October 28, 2004

## VHA SITE TRACKING (VAST) SYSTEM

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy on the use and management of the VHA Site Tracking (VAST) system. *NOTE:* This directive documents the policy and procedures to ensure that information regarding VHA service sites remains valid, up-to-date, and accessible to agencies both internal and external to VA. For the data to remain accurate, it is imperative that the processes and timeframes identified in this directive are followed throughout the organization.

#### 2. BACKGROUND

- a. The Department of Veterans Affairs (VA) health care system is one of the largest and most comprehensive health care systems in the world. VHA provides a full range of health care services at sites that are located throughout all 50 states, Puerto Rico, Guam, the United States (U.S.) Virgin Islands and Manila.
- b. It is important to have a central inventory of the facilities that comprise VA's health care system. The VHA Site Tracking (VAST) System was established to provide accurate and consistent information regarding the number of VHA service sites and the types of services each provides. VAST contains VHA service sites, identifying their primary service and additional services available at the facilities. Each Veterans Integrated Service Network (VISN) and Readjustment Counseling Service (RCS) composed the original list of service sites and the services provided at each site. The Planning Systems Support Group (PSSG) validated each site using available workload information. RCS and each VISN identified a Point of Contact (POC) who is responsible for reviewing the database and submitting any changes. The current Point of Contact list is available from the PSSG.
- c. To provide reliable and consistent facility count information, it is necessary to adopt consistent site definitions.
- d. Facility definitions were established by the VHA Policy Board in 1998 and their decision is summarized in Attachment A. Vet Centers are also tracked as part of VAST. The definition for Vet Center service sites was developed by RCS and is shown in Attachment A. Finally, the term "medical center" was defined by the Under Secretary for Health and also is included in Attachment A.
- e. Facility information is dynamic and requires continuous oversight to preserve the relevance of the information contained within the database. To ensure the usefulness of VAST, VHA maintains the database, periodically reviews the data, processes notifications of newly-approved and operational service sites, and provides a means to edit or deactivate current service sites (see Attachment B).

- f. For a site to be included in the VAST database it must have a station number. Any operating site is identified with a unique station number that has been assigned by the Office of Financial Systems (047E). The VAST data records service sites and their locations. It is imperative each station provide data relevant to each individual service site. Service sites, which are operating (serving veterans) or projected to become operational and meet approved definitions, are to be included in the VAST database.
- **3. POLICY:** It is VHA policy that the VAST system is designated as the official repository of data on the number and location of VA's sites of health care delivery for medical centers, hospitals, nursing homes, domiciliary residential rehabilitation treatment programs, outpatient clinics, and vet centers.

#### 4. ACTION

- a. **Responsibilities of the PSSG.** The PSSG is responsible for:
- (1) Providing continual maintenance and data updating for the VAST system.
- (2) Providing support for ad hoc reports and requests regarding VAST data.
- (3) Ensuring quarterly updates are requested of all VISNs and RCS.
- (4) Ensuring all edits are entered within 5 days and providing monthly draft reports to the Office of the Assistant Deputy Under Secretary for Health (10A5), the Office of the Deputy Under Secretary for Health for Operations and Management (10N), and the Office of Readjustment Counseling (15).
- (5) Compiling a listing of sites, on a monthly basis, for which no workload has been entered for 3 or more consecutive months. Contacting the planners and determine why workload is not being reported for those sites other than outpatient clinics.
- (6) Providing a final Quarterly Executive Summary to the Under Secretary for Health after comments have been considered from the Office of the Assistant Deputy Under Secretary for Health (10A5), the Office of the Deputy Under Secretary for Health for Operations and Management (10N), and the Office of Readjustment Counseling (15).
- b. Responsibilities of the Office of the Assistant Deputy Under Secretary for Health (10A5). The Office of the Assistant Deputy Under Secretary for Health is responsible for:
- (1) Establishing and maintaining VAST policy and provide overall guidance to PSSG with respect to VAST operations.
  - (2) Ensuring that all VISNs are requested to provide an accounting of their service sites.

