	757GC	Marion VA Clinic	Marion-Ohio
254	12	537GA	Chicago Heights VA Clinic	Chicago Heights
255	12	537GD	Lakeside VA Clinic	Lakeside-Chicago
256	12	537HA	Auburn Gresham VA Clinic	Auburn Gresham-Chicago
257	12	550GA	Decatur VA Clinic	Decatur-Illinois
258	12	550GC	West Lafayette VA Clinic	West Lafayette
259	12	550GD	Springfield VA Clinic	Springfield-Illinois
260	12	550GF	Charleston VA Clinic	Charleston-Illinois
261	12	556GA	Evanston VA Clinic	Evanston-Illinois
262	12	556GC	McHenry VA Clinic	McHenry
263	12	556GD	Kenosha VA Clinic	Kenosha
264	12	578GC	Kankakee County VA Clinic	Kankakee County-Bourbonnais
265	12	578GD	Aurora VA Clinic	Aurora-Illinois
266	12	578GE	Hoffman Estates VA Clinic	Hoffman Estates
267	12	578GG	Oak Lawn VA Clinic	Oak Lawn
268	12	585GA	Hancock VA Clinic	Hancock
269	12	585GB	Rhinelander VA Clinic	Rhinelander
270	12	585GC	Menominee VA Clinic	Menominee
271	12	585GD	Ironwood VA Clinic	Ironwood
272	12	585GF	Manistique VA Clinic	Manistique
273	12	585HA	Marquette VA Clinic	Marquette
274	12	585HB	Sault Saint Marie VA Clinic	Sault Saint Marie
275	12	607GC	Janesville VA Clinic	Janesville
276	12	607GD	Baraboo VA Clinic	Baraboo
277	12	607GE	Beaver Dam VA Clinic	Beaver Dam
278	12	607GF	Freeport VA Clinic	Freeport
279	12	607GG	Madison West VA Clinic	Madison West
280	12	676GA	Wausau VA Clinic	Wausau
281	12	676GC	River Valley VA Clinic	River Valley-La Crosse
282	12	676GE	Clark County VA Clinic	Clark County-Owen
283	12	695GA	Union Grove VA Clinic	Union Grove
284	12	695GC	Cleveland VA Clinic	Cleveland-Wisconsin
285	15	589G2	Dodge City VA Clinic	Dodge City
286	15	589G4	Hays VA Clinic	Hays
287	15	589G5	Parsons VA Clinic	Parsons-Kansas
288	15	589G7	Hutchinson VA Clinic	Hutchinson
289	15	589GC	Paola VA Clinic	Paola
290	15	589GD	Nevada VA Clinic	Nevada
291	15	589GE	Kirksville VA Clinic	Kirksville
292	15	589GH	Lake of the Ozarks VA Clinic	Lake of the Ozarks-Osage Beach
293	15	589GI	St. Joseph VA Clinic	St. Joseph
294	15	589GJ	Wyandotte County VA Clinic	Wyandotte County-Kansas City
295	15	589GR	Lieutenant General Richard J. Seitz CBOC	Junction City
296	15	589GU	Lawrence VA Clinic	Lawrence
297	15	589GV	Fort Scott VA Clinic	Fort Scott
298	15	589GW	Salina VA Clinic	Salina
299	15	589GX	Mexico VA Clinic	Mexico
300	15	589GY	St. James VA Clinic	St. James-Missouri

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
301	15	589JA	Sedalia VA Clinic	Sedalia
302	15	589JB	Excelsior Springs VA Clinic	Excelsior Springs
303	15	589JD	Marshfield VA Clinic	Marshfield
304	15	657GA	Belleville VA Clinic	Belleville
305	15	657GB	St. Louis County VA Clinic	St. Louis County-Florissant
306	15	657GD	St. Charles County VA Clinic	St. Charles County-O'Fallon
307	15	657GF	West Plains VA Clinic	West Plains
308	15	657GG	Paragould VA Clinic	Paragould
309	15	657GH	Cape Girardeau VA Clinic	Cape Girardeau
310	15	657GI	Farmington VA Clinic	Farmington-Missouri
311	15	657GK	Mount Vernon VA Clinic	Mount Vernon-Illinois
312	15	657GL	Paducah VA Clinic	Paducah
313	15	657GM	Effingham VA Clinic	Effingham
314	15	657GP	Owensboro VA Clinic	Owensboro
315	15	657GQ	Vincennes VA Clinic	Vincennes
316	15	657GR	Mayfield VA Clinic	Mayfield
317	15	657GS	Washington VA Clinic	Washington-Missouri
318	15	657GT	Carbondale VA Clinic	Carbondale
319	15	657GV	Sikeston VA Clinic	Sikeston
320	15	657GW	Pocahontas VA Clinic	Pocahontas
321	15	657GX	St. Louis VA Clinic	St. Louis-Missouri
322	15	657GY	Manchester VA Clinic	Manchester-Missouri
323	16	502GA	Jennings VA Clinic	Jennings
324	16	502GE	Lake Charles VA Clinic	Lake Charles
325	16	502GF	Fort Polk VA Clinic	Fort Polk-Leesville
326	16	502GG	Natchitoches VA Clinic	Natchitoches
327	16	520GB	Panama City Beach VA Clinic	Panama City Beach-Florida
328	16	520GC	Eglin Air Force Base VA Clinic	Eglin Air Force Base
329	16	564GB	Fort Smith VA Clinic	Fort Smith
330	16	564GD	Ozark VA Clinic	Ozark
331	16	564GE	Jay VA Clinic	Jay
332	16	580GF	Lake Jackson VA Clinic	Lake Jackson
333	16	580GJ	Texas City VA Clinic	Texas City
334	16	586GA	Kosciusko VA Clinic	Kosciusko
335	16	586GB	Meridian VA Clinic	Meridian
336	16	586GC	Greenville VA Clinic	Greenville-Mississippi
337	16	586GD	Hattiesburg VA Clinic	Hattiesburg
338	16	586GE	Natchez VA Clinic	Natchez
339	16	586GF	Columbus VA Clinic	Columbus-Mississippi
340	16	586GG	McComb VA Clinic	McComb
341	16	598GA	Mountain Home VA Clinic	Mountain Home-Arkansas
342	16	598GB	El Dorado VA Clinic	El Dorado
343	16	598GD	Mena VA Clinic	Mena
344	16	598GE	Pine Bluff VA Clinic	Pine Bluff
345	16	598GF	Searcy VA Clinic	Searcy
346	16	598GH	Russellville VA Clinic	Russellville
347	16	629GA	Houma VA Clinic	Houma
348	16	629GC	Slidell VA Clinic	Slidell
349	16	629GD	St. John VA Clinic	St. John-Reserve
350	16	629GE	Franklin VA Clinic	Franklin-Louisiana

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
351	16	629GF	Bogalusa VA Clinic	Bogalusa
352	16	667GB	Monroe VA Clinic	Monroe
353	17	504BZ	Clovis VA Clinic	Clovis
354	17	519GB	Hobbs VA Clinic	Hobbs
355	17	519HF	San Angelo VA Clinic	San Angelo
356	17	549GD	Denton VA Clinic	Denton
357	17	549GE	Bridgeport VA Clinic	Bridgeport
358	17	549GJ	Sherman VA Clinic	Sherman
359	17	549GL	Plano VA Clinic	Plano
360	17	671GB	Victoria VA Clinic	Victoria
361	17	671GF	South Bexar County VA Clinic	South Bexar County-San Antonio
362	17	671GP	Balcones Heights VA Clinic	Balcones Heights-San Antonio
363	17	671GQ	Shavano Park VA Clinic	Shavano Park-San Antonio
364	17	674GA	Palestine VA Clinic	Palestine
365	17	674GB	Brownwood VA Clinic	Brownwood
366	17	674GC	Bryan VA Clinic	Bryan-College Station
367	17	674GD	Cedar Park VA Clinic	Cedar Park
368	17	674GF	Temple VA Clinic	Temple-General Bruce Drive
369	17	740GB	McAllen VA Clinic	McAllen
370	17	740GD	Laredo VA Clinic	Laredo
371	17	740GI	Old Brownsville VA Clinic	Old Brownsville-Corpus Christi
372	17	740GJ	North Tenth Street VA Clinic	North Tenth Street-McAllen
373	17	756GA	Las Cruces VA Clinic	Las Cruces
374	17	756GB	El Paso Eastside VA Clinic	El Paso Eastside
375	19	436GA	Anaconda VA Clinic	Anaconda
376	19	436GB	Great Falls VA Clinic	Great Falls
377	19	436GD	Bozeman VA Clinic	Bozeman
378	19	436GF	Kalispell VA Clinic	Kalispell
379	19	436GJ	Miles City VA Clinic	Miles City
380	19	436GK	Glendive VA Clinic	Glendive
381	19	436HC	Merril Lundman VA Outpatient Clinic	Havre
382	19	442HK	Wheatland VA Mobile Clinic	Wheatland 1 Mobile
383	19	554GB	Aurora VA Clinic	Aurora-Colorado
384	19	554GF	Alamosa VA Clinic	Alamosa
385	19	554GG	La Junta VA Clinic	La Junta
386	19	623GA	Hartshorne VA Clinic	Hartshorne
387	19	623GB	Vinita VA Clinic	Vinita
388	19	623GC	McCurtain County VA Clinic	Idabel
389	19	635GA	Lawton VA Clinic	Lawton-Fort Sill
390	19	635GB	Wichita Falls VA Clinic	Wichita Falls
391	19	635GD	Ada VA Clinic	Ada
392	19	635GE	Stillwater VA Clinic	Stillwater
393	19	635GF	Altus VA Clinic	Altus
394	19	635HB	Ardmore VA Clinic	Ardmore
395	19	635QB	South Oklahoma City VA Clinic	South Oklahoma City
396	19	660GA	Pocatello VA Clinic	Pocatello
397	19	660GB	Ogden VA Clinic	Ogden
398	19	660GE	Orem VA Clinic	Orem
399	19	660GG	St. George VA Clinic	St. George
400	19	660GJ	Western Salt Lake VA Clinic	Western Salt Lake

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
401	19	666GB	Casper VA Clinic	Casper
402	19	666GC	Riverton VA Clinic	Riverton
403	19	666GD	Powell VA Clinic	Powell
404	19	666GE	Gillette VA Clinic	Gillette
405	19	666GF	Rock Springs VA Clinic	Rock Springs
406	20	463GA	Fairbanks VA Clinic	Fairbanks-Fort Wainwright
407	20	463GB	Kenai VA Clinic	Kenai
408	20	463GC	Mat-Su VA Clinic	Mat-Su-Wasilla
409	20	463GD	Homer VA Clinic	Homer
410	20	463GE	Juneau VA Clinic	Juneau
411	20	531GE	Twin Falls VA Clinic	Twin Falls
412	20	531GH	Burns VA Clinic	Burns
413	20	531GI	Mountain Home VA Clinic	Mountain Home-Idaho
414	20	531GJ	Salmon VA Clinic	Salmon
415	20	648GD	North Coast VA Clinic	North Coast-Warrenton
416	20	648GE	Fairview VA Clinic	Fairview
417	20	648GG	West Linn VA Clinic	West Linn
418	20	648GH	Newport VA Clinic	Newport-Oregon
419	20	648GI	Portland VA Clinic	Portland-1st Avenue
420	20	648GJ	Loren R. Kaufman VA Clinic	The Dalles
421	20	653GA	North Bend VA Clinic	North Bend
422	20	653GB	Brookings VA Clinic	Brookings
423	20	663GA	Bellevue VA Clinic	Bellevue-Washington
424	20	663GB	Bremerton VA Clinic	Bremerton
425	20	663GD	South Sound VA Clinic	South Sound-Chehalis
426	20	663GE	North Olympic Peninsula VA Clinic	North Olympic Peninsula-Port Angeles
427	20	687GA	Richland VA Clinic	Richland
428	20	687GB	Lewiston VA Clinic	Lewiston-Idaho
429	20	687GC	La Grande VA Clinic	La Grande
430	20	687HA	Yakima VA Clinic	Yakima
431	20	692GA	Klamath Falls VA Clinic	Klamath Falls
432	20	692GB	Grants Pass VA Clinic	Grants Pass
433	21	459GA	Maui VA Clinic	Maui-Kahului
434	21	459GB	Hilo VA Clinic	Hilo
435	21	459GC	Kailua-Kona VA Clinic	Kailua-Kona
436	21	459GD	Lihue VA Clinic	Lihue
437	21	459GE	Guam VA Clinic	Guam-Agana Heights
438	21	459GF	American Samoa VA Clinic	American Samoa-Pago Pago
439	21	459GG	Leeward Oahu VA Clinic	Leeward Oahu-Ewa Beach
440	21	570GA	Merced VA Clinic	Merced
441	21	570GB	Tulare VA Clinic	Tulare
442	21	570GC	Oakhurst VA Clinic	Oakhurst
443	21	593GC	Pahrump VA Clinic	Pahrump
444	21	593GD	Northwest Las Vegas VA Clinic	Northwest Las Vegas
445	21	593GE	Southeast Las Vegas VA Clinic	Southeast Las Vegas-Henderson
446	21	593GF	Southwest Las Vegas VA Clinic	Southwest Las Vegas
447	21	593GG	Northeast Las Vegas VA Clinic	Northeast Las Vegas
448	21	612GI	Yuba City VA Clinic	Yuba City
449	21	612GJ	Yreka VA Clinic	Yreka
450	21	640GA	Capitola VA Clinic	Capitola

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
451	21	640GB	Sonora VA Clinic	Sonora
452	21	640GC	Fremont VA Clinic	Fremont
453	21	640HA	Stockton VA Clinic	Stockton-French Camp
454	21	654GA	Sierra Foothills VA Clinic	Sierra Foothills-Auburn
455	21	654GB	Carson Valley VA Clinic	Carson Valley-Gardnerville
456	21	654GC	Lahontan Valley VA Clinic	Lahontan Valley-Fallon
457	21	654GD	Diamond View VA Clinic	Diamond View-Susanville
458	21	654GE	Reno East VA Clinic	Reno East
459	21	662GD	Ukiah VA Clinic	Ukiah
460	21	662GE	San Bruno VA Clinic	San Bruno
461	21	662GF	San Francisco VA Clinic	San Francisco-3rd Street
462	21	662GG	Clearlake VA Clinic	Clearlake
463	22	501G2	Las Vegas VA Clinic	Las Vegas-New Mexico
464	22	501GA	Artesia VA Clinic	Artesia
465	22	501GB	Farmington VA Clinic	Farmington-New Mexico
466	22	501GC	Silver City VA Clinic	Silver City
467	22	501GD	Gallup VA Clinic	Gallup-New Mexico
468	22	501GE	Espanola VA Clinic	Espanola
469	22	501GH	Truth or Consequences VA Clinic	Truth or Consequences
470	22	501GI	Alamogordo VA Clinic	Alamogordo
471	22	501GJ	Durango VA Clinic	Durango
472	22	501GK	Santa Fe VA Clinic	Santa Fe
473	22	501GM	Northwest Metro VA Clinic	Northwest Metro-New Mexico
474	22	501GN	Taos VA Clinic	Taos
475	22	501HB	Raton VA Clinic	Raton
476	22	600GA	Anaheim VA Clinic	Anaheim
477	22	600GC	Cabrillo VA Clinic	Cabrillo-Long Beach
478	22	600GD	Whittier VA Clinic	Whittier-Santa Fe Springs
479	22	600GE	Laguna Hills VA Clinic	Laguna Hills
480	22	600QB	Long Beach VA Mobile Clinic	Long Beach Mobile
481	22	605GA	Victorville VA Clinic	Victorville
482	22	605GB	Murrieta VA Clinic	Murrieta
483	22	605GC	Palm Desert VA Clinic	Palm Desert
484	22	605GD	Corona VA Clinic	Corona
485	22	605GE	Rancho Cucamonga VA Clinic	Rancho Cucamonga
486	22	644GB	Show Low VA Clinic	Show Low
487	22	644GF	Globe VA Clinic	Globe
488	22	644GG	Northeast Phoenix VA Clinic	Northeast Phoenix-Via Linda Road
489	22	644GH	Phoenix Midtown VA Clinic	Phoenix Midtown
490	22	649GA	Kingman VA Clinic	Kingman
491	22	649GB	Flagstaff VA Clinic	Flagstaff
492	22	649GC	Lake Havasu City VA Clinic	Lake Havasu City
493	22	649GD	Anthem VA Clinic	Anthem
494	22	649GE	Cottonwood VA Clinic	Cottonwood
495	22	664GA	Imperial Valley VA Clinic	Imperial Valley-El Centro
496	22	664GD	Escondido VA Clinic	Escondido
497	22	678GD	Safford VA Clinic	Safford
498	22	678GE	Green Valley VA Clinic	Green Valley
499	22	691GB	Santa Barbara VA Clinic	Santa Barbara
500	22	691GC	Gardena VA Clinic	Gardena

2017 Primary Community Based Outpatient Clinics (PC CBOC)

PC CBOC Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
501	22	691GF	East Los Angeles VA Clinic	East Los Angeles-Commerce
502	22	691GG	Antelope Valley VA Clinic	Antelope Valley-Lancaster
503	22	691GK	San Luis Obispo VA Clinic	San Luis Obispo
504	22	691GM	Oxnard VA Clinic	Oxnard
505	23	437GB	Bismarck VA Clinic	Bismarck
506	23	437GC	Fergus Falls VA Clinic	Fergus Falls
507	23	437GD	Minot VA Clinic	Minot
508	23	437GE	Bemidji VA Clinic	Bemidji
509	23	437GF	Williston VA Clinic	Williston
510	23	437GI	Grand Forks VA Clinic	Grand Forks
511	23	437GJ	Dickinson VA Clinic	Dickinson
512	23	437GK	Jamestown VA Clinic	Jamestown-North Dakota
513	23	437GL	Devils Lake VA Clinic	Devils Lake
514	23	438GA	Spirit Lake VA Clinic	Spirit Lake
515	23	568GA	Rapid City VA Clinic	Rapid City
516	23	568HH	Scottsbluff VA Clinic	Scottsbluff
517	23	618GA	St. James VA Clinic	St. James-Minnesota
518	23	618GB	Hibbing VA Clinic	Hibbing
519	23	618GD	Maplewood VA Clinic	Maplewood
520	23	618GE	Chippewa Valley VA Clinic	Chippewa Valley
521	23	618GG	Rochester VA Clinic	Rochester-Minnesota
522	23	618GH	Hayward VA Clinic	Hayward
523	23	618GJ	Shakopee VA Clinic	Shakopee
524	23	618GK	Albert Lea VA Clinic	Albert Lea
525	23	618GL	Minneapolis VA Clinic	Minneapolis-Harmon Place
526	23	618GM	Rice Lake VA Clinic	Rice Lake
527	23	618GN	Lyle C. Pearson Community Based Outpatient Clinic	Mankato
528	23	636GA	Norfolk VA Clinic	Norfolk
529	23	636GB	North Platte VA Clinic	North Platte
530	23	636GD	Marshalltown VA Clinic	Marshalltown
531	23	636GF	Quad Cities VA Clinic	Quad Cities-Bettendorf
532	23	636GG	Quincy VA Clinic	Quincy-Illinois
533	23	636GH	Waterloo VA Clinic	Waterloo
534	23	636GI	Lane A. Evans VA Community Based Outpatient Clinic	Galesburg
535	23	636GJ	Dubuque VA Clinic	Dubuque
536	23	636GK	Fort Dodge VA Clinic	Fort Dodge
537	23	636GN	Cedar Rapids VA Clinic	Cedar Rapids
538	23	636GP	Shenandoah VA Clinic	Shenandoah
539	23	636GQ	Holdrege VA Clinic	Holdrege
540	23	636GU	Decorah VA Clinic	Decorah
541	23	636GV	O'Neill VA Clinic	O'Neill
542	23	636GW	Coralville VA Clinic	Coralville
543	23	656GB	Montevideo VA Clinic	Montevideo
544	23	656GC	Max J. Beilke VA Outpatient Clinic	Alexandria-Minnesota

2017 Other Outpatient Services (OOS) Sites

OOS Site Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
1	1	402HL	Bingham VA Mobile Clinic	Bingham Mobile
2	1	402QA	Fort Kent VA Clinic	Fort Kent
3	1	402QB	Houlton VA Clinic	Houlton
4	1	405QA	St. Johnsbury VA Clinic	St. Johnsbury
5	1	405QB	Newport VA Clinic	Newport-Vermont
6	1	523GC	Quincy VA Clinic	Quincy-Massachusetts
7	1	523GD	Plymouth VA Clinic	Plymouth
8	1	523QA	Boston VA Mobile Clinic	Boston Mobile
9	1	631QA	Plantation Street VA Clinic	Northampton-Worcester
10	1	631QB	Lake Avenue VA Clinic	Northampton-Massachusetts
11	1	650QA	Eagle Square VA Clinic	Eagle Square-Providence
12	1	689QA	Errera VA Clinic	Errera-West Haven
13	2	526GD	Thomas P. Noonan Jr. VA Outpatient Clinic	Sunnyside-Queens
14	2	526QA	Bronx VA Mobile Clinic	Bronx Mobile
15	2	528GW	Schenectady VA Clinic	Schenectady
16	2	528GX	Troy VA Clinic	Troy
17	2	528GY	Clifton Park VA Clinic	Clifton Park
18	2	528QA	Buffalo VA Clinic	Buffalo-Main Street
19	2	528QB	Saint Vincent DePaul VA Clinic	Saint Vincent DePaul-Buffalo
20	2	528QC	Clinton Crossings VA Clinic	Clinton Crossings-Rochester
21	2	528QD	Mount Hope VA Clinic	Mount Hope-Rochester
22	2	528QE	Coudersport VA Clinic	Coudersport
23	2	528QF	Wellsboro VA Clinic	Wellsboro
24	2	528QG	Erie West VA Clinic	Erie West-Syracuse
25	2	528QH	South Salina VA Clinic	South Salina-Syracuse
26	2	528QI	Erie East VA Clinic	Erie East-Syracuse
27	2	528QK	Saranac Lake VA Clinic	Saranac Lake
28	2	528QL	Bath VA Mobile Clinic	Bath Mobile
29	2	528QN	Watertown 2 VA Clinic	Watertown 2
30	2	561BY	Newark VA Clinic	Newark-New Jersey
31	2	620GF	Monticello VA Clinic	Monticello
32	2	620GH	Eastern Dutchess VA Clinic	Eastern Dutchess-Pine Plains
33	2	620QA	Montrose 1 VA Mobile Clinic	Montrose 1 Mobile
34	2	620QB	Montrose 2 VA Mobile Clinic	Montrose 2 Mobile
35	2	620QC	Montrose 3 VA Mobile Clinic	Montrose 3 Mobile
36	2	630QA	New York Harbor 1 VA Mobile Clinic	New York Harbor 1 Mobile
37	2	630QB	New York Harbor 2 VA Mobile Clinic	New York Harbor 2 Mobile
38	2	632QA	Northport 1 VA Mobile Clinic	Northport 1 Mobile
39	2	632QB	Northport 2 VA Mobile Clinic	Northport 2 Mobile

2017 Other Outpatient Services (OOS) Sites

OOS Site Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
40	4	460HK	Wilmington VA Mobile Clinic	Wilmington Mobile
41	4	503GD	Huntingdon County VA Clinic	Mapleton Depot
42	4	529GD	Clarion County VA Clinic	Monroe Township
43	4	529GF	Cranberry Township VA Clinic	Cranberry Township
44	4	562GC	McKean County VA Clinic	Bradford
45	4	595QA	Fort Indiantown Gap VA Clinic	Annville
46	4	642QA	Chestnut Street VA Clinic	Chestnut Street-Philadelphia
47	4	642QB	Fourth Street VA Clinic	Fourth Street-Philadelphia
48	4	693GC	Tobyhanna VA Clinic	Tobyhanna
49	4	693GG	Northampton County VA Clinic	Bangor-Pennsylvania
50	4	693QA	Wayne County VA Clinic	Honesdale
51	5	517HK	Beckley VA Mobile Clinic	Beckley Mobile
52	5	517QA	Princeton VA Clinic	Princeton
53	5	540GA	Tucker County VA Clinic	Parsons-West Virginia
54	5	540HK	Clarksburg VA Mobile Clinic	Clarksburg Mobile
55	5	581QA	Huntington 9th Street VA Clinic	Huntington-Ninth Street
56	5	613GD	Franklin VA Clinic	Franklin-West Virginia
57	5	688QA	Franklin Street VA Clinic	Franklin Street-Washington
58	6	558QA	Brier Creek VA Clinic	Brier Creek-Raleigh
59	6	565QA	Robeson Street VA Clinic	Robeson Street-Fayetteville
60	6	565QB	Fayetteville VA Mobile Clinic	Fayetteville Mobile
61	6	565QC	Fayetteville 2 VA Mobile Clinic	Fayetteville 2 Mobile
62	6	565QD	Raeford Road VA Clinic	Raeford Road-Fayetteville
63	6	590QA	Hampton VA Mobile Clinic	Hampton 1 Mobile
64	6	590QB	Hampton City County VA Mobile Clinic	Hampton City County 2 Mobile
65	6	658GA	Tazewell VA Clinic	Tazewell
66	7	508QB	East Point VA Clinic	East Point
67	7	508QC	Henderson Mill VA Clinic	Henderson Mill-Atlanta
68	7	508QD	Fulton County VA Clinic	Fulton County-East Point
69	7	508QE	Gwinnett County VA Clinic	Gwinnett County-Lawrenceville
70	7	509QA	Statesboro VA Clinic	Statesboro
71	7	521QA	Callahan VA Clinic	Callahan-Birmingham
72	7	534QA	Market Commons VA Clinic	Market Commons-Myrtle Beach
73	7	534QB	Trident 2 VA Clinic	Trident 2-North Charleston
74	7	534QC	Charleston VA Clinic	Charleston-City Hall Lane
75	7	544HK	Columbia VA Mobile Clinic	Columbia Mobile
76	7	619QA	Dothan 2 VA Clinic	Dothan 2
77	7	679HK	Tuscaloosa VA Mobile Clinic	Tuscaloosa Mobile

2017 Other Outpatient Services (OOS) Sites

OOS Site Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
78	8	548QA	Port Saint Lucie VA Clinic	Port Saint Lucie
79	8	573GN	Perry VA Clinic	Perry-Florida
80	8	573QA	Gainesville Sixteenth Street VA Clinic	Gainesville 1-16th Street
81	8	573QB	Gainesville Ninety Eighth Street VA Clinic	Gainesville 2-98th Street
82	8	573QC	Gainesville Sixty Fourth Street 1 VA Clinic	Gainesville 3-64th Street (C)
83	8	573QD	Gainesville Sixty Fourth Street 2 VA Clinic	Gainesville 4-64th Street (O)
84	8	573QE	Gainesville Sixty Fourth Street 3 VA Clinic	Gainesville 5-64th Street (D)
85	8	573QF	Gainesville Twenty Third Avenue VA Clinic	Gainesville 6-23rd Avenue
86	8	573QG	Jacksonville Southpoint VA Clinic	Jacksonville Southpoint
87	8	573QH	Ocala West VA Clinic	Ocala West
88	8	672GA	Saint Croix VA Clinic	Saint Croix
89	8	672GB	Saint Thomas VA Clinic	Saint Thomas
90	8	672QA	Comerio VA Clinic	Comerio
91	8	672QB	Utuado VA Clinic	Utuado
92	8	672QC	Vieques VA Clinic	Vieques
93	8	673QA	Forty Sixth Street North VA Clinic	Forty Sixth Street North-Tampa
94	8	673QB	Forty Sixth Street South VA Clinic	Forty Sixth Street South-Tampa
95	8	673QC	West Lakeland VA Clinic	West Lakeland
96	8	673QD	Deer Park VA Clinic	Deer Park-New Port Richey
97	8	673QE	Highway Nineteen VA Clinic	Highway Nineteen-New Port Richey
98	8	673QF	Winners Circle VA Clinic	Winners Circle-Tampa
99	8	673QG	Little Road VA Clinic	Little Road-New Port Richey
100	8	673QH	Bruce B. Downs Boulevard VA Clinic	Bruce B. Downs Boulevard-Tampa
101	8	673QI	Medical View Lane VA Clinic	Medical View Lane-Zephyrhills
102	8	673QJ	Hidden River VA Clinic	Hidden River-Tampa
103	8	673QL	Tampa 2 VA Mobile Clinic	Tampa 2 Mobile
104	8	675QB	Port Orange VA Clinic	Port Orange
105	8	675QC	Westside Pavilion VA Clinic	Westside Pavilion-Daytona Beach
106	8	675QD	Crossroads VA Clinic	Crossroads-Winter Park
107	8	675QE	Orlando 1 VA Mobile Clinic	Orlando 1 Mobile
108	8	675QF	Orlando 2 VA Mobile Clinic	Orlando 2 Mobile
109	9	596QA	Cumberland River VA Clinic	Cumberland River-Corbin
110	9	614GC	Holly Springs VA Clinic	Holly Springs
111	9	614QA	Union Avenue VA Clinic	Union Avenue-Memphis
112	9	621GA	Rogersville VA Clinic	Rogersville
113	9	621QA	Jonesville VA Clinic	Jonesville
114	9	621QB	Marion VA Clinic	Marion-Virginia
115	9	621QC	Vansant VA Clinic	Vansant
116	9	621QD	Knox County VA Clinic	Knox County-Knoxville
117	9	621QE	Downtown West VA Clinic	Downtown West-Knoxville
118	9	626QA	Albion Street VA Clinic	Albion Street-Nashville

2017 Other Outpatient Services (OOS) Sites

OOS Site Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
119	9	626QB	Charlotte Avenue VA Clinic	Charlotte Avenue-Nashville
120	9	626QC	Pointe Centre VA Clinic	Pointe Centre
121	9	626QD	Glenis Drive VA Clinic	Glenis Drive
122	10	506QA	Ann Arbor VA Clinic	Ann Arbor-Packard Road
123	10	515QA	Lansing North VA Clinic	Lansing North
124	10	515QB	Century Avenue VA Clinic	Century Avenue-Grand Rapids
125	10	538QA	Chillicothe VA Mobile Clinic	Chillicothe Mobile
126	10	539QA	Cincinnati VA Mobile Clinic	Cincinnati Mobile
127	10	539QB	Highland Avenue VA Clinic	Highland Avenue-Cincinnati
128	10	541GM	Cleveland VA Clinic-Superior	Cleveland-Superior
129	10	541QA	Summit County VA Clinic	Summit County-Akron
130	10	541QB	Cleveland VA Clinic-Euclid	Cleveland-Euclid
131	10	541QC	Cleveland 1 VA Mobile Clinic	Cleveland 1 Mobile
132	10	541QD	Cleveland 2 VA Mobile Clinic	Cleveland 2 Mobile
133	10	541QE	Cleveland East Boulevard 3 VA Mobile Clinic	Cleveland East Boulevard 3 Mobile
134	10	541QF	Cuyahoga County 4 VA Mobile Clinic	Cuyahoga County-Cleveland 4 Mobile
135	10	552QA	Dayton 1 VA Mobile Clinic	Dayton 1 Mobile
136	10	552QB	Dayton Third Street 2 VA Mobile Clinic	Dayton Third Street 2 Mobile
137	10	552QC	Montgomery County 3 VA Mobile Clinic	Montgomery County-Dayton 3 Mobile
138	10	553QA	Piquette Street VA Clinic	Piquette Street-Detroit
139	10	583QA	Monroe County VA Clinic	Monroe County-Indiana
140	10	583QB	Indianapolis VA Clinic	Indianapolis-Meridian Street
141	10	583QC	Vigo County VA Clinic	Vigo County-Terre Haute
142	10	610QA	Fort Wayne VA Clinic	Fort Wayne-East State Boulevard
143	10	610QB	Columbia Place VA Clinic	Columbia Place
144	10	655QA	Saginaw VA Clinic	Saginaw-Barnard Road
145	10	655QB	Grand Traverse VA Clinic	Grand Traverse
146	10	757QA	Columbus 1 VA Mobile Clinic	Columbus 1 Mobile
147	10	757QB	North James Road 2 VA Mobile Clinic	North James Road 2 Mobile
148	10	757QC	Columbus VA Clinic	Columbus-Airport Drive
149	12	537QA	Chicago VA Clinic	Chicago-California Avenue
150	12	676QA	Tomah VA Mobile Clinic	Tomah Mobile
151	12	695QA	Milwaukee VA Clinic	Milwaukee-MLK Drive
152	15	589G3	Liberal VA Clinic	Liberal
153	15	589GB	Belton VA Clinic	Belton
154	15	589GM	Chanute VA Clinic	Chanute
155	15	589GN	Emporia VA Clinic	Emporia-Kansas
156	15	589GP	Garnett VA Clinic	Garnett
157	15	589GZ	Cameron VA Clinic	Cameron
158	15	589HK	Kansas City VA Mobile Clinic	Kansas City Mobile

2017 Other Outpatient Services (OOS) Sites

OOS Site Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
159	15	589JE	Platte City VA Clinic	Platte City
160	15	589QA	Overland Park VA Clinic	Overland Park
161	15	589QB	Sedgwick County VA Clinic	Sedgwick County-Wichita
162	15	589QC	South Parklane VA Clinic	South Parklane-Wichita
163	15	589QD	Wichita VA Mobile Clinic	Wichita Mobile
164	15	657GN	Salem VA Clinic	Salem-Missouri
165	15	657GO	Hanson VA Clinic	Hanson
166	15	657GU	Harrisburg VA Clinic	Harrisburg
167	15	657QA	Olive Street VA Clinic	Olive Street-St. Louis
168	15	657QB	Washington Boulevard VA Clinic	Washington Boulevard-St. Louis
169	15	657QC	Enterprise Way VA Clinic	Enterprise Way-Marion
170	15	657QD	Heartland Street VA Clinic	Heartland Street-Marion
171	15	657QE	Scott Air Force Base VA Clinic	Scott Air Force Base
172	16	502QB	Lafayette Campus B VA Clinic	Lafayette Campus B
173	16	520QA	Panama City Beach West VA Clinic	Panama City Beach West
174	16	564GA	Harrison VA Clinic	Harrison
175	16	564QA	Township VA Clinic	Township-Fayetteville
176	16	564QB	Sunbridge VA Clinic	Sunbridge-Fayetteville
177	16	586QA	Jackson VA Mobile Clinic	Jackson Mobile
178	16	586QB	Dogwood View Parkway VA Clinic	Dogwood View Parkway-Jackson
179	16	586QC	Lakeland Drive VA Clinic	Lakeland Drive
180	16	598QA	Little Rock VA Clinic	Little Rock-Main Street
181	16	598QB	Little Rock VA Mobile Clinic	Little Rock Mobile
182	16	629QA	Baton Rouge South VA Clinic	Baton Rouge South
183	16	667QA	Knight Street VA Clinic	Knight Street-Shreveport
184	17	504GA	Childress VA Clinic	Childress
185	17	504HB	Dalhart VA Clinic	Dalhart
186	17	519GD	Fort Stockton VA Clinic	Fort Stockton
187	17	519HD	Stamford VA Clinic	Stamford-Texas
188	17	549GF	Granbury VA Clinic	Granbury
189	17	549GH	Greenville VA Clinic	Greenville-Texas
190	17	549GK	Polk Street VA Clinic	Polk Street-Dallas
191	17	549HK	North Texas VA Mobile Clinic	North Texas Mobile-Dallas
192	17	549QA	Dallas VA Clinic	Dallas-4900 S. Lancaster Road
193	17	549QB	East Lancaster VA Clinic	East Lancaster
194	17	549QC	Broadway VA Clinic	Broadway
195	17	671GH	Beeville VA Clinic	Beeville
196	17	671GK	San Antonio VA Clinic	San Antonio-NW 410
197	17	671GL	New Braunfels VA Clinic	New Braunfels
198	17	671GN	Seguin VA Clinic	Seguin
199	17	671QA	South Texas VA Mobile Clinic	South Texas Mobile

2017 Other Outpatient Services (OOS) Sites

OOS Site Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
200	17	671QB	Data Point VA Clinic	Data Point-San Antonio
201	17	674HB	LaGrange VA Clinic	LaGrange
202	17	740QA	Texas Valley Coastal Bend VA Mobile Clinic	Texas Valley Coastal Bend Mobile
203	19	436GI	Glasgow VA Clinic	Glasgow
204	19	436GL	Cut Bank VA Clinic	Cut Bank
205	19	436GM	Lewistown VA Clinic	Lewistown
206	19	436QA	Hamilton VA Clinic	Hamilton-Montana
207	19	436QB	Plentywood VA Clinic	Plentywood
208	19	436QC	Helena VA Clinic	Helena-Montana
209	19	442GB	Sidney VA Clinic	Sidney
210	19	442QA	Rawlins VA Clinic	Rawlins
211	19	442QB	Torrington VA Mobile Clinic	Torrington-Cheyenne 2 Mobile
212	19	442QC	Wheatland Frontrange 3 VA Mobile Clinic	Wheatland Frontrange 3 VA Mobile
213	19	554GH	Lamar VA Clinic	Lamar
214	19	554GI	Burlington VA Clinic	Burlington
215	19	554QA	Denver VA Clinic	Denver - Santa Fe Drive
216	19	554QB	Jewell VA Clinic	Jewell-Aurora
217	19	554QC	Salida VA Clinic	Salida
218	19	575GA	Montrose VA Clinic	Montrose-Colorado
219	19	575GB	Major William Edward Adams VA Clinic	Craig
220	19	575QA	Glenwood Springs VA Clinic	Glenwood Springs
221	19	575QB	Moab VA Clinic	Moab
222	19	623QA	Jack C. Montgomery East VA Clinic	Muskogee-Shawnee Road
223	19	623QB	Tulsa Eleventh Street VA Clinic	Tulsa Eleventh Street
224	19	635GC	Blackwell VA Clinic	Blackwell
225	19	635GG	Enid VA Clinic	Enid
226	19	635QA	North May VA Clinic	North May-Oklahoma City
227	19	660GC	Ely VA Clinic	Ely-Nevada
228	19	660GD	Roosevelt VA Clinic	Roosevelt
229	19	660GK	Elko VA Clinic	Elko
230	19	660QA	Idaho Falls VA Clinic	Idaho Falls
231	19	660QB	Price VA Clinic	Price
232	19	666QA	Afton VA Clinic	Afton
233	19	666QB	Evanston VA Clinic	Evanston-Wyoming
234	19	666QC	Worland VA Clinic	Worland
235	20	653QA	Downtown Eugene VA Clinic	Downtown Eugene
236	20	663HK	Puget Sound VA Mobile Clinic	Puget Sound Mobile
237	20	668HK	Spokane VA Mobile Clinic	Spokane Mobile
238	20	668QB	Libby VA Clinic	Libby
239	20	668QD	Sandpoint VA Clinic	Sandpoint-Ponderay
240	20	668QE	Spokane VA Clinic	Spokane-West 2nd Avenue

2017 Other Outpatient Services (OOS) Sites

OOS Site Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
241	20	687QA	Grangeville VA Clinic	Grangeville
242	20	687QB	Morrow County VA Clinic	Morrow County-Boardman
243	20	687QC	Wallowa County VA Clinic	Wallowa County-Enterprise
244	21	358	Manila VA Clinic	Manila-Pasay City
245	21	459GH	Saipan VA Clinic	Saipan
246	21	459QA	Lanai VA Clinic	Lanai-Lanai City
247	21	459QB	Molokai VA Clinic	Molokai-Kaunakakai
248	21	593GH	Master Chief Petty Officer Jesse Dean VA	Laughlin-Nevada
249	21	593QB	Laughlin VA Mobile Clinic	Laughlin Mobile
250	21	593QC	West Cheyenne VA Clinic	West Cheyenne-North Las Vegas
251	21	612QA	Cohasset VA Clinic	Cohasset-Chico
252	21	612QB	Twenty First Street VA Clinic	Twenty First Street-Oakland
253	21	612QC	Cypress Avenue VA Clinic	Cypress Avenue-Redding
254	21	612QD	Howe Road VA Clinic	Howe Road-Martinez
255	21	640QA	Palo Alto 1 VA Mobile Clinic	Palo Alto 1 Mobile
256	21	640QB	Palo Alto 2 VA Mobile Clinic	Palo Alto 2 Mobile
257	21	654QA	Kietzke VA Clinic	Kietzke-Reno
258	21	654QB	Capitol Hill VA Clinic	Capitol Hill-Reno
259	21	654QC	Winnemucca VA Clinic	Winnemucca
260	21	654QD	Virginia Street VA Clinic	Virginia Street-Reno
261	22	600QA	West Santa Ana VA Clinic	West Santa Ana-Long Beach
262	22	605QA	Blythe VA Clinic	Blythe
263	22	644GC	Southwest VA Clinic	Southwest-Arizona
264	22	644GD	Payson VA Clinic	Payson
265	22	644QA	Phoenix VA Clinic	Phoenix-East Thomas Road
266	22	649QA	Chinle VA Clinic	Chinle-Arizona
267	22	649QB	Holbrook VA Clinic	Holbrook
268	22	649QD	Page VA Clinic	Page
269	22	649QE	Prescott VA Clinic	Prescott-East Crossings Drive
270	22	649QF	Tuba City VA Clinic	Tuba City
271	22	649QG	Polacca VA Clinic	Polacca
272	22	649QH	Kayenta VA Clinic	Kayenta
273	22	664QA	Rio VA Clinic	Rio
274	22	678QA	Cochise County VA Clinic	North Coronado Drive-Sierra Vista
275	22	678QB	Pinal County VA Clinic	East Cottonwood Lane-Casa Grande
276	23	437GA	Grafton VA Clinic	Grafton
277	23	438GE	Wagner VA Clinic	Wagner
278	23	568GB	Pierre VA Clinic	Pierre
279	23	568HA	Newcastle VA Clinic	Newcastle
280	23	568HB	Gordon VA Clinic	Gordon

2017 Other Outpatient Services (OOS) Sites

OOS Site Count	VISN	Station Number	Official Station Name	Location (Descriptive Name)
281	23	568HF	Pine Ridge VA Clinic	Pine Ridge
282	23	568HJ	Mission VA Clinic	Mission
283	23	568HK	McLaughlin VA Clinic	McLaughlin
284	23	568HP	Winner VA Clinic	Winner
285	23	618QA	Fort Snelling VA Clinic	Fort Snelling
286	23	636GL	Bellevue VA Clinic	Bellevue-Nebraska
287	23	636QA	Omaha VA Clinic	Omaha-Dorcas Street
288	23	636QB	Des Moines VA Clinic	Des Moines-Center Street
289	23	636QC	Linn County VA Clinic	Linn County-Cedar Rapids
290	23	636QD	Macomb VA Clinic	Macomb-Iowa City
291	23	636QG	Iowa City VA Mobile Clinic	Iowa City Mobile
292	23	636QH	Des Moines VA Mobile Clinic	Des Moines Mobile
293	23	636QI	Davenport VA Clinic	Davenport
294	23	656QA	St. Cloud VA Mobile Clinic	St. Cloud Mobile

2017 Outpatient Dialysis Centers

Dialysis Center Count	VISN	Station Number	Official Name	City	State
1	1	402	VA Maine HCS	Augusta	ME
2	1	523	VA Boston HCS	Boston	MA
3	1	650	Providence VA Med Center	Providence	RI
4	1	689	VA Connecticut HCS	West Haven	CT
5	2	526	James J. Peters VA Med Center	Bronx	NY
6	2	528	Albany Stratton VA Med Center	Albany	NY
7	2	528	VA Western NY HCS	Buffalo	NY
8	2	561	VA New Jersey HCS	East Orange	NJ
9	2	630	VA NY Harbor HCS - Brooklyn	Brooklyn	NY
10	2	630	VA NY Harbor HCS - Manhattan	New York	NY
11	2	632	Northport VA Med Center	Northport	NY
12	4	460	Wilmington VA Med Center	Wilmington	DE
13	4	642	Philadelphia Free Standing Dialysis Center	Philadelphia	PA
14	4	646	VA Pittsburgh HCS	Pittsburgh	PA
15	4	693	Wilkes-Barre VA Med Center	Wilkes-Barre	PA
16	5	688	Washington DC VA Med Center	Washington	DC
17	6	558	Durham VA Med Center	Durham	NC
18	6	558	Raleigh Dialysis Center	Raleigh	NC
19	6	565	Fayetteville VA Med Center	Fayetteville	NC
20	6	659	Charlotte Dialysis Center	Charlotte	NC
21	6	659	Kernersville Dialysis Center	Kernersville	NC
22	6	590	Hampton VA Med Center	Hampton	VA
23	6	652	Hunter Holmes McGuire VA Med Center	Richmond	VA
24	6	658	Salem VA Med Center	Salem	VA
25	7	508	Atlanta VA Med Center	Decatur	GA
26	7	521	Birmingham VA Med Center	Birmingham	AL
27	7	534	Ralph H. Johnson VA Med Center	Charleston	SC
28	7	544	Wm. Jennings Bryan Dorn VA Med Center	Columbia	SC
29	8	516	Bay Pines VA HCS	Bay Pines	FL
30	8	546	Miami VA HCS	Miami	FL
31	8	548	West Palm Beach VA Med Center	West Palm	FL
32	8	573	North Florida/South Georgia HCS-Gainesville	Gainesville	FL
33	8	672	VA Caribbean HCS	San Juan	PR
34	8	673	James A. Haley Veterans' Hospital	Tampa	FL
35	8	675	Orlando	Orlando	FL
36	9	596	Lexington VA Med Center	Lexington	KY
37	9	614	Memphis VA Med Center	Memphis	TN

2017 Outpatient Dialysis Centers

Dialysis Center Count	VISN	Station Number	Official Name	City	State
38	9	626	Tennessee Valley HCS	Nashville	TN
39	10	506	VA Ann Arbor HCS	Ann Arbor	MI
40	10	539	Cincinnati VA Med Center	Cincinnati	OH
41	10	541	Cleveland- Freestanding Dialysis Center	Cleveland	Oh
42	10	541	Louis Stokes Cleveland VA Med	Cleveland	OH
43	10	552	Dayton VA Med Center	Dayton	OH
44	10	553	John D. Dingell VA Med Center	Detroit	MI
45	10	583	Richard L. Roudebush VAMC	Indianapolis	IN
46	12	537	Jesse Brown VA Med Center	Chicago	IL
47	12	578	"Edward Hines, Jr. VA Hospital"	Hines	IL
48	12	695	Milo C Huempfner	Green Bay	WI
49	12	695	Milwaukee VA Med Center	Milwaukee	WI
50	15	589	Kansas City VA Med Center	Kansas City	MO
51	15	657	St. Louis VA Med Center	St. Louis	MO
52	16	586	G.V. (Sonny) Montgomery VA Med Center	Jackson	MS
53	16	598	Central Arkansas Veterans HCS	Little Rock	AR
54	17	549	VA North Texas HCS	Dallas	TX
55	17	671	South Texas Veterans HCS (STVHCS)	San Antonio	TX
56	18	501	New Mexico VA HCS	Albuquerque	NM
57	18	678	Southern Arizona VA HCS	Tucson	AZ
58	19	554	VA Eastern Colorado HCS	Denver	CO
59	19	660	VA Salt Lake City HCS	Salt Lake City	UT
60	20	648	Portland VA Med Center	Portland	OR
61	20	663	VA Puget Sound HCS	Seattle	WA
62	21	459	VA Pacific Islands HCS	Honolulu	HI
63	21	593	Southern Nevada HCS	North Las Vegas	NV
64	21	612	David Grant USAF Med Center (JV VA/DoD)	Travis AFB	CA
65	21	640	VA Palo Alto HCS	Palo Alto	CA
66	21	662	San Francisco VA Med Center	San Francisco	CA
67	22	600	VA Long Beach HCS	Long Beach	CA
68	22	605	VA Loma Linda HCS	Loma Linda	CA
69	22	664	VA San Diego HCS	San Diego	CA
70	22	691	VA Great Los Angeles HCS	Los Angeles	CA
71	23	568	VA Black Hills HCS	Hot Springs	SD
72	23	618	Minneapolis VA HCS	Minneapolis	MN
73	23	636	Iowa City VA HCS	Iowa City	IA
74	23	636	VA Nebraska-Western Iowa HCS	Omaha	NE

2017 Community Resource and Referral Centers (CRRC)

CRRC Program Count	Station Name	Site Location
1	VA Connecticut Health Care System	West Haven, CT
2	VA New York Harbor Health Care System	Harlem, NY
3	Philadelphia VA Medical Center	Philadelphia, PA
4	VA Maryland Health Care System	Baltimore, MD
5	Washington DC VA Medical Center	Washington, DC
6	Huntington VA Medical Center	Huntington, WV
7	Ralph H. Johnson VA Medical Center	Charleston, SC
8	Atlanta VA Medical Center	Atlanta, GA
9	N. Florida/S. Georgia Veterans Health System	Jacksonville, FL
10	Louis Stokes Cleveland VA Medical Center-Akron CBOC	Akron, OH
11	Louis Stokes Cleveland VA Medical Center	Cleveland, OH
12	John D. Dingell VA Medical Center	Detroit, MI
13	Jesse Brown VA Medical Center	Chicago, IL
14	Clement J. Zablocki VA Medical Center	Milwaukee, WI
15	Michael E. DeBakey VA Medical Center	Houston, TX
16	Southeast Louisiana Veterans Health Care System	New Orleans, LA
17	VA North Texas Health Care System	Dallas, TX
18	VA North Texas Health Care System	Fort Worth, TX
19	VA Eastern Colorado Health Care System	Denver, CO
20	Portland VA Medical Center	Portland, OR
21	VA Puget Sound Health Care System	Seattle, WA
22	VA Southern Nevada Health Care System	Las Vegas, NV
23	San Francisco VA Medical Center	San Francisco, CA
24	VA Long Beach Healthcare System	Long Beach, CA
25	Phoenix VA Medical Center	Phoenix, AZ
26	Greater Los Angeles Health Care System	Los Angeles, CA
27	Iowa City VA Health Care System	Cedar Rapids, IA
28	VA Central Iowa Health Care System (636A8)	Davenport. IA
29	VA Central Iowa Health Care System (636A6)	Des Moines, IA
30	Minneapolis VA Health Care System	Minneapolis, MN
31	VA Nebraska-Western Iowa Health Care System	Omaha Nebraska-Western Iowa, NE

2017 Vet Centers and Mobile Vet Centers (MVC)

MyVA District	Vet Center #	Vet Center Name	City	State	Mobile Vet Center (MVC) #
1	0101V	Boston Vet Center	Boston	MA	
1	0103V	Springfield Vet Center	West Springfield	MA	801
1	0104V	Brockton Vet Center	Brockton	MA	
1	0108V	Manchester Vet Center	Manchester	NH	
1	0113V	Providence Vet Center	Providence	RI	
1	0115V	Portland Vet Center	Portland	ME	
1	0116V	New Haven Vet Center	New Haven	CT	
1	0117V	Hartford Vet Center	Hartford	CT	
1	0118V	South Burlington Vet Center	South Burlington	VT	
1	0119V	Caribou Vet Center	Caribou	ME	
1	0121V	Bangor Vet Center	Bangor	ME	
1	0122V	White River Junction Vet Center	White River Junction	VT	803
1	0125V	Lowell Vet Center	Lowell	MA	
1	0126V	Worcester Vet Center	Worcester	MA	
1	0127V	Norwich Vet Center	Norwich	CT	
1	0128V	New Bedford Vet Center	New Bedford	MA	
1	0129V	Lewiston Vet Center	Lewiston	ME	804
1	0130V	Sanford Vet Center	Sanford	ME	
1	0134V	Berlin Vet Center	Berlin	NH	
1	0136V	Hyannis Vet Center	Hyannis	MA	
1	0140V	Danbury Vet Center	Danbury	CT	
1	0102V	Secaucus Vet Center	Secaucus	NJ	857
1	0105V	Brooklyn Vet Center	Brooklyn	NY	
1	0106V	Manhattan Vet Center	Manhattan	NY	
1	0107V	Buffalo Vet Center	Buffalo	NY	
1	0109V	Queens Vet Center	Queens	NY	
1	0110V	Bronx Vet Center	Bronx	NY	
1	0111V	Albany Vet Center	Albany	NY	
1	0112V	Bloomfield Vet Center	Bloomfield	NJ	
1	0114V	Trenton Vet Center	Trenton	NJ	
1	0120V	Babylon Vet Center	Babylon	NY	
1	0123V	White Plains Vet Center	White Plains	NY	
1	0124V	Rochester Vet Center	Rochester	NY	873
1	0131V	Syracuse Vet Center	Syracuse	NY	
1	0132V	Staten Island Vet Center	Staten Island	NY	
1	0133V	Harlem Vet Center	Harlem	NY	
1	0135V	Watertown Vet Center	Watertown	NY	805
1	0137V	Binghamton Vet Center	Binghamton	NY	
1	0138V	Nassau Vet Center	Nassau	NY	
1	0139V	Middletown Vet Center	Middletown	NY	
1	0141V	Toms River Vet Center	Toms River	NJ	
1	0230V	Ventnor Vet Center	Ventnor	NJ	
1	0208V	Huntington Vet Center	Huntington	WV	
1	0210V	Philadelphia Vet Center	Philadelphia	PA	

2017 Vet Centers and Mobile Vet Centers (MVC)

MyVA District	Vet Center #	Vet Center Name	City	State	Mobile Vet Center (MVC) #
1	0211V	Pittsburgh Vet Center	Pittsburgh	PA	
1	0212V	Williamsport Vet Center	Williamsport	PA	
1	0216V	Morgantown Vet Center	Morgantown	WV	807
1	0218V	Harrisburg Vet Center	Harrisburg	PA	876
1	0219V	Philadelphia Vet Center	Philadelphia	PA	
1	0220V	McKeesport Veterans Resource Center	McKeesport	PA	
1	0222V	Erie Vet Center	Erie	PA	809
1	0223V	Charleston Vet Center	Charleston	WV	
1	0224V	Martinsburg Vet Center	Martinsburg	WV	
1	0227V	DuBois Vet Center	DuBois	PA	
1	0229V	Scranton Vet Center	Scranton	PA	811
1	0231V	Beckley Vet Center	Beckley	WV	812
1	0232V	Princeton Vet Center	Princeton	WV	
1	0233V	Wheeling Vet Center	Wheeling	WV	
1	0238V	Bucks County Vet Center	Bristol	PA	
1	0239V	Montgomery County Vet Center	Norristown	PA	
1	0242V	Lancaster County Vet Center	Lancaster	PA	
1	0201V	Baltimore Vet Center	Baltimore	MD	858
1	0207V	Norfolk Vet Center	Norfolk	VA	
1	0209V	Elkton Vet Center	Elkton	MD	
1	0213V	Silver Spring Vet Center	Silver Spring	MD	
1	0214V	Washington Vet Center	Washington	DC	
1	0215V	Wilmington Vet Center	Wilmington	DE	
1	0217V	Richmond Vet Center	Richmond	VA	808
1	0226V	Roanoke Vet Center	Roanoke	VA	
1	0228V	Alexandria Vet Center	Alexandria	VA	
1	0235V	Annapolis Vet Center	Annapolis	MD	
1	0236V	Baltimore County - Dundalk Vet Center	Dundalk	MD	
1	0237V	Prince Georges County Vet Center	Clinton	MD	
1	0240V	Virginia Beach County Vet Center	Virginia Beach	VA	
1	0243V	Sussex County Vet Center	Georgetown	DE	874
1	0315V	Fayetteville Vet Center	Fayetteville	NC	
1	0317V	Charlotte Vet Center	Charlotte	NC	
1	0319V	Greenville Vet Center	Greenville	NC	814
1	0327V	Greensboro Vet Center	Greensboro	NC	862
1	0328V	Raleigh Vet Center	Raleigh	NC	
1	0343V	Jacksonville Vet Center	Jacksonville	NC	
2	0202V	Louisville Vet Center	Louisville	KY	
2	0203V	Lexington Vet Center	Lexington	KY	806
2	0303V	Charleston Vet Center	Charleston	SC	
2	0304V	Atlanta Vet Center	Atlanta	GA	
2	0316V	Greenville Vet Center	Greenville	SC	
2	0323V	Savannah Vet Center	Savannah	GA	
2	0324V	Columbia Vet Center	Columbia	SC	817

2017 Vet Centers and Mobile Vet Centers (MVC)

MyVA District	Vet Center #	Vet Center Name	City	State	Mobile Vet Center (MVC) #
2	0329V	Lawrenceville Vet Center	Lawrenceville	GA	
2	0333V	Macon Vet Center	Macon	GA	818
2	0334V	Montgomery Vet Center	Montgomery	AL	
2	0342V	Marietta Vet Center	Marietta	GA	860
2	0346V	Augusta Vet Center	Augusta	GA	
2	0347V	Myrtle Beach Vet Center	Myrtle Beach	SC	
2	0349V	Columbus Vet Center	Columbus	GA	
2	0701V	Johnson City Vet Center	Johnson City	TN	844
2	0719V	Memphis Vet Center	Memphis	TN	848
2	0720V	Knoxville Vet Center	Knoxville	TN	
2	0722V	Chattanooga Vet Center	Chattanooga	TN	
2	0724V	Nashville Vet Center	Nashville	TN	864
2	0738V	Huntsville Vet Center	Huntsville	AL	
2	0739V	Birmingham Vet Center	Birmingham	AL	866
2	0741V	Mobile Vet Center	Mobile	AL	
2	0742V	Pensacola Vet Center	Pensacola	FL	815
2	0743V	Okaloosa County Vet Center	Shalimar	FL	
2	0744V	Bay County Vet Center	Panama City	FL	
2	0301V	St. Petersburg Vet Center	St. Petersburg	FL	
2	0305V	Jacksonville Vet Center	Jacksonville	FL	813
2	0307V	San Juan Vet Center	San Juan	PR	
2	0309V	Arecibo Vet Center	Arecibo	PR	802
2	0310V	Miami Vet Center	Miami	FL	
2	0311V	Fort Lauderdale Vet Center	Ft. Lauderdale	FL	
2	0312V	Ponce Vet Center	Ponce	PR	861
2	0314V	Orlando Vet Center	Orlando	FL	
2	0318V	Tampa Vet Center	Tampa	FL	
2	0320V	Sarasota Vet Center	Sarasota	FL	
2	0325V	Tallahassee Vet Center	Tallahassee	FL	
2	0326V	Palm Beach Vet Center	Palm Beach	FL	
2	0330V	Fort Myers Vet Center	Ft. Myers	FL	
2	0331V	Gainesville Vet Center	Gainesville	FL	
2	0332V	Melbourne Vet Center	Melbourne	FL	
2	0336V	Pompano Beach Vet Center	Pompano Beach	FL	
2	0337V	Jupiter Vet Center	Jupiter	FL	
2	0338V	Pasco County Vet Center	Pasco	FL	816
2	0339V	Clearwater Vet Center	Clearwater	FL	
2	0340V	Lakeland Vet Center	Lakeland	FL	
2	0341V	Daytona Beach Vet Center	Daytona Beach	FL	
2	0344V	Ocala Vet Center	Ocala	FL	
2	0345V	Clermont Vet Center	Clermont	FL	
2	0348V	Naples Vet Center	Naples	FL	
3	0204V	Cincinnati Vet Center	Cincinnati	OH	
3	0205V	Cleveland Vet Center	Cleveland	OH	

2017 Vet Centers and Mobile Vet Centers (MVC)

MyVA District	Vet Center #	Vet Center Name	City	State	Mobile Vet Center (MVC) #
3	0206V	Parma Vet Center	Parma	OH	
3	0221V	Columbus Vet Center	Columbus	OH	
3	0225V	Dayton Vet Center	Dayton	OH	810
3	0234V	Toledo Vet Center	Toledo	OH	
3	0241V	Stark County Vet Center	Canton	OH	859
3	0401V	Dearborn Vet Center	Dearborn	MI	
3	0402V	Detroit Vet Center	Detroit	MI	
3	0403V	Grand Rapids Vet Center	Grand Rapids	MI	
3	0409V	Fort Wayne Vet Center	Fort Wayne	IN	
3	0413V	Indianapolis Vet Center	Indianapolis	IN	852
3	0433V	Saginaw Vet Center	Saginaw	MI	
3	0434V	Escanaba Vet Center	Escanaba	MI	826
3	0437V	Macomb County Vet Center	Clinton Township	MI	
3	0438V	Pontiac Vet Center	Pontiac	MI	855
3	0444V	South Bend Vet Center	South Bend	IN	
3	0445V	Traverse City Vet Center	Traverse City	MI	
3	0407V	Chicago Heights Vet Center	Chicago Heights	IL	
3	0410V	Chicago Vet Center	Chicago	IL	
3	0411V	Oak Park Vet Center	Oak Park	IL	
3	0412V	Gary Area Vet Center	Gary Area	IN	
3	0414V	St. Louis Vet Center	St. Louis	MO	
3	0415V	Milwaukee Vet Center	Milwaukee	WI	
3	0417V	Peoria Vet Center	Peoria	IL	
3	0418V	Evansville Vet Center	Evansville	IN	872
3	0419V	Madison Vet Center	Madison	WI	
3	0420V	Evanston Vet Center	Evanston	IL	853
3	0421V	Springfield Vet Center	Springfield	IL	822
3	0422V	East St. Louis Vet Center	East St. Louis	IL	
3	0430V	Quad Cities Vet Center	Quad Cities	IL	
3	0435V	Orland Park Vet Center	Orland Park	IL	
3	0436V	Aurora Vet Center	Aurora	IL	
3	0441V	Green Bay Vet Center	Green Bay	WI	856
3	0442V	La Crosse Vet Center	La Crosse	WI	
3	0447V	Rockford Vet Center	Rockford	IL	
3	0404V	Minot Vet Center	Minot	ND	
3	0405V	Des Moines Vet Center	Des Moines	IA	
3	0406V	Fargo Vet Center	Fargo	ND	820
3	0408V	Kansas City Vet Center	Kansas City	MO	851
3	0416V	St. Paul Vet Center	St. Paul	MN	
3	0423V	Rapid City Vet Center	Rapid City	SD	823
3	0424V	Omaha Vet Center	Omaha	NE	
3	0425V	Sioux Falls Vet Center	Sioux Falls	SD	878
3	0426V	Wichita Vet Center	Wichita	KS	824
3	0427V	Lincoln Vet Center	Lincoln	NE	825

2017 Vet Centers and Mobile Vet Centers (MVC)

MyVA District	Vet Center #	Vet Center Name	City	State	Mobile Vet Center (MVC) #
3	0428V	Sioux City Vet Center	Sioux City	IA	
3	0429V	Duluth Vet Center	Duluth	MN	
3	0431V	Cedar Rapids Vet Center	Cedar Rapids	IA	854
3	0432V	Manhattan Vet Center	Manhattan	KS	
3	0439V	Brooklyn Park Vet Center	Brooklyn Park	MN	821
3	0443V	Columbia Vet Center	Columbia	MO	875
3	0446V	Bismarck Vet Center	Bismarck	ND	819
3	0736V	Springfield Vet Center	Springfield	MO	
4	0501V	Cheyenne Vet Center	Cheyenne	WY	
4	0504V	Denver Vet Center	Denver	CO	
4	0509V	Billings Vet Center	Billings	MT	829
4	0514V	Salt Lake Vet Center	Salt Lake	UT	831
4	0519V	Casper Vet Center	Casper	WY	834
4	0525V	Colorado Springs Vet Center	Colorado Springs	CO	836
4	0526V	Grand Junction Vet Center	Grand Junction	CO	
4	0527V	Boulder Vet Center	Boulder	CO	
4	0528V	Missoula Vet Center	Missoula	MT	837
4	0532V	Provo Vet Center	Provo	UT	
4	0538V	Cascade County Vet Center	Cascade County	MT	
4	0539V	Flathead County Vet Center	Flathead County	MT	
4	0540V	Washington County Vet Center	Washington County	UT	868
4	0542V	Pueblo Vet Center	Pueblo	CO	
4	0543V	Fort Collins Vet Center	Fort Collins	CO	881
4	0702V	Amarillo Vet Center	Amarillo	TX	845
4	0707V	El Paso Vet Center	El Paso	TX	
4	0714V	Lubbock Vet Center	Lubbock	TX	
4	0716V	Midland Vet Center	Midland	TX	
4	0718V	Oklahoma City Vet Center	Oklahoma City	OK	
4	0723V	Tulsa Vet Center	Tulsa	OK	
4	0728V	Lawton Red River Vet Center	Lawton Red River	OK	865
4	0733V	Taylor County Vet Center	Abilene	TX	846
4	0703V	Austin Vet Center	Austin	TX	
4	0704V	Shreveport Vet Center	Shreveport	LA	877
4	0705V	Corpus Christi Vet Center	Corpus Christi	TX	
4	0706V	Dallas Vet Center	Dallas	TX	
4	0708V	Fort Worth Vet Center	Fort Worth	TX	
4	0709V	Jackson Vet Center	Jackson	MS	863
4	0710V	Houston Vet Center	Houston	TX	
4	0711V	Houston West Vet Center	Houston	TX	
4	0712V	Laredo Vet Center	Laredo	TX	
4	0713V	Little Rock Vet Center	Little Rock	AR	850
4	0715V	McAllen Vet Center	McAllen	TX	879
4	0717V	New Orleans Vet Center	New Orleans	LA	847
4	0721V	San Antonio Vet Center	San Antonio	TX	

2017 Vet Centers and Mobile Vet Centers (MVC)

MyVA District	Vet Center #	Vet Center Name	City	State	Mobile Vet Center (MVC) #
4	0725V	Baton Rouge Vet Center	Baton Rouge	LA	
4	0726V	Killeen Heights Vet Center	Killeen Heights	TX	
4	0727V	Fayetteville Vet Center	Fayetteville	AR	
4	0729V	San Antonio Vet Center	San Antonio	TX	849
4	0730V	Mesquite Vet Center	Mesquite	TX	
4	0731V	Harris County Vet Center	Houston	TX	
4	0732V	Arlington Vet Center	Arlington	TX	
4	0734V	Alexandria Vet Center	Alexandria	LA	
4	0735V	Beaumont Vet Center	Beaumont	TX	
4	0737V	Biloxi Vet Center	Biloxi	MS	
5	0502V	Anchorage Vet Center	Anchorage	AK	
5	0503V	Boise Vet Center	Boise	ID	827
5	0506V	Reno Vet Center	Reno	NV	867
5	0507V	Seattle Vet Center	Seattle	WA	
5	0508V	Tacoma Vet Center	Tacoma	WA	828
5	0510V	Spokane Vet Center	Spokane	WA	830
5	0511V	Fairbanks Vet Center	Fairbanks	AK	
5	0512V	Wasilla Vet Center	Wasilla	AK	
5	0522V	Bellingham Vet Center	Bellingham	WA	
5	0523V	Yakima Valley Vet Center	Yakima Valley	WA	
5	0529V	Everett Vet Center	Everett	WA	
5	0531V	Pocatello Vet Center	Pocatello	ID	
5	0535V	South King County Vet Center	South King County	WA	
5	0541V	Walla Walla County Vet Center	Walla Walla	WA	
5	0617V	Portland Vet Center	Portland	OR	
5	0620V	San Francisco Vet Center	San Francisco	CA	
5	0622V	Central Oregon Vet Center	Central Oregon	OR	
5	0626V	Eugene Vet Center	Eugene	OR	
5	0640V	Salem Vet Center	Salem	OR	840
5	0644V	Eureka Vet Center	Eureka	CA	
5	0645V	Grants Pass Vet Center	Grants Pass	OR	871
5	0646V	Rohnert Park Vet Center	Rohnert Park	CA	
5	0505V	Las Vegas Vet Center	Las Vegas	NV	
5	0534V	Henderson Vet Center	Henderson	NV	
5	0602V	Concord Vet Center	Concord	CA	
5	0608V	Temecula Vet Center	Temecula	CA	
5	0609V	Honolulu Vet Center	Honolulu	HI	
5	0610V	Citrus Heights Vet Center	Citrus Heights	CA	
5	0611V	Corona Vet Center	Corona	CA	839
5	0612V	Oakland Vet Center	Oakland	CA	
5	0613V	High Desert Vet Center	High Desert	CA	
5	0615V	San Jose Vet Center	San Jose	CA	
5	0616V	Pago Pago Vet Center	Pago Pago (American Somoa)	AS	
5	0621V	Western Oahu Vet Center	Western Oahu	HI	870

2017 Vet Centers and Mobile Vet Centers (MVC)

MyVA District	Vet Center #	Vet Center Name	City	State	Mobile Vet Center (MVC) #
5	0628V	Fresno Vet Center	Fresno	CA	
5	0633V	Kauai Vet Center	Kauai	HI	
5	0634V	Maui Vet Center	Maui	HI	
5	0635V	Hilo Vet Center	Hilo	HI	
5	0636V	Kailua-Kona Vet Center	Kailua-Kona	HI	
5	0637V	San Bernardino Vet Center	San Bernardino	CA	
5	0638V	Sacramento Vet Center	Sacramento	CA	880
5	0639V	Santa Cruz County Vet Center	Capitola	CA	842
5	0647V	Peninsula Vet Center	Peninsula	CA	
5	0648V	Guam Vet Center	Guam	GU	
5	0649V	Chico Vet Center	Chico	CA	
5	0650V	Modesto Vet Center	Modesto	CA	
5	0515V	Albuquerque Vet Center	Albuquerque	NM	
5	0516V	Farmington Vet Center	Farmington	NM	832
5	0517V	Phoenix Vet Center	Phoenix	AZ	
5	0518V	Prescott Vet Center	Prescott	AZ	833
5	0520V	Santa Fe Vet Center	Santa Fe	NM	835
5	0521V	Tucson Vet Center	Tucson	AZ	
5	0524V	Mesa Vet Center	Mesa	AZ	
5	0530V	Las Cruces Vet Center	Las Cruces	NM	838
5	0533V	West Valley Vet Center	West Valley	AZ	
5	0536V	Mohave County Vet Center	Mohave County	AZ	
5	0537V	Yuma Vet Center	Yuma	AZ	
5	0601V	Bakersfield Vet Center	Bakersfield	CA	841
5	0603V	Antelope Valley Vet Center	Antelope Valley	CA	
5	0604V	South Orange County Vet Center	Mission Viejo	CA	869
5	0605V	Chatsworth Vet Center	Chatsworth	CA	
5	0606V	Los Angeles Vet Center	Los Angeles	CA	
5	0607V	West Los Angeles Vet Center	West Los Angeles	CA	
5	0614V	Chula Vista Vet Center	Chula Vista	CA	
5	0618V	San Diego Vet Center	San Diego	CA	
5	0619V	San Luis Obispo Vet Center	San Luis Obispo	CA	
5	0623V	East Los Angeles Vet Center	East Los Angeles	CA	
5	0624V	North Orange County Vet Center	Garden Grove	CA	
5	0642V	San Marcos Vet Center	San Marcos	CA	
5	0643V	Ventura Vet Center	Ventura	CA	

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Proposed Legislation

Legislative Proposals *(Dollars in Thousands)*	FY2019	
	Obligations	**Collections**
Amendment of Policy to Eliminate the Pay Cap for Registered Nurse (Nurse Executive Only in FY18 PB)	$3,522	
Enable Recruitment of Therapeutic Medical Physicists (TMPs) through Aggregate Pay Cap Relief	($440)	
Extension of Health Professional Scholarship Program (HPSP) Sunset Date	$6,122	
Legal Services for Homeless Veterans	$750	
Reimbursement of CPE for full-time Board Certified APRNs	$6,931	
Smoke-Free Environment	($7,533)	
Title 38 Appointment & Compensation System for Medical Center & Network Directors	$22,244	
VA Payment for Medical Foster Home (MFH)	($12,261)	
Authority to Reduce Improper Payments Utilizing VA Internal Audit	($375)	
Amendments to Domiciliary Care Statutes – Income Limitation	TBD	
Amendments to Domiciliary Care Statutes – Numerical Limit on Programs	TBD	
Acceptance of VA as a Participating Provider by Third Party Payers		$105,901
Aligning with Industry Standards by Eliminating Offset of First Party Copayments		$53,909
Improving Timeliness of Billing by Authorizing the Release of Protected Patient Information for Health Care Services		$42,393
Mandatory Insurance Capture Enforcement		$8,549
Eliminate Performance Pay for VHA Physicians and Dentists	TBD	
Third Party Payer Enforcement Provision (Recover Lost Collections from Third Party Payer)		$0
Legislative Proposals Total	**$18,960**	**$210,752**

**** The totals displayed may be different than the 2019 Budget Appendix as a result of updated cost information.***

This chapter includes only those legislative proposals that have budget implications. For VHA proposed legislation with no cost impacts, please see Volume 1, Part 2.

Amendment to Pay Cap for Registered Nurses

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$3,522	$0	$3,522	0

Proposed Program Change in Law:

VA proposes amending 38 United States Code (U.S.C.) 7451(c)(2) establishing a higher maximum rate of basic pay for Registered Nurses.

Current Law or Practice:

The current maximum rate of basic pay for nurses for any grade may not exceed the maximum rate of basic pay established for positions in level IV of the Executive Service under 38 U.S.C. 5316.

Justification:

Under the authority of the "Department of Veterans Affairs (VA) Nurse Pay Act of 1990," VA established on April 7, 1991, a locality pay system (LPS) covering nurses and nurse anesthetists. The purpose of LPS is to ensure that pay rates at VA facilities are sufficient to be competitive with those at local non-VA health care facilities for the recruitment and retention of nurses and nurse anesthetists. Officials of VA medical centers throughout the country establish nurse pay schedules based on the results of salary surveys. The Under Secretary for Health approves the nurse pay schedule for VA Central Office.

The current maximum rate of basic pay, or pay cap, for nurses is the maximum rate of basic pay for positions in level IV of the Executive Service. The maximum rate restriction does not impact nurse anesthetists who had this pay cap restriction eliminated with Public Law 111-163 dated May 10, 2010. VA proposes raising the current pay cap for registered nurses serving as a nurse executive to no more than the rate of basic pay for positions at Level I of the Executive Schedule, and the rate of basic pay for all other registered nurses to no more than Level III of the Executive Schedule. The cap in current law is resulting in an inability to fully utilize LPS to remain competitive in the local labor markets. This is especially true of leadership nurse positions at higher grades, many of which are unable to receive locality based increases under LPS due to the current pay cap even when survey data support a need for increases to remain competitive. Raising the maximum rate of pay for nurses will result in more flexibility to increase rates to remain competitive.

The American Organization of Nurse Executives (AONE), the primary organization for Nurse Executives in the US, periodically conducts a salary and compensation survey. The most recent results of that survey were published in 2016 with 2015 data. The survey asked respondents specifically about the annual salaries of Chief Nursing Officer CNOs of both individual hospitals and hospital systems. The survey included 2,541 respondents for

a 17% response rate. Of those respondents, 21% were in CNO positions. The report presented data by salary ranges, presumably straight salary rather than total compensation, and these data were reported in salary ranges. The result is a national estimate of CNO salaries of $181,300 for hospital CNOs and $290,700 for hospital system CNOs, with the possibility that the latter number is biased downward given the uncertain range of the top salary category.

Over half (58%) of the non-system CNO respondents earn between $100,000 and $199,999; a quarter (23%) earn between $200,000 and $249,000 and 17% earn over $250,000. Additionally, hospital system CNOs earn higher salaries than their non-system counterparts, with more than half (52%) earning $250,000 or more.

In the VA, the average salary for Nurses at grade V is $145,489 and $121,243 for Nurses at grade IV. When compared to the private sector, nurse leaders in the VA earn nearly $37,000 less than non-system CNOs and approximately $146,000 less than system CNOs. In other words, VA nurse leaders earn 80% of what private sector non-system CNOs earn and 50% of the private sector system CNOs.

The modification of the maximum rate will also address a growing recruitment and retention problem with Registered Nurses and pay compression. There are 235 nurses at the Nurse V grade level including 141 facility Nurse Executive leadership positions, and VISN and VACO nurse leader positions. The average number of vacant positions for the 141 facility Nurse Executives at the NV level for the past three calendar years is 36, or 26% of the total number of positions.

VA sees the current restrictions in pay as a challenge regarding retaining our skilled nurse workforce and attracting new candidates as shown in the vacancy rate. VA must have flexibility to compete with local labor market rates that exceed the current pay cap for critical nursing positions. This is especially true in high cost of living areas where survey data support a need. If this issue is not dealt with proactively, the result may be nurses and nurse leaders choosing to pursue employment options in private sector organizations.

Growing pay disparities both within and outside VA make it increasingly likely that many nurse executives will be lured away by more lucrative private sector opportunities, or choose retirement, thus leaving a critical void in the ranks of senior nursing leadership needed to ensure VA's continued pre-eminent position in health care. The ability to sustain a well-qualified cadre of highly trained and skilled nursing leaders will become more and more problematic unless the Department takes steps to ensure that highly qualified nursing leaders are available into the future to lead the organization's healthcare mission.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$3,522	$3,645	$3,773	$3,905	$4,042	$18,887
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$3,522	$3,645	$3,773	$3,905	$4,042	$18,887

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$4,183	$4,329	$4,481	$4,638	$4,800	$41,318
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$4,183	$4,329	$4,481	$4,638	$4,800	$41,318

Enable Recruitment of Therapeutic Medical Physicists (TMPs) through Aggregate Pay Cap Relief

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
($440)	$0	($440)	0

Proposed Program Change in Law:

VA proposes removing the GS-601 Therapeutic Medical Physicist (TMP) occupation series from the salary cap implemented by Title 38 United States Code (USC), Section 7404.

Current Law or Practice:

The current salary limitation for GS-601, Therapeutic Medical Physicists, in VHA is $160,300 (equivalent to Executive Level IV). This is well below the median salary of $197,000 for TMPs in the local markets nationwide. This local market salary rate is the average of median salaries of both Master of Science (MS) and PhD-level TMPs, which are at the same levels employed by VHA. The current average cost of a contract TMP from the commercial sector in VA is $352,000. Including large administrative components, these commercial contracts far exceed competitive TMP salaries in each local market.

Justification:

Therapeutic Medical Physicists are required for the delivery of radiation therapy. The accreditation of radiation oncology practices requires the presence of a certified TMP. Over the past fifteen years, TMP salaries have increased as external beam radiation therapy has become substantially more sophisticated. Special therapies, such as intensity modulated radiation therapy (IMRT) and stereotactic radiation therapy are becoming more commonly applied within VHA. Also, new brachytherapy procedures for prostate, breast and female reproductive cancers have become standard. These therapies require increasingly complex medical-physics, quality-assurance measures, as well as increased time and effort by the medical physics team.

Medical physicists are an integral part of the radiation therapy treatment team. They work directly with the radiation oncologist during treatment planning and delivery. They oversee the work of the dosimetrist and help ensure that complex treatments are properly tailored for each patient. Medical physicists are responsible for developing and directing quality control programs for equipment and procedures. Their responsibilities also include ensuring the linear accelerators and tomographic units deliver accurate irradiation. TMPs precisely measure the radiation beams and performing safety tests on a continuous basis. Inadequate TMP support would place Veterans at risk for radiation injury or inappropriate treatment during the delivery of radiation therapy.

For Hybrid Title 38 employees, salaries are governed by the General Service (GS) Title 5 basic salary limitation, which is currently set by OPM for 2017 at $160,300 (equivalent to EL-IV). In 2016, the average salary for a PhD board certified therapeutic medical physicist with 10-14 years of work experience in the private sector was $197,000. This data is abstracted from the American Association of Psychiatrists in Medicine (AAPM) professional survey report. This amount has surpassed the GS system's ability to match civilian pay and directly recruit qualified individuals into this occupation within VHA.

Indeed, VHA has been unable to recruit even one TMP since this occupation became available. While interest in VHA TMP positions nationwide remains very strong, the salary represents an unassailable barrier. The retention within the VHA of qualified therapeutic medical physicists will require salaries in the $175,000-$275,000 range for careerists.

Therefore, to be successful legislative relief from the basic salary limitation for VHA TMPs will need to provide salaries in the range of $175,000-$275,000 from entry level to senior careerists, respectively. In order to be able to pay TMPs a salary range between $175,000-$275,000, this legislative proposal would have to address both the basic salary limitation as per 5 CFR 530, Subpart B, equivalent to the EL-IV (in 2016 $160,300) and an aggregate pay limitations as per 38 USC 7455(c) (2), which includes all pay received by an employee (incentives, premium pay, awards). The 2017 aggregate pay limitation is currently capped at $205,700.

VHA medical physics contracts vary by region and the contacting entity, ranging from $225,000-$454,000 per FTE. The lower end of the range pertains to contracts with the University Affiliates (UAs) while the higher end of the range is for commercial contractors. Commercial contractors often hire TMPs at local market rates and add a very high administrative fee, while UAs do not add significant administrative fees because of their not-for-profit status.

This fact has been corroborated by the TMPs hired by the private contractors to work at contracted VHA facilities. With 33 out of 40 VA radiation oncology services currently contracting out for therapeutic medical physics support, the VHA is substantially over spending on services, which could be done more reliably in-house and at a much lower cost. Also, the seven centers with grandfathered federal TMPs are likely to move to contracted care further exacerbating these costs.

