

Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services



VISN 23

Market Plans

Attention

The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<<http://www.va.gov/CARES/>>>.

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2. Market Definitions

Market Designation: VISN 23 CARES is proposing 5 Markets and no submarket as follows, including the rationales for each. Rationales for grouping counties into markets include locations of population centers in each county, travel times and access to services from population centers, geographic barriers and travel patterns, historical utilization and referral patterns, planned future expansion of services. The market boundaries decision was based on information that the full continuum of care (primary, mental health, inpatient, tertiary and long term care) is available in each market either from VA, DOD, state, or community health care providers.

Market	Includes	Rationale	Shared Counties
North Dakota Market Code: 23A	Most of North Dakota (51 counties), 1 county, SD & 19 counties, MN	The market area, which is most of North Dakota and Northwest Minnesota, consists of one medical center and 4 CBOCs. Available VA health care services include primary care, mental health, inpatient and long term care. The CBOCs are dispersed throughout the market area. Market projections indicate an increase in veteran enrollees of 35%. North Dakota will continue to have a large number of rural and highly rural areas. Fargo will remain the largest urban population center. A major roadway system runs across North Dakota providing adequate road access, but long driving distances for western North Dakota remain a problem.	Shared county with V19. <u>V23</u> has the lead <i>Billings, ND and Slope, ND</i>
Minnesota Market Code:23B	58 Minnesota counties in Northeast, South east and central, & 15 counties, WI	The Minnesota market area includes most of Minnesota and western Wisconsin. Interstates run north to south and east to west through the market area. Minnesota market area is projected to have the largest number of veteran enrollees in 2010. The major urban area, the seven county metropolitan area, is projected to increase in number of enrollees by 47%. A large number of counties will still remain rural in northern and southern Minnesota. VA Health care services available to veterans include primary care, mental health, inpatient care, tertiary care and long term care. Minnesota market area has a major tertiary referral center located in Minneapolis. There are two medical centers and 8 CBOCs located in throughout Minnesota.	

Market	Includes	Rationale	Shared Counties
South Dakota Market Code: 23C	Most of South Dakota – 65 counties, 10 in IA, 3 in Wyoming, 9 in MN, 7 in Nebraska, & 1 in ND	<p>South Dakota, northwestern Nebraska, southeastern Minnesota and northwest Iowa comprise the South Dakota market. Three population bases located in Rapid City, Sioux Falls and Sioux City in 2010 will have slight increases in enrollment. The overall market population will decrease in 2010, but enrollees are projected to increase by 30%, maintaining a steady growth pattern. The market area will continue to have large numbers of rural and highly rural counties. There are two major roadways in South Dakota allowing for easy transit across the state. However, the travel distances in some areas are still greater than 250 miles. This market has historically had 3 medical centers. Two are located in western South Dakota and another in eastern South Dakota. A full range of services, excluding tertiary care, is available and 12 CBOCs are distributed across South Dakota market area. VA health care services include primary care, mental health care, inpatient care, long term care and domiciliary care. Tertiary care referrals are made to VAMC Minneapolis.</p>	Shared counties with V19. <u>V19 has lead</u> for Powder River, Carter, Fallon, MT; Campbell County, WY & Scotts Bluff, NE
Nebraska Market Code: 23D	Most of Nebraska 80 counties, 14 in IA, 6 in KS, & 1 in MO	<p>The Nebraska market area will continue to have two urban areas in Omaha and Lincoln surrounded by rural counties in Nebraska and Iowa. The major urban areas are located in the northeastern section of the market. By 2010 the number of enrollees will increase by 10,000 or 26%. There are interstate highways that traverse the market, allowing some access to the urban areas where primary and acute inpatient care services are available. However, veterans may have to travel up to 300 miles to receive tertiary care. There is one tertiary care medical center and three CBOCs serving the market area. VA Long-term care is also available.</p>	<u>V23 has the lead</u> for Keith, NE

Market	Includes	Rationale	Shared Counties
Iowa Market Code 23E	Most of Iowa (75 counties) and western Illinois (16 counties), 3 counties in MO	Des Moines will remain a significant urban area in the Iowa market. Iowa and western Illinois are rural areas served by seven strategically placed CBOCs. There are three medical centers providing primary care, mental health, inpatient care, and long term care. Tertiary care services are available at the Iowa City medical centers. There are two major road systems going north to south and east to west which bisect Iowa market area. The number of enrollees will increase in the Iowa market area by 26,000 or 35%.	Shared counties with V11. <u>V23 has the lead</u> for <i>Schuyler and Stark, IL</i> . <u>V11 has lead</u> for <i>Fulton, IL</i>

3. Facility List

VISN : 23				
Facility	Primary	Hospital	Tertiary	Other
Des Moines				
636GC Mason City	✓	-	-	-
636A6 Central Plains Health Network-Des Moines Div	✓	✓	-	-
New Fort Dodge	✓	-	-	-
New Carroll	✓	-	-	-
New Marshalltown	✓	-	-	-
Fargo				
437 Fargo	✓	✓	-	-
437GA Grafton	✓	-	-	-
437GB Bismarck ND	✓	-	-	-
437GC Fergus Falls	✓	-	-	-
437GD Minot	✓	-	-	-
New Bemidji	✓	-	-	-
New Dickinson	✓	-	-	-
New Jamestown	✓	-	-	-
New Williston	✓	-	-	-
New Devils Lake	✓	-	-	-
Fort Meade				
568 Fort Meade	✓	✓	-	-
568GA Rapid City SD	✓	-	-	-
568GB Pierre	✓	-	-	-
568HH Scottsbluff NE	✓	-	-	-
568HJ Rosebud	✓	-	-	-
568HK McLaughlin	-	-	-	✓
568HM01 Eagle Butte SD	✓	-	-	-
568HM02 Isabel SD	✓	-	-	-
568HN Lame Deer MT	✓	-	-	-
568HP Winner	✓	-	-	-

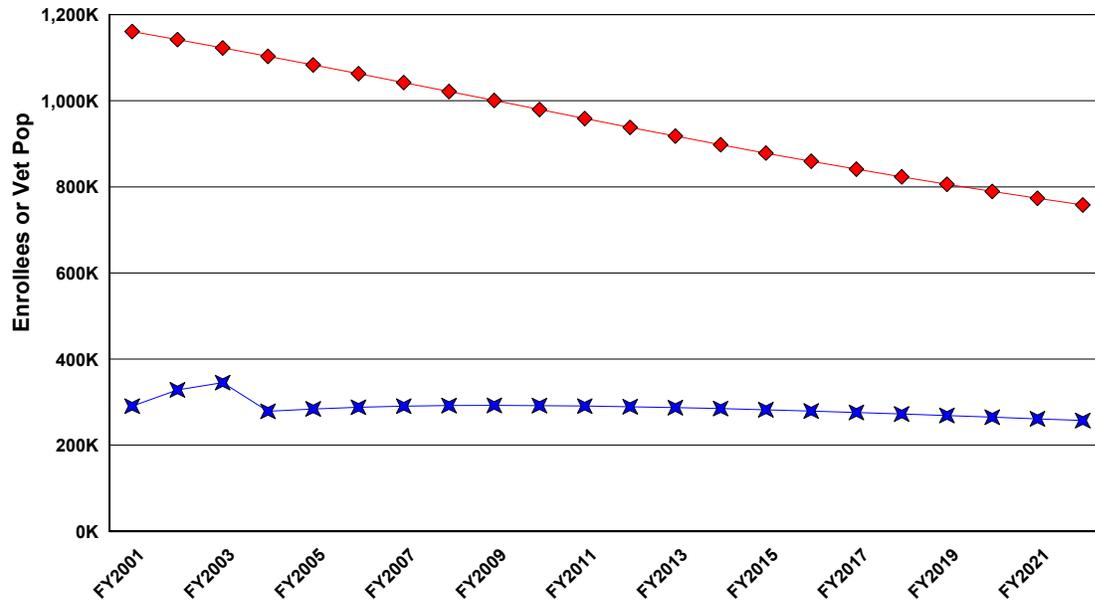
Grand Island				
636A4 Central Plains Health Network-Grand Island Div	✓	-	-	-
636GB North Platte	✓	-	-	-
New Holdrege	✓	-	-	-
New ONeill	✓	-	-	-
Hot Springs				
568A4 Hot Springs	✓	✓	-	-
568HA Newcastle	✓	-	-	-
568HB Rushville	✓	-	-	-
568HC Alliance	✓	-	-	-
568HE Kyle	-	-	-	✓
Iowa City				
636GF Bettendorf	✓	-	-	-
636GG Quincy	✓	-	-	-
636GH Waterloo	✓	-	-	-
636GI Galesburg	✓	-	-	-
636GJ Dubuque	✓	-	-	-
636A8 Central Plains Health Network-Iowa City Div	✓	✓	✓	-
New Cedar Rapids	✓	-	-	-
New Ottumwa	✓	-	-	-
Knoxville				
636A7 Central Plains Health Network-Knoxville Div	✓	-	-	-
Lincoln				
636A5 Central Plains Health Network-Lincoln Div	✓	-	-	-
Minneapolis				
618 Minneapolis	✓	✓	✓	-
618BY Superior	✓	-	-	-
618GA Mankato MN	✓	-	-	-

618GB Hibbing	✓	-	-	-
618GD Maplewood (St. Paul)	✓	-	-	-
618GE Eau Claire	✓	-	-	-
618GG Rochester	✓	-	-	-
New Elk River	✓	-	-	-
New Redwood Falls	✓	-	-	-
New Rice Lake	✓	-	-	-
Omaha				
636 Central Plains Health Network-Omaha Div	✓	✓	✓	-
636GA Norfolk NE	✓	-	-	-
New Shenodoah	✓	-	-	-
New Bellevue	✓	-	-	-
Sioux Falls				
438 Sioux Falls	✓	✓	-	-
438GC Sioux City	✓	-	-	-
438GD Aberdeen (Brown County)	✓	-	-	-
New Spirit Lake	✓	-	-	-
New Wagner	✓	-	-	-
New Watertown	✓	-	-	-
St. Cloud				
656GA Brainerd	✓	-	-	-
656 St Cloud	✓	✓	-	-
New Montevideo	✓	-	-	-
New Alexandria	✓	-	-	-

4. Veteran Population and Enrollment Trends

--- Projected Veteran Population

--- Projected Enrollees



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

Effective Use of Resources		
PI?	Issue	Rationale/Comments Re: PI
Y	Small Facility Planning Initiative	A significant gap was found in the number of projected acute care beds (<40 beds) for the following Facilities in 2012: (Des Moines, Knoxville, St. Cloud, and Hot Springs). A significant gap was found in the number of projected acute care beds (<40 beds) for the following facilities in 2022: (Des Moines, Knoxville, Fargo, Fort Meade, St. Cloud, Hot Springs, Sioux Falls). Review potential quality of care issues for the facilities with gaps in both 2012 and 2022, as well as opportunities for reassigning inpatient workload or enhancing volume.
N	Proximity 60 Mile Acute	No facility fell within the proximity gap
N	Proximity 120 Mile Tertiary	No facility fell within the proximity gap
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005.

b. Special Disabilities

Special Disabilities		
PI?	Issue	Rationale/Comments Re: PI
Y	SCI	While the data could be interpreted as supporting new SCIUs in each VISN without an SCIU, existing referral patterns and availability of beds in neighboring VISNs suggest the addition of four new SCIUs could be supported by the data (VISNs 2, 16, 19, & 23). Develop PI to address.
Y	Blind Rehab	Establish Visual Impairment Services Outpt Program (VISOR)

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	Collaborative Opportunities	Rationale/Comments
Y	Enhanced Use	Minneapolis was identified as having one of the 20 High-Potential Enhanced Use Lease Opportunities for VHA. Consider this potential opportunity in the development of the Market Plan.
Y	VBA	There are potential VBA opportunities with the VA that were found in Des Moines, Minneapolis, and Lincoln for review and analysis. Consider this potential opportunity in the development of the Market Plan.
Y	NCA	There are potential NCA opportunities with the VA that were found in Knoxville for review and analysis. Consider this potential opportunity in the development of the Market Plan.
N	DOD	Expansion of the Central Region Federal Healthcare Alliance (VA, DoD, and TriCare)
		Offutt AFB, Minot AFB, Grand Forks AFB, Ellsworth AFB

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	Other Issues	Rationale/Comments
Y	Enhanced Use Lease Opportunities	The Network identified the following Enhanced Use Lease Opportunities: Credit Union at Minneapolis, Single Residential Occupancy at Mpls and St. Cloud
Y	Need for SCI Center (none at present)	The PI Team reviewed the demand data and believes there is a need to develop an SCI proposal.
Y	Renovation of Knoxville, Iowa and Grand Island, Nebraska NHCUs	Construction projects for Knoxville and Grand Island NHCUs need to be evaluated for NHCU realignment.
Y	Renovation of inpatient units at Iowa City and Fargo	The renovation projects should be reviewed in light of the demand model data.
Y	Lead paint issues in Child Care Centers or Quarters at Des Moines, Knoxville, Minneapolis, St. Cloud, Grand Island, Fargo, Fort Meade, and Hot Springs	Lead paint issues need to be addressed by these V23 facilities.

e. Market Capacity Planning Initiatives

Iowa Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	152,284		61,543	40%	21,397	14%
	Treating Facility Based **	135,734		64,209	47%	27,895	21%
Specialty Care	Population Based *	133,459		86,629	65%	50,490	38%
	Treating Facility Based **	126,480		82,348	65%	49,562	39%
Medicine	Population Based *	21,941		(2,849)	-13%	(8,664)	-39%
	Treating Facility Based **	22,133		(2,420)	-11%	(8,346)	-38%

Minnesota Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	199,365		90,436	45%	42,887	22%
	Treating Facility Based **	206,502		88,456	43%	40,073	19%
Specialty Care	Population Based *	218,570		91,087	42%	56,467	26%
	Treating Facility Based **	230,621		91,461	40%	55,252	24%
Medicine	Population Based *	29,030		(1,430)	-5%	(8,426)	-29%
	Treating Facility Based **	32,511		(1,907)	-6%	(9,618)	-30%
Surgery	Population Based *	17456		-6172	-35%	-9105	-52%
	Treating Facility Based **	22346		-7418.35	-33%	-11337.33	-51%

Nebraska Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	123,636		38,670	31%	14,408	12%
	Treating Facility Based **	116,477		37,416	32%	17,190	15%
Medicine	Population Based *	16,943		(3,429)	-20%	(7,374)	-44%
	Treating Facility Based **	15,953		(2,384)	-15%	(6,269)	-39%

North Dakota Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	44,561		48,087	108%	31,897	72%
	Treating Facility Based **	38,720		46,285	120%	31,661	82%

South Dakota Market – PC, Med

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	151,895		(31,376)	-21%	(56,508)	-37%
	Treating Facility Based **	169,671		(24,853)	-15%	(53,327)	-31%
Medicine	Population Based *	18,616		(4,026)	-22%	(8,779)	-47%
	Treating Facility Based **	18,122		(3,917)	-22%	(8,418)	-46%

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards.**

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

Immediately, upon VA's announcement of Phase II of CARES, VISN 23 put together a communication plan that focused on open and continuous communication of the CARES process. The CARES organizational structure for VISN 23 maximized communication efforts by placing communication as a priority. The VISN 23 CARES Steering Committee, appointed by the VISN 23 Interim ELC, was used to oversee the CARES process. Membership on the committee included representatives from many stakeholder groups including, clinical and administrative staffs from the Network, VISN 23 medical facilities, Union officials, representatives from the Veterans Benefits and Cemetery Administrations, as well as the Department of Defense, Veteran Service Organizations and state officials. CARES communication coordinators were appointed at each facility and the VISN 23 CARES Communication team met monthly to review activities/feedback and make adjustments as needed. A VISN 23 CARES web site was established to give stakeholders electronic access to CARES information specific for VISN 23 and to provide them with opportunity to give feedback 24/7.

At the beginning of every step of the PHASE II CARES process, stakeholder groups, as identified in the VISN 23 CARES Communication plan, were provided information and opportunity to comment. Overall, feedback and input into VISN 23 CARES Market Plans has been very good. Initially, stakeholders were skeptics of the model and voiced concern for new workload and funding for needed projects. There was fear of closures and loss of services. This skepticism was dealt with openly and forthrightly. Information about the model and data used to develop market plans was explained at length in open forums and meetings, of which there were many. Each market (5 in VISN 23) had a CARES Area Market Planning (CAMP) Team appointed. Each CAMP team worked with local stakeholders as they reviewed the data and developed market plans to address gaps in service and planning initiatives. In addition to local CAMP team meetings, the Network hosted two meetings for University Affiliates, conducted three congressional briefings in DC, and hosted CARES briefings in each market at each step in the process. The highest volume of feedback/comments came on the topic of CBOCs. The popularity of CBOCs is without a doubt the one thing veterans want more of and communities welcome. Stakeholder feedback on location of CBOCs were used throughout the process. The VISN 23 CARES Web page continues to be a source of information for stakeholders and the virtual comment card allows stakeholders to give comments 24/7.

Examples of how feedback was used include:

Iowa Market – Following review of data showing there was not enough veterans in the Knoxville area to meet VA’s National Cemetery Administration criteria, a collaboration with VA National Cemetery Administration (NCA) and the state of IA was recommended by the Iowa Veterans Homes to develop a state veterans cemetery at the Knoxville VAMC.

Minnesota Market – The Minnesota CARES team is taking into consideration stakeholder feedback as they deliberate on the feasibility of establishing a CBOC in Rice Lake, Wisconsin rather than Sawyer County, Wisconsin.

Nebraska Market – The boundaries for the Nebraska primary service area were drawn before the existing North Platte, NE CBOC was established. Keith County, located just west of North Platte, was part of VISN 19. A county veteran service officer’s input triggered an evaluation of referral patterns and this resulted in Keith County being moved from VISN 19 to VISN 23.

South Dakota Market – Two of the three CBOC proposed for this market were identified by stakeholders during market development.

North Dakota Market – Potential CBOC collaboration with DoD was discussed with local stakeholder groups and proposed CBOC at the Grand Forks Air Force Base was developed.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

Shared Counties with VISN 11:

VISN 23 planned for a shared market with VISN 11 in Illinois along the eastern edge of the Iowa Market. VISN 23 was the lead for the counties of Schuyler and Stark, located in VISN 11. The Iowa Market already operates 2 CBOCs near the shared area, but within VISN 23. They are Galesburg (Knox County) and Quincy (Adams County). VISN 11 reviewed and supports the existing and proposed CBOC locations.

Shared Counties with VISN 19:

VISN 23 planned for a shared market with VISN 19 along the North Dakota western boarder in western Nebraska and eastern Wyoming.

VISN 23 was the lead VISN for the counties of Billings and Slope, ND located in VISN 19. Two CBOCs are proposed near the western border, but within VISN 23. They are Williston, ND (Williams County) and Dickinson, ND (Stark County). VISN 19 reviewed and supports the proposed CBOC locations.

VISN 19 was the lead VISN for shared counties of Powder River, Carter, Fallon, MT, Campbell WY and Scotts Bluff, NE. The issue of contracting for acute hospital care in Scottsbluff, Nebraska in VISN 19 was discussed with VISN 19 leadership. VISN 19 agreed to and supported the VISN 23 plan to contract for care in Scottsbluff.

VISN 23 was the lead VISN for Keith County, Nebraska. During the CARES planning process, Network Directors from VISN 19 and 23 agreed to formally request that Keith County be permanently moved from VISN 19 to VISN 23. VA Central Office approved the move in December 2002. The County Veteran Service Office and other veterans had requested and supported the shift

B. Resolution of VISN Level Planning Initiatives

1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Proximity Narrative:

No Impact.