- (3) Appointing a POC for the Office of the Assistant Deputy Under Secretary for Health (10A5).
- c. Responsibilities of Deputy Under Secretary for Health for Operations and Management (10N). The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for:
- (1) Reviewing the VAST quarterly executive report and supporting monthly workload reports and providing PSSG with changes within 5 business days of receipt of the reports. On a quarterly basis, the VISN Support Service Center (VSSC) will contact VISNs on outpatient clinics that display no workload for 3 consecutive months (based upon the report generated by PSSG) and will provide reasons to the Deputy Under Secretary for Health for Operations and Management and PSSG.
- (2) Providing PSSG with information regarding newly-approved sites (except Vet Centers), deactivated sites, and critical mission changes of hospitals in a timely manner.
- (3) Appointing a POC for the Office of the Deputy Under Secretary for Health for Operations and Management (10N) and providing all contact information to PSSG.
- (4) Making recommendations for the approval of site activations and deactivations or location changes submitted by VISNs.
  - d. **Responsibilities of VISN Directors.** Each VISN Director is responsible for:
- (1) Appointing a primary and alternate POC who will ensure that current information is maintained.
- (2) Ensuring that VA sites are activated or deactivated according to appropriate policy and processes (see Attachment C).
  - e. **Responsibilities of the RCS.** The RCS is responsible for:
  - (1) Designating a single POC for all Vet Center reporting information.
  - (2) Providing Vet Center information to PSSG, as detailed in Attachment B, Processes.
  - f. Responsibilities of VISN and RCS POCs. VISN and RCS POCs are responsible for:
- (1) Providing to PSSG any approved changes (e.g., address changes, telephone number changes, name changes, etc.) to site data elements within 5 business days.
- (2) Notifying PSSG of the date sites began operating, within 10 business days after operations commence.

- (3) Responding to the PSSG's requests for review of data and confirming the accuracy of the current list, or provide corrections, within 10 business days of request.
  - (4) Ensuring each service site is correctly identified with a unique facility number.
- g. **Responsibilities of the Office of Financial Systems (047E).** The Office of Financial Systems (047E) is responsible for (except for Vet Centers):
- (1) Assigning official facility numbers to newly Congressionally-approved service sites within 10 business days.
- (2) Assigning official facility names and facility numbers to service sites upon request for integration, to edit, and/or to make other necessary changes.
- (3) Disseminating to the field information on official changes to facility numbers.
  - (4) Deactivating official facility numbers.
- **5. REFERENCES:** VHA CBOC Handbook 1006.1, Planning and Activating Community-based Outpatient Clinics
- **6. FOLLOW-UP RESPONSIBILITY:** The Assistant Deputy Under Secretary for Health (10A5) is responsible for the contents of this directive. Questions may be addressed to 202-273-8934.
- **7. RESCISSIONS:** VHA Directive 2002-058, VHA Site Tracking (VAST) System. This VHA Directive expires October 31, 2009.

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Attachments

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#### **ATTACHMENT A**

#### **DEFINITIONS**

These definitions were set by the Veterans Health Administration (VHA) Policy Board in December 1998 and are the basis for defining the category and the additional service types for each VHA service site. These definitions cover sites generally owned by the Department of Veterans Affairs (VA), with the exception of leased and contracted community-based outpatient clinics (CBOCs). (Note: the term "owned by the department" includes VA sites owned by any federal agency and used by VA.)

- **1. VA HOSPITAL.** A VA Hospital is a type of medical center (health care site with two or more services) that is owned, staffed and operated by VA and whose primary function is to provide inpatient services. *NOTE:* Each geographically unique inpatient division of an integrated facility is counted as a separate hospital.
- **2. VA DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT PROGRAM.** A VA Domiciliary Residential Rehabilitation Treatment Program provides comprehensive health and social services in a VA facility for eligible veterans who are ambulatory and do not require the level of care provided in nursing homes.
- **3. VA NURSING HOME CARE UNITS (NHCU).** NHCUs provide care to individuals who are not in need of hospital care, but who require nursing care and related medical or psychosocial services in an institutional setting. VA NHCUs are VA-operated facilities designed to care for patients who require a comprehensive care management system coordinated by an interdisciplinary team. Services provided include nursing, medical, rehabilitative, recreational, dietetic, psychosocial, pharmaceutical, radiological, laboratory, dental and spiritual.
- **4. VA OUTPATIENT CLINICS.** Types of VA Outpatient Clinics are:
- a. <u>Community-Based Outpatient Clinic (CBOC)</u>. A CBOC is a VA-operated, VA-funded, or VA-reimbursed health care facility or site geographically distinct or separate from a parent medical facility. This term encompasses all types of VA outpatient clinics, except hospital-based, independent and mobile clinics. Satellite, community-based, and outreach clinics have been redefined as CBOCs. Technically, CBOCs fall into four categories, which are:
  - (1) **VA-owned.** A CBOC that is owned and staffed by VA.
- (2) **Leased.** A CBOC where the space is leased (contracted), but is staffed by VA. **NOTE:** This includes donated space staffed by VA.
- (3) **Contracted.** A CBOC where the space and the staff are not VA. This is typically a Healthcare Management Organization (HMO)-type provider where multiple sites can be associated with a single station identifier.