Finally, the contracts for TMP services are awarded for a short period (typically 1-3 years), which results in frequent turnover in this occupation. Frequent turnovers in this profession are not only unsatisfactory from an operational standpoint but potentially dangerous from the perspective of quality care and patient safety.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	($440)	($914)	($1,900)	($3,948)	($4,922)	($12,124)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	($440)	($914)	($1,900)	($3,948)	($4,922)	($12,124)

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	($5,434)	($5,978)	($6,556)	($7,171)	($7,823)	($45,086)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	($5,434)	($5,978)	($6,556)	($7,171)	($7,823)	($45,086)

Extension of Health Professional Scholarship Program (HPSP) Sunset Date

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$6,122	$0	$6,122	0

Proposed Program Change in Law:

VA proposes amending 38 United States Code (U.S.C.) 7619 extending the current sunset date for the Health Professionals Scholarship Program (HPSP) set to expire December 31, 2019, to December 31, 2028. The extension will allow VHA to continue to offer scholarships under this program to help meet recruitment and retention needs for critical health care providers.

Current Law or Practice:

HPSP is a critical component of the Health Professionals Educational Assistance Program (HPEAP). The HPSP authority allows the Department of Veterans Affairs (VA) to provide scholarship awards to VA and non-VA employees enrolled in accredited academic programs leading to an appointment in one of the mission-critical health professional occupations.

Public Law (P.L.) 111-163, The Caregivers and Veterans Omnibus Health Services Act of 2010, re-authorized the use of HPSP through December 14, 2014. The Veterans Access, Choice, and Accountability Act (VACAA) of 2014 (P.L.113-146) extended the authorization for HPSP through December 31, 2019, by amending 38 U.S.C. § 7619

Justification:

VA's Office of Inspector General (OIG) recently ranked several health professional occupations as the most challenging occupations to recruit and retain. In January 2016, VHA piloted and awarded 30 HPSP awards to nursing students currently participating in the Veterans Administration Nursing Academic Partnership (VANAP) program. In 2017, VHA offered an additional 56 new awards to several health professional occupations listed on the top mission critical occupations of the 2016 VHA Workforce and Succession Strategic Plan. Specifically, VHA anticipates offering scholarships to Nursing, Physical Therapy, and Physician Assistants.

To achieve the Veterans Health Administration's (VHA) mission of providing timely and exceptional patient centered care for our Nation's Veterans, it is essential to recruit and retain highly qualified healthcare professionals. Extending the HPSP sunset date beyond December 31, 2019, will help VA to meet critical healthcare staffing needs. HPSP is a multi-year program and authorizes VA to provide a monthly stipend, tuition, allowable fees, and other reasonable educational expenses.

HPSP helps VHA meet its need for qualified healthcare staff by obligating scholarship recipients to complete a service obligation at a VA healthcare facility after graduation and licensure or certification. Future benefits are gained in reduced recruitment costs as scholarship recipients will have obligated service agreements to fulfill. These service agreement obligations secure the graduates' services for up to three years, in turn reducing turnover, and costs typically associated with the first two years of employment. Additionally, these scholarships enable students to gain academic credentials without additional debt burdens from student loans.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$6,122	$6,140	$6,158	$6,176	$6,196	$30,792
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$6,122	$6,140	$6,158	$6,176	$6,196	$30,792

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$6,215	$6,235	$6,256	$6,277	$6,299	$62,074
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$6,215	$6,235	$6,256	$6,277	$6,299	$62,074

Legal Services for Homeless Veterans

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$750	$0	$750	0

Proposed Program Change in Law:

VA proposes amending 38 United States Code (U.S.C.) 2022 that authorizes the Secretary to enter into cooperative agreements with or make grants to entities to provide legal services to Veterans who are either homeless or at risk of homelessness.

Veterans' lack of access to legal representation to address outstanding warrants or fines, child support matters, driver's license revocation, and other legal matters continues to contribute to their risk of becoming and remaining homeless.

Current Law or Practice:

VA currently lacks statutory authority to adequately assist homeless and at-risk Veterans in addressing their legal needs, as it cannot fund legal services for Veterans, unless they are being served in one of two VA Homeless Programs: Supportive Services for Veteran Families (SSVF), or the Homeless Providers Grant and Per Diem (GPD) program. VA staff members may provide Veterans with information about local legal service providers willing to work on a low- or no-cost basis, and VA medical centers may allow non-VA legal service providers to use office space to serve Veterans.

The declining accessibility of civil legal aid, combined with persistent indicators of the unmet need for it among Veterans, indicates that this passive approach is no longer viable. The primary source of legal services funding for low-income Americans is the Legal Services Corporation (LSC), established by an act of Congress in 1974.

Justification:

Based on VA's Community Homelessness Assessment – Local Education and Networking Groups (CHALENG) survey, VHA has determined that the lack of access to legal representation contributes significantly to a Veteran's risk of becoming and remaining homeless. VA's annual CHALENG survey evaluates the adequacy of its services to the perceived needs of homeless and at-risk Veterans; respondents are homeless and formerly homeless Veterans, as well as VA and community homeless service providers.

Veterans' top 10 reported unmet needs included five that were explicitly legal: legal assistance to prevent eviction/foreclosure (ranked #3 for male Veterans, #6 for female Veterans), legal assistance for child support issues (#4 for male Veterans, #5 for female Veterans), legal assistance to help restore a driver's license (#5 for male Veterans, #7 for

female Veterans) and legal assistance for outstanding warrants/fines (#7 for male Veterans, #8 for female Veterans), and discharge upgrades (ranked #9 for male Veterans).

Each year, the CHALENG survey consistently reveals that five of the top ten unmet needs amongst homeless Veterans are legal needs. The consistency of legal issues arising in the CHALENG survey strongly suggests a relationship between Veterans' unmet legal needs and the risk of becoming homeless. Accordingly, VA medical centers have developed relationships with non-VA legal service providers including allowing them to use VA property, under VHA Directive 2011-034, entitled "Homeless Veterans Legal Referral Process." While there are currently at least 145 outside legal services providers offering such services to Veterans and their families that are hosted in VA facilities, VA lacks authority to provide direct assistance to address these identified unmet needs. Consequently, to provide financial assistance to legal services providers serving Veterans, VA requires legislative authority.

VA currently has the authority under 38 U.S.C. §2022 to develop an outreach plan for Veterans at risk of homelessness, including: (1) strategies to identify and collaborate with non-Department entities used by Veterans to further outreach efforts; and (2) formal cooperative relationships with outside entities to facilitate making services and resources optimally available to Veterans.

VA's proposed section, §2022A, would complement current 38 U.S.C. §2022 by allowing VA to enter into agreements with public or private entities, through the award of grants or the use of cooperative agreements to fund the provision of general legal services to homeless Veterans or Veterans with unmet legal needs who are at risk of becoming homeless. This would extend Congress' and VA's support for the provision of supportive services to Veterans at risk of homelessness under 38 U.S.C. §2022. Legal services providers are or should be a key element of these Veterans' support networks.

Some organizations stand ready to serve justice-involved Veterans with legal services, but face financial limitations on their capacity to do so. Thus, if given this authority, VA has entities willing and able to immediately utilize the funds that would become available under this authority. VHA Homeless Programs' experience indicates a high level of interest among the legal community in serving Veterans.

The American Bar Association (ABA) has a strong community of legal partners eager to serve Veterans under its new "Veterans Legal Services Initiative." At least 50 law schools operate clinical programs in which law students, under faculty supervision, represent Veterans in a variety of legal matters. Many state and local bar associations have formed pro bono consortia to connect member attorneys with opportunities to provide free legal services to Veterans. Stateside Legal (www.statesidelegal.org), an online resource sponsored by LSC, maintains a large and expanding national list of attorneys with experience in Veteran- and military-related legal issues.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$750	$774	$799	$824	$851	$3,998
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$750	$774	$799	$824	$851	$3,998

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$878	$906	$935	$965	$996	$8,678
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$878	$906	$935	$965	$996	$8,678

Reimbursement of Continuing Professional Education for Board Certified Advanced Practice Registered Nurses (APRNs)

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$6,931	$0	$6,931	0

Proposed Program Change in Law:

VA proposes amending 38 United States Code (U.S.C.) §7411 to include the authority to reimburse continuing professional education (CPE) requirements for a full-time board certified APRNs. The proposed legislative authority would offer APRNs the same non-discretionary continuing education funding currently provided to physicians for $1,000 per physician per annum.

Current Law or Practice:

Currently 38 U.S.C. §7411 allows for CPE reimbursement, up to $1,000 per year, for a full-time board certified physicians and dentists. The VA physician CPE reimbursement program originated from legislation establishing CPE funding as a permanent standing budget item each year to benefit physicians and dentists only. This funding is not subject to inclusion or denial by Congress and is not available to APRNs who have a state requirement for continuing education related to their national and specialty certifications.

Justification:

Physicians and dentists are not the only medical care providers who benefit from CPE. In 2011, the Institute of Medicine report titled "Future of Nursing" documented that continuing education for APRNs is imperative for the continued improvement of quality outcomes in patient care. Additionally, Zaccagnini & White (2014) reported that APRNs are "well educated regarding biophysical and psychosocial sciences in their nursing preparation, but the rapid changes and discoveries occurring in these fields necessitate constant updating of the advanced nurse practitioner's knowledge." This practice should be an "ongoing, lifelong quest for knowledge and growth," requiring "up-to-date clinical and technical skills" to maintain quality outcomes (Zaccagnini & White, 2014, p. 11). Further, the trend is for doctoral-prepared APRNs with the clinical-based Doctorate of Nursing Practice (DNP) instead of a traditional Doctor of Philosophy (PhD) degree.

In agreement with recommendations from the National Institute of Health, American Association of Colleges of Nursing (AACN), The Robert Wood Johnson Group, and others, the importance of ensuring continuing education for APRNs is essential to maintaining high-quality care. To support high-quality care, VHA is currently re-engineering its care delivery system to offer preventative, community-based health care to more Veterans by generally moving from a hospital-based, specialty-driven system to a system characterized by primary care and care management. By sharing resources,

consolidating facilities, and entering into contractual arrangements, the overall goal is to improve the availability, quality, efficiency, and effectiveness of patient care. Key to accomplishing this transformation is the timely recruitment and successful retention of quality practitioners as VA molds and reshapes its operations to meet current challenges.

VHA requires all APRNs to be nationally certified upon hiring them. National certification requires that all practice requirements have been met while holding an active Registered Nurse (RN) and/or APRN license in a U.S. state or territory or the professional, legally recognized equivalent in another country. To maintain national certification, all APRNs are mandated to complete a specific number of continuing education hours to recertify every 4 to 5 years. Some states have additional continuing education requirements for APRNs.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$6,931	$6,931	$6,931	$6,931	$6,931	$34,655
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$6,931	$6,931	$6,931	$6,931	$6,931	$34,655

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$6,931	$6,931	$6,931	$6,931	$6,931	$69,310
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$6,931	$6,931	$6,931	$6,931	$6,931	$69,310

Smoke Free Environment

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
($7,533)	$0	($7,533)	0

Proposed Program Change in Law:

The proposal would repeal the requirement for designated smoking areas at certain VA medical facilities, as required by Public Law (P.L.) 102-585. It would prohibit smoking on the grounds of all VA health care facilities to ensure all VA facilities are completely smoke-free.

Current Law or Practice:
P.L. 102-585 §526, enacted in 1992, requires the Veterans Health Administration (VHA) to provide suitable smoking areas, either an indoor area or detached building, for patients who desire to smoke tobacco products.

Justification:

Currently, there are no VA health care facilities with smoke-free grounds due to P.L. 102-585, Veterans Health Care Act of 1992, which required designated smoking areas for patients. Because of this requirement, the Department of Veterans Affairs continues to fall far behind the public and private sectors in promoting smoke-free facilities. As a result, Veterans, VHA health care providers, and visitors do not have the same level of protection from the hazardous effects of secondhand smoke exposure as patients and employees in other health care systems.

As of January 2, 2017, there were over 4,000 local and/or state/territory/commonwealth hospitals, health care systems and clinics and four national health care systems (Kaiser Permanente, Mayo Clinic, SSM Health Care, and CIGNA Corporation) in the United States that have adopted 100% smoke-free policies that extend to all their facilities, grounds, and office buildings. Numerous Department of Defense medical treatment facilities (MTF) have become tobacco-free as well. In addition, on July 1, 2011, the U.S. Department of Health and Human Services (HHS) adopted a policy banning the use of all tobacco products (including cigarettes, cigars, pipes, smokeless tobacco, or any other tobacco products, and e-cigarettes) at all times on its grounds, making all facilities tobacco free. With this, HHS became the first Federal Department to implement a tobacco-free policy.

Fifty-three years after the landmark 1964 Surgeon General Report on the health effects of smoking, tobacco use remains the leading cause of preventable death and disease in the United States, accounting for more deaths than HIV/AIDS, alcohol and drug abuse, automobile accidents, fires, homicides and suicides combined. Smoking is responsible for one in every five deaths or nearly 480,000 preventable deaths in the United States each

year. It is estimated that exposures to secondhand smoke account for more than 3,000 deaths from lung cancer, approximately 46,000 deaths from coronary heart disease, and 430 newborn deaths from sudden infant death syndrome (SIDS) in the United States each year (U.S. Surgeon General Report 2006; U.S. Surgeon General Report 2010; U.S. Surgeon General Report 2014).

The 2006 U.S. Surgeon General Report concluded that "there is no risk-free level of exposure to secondhand smoke" (U.S. Surgeon General Report, 2006). The U.S. Surgeon General issued its 30th tobacco-related Surgeon General Report since 1964, How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease (December 9, 2010). This report concluded that "exposure to tobacco smoke-even occasional smoking or secondhand smoke…. causes immediate damage to your body that can lead to serious illness or death". The U.S. Surgeon General Report reviewed the body of clinical research to date and reported that even brief exposures to secondhand smoke could "cause cardiovascular disease and could trigger acute cardiac events, such as health attack," by causing damage to blood vessels and increased clotting.

As the Nation's largest health care system and a national leader in health care, VHA needs to lead the health care community in smoke-free policies. In 1992, VHA led nationally on smoke-free policies. The medical research since that time has demonstrated the serious and sometimes life-threatening consequences of secondhand smoke exposures. In a 2009 Institute of Medicine (IOM) Report, Combating Tobacco Use in Military and Veteran Populations, an IOM expert committee stated the requirement for smoking areas at VA health care facilities "has precluded VA from going entirely smoke-free" and it "prevents VA from protecting its patients, employees, and visitors from exposure to tobacco smoke and also hinders efforts to encourage tobacco cessation". The IOM Committee recommended that Congress provide legislation to allow VHA health care facilities to adopt smoke-free grounds.

While in the past, there had been resistance to smoke-free policies, there have been some successes in adopting policies that may not have been accepted a decade ago. A notable example is that of North Carolina, a state that has long been recognized as a home to the tobacco industry and tobacco farming. As of July 6, 2009, all public and private hospitals in North Carolina became smoke-free. A December 2009 publication authored by policy leaders at The Joint Commission noted that at the end of 2009, the majority of U.S. hospitals would have a smoke-free campus. The article noted the Department of Veterans Affairs health care system as an exception because of legislation that "makes it virtually impossible for VA hospitals to adopt a completely smoke-free campus." (Williams, Hafner et al. 2009)

The provisions of P.L. 102-585 that require smoking areas are not consistent with nearly two decades of medical and scientific literature that followed. An October 2009 IOM Report, Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence, reviewed the U.S. and international evidence and concluded that secondhand smoke exposure increased the risk of coronary health disease and heart attacks by 25 to

30% and that smoking bans reduce heart attacks. The IOM Report concluded, "Given the prevalence of heart attacks, and the resultant deaths, smoking bans can have a substantial impact on public health. The savings, as measured in human lives, is undeniable. The clear health benefits of smoke-free policies have been supported by numerous studies to date. An Indiana University study found that after a countywide smoking ban was implemented, hospital admissions for non-smokers with no other risk factors for acute myocardial infarction (MI) or heart attack dropped by 70% (Seo & Torabi, 2007). Additional studies have found significant decreases in the rates of total admissions for heart attacks following smoke-free policies in Helena, Montana and Pueblo, Colorado. International studies have also found similar effects following the implementation of smoke-free policies in Scotland and Italy (Pell et al., 2008; Cesaroni et al., 2008; U.S. Surgeon General Report 2014).

Because of the increasing knowledge about the health effects of secondhand smoke, there have also been some cases where non-smoker employees who have been harmed by such exposures have successfully filed lawsuits or disability claims against their employers. In 1995, a widower of an employee of a VA hospital was awarded a death benefit because his wife's fatal lung cancer was caused by exposure to secondhand smoke while treating patients (CDC, 2006).

Legislation to make the grounds of all VA health care facilities smoke-free would be a Veteran-centric measure that would serve to protect the right and health of the large majority of Veterans who do not smoke. Currently, approximately 16.8% of Veterans enrolled in VA health care are smokers, while approximately 83% are non-smokers (VHA, 2015). Many of the non-smokers are also older Veterans, a population that may be at higher risk for underlying cardiac conditions that could make them even more vulnerable to the cardiovascular events associated with secondhand smoke (CDC, 2010). As with patients of other health care systems, Veteran patients have a right to be protected from secondhand smoke exposures when seeking health care at a VA facility. For Veterans who are inpatients, nicotine replacement therapy is currently available so they would not have to experience nicotine withdrawal during hospital admissions.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	($7,533)	($7,663)	($7,797)	($7,936)	($8,079)	($39,008)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	($7,533)	($7,663)	($7,797)	($7,936)	($8,079)	($39,008)

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	($8,228)	($8,382)	($8,541)	($8,706)	($8,877)	($81,742)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	($8,228)	($8,382)	($8,541)	($8,706)	($8,877)	($81,742)

Title 38 Appointment and Compensation System for Medical Center Directors and Network Directors

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$22,244	$0	$22,244	0

Proposed Program Change in Law:

VA proposes to establish a compensation system under Title 38 for the Veterans Health Administration (VHA) occupations of Medical Center Director and Veterans Integrated Service Network (VISN) Director appointed under 38 United States Code (U.S.C.) § 7401(4). Under this system, the rates of pay for employees who occupy these positions would be set and adjusted by the Secretary without regard to the provisions of Title 5, U.S.C.

These positions would remain eligible for performance awards by VA guidance and Secretary approval. Director pay would be determined for each covered executive based on the methodology of a compensation system for VHA physicians and dentists found under 38 U.S.C 7431, Pay for Physicians and Dentists, established by Public Law (P.L.) 108-445. Each executive would be evaluated against appropriate market pay criteria including but not limited to: the complexity of the assignment, applicable labor market salary data, experience, accomplishments, and overall results-driven performance.

Current Law or Practice:

Currently, 38 U.S.C. 7401(4) provides for the appointment of Medical Center and Network Directors. This proposal will establish a compensation system for appointments under 38. U.S.C. 7401(4).

Justification:

VHA has a challenge addressing the rapidly evolving and changing health care industry. Health care leaders, from large multi-hospital systems and academic medical centers to smaller community hospitals and physician practices, are addressing ways to achieve the transformation of the healthcare enterprise. In order for VHA to be part of this transformation, VHA must have executive leadership with the skill set to provide enterprise solutions for our Nation's Veterans and for other persons served by VHA and who work with VHA to provide care. While there are many reasons why individuals choose to serve Veterans in VHA's hospital system, compensation is one of the key drivers to ensure VHA is successful in recruitment and retention of dedicated health care leadership who can make the tough decisions in delivering sustainable quality health care and continual performance improvement for our Nation's Veterans.

The sustainability of VHA quality healthcare is dependent on our greatest asset – the individuals who work within the VHA system – and VHA must have the ability to recruit the best talent, finding individuals who live by VA core values of integrity, pursuit of excellence, accountability, and collaboration, and who have a passion for the mission. To recruit the healthcare executive who represents a depth of expertise across the health care industry and who will ensure the system maintains its transparency and accountability, the salary structure of VHA senior health care executives must be addressed. In order to successfully recruit qualified candidates who can best meet the challenges of the health care industry, VHA's executive salary structure must be more comparable to private industry.

The past decade has seen dramatic improvements in VA health care. VHA has distinguished itself in many aspects of care delivery including patient satisfaction, quality outcomes, cost, access to healthcare and patient safety. VA care is now the uncontested "best" in the health care industry. Articles in Time Magazine and Business Week have chronicled the rise of the VA health care system as "the best care anywhere." However, to maintain its position as the premier health care provider in America today, VHA must recruit and retain a corps of dedicated, skilled, and experienced senior health care executives to carry out the complex responsibilities involved in delivering patient-centered health care to America's Veterans. In some respects the special pay authority would be precedent setting, however, as a health care organization, the executive skill sets required to lead and manage the largest integrated healthcare system in the United States are separate and distinct from other Federal executives, and as such, deserving of commensurate compensation with the private sector.

These senior health care executives have oversight of the Nation's largest integrated health care delivery system within all 50 states, several U.S. territories, and the District of Columbia. Within the 19 VISNs, there are 168 medical centers; 1,047 outpatient clinics; 135 community living centers; 113 domiciliary rehabilitation treatment programs; 60 mobile sites of care; 300 readjustment counseling centers; and 80 mobile vet centers. Network Directors have oversight of health care delivery for as many as 10 VA Medical Centers, and numerous community-based outpatient clinics, nursing homes, and domiciliary centers. Each Medical Center is measured on facility complexity and is classified in one of five complexity levels which range from 1a, 1b, 1c, 2, and 3. The 1a level facilities are considered the most complex, and these determinations are based on quantifiable factors such as clinical programs, research funding allocations, and intensive care units.

Medical Center Directors and Network Directors implement priority initiatives as identified in VHA's Strategic Plan. VHA's Fiscal Year 2013 – 2018 strategies include enhancing Veterans' access to health care; expanding telehealth, rural health, and women's health services; improving access to mental health care; ending homelessness; and improving efficiency. Additionally, senior health care executives are accountable for maximizing revenue streams, determining hiring prioritization, and identifying clinical and administrative efficiencies based on the Veteran's needs.

Network Directors and Medical Center Directors work collaboratively to ensure that VHA remains a highly effective, innovative, data-driven, evidence-based, continuously improving, and reliable health care system. The impact of the Affordable Care Act (ACA) will affect VHA some ways, changing the health care delivery system and potentially increasing competition from the private sector for recruiting health care executives. VHA enthusiastically seeks consideration of this legislative proposal to ensure that VHA is best prepared to meet and exceed the call to deliver quality health care to our Nation's Veterans.

The factors currently coming to bear on recruiting high quality and retaining the experienced senior health care executives are threefold and loom large in making it more difficult to maintain VHA's reputation as the premier health care provider in America.

This proposal will help to mitigate the three key factors affecting the ability of VA to attract and retain high quality, experienced senior health care executives:

1. Existing pay compression within the current SES pay system and the proximity rates of pays within the VA system for direct reports to SES, resulting in declining SES applicant pools;
2. High number of SES employees eligible for retirement; and
3. Available private sector pay for comparable health care leadership positions.

Pay Compression. Recent changes in pay for non-Senior Executive Service (SES) VHA leaders paid under other pay systems has exacerbated the issue of pay inequity. While these recent changes have addressed much needed pay issues for these other deserving groups of senior leaders and key clinical executive leaders such as physicians, dentists, nurses and pharmacists, it has also served to highlight the pay disparity between SES and non-SES senior health care leaders throughout VHA.

The growing inequity in pay for VHA senior health care executives becomes more apparent when Medical Center Director's compensation, at an average of $168,941, is compared to that of their direct reports – medical center Associate Directors, Chiefs of Staff, and Nurse Executives. Public Law 108-445 implemented a market-based pay system for physicians and dentists. As a result, the average rate of pay for Chiefs of Staff is currently $249,844, with the highest salary at $389,471. Further, P.L. 111-163 legislation provided special pay between $10,000 and $100,000 for Nurse Executives that is added to their base pay and is included in their retirement computation. The current mean base salary for Nurse Executives is $135,943. The average salary for the Nurse Executive is $151,994 with the top salary of $201,700. For GS-15 Associate Directors, the average annual salary now stands at $135,584 with the highest salary at $157,100.

In September 2016, VA was approved by the Office of Personnel Management with concurrence from the Office of Management and Budget to utilize the critical pay position authority to establish or adjust the rate of pay up to the Level 1 of the Executive Schedule (currently $207,800 for 2017) for the Deputy Under Secretary for Health for Operations and Management, the Veterans Integrated Service Network Director positions, and the

Level 1A Medical Center Director positions. Although critical pay position authority has been offered, private sector salary and compensation packages for healthcare leadership executive positions far exceed what VHA can offer candidates. The 2015 Healthcare Compensation Survey conducted by the Hay Group, found individuals holding the position of Chief Executive Officer (CEO) in private sector health care systems receive on average $680,000 annual total compensation. CEOs of a single facility within an overall system receive an average of $350,400. VHA pay rates for both MCDs of 1A facilities and ND positions before approval of the critical pay designation were limited to $185,100.

There is little to no financial incentive to progress to the Senior Executive Service with the scope and responsibility inherent in these positions. Candidates from the ranks of Associate Directors, Chiefs of Staff and Nurse Executives are fewer and fewer because there are minimal financial incentives associated with the disruption of a geographical move and the much broader managerial span of control and responsibility.

Even more demonstrative of the impact of pay compression on recruiting and retaining senior health care executive leaders is the lack of appropriate pay differential within the VHA SES positions, such as VISN Director and VHA Chief Officers. Network Directors are managing the largest and most complex organizations in health care with average employment of 12,893 and annual budgets averaging $1.1 billion, earn the same, or in some cases far less, than their direct reports. After reviewing data, it has been determined that since 2012 the average salary of a person entering the SES is $152,559, with the highest salary of $181,500.

Once entering the SES ranks, there is little to no incentive to seek assignment at a more complex health care facility. Based on the complexity level ranking system a SES Medical Center Director at Houston, TX or Boston, MA (both complexity level 1a facilities) could expect less than a $20,000 pay differential as compared to a SES Medical Center Director at Poplar Bluff, MO or Sheridan, WY (both complexity level 3 facilities). This salary compression within SES is an enormous disincentive to seek geographical moves within the VA.

VHA utilizes pay flexibilities and incentives such as recruitment, relocation and retention incentives where appropriate and considers the recruitment and development of highly qualified employees as an ongoing process, continually reviewing and analyzing workforce data to determine trends, identifying gaps in competencies, and developing strategies to address current and future staffing needs. In conjunction with pay flexibilities and incentives, VHA considers and uses, as appropriate, career development programs, mentoring, job reengineering, knowledge transfer, telework arrangements, alternate work schedules and other options in order to build and maintain a quality high-performing workforce with essential skills and competencies to accomplish the Department's mission and goals. However, these strategies and flexibilities have not resolved the growing concerns with these SES positions.

In 2012, the Under Secretary for Health (USH) directed a 100% review of all retention incentives in place at that time. The USH has also implemented specific guidelines for

setting pay and for recruitment, relocation and retention incentives for SES/SES Equivalent employees. The USH mandated a Retention Incentive Technical Review Board (RITRB) to provide oversight for all retention incentive requests to ensure the requests meet all legal requirements and include a strong justification. Retention incentives are reviewed and approved on an annual basis.

Losses due to retirement. The average age of a VHA Medical Center Director is 55, with more than 27 years of service. Fifty-two% of Medical Center Directors/VISN Directors are now eligible for retirement. Many are several years beyond retirement eligibility, with a little financial incentive for continued service to the government because of retirement benefits. Of those, almost all are under the CSRS retirement system. Within the next two to five years, 68% will be eligible to retire and most will likely do so as they reach eligibility. This creates a tenuous situation for VHA.

Historically, annual turnover among senior executives in VHA ranges from 18-20%, and was 18.2% in 2016. Retirements account for approximately 75% of turnover among senior executives. Internal transfers contribute to additional turnover at the facility level. Although difficult to estimate, we believe the above factors may contribute to even higher turnover among executives especially given the availability of highly lucrative private sector employment. Additional turnover is anticipated should the bill proposing a five-year ban on bonuses for VA senior executives be passed and VHA executives choose to retire or seek more rewarding positions in private sector health care.

VHA must create competitive compensation that attracts private sector healthcare executives, current VHA healthcare executives, and VHA Title 38 clinical executives. In doing so, VHA will expand the succession pipeline and afford a bench strength that can be relied upon to fill current and future healthcare executive positions.

Private sector pays for comparable positions. Growing pay disparities both within and outside VHA make it increasingly likely that many executives will be lured away by more lucrative private sector opportunities or choose retirement leaving a void in the ranks of senior leadership positions needed to ensure VHA's continued pre-eminent position in health care.

Sustaining this outstanding stature in health care will be problematic unless the Department takes steps to ensure that well-qualified cadres of field and headquarters leaders have the capability to guide VHA through the challenges ahead. Recent matters which have received negative press against VHA medical centers further indicate and support the need for VHA to take immediate steps now to ensure that highly qualified senior health care leaders are available into the future to lead the organization's healthcare system.

Public sector executive pay is dramatically below the private sector for comparable positions. This fact is nowhere more apparent than in the health care industry where VHA competes directly with private sector health care organizations for the same labor pool. Retiring leaders take with them decades of experience and an abundance of skills very

much desired by private sector health care organizations and academic institutions. Since our senior executives desire to continue working, it would be ideal if VHA could harness their skills and ensure they continue to maintain VA's stellar reputation for providing the best care available to America's Veterans.

The Healthcare Compensation Survey conducted by the Hay Group for 2013 reflects individuals holding the position of Chief Executive Officer (CEO) in private sector health care systems receive on average $731,800 annual cash compensation. CEOs of a single facility within an overall system receive an average of $393,100. SES pay rates, maximum compensation for VHA senior executives is $187,000 for 2017. This disparity is even more dramatic when the level of responsibility is considered. The private sector senior executives in the Hay Group study oversee organizations with average revenues of $200 - $499 million. VHA Medical Center Directors are responsible for average budgets equaling those in the Hay Group study, while VISN Directors have far larger annual budget responsibilities ranging from $600 million to over $2 billion with total employees from 5,300 to 17,600 FTE.

Under this proposal, compensation would continue to remain far less than that of CEOs in private sector healthcare systems; however, increasing the compensation of VHA Network Directors and Medical Center Directors would acknowledge and recognize the clinical and healthcare expertise and experience that these healthcare executives provide to our Nation's Veterans.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$22,244	$23,023	$23,828	$24,662	$25,526	$119,283
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$22,244	$23,023	$23,828	$24,662	$25,526	$119,283

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$26,419	$27,344	$28,301	$29,291	$30,380	$261,018
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$26,419	$27,344	$28,301	$29,291	$30,380	$261,018

VA Payment for Medical Foster Home

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
($12,261)	$0	($12,261)	0

Proposed Program Change in Law:

VA proposes legislation that would require VA to include in the program of extended care services the provision of care in medical foster homes (MFH) for Veterans for whom VA is required to provide nursing home care. MFH provide an alternative to long-stay nursing home (NH) care at a much lower cost. The program has already proven to be safe, preferable to Veterans, highly Veteran-centric, and half the cost to VA compared to NH care. The proposed authority would be limited in scope and intended to cover only VA-approved MFH caregivers serving three Veterans or fewer per home, but does not create authority to cover Veterans who reside in assisted living facilities.

Current Law or Practice:

VA currently does not have the authority to pay for care in MFHs. VA has limited authority to pay for assisted living facilities for certain Veterans, and this proposal would not expand that authority. VA currently has authority to pay for NH care only in a NH, and accordingly provides NH care to over 17,000 Veterans every day at an annual cost to VA exceeding $5 billion per year in our VA Community Living Centers and nursing homes on contract with community providers. Similar to Medicare, VA has the responsibility to reduce its mounting expenditures for NH care, especially where safe and proven home-based alternatives are available, as identified in this proposal.

Justification:

Aligning patient choice with optimal locus of care results in more Veterans receiving long-term care in a preferred setting, with substantial reductions in costs to VA. This proposal would require VA to include MFH in the program of extended care services for the provision of care in MFH for Veterans who would otherwise encumber VA with the higher cost of care in NHs

MFH merges traditional adult foster care with comprehensive longitudinal care provided in the home by a VA interdisciplinary team that includes a physician, nurse, social worker, rehabilitation therapist, mental health provider, dietitian, and pharmacist. This established alternative to long-stay NH care, which started in the VA in 2000, has demonstrated significant success in 43 States. Since inception, over 4,000 Veterans have been successfully served in MFHs. At present, over 700 VA-approved caregivers provide MFH care in their homes to over 1,000 Veterans daily nation-wide, albeit paid by the Veterans themselves. For all current Veterans served in MFHs, their care needs are fundamentally no different whether they reside in a MFH or in a NH, needs that can be

met at substantially lower costs in a MFH than a NH. MFH is a proven alternative in the community that allows Veterans who are referred for or currently reside in NHs to receive this care in a community MFH. Many more service-connected Veterans referred to or residing in NHs would choose MFH if VA paid the costs for MFH. Instead, they presently defer to NH care due to VA having payment authority to cover NH, while not having payment authority for MFH. As a result of this gap in authority, VA pays more than twice as much for the long-term NH care for many Veterans than it would if VA was granted the proposed authority to pay for VA MFH. This proposal would give Veterans in need of NH level care greater choice and ability to reside in a more home-like, safe environment, continue to have VA oversight and monitoring of their care, and preferably age in place in a VA-approved MFH rather than a NH.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	($12,261)	($14,550)	($17,248)	($20,435)	($24,150)	($88,644)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	($12,261)	($14,550)	($17,248)	($20,435)	($24,150)	($88,644)

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	($28,631)	($37,382)	($48,008)	($60,820)	($76,268)	($339,753)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	($28,631)	($37,382)	($48,008)	($60,820)	($76,268)	($339,753)

Authority to Reduce Improper Payments Utilizing VA Internal Audits

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
($375)	$0	($375)	0

Proposed Program Change in Law:

38 U.S.C § 1703(d)(1), as currently written, requires that the Secretary make use of a contract to conduct recovery audits of non-VA medical care (formerly known as fee basis and now known as VA Community Care) claims payments. The audits must be completed on an annual basis with a focus on overpayments resulting from processing or billing errors or fraudulent charges in payments for non-Department care and services. However, the audits do not identify weakness in Agency improper payment prevention controls and recovery audit programs. Implementation of a proposal is subject to available funding.

Current Law or Practice:

38 U.S.C. § 1703 requires that VA make use of a contract to conduct recovery audits of non-VA medical care (now known as VA Community Care) claim payments.

Justification:

VA has the capability to utilize existing software to identify potential duplicate claims, as well as irregular billing practices for certain medical billing codes through the Program Integrity Tool, also known as the PIT tool. The tool can perform both pre-payment reviews and can focus on the most common payment errors and increase efficiency in the auditing process.

By allowing the Secretary the flexibility to perform recovery audits by utilizing VA audit staff, rather than by contracting staff, VA could leverage existing capabilities to decrease improper payments and increase recovery of erroneous payments to providers without the need of expending funds to a contractor. This would allow VA to accomplish the goals of the statute at a lower cost to the Agency.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	($375)	($450)	($525)	($600)	($675)	($2,625)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	($375)	($450)	($525)	($600)	($675)	($2,625)

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	($750)	($825)	($900)	($975)	($1,050)	($7,125)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	($750)	($825)	($900)	($975)	($1,050)	($7,125)

Amendments to Domiciliary Care Statutes – Income Limitation

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
TBD	$0	TBD	0

Proposed Program Change in Law:

This legislative proposal is part of the Department of Veterans Affairs (VA) Mental Health Residential Rehabilitation and Treatment Programs' (MH RRTP) larger effort to align the program's dated Domiciliary Care statutory and regulatory authority with MH RRTP's state of the art clinical care model. VA's domiciliary care authority dates back to 1958 and has only been substantially changed once, in 1988. Although regulatory changes will address some of the needed reforms, VA proposes this statutory change that will assist in fully modernizing MH RRTP.

VA proposes to amend 38 U.S.C. § 1710(b) to remove the income limitation requirement for admission to a Domiciliary Care program. Amending 38 U.S.C. § 1710(b) would eliminate the income limitation admission criteria which needlessly reflects an outdated model focused on domiciliary care as long-term housing. Furthermore, amending 38 U.S.C. § 1710(b) would fully open Veteran access to essential MH RRTP services, particularly to specialty mental health residential treatment for serious mental illness (SMI), posttraumatic stress disorder (PTSD) and substance use disorders (SUD).

Current Law or Practice:

38 U.S.C. § 1710(b) outlines the "income limitation" requirement for admission to VHA Domiciliary care programs. The statute is an admission criterion and has the potential to limit access particularly to specialty mental health residential treatment for SMI, PTSD and SUD. This statute was enacted in 1958 and updated in 1988 and is reflective of the former "housing" mission for Domiciliary care of that era. The specific language of 38 U.S.C. § 1710(b) is as follows:

38 U.S.C. § 1710(b),
(b)(1) The Secretary may furnish to a veteran described in paragraph (2) of this subsection such domiciliary care as the Secretary determines needed for the furnishing of medical services to the veteran.
(2) This subsection applies in the case of the following veterans:
(A) Any veteran whose annual income (as determined under section 1503 of this title) does not exceed the maximum annual rate of pension that would apply to the veteran if the veteran were eligible for pension under section 1521(d) of this title.
(B) Any veteran who the Secretary determines has no adequate means of support.

Justification:

This legislative proposal will address pressing needs and will aid in fully modernizing the MH RRTP program by aligning statutory authority with MH RRTP's domiciliary care model. To achieve these changes, VA proposes to amend 38 U.S.C. § 1710(b).

Amend 38 U.S.C. § 1710(b) to Remove Outdated "Income Limitation". The mission of the VHA's Domiciliary Care programs has evolved substantially in the last twenty years from a long-term housing program to today's MH RRTP. Today, Domiciliary Care provides intensive treatment and rehabilitation in a supervised therapeutic residential setting for residents with complex needs including mental health, substance use disorders, or co-occurring medical conditions and psychosocial needs such as homelessness and unemployment. Based on these changes, VHA now provides specialized programs for PTSD, SUD and SMI treatment under the domiciliary care programs.

As such, housing is no longer the primary function of the Domiciliary Care program. 38 U.S.C. § 1710(b) outlines the "income limitation" requirement for admission to VHA Domiciliary care programs. This statute was enacted in 1958 and updated in 1988 and is reflective of the former "housing" mission for Domiciliary care of that era. Veterans assessed as requiring a residential level of care may exceed the income limitation and could be denied access to needed mental health or SUD care. It is imperative that VA address this barrier to access, especially in light of the growing cohort of returning OEF/OIF/OND Veterans that are assessed as needing a residential level of care for the treatment of their PTSD or SUD conditions. Amending 38 U.S.C. § 1710(b) will help fully modernize MH RRTP and ensure that there are no outdated barriers to access of essential mental health services.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	TBD	TBD	TBD	TBD	TBD	TBD
Collections.....						
Appropriation	TBD	TBD	TBD	TBD	TBD	TBD

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	TBD	TBD	TBD	TBD	TBD	TBD
Collections.....						
Appropriation	TBD	TBD	TBD	TBD	TBD	TBD

Amendments to Domiciliary Care Statutes – Numerical Limit on Programs

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
TBD	$0	TBD	0

Proposed Program Change in Law:

This legislative proposal is part of the Department of Veterans Affairs (VA) Mental Health Residential Rehabilitation and Treatment Programs' (MH RRTP) larger effort to align the program's dated Domiciliary Care statutory and regulatory authority with MH RRTP's state of the art clinical care model. All MH RRTP beds (except Compensated Work Therapy/Transitional Residence beds) are classified as domiciliary beds in the VA Bed Control System. VA's domiciliary care authority dates back to 1958 and has only been substantially changed once, in 1988. Although regulatory changes will address some of the needed reforms, VA proposes statutory changes that will assist in fully modernizing MH RRTP.

VA proposes to amend 38 U.S.C. § 2043 to remove the numerical limit on the number of Domiciliary Care for Homeless Veteran (DCHV) programs. To fully address Veterans' emergent mental health needs and accomplish VA's goal of preventing and ending homelessness, VA must have the flexibility to assess Veteran need when planning and to implement domiciliary facilities throughout the Nation. Furthermore, VA's Enrollee Health Care Projection Model projects a need for fewer residential beds, but for additional smaller programs geographically located throughout the country based on Veteran demographics and needs. Amending 38 U.S.C. § 2043 will allow VA the flexibility to effectively provide specialized mental health residential services throughout the Nation.

Current Law or Practice:

38 U.S.C. § 2043, was enacted in 2001 and provided authority for the Secretary to establish up to 10 Domiciliary Care programs under section 1710(b) of this Title (in addition to any program that is established as of the date of the enactment of this section) to provide domiciliary services under such section to homeless veterans. 38 U.S.C. § 2043 limits VA authority to develop new Domiciliary Care for Homeless Veterans (DCHV) programs. In 2001, VA operated DCHV program at 35 sites and as of the end of 2016, operates 45 DCHV programs with plans to open two additional programs. As part of the Secretary's T21 Initiative to End Homelessness among Veterans, VHA opened three additional sites in 2013 and 2014 (Philadelphia, Atlanta and San Diego). VA is planning to open two additional sites (West Palm Beach and San Juan). The specific language of 38 U.S.C. § 2043 is as follows:

38 U.S.C. § 2043 - Domiciliary care programs:
(a) Authority.--The Secretary may establish up to 10 programs under section 1710(b) of this title (in addition to any program that is established as of the date of the enactment of this section) to provide domiciliary services under such section to homeless veterans.
(b) Enhancement of capacity of domiciliary care programs for female veterans.--The Secretary shall take appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and with respect to safety, to meet the needs of veterans who are women.

Justification:

This legislative proposal will address pressing access needs and will aid in fully modernizing the MH RRTP program by aligning statutory authority with MH RRTP's domiciliary care model. To achieve these changes, VA proposes to amend 38 U.S.C. § 2043.

Amend 38 U.S.C. § 2043 to Provide Flexibility for MH RRTP Planning and to End Veteran Homelessness

38 U.S.C. § 2043, was enacted in 2001 and provided authority for the Secretary to establish up to 10 programs under section 1710(b) of this Title to provide domiciliary services under such section to homeless veterans.

38 U.S.C. § 2043 limits VA authority to develop new Domiciliary Care for Homeless Veterans (DCHV) programs, by instructing VA to establish up to an additional ten programs providing domiciliary services for homeless Veterans (in addition to any program that is established as of the date of the enactment of this section). In 2001, VA operated DCHV programs at 35 sites and as of 2016, operates 45 DCHV programs with two additional programs under development. VA has essentially exhausted its authority to establish additional DCHV programs, and there is a pressing need to expand the number of locations for these residential services for homeless Veterans. VA's Enrollee Health Care Projection Model projects a need for fewer MH RRTP beds, but additional MH RRTP facilities (programs) geographically located throughout the country based on Veteran demographics and needs.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	TBD	TBD	TBD	TBD	TBD	TBD
Collections.....						
Appropriation	TBD	TBD	TBD	TBD	TBD	TBD

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	TBD	TBD	TBD	TBD	TBD	TBD
Collections.....						
Appropriation	TBD	TBD	TBD	TBD	TBD	TBD

Acceptance of VA as a Participating Provider by Third Party Payers

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$0	$105,901	($105,901)	0

Proposed Program Change in Law:

VA proposes that for purposes of reimbursement VA would be treated as a participating provider, whether or not an agreement is in place with a third party payer or health plan, and exempt from any benefit plan or third party payer requirements for referrals, primary care provider selection, pre-authorizations, notifications or similar requirements, thus preventing the effect of excluding coverage or limiting payment of charges for VA care.

Current Law or Practice:

VA has authority under 38 U.S.C. §1729 to recover from third party health plans and third party payers the reasonable charges for treatment of a Veteran's non service-connected disabilities. Reasonable charges are based on the amounts that health plans and third party payers pay for the same care provided by non-government health care providers in a given geographic area. Currently, VHA provides non-service connected care for Veterans who have third party health plans; however, VA is seen as an out of network provider and therefore benefits are either limited or non-existent.

Justification:

This proposal would prevent health plans or third party payers from denying or reducing payment, absent an existing agreement between VA and any health maintenance organization, competitive medical plan, health care prepayment plan, preferred provider organization, or other similar plan, because VA is not a participating provider.

Providing this authority would increase collections from third party payers without adding staff, and would increase the ability of VA to bill and collect for all covered services.

NOTE: DoD, by statute as codified under 10 U.S.C. §1095, contains this explicit authority for these business practices.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$105,901	$107,379	$111,115	$114,748	$118,296	$557,439
Appropriation	($105,901)	($107,379)	($111,115)	($114,748)	($118,296)	($557,439)

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$121,831	$125,364	$128,912	$132,513	$136,595	$1,202,654
Appropriation	($121,831)	($125,364)	($128,912)	($132,513)	($136,595)	($1,202,654)

Aligning with Industry Standards by Eliminating Offset of First Party Copayments

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$0	$53,909	($53,909)	0

Proposed Program Change in Law:

VA proposes amending 38 U.S.C. §1729 to provide statutory authority to discontinue reducing the first party copayment due from Veterans for non-service connected care from funds collected from third party health plan carriers.

Current Law or Practice:

As a condition for receiving VA health care services, Veterans with income greater than VA income thresholds must agree to pay required a copayment (first party liability) for care that is not related to a service-connected disability. When Veterans have third party health plans, VA bills the health plan for non-service connected care; and reduces the Veterans copayment dollar for dollar based on the collection from the third party health plan. This practice reduces the total collections received by VA that is available for use in providing direct medical care and does not align with standard health care industry practice.

Justification:

VA proposes to amend Title 38 U.S.C. §1729 to align VA with the private sector health plan carriers by eliminating the practice of reducing VA first party copayments with collection recoveries from third party health plans.

An estimated twenty-three (23)% of Veterans enrolled in the VA Health Care System, who have agreed to pay copayments for VA care provided to treat non-service connected disabilities, have billable third party health plans. These Veterans would be responsible for payment of VA copayments assessed, and their liability would no longer be reduced by collections from third party health plans. This proposed amendment would apply to all Veterans who are required to make copayments for non-service connected disabilities.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$53,909	$53,697	$53,457	$53,184	$52,869	$267,116
Appropriation	($53,909)	($53,697)	($53,457)	($53,184)	($52,869)	($267,116)

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$52,592	$52,332	$52,086	$51,793	$51,466	$527,385
Appropriation	($52,592)	($52,332)	($52,086)	($51,793)	($51,466)	($527,385)

Improving Timeliness of Billing by Authorizing the Release of Protected Patient Information for Health Care Services

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$0	$42,393	($42,393)	0

Proposed Program Change in Law:

VA proposes amending 38 U.S.C. § 7332(b) to include a provision for the disclosure of VA records of the identity, diagnosis, prognosis or treatment of a patient relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV) or sickle cell anemia to health plans for the purpose of VA obtaining reimbursement for care.

Current Law or Practice:

VHA is prohibited from disclosing information identifying a patient as having been treated for drug abuse, alcoholism or alcohol abuse, HIV infection, or sickle cell anemia (referred to as 7332-protected information in the rest of the document) for any purposes not outlined in 38 U.S.C. §7332 unless a signed, written consent is obtained from the patient. The term "consent" is used in the same context as the term "authorization" in the Department of Health and Human Services (HHS) Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules, 45 Code of Federal Regulations (CFR) Parts 160 and 164. Disclosures of VA records of the identity, diagnosis, prognosis or treatment of a patient relating to drug abuse, alcoholism or alcohol abuse, infection with HIV or sickle cell anemia permitted without patient prior written consent is discussed in 38 U.S.C. §7332(b).

Justification:

One of the main objectives of the Community Care program is to consolidate and streamline community care and provide VA with the authorities to improve access to care while phasing out unnecessary barriers to providing care. This proposal would allow VA to work more easily with community providers and is critical to meeting the needs of Veterans today and in the future.

In 1986, Congress authorized legislation giving VA authority to bill private insurers for care provided to insured veterans for nonservice-connected conditions. In 1990, this authority was expanded to allow VA to collect for the treatment of nonservice-connected conditions of Veterans with covered service-connected conditions. In 1997, Public Law 105-33 established the current Medical Care Collection Fund (MCCF). With the enactment of the Balanced Budget Act of 1997 (BBA), Congress changed the third party program into one designed to supplement VA's medical care appropriations by allowing VA to retain all third party collections and some other copayments. VA can use these

funds to provide medical care to patients and to pay for its medical care collection expenses.

Under 38 U.S.C. §1729, VA has authority to recover from health plans or health insurance carriers the reasonable charges for treatment of a Veteran's nonservice-connected disabilities. To recover reasonable charges and obtain reimbursement for care, VA must submit bills or claims containing diagnostic code information to the health plan or health insurance carrier for the admission or episode of care. If during the admission or episode of care the patient was diagnosed and treated for drug abuse, alcoholism or alcohol abuse, infection with HIV or sickle cell anemia, this information is communicated via the diagnostic codes on the bill or claim to the health plan or health insurance carrier.

Under the HIPAA Privacy Rule, 45 CFR 164.506(c), VA may disclose an individual's health information to health plans to obtain payment of care and services provided to the patient. In addition, under the Privacy Act, a routine use promulgated by the agency in the billing and collection system of records authorizes disclosure of health information to health plans for reimbursement for care provided to the patient. There is no such authority under 38 U.S.C. 7332; therefore, VA must obtain a signed, written consent to bill health plans for each treatment of a patient relating to drug abuse, alcoholism or alcohol abuse, infection with HIV or sickle cell anemia.

Often it is not possible to obtain the signed, written consent from the patient to bill the health plan or health insurance carrier for a variety of reasons. Some patients refuse to sign the written consent, while other patients are incapacitated at the time of care, and written requests to the patient following treatment often result in no response.

One of the major clinical areas affected by the current statutory language is testing for and care of HIV infection within VA. As of 2009, fewer than 10% of all Veterans in VA care had been tested for HIV infection, resulting in delays in diagnosis, preventable deaths, and avoidable health care expenditures. Congress has removed significant statutory barriers to HIV testing in VA by enacting P.L. 110-387, Veterans Mental Health and Other care Improvements Act of 2008, which repealed long-standing restrictions in 38 U.S.C. §7333 against wide-spread HIV testing within VA, as well as an obsolete requirement for written informed consent prior to such testing. Congress has also directed VA via House Appropriation Committee reports implementing expanded testing.

VA is proactively removing unnecessary barriers to HIV testing in VHA, not only as part of VHA policy, but also in response to Congressional intent and VA's responsibilities under the National HIV/AIDS Strategy, for which VA is a lead agency. Requiring patients to sign the Release of Information form is a remaining obstacle to expanding HIV testing among Veterans, and is contrary to Congressional intent in passing P.L. 110-387. It also places an exception on HIV testing, further hampering efforts to diagnose Veterans with HIV infection as early as possible and link these Veterans to care. This likely has negative effects on testing for other blood borne pathogens such as hepatitis B and hepatitis C viruses. Finally, it decreases revenue collections connected with HIV care, a significant issue considering that VA is the largest provider of HIV care in the U.S., with

over 24,000 HIV-infected Veterans in care, and spending over one billion annually on HIV-related care.

Per the HIPAA Privacy Rule, VA may not condition treatment on the patient signing an authorization to allow VA to disclose 7332-protected information to health plans or health insurance carriers for payment activities. In order for VA to bill health plans or health insurance carriers for all admissions and episodes of care for nonservice-connected disabilities, a provision authorizing this disclosure activity needs to be included in 38 U.S.C. §7332(b).

This authority would not eliminate a patient's ability to control their information pursuant to the HIPAA Privacy Rule, and patients would retain the right to request their data not be shared with health plans, as described in VHA Directive 1605.01.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$42,393	$44,047	$45,765	$47,549	$49,404	$229,158
Appropriation	($42,393)	($44,047)	($45,765)	($47,549)	($49,404)	($229,158)

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$51,331	$53,332	$55,412	$57,574	$59,819	$506,626
Appropriation	($51,331)	($53,332)	($55,412)	($57,574)	($59,819)	($506,626)

Mandatory Insurance Capture Enforcement

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$0	$8,549	($8,549)	0

Proposed Program Change in Law:

VA proposes creating an enforcement mechanism to enforce disclosure of third party health plan contract information as required by Public Law (P. L.) 114-315 §604, Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 signed on December 16, 2016.

Current Law or Practice:

The Jeff Miller and Richard Blumenthal Veterans Health Care Benefits Improvement Act of 2016 (P.L. 114-315 §604) provided the legislative requirement for Veterans to provide health plan contract information to VA; however, it did not establish any enforcement provisions for a Veteran failing to provide the health plan contract information.

Justification:

VA is authorized to bill and collect from third party health plan contracts (OHI) for the Veteran's non-service-connected care when VA has furnished or paid for such care on the Veterans behalf. Dollars collected from OHI is utilized by VA to supplement funding for Veteran health care services. This proposal creates an enforcement mechanism for Veterans who fail to provide third party health plan coverage information and any other information necessary to VA for billing and collecting from the third party payer. Veterans would not incur any financial burden from providing VA with OHI information.

Mandating Veterans provide OHI information will increase collections from third party payers, offsetting VHA expenditures for care. This legislative amendment will strengthen VA's third party billing authority for non-service connected health care, by clarifying that provision of accurate health plan contract coverage information needed for billing purposes is required to obtain such services.

With a minimum estimated collections impact of $8.5 million in 2019, this legislation is necessary to facilitate the capture of currently foregone funds. VA must be granted the authority to collect these funds through new legislative action.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$8,549	$8,669	$8,970	$9,263	$9,550	$45,001
Appropriation	($8,549)	($8,669)	($8,970)	($9,263)	($9,550)	($45,001)

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$9,835	$10,120	$10,407	$10,698	$11,027	$97,088
Appropriation	($9,835)	($10,120)	($10,407)	($10,698)	($11,027)	($97,088)

Eliminate Performance Pay for VHA Physicians and Dentists

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
TBD	$0	TBD	0

Proposed Program Change in Law:

Modify 38 U.S.C. § 7431 to eliminate the performance pay component of the physician and dentist pay system under 38 U.S.C. §§ 7431(a)(3) and (d). In its place, VHA intends to modify market pay criteria to revise physician compensation practices to include productivity and performance measures. This change will allow VHA to more effectively and efficiently compensate physicians and dentists based on desired clinical outcomes in a way that is more advantageous to our providers.

Current Law or Practice:

The "Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004" (Public Law 108-445, dated December 3, 2004) established the current pay system for Veterans Health Administration (VHA) physicians and dentists. The three components of the pay system, base pay, market pay, and performance pay, are provided in 38 U.S.C. § 7431.

Justification:

Although the Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004 intended performance pay to be the third component of physician and dentist compensation, this component has been widely misinterpreted as a performance award. The Department has been criticized for paying performance pay to providers who met the requirements for performance pay, but whose overall performance or patient outcomes do not warrant a performance award, despite being legally mandated to pay the performance pay component. The confusion is understandable as performance pay is paid as a lump sum payment similar to incentive awards, is not considered part of the annual pay, and does not count towards retirement and other benefits.

VA already has a mechanism to reward physicians and dentists for superior performance and/or for special contributions made to the organization through the incentive awards process. Similar to performance pay, the incentive awards process allows facility directors to pay a lump sum award to providers whose overall performance or special contributions or achievements warrant such an award. Performance pay may not be used to recognize performance but instead must be based on the degree to which certain goals and objectives are met.

Performance pay is currently a mandatory third tier of the VHA Physician and Dentist Pay System and compensates physicians and dentists based on the degree to which they

achieve specific goals and objectives; regardless of the depth or breadth of the achievement the total amount of performance pay that can be authorized each year is only $15,000. Chiefs of staff and management officials at each medical center must develop new performance pay goals and objectives each year; must communicate the designated goals and objectives to each physician and dentist at the facility; must continually assess the degree to which each provider meets the goals/objectives throughout the year; must determine an amount of performance pay, if any, to be paid to each provider; must document the performance pay determination and communicate their decision to each physician and dentist; and must complete and submit paperwork documenting the entire process, even if no performance pay is authorized.

This process starts over each fiscal year and is in addition to the performance evaluation process also completed on a yearly basis. The performance pay process is time-consuming, is difficult to manage each year, and creates administrative burdens on clinical staff. We also know many providers choose not to participate in the performance pay process. While each provider must be given specific goals and objectives, there is no requirement for the provider to make an effort in achieving the desired goals and objectives and many choose to opt out of the process; the decision to not work towards meeting performance pay goals and objectives is not an adverse action. For many physicians and dentists, a once-a-year performance pay lump sum payment does not provide the incentive necessary to participate in the process.

Additionally, there is no significant evidence that performance pay is an effective recruitment or retention tool or that it has significantly led to increased clinical outcomes. Based on data extracted from VHA PAID, out of 26,571 total VHA physician and dentists eligible for performance pay in fiscal year 2016, only 22,356 received performance pay. This data indicates that 16% of all eligible physicians and dentists received NO performance pay in 2016; these providers either opted to not participate in the process or did not meet any of the specific goals and objectives.

VHA has been under the current Physician and Dentist Pay system for 11 years. While it was initially believed performance pay would be a viable and useful incentive, we are now seeing this is not the case. For this reason, we would like to eliminate performance pay; in its place, we plan to expand market pay by adding additional, more relevant criteria which encompass productivity and performance measures.

Title 38 U.S.C. § 7431 authorized market pay as a component of physician pay "intended to reflect the recruitment and retention needs" of a specialty, assignment, geographic location, and/or particular physician or dentist. Market pay must take into account the experience of the provider, the need for the specialty/assignment at the facility, the dynamics of the health care labor market, board certifications, prior VHA experience, and any other criteria the Secretary considers appropriate.

To be competitive with the private sector, and more importantly, to increase clinical and patient outcomes, VA needs a compensation mechanism that allows a medical center director to increase annual salary based on productivity and performance measures. We

propose to expand the market pay criteria to include factors that address physician and dentist productivity. Additional market pay criteria could include factors such as panel sizes, enhancements to patient and/or clinical outcomes, providing additional services such as on-call coverage or additional shifts, meeting Access initiatives, as well as any other factors VHA feels is appropriate. By eliminating performance pay and enhancing the use of market pay with additional criteria, we will have more leverage to incentivize our physicians and dentists as well as having a tool that quickly and appropriately rewards high achievers through increased salaries.

It is more beneficial for VHA physicians and dentists to receive compensation in the form of base and market pay; these two components are combined to create a provider's annual salary, and annual salary is used in calculating employee benefits such as retirement, Thrift Savings Plan, Federal Employee's Group Life Insurance, etc. Performance pay is not considered annual salary, is only paid out only once a year as a lump sum payment, and does not increase an employee's overall benefit's package.

One other negative factor related to performance pay is how it is applied to the aggregate pay limitation for VHA physicians and dentist, which is set at $400,000. Currently, VHA Base & Longevity Pay plus market pay is combined to create annual pay. Because performance pay is currently a mandatory component of the VHA Physician and Dentist pay system, often market pay is not set as high as it could be to allow room for performance pay to be paid to physicians in clinical specialties that command high salaries, at or near the $400,000 aggregate limitation.

Eliminating performance pay will allow VA to set annual pay closer to the aggregate pay limitation, where needed, without having to make room for the potential payout of performance pay. Only annual pay (base + market) counts towards benefit calculations; for this reason, the ability to pay a higher annual pay instead of factoring in performance pay, would be a more desirable and competitive compensation practice and would likely enhance recruitment and retention.

To summarize, this proposal is not intended to take money away from VHA physicians and dentists. After 11 years of being under the current Physician and Dentist pay system, we have had time to assess its effectiveness and conclude changes are needed that will allow the Department to focus, and better compensate providers using enhanced productivity criteria in the form of market pay. To summarize:

Performance pay is not the most effective way to incentivize or reward VHA physicians and dentists. It would be more meaningful to be able to fully utilize market pay, with enhanced criteria that include productivity and performance measures.

VA already has a way to recognize high performance through the use of mandatory Executive Career Field (ECF) and proficiency performance plans. Having yet another set of goals and objectives is overly burdensome and does not promote engagement towards meeting desired outcomes. Many physicians and dentists are dissatisfied with the small, lump sum performance pay amounts obtainable each year, and opt out of even

participating in the process – a total of 16% of physicians and dentists received no performance pay in fiscal year 2016.

It would be more beneficial for the Department and our providers to have a two-tiered pay system, one that only includes base (tenure) pay and market pay only; a two-tiered pay system would allow facility directors to be able to adjust (increase or decrease) annual salary to our physicians based on meaningful market pay criteria, to include productivity measures.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	TBD	TBD	TBD	TBD	TBD	TBD
Collections.....						
Appropriation	TBD	TBD	TBD	TBD	TBD	TBD

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	TBD	TBD	TBD	TBD	TBD	TBD
Collections.....						
Appropriation	TBD	TBD	TBD	TBD	TBD	TBD

Third Party Payer Enforcement Provision (Recover Lost Collections from Third Party Payer)

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$0	$0	$0	0

Proposed Program Change in Law:

This legislative proposal is intended to provide a provision that will allow VA to institute administrative enforcement actions against third party payers who fail to comply with provisions of 38 U.S.C § 1729 and supporting regulations 38 CFR 17.101 and 38 CFR 17.106. Any funds collected through this enforcement provision will be returned to the Medical Care Collections Fund (MCCF) to provide additional services to Veterans across the nation.

The proposed legislation would allow the VA to assess fines against third party payers for non-compliance with the statutory and regulatory provisions relative to VA collections from third party payers. The legislation should allow the VA to collect annual assessments against payers for repeat offenses. In addition, if the payer is contacted numerous times within a year for repeated infractions of VA collection rules, there would be an additional assessment per occurrence with an annual maximum assessment. These fees would be identified via regulations to ensure they reflect current operations if the proposed legislation is implemented.

Current Law or Practice:

Currently, VA sends cease and desists letters to third party payers who are non-compliant with provisions of 38 U.S.C § 1729, 38 CFR 17.101 and 38 CFR 17.106; however, many payers continue to remain non-compliant.

Justification:

Third Party Payers are commonly non-compliant with numerous sections of 38 CFR 17.106. For example, Third party payers routinely deny claims from VA because the Veteran may not have completed the payer's required documentation for Coordination of Benefits(COB) (38 CFR 17.106(d)). The VA is unable to collect on the COB denials from third party payers and the loss in collections every year is detailed in the table below.

In addition, Third Party Payers offset proposed alleged refunds owed by VA. This is a prohibited practice under 38 U.S.C § 1729; however, many Third Party Payers continue to offset payments to the VA. When this occurs, payment intended to be credited to one Veteran's account is reduced by the third-party payer to satisfy a refund the third-party payer has determined unilaterally owed by the VA on a different Veteran's account. Because the VA applies the first money received from a third-party payer to offset the

Veteran's out of pocket expense (i.e., copayment), if any is due from the Veteran, this practice by the third-party payer creates inaccurate application of funds to Veterans accounts. The offset is not always identified immediately and requires additional research by VA staff to track the payments from the Third Party Payer to ensure that the appropriate funds are applied to the correct Veteran's account.

Finally, many Third Party Payers will pay the veteran for services provided by the VA, which is specifically prohibited under 38 C.F.R. 17.106(c). It is very challenging for VA to recover these payments from payers even with the regulatory language unless the VA has executed a participating provider agreement with the payer. Even under a participating provider agreement, many payers will still reimburse the Veteran for care. For example, the VA successfully negotiated a settlement with BCBS/GA for this specific issue in 2013 for $1.4 million dollars under its participating provider agreement. However, VA still experiences situations where the payer reimbursed the veteran for care.

10-Year Cost Table:

$ in thousands	2019	2020	2021	2022	2023	5 Year
Obligations.....	$0	$0	$0	$25,975	$28,572	$54,547
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$0	$0	$0	$25,975	$28,572	$54,547

$ in thousands	2024	2025	2026	2027	2028	10 Year
Obligations.....	$31,249	$34,572	$38,029	$41,832	$46,015	$246,244
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation	$31,249	$34,572	$38,029	$41,832	$46,015	$246,244

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VHA Performance Plan

Mission

To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

Vision

The Veterans Health Administration (VHA) will continue to strive to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment, including community care as a part of a high-performing care network, that supports learning, discovery and continuous improvement.

VHA will emphasize prevention and population health, and contribute to the Nation's well-being through education, research, and service in national emergencies.

National Contribution

VHA supports the public health of the Nation through medical, surgical, and mental health care; medical and prosthetic research; health professions education; and training. VHA also plays a key role in homeland security by serving as a resource in the event of a national emergency or natural disaster.

Stakeholders

Numerous stakeholders have a direct interest in VHA's delivery of health care, medical research and medical education. They include:

- Veterans and their families
- Native American Tribes
- State Veterans Homes
- Academic Affiliates
- Health Care Contract Providers
- Department of Defense (DoD) and other Federal Agencies
- Veterans Service Organizations
- State/County Veterans Offices
- Health Care Professional Trainees
- Researchers
- The President and Congress
- VA Employees

VHA Strategic Framework

Overview

VHA's National Leadership Council (NLC) developed a strategic planning framework to accomplish its mission and achieve VA's vision, as cited above.

Strategic Framework

The VHA Strategic Framework guides planning and decision-making to enable VA to provide Veterans with health care that is personalized, proactive, and patient-drive. The framework is informed by VA's Core Values of **I**ntegrity, **C**ommitment, **A**dvocacy, **R**espect, and **E**xcellence (ICARE). The framework also utilizes VHA's Principles of being Patient-Centered, Team-Based, Data-Driven/Evidence-Based and focusing on Prevention/Population Health, Providing Value, and Continuously Improving.

Strategic Goals Overview

VA's strategic plan for 2014-2020, developed in 2013 and available at http://www.va.gov/op3/docs/StrategicPlanning/VA2014-2020strategicPlan.PDF, identifies three strategic goals and ten related objectives. The three strategic goals are:

Strategic Goal 1: Empower Veterans to Improve Their Well-being.
Strategic Goal 2: Enhance and Develop Trusted Partnerships.
Strategic Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support.

The Department's new strategic plan for 2018-2024, released with the 2019 President's Budget and this year's Annual Performance Plan and Report (APP&R), articulates the framework for transforming the VA over the next 6 years. Under the new plan, to which the APP&R will align in the 2018 report, VA will accomplish the following strategic goals:

Strategic Goal 1: Veterans choose VA for easy access, greater choices, and clear information to make informed decisions.

Strategic Goal 2: Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey.

VHA 2019 Annual Performance Plan

Topic	*Performance Indicators, Historical Milestones & Agency Priority Goals*	*Strategic Goal/Strategic Objective*	2016 (Actuals)	2017 (Actuals)	2018 (Targets)	2019 (Targets)
Veterans Health Administration (VHA)						
Homelessness	Number of Veterans and family members permanently housed or prevented from becoming homeless (XXX)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***	N/A	100,981	90,000	TBD
	Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (#535)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***	92%	92%	94%	94%
Health Care	(Composite Measure) The average of the percent "Always" or "Usually" responses for four access measures found in the Patient Centered Medical Home (PCMH) survey and the Specialty Care Consumer Assessment of Health Providers and Systems (CAHPS) Survey. (#681)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***	87%	79% (thru August 2017)	81%	82%
	Percentage of Veterans receiving telehealth at home or at off-site settings	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***				2%
	Percentage of Veterans receiving a portion of care via telehealth modalities	***Strategic Objective 1.1: VA anticipates Veterans' changing needs throughout their lives to enhance their choices***				15%
	Overall Satisfaction w/ Community Care Access	***Strategic Objective 1.2: Veterans are informed of, understand, and can avail themselves of the benefits, care, and services they choose***				83.5%
	Overall rating of Primary Care Provider	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				70%
	Overall rating of Specialty Care Provider	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				67.5%
	Overall rating of hospital	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				66.5%
	Overall Rating of Community Care	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				75%
	Progress in Cerner project implementation (% milestones met) (EMHR)	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				TBD

Topic	*Performance Indicators, Historical Milestones & Agency Priority Goals*	*Strategic Goal/Strategic Objective*	**2016 (Actuals)**	**2017 (Actuals)**	**2018 (Targets)**	**2019 (Targets)**
Veterans Health Administration (VHA)						
Health Care	Number of medical centers and community living centers improving in overall effectiveness of care	***Strategic Objective 2.1: VA has collaborative, high-performing, and integrated delivery networks that enhance Veteran well-being and independence***				TBD
	Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the SF-12.	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***				2.3
	Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by scores on the World Health Organization disability assessment scale. (WHO-DAS)	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***				1.3
	Percentage of Veterans flagged as high risk for suicide who have received recommended interventions and follow-up	***Strategic Objective 2.2: VA ensures at-risk and underserved Veterans receive what they need to eliminate Veteran suicide, homelessness, and poverty***				65%

Appendix

Enrollee Health Care Projection Model, CHAMPVA & Caregivers Models

Models Used to Inform the Budget Request

The Department of Veterans Affairs (VA) uses three actuarial models to support formulation of the majority of the VA health care budget, to conduct strategic and capital planning, and to assess the impact of potential policies and changes in a dynamic health care environment. The three actuarial models are the VA Enrollee Health Care Projection Model (EHCPM), the Civilian Health and Medical Program Veterans Affairs (CHAMPVA) Model, and the Program of Comprehensive Assistance for Family Caregivers (PCAFC) Stipend Projection Model.

Activities and programs that are not projected by any of these three models are called "non-modeled" and can change from year to year. In general, they include non-recurring maintenance (NRM), state-based long term services and supports programs (LTSS), readjustment counseling, recently enacted programs, some components of CHAMPVA programs (spina bifida, foreign medical program, children of women Vietnam Veterans), and new initiatives.

VA Enrollee Health Care Projection Model

The VA EHCPM supports more than 90% of the VA health care budget. First developed in 1998, the EHCPM is a sophisticated health care demand projection model that uses actuarial methods and approaches to project Veteran demand for VA health care. These approaches are consistent with the actuarial methods employed by the Nation's insurers and public providers, such as Medicare and Medicaid.

The EHCPM projects enrollment, utilization, and expenditures for the enrolled Veteran population in more than 100 categories of health care services for 20 years into the future. The EHCPM consists of three main components:

- **Enrollment.** VA uses the EHCPM to project how many Veterans will be enrolled in VA health care each year and their age, gender, priority level, and geographic location.

- **Reliance.** VA uses the EHCPM to project the total health care services needed by those enrollees and then estimates the portion of that care that those enrollees will demand from VA (known as "reliance").
- **Expenditures.** Total health care expenditures are developed by multiplying the expected VA utilization by the anticipated cost per service.

The projections are supported by extensive research and analyses of the Veteran enrollee population and the drivers of demand for VA health care. VA program, field, and research staff provide expertise on program strategies and initiatives, the unique needs of the enrollee population, and the VA health care system.

The 2017 EHCPM (Base Year 2016, i.e., based on fiscal year 2016 actual enrollment, utilization, and expenditures), was used to build the 2019 and 2020 Veterans Health Administration (VHA) Medical Care budget requests. The expenditure basis used to build the EHCPM projections includes the Medical Services and community care portions (Veterans Choice Program included), Medical Support & Compliance, and Medical Facilities appropriations (this excludes non-recurring maintenance in the Medical Facilities Appropriation). The projections include all care provided in VA facilities or paid for by VA (Community Care).

The 2017 EHCPM generally assumes VA will reimburse non-VA providers who deliver health care services in VA's community care program at the Regional Medicare Base Allowable rate under VA's new Community Care Network Contract (CCNC), with adjustments to account for (1) regional markets where VA may have to pay more based on the relativity of regional commercial reimbursement levels to the Regional Medicare Base Allowable and (2) the impact of Medicare add-on payments on inpatient services. The 2017 EHCPM continues to assume VA historical community care unit costs for services without a Medicare allowable charge (certain long-term services and supports, dental services, and compensation & pension exams) and for dialysis services.

Key Drivers of Growth in Projected Resource Requirements

In projecting future Veteran demand for VA health care, the EHCPM accounts for the unique characteristics of the Veteran population, the VA health care system, environmental factors that impact Veteran enrollment, and the use of VA health care services.

Historically, growth in expenditure requirements to provide care to enrolled Veterans has been primarily driven by health care trends, the most significant of which is medical inflation. Health care trends are key drivers of annual cost increases for all health care providers – Medicare, Medicaid, commercial providers, and the VA health care system. Health care trends increase VA's cost of care independent of any growth in enrollment or demographic mix changes. Enrollment dynamics contribute to a portion of the expenditure growth; however, their impact varies significantly by the type of health care service. The assumption that VA's level of management in providing health care will improve over time reduces the cost of providing care to enrollees.

The Veterans Access, Choice and Accountability Act of 2014 and subsequent related legislation impacted the VA health care system by driving growth in the use of VA health

care services. These changes in experience through 2016 are reflected in the 2017 EHCPM. The 2017 EHCPM projections supporting the 2019 and 2020 budget requests do not specifically include the overall impact of the current legislative proposals to replace the Choice program, but do include the impact of implementing the Community Care Network contract and associated Medicare Base Allowable rates.

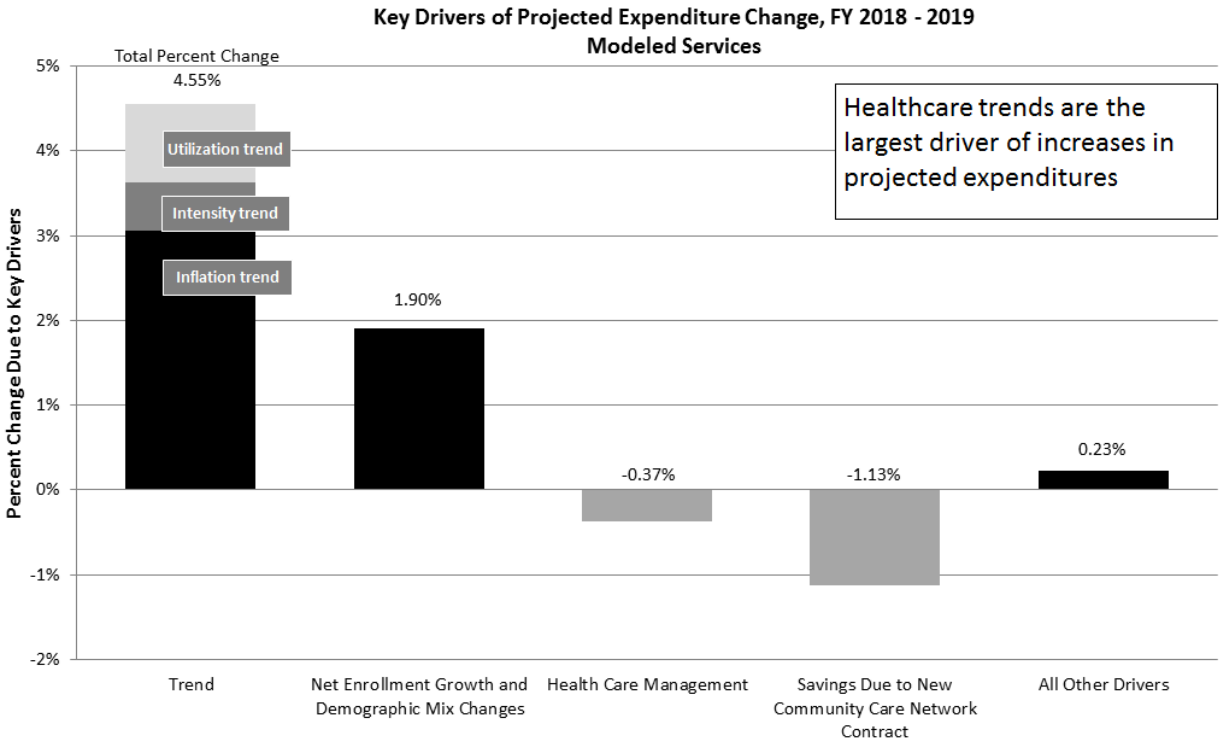
Figure A quantifies the key drivers of the projected increase in expenditure requirements for 2019 for all modeled services.

These drivers and their impact on the resources required to provide health care to enrolled Veterans are discussed in detail in the following sections.

Health Care Trends

Health care trends represent a significant driver of growth in the cost of health care in the United States and in the VA health care system. Health care trends (inflation, utilization, and intensity) represent anticipated changes in health care utilization and cost due to advances in technology. These including new diagnostics, drugs, and treatments, as well as price inflation. Health care trends increase VA's projected expenditure requirements independent of any enrollment growth or demographic mix changes. The health care trends incorporated into the EHCPM are informed by Federal policy and anticipated trends in Medicare, together with VA-specific trends for pharmacy and prosthetics, and private sector trends for services that VA routinely purchases (for example, maternity services).

Figure A



2017 VA EHCPM, Budget Scenario (BCA6) Note: The projections do not include requirements for several activities/ programs that are not projected by the VA EHCPM, including non-recurring maintenance, readjustment counseling, state-based long term services and supports programs, and some components of the homeless program.

Inflation is comprised of personnel and non-personnel components. Inflation on VA's personnel costs is determined by Federal wage policy, including wage increases. VA's projected inflation for pharmacy and prosthetics products reflects VA's well-managed purchasing programs for these products. VA's expected inflation on supplies, utilities, etc., is based on projected Consumer Price Index - Urban (CPI-U) and Producer Price Index (PPI) inflation trends for these items.

Utilization and intensity (cost) trends increase health care costs due to changes in health care practice and new technology. VA's costs are driven by these trends similar to other health care insurers and providers, because Veterans expect access to these advances in the VA health care system. Utilization trends reflect expected increases in utilization of services due to changes in health care practice, such as the introduction of genome testing. Intensity trends reflect changes in costs for services as technology advances; for example, the new expensive Hepatitis C drugs replaced less expensive, less effective drugs, which increased VA's prescription drug costs.

VA's utilization and intensity trends for Medicare-covered medical services are informed by anticipated Medicare utilization and intensity trends, as projected by the Center for Medicare & Medicaid Services' Office of the Actuary. They have been adjusted downward for efficiencies in the VA health care system as compared to Medicare's

primarily fee-for-service environment. VA's pharmacy and prosthetics trends are set by VA workgroups to reflect VA's unique practice patterns for these services.

Net Enrollment Growth and Demographic Mix Changes

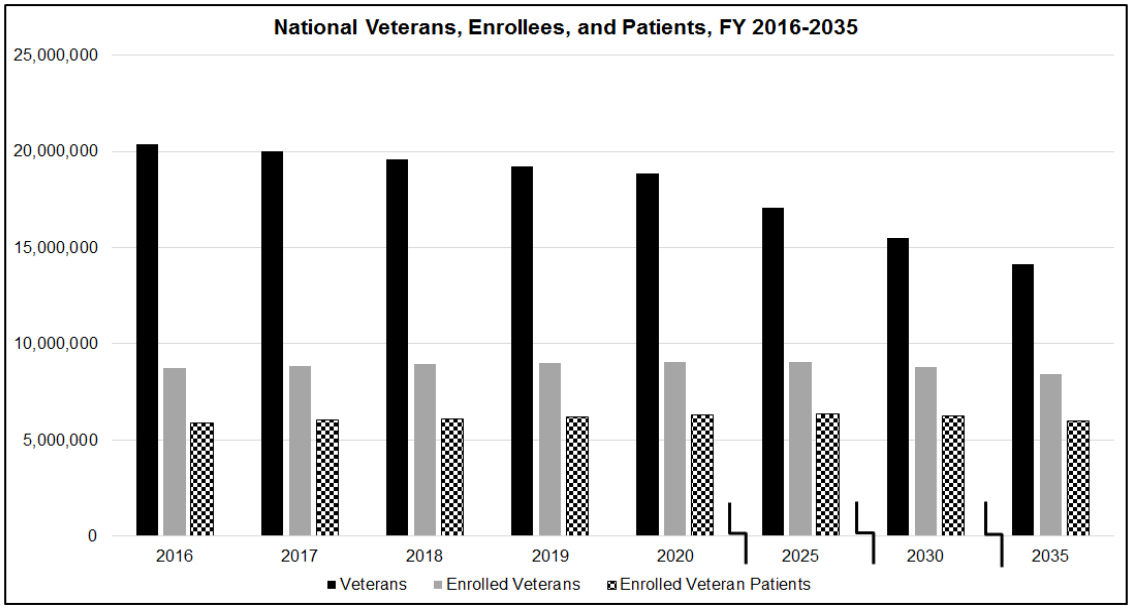
Veteran demand for VA health care is influenced by the following demographic characteristics of the Veteran population and environmental factors. Many of these factors are dynamic and are expected to change over time. Some can be anticipated (e.g. changing demographics) and some cannot (e.g. future economic downturns).