2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Your analysis should include the following:

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
 - SCI
 - Blind Rehab
 - SMI
 - TBI
 - Substance Abuse
 - Homeless
 - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

Special Disability Narrative:

PI: VISN 23 received a PI to develop a new 41-47 acute bed SCI/D Center in a tertiary care location reflecting veteran enrollee population density & improved veteran access. The PI supports a previously developed VISN 23 Task Force recommendation to establish 20 new inpatient SCI/D beds & a dedicated outpatient clinic at the Minneapolis VAMC. Preferred Scenario: SCI/D Center at VAMC Minneapolis emphasizing outpatient care in a new construction-freestanding building-connected to VAMCPhase 1: Construct a two story structure; 20 inpatient bed unit with Outpatient Clinics & administrative space; built structurally to allow 3rd floor addition later. A connection to the main facility would still be required & is planned to occur at each level of the new structure. The new SCI/D Center would have a separate street level entrance & dedicated parking. Total SF: 30,000 Est. Cost: \$6,400,000, Capital & Equipment: Estimated 1.2 Million-Phase 1,FTEE Resources: 2.2 Million per year-Phase 1Phase 2: As SCI/D patient demand & increases; add 20 beds on 3rd floor of SCI/D Center building (total of 40 beds); Total SF: 13,000. This scenario is less expensive because it entails less overall square footage. In addition, it avoids the disruption of current clinical programs due to relocation & it preserves existing space within the VAMC, which as demonstrated by the CARES process, is a valuable commodity. Alternative Scenario: SCI/D Center at VAMC Minneapolis emphasizing outpatient care in a new freestanding building & renovation of existing

space. Phase 1: Renovate Ward 2E from a 30 bed unit into a fully accessible 20 bed SCI unit. Although offices currently located on Ward 2E would need to be relocated, this site results in the least interruption of current clinical programs. However, since Ward 2E is only about 13,000 SF, additional space will need to be made available to house ward communal areas, therapy, outpatient clinics, & offices. A smaller freestanding building would be constructed to house these components of the SCI Center & would be located between units E & D. A connection to the main facility would still be required & is planned to occur at each level of the new structure. The new SCI/D Center would have a separate street level entrance & dedicated parking. The main floor of the new structure would house the outpatient clinics & offices. The second floor of the new structure would house the communal spaces & therapy space. A third story would be added to the new attached structure to allow space for displaced offices currently located on ward 2E. Estimated cost for the conversion of 2E is about 3.2 million dollars (based on a ward size of 13,000 SF & about \$246 per SF construction cost), Construction of the 18,000 SF three story attached building, is estimated at \$3.6 million (based on \$200 per sq ft x 18,000 sq ft), Total funding for this major construction project is therefore estimated at \$6.8 million, Equipment cost & FTE would be same as first scenario Phase 2: As SCI/D patient demand & increases; add 20 beds (total of 40 beds). This would require adding a building or converting another current unit. However, neither option is attractive because the addition of another building would result in a more disjointed Center complex & the conversion of another current unit would result in loss of essential currently used clinical space. This scenario is therefore less attractive because it would be more expensive, more disruptive to current programs, & more difficult to add the additional 20-bed unit should this prove necessary later. The original VISN 23 SCI/D Center TF included stakeholder input & membership from PVA. VISN 23 currently has LTC SCI/D beds at St. Cloud VAMC & Knoxville VAMC. Planning Initiative: Blind Rehab. VISN 23 refers veterans in need of inpatient blind rehabilitation to the VAMC at Hines, Illinois. Veteran who may need treatment at a VICTOR program are referred to the Kansas City VAMC.

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

VISN Identified Initiative: Lead paint is present in Day Care and Quarters Buildings on seven VAMC Campuses in VISN 23. VHA Directive 2002-010 mandates management of lead-based paint hazards within childcare facilities located on VHA sites.

The VAMC St. Cloud supports the operation of a contract childcare facility on the camp in Building No. 11. A formal assessment identifying multiple deficiencies was conducted of the facility. The childcare center continues to operate under an effective interim control plan. Permanent abatement of identified hazards is indicated per the assessment. Permanent abatement of all lead-based paint within the structure was identified as the preferred alternative. An NRM project at an approximate cost of \$185,000 is required.

VAMC Minneapolis operates 3 buildings housing quarters on the Medical Center campus. The subject facilities are housed in Buildings 12, 13, and 14. Formal assessments, identifying deficiencies, were conducted of the existing quarters facilities. VA staff occupy three quarters units within the subject buildings. Three additional quarters units are maintained as vacant pending disposition of the structures. Preferred Alternative: enhanced use project. Proposal includes permanent elimination of all staff quarters on campus. Under this alternative, existing buildings will be converted to affordable housing units to be managed by the enhanced use partner.

VAMC Des Moines operates buildings housing quarters on the Medical Center campus. Formal assessments, identifying deficiencies, were conducted of the existing quarters facilities. Lead based paint is maintained in place in accordance with current regulations. Preferred Alternative: Capacity Planning Initiatives include the demolition of 18,000 GSF of quarters at the Des Moines campus and rids facility of danger posed by existing lead based paint. Alternatives include maintenance in place indefinitely.

VAMC Knoxville operates buildings housing quarters on the Medical Center campus. Formal assessments, identifying deficiencies, were conducted of the existing quarters

facilities. Lead based paint is maintained in place in accordance with current regulations. Preferred Capacity Planning Initiatives include the demolition of 69,600 GSF of quarters at the Knoxville campus and rids the facility of existing lead based paint. Until demolition occurs, lead based paint will be maintained in accordance with current regulations. Alternatives considered included maintaining lead based paint in place.

VAMC Grand Island found lead paint was found in a vacant out-building (Bldg 3) in the window frames and doorframes. The building will soon be used as temporary office space while the main facility is undergoing construction and renovation. Once complete (approximately January 2005), this building will become vacant again. Lead based paint is maintained in place in accordance with current regulations. The local AFGE is researching whether VAMC employees and State Veterans Home employees could support a daycare facility. The lead paint will be removed before any childcare would begin.

VA Black Hills HCS: Hot Springs & Fort Meade: Both the Hot Springs and Fort Meade campuses have lead paint in some of their buildings, primarily quarters. In all cases the lead paint is managed and does not compromise the safety and health of the patients, staff or visitors. If, in the future, any of these buildings have construction projects, the lead paint issues will be resolved at that time.

VISN Initiatives: The VISN initiative for SCI became a VA mandated initiative (See PI for Special Disabilities). Nursing home renovations at Grand Island and Knoxville, inpatient unit renovation at Fargo and Iowa City, are addressed as non-PI for in respective facility narratives. Gero-psychiatry study was postponed until psychiatry projections are available. Enhanced use projects are in facility collaborative initiatives.

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

	BDOC Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	98,125	87,812	62,704	79,998	11,922	57,725	7,892	\$ (41,022,071)
Surgery	49,695	36,080	25,762	33,778	2,500	24,808	1,097	\$ 3,689,979
Psychiatry	39,579	51,713	38,714	49,857	7,073	37,820	4,944	\$ 34,061,563
PRRTP	9,859	9,859	9,859	9,859	-	9,859	-	\$ -
NHCU/Intermediate	682,577	682,577	682,577	258,913	423,664	258,913	423,664	\$ (22,688,554)
Domiciliary	113,891	113,891	113,891	11,695	102,196	11,695	102,196	\$ (135,751,486)
Spinal Cord Injury	-	-	-	-	-	-	-	\$ (7,176,263)
Blind Rehab	-	-	-	-	-	-	-	\$ -
Total	993,726	981,932	933,508	444,100	547,355	400,820	539,793	\$ (168,886,832)

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	168,280	171,535	122,411	170,214	122,780	\$ (41,022,071)
Surgery	77,583	67,888	48,426	67,585	49,875	\$ 3,689,979
Psychiatry	94,217	112,310	83,673	108,127	81,543	\$ 34,061,563
PRRTP	41,430	27,738	27,738	36,561	36,561	\$ -
NHCU/Intermediate	352,034	352,034	352,034	334,339	334,339	\$ (22,688,554)
Domiciliary	107,904	107,904	107,904	107,904	107,904	\$ (135,751,486)
Spinal Cord Injury	-	-	-	34,000	34,000	\$ (7,176,263)
Blind Rehab	-	-	-	-	-	\$ -
Total	841,448	839,410	742,186	858,730	767,002	\$ (168,886,832)

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	745,082	886,745	725,766	815,855	193,250	688,306	126,076	\$ 9,403,001
Specialty Care	650,533	954,306	817,664	831,243	144,585	743,500	91,306	\$ (66,742,623)
Mental Health	477,451	481,291	469,981	423,752	98,300	421,192	78,765	\$ 14,011,530
Ancillary& Diagnostic	903,317	1,012,652	915,951	837,699	239,329	780,588	182,780	\$ (21,198,008)
Total	2,776,382	3,334,994	2,929,362	2,908,549	675,464	2,633,586	478,927	\$ (64,526,100)

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSE	FY 2012 DGSE	FY 2022 DGSE	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	346,424	511,066	419,156	497,396	421,943	\$ 9,403,001
Specialty Care	535,712	1,164,891	994,997	1,092,061	973,078	\$ (66,742,623)
Mental Health	199,329	305,709	298,160	283,129	281,398	\$ 14,011,530
Ancillary& Diagnostic	422,375	666,899	599,157	578,113	537,958	\$ (21,198,008)
Total	1,503,840	2,648,564	2,311,469	2,450,699	2,214,377	\$ (64,526,100)

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSE	FY 2012 DGSE	FY 2022 DGSE	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	238,748	238,748	238,748	274,045	274,045	\$ (7,742,451)
Admin	1,768,642	2,581,478	2,276,638	1,616,547	1,616,547	\$ (4,798,050)
Outleased	159,289	159,289	159,289	164,398	164,398	N/A
Other	536,024	536,024	536,024	284,441	280,034	\$ -
Vacant Space	420,424	-	-	718,867	826,483	\$ 159,316,821
Total	3,123,127	3,515,539	3,210,699	3,058,298	3,161,507	\$ 146,776,320

II. Market Level Information

A. Iowa Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Iowa Market Code 23E	Most of Iowa (75 counties) and western Illinois (16 counties), 3 counties in MO	Des Moines will remain a significant urban area in the Iowa market. Iowa and western Illinois are rural areas served by seven strategically placed CBOCs. There are three medical centers providing primary care, mental health, inpatient care, and long term care. Tertiary care services are available at the Iowa City medical centers. There are two major road systems going north to south and east to west which bisect Iowa market area. The number of enrollees will increase in the Iowa market area by 26,000 or 35%.	Shared counties with V11. <u>V23</u> has the lead for <i>Schuyler and Stark, IL</i> . <u>V11</u> has lead for <i>Fulton, IL</i>

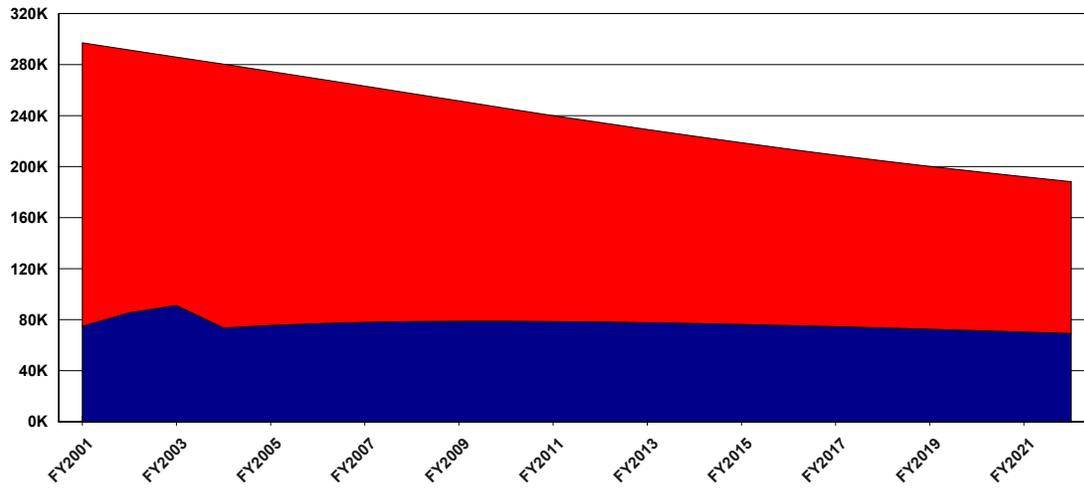
b. Facility List

VISN : 23				
Facility	Primary	Hospital	Tertiary	Other
Des Moines				
636GC Mason City	✓	-	-	-
636A6 Central Plains Health Network-Des Moines Div	✓	✓	-	-
New Fort Dodge	✓	-	-	-
New Carroll	✓	-	-	-
New Marshalltown	✓	-	-	-
Iowa City				
636GF Bettendorf	✓	-	-	-
636GG Quincy	✓	-	-	-
636GH Waterloo	✓	-	-	-
636GI Galesburg	✓	-	-	-
636GJ Dubuque	✓	-	-	-
636A8 Central Plains Health Network-Iowa City Div	✓	✓	✓	-
New Cedar Rapids	✓	-	-	-
New Ottumwa	✓	-	-	-
Knoxville				
636A7 Central Plains Health Network-Knoxville Div	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Iowa Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care	Access				
Y	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
Y	Outpatient Primary Care	Population Based	61,545	40%	21,397	14%
		Treating Facility Based	64,215	47%	27,901	21%
Y	Outpatient Specialty Care	Population Based	86,629	65%	50,492	38%
		Treating Facility Based	82,353	65%	49,571	39%
N	Outpatient Mental Health	Population Based	0	0%	0	0%
		Treating Facility Based	-196	0%	-800	-1%
Y	Inpatient Medicine	Population Based	-9	-13%	-28	-39%
		Treating Facility Based	-8	-11%	-27	-38%
N	Inpatient Surgery	Population Based	-7	-22%	-15	-45%
		Treating Facility Based	-7	-21%	-15	-45%
N	Inpatient Psychiatry	Population Based	12	35%	3	8%
		Treating Facility Based	12	43%	3	10%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

The Iowa Market used a communication process to inform stakeholders about the CARES initiatives. First the geographical area was analyzed and a list of VIPs identified that included Veteran Service Organizations, (both state and national), County Service Officers, Iowa Executive Director of Veterans Affairs, congressional staff, local leaders, veterans, VA staff, and affiliations was devised. As information became available a variety of communication components were used including the following:

- General Fact Sheet - with contact personnel on it
- Mailing and e-mail list
- News Releases
- Newsletter
- Scheduled conference calls
- Monthly updates
- Employee forums
- Town hall and special meetings
- Newspaper, radio, and television interviews

Communicating information is a continuous process. As the CARES plan changes and information becomes available, the above tools are in place to keep both input and information flowing.

Stakeholder Feedback:

Following review of data showing there was not enough veterans in the Knoxville area to meet VA's National Cemetery Administration criteria, a collaboration with VA National Cemetery Administration (NCA) and the state of IA was recommended by the Iowa Veterans Homes to develop a state veterans cemetery at the Knoxville VAMC.

Here are some other questions that arose during discussions with stakeholders about CARES. Are you closing facilities? Are you moving of services to different sites? Will access be a problem? Why wasn't a CBOC picked for a particular area? (Decorah, and in Illinois Sterling/Rock Falls area) Are there going to be sufficient funds to implement the plans? What about possible downsizing and loosing of jobs? Does CARES is use real numbers and figures about veteran population?

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Shared Counties with VISN 11:

VISN 23 planned for a shared market with VISN 11 in Illinois along the eastern edge of the Iowa Market. VISN 23 had the lead for the counties of Schuyler and Stark, located in VISN 11. The Iowa Market already operates 2 CBOCs near the shared area, but within VISN 23. They are Galesburg (Knox County) and Quincy (Adams County). VISN 11 reviewed and supports the proposed CBOC locations.

Shared Markets within VISN 23:

Due to some language contained in the FY03 appropriations bill, the Iowa Market was looking at establishing a CBOC in Storm Lake, Iowa. The Iowa Market had a substantial list of possible new CBOCs to be reviewed for viability. After the review process, it was decided the Iowa market could sustain 4 new CBOCs, but no more. The Storm Lake area was reviewed and different communities in the area were looked at to see if a different community in a different market would have more of an impact. After running the communities through the guidelines, Spirit Lake emerged as the best bet. The Iowa Market notified the South Dakota Market as to the findings and it was agreed that the South Dakota Market would establish a CBOC in Spirit Lake, allowing the Iowa Market to treat more veterans by establishing another clinic in the southwest area of the market. The southwest area of the market is somewhat shared with the Nebraska Market, but it was agreed that the Iowa Market could coordinate a CBOC in that area more efficiently than the Nebraska Market.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Iowa CARES Market received planning initiatives for primary and hospital access, small facility issues at Des Moines and Knoxville, IA, inpatient medicine decreases, primary and specialty care increases, vacant space and collaborative opportunities with VBA and NCA.

Planning Process:

The Iowa CAMP Team was comprised of veterans, VSO representatives, AFGE Union members, VA executives, VA staff and senior clinicians serving as principle stakeholder representatives. The team members adopted responsibility for sharing information with their constituent groups throughout the development process and offering feedback during the creation of the planning initiatives. The CAMP Team Chair, VISN and Facility Executives continue to communicate the results of their deliberations to employees, veterans, congressional staff, VSOs, and veteran's community leaders.

Facility Space Issues:

The Iowa CAMP team was faced with three distinct situations within the Market. One, the Iowa City Health Care System currently has a large space deficit. In other words, based on the projected workload, Iowa City needs much more space than it currently has. The Knoxville campus of the Central Iowa Health Care System (CIHCS) is in the opposite situation. The Knoxville campus currently has a large amount of unused vacant space, as well as a small facility issue. The result of the implementation of the approved plan would be to free up even more vacant space. The Des Moines campus of the CIHCS currently has some unused vacant space; however, implementation of the current plan would result in the renovation of all the existing vacant space as well as new construction to meet the projected workload for services located in Des Moines. The CAMP Team has outlined an optimum strategic map for the planning time through 2022.

Market Plan Preferred Scenarios:

- Consolidate all bed care in VA CIHCS to the Des Moines division. Psychiatry and Rehabilitation Medicine will be partnered to existing acute Medical/Surgical bed care.

- Using a market philosophy of leased space combined with new construction, expand Primary Care into the community with the addition of 4 additional CBOCs while renovating resulting vacant space at the parent facility to meet the projected demand for Specialty Care services. All Primary Care will be moved off-site to lease space for the VA Iowa City facility.
- Improve Specialty Care ability to meet demand by renovating vacated primary care space, as well as building new specialty care additions in Iowa City and Des Moines. Renovate and modernize OR in Iowa City.
- Exceed the 70% threshold for Hospital access by establishing limited contracts in strategically selected communities with private sector quality providers.
- Improve Primary Care access by creating 4 new CBOCs in Cedar Rapids, Marshalltown, Carroll and Ottumwa, and through negotiations with the SD and NE Markets site 2 additional CBOCs in Spirit Lake and Shenandoah, IA.
- Resolve inpatient medicine demand issues through the consolidation of medical and surgical wards as utilization indicates. Modernize inpatient wards at Iowa City
- Address vacant space issues with through demolition of unused buildings.
- Collaboratively pursue a VBA Co-location in Des Moines and a NCA/State of IA project for a State Veterans Cemetery.
- Build a new 120 bed NHCU at Des Moines linking long-term care to the acute care facility and ancillary services that will enhance the care of increasingly complex patients.

This outline of plans to increase veteran access to care, enhance quality of care by aligning services to improve natural referral patterns, relieving facilities of the burden of managing unused vacant space, and collaboratively partnering with departments who share related goals and missions identifies a clear path for the IA Market to follow in the foreseeable future. The Market Plan is flexible enough to encompass the possibility of changing demographics.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Planning Initiative: In the Iowa Market, 46% of the veteran enrollees residing in the market are within the VA access primary care guideline of 70%.
Planning Process:A screening process was conducted to ensure the clinics were placed in the right communities. All proposed community-based outpatient clinics (CBOCs) were evaluated using VA Central Office CBOC criteria. The highest scoring CBOCs were then looked at in terms of placement within the market and viability through the parent facility.
Preferred Scenario: Four new CBOCs are proposed for the market. To maintain highest degree of quality, continuity, and coordination of care, the CBOCs will be VA staffed. With VA's computerized patient record system and unique reporting requirements, a VA staffed clinic is the best way to ensure high healthcare quality. The addition of the CBOCs will also help to meet the growing demand for primary care outpatient services in the market--a demand that will continue to grow. At the end of the process, 2 CBOCs in the Central Iowa HCS and 2 CBOCs in the Iowa City HCS were selected.
Impact on CARES Criteria:Leasing space for CBOCs will allow the parent facilities control over many of the safety and environmental criteria. The parent facilities would also be able to maintain compliance with all the necessary codes and auditing/review bodies. VA-staffed facilities will retain knowledge of VA requirements and will provide for consistent application of these requirements. The selection process was used to try to ensure the optimal use of resources. It was assumed for each CBOC that the plan calling for most efficient use of resources is selected. Any additional CBOCs will certainly put a strain on the overall resources of the parent facility. Plans will be developed to overcome those challenges.

