

Amended  
June 29, 2018

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

VHA DIRECTIVE 6330(4)  
Transmittal Sheet  
June 24, 2016

## CONTROLLED NATIONAL POLICY/DIRECTIVES MANAGEMENT SYSTEM

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

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

- a. Incorporating VHA Handbook 6330.01.
- b. In response to ongoing legal and practical concerns, establishing a firm recertification policy that expressly states controlled national policy (CNP) that are not recertified on or before their recertification date will be reported to the VHA Chief of Staff, in order to facilitate greater accountability for the maintenance of up-to-date national policy.
- c. Updating definitions, drafting and submission processes, and certification and recertification requirements in accordance with the Government Accountability Office (GAO) Policy Transformation Report.
- d. Updating CNP terminology and mandatory procedures for the publication of CNP.
- e. Updating program office, Veterans Integrated Service Network Directors and VA medical facility Directors responsibilities.
- f. Establishing an accelerated process for making non-substantive amendments to published CNP, and establishing a simplified procedure to extend the recertification date of a CNP. These changes are responsive to recommendations to facilitate simple changes to CNP and to help ensure CNP does not expire.
- g. Adding program office responsibility for Section 508 compliance.
- h. Simplifying the library of CNP and making it easier to identify and locate national policy on particular issues by eliminating all other types of CNP other than directives and notices; and providing the conditions under which handbooks and other CNP certified before the date of this directive may temporarily continue to serve as national policy. **NOTE:** *This means that handbooks will no longer be recognized vehicles for national policy, and program offices will be required to combine directives and handbooks into a single CNP. Appendices may be used to convey instructions and*

*programmatic procedures. VHA's Office of Regulatory and Administrative Affairs (ORAA) will assist in implementation of this change. \*VHA Handbook 1004.03, Life-Sustaining Treatment Decisions: Eliciting, Documenting, and Honoring Patient's Value, Goals and Preferences, published January 11, 2017, is excluded from this requirement and remains CNP until its next recertification.*

i. Amendment revisions, dated August 16, 2017, include:

(1) Revising the requirement that all CNP be recertified by August 31, 2021 in accordance with ORAA's 5-year plan in response to the GAO February 2015 report instead of June 30, 2017 as originally published.

(2) Adding required paragraphs to CNP for records management and training.

(3) Requiring approval for CNP amendments from the responsible program office.

(4) Updating review and concurrence procedures in accordance with approved implementation of the new process.

(5) Adding responsibilities for providing and responding to comments through the SharePoint portal as part of the concurrence process.

(6) Process maps and detailed instructional appendices have been relocated to the Office of Regulatory and Administrative Affairs Intranet Web site, [http://vaww.va.gov/VHAREGS/dmo\\_policy.asp](http://vaww.va.gov/VHAREGS/dmo_policy.asp).

j. Amendment revision, dated September 6, 2017, adds the process and requirements for expedited review of CNP.

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

**4. RESPONSIBLE OFFICE:** The VHA Office of Regulatory and Administrative Affairs (10B4) is responsible for the content of this directive. Questions may be referred to 202-461-0500.

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

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

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Under Secretary for Health

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on 06/28/2016.

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## CONTROLLED NATIONAL POLICY/DIRECTIVES MANAGEMENT SYSTEM

### 1. PURPOSE

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

### 2. DEFINITIONS

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

b. **Appendix.** An appendix to a CNP is an attachment that is used to convey instructions, guidelines, and programmatic procedures related to implementation or operation of the policy. Appendices may be amended independently from the CNP via the amendment process set forth in Appendix B, paragraph 4.a. of this directive.

**NOTE:** For questions regarding information allowed in appendices, contact the Office of Regulatory and Administrative Affairs (ORAA) at [VHA CO 10B4 Actions@va.gov](mailto:VHA_CO_10B4_Actions@va.gov).

c. **Certification of a CNP.** CNP must be signed by the Under Secretary for Health. CNP establishes a definite course of action for VHA and assigns to identifiable individuals or groups responsibilities for executing that course. A CNP is considered certified when the document has been signed by the Under Secretary for Health; has not been superseded or rescinded; and its recertification date has not passed. A certified CNP is current national policy that must be followed by VHA. **NOTE:** CNP certified before June 24, 2016 will continue to serve as national policy in accordance with paragraph 2.i.(1) of this directive.

d. **Controlled National Policy.** For detailed information on the definition, scope, and purpose of CNP, see paragraph 5 of this directive. **NOTE:** Handbooks and memoranda signed by the Under Secretary for Health that were certified before June 24, 2016 will continue to serve as national policy in accordance with paragraph 2.i.(1) of this directive.