- Growth of the Operation Enduring Freedom/ Operation Iraqi Freedom/ Operation New Dawn/ Operation Inherent Resolve (OEF/OIF/OND/OIR) and female enrolled population.
- Enrollee age, gender, mortality, income, travel distance to VA facilities, and geographic migration patterns.
- Increases in prevalence of service-connected conditions and changes in enrollee income levels. These are associated with transitions between enrollment priorities.
- Health care utilization patterns of OEF/OIF/OND/OIR, female, and new enrollees, and other enrollee cohorts with unique utilization patterns for particular services.
- Economic conditions, including changes in local unemployment rates and home values (as a proxy for asset values) and the long-term downward trend in labor force participation.
- Policies, such as the elimination of net worth from the VA Means Test, regulations, and new legislation.

In the 2017 EHCPM, utilized current assumptions, even though the Veteran population is declining, Veteran enrollment in VA is projected to grow by 3% from 2016 to 2026 (see Figure B). This growth is largely due to the high enrollment rates for Gulf War and OEF/OIF/OND/OIR Veterans. After 2022, enrollment is projected to decline slightly as the impact of mortality in the enrollee population begins to outweigh new enrollment. As described below, costs for VA health care are dependent not just on the number of enrollees but on the demographics of the enrolled Veteran population.

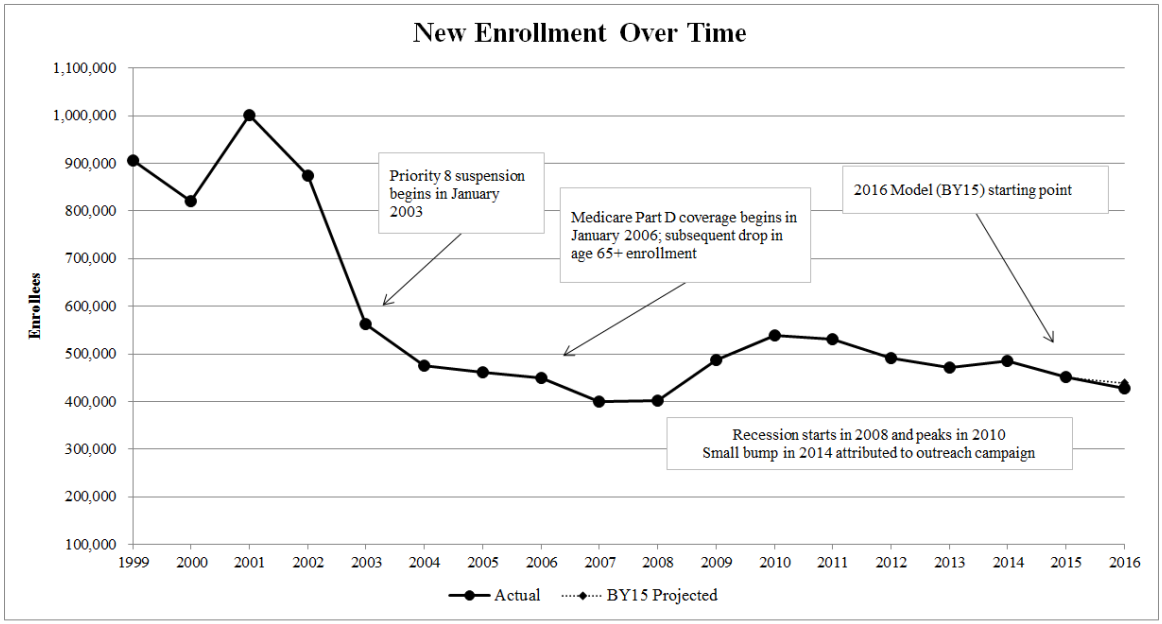
Veteran enrollment in VA is dynamic and responds to all of the demographic factors discussed above. Changes in the broader environment also impact Veterans' decisions to enroll. The lower new enrollment in 2007 and 2008 seen in Figure C was partially driven by the availability of the new Medicare drug benefit (Part D). The chart also shows the growth in new enrollment as a result of the economic recession and the decline in new enrollment as the economy recovered. The slight uptick in 2014 was driven by VHA enrollment outreach efforts related to the Affordable Care Act. Of note, it is sometimes difficult to ascertain causal impacts due to the multiple factors changing over any given time period.

Figure B



As can be seen in Figure C, new enrollment in 2016 was projected to be lower than previous years (dotted line), and actual enrollment (solid line) was in line with this expectation. Thus, even in the Veterans Choice Act environment, greater than expected new enrollment was not the driver of the growth in enrollee use of VA health care in 2015 and 2016. This growth was the result of current enrollees increasing their reliance on VA versus their other health care options (Medicare, Medicaid, commercial insurance, etc.). See the section on Enrollee Reliance in this chapter for details.

Figure C

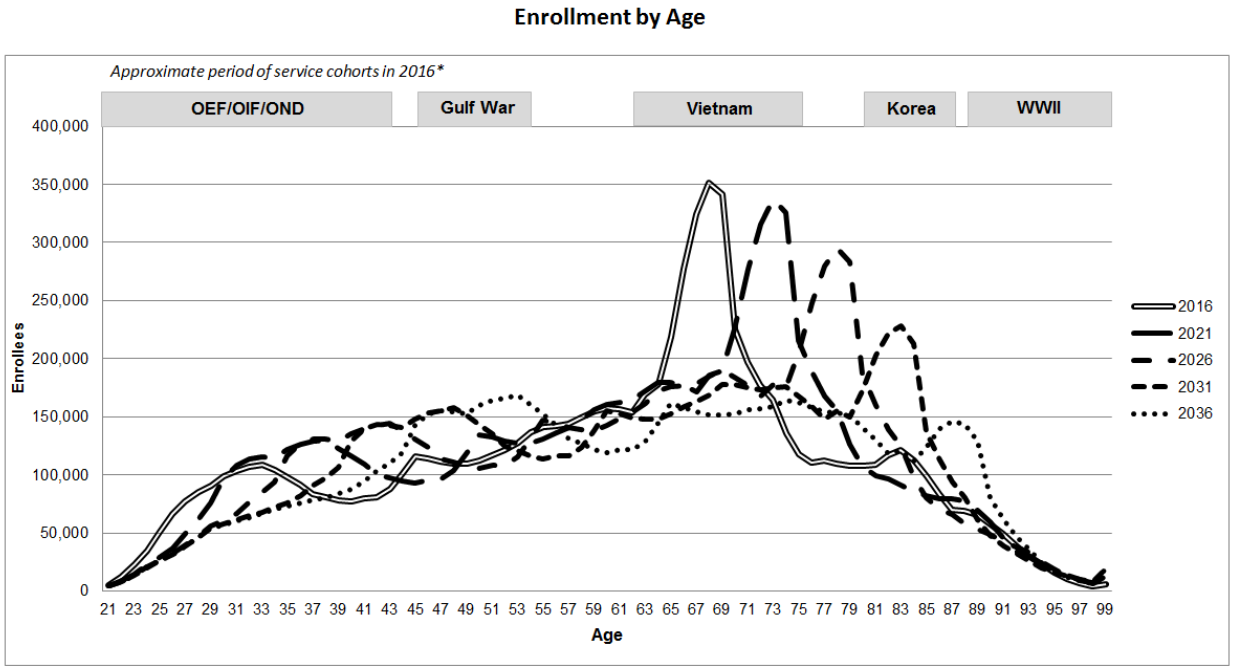


While the enrolled Veteran population is expected to continue to grow, net enrollment growth (new enrollment minus deaths) is not a significant driver of increases in annual expenditure requirements for VA health care. This is because the enrollees who are dying are generally sicker and more reliant on VA health care than new enrollees. However, the cost of caring for enrollees can change due to other demographic factors (e.g., priority transitions) and changes in the broader environment (e.g., economic recession).

Within the enrollee population, two dynamic demographic trends are impacting the projected future cost of VA health care: the aging of the Vietnam Era enrollee population and the increasing number of enrollees being adjudicated for service-connected disabilities, which increases the number of enrollees in Priorities 1, 2, and 3. These demographic trends combine in the Vietnam Era enrollee population with particular implications for demand for Long Term Services and Supports (LTSS).

Figure D shows actual enrollment in 2016 and projected enrollment by age and highlights the relative size of the Vietnam Era enrollee cohort compared to other period-of-service cohorts.

Figure D



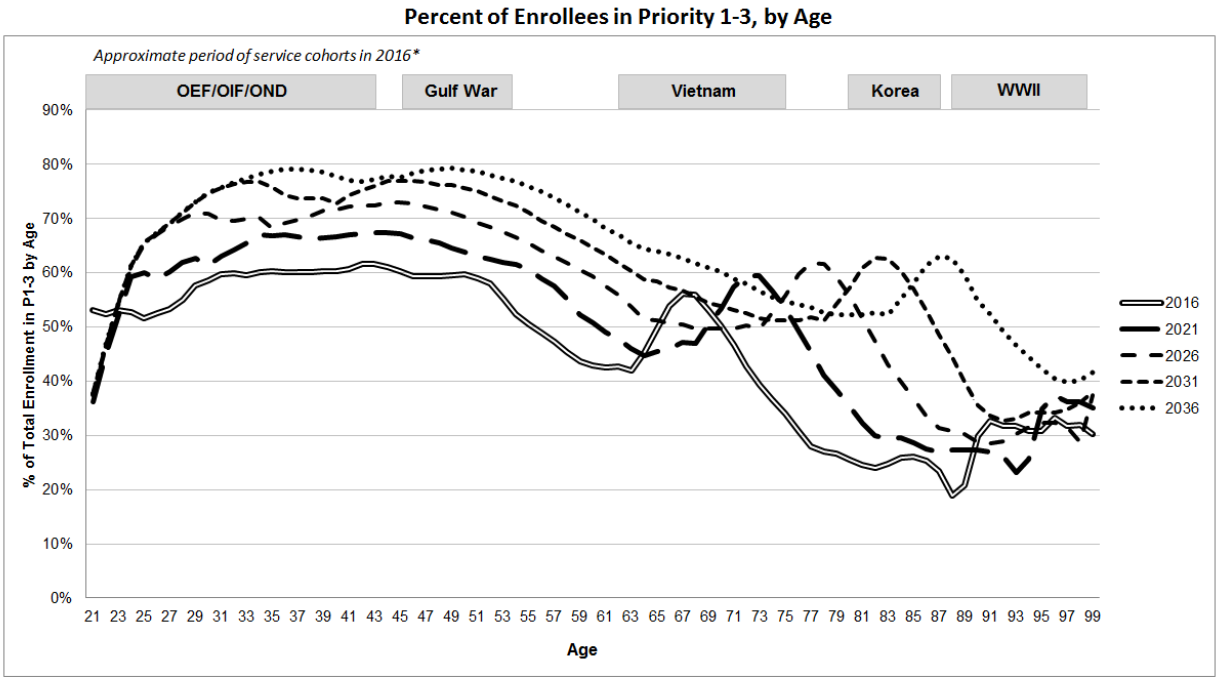
* Approximated by enrollee age in 2016 based on dates of conflict and ages at time of conflict. Enrollees can be in the age range for a cohort and not have served in the conflict.

Aging has less of an impact on expenditures than might be expected because reliance on VA for health care decreases beginning at age 65 as enrollees become eligible for Medicare coverage (see section on reliance below). Although the large Vietnam Era enrollee cohort that has mostly become Medicare eligible magnifies this effect, enrollees who have become Medicare eligible more recently have shown a slightly lower decline in reliance than older enrollees. Aging is driving growth in Long Term Services and Supports and other services generally not covered by private insurance or Medicare (e.g. hearing aids).

An enrollee's enrollment priority is dynamic. In recent experience, approximately 32%of new enrollees transitioned to a new priority level within three years of enrolling. Enrollees transition between Priorities 5, 7, and 8 due to changes in income. Enrollees also transition into Priorities 1, 2, and 3 as a result of adjudication for service-connected disabilities by the Veterans Benefits Administration. The number of enrollees being adjudicated for service-connected disabilities has escalated in recent years. These enrollees are also expected to increase their reliance on VA health care, resulting in an increase in the cost of care.

Figure E shows the significant projected growth in service-connected status for OEF/OIF/OND/OIR, Gulf War, and Vietnam enrollee populations over the next 20 years. As a result of the increasing numbers of enrollees moving into Priorities 1-3, projected enrollment in Priorities 5, 7, and 8 is declining.

Figure E



* Approximated by enrollee age in 2016 based on dates of conflict and ages at time of conflict. Enrollees can be in the age range for a cohort and not have served in the conflict.

Further, as of 2016, 5% of enrollees had transitioned into Priority 1a (70% or higher service-connected disability) over the previous three years, compared with 2% as of 2007. The Priority 1a population is projected to grow by 23% between 2016 and 2019 and 67% between 2016 and 2026.

Aging and the changes in the Priority 1a population are significant drivers of projected expenditure increases for LTSS. VA is mandated by law to provide continuing care nursing home services to Priority 1a enrollees. Additionally, World War II and Korean War era enrollees are in the age bands (greater than age 75) that are the highest users of LTSS and are driving the recent and near-term annual growth in LTSS expenditure requirements, and Vietnam era Veterans will be an increasing driver of LTSS expenditures, with most having aged beyond age 75 by 2026.

Enrollee Morbidity

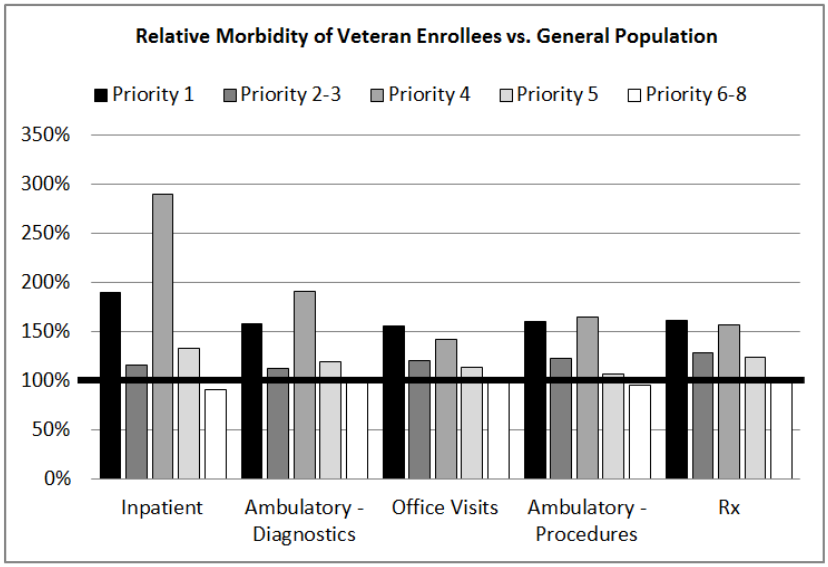
The VA enrollee population consists largely of older males, which is typically the segment of the population with the highest healthcare costs. Even after accounting for the age and gender mix of the enrollee population, the VA enrollee population is significantly more morbid (sicker) than the general population in the United States (U.S.), and this higher morbidity further increases VA's cost of providing care.

In the 2016 VA Survey of Veteran Enrollees' Health and Use of Health Care, 25% of enrollees rated their health as "fair" or "poor" compared to other people their age. Only 13% of the U.S. population responded similarly in Centers for Disease Control's (CDC)

National Center for Health Statistics' 2015 National Health Interview Survey. Similarly, only 40% of enrollees rated their health as "excellent" or "very good" compared to 60% of the U.S. population in the CDC survey. Using a diagnosis-based methodology, the average morbidity of the VA enrollee population is estimated to be approximately 40% higher than that of the general U.S. population.

Morbidity varies significantly by priority level and health care service. For example, the morbidity of Priority 4 (catastrophically disabled) enrollees results in inpatient care costs that are three times that of the general U.S. population, even after accounting for the age and gender differences in the populations. Figure F shows the relative morbidity of enrollees by priority compared to the general population for several large categories of health care services. In the figure, 100% reflects the cost of health care based on the morbidity of the general U.S. population.

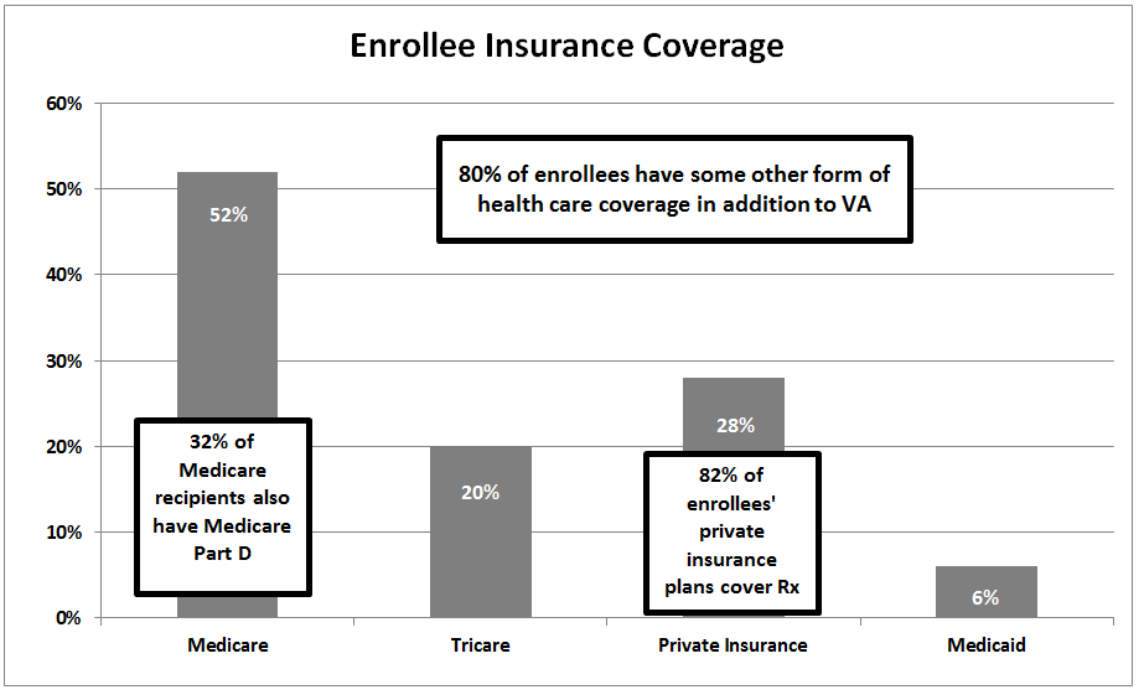
Figure F



Enrollee Reliance on VA Health Care

A unique aspect of the enrolled Veteran population is that enrollees have many options for health care coverage in addition to VA: Medicare, Medicaid, TRICARE, and private insurance. According to the VHA Survey of Enrollees, in 2016 approximately 80% of enrollees had some type of public or private health care coverage in addition to VA: 52% were enrolled in Medicare and of those, 32% are also covered by Medicare Part D (Figure G).

Figure G



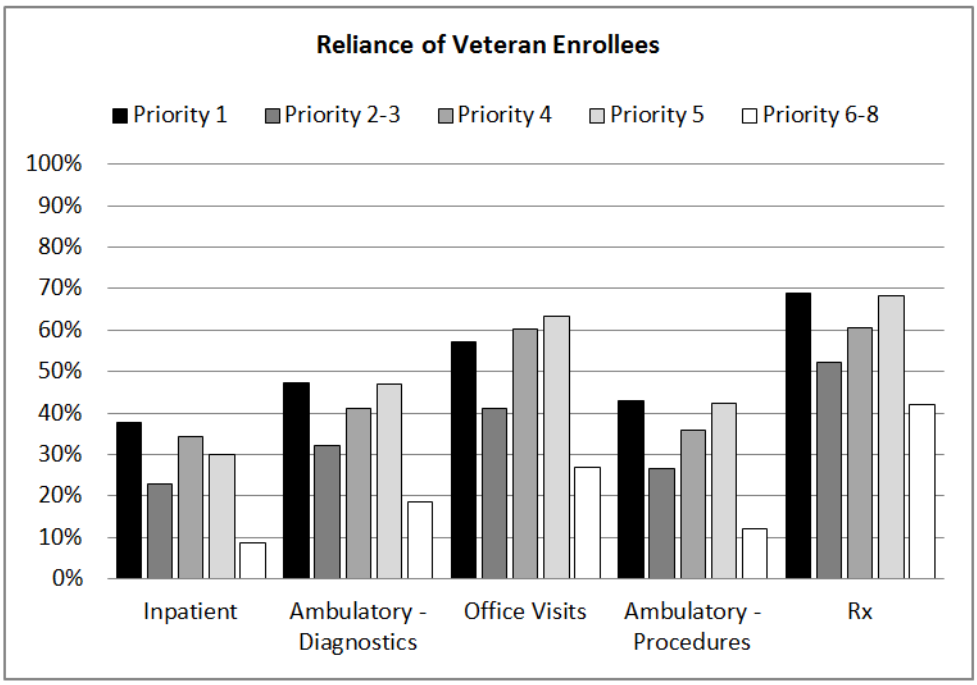
As a result, most enrollees do not use VA as their sole source of health care. On average, enrollees rely on VA for only 35% of their health care needs (excluding LTSS). This represented $61 billion in 2016. If the Veterans enrolled in 2016 had chosen to receive all of their health care in VA (100% reliance), this would have required an additional $93 billion for a total of $154 billion in 2016.

Like Veteran enrollment and demographics, enrollee reliance on VA health care is dynamic. Changes in enrollee reliance occur as a result of many factors: enrollee movement into service-connected priorities, changing economic conditions, VA's efforts to provide Veterans access to the services they need (e.g., mental health and homeless initiatives); VA's efforts to enhance its practice of health care; the opening of new or expanded facilities; the cost sharing associated with services (e.g., dialysis) in the private sector compared to VA. In the past few years, the Veterans Choice Act and related legislation has facilitated an increase in enrollee reliance on VA health care.

Recent studies suggest a generational shift in reliance as the VA health care system has matured, and enrollees are more integrated into VA health care. In addition, more enrollees are using mental health services, which is associated with higher reliance for other services. Reliance for enrollees age 65 and over increased from 2010 to 2015, and this increase was more pronounced for enrollees ages 65-75. Reliance for enrollees under age 65 has also been increasing but at a slower rate. This trend was integrated into the 2017 EHCPM and increases the projected resources required to provide care to enrolled Veterans.

Figure H shows reliance by priority for several large categories of health care services. For example, Priority 4 enrollees get approximately 35% of the inpatient care they need in VA.

Figure H



Enrollee Cohorts

Within the enrollee population, several cohorts of enrollees exhibit unique health care utilization patterns that reflect their morbidity and/or reliance on VA health care. These include Operation Enduring Freedom/ Operation Iraqi Freedom/ Operation New Dawn/ Operation Inherent Resolve (OEF/OIF/OND/OIR), Pre Enrollees, post-Vietnam Era, Vietnam Era, World War II Era, and female enrollees.

- OEF/OIF/OND/OIR enrollees have different utilization rates than non-OEF/OIF/OND/OIR enrollees of the same age for many services. For some services, the difference is attributable to the higher utilization rates typically experienced by new enrollees, and therefore, is not expected to persist over time. OEF/OIF/OND/OIR represents 16% of the enrollee population in 2016 and is expected to grow to 21% in 2026.
- Enrollees who used VA prior to the Eligibility Reform Act of 1996 ("Pre" enrollees) differ from those who enrolled after ("Post" enrollees). Pre enrollees are both sicker and more reliant on VA for health care and therefore, have higher utilization rates. These higher utilization rates are observed even after accounting for the higher average age of the Pre enrollees. Pre enrollees represented only 17% of enrollees in 2016, but accounted for 33% of modeled expenditures. Since there are no new Pre enrollees, this group is declining over time due to mortality;

Pre enrollees are projected to decline to 10% of the population by 2027, but still account for 20% of expenditures.

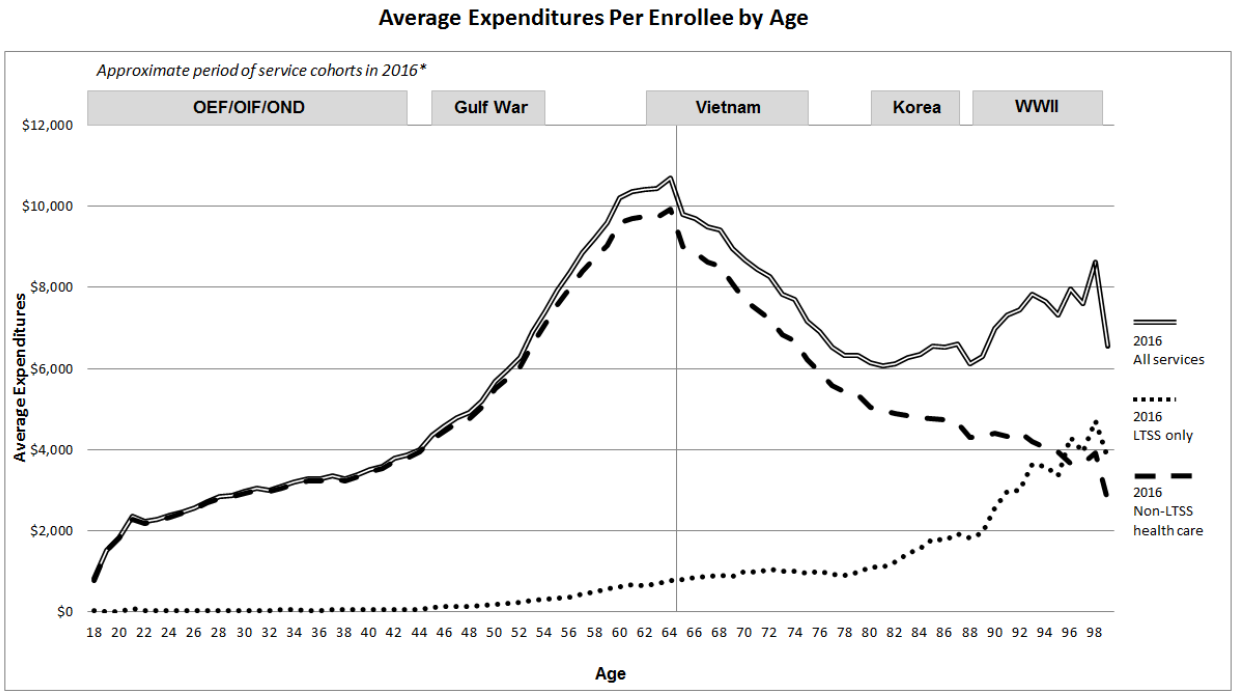
- Enrollees who served immediately after Vietnam have the highest healthcare utilization relative to other enrollees of the same age. These enrollees exhibit higher than expected needs for almost all mental health and substance abuse services and for a number of non-mental health services as well (e.g. emergency room visits). This cohort represents about 17% of the enrollee population in 2016.
- Younger Vietnam Era enrollees exhibit higher-than average levels of utilization for some services, notably mental health and homeless services. This cohort has largely aged into Medicare eligibility with a corresponding drop in reliance on VA health care. As they age and transition into Priority 1a, Vietnam Era enrollees are expected to be significant users of LTSS. Vietnam Era enrollees represent 19% of the enrollee population in 2016.
- World War II Era enrollees are high utilizers of Long Term Services and Supports, since those services are typically provided to older enrollees. This cohort represents less than 5% of overall enrollment in 2016.
- Women are one of the fastest growing enrollee cohorts. Women comprise 8% of the enrollee population in 2016 and are expected to grow to 10% by 2026. Women tend to use more health care than men at younger ages and fewer services than men at older ages. Female enrollees also use a different mix of services than the historically male-dominated enrollees. For example, women are more likely to use physical therapy and preventive services, but less likely to use cardiovascular services.

Expenditure Requirements by Enrollee Age

As discussed, many demographic and environmental factors influence Veteran demand for VA health care and the resources required to provide that care. Some of these factors increase VA's resource requirements and some decrease VA's resource requirements. Figure I shows the net impact of all the factors on expenditures.

In Figure I, the actual 2016 expenditures by age highlight the impact of key factors influencing the cost per enrollee. For the under age 65 enrollee population, the figure shows the impact of the increase in the need for health care services as enrollees age. It also highlights how the impact of aging is mitigated by a steep decline in reliance on VA health care beginning at age 65 when enrollees typically become eligible for Medicare. However, enrollees who have become Medicare eligible more recently have shown a slightly lower decline in reliance than older enrollees. The impact of providing LTSS to enrollees (services that are generally not covered by Medicare) on expenditures by age is also illustrated.

Figure I



* Approximated by enrollee age in 2016 based on dates of conflict and ages at time of conflict. Enrollees can be in the age range for a cohort and not have served in the conflict.

Dynamics of the VA Health Care System

The VA health care system is continually evolving due to VA's efforts to enhance its practice of health care, provide Veterans access to the services they need, and improve its level of health care management.

The EHCPM includes assumptions for initiatives to increase capacity for mental health, homeless services, and LTSS. These initiatives are discussed in the service-specific discussions in the next section.

The EHCPM also includes assumptions that VA's level of management in providing health care will improve over time and reduce the cost of providing care to enrollees. The majority of these efficiencies result from improvements in VA's level of management in inpatient care. The future improvements are expected to result from a wide range of activities that collectively improve VA's level of management, including:

- Improved coordination of care as a result of Patient Aligned Care Teams (PACT), expansion of home telehealth services, and other disease management activities that result in reductions in hospitalizations for ambulatory care sensitive conditions.
- A focus on creating alternative services, such as intensive outpatient mental health programs, support services and alternative locations of care.
- VHA's well established inpatient system redesign initiative (FIX).

- Admission appropriateness and continued stay reviews through the National Utilization Management Initiative (NUMI).

Assumptions for improvement in VA's level of health care management may increase or decrease ambulatory utilization projections depending on the service. Generally, well managed organizations provide more preventative services and fewer diagnostic services. Improvements in management may also reduce the projected growth in utilization for inpatient acute bed days and admissions.

Community Care Network Contract Savings

Modeled expenditures in the 2017 EHCPM reflect an assumption that VA will implement a Community Care Network contract, which will reduce costs for care purchased in the community. The contract is expected to allow VA to pay for community care at Medicare Base Allowable rates, adjusted for regional markets and the impact of Medicare add-on payments on inpatient services. Inflation trends from the 2015 Annual Report of the Board of Trustee's published by Centers for Medicare and Medicaid Services are used to inflate these costs over time. The new community care costs are phased into the EHCPM in 2018, with full implementation of the rates in place by 2019. This excludes the non-model portions of community care.

Expenditure Requirements by Service Category

The following sections discuss the key drivers of increases in expenditure requirements for categories of health care services, excluding the impact of system changes as a result of the Veterans Choice Act and related legislation.

Ambulatory Primary and Specialty Care

Ambulatory care projections are developed for the full range of services provided under a typical private sector health plan (e.g., office visits, radiology, pathology, surgeries) as well as specialized services offered by VA (e.g., nutritional counseling, hearing aid services, recreational therapy). These services are broadly classified into Diagnostics and Therapies, Evaluation and Management Services (office visits), and Professional Services and Procedures.

Expenditures required to provide ambulatory care services to enrolled Veterans are expected to grow in both 2019 and 2020. The projected increase in expenditures is largely due to the impact of health care trends. VA's cost of providing ambulatory services is expected to increase due to inflation and changes in health care practice that increases the cost per service (intensity trends). Further, utilization of ambulatory care is expected to grow due to changes in health care practice independent of any changes in enrollee demographics. For example, utilization of ambulatory surgery and the cost per service of ambulatory surgeries is expected to increase as more complex surgeries are provided in the ambulatory environment.

Enrollment dynamics are driving increases in annual expenditure requirements for ambulatory care. The growth in the Priority 1-3 population has a positive impact. Aging is driving an increase in annual expenditure requirements, although not as much as would be expected due to the drop in enrollee reliance on VA health care at age 65. However, the impact of aging can vary by service. For example, use of hearing aid services increases significantly with age, while use of maternity services decreases significantly with age.

Changes in enrollee reliance and utilization are increasing VA's expenditure requirements for providing dialysis services. Enrollee reliance on VA for dialysis services increased from 21% in 2008 to an estimated 41% in 2016 and is expected to continue to increase through 2024. This increase in reliance is due in part to lower cost sharing in VA compared to Medicare. Additionally, from 2013 to 2016, the number of dialysis procedures per patient grew by an average of 2% each year; growth was due, in part, to decreased mortality rates and lower inpatient admissions for dialysis patients. This utilization trend is assumed to continue, with growth beginning to slow in 2018 and ending after 2024.

Modeled Ambulatory Primary and Specialty Care

Diagnostics and Therapies
- Radiology – General
- Radiology – CT/MRI/PET
- Pathology
- Cardiovascular
- Office Administered Drugs and Misc. Medical
- Dialysis and Related Services
- Physical Medicine
- Chiropractic
- Immunizations
- Recreational Therapy
- Allergy Testing and Immunotherapy

Evaluation and Management Services
- Office Visits, including Physical Exams, Urgent Care Visits, and Telephone Care Visits

Professional Services and Procedures
- Surgery
- Emergency Room Visits
- Hearing and Speech Exams
- Hearing Aid Services
- Prosthetics and Orthotics Services
- Vision Exams
- Maternity
- Nutritional Counseling
- Compensation & Pension Exams
- Medication Therapy Management
- Ambulance

Pharmacy – Outpatient Prescriptions

Pharmacy workload projections are developed for prescription drugs that are typically covered under a private sector health plan, as well as pharmacy items that are not but that are covered by VA, such as over-the-counter (OTC) medication and supplies.

Expenditures required to provide pharmacy services to enrolled Veterans are expected to temporarily decrease in 2019 and resume increasing in 2020. The projected fluctuation in expenditures is largely due to a sharp decline in the volume of expensive Hepatitis C Drugs projected for 2019. Cost projections significantly decrease for these drugs in 2019 and continue on a normal trajectory starting in 2020 as the expected volume of Hepatitis C Drugs projected stabilizes at the lower level. VA moderates the impact of inflation on prescription drugs with its well managed pharmacy benefit management program and contracting practices; however, inflation is still increasing VA's cost of providing prescription drugs. The ingredient cost trend assumption projected in the model is approximately 3% annually for 2019-2020.

Modeled Pharmacy

Outpatient Prescriptions
- Prescription Drugs
- Over-the-Counter Medication
- Prescription Related Supplies

Inpatient Acute Care

Inpatient projections are developed for acute bed days of care for medicine, surgery, and maternity. In order to support workforce planning, the EHCPM also projects utilization for inpatient encounters that occur during inpatient stays. The inpatient encounters projected by the EHCPM include diagnostics, therapies, professional services, and procedures provided in an inpatient environment. The cost of all inpatient encounters is included in the cost of acute bed days of care.

Expenditures required to provide inpatient acute services to enrolled Veterans are expected to grow in both 2019 and 2020. The projected increase in expenditures is largely due to the impact of health care trends. VA's cost of providing acute inpatient services is expected to increase due to inflation and changes in health care practice that increases the cost of services (intensity trends). For example, as more surgeries are performed in an ambulatory environment, the average cost per service of the remaining inpatient surgeries, which are more complex, is expected to increase.

Modeled Inpatient Acute Care

Inpatient Acute
- Medicine
- Surgery
- Maternity Deliveries
- Maternity Non-Deliveries

Inpatient Encounters
- Medication Therapy Management
- Surgical Procedures
- Cardiovascular
- Miscellaneous Medical
- Pathology
- Physical Medicine
- Radiology
- Recreational Therapy
- Mental Health
- Psychotherapy
- Substance Abuse
- Psychosocial Rehabilitation and Recovery Centers
- Intensive Community Mental Health Recovery Services
- Work Therapy
- Mental Health Residential Rehabilitation Treatment Program Aftercare/Screening/Outreach
- Homeless

Utilization is stable with growth dampened due to two factors:

- Aging and priority transitions are increasing utilization projections but are offset by a negative impact of net enrollment growth (new enrollment minus deaths). Net enrollment growth is reducing inpatient utilization because the enrollees who are dying are generally sicker than new enrollees.
- Improvements in VA's level of management in inpatient care reduces utilization by improving management processes (e.g. early discharge planning), reducing hospitalizations for ambulatory care sensitive conditions and readmissions through care coordination, disease management, expansion of home telehealth services, etc., and the continuing transition of care from an inpatient to outpatient environment.

VA's cost of providing inpatient maternity care is increasing due to high health care trends for maternity services in the private sector (most maternity care is purchased) and an increase in utilization due to the growth in enrollment for younger, female Veterans.

Mental Health Care

Mental health projections are developed for a continuum of mental health services, including general outpatient mental health, evidence-based psychotherapies, intensive outpatient programs, residential rehabilitation treatment, and inpatient mental health care (the cost of mental health inpatient encounters includes diagnostics, therapies, professional services, and procedures provided in the inpatient environment). These services treat a variety of common mental health conditions as well as conditions requiring more specialized and/or intensive interventions including the most severe and persisting mental health conditions.

Expenditures required to provide mental health services to enrolled Veterans are expected to grow in both 2019 and 2020. The projected increase in expenditures is due to the impact of health care trends, primarily inflation, on the cost per service and VA's initiatives to expand access to mental health care. The growth in expenditure requirements slows after 2020 as the access initiatives end and utilization changes primarily based on the demographics of the enrollee population.

Utilization of mental health services is expected to grow (independent of any change due to enrollment dynamics) due to VA's initiatives to increase capacity and patient referrals. Mental Health Residential Rehabilitation is projected to grow 6% through 2020 due to these access initiatives.

Enrollment dynamics are driving growth in mental health services for certain segments of the enrollee population.

- The continued growth of the OEF/OIF/OND/OIR enrollee population (16% cumulatively from 2016-2019) and their increase in service-connected conditions (and the resulting transition into service-connected Priorities 1-3) is driving increases in utilization for this population. From 2016 to 2019, the utilization of Mental Health services by the OEF/OIF/OND/OIR population is expected to increase by 20% for inpatient services and increase by 31% for ambulatory. This growth varies by service, ranging between 7 and 55%.

Modeled Mental Health Care

Mental Health Inpatient
- Inpatient Mental Health
- Acute Substance Abuse
- Mental Health Residential Rehab
- Compensated Work Therapy/Transitional Residence (CWT/TR)
- Sustained Treatment and Rehabilitation (STAR)

Inpatient Encounters
- Medication Therapy Management
- Surgical Procedures
- Cardiovascular
- Miscellaneous Medical
- Pathology
- Physical Medicine
- Radiology
- Recreational Therapy
- Mental Health
- Psychotherapy
- Substance Abuse
- Psychosocial Rehabilitation and Recovery Centers
- Intensive Community Mental Health Recovery Services
- Work Therapy
- Mental Health Residential Rehabilitation Treatment Program Aftercare/Screening/Outreach
- Homeless

Mental Health Outpatient
- Outpatient Mental Health
- Psychotherapy
- Outpatient Substance Abuse
- Mental Health Office Visits
- Psychosocial Rehabilitation and Recovery Centers
- Intensive Community Mental Health Recovery Services (ICMHR)
- Work Therapy
- Mental Health Residential Rehabilitation Treatment Program Outpatient and Residential Stay
- Homeless

- In addition, post-Vietnam Era enrollees use a significant amount of mental health and substance abuse services.

The aging of the non-OEF/OIF/OND/OIR enrollee population is mitigating the projected growth in utilization of mental health services because use of mental health services declines at older ages. For example, utilization of Mental Health Residential Rehabilitation and Compensated Work Therapy services peaks between ages 50 to 60 and drops off dramatically by age 65.

Rehabilitative Care

Projections are developed for two special rehabilitative care inpatient services provided by VA: Blind Rehabilitation, and Spinal Cord Injury/ Disorders (SCI/D) services. These services promote the health, independence, quality of life, and productivity of individuals.

Modeled Inpatient Rehabilitative Care

- Blind Rehabilitation Services
- Spinal Cord Injury and Disorders

VA operates 13 Blind Rehabilitation Centers, which provide 4-6 weeks of inpatient adjustment-to-blindness training to help blinded Veterans achieve a realistic level of independence. VA operates 25 Spinal Cord Injury Centers. These provide expertise in treating new and longstanding spinal cord injuries and disorders and provide rehabilitation, medical care, prosthetics, and training in skills needed to live and work with SCI/D and maintain quality of life.

Expenditures required to provide Rehabilitative Care to enrolled Veterans are expected to grow in both 2019 and 2020. The projected increase in expenditures is largely due to the impact of inflation on the cost per bed day for rehabilitative care.

Priority transitions are also driving increases in expenditure requirements for these services. Aging is driving growth in utilization for Blind Rehabilitation inpatient services, as diagnoses of vision problems increase with age.

SCI/D utilization rates for Pre enrollees (those who enrolled prior to Eligibility Reform) are approximately five times that of Post enrollees. Therefore, as Pre enrollees become a smaller portion of the total enrolled population (due to deaths), the overall SCI/D utilization rate is falling.

Prosthetics

VA provides a full range of medically-prescribed medical equipment and products to enrolled Veterans. VA is the largest and most comprehensive provider of prosthetic devices and sensory aids in the country. Although the term "prosthetic device" may suggest images of artificial limbs, it actually refers to any device that supports or replaces

a body part or function. These include devices worn by the Veteran, such as an artificial limb or hearing aid; those that improve accessibility, such as wheelchairs, ramps, and vehicle modifications; and implants surgically placed in the Veteran, such as hips and pacemakers. The relative cost of these devices varies dramatically, e.g., basic medical supplies cost very little while sophisticated implant and artificial limbs are much more expensive.

Requirements to provide prosthetic services to enrolled Veterans are expected to grow in both 2019 and 2020. The projected increase in expenditures is due to health care trends.

The cost of prosthetic devices grows each year due to inflation and changes in health care practice. Extensive development and use of national committed-use contracts, as well as regional and local contracts, are expected to mitigate the expected inflation trends for prosthetics to some extent. These contracts provide quality assurance through active participation of clinicians and subject matter experts in developing requirements of the devices and the ability to obtain best value for VA. The cost of prosthetic devices such as surgical implants, artificial limbs, and wheeled mobility devices is also expected to increase due to advancements in technology (intensity trends); for example, new expensive artificial limbs such as the DEKA arm and electronic ankles are replacing less sophisticated, less expensive technology.

Modeled Prosthetics

- Glasses/Contacts
- Hearing Aids
- Surgical Implants
- Cardiothoracic Surgical Implants
- Medical Equipment & Supplies (e.g. diabetic socks, blood pressure monitors, dressing aids)
- Home Telehealth Devices
- Oxygen
- Respiratory Equipment
- Wheelchairs
- Orthotics
- Artificial Limbs
- Blind Aids (e.g. magnifiers, talking products, training computer software)
- VA Specialized Products and Services (e.g. environmental modifications (ramps), services for service dogs)

Changes in health care practice also drive growth in prosthetics utilization independent of any changes in enrollee demographics. With the increased use of technologies in all aspects of health care, more clinical specialties are using advanced prosthetic technology and devices to treat patients. Clinicians are better informed about the availability of technologies and are becoming more comfortable with prescribing these devices to treat and assist patients with specific conditions.

As a result, VA has observed an increase in the number of purchase orders, work actions, and associated prosthetic devices that are prescribed and provided per unique patient. In recent years, VA has seen the portfolio of prosthetic devices expand and the types of available and prescribed devices diversify. For example, wireless communication devices and other devices compatible with hearing aids are being prescribed and provided in conjunction with hearing aids with wireless capabilities. The increased diversity of prosthetic devices coupled with technological advances is driving material increases in utilization of prosthetic devices.

The increasing number of enrollees being adjudicated for service-connected disabilities is also driving material increases in prosthetics utilization. As enrollees transition from non-

service connected priorities into Priorities 1-3, they are expected to reflect the significantly higher utilization rates of enrollees in Priorities 1-3, particularly for blind aids, artificial limbs, wheeled mobility devices, and VA specialized products and services.

Aging has a relatively minor impact overall for prosthetic services for enrollees eligible for Medicare due to a decrease in enrollee reliance on VA health care beginning at age 65 with Medicare eligibility. However, the impact of aging is material for some services. For example, the use of hearing aids (which are not covered by private insurance or Medicare) increases significantly with age, while utilization of surgical implants declines as enrollees elect to use Medicare for surgical procedures. Aging is driving material increases in utilization of hearing aids, blind aids, wheelchairs, VA specialized products and services, and oxygen.

The continued growth of the OEF/OIF/OND/OIR enrollee population (16% cumulatively from 2016-2019), their aging, and their increase in service-connected conditions (and the resulting transition into service connected Priorities 1-3) is driving significant growth in utilization for prosthetics services for this population. Since this population is not yet eligible for Medicare (with the corresponding decline in reliance on VA), aging is driving increases in this population's use of prosthetics, particularly for oxygen, wheeled mobility devices, blind aids, and hearing aids.

Long Term Services and Supports

Long Term Services and Supports (LTSS) include the full range of services provided to help Veterans with functional limitations and chronic health conditions in non-acute settings. These services are provided through facility based care (nursing homes) or via home and community based services (HCBS).

Facility based care is provided in VA Community Living Centers (CLC), Community Nursing Homes (CNH), and State Veterans Homes for durations of both short-stay (90 days or less) and long-stay (more than 90 days). HCBS are provided through both VA and via purchased care. State Veterans Homes provide both facility based and HCBS, but are not projected by the EHCPM.

Modeled Long Term Services and Supports

Facility Based Services
- VA Community Living Centers, long-stay (>90 days)
- VA Community Living Centers, short-stay
- Community Nursing Homes, long-stay
- Community Nursing Homes, short-stay

Home and Community Based Services
- VA Adult Day Health Care
- Community Adult Day Health Care
- Home Based Primary Care
- Home Respite Care
- Purchased Skilled Home Care
- Home Hospice Care
- Homemaker/ Home Health Aide Programs
- Spinal Cord Injury & Disorders Home Care
- Community Residential Care
- Home Telehealth

Expenditures required to provide LTSS to enrolled Veterans are expected to increase in both 2019 and 2020. The projected growth for expenditures is primarily the impact of two enrollment dynamics that are having a very significant impact on LTSS in both facility and HCBS settings: priority transitions and the aging of the enrollee population. Inflation is also driving some growth for these services.

Enrollees transitioning into service-connected priorities are driving significant growth in utilization for facility-based LTSS as well as HCBS. In particular, the growth in Priority 1a enrollees (70% service connected or more) is driving significant growth for long-stay facility-based LTSS. VA is legislatively mandated by the Veterans Millennium Health Care and Benefits Act (PL 106-117) to provide continuing nursing home care for enrolled Veterans who have a 70% or greater service-connected disability, as well as those who need such care for a service-connected disability, or who have a rating of total disability based on individual un-employability.

The aging of the enrollee population is also having a significant impact on expenditures and utilization. Unlike other modeled services, reliance on certain LTSS does not decline after Medicare eligibility, due to limited Medicare coverage for long-stay nursing home services and HCBS. Currently World War II and Korea era enrollees are in the age bands that are the highest users of LTSS. Vietnam era Veterans will be an increasing driver of LTSS, with most having aged beyond 75 by 2026. CLC short-stay, which is used primarily for post-acute care and hospice care, is impacted less by aging than the other facility based care categories.

Projected utilization for LTSS reflects programmatic changes in delivery of these services. Reflecting similar shifts in the health care system at large, VA is focusing efforts to provide care in the most appropriate setting for enrollees. This change includes deliberate shifts to CLC short-stay care for those who are in an inpatient setting and are not ready to be discharged to home, but no longer need acute care. It also includes VA's initiative to provide care through HCBS rather than in nursing homes when appropriate. These efforts are driving some growth for short-stay facility based care and HCBS, but are mitigating expected growth for long-stay facility based care.

Dental

Modeled Dental Care

- Preventive and Basic Dental Services
- Minor Restorative Dental Services
- Major Restorative Dental Services

Projections are developed for three categories of dental care services based on the intensity and complexity of the service. By law, VA provides dental care to enrollees based on special eligibility criteria, which are different than eligibility criteria for other VA medical care benefits. Providing preventive and basic dental services to enrollees aligns with VA's mission to provide enhanced preventive oral health services for eligible dental patients to maximize their health outcomes in the health care setting of their choice.

Expenditures required to provide dental services to enrolled Veterans are expected to grow in both 2019 and 2020. The projected increase is primarily due to the increase in service-connected conditions (and the transition into service connected Priorities 1-3) and the resulting increase in eligibility for dental services. VA's cost of providing dental services is also expected to increase due to inflation.

Impact of 2017 EHCPM Update

Health care is very dynamic. Further, the EHCPM projections supporting the VA budget are developed based on data that are three years removed from the beginning of the budget year (four years for the Advance Appropriation). During this time, new policies, legislation, regulations, and external factors, such as economic recessions, can occur and change the projected demand for VA health care.

Each year, the EHCPM is updated in order to reflect the most recent data and emerging experience. The 2017 EHCPM was used to build the 2019 and 2020 VHA Medical Care budget requests.

Key updates for the 2017 EHCPM include:

- Demographic impacts on expenditures and utilization were revised to a generational shift in reliance as the VA health care system has matured, and enrollees are more integrated into VA health care (see the Enrollee Reliance on VA Health Care section).
- The newly incorporated national VetPop 2016 projections have approximately 1 million fewer Veterans in 2016 and the difference increases to approximately 2 million fewer Veterans in 2036. The near-term impact on enrollment and expenditure projections is minimal.
- Inclusion of an explicit reliance assumption to account for observed but unexplained reliance increases over time. Based on historical data, an average reliance increase of +0.37% was included each year through 2021.

Historically, the most significant factors changing the EHCPM's projections have been external and could not have been anticipated in advance, such as the Choice Act and related legislation, the civilian wage freeze policy, the impact of the recession, and American Reinvestment and Recovery Act (ARRA) funding.

Civilian Health and Medical Program Model

The Civilian Health and Medical Program Veterans Affairs (CHAMPVA) Model, which was adopted in 2010, projects the cost of providing medical coverage to the spouse or widow(er) and to the children of a Veteran, also referred to as a sponsor, who is rated permanently and totally disabled due to a service-connected disability, or was rated permanently and totally disabled due to a service-connected condition at the time of death, or died of service-connected disability, or died on active duty and the dependents are not otherwise eligible for Department of Defense TRICARE benefits. In 2016, CHAMPVA covered 438,189 beneficiaries. The number of beneficiaries is expected to rise to approximately 498,000 in 2019 and 517,254 in 2020.

The 2017 CHAMPVA Model was developed using data from 2005 to 2016, publically available research, and input from a development team (including subject matter experts from VHA and VHA's CHAMPVA program). The CHAMPVA Model consists of two major components: the enrollment model and the claims cost model. The enrollment

model projects the number of beneficiaries enrolled in CHAMPVA, and the claims cost model projects expenditures for providing care to beneficiaries.

The enrollment model projects the number of CHAMPVA beneficiaries in two phases. For each fiscal year, the number of sponsors is projected and then the number of beneficiaries of those sponsors is projected. Within a given year, sponsors are projected by age, gender, degree of service-connected disability, whether the sponsor is living or deceased, and the sponsor's enrollment lag (the number of years a sponsor delays enrolling a beneficiary), while beneficiaries are projected by age, beneficiary type, and gender (if the beneficiary is a spouse).

The claims cost model is driven by several factors including: enrollment counts produced from the enrollment model, assumed annual claim cost trends, age/gender factors, and actual fiscal year 2016 CHAMPVA medical claims data. The projected beneficiaries from the enrollment model are then linked to the claims cost model to generate expenditures.

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) Stipend Projection Model

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) Stipend Projection Model was first developed in 2015, and has been updated each year since then. This model provides stipend payment cost projections which make up the majority of total PCAFC costs. PCAFC provides comprehensive assistance to caregivers of certain Veterans and Service members who were seriously injured during service on or after September 11, 2001. For enrolled Veterans, their primary caregivers are eligible for a monthly stipend payment, healthcare expense reimbursement through the CHAMPVA program (if they have no other health insurance), education and training, mental health care services, respite care services, and travel, lodging and per diem expenses in order to attend required Caregiver training and to travel to and from the Veteran's medical appointments.

The PCAFC Model includes projections for Veteran sponsor counts, and stipend payment counts and sums. These cost projections are limited to stipend costs only and are not projections for the total costing of the PCAFC.

Projected stipend payments are developed using a combination of projected enrollment pattern assumptions, stipend payment trends, and projected payment tier enrollment distribution.

Since PCAFC inception in May 2011, there has been a steady increase in the number of new caregivers. By 2019 and 2020 the new caregivers are still expected but the anticipated pace of growth is lower. Going forward, significant numbers of Veterans enrolling in PCAFC will be those who separated five or more years ago rather than just recent separations. This is due to Veterans transitioning from low service connected disabilities (or no service connected disability) to higher service connected disabilities

over time. Many Veterans may not be eligible for the PCAFC shortly after separation, but may be eligible years later once their disability has progressed to the point of requiring Caregiver assistance.

2019 Revised Estimate and 2020 Advance Appropriation
Model & Non-Model Obligations
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2019 Revised Estimate			2020 Advance Appropriation		
	Model	Non-Model	Total	Model	Non-Model	Total
Health Care Services	$63,791,878	$1,304,947	$65,096,825	$68,176,625	($616,284)	$67,560,341
Non-Add Included Above:						
Non-Recurring Maintenance	*$0*	*$1,445,565*	*$1,445,565*	*$0*	*$626,580*	*$626,580*
Non-Veterans	*$0*	*$381,773*	*$381,773*	*$0*	*$381,384*	*$381,384*
Long-Term Care (Excludes State Home)	$7,857,597	$1,166,733	$9,024,330	$8,218,225	$1,175,872	$9,394,097
Non-Add Included Above:						
State Home Programs	*$0*	*$1,310,095*	*$1,310,095*	*$0*	*$1,338,888*	*$1,338,888*
Non-Veterans	*$0*	*$1,746*	*$1,746*	*$0*	*$1,684*	*$1,684*
Other Health Care Programs:						
CHAMPVA	$0	$1,775,597	$1,775,597	$0	$1,848,239	$1,848,239
Foreign Medical Program (includes Foreign C&P Exams)	$0	$32,817	$32,817	$0	$34,194	$34,194
Spina Bifida Programs	$0	$37,445	$37,445	$0	$38,716	$38,716
Children of Women Vietnam Veterans	$0	$200	$200	$0	$200	$200
Caregivers (Excluding CHAMPVA)	$0	$496,032	$496,032	$0	$510,592	$510,592
Camp Lejeune - Family	$0	$4,229	$4,229	$0	$4,260	$4,260
Readjustment Counseling	$0	$271,004	$271,004	$0	$277,382	$277,382
VA Legislative Proposals	$0	$28,087	$28,087	$0	$28,375	$28,375
Obligations [Grand Total]	$71,649,475	$5,117,091	$76,766,566	$76,394,850	$3,301,546	$79,696,396

1/ VA Enrollee Health Care Projection Model (Base Year 2016) - BCA6E300B0D0E0AA0

Obligations by Object Class, 2017 – 2020

The following Obligation by Object charts detail the 2017 actual obligations and the estimated 2018-2020 obligations for Medical Services, Medical Support & Compliance, Medical Facilities, VACAA Sections 801 & 802, and Medical Community Care.

- Medical Services: Non 801 = 0160 / VACAA 801 = 0160XA
- Medical Support & Compliance: Non 801 = 0152 / VACAA 801 = 0152XA
- Medical Facilities: Non 801 = 0162 / VACAA 801 = 0162XA
- VACAA 802 / Veterans Choice Program: 0172XA (Administration), 0172XB (Medical Care), 0172XC (Emergency Hepatitis C), 0172XE (Emergency Community Care); and Veterans Choice Fund, Discretionary (0172XG), excludes Minor Construction and Information Technology
- Medical Community Care: 0140

Obligations by Object - Medical Services (MS)
(dollars in thousands)

Description	Non 801 (0160)				VACAA 801 (0160XA)				Medical Community Care (MCC) (0140)				Total (0160 & 0160XA & 0140)			
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020
10 Personnel Compensation and Benefits:																
Physicians	$6,242,881	$6,796,691	$7,144,298	$7,443,049	$264,527	$0	$0	$0	$0	$0	$0	$0	$6,507,408	$6,796,691	$7,144,298	$7,443,049
Dentists	$284,441	$307,223	$323,481	$337,455	$7,558	$0	$0	$0	$0	$0	$0	$0	$291,999	$307,223	$323,481	$337,455
Registered Nurses	$7,081,838	$7,608,630	$7,952,121	$8,209,793	$156,488	$0	$0	$0	$0	$0	$0	$0	$7,238,326	$7,608,630	$7,952,121	$8,209,793
LP Nurse/LV Nurse/Nurse Assistant	$1,785,110	$1,905,931	$1,992,986	$2,060,791	$32,474	$0	$0	$0	$0	$0	$0	$0	$1,817,584	$1,905,931	$1,992,986	$2,060,791
Non-Physician Providers	$2,074,747	$2,275,789	$2,383,743	$2,467,932	$89,696	$0	$0	$0	$0	$0	$0	$0	$2,164,443	$2,275,789	$2,383,743	$2,467,932
Health Technicians/Allied Health	$6,792,898	$7,261,159	$7,621,353	$7,907,959	$111,325	$0	$0	$0	$0	$0	$0	$0	$6,904,223	$7,261,159	$7,621,353	$7,907,959
Wage Board/Purchase & Hire	$345,379	$359,257	$375,147	$386,898	$131	$0	$0	$0	$0	$0	$0	$0	$345,510	$359,257	$375,147	$386,898
All Other	$2,582,918	$2,787,847	$2,907,956	$2,996,716	$65,951	$0	$0	$0	$0	$0	$0	$0	$2,648,869	$2,787,847	$2,907,956	$2,996,716
Permanent Change of Station	$3,075	$3,137	$3,201	$3,266	$2	$0	$0	$0	$0	$0	$0	$0	$3,077	$3,137	$3,201	$3,266
Employee Compensation Pay	$194,101	$198,041	$202,061	$206,163	$23	$0	$0	$0	$0	$0	$0	$0	$194,124	$198,041	$202,061	$206,163
Subtotal	$27,387,388	$29,503,705	$30,906,347	$32,020,022	$728,175	$0	$0	$0	$0	$0	$0	$0	$28,115,563	$29,503,705	$30,906,347	$32,020,022
21 Travel & Transportation of Persons:																
Employee	$47,640	$49,126	$50,659	$52,200	$27	$0	$0	$0	$0	$0	$0	$0	$47,667	$49,126	$50,659	$52,200
Beneficiary	$943,430	$1,025,500	$1,066,600	$1,109,200	$0	$0	$0	$0	$0	$0	$0	$0	$943,430	$1,025,500	$1,066,600	$1,109,200
Other	$29,840	$30,306	$30,779	$31,300	$0	$0	$0	$0	$0	$0	$0	$0	$29,840	$30,306	$30,779	$31,300
Subtotal	$1,020,910	$1,104,932	$1,148,038	$1,192,700	$27	$0	$0	$0	$0	$0	$0	$0	$1,020,937	$1,104,932	$1,148,038	$1,192,700
22 Transportation of Things	$17,446	$17,990	$18,551	$19,100	$20	$0	$0	$0	$0	$0	$0	$0	$17,466	$17,990	$18,551	$19,100
23 Rent, Communications, and Utilities:																
Rental of Equipment	$154,796	$159,626	$164,606	$169,700	$881	$0	$0	$0	$0	$0	$0	$0	$155,677	$159,626	$164,606	$169,700
Communications	$282,557	$303,014	$324,952	$348,500	$2	$0	$0	$0	$0	$0	$0	$0	$282,559	$303,014	$324,952	$348,500
Utilities	$74	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$74	$0	$0	$0
GSA Rent	$97	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$97	$0	$0	$0
Other Real Property Rental	$1,936	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,936	$0	$0	$0
Subtotal	$439,460	$462,640	$489,558	$518,200	$883	$0	$0	$0	$0	$0	$0	$0	$440,343	$462,640	$489,558	$518,200
24 Printing & Reproduction:	$9,933	$10,243	$10,563	$10,900	$0	$0	$0	$0	$0	$0	$0	$0	$9,933	$10,243	$10,563	$10,900
25 Other Contractual Services:																
Care in the Community Outpatient Dental Care	$10,362	$0	$0	$0	$0	$0	$0	$0	$102,268	$120,535	$128,322	$136,252	$112,630	$120,535	$128,322	$136,252
Medical and Nursing Care in the Community 1/	$286,960	$0	$0	$0	$0	$0	$0	$0	$824,097	$959,808	$1,164,499	$1,798,041	$1,111,057	$959,808	$1,164,499	$1,798,041
Repairs to Furniture/Equipment	$291,668	$316,722	$343,928	$373,500	$0	$0	$0	$0	$0	$0	$0	$0	$291,668	$316,722	$343,928	$373,500
Maintenance & Repair Contract Services	$35,684	$42,282	$50,100	$59,400	$0	$0	$0	$0	$0	$0	$0	$0	$35,684	$42,282	$50,100	$59,400
Care in the Community Hospital Care	-$10,068	$0	$0	$0	$0	$0	$0	$0	$2,148,387	$2,209,990	$1,816,429	$2,889,287	$2,138,319	$2,209,990	$1,816,429	$2,889,287
Community Nursing Homes	-$448	$0	$0	$0	$0	$0	$0	$0	$881,588	$892,889	$963,651	$1,033,734	$881,140	$892,889	$963,651	$1,033,734
Repairs to Prosthetic Appliances	$266,701	$308,483	$336,633	$367,156	$0	$0	$0	$0	$0	$0	$0	$0	$266,701	$308,483	$336,633	$367,156
Home Oxygen	$207,024	$239,457	$261,308	$285,001	$0	$0	$0	$0	$0	$0	$0	$0	$207,024	$239,457	$261,308	$285,001
Personal Services Contracts	$52,646	$54,289	$55,983	$57,700	$0	$0	$0	$0	$33,832	$38,663	$44,184	$48,602	$86,478	$92,952	$100,167	$106,302
House Staff Disbursing Agreement	$651,753	$672,088	$693,057	$714,700	$15,471	$0	$0	$0	$0	$0	$0	$0	$667,224	$672,088	$693,057	$714,700
Scarce Medical Specialists	$127,512	$131,490	$135,592	$139,800	$0	$0	$0	$0	$0	$0	$0	$0	$127,512	$131,490	$135,592	$139,800
Other Medical Contract Services 2/	$1,402,723	$2,430,089	$1,742,677	$2,060,962	$5,392	$29,025	$38,633	$14,367	$1,549,622	$2,463,377	$3,626,389	$5,885,341	$2,957,737	$4,922,491	$5,407,699	$7,960,670
Administrative Contract Services	$630,059	$781,717	$524,107	$540,500	$1,782	$0	$0	$0	$0	$0	$0	$0	$631,841	$781,717	$524,107	$540,500
Training Contract Services	$71,035	$73,251	$75,536	$77,900	$1,563	$0	$0	$0	$0	$0	$0	$0	$72,598	$73,251	$75,536	$77,900
Caregiver Stipends	$404,750	$404,750	$403,358	$413,277	$0	$0	$0	$0	$0	$0	$0	$0	$404,750	$404,750	$403,358	$413,277
CHAMPVA	$290	$0	$0	$0	$0	$0	$0	$0	$1,276,937	$1,397,281	$1,463,185	$1,529,841	$1,277,227	$1,397,281	$1,463,185	$1,529,841
Subtotal	$4,428,651	$5,454,618	$4,622,279	$5,089,896	$24,208	$29,025	$38,633	$14,367	$6,816,731	$8,082,543	$9,206,659	$13,321,098	$11,269,590	$13,566,186	$13,867,571	$18,425,361

Obligations by Object - Medical Services (MS)

(dollars in thousands)

Description	Non 801 (0160)				VACAA 801 (0160XA)				Medical Community Care (MCC) (0140)				Total (0160 & 0160XA & 0140)			
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020
26 Supplies & Materials:																
Provisions	$117,384	$121,046	$124,823	$128,700	$0	$0	$0	$0	$0	$0	$0	$0	$117,384	$121,046	$124,823	$128,700
Drugs & Medicines	$6,367,199	$6,743,438	$6,620,170	$6,985,543	$390	$0	$0	$0	$0	$0	$0	$0	$6,367,589	$6,743,438	$6,620,170	$6,985,543
Blood & Blood Products	$58,016	$61,444	$60,321	$63,650	$0	$0	$0	$0	$0	$0	$0	$0	$58,016	$61,444	$60,321	$63,650
Medical/Dental Supplies	$1,544,798	$1,592,996	$1,642,697	$1,693,900	$16,165	$0	$0	$0	$0	$0	$0	$0	$1,560,963	$1,592,996	$1,642,697	$1,693,900
Operating Supplies	$183,467	$189,191	$195,094	$201,200	$318	$0	$0	$0	$0	$0	$0	$0	$183,785	$189,191	$195,094	$201,200
Maintenance & Repair Supplies	$33,244	$0	$0	$0	$2	$0	$0	$0	$0	$0	$0	$0	$33,246	$0	$0	$0
Other Supplies	$141,197	$149,824	$158,978	$168,700	$400	$0	$0	$0	$0	$0	$0	$0	$141,597	$149,824	$158,978	$168,700
Prosthetic Appliances	$2,574,228	$2,977,516	$3,249,222	$3,543,833	$0	$0	$0	$0	$2	$0	$0	$0	$2,574,230	$2,977,516	$3,249,222	$3,543,833
Home Respiratory Therapy	$61,695	$71,360	$77,872	$84,933	$0	$0	$0	$0	$0	$0	$0	$0	$61,695	$71,360	$77,872	$84,933
Subtotal	$11,081,228	$11,906,815	$12,129,177	$12,870,459	$17,275	$0	$0	$0	$2	$0	$0	$0	$11,098,505	$11,906,815	$12,129,177	$12,870,459
31 Equipment	$1,607,657	$1,736,528	$1,223,154	$362,522	$20,881	$0	$0	$0	$0	$0	$0	$0	$1,628,538	$1,736,528	$1,223,154	$362,522
32 Lands & Structures:																
Non-Recurring Maintenance	$158	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$158	$0	$0	$0
All Other Lands & Structures	$641	$0	$0	$0	$14	$0	$0	$0	$0	$0	$0	$0	$655	$0	$0	$0
Subtotal	$799	$0	$0	$0	$14	$0	$0	$0	$0	$0	$0	$0	$813	$0	$0	$0
41 Grants, Subsidies & Contributions:																
State Home	$0	$0	$0	$0	$0	$0	$0	$0	$1,253,054	$1,280,621	$1,308,795	$1,337,588	$1,253,054	$1,280,621	$1,308,795	$1,337,588
Grants	$557,562	$594,972	$586,325	$586,325	$0	$0	$0	$0	$0	$0	$0	$0	$557,562	$594,972	$586,325	$586,325
Subtotal	$557,562	$594,972	$586,325	$586,325	$0	$0	$0	$0	$1,253,054	$1,280,621	$1,308,795	$1,337,588	$1,810,616	$1,875,593	$1,895,120	$1,923,913
43 Imputed Interest	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$46,551,034	$50,792,443	$51,133,992	$52,670,124	$791,483	$29,025	$38,633	$14,367	$8,069,787	$9,363,164	$10,515,454	$14,658,686	$55,412,304	$60,184,632	$61,688,079	$67,343,177
Prior Year Recoveries	$147,373	$0	$0	$0	$1,376	$0	$0	$0	$0	$0	$0	$0	$148,749	$0	$0	$0
Obligations Total	$46,698,407	$50,792,443	$51,133,992	$52,670,124	$792,859	$29,025	$38,633	$14,367	$8,069,787	$9,363,164	$10,515,454	$14,658,686	$55,561,053	$60,184,632	$61,688,079	$67,343,177

* VACAA 802 excludes Information Technology

** VACAA 801 excludes Minor Construction and Information Technology

*** For display purposes, merger of Medical Services & Medical Community Care is pending Congressional approval.

1/ Obligations were removed & combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.

2/ Obligations were combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.

Obligations by Object - Medical Support & Compliance (MSC)
(dollars in thousands)

Description	Non 801 (0152)				VACAA 801 (0152XA)				Total (0152 & 0152XA)			
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020
10 Personnel Compensation and Benefits:												
Physicians	$200,876	$206,324	$211,640	$217,256	$888	$905	$907	$0	$201,764	$207,229	$212,547	$217,256
Dentists	$3,501	$3,619	$3,724	$3,817	$0	$0	$0	$0	$3,501	$3,619	$3,724	$3,817
Registered Nurses	$407,907	$421,830	$428,645	$432,566	$139	$142	$142	$0	$408,046	$421,972	$428,787	$432,566
LP Nurse/LV Nurse/Nurse Assistant	$5,154	$5,583	$5,746	$5,906	$0	$0	$0	$0	$5,154	$5,583	$5,746	$5,906
Non-Physician Providers	$38,430	$39,337	$40,028	$40,588	$115	$117	$117	$0	$38,545	$39,454	$40,145	$40,588
Health Technicians/Allied Health	$117,102	$121,232	$123,941	$125,882	$222	$226	$227	$0	$117,324	$121,458	$124,168	$125,882
Wage Board/Purchase & Hire	$62,942	$65,721	$68,236	$70,569	$0	$0	$0	$0	$62,942	$65,721	$68,236	$70,569
All Other	$3,999,154	$4,118,081	$4,201,297	$4,258,186	$1,309	$1,334	$1,338	$0	$4,000,463	$4,119,415	$4,202,635	$4,258,186
Permanent Change of Station	$7,626	$7,781	$7,939	$8,100	$0	$0	$0	$0	$7,626	$7,781	$7,939	$8,100
Employee Compensation Pay	$39,819	$40,627	$41,452	$42,293	$1	$1	$1	$0	$39,820	$40,628	$41,453	$42,293
Subtotal	$4,882,511	$5,030,135	$5,132,648	$5,205,163	$2,674	$2,725	$2,732	$0	$4,885,185	$5,032,860	$5,135,380	$5,205,163
21 Travel & Transportation of Persons:												
Employee	$53,836	$54,676	$55,529	$56,400	$50	$0	$0	$0	$53,886	$54,676	$55,529	$56,400
Beneficiary	$190	$0	$0	$0	$0	$0	$0	$0	$190	$0	$0	$0
Other	$4,235	$4,367	$4,503	$4,600	$0	$0	$0	$0	$4,235	$4,367	$4,503	$4,600
Subtotal	$58,261	$59,043	$60,032	$61,000	$50	$0	$0	$0	$58,311	$59,043	$60,032	$61,000
22 Transportation of Things	$13,525	$16,023	$18,982	$22,500	$0	$0	$0	$0	$13,525	$16,023	$18,982	$22,500
23 Rent, Communications, and Utilities:												
Rental of Equipment	$42,697	$46,518	$50,681	$55,200	$0	$0	$0	$0	$42,697	$46,518	$50,681	$55,200
Communications	$85,651	$88,323	$91,079	$93,900	$0	$0	$0	$0	$85,651	$88,323	$91,079	$93,900
Utilities	$4	$0	$0	$0	$0	$0	$0	$0	$4	$0	$0	$0
GSA Rent	$30	$0	$0	$0	$0	$0	$0	$0	$30	$0	$0	$0
Other Real Property Rental	$219	$0	$0	$0	$0	$0	$0	$0	$219	$0	$0	$0
Subtotal	$128,601	$134,841	$141,760	$149,100	$0	$0	$0	$0	$128,601	$134,841	$141,760	$149,100
24 Printing & Reproduction:	$16,722	$17,244	$17,782	$18,300	$0	$0	$0	$0	$16,722	$17,244	$17,782	$18,300
25 Other Contractual Services:												
Care in the Community Outpatient Dental Care	$89	$0	$0	$0	$0	$0	$0	$0	$89	$0	$0	$0
Medical and Nursing Care in the Community	$3,290	$0	$0	$0	$0	$0	$0	$0	$3,290	$0	$0	$0
Repairs to Furniture/Equipment	$5,572	$5,746	$5,925	$6,100	$0	$0	$0	$0	$5,572	$5,746	$5,925	$6,100
Maintenance & Repair Contract Services	$988	$0	$0	$0	$0	$0	$0	$0	$988	$0	$0	$0
Care in the Community Hospital Care	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Community Nursing Homes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Repairs to Prosthetic Appliances	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Home Oxygen	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Personal Services Contracts	$5,472	$5,616	$5,764	$5,900	$0	$0	$0	$0	$5,472	$5,616	$5,764	$5,900
House Staff Disbursing Agreement	$171	$0	$0	$0	$0	$0	$0	$0	$171	$0	$0	$0
Scarce Medical Specialists	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Medical Contract Services	$17,912	$18,471	$19,047	$19,600	$0	$5,908	$6,268	$0	$17,912	$24,379	$25,315	$19,600
Administrative Contract Services	$1,104,349	$1,544,462	$1,446,523	$1,433,568	$7	$0	$0	$0	$1,104,356	$1,544,462	$1,446,523	$1,433,568
Training Contract Services	$47,063	$48,531	$50,045	$51,600	$13	$0	$0	$0	$47,076	$48,531	$50,045	$51,600
Caregiver Stipends	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CHAMPVA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$1,184,906	$1,622,826	$1,527,304	$1,516,768	$20	$5,908	$6,268	$0	$1,184,926	$1,628,734	$1,533,572	$1,516,768

Obligations by Object - Medical Support & Compliance (MSC)

(dollars in thousands)

Description	Non 801 (0152)				VACAA 801 (0152XA)				Total (0152 & 0152XA)			
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020
26 Supplies & Materials:												
Provisions	$4,582	$0	$0	$0	$0	$0	$0	$0	$4,582	$0	$0	$0
Drugs & Medicines	$4	$0	$0	$0	$0	$0	$0	$0	$4	$0	$0	$0
Blood & Blood Products	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Medical/Dental Supplies	$324	$0	$0	$0	$0	$0	$0	$0	$324	$0	$0	$0
Operating Supplies	$38,338	$27,057	$27,901	$28,800	$17	$0	$0	$0	$38,355	$27,057	$27,901	$28,800
Maintenance & Repair Supplies	$303	$0	$0	$0	$0	$0	$0	$0	$303	$0	$0	$0
Other Supplies	$58,812	$60,647	$62,539	$64,500	$31	$0	$0	$0	$58,843	$60,647	$62,539	$64,500
Prosthetic Appliances	$3	$0	$0	$0	$0	$0	$0	$0	$3	$0	$0	$0
Home Respiratory Therapy	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$102,366	$87,704	$90,440	$93,300	$48	$0	$0	$0	$102,414	$87,704	$90,440	$93,300
31 Equipment	$40,973	$36,017	$30,402	$30,315	$61	$0	$0	$0	$41,034	$36,017	$30,402	$30,315
32 Lands & Structures:												
Non-Recurring Maintenance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
All Other Lands & Structures	$3,761	$0	$0	$0	$0	$0	$0	$0	$3,761	$0	$0	$0
Subtotal	$3,761	$0	$0	$0	$0	$0	$0	$0	$3,761	$0	$0	$0
41 Grants, Subsidies & Contributions:												
State Home	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grants	$46	$0	$0	$0	$0	$0	$0	$0	$46	$0	$0	$0
Subtotal	$46	$0	$0	$0	$0	$0	$0	$0	$46	$0	$0	$0
43 Imputed Interest	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$6,431,672	$7,003,833	$7,019,350	$7,096,446	$2,853	$8,633	$9,000	$0	$6,434,525	$7,012,466	$7,028,350	$7,096,446
Prior Year Recoveries	$141	$0	$0	$0	$8	$0	$0	$0	$149	$0	$0	$0
Obligations Total	$6,431,813	$7,003,833	$7,019,350	$7,096,446	$2,861	$8,633	$9,000	$0	$6,434,674	$7,012,466	$7,028,350	$7,096,446

* VACAA 802 excludes Information Technology

** VACAA 801 excludes Minor Construction and Information Technology

1/ Obligations were removed & combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.

2/ Obligations were combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.

Obligations by Object - Medical Facilities (MF)
(dollars in thousands)

Description	Non 801 (0162)				VACAA 801 (0162XA)				Total (0162 & 0162XA)			
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020
10 Personnel Compensation and Benefits:												
Physicians	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Dentists	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Registered Nurses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
LP Nurse/LV Nurse/Nurse Assistant	$172	$0	$0	$0	$0	$0	$0	$0	$172	$0	$0	$0
Non-Physician Providers	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Health Technicians/Allied Health	$9,181	$9,324	$9,454	$9,524	$0	$0	$0	$0	$9,181	$9,324	$9,454	$9,524
Wage Board/Purchase & Hire	$1,320,519	$1,364,222	$1,383,600	$1,394,017	$43	$0	$0	$0	$1,320,562	$1,364,222	$1,383,600	$1,394,017
All Other	$418,017	$425,962	$432,281	$435,642	$0	$0	$0	$0	$418,017	$425,962	$432,281	$435,642
Permanent Change of Station	$478	$488	$498	$508	$0	$0	$0	$0	$478	$488	$498	$508
Employee Compensation Pay	$41,453	$42,294	$43,153	$44,029	$0	$0	$0	$0	$41,453	$42,294	$43,153	$44,029
Subtotal	$1,789,820	$1,842,290	$1,868,986	$1,883,720	$43	$0	$0	$0	$1,789,863	$1,842,290	$1,868,986	$1,883,720
21 Travel & Transportation of Persons:												
Employee	$4,543	$4,614	$4,686	$4,800	$1	$0	$0	$0	$4,544	$4,614	$4,686	$4,800
Beneficiary	$628	$0	$0	$0	$0	$0	$0	$0	$628	$0	$0	$0
Other	$33,400	$34,085	$34,784	$35,500	$0	$0	$0	$0	$33,400	$34,085	$34,784	$35,500
Subtotal	$38,571	$38,699	$39,470	$40,300	$1	$0	$0	$0	$38,572	$38,699	$39,470	$40,300
22 Transportation of Things	$16,000	$16,499	$17,014	$17,500	$0	$0	$0	$0	$16,000	$16,499	$17,014	$17,500
23 Rent, Communications, and Utilities:												
Rental of Equipment	$6,380	$6,579	$6,784	$7,000	$0	$0	$0	$0	$6,380	$6,579	$6,784	$7,000
Communications	$4,142	$4,271	$4,404	$4,500	$0	$0	$0	$0	$4,142	$4,271	$4,404	$4,500
Utilities	$520,004	$536,228	$552,958	$570,200	$0	$0	$0	$0	$520,004	$536,228	$552,958	$570,200
GSA Rent	$29,883	$36,857	$39,017	$41,707	$1	$0	$0	$0	$29,884	$36,857	$39,017	$41,707
Other Real Property Rental	$545,886	$673,074	$712,518	$761,659	$4,494	$2,606	$0	$0	$550,380	$675,680	$712,518	$761,659
Subtotal	$1,106,295	$1,257,009	$1,315,681	$1,385,066	$4,495	$2,606	$0	$0	$1,110,790	$1,259,615	$1,315,681	$1,385,066
24 Printing & Reproduction:	$187	$193	$199	$200	$0	$0	$0	$0	$187	$193	$199	$200
25 Other Contractual Services:												
Care in the Community Outpatient Dental Care	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Medical and Nursing Care in the Community	$27	$0	$0	$0	$0	$0	$0	$0	$27	$0	$0	$0
Repairs to Furniture/Equipment	$23,210	$27,678	$33,006	$39,400	$0	$0	$0	$0	$23,210	$27,678	$33,006	$39,400
Maintenance & Repair Contract Services	$213,208	$238,004	$265,684	$296,600	$10	$0	$0	$0	$213,218	$238,004	$265,684	$296,600
Care in the Community Hospital Care	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Community Nursing Homes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Repairs to Prosthetic Appliances	$6	$0	$0	$0	$0	$0	$0	$0	$6	$0	$0	$0
Home Oxygen	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Personal Services Contracts	$1,484	$1,530	$1,578	$1,600	$0	$0	$0	$0	$1,484	$1,530	$1,578	$1,600
House Staff Disbursing Agreement	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Scarce Medical Specialists	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Medical Contract Services	$15,312	$0	$0	$0	$29	$9,887	$5,000	$0	$15,341	$9,887	$5,000	$0
Administrative Contract Services	$446,926	$460,870	$475,249	$490,100	$85,105	$0	$0	$0	$532,031	$460,870	$475,249	$490,100
Training Contract Services	$1,841	$1,898	$1,957	$2,000	$0	$0	$0	$0	$1,841	$1,898	$1,957	$2,000
Caregiver Stipends	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CHAMPVA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$702,014	$729,980	$777,474	$829,700	$85,144	$9,887	$5,000	$0	$787,158	$739,867	$782,474	$829,700

Obligations by Object - Medical Facilities (MF)

(dollars in thousands)

Description	Non 801 (0162)				VACAA 801 (0162XA)				Total (0162 & 0162XA)			
	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020	FY 2017	FY 2018	FY 2019	FY 2020
26 Supplies & Materials:												
Provisions	$153	$0	$0	$0	$0	$0	$0	$0	$153	$0	$0	$0
Drugs & Medicines	-$114	$0	$0	$0	$0	$0	$0	$0	-$114	$0	$0	$0
Blood & Blood Products	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Medical/Dental Supplies	$1,218	$0	$0	$0	$0	$0	$0	$0	$1,218	$0	$0	$0
Operating Supplies	$126,756	$130,711	$134,789	$139,000	$13	$0	$0	$0	$126,769	$130,711	$134,789	$139,000
Maintenance & Repair Supplies	$151,980	$156,722	$161,612	$166,700	$10	$0	$0	$0	$151,990	$156,722	$161,612	$166,700
Other Supplies	$45,174	$48,548	$52,175	$56,100	$0	$0	$0	$0	$45,174	$48,548	$52,175	$56,100
Prosthetic Appliances	$8	$0	$0	$0	$0	$0	$0	$0	$8	$0	$0	$0
Home Respiratory Therapy	$2	$0	$0	$0	$0	$0	$0	$0	$2	$0	$0	$0
Subtotal	$325,177	$335,981	$348,576	$361,800	$23	$0	$0	$0	$325,200	$335,981	$348,576	$361,800
31 Equipment	$112,807	$110,062	$61,731	$61,907	$20	$0	$0	$0	$112,827	$110,062	$61,731	$61,907
32 Lands & Structures:												
Non-Recurring Maintenance	$1,069,325	$1,891,851	$1,445,565	$626,580	$14,037	$13,880	$0	$0	$1,083,362	$1,905,731	$1,445,565	$626,580
All Other Lands & Structures	$119,611	$293,897	$270,441	$50,000	$8,600	$0	$0	$0	$128,211	$293,897	$270,441	$50,000
Subtotal	$1,188,936	$2,185,748	$1,716,006	$676,580	$22,637	$13,880	$0	$0	$1,211,573	$2,199,628	$1,716,006	$676,580
41 Grants, Subsidies & Contributions:												
State Home	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grants	$1,600	$0	$0	$0	$0	$0	$0	$0	$1,600	$0	$0	$0
Subtotal	$1,600	$0	$0	$0	$0	$0	$0	$0	$1,600	$0	$0	$0
43 Imputed Interest	$102	$0	$0	$0	$0	$0	$0	$0	$102	$0	$0	$0
Subtotal	$5,281,509	$6,516,461	$6,145,137	$5,256,773	$112,363	$26,373	$5,000	$0	$5,393,872	$6,542,834	$6,150,137	$5,256,773
Prior Year Recoveries	$13,720	$0	$0	$0	$48,897	$0	$0	$0	$62,617	$0	$0	$0
Obligations Total	$5,295,229	$6,516,461	$6,145,137	$5,256,773	$161,260	$26,373	$5,000	$0	$5,456,489	$6,542,834	$6,150,137	$5,256,773

* VACAA 802 excludes Information Technology

** VACAA 801 excludes Minor Construction and Information Technology

1/ Obligations were removed & combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.