Planning Initiative: In the Iowa Market, 43% of the veteran enrollees residing in the market are within the VA access hospital care guideline of 65%.
Planning Process:The Iowa Market CAMP Team analyzed the identified 22% gap by determining the market area's veteran population concentration that needed hospital service. Four counties in a crescent running from the north central to the southeast portion of the state offer opportunities for maximum increase in access through contracting options.
Preferred Scenario:The CAMP Team identified Cerro Gordo, Scott, Dubuque and Blackhawk Iowa counties as the potential sites where sufficient existing private health care facilities with broad based quality services exist to offer competitive contracting opportunities to

improve access supporting projected veteran demand for Hospital care. Contracts in these four areas will raise the market’s hospital access percentage to 70%.Impact on CARES Criteria:Healthcare Quality and Access: Preferred scenario increase access to care in veteran’s community and improve quality of care when timely services are available.Safety and Environment: No impact due to contractingResearch and Affiliations: No impact Staffing and Community: Improves relationship with community hospitals used in fee basis careOptimizing Use of Resources: Preferred scenario utilizes the most cost-effective approach to careSupport of Other Missions of VA: No impact

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	46%	40,416	56%	34,386	58%	29,080
Hospital Care	42%	43,410	69%	24,227	70%	20,771
Tertiary Care	100%	-	100%	-	100%	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Carrol

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	3,323	-	-	3,323	\$ (8,615,000)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	682	-	-	682	\$ (1,453,725)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	4,005	-	-	4,005	\$ (10,068,725)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	2,027	2,027	-	-	-	-	2,500	-	2,500	473
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	566	566	-	-	-	-	560	-	560	(6)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
		2,593	2,593	-	-	-	-	3,060	-	3,060	467
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	500	500	-	-	-	-	500	-	500	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
		500	500	-	-	-	-	500	-	500	-

4. Facility Level Information – Cedar Rapids

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria.
Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections											
INPATIENT CARE	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections											
OUTPATIENT CARE	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Primary Care	-	-	-	-	-	-	-	13,774	-	-	13,774	\$ (45,962,855)
Specialty Care	-	-	-	-	-	-	-	1,791	-	-	1,791	\$ (7,082,621)
Mental Health	-	-	-	-	-	-	-	1,646	-	-	1,646	\$ (5,332,402)
Ancillary & Diagnostics	-	-	-	-	-	-	-	2,279	-	-	2,279	\$ (3,629,029)
Total	-	-	-	-	-	-	-	19,490	-	-	19,490	\$ (62,006,907)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VSN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	8,815	8,815	-	-	-	-	7,000	-	7,000	(1,815)
Specialty Care	-	2,651	2,651	-	-	-	-	2,200	-	2,200	(451)
Mental Health	-	1,366	1,366	-	-	-	-	1,100	-	1,100	(266)
Ancillary and Diagnostics	-	1,459	1,459	-	-	-	-	1,100	-	1,100	(359)
Total	-	14,291	14,291	-	-	-	-	11,400	-	11,400	(2,891)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	800	800	-	-	-	-	800	-	800	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	-	800	800	-	-	-	-	800	-	800	-

5. Facility Level Information – Des Moines

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

Planning Initiative: VAMC Des Moines is a small facility PI because future projections indicated the need for 24 beds by 2022.

Planning Process: The planning initiatives for VA Des Moines and VA Knoxville identified equivalent future needs for both sites placing both of them in the Small Facility category. All acute medical and surgical beds for VA Central Iowa HCS (Des Moines & Knoxville) are located at the Des Moines facility. The Knoxville facility provides inpatient psychiatry beds, intermediate medicine and Nursing Home Care beds. The Iowa Market team therefore applied the projected acute inpatient demand to the Des Moines division. In addition, it proposed the

consolidation of all bed care to the Des Moines division to enhance clinical care to inpatient psychiatry, intermediate medicine and Nursing Home Care patients.

Preferred Scenario:The Iowa Market CAMP Team has proposed that the Des Moines Division of VA Central Iowa HCS renovate existing space and create additional space through new construction to actively manage the secondary hospital demand for the entire Central Iowa portion of the Market. Facility based teams and major stakeholder representatives met and examined the projected demand for inpatient care at the integrated VA CIHCS. The analysis and clinician input determined that the preferred plan would require that the Inpatient Psychiatry, Intermediate Medicine and Rehabilitation beds, and the Nursing Home Care Unit currently located at the Knoxville division be moved to the Des Moines division. This would result in a single inpatient site for Central Iowa that supports a robust multifaceted inpatient facility in the most densely veteran populated area in the market through the projected demand year of 2022. Clinical or provider participants focused on the changes in care demands that have merged in recent years. In particular clinicians are experiencing an increase in the requirement for increased medical care and collaboration for both psychiatric and our nursing home care patients during their movement through the continuum of health care. The complexity of managing the care of patients will be strongly enhanced through the consolidation of bed services to a single campus in contiguous buildings. VA CIHCS is currently structured as a single organized medical staff; however, the consolidation to a single campus will streamline communication and process development issues.

Alternatives Considered:The CAMP Team considered alternative configurations of care delivery for the integrated facility, such as moving the Psychiatry beds to Des Moines and retaining the medicine beds in Knoxville. Ultimately, all combinations other than the complete move of bed care to the Des Moines division left the CAMP Team with a new small facility issue and future care coordination concerns. No alternative resulted in a more effective use of current available space. Finally current NHCU structures face major renovation issues, which the new construction proposed deals with in a cost conscious manner.

Impact on CARES Criteria:This resolves the discrepancy in demand split between the two divisions, maintains primary services in the area of greatest veteran population access, and enhances quality of care provided. The consolidation of inpatient beds services to the Des Moines division of VA CIHCS resolves the small facility criteria in the CARES process.

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

The Iowa Market Camp Team has endorsed a “Co-location” proposal developed and submitted to VBA Headquarters. The proposal is an enhanced use development project to relocate the VBA Iowa Regional Office from the Federal Building in downtown Des Moines, Iowa to the Des Moines campus of VA Central Iowa Health Care System. The VBA Regional Office has identified their total net square footage need and their related parking requirements. This information was shared with the Engineering Service of VACIHCS and a proposed site was developed. The Co-location Proposal will proceed along a parallel process to the CARES process through VBA channels. The collaborative does not impact workload or other planning initiatives. The collaborative positively impacts CARE criteria #6: Support of other Mission of VA. VBA Regional Office is keeping the Iowa CARES Camp Team informed of the proposal status in order to assure that any potential conflicts in projected space requirements are addressed and resolved throughout the CARES process

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs (from demand projections)		Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	7,378	(264)	7,379	(263)	-	-	-	3,098	-	-	10,477	\$ (82,768,531)
Surgery	2,572	(1,292)	2,573	(1,291)	40	-	-	162	-	-	2,695	\$ (9,360,618)
Intermediate/NHCU	9,939	-	9,939	-	9,641	-	-	-	-	-	298	\$ (11,423,052)
Psychiatry	689	97	690	98	50	-	-	4,960	-	-	5,600	\$ (22,550,036)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	11,695	-	11,695	-	-	-	-	-	-	-	11,695	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	32,274	(1,458)	32,276	(1,456)	9,731	-	-	8,220	-	-	30,765	\$ (126,102,237)
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)		Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	77,276	25,517	77,277	25,518	100	-	8,887	-	-	-	68,290	\$ 26,899,535
Specialty Care	78,550	27,809	78,550	27,809	100	-	-	4,600	-	-	83,050	\$ (18,260,407)
Mental Health	20,275	233	20,276	234	-	-	3,224	5	-	-	17,057	\$ 6,806,028
Ancillary & Diagnostics	88,138	13,098	88,138	13,098	-	-	450	26,220	-	-	113,908	\$ (37,344,450)
Total	264,239	66,657	264,241	66,659	200	-	12,561	30,825	-	-	282,305	\$ (21,899,294)

Proposed Management of Space – FY 2012

Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved to Vacant
INPATIENT CARE	FY 2012										
Medicine	14,888	21,792	7,230	14,562	-	4,500	-	-	-	19,062	(2,730)
Surgery	4,186	4,474	2,008	2,466	-	1,450	-	-	-	3,916	(558)
Intermediate Care/NHCU	1,532	70,914	69,382	1,532	-	69,382	-	-	-	70,914	-
Psychiatry	503	9,072	9,072	-	-	7,800	-	-	-	7,800	(1,272)
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	21,371	21,371	-	21,371	-	-	-	-	-	21,371	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total	42,480	127,623	87,692	39,931	-	83,132	-	-	-	123,063	(4,560)
Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved to Vacant
OUTPATIENT CARE	FY 2012										
Primary Care	47,139	41,657	14,531	27,126	-	5,500	-	-	-	32,626	(9,031)
Specialty Care	111,541	117,931	78,476	39,455	-	54,000	-	-	-	93,455	(24,476)
Mental Health	16,829	14,157	11,448	2,709	-	10,100	-	-	-	12,809	(1,348)
Ancillary and Diagnostics	56,408	72,901	48,229	24,672	16,987	15,000	-	-	-	56,659	(16,242)
Total	231,917	246,646	152,684	93,962	16,987	84,600	-	-	-	195,549	(51,097)
NON-CLINICAL	FY 2012										
Research	-	836	(3,700)	4,536	-	-	-	-	-	4,536	3,700
Administrative	220,357	114,318	4,820	109,498	-	10,000	-	-	-	119,498	5,180
Other	11,209	-	-	11,209	-	-	-	-	-	11,209	-
Total	231,566	126,363	1,120	125,243	-	10,000	-	-	-	135,243	8,880

6. Facility Level Information – Fort Dodge

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)										
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)										
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	-	-	4,731	4,731	4,731	-	-	-	-	-	-	\$ (6,833,652)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	1,414	-	-	1,414	-	-	-	\$ (2,316,354)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	4,731	4,731	6,145	-	-	1,414	-	-	-	\$ (9,150,006)

Proposed Management of Space – FY 2012

		Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
		Variance from 2001	FY 2012	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved to Vacant
INPATIENT CARE													
	Medicine	-	-	-	-	-	-	-	-	-	-	-	-
	Surgery	-	-	-	-	-	-	-	-	-	-	-	-
	Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
	Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
	PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
	Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
	Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
	Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-
		Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
		Variance from 2001	FY 2012	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved to Vacant
OUTPATIENT CARE													
	Primary Care	-	-	-	-	-	-	-	-	-	-	-	-
	Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
	Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-
NON-CLINICAL													
	Research	-	-	-	-	-	-	-	-	-	-	-	-
	Administrative	-	-	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-

7. Facility Level Information – Iowa City

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections		(from projections)									
INPATIENT CARE	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Medicine	9,238	(1,206)	9,239	(1,205)	45	-	-	-	-	-	9,194	\$ (345,661)
Surgery	5,543	(482)	5,544	(481)	1,100	-	-	-	-	-	4,444	\$ (2,336,808)
Intermediate/NHCU	4,299	-	4,299	-	817	-	-	-	-	-	3,482	\$ -
Psychiatry	6,407	2,418	6,408	2,419	800	-	-	-	-	-	5,608	\$ 7,006,958
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	25,488	731	25,490	733	2,762	-	-	-	-	-	22,728	\$ 4,324,489
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections		(from projections)									
OUTPATIENT CARE	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Primary Care	102,785	29,740	102,785	29,740	6,000	-	17,474	-	-	-	79,311	\$ 63,035,740
Specialty Care	110,951	41,327	110,952	41,328	10,000	-	1,791	-	-	-	99,161	\$ 31,164,917
Mental Health	14,312	316	14,313	317	1,100	-	2,147	-	-	-	11,066	\$ 8,982,469
Ancillary & Diagnostics	126,643	19,999	126,643	19,999	24,500	-	2,479	-	-	-	99,664	\$ 1,896,709
Total	354,691	91,381	354,693	91,384	41,600	-	23,891	-	-	-	289,202	\$ 105,079,835

Proposed Management of Space – FY 2012

Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
INPATIENT CARE	FY 2012										
Medicine	19,025	19,124	2,616	16,508	-	-	-	-	-	16,508	(2,616)
Surgery	13,167	11,110	2,261	8,849	-	4,000	-	-	-	12,849	1,739
Intermediate Care/NHCU	815	815	-	815	-	-	-	-	-	815	-
Psychiatry	13,766	12,169	2,876	9,293	-	-	-	-	-	9,293	(2,876)
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total	46,773	43,218	7,753	35,465	-	4,000	-	-	-	39,465	(3,753)
Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
OUTPATIENT CARE	FY 2012										
Primary Care	65,782	50,759	17,319	33,440	-	-	-	39,500	-	72,940	22,181
Specialty Care	162,567	146,758	79,429	67,329	9,837	46,300	-	-	-	123,466	(23,292)
Mental Health	11,761	9,185	3,867	5,318	-	-	-	1,700	-	7,018	(2,167)
Ancillary and Diagnostics	78,620	63,785	14,308	49,477	13,000	-	-	-	-	62,477	(1,308)
Total	318,730	270,487	114,923	155,564	22,837	46,300	-	41,200	-	265,901	(4,586)
NON-CLINICAL	FY 2012										
Research	-	86,064	26,428	59,636	-	12,000	14,000	-	-	85,636	(428)
Administrative	174,307	102,473	-	102,473	-	-	-	-	-	102,473	-
Other	17,778	17,778	-	17,778	-	-	-	-	-	17,778	-
Total	192,085	206,315	26,428	179,887	-	12,000	14,000	-	-	205,887	(428)

8. Facility Level Information – Knoxville

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

Planning Initiative: VAMC Knoxville is a small facility PI because future projections indicated the need for 20 beds by 2022.

Planning Process: The planning initiatives for VA Knoxville and VA Des Moines identified equivalent future needs for both sites placing both of them in the Small Facility category. All acute medical and surgical beds for VA Central Iowa HCS (Des Moines & Knoxville) are located at the Des Moines facility. The Knoxville facility provides inpatient psychiatry beds, intermediate medicine and Nursing Home Care beds. The Iowa Market team therefore applied the projected acute inpatient demand to the Des Moines division. In addition, it proposed the

consolidation of all bed care to the Des Moines division to enhance clinical care to inpatient psychiatry, intermediate medicine and Nursing Home Care patients.

Preferred Scenario:The Iowa Market CAMP Team has proposed that the inpatient psychiatry, intermediate medicine and Nursing Home Care unit beds be relocated to the Des Moines Division of VA Central Iowa HCS. Acute medical and surgical beds for VA CIHCS (Des Moines & Knoxville) are already located at the Des Moines facility. Des Moines would require renovation of existing space and create additional space through new construction to actively manage the secondary hospital demand for the entire Central Iowa portion of the Market. Facility based teams and major stakeholder representatives met and examined the projected demand for inpatient care at the integrated VA CIHCS. The analysis and clinician input determined that the preferred plan would require that the Inpatient Psychiatry, Intermediate Medicine and Rehabilitation beds, and the Nursing Home Care Unit currently located at the Knoxville division be moved to the Des Moines division. This would result in a single inpatient site for Central Iowa that supports a robust multifaceted inpatient facility in the most densely veteran populated area in the market through the projected demand year of 2022. Clinical or provider participants focused on the changes in care demands that have merged in recent years. In particular clinicians are experiencing an increase in the requirement for increased medical care and collaboration for both psychiatric and our nursing home care patients during their movement through the continuum of health care. The complexity of managing the care of patients will be strongly enhanced through the consolidation of bed services to a single campus in contiguous buildings. VA CIHCS is currently structured as a single organized medical staff; however, the consolidation to a single campus will streamline communication and process development issues.

Alternatives Considered:The CAMP Team considered alternative configurations of care delivery for the integrated facility, such as moving the Psychiatry beds to Des Moines and retaining the medicine beds in Knoxville. Ultimately, all combinations other than the complete move of bed care to the Des Moines division left the CAMP Team with a new small facility issue and future care coordination concerns. No alternative resulted in a more effective use of current available space. Finally current NHCUs face major renovation issues, which the new construction proposed deals with in a cost conscious manner

Impact on CARES Criteria:This resolves the discrepancy in demand split between the two divisions, maintains primary services in the area of greatest veteran population access, and enhances quality of care provided. The consolidation of inpatient beds services to the Des Moines division of VA CIHCS resolves the small facility criteria in the CARES process

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

The Iowa Market Camp Team in collaboration with the State of Iowa Department of Veterans Affairs has pursued a State sponsored Veterans Cemetery. Land in excess of 40 acres at the Knoxville division of VA Central Iowa Health Care System is currently leased for cropland. This total area is sufficient to meet the requirements of cemetery burial space, however the population density in surrounding area is not sufficient to meet VA requirements for a national cemetery. VA NCA has expressed willingness through existing programming to prepare and develop the site in support of a State of Iowa sponsored Veterans Cemetery. The requirement remains that the State of Iowa must agree to maintain the site in perpetuity. This collaborative does not impact workload or other planning initiatives. The collaborative positively impacts CARE criteria #6: Support of other Mission of VA.

The current status of the proposal is dependent upon state legislative action. This proposal will not be cleared by the April 15 target for submission of the VISN 23 CARES plan. The CARES Camp Team will continue to track this proposal through the State Department of Veterans Affairs and apprise the VISN of any change in status

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs (from demand projections)											
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	3,097	(950)	3,097	(950)	-	-	3,097	-	-	-	-	\$ 51,865,434
Surgery	161	(460)	161	(460)	-	-	161	-	-	-	-	\$ 3,762,653
Intermediate/NHCU	177,235	-	177,235	-	111,659	-	-	-	-	-	65,576	\$ -
Psychiatry	4,958	1,117	4,958	1,117	-	-	4,958	-	-	-	-	\$ 59,703,338
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	12,089	-	12,089	-	12,089	-	-	-	-	-	-	\$ 6,258,873
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	197,539	(294)	197,540	(293)	123,748	-	8,216	-	-	-	65,576	\$ 121,590,298
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)											
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	19,881	8,952	19,881	8,952	-	-	-	-	-	-	19,881	\$ 2,644,406
Specialty Care	19,327	13,213	19,327	13,213	-	-	-	-	-	-	19,327	\$ (6,418,181)
Mental Health	58,169	(747)	58,169	(747)	1,000	-	-	-	-	-	57,169	\$ (1,513,336)
Ancillary & Diagnostics	27,597	12,635	27,597	12,635	-	-	26,220	-	-	-	1,377	\$ 21,034,982
Total	124,973	34,052	124,974	34,053	1,000	-	26,220	-	-	-	97,754	\$ 15,747,871

Proposed Management of Space – FY 2012

Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
INPATIENT CARE	FY 2012	6,782	(1,169)	7,951	-	-	-	-	-	7,951	7,951
Medicine											
Surgery											
Intermediate Care/NHCU											
Psychiatry											
PRRTP											
Domiciliary program											
Spinal Cord Injury											
Blind Rehab											
Total		120,580	(3,438)	124,018	-	-	-	-	-	124,018	109,662
Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
OUTPATIENT CARE	FY 2012	14,911	7,027	7,884	4,004	-	-	-	-	11,888	(3,023)
Primary Care											
Specialty Care											
Mental Health											
Ancillary and Diagnostics											
Total		105,286	42,389	62,897	25,737	-	-	-	-	88,634	9,068
NON-CLINICAL	FY 2012	219,091	37,814	181,277	-	-	-	-	-	181,277	154,848
Research											
Administrative											
Other											
Total		289,503	37,814	251,689	-	-	-	-	-	251,689	209,696

9. Facility Level Information – Marshalltown

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

		# BDOCs proposed by Market Plans in VISN										
	# BDOCs (from demand projections)	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012											
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
		Clinic Stops proposed by Market Plans in VISN										
	Clinic Stops (from demand projections)	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012											
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	5,564	-	-	5,564	\$ (14,876,842)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	1,152	-	-	1,152	\$ (2,246,693)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	6,716	-	-	6,716	\$ (17,123,535)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	3,394	3,394	-	-	-	-	2,800	-	2,800	(594)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	956	956	-	-	-	-	750	-	750	(206)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
		4,350	4,350	-	-	-	-	3,550	-	3,550	(800)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	500	500	-	-	-	-	500	-	500	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
		500	500	-	-	-	-	500	-	500	-

10. Facility Level Information – Ottumwa

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

		# BDOCs proposed by Market Plans in VISN										
		# BDOCs (from demand projections)										Net Present Value
		Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
		FY 2012										
INPATIENT CARE												
Medicine		-	-	-	-	-	-	-	-	-	-	\$ -
Surgery		-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU		-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry		-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP		-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary		-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury		-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab		-	-	-	-	-	-	-	-	-	-	\$ -
Total		-	-	-	-	-	-	-	-	-	-	\$ -
		Clinic Stops proposed by Market Plans in VISN										
		Clinic Stops (from demand projections)										Net Present Value
		Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
		FY 2012										
OUTPATIENT CARE												
Primary Care		-	-	-	-	-	-	3,700	-	-	3,700	\$ (11,615,505)
Specialty Care		-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health		-	-	-	-	-	-	501	-	-	501	\$ (1,532,548)
Ancillary & Diagnostics		-	-	-	200	-	-	200	-	-	-	\$ (297,663)
Total		-	-	-	200	-	-	4,401	-	-	4,201	\$ (13,445,716)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	2,368	2,368	-	-	-	-	2,000	-	2,000	(368)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	416	416	-	-	-	-	350	-	350	(66)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
	-	2,784	2,784	-	-	-	-	2,350	-	2,350	(434)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	250	250	-	-	-	-	250	-	250	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
	-	250	250	-	-	-	-	250	-	250	-

B. Minnesota Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Minnesota Market Code:23B	58 Minnesota counties in Northeast, South east and central, & 15 counties, WI	The Minnesota market area includes most of Minnesota and western Wisconsin. Interstates run north to south and east to west through the market area. Minnesota market area is projected to have the largest number of veteran enrollees in 2010. The major urban area, the seven county metropolitan area, is projected to increase in number of enrollees by 47%. A large number of counties will still remain rural in northern and southern Minnesota. VA Health care services available to veterans include primary care, mental health, inpatient care, tertiary care and long term care. Minnesota market area has a major tertiary referral center located in Minneapolis. There are two medical centers and 8 CBOCs located in throughout Minnesota.	