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

f. **Expedited Review.** Expedited review is a process by which CNP, when approved by the VHA Chief of Staff or Deputy Chief of Staff, is reviewed by ORAA, is not entered into SharePoint for comment, but receives concurrences through VAIQ from

Deputy Under Secretaries for Health and any necessary sub-offices within 7 calendar days.

g. **Guidance.** Guidance is a document not signed by the Under Secretary for Health, often containing recommendations that inform strong practices within the organization. Guidance is supported by evidence, legal requirements, CNP, or organizational priorities. Guidance often provides recommendations for implementing statutes, regulations, CNP or organizational initiatives. Guidance is not CNP. Examples include 10N memoranda, Email, conference calls, SharePoint sites, Intranet sites, program guides, and standard operating procedures.

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

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

j. **Recertification Date.** A recertification date is clearly identified on all CNP and is the date on or before which the CNP must be recertified or extended (see Appendix B of this directive). CNP that is overdue for recertification must be followed until superseded by more recent CNP or has been rescinded.

(1) In accordance with this directive, all national policy, including published policies that no longer meet the definition of CNP (i.e., handbooks, memoranda), remain policy until rescinded, recertified, or August 31, 2021, whichever is later. **NOTE:** *VHA Handbook 1004.03, Life-Sustaining Treatment Decisions: Eliciting, Documenting, and Honoring Patient's Value, Goals and Preferences, published January 11, 2017 is excluded from this requirement and remains CNP until its next recertification.*

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

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

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

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

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

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

p. **VHA Handbook.** VHA handbooks will no longer be used as a type of CNP, but VHA Handbooks issued before the certification date of this directive continue to serve as certified CNP in accordance with paragraph 2.c. of this directive. **NOTE:** *VHA Handbook 1004.03, Life-Sustaining Treatment Decisions: Eliciting, Documenting, and Honoring Patient's Value, Goals and Preferences, published January 11, 2017 is excluded from this requirement and remains CNP until its next recertification.*

### 3. POLICY

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

### 4. RESPONSIBILITIES

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

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

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

b. **VHA Chief of Staff.** The VHA Chief of Staff, or designee, is responsible for:

(1) Oversight of an effective DMS and

(2) Approving expedited review requests.

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

(1) **DMS.**

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

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

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

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

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

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

1. Email to the RPO 12 months prior to the recertification date.

2. Email to the RPO 6 months prior to the recertification date with a request for response.

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

(g) Approving extension requests.

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

(i) Notifying the VHA Chief of Staff, or designee, of expedited review requests and when concurrences for CNP in the expedited review process are not submitted by the due date identified in VAIQ.

(2) **Submission Process.**

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

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

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

(d) Confirming compliance with Section 508 of the Rehabilitation Act of 1973 before publication of CNP.

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

**(3) Distribution Requirements.**

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

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

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

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

**(1) General.**

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

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

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

(c) Approving (indicated by signing VA Form 4265) recertification with no change requests from the RPOs under their jurisdiction.

(d) Submitting expedited review requests in writing (e.g., Email) to ORAA stating the need or justification for the request.

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

(f) Active engagement in the concurrence process for all policies, including those for which they do not have primary responsibility, and submitting concurrences within the required timeframes (see paragraph 6).

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

**(2) Distribution Requirements.**

(a) Establishing and maintaining an appropriate national Email group for the purpose of distributing electronic copies of CNP and required supporting material to subordinate offices (including VISN offices) under their jurisdiction. **NOTE:** *The number of staff members assigned to these Email groups must be sufficient to create redundant coverage of the Email group to ensure continuous monitoring.*

(b) Complying with policy established by CNP.

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

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

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

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

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

(4) Ensuring that CNP for RPOs over which they have primary responsibility conform to existing policies and the goals of the Under Secretary for Health, including compliance with Section 508 of the Rehabilitation Act of 1973.

(5) Active engagement in the concurrence process for all policies, including those for which they do not have primary responsibility, and submitting concurrences within the required timeframes (see paragraph 6).

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

(1) Writing CNP, according to the specifications of this directive.

(2) Ensuring that CNP and forms conform to the requirements of Section 508 of the Rehabilitation Act of 1973 (Title 29 United States Code (U.S.C.) 794d).

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

(4) Ensuring responses to VHACO, VISN, and VA medical facility comments received through the concurrence process are addressed by either making the suggested change or explaining, in writing, why the suggestion is being rejected (see paragraph 4.f.(5), below). RPOs are strongly encouraged to resolve non-concurrences before their policies are submitted to their Assistant Deputy Under Secretary (or equivalent position) for signature.

