

INPATIENT BED CHANGE PROGRAM AND PROCEDURES

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook establishes procedures for the implementation of the Department of Veterans Affairs (VA) VHA's inpatient bed program and any change impacting the inpatient beds.
- 2. SUMMARY OF MAJOR CHANGES.** This VHA Handbook provides updated procedures:
 - a. Guiding Veterans Integrated Service Networks (VISNs) in the development and approval of bed and program change proposals, including utilization of the web based VA National Bed Control System.
 - b. Revised Bed Change Request submission documents.
 - c. Change in approval levels for bed requests.
- 3. RELATED ISSUES.** None.
- 4. RESPONSIBLE OFFICE.** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this Handbook. Questions may be addressed to the VHA Support Service Center (VSSC) at 757-741-2050.
- 5. RESCISSIONS.** VHA Handbook 1000.1, Program Restructuring and Inpatient Bed Change Policy, dated April 15, 2005, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of December 2015.

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Under Secretary for Health

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INPATIENT BED CHANGE PROGRAM AND PROCEDURES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures guiding Veterans Integrated Service Networks (VISNs) in the development and approval of bed change proposals, including utilization of the web-based Department of Veterans Affairs (VA) National Bed Control System.

2. BACKGROUND

a. Since 1995, VHA facilities have undergone extensive restructuring and realignment in order to improve health care service delivery and administrative operations. To ensure a full continuum of care and the uniform benefits package is available to enrollees in each VISN and to maintain capacity in special programs, VHA Central Office has issued numerous directives and memoranda to coordinate and provide appropriate oversight to inpatient bed and capacity changes.

b. The Veterans Millennium Health Care and Benefits Act, Public Law (Pub. L.) 106-117, Section 301, codified in Title 38 United States Code (U.S.C.), Section 8110, created new requirements for reporting and documenting bed changes to Congress for specific categories of beds.

c. Title 38 U.S.C, Section 1710B(b) requires that staffing and levels of extended care services remain, at a minimum, at levels provided during fiscal year 1998. To improve management and oversight of bed levels in compliance with the Millennium Health Care and Benefits Act, VHA utilizes a web-based bed control system. This system automatically tracks and processes bed change requests through different review and approval levels in VHA Central Office, enabling accurate reporting of current authorized and operating beds and changes to bed numbers over time at all organizational levels, and identifying bed requests that meet the Millennium Bill thresholds and that require the Deputy Under Secretary for Health for Operations and Management's approval or Congressional notification.

3. DEFINITIONS

a. **Program Restructuring.** The term "program restructuring" refers to reorganizations and consolidations of clinical, administrative services and major programs offered at VHA facilities. For all program restructuring, VISNs need to refer to the most recent VHA policy on Restructuring of VHA Clinical Programs and complete the required approval processes prior to initiating a bed change request through the VA National Bed Control System.

b. **Special Disability Programs.** Title 38 U.S.C. Section 1706(b) requires VA to maintain capacity to provide for the specialized treatment and rehabilitative needs of disabled Veterans within distinct programs or facilities that are dedicated to the specialized needs of those Veterans in a manner that provides reasonable access to care and ensures that overall capacity is not

reduced below the capacity nationwide as of October 1996. In consultation with stakeholders, VA identified five disabling conditions that require such specialized treatment and rehabilitation:

- (1) Spinal Cord Injury and Disorders (SCI/D);
- (2) Blindness;
- (3) Traumatic Brain Injury (TBI);
- (4) Amputations; and
- (5) Serious mental illness, including substance abuse disorders, disorders resulting in homelessness, and Post Traumatic Stress Disorder (PTSD).

c. **Bed Capacities.** All beds regularly maintained for assignment of inpatients are counted in bed capacities, except beds that exist for periodic occupancy of patients concurrently assigned to other beds in the facility (e.g., recovery room beds, electrocardiograph (EKG) beds, dialysis beds, hotel or lodger beds).