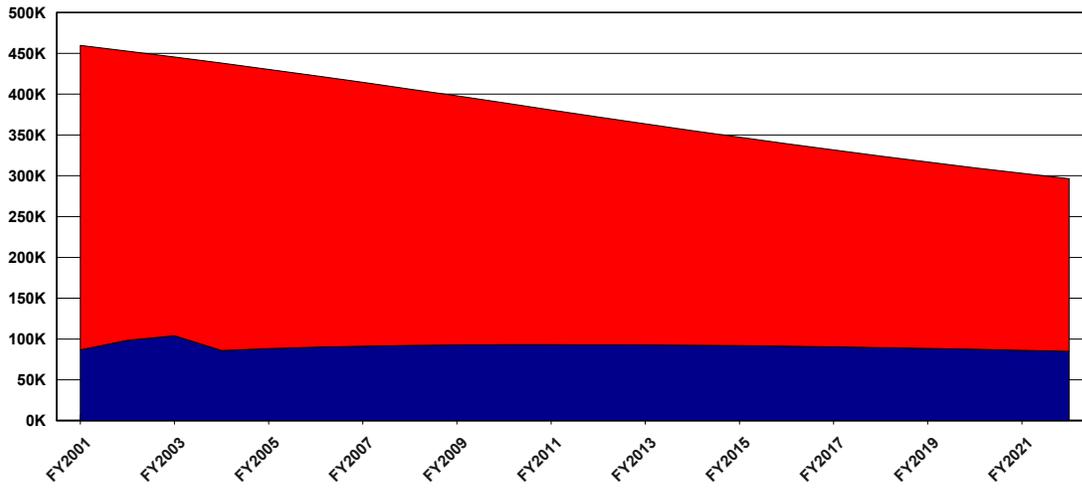
b. Facility List

VISN : 23				
Facility	Primary	Hospital	Tertiary	Other
Minneapolis				
618 Minneapolis	✓	✓	✓	-
618BY Superior	✓	-	-	-
618GA Mankato MN	✓	-	-	-
618GB Hibbing	✓	-	-	-
618GD Maplewood (St. Paul)	✓	-	-	-
618GE Eau Claire	✓	-	-	-
618GG Rochester	✓	-	-	-
New Elk River	✓	-	-	-
New Redwood Falls	✓	-	-	-
New Rice Lake	✓	-	-	-
St. Cloud				
656GA Brainerd	✓	-	-	-
656 St Cloud	✓	✓	-	-
New Montevideo	✓	-	-	-
New Alexandria	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Minnesota Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care	Access				
Y	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
Y	Outpatient Primary Care	Population Based	90,438	45%	42,890	22%
		Treating Facility Based	88,454	43%	40,073	19%
Y	Outpatient Specialty Care	Population Based	91,091	42%	56,472	26%
		Treating Facility Based	91,461	40%	55,254	24%
N	Outpatient Mental Health	Population Based	0	0%	0	0%
		Treating Facility Based	1,829	1%	-689	0%
Y	Inpatient Medicine	Population Based	-5	-5%	-27	-29%
		Treating Facility Based	-6	-6%	-31	-30%
Y	Inpatient Surgery	Population Based	-20	-35%	-29	-52%
		Treating Facility Based	-24	-33%	-37	-51%
N	Inpatient Psychiatry	Population Based	6	13%	-8	-17%
		Treating Facility Based	9	29%	-4	-13%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Inpatient Medicine: There were no stakeholder issues identified regarding the proposed option for decreases in inpatient medicine bed days of care. It is expected that veteran enrollees in the Duluth and Superior area and indeed the entire Minnesota Arrowhead region would view the ability to access inpatient hospital care in the Duluth/Superior area as a positive impact.

Primary Care Access: The CARES planning process in the MN Market proposed a CBOC in Western Wisconsin to improve primary care access to VA care for veterans in the area. Prior to CARES the VISN 13 ELC approved a business plan for a CBOC in Western Wisconsin in Sawyer County. A number of stakeholders in the Sawyer County Area wrote and voiced support for the Sawyer County site. The CARES study of the projected enrollees found that the Rice Lake area in Barron County, WI, adjacent to Sawyer County, would be more centrally and more densely populated with veterans. Some stakeholders voiced concern about the possible movement of the proposed clinic from Sawyer County to Barron County. The final location will not be determined until a CBOC Business Plan is developed.

Employee Concerns: Some staff questioned if the CARES process would result in contracting of present VA staff positions. It was explained to them that competitive sourcing began before the CARES process.

CARES Process: Various questions were received at employee and stakeholder forums on data sources, CAMP (CARES Area Market Planning) membership, gaps, definition of small facility and the process.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

The Minnesota Market extends into Wisconsin. The enrollees residing in the northeastern counties of the State of Wisconsin actually have the ability to access care closer to their residence by utilizing the inpatient hospital facilities in the Duluth/Superior area. It is not anticipated that there will be any shared market issues of consequence in this area. The total veteran enrollee population is small in that area. There are 444 enrollees in Bayfield, WI and 1455 enrollees in Douglas, WI. The veteran enrollees can be adequately served within the timeframes set forth in CARES through the proposed process. Travel time to access inpatient care in the State of Wisconsin for this group of veteran enrollees would be considerably higher than the CARES travel benchmarks.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The MN Market Plan includes planning initiatives for primary care and specialty care increased workload, primary and hospital access issues, inpatient medicine and surgery decreased workload, a small facility issue at VAMC St. Cld, Spinal Cord Injury/Disability (SCI/D) Center, vacant space, enhanced use designation, and collaborative opportunities with VBA and DoD.

The selected scenario for Primary care addresses access and growth by increasing primary care at both the main facilities and at CBOCs in four geographic areas in MN & western WI. Additional or re-configured space will be required at the main facilities. CBOCs will be primarily contract sites. These actions will bring primary care access to 70%.

A significant growth trend is also projected for outpatient specialty care. The growth will be addressed by adding outpatient SC resources and space at the main facilities, referring complex procedures from VAMC St. Cld to VAMC Minneapolis (Mpls.) and out-sourcing high volume, low cost/low complexity procedures. Both new space and renovation of existing space will be required. Some space will be made available at Mpls. when inpatient is re-configured.

Demand for both inpatient medicine and inpatient surgery beds is projected to decline significantly over the next twenty years. Projected bed decline for both services was accepted and appropriate re-configuration of wards will be completed with excess space released for use by outpatient specialty care. To maximize flexibility in admissions, all remaining beds will be telemetry beds. For St.Cld, no inpatient medicine or surgery beds are planned. Inpatient medicine demand for St. Cld will be allocated 50/50 to Mpls. and local community hospitals in St. Cld. The MN Market has a small access deficit for hospital care. This deficit is addressed by contracting for BDOC in the Duluth/NW WI area bring hospital access to 68%.

The MN Market has a small facility issue at St.Cld. The Camp Team completed the small facility analysis and recommends permanent conversion of acute medicine beds to sub-acute beds. Transfer of non-emergent inpatient surgery to Mpls. will continue and fifteen inpatient psychiatry beds will be maintained. No construction is required and no excess space is created by these recommendations.

The VISN SCI/D Planning Initiative was assigned to the MN Market area Camp Team. VISN 23 currently operates an SCI/D Support Clinic. SCI patients in VISN 23 are served by a combination of outpatient and inpatient care at local VAMCs and referral to SCI/D Centers in other VISNs. This will decrease the mkt share at several SCI/D Centers currently accepting referrals from VISN 23. A proposal for an SCI/D Center at Mpls. was already developed and approved by the ELC. The recommendation is to move that plan forward. New construction and renovation will be required.

Collaborative opportunities for co-location of VBA regional office on the Mpls VAMC campus and joint initiatives with DoD for telemedicine and digital imaging and transfer of radiological studies to Mpls VAMC were identified.

Permanent abatement of lead paint at St. Cld is proposed. Lead paint issue in Mpls. is resolved by demolition of quarters to build new Supportive Housing Unit. The MN Market plan successfully addresses all of the planning initiatives and achieves CARES access goals. It provides an excellent opportunity for the two major facilities in the mkt to look at themselves as a regional system providing care for veterans in high population density areas with significant projected growth. Although new construction is required to implement the plan, inpatient service re-configuration frees up space to accommodate growth in Outpt. svcs.

There are relatively few shared market issues. The SCI/D Ctr. proposal may create inefficiencies in other VISNs which currently provide SCI services to V23 veterans and who may have additional, unused capacity without those referrals.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

For a complete document detailing access for Minnesota Market refer to the Portal for detailed document. Five counties in northeastern Minnesota were identified as having enrollees that did not meet access requirements.

County	FY02
Bayfield, WI	444
Douglas, WI	1455
St. Louis, MN	4953
Lake, MN	464
Cook, MN	95
Total	7411

Enrollees Total To meet the access requirement, the decision was to contract for care in Duluth, MN and Superior, WI. The zip codes for those two cities were submitted, with the result being that with the contracting for inpatient care in those two cities, the percentage of enrollees meeting access requirements has been elevated to 68%. The change in Market operation includes the formal contracting for inpatient BDOC at Hospitals in the cities of Duluth, MN and Superior, WI. Other alternatives considered included:

- Contracting for care at Duluth, MN and Superior, WI
- Contracting for care at Duluth, MN only.
- Contracting for care at Superior, WI only

Preferred Scenario: The first alternative is the selected option. The remaining alternatives were not selected because the individual options alone did not result in a large enough percentage of veteran enrollees meeting the target percentage of 65%. Duluth and Superior are considered population centers for Northeastern Minnesota and Western Wisconsin, and have a variety of inpatient alternatives available. The remaining hospitals in that region are classified as small and rural and do not have the bed availability or range of support services.

Primary Care Access:

CARES data were analyzed to identify areas that have a large concentration of veterans with poor access. These options were studied:

- CBOCs. Open CBOCs to bring the market closer to compliance with CARES criteria.
- Fee Basis. It would be cost-prohibitive to use fee basis due to the volume of veterans requiring care. Continuity of care would be compromised if a large number of veterans received their primary care via fee basis.
- Provide Care At Mpls and St. Cloud VAMCs. CARES access criteria would not be satisfied if primary care were only provided at these sites. Two scenarios were developed for Minneapolis and two for St. Cloud. These scenarios are detailed in facility-specific primary care narratives elsewhere in the market plan.

Preferred Scenario: It is recommended that CBOCs be created in 4 locations: NW Twin Cities Metro area, Redwood Falls, MN, Western WI & Alexandria, MN. The first three CBOCs would be contract and Alexandria would be staffed. Services provided would include primary care & mental health care (potentially via telemedicine). Until the CBOCs are fully operational, fee basis would be utilized. Note: St Cloud currently operates a CBOC in the Montevideo MN area that was not shown in the baseline CARES data. That CBOC and its workload are shown in the portal as a “new” CBOC, but in fact, it has been operational for some time.

This recommendation was selected because large-volume CBOCs must be rapidly activated to full capacity in the NW Metro area & in Western WI. Contracting should yield multiple clinic sites with established health care networks, thereby improving access for more patients vs. VA-owned sites that would be based in single defined locations. This will also permit CBOC capacity to flex up & down with demand.

By activating these four CBOCs, 70% of enrollees will meet CARES access criteria in Minnesota.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	53%	40,733	69%	28,836	70%	25,464
Hospital Care	64%	31,200	68%	29,766	98%	1,698
Tertiary Care	99%	867	99%	930	99%	849

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Alexandria

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)										
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)										
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	5,400	-	-	5,400	\$ (11,638,826)
Specialty Care	-	-	-	-	-	-	-	2,880	-	-	2,880	\$ (4,836,554)
Mental Health	-	-	-	-	-	-	-	-	-	-	-	\$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	8,280	-	-	8,280	\$ (16,475,380)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	3,510	3,510	-	-	-	-	2,700	-	2,700	(810)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	1,584	1,584	-	-	-	-	1,584	-	1,584	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
		5,094	5,094	-	-	-	-	4,284	-	4,284	(810)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	500	500	-	-	-	-	500	-	500	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
		500	500	-	-	-	-	500	-	500	-

4. Facility Level Information – Elk River

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections)											
	FY 2012	(from Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections)											
	FY 2012	(from Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	-	-	-	-	12,000	-	-	12,000	-	-	-	\$ (16,372,110)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	6,400	-	-	6,400	-	-	-	\$ (11,554,842)
Ancillary & Diagnostics	-	-	-	-	10,290	-	-	10,290	-	-	-	\$ (19,143,211)
Total	-	-	-	-	28,690	-	-	28,690	-	-	-	\$ (47,070,163)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved to Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved to Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	-	-	-	-	-	-	-	-	-	-
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											

5. Facility Level Information – Minneapolis

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Digital Imaging and Transfer of Radiological Studies:

The Minneapolis VAMC has identified a potential opportunity to collaborate with the Department of Defense in providing radiology services using the Picture Archiving System (PACs) that will be operational at the Minneapolis VAMC in late 2003. Areas of discussion included the digital transfer of images to the Minneapolis VAMC from Air Force bases in Grand Forks, ND, Minot, ND and Ellsworth AFB in Rapid City, SD via the PACs system. A radiologist at VAMC Minneapolis would read the images and results will be transmitted back to the DoD facility electronically. This proposal promotes joint DoD/VA planning and optimizes use of expensive equipment and scarce medical resources. Further planning is needed and the timeline for this is 2004-2005.

Telemedicine:

There are a number of opportunities for use of telemedicine for joint VA/DoD initiatives. Expansion within VA in use of telemedicine and home Telehealth is currently a high priority and active planning is underway to develop more programs. Areas that are already on-line or are being reviewed include: retinal photography, dermatology, follow-up for cardiac surgery, mental health consultation, diabetic consultation, glucose monitoring, and monitoring for congestive heart failure. These programs serve to increase access for veterans living in remote areas, can provide services to CBOCs distant from main VA facilities where less than full time staff are needed, minimize travel and maximize use of scarce and expensive resources. Telemedicine can also be potentially used to provide required professional supervision (for credentialing and licensing) for mental health staff in remote locations or where no DoD staff is available to provide that supervision.

The use of telemedicine in collaboration with DoD has focused mainly on mental and behavioral health services to date, but as VA develops more programs, further discussions with DoD will take place.

Support Resolution of other Planning Initiatives: The PAC and telemedicine proposals support the resolution of the specialty care increased workload projected for the MN Market by implementing a network-wide system that increases access to specialty services.

Impact on CARES Criteria:

- Health Care Quality and Need: Improves quality of care to veterans in rural areas
- Safety and Environment: Improves adequacy of space
- Research and Academic Affiliations: Provides teaching opportunities
- Staffing and Community: Improve relationships with the community
- Supports Other Missions of VA: Enhances sharing with DoD
- Optimizing Use of Resources: Concentrates highly specialized medical center and reduces costs

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

The Minneapolis VAMC and the VBA office located in St. Paul, MN have identified an opportunity for collaboration on provision of office space for the VBA as part of an enhanced use proposal. This proposal provides the opportunity for VBA to locate in closer proximity to a major VA medical center, which should enhance veteran's ability to access services provided by both entities. The proposal will also more adequately address VBA's space needs.

VBA Regional Office presently located in GSA leased space in St. Paul. The present Regional Office occupies approximately 108,000 SF, and has identified the need to expand to approximately 142,500 SF. Unfortunately, GSA cannot provide the additional space within the existing location.

Scenario 1 (Preferred):

Participate in an enhanced use initiative with a private developer to co-locate VBA Regional Office onto VAMC Minneapolis campus.

- Initiative would improve access to VBA services for veterans visiting the VAMC Minneapolis for healthcare purposes.
- Development would utilize between eight and nine acres of available property.
- Project scope would be limited to acceptable commercial and/or housing developments, including provisions for necessary parking.

- Initiative would become more enticing if phased to complement the opening of approved Affordable Housing enhanced use project as well as the availability of light rail in the vicinity.

Scenario 2:

Pursue VBA funded Major Construction Program project to construct a co-located VBA Regional Office on VAMC Minneapolis campus.

- Co-location would improve access to VBA services for veterans visiting the VAMC Minneapolis for healthcare purposes.
- Building would utilize same available property identified under Scenario 1.
- The addition of light rail service to the current Medical Center campus would benefit Veterans visiting the Regional Office.

Support Resolution of other Planning Initiatives: No impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

VAMC Minneapolis proposed three enhanced use projects for development on land on their campus. The site was identified by VACO as a high potential enhanced use area.

Single Room Occupancy Initiative

- Concept plan pending approval

- Supported by approved \$10 million State of Minnesota bonding
- Requires approximately 6 acres on Medical Center campus
- Incorporates existing staff quarters Federal Credit Union
- Concept plan approved, public hearing completed
- Requires approximately ½ acre of property on Medical Center campus. VBA St. Paul Regional Office
- Participate in an enhanced use initiative with a private developer to co-locate VBA Regional Office onto VAMC Minneapolis campus. (Please refer to VBA Collaborative Narrative for expanded information.) The responses below address the Single Room Occupancy (SRO) and Federal Credit Union projects. Responses for VBA may be found in the VBA Collaborative Narrative.
- Support Resolution of other Planning Initiatives: Moving the Credit Union from the hospital releases space for other primary and specialty care clinical programs that are projected to expand according to CARES data projections

Impact on CARES Criteria:

- Health Care Quality and Need: SRO improves access to VAMC for veterans and housing for veterans
- Safety and Environment: Moving the Credit Union frees up space for other clinical programs
- Research and Academic Affiliations: No impact
- Staffing and Community: Both projects enhance community relations. The Credit Union will improve conveniences for employees by offering drive through service
- Supports Other Missions of VA: No impact
- Optimizing Use of Resources: No impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections		(from projections)									
INPATIENT CARE	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Medicine	28,600	(1,399)	28,601	(1,398)	4,300	-	-	1,003	-	-	25,304	\$ (21,521,800)
Surgery	14,893	(7,227)	14,893	(7,227)	421	-	-	32	-	-	14,504	\$ (826,829)
Intermediate/NHCU	110,745	-	110,745	-	79,737	-	-	-	-	-	31,008	\$ -
Psychiatry	6,766	612	6,767	613	234	-	-	-	-	-	6,533	\$ (562,928)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ (7,176,263)
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	161,004	(8,014)	161,006	(8,012)	84,692	-	-	1,035	-	-	77,349	\$ (30,087,820)
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections		(from projections)									
OUTPATIENT CARE	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Primary Care	241,023	88,980	241,023	88,980	10,714	-	27,000	-	-	-	203,309	\$ 63,268,254
Specialty Care	267,974	63,729	267,974	63,730	34,271	-	-	6,625	-	-	240,328	\$ 9,715,876
Mental Health	93,104	1,782	93,104	1,782	9,798	-	14,400	-	-	-	68,906	\$ 44,582,500
Ancillary & Diagnostics	265,052	37,762	265,053	37,763	12,658	-	21,840	-	-	-	230,555	\$ 42,290,923
Total	867,153	192,254	867,154	192,255	67,441	-	63,240	6,625	-	-	743,098	\$ 159,857,553

Proposed Management of Space – FY 2012

Space (GSF) proposed by Market Plans in VSN											
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
FY 2012											
INPATIENT CARE											
Medicine	54,136	52,632	14,154	39,982	1,554	-	-	-	-	41,536	(11,096)
Surgery	27,448	27,558	(2,361)	29,809	-	-	-	-	-	29,809	2,251
Intermediate Care/NHCU	55,353	55,353	-	55,353	-	-	-	-	-	55,353	-
Psychiatry	15,201	15,287	2,449	12,752	1,200	-	-	-	-	13,952	(1,335)
PRRTP	-	2,767	(2,767)	2,767	-	-	-	-	-	2,767	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	34,000	-	-	-	30,000	-	-	-	30,000	(4,000)
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total	152,138	187,597	11,475	140,663	2,754	30,000	-	-	-	173,417	(14,180)
Space (GSF) proposed by Market Plan											
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
FY 2012											
OUTPATIENT CARE											
Primary Care	156,906	142,316	36,083	120,823	-	-	-	9,620	-	130,443	(11,873)
Specialty Care	280,033	264,361	79,773	200,260	9,000	-	-	-	-	209,260	(55,101)
Mental Health	62,147	51,680	12,579	49,568	-	-	-	-	-	49,568	(2,112)
Ancillary and Diagnostics	159,456	147,555	24,107	135,349	-	-	-	-	-	135,349	(12,206)
Total	658,542	605,912	152,542	506,000	9,000	-	-	9,620	-	524,620	(81,292)
NON-CLINICAL											
Research	-	125,863	(118,149)	118,149	-	-	-	-	-	118,149	(7,714)
Administrative	445,838	364,481	78,169	367,669	-	-	-	-	-	367,669	3,188
Other	62,121	39,449	-	62,121	-	-	-	-	-	62,121	22,672
Total	507,959	529,793	(39,980)	547,939	-	-	-	-	-	547,939	18,146

6. Facility Level Information – Montevideo

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria.
Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections											
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections											
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	5,400	-	-	5,400	\$ (6,484,908)
Specialty Care	-	-	-	-	-	-	-	2,880	-	-	2,880	\$ (2,895,703)
Mental Health	-	-	-	-	-	-	-	-	-	-	-	\$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	8,280	-	-	8,280	\$ (9,380,611)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	3,510	3,510	-	-	-	-	2,700	-	2,700	(810)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	1,584	1,584	-	-	-	-	1,600	-	1,600	16
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
		5,094	5,094	-	-	-	-	4,300	-	4,300	(794)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	500	500	-	-	-	-	500	-	500	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
		500	500	-	-	-	-	500	-	500	-

7. Facility Level Information – Redwood Falls

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections											
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections											
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	-	-	-	-	3,000	-	-	3,000	-	-	-	\$ (4,170,026)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	1,600	-	-	1,600	-	-	-	\$ (2,943,056)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	4,600	-	-	4,600	-	-	-	\$ (7,113,082)

Proposed Management of Space – FY 2012

		Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
		Variance from 2001	FY 2012	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
INPATIENT CARE													
	Medicine	-	-	-	-	-	-	-	-	-	-	-	-
	Surgery	-	-	-	-	-	-	-	-	-	-	-	-
	Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
	Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
	PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
	Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
	Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
	Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-
		Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
		Variance from 2001	FY 2012	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
OUTPATIENT CARE													
	Primary Care	-	-	-	-	-	-	-	-	-	-	-	-
	Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health	-	-	-	-	-	-	-	-	-	-	-	-
	Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-
NON-CLINICAL													
	Research	-	-	-	-	-	-	-	-	-	-	-	-
	Administrative	-	-	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-

8. Facility Level Information – Rice Lake

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	-	-	-	-	12,000	-	-	12,000	-	-	-	\$ (14,042,927)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	6,400	-	-	6,400	-	-	-	\$ (9,910,991)
Ancillary & Diagnostics	-	-	-	-	10,920	-	-	10,920	-	-	-	\$ (17,338,418)
Total	-	-	-	-	29,320	-	-	29,320	-	-	-	\$ (41,292,336)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	-	-	-	-	-	-	-	-	-	-
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											

9. Facility Level Information – St Cloud

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

VAMC St. Cloud is a small facility PI because future projections indicated the need for 18 acute care beds by 2022.