- (4) **Not Operational.** A CBOC which has been approved by Congress, but has not yet begun operating. **NOTE:** VA began requesting Congressional approval of new CBOC openings after March 1995.
- b. <u>Hospital-Based Outpatient Clinic (HBOC).</u> A HBOC consists of the outpatient clinic functions located at a hospital.
- c. <u>Independent Outpatient Clinic (IOC).</u> An IOC is a full-time, self-contained, freestanding, ambulatory care clinic that has no management, program, or fiscal relationship to a VA medical facility. Primary and specialty health care services are provided in an outpatient setting.
- d. <u>Mobile Outpatient Clinic (MOC).</u> A MOC is a specially equipped van that makes multiple scheduled stops providing outpatient care. A mobile clinic is under the jurisdiction of a parent medical facility.
- **5. VET CENTER.** A Vet Center is a community-based counseling facility under the direct supervision of the Readjustment Counseling Service (RCS). Vet Centers provide professional readjustment counseling, community education, outreach to special populations, brokering of services with community agencies, and access to links between the veteran and VA.
- **6. VA MEDICAL CENTER.** A medical center is a unique VA site of care providing two or more types of services that reside at a single physical site location. The services provided are the primary service as tracked in the VHA Site Tracking (VAST) (i.e., VA hospital, nursing home, domiciliary residential rehabilitation treatment program, IOC, HBOC), and CBOC). The definition of VA medical center does not include the Vet Centers as an identifying service.

#### ATTACHMENT B

#### **PROCESSES**

- 1. <u>Periodic Review.</u> To ensure that the data in the Veterans Health Administration (VHA) Site Tracking (VAST) System is kept current, the information must be reviewed and updated regularly. This is primarily the responsibility of the designated Point-of-Contact (POC) for each Veterans Integrated Service Network (VISN) and for Readjustment Counseling Service (RCS). The reviews are to be ongoing and changes must be submitted within the time stipulated in paragraph 4 of the directive. The Planning Systems Support Group (PSSG) makes the changes as they are received, or after verification is made, if appropriate.
- a. To assist in this process, PSSG sends quarterly reports to VISNs and RCS', providing the following information. Upon receipt of this report, each Network and RCS has 5 business days to submit changes or modifications to the information contained within the report. Changes are to be coordinated through, and sent by, the VISN and/or RCS POC. All changes must be submitted utilizing the format in Attachment C, "Request for Information." **NOTE:** Attachment C is available in electronic format on the PSSG web page (http://vaww.pssg.med.va.gov).
  - (1) VISN and/or RCS summary count totals.
- (2) VISN and/or RCS site-specific list with details of the total range of services and, for Community-based Outpatient Clinics (CBOCs) and Vet Centers, the date the site became operational.
  - (3) Facility address data displaying all current information.
- b. The PSSG has 5 working days to update VAST to reflect these changes. Responsibility for validity of the data submitted and posted on PSSG's web page rests with the VISN and/or RCS POCs.
- c. Once the quarterly updates are entered, the draft quarterly VAST report will be forwarded to: the Office of the Deputy Under Secretary for Health for Operations and Management (10N), each VISN POC, VISN Planners, Office of Readjustment Counseling (15), and the Office of the Assistant Deputy Under Secretary for Health (10A5). If there are no additional comments, an Executive Summary is prepared for the Under Secretary for Health. In addition, the reports will be posted on the PSSG's web page for general distribution.

#### 2. Reporting Newly Approved Service Sites (Does not apply to Vet Centers)

a. To accurately reflect the VHA health care system, it is important to ensure that each new site is included as early as possible. At the time of Congressional approval for a new site (except Vet Centers), the Deputy Under Secretary for Health for Operations and Management (10N) must provide necessary information to the Office of Financial Systems (047E) who assigns the facility number. The Deputy Under Secretary for Health for Operations and Management (10N) provides PSSG with copies of the front page of the CBOC proposal titled, "Business Plan

Summary." The facility number assignment is forwarded from the Office of Financial Systems (047E) to the Deputy Under Secretary for Health for Operations and Management (10N), the VISN Support Service Center (VSSC) (10NS), PSSG, and the Office of the Assistant Deputy Under Secretary for Health (10A5). Once the facility number is received by PSSG, the preliminary data must be entered into VAST.