2/ Obligations were combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.

Obligations by Object - VACAA 802 & Grand Total

(dollars in thousands)

Description	VACAA 802 (0172 XA, XB,XC,XE, XG) FY 2017	FY 2018	FY 2019	FY 2020	Grand Total /3 (MS 0160&0160XA; MSC 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE, XG; & MCC 0140) FY 2017	FY 2018	FY 2019	FY 2020
10 Personnel Compensation and Benefits:								
Physicians	$170	$0	$0	$0	$6,709,342	$7,003,920	$7,356,845	$7,660,305
Dentists	$0	$0	$0	$0	$295,500	$310,842	$327,205	$341,272
Registered Nurses	$4,333	$0	$0	$0	$7,650,705	$8,030,602	$8,380,908	$8,642,359
LP Nurse/LV Nurse/Nurse Assistant	$297	$0	$0	$0	$1,823,207	$1,911,514	$1,998,732	$2,066,697
Non-Physician Providers	$3	$0	$0	$0	$2,202,991	$2,315,243	$2,423,888	$2,508,520
Health Technicians/Allied Health	$778	$0	$0	$0	$7,031,506	$7,391,941	$7,754,975	$8,043,365
Wage Board/Purchase & Hire	$0	$0	$0	$0	$1,729,014	$1,789,200	$1,826,983	$1,851,484
All Other	$9,443	$0	$0	$0	$7,076,792	$7,333,224	$7,542,872	$7,690,544
Permanent Change of Station	$0	$0	$0	$0	$11,181	$11,406	$11,638	$11,874
Employee Compensation Pay	$0	$0	$0	$0	$275,397	$280,963	$286,667	$292,485
Subtotal	$15,024	$0	$0	$0	$34,805,635	$36,378,855	$37,910,713	$39,108,905
21 Travel & Transportation of Persons:								
Employee	$78	$0	$0	$0	$106,175	$108,416	$110,874	$113,400
Beneficiary	$19,806	$20,640	$10,320	$0	$964,054	$1,046,140	$1,076,920	$1,109,200
Other	$0	$0	$0	$0	$67,475	$68,758	$70,066	$71,400
Subtotal	$19,884	$20,640	$10,320	$0	$1,137,704	$1,223,314	$1,257,860	$1,294,000
22 Transportation of Things	$0	$0	$0	$0	$46,991	$50,512	$54,547	$59,100
23 Rent, Communications, and Utilities:								
Rental of Equipment	$0	$0	$0	$0	$204,754	$212,723	$222,071	$231,900
Communications	$0	$0	$0	$0	$372,352	$395,608	$420,435	$446,900
Utilities	$0	$0	$0	$0	$520,082	$536,228	$552,958	$570,200
GSA Rent	$0	$0	$0	$0	$30,011	$36,857	$39,017	$41,707
Other Real Property Rental	$0	$0	$0	$0	$552,535	$675,680	$712,518	$761,659
Subtotal	$0	$0	$0	$0	$1,679,734	$1,857,096	$1,946,999	$2,052,366
24 Printing & Reproduction:	$0	$0	$0	$0	$26,842	$27,680	$28,544	$29,400
25 Other Contractual Services:								
Care in the Community Outpatient Dental Care	$64,003	$72,100	$37,200	$0	$176,722	$192,635	$165,522	$136,252
Medical and Nursing Care in the Community	$287,111	$382,474	$191,237	$0	$1,401,485	$1,342,282	$1,355,736	$1,798,041
Repairs to Furniture/Equipment	$0	$0	$0	$0	$320,450	$350,146	$382,859	$419,000
Maintenance & Repair Contract Services	$0	$0	$0	$0	$249,890	$280,286	$315,784	$356,000
Care in the Community Hospital Care	$1,172,236	$677,694	$338,847	$0	$3,310,555	$2,887,684	$2,155,276	$2,889,287
Community Nursing Homes	-$13,761	$555	$278	$0	$867,379	$893,444	$963,929	$1,033,734
Repairs to Prosthetic Appliances	$2	$2	$1	$0	$266,709	$308,485	$336,634	$367,156
Home Oxygen	$0	$0	$0	$0	$207,024	$239,457	$261,308	$285,001
Personal Services Contracts	$3,758	$4,281	$2,141	$0	$97,192	$104,379	$109,650	$113,802
House Staff Disbursing Agreement	$0	$0	$0	$0	$667,395	$672,088	$693,057	$714,700
Scarce Medical Specialists	$1,696	$1,696	$848	$0	$129,208	$133,186	$136,440	$139,800
Other Medical Contract Services	$3,123,629	$2,352,988	$1,225,272	$0	$6,114,619	$7,309,745	$6,663,286	$7,980,270
Administrative Contract Services	$23,273	$25,652	$30,115	$0	$2,291,501	$2,812,701	$2,475,994	$2,464,168
Training Contract Services	$0	$0	$0	$0	$121,515	$123,680	$127,538	$131,500
Caregiver Stipends	$0	$0	$0	$0	$404,750	$404,750	$403,358	$413,277
CHAMPVA	$0	$0	$0	$0	$1,277,227	$1,397,281	$1,463,185	$1,529,841
Subtotal	$4,661,947	$3,517,442	$1,825,939	$0	$17,903,621	$19,452,229	$18,009,556	$20,771,829

Obligations by Object - VACAA 802 & Grand Total

(dollars in thousands)

Description	VACAA 802 (0172 XA, XB,XC,XE, XG) FY 2017	FY 2018	FY 2019	FY 2020	Grand Total /3 (MS 0160&0160XA; MS C 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE, XG; & MCC 0140) FY 2017	FY 2018	FY 2019	FY 2020
26 Supplies & Materials:								
Provisions	$0	$0	$0	$0	$122,119	$121,046	$124,823	$128,700
Drugs & Medicines	$73,736	$105,668	$52,689	$0	$6,441,215	$6,849,106	$6,672,859	$6,985,543
Blood & Blood Products	$0	$0	$0	$0	$58,016	$61,444	$60,321	$63,650
Medical/Dental Supplies	$23	$0	$0	$0	$1,562,528	$1,592,996	$1,642,697	$1,693,900
Operating Supplies	$0	$0	$0	$0	$348,909	$346,959	$357,784	$369,000
Maintenance & Repair Supplies	$0	$0	$0	$0	$185,539	$156,722	$161,612	$166,700
Other Supplies	$17	$0	$0	$0	$245,631	$259,019	$273,692	$289,300
Prosthetic Appliances	$13,936	$22,103	$11,052	$0	$2,588,177	$2,999,619	$3,260,274	$3,543,833
Home Respiratory Therapy	$0	$0	$0	$0	$61,697	$71,360	$77,872	$84,933
Subtotal	$87,712	$127,771	$63,741	$0	$11,613,831	$12,458,271	$12,631,934	$13,325,559
31 Equipment	$2	$0	$0	$0	$1,782,401	$1,882,607	$1,315,287	$454,744
32 Lands & Structures:								
Non-Recurring Maintenance	$0	$0	$0	$0	$1,083,520	$1,905,731	$1,445,565	$626,580
All Other Lands & Structures	$0	$0	$0	$0	$132,627	$293,897	$270,441	$50,000
Subtotal	$0	$0	$0	$0	$1,216,147	$2,199,628	$1,716,006	$676,580
41 Grants, Subsidies & Contributions:								
State Home	$0	$0	$0	$0	$1,253,054	$1,280,621	$1,308,795	$1,337,588
Grants	$0	$0	$0	$0	$559,208	$594,972	$586,325	$586,325
Subtotal	$0	$0	$0	$0	$1,812,262	$1,875,593	$1,895,120	$1,923,913
43 Imputed Interest	$0	$0	$0	$0	$102	$0	$0	$0
Subtotal	$4,784,569	$3,665,853	$1,900,000	$0	$72,025,270	$77,405,785	$76,766,566	$79,696,396
Prior Year Recoveries	$699,650	$0	$0	$0	$911,165	$0	$0	$0
Obligations Total	$5,484,219	$3,665,853	$1,900,000	$0	$72,936,435	$77,405,785	$76,766,566	$79,696,396

* VACAA 802 excludes Information Technology
** VACAA 801 excludes Minor Construction and Information Technology
*** For display purposes, merger of Medical Services & Medical Community Care is pending Congressional approval.
1/ Obligations were removed & combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.
2/ Obligations were combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.
3/ Grand Total is a summary of Non801 & VACAA 801 totals from Medical Services, Medical Support & Compliance, Medical Facilities, VACAA 802 (excludes Information Technology), and Medical Community Care.

Office of Personnel Management (OPM) Occupational Groups and Families Descriptions

Descriptions below pertain to Occupational Groups and Families referenced in the Employment Summary chapter, FTE, 2017 Actual (OPM Classification)(table).

0000 – Miscellaneous Operations Group - This group includes all classes of positions the duties of which are to administer, supervise, or perform work that cannot be included in other occupational groups either because the duties are unique, or because they are complex and come in part under various groups.

0100 – Social Science, Psychology, and Welfare Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work, subordinate technical work, or related clerical work in one or more of the social sciences; in psychology; in social work; in recreational activities; or in the administration of public welfare and insurance programs.

0200 – Human Resources Management Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform work involved in the various phases of human resources management.

0300 - General Administrative, Clerical, and Office Services Group - This group includes all classes of positions the duties of which are to administer, supervise, or perform work involved in management analysis; stenography, typing, correspondence, and secretarial work; mail and file work; the operation of office appliances; the operation of communications equipment, use of codes and ciphers, and procurement of the most effective and efficient communications services; the operation of microform equipment, peripheral equipment, mail processing equipment, duplicating equipment, and copier/duplicating equipment; and other work of a general clerical and administrative nature.

0400 – Natural Resources Management and Biological Sciences Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work or subordinate technical work in any of the fields of science concerned with living organisms, their distribution, characteristics, life processes, and adaptations and relations to the environment; the soil, its properties and distribution, and the living organisms growing in or on the soil; and the management, conservation, or utilization thereof for particular purposes or uses.

0500 – Accounting and Budget Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform professional, technical, or related clerical work of an accounting, budget administration, related financial management, or similar nature.

0600 – Medical, Hospital, Dental and Public Health Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work, subordinate technical work, or related clerical work in the several branches of medicine, surgery, and dentistry or in related patient care services such as dietetics, nursing, occupational therapy, physical therapy, pharmacy, and others.

0800 – Engineering and Architecture Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform professional, scientific, or technical work concerned with engineering or architectural projects, facilities, structures, systems, processes, equipment, devices, material or methods. Positions in this group require knowledge of the science or art, or both, by which materials, natural resources, and powers are made useful.

0900 – Legal and Kindred Group - This group includes positions that advise on, administer, supervise, or perform work of a legal or kindred nature.

1000 – Information and Arts Group - This group includes positions that involve professional, artistic, technical, or clerical work in: (1) the communication of information and ideas through verbal, visual, or pictorial means; (2) the collection, custody, presentation, display, and interpretation of art works, cultural objects, and other artifacts; or (3) a branch of fine or applied arts such as industrial design, interior design, or musical composition. Positions in this group require writing, editing, and language ability; artistic skill and ability; knowledge of foreign languages; the ability to evaluate and interpret informational and cultural materials; or the practical application of technical or esthetic principles combined with manual skill and dexterity; or related clerical skills.

1100 – Business and Industry Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform work pertaining to and requiring a knowledge of business and trade practices, characteristics and use of equipment, products, or property, or industrial production methods and processes, including the conduct of investigations and studies; the collection, analysis, and dissemination of information; the establishment and maintenance of contacts with industry and commerce; the provision of advisory services; the examination and appraisement of merchandise or property; and the administration of regulatory provisions and controls.

1300 – Physical Sciences Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work, or subordinate technical work, in any of the fields of science concerned with matter, energy, physical space, time, nature of physical measurement, and fundamental structural particles; and the nature of the physical environment.

1400 – Library and Archives Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform professional and scientific work or subordinate technical work in the various phases of library and archival science.

1500 – Mathematical Sciences Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work or related clerical work in basic mathematical principles, methods, procedures, or relationships, including the development and application of mathematical methods for the investigation and solution of problems; the development and application of statistical theory in the selection, collection, classification, adjustment, analysis, and interpretation of data; the development and application of mathematical, statistical, and financial principles to programs or problems involving life and property risks; and any other professional and scientific or related clerical work requiring primarily and mainly the understanding and use of mathematical theories, methods, and operations.

1600 – Equipment, Facilities, and Services Group - This job group includes positions the duties of which are to advise on, manage, or provide instructions and information concerning the operation, maintenance, and use of equipment, shops, buildings, laundries, printing plants, power plants, cemeteries, or other Government facilities, or other work involving services provided predominantly by persons in trades, crafts, or manual labor operations. Positions in this group require technical or managerial knowledge and ability, plus a practical knowledge of trades, crafts, or manual labor operations.

1700 – Education Group - This group includes positions that involve administering, managing, supervising, performing, or supporting education or training work when the paramount requirement of the position is knowledge of, or skill in, education, training, or instruction processes.

1800 – Inspection, Investigation, Enforcement, and Compliance Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform inspection, investigation, enforcement, or compliance work primarily concerned with alleged or suspected offenses against the laws of the United States, or such work primarily concerned with determining compliance with laws and regulations.

1900 – Quality Assurance, Inspection and Grading Group - This group includes all classes of positions the duties of which are to advise on, supervise, or perform administrative or technical work primarily concerned with the quality assurance or inspection of material, facilities, and processes; or with the grading of commodities under official standards.

2000 – Supply Group - This group includes positions that involve work concerned with furnishing all types of supplies, equipment, material, property (except real estate),

and certain services to components of the Federal Government, industrial, or other concerns under contract to the Government, or receiving supplies from the Federal Government. Included are positions concerned with one or more aspects of supply activities from initial planning, including requirements analysis and determination, through acquisition, cataloging, storage, distribution, utilization to ultimate issue for consumption or disposal. The work requires knowledge of one or more elements or parts of a supply system, and/or supply methods, policies, or procedures.

2100 – Transportation Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform clerical, administrative, or technical work involved in the provision of transportation service to the Government, the regulation of transportation utilities by the Government, or the management of Government-funded transportation programs, including transportation research and development projects.

2200 – Information Technology Group - This series covers two-grade interval administrative positions that manage, supervise, lead, administer, develop, deliver, and support information technology (IT) systems and services. This series covers only those positions for which the paramount requirement is knowledge of IT principles, concepts, and methods; e.g., data storage, software applications, networking. Information technology refers to systems and services used in the automated acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, assurance, or reception of information. Information technology includes computers, network components, peripheral equipment, software, firmware, services, and related resources.

2500 – Wire Communications Equipment Installations & Maintenance Family - This job family includes occupations involved in the construction, installation, maintenance, repair, and testing of all types of wire communications systems and associated equipment that are predominantly electrical-mechanical.

2600 – Electronic Equipment Installation & Maintenance Family - This job family includes occupations involved in the installation, repair, overhaul, fabrication, tuning, alignment, modification, calibration, and testing of electronic equipment and related devices such as radio, radar, loran, sonar, television, and other communications equipment; industrial controls; fire control, flight/landing control, bombing-navigation, and other integrated systems; and electronic computer systems and equipment.

2800 – Electrical Installation & Maintenance Family - This job family includes occupations involved in the fabrication, installation, alteration, maintenance, repair, and testing of electrical systems, instruments, apparatus, and equipment.

3100 – Fabric and Leather Work Family - This job family includes occupations involving the fabrication, modification, and repair of clothing and equipment made of: (1) woven textile fabrics of animal, vegetable, or synthetic origin; (2) plastic film and

filaments; (3) natural and simulated leather; (4) natural and synthetic fabrics; and (5) paper. Work involves use of hand tools and mechanical devices and machines to lay out, cut, sew, rivet, mold, fit, assemble, and attach findings to articles such as uniforms, rainwear, hats, belts, shoes, briefcases, holsters, equipage articles, tents, gun covers, bags, parachutes, upholstery, mattresses, brushes, etc.

3300 – Instrument Work Family - This job family includes occupations that involve fabricating, assembling, calibrating, testing, installing, repairing, modifying, and maintaining instruments and instrumentation systems for measuring, regulating, and computing physical quantities such as mass, moment, force, acceleration, displacement, stress, strain, vibration or oscillation frequency, phase and amplitude, linear or angular velocity, spacetime position and attitude, pressure, temperature, density, viscosity, humidity, thermal or electrical conductivity, voltage, current, power, power factor, impedance, and radiation. Examples of such instruments and equipment are: gyro, optical, photographic, timekeeping, electrical, metered, pressure, and geared instruments; test equipment; and navigation, flight control, and fuel totalizing systems. The work requires knowledge of electrical, electronic, mechanical, optical, pneumatic, and/or hydraulic principles.

3400 – Machine Tool Work Family - This job family includes occupations that involve setting up and operating machine tools and using hand tools to make or repair (shape, fit, finish, assemble) metal parts, tools, gauges, models, patterns, mechanisms, and machines; and machining explosives and synthetic materials.

3500 – General Services and Support Work Family - This job family includes occupations not specifically covered by another work family that require little or no specialized training or work experience to enter. These occupations usually involve work such as moving and handling materials (e.g., loading, unloading, digging, hauling, hoisting, carrying, wrapping, mixing, pouring, spreading); washing and cleaning laboratory apparatus, cars, and trucks, etc; cleaning and maintaining living quarters, hospital rooms and ward, office buildings, grounds, and other areas; and doing other general maintenance work by hand or using common hand tools and power equipment. They may involve heavy or light physical work and various skill levels. Skills are generally learned through job experience and instruction from supervisors or, in some instances, formal training programs lasting a few days or weeks or longer.

3600 – Structural and Finishing Work Family - This job family includes occupations not specifically covered by another work family that involve doing structural and finishing work in construction, maintenance, and repair of surfaces and structures (e.g., laying brick, block, and stone; setting tile; finishing cement and concrete; plastering; installing, maintaining, and repairing asphalt, tar, and gravel; roofing; insulating and glazing).

3700 – Metal Processing Family - This job family includes occupations that involve processing or treating metals to alter their properties or produce desirable qualities

such as hardness or workability, using processes such as welding, plating, melting, alloying, casting, annealing, heat treating, and refining.

3800 – Metal Work Family - This job family includes occupations involved in shaping and forming metal and making and repairing metal parts or equipment and includes such work as the fabrication and assembly of sheet metal parts and equipment; forging and press operations; structural iron working, boiler making, ship fitting, and other plate metal work; rolling, cutting, stamping, riveting, etc. It does not include machine tool work.

4000 – Lens and Crystal Work Family - This job family includes occupations involved in making precision optical elements, crystal blanks or wafers, or other items of glass, crystalline substances, synthetics, polished metals, or similar materials, using such methods as cutting, etching, grinding, polishing, etc.

4100 – Painting & Paperhanging Family - This job family includes occupations that involve hand or spray painting and decorating interiors and exteriors of buildings, structures, aircraft, vessels, mobile equipment, fixtures, furnishings, machinery, and other surfaces; finishing hardwoods, furniture, and cabinetry; painting signs; covering interiors of rooms with strips of wallpaper or fabric, etc.

4200 – Plumbing & Pipefitting Family - This job family includes occupations that involve the installation, maintenance, and repair of water, air, steam, gas, sewer, and other pipelines and systems, and related fixtures, apparatus, and accessories.

4300 – Pliable Materials Work Family - This job family includes occupations involved in shaping, forming, and repairing items and parts from non-metallic moldable materials such as plastic, rubber, clay, wax, plaster, glass, sand, or other similar materials.

4400 – Printing Family - This job family includes occupations involved in letterpress (relief), offset-lithographic, gravure (intaglio), or screen printing; includes layout, hand composition, photoengraving, platemaking, printing, and finishing operations.

4600 – Wood Work Family - This job family includes occupations involved in the construction, alteration, repair, and maintenance of wooden buildings and other structures, and the fabrication and repair of wood products such as furniture, foundry patterns, and form blocks, using power and hand tools.

4700 – General Maintenance and Operations Work Family - This job family includes occupations: (1) that consist of various combinations of work that are involved in constructing, maintaining, and repairing buildings, roads, grounds, and related facilities; manufacturing, modifying, and repairing items or apparatus made from a variety of materials or types of components; or repairing and operating equipment or utilities; and (2) require the application of a variety of trade practices

associated with occupations in more than one job family (unless otherwise indicated), and the performance of the highest level of work in at least two of the trades involved.

4800 – General Equipment Maintenance Family - This job family includes occupations involved in the maintenance or repair of equipment, machines, or instruments that are not coded to other job families because the equipment is not characteristically related to one of the established subject matter areas such as electronics, electrical, industrial, transportation, instruments, engines, aircraft, ordnance, etc., or because the nature of the work calls for limited knowledge/skill in a variety of crafts or trades as they relate to the repair of such equipment, but not a predominate knowledge of any one trade or craft.

5000 – Plant and Animal Work Family - This job family includes occupations involved in general or specialized farming operations; gardening, including the general care of grounds, roadways, nurseries, greenhouses, etc; trimming and felling trees; and propagating, caring for, handling, and controlling animals and insects, including pest species.

5300 – Industrial Equipment Maintenance Family - This job family includes occupations involved in the general maintenance, installation, and repair of portable and stationary industrial machinery, tools, and equipment such as sewing machines, machine tools, woodworking and metalworking machines, printing equipment, processing equipment, driving machinery, power generating equipment, air conditioning equipment, heating and boiler plant equipment, and other types of machines and equipment used in the production of goods and services.

5400 – Industrial Equipment Operation Family - This job family includes occupations involved in the operation of portable and stationary industrial equipment, tools, and machines to generate and distribute utilities such as electricity, steam, and gas for heat or power; treat and distribute water; collect, treat, and dispose of waste; open and close bridges, locks, and dams; lift and move workers, materials, and equipment; manufacture and process materials and products, etc.

5700 – Transportation/Mobile Equipment Operation Family - This job family includes occupations involved in the operation and operational maintenance of self-propelled transportation and other mobile equipment (except aircraft) used to move materials or passengers, including motor vehicles, engineering and construction equipment, tractors, etc., some of which may be equipped with power takeoff and controls to operate special purpose equipment; ocean-going and inland waterway vessels, harbor craft, and floating plants; and trains, locomotives, and train cars.

5800 - Transportation/Mobile Equipment Maintenance Family - This job family includes occupations involved in repairing, adjusting, and maintaining self-propelled transportation and other mobile equipment (except aircraft), including any special purpose features with which they may be equipped.

6900 – Warehousing and Stock Handling Family - This job family includes occupations involved in physically receiving, storing, handling, and issuing supplies, materials, and equipment; handling, marking, and displaying goods for selection by customers; identifying and condition classifying materials and equipment; and routing and expediting movement of parts, supplies, and materials in production and repair facilities.

7300 – Laundry, Dry Cleaning, and Pressing Family - This job family includes occupations involved in receiving, sorting, washing, drying, dry cleaning, dyeing, pressing, and preparing for delivery clothes, linens, and other articles requiring laundering, dry cleaning, or pressing.

7400 – Food Preparation and Serving Family - This job family includes occupations involved in the preparation and serving of food.

7600 – Personal Services Family - This job family includes occupations concerned with providing grooming, beauty, or other personal services to individuals, patrons, guests, passengers, entertainers, etc., or attending to their personal effects.

Reimbursements

Reimbursements
Includes Veterans Choice Act Sec. 801 and Veterans Choice Fund
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	2019 Revised Request	2020 Advance Approp.	+/- 2018-2019	+/- 2019-2020
Discretionary Obligations								
Medical Services (0160)	$120,501	$153,243	$110,961	$153,243	$133,085	$137,472	$22,124	$4,387
Medical Services (0160) Community Care	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services/Med. Comm. Care [Subtotal]	$120,501	$153,243	$110,961	$153,243	$133,085	$137,472	$22,124	$4,387
Medical Support & Compliance (0152)	$13,892	$19,063	$19,063	$19,063	$19,063	$19,063	$0	$0
Medical Facilities (0162)	$14,096	$17,098	$18,465	$17,098	$18,465	$18,465	$0	$0
Veterans Choice Fund, Discretionary (0172XG)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$148,489**	**$189,404**	**$148,489**	**$189,404**	**$170,613**	**$175,000**	**$22,124**	**$4,387**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Fund								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Fund [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Mandatory Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Non-Add Included Above:								
Veterans Choice Fund (Mandatory & Discretionary)	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Obligations [Grand Total]	**$148,489**	**$189,404**	**$148,489**	**$189,404**	**$170,613**	**$175,000**	**$22,124**	**$4,387**

Reimbursements in 2018 are estimated to be $148 million, which is in sync with the 2017 actual. Estimates for all future years have been reevaluated based on 2017 actuals.

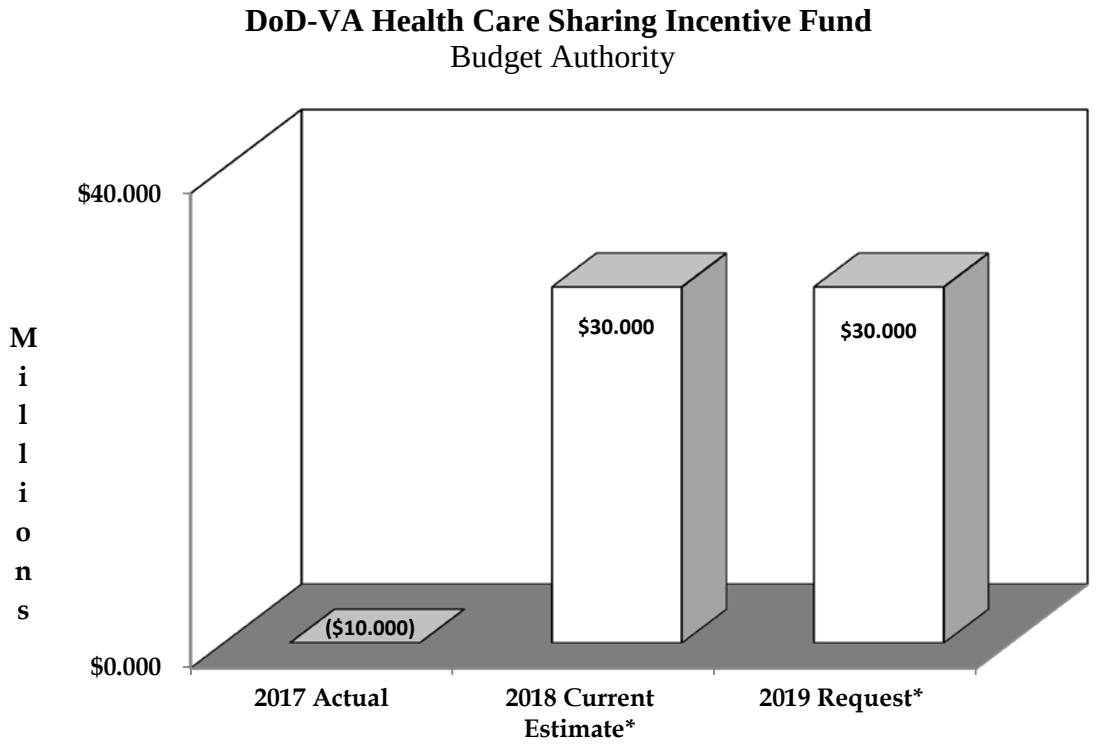
Prior Year Recoveries

Prior Year Recoveries
(dollars in thousands)

Description	2017 Actual
Obligations [Total]	**$911,165**
Medical Services (0160)	$147,373
Medical Community Care (0140)	$0
Medical Support & Compliance (0152)	$141
Medical Facilities (0162)	$13,720
Subtotal	$161,234
Veterans Access, Choice & Accountability Act of 2014	
Section 801	
Medical Services (0160XA)	$1,376
Medical Support & Compliance (0152XA)	$8
Medical Facilities (0162XA)	$48,897
Section 801 [Subtotal]	$50,281
Section 802	
Administration (0172XA)	$13,192
Medical Care (0172XB)	$429,229
Emergency Hepatitis C (0172XC)	$1,030
Emergency Community Care (0172XE)	$256,199
Section 802 [Subtotal]	$699,650
Veterans Choice Act [Subtotal]	$749,931

This is a change in VA's accounting system to record prior-year recoveries as required by Federal accounting policy under OMB Circular No. A-11 guidance. Because this is a technical change that does not affect the actual resource levels provide for Veterans services, there are no projections for future years. VA has modified its financial accounting system to be able to accurately monitor and record recoveries.

DoD-VA Health Care Sharing Incentive Fund



*Funding contributions anticipated from VA and DoD.

Program Description

Congress created the DoD-VA Health Care Sharing Incentive Fund, regularly referred to as the Joint Incentive Fund (JIF), between the Department of Defense (DoD) and the Department of Veterans Affairs (VA) to encourage development of sharing initiatives at the facility, intra-regional and nationwide level. The JIF program has been very successful in fostering collaboration and new approaches to problem solving that mutually benefit both VA and DoD.

Through the JIF, there is a minimum of $30,000,000 available annually to enable VA and DoD to identify and provide incentives to implement creative sharing initiatives at the facility, intra-regional, and nationwide levels. Section 8111(d) of title 38, United States Code (U.S.C.) requires each Secretary to contribute a minimum of $15,000,000 from the funds appropriated to that Secretary's Department. The DoD-VA Health Care Sharing

Incentive Fund became effective on October 1, 2003. Public Law 114-92, the National Defense Authorization Act for 2016, section 722, amended section 8111(d)(3) of title 38, U.S.C. to extend the program to September 30, 2020. This is a no-year account.

Continued extension of the JIF authority will ensure the continued development and implementation of joint projects that will benefit the delivery of health care to beneficiaries of both departments.

Administrative Provision

An administrative provision related to the JIF will be included in the VA chapter of the President's Budget Appendix:

> SEC. 221. Of the amounts available in this title for ''Medical Services'', ''Medical Support and Compliance'', and ''Medical Facilities'', a minimum of $15,000,000 shall be transferred to the DOD–VA Health Care Sharing Incentive Fund, as authorized by section 8111(d) of title 38, United States Code, to remain available until expended, for any purpose authorized by section 8111 of title 38, United States Code.

Governance and Accountability

The VA-DoD Joint Executive Committee delegated the implementation of the fund to the Health Executive Committee (HEC). VHA administers the fund under the policy guidance and direction of the HEC and executes funding transfers for projects approved by the HEC. The VHA Chief Financial Officer (CFO) provides periodic status reports of the financial balance of the Fund to the Defense Health Agency (DHA) CFO and to the HEC.

2018 JIF Projects

The regularly scheduled call for the 2018 JIF project proposals was cancelled due to the rescission of $40,000,000 from the JIF program's unobligated balance in FY 2017. A call for the 2019 JIF project proposals will be prepared for DoD-VA interdepartmental release in early 2018.

DoD-VA Health Care Sharing Incentive Fund Crosswalk
(dollars in thousands)

Description	2017 Actual*	2018 Budget Estimate	2018 Current Estimate*	2019 Estimate*	Increase/ Decrease
Transfer from Medical Services	$15,000	$15,000	$15,000	$15,000	$0
Transfer from DoD	$15,000	$15,000	$15,000	$15,000	$0
Transfers Total	$30,000	$30,000	$30,000	$30,000	$0
Rescission, P.L. 114-223 (From Unobligated Balance)	($40,000)	$0	$0	$0	$0
Total Budget Authority	($10,000)	$30,000	$30,000	$30,000	$0
Adjustments to Obligations:					
Unobligated Balance (SOY):					
No-Year	$81,148	$22,638	$44,317	$41,824	($2,493)
Unobligated Balance (EOY):					
No-Year	($44,317)	$0	($41,824)	($38,713)	$3,111
Change in Unobligated Balance (Non-Add)	$36,831	$22,638	$2,493	$3,111	$618
Recovery Prior Year Obligations	$4,963	$13,123	$0	$0	$0
Obligations	$31,794	$65,761	$32,493	$33,111	$618
Outlays:					
Obligations	$31,794	$65,761	$32,493	$33,111	$618
Obligated Balance (SOY)	$59,407	$100,417	$34,614	$52,107	$17,493
Obligated Balance (EOY)	($34,614)	($138,055)	($52,107)	($55,218)	($3,111)
Recovery Prior Year Obligations	($4,963)	($13,123)	$0	$0	$0
Outlays, Net	$51,624	$15,000	$15,000	$30,000	$15,000
FTE**	33	57	33	33	0

*Anticipates VA and DoD will each transfer the required minimum of $15 million to this fund.
**Data source: VA Financial Management System (FMS). VA assumes a steady-state number of FTEs through the budget years.

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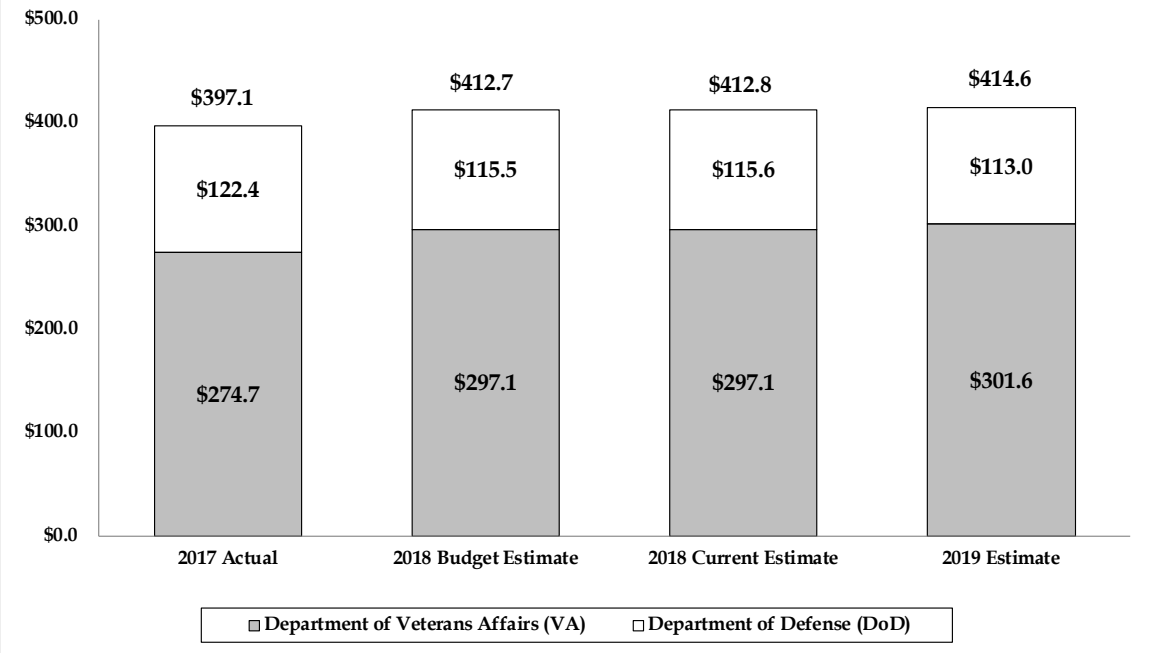
Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund

DoD-VA Medical Facility Demonstration Fund Appropriation Transfers
($ in millions)



Financial Highlights

(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate 3/	2019 Estimate 3,8/	2018-2019 Increase/ Decrease
Appropriation, Transfers From:					
Medical Services	$185,773	$198,642	$198,642	$228,090	$29,448
Medical Support & Compliance	$25,991	$27,792	$27,792	$28,203	$411
Medical Facilities	$34,666	$37,068	$37,068	$37,616	$548
Medical Community Care	$21,000	$26,117	$26,117		($26,117)
VA Information Technology	$7,301	$7,518	$7,518	$7,668	$150
Subtotal, VA Contribution	$274,731	$297,137	$297,137	$301,578	$4,441
Department of Defense (DoD) 1/	$122,375	$115,519	$115,626	$113,000	($2,626)
Other DoD Contributions:					
MERHCF DoD reimbusement	$3,756	$3,895	$11,000	$11,000	$0
DoD "Stay Navy" (non-add) 2/	$15,383	$15,840	$15,840	$15,840	$0
Subtotal, DoD Contribution	$141,514	$135,254	$142,466	$139,840	($2,626)
Total /4	$397,106	$412,656	$412,763	$414,578	$1,815
Collections 5/	$18,722	$15,783	$15,601	$18,084	$2,484
Reimbursements 6/	$7,285	$16,000	$16,784	$16,784	$0
Unobl Bal (SOY)	$6,800	$5,000	$8,335	$5,000	($3,335)
Unobl Bal (EOY)	($8,335)	($5,000)	($5,000)	($5,000)	$0
Lapse	($2,166)	$0	$0	$0	$0
Obligations	$419,412	$444,439	$448,483	$449,447	$964
FTE:					
Civilian	2,096	2,172	2,172	2,172	0
DoD Uniformed Military 7/	909	909	909	909	0
Total FTE	3,005	3,081	3,081	3,081	0

1/ The actual amount of the MERHCF reimbursement will impact DoD transfer amount.

2/ Non-add for Personal Services Contract funded by DoD for the East Campus.

3/ FY 2018 and 2019 estimates are based upon the best available information at the time of the development. of the budget. These estimates are subject to revision as operational estimates are refined for the Captain James A. Lovell Federal Healthcare Center (FHCC). These estimates are in compliance with Public Law 111-84 which established this fund. P.L. 114-223 authorizes contributions from Medical Community Care beginning in FY 2017.

4/ Total does not include the Stay Navy contribution or MERHCF reimbursement.

5/ Collections estimate provided by the VA Office of Community Care.

6/ Includes estimated MERHCF reimbursement from DoD.

7/ FY 2018 is based on estimates from the Navy Manning Plan in FY 2017, and no change is expected in FY 2019. Estimates do not reflect the number of DoD Uniform Military FTE subject to Reconciliation in the FHCC Joint Areas.

8/ In FY 2019, Medical Community Care and Medical Services (MS) appropriations merged into one single MS appropriation.

Program Description

On May 27, 2005, the Department of Veterans Affairs (VA)/Department of Defense (DoD) Health Executive Council signed an agreement to integrate the North Chicago VA Medical Center (NCVAMC) and the Navy Health Clinic Great Lakes (NHCGL). This landmark agreement created an organization composed of all the medical and dental components on both VA and Navy property under the leadership of a VA Senior Executive Service (SES) Medical Center Director and a Navy Captain (O-6) Deputy Director. The leadership functions in concert with an Interagency Advisory Board and a local Stakeholder Advisory Board. To support the integration of NHCGL and NCVAMC, a $118 million DoD construction project was awarded to construct a new federal ambulatory care clinic and parking facilities co-located with NCVAMC. The project was completed on September 27, 2010, and the first multiple specialty clinic opened on December 20, 2010. The approved Governance Model, with VA as the Lead Partner, relies on an extensive Resource Sharing Agreement (RSA) between the current NCVAMC and NHCGL. This RSA ensures strict adherence to the title 38 requirement that one entity may not endanger the mission of the other entity engaged in a RSA.

The integrated organization – the Captain James A. Lovell Federal Health Care Center (FHCC) – is comprised of two campuses, West and East Campuses. The West Campus has 48 buildings on 107-acres of land between Green Bay Road and Buckley Road in North Chicago, Illinois. The East Campus has four medical facilities on Naval Station Great Lakes, Illinois. There are two Community Based Outpatient Clinics (CBOCSs) in Evanston and McHenry, Illinois, and one in Kenosha, Wisconsin. The FHCC has 365 available beds and treated 1,141,274 outpatients and 4,690 inpatient admissions in 2017.

The FHCC began using a single unified budget in 2011 to operate the integrated facility and execute funding using the VA Financial Management System (FMS). An account under the Department of Veterans Affairs, "Joint Department of Defense - Department of Veterans Affairs Medical Facility Demonstration Fund" (referred to as the "Fund"), was effective beginning in 2011 (4th Quarter).

> VA and DoD determine the FHCC expenses that can be attributed to VA and DoD, based on cost, workload, and the consumption of resources by each Department's beneficiaries. This reconciliation model is used as the basis for preparing future budgets. The reconciliation methodology uses agreed-upon full costing methods and execution data to determine the costs attributable to each Department. The reconciliation methodology uses industry standard measurements such as Relative Value Units (RVUs) and Relative Weighted Products (RWPs) for the determinations of workload values to be compared to VA's Decision Support System (DSS) full costs. Both Departments will continue to work together to improve upon an equitable reconciliation process and ensure respective Department financial controls are implemented.

The authorities to use this Fund shall terminate on September 30, 2018.

Administrative Provisions

VA is proposing continuing the following administrative provisions in accordance with Public Law 111-84, NDAA 2010, for 2019, as included in the President's Budget:

> SEC. 218. Of the amounts appropriated to the Department of Veterans Affairs for fiscal year 2019 for "Medical Services", including amounts warranted pursuant to section 226 of this Act, "Medical Support and Compliance", "Medical Facilities", "Construction, Minor Projects", and "Information Technology Systems", up to $301,578,000, plus reimbursements, may be transferred to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund, established by section 1704 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 3571) and may be used for operation of the facilities designated as combined Federal medical facilities as described by section 706 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110–417; 122 Stat. 4500): *Provided*, That additional funds may be transferred from accounts designated in this section to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund upon written notification by the Secretary of Veterans Affairs to the Committees on Appropriations of both Houses of Congress.
>
> SEC. 219. Of the amounts appropriated to the Department of Veterans Affairs which become available on October 1, 2019, for "Medical Services", "Medical Support and Compliance", and "Medical Facilities", up to $307,609,000, plus reimbursements, may be transferred to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund, established by section 1704 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84; 123 Stat. 3571) and may be used for operation of the facilities designated as combined Federal medical facilities as described by section 706 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417; 122 Stat. 4500): *Provided*, That additional funds may be transferred from accounts designated in this section to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund upon written notification by the Secretary of Veterans Affairs to the Committees on Appropriations of both Houses of Congress.
>
> SEC. 220. Such sums as may be deposited to the Medical Care Collections Fund pursuant to section 1729A of title 38, United States Code, for healthcare provided at facilities designated as combined Federal medical facilities as described by section 706 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110–417; 122 Stat. 4500) shall also be available: (1) for transfer to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund, established by section 1704 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 3571); and (2) for operations of the facilities designated as combined Federal medical facilities as described by section 706 of the Duncan

Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110–417; 122 Stat. 4500): Provided, That, notwithstanding section 1704(b)(3) of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 2573), amounts transferred to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund shall remain available until expended.

Also in accordance with Public Law 111-84, NDAA 2010, DoD is proposing the following general provision, for 2019, as included in the President's Budget:

Section 8045. From within the funds appropriated for operation and maintenance for the Defense Health Program in this Act, up to $113,000,000 shall be available for transfer to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund in accordance with the provisions of section 1704 of the National Defense Authorization Act for Fiscal Year 2010, Public Law 111-84: Provided, That for purposes of section 1704(b), the facility operations funded are operations of the integrated Captain James A. Lovell Federal Health Care Center, consisting of the North Chicago Veterans Affairs Medical Center, the Navy Ambulatory Care Center, and supporting facilities designated as a combined Federal medical facility as described by section 706 of Public Law 110-417: Provided further, That additional funds may be transferred from funds appropriated for operation and maintenance for the Defense Health Program to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund upon written notification by the Secretary of Defense to the Committees on Appropriations of the House of Representatives and the Senate.

Justification for VA Administrative Provisions:

The first VA provision (Sec. 218) is required to permit the transfer of funds from specific VA appropriations to the Fund, which was established by Public Law 111-84, section 1704. Section 1704(a)(2)(A) and (B) specify that the Fund will consist of amounts transferred from amounts authorized and appropriated for the DoD and VA specifically for the purpose of providing resources for this Fund. The second provision permits the transfer of funds for fiscal year 2020.

The VA's 2019 budget request includes funding to be appropriated and transferred to the Fund within the appropriations request for Medical Services, Medical Support and Compliance, Medical Facilities, and Information Technology Systems.

The third provision (Sec. 220) will permit the transfer of funds from the Medical Care Collections Fund to the Fund. Section 1704 of Public Law 111-84 allows VA and DoD to deposit medical care collections to this Fund. Section 1704(b)(2) specifies that the availability of funds transferred to the Fund under subsection (a)(2)(C) shall be subject to the provisions of 1729A of title 38, United States Code (U.S.C). Title 38, U.S.C., section 1729A(e), requires that: (e) amounts recovered or collected under the provisions of law referred to in subsection (b) shall be treated for the purposes of sections 251 and 252 of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901, 902) as

offsets to discretionary appropriations to the extent that such amounts are made available for expenditure in appropriations Acts for the purposes specified in subsection (c).

To treat the collections as offsets to discretionary appropriations, language is needed in the appropriations act regarding the authority to use collections to pay for the expenses of furnishing health care at the Captain James A. Lovell Federal Health Care Center located in North Chicago, Illinois. This proposal would allow the Captain James A. Lovell Federal Health Care Center (FHCC) to leverage no-year funds from the joint account to the same extent as other VA medical facilities. The FHCC needs this flexibility because it is the only medical center financed from this appropriation and is unable to utilize funding from other VA or DoD medical centers to support emerging requirements or prior year adjustments.

Health Care Sharing and VA/DoD Sharing

HEALTH CARE SHARING

Health Care Sharing
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request 1/**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
Services Purchased by VA:								
Medical Service (0160) Obligations ($000).....	$1,129,084	$1,167,527	$1,174,247	$1,214,228	$1,221,217	$1,270,066	$46,970	$48,849
Services Provided by VA:								
Medical Service (0160) Reimbursements ($000).....	$48,776	$56,670	$50,727	$58,937	$52,756	$54,867	$2,029	$2,110

1/ Proposed merger of Medical Services and Medical Community Care scheduled to occur in 2019.

The Department of Veterans Affairs (VA) procures medical services to strengthen the medical programs at VA medical centers (VAMCs) and to improve the quality of health care provided to Veterans under title 38 United States Code (USC). 38 USC 8153 authorizes contracting officers to sole source directly to educational institutions when that institution is affiliated with a VA residency program and the "health-care resource required is a commercial service, the use of medical equipment or space, or research". As a result, VA purchases medical care services from its academic affiliates, and the obligations associated with this activity are reported on the line, "Services Purchased by VA." The bulk of these contracts are for providing locum tenens physicians, etc., to fill in gaps when there are no VA physicians available or the internal VA workload is heavy. Services procured through this program are generally performed by academic affiliate providers at the VA medical centers. The VA statute also enables the opportunity for VA to collect reimbursements by providing medical care services, equipment, or space to its academic affiliate partners. The obligations associated with this activity are reported on the line, "Services Provided by VA."

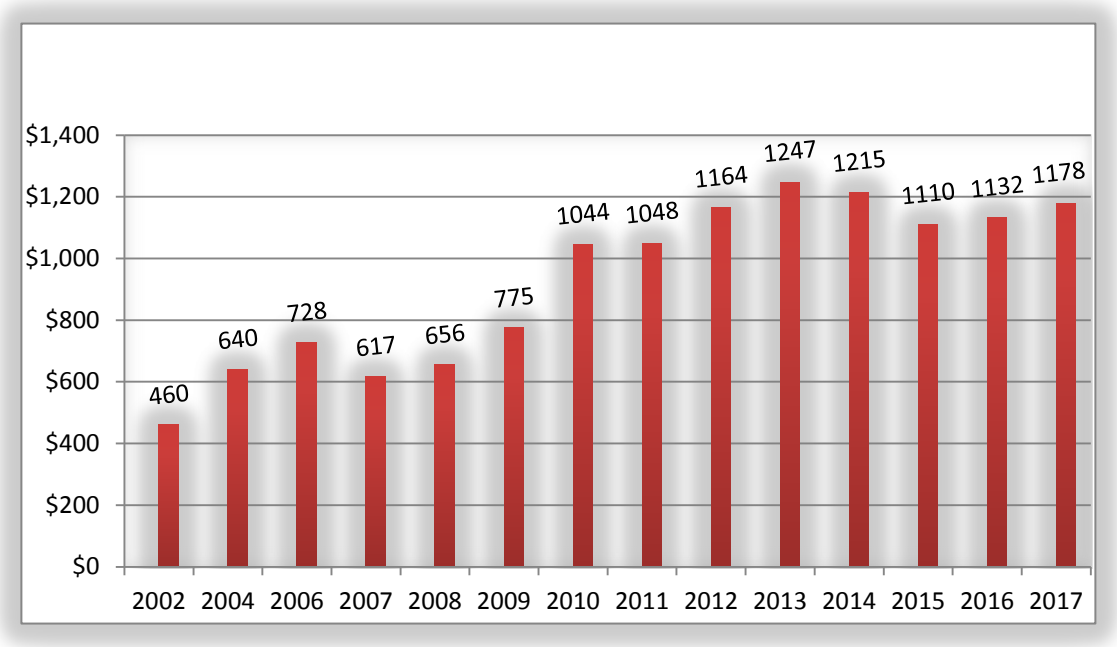
This authority is a critical component of VA's education and training mission. As one of four statutory missions, VA conducts an education and training program for health professions students and residents to enhance the quality of care provided to veteran patients within the VHA healthcare system.

Although VA relies on several title 38 authorities for procuring services outside the VA, the following information discusses activities conducted solely by VHA pursuant to 38 USC Section 8153 for Fiscal Year (FY) 2017.

HEALTH CARE RESOURCES SHARING PROGRAM – 2017

The total amount of health care resource sharing for 2017 was approximately $1.178 billion, representing an increase of 4% over 2016 when the total amount of health care resource sharing was $1.132 billion. This represents procurement of approximately $1.129 billion and reimbursements totaling approximately $48.8 million. Chart 1 reflects the growth of the health care resources sharing program since 2002. The bars represent the total health care resource services procured and revenue generated by VHA contracting officers during a fiscal year.

Chart 1. Health Care Resources Sharing Program, 2002-2017 (Dollars in Millions)



Source: Department of Veterans Affairs, Annual Report on Sharing of Health Care Resources, Fiscal Year 2017

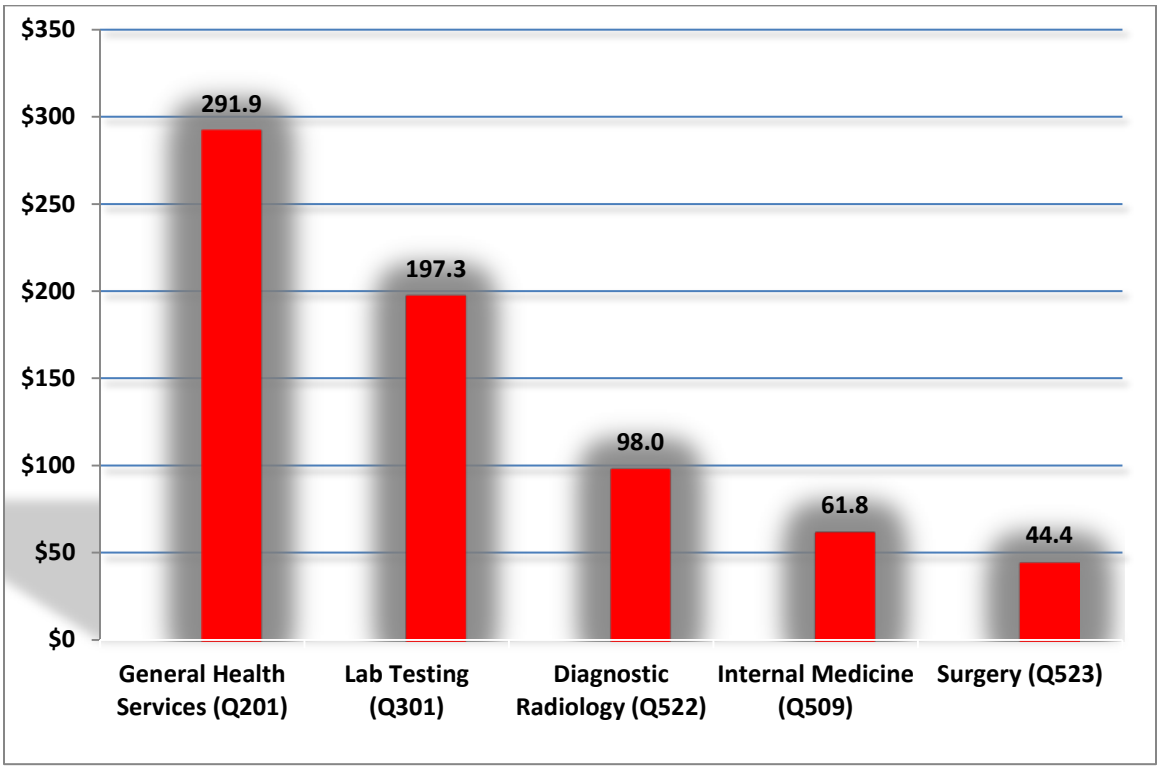
VA HEALTH CARE FACILITIES AND SHARING

Traditionally, large VAMCs are more likely to have more extensive sharing arrangements. The referral system of medical practice enhances the size of these sharing programs as patients flow from smaller hospitals and clinics to tertiary care centers. The diversity of sharing arrangements is also influenced by the specialized capability of larger academic medical centers to manage difficult medical care problems. VAMCs in small metropolitan areas rely heavily on sharing agreements to provide health care resources not available at the VA facility. These procurements are primarily in the following areas: radiation therapy, diagnostic radiology, cardiology, cardio-vascular surgery, anesthesiology and orthopedics. Patients from small hospitals in need of specialty services such as open heart surgery are often referred to large, affiliated medical centers under this sharing authority.

Procuring Health Care Resources

Chart 2 presents the categories of services purchased by VA with the highest total obligation levels in 2017. These categories account for $693 million of total VA purchases of $1.129 billion in that year.

Chart 2. Common Health Care Resources Procured in 2017 (Dollars in Millions)



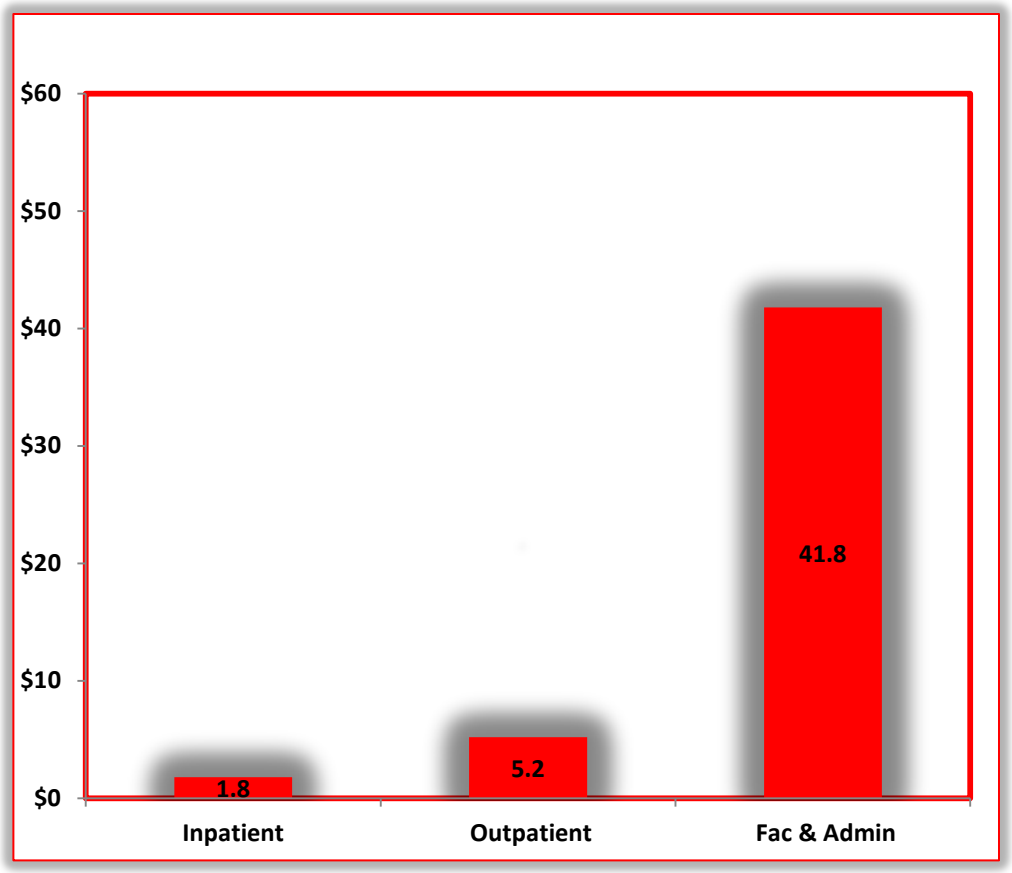
Source: Department of Veterans Affairs, Annual Report on Sharing of Health Care Resources, Fiscal Year 2017

Reimbursements

VA provides a limited number of resources, including unused medical space, to affiliated medical colleges, community hospitals, and other sharing partners such as State Veterans Homes. VAMCs that have particular resources not fully utilized for the care of Veterans may share these resources with other community entities. Such resources are more cost-effective when shared. The reimbursements received from these sharing agreements are retained by the VAMC and are used to enhance services and supports.

Chart 3 presents total reimbursements in 2017 from affiliated medical colleges, community hospitals, and other sharing partners.

Chart 3. Reimbursements from Health Care Resources Sharing, 2017 (Dollars in Millions)



Source: Department of Veterans Affairs, Annual Report on Sharing of Health Care Resources, Fiscal Year 2017

VA / DoD Sharing

VA / DoD Sharing
(dollars in thousands)

Description	2017 Actual 1/	2018 Budget Estimate	2018 Current Estimate	2019 Advance Approp.	**2019 Revised Request 2/**	**2020 Advance Approp.**	+/- 2018-2019	+/- 2019-2020
DoD-Provided Services Purchased by VA								
Medical Community Care (0140) Obligations ($000).....	$123,716	$114,621	$132,057	$118,060	$141,301	$150,743	$9,244	$9,442
VA-Provided Services Purchased by DoD								
Medical Services (0160) Reimbursements ($000).....	$88,556	$109,844	$86,767	$107,647	$85,031	$83,330	($1,736)	($1,701)

1/ Itemized detail of DoD-Provided Services Purchased by VA in 2017 is as follows:

Obligations ($000)	
Army.....	$56,169
Air Force.....	$60,243
Navy.....	$7,304
Obligations Total.....	$123,716

1/ Itemized detail of VA-Provided Services Purchased by DoD in 2017 is as follows:

Reimbursements ($000)	
DoD Sharing - Inpatient.....	$31,062
DoD Sharing - Outpatient.....	$3,635
DoD Sharing - All Other.....	$23,035
CHAMPUS - Inpatient.....	$0
CHAMPUS - Outpatient.....	$8
CHAMPUS - All Other.....	$424
TRICARE - Inpatient.....	$14,397
TRICARE - Outpatient.....	$15,404
TRICARE - All Other.....	$592
Reimbursements Total.....	$88,556

2/ Proposed merger of Medical Services and Medical Community Care scheduled to occur in 2019.

Title 38 U.S.C. Section 8111 authorizes VA and DoD to enter into sharing agreements for the mutually beneficial coordination, use, or exchange of health care resources, with the goal of improving the access to, and quality and cost effectiveness of, the health care provided by VHA and the Military Health System to the beneficiaries of both Departments. The obligations and reimbursements shown here are the result of over 140 clinical and non-clinical sharing agreements between VA and DoD facilities; they do not reflect the funding that the two Departments contribute to the two joint VA-DOD accounts, the DoD-VA Health Care Sharing Incentive Fund and the Joint DoD-VA Medical Facility Demonstration Fund. For more information on the joint accounts, see Part 2 of this Volume. The following charts represent active clinical Sharing Agreements as of September 2017.

VISN	VA Facility	DoD Facility	Shared Account	Provider
17	S. Texas HCS- San Antonio	59th Medical Wing-Lackland	Pathology - Ancillary Services	VA
2	Syracuse	174 MDS (ACC)	Audiology Clinic - Ambulatory Care Services	VA
2	Syracuse	174 MDS (ACC)	Radiology - Ancillary Services	VA
2	Albany	Military Entrance Processing Station (MEPS), Albany	Cardiology Clinic - Ambulatory Care Services	VA
2	Albany	Military Entrance Processing Station (MEPS), Albany	Electrocardiography - Ancillary Services	VA
2	Albany	Military Entrance Processing Station (MEPS), Albany	Otolaryngology Clinic - Ambulatory Care Services	VA
16	Gulf Coast HCS- Biloxi	81st Medical Group-Keesler	Ambulatory Procedures Visits NEC - Ambulatory Care Services	Both
16	Gulf Coast HCS- Biloxi	81st Medical Group-Keesler	Cardiology - Inpatient Services	DoD
16	Gulf Coast HCS- Biloxi	81st Medical Group-Keesler	Clinical Pathology - Ancillary Services	DoD
16	Gulf Coast HCS- Biloxi	81st Medical Group-Keesler	Infectious Disease Clinic - Ambulatory Care Services	DoD
16	Gulf Coast HCS- Biloxi	81st Medical Group-Keesler	Neurology - Inpatient Services	VA
16	Gulf Coast HCS- Biloxi	81st Medical Group-Keesler	Orthopedic Care - Ambulatory Care Services	DoD
16	Gulf Coast HCS- Biloxi	81st Medical Group-Keesler	Orthopedics - Inpatient Services	DoD
16	Gulf Coast HCS- Biloxi	81st Medical Group-Keesler	Radiation Therapy Clinic - Ambulatory Care Services	DoD
16	Gulf Coast HCS- Biloxi	81st Medical Group-Keesler	Pharmacy Services - Ancillary Services	DoD
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Emergency Medical Care - Ambulatory Care Services	VA
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Nuclear Medicine NEC - Ancillary Services	VA
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Central Sterile Supply - Ancillary Services	VA
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Special Procedures Svcs NEC - Ancillary Services	VA
8	Miami	Naval Hospital Jacksonville, FL	Mental Health Clinic - Ambulatory Care Services	VA
8	Miami	Naval Hospital Jacksonville, FL	Pathology - Ancillary Services	DoD
8	Miami	Naval Hospital Jacksonville, FL	Radiology - Ancillary Services	DoD
0	VA Central Office	WRAIR	Allergy Clinic - Ambulatory Care Services	DoD
16	Oklahoma City	REYNOLDS ACH-FT. SILL	Pathology - Ancillary Services	VA
16	Oklahoma City	REYNOLDS ACH-FT. SILL	Radiology - Ancillary Services	VA
16	Gulf Coast HCS- Biloxi	325th Medical Group-Tyndall	Physical Therapy Clinic - Ambulatory Care Services	DoD
16	Gulf Coast HCS- Biloxi	325th Medical Group-Tyndall	Radiology - Ancillary Services	DoD
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Pharmacy - Ancillary Services	VA
6	Hampton	Naval Medical Center Portsmouth, VA	Adolescent Clinic - Ambulatory Care Services	DoD
6	Hampton	Naval Medical Center Portsmouth, VA	Anatomical Pathology - Ancillary Services	DoD
6	Hampton	Naval Medical Center Portsmouth, VA	Cardiology Clinic - Ambulatory Care Services	DoD
6	Hampton	Naval Medical Center Portsmouth, VA	General Surgery Clinic - Ambulatory Care Services	DoD
6	Hampton	Naval Medical Center Portsmouth, VA	Neurology Clinic - Ambulatory Care Services	VA
6	Hampton	Naval Medical Center Portsmouth, VA	Neurosurgery Clinic - Ambulatory Care Services	DoD
6	Hampton	Naval Medical Center Portsmouth, VA	Orthopedic Care - Ambulatory Care Services	VA
6	Hampton	Naval Medical Center Portsmouth, VA	Pharmacy - Ancillary Services	Both
6	Hampton	Naval Medical Center Portsmouth, VA	Radiation Therapy Clinic - Ambulatory Care Services	VA
6	Hampton	Naval Medical Center Portsmouth, VA	Radiology - Ancillary Services	Both
6	Hampton	Naval Medical Center Portsmouth, VA	Surgical Care - Ambulatory Care Services	DoD
6	Hampton	Naval Medical Center Portsmouth, VA	Surgical Care - Inpatient Services	DoD
21	Northern California HCS-Martinez	60th Medical Group-Travis	Emergency Medical Care - Ambulatory Care Services	DoD
21	Northern California HCS-Martinez	60th Medical Group-Travis	Hematology Clinic - Ambulatory Care Services	Both
21	Northern California HCS-Martinez	60th Medical Group-Travis	Medical Care - Ambulatory Care Services	Both
21	Northern California HCS-Martinez	60th Medical Group-Travis	Medical Care - Inpatient Services	Both
21	Northern California HCS-Martinez	60th Medical Group-Travis	Mental Health Clinic - Ambulatory Care Services	VA
21	Northern California HCS-Martinez	60th Medical Group-Travis	Neurosurgery - Inpatient Services	Both
21	Northern California HCS-Martinez	60th Medical Group-Travis	Oral Surgery - Inpatient Services	DoD
21	Northern California HCS-Martinez	60th Medical Group-Travis	Physical Medicine - Inpatient Services	VA
21	Northern California HCS-Martinez	60th Medical Group-Travis	Psychiatry - Inpatient Services	DoD
21	Northern California HCS-Martinez	60th Medical Group-Travis	Social Work Clinic - Ambulatory Care Services	VA
21	Northern California HCS-Martinez	60th Medical Group-Travis	Surgical Care - Inpatient Services	VA
21	Northern California HCS-Martinez	60th Medical Group-Travis	Pharmacy - Ancillary Services	Both
21	Northern California HCS-Martinez	60th Medical Group-Travis	Radiology - Ancillary Services	VA
2	Western NY HCS-Buffalo	Military Entrance Processing Station (MEPS), Buffalo	Ophthalmology Clinic - Ambulatory Care Services	VA
2	Western NY HCS-Buffalo	Military Entrance Processing Station (MEPS), Buffalo	Otolaryngology Clinic - Ambulatory Care Services	VA
2	Western NY HCS-Buffalo	Military Entrance Processing Station (MEPS), Buffalo	Pathology - Ancillary Services	VA
2	Western NY HCS-Buffalo	Military Entrance Processing Station (MEPS), Buffalo	Psychiatric and Mental Health Care - Ambulatory Care Services	VA
2	Western NY HCS-Buffalo	Military Entrance Processing Station (MEPS), Buffalo	Pulmonary Function - Ancillary Services	VA
2	Western NY HCS-Buffalo	Military Entrance Processing Station (MEPS), Buffalo	Radiology - Ancillary Services	VA
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Pathology - Ancillary Services	VA
17	S. Texas HCS- San Antonio	Naval Hospital Corpus Christi	Audiology Clinic - Ambulatory Care Services	VA
17	S. Texas HCS- San Antonio	Naval Hospital Corpus Christi	Optometry Clinic - Ambulatory Care Services	VA
17	S. Texas HCS- San Antonio	Naval Hospital Corpus Christi	Radiology - Ancillary Services	DoD
5	Maryland HCS- Baltimore	US ARMY INST. OF SURG RESEARCH	Nuclear Medicine NEC - Ancillary Services	DoD
5	Maryland HCS- Baltimore	US ARMY INST. OF SURG RESEARCH	Pathology NEC - Ancillary Services	DoD
15	E. Kansas HCS- Topeka	MUNSON AHC-FT. LEAVENWORTH	Emergency Medical Clinic - Ambulatory Care Services	VA
15	E. Kansas HCS- Topeka	MUNSON AHC-FT. LEAVENWORTH	Medical Care - Ambulatory Care Services	Both
15	E. Kansas HCS- Topeka	MUNSON AHC-FT. LEAVENWORTH	Medical Care - Inpatient Services	VA
15	E. Kansas HCS- Topeka	MUNSON AHC-FT. LEAVENWORTH	Mental Health Clinic - Ambulatory Care Services	VA
15	E. Kansas HCS- Topeka	MUNSON AHC-FT. LEAVENWORTH	Radiology - Ancillary Services	Both
15	E. Kansas HCS- Topeka	MUNSON AHC-FT. LEAVENWORTH	Pharmacy Services - Ancillary Services	VA
23	NE-W. Iowa HCS- Omaha	55th Medical Group-Offutt	Psychiatric and Mental Health Care - Ambulatory Care Services	VA
23	NE-W. Iowa HCS- Omaha	55th Medical Group-Offutt	Psychiatric Care - Inpatient Services	VA
23	NE-W. Iowa HCS- Omaha	55th Medical Group-Offutt	Substance Abuse Rehabilitation - Inpatient Services	VA
17	S. Texas HCS- San Antonio	59th Medical Wing-Lackland	Surgical Care - Inpatient Services	DoD
5	Washington, DC	DEWITT ACH-FT. BELVOIR	Ambulatory Procedures Visits NEC - Ambulatory Care Services	DoD
5	Washington, DC	DEWITT ACH-FT. BELVOIR	Emergency Medical Clinic - Ambulatory Care Services	DoD
5	Washington, DC	DEWITT ACH-FT. BELVOIR	Pharmacy - Ancillary Services	DoD
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Ambulatory Procedures Visits NEC - Ambulatory Care Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Emergency Medical Clinic - Ambulatory Care Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Nuclear Medicine Care - Ancillary Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Pathology - Ancillary Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Radiology - Ancillary Services	Both
7	Charleston	Naval Hospital Beaufort, SC	Audiology Clinic - Ambulatory Care Services	DoD
7	Charleston	Naval Hospital Beaufort, SC	Optometry Clinic - Ambulatory Care Services	DoD
7	Charleston	Naval Hospital Beaufort, SC	Podiatry Clinic - Ambulatory Care Services	DoD
7	Charleston	Naval Hospital Beaufort, SC	Radiology - Ancillary Services	DoD
7	Charleston	Naval Hospital Beaufort, SC	Surgical Care - Ambulatory Care Services	DoD
16	Gulf Coast HCS- Biloxi	Naval Hospital Pensacola, FL	Pathology - Ancillary Services	VA
6	Fayetteville (NC)	Naval Hospital Camp Lejeune, NC	Medical Care - Inpatient Services	DoD
6	Fayetteville (NC)	Naval Hospital Camp Lejeune, NC	Surgical Care - Ambulatory Care Services	DoD
6	Fayetteville (NC)	Naval Hospital Camp Lejeune, NC	Surgical Care - Inpatient Services	DoD

VISN	VA Facility	DoD Facility	Shared Account	Provider
6	Fayetteville (NC)	Naval Hospital Camp Lejeune, NC	Medical Care - Inpatient Services	DoD
6	Fayetteville (NC)	Naval Hospital Camp Lejeune, NC	Surgical Care - Ambulatory Care Services	DoD
6	Fayetteville (NC)	Naval Hospital Camp Lejeune, NC	Surgical Care - Inpatient Services	DoD
18	El Paso HCS	WILLIAM BEAUMONT AMC-FT. BLISS	Emergency Medical Care - Ambulatory Care Services	DoD
18	El Paso HCS	WILLIAM BEAUMONT AMC-FT. BLISS	Medical Care - Ambulatory Care Services	DoD
18	El Paso HCS	WILLIAM BEAUMONT AMC-FT. BLISS	Radiology - Ancillary Services	DoD
18	El Paso HCS	WILLIAM BEAUMONT AMC-FT. BLISS	Surgical Care NEC - Ambulatory Care Services	DoD
18	El Paso HCS	WILLIAM BEAUMONT AMC-FT. BLISS	Surgical Care - Ambulatory Care Services	DoD
18	El Paso HCS	WILLIAM BEAUMONT AMC-FT. BLISS	Surgical Care - Inpatient Services	DoD
17	S. Texas HCS- San Antonio	59th Medical Wing-Lackland	Gynecology Clinic - Ambulatory Care Services	DoD
17	S. Texas HCS- San Antonio	59th Medical Wing-Lackland	Internal Medicine - Inpatient Services	Both
17	S. Texas HCS- San Antonio	59th Medical Wing-Lackland	Internal Medicine Clinic - Ambulatory Care Services	Both
17	S. Texas HCS- San Antonio	59th Medical Wing-Lackland	Mental Health Clinic - Ambulatory Care Services	DoD
17	S. Texas HCS- San Antonio	59th Medical Wing-Lackland	Pathology - Ancillary Services	Both
17	S. Texas HCS- San Antonio	59th Medical Wing-Lackland	Radiology - Ancillary Services	Both
17	S. Texas HCS- San Antonio	59th Medical Wing-Lackland	Pharmacy - Ancillary Services	Both
16	Gulf Coast HCS- Biloxi	96th Medical Group-Eglin	Dental Services - Dental Services	DoD
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Ambulatory Procedure Unit - Ambulatory Care Services	VA
16	Gulf Coast HCS- Biloxi	Naval Hospital Pensacola, FL	Pathology - Ancillary Services	VA
16	Gulf Coast HCS- Biloxi	Naval Hospital Pensacola, FL	Radiology - Ancillary Services	VA
7	C. Alabama HCS- Montgomery	LYSTER AHC-FT. RUCKER	Pathology - Ancillary Services	DoD
7	C. Alabama HCS- Montgomery	LYSTER AHC-FT. RUCKER	Radiology - Ancillary Services	DoD
20	Puget Sound HCS- Seattle	MADIGAN AMC-FT. LEWIS	Bone Marrow Transplant Clinic - Ambulatory Care Services	VA
20	Puget Sound HCS- Seattle	MADIGAN AMC-FT. LEWIS	Emergency Medical Care - Ambulatory Care Services	DoD
20	Puget Sound HCS- Seattle	MADIGAN AMC-FT. LEWIS	Ophthalmology - Inpatient Services	DoD
20	Puget Sound HCS- Seattle	MADIGAN AMC-FT. LEWIS	Pathology - Ancillary Services	DoD
20	Puget Sound HCS- Seattle	MADIGAN AMC-FT. LEWIS	Radiation Therapy Clinic - Ambulatory Care Services	DoD
20	Puget Sound HCS- Seattle	MADIGAN AMC-FT. LEWIS	Pharmacy - Ancillary Services	DoD
2	Western NY HCS-Buffalo	107 MDS (AMC)	Pathology - Ancillary Services	VA
2	Western NY HCS-Buffalo	107 MDS (AMC)	Radiology - Ancillary Services	VA
7	Charleston	Naval Health Clinic Charleston	Radiology - Ancillary Services	Both
7	Charleston	Naval Health Clinic Charleston	Ambulatory Procedure Unit - Ambulatory Care Services	Both
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Psychiatric and Mental Health Care - Ambulatory Care Services	DoD
7	C. Alabama HCS- Montgomery	42 Medical Group	Podiatry Clinic - Ambulatory Care Services	DoD
7	C. Alabama HCS- Montgomery	42 Medical Group	Radiology - Ancillary Services	DoD
7	C. Alabama HCS- Montgomery	42 Medical Group	Pharmacy Services - Ancillary Services	DoD
18	New Mexico HCS (Albuquerque)	New Mexico Army National Guard	Pathology - Ancillary Services	VA
18	New Mexico HCS (Albuquerque)	New Mexico Army National Guard	Radiology - Ancillary Services	VA
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Ambulatory Procedure Unit - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Audiology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Cardiology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Dental Care - Dental Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Dermatology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Diabetic Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Emergency Medical Care - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Gastroenterology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Gynecology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Hematology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Infectious Disease Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Nephrology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Neurology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Nuclear Medicine Care - Ancillary Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Obstetrics Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Orthopedic Care - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Otolaryngology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Podiatry Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Psychiatric and Mental Health Care - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Radiology - Ancillary Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Surgical Care - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Urology Clinic - Ambulatory Care Services	Both
5	Washington, DC	WALTER REED AMC-WASHINGTON DC	Pharmacy - Ancillary Services	Both
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Surgical Care - Ambulatory Care Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Surgical Care - Inpatient Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Gynecology Clinic - Ambulatory Care Services	Both
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Neurology - Inpatient Services	Both
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Ophthalmology - Inpatient Services	Both
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Orthopedics - Inpatient Services	Both
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Urology - Inpatient Services	Both
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Vascular and Interventional Radiology Clinic - Ambulatory Care Service	Both
21	San Francisco	60th Medical Group-Travis	Emergency Medical Care - Ambulatory Care Services	DoD
7	Dublin	Branch Health Clinic MCLB Albany	Radiology - Ancillary Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Occupation Therapy Clinic - Ambulatory Care Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Orthopedic Care - Ambulatory Care Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Physical Therapy Clinic - Ambulatory Care Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Rehabilitative Services - Ancillary Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Social Work Clinic - Ambulatory Care Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Cardiovascular And Thoracic Surgery - Inpatient Services	DoD
20	Alaska HCS (Anchorage)	BASSETT ACH-FT. WAINWRIGHT	Dental Services - Dental Services	DoD
20	Alaska HCS (Anchorage)	BASSETT ACH-FT. WAINWRIGHT	Radiology - Ancillary Services	DoD
20	Alaska HCS (Anchorage)	BASSETT ACH-FT. WAINWRIGHT	Pharmacy Services - Ancillary Services	DoD
7	Augusta	EISENHOWER AMC-FT. GORDON	Cardiovascular And Thoracic Surgery - Inpatient Services	DoD
7	Augusta	EISENHOWER AMC-FT. GORDON	Emergency Medical Care - Ambulatory Care Services	Both
7	Augusta	EISENHOWER AMC-FT. GORDON	Gastroenterology Clinic - Ambulatory Care Services	DoD
7	Augusta	EISENHOWER AMC-FT. GORDON	General Surgery - Inpatient Services	DoD
7	Augusta	EISENHOWER AMC-FT. GORDON	Neurosurgery - Inpatient Services	VA
7	Augusta	EISENHOWER AMC-FT. GORDON	Neurosurgery Clinic - Ambulatory Care Services	VA
7	Augusta	EISENHOWER AMC-FT. GORDON	Obstetrical and Gynecological Care - Ambulatory Care Services	VA
7	Augusta	EISENHOWER AMC-FT. GORDON	Obstetrical and Gynecological Care - Inpatient Services	VA