(5) Responding to a non-concurring individual by Email or telephone for non-concurs received through the SharePoint portal. Evidence of the contact and resulting course of action must be noted in the comment log.

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

(7) Obtaining initial substantive and technical review from ORAA.

(8) Adhering to CNP concurrence requirements (paragraph 6 and Appendix B).

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

(10) Active engagement in the concurrence process for all policies, including those for which they do not have primary responsibility and submitting concurrences within the required timeframes (see paragraph 6).

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

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

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

(1) **General.**

(a) Ensuring that VISN-level policies conform to Section 508 of the Rehabilitation Act of 1973.

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

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

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

(e) Communicating to VA medical facilities that proposed CNP are posted to the SharePoint portal for comment and ensuring that VISN-wide comments are submitted to the SharePoint portal within 14 days.

(f) Communicating that comments submitted to the SharePoint portal must not be subjective, and must reflect practical concerns about the efficacy of the policy content, implementation, and monitoring.

(2) **Distribution Requirements.**

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

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

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

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

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

(1) **General.**

(a) Ensuring that facility-level policies conform to Section 508 of the Rehabilitation Act of 1973.

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

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

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

(e) Communicating to relevant staff members when new CNP are posted to the SharePoint portal and ensuring that comments are submitted within 14 days.

(f) Communicating that comments submitted to the SharePoint portal must not be subjective, and must reflect practical concerns about the efficacy of the policy content, implementation, and monitoring.

(2) **Distribution.**

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

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

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

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

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

**5. TYPES OF CNP**

CNP must be signed by the Under Secretary for Health. CNP establishes a definite course of action for VHA and assigns responsibilities for executing that course to identifiable individuals or groups. All CNP must be clear, concise, and logically composed. They must be organized and arranged in a manner that helps users locate information quickly. CNP is either a directive or a notice. CNP must not meet the definition of a "rule" under the Administrative Procedures Act (5 U.S.C. 551 et seq.), and certain human resources information or criteria (e.g., position descriptions, performance plans) and clinical practice guidelines are not appropriate subjects for CNP. Questions

whether content is appropriate for CNP will be directed to ORAA at [VHA CO 10B4 Actions@va.gov](mailto:VHA_CO_10B4_Actions@va.gov). The two types of CNP are addressed below.

a. **Directive.**

(1) Directives establish national VHA policy.

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

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

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

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

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

(4) Require a table of contents.

(5) Are assigned an identifying number by ORAA.

(6) Contain the following main numbered paragraphs (see Appendix B): Purpose and Authority, Background (optional), Definitions (optional), Policy, Responsibilities, Records Management, Training Requirements (if applicable), other narrative text paragraphs may be added as necessary with the approval of the PCO. These paragraphs may include but are not limited to Reports and References. Appendices are used to convey instructions, guidelines, and programmatic procedures. The RPO should address questions regarding the appropriateness of appendices to the PCO.

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

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

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

(3) See Appendices C and D for sample VHA notices.

## 6. CONCURRENCE REQUIREMENTS

See Appendix B for full concurrence process information.

a. Review and concurrence submission through the SharePoint portal for VHA program office, VISN, and medical facility review must be completed within 14 calendar days from the date CNP is posted and available for comment.

b. Reviews must be completed by Offices of the Deputy Under Secretaries for Health and concurrences uploaded to VA's electronic document concurrence system within 7 calendar days for CNP in the expedited review process or 17 calendar days for all others.

c. An office that does not concur with a proposed CNP must enter their non-concurrence in VA's electronic document concurrence system. The non-concurring office must collaborate with the RPO to resolve all issues involved in the non-concurrence. If the offices are unable to agree, the dispute will be resolved by the Principal Deputy Under Secretary for Health and/or the Deputy Under Secretaries for Health with jurisdiction over the RPO and the non-concurring office. **NOTE:** The PCO includes the original statement of non-concurrence in the backup material to VA Form 4265.

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

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

## 7. TRAINING

There are no formal training requirements associated with this directive.

## 8. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule (RCS) 10-1. If you have any question to the regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison. See also VHA Directive 6300, Records Management, or subsequent policy issue.