d. **Isolation, Intensive Care, and Seclusion Beds.** Isolation, intensive care, and seclusion beds to which patients may be directly admitted are to be included in the assignment of beds to bed service sections. Seclusion rooms configured and used exclusively for control of disturbed patients already assigned a hospital bed are not to be counted in bed capacities.

e. **Observation, Recovery, Dialysis, Electrocardiograph (EEG), and EKG Beds.** Beds in admitting areas, observation units, recovery rooms, EKG, EEG, dialysis, and those in pulmonary function laboratories are examples of beds not to be counted or assigned to an inpatient bed service section.

f. **VA-Contracted Beds, Community Living Center (CLC) Beds, Domiciliary, Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Beds, and Shared Beds.** VA-contracted beds, Long-term Care beds, CLC and Domiciliary beds, PRRTP beds, and shared beds are to be counted in bed capacities as follows:

(1) **VA-Owned Contracted Beds.** VA-owned beds are unavailable to Veteran beneficiaries due to contracting or sharing agreements with other agencies (e.g., universities' medical facilities, Department of Defense (DOD). All VA-owned beds are included in the authorized bed level. Operating beds are reported as unavailable under the "unavailable due to other category."

(2) **Community Living Center (CLC) Beds.** CLC beds are included in the facility's authorized and operating bed levels, but are treated as a separate bed service. Hospice services are to be reported under treating specialty code 96 and the bed service associated with that care will be Community Living Center (CLC). Hospice care provided in the acute care setting where there is no CLC, is to be reported under treating specialty 1F, and the bed service associated with that care is Internal Medicine.

(3) **Domiciliary and Compensated Work Therapy (CWT) Transitional Residence (TR) Beds:** In fiscal year 2010, the Mental Health (MH) Residential Rehabilitation and Treatment Programs (RRTP) reclassified several treating specialties in the Domiciliary bed service. The programs reclassified under Domiciliary include all Domiciliary Programs, General PRRTTP, Substance Abuse Residential Rehabilitation and Treatment Program (SARRTP), and the PTSD RRTP. The PRRTTP bed service only includes the CWT-TR Program. **NOTE:** Refer to <http://planning.vssc.med.va.gov/bedcontrol/Pages/default.aspx> for the Treating Specialty to Bed Section mapping to ensure the correct treating specialties are included in each bed. This is an internal VA web site not available to the public.

(4) **Shared Beds**

(a) Shared beds are beds staffed by VA personnel, located off-site, and available through sharing agreements or joint ventures. **NOTE:** Sharing agreements and joint ventures are authorized with the DOD under e 38 U.S.C. 8111. Agreements with DOD cover a wide variety of uses from occasional use of beds (and space) to beds paid for by one Department with construction money in the other Department's medical facility.

(b) Shared beds must be counted according to the appropriate bed service and included in the facility's authorized, operating and unavailable bed totals.

(c) For VA-staffed shared beds, where the services provided are paid through the VA Fee Basis package which supports VHA's Fee for Service Program, the shared beds are not to be counted in the VA National Bed Control System as this bed workload is captured through the Fee Basis program.

g. **Authorized Beds.** Authorized beds are the potential bed capacity of a medical center, which is the sum of operating beds and beds that are temporarily unavailable.

h. **Spinal Cord Injury (SCI) Available Beds.** SCI available beds are defined and specified in present VHA policy. Operating beds reported in the monthly SCI staffing survey vary from that contained in the VA National Bed Control System. When SCI monthly survey staffed beds are less than those required for a 6-month period, formal bed change requests must be entered into the web-based VA National Bed Control System for the Deputy Under Secretary for Health for Operations and Management's approval.

i. **Operating Beds.** Operating beds are those that are staffed and available for admission of patients. Operating beds are to exclude unavailable beds that are closed for any reason (see subpar.3j). Occupancy rates are determined for each facility based on current approved operating bed levels. Therefore, it is important to ensure beds not staffed and not available for admission of patients are identified as "unavailable" and are not included in the operating bed levels.

