Manual M-9, Strategic Planning

(Veterans Health Administration)

Chapter 8, Action Detail Sheet Instructions
   (Paragraphs 8.01 through 8.04)

   <mark>Reflects revisions through Change 2 dated July 26, 1991</mark>

This document includes:
   Title page and p. ii for M-9, dated **July 26, 1991**
   Contents page for M-9, dated **June 5, 1992** (Change 9)
   Rescissions page for M-9, dated **May 4, 1992** (Change 4)

   Contents page for Chapter 8, dated **October 2, 1989**
   Text for Chapter 8, dated **October 2, 1989**

 Transmittal sheets located at the end of the document:
   Change 2, dated **July 26, 1991**
   Sheet dated **October 2, 1989**

Transmittal sheets for changes prior to 1989 also located at the end of the document:

Reference Slip, dated **January 27, 1986**
Memorandum dated **April 3, 1984**

Department of Veterans Affairs

Strategic Planning

July 26, 1991

Department of Veterans Affairs, Veterans Health Administration Manual M-9, "Strategic Planning," is published for the information and compliance of all concerned.

JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

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CHAPTERS

RESCISSIONS

The following material is rescinded:

Complete rescissions:

Circulars

10-87-113 and Supplement No. 1
10-87-147
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CHAPTER 8. ACTION DETAIL SHEET INSTRUCTIONS

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CHAPTER 8. ACTION DETAIL SHEET INSTRUCTIONS

8.01 INTRODUCTION

a. The ADS (Action Detail Sheet) is the basic document used in MEDIPP to report workload and resource information relating to proposed actions. The primary function of an action is to propose a workload change.

b. The information recorded on the ADS will be input into a computer data base (either at the Medical District or the Region level). This data base will be made available to VA Central Office at the time the Regional MEDIPP Strategic Plans are forwarded for review. It is critical that the information be accurate and complete as it will be used to generate the Strategic Action Summary Sheets and, along with the Regional Plans, to evaluate actions being proposed and to conduct further data aggregation and analyses.

8.02 INFORMATION TO BE REPORTED

The ADS consists of two parts: The Identification Segment (Items a. through i.) and the Resource/Workload Segments (Items j. and k.). The following are the data elements which appear on the ADS and descriptions of what is to be input to the computer data base:

a. **District and Region Number.** No input is necessary. The numbers will be computer generated from the facility number entered.

b. **Action Number.** The action number is the unique identifier associated with a specific action statement. If an action number has been used in previous MEDIPP cycles and the intent of the action remains unchanged, that action number and action statement should continue to be used with the numbers changed to reflect changes in allocation. In no case should a previously used action number be reused if the substance or intent of the action has changed. Also, an action number can appear only once within the plan.

(1) The action number is composed of the facility number and the sequence number. The facility number is the three-digit number used to identify the facility. The facility number for a SOC is the three-digit parent facility number followed by the appropriate alpha suffix. Facility numbers for two division medical centers may also be followed by an alpha suffix. These are the only instances in which alpha characters should appear in a facility number. If a medical district/region wishes to use a facility number not currently in existence (as would be the case for a new VA medical center or SOC), contact Director, Office of Planning Development (VA Central Office) so that a number can be established. The facility name will be generated from the station number.

(2) Flexibility is provided to develop medical district and region-wide actions. However, actions relating to workload changes must remain facility-specific. In lieu of a facility number, a medical district should use D01 – D27, as appropriate, and a region should use R01 – R07, as appropriate.

(3) The sequence number is the number assigned to each action identified for a specific facility. Ensure that the sequence numbers are appropriate for the action statement and are not duplicated. It is strongly recommended that all new actions have sequence numbers beginning after the last sequence number used in the most recent MEDIPP cycle.