The following alternatives were discussed.

1. Maintain status quo for acute medicine beds in St. Cloud. Accept decline in inpatient medicine beds to five beds in 2022; Contract with the community for urgent care not provided at St. Clid; Transfer other workload to Mpls VAMC. Status Quo: \$45M; Alternative \$36M.

2. Discontinue 8 inpatient medicine beds at St. Clid ; Convert 8 beds to subacute care. Transfer 50% of inpatient medicine workload to Mpls VAMC & 50% of

workload would be contracted to community. Status Quo: \$45 M; Alternative: \$18M.

The preferred option is to discontinue inpt. med. beds at St. Cld. Convert 8 beds to subacute care; Transfer 50% of workload each to Mpls & contract to community. Continue to maintain inpatient psychiatry beds at St. Cld. The preferred option would save approximately 27M.

St. Cld. implemented a pilot of subacute care in March 2002. The transition would become permanent depending upon the outcomes identified during the pilot. The pilot was also undertaken to obtain a good research foundation in anticipation of the CARES. Study of the local & CARES MN market indicate that there is a lack of capacity in the local community & at the VA Mpls to absorb the wkld for inpt. psych. VAMC has a lack of available space for most inpt. programs. There is no capacity at the local community facility (See small facility white paper). MN is in a budget deficit & is considering major downsizing & closure at several State operated facilities that provide inpt. psych svcs. The MN Mkt recommends continued evaluation of psych units as CARES projections are refined & as local market situations may change.

Tracking of quality guidelines, JCAHO, ORYX, Customer Satisfaction indicate a high level of quality. Subacute & psych. admissions are reviewed utilizing Interqual guidelines. Inpt. psych & subacute care admissions meet Interqual guidelines at over 90% compliance (See small facility white paper). The pilot of transition to subacute care is considered a success as needs of the veteran are met with a quality, timely & cost-effective product. St. Cld has a relationship with the community hospital & VA Mpls. We have communicated the subacute level of care & our criteria to our referring organizations to facilitate continuity & coordination of care. The adjoining VAMC's have computerized medical records that allow for electronic transfer of pt.information. Subacute care & inpt. psychiatry support other inpt., residential & ambulatory care programs at St. Cld.

The unit vacated by inpt. med. was converted to Subacute care. The unit is located adjacent to extended care units caring for ventilator dependent patients & short-term rehab. The inpt. psych bed section is in good physical condition & has incorporated all safety features required of an inpatient psychiatric facility. Conversion of an additional 7,000 SF is necessary to meet space requirements in the IBM template.

The facilities that will receive the inpt. medicine workload meet current life safety codes & are in compliance with JCAHO, NFPA, etc. & are in good condition. No current issues exist in the areas of layout, adjacency, code compliance, accessibility or privacy.

St. Cld has a limited research & affiliation progs. The effect of either scenario will be negligible. The staff providing inpt. medical care has been redeployed to

subacute care. There is approximately 6 FTEE less in RN staffing as subacute care requires a less intense level of care. Cardiac monitored beds were discontinued & the level of resuscitation services was reconfigured to reflect the change to subacute care. Inpatient psychiatric staff will remain in force. Over the 20-year span, there will be a need for staff reductions due to declining census numbers. There will be a need for increased communication between St. Cloud & the facilities.

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

For a complete description of St. Cloud EU refer to the Portal.

Enhanced Use: Emergency Shelter/Community Center· This project will provide 90 emergency shelter beds for homeless veterans/nonveterans, those with the potential to be homeless, and their families

- Locally only 30 emergency shelter beds available in the community. There is a need for 90+ beds on an ongoing basis at present
- The current shelter is in poor repair and it is anticipated that this will close as soon as this project is completed
- This project is in conjunction with the local Salvation Army· The project will allow for development of excess VA property into a use that will benefit both veterans and the community
- Will address VHA overarching goal of Building Healthy Communities and will also address VHA commitment to services to homeless veterans
- Program will provide social services for homeless veterans or those with potential for being homeless
- Will also provide transitional housing for families of veteran
- Provide transitional housing for non veterans and their families Affordable Housing Project
- Project is in partnership with local Housing Redevelopment Authority (HRA), Minnesota Assistance Council for Veterans (MACV), and the Salvation Army.
- Will provide affordable housing to homeless veterans and non veterans or those at risk for homelessness in central Minnesota
- There is a documented shortage of affordable housing throughout the State of Minnesota and particularly in rural areas such as St. Cloud
- Great support from local civic organizations such as the Chamber of Commerce
- Will address VHA overarching goals of building health communities and homeless veteran initiatives.

Both projects address the CARES planning initiatives through expansion of the continuum of ongoing services to the psychiatric population. St. Cloud VAMC has a long history of providing services to veterans with psychiatric diagnosis in need of special emphasis programs. This is an additional option in the continuum of mental health care offered at St. Cloud. This is an addition to the appropriate mix of services that exist in acute psychiatry, outpatient mental health and

medical care, mental health intensive case management, day programming, residential programs in substance abuse and PR RTP, and vocational rehabilitation.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs (from demand projections)											
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	2,004	(508)	2,004	(508)	1,003	-	1,001	-	-	-	-	\$ 18,324,505
Surgery	35	(191)	35	(191)	-	-	35	-	-	-	-	\$ 1,722,253
Intermediate/NHCU	109,847	-	109,847	-	30,758	-	-	-	-	-	79,089	\$ (8,310,991)
Psychiatry	6,170	2,286	6,171	2,287	62	-	-	-	-	-	6,109	\$ (945,000)
PRRTP	5,410	-	5,410	-	-	-	-	-	-	-	5,410	\$ -
Domiciliary	41,085	-	41,085	-	41,085	-	-	-	-	-	-	\$ (61,179,302)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	164,551	1,587	164,552	1,588	72,908	-	1,036	-	-	-	90,608	\$ (50,388,535)
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)											
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	53,935	(523)	53,935	(523)	1,390	-	10,800	-	-	-	41,745	\$ 11,758,786
Specialty Care	54,107	27,731	54,108	27,732	2,568	-	6,625	-	-	-	44,915	\$ (11,244,632)
Mental Health	102,608	46	102,608	47	1,063	-	5,760	-	-	-	95,785	\$ 5,063,103
Ancillary & Diagnostics	54,822	(22,900)	54,822	(22,900)	2,742	-	-	-	-	-	52,080	\$ -
Total	265,471	4,354	265,473	4,356	7,763	-	23,185	-	-	-	234,525	\$ 5,577,257

Proposed Management of Space – FY 2012

Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
INPATIENT CARE											
Medicine	3,376	-	(3,018)	3,018	-	-	-	-	-	3,018	3,018
Surgery	10	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	93,010	93,010	-	93,010	-	-	-	-	-	93,010	-
Psychiatry	14,907	14,906	7,928	6,978	7,000	-	-	-	-	13,978	(928)
PRRTP	18,034	19,334	1,300	18,034	-	-	1,300	-	-	19,334	-
Domiciliary program	31,150	31,150	-	31,150	-	-	-	-	-	31,150	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total	160,487	158,400	6,210	152,190	7,000	-	1,300	-	-	160,490	2,090
Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
OUTPATIENT CARE											
Primary Care	33,655	27,134	5,026	22,108	-	6,000	-	7,600	-	35,708	8,574
Specialty Care	82,136	74,110	63,485	10,625	9,000	42,000	-	-	-	61,625	(12,485)
Mental Health	55,870	52,682	7,653	45,029	10,000	-	-	-	-	55,029	2,347
Ancillary and Diagnostics	34,373	34,373	7,140	27,233	-	-	-	-	-	27,233	(7,140)
Total	206,035	188,299	83,304	104,995	19,000	48,000	-	7,600	-	179,595	(8,704)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	271,226	189,733	-	189,733	-	-	-	-	-	189,733	-
Other	35,253	34,389	(864)	35,253	-	-	-	-	-	35,253	864
Total	306,479	224,122	(864)	224,986	-	-	-	-	-	224,986	864

C. Nebraska Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Nebraska Market Code: 23D	Most of Nebraska 80 counties, 14 in IA, 6 in KS, & 1 in MO	The Nebraska market area will continue to have two urban areas in Omaha and Lincoln surrounded by rural counties in Nebraska and Iowa. The major urban areas are located in the northeastern section of the market. By 2010 the number of enrollees will increase by 10,000 or 26%. There are interstate highways that traverse the market, allowing some access to the urban areas where primary and acute inpatient care services are available. However, veterans may have to travel up to 300 miles to receive tertiary care. There is one tertiary care medical center and three CBOCs serving the market area. VA Long-term care is also available.	<u>V23 has the lead for Keith, NE</u>

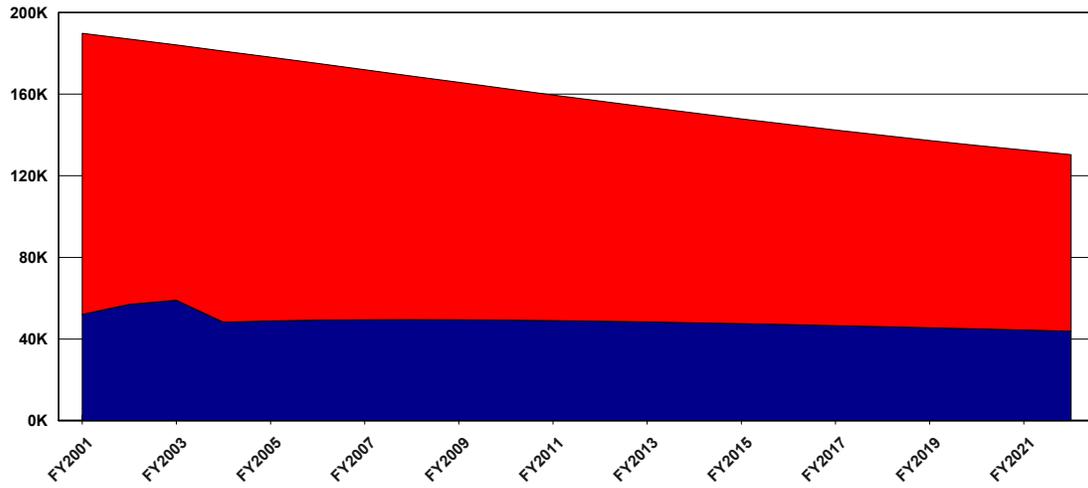
b. Facility List

VISN : 23				
Facility	Primary	Hospital	Tertiary	Other
Grand Island				
636A4 Central Plains Health Network-Grand Island Div	✓	-	-	-
636GB North Platte	✓	-	-	-
New Holdrege	✓	-	-	-
New O'Neill	✓	-	-	-
Lincoln				
636A5 Central Plains Health Network-Lincoln Div	✓	-	-	-
Omaha				
636 Central Plains Health Network-Omaha Div	✓	✓	✓	-
636GA Norfolk NE	✓	-	-	-
New Shenandoah	✓	-	-	-
New Bellevue	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Nebraska Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care	Access				
N	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
N	Outpatient Primary Care	Population Based	18,600	14%	-9,212	-7%
		Treating Facility Based	14,508	9%	-16,650	-11%
Y	Outpatient Specialty Care	Population Based	38,671	31%	14,412	12%
		Treating Facility Based	47,815	35%	20,245	15%
N	Outpatient Mental Health	Population Based	0	0%	0	0%
		Treating Facility Based	1,275	2%	526	1%
Y	Inpatient Medicine	Population Based	-11	-20%	-24	-43%
		Treating Facility Based	-8	-16%	-21	-40%
N	Inpatient Surgery	Population Based	-6	-26%	-11	-47%
		Treating Facility Based	-5	-22%	-10	-45%
N	Inpatient Psychiatry	Population Based	7	28%	0	0%
		Treating Facility Based	8	35%	1	2%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Nebraska CARES CAMP Communications Coordinators conducted a series of CARES Town Hall meetings between January 16 and January 31, 2003. The meetings were held in Lincoln, O'Neill, Norfolk, Holdrege, Ogallala and Omaha, Nebraska plus Shenandoah, Iowa. In addition, CARES briefings were presented at various American Legion District Meetings throughout Nebraska between February 11 and March 30, 2003.

The purpose of the stakeholder meetings was to provide basic education and awareness of CARES, the global process and where we are now as a State CAMP. Specifically, the Nebraska preliminary market plan and associated planning initiatives/gaps were shared via a power point presentation.

County veterans service officers and American Legion representatives were instrumental with scheduling and other coordination efforts. Broadcast and print media were realized at some of the sites.

Discussion and input from the respective audiences was encouraged at all stages of each presentation. Every attendee was equipped with prepared handouts, CARES brochures, and specially created comment cards.

Access to primary care; outpatient specialty care; inpatient medicine; extended care and collaborative efforts were among the items presented.

More than 400 comments resulted directly from these town hall meetings. Most comments were of a positive nature and supported the planning initiatives. There are highlights noteworthy of mention, however. Out of the comments received, more than 80% supported the addition and/or expansion of CBOCs. About 5% of the respondents suggested a voucher system of service. An equal number suggested contracts.

Almost 78% of the comments wanted to have local inpatient contracts similar to the St. Francis contract in Grand Island. Five and one-half percent recommended a voucher system. Long travel distances, increased emphasis for female veterans' services and enhanced use possibilities at Lincoln were among other comments received.

It is felt that these meetings were most productive. The Coordinators were very well received as each local populace expressed their appreciation for the outreach effort. The comments were formally presented to the CAMP team at two separate meetings. Again, the vast majority of the comments received stated

general support for the planning initiatives. However, specific recommendations (ie. CBOCs in other communities) were analyzed using already established criteria for new CBOCs.

During the first two weeks in April, seven additional Town Hall Meetings are scheduled to present the revised Nebraska Market Plan. Locations include Grand Island, Norfolk, O'Neill, Holdrege, Ogallala and Lincoln, Nebraska and Shenandoah, IA.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Shared Counties with VISN 19:VISN 23 planned for a shared market with VISN 19 in western Nebraska. VISN 23 had the lead Keith County, Nebraska. During the CARES planning process, Network Directors from VISN 19 and 23 agreed to formally request that Keith County be permanently moved from VISN 19 to VISN 23. VA Central Office approved the move in December 2002. The County Veteran Service Office and other veterans had requested and supported the shift.

Shared Markets with VISN 23:Markets overlap occurs between Nebraska, South Dakota and Iowa under the objective to improve access to care for enrolled veterans so that 70% of veteran enrollees are within the Primary Care driving time guidelines. The Nebraska CAMP team worked collaboratively with South Dakota and Iowa to establish agreeable CBOC locations following the VHA Directive 2001-060, "Veterans Health Administration Policy For Planning And Activating Community Based Outpatient Clinics. Both Nebraska, and South Dakota will establish CBOCs near the northeastern state line of Nebraska. As agreed between Nebraska and Iowa, Nebraska will establish a CBOC in Shenandoah, Iowa.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Nebraska Market consists of two urban areas in Omaha and Lincoln, surrounded by highly rural counties in Nebraska and Iowa. The Market Plan was developed with these needs in mind and is a blueprint for how Nebraska will meet the health care needs of its veterans for the next 20 years. The Market Plan consists of Planning Initiatives (PI) in Access to Primary Care, Outpatient Specialty Care, Inpatient Medicine Service, and vacant space. Nebraska Non-Planning Initiative (Non PI) was a proposed Nursing Home Renovation at Grand Island. In addition, the Market Plan includes collaborative opportunities with the VBA and DoD. Inherent in the Market plan is consideration of the operational and capital costs of alternative solutions to planning initiatives, and the driving elements of utilization and space.

Planning Initiative – Access to Primary Care: The process for resolving access for veterans in the Nebraska Market was based upon the Driving Time Guideline. Proposed CBOCs were identified to resolve the gap in access to care for Nebraska veterans at Holdrege, NE; O’Neill, NE; DoD/Bellevue, NE; and Shenandoah, IA. This planning initiative changes the Nebraska Market operations in the Grand Island and Omaha divisions. Grand Island will transfer out workload to the O’Neill and Holdrege CBOCs. Omaha will transfer out workload to the DoD/Bellevue and Shenandoah CBOCs. In addition, the DoD/Bellevue CBOC offers an opportunity to collaborate with the DoD.

Planning Initiative – Outpatient Specialty Care: The need to provide additional outpatient specialty care impacts all three divisions in the Nebraska Market and is addressed in the most effective manner at each site. Grand Island will contract additional workload at the parent facility and associated CBOCs, convert 2,163 square feet of vacant space and renovate 4,000 square feet to support clinic workload. The Lincoln Division contract part of the workload increase to the community, transfer part to Omaha and consider a small renovation project at the Lincoln facility. The Omaha Division experiences the greatest impact from the projected increasing workload. In addition to contracting workload at the parent facility and associated CBOCs, Omaha requires new construction of 21,000 square feet for outpatient surgical suites.

Planning Initiative – Inpatient Medicine Services: The need for fewer inpatient medicine beds has the greatest impact on the Nebraska Division. Although

workload is projected to decrease over the next 20 years, the complexity of care is expected to increase. In response, the Omaha Division requires new construction of 5,000 square feet for an MICU and telemetry capability on its remaining beds.

The strength of the Nebraska Market plan is its ability to improve access to care for enrolled veterans and ensure capacity for meeting changing workload and utilization demand in Nebraska. Numerous opportunities exist to transition care models from traditional inpatient, to greater outpatient. Supporting technology such as telemedicine will be expanded throughout Nebraska to reach even greater numbers of veterans. The Nebraska CAMP Team recognizes the vulnerability of the plan from a funding and timing perspective. Although a transformation of service delivery is expected, there are no significant threats to the success of the Market Plan.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Planning Initiative: In the Nebraska Market, 51% of the veteran enrollees residing in the market are within the VA access primary care guideline of 70%.

Planning Process: The process for resolving access for veterans in the Nebraska Market was based upon the Driving Time Guidelines. A comprehensive environmental assessment was performed and included review of county data, enrollment projections and geographic barriers facing Nebraska veterans, among other things. Based upon the assessment, the Nebraska CAMP team identified potential locations for new sites of care. The Access Calculator was used to determine if these locations improved the degree to which Nebraska met the threshold of 70% of enrollees within driving time standards for FY2012 and FY2022. Each proposed CBOC underwent a review for compliance with VHA Directive 2001-060, "Veterans Health Administration For Planning And Activating Community Based Outpatient Clinics." In addition, alternative options were considered.

Preferred Scenario: The Nebraska CAMP team selected a preferred alternative based upon the feasibility and costs of the various alternatives and prioritized the following CBOCs, increasing the percentage of veterans residing in the Nebraska Market within the Access Guideline from 51% (baseline) to 64% in FY2012 and 68% in FY2022.

1. Develop a new CBOC in Holdrege, Nebraska
2. Develop a new CBOC in O'Neill, Nebraska
3. Develop a new CBOC (short term) in DoD/Bellevue, Nebraska
4. Develop a new CBOC in Shenandoah, Iowa
5. Increase capacity in the existing CBOC in Norfolk, Nebraska.

This planning initiative changes the Nebraska Market operations in the Grand Island and Omaha divisions. Grand Island will transfer out workload to the O'Neill and Holdrege CBOCs. Omaha will transfer out workload to the DoD/Bellevue and Shenandoah CBOCs.

Even after adding these four additional CBOC locations, the goal of 70% was not met. This is because of the highly rural populations that Nebraska serves.

The Nebraska Camp Team considered several alternatives in their assessment:

- Increase capacity at the existing CBOCs in Norfolk and North Platte, Nebraska
 - Increase capacity at the Grand Island, Lincoln, and Omaha divisions
 - Develop a new CBOC in Plattsmouth, Nebraska
 - Develop a new CBOC in Council Bluff, Iowa
 - Contract for primary care in the community
 - Develop sharing agreements with the South Dakota and Iowa Markets
- Each alternative was discussed within the Nebraska Camp Team and Town Hall Meetings/Stakeholder sessions. Stakeholders felt strongly that access was needed in the rural and highly rural communities of the selected CBOC sites. Other alternatives were quickly dismissed as offering less value to Nebraska veterans.