VISN	VA Facility	DoD Facility	Shared Account	Provider
7	Augusta	EISENHOWER AMC-FT. GORDON	Ophthalmology Clinic - Ambulatory Care Services	VA
7	Augusta	EISENHOWER AMC-FT. GORDON	Orthopedic Care - Inpatient Services	DoD
7	Augusta	EISENHOWER AMC-FT. GORDON	Physical Medicine Clinic - Ambulatory Care Services	VA
7	Augusta	EISENHOWER AMC-FT. GORDON	Psychiatry - Inpatient Services	Both
7	Augusta	EISENHOWER AMC-FT. GORDON	Psychiatry Clinic - Ambulatory Care Services	VA
7	Augusta	EISENHOWER AMC-FT. GORDON	Pulmonary Function - Ancillary Services	VA
7	Augusta	EISENHOWER AMC-FT. GORDON	Radiology - Ancillary Services	VA
7	Augusta	EISENHOWER AMC-FT. GORDON	Pharmacy Services - Ancillary Services	Both
20	Puget Sound HCS- Seattle	Naval Hospital Oak Harbor, WA	Psychiatric and Mental Health Care - Ambulatory Care Services	DoD
6	Hampton	1st Medical Group-Langley	Dental Care - Dental Services	Both
6	Hampton	1st Medical Group-Langley	Medical Care - Ambulatory Care Services	Both
6	Hampton	1st Medical Group-Langley	Medical Care - Inpatient Services	Both
6	Hampton	1st Medical Group-Langley	Physical Therapy Clinic - Ambulatory Care Services	Both
6	Hampton	1st Medical Group-Langley	Surgical Care - Ambulatory Care Services	Both
6	Hampton	1st Medical Group-Langley	Surgical Care - Inpatient Services	Both
10	Columbus OC	88th Medical Group-Wright-Patterson	General Surgery - Inpatient Services	DoD
10	Columbus OC	88th Medical Group-Wright-Patterson	General Surgery Clinic - Ambulatory Care Services	DoD
10	Columbus OC	88th Medical Group-Wright-Patterson	Gynecology - Inpatient Services	DoD
10	Columbus OC	88th Medical Group-Wright-Patterson	Gynecology Clinic - Ambulatory Care Services	DoD
10	Columbus OC	88th Medical Group-Wright-Patterson	Neurosurgery - Inpatient Services	DoD
10	Columbus OC	88th Medical Group-Wright-Patterson	Neurosurgery Clinic - Ambulatory Care Services	DoD
10	Columbus OC	88th Medical Group-Wright-Patterson	Surgical Care - Ambulatory Care Services	VA
10	Columbus OC	88th Medical Group-Wright-Patterson	Urology Clinic - Ambulatory Care Services	VA
10	Columbus OC	88th Medical Group-Wright-Patterson	Radiology - Ancillary Services	DoD
19	E. Colorado HCS- Denver	10th Medical Group-USAF Academy	Ophthalmology Clinic - Ambulatory Care Services	DoD
19	E. Colorado HCS- Denver	10th Medical Group-USAF Academy	Same Day Services - Ambulatory Care Services	VA
19	E. Colorado HCS- Denver	10th Medical Group-USAF Academy	Surgical Care - Ambulatory Care Services	VA
19	E. Colorado HCS- Denver	10th Medical Group-USAF Academy	Pharmacy - Ancillary Services	DoD
21	Central California HCS- Fresno	Naval Hospital Lemoore, CA	Psychiatric and Mental Health Care - Ambulatory Care Services	VA
21	Central California HCS- Fresno	Naval Hospital Lemoore, CA	Psychiatric Care - Inpatient Services	VA
6	Fayetteville (NC)	4th Medical Group-Seymour Johnson	Physical Therapy Clinic - Ambulatory Care Services	Both
6	Fayetteville (NC)	4th Medical Group-Seymour Johnson	Radiology - Ancillary Services	DoD
21	Central California HCS- Fresno	Naval Hospital Lemoore, CA	Ambulatory Procedure Unit - Ambulatory Care Services	Both
21	Central California HCS- Fresno	Naval Hospital Lemoore, CA	Anesthesiology - Inpatient Services	DoD
21	Central California HCS- Fresno	Naval Hospital Lemoore, CA	Medical Care - Ambulatory Care Services	Both
21	Central California HCS- Fresno	Naval Hospital Lemoore, CA	Medical Care - Inpatient Services	VA
21	Central California HCS- Fresno	Naval Hospital Lemoore, CA	OB/GYN Care NEC - Ambulatory Care Services	DoD
21	Central California HCS- Fresno	Naval Hospital Lemoore, CA	Psychiatric Care NEC - Inpatient Services	VA
21	Central California HCS- Fresno	Naval Hospital Lemoore, CA	Optometry Clinic - Ambulatory Care Services	Both
9	Louisville	IRELAND ACH-FT. KNOX	Audiology Clinic - Ambulatory Care Services	Both
9	Louisville	IRELAND ACH-FT. KNOX	Endocrinology (Metabolism) Clinic - Ambulatory Care Services	Both
9	Louisville	IRELAND ACH-FT. KNOX	Internal Medicine Clinic - Ambulatory Care Services	Both
9	Louisville	IRELAND ACH-FT. KNOX	Obstetrical and Gynecological Care - Ambulatory Care Services	Both
9	Louisville	IRELAND ACH-FT. KNOX	Oncology Clinic - Ambulatory Care Services	Both
9	Louisville	IRELAND ACH-FT. KNOX	Orthopedic Care - Ambulatory Care Services	Both
9	Louisville	IRELAND ACH-FT. KNOX	Podiatry Clinic - Ambulatory Care Services	Both
9	Louisville	IRELAND ACH-FT. KNOX	Primary Medical Care - Ambulatory Care Services	Both
9	Louisville	IRELAND ACH-FT. KNOX	Radiology - Ancillary Services	Both
15	St. Louis	375th Medical Group-Scott	Orthopedic Care NEC - Ambulatory Care Services	VA
9	Tennessee Valley HCS- Murfreesboro	Clinic Arnold Station	Primary Medical Care - Ambulatory Care Services	VA
15	Columbia (MO)	L. WOOD ACH-FT. LEONARD WOOD	Medical Care - Inpatient Services	DoD
15	Columbia (MO)	L. WOOD ACH-FT. LEONARD WOOD	Surgical Care - Inpatient Services	DoD
15	Columbia (MO)	L. WOOD ACH-FT. LEONARD WOOD	Pharmacy - Ancillary Services	DoD
15	Columbia (MO)	L. WOOD ACH-FT. LEONARD WOOD	Radiology - Ancillary Services	DoD
16	Gulf Coast HCS- Biloxi	Naval Hospital Pensacola, FL	Ambulatory Procedures Visits NEC - Ambulatory Care Services	DoD
16	Gulf Coast HCS- Biloxi	Naval Hospital Pensacola, FL	Medical Care - Inpatient Services	DoD
16	Gulf Coast HCS- Biloxi	Naval Hospital Pensacola, FL	Physical Therapy Clinic - Ambulatory Care Services	DoD
16	Gulf Coast HCS- Biloxi	Naval Hospital Pensacola, FL	Urology Clinic - Ambulatory Care Services	DoD
16	Gulf Coast HCS- Biloxi	Naval Hospital Pensacola, FL	Nuclear Medicine Care - Ancillary Services	DoD
16	Gulf Coast HCS- Biloxi	Naval Hospital Pensacola, FL	Pharmacy Services - Ancillary Services	DoD
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Emergency Medical Care - Ambulatory Care Services	VA
15	Columbia (MO)	L. WOOD ACH-FT. LEONARD WOOD	Ophthalmology Clinic - Ambulatory Care Services	DoD
15	Columbia (MO)	L. WOOD ACH-FT. LEONARD WOOD	Optometry Clinic - Ambulatory Care Services	DoD
15	Columbia (MO)	L. WOOD ACH-FT. LEONARD WOOD	Pathology - Ancillary Services	DoD
15	Columbia (MO)	L. WOOD ACH-FT. LEONARD WOOD	Podiatry Clinic - Ambulatory Care Services	DoD
15	Columbia (MO)	L. WOOD ACH-FT. LEONARD WOOD	Radiology - Ancillary Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Medical Care Not Elsewhere Classified (NEC) - Inpatient Services	DoD
7	Charleston	Naval Health Clinic Charleston	Optometry Clinic - Ambulatory Care Services	VA
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Allergy Clinic - Ambulatory Care Services	DoD
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Dermatology Clinic - Ambulatory Care Services	DoD
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Gynecology - Inpatient Services	DoD
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Internal Medicine - Inpatient Services	DoD
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Mental Health Clinic - Ambulatory Care Services	DoD
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Neurology Clinic - Ambulatory Care Services	DoD
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Obstetrics - Inpatient Services	DoD
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Ophthalmology Clinic - Ambulatory Care Services	DoD
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Orthopedic Care - Ambulatory Care Services	DoD
7	C. Alabama HCS- Montgomery	MARTIN ACH-FT. BENNING	Psychiatry - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Allergy - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Audiology Clinic - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Cardiology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Dermatology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Emergency Medical Care - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Endocrinology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Gastroenterology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	General Surgery - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Hematology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Infectious Disease - Inpatient Services	DoD

VISN	VA Facility	DoD Facility	Shared Account	Provider
10	Cincinnati	88th Medical Group-Wright-Patterson	Internal Medicine - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Medical Care - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Mental Health Clinic - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Nephrology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Nuclear Medicine Care - Ancillary Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	OB/GYN Care NEC - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Occupation Therapy Clinic - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Occupational Health Clinic - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Ophthalmology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Optometry Clinic - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Orthopedic Care - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Otolaryngology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Pharmacy - Ancillary Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Physical Therapy Clinic - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Plastic Surgery - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Podiatry - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Pulmonary Disease Clinic - Ambulatory Care Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Rheumatology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Surgical Care - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Urology - Inpatient Services	DoD
10	Cincinnati	88th Medical Group-Wright-Patterson	Vascular and Interventional Radiology - Inpatient Services	DoD
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Dental Care - Dental Services	Both
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Ambulatory Procedure Unit - Ambulatory Care Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Cardiovascular And Thoracic Surgery - Inpatient Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Gastroenterology - Inpatient Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	General Surgery - Inpatient Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Mental Health Clinic - Ambulatory Care Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Oral Surgery - Inpatient Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Orthopedics - Inpatient Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Pharmacy - Ancillary Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Surgical Care - Ambulatory Care Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Surgical Services - Inpatient Services	DoD
7	Columbia (SC)	EISENHOWER AMC-FT. GORDON	Urology - Inpatient Services	DoD
23	Sioux Falls	WALTER REED AMC-WASHINGTON DC	Medical Care - Inpatient Services	DoD
17	S. Texas HCS- San Antonio	BROOKE AMC-FT. SAM HOUSTON	Obstetrical and Gynecological Care - Inpatient Services	DoD
18	New Mexico HCS (Albuquerque)	377th Medical Group-Kirtland	Emergency Medical Care NEC - Ambulatory Care Services	Both
23	St. Cloud	81st Medical Group-Keesler	Genetics Clinic (Keesler Only) - Ambulatory Care Services	VA
22	San Diego HCS	81st Medical Group-Keesler	Molecular Genetic Laboratory - Ancillary Services	DoD
22	Las Vegas OC	99th Medical Group-O'Callaghan Hospital	Ambulatory Procedure Unit - Ambulatory Care Services	Both
22	Las Vegas OC	99th Medical Group-O'Callaghan Hospital	Ambulatory Procedures Visits NEC - Ambulatory Care Services	Both
22	Las Vegas OC	99th Medical Group-O'Callaghan Hospital	Same Day Services - Ambulatory Care Services	Both
1	Providence	439 AMS 22AF (AMC)	Optometry Clinic - Ambulatory Care Services	Both
23	C. Iowa HCS- Des Moines	132 MDS (ACC)	Pathology - Ancillary Services	VA
23	C. Iowa HCS- Des Moines	132 MDS (ACC)	Radiology - Ancillary Services	VA
17	S. Texas HCS- San Antonio	59th Medical Squadron-Lackland	Dental Services - Dental Services	DoD
0	VA Central Office	US Naval and Marine Reserve Center	Ophthalmology Clinic - Ambulatory Care Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Cardiology - Inpatient Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Emergency Medical Care - Ambulatory Care Services	DoD
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Internal Medicine - Inpatient Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Medical ICU - Inpatient Services	DoD
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Mental Health Clinic - Ambulatory Care Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Newborn Nursery - Inpatient Services	DoD
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Ophthalmology Clinic - Ambulatory Care Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Orthopedic Clinic - Ambulatory Care Services	Both
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Surgical Care - Inpatient Services	DoD
20	Alaska HCS (Anchorage)	3rd Medical Group-Elmendorf	Urology Clinic - Ambulatory Care Services	Both
20	Spokane	92nd Medical Group-Fairchild	Central Sterile Supply - Ancillary Services	VA
23	Minneapolis	59th Medical Squadron-Lackland	Medical ICU - Inpatient Services	VA
22	San Diego HCS	Naval Medical Center San Diego, CA	Medical Care - Inpatient Services	Both
22	San Diego HCS	Naval Medical Center San Diego, CA	Medical Care Not Elsewhere Classified (NEC) - Inpatient Services	DoD
22	San Diego HCS	Naval Medical Center San Diego, CA	Newborn Nursery - Inpatient Services	DoD
22	San Diego HCS	Naval Medical Center San Diego, CA	Obstetrical and Gynecological Care - Inpatient Services	DoD
22	San Diego HCS	Naval Medical Center San Diego, CA	Pathology - Ancillary Services	Both
22	San Diego HCS	Naval Medical Center San Diego, CA	Radiation Therapy Clinic - Ambulatory Care Services	DoD
22	San Diego HCS	Naval Medical Center San Diego, CA	Central Sterile Supply - Ancillary Services	VA
7	Charleston	Naval Health Clinic Charleston	Dermatology Clinic - Ambulatory Care Services	VA
21	Palo Alto HCS- Palo Alto	MADIGAN AMC-FT. LEWIS	Pathology - Ancillary Services	VA
21	Palo Alto HCS- Palo Alto	MADIGAN AMC-FT. LEWIS	Pharmacy - Ancillary Services	VA
21	Palo Alto HCS- Palo Alto	MADIGAN AMC-FT. LEWIS	Radiology - Ancillary Services	VA
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Allergy - Inpatient Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Allergy Clinic - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Audiology Clinic - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Clinical Pathology - Ancillary Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Dermatology - Inpatient Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Dermatology Clinic - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	General Surgery - Inpatient Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	General Surgery Clinic - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Gynecology - Inpatient Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Gynecology Clinic - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Occupation Therapy Clinic - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Ophthalmology - Inpatient Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Ophthalmology Clinic - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Optometry Clinic - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Orthopedic Care - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Orthopedic Care - Inpatient Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Pathology - Ancillary Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Physical Therapy Clinic - Ambulatory Care Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Podiatry - Inpatient Services	DoD
15	E. Kansas HCS- Topeka	IRWIN ACH-FT. RILEY	Podiatry Clinic - Ambulatory Care Services	DoD

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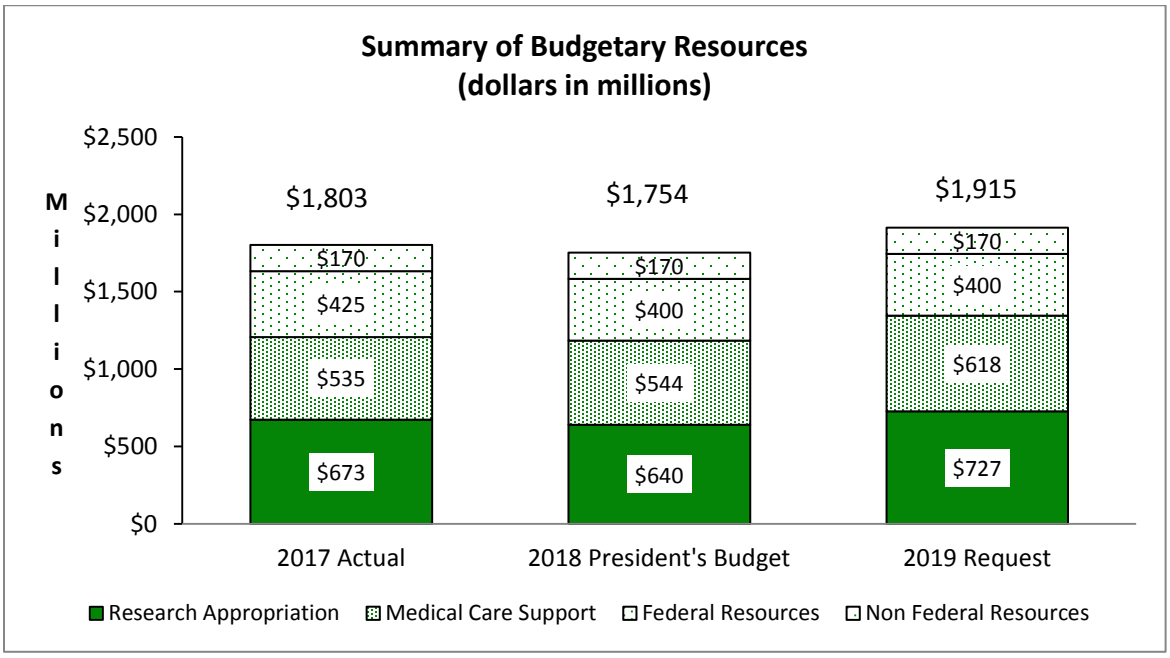
Medical and Prosthetic Research

Leading 21st Century Medical Research /Transforming VA Care



Appropriation Language

For necessary expenses in carrying out programs of medical and prosthetic research and development as authorized by chapter 73 of title 38, United States Code, $727,369,000 plus reimbursements, shall remain available until September 30, 2020: Provided, That of the amount made available on October 1, 2019, $27,000,000 shall remain available until September 30, 2023.

Executive Summary

As the nation's only health research program focused exclusively on the needs of Veterans, VA's Office of Research and Development (ORD) continues to play a vital role in the care and rehabilitation of our men and women who have served in uniform. Building on more than 90 years of discovery and innovation, VA Research has a proud track record of transforming VA health care by bringing new evidence-based treatments and technologies into everyday clinical care. Innovative VA studies in basic and clinical science, rehabilitation, research methodology, epidemiology, informatics, and implementation science improve health care for both Veterans and the general public.

In FY19, VA Research will maintain FY18 initiatives in Mental Health, Pain Management and Prosthetic Research.

VA Research achieves superior results thanks to effective collaborations among engaged Veterans and their families, dedicated clinician-scientists, and a national health care system uniquely focused on Veterans' needs. While VA Research is dedicated to improving the lives of current and future U.S. Veterans, this work also benefits health care worldwide. Because most VA Researchers also provide direct patient care, VA Research projects arise from the desire to heal and improve care, rather than from pure scientific curiosity. They are informed by pressing real-world clinical issues, and they yield remarkable returns.

VA Research continually rebalances its portfolio to meet the most significant needs of Veterans. Priorities are set with input from department and administration leadership, clinical leaders, Veterans, Veterans Service Organizations (VSOs), and the President. Importantly, research priorities are also aligned with the Secretary's top five priorities for the agency overall: greater choice, modernization, focusing of resources, improvements in timeliness, and suicide prevention. In 2019, for example, VA will sustain investment in research that expands prevention and treatment possibilities for Veterans at risk for suicide. While we await the results from an ongoing VA cooperative study to determine whether lithium can lower the risk of suicide, the largest such trial on suicide prevention to date, other interventions must be evaluated. A Request for Applications on suicide prevention and treatment was issued in 2016, and the first studies started early in FY 2018.

Chronic pain is prevalent among Veterans, and the VA patient population has experienced many of the problems of opiate misuse and addiction that have made this a major clinical and public-health problem in the U.S. Opioids are used to treat chronic pain, but they are associated with dangerous side effects including depressed breathing, cognitive impairment, and the potential for addiction. As VA continues to reduce excessive reliance on opiate medication and responds to the requirements of the Comprehensive Addiction Recovery Act (CARA), we will maintain efforts in pain-management research in 2019 in two areas started in FY 18: 1) expanding use of non-pharmaceutical strategies for pain and 2) developing safer medications to treat pain. Building on a successful State of the Art Conference in late 2016 on non-opioid therapies for chronic musculoskeletal pain, VA is testing and implementing complementary and integrative approaches to treating chronic pain, including self-management strategies (e.g. mindfulness, yoga) and interventions administered by a provider (e.g. acupuncture, massage). Much of this work will occur through an $81 million partnership with the Department of Health and Human Services (HHS) and Department of Defense (DoD) that was announced in September 2017. In a second, longer-term initiative, VA is seeking to develop new non-addictive drugs to treat pain. A study developed under the Learning Healthcare Initiative is evaluating the impact of implementing a new tool to identify Veterans at high risk of adverse effects from their opiate medication.

An evolving goal for VA Research in 2019 is to expand use of the Million Veteran Program (MVP) data to advance the nation's Precision Medicine Initiative (PMI). MVP, a groundbreaking genomic research program, is collecting genetic samples and detailed health information from 1 million Veterans. The goal of MVP is to discover how genomic variation influences the progression of disease and response to different treatments, thus identifying ways to improve treatments for individual patients. These insights will improve care for Veterans and all Americans. As of October 2017, MVP had enrolled more than 612,000 Veterans. Investigators have already completed initial analyses of MVP genetic data in studies on PTSD, schizophrenia, bipolar disorder, and Gulf War illness, and further analyses are underway.

Research to benefit Gulf War Veterans remains a priority. Over the past several years, the number of projects VA has funded and the level of funding for those projects have increased each year. As directed by Senate Report 111-40, VA ensures that no less than $15 million is available for Gulf War research each year. The actual amount spent on this research depends on the quantity and quality of proposals received.

In FY 2019, VA health services research will continue to help improve the way VA delivers care to Veterans, including promoting better access and alternative means for engaging with health care providers such as telehealth, secure messaging, and peer support. VA rehabilitation engineering research will improve the lives of disabled Veterans by providing them with personalized prosthetic systems that replace lost limbs or activate remaining nerves and muscles. And VA clinical trials and biomedical research will continue to generate new knowledge to develop new therapies and drive improvements in care.

The Department is expanding its research efforts to improve women Veterans' health, mainly by studying how VA provides for women Veterans' general and gender-specific health care needs. VA is also working to better understand the military experiences and health needs of women Veterans in particular, the unique prosthetic needs of women Veterans who have suffered limb loss, and the special health risks women Veterans face throughout their lifespan, from their reproductive health years to later in their lives.

To fulfill VA's commitment to provide superior health care to Veterans, the department requests $727 million in direct appropriations in 2019. The VA research program is enhanced by private and federal grants awarded to VA investigators. These other federal and non-federal resources, from organizations including NIH, DoD, and the Centers for Disease Control and Prevention (CDC), are estimated at $570 million. Along with Medical Care Research Support, VA estimates total resources for research will exceed $1.9 billion in 2019. The estimated direct research program and reimbursable employment is estimated to be 3,249 Full-Time Equivalents (FTEs); all VA Researchers are VA employees. We estimate that VA Research will support 2,200 projects during 2019.

$27 M Department of Veterans Affairs (VA)/ Department of Energy (DOE) Programs

VA requests $27 Million to collaborate with the Department of Energy through its Advanced Computational and Translational Initiatives for Veterans (ACTIV) ($7M) and MVP-CHAMPION ($20M) efforts through an inter-agency agreement to leverage the Department of Energy's (DOE) next generation artificial intelligence (AI), big data (BD) and high-performance computing (HPC) technologies and tools, as well and multimodal diagnostics and data integration to develop specific precision medicine applications for veterans health.

Through MVP-CHAMPION, DOE is creating hardware and software technologies and testbeds that are advancing AI and driving the technology intersection of AI serving large scale analytics with DOE's more traditional high-performance computing allowing next generation advancements for veterans health. The ACTIV program supports data analysis through integrating multimodal data streams to drive computational approaches of understanding large scale and complex biological systems with a focus on brain related injuries. These activities aim to facilitate and expedite decision support in various veteran specific healthcare conditions such as suicide prevention, traumatic brain injury, cardiac disease, and prostate cancer as well utilize the national supercomputing resources.

MEDICAL AND PROSTHETIC RESEARCH
Appropriation and Other Federal Resources
(dollars in thousands)

	2017 Actual	2018 PB	2019 Request	% Change 2018-2019 PB to Req.
Medical and Prosthetic Research	$673,366	$640,000	$727,369	14%
Medical Care Support	$535,171	$544,000	$618,264	14%
Other Federal and Non-Federal Resources	$595,000	$570,000	$570,000	0%
Reimbursements	$43,828	$40,000	$55,000	38%
Total Budgetary Resources	$1,847,365	$1,794,000	$1,970,633	10%

Appropriation Highlights - Medical and Prosthetic Research

(dollars in thousands)

	2017	2018 Budget Estimate	2018 Current Estimate	2019	2018 (CE)-2019
Appropriation.....	$673,366	$640,000	$640,000	$727,369	$87,369
Obligations.....	$716,769	$680,000	$737,921	$761,369	$23,448
Total Projects.....	2,150	2,132	2,200	2,200	0
Average Employment.....	3,071	3,155	3,249	3,214	0
Employment Distribution					
Direct FTE.....	2,977	3,040	3,134	3,099	(35)
Reimbursable FTE.....	94	115	115	115	0
Total.....	3,071	3,155	3,249	3,214	(35)

Net Change *Medical and Prosthetic Research* *2019 Summary of Resource Requirements* *(dollars in thousands)*	
Description	**Budget Authority**
FY 2018 President's Budget	**$640,000**
Increases	
1. Biomedical Research and Dev Price Index (2.8%)	$5,219
2. Second Backup Repository for MVP Samples	$8,000
3. *SECVA Priorities:* Mental Health, Pain Management, Prosthetics, and MVP	$47,150
VA/DOE Program	$27,000
Total	**$87,369**
2019 Budget Request	**$727,369**

Update on FY 2017/ FY 2018 Initiatives

Learning Health Care System

As VA transforms health care for Veterans, the department has an increased need to improve care coordination with private sector health care providers. At the same time, VA is improving Veterans' experiences accessing timely and high-quality health care.

As part of this effort, Veterans Health Administration (VHA) is committed to becoming an exemplary learning/academic health care system.

In FY 2016, VA Research designated five research initiative areas:

1. **Measurement Science:** Current studies are implementing a component of patient-centered measurement science called Measurement-Based Care (MBC). MBC uses structured patient-reported outcomes on a routine basis to inform treatment plans and facilitate shared decision-making. MBC helps doctors and patients choose the correct treatment when care begins, and uses close monitoring to ensure that, when necessary, treatment plans are modified in a timely manner. Researchers are also working with VA clinical operations to develop and disseminate software tools that make it easier to capture patient-centered outcomes for depression, substance use, PTSD, and other conditions.

2. **Operations Research:** Veterans should experience seamless service at any health care facility they visit. VA researchers are developing mathematical models of health system functions and working to improve timeliness and efficiency. A special focus is being placed on using supply-chain management and industrial engineering techniques to optimize the delivery of care and improve quality and safety.
3. **Point-of-Care Research:** Point-of-Care (POC) Research is a new approach to determine which of two commonly used treatments is more effective. POC Research can answers questions about the comparative effectiveness of treatments without requiring special study visits by patients. Instead, data are derived from the VA electronic medical record and from usual patient care. The treatments being compared in the study are offered to patients on a randomized basis, with their consent and that of their providers. In 2016, VA began a multisite POC trial of two widely used diuretics. The effort will help determine which diuretic is more effective, and provide a research model for other important questions. A paper on the study was published in the Annals of Internal Medicine that describes VA's new approach to doing cooperative studies. Efforts also were initiated to engage more stakeholders including VA clinical operations, POC activities within the VISNs and clinical and academic partners interested in advancing informatics-based approaches to studying health care interventions. Additionally, plans for the next POC study are in progress.
4. **Provider Behavior**: The tests health care providers order and the treatments they recommend may vary widely. As a result, clinical services may be overused, underused, or applied to the wrong patients. The provider behavior initiative uses cognitive science to understand variations in decision-making and the information needs of clinicians. Researchers are conducting studies on how to de-implement established practices that have proved to be ineffective, including overuse of psychotropic medications in nursing homes. Other researchers are looking at new and innovative ways to present health information to improve quality of care, as well as refine audit and feedback mechanisms to improve quality of care in the clinical encounter. Novel research has also demonstrated the effectiveness of provider coaching, or facilitation strategies that support interpersonal learning and strategic thinking in improving uptake of collaborative care models in VA for mental health in primary care.
5. **Randomized program implementation:** VA Research is testing new ways to rigorously evaluate new VA programs or policies. Randomized program evaluations ask not only "Does the program work?" but also "What makes it work?" and "How can we make it work in the real world?" VA is funding the Partnered Evidence-Based Policy Resource Center (PEPReC) to provide timely, rigorous data analysis to support the development of high-priority policy, planning, and management initiatives and quantitative program evaluations.

   In a learning health care system, research informs practice by establishing an evidence base for guidelines, monitoring, and incentives. In turn, practice informs research by providing performance measurement, operational data, and policy direction. PEPReC collaborates with VA Research and with our operations partners

to implement evidence-based practices, and then investigates results through rigorous, randomized program evaluations. Results from these evaluations provide the foundation for future policy refinements and new initiatives to improve care for Veterans. PEPReC is collaborating with four groups of operations and research partners to plan four randomized program evaluations that began in 2017 and are continuing through 2018. Each of these projects aims to evaluate interventions to improve them before expanding to a national scale:

a. *Targeted Risk Mitigation for Patients Receiving VA Opioid Prescriptions* uses predictive statistics to target interventions aimed at reducing the risk of adverse events for VA patients with opioid prescriptions.

b. *Targeting Care for Patients Identified as Being at High Risk for Suicide* uses predictive statistics to target mental health care resources to reduce risk of suicide and other adverse events.

c. *Veteran-Directed Home & Community Based Services* supports Veterans with disabilities who seek services to help them remain in their homes. VA collaborates with community partners so Veterans can choose arrangements that work best for them.

d. *Impact of Mobile Teledermatology on Skin Care Delivery and Patient Outcomes* distributes innovative software to dermatology patients and providers to improve access to VA dermatology clinics by increasing virtual clinical encounters.

Precision Medicine

VA's Million Veteran Program (MVP) provides a rich platform to discover the relationships among genes, environmental exposures, and health. As of October 2017, more than 612,000 Veterans had provided DNA specimens, military exposure information, and access to their health records by authorized researchers to facilitate studies on topics ranging from the biological underpinnings of Gulf War illness, PTSD, heart disease, diabetes, chronic kidney disease, cancer, and eye disease to functional impairment in schizophrenia and bipolar disorder.

Initial results (39 scientific presentations) from these early studies were presented at national and international scientific meetings in 2017. VA is partnering with the Department of Energy (DOE) and leveraging DOE's supercomputers and computational expertise to enable biomedical discoveries from VA's electronic health record and MVP's genomic and other molecular data. VA is also exploring possibilities for establishing a secure cloud infrastructure to broaden MVP data access more broadly to researchers within and outside the VA. To help move these biomedical discoveries from the lab to the clinic and to Veterans, VA will take advantage of its strengths in informatics and implementation science. Both the Clinical Precision Medicine in Mental Health Initiative and Precision Oncology Program, for example, will leverage ongoing work in measurement science, point-of-care trials, provider-behavior analysis, and randomized

program evaluation to learn the best ways to return genomic test results to patients and their providers.

Drug selection for depression— Depression is one of the most common conditions associated with military service and combat exposure. There is an urgent need for effective and efficient treatment strategies for Veterans with depression, since many Veterans do not respond to the first treatment offered. A number of commercial genetic tests help choose which antidepressants will work best on people. There is very little research, however, that shows these tests add value to clinical decisions. VA Researchers have begun to understand some of the genetic factors that may cause one medication to work better than another in a specific patient, but have not yet evaluated the effectiveness of genomically informed medication selection for these conditions within a large health care system. In 2018, researchers will continue to recruit patients with depression into a trial to investigate the impact of pharmacogenomics strategies for drug selection as part of the Precision Medicine in Mental Health (PRIME) Care study. This study, which aims to enroll up to 15,000 Veterans with depression over the next five years, will evaluate the effectiveness of providing this kind of information to patients and providers for improving treatment. The study will also evaluate the impact of this approach on cost and staffing requirements in primary care and specialty clinics. If these strategies prove effective, the research will lead to a plan for system-wide implementation. The study will also help inform wider VA strategies for returning results of genomic test results by examining how best to assist patients and their clinicians to use test results to inform choices.

Executive Office Activities

VA works closely with other federal agencies to assure effective and efficient use of resources in executing our respective — and complementary — research missions. Below are examples of this coordination and its benefits for Veterans:

National Research Action Plan for Mental Health (NRAP)

Since August 2012, federal agencies have worked together to address the mental health needs of Veterans through the NRAP. The plan was developed by VA, DoD, the Department of Health and Human Services (HHS), and the Department of Education in response to Executive Order 13625. It outlines a vision for research on PTSD, TBI, and suicide prevention and describes near- and long-term objectives for the agencies.

VA Research remains on track with all actions in NRAP, including establishing two new VA-DOD research consortia studying PTSD and TBI. For the coming years, VA and DOD have identified high priorities for collaboration under NRAP: in suicide, we will work together on improving models to identify patients at risk, including those in transition from DOD to VA, and in PTSD we will collaborate to improve pharmacologic therapies for PTSD. Finally, in TBI, we will work to develop better biomarkers (including imaging) for TBI. The two consortia, jointly supported by VA and DoD, were established and approved for five years of funding in 2014.

Cross-Agency Priority Goals
Under the Performance.gov Cross Agency Priority Goals effort, VA has worked with DoD and NIH to advance mental health research for Servicemembers and Veterans. The agencies have published common data elements for PTSD studies and suicide prevention research and have completed a research portfolio analysis for suicide prevention, which continues to be updated annually. These efforts will advance scientific queries and enhance data-sharing.

APOLLO
VA, DoD and the National Cancer Institute (NCI) are collaborating to enable more rapid identification of unique targets and pathways of cancer for detection and intervention. This effort, called Applied Proteogenomics Organizational Learning and Outcomes (APOLLO), will combine state-of-the-art research methods in proteogenomics with the clinical research and care capabilities of DoD and VA to develop a broader learning health care system among the agencies.

The National Alzheimer's Project Act (NAPA)
NAPA offers government researchers an opportunity to help change the trajectory of Alzheimer's disease and dementia care for Veterans and other Americans. VA is working with HHS, the National Science Foundation, and DoD to accelerate the development of treatments, improve early diagnosis and coordination of care, reduce ethnic and racial disparities, and coordinate with international efforts to fight these conditions. VA research applications focusing on the NAPA initiative has more than doubled since NAPA was started in 2015.

I. Supporting Healthy Reintegration for Returning Servicemembers

> *"The Department of Veterans Affairs' Medical and Prosthetic Research Service is very productive in advancing medical knowledge and improving health care for Veterans and all other citizens."*—Resolution No. 148 of the 96th annual convention (2014) of the American Legion.

According to the Congressional Research Service, between October 2001 and July 2015, more than 52,000 troops had been wounded in action in Iraq and Afghanistan and in related operations. More than 138,000 new cases of PTSD were diagnosed during this period among Servicemembers. These Veterans present with complex clinical challenges. In response, VA researchers continue developing new and innovative approaches to medical, rehabilitation, and psychosocial treatment and ongoing support.

Military Occupational Exposures
Military personnel serving in Iraq and Afghanistan between 2001 and 2014 were at risk for exposure to high levels of airborne particulate matter, in part from burn pits. These potential hazards were reviewed in an October 2011 Institute of Medicine report, which recommended a prospective study of the long-term health effects of deployment-related exposures in military personnel. VA investigators have designed a study that aims to assess the link between land-based deployment in Iraq, Afghanistan, Kuwait, or Qatar

with the current pulmonary health of a representative sample of Army, Marine, and Air Force personnel.

This two-phase, cross-sectional cooperative study consists of a survey and clinical examination of a representative sample of Veterans. Phase 1 collects self-reported health and military service information from a national sample through a mail survey or telephone interview. Phase 2 consists of in-person data collection procedures, including more extensive health, military service, and exposure questionnaires and pulmonary function testing. A pilot study is determining the optimal methods for recruiting participants, assessing participation rates and other factors that may influence participation, and demonstrating the feasibility of the techniques being used to reconstruct the levels of individuals' past exposures to particulate matter. These techniques, recently reported on in three journal articles by VA researchers and colleagues from Harvard and other institutions, involve the use of satellite data and airport visibility readings to help map pollution patterns and exposures that may have affected troops. Data from NASA will be used to help with efforts to conduct this state-of-the-art approach to studying airborne exposures.

VA investigators are also pursuing innovative studies to improve the immune system, as well as looking at inflammatory responses to bacterial, viral, and fungal pulmonary infections from military occupational exposures and opportunistic infections. Several common pathogens found in Veterans' lungs are being studied to understand the mechanisms of infection. Understanding how bacterial infection influences how Chronic Obstructive Pulmonary Disease (COPD) worsens has led to the identification of vaccine candidates and biomarkers, as well as to changes in guidelines for using antibiotics in COPD. Thus far, it has been found that antibiotics that are effective against bacterial cultures do not necessarily have the same effect in COPD patients.

Pneumonia is a major cause of illness and death among Veterans, and has been associated with service in the Middle East. In pneumonia, significant inflammation in the lung, caused by the release of proteins called cytokines, can result in death. Several VA studies are examining the pathways that lead to cytokine production in pneumonia in hopes of identifying new drug targets. In a recently-completed pilot study, the patterns of cytokines produced by patients with pneumonia were determined to be useful in selecting appropriate immune therapies. Also, VA is conducting a multi-year clinical trial of methylprednisolone to determine if the drug is an effective treatment for severely ill patients with community-acquired pneumonia (pneumonia acquired outside of a hospital or long-term-care facility).

VA researchers are working to identify critical factors in the early immune response to Tuberculosis (TB) infection. A study is exploring white blood cells that identify lung cells infected with Mycobacterium Tuberculosis, the causative agent of TB. The cells do this by taking advantage of a protein called MR1 that alerts the immune system to cells that harbor the bacteria. VA's goal is to develop MR1 as a potential target for a vaccine and diagnostic test. Preliminary work has already shown which genes are related to MR1 expression and susceptibility to TB infection. Other investigators are working to develop

new biomarkers to quickly identify treatment failures in clinical trials for new TB drugs, and to monitor drug resistance among TB patients.

Suicide Prevention Research

VA and DoD researchers have developed a national surveillance system for data management relating to attempted and completed suicides. A framework for characterizing risk and protective factors for suicidal behavior among Veterans is now available for program evaluation and research purposes, including large-scale epidemiology research on suicide risk.

Office of Research and Development (ORD) is actively engaged with DOD to address the goals of a memorandum of agreement between the two agencies, with goals such as coordinating research agendas and developing shared approaches to evaluation.

VA Researchers recently identified an increased risk of Veteran suicide in the period immediately after discharge from the hospital for mental health stays and in the period after discontinuation of opioids. VA Researchers are collaborating with other agencies on this important effort. Also, new efforts are underway with the Department of Energy to use “big data” to improve VA’s ability to identify Veterans at highest risk of suicide. A partnership with DOD will link VA records to those of a cohort of 100,000 Army soldiers now being followed to identify risk factors for suicide. In other efforts, a large VA clinical trial is underway to determine whether lithium is effective in preventing suicide among those who have previously made a suicide attempt. Also, a new Request for Applications has been issued to encourage even more research on this topic, with a focus on prevention, treatment, and access to lethal means.

Other studies are underway that facilitate and promote the use of the Veterans Crisis Line, examine strategies to support families to promote Veteran adherence with therapy to reduce suicide risk, test an intervention that addresses both depression and suicidality, prevent suicide through use of mindfulness-based cognitive therapy, and investigate why suicide rates are higher for female Veterans than for male Veterans.

VA recently launched a national evaluation of the VA REACH VET program. Based on a statistical model developed in collaboration with the Department of Defense, REACH VET, short for Recovery Engagement and Coordination for Health - Veterans Enhanced Treatment, uses information from Veterans' electronic health records to identify those at the highest risk for suicide, hospitalization, illness, or other negative outcomes. Once a Veteran is identified, his or her VA mental health or primary care provider reaches out to check on the Veteran's well-being and review his or her treatment plan to determine if enhanced care is needed

On a related note, in partnership with DOE, ORD has launched a national initiative to develop personalized and longitudinal risk scores for acute suicidal behavior, incorporate genomic data from MVP into the risk scores, and implement improved decision-support systems for effective clinical management of patients at risk for suicide. The work will

complement REACH VET by providing additional data to strengthen the predictive model.

Posttraumatic Stress Disorder (PTSD)

VA clinical trials provided much of the evidence that Cognitive Processing Therapy (CPT) and prolonged exposure therapy are effective treatments for PTSD. An important comparative effectiveness multi-site trial of CPT and prolonged exposure therapy is underway to learn more about which type of treatment may be better overall, or for specific types of patients. Enrollment was completed in 2017 with a total number of 898 enrollees which included a particular emphasis to include women Veterans into the study. While data are being analyzed, this study will be the largest head-to-head comparison of effective treatments for PTSD.

VA research on PTSD addresses complementary and integrative health treatments, such as meditation and yoga; ways to improve Veterans' access to and engagement in evidence-based PTSD treatments; strategies for addressing co-morbidities; and factors that could prevent or mitigate the onset of PTSD following traumatic exposure. Using MVP data, VA scientists are also investigating the genetic risk factors for PTSD in combat-exposed Veterans. The first step involves developing an algorithm to accurately identify PTSD patients, which is undergoing validation. Combined with MVP genetic analyses, this study will provide insights on Veterans' risk for PTSD.

In December 2016, VA announced a PTSD Psychopharmacology Initiative (PPI) to facilitate the development of novel drug treatments for PTSD. As one outcome of a PTSD Pharmacotherapy Clinical trial training workshop for VA investigators, 11 proposals to conduct trials to identify new drug treatments for PTSD have been submitted to ORD for scientific peer review during the fall 2017 cycle. The studies selected for funding received support in the FY2018 budget. In addition, discussions regarding potential collaborations are ongoing with DOD, Cohen Veterans Bioscience, and the National Research Action Plan (NRAP) Working Group (VA, DOD, NIH). The ultimate goal is to provide the entire population of Veterans with PTSD a better range of evidence-based treatment options.

VA is also conducting a clinical trial on the benefit of service dogs for PTSD. Veterans are provided with an emotional support dog or a service dog specifically trained to perform tasks to mitigate PTSD. Researchers are looking for improvements in PTSD symptoms, quality of life, participation in society, and employment status. This Congressionally-mandated study completed enrollment in 2017 with over 225 Veterans enrolled. The study is currently in the Veteran-dog pairing process to enable them to go through the study protocol.

TBI/Neurotrauma/Polytrauma

The Centers for Disease Control and Prevention has estimated the annual cost of TBI to the nation at $76.5 billion. VA researchers are examining screening approaches to detect TBI (which can be difficult in mild cases), looking for biomarkers indicating mild TBI, and using imaging techniques to evaluate long-term structural and functional changes to

the brain after TBI. Researchers are also studying therapies targeted to the specific and diverse needs of those with the injury, including various medications.

VA is collaborating with the National Institute of Disability, Independent Living, and Rehabilitation Research of the U.S. Department of Health and Human Services on the TBI Model Systems to develop the Veterans Traumatic Brain Injury Health Registry. The registry will provide military and civilian researchers with data on TBI in Iraq and Afghanistan Veterans. It will also provide researchers with the ability to conduct longitudinal follow-up studies of Veterans with TBI-related diagnoses.

VA's electronic medical record system reminds clinicians to screen all Veterans who have been deployed to Iraq or Afghanistan for mild TBI. Researchers have determined that VA's TBI screening process, which includes an initial TBI screen and a comprehensive examination for those who screen positive, is both inclusive and useful in referring patients for care. Some VA investigators are developing a screening tool for common TBI-related vision problems. Others are reviewing best practices for insomnia treatment in Veterans with TBI. Another effort is evaluating the value of involving families in clinical decision-making, care plans, and educational efforts.

Military Sexual Trauma

Military Sexual Trauma (MST) is associated with a wide range of physical and mental health conditions among both male and female Veterans, and often these are long-term negative impacts that may vary somewhat by gender. PTSD is the most common condition associated with MST; depression and substance use disorders are also associated with MST. Sexual trauma during military service also increases the risk of subsequent suicide among both female and male Veterans.

Research continues to focus on the military experience and the risks and reporting of sexual assault for Servicemembers. VA and DoD researchers examined official reporting of sexual assault in the military and found that many members do not report sexual assault because of confidentiality issues, adverse treatment by peers, and beliefs that no action will be taken. New research highlights the importance of military leader behaviors in the risk of sexual assault and safety of Servicewomen (for non-deployed National Guard, Reserve and active duty women during the Iraq and Afghanistan era). Negative behaviors by military leaders (e.g., leaders not behaving ethically, putting their own needs ahead of the units, not creating a positive environment, not taking reports of sexual assault seriously), as recounted by Servicewomen, are strongly associated with the risk of sexual assault in the military in non-deployed settings, and remained significant even when other important and well-established risk factors were considered, such as Servicewomen's lower rank and prior victimization. Sexual assault during deployment was also identified as a significant risk factor for sexual assault while not deployed. These findings indicate the need for leadership training and mentoring, and support DoD's strategic plan to engage leaders in effective prevention and response to sexual assault in the military.

Other studies highlight the importance of sexual trauma screening, not only for posttraumatic and depressive symptoms, but for other conditions as well. Research

indicates the importance of MST in terms of suicide prevention, given that MST is an independent risk factor for suicide even after adjusting for other mental health conditions, medical morbidity, and demographic characteristics. In addition, sexual trauma and lifetime sexual assault are associated with greater risk of homelessness and a variety of health care conditions, including post-deployment eating disorders and adverse reproductive health outcomes such as sexually transmitted infections.

Several recently completed and ongoing studies address other issues related to sexual trauma, including Veteran experiences with VA MST screening, the impact of sexual assault and combat-related trauma on fertility among Veterans, and testing of complementary and integrative health interventions such as yoga to address PTSD symptoms and MST exposure. Other work is examining MST as a factor in women Veterans' use of contraceptives, and their experiences with intimate partner violence. New research is aimed at better understanding women Veterans' experiences and preferences as well as best practices in order to improve trauma-sensitive primary care in the VA for women Veterans with histories of sexual trauma.

"The VA research program is a jewel within VA that we support without hesitation or reservation."—Carl Blake, National Legislative Director, Paralyzed Veterans of America, February 2015.

Prosthetics and Sensory Loss

Rehabilitation engineering, prosthetics, and orthotics remain a cornerstone of the VA Research program. The number of Veterans accessing VA for prosthetics, sensory aids, and related services has increased by more than 258% since 2000. According to the Congressional Research Service, more than 1,600 troops experienced major limb amputations as a result of combat wounds between 2001 and 2015. Hearing loss and tinnitus together remain the leading service-connected disability for Veterans. These statistics, among others, underscore the need for VA to remain a clinical and research leader in these areas.

VA's Center for Limb Loss and Mobility Center of Excellence for Limb Loss Prevention and Prosthetic Engineering investigates methods and devices to improve the quality of life and functional status of Veterans who are at risk for, or who have undergone, lower extremity amputation. The Center for Functional Electrical Stimulation investigates the use of small electrical currents to activate paralyzed muscles, reduce pain, and restore balance in autonomic, spinal, and brain circuits. The Center for Wheelchair and Rehabilitation Engineering Research improves the mobility and function of people with disabilities through advanced engineering, and contributes to the design of wheelchairs, seating systems, and other technology.

A noteworthy study in this area is the evaluation of an advanced prosthetic arm developed by DEKA Research and Development Corporation through funding from the Defense Advanced Research Projects Agency (DARPA). The DEKA arm was initially tested and refined in a multiyear, multisite, VA-funded study. Volunteers at four VA medical centers and one Army facility tested the prototype prosthesis. The study used virtual reality to

allow users to practice controlling the arm in a simulated environment before being fitted with it. The Food and Drug Administration approved the DEKA arm in May 2014, leading to commercialization of the device, now known as the LUKE arm. Earlier in 2017, at the VAMC in Manhattan, two Veterans became the first people in the U.S. to receive the arm. VA Researchers continue to follow how Veterans are using the arm, and how it compares with other available technologies.

A new VA Cooperative Studies Program trial will evaluate whether Veterans with chronic spinal cord injury achieve clinically meaningful improvements in their quality of life through home and community use of the ReWalk exoskeleton. The device allows Veterans who rely on wheelchairs for mobility to walk upright using an external framework for support that features motorized hip and knee joints. In addition to improvements in quality of life, researchers expect bowel and bladder function to also improve.

Osseointegrated implants directly attach a prosthetic limb to the user's skeleton and eliminate the need for a socket. While this method of prosthetic attachment has potential benefits, it is not suitable for all prosthetic users, and the safety of the implant must be established. A safety study of transfemoral (above-knee) amputees at the VA Salt Lake City Health Care System has implanted and tested the prosthetic in 10 participants. It is the first U.S. study of osseointegrated implants in humans. Discussions are now underway to develop a large clinical trial.

Other VA Research is studying whether brain-computer systems can enable control of robotic arms using only thoughts from those with paralysis. The "BrainGate2" team, which includes VA investigators and colleagues, is now working on improving accuracy and consistency of control over robotic and prosthetic limbs for those with paralysis or limb loss.

VA Researchers are also looking at how to best match prosthetic components with the needs of amputees, including those with very active lifestyles. They are investigating different wound-care strategies for residual limbs after surgery and evaluating CT scans of diabetic feet to identify foot types at highest risk for ulcers. One team is developing a program to teach caregivers complementary and integrative health techniques that lessen the anxiety and pain associated with traumatic limb loss.

Improving Transition from Active Duty

The **Veterans Metrics Initiative** study is the first known research effort to longitudinally examine post-9/11 Veterans' transition and reintegration experiences, while simultaneously assessing outcomes impacted by specific components of transition assistance programs used. The study is administratively led by the Center for Public-Private Partnership at the Henry M. Jackson Foundation for the Advancement of Military Medicine. It is scientifically directed by a multi-disciplinary team of qualified researchers from industry (including Walmart, Prudential Financial, Lockheed Martin, Northrup Grumman, and others), academia and foundations (including Pennsylvania State University, Robert R. McCormick Foundation, Heinz Endowment, the National Endowment for the Humanities), and VA. The TVMI Study, launched in April 2015, is a five-year longitudinal research study that has the following three aims:

- To document Veteran well-being through the transition and reintegration period in four areas: health (mental and physical), vocation (education and career), finances, and social relationships;
- To identify transition assistance programs Veterans use as they reintegrate into civilian life, and distill the programs into their common components; and
- To examine the link between common program components and Veteran well-being.

More than 9,000 Veterans completed the baseline survey in fall 2016. The TVMI cohort is highly representative of the entire recently transitioned population of all Veterans, with more 1,500 Veterans from each of the active components (Army, Navy, Air Force, and Marine Corps), and more than 1,200 reserve component members who recently transitioned from activated status.

Improvements to prosthetic feet—Investigators at the Minneapolis VA Health Care System are developing a manual wheelchair that allows users to lift themselves into a standing position and then propel themselves while upright. They are also developing prosthetic feet that can adapt to the environment and situation. One example is a foot that senses the user's position and switches between standing and walking modes so it can be more stable in standing mode and more efficient in walking mode. Another is an unpowered mechanical foot that promises to store and release energy better than existing prosthetic feet, making walking more efficient. The foot instantly and automatically adapts to slopes, enabling normal gait on inclines and declines.

Employment/Vocational Rehabilitation

One of VA's most important responsibilities is to help disabled Veterans prepare for, find, and keep suitable jobs. Some Veterans with Spinal Cord Injuries (SCI) have taken part in a VA program that provides integrated treatment along with job search help, a focus on competitive employment, and ongoing employment support. Initial findings have shown that Veterans with SCI receiving this level of support are more than twice as likely to become employed and keep their jobs. This trial is also examining the cost-effectiveness of such services, and how their level and intensity affect employment outcomes.

A large-scale trial has enrolled 540 Veterans with PTSD to compare strategies to help them get and keep jobs. Researchers are also examining supported employment for Veterans with mental health or substance dependence diagnoses who have felony convictions.

VA Research has also recently approved a study to better understand the experiences of Veterans with moderate to severe TBI as they transition to living in communities. This four-year study will provide a roadmap for designing and testing interventions to maximize community reintegration in employment, independent living, and social relationships.

Homelessness

VA's homelessness research develops strategies for identifying and engaging homeless Veterans, and helping ensure they receive proper housing, a full range of physical and mental health care (including treatment for alcohol and substance use disorders), and other relevant services.

Within the overall population of homeless Veterans, the number of those above age 55 is growing. VA researchers have found that while it takes about the same amount of time to place these Veterans in supported housing as it does younger Veterans, the older Veterans tend to have more medical problems and are more vulnerable to health problems related to homelessness.

Women Veterans are up to four times more likely than civilian women to experience homelessness. VA researchers have found that unemployment and military sexual trauma are the biggest risk factors for homelessness among women Veterans.VA is also looking at the special challenges homeless women with children face, as research shows that they often place the safety and well-being of their children first, even if it means they may end up homeless and unable to live with their children.

Other study areas include looking at quality of care for homeless Veterans diagnosed with hepatitis C, training homeless Veterans to manage personal resources, and identifying the aspects of service design and delivery that offer the best results for homeless patients in VA.

Other Areas

Additional areas of inquiry include:

- *Hearing.* Research on technological, medical, rehabilitative, and social issues associated with hearing loss is conducted at the VA National Center for Rehabilitative Auditory Research.
- *Vision.* In addition to developing vision-restoring treatments, investigators at the VA Center for the Prevention and Treatment of Visual Loss are designing and improving assistive devices for those with visual impairments and developing better methods of vision testing.
- *Family/Caregiver Issues.* VA Research has partnered with the VHA Caregiver Support Program and Social Work Services to establish a Caregiving Support Evaluation Center. The center measures various aspects of VA's caregiving

services, including outcomes of both Veteran and caregiver groups, and provides information needed to revise current caregiver programs and plan new ones.

II. Supporting Optimal Health Throughout Veterans' Lives

"VA's clinical and biomedical research program has elevated the standards of care in Western medicine, and has invented cutting-edge devices and treatment techniques that have improved the lives of millions of Veterans and non-Veterans."—Ronald F. Hope, National Commander, Disabled American Veterans, February 2015.

Close to a third of America's Veterans, of all ages, receive health care through the VA system. VA Research is working to improve their lives through studies covering chronic diseases, reproductive health, and preventive care to ensure continued high-quality care for them throughout their lives.

Cancer

VA researchers are conducting a broad array of research on cancers common in the Veteran population. These include prostate, lung, colorectal, bladder, kidney, pancreatic, skin, esophageal, and female-specific cancers (such as breast and cervical cancer), as well as lymphomas and melanomas.

VA researchers conduct laboratory experiments aimed at discovering the molecular and genetic mechanisms involved in cancer; studies looking at the causes of disease; clinical trials to evaluate new or existing treatments; and studies focused on improving end-of-life care.

Triple-negative breast cancer, which is more common in African-Americans, is more aggressive than other forms of cancer. It does not respond well to hormone-based therapies and is almost always fatal. VA investigators at the Miami VAMC have shown that a drug that blocks the receptor for growth hormone-releasing hormone blocked cancer growth and spread in an animal model and increased the effectiveness of a widely used anticancer therapy. The drug worked by inhibiting drug resistance factors that make the cancer cells poorly responsive to standard therapies. The research team is working toward a human clinical trial.

Researchers are developing new approaches to selectively target an important growth factor receptor that is commonly mutated and abnormally expressed at high levels in glioblastomas (a deadly form of brain tumor). Selective targeting enables cancer cells to be eliminated without harming normal cells. Another approach being investigated is to overcome current drug resistance in glioblastoma by blocking the adaptive immune response in the cancer cells. When this response is blocked, cancer cells previously resistant to therapy become sensitive to drugs that are currently in clinical use.

Other ongoing VA research is examining ways to increase the implementation of effective palliative care among patients with advanced cancer and other terminal conditions. One

study is testing whether initiating palliative care even while patients are getting active treatment will improve outcomes. Another study is examining oncologists' attitudes toward treating patients with advanced cancer, and their recommendations for palliative care.

A study now underway—the largest single clinical trial in VA history— has enrolled 50,000 Veterans and will examine them over 10 years to compare colorectal cancer screening strategies and their impact on reducing colorectal cancer deaths. This ambitious research is responsible, in part, for VHA's being recognized by the National Colorectal Cancer Roundtable with a "80% by 2018 National Achievement Award."

Diabetes

Diabetes affects nearly 1 in 4 VA patients. Moreover, diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults. Up to 80% of patients with diabetes will develop macrovascular disease, such as heart attack and stroke. VA researchers are studying innovative strategies and technologies to enhance access to diabetes care and to improve outcomes for patients. They are also working to develop better ways to prevent or treat diabetes, and exploring its relationship to other conditions, such as kidney and heart disease, and mental illness.

Some VA teams are conducting genetic "linkage studies" to identify genes associated with various diseases, including diabetes. Technological advances now permit investigators to search for common genetic patterns in affected families, or in large groups of individuals who do not have a family history of the disease. Using these approaches, researchers have identified several regions in the human genome that harbor indicators of increased diabetes risk and may potentially serve as the basis for precision medicine treatments tailored to individual patients.

VA investigators were part of an international study demonstrating an innovative way to transplant healthy beta cells—the pancreatic cells that store and release insulin—into the human body without the usual risk of rejection. This has important implications for treating type 1 diabetes, the form of the disease caused by autoimmune destruction of beta cells. Using synthetic compounds that mimic Growth Hormone-Releasing Hormone (GHRH), the researchers found they could increase both the viability of transplanted beta cells and their ability to make insulin. The work could potentially also help those with type 2 diabetes—especially those with more severe forms of the disease, who rely on daily insulin shots.

VA Researchers are also involved in a major NIH-funded comparative effectiveness study of different diabetes drugs, all commonly used in combination with metformin. The trial is comparing the long-term risks and benefits of four widely used medications: sulfonylurea, which directly increases insulin levels; DPP-4 inhibitors, which boost insulin levels indirectly by stimulating the release of an intestinal hormone; GLP-1 agonists, which increase the amount of insulin released in response to nutrients; and long-acting insulin.

A VA cooperative trial was recently launched (CSP #2002) that will focus on Veterans with prediabetes. It will look at the effect of metformin—a first-line drug therapy for diabetes—as a way to reduce the risk of major adverse cardiovascular events, such as heart attack or stroke, in a sample of almost 8,000 patients.

Women's Health

Recognizing the dramatic increase in the number of women Veterans, VA established the Women's Health Research Network to accelerate research that addresses their needs. This innovative network is building the capacity for research to benefit women Veterans of all ages, including studies on women's health during and after deployment, reproductive health, primary care, and prevention. One study, for example, is eliciting the perspectives of women Veterans from diverse racial and ethnic backgrounds regarding their experiences with maternity care coordination in VA. The network also fosters large multisite studies through a group of 60 VA medical centers that work together to facilitate research-clinical partnerships. The overall goal is to develop, implement, and disseminate effective innovations in care, and facilitate implementation of evidence-based quality improvement.

VA Researchers continue to publish studies on a wide array of issues related to women Veterans' health. These include special journal supplements on all aspects of health and health services for women Veterans, systematic reviews of women's health research evidence , and many publications addressing topics such as access to care; primary care and prevention; mental health including suicide and the effects of trauma; reproductive health; and military service and deployment;.

For example, VA Research has examined the challenges in implementing VA's patient-centered medical home model for women Veterans care, and highlighted special considerations related to women's health and primary care services. Important research has found that mothers with active PTSD were significantly more likely to experience spontaneous pre-term delivery and experience other pregnancy complications. Gestational diabetes and preeclampsia are also higher in women Veterans with PTSD, pointing to the need for preconception counseling. The burden of physical and mental health conditions among women Veterans is also documented by research indicating the high prevalence of past-year intimate partner violence among women beyond child-bearing years, as well as the links of exposures during military deployment to post-military work, family outcomes, and quality of life.

VA research has also examined women Veterans' satisfaction with VA care and potential disparities in care by gender; care coordination among different women's health providers, including contract and non-VA care; and gender differences in post-deployment health and reintegration.

Considerable research is being devoted to improving care for women Veterans both within VA and in the community. Five related projects that are part of VA's Collaborative Health Research to Enhance and Advance Transformation and Excellence (CREATE) initiative are aimed at understanding how to improve access to care, retention of women Veterans,

and the quality of comprehensive care VA provides for women. A new initiative under the QUERI program is aimed at implementing and evaluating evidence-based improvements in care in three areas: cardiovascular risk reduction, diabetes care, and treatment for anxiety and depression. Another effort is evaluating evidence-based quality improvement of comprehensive health care implementation in low-performing VA facilities. Ongoing research is also directed at advancing other innovations in women Veterans' health care, including improving reproductive health care and maternity care coordination. Studies are also developing and testing innovative patient-centered approaches to improve care and health outcomes for women Veterans who have experienced intimate partner violence, and other work is focused on understanding best practices in intimate partner violence screening in VA. New interventions are also being assessed to improve treatment of insomnia in women Veterans, which is highly prevalent and an important public health concern.

To improve the ability to study women's health issues, the Cooperative Studies Program Network of Dedicated Enrollment Sites (NODES) and Women's Health Practice-based Research Network have begun a collaborative effort to share best practices in conducting studies involving women Veterans and providing tools for engaging and meeting needs of women interested in participating in VA clinical research. Specific efforts have focused on mental health clinical trials through a joint activity explicitly focused on enhancing participation by women in a comparative effectiveness trial on PTSD treatments.

In ongoing efforts to understand the needs of women Veterans with limb loss, VA collaborated with DoD to fund an expansion of a DoD study titled "Needs, Preferences and Functional Abilities of Female Veterans and Service Members with Upper Limb Amputation." The study investigates patterns of prosthetic use and the impact of prosthetics on function, and identifies unmet prosthetic needs of transradial amputees. The collaboration will enable a comparison of female and male amputees and their respective needs. Additionally, VA Rehabilitation Research and Development has enhanced its standard Request for Applications to include special emphasis on the needs of women Veterans with limb loss.

Gulf War

Many 1990-1991 Gulf War Veterans are affected by a debilitating cluster of medically unexplained chronic symptoms that may include fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, and memory problems. VA researchers are dedicated to learning more about these problems and identifying the best ways to diagnose and treat them.

The research is guided by a strategic plan developed in 2013 with input from scientists, physicians, and Veterans. The plan was updated in 2015 to reflect the current state of knowledge about these subjects. Another update is in process; a draft was shared with the advisory committee in October 2017.

VA's Gulf War Registry program, which began in 1992, offers a health examination at any VA health care facility to any Veteran with Gulf War service. As of February 2015,

more than 150,000 Gulf War Veterans had undergone a registry exam, allowing their health concerns to be evaluated by VA physicians, and enabling them to be referred for additional care when needed. Since 2001, VA's War-Related Illness and Injury Study Center has used information from the registry and other data to support specialized care for Gulf War Veterans, and to conduct cutting-edge research and treatment programs specifically tailored to their needs.

VA is also developing research infrastructure to support epidemiologic and clinical studies. One example is the Gulf War Era Cohort and Biorepository. Through this project, epidemiological, survey, clinical, and environmental exposure data, along with blood specimens, are being collected to enable studies of conditions common among Gulf War Veterans. The project is currently evaluating best approaches for engaging Veterans and building the structure for a large-scale research effort.

A complementary initiative, the Gulf War Veterans' Illnesses Biorepository, will collect and store brain and spinal cord tissue for the future study of neurological diseases. In 2016, this project completed its pilot phase and began to recruit participants. Both efforts will work collaboratively with the MVP, which is designed to identify relationships between reported illnesses and genetic variations. A proposal investigating genetic risk factors for Gulf War Veterans' illnesses based on MVP data has been funded, has IRB approval, and is awaiting Office of Management and Budget (OMB) approval of the survey.

A recently funded study aims to build a comprehensive understanding of Gulf War-era Veterans' documented diagnoses, health care utilization patterns, and costs. Researchers will look at these Veterans' use of conventional and nontraditional forms of health care, the costs, and the Veterans' satisfaction with their care.

Complementary and Integrative Health

A growing number of VA medical centers are offering Complementary and Integrative Health (CIH) therapies to their patients, including yoga, acupuncture, tai chi, massage, and mindfulness training. VA researchers are committed to filling in scientific gaps relating to these treatments to determine which CIH therapies are truly effective, and for which conditions and populations they work best.

Through an interagency partnership with the National Institutes of Health and the Department of Defense, VA Research HSR&D has been funding non-drug approaches for pain management that give Veterans a wider range of treatment options and help to avoid reliance on opioids. The success of earlier efforts led to the establishment of a Research-Collaboratory Center to manage and oversee clinical trials. Based on initial results from the first round of studies, VA Research is interested in demonstration projects that lead to full-scale trials to study the rollout of CIH approaches. ORD will partner with VA's Office of Patient Centered Care and Cultural Transformation in this effort. (The work will provide a better understanding of how complementary approaches can be effectively

integrated with regular care in a multimodal (stepped care) model of pain care. It will also support the development of Veteran-centric metrics for pain care.

In one example of this research, a pilot study found that trauma-sensitive yoga was effective in reducing PTSD, improving sleep, decreasing chronic pain, and decreasing biological and physiological stress in female Veterans who had experienced military sexual trauma. A randomized clinical trial will now study this effect on a larger scale. In addition, studies suggest that acupuncture offered in group settings would be a feasible and acceptable alternative for the majority of Veterans.

Mantram meditation--A 2016 study looked at the "mantram" form of meditation, a simple technique in which Veterans silently repeat a word or phrase that holds personal meaning for them. The study, involving 273 Veterans at six sites, was led by VA and University of California, San Diego, researchers. It evaluated the effectiveness of mantram repetition on depression, anxiety, and somatization (the phenomenon whereby psychological distress is expressed through physical symptoms). The team also looked at two different ways facilitators are trained to teach mantram meditation. They found that with either approach, Veterans using the technique showed significant improvements in all outcomes, and Veterans were highly satisfied with the experience.

Preventive Care and Health Promotion

Peer Support

Following up on a promising pilot study, researchers at VA's Center for Health Equity Research and Promotion (CHERP) are conducting a trial of peer mentors to help Veterans control their diabetes. The study will compare the impact of peer mentoring versus "usual care" on blood sugar levels, blood pressure, cholesterol levels, quality of life, and depression. Other innovative peer-support research includes a recent initiative combining peer support with Web-based cognitive behavioral therapy programs to improve mental health outcomes among Veterans, and a study on the use of peers to improve treatment engagement, housing retention, and community functioning among homeless Veterans.

Obesity and Weight Management

More than 7 in 10 Veterans who receive VA care are either overweight or obese. VA research on obesity looks at the biological processes of weight gain and weight loss, compares the safety and effectiveness of obesity treatments, and identifies ways to help Veterans stay at their optimal weight.

In 2016, VA held a State of the Art Conference to discuss issues relating to weight management. Attendees worked together to address the challenges of developing an integrated, patient-centered program to deliver different options to Veterans, and to monitor the course of the therapy Veterans choose. Papers derived from the meeting appeared in a special supplement of the *Journal of General Internal Medicine* in 2017.

A current study focuses on Afghanistan and Iraq Veterans who are at high risk for becoming overweight and obese. The researchers aim to design effective lifestyle interventions for these new Veterans, who tend to be more comfortable than older

Veterans with technology-based interventions. The study population also includes a relatively high% age of women, and researchers will take their needs and preferences into account.

Several new studies are focused on weight management among Veterans, and three of these include women. One tests the use of a peer- and technology-assisted intervention to facilitate weight management counseling and increased adoption of programs such as MOVE! in Patient Aligned Care Teams; another tests financial and non-financial rewards in achieving behavioral change in weight loss and weight maintenance; and a third is examining the effectiveness of an adapted DVD-based self-directed lifestyle intervention previously used in diabetes prevention on weight loss and increased physical activity. Another study is targeting both obesity and binge eating by assessing the comparative effectiveness of MOVE! versus MOVE! plus cognitive behavioral therapy.

One group of VA investigators is examining the mechanisms involved in regulating appetite. They are using dietary proteins to regulate satiety. The research has shown that a molecule called Pituitary Adenylate Cyclase Activating Polypeptide (PACAP) plays an important role in regulating appetite and metabolism. Administration of PACAP in an animal model results in reduction of appetite and weight loss. PACAP is naturally occurring, but some individuals may be deficient in it. Using the principles of precision medicine, clinicians may eventually be able to identify these individuals and offer them personalized treatment.

Pain Management

VA's State-of-the-Art (SOTA) conference in FY 2017 on non-pharmacologic approaches to pain highlighted four different areas: cognitive and behavioral approaches; manual therapies including chiropracty; exercise-oriented approaches; and integrated approaches that combine multiple techniques. While the review found sufficient evidence to recommend a number of interventions in each area, it also identified a number of questions that required further research to answer:

- What is the effectiveness of integrated psychological/ behavioral therapies for pain and common comorbid conditions (e.g., Substance Abuse Disorder (SUD), PTSD, depression)?
- What is the comparative effectiveness of different delivery strategies for behavioral, exercise, and mind-body therapies (e.g., individual vs. group, in-person vs. telephone)?
- What is the optimal treatment frequency and duration for manual therapies?
- What is the incremental benefit of sequencing or combining different therapies?
- Does patient choice or treatment tailoring increase patient engagement and improve outcomes?

Investigators at VA's Center for Restoration of Nervous System Function, along with Yale colleagues, have published two papers on an inherited pain condition known as erythromelagia. The research team performed one study in collaboration with Pfizer Pharmaceuticals, and the other on their own using the drug carbamazepine. In both

studies, the pain associated with the genetic mutation was alleviated. Center investigators have now discovered other mutations that might lead to effective treatments for trigeminal neuralgia, neuromas, and small-fiber neuropathy.

Researchers at VA's Center of Innovation on Pain Research, Informatics, Multimorbidities and Education (PRIME) study the interactions between pain and behavioral health factors. Projects here explore a variety of technologies as potential tools for pain management. These include interactive voice response, the internet, smartphone applications, and video conferencing. The goal is to develop and enact individualized and patient-centered pain management approaches.

Osteoarthritis is one of the most common causes of pain and disability among Veterans. A recently completed study compared the effectiveness of group-based Physical Therapy (PT) for knee osteoarthritis with usual individual PT care. The study found meaningful improvement overall, confirming the effectiveness of PT. There were no substantial differences in outcomes between the two groups, indicating that the group PT approach could provide equivalent treatment more efficiently, to larger numbers of patients.

A new cooperative study looking at effective methods to reduce pain associated with gout, the most common form of inflammatory arthritis and one associated with substantial morbidity and mortality, was also initiated in 2017. This study will look at two effective therapies, allopurinol and febuxostat, in nearly 1,000 individuals.

Low back pain is common in Veterans. Researchers are merging more comprehensive patient-centric physical examinations with imaging to better personalize care. At the same time, researchers are working to promote appropriate use of imaging, amid rising concerns of overuse of these procedures. For example, a project at the Pittsburgh VA is looking at how a comprehensive clinical exam, including psychosocial measures, for Veterans with spinal stenosis may reduce the reliance on imaging and improve overall outcomes, especially after disc fusion surgery.

Another VA research group is testing a combination of physical activity and cognitive behavioral therapy to decrease pain and improve function in these Veterans.

In Minneapolis, researchers are studying a procedure in which neurotoxins such as botulinum are injected into the joint to reduce arthritis pain. VA researchers are also looking at how the autoimmune system drives other pain conditions—namely, fibromyalgia and chronic regional pain syndrome.

Safe and effective treatment of pain has become a critical issue in VA, driven by the high prevalence of musculoskeletal pain reported by Iraq and Afghanistan Veterans, the variable management of pain in older Veterans with chronic diseases, and concerns about excessive use of opioids and overdose deaths in Veterans with chronic pain.

VA has developed a National Pain Management Strategy to provide a system-wide standard of care to reduce suffering from preventable pain. VA researchers played an

integral role in shaping this strategy, which in turn helps set the course for VA research and innovation in pain care. For example, VA is collaborating with DoD to develop clinical practice guidelines for low back pain, opioid use, and postoperative pain. VA has also published a toolkit for providers in support of this effort.

As part of this strategy, VA researchers helped establish the VA Stepped Care Model of Pain Management. In a study published in 2015, the stepped-care approach resulted in reductions in pain severity and a 30% improvement in related disability when delivered in primary care settings. A multisite study is now evaluating the effects of pain screening and assessment approaches in such settings.

Researchers are also identifying and helping to address any disparities in Veterans' access to opioid therapy, looking at non-medication pain treatments such as cognitive behavioral and physical therapies, and studying cost-effective complementary and alternative approaches to treat or manage pain. These alternative approaches are also being studied and incorporated into new state-of-the-art pain-care quality metrics. Current initiatives focus on empowering Veterans to help manage their own pain, enabling Veterans to be a part of the clinical team. Veterans are learning how pain-management decisions are made and how to make informed decisions themselves.

VA researchers are also developing innovative methods to treat acute pain following orthopedic procedures. Investigators have shown that after rotator cuff surgery, ibuprofen delivered not orally but directly to the wound site using biodegradable materials decreases inflammation and pain, and also accelerates wound healing. Other researchers are testing transcranial direct current stimulation for pain following total knee replacement. The procedure is minimally invasive and can be delivered with very little discomfort. It can be used with ongoing drug therapy without the problems associated with drug interactions.

In addition, researchers are examining how pharmacological approaches that target inflammation not only promote nerve repair but also decrease the development of neuropathic pain following nerve injury.

An important new resource for VA pain studies is a longitudinal database of Veterans with musculoskeletal diagnoses that was recently established. Researchers have identified more than 4 million Veterans who received VHA care for such diagnoses between 2000 and 2012.

Focus on Opioids

The dramatic increase in opioid use among Veterans has attracted increased attention from policymakers and researchers. VA researchers have responded with 35 projects, active during FY17, that focus on some aspect of pain; approximately half of these also focus on some aspect of opioid prescribing or opioid use. Previously, researchers documented a higher risk of overdose death among individuals receiving high opioid dosages and multiple opioid prescriptions, and subsequently developed an Opioid Dashboard to track and help reduce the number of patients receiving high-dose prescriptions or multiple opioid prescriptions.

An initial finding of the VA Opioid Safety Initiative shows dramatic decreases in prescriptions for opioids, although the impacts on pain control and patient safety and satisfaction are still unclear. As directed in the Comprehensive Addictions and Recovery Act (CARA), VA Research is soliciting studies to examine a range of opioid-related topics, from the implementation of new informed-consent processes for patients being prescribed long-term opiate medications for pain to the testing and adoption of non-pharmacological alternatives for Veterans suffering from chronic pain.

VA's Comprehensive Opioid Management in Patient Aligned Care Teams (COMPACT) study is testing a telehealth-based self-management training system to promote improved care for Veterans receiving chronic opioid therapy. The study aims to test the effectiveness of the system in improving physical and emotional functioning, promoting the safe use of opioids, and improving quality of life.

Other Substance Use Disorders

Substance use disorders, such as problem drinking or illicit drug use, are common in returning Veterans and are frequently complicated by co-occurring disorders such as PTSD, chronic pain, and other mental health problems. Researchers are looking at treatment-seeking patterns: why and when Veterans ask for help, and why many Veterans don't. Several treatment strategies are being studied, including cognitive behavioral strategies and web-based approaches.

VA research also continues to focus on basic neurological mechanisms underpinning addiction. On a related note, VA researchers are leading the emerging science of epigenetics in substance abuse. This field considers how environmental and genetic factors interact. As an integrated health care system with a large network of addiction clinics, VA plays an important role in developing more effective and safer strategies to help Veterans with addictive disorders.

Other Areas

Additional areas of inquiry include:

- *Cardiovascular Disease (CVD).* CVD includes heart disease, stroke, and other vascular disease. It is the leading cause of death for men and women, Veterans and non-Veterans alike. VA research in this area is focused on optimizing CVD prevention and treatment. Research studies are being initiated to explore the mechanisms underlying the recent observation that Veterans with some deployment-related illnesses, such as PTSD, are at higher risk for cardiovascular disease. They are looking at the genetic and lifestyle causes of the disease and conducting studies ranging from lab experiments to large clinical trials involving thousands of patients.
- *Amyotrophic Lateral Sclerosis (ALS).* ALS is almost twice as prevalent among Veterans who were deployed to the Persian Gulf region in 1990 and 1991, compared with non-deployed Gulf War-era troops. VA is investigating potential causes and treatments for this devastating disease. Additionally, VA's Biorepository Brain Bank collects, processes, stores, and distributes specimens for future research studies.

III. Improving the Lives of "Golden Veterans"

VA researchers are pursuing innovative approaches to new treatments, care models, and preventive strategies to improve aging Veterans' quality of life, and to support their caregivers. VA research addresses diseases of aging, including improving the understanding of aging-related health problems, arteriosclerotic disease (stroke and heart disease), and neurodegenerative diseases such as Alzheimer's and Parkinson's diseases, as well as end-of-life care.

Aging

In the 1970s, VA began planning to meet the challenges the aging World War II population would present. The department developed Geriatric Research Education and Clinical Centers (GRECCs) to increase basic knowledge of aging and the diseases commonly associated with it. While GRECCs themselves are not funded through research dollars, GRECC investigators do often receive ORD funding, as well as support from NIH and other sources, and are among the nation's leaders in aging research. Today, there are 20 GRECCs at VA facilities throughout the nation, publishing hundreds of peer-reviewed articles on aging each year and providing thousands of hours in geriatric education.

VA is gathering a Veteran cohort from the NIH-funded longitudinal Health and Retirement Study (HRS), in collaboration with the National Institute on Aging. VA health data are being merged with information that has been provided to the HRS over the years to answer key questions about the health and well-being of Veterans, including those who do not use VA care. The data will include information about income, work, assets, pension plans, health insurance, disability, physical health and functioning, cognitive functioning, and health care expenditures.

VA Research is collaborating with NIH on the Collaborative Aging (in Place) Research Using Technology project (CART). This demonstration project will test the use of technology to help aging Veterans remain in their homes. In addition, the project develops and validates a research enterprise that integrates diverse data, incorporates existing systems and can accommodate future technologies. The CART research infrastructure and system is designed to assess, predict and intervene to improve treatment and management of chronic diseases in the elderly, both to increase the quality of life, and also to reduce hospitalizations.

Neurodegenerative Disease

Alzheimer's Disease

Alzheimer's disease is a common cause of and contributor to dementia, and its complications over time generally result in death. There are currently no effective treatments to cure or slow down the progression of Alzheimer's disease and related dementia disorders. VA projects that the number of VA patients with dementia will exceed 274,000 in 2018, an increase of more than 96,000 such diagnoses from 2008.

In Alzheimer's disease, a protein called beta amyloid aggregates and forms hard plaques within neuronal networks in the brain. Until recently, amyloid plaques could be detected

only after a patient died and an autopsy was performed. VA researchers associated with the Alzheimer's Disease Neurological Initiative (ADNI) have been developing new methods to assess beta amyloid levels in the body, and several such tests are already being implemented in clinical trials. The goal is to establish methods of early detection, which will become more important as new treatments become available. ADNI is led by a VA researcher and funded mainly by the National Institute on Aging.

Finding amyloid in the brains of otherwise healthy people indicates they are at risk of developing Alzheimer's in the future. At present, amyloid levels can be determined only through spinal taps or special imaging machines. ADNI has developed a simple blood test that can be used to predict the buildup of amyloid in the brain with modest accuracy, which was described in a 2015 study published by ADNI researchers. Recent technical advances involving the discovery of biomarkers have also provided other promising approaches.

Although there is no treatment that can halt or reverse the progression of Alzheimer's disease, a noninvasive, inexpensive, reliable test for diagnosing the disease could spare people with dementia and their families the anxiety associated with uncertainty, direct them to support services earlier, and improve their likelihood of benefiting from current and future advances in treatment.

Caregiver Support

VA provides a variety of programs to help support Veterans and their caregivers at home, and the Secretary has identified a goal of expanding these services to allow Veterans to be cared for at home as long as possible. A recent evaluation of the post-9-11 caregiver program was supported by a QUERI partnered evaluation center at the Durham VA, which was able to examine the effect of added supports to caregivers on outcomes for both the caregiver and the Veteran in their care. Evaluation findings from this Center is informing new legislation on expanding the caregiver support program. QUERI is currently partnering with the Veterans Experience Office to develop a Center of Excellence and Fellowship mechanism in partnership with the Elizabeth Dole Foundation to support rigorous implementation of the VA Caregiver Moonshot (Choose Home) initiative to promote quality home care options for Veterans.

Because of the cognitive decline that occurs in Alzheimer's disease, patients eventually need ongoing care. Research is essential to provide caregivers of dementia patients with the resources, tools, and emotional support they need so they can better manage their caregiving experience, and to continue to provide care for Veterans.

VA offers a program called Resources for Enhancing Alzheimer's Caregiver Health in VA, or REACH-VA. The program provides caregivers for Veterans with Alzheimer's with 12 individual in-home and telephone counseling sessions, and five telephone support group sessions. Caregivers also receive a quick guide covering 48 behavioral and stress topics, plus education on safety and patient-behavior management, and training for their individual health and well-being. VA researchers have documented the effectiveness of

the program, which has been expanded to address other conditions such as spinal cord injury and TBI.