* Replace MEDIPP with Strategic Planning (Change 2, dated July 26, 1991).

c. **Priority Number.** Reflects Region's priority for action.

d. **Goal.** The number of the regional/district goal to which the action relates.

e. **Action Statement.** This 150-character field is to be used to identify the intent of the action. It is to include the facility name, type and amount of workload being addressed, and the year the workload change will be completed. If further information is needed to explain/ justify the action, such information should be included in an Appendix to the MEDIPP Plan. The Action Statement will appear in full on the Strategic Action Summary Sheet. If an action relates to bed conversion, the action statement should identify such conversion. The related action showing the increase/decrease should be identified in the "Other Related Action" field. (Item i)

f. **Status Code.** This field is to be used to identify the most recent*MEDIPP status for the action. Approval codes must be:

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0 = New Action – Region Approved
1 = New Action – Requires VACO Approval
2 = Previously Approved by Region
3 = Previously Approved by CMD
4 = Previously Approved by Administrator
5 = Funded Action
6 = Disapproved Action
7 = Deferred Action
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Actions previously reviewed for which the substance/intent has changed are to be coded as new actions. It is important that the prior*MEDIPP decision be consistent with not only the actual decision, but also the intent of the action as it was previously reviewed.

g. **Program Identifier.** The two fields to be coded are consistent with the Category One and Two Program Identifier Codes. Sub-program identifier codes are also included. The first field is to be the program code and the second field is to be the associated sub-program code. It is critical that the identifier codes used accurately portray the intent of the action. Every effort should be made to code an action within a Program/Sub-program Category. Therefore, the "99" Miscellaneous Code should be used only as a last resort.

h. **Construction Project Number.** This field is to be used to identify the Major, Minor, or Minor Miscellaneous construction projects associated with the action (if applicable). Where multiple actions relate to a given construction project number, each action should show the construction project number. Only one action, however, should show the construction project cost data. Two construction project numbers may be entered.

i. **Other Related Actions.** This field provides the opportunity to link related actions. Such linkage could be to construction projects, bed conversions, domino actions, program changes, etc. Bed sections involved in conversions should be specifically identified.

j. **Resources.** Instructions for entries in this section apply to all years. Incremental FTEE entries are to be shown in whole numbers and incremental dollar entries are to be in thousands (commas are not to be input). An entry must be made for each resource item, even if zero.

(1) Recurring

(a) FTEE. Shows the FTEE adjustment associated with a proposed workload change. If a non-zero entry is made, there must be an associated entry in the Personnel Services field.

(b) Personnel Services. Shows the recurring salary cost associated with the FTEE level.

(c) All Other. Shows the recurring cost of services and supplies associated with the proposed workload change.

(d) Total Recurring Costs. No data entry is needed. It will be computer generated.

(2) Non-recurring

(a) Equipment. Identifies the cost of only that equipment directly associated with the action. Ensure that equipment costs are not repeated as part of construction costs when the equipment is part of the construction project.

Although the *MEDIPP process focuses on changes to "recurring" Medical Care Appropriation funding, the interrelationship of recurring funding and non-recurring funding must be recognized. For example, establishment of MRI (Magnetic Resonance Imaging) capability at a VA medical center probably involves additional FTEE, recurring funding for salaries and supplies, the cost of the equipment, and construction costs to build or renovate space to house the MRI. Therefore, in the case of requests for such equipment, the necessary recurring resource requirements should be included.

(b) Construction. Is used to identify the cost of the Major, Minor, or Minor Miscellaneous construction projects associated with the action. The construction cost should appear on only one action detail sheet if multiple actions are related to a given construction project.

(c) All Other. Is used to identify costs associated with non-recurring program changes, e.g., CNH, SH Nursing Home Care, and SH Domiciliary.

k. *Workload.* As with "Resources", instructions for "Workload" apply across all years. Incremental changes in workload are to be in whole numbers. Reductions are to be prefaced with a "-" sign. The program Identifier Code listing should be consulted to identify the minimum workload reporting categories associated with a specific Sub-program. Minimum workload categories must be completed, even if zero.

(1) Average Operating Beds. Shows the change in number of hospital, nursing home, or domiciliary beds associated with the action.

(2) ADC (Average Daily Census). Shows the change in ADC associated with the action.