j. **Unavailable Beds.** Unavailable beds are beds that are closed for any reason, 60 days or longer due to:

(1) Construction

(a) This is space currently subject to construction, repair, or renovation. Bed changes as a result of an approved construction project need to be entered and approved through the VA National Bed Control System prior to construction commencing. Once approved, the beds need to be placed in “Unavailable due to Construction” status. The time limits for unavailable beds due to construction are:

1. Non-Recurring Maintenance (NRM) Projects – not to exceed 24 months;
2. Minor Construction Projects – not to exceed 30 month; and
3. Major Construction Projects – not to exceed 36 months.

(b) These time limits are tracked and monitored through the National Bed Control System database.

***NOTE:** If construction projects have been completed, but activation funds were not sufficient to open beds, the unavailable beds need to be reported under “Resources” upon completion of the construction.*

(2) **Recruitment.** These beds are unavailable solely due to the inability to recruit staff.

(3) **Workload.** These beds are unavailable due to reduced demand or improved productivity. This category needs to include reduced length-of-stay, reduced demand, consolidation, shift to alternative levels, or methods of care (e.g., shift from inpatient to outpatient).

(4) **Resources.** These are beds unavailable due to lack of resources. This category is not to be used to report beds closed because of the inability to recruit staff. Only beds that can or will reopen, given additional resources, are to be reported in this category.

(5) **Other.** These are VA-owned and operating beds unavailable due to contracting to other agencies. This category includes beds that are unavailable due to military mobilization of staff in response to a VA-DOD contingency or national emergency (e.g., Desert Shield, Desert Storm).

k. **Bed Sections and Treating Specialties.** The most recent bed section and treating specialty designations can be found at the following link: <http://planning.vssc.med.va.gov/bedcontrol/Pages/default.aspx>. ***NOTE:** This is an internal VA web site not available to the public.*

4. SCOPE

a. This VHA Handbook incorporates requirements of recent policy documents and legislation and specifies the procedures, documentation, and reporting requirements for bed changes, to ensure that services offered in field facilities support VHA’s strategic goals.

b. Facilities and VISNs proposing to make changes to authorized or operating beds or program capacity are responsible for:

- (1) Ensuring conformance with all legislative requirements.
- (2) Completing the required approval processes for any clinical program restructuring prior to initiating bed change requests through the VA National Bed Control System.
- (3) Collaborating and consulting with appropriate program office officials within Patient Care Services prior to submission of proposals.
- (4) Communicating the proposed and approved changes to external stakeholders such as Veterans Service Organizations (VSOs) and congressional offices, as appropriate, through the local planning and stakeholder communication process prior to bed change submission.
- (5) Complying with all VA labor-management relations policies, national and local partnership agreements, as well as applicable labor-management contractual arrangements.
- (6) Complying with requirements of most recent VHA policies regarding restructuring of clinical programs, staffing and bed levels, authority for bed changes and requiring the capacity of extended care services remain, at a minimum, at levels provided during fiscal year 1998.
- (7) Ensuring that facilities do not make changes to Gains & Losses (G&L) reports, unless a bed change request has been entered into the web-based VA National Bed Control System and appropriate approvals outlined in this policy have been received. Each facility is responsible for ensuring that its bed levels in local G&L reports match the approved bed levels in the VA National Bed Control System. Compliance is documented through validation reports.

5. VA NATIONAL BED CONTROL SYSTEM

a. All bed change requests must be entered electronically into the web-based VA National Bed Control System located at <http://vaww.bedcontrol.med.va.gov> (**NOTE: This is an internal Web site and is not available to the public.**) to obtain appropriate approvals. Bed change requests entered into the system must be accompanied by a signed electronic justification memorandum and spreadsheet that displays changes to bed numbers (see App. A).

b. The VA National Bed Control System automatically processes these requests and updates bed numbers upon the Deputy Under Secretary for Health for Operations and Management's electronic approval.

c. The VISN Director, Patient Care Services and final Deputy Under Secretary for Health for Operations and Management approvals, concurrences, disapprovals, or cancellations must be entered into the web based VA National Bed Control System.