Other researchers have created an online education and support program for caregivers of Veterans with Alzheimer's disease. It includes a website, streaming videos, online education, and discussion forum. Previous studies have suggested that such education and support may not only benefit caregivers but also lessen negative behaviors of those with Alzheimer's.

Parkinson's Disease

Parkinson's disease is the second most common neurodegenerative disease of aging and currently affects some 60,000 VA patients. This number is expected to grow as Veterans who served in the Vietnam era enter peak ages for onset of the disease.

Currently, there are treatments for the symptoms of Parkinson's disease, but none that delay disease progression. Efforts to produce disease-modifying treatments would be greatly enhanced by accurate biomarkers for Parkinson's-related brain changes. VA Researchers are developing new ways of tracking these brain changes in human subjects by using MRI to measure variations in cerebral white matter. White matter consists of wire-like axons, insulated by a fatty substance called myelin, which connect brain regions to form networks. Researchers discovered that a sensitive new MRI measure for myelin differs between Parkinson's patients and controls. The potential causes of these differences are being investigated and will set the stage for identifying new biomarkers to be used in clinical trials.

Other Diseases Prevalent in the Elderly

Stroke

Stroke is a common and costly problem in the Veteran population. Some 6,500 Veterans are hospitalized every year in VA with an acute ischemic stroke. Many of those Veterans are left with chronic neurological impairments.

VA researchers have developed new insights into how the body can rehabilitate or repair itself after a stroke. They have used this knowledge to develop and test innovative rehabilitative treatments for chronic stroke survivors.

Stroke impairs both the upper and lower limbs, and VA has developed and tested innovative treatments for both. For the upper limb, VA has shown not just a greater benefit of intensive robotic therapy over conventional therapy, but additionally reduced overall costs. VA continues to fund the development of improved upper-limb rehabilitation robotic systems to further elevate the standard of care.

One ongoing project is the development and clinical trial of an improved (lighter weight and greater range of motion) upper-limb rehabilitation robot that incorporates both hand and arm components in the same device. This enables the simultaneous functional rehabilitation of both reaching and grasping.

For the lower limb, robotic therapy has not been shown to be as promising, However, prior rehabilitation robots for stroke have all focused on leg movements in the direction of walking, and none have addressed impairments in *lateral* foot placement, which could lead to falls. An ongoing project is developing and testing a new device that will train lateral stability during gait with force-field-like perturbations to the legs. The device will foster appropriate step placement to reduce falls and improve gait in the large population of Veterans who are stroke survivors.

Stroke survivors are at a higher risk of falls due to deficits in both sensory and motor systems. Falls and fear of falling reduces mobility and quality of life for Veterans. VA researchers are undertaking an novel approach to use backward walking, with an instrumented body-weight-supported system, as a tool to reduce the incidence of falls and to also identify those that may be at most risk of falling.

Also, stroke survivors can lose the ability to effectively use their hands. To address this deficit, VA researchers are capitalizing on hand movements from the unaffected side to stimulate muscles to drive hand motion on the affected side via FES. To make this approach more exciting, the investigators are using video games to guide and motivate the Veterans to execute these movements; thereby improving the function of the affected hand.

VA also maintains a website, called RESCUE (Resources and Education for Stroke Caregivers Understanding and Empowerment), to provide stroke caregivers with information and resources to help them take better care of their loved ones and themselves.

Heart Failure

Among Veterans, heart failure is the most frequent cause for hospital admission and one of the most frequent causes of unplanned hospital readmission. More than 90% of Veterans with congestive heart failure are discharged on guideline-recommended medications, yet many do not receive optimal doses. The optimal dose of these medications has been shown to improve cardiovascular outcomes.

A new project leveraging natural language processing will provide key clinical data to Patient Aligned Care Team members during outpatient visits to support timely, guideline-based use of beta-blockers at the point of care. The goal is to reduce patient readmissions and boost outcomes. In addition, a recently launched Cooperative Studies Program trial will investigate whether implantable cardioverter defibrillators can prevent heart failure deaths in Veterans aged 70 and older.

Coronary Artery Disease (CAD) is a disease in which plaque builds up inside the heart muscle. Nonobstructive CAD occurs when those deposits do not obstruct the blood flow to the heart. Historically, doctors have considered these partial obstructions insignificant, but VA researchers have found that nonobstructive CAD should not be ignored, especially among those with symptoms of heart disease. Patients should not consider a diagnosis of

nonobstructive CAD to be good news, and if angiograms show blockages of 30% or more in one artery, the patient should receive preventive therapy.

VA is pursuing cutting edge pre-clinical studies for the prevention and treatment of cardiovascular diseases. VA Research is developing gene therapy treatments for multiple forms of heart failure; one of these treatments was successfully tested in patients in a recent early stage clinical trial. VA investigators are uncovering the important roles inflammation and the immune system play in the development of vascular diseases. We are supporting research using stem cells and tissue engineering to develop a novel therapy to improve cardiac function after a heart-attack. Ongoing studies are probing the mechanisms underlying recently identified links between cardiovascular diseases and deployment-related conditions such as PTSD.

Comparing VA and non-VA heart care—A study published in 2016 in the *Journal of the American Medical Association* (JAMA) found that older men treated within the VA health care system for acute myocardial infarctions (heart attacks) are less likely to die within 30 days after the event than Medicare beneficiaries treated at non-VA hospitals, although they are more likely to require readmission during the same time period. The team found, however, that mortality rates and readmission rates were higher at VA hospitals for pneumonia. The team hypothesized that the lower rates of mortality for cardiovascular conditions seen in VA hospitals could be a reflection of higher-quality care, indicated by better adherence to process measures, and could also be related to quality-improvement efforts that have been implemented across the system. In an editorial, a researcher with the Harvard T.H. Chan School of Public Health wrote, "These findings are important because they suggest that despite all of the challenges VA hospitals have faced, they are still able to deliver high-quality care for some of the sickest, most complicated patients."

IV. Ensuring Access and High-Quality Care

Ensuring access to timely and high-quality care is one of VA's highest priorities. VA Research works to identify and evaluate innovative strategies that can improve access and quality, especially for those Veterans who may face barriers to care, including rural Veterans and racial or ethnic minorities.

Access to Care/Rural Health

Many Veterans who rely on VA for health care live in remote areas. VA researchers have been instrumental in understanding these Veterans' health care needs and developing and evaluating new initiatives to fill gaps in care. These efforts include understanding Veteran preferences and perceptions of access and barriers to care, developing new models for access to specialty care, and advancing telehealth innovations.

In four recently funded studies on mental health care for rural Veterans, researchers are developing a patient-centered survey to measure Veterans' perceived access to mental health services; testing interventions to increase engagement in mental health care at VA Community-Based Outpatient Clinics (CBOCs); testing clinical and technological interventions to improve the quality and outcomes of mental health care at CBOCs; and testing web-based interventions and evidence-based training to enhance access to PTSD care for women Veterans and Veterans using CBOCs. New clinical and technology innovations are also being tested to improve specialty care through VA's Specialty Care Access Network-Extension for Community Health Care Outcomes (SCAN-ECHO). The program helps manage chronic and complex diseases in medically underserved areas.

Other ongoing work is being done in the Virtual Specialty QUERI, which is evaluating the use of clinical video-telehealth with home-based Cardiac Rehabilitation (CR) for Veterans who live far from CR services. There is also a partnered evaluation center known as the National Rural Evaluation Center (NREC), which is in the process of conducting a nationwide needs assessment for rural Veterans and examining the relationship between social determinants of health and domains of access to health care.

Other research focuses on various vulnerable populations, including Native Americans (specifically the VA Home Based Primary Care program - HBPC), transgender Veterans, and women Veterans. For example, examination of the VHA-Indian Health Service collaboration on HBPC revealed these programs were successful in building and restoring trust in VA and improving access to quality care. Expansion of HBPC to rural American Indian reservations demonstrates opportunities to coordinate clinical care between federal health care organizations; this expansion also serves as a model for delivery of patient-centered care in rural areas. VA's Office of Rural Health has recently funded the expansion of an additional 50 HBPC programs for rural areas to aid broader dissemination of strategies for clinical care coordination.

Researchers have also identified barriers to engagement in mental health care from the perspectives of rural Veterans and providers. These focus on cultural attitudes that are barriers to sustained engagement. Attitudes such as self-reliance, commonly associated with rural culture, may play an important role in underutilization of needed mental health services. System support for peer and provider behaviors that generate trust and demonstrate caring may help overcome attitudinal barriers to treatment- seeking and sustained engagement in mental health care among rural Veterans.

The Cooperative Studies Program is also developing methods to enable shipment of clinical trial study medications to individuals through a Consolidated Mail Order Pharmacy mechanism in collaboration with VA's Pharmacy Benefits Management service.

Veteran Engagement in Research

VA Research established a Veteran Engagement Workgroup in 2015, empowering a diverse, representative group of VA investigators and Veterans to identify best practices for engaging Veterans' help in setting VA's research agenda and contributing to the

design and the conduct of individual studies. Since 2015, the workgroup membership has expanded, resulting in eight subgroups covering the areas of conceptual model; health experience research; engagement at the project level; engagement at the research center level; Institutional Review Board (IRB) and other regulatory issues; measurement and evaluation; training; and special populations.

A multi-site team of VA Researchers is currently funded to synthesize information about successful practices across VA to engage Veterans as consultants to our research, develop a toolkit to support VA centers interested in developing Veteran Engagement opportunities and activities, and pilot consultation strategies. We plan to share and disseminate the toolkit through a cyberseminar session.

In 2017, VA Researchers collaborated with non-VA and international faculty to deliver a workshop to VA investigators on health experience research, an emergent research method to collect and analyze patient narratives, as a part of engagement of Veterans to be applied to HSR&D research.

Connected Health

The prevalence of high-speed internet access and mobile technologies gives Veterans multiple options for connecting with their VA health care team and managing their own health conditions. VA researchers have led the way in exploring how care can be enhanced by use of telehealth, webportal, videoconferencing, email, smartphone, text messaging, and wearable technologies.

In 2017, VA funded three new studies in this area, in addition to dozens of connected care technology studies currently under way. One of the new projects is an exploratory study that identifies the use and effects of virtual medical modalities (i.e., My HealtheVet, Vet Link kiosks, telehealth, mobile applications) to increase consumer use and optimize function. A second study characterizes health care professionals' needs for mobile apps and the use of mobile apps in clinical work environments. The third explores the patient portal features associated with improved outcomes and clarify how patients can best leverage them to manage their diabetes. ORD and VA's Office of Connected Care are helping fund the eHealth Partnered Evaluation Initiative to support further implementation of eHealth technologies and to measure their impacts on dimensions of access and other outcomes.

Physical Infrastructure

The physical condition of VA's research facilities is an important factor in recruiting and retaining world-class researchers. Since more than 60% of VA Researchers are also clinicians taking care of patients, recruiting and retaining high-caliber researchers is essential to patient care.

In 2006, Congress directed VA to undertake a comprehensive review of its research facilities, and to report deficiencies and provide recommendations for correcting them. In response, VA conducted a detailed review of the physical structures housing research

laboratories, vivaria, and support spaces, as well as plumbing, mechanical, electrical, and fire-protection systems supporting research spaces. The 2012 report, based on an assessment of 74 sites, indicated a widespread need for repairs and improvements, estimated to cost $774 million. The identified deficiencies, including cost estimates, were incorporated into the VA Capital Asset Inventory in 2013, and will inform facility-condition assessments that VA conducts system-wide every three years.

Since the release of the 2012 report, VA has corrected many of the deficiencies and increased funding. New research space is being constructed at several sites. Phase 2 of the modernization project, completed in 2016, reassesses research space at 25 stations to determine the effect of recent improvements or the extent of continued degradation. In addition, up to 20 additional stations will receive administrative follow-up visits. The infrastructure program will thus continue to support state-of-the art research laboratories, which helps VA recruit and retain top-tier scientists.

QUERI

VA's Quality Enhancement Research Initiative (QUERI) helps to accelerate the implementation of Evidence-Based Practices (EBPs) into clinical care and improve the quality and safety of care delivered to Veterans.

QUERI's national network of more than 40 programs and over 200 clinicians and experts in health services research collaborate with VA leaders, administrators, and frontline providers to implement EBPs, improve measurement and reporting for process improvement, provide training and educational resources for local and national evaluation and implementation efforts, and tailor quality-improvement strategies to local needs to promote the sustainability of EBPs.

During the past year, more than 50 EBPs were implemented nationally across various VA healthcare settings, including deployment of evidence-based telemedicine outreach for PTSD, expansion of access to integrated pain management care and technology-based non-pharmacologic pain treatments, and increased function and independence through a supervised inpatient walking program.

Among other QUERI efforts, QUERIresource centers are collaborating with VA program offices, including the Office of Mental Health and Suicide Prevention, to inform sustainability and enhance program design and rollout for continuous innovation and improvement of national programs and policies. The Evidence-based Synthesis Program (ESP) provides comprehensive, timely syntheses that inform clinical best practices and policies, identifying best practices in high priority areas, including PTSD and pain treatments. The Partnered Evidence-based Policy Resource Center (PEPReC) is partnering with VA leaders on an evaluation of an implementation program for the REACH Vet suicide prevention initiative as well as an incentives program to improve opioid disorder-related outcomes in the community. And QUERI's recently launched Center for Evaluation and Implementation Resources (CEIR) provides rapid consultation and support to VA operational leaders to enable scale up and spread of effective policies and clinical practices.

Health Informatics and Big Data
The health information technology landscape is changing rapidly as a result of increased computing power, health information exchange initiatives, new mobile and wearable technologies, and new expectations on the part of patients, providers, and other stakeholders. To capitalize on this evolving digital environment, VA Research invests significant resources in health care informatics and "big data" research.

A critical foundation of this research is the Veterans Informatics and Computing Infrastructure (VINCI). Funded by VA Research and the Office of Information and Technology, VINCI provides a high-performance computing environment and access to comprehensive VHA data. This infrastructure supports researchers' access to national data on the entire VA patient population, provides computing capability to researchers, and facilitates the creation of sophisticated analytic tools to address a broad array of issues. Research has developed natural language processing techniques to extract data from unstructured "free text" in clinical notes, and developed data-modeling tools that convert VA medical data into standardized formats for research data-sharing. These tools allow VHA data to be used efficiently and effectively for research or clinical care.

In 2017, VA and the Department of Energy (DoE) created a partnership that allows VA researchers to utilize DoE's high-performance super computers to analyze vast sets of health data in search of new solutions to health problems like suicide prevention and cancer. The partnership will allow VA researchers to analyze data in a secure fashion from multiple agencies and programs, including the Million Veteran Program, the Department of Defense, the Centers for Medicare and Medicaid Services, and the Centers for Disease Control and Prevention. Using computer simulation and modeling, researchers will be able to uncover scientific trends and new insights that were not apparent using traditional methods. This new initiative will supplement the computing and analytic capabilities that VINCI has been offering for the last 10 years and will open new opportunities for advancing data science research in VA.

In 2017,VA funded a wide range of health-informatics studies, including a predictive analytic study on substance use disorder to develop a general method for improving diagnosis-based measures when valid prevalence data are not readily available; and a study identifying reasons for suboptimal statin use that uses both structured data and provider text notes through natural language processing. In addition, VA has funded projects that use virtual and mobile technologies that help VHA clinicians to improve quality of care for Veterans and improve efficiency of the care workflow. These informatics projects will leverage the electronic health record, administrative records, and patient-generated data to improve diagnosis and treatment and facilitate more

Public Access to Research Data
A White House directive in February 2013 required VA to make the published results of research freely available to the public. In response, VA implemented a policy to ensure that peer-reviewed full-text articles resulting from ORD-funded research are available through PubMed Central, a National Library of Medicine (NLM) database. As of the end

of November 2017, more than 10,900 publications have been uploaded by VA researchers. Additionally, ORD is now exploring the technical requirements, procedures, and policies involved in enabling broader access to study data, in a way that prioritizes confidentiality and privacy. Dissemination is also advanced by making all ORD-funded clinical trials and their results available online through NLM's ClinicalTrials.gov website. By requiring all clinical trials to be registered and their results subsequently posted online, VA helped pioneer best practices that only recently have been adopted as policy by other federal agencies.

Designated Research Areas

Designated Research Areas (DRA) represent areas of particular importance to our Veteran patient population. The amounts shown for these research areas are not mutually exclusive. Research projects that span multiple areas may be counted in several categories. Thus, amounts depicted within this table total to more than the VA research appropriation. This method of reporting is consistent with other federal agencies.

VA Research remains committed to investing in those critical areas most impactful to our Veterans. In FY19 there will be increased effort and focus in the areas of Pain Management/Opioid Addiction, Mental Health/Suicide, the Million Veteran Program with its emphasis on Genomic medicine and the Interagency Agreement with DOE, and Gulf War Veterans Illness. The projected investment in various research areas are identified below. Note that research areas identified below are not mutually exclusive, resulting in projects being represented in more than one category.

Appropriations by Designated Research Areas

(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Request	2018-2019 Inc/Dec
Acute & Traumatic Injury	$23,137	$22,952	$22,952	$26,452	$3,500
Aging	$148,951	$158,499	$158,499	$159,499	$1,000
Autoimmune, Allergic & Hematopoietic Disorders	$31,196	$29,408	$29,408	$29,408	$0
Cancer	$55,896	$61,553	$61,553	$64,053	$2,500
CNS Injury & Associated Disorders	$100,605	$107,326	$107,326	$110,326	$3,000
Degenerative Diseases of Bones & Joints	$39,355	$40,230	$40,230	$40,730	$500
Dementia & Neuronal Degeneration	$31,357	$30,019	$30,019	$32,309	$2,290
Diabetes & Major Complications	$37,010	$35,681	$35,681	$36,181	$500
Digestive Diseases	$22,176	$18,832	$18,832	$18,832	$0
Emerging Pathogens/Bio-Terrorism	$1,765	$735	$735	$735	$0
Gulf War Veterans Illness	$13,195	$14,342	$14,342	$15,000	$658
Health Systems	$70,222	$78,966	$78,966	$79,560	$594
Heart Disease/Cardiovascular Health	$72,098	$74,907	$74,907	$77,407	$2,500
Infectious Diseases	$27,577	$31,542	$31,542	$31,542	$0
Kidney Disorders	$18,429	$20,310	$20,310	$20,310	$0
Lung Disorders	$25,233	$29,370	$29,370	$29,370	$0
Mental Illness	$113,015	$105,320	$119,988	$125,898	$5,910
Military Occupations & Environ. Exposures	$20,801	$15,820	$20,508	$20,508	$0
Other Chronic Diseases	$2,568	$2,870	$2,870	$2,870	$0
Prosthetics	$16,293	$11,426	$20,102	$22,102	$2,000
Sensory Loss	$18,755	$17,159	$17,159	$17,159	$0
Special Populations	$29,629	$26,065	$26,065	$26,065	$0
Substance Abuse	$28,482	$33,063	$37,445	$42,855	$5,410

Note: The amounts in this table represent estimated investments in each of the Designated Research Areas and do not directly tie to the Appropriation level.

Projects by Designated Research Areas

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Request	2018 CE-2019 Inc/Dec
Acute & Traumatic Injury	125	124	124	124	0
Aging	780	830	830	810	(20)
Autoimmune, Allergic & Hematopoietic Disorders	157	148	148	148	0
Cancer	247	272	272	272	0
Central Nervous System Injury & Associated Disorders	464	495	495	495	0
Degenerative Diseases of Bones & Joints	180	184	184	184	0
Dementia & Neuronal Degeneration	164	157	157	157	0
Diabetes & Major Complications	195	188	188	188	0
Digestive Diseases	126	107	107	107	0
Emerging Pathogens/Bio-Terrorism	12	5	5	5	0
Gulf War Research Illness	46	50	50	50	0
Health Systems	257	289	289	289	0
Heart Disease	308	320	320	320	0
Infectious Diseases	153	175	175	175	0
Kidney Disorders	98	108	108	108	0
Lung Disorders	122	142	142	142	0
Mental Illness	470	438	499	509	10
Military Occupations & Environ. Exposures	71	54	70	70	0
Other Chronic Diseases	17	19	19	19	0
Prosthetics	77	54	95	95	0
Sensory Loss	94	86	86	86	0
Special Populations	133	117	117	117	0
Substance Abuse	143	166	188	198	10

Employment Summary, FTE by Grade				
GS Grade or Title 38	2017 Estimate	2018 Estimate	2019 Estimate	2018-2019 Inc/Dec
SES	0	0	0	0
Title 38	97	100	99	(1)
15 or higher	130	140	132	(8)
14	160	169	167	(2)
13	594	606	600	(6)
12	334	359	354	(5)
11	476	511	508	(3)
10	19	21	21	0
9	472	502	495	(7)
8	62	65	65	0
7	328	353	350	(3)
6	131	138	138	0
5	159	172	172	0
4	38	40	40	0
3	15	15	15	0
2	11	11	11	0
1	4	5	5	0
Wage Board	41	42	42	0
Total Number of FTE	3,071	3,249	3,214	(35)

Analysis of FTE Distribution Headquarters/Field		
GS Grade or Title 38	2017 HQ-Actual	2017 Field-Actual
SES	0	0
Title 38	1	96
15 or higher	11	119
14	38	122
13	30	564
12	7	327
11	9	467
10	0	19
9	9	463
8	0	62
7	0	328
6	0	131
5	0	159
4	0	38
3	0	15
2	0	11
1	0	4
Wage Board	0	41
Total Number of FTE	105	2,966

Obligations by Object Classification

(dollars in thousands)

Description	2017 Act	2018 Budget Estimate	2018 Current Estimate	2019 Request	2018 CE-2019 Inc/Dec
10 Personal Services	$335,648	$354,038	$355,138	$363,182	$8,044
21 Travel & Transportation of Persons:					
Employee Travel	$4,851	$4,200	$5,250	$5,250	$0
All Other	$99	$100	$100	$100	$0
Subtotal	$4,950	$4,300	$5,350	$5,350	$0
22 Transportation of Things	$96	$150	$150	$150	$0
23 Communication, Utilities & Misc	$1,046	$1,600	$1,649	$1,665	$16
24 Printing & Reproduction	$264	$750	$725	$750	$25
25 Other Services:					
Medical Care Contracts & Agree. w/Insts. & Orgs	$97,372	$100,200	$110,500	$110,500	$0
Fee Basis - Medical & Nursing Services, On-Station.	$105	$200	$200	$200	$0
Consultants & Attendance	$67	$125	$125	$125	$0
Scarce Medical Specialist	$45	$100	$100	$100	$0
Repair of Furniture & Equipment	$2,388	$2,000	$2,400	$2,000	($400)
Maintenance & Repair Services	$379	$600	$1,200	$852	($348)
Administrative Contractual Services	$206,707	$146,187	$191,462	$200,495	$9,033
Training Contractual Services	$941	$750	$1,000	$1,000	$0
Subtotal	$308,004	$250,162	$306,987	$315,272	$8,285
26 Supplies & Materials	$36,047	$36,000	$36,215	$40,000	$3,785
31 Equipment	$30,714	$33,000	$31,707	$35,000	$3,293
32 Lands & Structures		$0	$0	$0	$0
Total Obligations	$716,769	$680,000	$737,921	$761,369	$23,448

Medical and Prosthetic Research Summary
(dollars in thousands)

Appropriation	2017 Estimate	2018 Budget Estimate	2018 Current Estimate	2019 Request	2018 CE-2019 Inc/Dec
Medical research and support	$673,366	$640,000	$640,000	$727,369	$87,369
Budget Authority	$673,366	$640,000	$640,000	$727,369	$87,369
Reimbursements	$43,828	$40,000	$55,000	$55,000	$0
Budget Authority (Gross)	$717,194	$680,000	$695,000	$782,369	$87,369
Adjustments to obligations:					
Unobligated balance (SOY):					
No-year	$3,649	$2,500	$4,983	$3,500	($1,483)
2-year	$57,843	$50,000	$91,438	$50,000	($41,438)
Supplemental	$0	$0	$0	$0	$0
Prior Year Recoveries	$34,504				
Emergency Designation	$0	$0	$0	$0	$0
Subtotal unobligated balance (SOY)	$95,996	$52,500	$96,421	$53,500	($42,921)
Unobligated balance (EOY):					
No-year	($4,983)	($2,500)	($3,500)	($3,500)	$0
2-year	($91,438)	($50,000)	($50,000)	($50,000)	$0
5-year				($21,000)	($21,000)
Supplemental	$0	$0	$0	$0	$0
Subtotal unobligated balance (EOY)	($96,421)	($52,500)	($53,500)	($74,500)	($21,000)
Change in Unobligated balance (non-add)	($425)	$0	$42,921	($21,000)	($63,921)
Balance Transferred Out					
Unobligated balance expiring (lapse)	$0	$0	$0	$0	$0
Obligations	$716,769	$680,000	$737,921	$761,369	$23,448
Obligations	$716,769	$680,000	$737,921	$761,369	$23,448
Obligated Balance (SOY)	$243,178	$280,499	$280,499	$326,499	$46,000
Obligated Balance (EOY)	($280,499)	($259,000)	($326,499)	($353,191)	($26,692)
Adjustments other	($41,046)	$0	$0	$0	$0
Chg. Uncol. Cust. Pay Fed. Sources (Unexp.)	($138)	$0	$0	$0	$0
Chg. Uncol. Cust. Pay Fed. Sources (Exp.)	$2,279	$0	$0	$0	$0
Outlays, Gross	$640,543	$701,499	$691,921	$734,677	$42,756
Offsetting Collections	($46,481)	($55,000)	($55,000)	($55,000)	$0
Outlays, Net	$594,062	$646,499	$636,921	$679,677	$42,756
Full-Time Equivalents (FTE):					
Direct FTE	2,977	3,040	3,134	3,099	(35)
Reimbursable FTE	94	115	115	115	0
Total FTE	3,071	3,155	3,249	3,214	(35)

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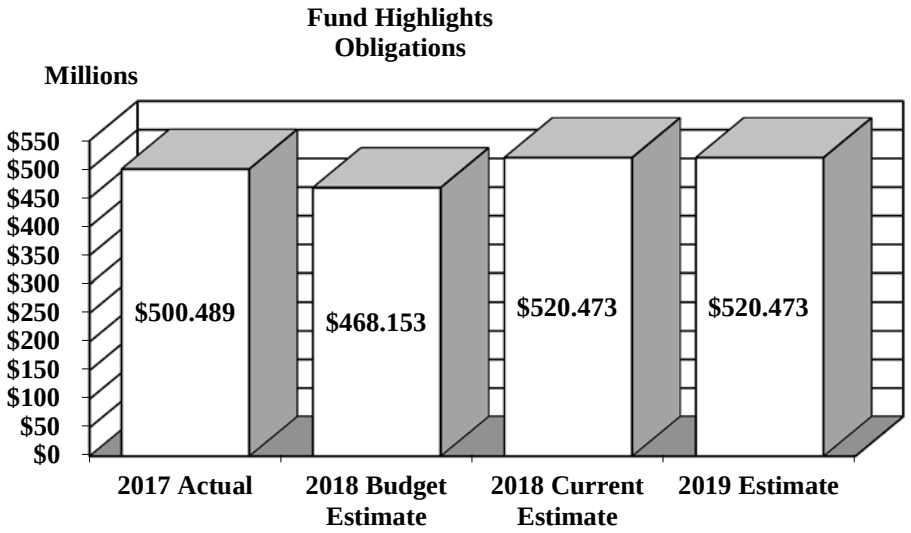
Veterans Canteen Service Revolving Fund



Program Description

The Veterans Canteen Service (VCS) was established by Congress in 1946 to furnish, at reasonable prices, meals, merchandise, and services necessary for the comfort and well-being of Veterans in hospitals and domiciliaries operated by the Department of Veterans Affairs (Title 38 U.S.C. 7801-10). It has since expanded to provide reasonably priced merchandise and services to America's Veterans enrolled in VA's Healthcare System, their families, caregivers, VA employees, volunteers, and visitors.

Congress originally appropriated a total of $4,965,000 for the operation of the VCS and no additional appropriations have been required. Funds in excess of the needs of the Service totaling $12,068,000 have been returned to the U.S. Treasury. However, provisions of the Veterans' Benefits Act of 1988 (Public Law 100-322) eliminated the requirement that excess funds be returned to the Treasury and authorized such funds to be invested in interest-bearing accounts, specifically Treasury Bills and Notes. Gains realized from these accounts are used to fund business operations. Currently, VCS has no interest-bearing investments.

Creating an environment where patrons can truly enjoy their shopping or dining experience has become a necessity for modern businesses. Providing VA customers the same high quality service found in private industry has been, and will continue to be, necessary for VCS. This philosophy will take VCS into the budgeted fiscal year 2019 and beyond.

Fund Highlights*
(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Estimate	+/- 2018-2019
Total revenue.....	$510,668	$477,707	$531,095	$531,095	$0
Obligations.....	$500,489	$468,153	$520,473	$520,473	$0
Outlays (net).....	$6,876	$4,000	$1,000	$6,000	$5,000
FTE.....	3,455	3,500	3,586	3,586	0

* The numbers in the chart above reflect an estimate of the activity during the Federal Government Fiscal Year (October – September), as the Veterans Canteen Service uses a retail industry fiscal year (February – January) used by similar private sector retailers to enhance their ability to compare their operations to their private sector peers.

The retail-calendar-fiscal-year reporting cycle has been adopted in order to better align VCS operations with the financial reporting structure of the retail industry. The calendar uses a (4-5-4) weekly cycle for the monthly reporting schedule. The 4-5-4 retail accounting calendar divides the year, beginning with the month of February, into quarters with the first and last month of each quarter consisting of four weeks each and the middle month of each quarter consisting of five weeks. Although the retail accounting calendar is used for management purposes, VCS will continue to report to VA on a federal fiscal year basis.

Summary of Budget Request

No appropriation by Congress will be required for VCS to operate during 2019. The VCS is a self-sustaining, revolving fund activity that obtains its revenues from non-federal sources; therefore, no Congressional action is required. Within VA, VCS functions independently and has primary control over its major activities, including sales, procurement, supply, finance, and personnel management.

Changes From 2018 Budget Request
(dollars in thousands)

Description	2018 Budget Estimate	2018 Current Estimate	Increase/ Decrease
Total revenue.....	$477,707	$531,095	$53,388
Obligations.....	$468,153	$520,473	$52,320
Outlays (net).....	$4,000	$1,000	($3,000)
FTE.....	3,500	3,586	86

Summary of Employment

For personnel management, VCS uses techniques generally applied in commercial retail chain store, food and vending operations. Primary consideration is given to salary expenses in relation to sales. Salary expense data are provided to management personnel for each department in each Canteen, as well as VCS in total. These data are compared to the corresponding period from the previous year and to personnel cost thresholds and standards prior to making decisions regarding employment increases or decreases. Personnel cost as a% of sales is the standard by which VCS measures personnel cost management.

The following chart reflects the full-time equivalent employment (FTE) for 2017 through 2019:

Summary of Employment

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Estimate	+/- 2018-2019
FTE.....	3,455	3,500	3,586	3,586	0

Revenues and Expenses
(dollars in thousands)

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Estimate	+/- 2018-2019
Sales Program:					
Revenue	$510,668	$477,707	$531,095	$531,095	$0
Less operating expenses	($511,626)	($476,807)	($530,195)	($530,195)	$0
Net operating income-sales	($958)	$900	$900	$900	$0
Net non-operating income	$0	$0	$0	$0	$0
Net income for the year	($958)	$900	$900	$900	$0

Financial Condition

The schedule below reflects the anticipated financial condition of the VCS through 2019. Changes from year to year are the result of anticipated changes in revenues, obligations, and outlays previously portrayed.

Financial Condition
(dollars in thousands)

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Estimate	+/- 2018-2019
Assets:					
Cash with Treasury, in banks, in transit	$67,982	$40,000	$60,000	$60,015	$15
Accounts receivable (net)	$46,871	$45,000	$45,000	$47,250	$2,250
Inventories	$26,466	$25,000	$23,346	$24,513	$1,167
Real property and equipment (net)	$25,535	$45,000	$25,000	$26,250	$1,250
Other assets	$840	$500	$500	$525	$25
Total assets	$167,694	$155,500	$153,846	$158,553	$4,707
Liabilities:					
Accounts payable including funded accrued liabilities	$78,401	$65,371	$63,346	$66,513	$3,167
Unfunded annual leave and coupons books	$12,484	$6,000	$12,791	$13,431	$640
Total liabilities	$90,885	$71,371	$76,137	$79,944	$3,807
Government equity:					
Unexpended balance:					
Unobligated balance	$37,125	$35,943	$33,346	$35,013	$1,667
Undelivered orders	$0	$3,554	$0	$0	$0
Invested capital	$39,684	$44,632	$44,363	$43,596	($767)
Total Government equity (end-of-year)	$76,809	$84,129	$77,709	$78,609	$900

Government Equity
(dollars in thousands)

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Estimate	+/- 2018-2019
Retained Income:					
Opening Balance.....	$77,767	$84,152	$76,809	$77,709	$900
Transactions:					
Net Operating Income.....	($958)	$900	$900	$900	$0
Net Operating Gain.....	$0	($923)	$0	$0	$0
Closing Balance.....	$76,809	$84,129	$77,709	$78,609	$900
Total Government Equity (end-of-year).....	$76,809	$84,129	$77,709	$78,609	$900

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Medical Center Research Organizations

Program Description

The Veterans' Benefits and Services Act of 1988 (Public Law 100-322) authorizes "Medical Center Research Organizations" to be created at Department of Veterans Affairs Medical Centers (VAMC). These nonprofit corporations (NPCs) provide flexible funding mechanisms for the conduct of VA-approved research and educational activities. They administer funds from non-VA Federal and private sources to operate various research and educational activities in VA. These corporations are private, state-chartered entities. They are self-sustaining and funds are not received into a government account. No appropriation is required to support these activities.

Prior to June 1, 2004, 93 VAMCs had received approval for the formation of nonprofit research corporations. Presently, 83 are active. Most of the corporations have indefinite, ongoing operations. However, recent changes in the law permit NPC mergers. This may result in a decrease in the number of NPCs overall.

All 83 NPCs have received their authority from the Internal Revenue Service Code of 1986, under Article 501(c)(3) or similar Code Sections. The fiscal years for these organizations vary, with most having year-ends at September 30th or December 31st. The table below reflects estimated revenues and expenses from 2017 to 2019.

Contribution Highlights
(dollars in thousands)

	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Estimate	+/- 2018-2019
Contributions.....	$268,000	$262,344	$244,000	$244,000	$0
Expenses.....	$268,000	$256,496	$244,000	$244,000	$0

The following table is a list of research corporations that have received approval for formation along with their estimated 2017 contributions from the non-VA Federal and private sources. In addition, NPCs with no contributions have been approved for operation. Some have received contributions in the past, others have not, to date, received any contributions:

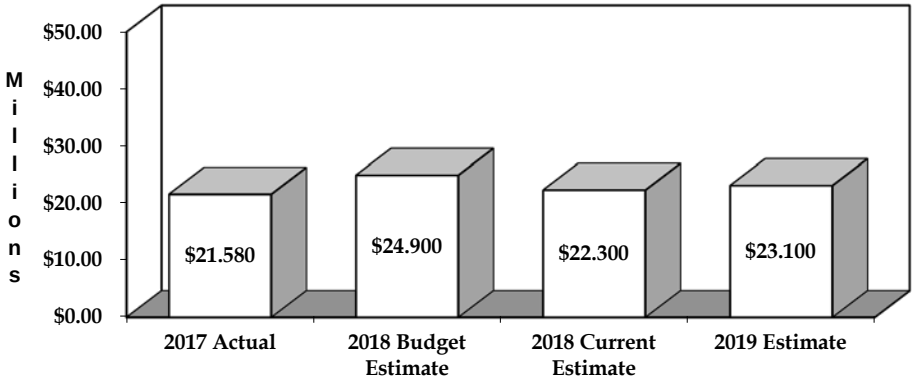
Nonprofit Corporations	City	State	Estimated Revenues (Contributions) 2017
1. Albany Research Institute, Inc.	Albany	NY	$952,000
2. Asheville Medical Research and Education Corporation	Asheville	NC	$79,000
3. Atlanta Research and Education Foundation, Inc.	Atlanta	GA	$10,654,000
4. Augusta Biomedical Research Corporation	Augusta	GA	$224,000
5. Baltimore Research and Education Foundation	Baltimore	MD	$2,420,000
6. Bedford VA Research Corporation, Inc.	Bedford	MA	$825,000
7. Biomedical Research and Education Foundation of Southern Arizona	Tucson	AZ	$744,000
8. Biomedical Research Foundation	Little Rock	AR	$1,243,000
9. Biomedical Research Institute of New Mexico	Albuquerque	NM	$8,744,000
10. Boston VA Research Institute, Inc.	Boston	MA	$14,450,000
11. Brentwood Biomedical Research Institute	Los Angeles	CA	$7,548,000
12. Bronx Veterans Medical Research Foundation	Bronx	NY	$3,044,000
13. Buffalo Institute for Medical Research, Inc.	Buffalo	NY	$903,000
14. Carl T. Hayden Medical Research Foundation	Phoenix	AZ	$2,406,000
15. Central New York Research Corporation	Syracuse	NY	$1,002,000
16. Central Texas Veterans Research Foundation	Temple	TX	$1,069,000
17. Charleston Research Institute, Inc.	Charleston	SC	$898,000
18. Chicago Association for Research and Education in Science	Hines	IL	$6,302,000
19. Cincinnati Education & Research for Veterans Foundation	Cincinnati	OH	$1,253,000
20. Clinical Research Foundation, Inc.	Louisville	KY	$538,000
21. Dallas VA Research Corporation	Dallas	TX	$3,360,000
22. Dayton VA Research and Education Foundation	Dayton	OH	$230,000
23. Denver Research Institute, Inc.	Denver	CO	$7,058,000
24. Dorn Research Institute	Columbia	SC	$439,000
25. East Bay Institute for Research and Education	Sacramento	CA	$657,000
26. Foundation for Advancing Veterans' Health Research	San Antonio	TX	$1,945,000
27. Great Plains Medical Research Foundation (est.)	Sioux Falls	SD	$38,000
28. Houston VA Research and Education Foundation	Houston	TX	$1,893,000

Nonprofit Corporations	City	State	Estimated Revenues (Contributions) 2017
29. Huntington Institute for Research and Education	Huntington	WV	$10,000
30. Indiana Institute for Medical Research, Inc.	Indianapolis	IN	$176,000
31. Institute for Clinical Research, Inc.	Washington	DC	$9,941,000
32. Institute for Medical Research, Inc.	Durham	NC	$2,411,000
33. Idaho Veterans Research and Education Foundation	Boise	ID	$856,000
34. Iowa City VA Medical Research Foundation	Iowa City	IA	$643,000
35. Lexington Biomedical Research Institute, Inc.	Lexington	KY	$665,000
36. Loma Linda Veterans Association for Research and Education, Inc.	Loma Linda	CA	$3,421,000
37. Louisiana Veterans Research and Education Corporation	New Orleans	LA	$40,000
38. McGuire Research Institute, Inc.	Richmond	VA	$2,875,000
39. Metropolitan Detroit Research and Education Foundation	Detroit	MI	$82,000
40. Middle Tennessee Research Institute, Inc.	Nashville	TN	$1,104,000
41. Midwest Biomedical Research Foundation	Kansas City	MO	$2,812,000
42. Minnesota Veterans Medical Research and Education Foundation	Minneapolis	MN	$2,303,000
43. Missiouri Foundation for Medical Research	Columbia	MO	$766,000
44. Mountain Home Research and Education Corporation	Mountain Home	TN	$48,000
45. Mountaineer Education and Research Corporation	Clarksburg	WV	$1,000
46. Narrows Institute for Biomedical Research, Inc.	Brooklyn	NY	$894,000
47. Nebraska Educational Biomedical Research Association	Omaha	NE	$1,087,000
48. North Florida Foundation for Research and Education, Inc.	Gainesville	FL	$816,000
49. Northern California Institute for Research and Education, Inc.	San Francisco	CA	$45,123,000
50. Ocean State Research Institute, Inc.	Providence	RI	$3,729,000
51. Overton Brooks Research Corporation	Shreveport	LA	$10,000
52. Pacific Health Research and Education Institute	Honolulu	HI	$2,071,000
53. Palo Alto Veterans Institute for Research	Palo Alto	CA	$28,220,000
54. Philadelphia Research and Education Foundation	Philadelphia	PA	$910,000
55. Portland VA Research Foundation, Inc.	Portland	OR	$7,803,000

Nonprofit Corporations	City	State	Estimated Revenues (Contributions) 2017
56. Research! Mississippi, Inc.	Jackson	MS	$221,000
57. Research, Incorporated	Memphis	TN	$3,031,000
58. Salem Research Institute, Inc.	Salem	VA	$854,000
59. Salisbury Foundation for Research and Education	Salisbury	NC	$433,000
60. Seattle Institute for Biomedical and Clinical Research	Seattle	WA	$12,599,000
61. Sepulveda Research Corporation	Sepulveda	CA	$2,416,000
62. Sierra Veterans Research and Education Foundation	Reno	NV	$427,000
63. Sociedad de Investigacion Cientificas, Inc.	San Juan	PR	$403,000
64. South Florida Veterans Affairs Foundation for Research and Education	Miami	FL	$2,494,000
65. Southern California Institute for Research and Education	Long Beach	CA	$4,763,000
66. Tampa VA Research and Education Foundation	Tampa	FL	$1,888,000
67. The Bay Pines Foundation, Inc.	Bay Pines	FL	$612,000
68. The Cleveland VA Medical Research and Education Foundation	Cleveland	OH	$2,407,000
69. The Research Corporation of Long Island, Inc.	Northport	NY	$533,000
70. Tuscaloosa Research and Education Advancement Corporation	Tuscaloosa	AL	$408,000
71. VA Black Hills Research and Education Foundation	Fort Meade	SD	$14,000
72. VA Connecticut Research and Education Foundation	West Haven	CT	$669,000
73. Veterans Bio-Medical Research Institute, Inc.	East Orange	NJ	$1,973,000
74. Veterans Education and Research Association of Michigan	Ann Arbor	MI	$2,857,000
75. Veterans Education and Research Ass'n. of Northern New England, Inc.	White River Junction	CT	$1,381,000
76. Veterans Medical Research Foundation of San Diego	San Diego	CA	$19,974,000
77. Veterans Research and Education Foundation	Oklahoma City	OK	$520,000
78. Veterans Research and Education Foundation of St. Louis	St Louis	MO	$550,000
79. Veterans Research Foundation of Pittsburgh	Pittsburgh	PA	$2,342,000
80. VISTAR, Inc.	Birmingham	AL	$164,000
81. Western Institute for Biomedical Research	Salt Lake City	UT	$3,700,000
82. Westside Institute for Science and Education	Chicago	IL	$261,000
83. Wisconsin Corporation for Biomedical Research	Milwaukee	WI	$371,000
Total			**$268,000,000**

General Post Fund

Budgetary Resources*



***Fund consists of gifts, bequests and proceeds from the sale of property.**

Program Description

This trust fund consists of gifts, bequests, and proceeds from the sale of property left in the care of Department of Veterans Affairs facilities by former beneficiaries who die leaving no heirs or without having otherwise disposed of their estate. Such funds are used to promote the comfort and welfare of Veterans at hospitals and other facilities for which no general appropriation is available. Also, donations from pharmaceutical companies, non-profit corporations, and individuals to support VA medical research can be deposited into this fund (title 38 U.S.C., Chapters 83, Acceptance of Gifts and Bequests, and 85, Disposition of Deceased Veterans' Personal Property). The resources from this trust fund are for the direct benefit of the patients.

Expenditures from this fund are for recreational and religious projects; specific equipment purchases; national recreational events; the vehicle transportation network; television projects; and other items as outlined in Veteran Health Administration Directive 4721, General Post Fund. In addition, Public Law 102-54 authorizes the receipts from the sale of a property acquired for transitional housing to be deposited in the General Post Fund and used for the acquisition, management and maintenance of other transitional housing properties.

Summary of Budget Request

Operations of this trust fund are financed from fund receipts. Congress has provided permanent, indefinite budget authority for this fund and no appropriation is required.

Fund Highlights

(dollars in thousands)

Description	2017 Actual	2018 Budget Estimate	2018 Current Estimate	2019 Estimate	+/- 2018-2019
Budget Authority (permanent, indefinite).....	$21,581	$24,900	$25,000	$25,000	$0
Obligations:					
Trust Fund and Donation.....	$21,558	$23,000	$22,600	$23,700	$1,100
Therapeutic Residences.....	$1,083	$900	$1,100	$1,100	$0
Total Obligations.....	$22,641	$23,900	$23,700	$24,800	$1,100
Outlays.....	$22,303	$23,700	$24,000	$21,000	($3,000)

Changes From Original 2018 Budget Estimate

(dollars in thousands)

Description	2018 Budget Estimate	2018 Current Estimate	+/- 2017-2018
Budget Authority (permanent, indefinite).....	$24,900	$25,000	$100
Obligations:			
Trust Fund and Donation.....	$23,000	$22,600	($400)
Therapeutic Residences.....	$900	$1,100	$200
Total Obligations.....	$23,900	$23,700	($200)
Outlays.....	$23,700	$24,000	$300

Program Activity

Trust Fund and Donations

Estimates of trust fund obligations revised for 2018 and 2019 are $23,400,000 and $24,200,000 respectively. The obligations are consistent with the purposes for which proceeds from this fund may legally be expended (Comptroller General's Decision B-125715, November 10, 1955) and the intent of the donors. Donors usually specify that their donations be used for designated recreational or religious purposes, research projects, or equipment (e.g., televisions, medical equipment and physical therapy equipment) purchases.

Cash receipts from donations and estates for both fiscal years 2018 and 2019 are estimated to reach $22,300,000 and $23,100,000 respectively. The invested reserve is expected to be $109,000,000 in fiscal year 2019.

Compensated Work Therapy - Therapeutic Residences (CWT-TR)

Per title 38, U.S.C. Section 1772(h), funds received through the operation of the Therapeutic Housing Program are to be deposited in the General Post Fund. The Secretary has the discretionary authority to expend up to an additional $500,000 from the fund above the amount credited to the fund in a fiscal year from proceeds of this program.

Financial Actions and Conditions
(dollars in thousands)

	2017 Actual
Balance beginning of year:	
Cash	$3,764
Investments	$107,823
Property, Plant, Equipment & Other Assets	$53,866
Total	$165,453
Increase during period:	
Cash	$49,451
Investments	$31,642
Property, Plant, Equipment & Other Assets	$1,038
Total	$82,131
Decrease during period:	
Cash	$51,375
Investments	$30,515
Property, Plant, Equipment & Other Assets	$4,619
Total	$86,509
Balance at end of year:	
Cash	$1,840
Investments	$108,950
Property, Plant, Equipment & Other Assets	$50,285
Total	$161,075

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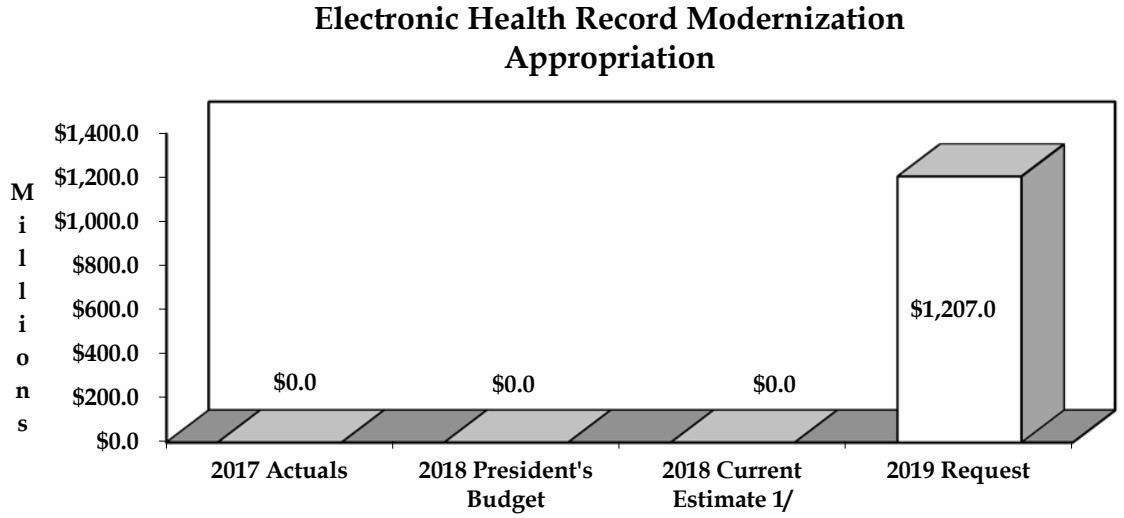
Electronic Health Record Modernization



1/VA has reserved $782 million in VHA and OIT, pending the establishment of the Veterans Electronic Health Record account in 2018.

Appropriation Language

Veterans Electronic Health Record

For activities related to implementation, preparation, development, interface, management, rollout, and maintenance of a Veterans Electronic Health Record system, including contractual costs associated with operations authorized by section 3109 of title 5, United States Code, $1,207,000,000, to remain available until expended: Provided, That amounts made available for the "Medical Services", "Medical Support and Compliance", "Medical Facilities", and "Information Technology Systems" accounts in this Act may be transferred to and merged with this account.

Justification

VA is requesting a separate account because of the magnitude of resources and contracting complexities, and to facilitate our department's accountability and transparency for the successful execution of the new Veterans Electronic Health Record.

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Appropriation Highlights

Appropriations Highlights (Dollars in Thousands)	2017 Actuals	2018 Budget	2018 Current Estimate1/	2019 Request	Increase/ Decrease
Appropriation:					
EHR Contract	-	-	-	$675,000	$675,000
Program Management	-	-	-	$120,000	$120,000
Infrastructure Support	-	-	-	$412,000	$412,000
Transfers In:	-	-	-	-	-
Available Balance SOY (+)	-	-	-	-	-
Available Balance EOY (-)	-	-	-	-	-
Total Budgetary Resources	**-**	**-**	**-**	**$1,207,000**	**$1,207,000**
Total Full Time Equivalents (FTE)2/	**-**	**-**	**-**	**-**	**-**
Direct	-	-	-	-	-
Reimbursement	-	-	-	-	-

1/ VA has reserved $782 million in VHA and OIT, pending the establishment of the Veterans Electronic Health Record account in 2018.

2/ VA is reviewing the internal staffing needs in alignment with the PMO capabilities.

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Electronic Health Record Modernization

Mission

VA is dedicated to providing seamless care for Veterans, including access to a complete electronic health record (EHR) and shared, transparent care pathways. In order to ensure seamless care for Veterans, VA will move toward a single common system by adopting the EHR system that is being deployed by DoD.

Budget Request

In 2019, VA is requesting $1,207.0 million to continue implementation of Electronic Health Record Modernization. These funds will be used to continue implementation, preparation, development, interface, management, rollout, and maintenance of a Veterans electronic health record. Additionally, procurement of a new EHR system supports the Secretary of VA's (SECVA) top five priorities:

1. Greater Choice for Veterans;
    a. Empower Veterans through Transparency of Information;
2. Modernize Our System;
    a. Infrastructure Improvements and Streamlining;
    b. Electronic Health Record Interoperability and IT Modernization;
3. Focus Resources More Effectively;
    a. Strengthening of Foundational Services in VA;
    b. VA/DoD/Community Coordination;
    c. Deliver on Accountability and Effective Management Practices;
4. Improve Timeliness of Services;
    a. Access to Care and Wait Times;
    b. Accelerating Performance on Disability;
    c. Decisions on Appeals;
5. Suicide Prevention-Getting to Zero;
    a. Other than Honorable Expansion.

VA's current electronic health information system –Veterans Health Information Systems and Technology Architecture (VistA) – is a suite of many applications and distributed system that serves an essential role in enabling the Department to fulfill its healthcare delivery mission. VistA, however, is in need of major modernization to continue with the improvements in health IT and cybersecurity. VA has made some progress with the VistA Evolution Program but substantial investment is still required for efforts such as improving operational capability, supporting interoperability, improving networking and infrastructure sustainment, and adopting clinical terminology standardization.

For more than a decade, VA and the DoD have lacked (EHR) systems that permit the efficient electronic exchange of patient health information as military servicemembers transition from DoD to VA health care systems. The two departments have engaged in a series of initiatives intended to achieve EHR interoperability and although VA and DoD have worked together for many years to advance EHR interoperability between their many separate applications, the Departments have not adopted the same EHR system to date.

VA and DOD have worked together to advance EHR in an attempt to create a consistent and accurate view of individual electronic medical record information. In 2014, Congress required certification[1] that VA and DOD had become interoperable; DOD and VA certified to Congress in November 2015 and in April 2016 that the interoperability requirements between DOD and VA EHR systems were met with a health information portal (the "Joint Legacy Viewer" or JLV). JLV met the statutory requirement by providing a data sharing process that enhanced the ability of VA and DOD to see data from their many applications. However, JLV is read-only and does not allow clinicians to change or add information. It cannot fully adapt to evolving data-sharing standards, which are exceptionally difficult to implement in a synchronized and standardized way. Currently, to effectively operate the JLV, VA must coordinate across VA and DOD leadership, navigate complex governance issues, and accommodate separate implementation schedules across multiple program offices. There are ongoing challenges of coordinating across separate appropriations committees to address a host of related complexities requiring constant lifecycle maintenance.

Records residing in a single common system will eliminate the reliance on complex clinical interfaces or manual data entry between DoD and VA. A single common system and the adoption of common clinical workflows and order sets (i.e. pre-defined templates that provide support in making clinical decisions for a specific condition or medical procedure) will significantly reduce, and potentially eliminate, the variations between VA and DoD facilities, thereby facilitating a more consistent patient experience. Common workflows, common cybersecurity architecture and terminology based on national standards, along with a patient portal that transitions with the patient from active duty to Veteran status, will result in improved medical outcomes, improved patient safety, and a consistent patient-physician relationship.

The health and safety of our Veterans is one of our highest national priorities. On June 5, 2017, the Secretary announced the decision to adopt the same EHR system as the DoD, which at its core is about improving VA services and significantly enhancing the coordination of care for Veterans who receive medical care not only from VA, but DoD and our community partners. Having a Veteran's complete and accurate health information in a single common EHR system is critical to that care, and to patient safety. This new EHR system will enable VA to contend with improvements in health information technology and cyber security which the current system, VistA, is unable to do. In addition, the new EHR will support the critical need for VA to successfully and

[1] Described in section 713 of the National Defense Authorization Act for 2014 (P.L. 113-66)

efficiently share patient data with DoD and community partners. Without improved and consistently implemented national interoperability standards, VA and DoD will continue to face significant challenges in providing the highest quality of care for our Veterans. VA's adoption of the same EHR system as DoD will ultimately result in all patient data in one common system and enable seamless care between the Departments without the manual and electronic exchange and reconciliation of data between two separate systems.

Program Description

A new, common EHR system will provide a single, accurate, lifetime health record for the Veteran, while resulting in improved patient care and safety. The new EHR solution will also integrate modern functionality and infrastructure into a simple experience with fewer products so that VA's EHR system will be able to operate seamlessly with healthcare facilities outside of the VA network. Moreover, the adoption of a product used by both VA and DoD will help to simplify health care delivery for patients and clinical providers while on active duty or as a Veteran. This single information and data model will reduce/eliminate the need for middleware, data domain mapping and highly complex and very expensive data aggregation and transformation technologies between DoD and VA. The EHR system will be designed to accommodate the aspects of health care delivery that are high priority or unique to VA, while bringing industry best practices to improve VA care. During the multi-year transition effort, VA will continue to use VistA, Computerized Patient Record System (CPRS), and other existing clinical systems until the new EHR system has been institutionalized throughout VA's healthcare enterprise. In addition, VA's long history of technological innovation will also be leveraged through an innovation roadmap, which is now in development.

The VA Electronic Health Record Modernization (EHRM) Program requires the appropriate program funds for the oversight, accountability and operational execution of all EHRM activities to be successful. These activities are not limited to the deployment of the EHR solution, as they include the procurement and execution of Program Executive Office (PEO) support, IT infrastructure development, and other components.

The EHR solution and implementation will include the following: program management, an enterprise-wide EHR system, change management, training, testing, deployment services, sustainment and other solutions encompassing the entire range of EHR requirements, to include but not limited to hosting, software, and hardware incidental to the solution. The EHRM product will deploy to all VA Medical Centers (VAMCs), Outpatient Clinics and other approved users of VA EHR functionality. The Consolidated Mail Outpatient Pharmacies (CMOPs) will have access to the EHRM platform as well. EHRM will support the Veterans Health Administration (VHA) revenue cycle reporting, business intelligence, data analysis and new employee/continuing education training activities and system optimization. EHRM capabilities will also be deployed to Veteran Benefits Administration (VBA) facilities and/or to support other VA use cases as required.

Enterprise Health Record Modernization ($675 Million)

The new EHR system will integrate needed modern functionality and infrastructure into a simple experience with fewer products. This will help simplify health care delivery for both patients and clinical providers. The EHR will be designed to accommodate the aspects of health care delivery that are high priority or unique to VA, while bringing industry best practices to improve VA care.

The adoption of a single joint system between VA and DoD will allow all patient data to reside in a common system to have a seamless link between the DoD and VA. The DoD authorized system will be augmented to include additional modules and capabilities to meet VA's unique requirements, without compromising interoperability. Eventually, an integrated inpatient and outpatient solution will form with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data, common user interface, common workflows, common business rules, and common security framework that supports end-to-end healthcare related clinical and business operations.

In addition to DOD, health information exchange with the community providers improves care coordination for our Veterans. Currently VA has the technology to exchange information with the community providers; however, full interoperability will come with improved data quality and technology that enables electronic health records to interpret, ingest and use community medical information in relevant clinical processes (e.g. disease management and clinical decision support). This level of interoperability supports the electronic exchange of health information of disparate electronic health record systems to support Veteran – centric care, improving quality, safety, and efficiency of seamless healthcare delivery.

VA and commercial vendors intend to collaborate to create innovations designed to strengthen and improve healthcare for all Veterans and active duty servicemembers, and to improve the productivity and user experience for VA system users.

Program Management ($120 Million)

Successful execution requires oversight, active coordination, and proactive management. To accomplish this, a Program Executive Office (PEO) has been established. The PEO provides leadership, processes, tools, techniques, and all other support required for simultaneous Project Management, Functional Management, and Technical Management of the combined component projects.

The PEO is charged with providing oversight of all activities related to and in support of EHRM; ensuring the EHRM contractor performs to the cost, schedule and performance objectives, and the corresponding management of associated project risks while guaranteeing that VA infrastructure is ready for the systems deployment. The PEO will employ highly trained government and contractor personnel to provide this expert

oversight in a myriad of professional disciplines including: program management, clinical, technical, engineering & architecture, information assurance (IA), security, testing, acquisition, contracting, data migration, communication, independent validation & verification (IV&V), training, change management, and governance.

Through the use of recognized best practices in clinical, technical and program management, the PEO will implement effective oversight measures to manage program scope, schedules, and costs in an efficient, effective, and transparent manner that provides greater certainty for program success. These measures will include program wide processes to manage risk, control for change and monitor program performance. The PEO will also ensure the implementation of effective quality management measures and practices. In addition to government personnel managing performance to the contract using recognized quality practices, the PEO will ensure payments are properly managed and linked with completed work products.

The PEO will also implement an effective performance management program to measure program performance and progress against program goals and objectives. Functional and Clinical user adoption rates will be monitored, measured, and managed to ensure change management activities are effective in promoting migration and adherence to the new EHR solution and related clinical workflows. Interoperability between the DoD, VA and community providers is another critical measurement area. Interoperability will be managed through interagency configuration control and governance boards in support of seamless care objectives across the two organizations and with community care providers. System application performance, application availability, incidence response time, security, trouble ticket resolution, system access time, and system reliability are also areas that will be expertly monitored for quality and contracted performance. Contracting Officer Representatives (CORs), Government Task Leads (GTLs) and IV&V teams will be utilized by the PEO to ensure adherence to the contracted cost, schedule and performance metrics.

Functional Management

Ensuring program success requires not only programmatic oversight but will require that the VA documents and designs effective clinical workflows for implementation in the new EHR. Under the direction of the PEO, VA has established a series of Workflow Advisory Groups (WAGs) staffed with clinical, technical, and other functional experts, who are working to document, design, refine, and improve VA workflows for use in the new system. The PEO will also support EHR implementation through the implementation of change management, communications, and transformational activities to ensure that VA clinicians, staff members, volunteers and Veterans understand and are ready for the changing systems and processes that will impact them. Heavy investment in this area is critical for program success and is a focus point for PEO activities.

Technical Management

Ensuring that the new EHR is technically able to integrate with VA's network requires the oversight and support of numerous experts who understand VA's legacy systems, languages, and interfaces. The PEO is staffed with experts from various organizations

within VA, including OIT and VHA, as well as several contractors and subject matter experts in systems architecture, systems design, systems engineering, and health care interoperability. These experts provide the necessary planning, management, and technical oversight needed to ensure that the new EHR is successfully implemented and integrated within VA's existing technical architecture and infrastructure.

Infrastructure Support ($412 Million)

Network and Core Infrastructure Improvements

In preparation for the multi-year transition from VistA to VA's new EHRM, VA must meet DoD security standards and the EHRM contractor performance requirements. This will require purchase of security equipment (firewalls and routers) to meet approved DoD security. Upgrades are needed to support EHRM performance for network circuits, wireless infrastructure, and existing network equipment. Local VA medical center cabling and infrastructure will also require upgrades as wiring technology has advanced and existing wiring may not meet current requirements during implementation.

Legacy VistA Standardization, Security Enhancement, and Consolidation Project Plan

In preparation for the multi-year transition from VistA to VA's new EHRM, VA must standardize VistA throughout VHA into a single, maintainable, standardized code and configuration baseline. This includes updates to software, hardware, processes, policies, procedures, and standards currently in use within VHA and OIT. For VistA to be a secure and effective EHR system during transition to the new EHRM, it must be made free of existing vulnerabilities through vulnerability scanning, analysis, remediation and selected security enhancements.

VistA Standardization

VistA Standardization and Virtualization (VSV)

Nationally released VistA software has been modified at the local facility level which renders it difficult to quickly update and costly to support. The VistA Standardization project is standardizing all appropriate software routines and working to analyze variances between all local facility modified data dictionaries. This project will benefit Veterans, clinicians and OIT staff by achieving improved commonality across multiple versions of VistA, supporting over 1,600 points of care[2] providing:

- An improved position to more readily deploy the EHRM solution enterprise wide
- Reduced site by site legacy VistA accommodations for enterprise wide releases
- Reduced costs by fewer site specific technical support needs
- A standardized VistA improves communication across the VistA ecosystem, reduces training time and costs (e.g, support and maintenance) during the period of several years when EHRM and VistA are both operating simultaneously.

[2] Numbers from presentation by former VA Secretary Robert McDonald on July 22, 2015.

To support the VSV effort, VistA Advanced Analytics (VAA) was purchased in September 2017. VAA is an enterprise tool that will reverse engineer VistA's Massachusetts General Hospital Utility Multi-Programming System (MUMPS) routine code data architecture and user, program and data interfaces. The tool will provide an enterprise-wide, systems analysis of VistA.

VistA Adaptive Maintenance (VAM)

The VistA Adaptive Maintenance project is designed to specifically support clinical functionality of VistA by providing the necessary standardization of physical architecture, data architecture and services required for direct migration, while maintaining seamless continuity of care during the transition. A standardized VistA system can be migrated more easily to a commercial system rather than migrating customized characteristics from each of the 130 unique, distributed legacy MUMPS–based VistA systems. To accomplish this goal, VistA Adaptive Maintenance project is examining and auditing the remote procedure calls (RPCs) between CPRS and VistA to create and optimize a common model for standardization across the VistA enterprise.

The analysis for standardization of VistA is scheduled to begin in 2018 and direction is provided to maintenance teams as soon as standardization decisions are made. A 2019 evaluation of progress will determine additional funding needs. Standardization efforts will continue through the end of 2020[3].

VistA Security

VistA Security Scanning (VSS) and VistA Security Remediation (VSR)

Current VA efforts to improve VistA's Security Posture include the purchase and implementation of a scanning tool designed to scan source code for known security vulnerabilities, detectable bugs, and general compliance with coding standards. Specifically, the tool will scan and identify gaps in source code written in MUMPS. This action will confirm, prioritize and remedy identified vulnerabilities. Then, VA will prioritize the vulnerabilities and plan, develop, test and deploy patches to remediate them. Scanning of VistA is scheduled to begin in 2018 with results being passed immediately to the Remediation Team. VistA Security Remediation is scheduled to start in 2018 and continue through the end of 2020.

Enterprise Encryption Key Management System (EEKMS)

In addition to scanning and remediating security flaws on the current VistA system in an effort to work towards a single instance of VistA, VA is required by Federal laws (e.g. Health Insurance Portability and Accountability Act) to protect Veteran's information from unauthorized disclosure. In September 2017, VA awarded the Enterprise Encryption Key Management System (EEKMS) contract to allow encryption of the Veteran data in the VistA database, and to protect data transmitted between systems using Secure Sockets

[3] VSV project began in August 2016, previously called VistA Standardization and Consolidation. Consolidation was dropped as a priority and the effort was split into the VistA Standardization and Virtualization project, and the VistA Security Remediation (VSR) project. Further evaluation of project objectives is currently underway within VHA.

Layer (SSL) encryption. EEKMS, through use of a commercial off the shelf (COTS) product, will create a uniform, consistent, secure and scalable environment for managing encryption keys and protecting Veterans' data. EEKMS software is scheduled to be rolled out to the 4 VA datacenters throughout 2018. VistA database encryption is scheduled to start in 2019 with the goal of all 130 VistA instances being encrypted by the end of 2020.

Information and Technology

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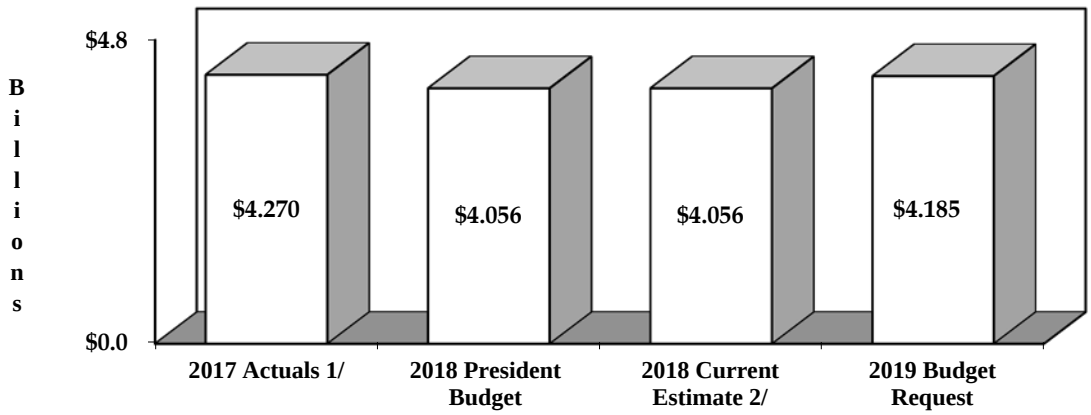
Information and Technology

Information and Technology Appropriation



1/ In 2017 the President's Budget was reduced by $8M rescission reflected in the 2017 Actuals.
2/ VA has reserved $92 million pending the establishment of the Veterans Electronic Health Record account in 2018.

Appropriations Language

For necessary expenses for information technology systems and telecommunications support, including developmental information systems and operational information systems; for pay and associated costs; and for the capital asset acquisition of information technology systems, including management and related contractual costs of said acquisitions, including contractual costs associated with operations authorized by section 3109 of title 5, United States Code, [$4,055,500,000]$4,184,571,000, plus reimbursements: Provided, That [$1,230,320,000]$1,243,220,000 shall be for pay and associated costs, of which not to exceed [$35,869,000]$36,100,000 shall remain available until September 30, [2019]2020: Provided further, That [$2,466,650,000]$2,560,780,000 shall be for operations and maintenance, of which not to exceed [$172,666,000]$179,000,000 shall remain available until September 30, [2019]2020: Provided further, That [$358,530,000]$380,571,000 shall be for information technology systems development, and shall remain available until September 30, [2019]2020: Provided further, That amounts made available for information technology systems development may not be obligated or expended until the Secretary of Veterans Affairs or the Chief Information Officer of the Department of Veterans Affairs submits to the Committees on Appropriations of both Houses of Congress a certification of the amounts, in parts or in full, to be obligated and expended for each development project: Provided further, That amounts made available for salaries and expenses, operations and maintenance, and information technology systems development may be transferred among the three subaccounts after the Secretary of Veterans Affairs submits notice thereof to the Committees on Appropriations of both Houses of Congress: Provided further, That amounts made

available for the "Information Technology Systems" account for development may be transferred among projects or to newly defined projects: Provided further, That no project may be increased or decreased by more than $3,000,000 of cost prior to submitting notice thereof to the Committees on Appropriations of both Houses of Congress.

IT Resource Statements

In accordance with the requirements set forth in the Federal Information Technology Acquisition Reform Act (PL 113-291, Title VIII, Subtitle D), and the requirements in Circular A-11, Section 51.3, the following statements are provided:

- The VA Chief Information Officer (CIO) affirms that the CIO has reviewed the major IT investments in this budget request and approves of them, therefore, the Department has fully implemented this facet of the CIO Common Baseline under FITARA;
- The VA CIO and Chief Financial Officer (CFO) affirm that the CIO had a significant role in reviewing the IT support planned for major program objectives and significant increases and decreases in IT resources;
- The VA CIO and CFO assert that the IT Portfolio, as defined by OMB Circular A-11, Section 55.6, includes appropriate estimates of all IT resources included in the budget request;
- The VA CIO and CFO jointly affirms that information and technology investments are adequately implementing incremental development practices.

Explanation of Language Change

VA is proposing the elimination of project certification by the Secretary or Chief Information Officer. The certification process is very cumbersome and does not support agile development or the VA's ability to respond quickly to innovative solutions. Additionally, the VA provides monthly expenditure reports and regular briefings to Congressional members and staff.

VA is proposing that the threshold at which a request is required to be made from both Houses of Congress prior to the transfer of funds between projects, be raised to $3,000,000. In order to apply agile program management to the dynamics of modern Information Technology development requirements, VA's Office of Information and Technology (OIT) requires the ability to reallocate funds between development project lines. Obligation savings sometimes occur as acquisition strategies are refined and tasks are often consolidated in ways not originally anticipated as initial budget estimates are prepared. Advancing the threshold from $1,000,000 to $3,000,000 will improve and rejuvenate the IT budget management process as OIT responds to maturing individual facets of VA mission needs. The $1million threshold represents 0.28% of the Development budget and $3 million still only represents less than 1%.

The term "project" refers to VA's congressional development projects report located in the budget appendix.

Information and Technology

Appropriation Highlights

Appropriation Highlights (Dollars in Thousands)	2017/2018 Year 1 Actuals	2017/2018 Year 2 of 2 Year Availability	2018 President's Budget	2018 Current Estimate	2019 Budget Request	2018-2019 Increase / Decrease
Subaccounts:						
Development	471,269	70,597	358,530	358,530	380,571	22,041
Operations and Maintenance	2,534,442	12,743	2,466,650	2,466,650	2,560,780	94,130
Staffing and Administrative Support Services	1,272,548	18,000	1,230,320	1,230,320	1,243,220	12,900
Rescission	-8,000					
Appropriation 1/	**$4,270,259**	**$101,340**	**$4,055,500**	**$4,055,500**	**$4,184,571**	**$129,071**
Funding Sources:						
Appropriation	**$4,270,259**		**$4,055,500**	**$4,055,500**	**$4,184,571**	**$129,071**
Veterans Choice Act 801	229,130			118,032		-118,032
Unobligated Choice Act 801	-118,032					
OEF/OIF Supplemental (P.L. 110-128)	1,584			1,695		-1,695
OEF/OIF Supplemental unobligated EOY	-1,695					
Recoveries	17,077					
North Chicago Facility Transfers	-7,301		-7,518	-7,518	-7,741	-223
Reimbursements (+)	53,649		52,696	48,663	49,236	573
Unobligated expiring	-522					
Available Balance SOY (+)	159,210			101,340		-101,340
Available Balance EOY (-)	-101,340					
Total Obligations	**$4,502,019**		**$4,100,678**	**$4,317,712**	**$4,226,066**	**-$91,646**
Total Full Time Equivalents (FTE)	**7,241**		**7,899**	**7,889**	**8,138**	249
Direct	7,159		7,795	7,795	8,045	250
Reimbursement	82		104	94	93	-1

Numbers may not add due to rounding

1/ Numbers include Year 2 of 2-Year Availability but exclude reimbursements and transfers.

2/ VA has reserved $92 million pending the establishment of the Veterans Electronic Health Record account in 2018.

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Information and Technology

Budget Overview

FY 2019 Budget Request at a Glance ($ in thousands)		
2018 President's Budget	$	4,055,500
Program Changes	$	129,071
2019 Budget Request	$	4,184,571
Change from FY2018 President's Budget		3%

Mission

The mission of the Office of Information and Technology (OIT) is to collaborate with our business partners to create the best service and experience for all Veterans. OIT provides strategic, technical, and customer-service direction, guidance, and policy to enhance and improve VA mission outcomes in the delivery of integrated IT services to Veterans and VA stakeholders.

Vision

OIT's vision is to become a world-class organization that provides seamless, unified Veteran service and experience through the delivery of state-of-the-art technology. In 2019, OIT will focus on building an IT infrastructure that is robust, adaptive, agile, secure, interoperable, and cost-effective.

Budget Request

In 2019, OIT is requesting $4.185 billion, an increase of $129 million (3 percent) over the 2018 President's Budget, with increases in Veteran focused development and modernization efforts that are directly related to the Secretary's priorities.

The top five Secretary Priorities are below:

- Greater Choice for Veterans: The Choice Program increases access to care for Veterans by authorizing millions of appointments for Veterans. The President has signed into law the Choice Program Improvement Act, which extends the program until the funding is exhausted.

Furthermore, VA will empower Veterans by increasing transparency so they can make more informed decisions with our new Access and Quality Tool.

- Modernizing our Systems: VA will continue focusing its efforts on modernizing the infrastructure while transforming our health care system to an integrated network that serves Veterans. With the help of the private-sector, health care experts will assist in improving the infrastructure and design a methodology that will streamline health care delivery based on population, demand, internal capacity, and external public and private-sector resources. OIT will also continue modernizing and replacing current legacy systems.

- Focus Resources More Efficiently: VA will concentrate on its foundational services to deliver the full care spectrum as outlined in the VA medical benefits package. VA will further enhance coordination with other Federal agencies, as well as DoD to improve Veterans access. Lastly, VA is focused on employee accountability, performance, and living the culture of VA's "I-Care" values.

- Improve Timeliness of Services: VA is committed to delivering timely and high quality health care to our Nation's Veterans. Veterans now have same-day services for primary care and mental health care at all VA medical centers. VA will continue its progress in accelerating disability claims, reducing the backlog, and greatly improving the speed of the appeals process.

- Suicide Prevention – "Getting to Zero": Suicide prevention is VA's highest clinical priority, and VA will continue to spread the word that, "Suicide Prevention is Everyone's Business." VA's strategy for suicide prevention requires ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high-risk patients.

The 2019 request is separated into three subaccounts:

Development – The request of $380.6 million is $22.0 million (6.0 percent) above the 2018 President's Budget with the increases outlined in both the Summary of Program Changes and Budget by Portfolio sections. OIT is committed to remaining innovative through focused development of IT programs which contribute to Veteran outcomes, as evidenced by 100 percent of development resources directly supporting the Secretary's top five priorities. While the 2018 development budget was primarily dedicated to the mission critical areas and the divesture of legacy systems, the 2019 Budget Request will continue those efforts and will include initiatives that are directly Veteran facing, such as suicide prevention. The Budget by Portfolio section will describe the OIT programs that support the priority areas mentioned above.

Operations and Maintenance (OM) – The request of $2.561 billion is $94.1 million (3.8 percent) above the 2018 President's Budget. The funds will provide for the operations and maintenance of existing infrastructure systems. Within the operations and maintenance category, marginal sustainment is set aside for newly deployed projects that have not fully matured into fully operational systems requiring mandatory sustainment. The Operations and Maintenance subaccount also includes funding for maintaining major Health, Benefits, Corporate, Memorial Affairs and Enterprise systems, which includes maintenance of Information Security systems.

Staffing and Administrative Support Services – The request of $1.243 billion is $12.9 million (1.1 percent) above the 2018 President's Budget, which funds 8,138 FTE. The majority of this funding is to support the hospital and regional office IT support staff that are responsible for supporting VA's mission. These funds are also for administrative services and contractor support expenses. This amount funds necessary growth in FTE to provide IT support for additional VA staff, most of which was included in the Veterans Health Administration (VHA) 2019 Advance Appropriation. In order to support these new hires, OIT is requesting additional funding to support employee startup cost, as well as salaries and benefits of the OIT employees.

Reimbursements – In addition to the appropriated level, OIT anticipates $49.2 million in reimbursements, of which $36.7 million is in non-pay and $12.5 million is in pay reimbursements from other Federal agencies, credit reform programs and non-appropriated insurance benefits programs.

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Summary of Program Changes

Information and Technology Summary of Changes (Dollars in Thousands)						
	2017	2017/2018	2018		2019	2018-2019
	Year 1 Actuals	Year 2 of 2 Year Availability	President Budget	Current Estimate	Budget Request	Increase/Decrease
Development	$ 400,672	$ 70,597	$ 358,530	$ 358,530	$ 380,571	**$ 22,041**
Development Subtotal	**$ 400,672**	**$ 70,597**	**$ 358,530**	**$ 358,530**	**$ 380,571**	**$ 22,041**
Operations and Maintenance	$ 2,548,186	$ 12,743	$ 2,466,650	$ 2,466,650	$ 2,560,780	**$ 94,130**
Sustainment Subtotal	**$ 2,548,186**	**$ 12,743**	**$ 2,466,650**	**$ 2,466,650**	**$ 2,560,780**	**$ 94,130**
Staffing and Support Services						
Staffing	$ 889,157	$ 18,000	$ 1,041,660	$ 1,041,660	$ 1,054,560	$ 12,900
Support Contracts	$ 323,203	$ -	$ 188,660	$ 188,660	$ 188,660	$ -
Rescission						$ -
Staffing and Support Subtotal	**$ 1,212,360**	**$ 18,000**	**$ 1,230,320**	**$ 1,230,320**	**$ 1,243,220**	**$ 12,900**
TOTAL BUDGET AUTHORITY	**$ 4,161,218**	**$ 101,340**	**$ 4,055,500**	**$ 4,055,500**	**$ 4,184,571**	**$ 129,071**
Veterans Access, Choice and Accountability Act (VACAA)						
VACAA Section 801	$ 111,098	$ 118,032	$ -	$ -	$ -	$ -
VACAA Section 802	$ 87,203	$ 165,835	$ -	$ -	$ -	$ -
Total VACAA	**$ 198,301**	**$ 283,867**	**$ -**	**$ -**	**$ -**	**$ -**

2019 Program Changes

The Office of Information Technology's 2019 budget request reflects an overall increase of $129.1 million (3.0 percent) above the 2018 President's Budget. In 2019, OIT will continue to identify new ways to reduce investment and maintenance costs in order to prioritize modernizing infrastructure. Achieving this goal will require a multi-year phased effort across all programs. All programs will have different timelines toward the goal of reducing costs and inefficiencies.

OIT will continue its multi-year phased approach across all programs. Any phase may take up to 24 months to complete with some phases being executed concurrently.

Increase to the Baseline – $129.1 million

Prioritize Development Environment

As described in more detail in the portfolio sections, the $22.0 million increase above the 2018 level in Development includes Veteran focused initiatives such as Mental Health (Suicide Prevention) and Community Care (Greater Choice for Veterans), as well as system focused initiatives such as replacing the Benefits Delivery Network (BDN) and Financial Management System (FMS).

VA will continue to focus Development resources on the divestiture of legacy systems that are difficult or costly to maintain because they have passed their useful life and/or the technology is

no longer being supported. This will allow VA to better integrate processes, adopt modern technology solutions, improve security, and reduce long-term sustainment. More detailed information on 2019 development projects can be found in the "Budget by Portfolio" section.

Future major development efforts will include the Enterprise Health Records Modernization (EHRM), as based on the Secretary's decision in June 2017 to move forward with the DoD Electronic Health Record (EHR) solution. Although not part of the OIT budget, a separate Veterans Electronic Health Record account has been created, which reflects a request of $1.2 billion. OIT will continue to work with VHA to assess the future needs of the effort as well as provide IT personnel for staffing support.