Impact on CARES Criteria: The identified CBOCs for this Market addresses Healthcare Quality and Need by increasing the percentage of veterans residing in this Market within the Access Guideline, and improves PC Next Available Wait Time performance measures at all divisions. S & E requirements such as space have been incorporated into the CARES process. New CBOC locations will be selected based upon adjacency, code, accessibility, and privacy among other elements. Establishing new CBOCs maintains clinical education by offering Residents an opportunity to provide primary care in rural and highly rural settings. The staff model CBOCs in Holdrege and Shenandoah will require FTEE and funding. An attrition strategy will be used by the parent facilities to minimize downsizing and relocation of staff. Employee Forums have been conducted to communicate and obtain input into the planning initiative. These new CBOCs may appeal to veterans who have received their PC in the community, thus a potential draw away from the community primary care services exists. Staffing for the CBOCs will most likely be drawn from the community, thus a positive impact on the community economy exists.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	51%	25,491	64%	17,534	67%	14,454
Hospital Care	70%	15,607	75%	12,176	77%	10,074
Tertiary Care	96%	2,081	97%	1,461	97%	1,314

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Bellvue

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)										
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)										
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	-	-	-	-	\$ (5,925,240)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	3,554	-	-	3,554	-	-	-	\$ (4,436,681)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	3,554	-	-	3,554	-	-	-	\$ (10,361,921)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	-	-	-	-	-	-	-	-	-	-
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											

4. Facility Level Information – Grand Island

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs (from demand projections)											
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	520	(215)	520	(215)	520	-	-	-	-	-	-	\$ -
Surgery	6	(51)	6	(51)	6	-	-	-	-	-	-	\$ -
Intermediate/NHCU	114,919	-	114,919	-	95,383	-	-	-	-	-	19,536	\$ (2,954,511)
Psychiatry	27	4	27	4	27	-	-	-	-	-	-	\$ -
PRRTP	4,449	-	4,449	-	-	-	-	-	-	-	4,449	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	119,921	(262)	119,921	(262)	95,936	-	-	-	-	-	23,985	\$ (2,954,511)
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)											
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	27,192	(13,016)	27,192	(13,016)	-	-	9,892	-	-	-	17,300	\$ 18,057,790
Specialty Care	29,213	10,394	29,214	10,395	17,500	-	-	-	-	-	11,714	\$ (17,315,219)
Mental Health	5,770	79	5,770	79	-	-	52	-	-	-	5,718	\$ (207,574)
Ancillary & Diagnostics	33,681	(1,655)	33,682	(1,654)	18,000	-	-	-	-	-	15,682	\$ (15,024,882)
Total	95,856	(4,198)	95,858	(4,196)	35,500	-	9,944	-	-	-	50,414	\$ (14,489,885)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	26,806	26,806	-	26,806	-	-	-	-	-	26,806	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	9,704	9,704	-	9,704	-	-	-	-	-	9,704	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total	36,510	36,510	-	36,510	-	-	-	-	-	36,510	-
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	13,596	8,650	(675)	14,271	-	-	-	3,071	-	17,342	8,692
Specialty Care	33,596	13,471	23,989	3,864	2,163	-	-	-	-	11,770	(1,701)
Mental Health	4,789	4,746	2,626	2,163	1,450	-	-	1,000	-	4,613	(133)
Ancillary and Diagnostics	31,998	14,898	19,926	12,072	2,000	-	-	-	-	14,072	(826)
Total	83,979	41,765	45,866	38,113	5,613	-	-	4,071	-	47,797	6,032
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	118,079	73,464	44,615	73,464	-	-	-	-	-	73,464	-
Other	12,133	9,256	-	12,133	-	-	-	-	-	12,133	2,877
Total	130,212	82,720	44,615	85,597	-	-	-	-	-	85,597	2,877

5. Facility Level Information – Holdrege

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

		# BDOCs proposed by Market Plans in VISN										
# BDOCs (from demand projections)		Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value	
INPATIENT CARE	FY 2012	Variance from 2001										
Medicine	-	-	-	-	-	-	-	-	-	-	\$ -	
Surgery	-	-	-	-	-	-	-	-	-	-	\$ -	
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	\$ -	
Psychiatry	-	-	-	-	-	-	-	-	-	-	\$ -	
PRRTP	-	-	-	-	-	-	-	-	-	-	\$ -	
Domiciliary	-	-	-	-	-	-	-	-	-	-	\$ -	
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	\$ -	
Blind Rehab	-	-	-	-	-	-	-	-	-	-	\$ -	
Total	-	-	-	-	-	-	-	-	-	-	\$ -	
		Clinic Stops proposed by Market Plans in VISN										
Clinic Stops (from demand projections)		Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value	
OUTPATIENT CARE	FY 2012	Variance from 2001										
Primary Care	-	-	-	-	-	-	6,776	-	-	6,776	\$ (13,975,295)	
Specialty Care	-	-	-	-	-	-	-	-	-	-	\$ -	
Mental Health	-	-	-	35	-	-	35	-	-	-	\$ (46,445)	
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	\$ -	
Total	-	-	-	35	-	-	6,811	-	-	6,776	\$ (14,021,740)	

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	3,388	3,388	-	-	-	-	2,600	-	2,600	(788)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
		3,388	3,388	-	-	-	-	2,600	-	2,600	(788)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	500	500	-	-	-	-	500	-	500	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
		500	500	-	-	-	-	500	-	500	-

6. Facility Level Information – Lincoln

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

In February 2000, VA's Office of Facilities prepared a study of VHA/VBA co-location options. They studied the option to co-locate VBA functions to a vacant inpatient ward. They found the option was not feasible.

In December 2002, discussion resumed regarding the VBA's co-location in an alternative location at the Lincoln facility. Space, built in 1985, is currently being considered for co-location. The 34,500 SF of space is located on the ground floor and therefore alleviates concern about floor load or co-mingling of VHA and VBA functions. VHA functions currently residing in the space would need to be relocated to the patient care tower, which would align and greatly improve the flow of clinical services. Telephone conference calls have been held with VBA VACO staff from the Office of Facilities, Access & Administration as well as the executive team from the local VBA, Lincoln office. The telephone conference calls took place on December 16, 2002 and January 22, 2003. Floor plans were forwarded for review to VBA VACO staff.

The proposal under reviewed would co-locate VBA and VHA functions under the same roof but would maintain separate entrances and preserve the identity of the two agencies. Parking is plentiful with 93 parking spaces immediately adjacent to the VBA entrance with additional parking immediately available to the facility.

Cost associated for VBA co-location would include renovation costs estimated at \$80 per square foot. Based on the square footage currently discussed, this would equate to approximately \$2,760,000 dollars submitted as a minor construction project by VBA. Ongoing operation and maintenance costs are estimated at

\$6.00 per square foot per year. (utilities-\$1.50, maintenance and operation \$2.50, cleaning \$2.00).

Additional costs of relocating and renovating space for clinical operations would be submitted as a VHA minor construction project. Associated costs are estimated at \$2,750,000. Support Resolution of other Planning Initiatives: No impact

Impact on CARES Criteria:

- Health Care Quality and Need: Improves access as co-location of VBA and VAMC provides one-stop for both health care and benefits information
- Safety and Environment: Improves adequacy of VBA space
- Research and Academic Affiliations: No impact
- Staffing and Community: Minimal, if any impact
- Supports Other Missions of VA: Enhances One-VA opportunities
- Optimizing Use of Resources: May create efficiencies if staff duplications are avoided

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from 2001 projections)	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE	FY 2012	Variance from 2001										
Medicine	303	(478)	303	(478)	303	-	-	-	-	-	-	\$ -
Surgery	2	(16)	2	(16)	2	-	-	-	-	-	-	\$ -
Intermediate/NHCU	2,928	-	2,928	-	2,928	-	-	-	-	-	-	\$ -
Psychiatry	19	(17)	19	(17)	19	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	3,251	(512)	3,252	(511)	3,252	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from 2001 projections)	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE	FY 2012	Variance from 2001										
Primary Care	26,140	(4,379)	26,141	(4,378)	-	-	-	-	-	-	26,141	\$ (490,622)
Specialty Care	29,006	7,259	29,006	7,259	7,500	-	8,500	-	-	-	13,006	\$ 12,764,971
Mental Health	14,739	817	14,739	817	500	-	-	-	-	-	14,239	\$ 175,985
Ancillary & Diagnostics	33,233	2,237	33,233	2,237	6,500	-	6,500	-	-	-	20,233	\$ 10,173,240
Total	103,118	5,934	103,119	5,935	14,500	-	15,000	-	-	-	73,619	\$ 22,623,574

Proposed Management of Space – FY 2012

Space (GSF) proposed by Market Plans in VISN												
	Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-	-
Space (GSF) proposed by Market Plan												
	Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	13,071	(1,572)	13,070	(1,572)	14,642	-	-	-	-	-	14,642	1,572
Specialty Care	41,479	26,134	18,599	3,254	15,345	-	-	-	-	-	15,345	(3,254)
Mental Health	12,233	3,052	11,818	2,637	9,181	-	-	-	-	-	9,181	(2,637)
Ancillary and Diagnostics	29,245	14,183	17,805	2,743	15,062	-	-	-	-	-	15,062	(2,743)
Total	96,027	41,797	61,292	7,062	54,230	-	-	-	-	-	54,230	(7,062)
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	112,352	49,076	57,597	(5,679)	63,276	-	-	-	-	-	63,276	5,679
Other	14,782	-	12,643	(2,139)	14,782	-	-	-	-	-	14,782	2,139
Total	127,134	49,076	70,240	(7,818)	78,058	-	-	-	-	-	78,058	7,818

7. Facility Level Information – Omaha

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

The Nebraska CAMP Team identified a need to address a short-term increase in workload in primary care between FY2006 and FY2010. Nebraska will resolve the short-term workload increase in primary care through a collaborative initiative with DoD in Bellevue, Nebraska to establish a contract CBOC. This CBOC will be operational FY2006 through FYFY2010.

Support Resolution of other Planning Initiatives: Placing the CBOC at Bellevue will increase the percentage of patients meeting the access standards for Primary Care. Impact on CARES Criteria:

- Health Care Quality and Need: Improves quality of care and access to care for veterans in rural areas
- Safety and Environment: Utilizes existing space
- Research and Academic Affiliations: No impact
- Staffing and Community: Improve relationships with the community and DoD.
- Supports Other Missions of VA: Enhances sharing with DoD
- Optimizing Use of Resources: Reduces cost as utilizes existing space

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs (from demand projections)											
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	13,267	(1,905)	13,267	(1,905)	100	-	-	-	-	-	13,167	\$ (6,599,045)
Surgery	5,425	(1,473)	5,426	(1,472)	50	-	-	-	-	-	5,376	\$ 6,774,986
Intermediate/NHCU	11,099	-	11,099	-	9,324	-	-	-	-	-	1,775	\$ -
Psychiatry	9,208	2,398	9,209	2,399	100	-	-	-	-	-	9,109	\$ (4,977,971)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	38,999	(980)	39,001	(978)	9,574	-	-	-	-	-	29,427	\$ (4,802,030)
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)											
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	117,172	31,898	112,442	27,168	17,708	-	4,048	-	-	-	90,686	\$ 21,700,311
Specialty Care	124,887	30,157	124,887	30,157	8,000	-	-	8,500	-	-	125,387	\$ (49,084,309)
Mental Health	47,707	379	47,708	380	14,000	-	4,296	-	-	-	29,412	\$ 4,186,781
Ancillary & Diagnostics	136,708	27,646	136,709	27,647	53,000	-	-	6,500	-	-	90,209	\$ 643,607
Total	426,474	90,080	421,746	85,352	92,708	-	8,344	15,000	-	-	335,694	\$ (22,553,610)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN										
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved/Vacant
	FY 2012											
INPATIENT CARE												
Medicine	27,041	31,206	(13,891)	(9,726)	40,932	-	5,000	-	-	-	45,932	14,726
Surgery	8,250	9,731	(9,841)	(8,360)	18,091	-	5,000	-	-	-	23,091	13,360
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	21,122	22,226	(2,097)	(993)	23,219	2,848	-	-	-	-	26,067	3,841
PRRTP	-	-	(2,848)	(2,848)	2,848	-	-	-	-	-	2,848	2,848
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	188,294	-	188,294	-	-	-	-	-	-	-	-	-
Total	244,706	63,163	159,616	(21,927)	85,090	2,848	10,000	-	-	-	97,938	34,775
		Space (GSF) proposed by Market Plan										
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/Moved/Vacant
	FY 2012											
OUTPATIENT CARE												
Primary Care	59,993	58,039	26,972	25,018	33,021	13,100	-	-	-	-	46,121	(11,918)
Specialty Care	127,460	157,988	49,604	80,132	77,856	21,949	20,000	-	-	-	119,805	(38,183)
Mental Health	31,678	24,412	12,683	5,417	18,995	-	-	-	-	-	18,995	(5,417)
Ancillary and Diagnostics	67,370	57,734	39,617	29,981	27,753	7,500	8,500	-	-	-	43,753	(13,981)
Total	286,501	298,173	128,876	140,548	157,625	42,549	28,500	-	-	-	228,674	(69,499)
NON-CLINICAL												
Research	-	58,001	(50,414)	7,587	50,414	-	-	-	-	-	50,414	(7,587)
Administrative	#REF!	139,219	#REF!	-	139,219	-	-	-	-	-	139,219	-
Other	13,058	13,058	-	-	13,058	-	-	-	-	-	13,058	-
Total	#REF!	210,278	#REF!	7,587	202,691	-	-	-	-	-	202,691	(7,587)

8. Facility Level Information – Oneil

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

		# BDOCs (from demand projections)	# BDOCs proposed by Market Plans in VISN									
		Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
		Clinic Stops (from demand projections)	Clinic Stops proposed by Market Plans in VISN									
		Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	-	-	-	-	3,116	-	-	3,116	-	-	-	\$ (3,782,156)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	17	-	-	17	-	-	-	\$ (22,559)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	3,133	-	-	3,133	-	-	-	\$ (3,804,715)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved to Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	-	-	-	-	-	-	-	-	-	-
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											

9. Facility Level Information – Shenodoah

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections											
INPATIENT CARE	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections											
OUTPATIENT CARE	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Primary Care	-	-	-	-	-	-	-	4,048	-	-	4,048	\$ (9,667,948)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	742	-	-	742	-	-	-	\$ (926,284)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	742	-	-	4,790	-	-	4,048	\$ (10,594,232)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	2,591	2,591	-	-	-	-	2,000	-	2,000	(591)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	-	-	-	-	-	-	-	-	-
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
		2,591	2,591	-	-	-	-	2,000	-	2,000	(591)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	250	250	-	-	-	-	250	-	250	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
		250	250	-	-	-	-	250	-	250	-

D. North Dakota Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
North Dakota Market Code: 23A	Most of North Dakota (51 counties), 1 county, SD & 19 counties, MN	The market area, which is most of North Dakota and Northwest Minnesota, consists of one medical center and 4 CBOCs. Available VA health care services include primary care, mental health, inpatient and long term care. The CBOCs are dispersed throughout the market area. Market projections indicate an increase in veteran enrollees of 35%. North Dakota will continue to have a large number of rural and highly rural areas. Fargo will remain the largest urban population center. A major roadway system runs across North Dakota providing adequate road access, but long driving distances for western North Dakota remain a problem.	Shared county with V19. <u>V23</u> has the lead <i>Billings, ND and Slope, ND</i>

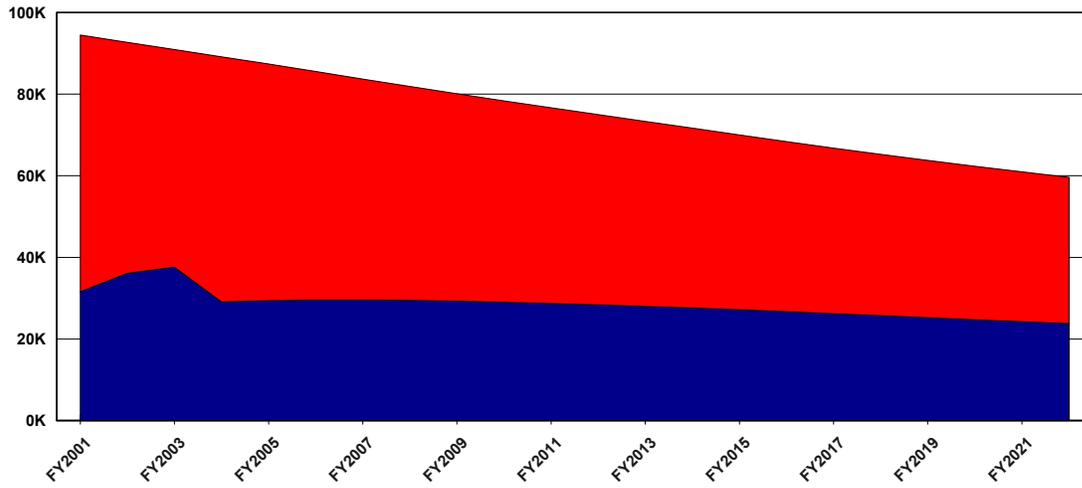
b. Facility List

VISN : 23				
Facility	Primary	Hospital	Tertiary	Other
Fargo				
437 Fargo	✓	✓	-	-
437GA Grafton	✓	-	-	-
437GB Bismarck ND	✓	-	-	-
437GC Fergus Falls	✓	-	-	-
437GD Minot	✓	-	-	-
New Bemidji	✓	-	-	-
New Dickinson	✓	-	-	-
New Jamestown	✓	-	-	-
New Williston	✓	-	-	-
New Devils Lake	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
North Dakota Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care	Access				
Y	Access to Hospital Care	Access				
Y	Access to Tertiary Care	Access				
N	Outpatient Primary Care	Population Based	3,298	4%	-14,987	-19%
		Treating Facility Based	-651	-1%	-17,303	-22%
Y	Outpatient Specialty Care	Population Based	48,093	108%	31,904	72%
		Treating Facility Based	46,284	120%	31,661	82%
N	Outpatient Mental Health	Population Based	9,740	46%	2,541	12%
		Treating Facility Based	10,434	73%	5,145	36%
N	Inpatient Medicine	Population Based	1	4%	-9	-29%
		Treating Facility Based	2	6%	-8	-27%
N	Inpatient Surgery	Population Based	-2	-15%	-6	-42%
		Treating Facility Based	-1	-14%	-4	-41%
N	Inpatient Psychiatry	Population Based	3	25%	-2	-12%
		Treating Facility Based	5	57%	0	3%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

CBOC Location: The main concern of the Stakeholders was the location of the proposed CBOCs. The discussion in northwestern Minnesota (MN) was the reasoning behind locating a CBOC in Bemidji rather than Fosston. It was decided to have the proposed CBOC located in Bemidji because of the number of enrolled veterans and the possibility of accessible leased space. The proposed CBOCs were located along main highways for ease of driving for the veterans. Each location was reviewed for access and demand for both Primary Care and Mental Health services. Stakeholder suggestions for the two locations were discussed and considered during the CARES process as well as other proposed CBOCs in the ND Market. VA leaders conducted forums for stakeholders and employees to obtain their ideas for the planning process.

CBOC Access: The Stakeholders wanted to know how long it would take to have an appointment at each CBOC. This was an issue that could not be answered at this time.

CBOC Activation: Stakeholders have called the Fargo Medical Center for appointments at various proposed CBOCs. This happened because there had been newspaper publications that the CBOCs were to open soon. The callers were given the correct information and referred to the web site.

DoD: Sharing agreements have been an on-going discussion in the North Dakota market. The existing CBOC at the Minot Air Force Base provides Primary Care and shares Mental Health services with the Bismarck CBOC. Compensation and Pension examinations are being completed prior to the active duty personnel's date of separation. These are areas being considered at the Grand Forks Air Force Base also.

Fargo VAMC: It is planned that all the existing services will remain at the Fargo VAMC. Recruitment efforts are being made in the following areas: Urology, Gastroenterology, Pulmonology, Orthopedics, and Ophthalmology.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Summary narrative of collaborations with neighboring market and VISNs, and result of collaborations. Include overview of any Proximity issues across Markets

Shared Counties with VISN 19:

VISN 23 planned for a shared market with VISN 19 along the North Dakota western boarder. VISN 23 had the lead for the counties of Billings and Slope, ND located in VISN 19. Two CBOCs are proposed near the western border, but within VISN 23. They are Williston, ND (Williams County) and Dickinson, ND (Stark County). VISN 19 reviewed and supports the proposed CBOC locations.

Shared Markets within VISN 23:

The proposed CBOC in Dickinson was received with great support from the South Dakota (SD) market. It was thought the decrease in mileage and accessibility would be an incentive for veterans living in SD to receive care at the proposed CBOC. Dickinson was previously proposed as a CBOC site and met all of the criteria, but former VISN 13 had received a supplement to the budget the previous year and the CBOC proposal was then denied. The South Dakota market was in full support of this site for a CBOC.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The North Dakota CARES Market received planning initiatives for primary, hospital and tertiary care access and outpatient specialty care workload increases. The only VA Medical Center within the Market, located at Fargo, ND, has completed two of a three stage Minor Construction project to renovate inpatient care facilities and awaits an award of \$3M to complete the patient privacy component. Other main points of the plan include additional CBOCs to improve access in a largely rural state and new construction of a specialty care building. The new construction project will include the demolition of 29,500 SF of existing buildings.