6. RESPONSIBILITIES OF THE VISN DIRECTOR

Each VISN Director is responsible for:

a. Ensuring that facilities:

(1) Complete the required approval process for any clinical program restructuring, following the current policy on Restructuring of VHA Clinical Programs, separate and prior to initiating a bed change request through the web-based VA National Bed Control System.

(2) Complete the required bed change request approval process as part of the construction application process, prior to beginning any construction that will result in changes in bed numbers.

(3) Prepare bed change requests in the format shown in Appendix A. In circumstances where Congressional Notification is required, additional memos are required (see Appendix B and C).

(4) Consult the appropriate program office in Patient Care Services, through electronic mail or phone, to make them aware of the nature of the bed change or program proposal request and obtain their recommendations and/or comments prior to submitting a bed change request. *NOTE: A formal concurrence or non-concurrence is not given during this consultation. The consultation is meant to allow two-way communication regarding the request prior to it being entered into the system. This required consultation contact must be documented in the "Bed Change Request Memorandum/Justification" document submitted with the bed request.*

(5) Complete required advanced notification of internal and external stakeholders regarding proposed and approved bed changes.

(6) Submit all bed changes resulting in temporary or permanent closure of beds for longer than 60 days, into the web-based VA National Bed Control System prior to implementation. <http://vaww.bedcontrol.med.va.gov>. *NOTE: This is an internal Web site and is not available to the public.*

(7) Submit a formal bed change request for the Deputy Under Secretary for Health for Operations and Management's approval when the SCI monthly survey staffed beds are less than those required for a consecutive 6-month period.

(8) Submit bed change proposals electronically into the web-based VA National Bed Control System located at <http://vaww.bedcontrol.med.va.gov>. *NOTE: This is an internal Web site and is not available to the public.* The system automatically notifies VISN approving officials and the Deputy Under Secretary for Health for Operations and Management (10N) of the request.

(9) Check the web-based VA National Bed Control System reports after each bed change request approval to ensure beds were recorded into the system as originally requested.

(10) Receive approval through the VA National Bed Control System before closing beds or modifying the local G&L reports.

(11) Validate facility G&L reports quarterly against the VA National Bed Control System reports for accuracy and report any discrepancies to the VHA Support Service Center (VSSC).

(12) Complete biannual Bed Control System validation exercises led by the VSSC.

b. Ensuring that VISN approving officials review, revise and take action (approvals, disapprovals, cancellations) on all bed request changes entered into the web-based VA National Bed Control System by facilities by:

(1) Reviewing all electronic notifications of bed request change activity;

(2) Reviewing the bed change request for accuracy;

(3) Ensuring the appropriate and complete justification documents have been entered into the system;

(4) Ensuring resources are available to support program changes or additional beds contained in the request;

(5) Obtaining appropriate VISN signatures and;

(6) Approving, disapproving, or canceling the request in the web-based VA National Bed Control System within 10 days of the request submission.

7. RESPONSIBILITIES OF THE DEPUTY UNDER SECRETARY FOR HEALTH FOR OPERATIONS AND MANAGEMENT

The Deputy Under Secretary for Health for Operations and Management, or designee, is the approving official for bed change proposals and is responsible for:

a. Reviewing all bed change requests within 2 work days ensuring that the requests conform to all requirements and that Appendix A is filled out accurately. Compliance is documented through status reports. If corrections are needed, Health Systems Specialists (HSS) work with the facility or VISN to coordinate the required changes and coordinate with the VSSC to input any required changes into the system or to put the request on hold if necessary while corrections are in process.

b. Routing VISN-approved requests through the web-based VA National Bed Control System to Patient Care Services (PCS), as appropriate (including MH bed changes).

c. Tracking the 10-workday comment period and assuring that requests are placed on hold if PCS needs additional time to review specific requests.

d. Entering the final Deputy Under Secretary for Health for Operations and Management approval of a bed request and all associated signed documents into the web based VA National Bed Control System following the completion of the Deputy Under Secretary for Health for Operations 10-day notification period and with the input and recommendation of PCS. Once the

approval has been entered into the web based VA National Bed Control System, the system sends an automated email message to the facility initiators of the request, the VISN, PCS, and the Deputy Under Secretary for Health for Operations and Management.