Operations and Maintenance Increases

The Operations and Maintenance subaccount increased $94.1 million above the 2018 budget request. This increase supports the additional Activations cost in the Enterprise Portfolio. The additional funds will be used for the installation, and issuance of IT equipment for all VA Administrations. The IT Activations program also funds any IT expenses occurring from the renovation of existing VA facilities, and procures IT equipment required for new employees being added due to the growth in the VA's mission and staffing requirements.

Staffing and Administrative Increases

The Staffing and Administrative support services subaccount increased $12.9 million above the 2018 level in order to support the additional request for FTE.

IT Investment Restructure:

In 2019, OIT will begin reporting on a new Agency IT Investment structure. The purpose of the investment restructure is to properly align IT investments to congressional programs in a more simplified hierarchical structure that meets the reporting requirements of both Congress and the Office of Management and Budget (OMB). As a result of the restructure, the nomenclature of congressional programs and investments has changed. A crosswalk from prior year congressional programs to the 2019 structure and a list of new IT Investments is included in Appendices D and N, respectively, to depict these changes.

OIT Staffing and Administration

In 2019, the OIT Staffing and Administrative requests of $1.243 billion supports 8,138 FTE, which is 249 FTE above the 2018 President's Budget. This number also includes 93 Reimbursement FTE. OITs request for additional FTE will provide the necessary resource alignments and support for the Secretary's strategic priorities, and will allow OIT to remain efficient while providing key services to Veterans and their families.

Most of the staffing and administration budget is devoted to salaries and benefits. The remaining funding is for travel, training, administrative support contracts, leases (including those supporting data centers), as well as office equipment and supplies. Also included in this budget is funding for the mass transit benefits program and worker's compensation related to OIT employees.

OIT is the steward of VA's IT assets and resources, and is responsible for ensuring the efficient and effective operation of VA's IT Management System to meet mission requirements of the Secretary, Under Secretaries, Assistant Secretaries, and other key officials. With the requested funding, OIT will continue to provide strategy and technical direction, guidance, and policy to ensure that IT resources are acquired and managed for the VA in a manner that adheres to various federal laws, regulations, and policies.

OIT is composed of nine major organizational components; the table below displays FTE for each component:

	2017 Actuals	2018 President's Budget	2018 Current Estimate 2/	2019 Budget Request	2018-2019 Increase / Decrease
Information Technology Operations and Services (ITOPS)	5,215	5,343	5,756	5,911	155
Enterprise Program Management Office (EPMO) 1/	1,202	1,464	1,408	1,468	60
Office of Information Security (OIS)	479	525	117	132	15
Office of Quality, Privacy, and Risk (QPR)	206	346	197	201	4
IT Resource Management (ITRM)	104	173	247	252	5
Account Management Office (AMO)	26	38	39	44	5
DoD/VA Interagency Program Office (IPO)	9	10	10	10	0
Strategic Sourcing			70	75	5
Electronic Health Record Modernization (EHRM) Program Executive Office (PEO)			45	45	0
Total FTE	**7,241**	**7,899**	**7,889**	**8,138**	**249**

Table includes reimbursable FTE.

1/ Numbers include Architecture, Strategy, and Design (ASD) office FTE.

2/ 2018 Current Estimate column reflects internal staffing realignments between OIT organizational components, such as ASD to EPMO, OIS to ITOPS, and the new Strategic Sourcing and EHRM PEO offices.

Information Technology Operations and Services (ITOPS)

Office of Information Technology Operations and Services directs all operational and maintenance activities associated with VA's IT environment. ITOPS oversees and manages VA data centers; the IT network and telecommunications; monitors and manages production for all information systems and production services; delivers operational services (including deployment, maintenance, monitoring and support) to all VA locations; and conducts all privacy branch exchange management and maintenance.

Enterprise Program Management Office (EPMO)

As OIT's control tower for IT development, Enterprise Program Management Office provides an enterprise-wide view of all ongoing projects, actively manages cyber risks associated with those projects, and ties project performance to outcomes that directly improve the Veteran experience. EPMO's main functions include tracking project portfolios and resources, implementing enterprise initiatives, and managing communication. Our EPMO organization coordinates with the Account Management Office's IT Account Managers to ensure that each portfolio is supported by the appropriate projects that deliver solutions to VA customers and Veterans.

Office of Information Security (OIS)

Office of Information Security provides information security and privacy infrastructure for VA. The office assures the confidentiality, integrity, and availability of information and information systems. OIS also works on matters related to information protection including privacy, cyber security, Freedom of Information Act (FOIA) requests, incident response, and critical infrastructure protection. In addition, the OIS team develops, implements, and oversees the policies, procedures, training, communication, and operations related to improving how VA and its partners safeguard the personally identifiable information (PII) of Veterans and VA employees.

Office of Quality, Privacy, and Risk (QPR)

Office of Quality, Privacy, and Risk facilitates the establishment of performance measures and metrics related to the full range of IT program responsibilities and strategic objectives and manages associated measurement efforts. The office has an integrated enterprise-wide risk management framework to identify and manage risk. This framework is designed to anticipate, identify, prioritize, and monitor OIT enterprise risks, ensures information technology investments are managed efficiently and effectively, and provides assurance in the achievement of OIT objectives.

IT Resource Management (ITRM)

IT Resource Management Office advises the CIO and other senior OIT officials on OIT resource requirements. The office is responsible for the management of all IT resources, budget development and execution, the direction of financial and IT asset management, and development of policies and strategic planning activities for OIT space resources. ITRM is

responsible for directing fiscal activities for all IT Development, OM, and Staffing and Administrative functions. Offices within the organization include IT Budget and Finance, IT Facilities Management, and IT Workforce Development.

Account Management Office (AMO)

As part of OIT's transformation, the Account Management Office fundamentally changes the way OIT works with its business partners. Information Technology Account Managers (ITAMS) and Customer Relationship Managers customize IT services to meet the needs of OIT's business partners and establish OIT as a trusted, valuable ally in serving Veterans. This team is dedicated to understanding the needs of its business partners, identify and define innovative solutions, and represent their customers' interests directly to the CIO. ITAMS manage five distinct portfolios – Health, Benefits, Memorials, Corporate, and Enterprise.

An IT Account Manager serves as the lead IT executive reporting to the CIO for each account and is responsible for the creation and management of the business partner's portfolio. An Account Manager provides strategic leadership to maximize value by managing IT project prioritization, balancing portfolios, and allocating resources. He or she is the primary contact between IT and the business partner, interfaces with industry, and serves as a catalyst to drive innovation. Customer Relationship Managers and Account Managers collect data about OIT performance throughout VA. This information facilitates OIT issue resolution, change management, and enterprise innovation.

DOD/VA Interagency Program Office (IPO)

The mission of the Department of Defense (DoD)/Veterans Affairs (VA) Interagency Program Office (IPO) is to lead and coordinate the adoption of and contribution to national health data standards promoting interoperability among DoD, VA, and private sector healthcare worldwide. This program jointly oversees and monitors the efforts of DOD and VA to implement national health data standards for interoperability and acts as the single point of accountability for identifying, monitoring, and approving the clinical and technical data standards. DOD/VA IPO ensures seamless integration of health data between the two Departments and private healthcare providers. It closely collaborates with the Office of the National Coordinator for Health Information Technology, Standards Development Organizations (SDOs), and other public and private partners to support national interoperability efforts.

Strategic Sourcing

Strategic Sourcing is responsible for managing the entire sourcing lifecycle, creating transparency, and ensuring that funds used to acquire IT products provide the best value and services for its cost. Strategic Sourcing is critical to OIT compliance with the Federal Information Technology Acquisition Reform Act (FITARA). It addresses the challenges of a multi-sourcing environment by transforming the way OI&T does business, using an organized and collaborative approach resulting in the delivery of proven state-of-the-art technology products and services to our Veterans. The organization will consolidate critical acquisition functions and personnel from OIT sub-pillar organizations into the Strategic Sourcing

organization. This will increase efficiency, reduce duplicative acquisition actions and will provide consistent and transparency OI&T acquisition processes.

Electronic Health Record Modernization (EHRM) Program Executive Office (PEO)

The Electronic Health Record Modernization (EHRM) Program Executive Office (PEO) serves as the chief advisor to the Secretary of Veterans Affairs on the modernization and implementation of the new EHR at VA. Within the PEO's office, the Chief Technology Officer (CTO) and the supporting IT staff are responsible for adoption of the EHR technology, including procurement and technology resourcing, systems engineering, architecture, master data management, data migration, information assurance, cyber security, infrastructure/networking, identity and access management, ancillary EHR components, testing, interoperability, continuing sustainment and maintenance of legacy systems and eventual decommissioning of legacy systems.

Budget by Portfolio

The 2019 budget request will support the five portfolios below. The sections to follow will provide the discussion on the programs and projects that are contained in each.

- **Health:** Provides advanced technology solutions positioned to ensure modern, high quality and efficient medical care delivery capabilities to our Nation's Veterans.

- **Benefits**: Addresses the technology needs for the lines of business managed by the Veterans Benefits Administration: Compensation, Pension, Loan Guaranty, Insurance, Education, and Vocational Rehabilitation serving over 6 million Veterans annually.

- **Memorial Affairs**: Provides support for modernization of applications and services for National Cemeteries cared for by the National Cemetery Administration at 135 locations nationwide.

- **Corporate**: Consists of the back office operations that are a major contributor to running the business lines of the Department and support for the Office of Management; Office of Acquisition, Logistics and Construction; General Counsel; Human Resources; etc.

- **Enterprise IT**: Provides the underlying infrastructure to enable the business portfolios and maintain a robust technology infrastructure for the Department. Includes such things as cybersecurity, data centers, cloud services, telephony, enterprise software, end-user hardware, and data connectivity.

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2019 Health Portfolio

The Health Portfolio provides advanced technology solutions positioned to ensure modern, high quality and efficient medical care delivery capabilities to our Nation's Veterans. In 2019, the Health Portfolio funding will be used to support the Secretary's priorities of Suicide Prevention and Improve Timeliness of Service, while also supporting the replacement of the Electronic Health Record (EHR). This portfolio also supports the maintenance of existing major medical systems and programs such as Community Care.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Current Estimate		2019 Budget Request	
	DEV	OM	DEV	OM
Greater Choice for Veterans	***$ 31,750***	***$ -***	***$ 50,270***	***$ -***
Community Care	***$ 31,750***	***$ -***	***$ 50,270***	***$ -***
Community Care	**$ 5,000**	**$ -**	**$ 25,303**	**$ -**
Community Care (CC) Electronic Data Interchange (EDI)	$ 3,000	$ -	$ 14,500	$ -
Community Care Program 2 - Referrals and Authorizations	$ -	$ -	$ 3,755	$ -
Community Care Program 2 - Revenue Operations	$ -	$ -	$ 2,634	$ -
Community Care Program 2 - Provider Payment Business	$ -	$ -	$ 2,389	$ -
Community Care Program 2 - Customer Service Community	$ -	$ -	$ 2,025	$ -
Community Care VistA Fee	$ 2,000	$ -	$ -	$ -
Health Data Interoperability	**$ 10,000**	**$ -**	**$ 10,000**	**$ -**
Direct Secure Messaging Phase 2	$ 10,000	$ -	$ 10,000	$ -
Purchased Care	**$ 15,000**	**$ -**	**$ 9,076**	**$ -**
Medical Care Collections Fund (MCCF) EDI Transaction Applications Suite Phase 1	$ 15,000	$ -	$ 9,076	$ -
Access & Billing	**$ 1,750**	**$ -**	**$ 5,891**	**$ -**
Claims Processing and Eligibility	$ 1,750	$ -	$ 5,891	$ -
Suicide Prevention	***$ -***	***$ -***	***$ 19,482***	***$ -***
Patient Records [System (CPRS)]	**$ -**	**$ -**	**$ 10,300**	**$ -**
eScreening/Alternative Suicide Prevention Efforts	$ -	$ -	$ 7,500	$ -
Methadone Dispensing Tracking	$ -	$ -	$ 2,800	$ -
Digital Health Platform	**$ -**	**$ -**	**$ 6,182**	**$ -**
Posttraumatic Stress Disorder Checklist 5 (PCL-5) Phase 2	$ -	$ -	$ 3,250	$ -
Mental Health Suicide Prevention Phase 3	$ -	$ -	$ 2,932	$ -
Health Data Interoperability	**$ -**	**$ -**	**$ 3,000**	**$ -**
National Clozapine Coordination Phase 3	$ -	$ -	$ 3,000	$ -
Modernizing our Systems	***$ 69,105***	***$ 6,724***	***$ 16,770***	***$ 1,008***
Registration, Eligibility, Enrollment	**$ 8,800**	**$ 1,752**	**$ -**	**$ -**
Enrollment System Modernization	$ 8,800	$ 1,752	$ -	$ -
Platform Support for Electronic Health Record Modernization (EHRM)	***$ 60,305***	***$ 4,972***	***$ 16,770***	***$ 1,008***
My HealtheVet	**$ 15,000**	**$ 1,087**	**$ 10,300**	**$ 1,008**
MHV Veteran-Facing Enhancements Phase 2	$ 5,000	$ 538	$ -	$ -
MHV Veteran-Facing Enhancements Phase 3	$ -	$ -	$ 6,000	$ 499
MHV Infrastructure and Interface Enhancements Phase 2	$ 10,000	$ 549	$ -	$ -
MHV Infrastructure and Interface Enhancements Phase 3	$ -	$ -	$ 4,300	$ 509
Patient Records [System (CPRS)]	**$ 2,400**	**$ -**	**$ 4,000**	**$ -**
CPRS Enhancements Phase 2	$ 2,400	$ -	$ 4,000	$ -
Registries	**$ 1,410**	**$ -**	**$ 2,470**	**$ -**
Veterans Integrated Registries Platform (VIRP)	$ 1,410	$ -	$ 2,470	$ -
Health Provider Systems	**$ 30,000**	**$ -**	**$ -**	**$ -**
EHR Legacy Replacement - IPT	$ 30,000	$ -	$ -	$ -
Digital Health Platform	**$ 9,000**	**$ 800**	**$ -**	**$ -**
Fileman 24	$ 5,000	$ 800	$ -	$ -
VistA Data Access (VDA) Phase 2	$ 4,000	$ -	$ -	$ -
Scheduling	**$ 2,495**	**$ 3,085**	**$ -**	**$ -**
Veteran Self-Scheduling Appointment System Faster Care for Veterans Act	$ 2,495	$ 85	$ -	$ -
Medical Appointment Scheduling System (MASS) National Deployment	$ -	$ 3,000	$ -	$ -
Improve Timeliness of Services	***$ -***	***$ -***	***$ 16,348***	***$ -***
Digital Health Platform	**$ -**	**$ -**	**$ 9,500**	**$ -**
Ancillary and Surgery Requirements Updates	$ -	$ -	$ 9,500	$ -
Telehealth Services	**$ -**	**$ -**	**$ 6,030**	**$ -**
A Telehealth Hub Initiative and Interfacility Access	$ -	$ -	$ 6,030	$ -
Registries	**$ -**	**$ -**	**$ 818**	**$ -**
Homelessness Status Query and Response Exchange System (SQUARES)	$ -	$ -	$ 593	$ -
Homelessness Encrypted Email to Replace Fax	$ -	$ -	$ 225	$ -
Health Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 828,290**	**$ -**	**$ 815,651**
Total Health Portfolio	**$ 100,855**	**$ 835,014**	**$ 102,870**	**$ 816,659**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory, Modernization and Enhancement.

Greater Choice for Veterans

Community Care - $50.3 million

Patient-centered Community Care (CC) is a Veterans Health Administration (VHA) nationwide program that utilizes partnerships with the private sector, academia, and other government entities to provide eligible Veterans access to care. Qualifying conditions include a travel distance of greater than 40 miles, long wait times or when specialized services are not available at a local VA facility. OIT supports this program by using lean management and design principles by utilizing existing infrastructure, existing projects, and the best of existing processes to deliver effective solutions that meet the needs of the Veteran.

Community Care is improving Veteran's access to care by providing the ability for Veteran's to receive healthcare in the Community at the VA's expense. Due to program eligibility requirements regarding a Veteran's distance from a VA facility, clinic wait times, and available specialties, multiple IT systems must be modified or developed to accommodate the special requirements of Community Care. The 2019 funding will continue to support the following goals of the CC Program:

- Create a single, consistent set of eligibility requirements
- Expand and simplify access to emergency treatment and urgent care
- Redesign clinical authorization process
- Create centralized authorization function
- Reduce number of services requiring authorization
- Create and collect metrics to monitor effectiveness of new authorization process
- Introduce automation, including auto adjudication, to billing and reimbursement processes
- Create and collect metrics to monitor effectiveness of billing and reimbursement processes
- Consolidate fee schedules and tie to Medicare
- Increase transparency of reimbursement rates to providers
- Allow regional variation, as needed
- Create tiered high-performing provider network
- Create simplified provider agreements
- Standardize credentialing and quality monitoring
- Comply with Prompt Payment for all purchased care
- Reduce the disability claims backlog
- Enhance relationships with Federally funded and academic teaching affiliates
- Support continuity of care for Veterans with existing community providers
- Improve consistency, simplicity, and timeliness of information exchange
- Deploy provider viewers and health information gateway
- Increase use of Health Information Exchanges
- Enable VA as First Party Payer and collect other health information
- Allow for sharing of 7332 protected information with legislative changes

Projects that will support the Community Care initiative are below:

Community Care (CC) Electronic Data Interchange (EDI) – $14.5 million
Modifications to Community Care systems are needed to comply with new federal health care standards and operating rules for fee processing, payment systems, claims processing and eligibility. Veterans will experience reduced wait times for care as a result of automation of referral certifications and authorizations processes.

Community Care Program 2 - Referrals and Authorizations – $3.8 million
The Community Care Referral & Authorization (CCR&A) solution is an integral component of the VA Community Care Information Technology (IT) architecture which allows Veterans to receive care from non-VA community providers. Community Care staff members use the CCR&A software as a service (SaaS) package to generate referrals and authorizations for episodes of care to community providers within the Community Care Network (CCN). This initiative will provide an automated tool to generate, monitor, track, and process referrals and authorizations to CCN providers so that Veterans who meet requirements and who opt-in to Community Care receive the care according to the Choice act.

Community Care Program 2 - Revenue Operations – $2.6 million
The VHA Office of Community Care (OCC), Revenue Operations (RO), Consolidated Patient Account Centers (CPAC) need to modify the existing Commercial-Off-The-Shelf (COTS) Huron work flow tool to comply with mandated legislation requiring VHA to collect copay and insurance funds. The OCC has identified improvements to existing COTS workflow tools that will continue the goal of streamlining operations, increasing collections, and reducing collection costs.

Community Care Program 2 - Provider Payment Business – $2.4 million
The State Home program will create a State Home Per Diem (SHPD) data warehouse with associated Graphical User Interface (GUI) that is accessible by various users, including: VA Central Office (VACO), Chief Business Office Care in the Community (CIC), and other VA leadership to support transparent accounting and reporting business needs. In 2019, the goal is to initiate the development of a long term solution to meet the DATA Act reporting requirements that improves billing, claims, and reimbursement processes, including implementation of a new claims solution.

Community Care Program 2 - Customer Service Community – $2.0 million
The project will provide a world-class customer service experience to the Veteran with a focus on transparency and timely access to information. The 2019 funds will support: the maintenance of interim-state customer service infrastructure, while developing future state infrastructure; additional system integration to reduce the number of unrelated systems used to answer callers' inquiries; to complete the consolidation with different VHA Customer Relationship Management (CRM); to provide additional application improvements to telephony, chat, and messaging capabilities.

Direct Secure Messaging Phase 2 – $10.0 million
Direct Secure Messaging consists of critical components of the Veterans Lifetime Electronic Record (VLER) framework to share healthcare information between federal agencies and non-federal entities and thereby supporting quality and efficient healthcare for Veterans and active

Service members. This project will focus on developing additional functionality that provides the secure exchange of medical record information between the VA, Department of Defense, and private sector partners. This initiative will improve the user experience and streamline system performance.

Medical Care Collections Fund (MCCF) EDI Transaction Applications Suite Phase 1 – $9.1 million

The Health Insurance Portability & Accountability Act (HIPPA) requires industry-wide standardization of Electronic Data Interchange (EDI) transactions. This project adds system checks and reporting functions to the Medical Care Collections Fund (MCCF). Implementing new EDI standards and operating rules allows VHA to continue exchanging data with insurance payers, and maintain the flow of revenue to VHA.

Claims Processing and Eligibility – $5.9 million

This project will implement current and future legislative mandates to increase system automation, accuracy and reporting to support benefits for Veteran Family Members. The 2019 funding will continue to support VA's efforts to reduce the length of time it takes to process disability claims.

Suicide Prevention

eScreening/Alternative Suicide Prevention Efforts – $7.5 million

This effort will alert clinical personnel to critical patient health needs by capturing specific data from patient self-assessment to be used by the clinician to generate notes in patient records. eScreening's overall importance to VA lies within its ability to improve the efficiency of existing or planned screening procedures. The application improves care by scoring Veteran assessments in real-time, alerting VA personnel and auto-generating clinics. The 2019 funds will allow OIT to remove the financial barriers by automatically adjusting or eliminating copayment amounts for outpatient visits and medications for individuals at high risk for suicide, while also automatically dispensing a naloxone rescue kit with all new prescriptions for opioids.

Methadone Dispensing Tracking – $2.8 million

This effort supports the implementation of a national automated solution for pharmacy dispensing of methadone and its integration into the Computerized Patient Record System (CPRS). Currently, tracking of methadone dispensed in output opioid substitution programs is done manually, leaving significant patient safety risk unmitigated. This will improve treatment of substance abuse disorders, improve coordination of healthcare for Veterans involved with methadone treatment, and reduce the risk of drug interactions when other providers may be unaware that a patient is being treated with methadone. Automating tools, data collection, data accuracy, and data availability will increase the quality, efficiency and effectiveness of care, freeing additional resources for patient interactions. Further benefits include a reduction in duplication and errors of methadone orders, while also reducing instances of intensive or acute care.

Post-Traumatic Stress Disorder (PTSD) Checklist 5 (PCL-5) Phase 2 – $3.3 million
The 2019 funding will provide PCL-5 MHAS are Mental Health tools to allow clinicians to identify, diagnose, and treat PTSD. The tool directly integrates with both VistA and Computerized Patient Record System (CPRS) to provide a cohesive record of PTSD status and treatment. This project is directly linked to Veteran suicide prevention and intervention.

National Clozapine Coordination Phase 3 – $3.0 million
The National Clozapine Coordinating Center has responsibility for tracking all Clozapine prescriptions and insuring that FDA requirements are met. VA currently lacks a means to automatically transmit Clozapine data from the VA's National Clozapine Registry to FDA registry as required by the FDA. Much of the clozapine tracking and processing has not been automated leading to potential risks with manual processing and delays in prescription approvals.

Mental Health Suicide Prevention Phase 3 – $2.9 million
This effort will revise the current full mental health evaluation measurement to ensure the measurement is calculated to reflect the Veteran's wait time experience upon contact with the mental health clinic or the Veteran's referral to the mental health service from another provider to the completion of the evaluation. Current informatics systems are inadequate to address this need and require IT improvements to codify elements of mental health care not currently captured as data. It will also provide mental health clinical and administrative staff tools to fully track pending needs and provide access during the entire course of care for Veterans receiving mental health services.

Modernizing our Systems

Platform Support for Electronic Health Record Modernization (EHRM) - $16.8 million

The following programs will support the platform Modernization effort. Funding for EHRM is in a separate funding request.

My HealtheVet – MHV Veteran-Facing Enhancements Phase 3 – $6.0 million
My HealtheVet is a web-based application that creates a new, online environment where Veterans, family, and clinicians may come together to optimize Veterans' health care. It provides Veterans opportunities and tools to make informed decisions and manage their health care. Web technology will combine essential health record information enhanced by online health resources to enable and encourage patient/clinician collaboration. The implications of My HealtheVet are far-reaching. Clinicians will be able to communicate and collaborate with Veterans more easily. The new online environment will map closely to existing clinical business practices, while extending the way care is delivered and managed. As Veterans build up their lifelong personal health records, they will be able to choose to share all or part of the information in their account with health care providers, inside and outside VA. This has the potential to dramatically improve the quality of care available to our nation's Veterans. The goals of this effort are to provide Veterans with electronic access to their health records; support Veterans in their self-managing weight care; provide Veterans access to Patient Education Management System (PEMS); enhance MHV's major features such as user navigation, RxRefill, appointments and Secure Message (SM) capabilities.

My HealtheVet – MHV Infrastructure and Interface Enhancements Phase 3 – $4.3 million
The MHV Veteran user base is growing rapidly while the underlying code base is over eight years old, which makes it costly to support current and future system improvements. Improving the online experience with single sign-on (SSO), Veterans will need a single username and password to conduct online business with VA. MHV is also a critical component for VA to comply with the Affordable Care Act (ACA) Meaningful Use regulations. MHV Infrastructure and Interface Enhancements Phase 3 will allow for the upgrade of all hardware and code refactoring, which constitutes the infrastructure for the MHV application. MHV will interface with internal VA or external systems using appropriate authentication methods by way of an Application Programming Interface (API) or by providing SSO capabilities.

Patient Records [System (CPRS)] – Computerized Patient Record System (CPRS) Enhancements Phase 2 – $4.0 million
The primary goal of CPRS is to provide fast and easy-to-use tools that give providers and employees information needed in the clinical workflow process to increase their effectiveness and efficiency. Each of the improvements in functionality directly improves users' abilities to navigate CPRS and more efficiently, complete their documentation of Veteran care, including the use of tools to communicate next steps, placing orders, and consults. Improvements in user efficiencies allow more time for direct patient care, supporting strategic themes, such as access and reduction in wait time, improving the ability to conduct medication reconciliation and safety.

Registries – Veterans Integrated Registries Platform (VIRP) – $2.5 million
Veterans Integrated Registries Platform (VIRP) will be a centralized architectural platform for the national health registries program, which includes other registries for mental health and homeless Veterans. Funding will provide development capabilities and features that will minimize the duplication of effort among the various registries, as well as maximize VA's ability to support the rapid development of new "quick reaction" registries. Specifically, the VIRP Framework consolidates all registries into one web portal that utilizes common business logic and data through the use of design patterns.

Improve Timeliness of Services

Digital Health Platform – Ancillary and Surgery Requirements Updates – $9.5 million
This is an umbrella program for keeping Legacy Systems clinically current for surgery, lab, pharmacy, and radiology.

Telehealth Services – A Telehealth Hub Initiative and Interfacility Access – $6.0 million
As a supplement and augmentation to in-person healthcare, the Telehealth Expansion, Hub, and Interfacility Access solution will provide the capability, telehealth tools, devices, and processes allowing providers to efficiently and effectively provide quality healthcare to Veterans, irrespective of provider or location. The initiative will support enhanced access to quality, state-of-the-art health care in underserved areas and at the locations most convenient to Veterans. The initiative will expand the ability to remotely diagnose, consult, treat, transfer medical data, and provide patient education, both synchronously and asynchronously. The Telehealth Expansion, Hub, and Interfacility Access solution will improve the access, delivery, and efficiency of care for the Veteran population and support modernization of the healthcare system. One of VHA's

aims in the expansion of telehealth is to enhance accessibility of clinical services and increase its capacity for care in rural and underserved areas.

Registries – Homelessness Status Query and Response Exchange System (SQUARES) – $0.6 million

Currently between 15 and 20 percent of homeless Veterans are ineligible for VHA services. SQUARES is currently used by both VA staff and its community-based partners within a Continuum of Care (CoC) to immediately establish whether a homeless person is a Veteran. The new improvements will enable the efficient identification of Veterans who are either eligible for, or already enrolled in VHA care. These enhancements will make it easier for community providers to identify homeless Veterans quickly.

Registries – Homelessness Encrypted Email to Replace Fax – $0.2 million

This project manages the implementation of the Virtru Pro commercial off-the-shelf (COTS) software package across VA's email solution. This Internet-based (cloud) service provides users the ability to encrypt e-mail from their email application (e.g. MS Outlook) and securely deliver it to external recipients. After creating an account, recipients are able to read and securely respond to email from their native email application (e.g. MS Outlook, Yahoo, and Gmail). Currently, VA relies on fax machines to send/receive secure messages from external users.

Health Operations and Maintenance

Health Operations and Maintenance provides sustainment funding for existing technology that is critical to the success of the Veterans health care IT system mission to deliver reliable, accessible, and timely health care services to our nation's Veterans. It supports Veterans, doctors, nurses, other health care providers, and sustainment of mission-critical, patient safety applications.

In 2019, mandatory sustainment funding covers software licenses, hardware maintenance, telecommunications, and IT support contracts that directly support the Health portfolio. These items are considered as "must pay" requirements and recur on an annual basis. In addition to infrastructure sustainment, the Health portfolio supports Health Provider Systems that cover all aspects of patient care and treatment, as well as web-based technologies and applications such as MyHealtheVet.

Health Operations and Maintenance detail is located in Appendix F.

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2019 Benefits Portfolio

The Benefits Portfolio addresses the technology needs for the lines of business managed by the Veterans Benefits Administration (VBA): Compensation, Pension, Loan Guaranty, Insurance, Education, and Vocational Rehabilitation.

The Benefits Portfolio provides support for essential programs and services to Veterans and their families. In 2019, the Benefits portfolio funding will be used to support the Secretary's priorities of replacing the Benefits Delivery Network (BDN), Appeals Modernization and the development of existing and new projects.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Current Estimate		2019 Budget Request	
	DEV	OM	DEV	OM
Greater Choice for Veterans	***$ 39,423***	***$ 3,546***	***$ 36,564***	***$ 3,262***
Veterans Customer Experience - VCE	**$ 39,423**	**$ 3,546**	**$ 36,564**	**$ 3,262**
Customer Relationship Management (CRM) Platform Enhancements	$ 24,271	$ 2,516	$ 22,164	$ 2,334
Self Service Applications (Navigator Concept)	$ -	$ -	$ 7,900	$ -
Veteran Oriented Interactive Customer Evaluation (VOICE)	$ -	$ -	$ 4,500	$ -
VETS.GOV	$ 15,000	$ 1,000	$ 2,000	$ 928
Vocational Rehabilitation and Employment (VRE) DME	$ 152	$ 30	$ -	$ -
Modernizing our Systems	***$ 67,404***	***$ 3,500***	***$ 93,051***	***$ 1,626***
Veterans Customer Experience - VCE	**$ -**	**$ -**	**$ 11,000**	**$ 1,626**
Enterprise Health Benefits Determinations (EHBD) Phase 3	$ -	$ -	$ 11,000	$ 1,626
Replacement of Benefits Delivery Network (BDN)	***$ 59,904***	***$ 3,500***	***$ 79,551***	***$ -***
Benefit Systems	**$ 10,404**	**$ -**	**$ 31,721**	**$ -**
Other VBA Legacy System Migration/ Decommissioning	$ -	$ -	$ 11,721	$ -
VETSNET Decommissioning	$ -	$ -	$ 10,000	$ -
BIRLS Migration / Decommissioning	$ -	$ -	$ 10,000	$ -
VETSNET Finance and Accounting System (FAS) Phase 2	$ 10,404	$ -	$ -	$ -
Education Benefits (previously Chapter 33)	**$ 21,000**	**$ 1,000**	**$ 37,830**	**$ -**
Education Claims Processing Integration Consolidation	$ -	$ -	$ 27,830	$ -
EFolder Enhancements	$ -	$ -	$ 10,000	$ -
Benefits Delivery Network (BDN) Migration to Finance Accounting System (FAS)	$ 21,000	$ 1,000	$ -	$ -
Veterans Benefits Management	**$ 28,500**	**$ 2,500**	**$ 10,000**	**$ -**
Claims Automation	$ -	$ -	$ 10,000	$ -
VBMS Phase 6 DME	$ 28,500	$ 2,500	$ -	$ -
Replacement of Veterans Appeals Control and Location System (VACOLS)	***$ 7,500***	***$ -***	***$ 2,500***	***$ -***
Benefits Appeals	**$ 7,500**	**$ -**	**$ 2,500**	**$ -**
Appeals Modernization - Board of Veterans Appeals (BVA)	$ 7,500	$ -	$ 2,500	$ -
Benefits Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 299,430**	**$ -**	**$ 253,794**
Total Benefits Portfolio	**$ 106,827**	**$ 306,476**	**$ 129,615**	**$ 258,682**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory, Modernization and Enhancement.

Greater Choice for Veterans

Customer Relationship Management (CRM) Platform Enhancements – $22.2 million

As an integral component of VA's Enterprise Contact Center Modernization, the CRM Program is key to empowering and serving Veterans and other clients with accurate, secure on-demand access to information about VA's benefits and service.

As a result of deploying CRM software to user communities and contact centers, the following legacy systems are planned to be replaced and retired:

- Health Resource Center's Siebel system
- Veterans Crisis Line's Medora system
- Corporate Waco-Indianapolis-Network-Roanoke (CWINRS) System

Implementation of the core CRM common application platform has and will continue to support VA's Contact Center Modernization effort by providing a highly capable call center and case management solution that improves work management, time management, and data accuracy in order to improve customer service to Veterans and their families. The project will create a CRM common application platform to streamline business processes, improve call quality, increase calls per agent, reduce call length, reduce call wait times, improve first call resolution, and enhance value to the Veteran.

Self Service Applications (Navigator Concept) – $7.9 million

The total request for the Navigator concept is $12.9 million, with $7.9 million supporting development efforts and $5 million for operations and maintenance. Operations and Maintenance support is discussed at the end of this section, under Benefits Operations and Maintenance.

Veterans and Service members report difficulty navigating benefits and services available to them, both within VA and outside of VA, and answering "what's next" throughout their life journey. In addition, we are not well equipped to resolve all of these Veterans' challenges. Veterans must navigate a landscape of over 1,800 individual contact centers and thousands of dedicated customer support phone numbers with no single source or "front door" available. Integration and coordination of various outreach programs are often fragmented, inefficient, under-resourced, or lack metrics to determine effectiveness. Serving in a Navigator role would help us seamlessly navigate Veterans to those entities best equipped to meet their needs. Development funding will support the following coordinated initiatives that will enhance the Veteran experience:

- User-Friendly Tools and Navigation of Local, Non-VA Services – Develop a self-service capability on Vets.gov co-designed with Veterans that will allow easy and understandable navigation of benefits. Train and/or reallocate employees to proactively help Veterans navigate VA and non-VA benefits. Strategically partner with Community Veteran Engagement Board (CVEB) networks and designated Veteran-Friendly Communities to connect Veterans with non-VA Services.
- Development of a National Outreach Strategy – Align and integrate our outreach efforts and capabilities across VA guided by a community of practice to govern how to best conduct outreach that is efficient, streamlined, and measurably effective.

Veteran Oriented Interactive Customer Evaluation (VOICE) – $4.5 million

The effort is critical component to creating a seamless touch-point between VA, the Veteran, their eligible dependent, or a VA employee. The objective is to obtain near real-time customer feedback to improve the Veteran's experience provided by VA. VOICE is a Customer Experience Management solution (CEMS), Software-as-a-Service (SaaS) implementation hosted in the Amazon Web Service (AWS) cloud that provides survey and case management solutions to

collect feedback on services provided by various organizations throughout VA. The solution is capable of supporting 150,000 case management users, 350,000 dashboard users, and 3-5 million respondents. The SaaS product selected and being implemented is Medallia. The end goal is to provide a mechanism for near real-time understanding of the current customer and employee experience to improve the speed of service delivery and recovery.

Vets.gov – $2.0 million

In 2015, VA performed an inventory of its customer-facing websites and determined it had 42 call centers, 220 databases, 9,561 toll-free (800) numbers, and over 1,000 websites that Veterans had to navigate to access benefits. Vets.gov was established to create a single online point of contact for all interactions, as well as to help Veterans easily discover, apply for, track, and manage the benefits they have earned. The unification of these sites will provide a seamless user experience and improve technical performance, while also lowering operating and sustainment costs. The migration and unification of these sites, centers, and tools into the Cloud-based Vets.gov platform began with the beta release in November 2015. The creation of Vets.gov content is an ongoing collaborative effort between Veteran users and the Digital Service at VA (DSVA) team. All content and features are Section 508-compliant, accessible through mobile applications, and written clearly to improve the user experience. Combined, these features allow for easy access, use, and reduction in calls to VA call centers. New enhancements to Vets.gov will help Veterans determine their benefit eligibility, locate facilities, apply for health care, track claims and appeals, and manage their prescriptions. The new facility locator tool allows Veterans to find nearby locations that provide desired services, contact information, and map directions.

Modernizing our Systems

Enterprise Health Benefits Determination (EHBD) – $11.0 million

Enterprise Health Benefits Determination validates Veteran eligibility and enrollment for health care and shares data used for key scheduling, Community Care and Veterans Choice third party health care, and other VA initiatives; it is also related to the Enrollment Systems Modernization effort.

Benefits in completing this project include:

- Decreased time to approve eligibility and enrollment for health care and reduction in manual intervention;
- Enhanced Veterans Health Identification Card (VHIC) to improve audit capabilities;
- Integration with enterprise VAST service to improve management of medical center location services;
- Expands address management capabilities to improve communications;
- Enhances Health Benefit Handbook automation capabilities;
- Expands Enterprise Registration to better track Veteran demographics;
- Supports Community Care Network changes and future interfacing with third party administrators billing care for Veterans Choice;

Replacement of the Benefits Delivery Network (BDN)

Benefits Delivery Network (BDN) is the legacy system employed by VBA to process entitlements for three of the five business lines: Compensation and Pension, Education, and Vocational Rehabilitation and Employment. It is a very antiquated system. Application expertise is lost through attrition, and VA loses the ability to react to the increasing risk of older system maintenance, requirements brought by external agencies through changes in law, and interfacing with internal and external systems. With a decreasing support base for BDN changes to components, the system's operational risk continues to increase. Modernization will permit the Education Service to synchronize with the VBA-wide move to the Financial Accounting System (FAS), ensuring timely education benefits payments to Veterans and their beneficiaries.

Benefit Systems

Other VBA Legacy System Migration/ Decommissioning – $11.7 million
The purpose of this effort is to identify, migrate, and decommission systems and/or applications that are aging and pose a risk to timely delivery of benefits and services to Veterans. This effort will identify alternative platforms, such as the Benefits Integration Platform (BIP), for migration with a dual effort to reduce the number of system interfaces currently utilized by VBA. 2019 funding will support any residual migrations that didn't complete in 2018, such as any remaining chapters (other than Chapter 33) and Loan Guarantee, that can migrate to BIP. The overarching plan is for VBA to use BIP as a unified claims platform use it to integrate all business lines.

VETSNET Decommissioning – $10.0 million
This project will support the migration of VETSNET functions to a modernized platform and will improve fiscal accounting and payment of Veterans for multiple VBA benefits and will enable faster and higher quality claims processing, as it supports VBMS and VRM, as well as anticipated requirements for enhancements, connectivity and services to external stakeholders including Treasury, Debt Management Center, Congress and the White House. During Phase 1, the new IT system will provide timely claims processing, payments, and customer service, while also streamlining processing and minimizing manual claims work for field employees. Phase 2 will continue enhancements to FAS and other supporting VETSNET applications and infrastructure which will enable the sunset of the legacy BDN and BIRLS systems, while providing continued improvements to the VETSNET architecture in support of VBMS and VRM. These projects are crucial to migrating education benefits from BDN over to VETSNET, while also addressing legislative and policy mandates as they develop.

BIRLS Migration / Decommissioning – $10.0 million
Beneficiary Identification and Records Locator (BIRLS) Migration is to transition the 48 million Veteran records currently supported by the database mainframe into an enterprise supported system. Migration will allow for continuous functionality during the decommissioning of the Benefits Delivery Network and will support the transformation of the OIT away from high risk legacy systems by maximizing shared services.

Education Benefits (previously Chapter 33)

Education Claims Processing Integration Consolidation – $27.8 million

This effort provides greater access to Education benefits for Veterans, Service members, and eligible dependents. This consolidation will provide agency management support, while also empowering Veterans to access functions that deliver the benefits provided under legislative mandates, improving education benefits for surviving spouses of Service members who have died in the line of duty, and ensuring Veterans are able to take advantage of education benefits, regardless of their residence location. Education Claims Processing Integration Consolidation is required to continue to deliver and expedite education benefits in a timely fashion, keep pace with the increased volume in education benefit claims, reduce wait times for eligibility confirmation, improve the business process flow for Veteran claims examiners, prevent delay in delivery of legislatively mandated entitlements to Veterans, and reduce the risk of Veteran Personal Identifiable Information (PII) exposure. 2019 Funds will also support the implementation of Forever GI Bill provisions and the transition of overall Education Services IT capabilities to more modern platforms. This would include retiring any residual portions of the Business Delivery Network (BDN) not completed in 2018 as well as the potential transition of Education Services to a Managed Services environment.

eFolder Enhancements – $10.0 million

A major feature of VBMS is the Electronic Folder (eFolder), which is used to electronically store claim-related documents and evidence, as well as the management and automation of the VBA claims process. Features released into VBMS production to-date enable VA to electronically establish claims, manage documents, perform claim development tasks (gather evidence), evaluate evidence, make rating decisions, generate awards, and support appeals. Through this functionality, VBMS has increased efficiencies for Veteran disability claims processing, improved the quality of service for end-users and Veterans, reduced inventory backlog of Veteran claims, and ensured the timely and accurate delivery of monthly disability benefits to Veterans.

eFolder enhancements will capture all Veteran non-Health related information into one designated repository. This involves transitioning from an application-centric model to one focused on delivering enterprise business capabilities across VA's lines of business, while also capitalizing on investments to date to achieve interoperability goals and improve service delivery to Veterans and their beneficiaries. eFolder Enhancements will support VBA's desired integrated electronic operating environment and provide the ability to empower Veterans, engage business partners, and enhance VA operations across the enterprise by providing more immediate access and transparency to Veteran documents, reducing the number of FOIA/document requests across VA, while ultimately decreasing the strain on personnel resources.

Veterans Benefits Management

Claims Automation – $10.0 million

Claims Automation will enhance the Veteran experience by adding self-service features, remove duplicative efforts, and reduce legacy system dependency. By enabling Claims Automation, VBA can create a consistent and repeatable process enriching both the Veteran and employee experience. Reducing the number of manual activities will lead to fewer errors, thereby improving the quality of service delivered to Veterans and qualifying dependents. Claims

Automation will enable the retirement of multiple legacy systems by removing the cumbersome access to each while streamlining the process. Claims Automation is necessary to the delivery of timely and immediate benefits to Veterans. Claims Automation increase timely requests for routine claims management, expedite centralized outbound correspondence, and provide instant access to education benefits. Additional benefits include granting the Veteran more control of individual VBA benefits processing and empowering the Veteran to achieve real-time decisions through self-service.

Replacement of Veterans Appeals Control and Location System (VACOLS)

Appeals Modernization – $2.5 million

OIT is streamlining benefit claim appeals processing at the Board of Veterans Appeals (BVA) by partnering with the Digital Services at VA (DSVA). The goal is to iteratively replace the functionality of the Veterans Appeals Control and Locator System (VACOLS), built in the 1980s, with a new automated, integrated, easy-to-use, commercially developed system called Caseflow. Development of Caseflow began with the deployment of the first Caseflow application, Caseflow Certification in April 2016, and has since continued with the deployment of multiple Caseflow applications.

Caseflow consists of multiple web-based applications focused in all areas of appeals processing, from certification of appeals and intake through the Boards dispatch process. Caseflow is being iteratively developed using agile methodologies, including Continuous Integration and Continuous Deployment. It is being built with input from users, and because of the ability to deploy new code to production as frequently as multiple times per day, new features are being pushed to users on a daily basis. The Caseflow codebase is fully open-source, and can be accessed at https://github.com/department-of-veterans-affairs/caseflow.

While this development project was initially focused solely on the deprecation and replacement of the legacy VACOLS system – one of VA's oldest legacy IT systems, DSVA has incorporated into its timeline and budget the Department's required changes to implement the Veterans Appeals Improvement and Modernization Act of 2017, which became law in August 2017.

In 2019, the Appeals Modernization project will achieve the following benefits:

- Continue the deprecation of VACOLS with Caseflow-based tools and functionality that are required to more effectively and securely process appeals (Caseflow Certification, Caseflow Queue, Caseflow Dispatch, Caseflow Hearing Scheduling, and other Caseflow applications);
- Provide tools to enable BVA to more efficiently and accurately issue appeals decisions (Caseflow Reader, Caseflow Hearing Prep, Caseflow eFolder Express);
- Enable BVA to implement the Appeals Modernization Act by ensuring that the multiple dockets created by the law can be managed in compliance with the statute (Caseflow Queue);
- Improved Veteran experience by enabling transparency of appeals processing for both legacy appeals and those in the new appeals framework (Vets.gov Appeals Status).

Benefits Operations and Maintenance

Benefits Operations and Maintenance provides sustainment funding for existing technology that is critical to the success of providing Veterans timely access to benefits. It supports the Veterans Customer Experience - VCE and existing systems such as Veterans Appeals, Education Benefits (previously Chapter 33), and Compensation. In 2019, sustainment funding also covers software license, hardware maintenance, telecommunications and IT support contracts that directly support the benefits portfolio. These items are considered as "must pay" requirements and recur on an annual basis. In addition to infrastructure sustainment, the benefits portfolio includes the existing Veterans Benefits Management System (VBMS) and Veterans Network (VETSNET), which is VBA's mission-critical system, used at every VA Regional Office across the country and overseas to process compensation claims. Given the criticality of VBMS to VBA operations and delivery of benefits to the nation's Veterans and beneficiaries, it is imperative that the system has the appropriate infrastructure to remain operational at all times. When the system is down there is a direct impact to the number of claims being processed.

The VCE project management office functions and supports the mission to build trusted, lifelong relationships with Veterans and their families. In addition, VCE's responsibility is to provide the collaborative processes, tools, resources and management-construct to deliver technology-enabled customer service capabilities throughout the VA enterprise. In order to accomplish this, VCE partners with the administrations to design and implement excellent care and benefit experiences that prioritize the perspectives and needs of Veterans, their families, supporters, and communities.

Operations and maintenance funding will support the Navigator Concept's Contact Center Modernization ($5 million) in an effort to pursue an Enterprise Model that is consistent with industry best practices and leverages and optimizes existing technology and workforce investments. This approach includes consolidating the existing network of centers and agents into an enterprise Veteran Contact Center, redefining the network of Veteran touchpoints, modernizing contact center technology, leveraging outsourced agents to handle low complexity calls, and standardizing training and knowledge processes. This will enable Veterans, Service members and their families to access information, benefits and services anywhere, anytime.

Benefits Operations and Maintenance detail is located in Appendix F.

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2019 Memorial Affairs Portfolio

The Memorial Affairs Portfolio provides support for modernization of applications and services for National Cemeteries cared for by the National Cemetery Administration (NCA) at 135 locations nationwide. In 2019, the Memorial Affairs portfolio funding will be used to support the Secretary's priority of replacing the Burial Operations Support System (BOSS). This legacy system has been around for 24 years and no longer fully meets the needs of NCA and Veterans.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Current Estimate		2019 Budget Request	
	DEV	OM	DEV	OM
Modernizing our Systems	***$ 20,968***	***$ 1,800***	***$ 18,800***	***$ 1,670***
Replacement of Burial Operations Support System (BOSS)	***$ 20,968***	***$ 1,800***	***$ 18,800***	***$ 1,670***
Memorials Automation	**$ 20,968**	**$ 1,800**	**$ 18,800**	**$ 1,670**
Memorials Benefits Management System (MBMS)	$ 2,000	$ 600	$ 18,800	$ 1,670
Memorials Cemetery Management Modernization Phase 2	$ 9,100	$ -	$ -	$ -
Memorials Integrated Scheduling	$ 3,800	$ 200	$ -	$ -
Memorials Enhanced Reporting and Business Intelligence	$ 3,600	$ 200	$ -	$ -
Memorials Veteran Eligibility Modernization DME	$ 2,000	$ 800	$ -	$ -
Memorials Pre-Need/Enterprise Veteran Self Service	$ 468	$ -	$ -	$ -
Memorials Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 1,736**	**$ -**	**$ 1,611**
Total Memorial Affairs Portfolio	**$ 20,968**	**$ 3,536**	**$ 18,800**	**$ 3,281**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory, Modernization and Enhancement.

Replacement of Burial Operations Support System (BOSS)

Memorials Benefits Management System (MBMS) – $18.8 million

The legacy platform currently in use has been supporting National Cemetery Administration (NCA) for 24 years. While it has been continuously updated over that time and the hardware and software components are solid, they are not congruent with the OIT roadmap for future systems. Additionally, the application software code has been enhanced by several development teams, resulting in inconsistent and obscure coding. The Cemetery Management component of the overall NCA strategy is utilizing a Commercial Off-the-Shelf (COTS) approach to replace some of the legacy capabilities.

Shared Services Platform: VA is migrating to an overall integrated systems architecture that allows for end-to-end management of Veteran information and engagement across VA administrations. This integration requires the re-architecting of the NCA infrastructure to eliminate isolated Veteran data storage, the redundant implementation of policies and standards, and redundant authoritative Veteran data sets.

Memorials Benefits Delivery: Supports the transformation of NCA by enhancing and improving the delivery of Memorials Benefits IT capabilities. The program intends to leverage VA's modern platform for data flow interchange. This new capability will provide interoperability with external systems, allowing Veterans and end users to save time with faster eligibility and forms processing capabilities, improved end-user functionality, end to end decedent chain of custody tracking, and real time Veteran case status.

The Memorials Benefits Management System (MBMS) is an overarching Development program to replace BOSS-E in the long term as one of the Secretary's "Bold Initiatives" which aligns to

the Secretary's top priority to Modernize VA Systems. Additionally, this will enable NCA to provide expanded services to Veterans and their families. The 2019 funding will complete the second phase of the MBMS/BOSS-E replacement project (called MBMS-2) which provides the bulk of the needed functionality. Any cost avoidance or cost savings would be realized through efficiencies at the cemeteries that are gained through a modernized system that is integrated across the VA IT architecture. The following major areas of functionality are included in MBMS-2:

Memorials Cemetery Management

This initiative will provide the NCA with next generation modernization by leveraging enterprise solutions to improve VA cemetery inventory management, planned workforce efficiencies, and will also improve accuracy of remains tracking and mapping. This will involve implementing extensive infrastructure improvements at 135 national cemeteries in 40 states. This initiative will enable NCA to locate burial plots and facilities utilizing GIS-based map visual representations. This initiative will also enable NCA to use these new technologies to plan and track movement of remains or headstones and processing of work orders for interment and cemetery services.

Memorials Integrated Scheduling

This initiative will integrate the NCA business rules for events and resource scheduling with an enterprise scheduling solution by providing a rule based scheduling engine that automatically provides a scheduler with available and next available windows for receipt of remains. This initiative will significantly reduce the amount of time necessary to perform integrated scheduling while reducing errors in order to comply with established cemetery regulations.

Memorials Enhanced Reporting and Business Intelligence

This initiative will implement a reporting tool that will enable search, sort and retrieval of demographic, meta, trend and performance data on the NCA data repository while maintaining the information privacy protections of deceased Veterans. This initiative will provide NCA with a data repository that will assist producers and consumers in mining data related to Veterans, cemeteries, visitors, and claims delivery.

Memorials Veterans Benefits Modernization

This initiative will provide technologies for NCA claims processor in delivering survivor benefits by capturing, processing, and finalizing benefits orders through a unified user interface. This initiative will also support initial capabilities for self-service interactions and requests for NCA benefits. The initiative will provide increased benefits delivery efficiency to Veterans and their families by improving Veteran benefits ordering capability, entitlement rules for benefits management, detailed ordering design and configuration, and delivered benefit tracking and closeout.

Memorials Veteran Eligibility Modernization

The Memorials Veteran Eligibility Modernization initiative will apply NCA eligibility rules and automate many of the Veterans verification and eligibility determination steps necessary to receive NCA benefits. This initiative will provide validation of the Veteran's information to determine their eligibility for memorial and burial benefits.

Memorials Operations and Maintenance

Memorials Operations and Maintenance provides sustainment funding for existing technology that is critical to the success of NCA programs. Sustainment funding supports the following:

- A standardized and automated tool for cemetery staff to conduct the interment process and create other workflows to ensure best practices are always used and the process can be reviewed for accuracy. This allows NCA to continuously improve and monitor the accuracy of tracking remains and ensuring confidence in the delivery of service for Veterans;
- The automation of the Interment Notice initiative, which eliminates manual checklists and signatures. Gravesite Information will be pre-populated with decedent information and adjacent gravesite information. The foreman and field crew will be able to use hand held devices to update the completion of burials in real time. By leveraging automation for NCA caretaker activities, NCA can reduce redundant data entry efforts, provide better reporting and tracking to assure the Veteran a robust and accurate interment process is implemented and continuously monitored for accuracy.

Memorials Operations and Maintenance detail is located in Appendix F.

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2019 Corporate Portfolio

The Corporate Portfolio consists of the back office operations that are major contributors to running the business lines of the Department and support for the Office of Management; Office of Acquisition, Logistics and Construction; General Counsel; Human Resources; etc.

In 2019, the Corporate Portfolio funding will be used to support the Secretary's priority of replacing the Financial Management System and maintaining existing major corporate systems.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Current Estimate		2019 Budget Request	
	DEV	OM	DEV	OM
Modernizing our Systems	***$ 79,500***	***$ 25,080***	***$ 78,571***	***$ 8,316***
Replacement of Financial Management System (FMS)	***$ 60,000***	***$ 23,000***	***$ 65,971***	***$ 6,850***
Financial and Acquisition Management Modernization	**$ 60,000**	**$ 23,000**	**$ 65,971**	**$ 6,850**
Financial Management Business Transformation (FMBT) Phase 1	$ 60,000	$ 23,000	$ 65,971	$ 6,850
Infrastructure Improvements and Streamlining	***$ 19,500***	***$ 2,080***	***$ 12,600***	***$ 1,466***
Human Resources	**$ 10,000**	**$ 1,830**	**$ 12,600**	**$ 1,466**
Human Resources (HR) Smart Phase 4	$ 2,400	$ -	$ 12,200	$ 1,392
Talent Management System (TMS) Upgrade	$ 400	$ 80	$ 400	$ 74
Human Resources Line of Business (HRLOB) ePerformance	$ 2,400	$ 500	$ -	$ -
Human Resources Line of Business (HRLOB) Human Relations (HR) Analytics	$ 2,400	$ 500	$ -	$ -
Human Resources Line of Business (HRLOB) Human Resources Smart (HR SMART)	$ 2,400	$ 500	$ -	$ -
Veterans Affairs - Centralized Adjudication and Background Investigation System (VA-CABS)	$ -	$ 250	$ -	$ -
General Counsel	**$ 9,500**	**$ 250**	**$ -**	**$ -**
General Counsel Legal Automated Workload System (GCLAWS) - Includes VIEWS	$ 9,500	$ 250	$ -	$ -
Corporate Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 22,519**	**$ -**	**$ 43,541**
Total Corporate Portfolio	**$ 79,500**	**$ 47,599**	**$ 78,571**	**$ 51,857**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory, Modernization and Enhancement.

Modernizing our Systems

Replacing the Financial Management System (FMS)

Financial Management Business Transformation (FMBT) Phase 1 – $65.9 million

VA has considered the replacement of its aging financial system architecture since 1999. Two major efforts were initiated and cancelled: the Core Financial and Logistics System (CoreFLS) in 2004 and the Financial and Logistics Integrated Technology Enterprise (FLITE)/Integrated Financial Accounting System (IFAS) in 2010.

The cancellation of these programs led to the proliferation of system enhancements, workarounds, and the development of add-on systems, resulting in a fragmented financial system environment. The Financial Management System (FMS) was installed in 1994 and is past its useful life. It no longer meets VA's requirements, cannot adapt to emerging requirements and federal financial regulations, has significant deficiencies, is approaching limits for time available to process batch data, and is extremely difficult to maintain.

As directed by OMB Memorandum M-13-08, Improving Financial Systems through Shared Services, VA has launched the Financial Management Business Transformation (FMBT)

program to transition VA from its legacy FMS and related systems to a modernized financial management system solution. The FMBT program vision is to provide VA with a modern financial management solution with transformative business processes and capabilities that enable VA to meet its financial goals and objectives in compliance with financial management legislation, directives, and best practices. FMBT will increase the transparency, accuracy, timeliness, and reliability of financial information, resulting in improved fiscal accountability to American taxpayers. It offers a significant opportunity to improve VA financial operations.

In September 2016, in accordance with OMB 13-08, and working with the GSA Unified Shared Services Management (USSM) Office, VA completed an evaluation with the Department of the Treasury (Treasury), and United States Department of Agriculture (USDA) in order to determine the best Federal Shared Service Provider (FSSP) to provide financial services for the VA, and selected USDA as their FSSP. In December 2017, USDA officially withdrew as an FSSP and would no longer serve in support of VA's modernization effort. USDA and VA agreed to an orderly transition in accordance with a comprehensive transition plan.

The project is expected to begin the Migration and Operation Phases starting in the first quarter of fiscal year 2018. During these initial phases, existing financial and acquisition data will be migrated in a disciplined manner to the Integrated Financial and Acquisition Management System (iFAMS) solution. Additionally, the Department will begin moving selected financial management capabilities to iFAMS.

The FMS Modernization project will achieve the following benefits:

- Improve data acquisition, processing, integration, and access
- Provide adequate processing capacity
- Provide better data analysis, data management, automated data reconciliation, and automated consolidated financial statements
- Meet new and emerging federal accounting regulations, such as the Digital Accountability and Transparency (DATA) Act
- Maintain compliance with laws, regulations, and best practices to improve management and avoid irregularities discovered in audits

The 2019 funding will be used to:

- Continue the software development and integration activities required to revise or rewire existing VA applications to iFAMS
- Fund required data cleansing, conversion, and migration activities
- Fund additional security controls and hosting environments required for the protection of sensitive Department data and Protected Health Information and Personally Identifiable Information of Veterans
- Establish the centralized data warehouse necessary for the extensive volumes of financial and acquisition data located in a variety of existing systems
- Purchase licenses for specific purposes such as data cleansing and interface analyses.
- Provide necessary program management, interface analysis, testing, and technical support to augment the government expertise

Infrastructure Improvements and Streamlining

Human Resources (HR) Smart Phase 4 – $12.2 million

OIT will continue the development of an enterprise solution to provide a complete multi-dimensional picture of the workforce by integrating various HR systems that will serve as a comprehensive and authoritative data base for employee records. HR Smart is the migration of VA Human Resources Information Technology Services to a Shared Service Center in accordance with federally mandated Human Resources Line of Business (HR LOB) Initiative lead by the Office of Personnel Management (OPM) and the Office of Management and Budget (OMB). HR Smart will provide an enterprise HR shared services solution replacing Personnel and Accounting Integrated Data System (PAID). HR Smart will be leveraged to further enable the shift from manual coding to electronic processing to reduce duplicative services, streamline review process to increase efficiencies, and improve interface with key VA management systems to support accurate data exchange. HR Smart delivers transactional services efficiently and accurately, by automating more HR transactions and by shifting transactions to self-service. It standardizes diverse operations that are geographically dispersed, increases HR capacity, currently supporting a population over 370,000 VA employees.

Human Resources – Talent Management System (TMS) Upgrade – $0.4 million

The Talent Management System (TMS) Upgrade will enable the VA's legacy TMS platform to transition to the Human Capital Management (HCM) platform, known as TMS Upgrade. TMS provides training for the entire VA and its contractors in order to train associates to provide Veterans with the best possible care and assistance. After August 2018, the vendor will no longer support the TMS platform. In order to provide continued educational and leadership development to VA employees and contractors, the VA Learning Management System (LMS) needs to migrate to the HCM platform and enter production prior to August 2018.

Corporate Operations and Maintenance

Corporate Operations and Maintenance provides sustainment funding for existing technology that is critical to the success of back office operations that are a major contributor to running the business lines of the Department. This includes support for the Office of Management; Office of Acquisition, Logistics and Construction; General Counsel; Human Resources; and others.

VA was the first Cabinet-level agency to migrate HR to a private sector Shared Services Center (SSC) Provider and created the blueprint for the federal HR community on how to apply federal standards to a SSC solution in HR LOB implementations. HR Smart has also laid the groundwork for future self-service capabilities providing managers and employees more effective and efficient HR tools that create opportunity for VA personnel to focus on Veterans Initiatives and Programs.

Sustainment funding also covers existing human resource systems, such as TMS. VA's TMS satisfies the federal government mandate for agencies to maintain a single system of record for employee training. It is VA's system of record for learning and employee development. The TMS has been in operation, in various iterations, since 2007. It serves the training delivery needs of VA's over 370,000 Veteran and non-Veteran employee population. The TMS is also accessible to an additional 200,000 Veteran and non-Veteran VA volunteers, contractors, medical

interns, and DoD employees. TMS has offered, delivered, and tracked learning, performance, competency management, accreditation, and career development activities for nearly 10 years, providing the ability for VA staff to better serve our nation's Veterans.

Corporate Portfolio sustainment funding supports Supply Chain Management application that dramatically improve logistics and supply chain data accuracy, streamline workflow processes and ensure accurate data reporting and analysis for property and consumable inventory management decision making.

Corporate Operations and Maintenance detail is located in Appendix F.

2019 Enterprise IT Portfolio

The Enterprise IT Portfolio provides the underlying infrastructure necessary to perform business functions and maintain a robust technology infrastructure for the Department. It includes such things as cybersecurity, data centers, Cloud services, telephony, enterprise software, end-user hardware, data connectivity and the IT Activations Program.

Unlike the other portfolios, it cuts across the entire organization and serves as the foundation upon which the other portfolios are built. The Enterprise IT Portfolio includes capabilities that comprise VA's core IT infrastructure and services. These capabilities underpin VA's IT mission application environment and are essential to VA's ability to deliver a secure, seamless, and unified Veteran experience through the delivery of state-of-the-art technology. Operations and Maintenance programs that can be directly allocated to other portfolios is shown in those areas of this budget submission. Within the Enterprise Portfolio, two very distinct sub-portfolios exist:

Enterprise Shared Services: Shared services that integrate mission capabilities within VA's information environment, enabling consistent sharing of information and access privileges across applications, capabilities and organizations. These services are essential to VA's ability to deliver a secure, seamless, and unified Veteran experience.

Enterprise IT Infrastructure: Activities that support the evolution of VA's core IT infrastructure. These activities underpin VA's IT mission application environment and are essential to VA's ability to efficiently and effectively deliver mission capabilities through state-of-the-art technology.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Current Estimate		2019 Budget Request	
	DEV	OM	DEV	OM
Greater Choice for Veterans	***$ 21,050***	***$ 1,000***	***$ 31,715***	***$ 928***
Cyber Security	**$ 7,800**	**$ 500**	**$ 17,000**	**$ 464**
IAM Access Services (AcS) Phase 3	$ 3,900	$ 500	$ 9,000	$ 464
IAM Identity Services (IdS) Phase 2	$ 3,900	$ -	$ 8,000	$ -
Data Integration and Management	**$ 13,250**	**$ 500**	**$ 14,715**	**$ 464**
VET360 Phase 2	$ 11,250	$ -	$ 8,755	$ -
Million Veterans Program (MVP) - CHAMPION VA-DOE Doss Center	$ 2,000	$ 500	$ 5,960	$ 464
Focus Resources more Efficiently	***$ 29,330***	***$ 850***	***$ 19,000***	***$ 789***
Data Integration and Management	$ 29,330	$ 850	$ 19,000	$ 789
Core Enterprise Services (previously Cloud, PaaS, Dev. Centers)	$ 29,330	$ 850	$ 19,000	$ 789
Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 1,272,175**	**$ -**	**$ 1,428,584**
Enterprise Operations and Maintenance	$ -	$ 932,175	$ -	$ 1,048,038
Information Security [1/]	$ -	$ 340,000	$ -	$ 380,546
Total Enterprise Portfolio	**$ 50,380**	**$ 1,274,025**	**$ 50,715**	**$ 1,430,301**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory (other than Information Security), Modernization and Enhancement.
1/ In 2019, Information Security request includes Operations and Maintenance requests from OIS, QPR and EPMO (Sustainment for Cyber Security Development in the amount of $23.4 million).

Enterprise Infrastructure Development

Greater Choice for Veterans

Identity Access Management (IAM) Access Services (AcS) Phase 3 – $9.0 million
This effort provides enterprise level authentication and authorization services that authenticate VA persons of interest and automate the granting, maintenance, and removal of electronic permissions to allow access to VA technology systems, resources, and data.

IAM Identity Services (IdS) Phase 2 – $8.0 million
This effort provides enterprise level identity services that uniquely and accurately identify individuals across the VA. It also helps to determine which VA systems the individuals and their associated identifier is located in.

VET360 Phase 2 – $8.8 million
Customer Data Integration (CDI) will Enhance Enterprise Business and Data Integration functions based on enterprise needs by rolling out authoritative data sources; planning, tracking, and reporting line-of-business (LOB) adoption progress as well as operationalizing an expanded set of authoritative enterprise (common and shared) data services for use by appropriate LOBs.

Million Veterans Program (MVP) – CHAMPION VA–DOE Doss Center Phase 2 – $6.0 million
VA is partnering with the Department of Defense (DOD) and the National Cancer Institute (NCI) to tailor cancer care for patients based on the genes and proteins associated with their tumors. The tri-agency program will create the nation's first system in which cancer patients' tumors are routinely screened for gene and protein information, with the goal of identifying targeted therapies for each individual patient. The process will also continually generate new information to boost clinicians' ability to treat the disease.

A new program, the Applied Proteogenomics Organizational Learning and Outcomes consortium, or APOLLO, is part of the wider national Cancer Moonshot initiative. APOLLO will initially focus on lung cancer in patients at VA and DOD medical centers, with plans to eventually include other forms of cancer. Some 8,000 Veterans are diagnosed with lung cancer each year in the VA system alone. APOLLO will create a pipeline to move genetic discoveries from the lab to VA clinics where Veterans receive cutting-edge cancer care. OIT will assist in this extraordinary effort by building data study marts that will enable researchers to access and analyze Veterans' health records and genomic data for approximately 20-30 research projects each year.

Focus Resources more Efficiently

Core Enterprise Services – $19.0 million
In 2019, Development funding will be used for purchased service lines such as Cloud, Platform-as-a-Service (PaaS), Software-as-a-Service (SaaS) and Development Centers.

This Enterprise portfolio services initiative will establish the foundation for a VA API gateway. It will enable rapid API and application development, decrease VA's physical infrastructure, and provide the foundation for mitigating VA IT capital expenses in the future.

Cloud, SaaS, and PaaS are critical enablers to accelerate the pace of service delivery to our Veterans. Veterans and VA will benefit from accelerated delivery times and improved products and services. As VA's infrastructure and maintenance costs decrease by migrating to purchased services, VA will increase the share of IT budget devoted to developing and procuring new solutions and products to support agency missions and our Veterans.

This program will establish the first round of enterprise SaaS, PaaS, and Cloud enterprise licenses and will set the foundation for the API gateway necessary to support the replacement of VA's electronic health record.

Benefits include: accelerated time to deliver outcomes to Veterans; increased efficiency and quality in service delivery to VA lines of business and Veterans; decreased infrastructure and other maintenance costs.

Enterprise Operations and Maintenance

The IT Infrastructure provides the backbone necessary to meet the day-to-day operational needs of VA Medical Centers, Veteran-facing systems, benefits delivery systems, memorial services, and all other IT systems supporting the Departments mission. The 2019 funding is critical to sustain essential IT requirements which have grown steadily since 2010 and are expected to continue grow to ensure the IT infrastructure platform is fully capable of providing for VA's data storage, transmission, and communications requirements.

A robust, healthy IT infrastructure is necessary to ensure delivery of reliable, available, and responsive IT services to all VA staff offices and administration customers as well as Veterans. A viable and reliable infrastructure supports VA's 21st century transformation, service level requirements for customers, and the underlying missions and strategic goals of VA.

The infrastructure investment considers the health and capacity of the IT enterprise to be a shared resource that has far reaching, complex, and interconnected consequences across the organization. It also mitigates the risk of system outages and major incidents that may potentially result in serious harm to Veterans patient safety, privacy and data integrity. Without consistent annual investment in lifecycle replacement, platform modernization, and infrastructure expansion, VA runs the risk of increasingly unreliable systems and services. The cost of replacing IT equipment that is "beyond useful lifecycle" is considerable. Annual investments are required as part of a constant lifecycle replacement program. Accumulating obsolete equipment is tantamount to accumulating a sizable "IT Debt" to be paid in the future. Key business drivers include: (1) growth in number of users; (2) new facility activations; (3) new systems and platforms released into production; (4) increases in mobile computing and communications; (5) increase in the number and complexity of IT tools; and (6) increased security complexity and requirements.

Sustainment funding is necessary to support:

- IT Support Contracts – Comprised of continuing contracts for services and support for implemented IT systems in support of the Enterprise, VA Administrations, and Staff Offices;
- Hardware Refresh – Replacement of the oldest hardware that is beyond its useful lifespan and support;
- Desktop Support – PC refresh vehicle, Microsoft Enterprise Licensing Agreement;
- Software License Maintenance – Recurring payments for existing software and existing numbers of licenses for critical operational software components;
- Hardware Maintenance – Recurring payments for extended warranty and support for critical operational hardware components;
- Infrastructure Upgrades – Platform upgrades of major systems;
- Telecommunications – Comprised of recurring payments for voice, data, wireless and video services in support of the Enterprise, VA Administrations and Staff Offices;
- National Service Desk – Single point of contact for all Tier 1 VA IT support requests;
- IT Activations Program – Funds the purchase, installation, and issuance of IT equipment for all VA Administrations. This program also funds any IT expenses occurring from the renovation of any existing VA facility, and procures IT equipment required for new employees being added due to the growth in the VA's mission.

Sustaining and enhancing the IT Infrastructure will:

- Allow OIT to explore Cloud computing business models that present a compelling opportunity for cost efficiency, provisioning speed, flexibility and scalability;
- Ensure modernization and re-engineering of the network;
- Support Data Center Consolidation and position VA to comply with Presidential mandates. In the past year VA has significantly accelerated actions associated with Data Center Consolidation. In 2017 VA closed twenty four data centers and eight closed in 2018. VA plans to close sixty more data centers at the end of fiscal year 2018. The Department will continue to put new tools in place to enhance the data center inventory and establish new classification categories for data centers in the VA environment. VA has already begun efforts to review the reclassified inventory with OMB;
- Provide new and improved service offerings, a smaller national data processing footprint, better help desk support, and a highly trained and efficient IT workforce;
- Ensure improved provisioning speed and network performance, lower operational costs, and provide an "always on" infrastructure needed for Health, Benefits, Memorial, and other VA mission critical operations.

Enterprise Operations and Maintenance detail is located in Appendix F.

Information Security (IS) – $345.3 million

<u>Security Program (CRISP) Support – $77.0 million</u>
The Office of Information Security's (OIS) Continuous Readiness in Information Security Program (CRISP) is designed to reduce information security risks across VA programs and systems. The Office of Inspector General (OIG) has highlighted a number of weaknesses in

VA's Information Security Program, including not being fully implemented in accordance with requirements specified in the Federal Information Security Management Act (FISMA). Program funding is needed to specifically address the full implementation of FISMA requirements in systems located at all VA facilities. Funding will primarily be applied to a support contract that will bring the additional staff and resources needed to continue to resolve security vulnerabilities and weaknesses. This will support VA's efforts to accelerate compliance with Federal security and privacy regulations.

Strong cybersecurity and privacy controls are critical to improving Veterans experience and will enable VA to securely provide seamless, integrated, and responsive services to Veterans. Strengthening secure access for Veterans to VA healthcare is a cornerstone of the MyVA Initiative; it will optimize VA's unique competencies in health care, benefits delivery, and memorial affairs, while also enhancing secure information sharing with external partners to support service delivery. The CRISP efforts will enable VA to better respond to and recover from the continuous and evolving sophisticated attacks against government systems. It will ultimately strengthen the VA's overall security posture, while ensuring material weakness issues are resolved.

The 2019 request will allow the Security Program to provide subject matter experts (SMEs) and security solution implementation at all major VA facilities, including medical centers and benefits offices. The support is critical to VA being able to maintain the security of Veteran and other sensitive information processed and stored in VA computers and networks. The expert CRISP support staff will perform a large set of day-to-day on-site security operations, such as installing critical security patches to resolve weaknesses in VA software and applications, assisting with security audit log analysis, conducting security incident forensic investigations, unapproved software removal, security management, access management, updating security plans and other security documentation, such as information system contingency plans and disaster recovery plans. The support staff will also perform security controls implementation, monitoring, and testing. CRISP also provides support with our medical device protection and special purpose systems. The CRISP SMEs are critical in our continual site remediation year round in preparing for and supporting annual Inspector General (IG) Audit inspections. CRISP support is also helping to develop a strong National Vulnerability Database Repository Tool (NEWT/REEF) that adds additional maturity, centralized remediation, coordination, tasking and reporting across the enterprise.

<u>Network Operations Center (NOC) – $75.3 million</u>

The Network Operations Center (NOC) is responsible for the reliable and secure transport of voice/video/data to/from the Internet Edge to the Enterprise Regional demarcation points for VA. The NOC provides services for globally distributed network gateway architecture. The gateway architecture interconnects VA's computing infrastructure to the outside world, including the Internet, other Government agencies (e.g. Department of Defense), and business partners (e.g. VBA – Payment to Portal etc.). These interconnections are integral to VA's business of providing services to Veterans.

VA's Trusted Internet Connection (TIC) architecture enables secure and reliable computer network connectivity between entities. The protection of Veterans' data is of paramount

importance. The capabilities of this program directly support current and projected future Department of Homeland Security (DHS) TIC requirements, as outlined in the DHS TIC Reference Architecture Document, Version 2.0.

VA is increasingly relying on information technology to reach and provide services to over 22 million Veterans in this country. Those services include but are not limited to: Patient care, benefits, and internment.

The NOC also implements and performs operations and maintenance on all devices that make up the TIC security Stack. This ensures all data bound for the internet does not contain PII or PHI, while all inbound data is safe and secure as it traverses VA circuits. Per VA 6500 Handbook, information systems must be deployed in a manner that protects data confidentiality, integrity, and availability. The TIC must be able to scale to support up to 100 Gbps (gigabits per second) of mixed IP (Internet protocol) traffic throughput to meet projected operational needs. FIPS 200, Minimum Security Requirements for Federal Information and Information Systems, section 3, requires the following: Organizations must implement plans for backup operations in case of an emergency; Organizations must monitor, control, and protect organizational communications at the external boundaries of the information system; Organizations must employ architectural designs that promote effective information security within organizational information systems.

Cyber Security Program – $67.4 million

The Office of Cyber Security (OCS) is responsible for advancing the overall cyber security posture of VA through enhanced visibility in VA IT systems and networks with leading edge guidance, support and tools. From this perspective, OCS is instrumental in reviewing and assessing the Department's and its mission partners' successful implementation of that policy to ensure the VA information systems, practices, policies, processes and procedures comply with federal mandates. OCS also develops and continually evaluates Department-level information security policies to ensure consistency with Federal mandates. In addition, OCS supports full-spectrum Accreditation and Authorization (A&A) related activities and is directly responsible for ensuring a comprehensive review and assessment of the applicable security controls is performed prior to the fielding of any VA system, while also ensuring security risks are understood and appropriately mitigated.

The 2019 request of $67.4 million in mandatory sustainment will support the operations and maintenance of the Cyber Security Program. Implementation of cyber security will continue past efforts designed to evolve the VA cyber posture, while improving service delivery, collaboration and risk awareness across VA information systems. In addition, the 2019 request will assist the Department in continuing to improve the security and resiliency of the underlying VA infrastructure, while also facilitating enhanced visibility, access, and functionality across the spectrum of VA services for the Veteran. Other 2019 efforts will include activities designed to enhance Continuous Monitoring capabilities using existing tools and through the procurement of additional tools with an emphasis on expanding "visibility to everything" efforts. This will also improve security status understanding and improve security compliance awareness. In addition, the 2019 funding will support the implementation of Big Data and Predictive Analytics capabilities essential to enhancing the distillation of security data to support enhanced awareness of security events and support real-time decision-making.

Enterprise Cybersecurity Strategy – $66.8 million

In 2019, the Office of Information Security (OIS) will support the VA Enterprise Cybersecurity Strategy (VA-ECST), which defines the comprehensive set of actions, processes, and emerging security technologies that will further enhance the cybersecurity of VA's information and assets and improve the resilience of VA networks. ECST was designed to align with the Office of Management and Budget (OMB) Memorandum M-16-04, Cyber Strategy and Implementation Plan (CSIP) for the Federal Government and to address many key objectives including:

- Identifying VA High Value Assets (HVAs), so that security and privacy protections can be applied commensurate with risk; and enhancing awareness of safe information handling practices so that the VA workforce, Veterans, and partners are equipped to help protect VA data and Veteran information;
- Implementing the appropriate policies, procedures and technologies that provide VA with the ability to maintain continuity of operations both during and after a cyber event; and evolving VA's resiliency to better adapt to advanced cyber threats;
- Identifying and strengthening mission critical systems and infrastructure, modernize IT, and employ an integrated, resilient architecture. VA is also committed to leveraging cloud and federal shared services;
- Integrating information security capabilities and outcomes across agency governance, business operations, and technology architecture frameworks so that VA is able to operate transparently and keep pace with evolving cyber threats as well as technological innovations;
- Building a cybersecurity workforce that is agile, multifunctional, dynamic, and flexible to adapt to an ever-changing threat environment.

In 2019, funding will allow VA-ECST to address these specific objectives and supports fundamental change in the overall VA cybersecurity capabilities. VA-ECST emphasizes the need for a defensive in-depth approach that relies on the layering of people, processes, technologies, and operations to achieve more secure VA information systems. VA will implement effective protection activities to include reducing the attack surface and complexity of VA's IT infrastructure; reducing use of administrative privileges; using strong authentication; safeguarding data at rest and in-transit; training personnel; ensuring repeatable processes and procedures; adopting innovative and modern technology; ensuring strict domain separation of critical, sensitive information and information systems; and confirming a current inventory of hardware and software components.

Implementation of VA-ECST will enable VA to better respond to and recover from the ongoing sophisticated attacks against government systems and will ultimately strengthen VA's overall security posture. VA-ECST includes actions to improve capabilities for identifying and detecting vulnerabilities and threats, enhance protections of VA assets and sensitive information, and further develop rapid response and recovery capabilities, while also ensuring readiness and resilience when incidents inevitably occur.

Security Operations Center (SOC) – $53.5 million

The Security Operations Center (SOC) provides continuous around-the-clock monitoring of the VA's network – protecting, responding to, and reporting threats. SOC personnel deter, detect,

and defeat potential threats that may adversely affect VA networks and systems. The capabilities of this program directly support current and projected future DHS TIC requirements, as outlined in the DHS TIC Reference Architecture Document, Version 2.0. VA's Network and Security Operations Center has been assigned as the TIC Access Provider for VA and must maintain a defense in-depth architecture that meets the challenges of an ever evolving threat landscape. Each year, additional requirements are levied on SOCs to meet federal mandates in regards to Continuous Monitoring, reporting, and compliance.

The SOC supports VA employees, Veterans and their beneficiaries. Proper monitoring of the VA network and its assets ensures sensitive VA data is safe from malicious viruses/worms and other cyber threats. SOC activities support VA's security workforce, as well as general VA employees, whose day-to-day activities may be severely impacted by cyber threats, security breaches, and compromises of the VA network. Continuous monitoring ensures VA can continue mission-essential functions needed to provide critical services to Veterans and their beneficiaries, as well as safeguard sensitive VA information, in the event of a cyber-attack.

The SOC serves as VA's security operations element. The SOC manages, protects, and monitors the cyber security posture of VA, coordinates externally with government incident response centers, performs threat and vulnerability analyses, reports cyber security deficiencies, develops concept of operations (CONOPS) documents and guidelines relating to cyber security incidents, performs analyses of cyber security events, maintains detailed logs and databases of VA cyber security incidents and responses, and coordinates activities such as incident management and response, vulnerability scanning, event correlation and analysis, audit log analysis, and remediation planning. The spectrum of activities also encompasses detection, pre-emption, prevention, reaction, response, and recovery.

Field Security Services – $5.2 million

Field Security Service (FSS) is a virtual organization that includes the Information Security Officers (ISOs) that support our VA Medical Centers, Regional Offices, Data Centers, Field Program Offices, and VA Central Offices including (VACO), VHA, and VBA. FSS is the "face" of information security at VA. ISOs are the on-site experts in security plans, policies and controls, and play a critical role in VA's CRISP.

VA's Medical Device Protection Program (MDPP) is a collaborative, VA-wide initiative managed and developed by the Health Information Security Division (HISD) that fosters collaboration between VHA Healthcare Technology Management Office and OIT with the primary goal of providing a safe and secure operating environment for the more than 50,000 networked medical devices that provide direct care to our nation's Veterans. MDPP is a comprehensive program with two major areas, Communications and Risk Management, which encompass all phases of the medical device life cycle from procurement to disposal.