(3) Patients Treated. Shows the change in number of patients treated associated with the action. In many cases, an ADC change will have a corresponding patients treated change.

* Replace MEDIPP with Strategic Planning (Change 2, dated July 26, 1991).

(4) Procedures. This is a generic label associated with a variety of other workload factors such as tests, exams, scans, treatments. The precise workload will be dictated by the Sub-program identifier code used.

(5) Visits. Relates exclusively to outpatient visit changes. A variety of sub-programs can have outpatient visits as a valid workload measure. It is important that outpatient visits not be double counted. For example, outpatient visits included in an action to establish a Day Hospital Program are not to be included in a generic outpatient visit action for a facility or for an overall outpatient visit increase.

8.03 OTHER CONSIDERATIONS

a. Conversion of one category of beds to another category of beds must be accomplished by two or more separate actions. The resources associated with the bed section being reduced and the bed section being increased are to be shown separately on ADSs.

b. All bed level changes are to be developed on a facility and bed-section specific basis.

c. Documentation supporting how resource and workload changes were developed is to be maintained at the medical district or Region (at the discretion of the Regional Director) and be available to VA Central Office, if necessary.

8.04 PROGRAM IDENTIFIER CODES

CODES 1	2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
01	1A	DIABETES EDUCATION AND CARE CENTER		
01	1B	HYPERTENSION SCREENING AND TREATMENT		
01	1E	ICU MEDICINE	BEDS ADC PATIENTS TREATED	AMIS 8JE2 AMIS 8JE2 AMIS 8JE2
01	1F	STEP CARE UNIT	BEDS ADC PATIENTS TREATED	AMIS 8JH2 AMIS 8JH2 AMIS 8JH2
01	1J	SLEEP DISORDERS CENTER		
01	1L	INTERMEDIATE CARE UNITS	BEDS ADC PATIENTS TREATED	1AS1 1AS1 1AS1
01	1M	INFECTIOUS DISEASE	VISITS	N/A
01	1N	PULMONARY DISEASE	VISITS	N/A

PROGRAM IDENTIFIER CODES

CODES 1 2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
01 1R	ONCOLOGY	PATIENTS TREATED VISITS	N/A N/A
01 1S	NEPHROLOGY	PATIENTS TREATED PROCEDURES VISITS	N/A N/A N/A
01 1U	CCU (CORONARY CARE UNIT)	BEDS ADC PATIENTS TREATED	AMIS 8JG2 AMIS 8JG2 AMIS 8JG2
01 1X	PREVENTIVE HEALTH PROGRAM		
01 2B	DERMATOLOGY	PATIENTS TREATED VISITS	N/A N/A
01 2P	AECGIS (AUTOMATED ELECTRO-CARDIOGRAPHIC INTERPRETATIVE SYSTEMS)	PATIENTS TREATED VISITS	N/A N/A
01 2R	CARDIAC CATHETERIZATION LAB	PATIENTS TREATED	AMIS 8JA2
01 2S	CARDIAC REHABILITATION	PATIENTS TREATED VISITS	N/A N/A
01 3L	ELECTROPHYSIOLOGY LAB	PATIENTS TREATED	AMIS 8JA2
01 3P	ENDOCRINOLOGY	PATIENTS TREATED PROCEDURES VISITS	N/A N/A N/A
01 3S	GASTROENTEROLOGY	PROCEDURES VISITS	N/A N/A
01 3V	HEMATOLOGY	PATIENTS TREATED PROCEDURES VISITS	N/A N/A N/A
01 3Y	ALLERGY AND IMMUNOLOGY	PROCEDURES VISITS	N/A N/A
01 4B	NON-INVASIVE CARDIAC LABORATORY	PROCEDURES	N/A
01 4H	PULMONARY FUNCTION/BLOOD GAS	VISITS	AMIS 8JC2
01 4I	RESPIRATORY CARE/CHRONIC VENTILATOR UNITS	BEDS ADC PATIENTS TREATED	N/A