- e. Reductions in capacity or other significant changes in Special Disability Programs.
- f. Closure or relocation of a facility, service, or major program (i.e., neurosurgery, cardiac surgery) affecting inpatient beds.
- g. Bed change requests (closures and openings) for all bed sections that result in permanent changes to operating and authorized bed levels.
- h. Bed change requests for SCI programs. When SCI monthly survey staffed beds are less than those required for a consecutive 6-month period, formal bed change requests for permanent or temporary closure must be entered into the web-based VA National Bed Control System for the Deputy Under Secretary for Health for Operations and Management's approval.
- i. Any bed changes resulting in temporary closure of beds for longer than 60 days in any bed section.
- j. Changes in bed capacity that require Congressional notification and a 21-day waiting period prior to implementation according to the requirements of 38 U.S.C. § 8110 (d) as paraphrased in the following:
 - (1) This includes the closure of more than 50 percent of the beds during any fiscal year that occurs within a bed section of twenty or more beds for the following bed sections: Mental Health (MH) (including substance abuse and PTSD), Intermediate Medicine, Neurology, Rehabilitation Medicine, Extended Care (CLC, formerly VA Nursing Home Care Unit), and Domiciliary.
 - (2) This does not include the conversion of intermediate beds to nursing home care beds for the purposes of The Joint Commission (TJC) requirements or regulations, which result in a net zero change in total intermediate and CLC operating and authorized beds.

8. RESPONSIBILITIES OF PATIENT CARE SERVICES (PCS), VHA CENTRAL OFFICE

The PCS Program Office, VHA Central Office, is responsible for:

- a. Ensuring the routing of requests to the relevant program offices and person whom the facility had prior contact with and identified in the request memorandum.
- b. Placing the request on hold, if it is necessary for program offices to go beyond 10 days to take action on a request.
- c. Ensuring the relevant Program Offices (programs aligned under PCS):

(1) Provide collaboration and consultation to networks in the development of bed change requests. This must be documented by the facility in the “Bed Change Request Memorandum/Justification” document submitted with the bed request.

(2) Review final, complete requests entered into the VA National Bed Control System and providing concurrence or non-concurrence on such requests. The program office concurrence document must note the number and types of beds being approved along with the bed request number and authorized concurrence signatures to ensure clear delineation of approvals.

(3) Provide comments and recommendations to the Deputy Under Secretary for Health for Operations and Management (10N) within a 10-workday period for bed change requests. Compliance will be documented through status reports.

(4) Post request concurrence documents in the VA National Bed Control System and ensure that the concurrence document specifically states the number and type of beds concurred upon.

9. RESPONSIBILITIES OF VHA SUPPORT SERVICE CENTER (VSSC)

The VSSC is responsible for:

- a. Maintaining the web-based VA National Bed Control System.
- b. Monitoring the processing of bed changes in the electronic system.
- c. Providing technical support for utilizing the we-based VA National Bed Control System, by providing access to a Help Desk where specific process questions can be answered.
- d. Producing bed control reports on the VSSC web page. The reports include:
 - (1) Data on authorized and operating beds and temporarily out of service beds from the bed control system.
 - (2) Bed Days of Care (BDOC) from patient care files.
 - (3) Computed Average Daily Census (ADC).
 - (4) Occupancy Rates by bed control bed service category.
- e. Administering biannual National Bed Control System validation exercises.