The consistent presence and availability of ISOs throughout VA decreases the risk of information security breaches. Through the MDPP, VA is working to secure medical devices and the enterprise network in order to maintain data confidentiality, integrity, and availability and to prevent clinical service malfunction or the loss of device functionality that may negatively impact patient safety.

Field Security Services provides the following benefits to our Veterans:

- Ensures the confidentiality, integrity, and availability of Veteran and beneficiary sensitive information, networks, and systems;
- Strengthens Veteran and public confidence in the quality of VA services;
- Decreases risks to healthcare operations and benefits processing by prevention and remediation of security breaches;
- Reduces the likelihood of legal action against employees and VA as a result of a security breach.

FSS has a major role in participating in many national committees, projects, and initiatives. FSS managers provide leadership in committees such as the National Change control Board (NCCB), Security Improvement Program (SIP), Field Operations Council, VHA Business Relationship Management (BRM), and VHA/OIS Joint Security Call, etc. FSS staff provides ISO support and guidance to system owners, information owners, programs, projects, etc. FSS also:

- Expands capabilities to improve Continuous Monitoring capabilities across the Department;
- Expands "visibility to everything" and "Security Situational Awareness" efforts to enforce security;
- Manages the Information Security Programs and serves as the Principle Security Advisor for VA Medical Centers, Clinics, VBA Regional Offices, Field Program Offices, NCA and VHA/VBA Central Offices.

In support of MyVA, ISO resources will be distributed according to OIT guidance and new District boundaries.

<u>Business Continuity Support (COOP) – $0.1 million</u>
Business Continuity (BC) provides a liaison between the VA Office of Operations, Security, and Preparedness (OSP) and OIT on matters concerning Continuity of Operations and operational situational awareness. BC is responsible for developing and implementing emergency management/continuity programs that help ensure the resiliency of critical IT tasks which support VA's ability to perform its Mission Essential Functions (MEFs) and Primary Mission Essential Function (PMEF). BC maintains the OIT Continuity of Operations Plan in accordance with Departmental and Federal Continuity guidance and policies, and is responsible for ensuring OIT Emergency Relocation Group (ERG) members, Reconstitution Emergency Relocation Group (RERG) members, and Devolution Emergency Response Group (DERG) are properly trained to assume their positions.

Members of the BC OIT Liaison Watch Officer team provide coordination across VA's administrations and staff offices within the Integrated Operations Center. They also provide situational awareness to OIT leadership and support OIT emergency management activities. BC also develops tests and exercises aimed at evaluating OITs ability to respond to events and continue operations. BC provides the specific procedures and operational requirements for implementing Information System contingency planning in accordance with VA Directive and Handbook 6500, Information Security Program, and ensuring Department-wide compliance with

the Federal Information Security Management Act of 2002 (FISMA), 44 U.S.C. §§ 3541-3549. Plans are created by system owners using the ISCPA tool application and a NIST compliant template, which creates contingency and disaster recovery plans used in the event of emergencies. These plans are stored on servers owned by Business Continuity and maintained by Enterprise Operations' Governance, Risk and Compliance (GRC) tool. These servers also house other critical IT system information for OIT Leadership.

The OIT Enterprise is the backbone of the Department's ability to provide continual, quality service to its customers. Highly trained team members provide leadership with timely, accurate information that enables VA leaders to make decisions affecting systems and applications in a seamless manner, thus minimizing adverse impact to customers during an event or crisis.
Business Continuity Support (COOP) provides OIT with a higher state of readiness by providing trained staff members ready to respond during crisis events. Whether it is an ERG, RERG, or DERG member responding to an activation of the Continuity of Operations plan, or an OIT Liaison Watch Officer providing critical situational awareness information to OIT leadership, OIT stands ready to act on its responsibilities to ensure that primary mission and mission essential functions continue.

Information Security detail is located in Appendix L.

Office of Quality, Performance and Risk (QPR) - $12.3 million

Privacy and Records – $12.3 million
The objective of the Office of Privacy Information and Identity Protection (PIIP) is to ensure provisions are in place to protect all PII, protected health information, and sensitive personal information (SPI) of the Veteran and the employee, while also responding to any suspected or confirmed PHI/PII breaches. Privacy Impact Assessments and data validation processes are used to ensure Veteran data is protected and used in accordance with applicable laws and statutes. Current and proposed systems to accurately process and track Freedom of Information Act (FOIA) requests, legally release names and addresses, enhance role based training, and provide Veteran services within the law and as allowed by policy. PIIP provides tools required to successfully track and investigate privacy/security incidents, to include HIPAA and HITECH, across VA. The compliance requirements are set forth by various statutes and regulations to include the Privacy Act, HIPAA, FISMA, FOIA, Clinger Cohen Act, OMB Circular A-108, OMB Circular A-130, and various OMB mandates for records management activities to include electronic recordkeeping capabilities by close of calendar year 2019.

In 2019, the primary objective of the program is to ensure all Veteran and employee information is adequately identified and protected against fraudulent release or breach. This includes scheduling and retention of official government records. The budget request will allow PIIP to implement new and enhanced procedures and processes that identify and protect all Veteran and employee information from any entity without the appropriate "need to know". This includes protection for information at rest, as well as in motion. It also includes enhanced processes and improvements to the mandated Privacy Impact Assessment (PIA) process to ensure they are completed in a timely and efficient manner. PIIP will also identify and ensure Privacy Act Systems of Records are updated accordingly and posted to the Federal Register. PIIP also chairs

the Data Integrity Board and provides oversight with the various VA Computer Matching programs that share PII across the federal government under the auspices of the Computer Security Act.

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2017 Accomplishments

Health Portfolio

- Joint Legacy Viewer (JLV) - Get The Data Back (GTDB) effort provided an integrated, chronological view of real-time electronic health record information from all VA, DoD, and VA Virtual Lifetime Electronic Record (VLER) Community sources in a common viewer.
- Homelessness Program Office provided an approach to sending/receiving secure email with Community-Based partner organizations serving the Homeless Veteran population in collaboration with the VA.
- Deployed Recovery Engagement and Coordination for Health - Veterans Enhanced Treatment (ReachVet) application to Veterans Crisis Line (VCL) staff, all primary care and mental health providers across (VA.
- The first phase of the VA National Telestroke Program (NTSP) was implemented at 10 facilities across the U.S.
- As a part of the Telehealth effort, developed Video on Demand functionality that enables Providers to generate an on-demand Virtual Meeting Room allowing Telehealth Providers to meet with patients in follow-up or urgent care situations without a pre-scheduled appointment.
- Community Care (CC) Referral Documentation (REFDOC) application was deployed nationally at 122 sites. This application allows VA staff to pull individual health record from VistA and the Corporate Data Warehouse (CDW); share the information with Community Providers for care coordination.

Benefits Portfolio

- As a part of the Benefits Delivery Network (BDN) Retirement effort, acquisition was completed for the Benefits Integration Platform (BIP) that will allow transfer of current legacy BDN payment and non-payment transactions to modernized platforms under FAS.
- VETSNET Finance & Accounting System (FAS) Phase 2 improved fiscal accounting, transaction processing, and payment of education benefits within the FAS application to include Education Report processing.
- Veterans Benefits Management System (VBMS) Phase 6 became the central processing location for claims processing and claims-related information addressing VBA priorities and Office of Inspector General (OIG) recommendations. VBMS developed functionality

to automatically request Service Treatment Records (STRs) from the Department of Defense (DoD). Released functionality enabling various business rules to identify and route Veteran claims more efficiently and accurately and transitioned to Two-Factor Authentication (2FA) in order to provide greater security to end-users and greater protection of Veteran Personally Identifiable Information (PII).

- Sustainment of Loan Guaranty (LGY) produced five (5) LGY Major Releases and four (4) Funding Fee Payment System (FFPS) Major Releases that addressed a number of required enhancements and defects to the suite of LGY applications. The LGY Team additionally had nine (9) LGY Supplemental Releases and one (1) FFPS Supplemental Release to address various minor enhancements and defects in the LGY suite of applications.
- Vocational Rehabilitation and Employment (VRE) efforts included development of the management plan, automated forms, security roles, application submissions, and general administrative functions.
- CAPRI Enhancements and Platform Upgrade Phase 2 improved the two-factor authentication resulting in increased security protections and templates for compliance with performance measures.
- Sustainment of Virtual VA (VVA) has allowed a single source for documents in benefits processing and continues efforts for migrating capabilities in legacy applications to more modern and capable platforms.
- Appeals Modernization effort automated workflow processes for generating the appeal, the dispatch process to return decisions to the offices where claims are filed, and enhancements to certification and eFolder capabilities based on user feedback.
- Vets.Gov enhanced the GI Bill Comparison tool, Service and Facility Locator, Prescription Refill, logon process, identity management, disability benefits content, and education benefit content based on continuous Veteran feedback. New content was added for Community Care: ability to view all claims status; download DD214 and VA letters; file and check status for appeals.
- IAM Access Services (AcS) Phase 3 enhanced on- and off-boarding pilot, VA-PAS integration, non-person entity capability and provisioning audit enhancements for contract support.
- IAM Identity Services (IdS) identified patients who are receiving dual care from VA and DoD and made Master Veteran Index (MVI) authoritative service for Date of Death.
- Common Security Services (CSS) Conversion Phase 2 cleaned up the code for automated conversion and moving functionality from the Common Security User Manager (CSUM) to Common Security Applications Manager (CSAM).
- Customer Gateway Services (CGS) Phase has enhanced Web Services from the previous CGS project with enhancements pertaining to VA systems.
- Disability Exam and Assessment Program (DEAP) Phase 2 enhanced evaluation forms and provided the ability to work with additional data for rating calculators.
- Enterprise Veterans Self Service Phase 2 developed self-service processes, VBA mission-critical business processes, and reduced cycle times through electronic communication. Further developments include focus on APIs for Vets.Gov supporting all claim status, document discovery, and eFolder. Education forms and eBenefits features for claims status were transitioned to Vets.gov.

- Vet360 piloted a Non-Production data integration (MVI/ADR) and business rule implementation, as well as a pilot UAT/ production deployment (IOC Entry) for data integration (VBA CorpDB) and data quality tools.
- Health Eligibility Center (HEC) developed process automation, quality assurance capabilities (generate cases, review assignments, workflow, notes management, and alerts), migration of key data, document management capabilities, and set up the standard out of the box case management functionality.
- Purchased Care Non VA/Call Center Way Forward built capabilities for customer reporting, interface improvements, system integrations, business workflows, and capturing new data elements.
- VA Medical Center (VAMC) Contact Center Modernization (VCCM) built functionalities to enhance the VistA user experience. Enabled 24 hour application access to medical charts, pharmacy support and functionality enhancements. Recent developments have included the addition of new data elements, enhanced workflows, and system integrations.
- Chief Business Office, Purchased Care (CBOPC) Customer Relationship Management (CRM) defined workflow enhancements and requirements for PIV compliance requiring a code freeze and User Acceptance Testing (UAT). Recent developments include new workflow of requests/tasks and replacement of the current ticketing system. Latest developments have focused on continuing Web Services integration and developing various forms.
- Customer Relationship Management Veterans Crisis Line (VCL) enhanced integration, additional information tracking, user experience, Facility Search, Analytics and Reporting, Supervisor Functions, and MVI Privacy.
- Customer Relationship Management/Unified Desktop – Optimization (CRM/UD-O) Phase 2 improved customer experience; CADD address validation; integration of new web services; and Manager Dashboards.

Corporate Portfolio

- The Corporate Portfolio spearheaded the supply chain transformation effort that successfully deployed and trained all 141 VA Medical Center's (VAMCs).
- Graphical User Interface (GUI) applications provide the supply chain community a modern, user-friendly interface for a tiered, standardized system complete with business rules, controls, and data management/standardization.
- The FMBT established connectivity between the VA's development environment and CGI Momentum (the shared service provider) sandbox via virtual private network for testing demonstrations and development.
- Reviewed and analyzed strategies that addressed the coordination between decommissioning the BDN and the implementation of the FMBT program.
- As a part of the Office of Executive Secretariat Transformation effort, new IT capabilities were established to provide the Office of Congressional and Legislative Affairs (OCLA) with initial functionality and workflow case management that will fully replace the current VA Intranet Quorum (VAIQ) technology.

Memorial Affairs Portfolio

- Added Memorial benefits content to Vets.gov.
- Deployed a newly revised pre-need Memorial benefits eligibility pdf form on Vets.gov.
- Upgraded NCA's Eligibility Office Automation System (EOAS) and modified Vets.gov to communicate data entered directly into EOAS.
- Interfaced Memorial Enterprise Letters (MEL) with the National Cemetery. Administration's (NCA) legacy Burial Operations Support System (BOSS) Automated Monument Application System (AMAS).
- Configured a commercial off-the-shelf (COTS) product to produce a standardized and automated interment Notice/Dig Slip workflow to capture and track the cemetery interment process to its completion including chain of custody of the remains and burial information. Deployed COTS to sample hand-held devices to determine hardware feasibility and moved the system to pre-production as the Initial Operating Capability (IOC) release in preparation for the pilot site.

Enterprise Portfolio

Information Security:

- Published a Security Architecture Framework based on the National Security Agency Community Gold Standard.
- Reduced by 99 percent the VA-prohibited software on VA networks (approximately 16,000 instances). The Office of Informatio Security was successful at removing software from VA systems based on titles and versions that were identified in the Technical Reference Model (TRM) as prohibited software.
- Upgraded the switching infrastructure at each Trusted Internet Connection Gateway.
- Deployed VA Enterprise Audit Logging and Enterprise Security Information Event Management (SIEM) platform to support VA's mandate to collect, manage, protect, and monitor the Enterprise's cybersecurity posture.
- Implemented the Safe Access File Exchange (SAFE) web-based product that reduces the security risk associated with the transmission of large files to our VA partners.
- Enabled an electronic elevated privilege audit process allowing repurposing of resources. Privileged Access reviews are now conducted by a team of subject matter experts centralizing and streamlining the process. All elevated privileges are captured on automated access request forms. Staff was reallocated to other critical activities further ensuring the success of VA's cyber security posture.
- Enhanced the Medical Device Infrastructure Architecture (MDIA) Medical Device Protection Program (MDPP) with improved compliance for Access Control Lists (ACLs).
- Established an 'effectiveness measurement' for ACLs enabling VA to identify and decrease an ACLs' security aperture rating which is defined by how accessible the medical devices are to external sources (Remediation of three ACLs with the highest security aperture ratings has increased the security posture of the Medial Device Infrastructure Program by 77%). MDPP implemented two automated tools to address the material weakness. The program implemented an automatic tool to validate compliance with the MDIA ACL rule set. The second tool decreased security exposure to external

sources by providing visibility into medical device external communications. The end result was an 80% reduction that significantly reduced our risk exposure.

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Appendix A

Development Subaccount

Information Technology Development Activities Highlights (Dollars in Thousands)						
	2017/2018	2017/2018	2018		2019	2018-2019
	Year 1 Actuals	Year 2 of 2 year Availability	President's Budget	Current Estimate	Budget Request	Increase/Decrease
Activities						
Clinical Applications	51,651	17,113	39,455	39,455	32,479	-6,976
Health Management Platform	38,070	20,668	31,400	31,400	70,391	38,991
Benefits Systems	156,892	13,499	106,827	106,827	129,615	22,788
Memorial Affairs	17,255	602	20,968	20,968	18,800	-2,168
Other IT Systems	71,809	15,947	79,500	79,500	78,571	-929
Cyber Security	38,226	448	7,800	7,800	17,000	9,200
Information/Infrastructure Management	12,021	2	42,580	42,580	33,715	-8,865
Electronic Health Record Modernization (EHRM)	2,000	-	30,000	30,000	-	-30,000
Health Research and Development	12,748	2,318	-	-	-	-
Total Development [1/]	**$400,672**	**$70,597**	**$358,530**	**$358,530**	**$380,571**	**$22,041**
Funding Sources						
Appropriation	400,672	-	358,530	358,530	380,571	22,041
Reimbursements (+)	23,000	-	-	12,000	12,000	-
Available Balance SOY (+)	118,770	-	-	70,597	-	-70,597
Available Balance SOY (+) Veterans Choice Act	89,135	-	-	45,902	-	-45,902
Available Balance EOY (-)	-70,597	-	-	-	-	-
Available Balance EOY (-) - Veterans Choice Act	-45,902	-	-	-	-	-
Total Obligations	**$515,078**	**$0**	**$358,530**	**$487,029**	**$392,571**	**-$94,458**

1/ Numbers do not include reimbursements

Appendix B

Congressional Report Summary

Information and Technology Total Budget Authority (Dollars in Thousands)						
	2017/2018	2017/2018	2018		2019	2018-2019
	Year 1 Actuals	Year 2 of 2 year Availability	President's Budget	Current Estimate	Budget Request	Increase / Decrease
Clinical Applications	$ 51,651	$ 17,113	$ 39,455	$ 39,455	$ 32,479	$ (6,976)
Health Management Platform	$ 38,070	$ 20,668	$ 31,400	$ 31,400	$ 70,391	$ 38,991
Benefits Systems	$ 156,892	$ 13,499	$ 106,827	$ 106,827	$ 129,615	$ 22,788
Memorial Affairs	$ 17,255	$ 602	$ 20,968	$ 20,968	$ 18,800	$ (2,168)
Other IT Systems	$ 71,809	$ 15,947	$ 79,500	$ 79,500	$ 78,571	$ (929)
Cyber Security	$ 38,226	$ 448	$ 7,800	$ 7,800	$ 17,000	$ 9,200
Information/Infrastructure Management	$ 12,021	$ 2	$ 42,580	$ 42,580	$ 33,715	$ (8,865)
Electronic Health Record Modernization (EHRM)	$ 2,000	$ -	$ 30,000	$ 30,000	$ -	$ (30,000)
Health Research and Development	$ 12,748	$ 2,318	$ -	$ -	$ -	$ -
Development Subtotal	$ 400,672	$ 70,597	$ 358,530	$ 358,530	$ 380,571	$ 22,041
Sustainment/O&M						
Health Operations and Maintenance	$ 793,085	$ 12,743	$ 835,014	$ 835,014	$ 816,659	$ (18,355)
Benefits Operations and Maintenance	$ 261,193	$ -	$ 306,476	$ 306,476	$ 258,682	$ (47,794)
Corporate Operations and Maintenance	$ 76,241	$ -	$ 47,599	$ 47,599	$ 51,857	$ 4,258
Enterprise Operations and Maintenance	$ 1,414,695	$ -	$ 1,274,025	$ 1,274,025	$ 1,430,301	$ 156,276
Memorial Operations and Maintenance	$ 2,971	$ -	$ 3,536	$ 3,536	$ 3,281	$ (255)
Sustainment Subtotal	$ 2,548,186	$ 12,743	$ 2,466,650	$ 2,466,650	$ 2,560,780	$ 94,130
Development	$ 400,672	$ 70,597	$ 358,530	$ 358,530	$ 380,571	$ 22,041
Sustainment/O&M	$ 2,548,186	$ 12,743	$ 2,466,650	$ 2,466,650	$ 2,560,780	$ 94,130
Staffing and Administration	$ 1,212,360	$ 18,000	$ 1,230,320	$ 1,230,320	$ 1,243,220	$ 12,900
OEF/OIF Supplemental (P.L. 110-28)	$ (111)	$ 1,695	$ -	$ -	$ -	$ -
						$ -
Subtotal	**$ 4,161,107**	**$ 103,035**	**$ 4,055,500**	**$ 4,055,500**	**$ 4,184,571**	**$ 129,071**
						$ -
VACAA Section 801	$ 111,098	$ 118,032	$ -	$ -	$ -	$ -
VACAA Section 802	$ 87,203	$ 165,835	$ -	$ -	$ -	$ -
VACAA Subtotal	**$ 198,301**	**$ 283,867**	**$ -**	**$ -**	**$ -**	**$ -**
Total (includes VACAA)	**$ 4,359,408**	**$ 386,902**	**$ 4,055,500**	**$ 4,055,500**	**$ 4,184,571**	**$ 129,071**
Reconciliation (SF-133) report						
Carryover 16/17 obligations	$ 159,088					
Reimbursable Obligations	$ 53,649					
Veterans Choice Act - 802	$ (87,203)					
Prior Year Recoveries	$ 17,077					
Total	$ 142,611					
Grand Total	**$ 4,502,019**					

Appendix C

Congressional Report Detail

Development

Information and Technology Development Detail (Dollars in Thousands)	2017/2018	2017/2018	2018		2019	2018-2019
Detail doesn't include VACAA sections 801/802	Year 1 Actuals	Year 2 of 2 year Availability	President's Budget	Current Estimate	Budget Request	Increase / Decrease
Clinical Applications	**$ 51,651**	**$ 17,113**	**$ 39,455**	**$ 39,455**	**$ 32,479**	**$ (6,976)**
Access and Billing	$ 70	$ 230	$ 1,750	$ 1,750	$ 5,891	$ 4,141
My HealtheVet	$ -	$ -	$ 15,000	$ 15,000	$ 10,300	$ (4,700)
Beneficiary Travel	$ 3,100	$ -	$ -	$ -	$ -	$ -
Health Data Interoperability	$ 14,254	$ 3,068	$ 10,000	$ 10,000	$ 13,000	$ 3,000
Healthcare Administration Systems	$ 970	$ 1,088	$ -	$ -	$ -	$ -
Registration, Eligibility, Enrollment	$ 6,695	$ 2	$ 8,800	$ 8,800	$ -	$ (8,800)
Connected Health/Mobile Apps	$ 9,762	$ 4,573	$ -	$ -	$ -	$ -
Pharmacy	$ 10,673	$ 3,483	$ -	$ -	$ -	$ -
Registries	$ 5,317	$ 4,541	$ 1,410	$ 1,410	$ 3,288	$ 1,878
Laboratory	$ 810	$ 128	$ -	$ -	$ -	$ -
Scheduling	$ -	$ -	$ 2,495	$ 2,495	$ -	$ (2,495)
Health Management Platform	**$ 38,070**	**$ 20,668**	**$ 31,400**	**$ 31,400**	**$ 70,391**	**$ 38,991**
Digital Health Platform	$ 31,723	$ 18,817	$ 9,000	$ 9,000	$ 15,682	$ 6,682
Community Care	$ -	$ -	$ 5,000	$ 5,000	$ 25,303	$ 20,303
Patient Records System (CPRS)	$ 3,039	$ 1,656	$ 2,400	$ 2,400	$ 14,300	$ 11,900
Purchased Care	$ -	$ -	$ 15,000	$ 15,000	$ 9,076	$ (5,924)
Telehealth Services	$ 3,308	$ 195	$ -	$ -	$ 6,030	$ 6,030
Benefits Systems	**$ 156,892**	**$ 13,499**	**$ 106,827**	**$ 106,827**	**$ 129,615**	**$ 22,788**
Benefits Appeals	$ 9,353	$ 5,888	$ 7,500	$ 7,500	$ 2,500	$ (5,000)
C&P Claims	$ 3,084	$ 2,738	$ -	$ -	$ -	$ -
Education Benefits	$ 10,491	$ 1,005	$ 21,000	$ 21,000	$ 37,830	$ 16,830
Veterans Customer Experience - VCE	$ 39,638	$ 1,682	$ 39,423	$ 39,423	$ 47,564	$ 8,141
Veterans Benefits Management	$ 74,795	$ 205	$ 28,500	$ 28,500	$ 10,000	$ (18,500)
Customer Data Integration	$ 8,542	$ 1,509	$ -	$ -	$ -	$ -
Benefits Systems	$ 10,989	$ 472	$ 10,404	$ 10,404	$ 31,721	$ 21,317
Memorial Affairs	**$ 17,255**	**$ 602**	**$ 20,968**	**$ 20,968**	**$ 18,800**	**$ (2,168)**
Memorials Automation	$ 17,255	$ 602	$ 20,968	$ 20,968	$ 18,800	$ (2,168)
Other IT Systems	**$ 71,809**	**$ 15,947**	**$ 79,500**	**$ 79,500**	**$ 78,571**	**$ (929)**
Data Access, Archiving, and Disposition	$ 10,816	$ 14,184	$ -	$ -	$ -	$ -
General Counsel	$ 2,271	$ 5	$ 9,500	$ 9,500	$ -	$ (9,500)
Human Resources	$ -	$ -	$ 10,000	$ 10,000	$ 12,600	$ 2,600
Innovations (VACI)	$ 5,513	$ 1,707	$ -	$ -	$ -	$ -
Financial and Acquisition Management Modernization	$ 44,302	$ 14	$ 60,000	$ 60,000	$ 65,971	$ 5,971
Productivity and Quality Management Systems Modernization	$ 8,821	$ 1	$ -	$ -	$ -	$ -
Supply Chain Management	$ 86	$ 36	$ -	$ -	$ -	$ -
Cyber Security	**$ 38,226**	**$ 448**	**$ 7,800**	**$ 7,800**	**$ 17,000**	**$ 9,200**
Cyber Security	$ 38,226	$ 448	$ 7,800	$ 7,800	$ 17,000	$ 9,200
Information/Infrastructure Management	**$ 12,021**	**$ 2**	**$ 42,580**	**$ 42,580**	**$ 33,715**	**$ (8,865)**
Data Integration and Management	$ 12,021	$ 2	$ 42,580	$ 42,580	$ 33,715	$ (8,865)
Electronic Health Record Modernization (EHRM)	**$ 2,000**	**$ -**	**$ 30,000**	**$ 30,000**	**$ -**	**$ (30,000)**
Health Provider Systems	$ 2,000	$ -	$ 30,000	$ 30,000	$ -	$ (30,000)
Health Research and Development	**$ 12,748**	**$ 2,318**	**$ -**	**$ -**	**$ -**	**$ -**
Research	$ 3,794	$ 2,106	$ -	$ -	$ -	$ -
Genomic Information System for Integrative Service	$ 8,954	$ 212	$ -	$ -	$ -	$ -
Grand Total	**$ 400,672**	**$ 70,597**	**$ 358,530**	**$ 358,530**	**$ 380,571**	**$ 22,041**

Appendix D

2018-2019 Congressional Programs Crosswalk

		FY2018 Congressional Program/Congressional Project 1/								
		Electronic Health Record Interoperability/ VLER Health	Electronic Health Record (Previously VistA Evolution)		Veterans Benefits Management System (VBMS)			Virtual Lifetime Electronic Record (VLER)	Veterans Customer Experience (VCE)	
	(Dollars in Thousands)	VLER Health	VistA Module Enhancements	EHR Information Modernization	VBMS	VETSNET/ Finance & Accounting System (FAS)	Chapter 33	Memorial Legacy Development Support	Veterans Customer Experience	Vets.gov
FY 2019 Congressional Program /Congressional Project 2/	**Clinical Applications**	**$ 10,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
	Access and Billing	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	My HealtheVet	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Health Data Interoperability	$ 10,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Registration, Eligibility, Enrollment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Registries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Scheduling	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Health Management Platform	**$ -**	**$ 9,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
	Digital Health Platform	$ -	$ 9,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Community Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Patient Records System (CPRS)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Purchased Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Benefits Systems	**$ -**	**$ -**	**$ -**	**$ 28,500**	**$ 10,404**	**$21,000**	**$ -**	**$ 24,423**	**$15,000**
	Benefits Appeals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Education Benefits (previously Chapter 33)	$ -	$ -	$ -	$ -	$ -	$ 21,000	$ -	$ -	$ -
	Veterans Customer Experience - VCE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,423	$ 15,000
	Veterans Benefits Management	$ -	$ -	$ -	$ 28,500	$ -	$ -	$ -	$ -	$ -
	Benefits Systems	$ -	$ -	$ -	$ -	$ 10,404	$ -	$ -	$ -	$ -
	Memorial Affairs	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 20,968**	**$ -**	**$ -**
	Memorials Automation	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,968	$ -	$ -
	Other IT Systems	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
	General Counsel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Human Resources	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Financial and Acquisition Management Modernization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Cyber Security	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 7,800**	**$ -**
	Cyber Security	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,800	$ -
	Information/Infrastructure Management	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 11,250**	**$ -**
	Data Integration and Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,250	$ -
	Electronic Health Record Modernization (EHRM)	**$ -**	**$ -**	**$ 30,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
	Health Provider Systems	$ -	$ -	$ 30,000	$ -	$ -	$ -	$ -	$ -	$ -
	Total by Congressional Project	**$ 10,000**	**$ 9,000**	**$ 30,000**	**$ 28,500**	**$ 10,404**	**$21,000**	**$ 20,968**	**$ 43,473**	**$15,000**
	Total by Congressional Program	**$ 10,000**	**$ 39,000**		**$ 59,904**			**$ 20,968**	**$ 58,473**	

FY2018 Congressional Program/Congressional Project 1/															
	(Dollars in Thousands)	Other IT Systems Development													FY2018 Total by Congressional Program/Project
		Access to Healthcare	New Models of Care (Medical MyHeV)	Enrollment System Modernization	Financial Management System Modernization	MVP CHAMPION Program	Human Capital (Corporate Core)	Cloud, PaaS, Saas, Dev Centers	Appeals Modernization - BVA	Health Administrative Systems	Health Provider Systems	EDI Transactions - Provider	Registries	General Counsel	
FY 2019 Congressional Program /Congressional Project 2/	**Clinical Applications**	**$ 2,495**	**$ 15,000**	**$ 8,800**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,750**	**$ -**	**$ -**	**$ 1,410**	**$ -**	**$ 39,455**
	Access and Billing	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,750	$ -	$ -	$ -	$ -	$ 1,750
	My HealtheVet	$ -	$ 15,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,000
	Health Data Interoperability	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,000
	Registration, Eligibility, Enrollment	$ -	$ -	$ 8,800	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,800
	Registries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,410	$ -	$ 1,410
	Scheduling	$ 2,495	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,495
	Health Management Platform	**$ 5,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 2,400**	**$ 15,000**	**$ -**	**$ -**	**$ 31,400**
	Digital Health Platform	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,000
	Community Care	$ 5,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,000
	Patient Records System (CPRS)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,400	$ -	$ -	$ -	$ 2,400
	Purchased Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,000	$ -	$ -	$ 15,000
	Benefits Systems	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 7,500**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 106,827**
	Benefits Appeals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,500	$ -	$ -	$ -	$ -	$ -	$ 7,500
	Education Benefits (previously Chapter 33)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,000
	Veterans Customer Experience - VCE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 39,423
	Veterans Benefits Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28,500
	Benefits Systems	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,404
	Memorial Affairs	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 20,968**
	Memorials Automation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,968
	Other IT Systems	**$ -**	**$ -**	**$ -**	**$ 60,000**	**$ -**	**$ 10,000**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 9,500**	**$ 79,500**
	General Counsel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,500	$ 9,500
	Human Resources	$ -	$ -	$ -	$ -	$ -	$ 10,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,000
	Financial and Acquisition Management Modernization	$ -	$ -	$ -	$ 60,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 60,000
	Cyber Security	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 7,800**
	Cyber Security	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,800
	Information/Infrastructure Management	**$ -**	**$ -**	**$ -**	**$ -**	**$ 2,000**	**$ -**	**$ 29,330**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 42,580**
	Data Integration and Management	$ -	$ -	$ -	$ -	$ 2,000	$ -	$ 29,330	$ -	$ -	$ -	$ -	$ -	$ -	$ 42,580
	Electronic Health Record Modernization (EHRM)	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 30,000**
	Health Provider Systems	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 30,000
	Total by Congressional Project	**$ 7,495**	**$ 15,000**	**$ 8,800**	**$ 60,000**	**$ 2,000**	**$ 10,000**	**$ 29,330**	**$ 7,500**	**$ 1,750**	**$ 2,400**	**$ 15,000**	**$ 1,410**	**$ 9,500**	**$ 358,530**
	Total by Congressional Program	**$**												**170,185**	**$ 358,530**

1/ The FY2018 Congressional Programs are based on the President's Budget.
2/ The FY2019 Congressional Programs are based on the IT Restructure Project.

The table above provides a crosswalk from the 2018 development Congressional Programs that were reported in the 2018 President's budget to the 2019 development structure. As stated previously, OIT will begin reporting on a new Agency IT Investment structure. The purpose of the investment restructure was to properly align IT investments to congressional programs in a more simplified hierarchical structure that met the reporting requirements of both Congress and the Office of Management and Budget (OMB). In order to properly map IT investments to the correct mix of programs and projects, Congressional Programs were changed to eliminate previous disconnects and misalignments that existed.

Appendix E

Operations and Maintenance Subaccount

Information Technology						
Operations and Maintenance Highlights (Dollars in Thousands)						
	2017/2018 Year 1 Actuals	2017/2018 Year 2 of 2 year Availability	2018 President's Budget	2018 Current Estimate	2019 Budget Request	2018-2019 Increase/Decrease
Activities						
Health Operations and Maintenance	793,085	12,743	835,014	835,014	816,659	-18,355
Benefits Operations and Maintenance	261,193	-	306,476	306,476	258,682	-47,794
Corporate Operations and Maintenance	76,241	-	47,599	47,599	51,857	4,258
Enterprise Operations and Maintenance	1,414,695	-	1,274,025	1,274,025	1,430,301	156,276
Memorial Operations and Maintenance	2,971	-	3,536	3,536	3,281	-255
Total Operations and Maintenance 1/	**$2,548,186**	**$12,743**	**$2,466,650**	**$2,466,650**	**$2,560,780**	**$94,130**
Funding Sources						
Appropriation	2,548,186	-	2,466,650	2,466,650	2,560,780	94,130
OEF/OIF Supplemental (P.L. 110-28)	-111	-	-	1,695	-	-1,695
North Chicago Facility Transfers	-3,241	-	-3,308	-3,308	-3,406	-98
Reimbursements (+)	20,298	-	39,612	24,301	24,704	403
Available Balance SOY (+)	20,000	-	-	12,743	-	-12,743
Available Balance SOY (+) Veterans Choice Act	-115,699	-	-	64,883	-	-64,883
Available Balance EOY (-)	-12,743	-	-	-	-	-
Available Balance EOY (-) - Veterans Choice Act	-64,883	-	-	-	-	-
Total Obligations	**$2,391,807**	**$0**	**$2,502,954**	**$2,566,964**	**$2,582,078**	**$15,114**

1/ Numbers do not include reimbursements

Appendix F

Operations and Maintenance Detail

Operations and Maintenance (Sustainment)					
(Dollars in Thousands)					
	2017	2018	2018	2019	2018-2019
	Actuals	President's Budget	Current Estimate	Budget Request	Increase / Decrease
Sustainment - Mandatory	**$ 2,298,850**	**$ 2,400,099**	**$ 2,400,099**	**$ 2,382,740**	**$ (17,359)**
Health Operations and Maintenance	**$ 730,750**	**$ 804,989**	**$ 804,989**	**$ 794,033**	**$ (10,956)**
Software Maintenance	$ 183,251	$ 281,489	$ 281,489	$ 321,996	$ 40,507
Telecommunications	$ 171,272	$ 185,747	$ 185,747	$ 188,514	$ 2,767
IT Support Contracts	$ 115,691	$ 121,686	$ 121,686	$ 111,415	$ (10,271)
Hardware Maintenance	$ 133,500	$ 66,226	$ 66,226	$ 54,932	$ (11,294)
Digital Health Platform	$ 67,696	$ 43,648	$ 43,648	$ 33,110	$ (10,538)
Healthcare Administration Systems	$ 569	$ 7,709	$ 7,709	$ 26,891	$ 19,182
Health Data Interoperability	$ 10,544	$ 31,555	$ 31,555	$ 17,187	$ (14,368)
My HealtheVet	$ 8,449	$ 10,724	$ 10,724	$ 9,763	$ (961)
Pharmacy	$ -	$ 5,565	$ 5,565	$ 5,163	$ (402)
Telehealth Services	$ 2,151	$ 4,475	$ 4,475	$ 4,153	$ (322)
Genomic Information System for Integrative Service (GenISIS)	$ 2,660	$ 3,950	$ 3,950	$ 3,665	$ (285)
Lab	$ -	$ 3,670	$ 3,670	$ 3,405	$ (265)
Purchased Care	$ -	$ 3,050	$ 3,050	$ 2,830	$ (220)
Connected Health/Mobile Apps	$ -	$ 3,020	$ 3,020	$ 2,802	$ (218)
Registries	$ 2,241	$ 2,877	$ 2,877	$ 2,671	$ (206)
Registration, Eligibility, Enrollment	$ 2,336	$ 8,579	$ 8,579	$ 2,132	$ (6,447)
Scheduling	$ -	$ -	$ -	$ 1,579	$ 1,579
Research	$ -	$ 1,287	$ 1,287	$ 1,194	$ (93)
Beneficiary Travel	$ -	$ -	$ -	$ 464	$ 464
Community Care	$ -	$ -	$ -	$ 167	$ 167
Patient Records [System (CPRS)]	$ 6,489	$ 19,732	$ 19,732	$ -	$ (19,732)
Enterprise Infrastructure	$ 23,902	$ -	$ -	$ -	$ -
Benefits Operations and Maintenance	**$ 238,732**	**$ 299,430**	**$ 299,430**	**$ 248,794**	**$ (50,636)**
IT Support Contracts	$ 146,479	$ 27,598	$ 27,598	$ 128,045	$ 100,447
Veterans Customer Experience - VCE	$ 14,203	$ 67,536	$ 67,536	$ 51,130	$ (16,406)
Veterans Benefits Management	$ 43,391	$ 26,692	$ 26,692	$ 22,013	$ (4,679)
C&P Claims	$ 245	$ 17,388	$ 17,388	$ 16,177	$ (1,211)
Benefits Appeals	$ -	$ 7,550	$ 7,550	$ 7,005	$ (545)
Education Benefits	$ 4,226	$ 7,161	$ 7,161	$ 6,645	$ (516)
Telecommunications	$ 6,531	$ 8,000	$ 8,000	$ 5,127	$ (2,873)
Other Benefits IT Systems	$ -	$ -	$ -	$ 4,574	$ 4,574
Benefit Systems	$ 3,651	$ 129,992	$ 129,992	$ 3,993	$ (125,999)
Hardware Maintenance	$ 5,802	$ 5,299	$ 5,299	$ 2,299	$ (3,000)
Software Maintenance	$ 4,857	$ 2,214	$ 2,214	$ 1,786	$ (428)
Enterprise Operations	$ 9,346	$ -	$ -	$ -	$ -
Corporate Operations and Maintenance	**$ 73,887**	**$ 22,519**	**$ 22,519**	**$ 43,541**	**$ 21,022**
Supply Chain Management	$ -	$ -	$ -	$ 25,546	$ 25,546
Other Corporate IT Systems	$ -	$ 10,441	$ 10,441	$ 14,111	$ 3,670
Construction and Facilities Mgmt	$ -	$ 7,181	$ 7,181	$ 2,772	$ (4,409)
Human Resources	$ -	$ 4,897	$ 4,897	$ 1,112	$ (3,785)
Health Data Interoperability	$ 40,161	$ -	$ -	$ -	$ -
Veterans Customer Experience - VCE	$ 27,601	$ -	$ -	$ -	$ -
Registration, Eligibility, Enrollment	$ 4,440	$ -	$ -	$ -	$ -
Other Benefits IT Systems	$ 1,686	$ -	$ -	$ -	$ -

Operations and Maintenance (Sustainment) Detail Cont.					
(Dollars in Thousands)					
	2017	2018	2018	2019	2018-2019
	Actuals	President's Budget	Current Estimate	Budget Request	Increase / Decrease
Enterprise Operations and Maintenance	**$ 1,252,558**	**$ 1,271,425**	**$ 1,271,425**	**$ 1,294,761**	**$ 23,336**
Software Maintenance	$ 325,331	$ 314,812	$ 314,812	$ 336,107	$ 21,295
Cyber Security	$ 289,024	$ 353,500	$ 353,500	$ 308,922	$ (44,578)
IT Support Contracts	$ 198,165	$ 252,971	$ 252,971	$ 270,522	$ 17,551
Telecommunications	$ 85,498	$ 104,534	$ 104,534	$ 101,009	$ (3,525)
TAC Fees	$ 56,300	$ 75,000	$ 75,000	$ 75,000	$ -
Enterprise Service Desk	$ 59,349	$ 63,514	$ 63,514	$ 74,751	$ 11,237
Data Integration and Management	$ -	$ 1,500	$ 1,500	$ 59,792	$ 58,292
Enterprise Infrastructure	$ 38,550	$ 59,835	$ 59,835	$ 37,382	$ (22,453)
Hardware Maintenance	$ 42,442	$ 27,514	$ 27,514	$ 16,529	$ (10,985)
Privacy & Records Management	$ 11,864	$ 11,200	$ 11,200	$ 12,299	$ 1,099
Repositories	$ -	$ 2,639	$ 2,639	$ 2,448	$ (191)
CRISP Operations (National Tapeless Backup Solution)	$ 45,290	$ 4,406	$ 4,406	$ -	$ (4,406)
Veterans Customer Experience - VCE	$ 53,716	$ -	$ -	$ -	$ -
Human Resources	$ 15,261	$ -	$ -	$ -	$ -
Other Corporate IT Systems	$ 16,382	$ -	$ -	$ -	$ -
General Counsel	$ 1,176	$ -	$ -	$ -	$ -
Enterprise Operations	$ 14,210	$ -	$ -	$ -	$ -
Memorial Operations and Maintenance	**$ 2,923**	**$ 1,736**	**$ 1,736**	**$ 1,611**	**$ (125)**
Memorials Legacy	$ 2,923	$ 1,365	$ 1,365	$ 1,240	$ (125)
Memorials Automation	$ -	$ 371	$ 371	$ 371	$ -
Sustainment - Marginal	**$ 49,422**	**$ 42,500**	**$ 42,500**	**$ 17,599**	**$ (24,901)**
Health Operations and Maintenance	**$ 22,960**	**$ 6,724**	**$ 6,724**	**$ 1,008**	**$ (5,716)**
My HealtheVet	$ -	$ -	$ -	$ 1,008	$ 1,008
Scheduling	$ -	$ 3,000	$ 3,000	$ -	$ (3,000)
Registration, Eligibility, Enrollment	$ 1,752	$ 1,752	$ 1,752	$ -	$ (1,752)
My HealtheVet	$ 1,347	$ 1,087	$ 1,087	$ -	$ (1,087)
Digital Health Platform	$ 2,568	$ 885	$ 885	$ -	$ (885)
Architecture Strategy and Design	$ 5,607	$ -	$ -	$ -	$ -
Genomic Information System for Integrative Service (GenISIS)	$ 5,343	$ -	$ -	$ -	$ -
Health Data Interoperability	$ 4,028	$ -	$ -	$ -	$ -
Pharmacy	$ 2,045	$ -	$ -	$ -	$ -
Healthcare Administration Systems	$ 215	$ -	$ -	$ -	$ -
Telehealth Services	$ 52	$ -	$ -	$ -	$ -
Hardware Maintenance	$ 2	$ -	$ -	$ -	$ -
Benefits Operations and Maintenance	**$ 22,361**	**$ 7,046**	**$ 7,046**	**$ 4,888**	**$ (2,158)**
Veterans Customer Experience - VCE	$ 21,561	$ 3,546	$ 3,546	$ 4,888	$ 1,342
Veterans Benefits Management	$ 24	$ 2,500	$ 2,500	$ -	$ (2,500)
Education Benefits	$ 776	$ 1,000	$ 1,000	$ -	$ (1,000)
Corporate Operations and Maintenance	**$ 2,354**	**$ 25,080**	**$ 25,080**	**$ 8,316**	**$ (16,764)**
Financial and Acquisition Management Modernization	$ -	$ 23,000	$ 23,000	$ 6,850	$ (16,150)
Human Resources	$ -	$ 1,830	$ 1,830	$ 1,466	$ (364)
General Counsel	$ -	$ 250	$ 250	$ -	$ (250)
Veterans Customer Experience - VCE	$ 2,245	$ -	$ -	$ -	$ -
Hardware Maintenance	$ 108	$ -	$ -	$ -	$ -
Enterprise Operations and Maintenance	**$ 1,699**	**$ 1,850**	**$ 1,850**	**$ 1,717**	**$ (133)**
Data Integration and Management	$ -	$ 500	$ 500	$ 1,253	$ 753
Cyber Security	$ -	$ 500	$ 500	$ 464	$ (36)
Enterprise Development Environment	$ -	$ 850	$ 850	$ -	$ (850)
Enterprise Operations	$ 1,699	$ -	$ -	$ -	$ -
Memorial Operations and Maintenance	**$ 48**	**$ 1,800**	**$ 1,800**	**$ 1,670**	**$ (130)**
Memorials Automation	$ 48	$ 1,800	$ 1,800	$ 1,670	$ (130)

Operations and Maintenance (Sustainment) Detail Cont.										
(Dollars in Thousands)										
		2017 Actuals		2018 President's Budget		2018 Current Estimate		2019 Budget Request		2018-2019 Increase / Decrease
Sustainment - Enhancement	**$**	**70,769**	**$**	**23,801**	**$**	**23,801**	**$**	**108,120**	**$**	**84,319**
Health Operations and Maintenance	**$**	**10,965**	**$**	**23,301**	**$**	**23,301**	**$**	**21,618**	**$**	**(1,683)**
Digital Health Platform	$	2,176	$	11,300	$	11,300	$	6,959	$	(4,341)
Patient Records [System (CPRS)]	$	-	$	3,500	$	3,500	$	5,381	$	1,881
Pharmacy	$	-	$	4,753	$	4,753	$	4,409	$	(344)
Registries	$	-	$	3,748	$	3,748	$	3,477	$	(271)
Health Data Interoperability	$	6,612	$	-	$	-	$	1,392	$	1,392
My HealtheVet	$	2,111	$	-	$	-	$	-	$	-
Hardware Maintenance	$	66	$	-	$	-	$	-	$	-
Benefits Operations and Maintenance	**$**	**59**	$	-	$	-	$	-	$	-
Veterans Customer Experience - VCE	$	59	$	-	$	-	$	-	$	-
Enterprise Operations and Maintenance	**$**	**59,744**	**$**	**500**	**$**	**500**	**$**	**86,502**	**$**	**86,002**
Activations	$	59,744	$	-	$	-	$	73,802	$	73,802
Cyber Security	$	-	$	-	$	-	$	12,236	$	12,236
Enterprise Infrastructure	$	-	$	500	$	500	$	464	$	(36)
Sustainment -Modernization	**$**	**129,146**	**$**	**250**	**$**	**250**	**$**	**52,321**	**$**	**52,071**
Health Operations and Maintenance	**$**	**28,410**	**$**	**-**	**$**	**-**	**$**	**-**	**$**	**-**
Enterprise Infrastructure	$	18,244	$	-	$	-	$	-	**$**	-
Digital Health Platform	$	8,032	$	-	$	-	$	-	**$**	-
Patient Records [System (CPRS)]	$	892	$	-	$	-	$	-	**$**	-
My HealtheVet	$	238	$	-	$	-	$	-	**$**	-
Healthcare Administration Systems	$	543	$	-	$	-	$	-	**$**	-
Registries	$	381	$	-	$	-	$	-	**$**	-
Telehealth Services	$	79	$	-	$	-	$	-	**$**	-
Benefits Operations and Maintenance	**$**	**41**	**$**	**-**	**$**	**-**	**$**	**5,000**	**$**	**5,000**
Veterans Customer Experience - VCE	$	41	$	-	$	-	$	5,000	$	5,000
Enterprise Operations and Maintenance	**$**	**100,694**	**$**	**250**	**$**	**250**	**$**	**47,321**	**$**	**47,071**
Cyber Security	$	-	$	-	$	-	$	47,089	$	47,089
Enterprise Infrastructure	$	-	$	250	$	250	$	232	$	(18)
Hardware Maintenance	$	98,510	$	-	$	-	$	-	$	-
Enterprise Operations	$	2,184	$	-	$	-	$	-	$	-
GRAND TOTAL	**$**	**2,548,186**	**$**	**2,466,650**	**$**	**2,466,650**	**$**	**2,560,780**	**$**	**94,130**

Appendix G

Amounts Available for Obligation

Information and Technology Systems Appropriation/Obligations (Dollars in thousands)					
	2017/2018	2018		2019	2018 - 2019
Description	Actuals	President's Budget	Current Estimate	Budget Request	Increase/ Decrease
IT Systems Appropriation	**$4,278,259**	**$4,055,500**	**$4,055,500**	**$4,184,571**	**$129,071**
Rescission	-$8,000				
North Chicago Facility Transfers	-$7,301	-$7,518	-$7,518	-$7,741	-$223
Recoveries	$17,077				
OEF/OIF Supplemental (P.L. 110-128)	$1,584		$1,695		-$1,695
OEF/OIF Supplemental unobligated EOY	-$1,695				
Total IT Appropriations	**$4,279,924**	**$4,047,982**	**$4,049,677**	**$4,176,830**	**$127,153**
Reimbursements					
IT Non-Pay Reimbursements	$43,298	$39,612	$36,301	$36,704	$403
IT Pay Reimbursements	$10,351	$13,084	$12,362	$12,532	$170
Total Reimbursements	**$53,649**	**$52,696**	**$48,663**	**$49,236**	**$573**
Total Budgetary Resources	**$4,333,573**	**$4,100,678**	**$4,098,340**	**$4,226,066**	**$127,726**
Adjustments to Obligations					
Choice Act 801	$229,130		$118,032		-$118,032
Unobligated Choice Act 801	-$118,032				
Unobligated Balance (SOY):	$159,210		$101,340		-$101,340
Unobligated Balance (EOY):	-$101,340				
Change in Unobligated Balance (non-add)	**$168,968**	**$0**	**$219,372**	**$0**	**-$219,372**
Unobligated Balance Expiring (Lapse)	-$522				
Total Obligations	**$4,502,019**	**$4,100,678**	**$4,317,712**	**$4,226,066**	**-$91,646**
Outlays, Gross	$4,280,150	$4,211,897	$4,211,897	$4,338,254	$126,357
Less Collections	-$53,649	-$52,696	-$48,663	-$49,236	-$573
Outlays, Net	**$4,226,501**	**$4,159,201**	**$4,163,234**	**$4,289,018**	**$125,784**
Direct	7,159	7,795	7,795	8,045	250
Reimbursable FTE	82	104	94	93	-1
Total Full Time Equivalents (FTE)	**7,241**	**7,899**	**7,889**	**8,138**	**249**

Appendix H

Staffing and Administrative Support Highlights

Staffing & Administrative Support Highlights
(dollars in thousands)

	2017 Actuals	2018 President's Budget	2018 Current Estimate	2019 Budget Request	2018-2019 Increase / Decrease
Total Full Time Equivalents (FTE)	**7,241**	**7,899**	**7,889**	**8,138**	**249**
Direct	6,981	7,603	7,795	8,045	250
Direct (PL 113-146 Veterans Choice Act)	178	192			0
Reimbursement	82	104	94	93	-1
Obligations:					
Personal Services & Benefits	935,688	1,005,540	1,074,502	1,062,469	-12,033
Travel	8,732	10,000	8,000	10,100	2,100
Comm., Utilities & Rent	25,456	19,000	19,000	20,000	1,000
Printing & Reproduction	38	56	21	21	0
Other Services	278,019	198,241	154,665	151,926	-2,739
Supplies & Materials	2,929	2,010	1,200	1,341	141
Equipment	9,169	3,147	5,130	4,360	-770
Lands & Structures	0				0
Other	174	1,200	1,200	1,200	0
Subtotal	**$1,260,205**	**$1,239,194**	**$1,263,718**	**$1,251,417**	**-$12,301**
Funding Sources:					
Appropriation	**1,264,548**	**1,230,320**	**1,230,320**	**1,243,220**	**12,900**
Transfers 1/	-4,060	-4,210	-4,210	-4,335	-125
Reprogramming	-30,000				0
Pay Reimbursements	10,351	13,084	12,362	12,532	170
Available Balance SOY (+)	20,441		18,000		-18,000
Available Balance SOY (+) Veterans Choice Act	24,296		7,246		-7,246
Available Balance EOY (-)	-18,000				0
Available Balance EOY (-) - Veterans Choice Act	-7,246				0
Adjustments	-3				0
(Expiring) Lapse	-121				0
Total Obligations	**$1,260,205**	**$1,239,194**	**$1,263,718**	**$1,251,417**	**-$12,301**

1/ Reflects transfers from OIT to the North Chicago Facility in pay funding.

Appendix I

Employment Summary – FTE by Grade

Employment Summary - FTE by Grade					
# of FTE	**2017 Actuals**	**2018 President's Budget**	**2018 Current Estimate**	**2019 Budget Request**	**Increase/ Decrease**
SES	29	30	30	30	-
GS-15	165	178	178	183	5
GS-14	869	927	927	947	20
GS-13	2,224	2,597	2,588	2,679	91
GS-12	1,434	1,528	1,529	1,576	47
GS-11	1,945	1,872	1,870	1,932	62
GS-10	2	11	11	11	-
GS-9	403	492	492	502	10
GS-8	4	7	7	7	-
GS-7	103	168	168	178	10
GS-6	46	56	56	59	3
GS-5	15	29	29	30	1
GS-4	2	3	3	3	-
GS-3	-	1	1	1	-
GS-2	-	-	-	-	-
GS-1	-	-	-	-	-
TITLE 38	-	-	-	-	-
Wage Grade (non-GS)	-	-	-	-	-
Total Number of FTE	**7,241**	**7,899**	**7,889**	**8,138**	**249**

Appendix J

Staffing and Administrative Support Services by OIT Organizations

($ in thousand)	2017 Actuals		2018 President's Budget		2018 Current Estimate		2019 Budget Request	
	Staffing	Administrative Support Services	Staffing	Administrative Support Services	Staffing	Administrative Support Services	Staffing	Administrative Support Services
ITOPS	$ 580,012	$ 73,789	$ 646,635	$ 3,649	$ 686,602	$ 3,224	$ 687,635	$ 3,649
EPMO	$ 189,515	$ 86,151	$ 217,082	$ 67,722	$ 225,197	$ 67,273	$ 233,091	$ 65,060
OIS	$ 64,427	$ 7,058	$ 75,331	$ 5,209	$ 20,331	$ 5,209	$ 21,331	$ 5,209
QPR	$ 31,280	$ 27,675	$ 42,189	$ 21,642	$ 32,486	$ 19,477	$ 33,189	$ 21,642
ITRM	$ 18,000	$ 124,537	$ 47,422	$ 85,631	$ 44,158	$ 85,355	$ 45,422	$ 85,730
AMO	$ 4,378	$ 3,886	$ 6,992	$ 4,716	$ 6,992	$ 4,716	$ 6,992	$ 4,732
IPO	$ 1,545	$ 107	$ 1,798	$ 91	$ 1,798	$ 91	$ 1,798	$ 96
Strategic Sourcing					$ 10,182	$ 1,151	$ 10,949	$ 1,261
EHRM PEO					$ 9,703	$ 2,164	$ 9,817	$ 1,282
Total 1/	**$ 889,157**	**$ 323,203**	**$ 1,037,450**	**$ 188,660**	**$ 1,037,450**	**$ 188,660**	**$ 1,050,225**	**$ 188,660**

Numbers exclude reimbursements and transfers
1/ After North Chicago Transfer

Appendix K

Portfolio Details

Health Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2017/2018			2018 Current Estimate		2019 Budget Request		2018-2019
	Year 1 Actuals		Year 2 of 2 year					
	DEV	OM	Availability	DEV	OM	DEV	OM	Increase/ Decrease
Health Management Platform	**$ 38,070**	**$ 2,620**	**$ 20,668**	**$ 31,400**	**$ 885**	**$ 70,391**	**$ -**	**$ 38,106**
Community Care	$ -	$ -	$ -	$ 5,000	$ -	$ 25,303	$ -	$ 20,303
Digital Health Platform	$ 31,723	$ 2,568	$ 18,817	$ 9,000	$ 885	$ 15,682	$ -	$ 5,797
Patient Records [System (CPRS)]	$ 3,039	$ -	$ 1,656	$ 2,400	$ -	$ 14,300	$ -	$ 11,900
Purchased Care	$ -	$ -	$ -	$ 15,000	$ -	$ 9,076	$ -	$ (5,924)
Telehealth Services	$ 3,308	$ 52	$ 195	$ -	$ -	$ 6,030	$ -	$ 6,030
Clinical Applications	**$ 51,651**	**$ 9,388**	**$ 17,113**	**$ 39,455**	**$ 5,839**	**$ 32,479**	**$ 1,008**	**$ (11,807)**
Health Data Interoperability	$ 14,254	$ 4,028	$ 3,068	$ 10,000	$ -	$ 13,000	$ -	$ 3,000
My HealtheVet	$ -	$ 1,347	$ -	$ 15,000	$ 1,087	$ 10,300	$ 1,008	$ (4,779)
Access & Billing	$ 70	$ -	$ 230	$ 1,750	$ -	$ 5,891	$ -	$ 4,141
Registries	$ 5,317	$ -	$ 4,541	$ 1,410	$ -	$ 3,288	$ -	$ 1,878
Registration, Eligibility, Enrollment	$ 6,695	$ 1,752	$ 2	$ 8,800	$ 1,752	$ -	$ -	$ (10,552)
Scheduling	$ -	$ -	$ -	$ 2,495	$ 3,000	$ -	$ -	$ (5,495)
Pharmacy	$ 10,673	$ 2,045	$ 3,483	$ -	$ -	$ -	$ -	$ -
Connected Health/Mobile Apps	$ 9,762	$ -	$ 4,573	$ -	$ -	$ -	$ -	$ -
Beneficiary Travel	$ 3,100	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Healthcare Administration Systems	$ 970	$ 215	$ 1,088	$ -	$ -	$ -	$ -	$ -
Laboratory	$ 810	$ -	$ 128	$ -	$ -	$ -	$ -	$ -
Electronic Health Record Modernization (EHRM)	**$ 2,000**	**$ -**	**$ -**	**$ 30,000**	**$ -**	**$ -**	**$ -**	**$ (30,000)**
Health Provider Systems	$ 2,000	$ -	$ -	$ 30,000	$ -	$ -	$ -	$ (30,000)
Health Research and Development	**$ 12,748**	**$ 5,343**	**$ 2,317**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Genomic Information System for Integrative Service (GenISIS)	$ 8,954	$ 5,343	$ 212	$ -	$ -	$ -	$ -	$ -
Research	$ 3,794	$ -	$ 2,105	$ -	$ -	$ -	$ -	$ -
Corporate Operations and Maintenance (Marginal Sustainment)	**$ -**	**$ 5,609**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Architecture Strategy and Design	$ -	$ 5,607	$ -	$ -	$ -	$ -	$ -	$ -
Hardware Maintenance	$ -	$ 2	$ -	$ -	$ -	$ -	$ -	$ -
Health Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 770,125**	**$ -**	**$ -**	**$ 828,290**	**$ -**	**$ 815,651**	**$ (12,639)**
Total Health Portfolio	**$ 104,469**	**$ 793,085**	**$ 40,098**	**$ 100,855**	**$ 835,014**	**$ 102,870**	**$ 816,659**	**$ (16,340)**

OM column contains Marginal Sustainment for Priority Programs. Operations and Maintenance line includes Mandatory Sustainment, Modernization and Enhancement.

Benefits Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2017/2018 Year 1 Actuals DEV	2017/2018 Year 1 Actuals OM	2017/2018 Year 2 of 2 year Availability	2018 Current Estimate DEV	2018 Current Estimate OM	2019 Budget Request DEV	2019 Budget Request OM	2018-2019 Increase/ Decrease
Benefit Systems	**$ 156,892**	**$ 22,361**	**$ 13,500**	**$ 106,827**	**$ 7,046**	**$ 129,615**	**$ 4,888**	**$ 20,630**
Veterans Customer Experience - VCE	$ 39,638	$ 21,561	$ 1,683	$ 39,423	$ 3,546	$ 47,564	$ 4,888	$ 9,483
Education Benefits (previously Chapter 33)	$ 10,491	$ 776	$ 1,005	$ 21,000	$ 1,000	$ 37,830	$ -	$ 15,830
Benefit Systems	$ 10,989	$ -	$ 472	$ 10,404	$ -	$ 31,721	$ -	$ 21,317
Veterans Benefits Management	$ 74,795	$ 24	$ 205	$ 28,500	$ 2,500	$ 10,000	$ -	$ (21,000)
Benefits Appeals	$ 9,353	$ -	$ 5,888	$ 7,500	$ -	$ 2,500	$ -	$ (5,000)
Customer Data Integration	$ 8,542	$ -	$ 1,509	$ -	$ -	$ -	$ -	$ -
C&P Claims	$ 3,084	$ -	$ 2,738	$ -	$ -	$ -	$ -	$ -
Benefits Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 238,832**	**$ -**	**$ -**	**$ 299,430**	**$ -**	**$ 253,794**	**$ (45,636)**
Total Benefits Portfolio	**$ 156,892**	**$ 261,193**	**$ 13,500**	**$ 106,827**	**$ 306,476**	**$ 129,615**	**$ 258,682**	**$ (25,006)**

OM column contains Marginal Sustainment for Priority Programs. Operations and Maintenance line includes Mandatory Sustainment, Modernization and Enhancement.

Memorials Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2017/2018 Year 1 Actuals DEV	2017/2018 Year 1 Actuals OM	2017/2018 Year 2 of 2 year Availability	2018 Current Estimate DEV	2018 Current Estimate OM	2019 Budget Request DEV	2019 Budget Request OM	2018-2019 Increase/ Decrease
Memorial Affairs	**$ 17,255**	**$ 48**	**$ 602**	**$ 20,968**	**$ 1,800**	**$ 18,800**	**$ 1,670**	**$ (2,298)**
Memorials Automation	$ 17,255	$ 48	$ 602	$ 20,968	$ 1,800	$ 18,800	$ 1,670	$ (2,298)
Memorial Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 2,923**	**$ -**	**$ -**	**$ 1,736**	**$ -**	**$ 1,611**	**$ (125)**
Total Memorial Affairs Portfolio	**$ 17,255**	**$ 2,971**	**$ 602**	**$ 20,968**	**$ 3,536**	**$ 18,800**	**$ 3,281**	**$ (2,423)**

OM column contains Marginal Sustainment for Priority Programs. Operations and Maintenance line includes Mandatory Sustainment, Modernization and Enhancement.

Corporate Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2017/2018 Year 1 Actuals DEV	2017/2018 Year 1 Actuals OM	2017/2018 Year 2 of 2 year Availability	2018 Current Estimate DEV	2018 Current Estimate OM	2019 Budget Request DEV	2019 Budget Request OM	2018-2019 Increase/ Decrease
Other IT Systems	**$ 71,809**	**$ -**	**$ 15,947**	**$ 79,500**	**$ 25,080**	**$ 78,571**	**$ 8,316**	**$ (17,693)**
Financial and Acquisition Management Modernization	$ 44,302	$ -	$ 14	$ 60,000	$ 23,000	$ 65,971	$ 6,850	$ (10,179)
Human Resources	$ -	$ -	$ -	$ 10,000	$ 1,830	$ 12,600	$ 1,466	$ 2,236
General Counsel	$ 2,271	$ -	$ 5	$ 9,500	$ 250	$ -	$ -	$ (9,750)
Innovations (VACI)	$ 5,513	$ -	$ 1,707	$ -	$ -	$ -	$ -	$ -
Data Access, Archiving, and Disposition	$ 10,816	$ -	$ 14,184	$ -	$ -	$ -	$ -	$ -
Productivity and Quality Management Systems Modernization	$ 8,821	$ -	$ 1	$ -	$ -	$ -	$ -	$ -
Supply Chain Management	$ 86	$ -	$ 36	$ -	$ -	$ -	$ -	$ -
Corporate Operations and Maintenance	**$ -**	**$ 2,354**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Veterans Customer Experience - VCE	$ -	$ 2,245	$ -	$ -	$ -	$ -	$ -	$ -
Hardware Maintenance	$ -	$ 108	$ -	$ -	$ -	$ -	$ -	$ -
Corporate Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 73,887**	**$ -**	**$ -**	**$ 22,519**	**$ -**	**$ 43,541**	**$ 21,022**
Total Corporate Portfolio	**$ 71,809**	**$ 76,241**	**$ 15,947**	**$ 79,500**	**$ 47,599**	**$ 78,571**	**$ 51,857**	**$ 3,329**

OM column contains Marginal Sustainment for Priority Programs. Operations and Maintenance line includes Mandatory Sustainment, Modernization and Enhancement.

Enterprise Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2017/2018 Year 1 Actuals DEV	2017/2018 Year 1 Actuals OM	2017/2018 Year 2 of 2 year Availability	2018 Current Estimate DEV	2018 Current Estimate OM	2019 Budget Request DEV	2019 Budget Request OM	2018-2019 Increase/ Decrease
Information/Infrastructure Management	**$ 12,021**	**$ -**	**$ 2**	**$ 42,580**	**$ 1,350**	**$ 33,715**	**$ 1,253**	**$ (8,962)**
Data Integration and Management	$ 12,021	$ -	$ 2	$ 42,580	$ 1,350	$ 33,715	$ 1,253	$ (8,962)
Cyber Security	**$ 38,226**	**$ -**	**$ 448**	**$ 7,800**	**$ 500**	**$ 17,000**	**$ 464**	**$ 9,164**
Cyber Security	$ 38,226	$ -	$ 448	$ 7,800	$ 500	$ 17,000	$ 464	$ 9,164
Enterprise Operations and Maintenance	**$ -**	**$ 1,414,695**	**$ -**	**$ -**	**$ 1,272,175**	**$ -**	**$ 1,428,584**	**$ 156,408**
Cyber Security	$ -	$ 289,024	$ -	$ -	$ 353,500	$ -	$ 368,247	$ 14,747
Software Maintenance	$ -	$ 325,331	$ -	$ -	$ 314,813	$ -	$ 336,107	$ 21,294
IT Support Contracts	$ -	$ 198,165	$ -	$ -	$ 252,971	$ -	$ 270,522	$ 17,551
Telecommunications	$ -	$ 85,498	$ -	$ -	$ 104,534	$ -	$ 101,009	$ (3,525)
TAC Fees	$ -	$ 56,300	$ -	$ -	$ 75,000	$ -	$ 75,000	$ -
Enterprise Service Desk	$ -	$ 59,349	$ -	$ -	$ 63,514	$ -	$ 74,751	$ 11,237
Activations	$ -	$ 59,744	$ -	$ -	$ -	$ -	$ 73,802	$ 73,802
Data Integration and Management	$ -	$ -	$ -	$ -	$ 1,500	$ -	$ 59,792	$ 58,292
Enterprise Infrastructure	$ -	$ 38,550	$ -	$ -	$ 60,585	$ -	$ 38,078	$ (22,507)
Hardware Maintenance	$ -	$ 140,952	$ -	$ -	$ 27,514	$ -	$ 16,529	$ (10,985)
Privacy & Records Management	$ -	$ 11,864	$ -	$ -	$ 11,200	$ -	$ 12,299	$ 1,099
Repositories	$ -	$ -	$ -	$ -	$ 2,639	$ -	$ 2,448	$ (191)
CRISP Operations (National Tapeless Backup Solution)	$ -	$ 45,290	$ -	$ -	$ 4,406	$ -	$ -	$ (4,406)
Veterans Customer Experience - VCE	$ -	$ 53,716	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Operations	$ -	$ 18,093	$ -	$ -	$ -	$ -	$ -	$ -
Other Corporate IT Systems	$ -	$ 16,382	$ -	$ -	$ -	$ -	$ -	$ -
Human Resources	$ -	$ 15,261	$ -	$ -	$ -	$ -	$ -	$ -
General Counsel	$ -	$ 1,176	$ -	$ -	$ -	$ -	$ -	$ -
Total Enterprise Portfolio	**$ 50,247**	**$ 1,414,695**	**$ 450**	**$ 50,380**	**$ 1,274,025**	**$ 50,715**	**$ 1,430,301**	**$ 156,610**

OM column of Enterprise Portfolio table contains Marginal and Mandatory Sustainment, Modernization and Enhancement.

Appendix L

Information Security

Information Security (Dollars in Thousands)	2017 Actuals		2018 President's Budget		2018 Current Estimate		2019 Budget Request		2018-2019 Increase/ Decrease	
	Development	OM	Development	OM	Development	OM	Development	OM	Development	OM
Security Program (CRISP) Support	$ -	$ 96,914	$ -	$ 75,427	$ -	$ 75,427	$ -	$ 76,957	$ -	$ 1,530
Security Operations Center (SOC)	$ -	$ 49,508	$ -	$ 72,940	$ -	$ 72,940	$ -	$ 53,555	$ -	$ (19,385)
Cybersecurity Strategy Implementation	$ -	$ 37,859	$ -	$ 65,151	$ -	$ 65,151	$ -	$ 66,841	$ -	$ 1,690
Network Operations Center (NOC)	$ -	$ 48,760	$ -	$ 57,966	$ -	$ 57,966	$ -	$ 75,281	$ -	$ 17,315
Cyber Program	$ -	$ 53,888	$ -	$ 51,307	$ -	$ 51,307	$ -	$ 67,412	$ -	$ 16,105
Privacy & Records Management	$ -	$ 11,864	$ -	$ 11,200	$ -	$ 11,200	$ -	$ 12,299	$ -	$ 1,099
Field Security Services	$ -	$ 2,095	$ -	$ 5,734	$ -	$ 5,734	$ -	$ 5,204	$ -	$ (530)
Business Continuity Support (COOP)	$ -	$ -	$ -	$ 275	$ -	$ 275	$ -	$ 80	$ -	$ (195)
Cyber Security	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,000	$ 23,381	$ 17,000	$ 23,381
Subtotals	**$ -**	**$ 300,888**	**$ -**	**$ 340,000**	**$ -**	**$ 340,000**	**$ 17,000**	**$ 381,010**	**$ 17,000**	**$ 41,010**
TOTAL Development and OM	**$**	**300,888**	**$**	**340,000**	**$**	**340,000**	**$**	**398,010**	**$**	**58,010**

Appendix M

Obligations by Object Class and Funding Sources

Office of Information and Technology
Obligations by Object Class and Funding Sources
(Dollars in Thousands)

	2017 Actuals	2018 President's Budget	2018 Current Estimate	2019 Budget Request	2018 - 2019 Increase / Decrease
Personal Services	935,688	1,005,540	1,074,502	1,062,469	-12,033
Travel	8,780	10,000	8,000	10,100	2,100
Rent, Communications and Utilities	944,004	813,020	918,107	837,846	-80,261
Printing and Reproduction	38	56	21	21	0
Other Services	1,853,819	1,593,334	1,635,045	1,596,888	-38,157
Supplies and Materials	14,201	23,715	12,380	25,180	12,799
Equipment	743,837	646,803	666,716	685,008	18,292
Lands and Structures	1,478	6,951	1,741	7,289	5,548
Other	174	1,259	1,200	1,265	65
Total Obligations	**$4,502,019**	**$4,100,678**	**$4,317,712**	**$4,226,066**	**-$91,646**
Funding Sources					
Appropriation	**4,270,259**	**4,055,500**	**4,055,500**	**4,184,571**	**129,071**
Veterans Choice Act 801	229,130		118,032		-118,032
Unobligated Choice Act 801	-118,032				0
OEF/OIF Supplemental (P.L. 110-128)	1,584		1,695		-1,695
OEF/OIF Supplemental unobligated EOY	-1,695				0
Recoveries	17,077				0
Transfers 1/	-7,301	-7,518	-7,518	-7,741	-223
Non-Pay Reimbursements	43,298	39,612	36,301	36,704	403
Pay Reimbursements	10,351	13,084	12,362	12,532	170
Unobligated expiring	-522				0
Unobligated SOY	159,210		101,340		-101,340
Unobligated EOY	-101,340				0
Total	**$4,502,019**	**$4,100,678**	**$4,317,712**	**$4,226,066**	**-$91,646**

Note: Numbers may not add due to rounding.
1/Reflects transfers from OIT to the North Chicago Facility in pay and non-pay funding.

Appendix N

IT Investments

Information and Technology FY 2019 IT Investments by Portfolio (Dollars in thousands)						
Portfolio	**Investment Type**	**Unique Investment Identifier (UII)**	**2019 Budget Request**			
			DME	**OM**	**RA**	**FTE**
MEDICAL PORTFOLIO			**$ 149,522**	**$ 157,126**	**$ 288**	**414**
Access to Care	Major	029-555555300	$ 7,359	$ 8,754	$ -	21
Health Data & Information	Major	029-555555301	$ 37,870	$ 36,733	$ -	81
Health Management Platform	Major	029-555555302	$ 104,293	$ 65,131	$ -	216
Health Research	Major	029-555555303	$ -	$ 6,018	$ -	8
Electronic Health Record Modernization (EHRM)	Major	029-555555305	$ -	$ 6,954	$ -	45
Other Medical IT Systems	Non-Major	029-555555306	$ -	$ 33,536	$ 288	43
BENEFITS PORTFOLIO			**$ 161,350**	**$ 145,400**	**$ 39,498**	**437**
Benefits Appeals	Major	029-666666400	$ 3,118	$ 8,705	$ -	15
Benefits Payments	Major	029-666666401	$ 39,293	$ 5,075	$ -	56
Veterans Benefits Management	Major	029-666666402	$ 12,473	$ 27,576	$ -	52
Other Benefits IT Systems	Non-Major	029-666666403	$ 44,398	$ 34,504	$ 39,498	165
Customer Relationship Management	Major	029-666666404	$ 62,068	$ 69,540	$ -	149
CORPORATE PORTFOLIO			**$ 101,674**	**$ 219,525**	**$ 4,802**	**928**
Corporate IT Support ITRM	Non-Major	029-777777015	$ -	$ 107,555	$ -	696
Financial Management	Major	029-777777501	$ 85,983	$ 8,550	$ -	141
Supply Chain Management	Major	029-777777502	$ -	$ 31,727	$ -	40
Other Corporate IT Systems	Non-Major	029-777777503	$ 15,691	$ 24,252	$ 4,802	51
VA Franchise Fund_IT Spending	Non-Major	029-777777212	$ -	$ 39,925	$ -	-
eGov LoB Benefits.Gov	Non-Major	029-444440020	$ -	$ 329	$ -	-
eGov LoB E-Rulemaking	Non-Major	029-444440060	$ -	$ 187	$ -	-
eGov LoB Grants.gov	Non-Major	029-444440160	$ -	$ 119	$ -	-
eGov LoB Integrated Award Environment	Non-Major	029-444440230	$ -	$ 4,048	$ -	-
eGov LoB Financial Management	Non-Major	029-444441100	$ -	$ 159	$ -	-
eGov LoB Human Resources Management	Non-Major	029-444441200	$ -	$ 274	$ -	-
eGov LoB Federal Health Architecture	Non-Major	029-444441400	$ -	$ 2,199	$ -	-
eGov LoB Geospatial	Non-Major	029-444443100	$ -	$ 25	$ -	-
eGov LoB Budget Formulation and Execution	Non-Major	029-444443200	$ -	$ 110	$ -	-
eGov LoB Disaster Assistance Improvement Plan	Non-Major	029-444444100	$ -	$ 66	$ -	-
ENTERPRISE PORTFOLIO			**$ 197,519**	**$ 3,072,485**	**$ 4,648**	**6,324**
Enterprise Security Services	Standard	029-888888600	$ 80,420	$ 347,801	$ -	196
Enterprise Data Services	Major	029-888888601	$ 40,128	$ 79,024	$ 4,648	159
IT Operations Enterprise Infrastructure	Standard	029-888888602	$ 3,169	$ 727,141	$ -	548
IT Operations Network	Standard	029-888888603	$ -	$ 367,590	$ -	472
IT Operations Data Center and Cloud	Standard	029-888888604	$ -	$ 416,439	$ -	1,414
IT Operations End User	Standard	029-888888605	$ 73,802	$ 1,134,490	$ -	3,535
MEMORIAL AFFAIRS PORTFOLIO			**$ 23,282**	**$ 4,131**	**$ -**	**35**
Memorials Automation	Major	029-666666700	$ 23,282	$ 4,131	$ -	35
GRAND TOTAL REPORTED IN EXHIBIT 53			**$ 633,346**	**$ 3,598,666**	**$ 49,236**	**8,138**

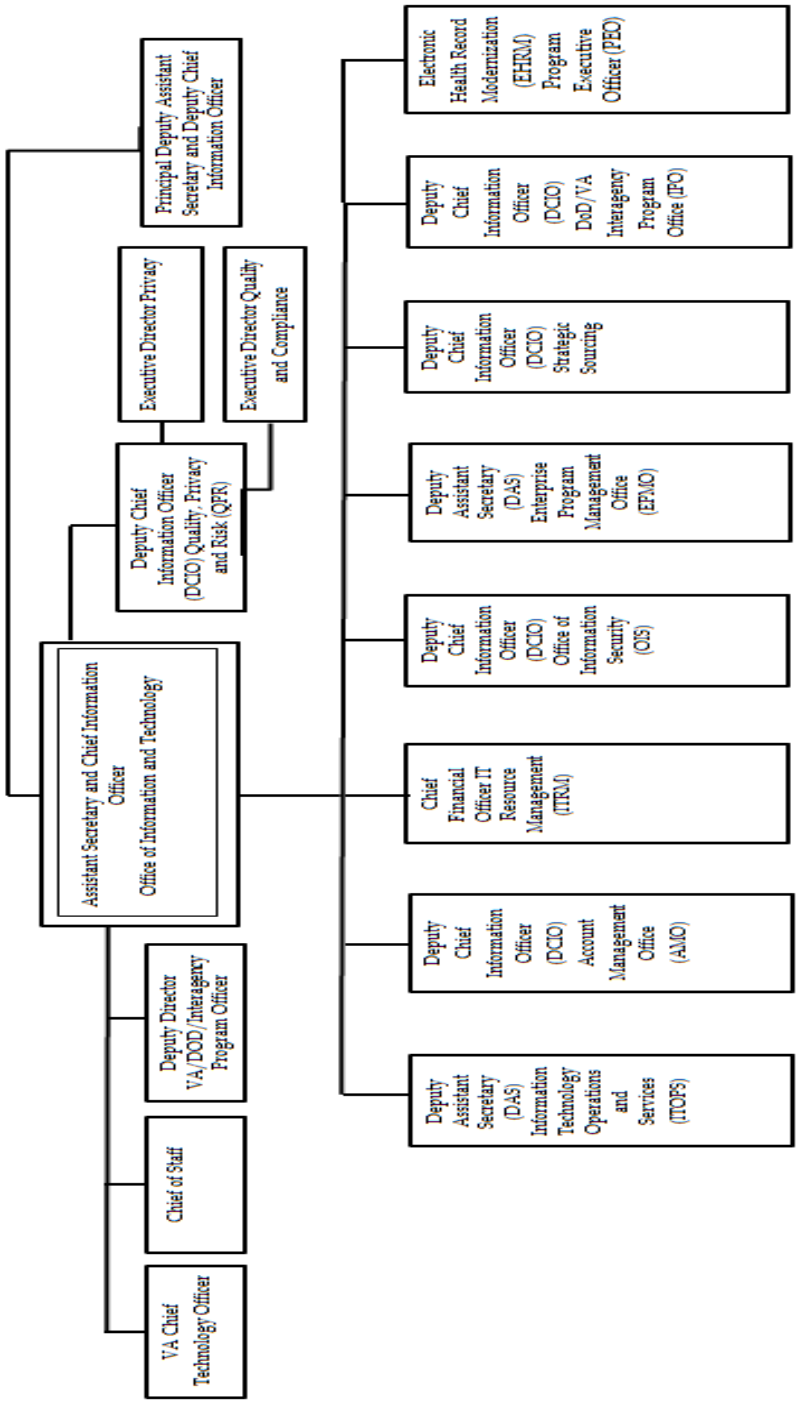
Note: The table above reflects the 2019 budget by IT Investment. Per OMB guidance, it reflects all funding sources (Budget Authority (BA) – Pay and Non-Pay, Reimbursements (RA), E-Gov Initiatives and Franchise Fund IT Spending). The information in the table gets submitted to the OMB IT Dashboard.

Appendix O

Information Technology Systems Appropriations History
(Dollars in thousands)

	Budget Request to Congress	Appropriation	FTE
2009	2,442,066	2,539,391_1/	6,710
2010	3,307,000	3,307,000	6,853
2011	3,307,000	2,993,604_2/	7,004
2012	3,161,376	3,111,376	7,311
2013	3,327,444	3,323,053	7,362
2014	3,683,344	3,703,344	7,291
2015	3,903,344	3,902,278	7,419
2016	4,133,363	4,133,363	7,745
2017	4,278,259	4,270,259	8,334_3/
2018	4,055,500		7,899
2019	4,184,571		8,138

Note: The Information Technology Systems account was established in P.L. 109-114.
FTE includes Reimbursements.
1/ Includes $50 million in emergency funding provided in P.L. 111-5.
2/ The 2011 appropriation was $3.141 billion (including ATB rescission) with an additional $147 million in unobligated balances rescinded.
3/ FTE include VACAA FTE funded by the IT Appropriation.

Appendix P

Office of Information Technology Organization Chart