PROGRAM IDENTIFIER CODES

CODES 1	2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
01	4J	RHEUMATOLOGY	PATIENTS TREATED PROCEDURES VISITS	N/A N/A N/A
01	01	MEDICINE	BEDS ADC PATIENTS TREATED	AMIS 1AS1 AMIS 1AS1 AMIS 1AS1
01	08	CARDIOLOGY	PATIENTS TREATED	N/A
01	41	DIALYSIS	TREATMENTS PATIENT CENSUS	AMIS 8JD2 AMIS 8JD2
01	91	SICKLE CELL PROGRAM	PATIENTS TREATED VISITS	RCS 10-0115 RCS 10-0115
01	98	RURAL OUTREACH	PATIENTS TREATED VISITS	N/A N/A
02	02	SURGERY	BEDS ADC PATIENTS TREATED	AMIS 1AS1 AMIS 1AS1 AMIS 1AS1
02	25	ANESTHESIOLOGY	PROCEDURES	AMIS EYA2
02	42	ICU SURGICAL	BEDS ADC PATIENTS TREATED	AMIS 8JF2 AMIS 8JF2 AMIS 8JF2
02	43	UROLOGY	PROCEDURES VISITS	AMIS 5ACB N/A
02	82	BURN UNIT	BEDS ADC PATIENTS TREATED VISITS	N/A N/A N/A N/A
02	87	LITHOTRIPTER	PROCEDURES	N/A
02	2D	EAR, NOSE AND THROAT (OTORHINOLARYNGOLOGY)	PATIENTS TREATED PROCEDURES VISITS	N/A AMIS 5ACB N/A
02	2E	PERIPHERAL VASCULAR NON-INVASIVE LABORATORY	PROCEDURES	N/A
02	2L	AMBULATORY SURGERY	PROCEDURES VISITS	AMIS BPA1 N/A

PROGRAM IDENTIFIER CODES

CODES 1 2		PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
02	2T	CARDIAC (OPEN HEART) SURGERY	PROCEDURES	AMIS 5ACB
02	3N	EMERGENCY MEDICINE	PATIENTS TREATED VISITS	N/A N/A
02	3T	GYNECOLOGY	PATIENTS TREATED PROCEDURES VISITS	N/A AMIS 5ACB N/A
02	3X	HYPERBARIC OXYGEN CHAMBER	PATIENTS TREATED	N/A
02	4A	NEUROSURGERY	PROCEDURES	AMIS 5ACB
02	4E	OPHTHALMOLOGY	PROCEDURES	AMIS 5ACB
02	4F	ORTHOPEDIC SURGERY	PROCEDURES	AMIS 4ACB
02	4Q	TRANSPLANT SURGERY (RENAL)	PROCEDURES	AMIS 5ACB
03	03	NEUROLOGY	BEDS ADC PATIENTS TREATED	AMIS 1AS1 AMIS 1AS1 AMIS 1AS1
03	3F	ELECTROMYOGRAPHY	PROCEDURES	N/A
03	3J	ELECTROENCEPHALOGRAM	PROCEDURES	N/A
03	3Q	EPILEPSY	PATIENTS TREATED VISITS	N/A N/A
05	05	RADIOLOGY	PROCEDURES VISITS	RCS 10-0030 RCS 10-0030
05	2A	RADIATION THERAPY (LINEAR ACCELERATOR)	PROCEDURES VISITS	RCS 10-0030 RCS 10-0030
05	2J	ORTHOVOLTAGE THERAPY	PROCEDURES	RCS 10-0030
05	2U	SUPERFICIAL THERAPY	PROCEDURES	RCS 10-0030
05	2X	CT (COMPUTERIZED TOMOGRAPHY)	PROCEDURES	RCS 10-0030