10. REFERENCES

- a. Pub. L. 106-117, Section 101(c)(1).
- b. Title 38 United States Code (U.S.C.), Section 8110.
- c. Title 38 U.S.C. Section 1706(b).

d. Title 38 U.S.C. § 1710B(b).

e. VHA Handbook 1176.1, Spinal Cord Injury and Disorders System of Care
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1255.

SAMPLE FORMAT FOR BED CHANGE REQUEST JUSTIFICATION**1. NAME OF FACILITY.****2. INDICATE TYPE OF REQUEST.** Operating Bed Change or Authorized Bed Change.**3. DESCRIPTION OF PROPOSED CHANGES.** The bed changes include:

- (1) Number of beds being opened or closed.
- (2) Purpose (specify temporary or permanent increase, decrease, realignment).
- (3) Duration (for temporary changes).
- (4) Reason (i.e., construction, staffing shortage, move from inpatient to outpatient care, etc.).

NOTE: Provide enough detailed discussion to make the facility's rationale clear to Program Offices, as well as the Office of the Deputy Under Secretary for Health for Operations and Management and staff.

4. EFFECTIVE DATES FOR REQUESTED CHANGES.**5. JUSTIFICATION FOR THE PROPOSED CHANGE.**

a. **Bed Closures and Reallocations.** For bed closures and reallocations, describe delivery changes that will allow the change to occur, how care will continue for eligible Veterans, and the effect on Veterans and access to care. Describe why change is appropriate and advisable and how outcomes will be monitored. Include current average daily census (ADC), current authorized beds, current operating beds, and occupancy rates for involved bed sections. For bed closures as a result of a programmatic change, attach a copy of the approved programmatic change document.

b. **Bed Changes Involving Construction.** For bed changes involving construction identify the project number and timeframes for completion. For program or mission change or conversion, indicate what will become of the space. Include current ADC, current authorized beds, current operating beds, and occupancy rates for involved bed sections.

c. **Mental Health Program Bed Changes.** For mental health bed changes, include current ADC for the last year reported by quarter, current authorized beds, current operating beds and occupancy rate for involved bed sections. *NOTE: If there is a discrepancy between local data and VHA Support Service Center (VSSC) data, facilities should provide local data as well as VHA Support Service Center data and include analysis of cause of discrepancy, if available.* Mental Health bed change requests must include plans for ensuring:

- (1) The availability of intensive case management services and community-based services;
- (2) Increased access to outpatient follow-up care;
- (3) Uniform access to appropriate anti-psychotic or substance abuse therapies, including medications and psychotherapy;
 - (a) Ready access to crisis management support comparable to that available to patients with other conditions or health care needs;
 - (b) Continuity of care;
 - (c) Access to beds at another VA or in the community; and
 - (d) Timely access to specialized and general residential care, to include:
 1. For intensive mental health treatment, Substance Abuse Disorder treatment and Psychosocial Rehabilitation services; and
 2. For residential care for women (describe how and where care will be provided).

6. STATEMENT OF NOTIFICATION AND COMMENT FROM PATIENT CARE SERVICES IS REQUIRED. Identify persons contacted in relevant program offices to discuss proposed changes prior to initiating request. Include identification of any concerns or outstanding issues raised in conversations with program office contacts.

7. FACILITY AND VISN CERTIFICATION OF RESOURCE AVAILABILITY. The facility must certify that resources are available to implement proposed bed changes that the request includes. The VISN must also certify and concur that any additional resources required are available. If not applicable, then the memo should state "Not Applicable."

8. STATEMENT OF NOTIFICATION OF INTERNAL AND EXTERNAL STAKEHOLDERS (E.G., LOCAL CLINICAL STAFF, VETERANS SERVICE ORGANIZATIONS, CONGRESSIONAL STAKEHOLDERS, and UNIONS) AS REQUIRED. Include the identification of any stakeholder concerns or outstanding issues.