- b. The required preliminary data elements are:
- (1) VISN.
- (2) Facility number.
- (3) Official name of service site.
- (4) Name of administrative parent.
- (5) Facility number of administrative parent.
- (6) Type of service as defined and accepted by the Under Secretary for Health and the Policy Board.
  - (7) Prospective city and state location of approved service site.
- (8) Date of approval (mm/dd/yyyy). *NOTE:* Provided by the Deputy Under Secretary for Health for Operations and Management (10N).
- (9) Tentative date of operation (mm/dd/yyyy) at current site. *NOTE:* If not provided, this field will default to 1 year after approval date.
- c. Upon activation of the facility number, the facility name needs to be amended, if necessary. The address and other data elements are obtained from the POC by PSSG via a Request for Information prepared in the format provided (see Attachment C). VISNs may at any time provide the data prior to receipt of the request for information. VISNs must include all of the elements to be entered into VAST. To facilitate accurate and timely information, VISNs must use the "Request for Information" spreadsheet. *NOTE:* This spreadsheet is available in electronic format on the PSSG web page (http://vaww.pssg.med.va.gov) or by e-mailing PSSG directly from the web page.

#### 3. Reporting Newly Operational or Modified Service Sites

a. VISNs are responsible for ensuring the required information is provided to PSSG as sites become operational. This must be accomplished via the spreadsheet "Request for Information," and must be validated quarterly using the quarterly reports. The notification received from the Office of Financial Systems (047E) is forwarded to the VISN and/or RCS POCs at the time of receipt of such notice. VISN and/or RCS POCs have 10 business days to provide the required

information. **NOTE:** Verification of the data may be conducted during the quarterly reporting period.

- b. The following data elements are required:
- (1) VISN.
- (2) Official name of service site.
- (3) Facility number.
- (4) Parent facility name. *NOTE:* Does not apply to Vet Centers.
- (5) Parent facility number. *NOTE:* Does not apply to Vet Centers.
- (6) Operational date. *NOTE:* Does not apply to Vet Centers.
- (7) Approval date. *NOTE:* Does not apply to Vet Centers.
- (8) Street address.
- (9) Mailing address.
- (10) VA-owned indicator. NOTE: Vet Centers are to enter "NO."
- (11) VA-staffed indicator. NOTE: Vet Centers are to enter "YES."
- (12) Contracted indicator. NOTE: Vet Centers are to enter "N/A."
- (13) Contract activation date (mm/dd/yyyy), if contracted. *NOTE:* Vet Centers are to enter "N/A."
- (14) Contract expiration date (mm/dd/yyyy), if contracted. *NOTE:* Vet Centers are to enter "N/A."
- (15) If non-VA, total number of service sites included in contract. *NOTE:* Vet Centers are to enter "N/A."
  - (16) Telephone number.
  - (17) Facsimile number.

#### 4. Process of Editing VISN Service Sites

a. VISN changes to the facility number, address, or the name of a site, must be requested by the Network to the appropriate office. To accurately maintain the VAST table, it is necessary to limit edits to the official name and facility number as recognized throughout VA. The VAST

data is compiled for use throughout VA and is, on occasion, used in conjunction with other databases.