PROGRAM IDENTIFIER CODES

CODES 1	2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
05	2Z	DIGITAL SUBTRACTION-ANGIOGRAPHY	PROCEDURES	RCS 10-0030
05	4D	MRI	PROCEDURES	RCS 10-0645
05	4R	ULTRASOUND	PROCEDURES	RCS 10-0030
05	4U	BRACHY THERAPY	PROCEDURES	RCS 10-0030
07	07	NUCLEAR MEDICINE	PROCEDURES	RCS 10-0030
07	89	PET (POSITRON EMISSION TOMOGRAPHY)	PROCEDURES VISITS	RCS 10-0010 RCS 10-0010
07	4C	NUCLEAR MEDICINE IMAGING	PROCEDURES	RCS 10-0010
07	4V	RIA (RADIOIMMUNOASSAY)	PROCEDURES	RCS 10-0010
07	4W	RADIONUCLIDE THERAPY	PROCEDURES	RCS 10-0010
07	5C	CLINICAL TELECOMMUNICATION NETWORK	PROCEDURES	RCS 10-0010
07	5E	NMR SPECTROSCOPY	PROCEDURES	RCS 10-0010
07	5F	PICTURE ARCHIVAL COMMUNICATIONS SYSTEMS	PROCEDURES	RCS 10-0010
07	5G	GAMMA CAMERA, IMAGING SYSTEMS, SPECT (SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY)	PROCEDURES	RCS 10-0010
09	09	NURSING		
10	10	DENTISTRY (ALL PROCEDURES)	CTV (COMPOSITE TIME VALUES) VISITS	AMIS 4AA2 AMIS 4AA2
10	86	DENTAL OUTPATIENT, FEE	CASES COMPLETED	AMIS 4AB2
10	2C	CDL (CENTRAL DENTAL LABORATORY)	CLV (COMPOSITE LAB VALUES)	EACH CDL
10	6A	DENTAL INPATIENT TREATMENT	TOTAL IP CTVs TOTAL IP VISTS	AMIS 4AA2 AMIS 4AA2
10	3A	DENTAL OUTPATIENT	TREATMENT CTV	AMIS 4AA2
10	3B	DENTAL OUTPATIENT TREATMENT STAFF	TOTAL OP CTV TOTAL OP VISITS	AMIS 4AC2

PROGRAM IDENTIFIER CODES

CODES 1	2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
10	3C	DENTAL HYGIENE CLINIC	PROCEDURES	N/A
11	11	RMS (REHABILITATION MEDICINE)	BEDS ADC PATIENTS TREATED	AMIS 1AS1 AMIS 1AS1 AMIS 1AS1
11	75	RMS OUTPATIENT		
11	2V	CRC (COMPREHENSIVE REHABILITATION CENTER)	PATIENTS TREATED	N/A
12	12	LABORATORY/PATHOLOGY		
13	13	PHARMACY	VISITS PRESCRIPTIONS FEE BASIS PRESCRIPTIONS IV'S, UNIT DOSES ADMINISTERED	AMIS 10-0013 EPA2
14	14	AUDIOLOGY/SPEECH PATHOLOGY	PATIENTS TREATED VISITS	N/A N/A
14	72	AUDIOLOGY	PATIENTS TREATED VISITS	N/A N/A
14	4L	SPEECH PATHOLOGY	PATIENTS TREATED VISITS	MIS 7AA2 AMIS 7AA2
15	15	SOCIAL WORK	PATIENTS TREATED	AMIS 6AB2
16	16	PROSTHETICS & SENSORY AIDS	DISABILITIES SERVED	RCS 10-0001
16	2G	ORTHOTIC LABORATORY	DISABILITIES SERVED	RCS 10-65
16	2H	RESTORATIONS CLINIC	DISABILITIES SERVED	RCS 10-65
16	2M	AMPUTEE CENTER	DISABILITIES SERVED	
16	4G	PROSTHETIC TREATMENT CENTER	DISABILITIES SERVED	RCS 10-0001
17	17	RESEARCH AND DEVELOPMENT		
18	1Q	RESPITE CARE	BEDS ADC PATIENTS TREATED	N/A N/A N/A