9. CONCURRENCE. Statement of concurrence by affected facilities or VISNs, if applicable. When bed closure requests may affect referring facilities or referral sources, documentation must be provided that the affected facilities have been consulted and have alternate bed resources. In cases where other VA facilities may be expected to receive referrals as a result of a requested bed closure, concurrence must be provided that the receiving facilities have the capacity and will accept referrals.

10. REGULATORY OR LEGISLATIVE REQUIREMENTS. A statement of any regulatory or legislative requirements.

11. APPROVAL OR NOTIFICATION REQUIREMENTS. A statement that proposed bed change meets the definition requiring the Deputy Under Secretary for Health for Operations and Management’s approval or Congressional notification, if applicable.

12. SPREADSHEET. Required for all bed change requests, showing present approved bed distribution and request for new distribution. The spreadsheet can be found at the following link: <http://planning.vssc.med.va.gov/bedcontrol/Pages/default.aspx>, under Bed Control Documents, “Tools and Templates.” **NOTE:** *This is an internal VA web site not available to the public.*

13. SIGNATURES. All bed change requests need to contain the signatures of both the facility and VISN directors, as well as the approval signature block for the Deputy Under Secretary for Health for Operations and Management. Three total signature blocks need to be included on each justification document.

Medical Center Director Signature Block

Concur/Non-Concur

VISN Director Signature Block

Approve/Disapprove

Deputy Under Secretary for Health for Operations and Management Signature Block

NOTE: *The most recent version of this document can be found at the following link: <http://planning.vssc.med.va.gov/bedcontrol/Pages/default.aspx>. This is an internal VA web site not available to the public.*

**SAMPLE FORMAT FOR BED CHANGE REQUESTS REQUIRING CONGRESSIONAL
NOTIFICATION**

It is necessary to complete both the Congressional Notification Justification Template and the Congressional Notification Memo Template and attach both documents as part of the Bed Change request in the web-based VA National Bed Control System.

Congressional Notification Justification Template

Congressional Notification of Bed Change
at the ENTER FACILITY NAME (VAMC)

In accordance with (ENTER PUBLIC LAW OR POLICY REQUIRING NOTIFICATION)

1. Summary of bed closures:

2. Reason for bed closures:

3. Changes in and the means by which service would continue:

4. Effect on access to care for Veterans:

5. What advance coordination occurred with the Congressional delegation?

6. What is the known Congressional interest in the bed closure or realignment?

7. What other recent closures or realignments at the same facility could serve as a harbinger of the anticipated reaction to the action being proposed?

NOTE: *The most recent version of this document can be found at the following link:
<http://planning.vssc.med.va.gov/bedcontrol/Pages/default.aspx>.*

CONGRESSIONAL NOTIFICATION MEMO TEMPLATE

Senators: LIST AFFECTED SENATORS

Representatives: LIST AFFECTED REPRESENTATIVES

A letter to each of the named Senators and Representatives must be created:

1. **ENTER State Law or Requirement for Congressional notification – *example* - *The Veterans Millennium Health Care and Benefits Act, Public Law (Pub. L.) 106-117, Section 301***, requires the Department of Veterans Affairs (VA) to notify the Committees on Veterans' Affairs of the United States Senate and House of Representatives of proposed bed closures affecting more than 50 percent of certain bed sections and also allow the Committees a 21-day review period before implementing the proposed bed closures.

2. This letter serves as notification that the ____ **(Enter VA Medical Center Name)** VA plans to close ____ **(X)** of the ____ **(X)** authorized ____ **(Enter Bed Section)** beds in order to ____ **(Enter Justification - for example - correct the bed level to reflect the actual space available for Nursing Home Care Unit (NHCU) activities)** ____ . A summary of the proposed actions is attached.

3. These changes will not be implemented before the conclusion of the 21-day review period afforded to the Committees.

Sincerely,

Under Secretary for Health

Attachment

NOTE: *The most recent version of this document can be found at the following link: <http://planning.vssc.med.va.gov/bedcontrol/Pages/default.aspx>. This is an internal VA web site not available to the public.*