Specialty Care Increased Workload:The projected number of veterans will decline within the ND market, but the need for Specialty Care will increase. The Medical Center does not have space within the facility or the possibility of leasing this space to provide this care. The facility has land available for new construction. This would be adjacent to the existing clinics with a hallway/corridor to the existing second floor surgical and procedure areas. The site is currently parking spaces for the patients. The existing quarters would be demolished to create parking space. Every quarter has at least one outer wall and some all four covered with lead paint. Demolition would eliminate the lead paint.

Primary Care Access:To accommodate access guidelines, new CBOCs would be located in Bemidji, MN, Grand Forks Air Force Base, Devils Lake, Williston, Dickinson, and Jamestown, ND. The CBOCs would provide primary and mental health care to this historically under-served veteran population in a more efficient and effective manner. Reducing the travel burden of driving in excess of 200 miles each way for many of the veterans and receiving care in a more convenient and timely manner would increase customer satisfaction and improve the quality of care. Primary Care would be provided at all CBOCs whereas, mental health services would be provided either through an on-site presence or tele-medicine. The South Dakota (SD) market has supported the proposed CBOC at Dickinson to decrease the travel distance and improve customer satisfaction for their veterans in northern SD.

Hospital and Tertiary Care Access:The ND Market would continue to utilize the Fargo VAMC for the majority of hospitalized patients. Only 37% of the enrolled veterans meeting the guidelines for access to hospital and/or tertiary care.

Emergent hospitalizations will continue to be at the hospital closest to the veteran's location with notification to Fargo's transfer coordinators and transfer to the Fargo VAMC when stable. Contracting for inpatient care at a non-VA facility will be further discussed when another provider is hired at the Bismarck CBOC. This will be a sharing agreement with the VA furnishes the inpatient provider care and the hospitals reduces their cost of inpatient services.

Inpatient Renovation:The inpatient unit has 13,304 square feet with a functional score of 2.84. No significant changes have been made to this unit since 1945. None of the rooms have private toilets with bathtub and/or showers. The Fargo VAMC submitted a series of three Minor Construction projects designed to fulfill the objectives for environmental and patient privacy improvements. To date, we have received funding for two parts of these projects. We have not received money for either the design or construction portion of the third project segment. All three parts of the project are needed to provide essential patient privacy and correct the environmental deficiencies for forty inpatient rooms.

The strengths of the market plan are access to care, sharing agreements with DoD, shared market within the VISN, and reduced travel time for veterans. The weaknesses are limited dollars, difficulty in closing CBOCs with limited enrollees and the Fargo VAMC's aging buildings.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

The complete summary including Planning Initiative statement, Planning Process and Criteria Review for all 3 access initiatives for North Dakota can be found on the Portal.

Primary Care

Preferred Scenario:It was decided the CBOCs would be leased, but staffed with VA personnel to maintain quality standards. There will be a Mental Health (MH) presence at each of the proposed CBOCs. The number of veterans requiring this care will determine the MH presence. This could be one day per week or a set number of days per month, as examples of MH presence at the CBOCs. Each CBOC would also have the capability of telemedicine for a limited number of specialty care clinics, i.e.: dermatology, etc. The criteria for new CBOCs were discussed. It was noted that two of the proposed CBOCs are very close to the minimum number of current enrollees needed for consideration (Williston and Devils Lake). It was decided to propose all six CBOCs at this time, but not all would be open five days a week. The sites would continue to be monitored for enrollees receiving care prior to activation. The proposals for the CBOCs would need to have VISN approval. There would also need to be extra dollars for the start-up of each CBOC. These dollars would need to include the IT and telemedicine capabilities at each CBOC.**Providing Primary Care at the proposed and existing CBOCs and the Fargo VAMC does not meet the access guidelines in any of the areas, but greatly improves the percentage of veterans located within the access guidelines.**

Acute Hospital:

Preferred Scenario:The North Dakota market area would continue to utilize the Fargo VAMC for the majority of hospitalized patients. It is known that the driving distance from most of the catchment's areas far exceeds the guideline with only 37% of the enrolled veterans meeting the guideline. Therefore, emergent hospitalization will continue to be in the inpatient facility closest to the veteran's location with notification to Fargo's transfer coordinators and then transfer to the Fargo VAMC as soon as the patient is stable. This increased the percentage of veterans meeting the time standards from 37% to 65%. There was discussion to possible contract for inpatient care at non-VA facilities.

This proposal was excluded from consideration because the number of patients per week having inpatient care at any one identified facility for either hospital or tertiary care was below one patient per week.

Tertiary Care:

Preferred Scenario: Tertiary Care will be provided primarily through the Minneapolis VAMC, but may begin at the community hospital closest to the veteran’s location with notification to the transfer coordinators, and transfer as soon as the patient is stable. This increased the percentage of veterans in compliance of the time requirements from 32% to 96%.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	37%	19,876	60%	11,341	63%	8,783
Hospital Care	37%	19,876	63%	10,490	65%	8,308
Tertiary Care	32%	21,453	96%	1,134	96%	949

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Bemidji

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)										
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)										
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	5,997	-	-	5,997	\$ (12,488,987)
Specialty Care	-	-	-	-	-	-	-	2,879	-	-	2,879	\$ (9,217,536)
Mental Health	-	-	-	-	-	-	-	-	-	-	-	\$ -
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	8,876	-	-	8,876	\$ (21,706,523)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	2,998	2,998	-	-	-	-	2,415	-	2,415	(583)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	2,390	2,390	-	-	-	-	1,964	-	1,964	(426)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
		5,388	5,388	-	-	-	-	4,379	-	4,379	(1,009)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	500	500	-	-	-	-	500	-	500	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
		500	500	-	-	-	-	500	-	500	-

4. Facility Level Information – Devils Lake

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	1,782	-	-	1,782	\$ (3,430,434)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	499	-	-	499	\$ (1,472,299)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	2,281	-	-	2,281	\$ (4,902,733)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	891	891	-	-	-	-	694	-	694	(197)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	414	414	-	-	-	-	325	-	325	(89)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
		1,305	1,305	-	-	-	-	1,019	-	1,019	(286)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	250	250	-	-	-	-	250	-	250	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
		250	250	-	-	-	-	250	-	250	-

5. Facility Level Information – Dickinson

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	2,683	-	-	2,683	\$ (5,507,205)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	556	-	-	556	\$ (1,788,948)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	3,239	-	-	3,239	\$ (7,296,153)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	1,342	1,342	-	-	-	-	1,052	-	1,052	(290)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	461	461	-	-	-	-	400	-	400	(61)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
	-	1,803	1,803	-	-	-	-	1,452	-	1,452	(351)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	250	250	-	-	-	-	250	-	250	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
	-	250	250	-	-	-	-	250	-	250	-

6. Facility Level Information – Fargo

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Describe opportunities identified, and how they were utilized in the Market Plan solutions

- DoD: Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.
- VBA: Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.
- NCA: Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.
- Enhanced Use: Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

A proposed location for a CBOC is at the Grand Forks Air Force Base (AFB) as a collaborative sharing agreement with DoD for activation in FY05. The AFB would provide the space to accommodate the Fargo VA to see patients in a clinic setting and provide outpatient Primary Care and Mental Health services. The VA will also provide emergency mental health services with possible admission to the Medical Center in Fargo. The AFB amount will provide required lab and X-rays at a pro-rated dollar. In exchange, the VAMC will provide Compensation & Pension examinations to active duty service people just prior to separation as needed. The CBOC will provide services to approximately 3,568 enrollees within this catchments area.

Support Resolution of other Planning Initiatives: Placing the CBOC at the Grand Forks AFB will increase the percentage of patients meeting the access standards for Primary Care.

Impact on CARES Criteria:

- Health Care Quality and Need: Improves quality of care and access to care for veterans in rural areas
- Safety and Environment: Utilizes existing space
- Research and Academic Affiliations: No impact
- Staffing and Community: Improve relationships with the community and DoD. As a staffed CBOC offers additional opportunities for staff who prefer to live in the Grand Forks area.
- Supports Other Missions of VA: Enhances sharing with DoD
- Optimizing Use of Resources: Reduces cost as utilizes existing space

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections		(from projections)									
INPATIENT CARE	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Medicine	9,201	530	9,202	531	389	-	-	-	-	-	8,813	\$ (2,542,536)
Surgery	2,665	(438)	2,665	(438)	88	-	-	-	-	-	2,577	\$ 480,088
Intermediate/NHCU	53,984	-	53,984	-	39,949	-	-	-	-	-	14,035	\$ -
Psychiatry	4,132	1,506	4,132	1,506	69	-	-	-	-	-	4,063	\$ 229,081
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	69,981	1,597	69,983	1,599	40,495	-	-	-	-	-	29,488	\$ (1,833,367)
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections		(from projections)									
OUTPATIENT CARE	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Primary Care	76,523	(652)	76,524	(651)	-	-	15,647	-	-	-	60,877	\$ 24,495,571
Specialty Care	85,005	46,285	85,005	46,286	12,208	-	-	-	-	-	72,797	\$ (15,374,434)
Mental Health	24,769	10,434	24,769	10,434	3,468	-	4,790	-	-	-	16,511	\$ 13,382,788
Ancillary & Diagnostics	79,805	22,477	79,805	22,478	11,971	7,961	-	-	-	-	59,873	\$ 4,976,331
Total	266,101	78,545	266,103	78,546	27,647	7,961	20,437	-	-	-	210,058	\$ 27,480,256

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN										
Space (GSF) (from demand projections)		Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012											
INPATIENT CARE												
Medicine	18,183	4,879	18,331	5,027	13,304	4,543	-	-	-	-	17,847	(484)
Surgery	5,545	(2,172)	5,644	(2,073)	7,717	-	-	-	-	-	7,717	2,073
Intermediate Care/NHCU	18,209	-	18,209	-	18,209	-	-	-	-	-	18,209	-
Psychiatry	6,831	(667)	6,785	(713)	7,498	-	-	-	-	-	7,498	713
PRRTP	-	(1,338)	1,338	-	1,338	-	-	-	-	-	1,338	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	48,768	702	50,307	2,241	48,066	4,543	-	-	-	-	52,609	2,302
		Space (GSF) proposed by Market Plan										
Space (GSF) (from demand projections)		Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012											
OUTPATIENT CARE												
Primary Care	35,966	13,526	30,438	7,998	22,440	-	-	3,000	3,400	-	28,840	(1,598)
Specialty Care	119,220	87,898	120,115	88,793	31,322	-	65,000	-	-	-	96,322	(23,793)
Mental Health	17,680	10,138	13,704	6,162	7,542	-	-	3,000	1,280	-	11,822	(1,882)
Ancillary and Diagnostics	67,547	36,198	55,083	23,734	31,349	-	-	3,000	8,628	-	42,977	(12,106)
Total	240,413	147,760	219,340	126,687	92,653	-	65,000	9,000	13,308	-	179,961	(39,379)
NON-CLINICAL												
Research	-	(173)	1,608	1,435	173	-	-	1,427	-	-	1,600	(8)
Administrative	245,951	126,377	119,574	-	119,574	-	-	-	-	-	119,574	-
Other	46,430	-	17,007	(29,423)	46,430	-	-	-	-	-	46,430	29,423
Total	292,381	126,204	138,189	(27,988)	166,177	-	-	1,427	-	-	167,604	29,415

7. Facility Level Information – Jamestown

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	2,913	-	-	2,913	\$ (5,628,465)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	667	-	-	667	\$ (1,967,430)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	3,580	-	-	3,580	\$ (7,595,895)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN										
Space (GSF) (from demand projections)		Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012											
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total												
		Space (GSF) proposed by Market Plan										
Space (GSF) (from demand projections)		Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012											
OUTPATIENT CARE												
Primary Care	-	-	1,456	1,456	-	-	-	-	1,142	-	1,142	(314)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	-	554	554	-	-	-	-	433	-	433	(121)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-	-
Total			2,010	2,010					1,575		1,575	(435)
NON-CLINICAL												
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	500	500	-	-	-	-	500	-	500	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total			500	500					500		500	-

8. Facility Level Information – Williston

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	2,272	-	-	2,272	\$ (4,365,192)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	189	-	-	189	\$ (559,795)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	2,461	-	-	2,461	\$ (4,924,987)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	1,136	1,136	-	-	-	-	892	-	892	(244)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	157	157	-	-	-	-	124	-	124	(33)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total	-	1,293	1,293	-	-	-	-	1,016	-	1,016	(277)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	250	250	-	-	-	-	250	-	250	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	-	250	250	-	-	-	-	250	-	250	-

E. South Dakota Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
South Dakota Market Code: 23C	Most of South Dakota – 65 counties, 10 in IA, 3 in Wyoming, 9 in MN, 7 in Nebraska, & 1 in ND	<p>South Dakota, northwestern Nebraska, southeastern Minnesota and northwest Iowa comprise the South Dakota market. Three population bases located in Rapid City, Sioux Falls and Sioux City in 2010 will have slight increases in enrollment. The overall market population will decrease in 2010, but enrollees are projected to increase by 30%, maintaining a steady growth pattern. The market area will continue to have large numbers of rural and highly rural counties. There are two major roadways in South Dakota allowing for easy transit across the state. However, the travel distances in some areas are still greater than 250 miles. This market has historically had 3 medical centers. Two are located in western South Dakota and another in eastern South Dakota. A full range of services, excluding tertiary care, is available and 12 CBOCs are distributed across South Dakota market area. VA health care services include primary care, mental health care, inpatient care, long term care and domiciliary care. Tertiary care referrals are made to VAMC Minneapolis.</p>	Shared counties with V19. <u>V19 has lead</u> for <i>Powder River, Carter, Fallon, MT; Campbell County, WY & Scotts Bluff, NE</i>

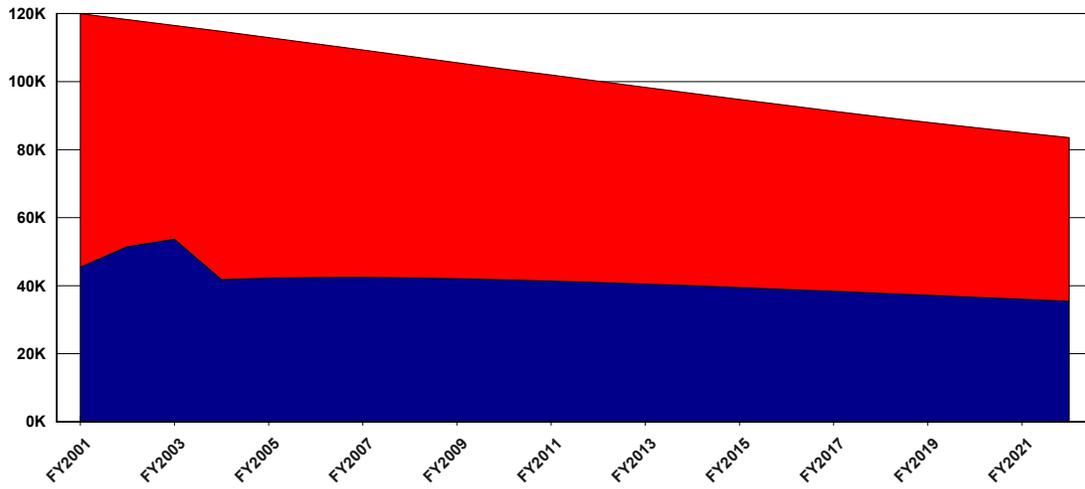
b. Facility List

VISN : 23				
Facility	Primary	Hospital	Tertiary	Other
Fort Meade				
568 Fort Meade	✓	✓	-	-
568GA Rapid City SD	✓	-	-	-
568GB Pierre	✓	-	-	-
568HH Scottsbluff NE	✓	-	-	-
568HJ Rosebud	✓	-	-	-
568HK McLaughlin	-	-	-	✓
568HM01 Eagle Butte SD	✓	-	-	-
568HM02 Isabel SD	✓	-	-	-
568HN Lame Deer MT	✓	-	-	-
568HP Winner	✓	-	-	-
Hot Springs				
568A4 Hot Springs	✓	✓	-	-
568HA Newcastle	✓	-	-	-
568HB Rushville	✓	-	-	-
568HC Alliance	✓	-	-	-
568HE Kyle	-	-	-	✓
636GA Norfolk NE	✓	-	-	-
Sioux Falls				
438 Sioux Falls	✓	✓	-	-
438GC Sioux City	✓	-	-	-
438GD Aberdeen (Brown County)	✓	-	-	-
New Spirit Lake	✓	-	-	-
New Wagner	✓	-	-	-
New Watertown	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- Projected Veteran Population

----- Projected Enrollees



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
South Dakota Market			February 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	%Gap	FY2022 Gap	%Gap
Y	Access to Primary Care	Access				
Y	Access to Hospital Care	Access				
N	Access to Tertiary Care	Access				
Y	Outpatient Primary Care	Population Based	-31,373	-21%	-56,503	-37%
		Treating Facility Based	-24,850	-15%	-53,326	-31%
N	Outpatient Specialty Care	Population Based	26,174	23%	2,065	2%
		Treating Facility Based	35,872	30%	10,421	9%
N	Outpatient Mental Health	Population Based	0	0%	0	0%
		Treating Facility Based	-9,499	-9%	-11,650	-11%
Y	Inpatient Medicine	Population Based	-13	-22%	-28	
		Treating Facility Based	-13	-22%	-27	-46%
N	Inpatient Surgery	Population Based	-8		-14	-51%
		Treating Facility Based	-6	-29%	-11	-52%
N	Inpatient Psychiatry	Population Based	7	23%	-1	-2%
		Treating Facility Based	6	15%	-2	-6%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Stakeholder issues were fewer than expected, but the one that generated the most interest was the location and year of activation for the new CBOCs. All potential sites for CBOCs that were suggested by stakeholders were evaluated against the criteria. Stakeholders recommended two of the three CBOC sites proposed in the CARES South Dakota market plan. Wagner, South Dakota and Spirit Lake, Iowa were the sites recommended by stakeholders. The idea for the third site at Watertown, South Dakota originated at the medical center but was supported by stakeholders from that area.

The small facility issue at Hot Springs, SD and possible realignment of services was softened by the proposal to operate Critical Care Access beds at the medical center. Employees and stakeholders support some kind of inpatient presence due to the location of the domiciliary, the large number of northwestern Nebraska veterans who receive care at Hot Springs VA and the relative lack of health care available in the local Hot Springs community. Most seem to understand the concept of Critical Access beds as the Hot Springs Community Hospital operates Critical Access beds as well. Veterans also supported the proposed inpatient contract in Scottsbluff for northwestern Nebraska veterans.

The other issues related to the CARES process itself. How is it going to be done? What will the results be used for? Who will make the final decision? What changes can I expect? How accurate is the projected data?

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

The South Dakota market teams have coordinated with the other markets within the VISN and with VISN 19 on the location of the sites for the new CBOCs and the sites for contracting for acute care.

Intra-VISN CollaborationThe Spirit Lake, IA site that we are proposing for a CBOC was originally in conflict with a proposal from the VISN 23 Iowa market for a CBOC in Storm Lake. We discussed the options and determined that the Spirit Lake site would best meet our mutual needs.

The Wagner, SD proposed CBOC site was also originally in conflict with a proposal from the Nebraska market for a CBOC in O’Neill, NE as both proposals included some of the same counties in their proposed service area. The numbers were computed again without duplicating counties and the Wagner, SD site still met the national criteria. The Wagner CBOC will provides access to a large Native American population that has expressed a strong interest in obtaining support from the VA.

Inter-VISN CollaborationThe issue of contracting for acute care in Scottsbluff, Nebraska in VISN 19 was discussed with VISN 19 leadership and they agreed to and supported the VISN 23 plan.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The South Dakota Market received planning initiatives for primary and hospital care access, a small facility issue at Hot Springs, inpatient medicine and primary decreased workload, vacant space and collaborative opportunities with DoD.

The South Dakota Market is comprised of three areas of population base in Rapid City, SD Sioux Falls, SD and Sioux City, IA. There are many rural and highly rural counties. It has a large Native American population and is medically underserved in many areas. The projections are for the veteran population to decrease by 22% by the year 2022. The western portion of the market will proportionally experience the greatest decline. The eastern portion of the Market will experience growth in specific areas such as the need for Primary Care and Specialty Care for a few years followed by a steady decline. The market has three VA Medical Centers and sixteen satellite sites that provide care for our veterans.

Primary Care Access:

The plan is to continue services at the existing sites and add three Community Based Outpatient Clinics (CBOCs) in the eastern part of the market to improve access for Primary Care and Mental Health. Mental Health care will also be provided at some of our existing satellite sites. This plan will significantly improve access for Native Americans.

Hospital Care Access:

Acute hospital access will be improved by contracting for care in Pierre, South Dakota and Scottsbluff, Nebraska. The South Dakota market teams have coordinated with the other markets within the VISN and with VISN 19 on the location of the sites for the new CBOCs and the sites for contracting for acute care.