## 9. REFERENCES

- a. 29 U.S.C. 794d.
  - b. 44 U.S.C. 3501-3521.
  - c. VA Handbook 6221, Accessible Electronic Information and Technology (EIT).
  - d. VA Directive 6310.1, Forms Management Procedures.
  - e. VA Directive 6330, Directives Management.
  - f. VA Handbook 6330, Directives Management Procedures.
  - g. Implementing the Section 508 Rehabilitation Act of 1973 and V.A.'s Section 508 Accessibility Mandate, [http://www.section508.va.gov/Policies\\_and\\_Procedures.asp](http://www.section508.va.gov/Policies_and_Procedures.asp)
  - h. Office of Regulatory and Administrative Affairs SharePoint site, <https://vaww.vha.vaco.portal.va.gov/sites/VHACOS/10B4/DMS/SitePages/VHA%20Policy%20Management.aspx>
- (1) VA Form 4265 preparation.
  - (2) Checklist and other information for preparing controlled national policy documents
- i. Office of the Secretariat Correspondence Manual, <http://vaww.execsec.va.gov/>.  
**NOTE:** This is an internal VA Web site that is not available to the public.
  - j. Product Development Product Assessment Competency Division, <http://www.section508.va.gov/>
  - k. U.S. Government Printing Office Style Manual, <http://www.gpo.gov/fdsys/pkg/GPO-STYLEMANUAL-2008/pdf/GPO-STYLEMANUAL-2008.pdf>
  - l. VA Section 508 Office, <http://vaww.section508.va.gov/>

June 24, 2016

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June 29, 2018

VHA DIRECTIVE 6330(4)  
APPENDIX A

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

VHA DIRECTIVE XXXX  
Transmittal Sheet  
DATE

### SAMPLE VHA TRANSMITTAL SHEET AND DIRECTIVE

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

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

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

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

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

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

**NOTE:** *An appropriate phone number is one in which a reader or stakeholder can reach a person who can – if not actually answer questions related to the policy – at least direct them to someone who can assist. If a phone number isn't appropriate, a group Email address or action box will suffice.*

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

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

Signature Block for the  
Under Secretary for Health

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

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APPENDIX A

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## TITLE OF SAMPLE VHA DIRECTIVE

### 1. PURPOSE

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

### 2. BACKGROUND

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

### 3. DEFINITIONS

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

### 4. POLICY

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

### 5. RESPONSIBILITIES

List responsibilities and brief action requirements for individuals (e.g., responsibilities must not be directed toward a group).

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

(1) The Under Secretary for Health.

(2) The Deputy Under Secretary for Health for Operations and Management.

(3) VISN Directors.

(4) VA Medical Facility Directors.

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

c. Responsibilities must not be assigned to individuals outside the control of VHA.

### 6. OTHER PARAGRAPHS

a. Additional main numbered paragraphs are used infrequently to describe mandatory processes and other necessary mandated information.

b. Detailed programmatic instructions are located in appendices. Descriptions of procedures/instructions generally should not be included in a directive unless the procedure/instruction is considered an integral part of the national policy goal. For example, specific instructions on proper use of software or record-keeping procedures should not be included in the body of a directive. Such instructions may be appropriate for an appendix where national uniformity is critical to achieving a policy goal, such as where proper use of scheduling procedures are used to collect national data to support a goal that appointments be provided within a specified timeliness goal. In most cases, however, specific procedures and instructions are not critical to implementation of a national policy goal, and should be considered “non-policy” materials that can be placed on an RPO Web site or other location, where they can be regularly reviewed, updated and revised outside of the national policy process.

## 7. REPORT(S) (OPTIONAL)

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

## 8. TRAINING REQUIREMENTS

Specify if training is mandatory or recommended, and identify the target audience and source(s) of the training. For example: TRAINING REQUIREMENTS: The following training is recommended for all Home Clinical Care Service Providers (if the training currently exists, list the available training products):

- a. If available in TMS, provide TMS Course title(s) and Item #(s).
- b. If available outside TMS, provide link or access information to the appropriate training.
- c. If the training does not exist, or is in development, state the national program office responsible for developing the training.

**NOTE:** It is the responsibility of the national program office to own, develop, and make available all training products and cannot be delegated down to the VISN or facilities.

## 9. RECORDS MANAGEMENT

Standard language: All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any question to the regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison.

**NOTE:** *When possible you may add a broad location of possible records schedules of interest pertaining to the records within the VHA directive. E.g., if the subject of the*

*directive is employee training, provide the location in RCS 101 of employee training records.*

**10. REFERENCE(S) (OPTIONAL)**

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

## CONCURRENCE PROCESS FOR DIRECTIVES AND NOTICES

### 1. PRE-WORK

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

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

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

b. **Process.**

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

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

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

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

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

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

(3) **Step 3.** After ORAA and the RPO agree on a final version, ORAA enters the CNP into SharePoint for the 14 day review and comment period by VHACO program office, VISN, and VA medical facilities.