- b. Facility number changes are documented in a history table in the VAST database. Therefore, to preserve data integrity throughout VA, the PSSG makes changes to the data elements of "facility number," "facility address," and "facility name" when notified through the following processes:
- (1) **Facility Number Changes.** Networks and the Office of Readjustment Counseling Officer must request all facility number changes from the Office of Financial Systems (047E) through the Deputy Under Secretary for Health for Operations and Management (10N). Subsequent to review and approval, changes are to be made by the PSSG upon notification from 047E.
- (2) **Facility Address Changes.** Networks submit facility address changes to the Deputy Under Secretary for Health for Operations and Management (10N) for review and approval. Approved address changes are forwarded by 10N to the Office of Financial Systems (047E) and the PSSG. Upon receipt of approved address changes from 10N, the PSSG makes the appropriate changes in VAST.
- (3) **Facility Name Changes.** Networks submit electronic notifications for facility name changes only (address and other data elements remain the same) directly to the PSSG (e-mail comments link at foot of PSSG web site, vaww.pssg.med.va.gov), who then informs the Deputy Under Secretary for Health for Operations and Management (10N), the Office of Financial Systems (047E), VSSC (10NS), and the Austin Automation Center.
- c. Changes to the facility telephone number or contractual information may be completed, as necessary, or during the quarterly reporting period. These edits are the responsibility of the POC and must be forwarded to the PSSG.
- d. To deactivate a facility number, the Network makes the request through the appropriate process (see Attachment C). A facility number is deactivated in VAST upon receipt of the official memorandum issued by Records Management Service (005E3); the memorandum must include the effective date of the deactivation. A site is considered closed or deactivated when appropriate justifications have been reviewed and approved by the Under Secretary for Health and the facility number has been officially deactivated by Office of Financial Systems (047E). Sites that have active facility numbers but do not show workload will be placed in a "on hold" category in the VAST. PSSG and VSSC staff will contact sites to document reasons for no workload. The Deputy Under Secretary for Health for Operations and Management will review this information on a quarterly basis and work with the VISNs to determine if they should remain active or are suitable for deactivation. For reporting purposes, "on hold" sites in VAST will be counted as active/operational.

#### 5. Process of Editing Vet Center Information

a. Upon receiving notice of RCS changes to Vet Center name and/or address, the RCS POC must promptly notify the PSSG of the edits.

b. Changes to the facility telephone number may be completed as necessary, or during the quarterly reporting period. These edits are the responsibility of the POC and must be forwarded to the PSSG.

## 6. Counting of VHA Service Sites

- a. Official counts of VHA Service Sites will be derived from the VAST database on a quarterly basis and published via the approved Executive Summary Report. This will preclude immediate changes to the VAST database and counts being reflected until the end of the quarter. National Counts must:
  - (1) Reflect currently active sites,
  - (2) Include "on hold" sites,
  - (3) Exclude "not operational" or "planned" sites,
  - (4) Exclude shared sites,
  - (5) Include counts of multiple sites of individual contract CBOCs, and
  - (6) Consist of the following services:
  - (a) Hospitals. *NOTE:* Medical centers will not be included in official counts.
  - (b) Hospital-based outpatient clinics.
  - (c) VA Nursing Homes.
  - (d) Domiciliary Residential Rehabilitation Treatment Programs.
  - (e) Independent Outpatient Clinics.
  - (f) Community-based Outpatient Clinics.
  - (g) Mobile Outpatient Clinics.
  - (h) Vet Centers.
  - b. VISN Counts must:
  - (1) Reflect currently active sites,
  - (2) Include "on hold" sites,

- (3) Exclude "not operational" or "planned" sites,
- (4) Include shared sites,
- (5) Include multiple provider locations of contract CBOCs, and
- (6) Consist of the following services:
- (a) Hospitals. NOTE: Medical centers will not be included in official counts.
- (b) Hospital-based outpatient clinics.
- (c) VA Nursing Homes.
- (d) Domiciliary Residential Rehabilitation Treatment Programs.
- (e) Independent Outpatient Clinics.
- (f) Community-based Outpatient Clinics.
- (g) Mobile Outpatient Clinics.
- (h) Vet Centers.

#### ATTACHMENT C

## **REQUEST FOR INFORMATION**

## **Request for Information Excel Table Page 1**

Date Sent	VISN	Facility #	Name	Parent	Parent #	Operational Date	Approval Date	VA "owned" Facility Yes/No Choose ONLY	Facility Yes/No

**NOTE:** This format is being utilized to facilitate the input and extraction of data using interchangeable Microsoft packages and other software compatible with database design. This format may be amended at a later date to accommodate the automation of inputting and extracting data in the database using a columnar format.