Inpatient Medicine:

Inpatient Medicine workload is projected to decline at all three sites within the market. The plan is for each medical center to continue providing care and make adjustments in staffing reflecting as the demand decreases.

Small Facility Issue at Hot Springs:

The VA Medical Center at Hot Springs will modify the level of care it provides by converting it's acute care beds to conform to a "Critical Access model".

Under the Critical Access model patients requiring hospitalization beyond 96 hours would be transferred to another VA or to a private sector provider. The VA program would be based on the MEDICARE program, which supports the use of Critical Care Access beds to maintain access to inpatient care for population in rural areas. If this modification is not approved our alternative plan would be to contract for acute care in Rapid City.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Primary Care Access: Primary care outpatient stops are projected to decline in the western portion of the market at Hot Springs and Ft. Meade while increasing in the eastern portion of South Dakota at Sioux Falls. Population is mostly rural and highly rural. Large segments of the state are underserved medically. There is a large native American population that is also underserved. Primary Care access within the guidelines is available to only 52% of the veterans in the South Dakota Market.

The demographic information was analyzed, evaluated, and prioritized against other factors. The other factors were the national CBOC criteria; location and density of the underserved Native American population within our market; stakeholder input; and the plans of other neighboring markets.

The decision was made to accept the reduced workload in the western part of the market and continue providing care at the existing sites. The plan is for those sites to gradually reduce their capacity over time. The highly rural nature of the area made it uneconomical to establish new access sites.

The decision was made to improve access in the eastern portion of the market by establishing new CBOC's. The evaluation supports three new CBOC's at this time. One of the sites greatly improves access for Native Americans. In meetings and forums with veterans groups, and through letters and e-mails stakeholders recommended several sites that were evaluated against the criteria and two of the sites selected were among those recommended. All of the sites meet the national criteria and all are at least 100 miles from the parent facility.

The alternative that was not selected was to attempt to accommodate the projected workload at the existing sites. That alternative was rejected because it did not improve access and it created space issues at Sioux Falls.

This plan does not fully meet the CARES target of providing Primary Care access to 70% of the veterans but it does improve access to the 60% level. In rural areas such as South

Dakota, the population densities are so low and scattered that it is not feasible to attempt to meet the 70% CARES access target..

Acute Hospital Access: Description of the PI: Population is mostly rural and highly rural. Large segments of the state are underserved medically. Hospital Care access within the guidelines is available to only 59% of the veterans in the South Dakota Market.

The demographic information was analyzed and evaluated and compared to the availability of hospital care within the market.

Recommended Scenario: The decision was made to seek contract hospitalization in the communities of Pierre, SD, located mid-state between VA medical centers on the eastern and western borders of South Dakota, and Scottsbluff, NE, 148 miles from a VA medical center.

This plan does not fully meet the CARES target of providing Hospital access to 65% of the veterans, but it does come close by raising hospital access to the 64% level.

Alternative Scenario: The alternative was the status quo.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	52%	21,780	58%	17,186	60%	13,766
Hospital Care	59%	18,604	62%	15,549	64%	12,389
Tertiary Care	65%	15,881	89%	4,501	90%	3,442

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Fort Meade

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

DoD – The Fort Meade campus has several initiatives with Ellsworth Air Force Base, Rapid City, SD. The VAMC provides Podiatry and Dietetic services at the Base Hospital and will soon be sharing the mobile CT scanner with them. Staff at the Rapid City CBOC are exploring the treatment of TRICARE patients in the following clinics: Neurology, ENT and orthopedics. Also, the South Dakota National Guard has leased several buildings at the Fort Meade campus. The collaborative does not impact workload or other planning initiatives. The CARES criteria of quality and need, safety and environment, staffing and community, optimizing resources and support of other missions would be positively impacted if services are provided to the Ellsworth Air Force Base due to the increased volume of procedures performed by the VA staff.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VBA – The VBA is located in Sioux Falls, SD (approximately 400 miles from Fort Meade); however, Fort Meade does support and work with the Vet Center, which is located in Rapid City, SD. The collaborative does not impact workload, other planning initiatives or the CARES criteria.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

NCA – The Fort Meade campus provides limited administrative support to the Black Hills National Cemetery. The collaborative does not impact workload, other planning initiatives or the CARES criteria.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

Enhanced Use – The Fort Meade campus has enhanced use agreements with the Job Corp and the Western South Dakota Senior Meals program. Fort Meade also leases space to the Bureau of Land Management and the Forest Service. The collaborative does not impact workload or other planning initiatives. The CARES criteria “Community” is positively impacted.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections		(from projections)									
INPATIENT CARE	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Medicine	4,721	(981)	4,722	(980)	331	-	-	-	-	-	4,391	\$ (355,025)
Surgery	2,201	(998)	2,201	(998)	452	-	-	-	-	-	1,749	\$ (200,055)
Intermediate/NHCU	37,445	-	37,445	-	6,366	-	-	-	-	-	31,079	\$ -
Psychiatry	5,723	288	5,724	289	50	-	-	250	-	-	5,924	\$ (3,054,962)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	50,090	(1,691)	50,092	(1,689)	7,199	-	-	250	-	-	43,143	\$ (3,610,042)
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections		(from projections)									
OUTPATIENT CARE	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Primary Care	36,968	(26,810)	36,968	(26,809)	1,557	-	-	96	-	-	35,507	\$ (84,711)
Specialty Care	40,537	6,801	40,537	6,801	3,891	-	-	-	-	-	36,646	\$ (817,827)
Mental Health	25,481	(806)	25,482	(805)	50	-	-	-	-	-	25,432	\$ (917,540)
Ancillary & Diagnostics	43,630	(10,080)	43,631	(10,079)	5,000	-	-	-	-	-	38,631	\$ (892,319)
Total	146,616	(30,894)	146,618	(30,892)	10,498	-	-	96	-	-	136,216	\$ (2,712,397)

Proposed Management of Space – FY 2012

Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
INPATIENT CARE	FY 2012	9,134	712	9,133	711	8,422	-	-	-	8,422	(711)
Medicine		4,402	(3,629)	4,372	(3,659)	8,031	-	-	-	8,031	3,659
Surgery		41,412	-	41,412	-	41,412	-	-	-	41,412	-
Intermediate Care/NHCU		13,967	617	14,455	1,105	13,350	3,321	-	-	16,671	2,216
Psychiatry		-	(3,321)	-	(3,321)	3,321	-	-	-	3,321	3,321
PRRTP		-	-	-	-	-	-	-	-	-	-
Domiciliary program		-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury		-	-	-	-	-	-	-	-	-	-
Blind Rehab		-	-	-	-	-	-	-	-	-	-
Total		68,915	(5,621)	69,372	(5,164)	74,536	3,321	-	-	77,857	8,485
Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
OUTPATIENT CARE	FY 2012	17,929	444	17,754	269	17,485	-	98	-	17,583	(171)
Primary Care		45,097	25,436	45,808	26,147	19,661	-	-	-	36,661	(9,147)
Specialty Care		19,978	8,463	20,346	8,831	11,515	-	904	-	16,419	(3,927)
Mental Health		28,190	11,138	27,428	10,376	17,052	-	-	-	21,052	(6,376)
Ancillary and Diagnostics		111,195	45,482	111,336	45,623	65,713	-	1,002	-	91,715	(19,621)
Total		207,126	45,730	161,396	(108,048)	161,396	-	-	-	161,396	-
NON-CLINICAL	FY 2012	156,308	-	48,260	(108,048)	156,308	-	-	-	156,308	108,048
Research		-	-	141	141	-	-	-	-	-	(141)
Administrative		363,434	45,730	209,797	(107,907)	317,704	-	-	-	317,704	107,907
Other		-	-	48,260	(108,048)	156,308	-	-	-	156,308	108,048
Total		543,868	91,460	359,153	(215,955)	359,153	-	-	-	359,153	91,460

4. Facility Level Information – Hot Springs

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

Planning Process: The South Dakota Camp (CARES Area Market Team) divided into two sub-camps – the West River (VA Black Hills Health Care System) and East River Camps (Sioux Falls VAMC). The West River Camp formed a sub-group that worked on the small facility planning initiative, and reported their progress to the West River Camp, which in turn reported to the South Dakota Camp. Stakeholders, representing veteran service organizations and unions, participated as members on the Camp Team.

Alternatives Considered: The small facility workgroup developed four options: 1) create a critical access hospital (this is a concept approved by Medicare to

support small hospitals in rural areas); 2) close inpatient beds and transfer the patients to the Fort Meade campus; 3) develop a joint venture with the community hospital (also a critical access facility); or 4) propose a federal hospital in Rapid City, SD supported by VA, DoD and IHS. The first two scenarios were submitted as part of the CARES process.

Alternative Selected: The Critical Access scenario was selected because it is cost effective, maintains high quality care, and preserves access for the veterans living in western SD, northeastern NE and eastern WY. It also provides inpatient care for the Domiciliary residents and the South Dakota State Veteran Home residents.

CARES Criteria:1. Healthcare Quality and NeedThe critical access alternative was selected from the alternatives described above. The medical center developed a white paper, which outlines in detail the four scenarios considered and why the critical access concept was selected. This white paper is available on the CARES portal. Both the Hot Springs and the Fort Meade campuses have maintained high quality of care as demonstrated by the various performance measures, JCAHO accreditation, CAP accreditation, etc. The Hot Springs campus operates inpatient medicine beds. Patients requiring inpatient surgery or mental health are transferred to the Fort Meade campus. The Critical Access concept will require the staff to maintain competencies for those medicine patients requiring a 96 hour or less length of stay. The Critical Access concept insures coordination and continuity of care since the Hot Springs campus is located in a rural area with limited alternative health care resources available for veterans. In addition, the campus supports numerous rural health clinics throughout the area, which insures the continuity and coordination of care for veterans in a medical underserved area. Both campuses maintain a high quality of care; therefore, those patients receiving care at either campus receive an equal level of care. The Hot Springs campus has medicine beds, ambulatory surgery and Domiciliary care while the Fort Meade campus provides inpatient care for medicine, surgery and psychiatry in addition to a nursing home care unit. Both campuses provide outpatient services in primary care, surgery and psychiatry. The Critical Access concept provides for the continuance of inpatient services at the Hot Springs campus, which insures access for veterans residing in the area. Those patients requiring a higher level of care will be transferred to the Fort Meade campus or contracted with Rapid City Regional or Regional West in Scottsbluff, NE. The lack of available community resources and the high level of care provided by the Hot Springs campus was a major factor in the establishment of the Critical Access concept. Please see portal for remainder of narrative.

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

DoD – The Hot Springs campus has limited opportunities due to the distance from the DoD base; however, they do provide substance abuse treatment to service members and are exploring the possibility of providing mobile CT services to Ellsworth Air Force Base. The collaborative does not impact workload or other planning initiatives. The CARES criteria of quality and need, safety and environment, staffing and community, optimizing resources and support of other missions would be positively impacted if CT services are provided to the Ellsworth Air Force Base due to the increased volume of procedures performed by the VA staff.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

VBA – The VBA is located 400 miles from the Hot Springs campus, however, the two facilities do work together on C&P exams since Hot Springs completes all the exams for western South Dakota. The collaborative will help maintain the primary care outpatient workload, which is projected to decline. The CARES criteria of quality and need, safety and environment, staffing and community, optimizing resources and support of other missions would be positively impacted by the collaborative due to the increased volume of procedures performed by the VA staff.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

Enhanced Use – The Hot Springs campus provides meals for the Western Dakota Senior Meals Program. In addition, They collaborate with Indian Health Service on many initiatives – transportation, CWT residential care, clinics, etc. The collaborative does not impact workload or other planning initiatives. The CARES criteria “Community” is positively impacted.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs (from demand projections)											
	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
INPATIENT CARE												
Medicine	2,183	(2,188)	2,184	(2,187)	230	250	-	-	-	-	1,704	\$ 2,940,333
Surgery	94	(309)	95	(308)	-	-	95	-	-	-	-	\$ 2,838,449
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	4,872	106	4,873	107	190	-	250	-	-	-	4,433	\$ (569,311)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	49,022	-	49,022	-	49,022	-	-	-	-	-	-	\$ (80,831,057)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	56,172	(2,390)	56,174	(2,388)	49,442	250	345	-	-	-	6,137	\$ (75,621,586)
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)											
	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
OUTPATIENT CARE												
Primary Care	37,512	(1,762)	37,513	(1,761)	159	-	-	-	-	-	37,354	\$ (1,606,067)
Specialty Care	31,695	1,439	31,696	1,440	2,000	-	-	-	-	-	29,696	\$ 3,206,501
Mental Health	53,613	(8,808)	53,613	(8,808)	-	-	-	-	-	-	53,613	\$ (293,503)
Ancillary & Diagnostics	37,119	3,780	37,120	3,781	11,200	-	-	-	-	-	25,920	\$ 2,817,095
Total	159,939	(5,351)	159,942	(5,348)	13,359	-	-	-	-	-	146,583	\$ 4,124,026

Proposed Management of Space – FY 2012

Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
INPATIENT CARE	FY 2012	4,543	(5,419)	(6,418)	9,962	-	-	-	-	9,962	6,418
Medicine		158	158	-	-	-	-	-	-	-	-
Surgery		-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU		7,894	7,894	7,181	5,661	-	-	-	-	5,661	(1,520)
Psychiatry		-	(3,418)	-	3,418	-	-	-	-	3,418	-
PRRTP		41,027	-	41,027	-	-	-	-	-	41,027	-
Domiciliary program		-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury		-	-	-	-	-	-	-	-	-	-
Blind Rehab		-	-	-	-	-	-	-	-	-	-
Total		53,622	(785)	763	54,407	5,661	-	-	-	60,068	4,898
Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
	Variance from 2001	Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
OUTPATIENT CARE	FY 2012	18,757	10,108	10,028	8,649	-	-	6,464	-	15,113	(3,564)
Primary Care		34,866	8,611	6,411	26,255	-	-	524	-	26,779	(5,887)
Specialty Care		29,487	9,790	9,790	19,697	-	1,770	1,100	-	22,567	(6,920)
Mental Health		35,635	16,805	24,883	18,830	-	-	-	-	18,830	(6,053)
Ancillary and Diagnostics		118,744	45,313	32,282	73,431	-	1,770	8,088	-	83,289	(22,424)
Total		194,774	49,854	(30,712)	144,920	-	-	144,920	-	144,920	-
NON-CLINICAL	FY 2012	75,308	-	75,308	75,308	-	-	-	-	75,308	30,712
Research		-	-	-	-	-	-	-	-	-	-
Administrative		194,774	49,854	(30,712)	144,920	-	-	-	-	144,920	-
Other		75,308	-	75,308	75,308	-	-	-	-	75,308	30,712
Total		270,082	49,854	(30,712)	220,228	-	-	220,228	-	220,228	30,712

5. Facility Level Information – Sioux Falls

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs (from demand projections)		Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	7,300	(749)	7,301	(748)	353	-	-	-	-	-	6,948	\$ (19,745)
Surgery	2,482	(679)	2,483	(678)	50	-	-	-	-	-	2,433	\$ 835,860
Intermediate/NHCU	50,137	-	50,137	-	37,102	-	-	-	-	-	13,035	\$ -
Psychiatry	2,742	1,319	2,742	1,319	264	-	-	-	-	-	2,478	\$ (217,606)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	2,679	1,340	-	(1,339)	-	-	-	-	-	-	-	\$ -
Total	65,340	1,231	62,663	(1,446)	37,769	-	-	-	-	-	24,894	\$ 598,509
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops (from demand projections)		Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	70,337	3,719	70,338	3,719	4,954	-	22,073	-	-	-	43,311	\$ 40,292,007
Specialty Care	83,056	27,630	83,056	27,630	29,631	-	-	-	-	-	53,425	\$ 2,002,742
Mental Health	20,745	114	20,746	115	7,747	-	4,743	-	-	-	8,256	\$ 13,735,817
Ancillary & Diagnostics	86,224	4,336	86,225	4,337	6,898	-	-	-	-	-	79,327	\$ (422,572)
Total	260,363	35,798	260,365	35,800	49,230	-	26,816	-	-	-	184,319	\$ 55,607,994

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN										
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012											
INPATIENT CARE												
Medicine	14,427	14,452	788	813	13,639	-	-	-	-	-	13,639	(813)
Surgery	4,457	4,696	1,837	2,076	2,620	1,500	-	-	-	-	4,120	(576)
Intermediate Care/NHCU	27,820	27,820	-	-	27,820	-	-	-	-	-	27,820	-
Psychiatry	6,021	6,046	(472)	(447)	6,493	-	-	-	-	-	6,493	447
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	184,083	-	184,083	-	-	-	-	-	-	-	-	-
Total	236,808	53,014	186,236	2,442	50,572	1,500	-	-	-	-	52,072	(942)
		Space (GSF) proposed by Market Plan										
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012											
OUTPATIENT CARE												
Primary Care	33,361	22,089	8,826	(2,446)	24,535	-	-	-	2,700	-	27,235	5,146
Specialty Care	95,008	65,713	62,121	32,826	32,887	17,134	-	-	-	-	50,021	(15,692)
Mental Health	11,263	5,036	6,474	247	4,789	-	-	-	1,326	-	6,115	1,079
Ancillary and Diagnostics	51,563	51,563	15,117	15,117	36,446	2,200	1,200	-	-	-	39,846	(11,717)
Total	191,195	144,401	92,538	45,744	98,657	19,334	1,200	-	4,026	-	123,217	(21,184)
NON-CLINICAL												
Research	-	1,532	(5,840)	(4,308)	5,840	-	-	-	-	-	5,840	4,308
Administrative	#REF!	116,143	#REF!	-	116,143	-	-	-	-	-	116,143	-
Other	21,232	-	-	-	21,232	-	-	-	-	-	21,232	-
Total	#REF!	138,907	#REF!	(4,308)	143,215	-	-	-	-	-	143,215	4,308

6. Facility Level Information – Spirit Lake

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections											
INPATIENT CARE	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections											
OUTPATIENT CARE	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Primary Care	-	-	-	-	-	-	-	8,359	-	-	8,359	\$ (16,838,976)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	1,552	-	-	1,552	\$ (3,657,102)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	9,911	-	-	9,911	\$ (20,496,078)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	4,263	4,263	-	-	-	-	3,600	-	3,600	(663)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	947	947	-	-	-	-	750	-	750	(197)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
	-	5,210	5,210	-	-	-	-	4,350	-	4,350	(860)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	500	500	-	-	-	-	500	-	500	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
	-	500	500	-	-	-	-	500	-	500	-

7. Facility Level Information – Wagner

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria.
Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections	(from projections)	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
INPATIENT CARE												
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections	(from projections)	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
	FY 2012	Variance from 2001										
OUTPATIENT CARE												
Primary Care	-	-	-	-	-	-	-	5,768	-	-	5,768	\$ (11,684,621)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	1,478	-	-	1,478	\$ (3,478,273)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	7,246	-	-	7,246	\$ (15,162,894)

Proposed Management of Space – FY 2012

		Space (GSF) proposed by Market Plans in VISN									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
INPATIENT CARE											
Medicine	-	-	-	-	-	-	-	-	-	-	-
Surgery	-	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-
Total											
		Space (GSF) proposed by Market Plan									
Space (GSF) (from demand projections)		Space Driver Projection	Variance from 2001	Existing GSF	Convert Vacant	New Construction	Donated Space	Leased Space	Enhanced Use	Total Proposed Space	Space Needed/ Moved/ Vacant
	FY 2012										
OUTPATIENT CARE											
Primary Care	-	2,942	2,942	-	-	-	-	2,450	-	2,450	(492)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-
Mental Health	-	902	902	-	-	-	-	700	-	700	(202)
Ancillary and Diagnostics	-	-	-	-	-	-	-	-	-	-	-
Total											
		3,844	3,844	-	-	-	-	3,150	-	3,150	(694)
NON-CLINICAL											
Research	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	250	250	-	-	-	-	250	-	250	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total											
		250	250	-	-	-	-	250	-	250	-

8. Facility Level Information – Watertown

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

# BDOCs proposed by Market Plans in VISN												
	# BDOCs demand projections											
INPATIENT CARE	FY 2012	Variance from 2001	Total BDOCs	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Medicine	-	-	-	-	-	-	-	-	-	-	-	\$ -
Surgery	-	-	-	-	-	-	-	-	-	-	-	\$ -
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	\$ -
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	\$ -
PRRTP	-	-	-	-	-	-	-	-	-	-	-	\$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	\$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	\$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	-	-	-	-	\$ -
Clinic Stops proposed by Market Plans in VISN												
	Clinic Stops demand projections											
OUTPATIENT CARE	FY 2012	Variance from 2001	Total Stops	Variance from 2001	Contract	Joint Ventures	Transfer Out	Transfer In	In Sharing	Sell	In House	Net Present Value
Primary Care	-	-	-	-	-	-	-	7,850	-	-	7,850	\$ (14,937,955)
Specialty Care	-	-	-	-	-	-	-	-	-	-	-	\$ -
Mental Health	-	-	-	-	-	-	-	1,713	-	-	1,713	\$ (3,790,400)
Ancillary & Diagnostics	-	-	-	-	-	-	-	-	-	-	-	\$ -
Total	-	-	-	-	-	-	-	9,563	-	-	9,563	\$ (18,728,355)