### 3. FORMAL CONCURRENCE PROCESS

a. The formal concurrence process is used only after the CNP has been through the initial ORAA review and SharePoint portal processes. The formal concurrence process is conducted by ORAA in VA's electronic document concurrence system.

b. Once the Principal Deputy Under Secretary and Deputy Under Secretaries have concurred, ORAA requests through VAIQ OGC concurrence if required, and LMR concurrence.

c. ORAA concurs and presents CNP to Under Secretary for Health for review and/or signature (dependent on LMR concurrence). **NOTE:** *If the CNP is subject to bargaining, ORAA will return assignment to responsible program office, which will reassign to ORAA after bargaining is complete. See <https://vaww.vha.vaco.portal.va.gov/sites/VHACOS/10B4/DMS/SitePages/VHA%20Policy%20Management.aspx> for more information on LMR's review process.*

**NOTE:** *Additional process information is located on the ORAA SharePoint site at <https://vaww.vha.vaco.portal.va.gov/sites/VHACOS/10B4/DMS/SitePages/VHA%20Policy%20Management.aspx>*

### 4. PROCEDURES FOR AMENDMENTS, EXTENSIONS, AND RECERTIFICATIONS WITH NO (SUBSTANTIVE) CHANGES

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

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

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

(3) ORAA formally assigns in VA's electronic document concurrence system the final version of the CNP to the RPO for concurrence and, at the same time, assigns an information-only copy to the RPO's Deputy Under Secretary for Health advising that the CNP will be published as amended within 5 business days. **NOTE:** *Additional concurrences may be required based on the content of changes.*

(4) Amended CNP are published with the original publication and recertification dates. CNP with amendments are numbered with the original CNP number plus a number (1) for the first revision or amendment, (2) for the second revision or amendment, etc. (e.g., revised VHA Directive 1234 will be published as 1234(1)).

Disputes between an RPO and the PCO concerning whether a change is not substantive will be resolved by the Director of ORAA.

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

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

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

(3) **Process:**

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

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

2. Justification for the extension, and

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

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

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

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

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

(b) Written approval from the Deputy Under Secretary for Health to whom the RPO reports (indicated by signature on VA Form 4265), and

(c) A tracked version of the directive.

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

(3) The RPO approves the final copy.

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

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

## 5. EXPEDITED REVIEW PROCESS

a. The Deputy Under Secretary for Health overseeing the RPO must submit in writing (e.g., Email) to ORAA ([VHA CO 10B4 Actions](#)) a request for expedited review with justification statement.

b. ORAA must submit the request to the VHA COS Chief of Staff, or designee, for approval.

c. If expedited review is approved, ORAA will conduct an initial substantive and technical review for the CNP. Accelerated processing at this stage will be considered if bandwidth permits, but is not guaranteed or expected. **NOTE:** *If expedited review is not approved, the CNP will follow the standard process as outlined in paragraphs 2 and 3 of this appendix.*

d. ORAA will consult with the RPO if edits are required and, when the draft is completed, submit the CNP into VAIQ for accelerated Deputy Under Secretary for Health-level concurrence.

e. ORAA will track CNP within the expedited review process separately from CNP in the standard process and will notify the responsible Deputy Under Secretary for Health and VHA Chief of Staff when concurrences are not received by the due date indicated in VAIQ. **NOTE:** *CNP at the OGC (if applicable) or LMR concurrence stage may not receive expedited concurrences from those offices, but every effort will be made to request such.*

## 6. ENSURING APPROPRIATE LMR REVIEW OF VHA POLICY DOCUMENTS

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

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

(2) Executive Order 13522, Creating Labor-Management Forums to Improve Delivery of Government Services, requires VA management officials to include pre decisional involvement with the unions in "all workplace matters to the fullest extent

practicable.” The term “pre-decisional involvement” typically involves inviting the unions to participate in task forces or work groups developing policy prior to any change being initiated. At the national level, LMR would send such invitations to the union national officials via the National Partnership Council. **NOTE:** *Pre-Decisional involvement can be achieved by inviting the unions to participate in task forces or work groups developing policy during the pre-work.*

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

**SAMPLE VHA NOTICE**

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

VHA NOTICE 2017-XX

(Date)

**HOW TO PREPARE A VHA NOTICE**

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

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

**2. TEXT**

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

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

**5. RESCISSION:** This VHA notice will be archived as of June 30, 2018. However, the rescission information will remain in effect. The VHA Notice will expire on (DATE).

**NOTE:** *Date is assigned by the PCO after Under Secretary for Health approval.*

Signature Block for the  
Under Secretary for Health

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

**SAMPLE VHA RESCISSION NOTICE**

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

VHA NOTICE 2017-XX  
(Date)

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

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

Signature Block for the  
Under Secretary for Health

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