# **Request for Information Excel Table Page 2**

VA	Contract Site # of Provider Sites	Start	Contract Expiration Date	Street	Street Address Line 2	City	Zip Code	Mailing Address	Mailing Address Line 2

# **Request for Information Excel Table Page 3**

City	State	Zip Code	County	Telephone	Facsimile
		Zip code	County	Тетернопе	T desimile

## ATTACHMENT D

# VHA SITE TRACKING (VAST) SYSTEM INFORMATION MATRIX

Type of VHA Site	Definition	Business Owner	Activation Process		Relevant Directives
Community	A CBOC is a VA	Parent Facility/VISN	CBOC Business Plans must be	Prior to a decision not to activate or	VHA Handbook
Based	operated, a VA		reviewed against national planning	deactivate a CBOC, Networks must submit	1006.1, Policy on
Outpatient	funded, or a VA		criteria and approved by the USH	a brief justification to the Deputy Under	Planning and
Clinic	reimbursed				Activating CBOCs.
(CBOC)	healthcare facility or			Management providing an explanation,	
	site geographically		2. Once a CBOC is approved and	rationale, and summary of stakeholder	
	distinct or separate			comments. Based on the information	
	from a parent medical			provided in the justification, a report is	
	facility. This term			submitted by the Under Secretary for	
	encompasses all			Health through the VA Budget Office and	
	types of VA			the Office of Enterprise Management to	
	outpatient clinics,		Deputy Under Secretary for Health		
	except hospital-		for Operations and Management	notification, prior to Network action. Once	
	based, independent			Network receives approval to deactivate	
	and mobile clinics.			the CBOC, they must deactivate the facility	
	Satellite, community-		Support Group (PSSG), VISN	number in accordance with VHA policy.	
	based, and outreach		Support Service Center of facility		
	clinics have been		identifier. 3. Thirty days prior to a		
	redefined as		CBOC's activation/opening, VISN		
	community-based		submits a request to Office of		
	outpatient clinics.		Financial Systems (047E) through		
			the Deputy Under Secretary for		
			Health for Operations and		
			Management Office (10N) with a co		
			to Planning Systems Support		
			Group (PSSG) requesting the		
			activation of the facility number.		
			Office of Financial Systems (047E)		
			activates the facility number and		
			sends official notification to Austin,		
			VSSC, PSSG. The VISN Support		
			Service Center forwards official		
			notification to the VISN.		

Type of VHA Site		Business Owner	Activation Process		Relevant Directives
VA Hospital	VA Hospital is a type of medical center (health care site with two or more services) that is owned, staffed and operated by VA and whose primary function is to provide inpatient services.  NOTE: Each geographically unique inpatient division of an integrated facility is counted as a separate hospital.		change proposals require Under Secretary for Health approval per VHA Directive 1000.1; submitting them electronically into the webbased VA National Bed Control Database, http://vaww.bedcontrol.med.va.gov/The database will automatically notify the Deputy Under Secretary	proposals require Under Secretary for Health approval per VHA Directive 1000.1;	VHA Directive 1000.1, Program Restructuring and Inpatient Bed Change Policy.

Type of VHA Site		Business Owner	Activation Process	Deactivation Process	Relevant Directives
VA Nursing Home	Nursing Home Care Units provide care to individuals who are not in need of hospital care but who require nursing care and related medical or psychosocial services in an institutional setting. VA NHCUs are facilities designed to care for patients who require a comprehensive care management system coordinated by an interdisciplinary team. Services provided include nursing, medical, rehabilitative, recreational, dietetic, psychosocial, pharmaceutical, radiological, laboratory, dental, and spiritual.		Program restructuring and bed change proposals require Under Secretary for Health approval per VHA Directive 1000.1; submitting them electronically into the webbased VA National Bed Control Database, http://vaww.bedcontrol.med.va.gov/. The database will automatically notify the Deputy Under Secretary for Health for Operations and Management (10N) of the request.	Program restructuring and bed change proposals require Under Secretary for Health approval per VHA Directive 1000.1; submitting them electronically into the web-based VA National Bed Control Database, http://vaww.bedcontrol.med.va.gov/ . The database will automatically notify the Deputy Under Secretary for Health for Operations and Management (10N) of the request.	VHA Directive 1000.1, Program Restructuring and Inpatient Bed Change Policy.

Type of VHA Site	Definition	Business Owner	Activation Process		Relevant Directives
VA Domiciliary Residential Rehabilitatior Treatment Program	Provides comprehensive health and social services in a VA facility for eligible veterans who are ambulatory and do not require the level of care provided in nursing homes.		Program restructuring and bed change proposals require Under Secretary for Health approval per VHA Directive 1000.1; submitting them electronically into the webbased VA National Bed Control Database, http://vaww.bedcontrol.med.va.gov/. The database will automatically notify the Deputy Under Secretary for Health for Operations and Management (10N) of the request.	proposals require Under Secretary for Health approval per VHA Directive 1000.1;	VHA Directive 1000.1, Program Restructuring And Inpatient Bed Change Policy.