PROGRAM IDENTIFIER CODES

CODES 1	2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
18	18	GERIATRICS AND EXTENDED CARE		
18	23	NURSING HOME CARE (VA)	BEDS	AMIS 1AB1
			ADC	AMIS 1AB1
			PATIENTS TREATED	AMIS 1AB1
18	24	VA DOMICILIARY	BEDS	AMIS 1AC1
			ADC	AMIS 1AC1
			PATIENTS TREATED	AMIS 1AC1
18	49	ADHC (ADULT DAY HEALTH CARE)	VISITS	
18	50	NURSING HOME CARE (COMMUNITY)	ADC	AMIS 1AA1
18	51	GEU (GERIATRIC EVALUATION UNIT) INPATIENT	BEDS	N/A
			ADC	N/A
			PATIENTS TREATED	N/A
18	52	GRECC		
18	53	HBHC (HOSPITAL BASED HOME CARE)	ADC	AMIS 1HB2
			VISITS	AMIS 1HB2
18	54	PALLIATIVE/HOSPICE CARE	PATIENTS TREATED	N/A
18	55	COMMUNITY RESIDENTIAL CARE	ADC	AMIS 6402
18	56	STATE DOMICILIARY CARE	ADC	AMIS 1AF1
18	57	HOSPITAL CARE (STATE HOME)	ADC	AMIS 1AF1
18	58	STATE NURSING HOME CARE	ADC	AMIS 1AF1
18	81	ALZHEIMER'S TREATMENT PROGRAM	BEDS	N/A
			ADC	N/A
			PATIENTS TREATED	N/A
			VISITS	N/A
18	85	GEU OUTPATIENT	VISITS	N/A
19	19	DIETETICS/FOOD PRODUCTION AND SERVICE	MEALS SERVED	AMIS EFDA
19	6B	COMMUNITY CARE PROGRAM	VISITS	SMP
19	4X	NUTRITION/DIETETICS CLINIC (OUTPATIENT)	VISITS	RCS 10-0005

PROGRAM IDENTIFIER CODES

CODES 1	2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
19	5P	NUTRITION SUPPORT TEAM	ADC	RCS 10-0086
19	6C	CLINICAL NUTRITION (INPATIENT)	PATIENTS TREATED	1AS1
20	20	BLIND REHABILITATION	BEDS ADC PATIENTS TREATED	AMIS 1AS1 AMIS 1AS1 AMIS 1AS1
20	2Q	BLIND REHABILITATION CENTER	PATIENTS TREATED	RCS 10-0086
20	4S	VIST (VISUAL IMPAIRMENT TEAMS) PROGRAM SERVICES	VISITS	RCS 10-0053
21	4M	SCI HOME CARE	VISITS	AMIS 1HC2
21	21	SCI INPATIENT	BEDS ADC PATIENTS TREATED	AMIS 1AS1 AMIS 7SC1 AMIS 7SC1
21	93	SCI OUTPATIENT	VISITS	AMIS 7SA2
22	22	RECREATION	PATIENTS TREATED	RCS 10-300
27	27	OUTPATIENT STAFF MEDICAL	VISITS	AMIS 1PA1
27	60	OUTPATIENT MOBILE VAN	VISITS	N/A
27	61	OUTPATIENT SATELLITE CLINIC	VISITS	AMIS 1PA1
27	1T	OUTPATIENT FEE MEDICAL	VISITS	AMIS BPA1
27	6D	COMMUNITY-BASED CLINICS	VISITS	
27	6E	OUTREACH CLINICS	VISITS	
29	29	CHAPLAIN SERVICES		
31	31	ENGINEERING		
32	32	RESOURCE MANAGEMENT		
35	35	PERSONNEL (E.G., STAFFING)		
39	39	TOP MANAGEMENT		
48	48	MENTAL HEALTH AND BEHAVIORAL SCIENCES		

PROGRAM IDENTIFIER CODES

CODES 1 2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
48 1P	PTSD (POST-TRAUMATIC STRESS DISORDER) TREATMENT PROGRAMS	BEDS ADC PATIENTS TREATED VISITS	N/A N/A N/A N/A
48 1V	ICU PSYCHIATRY	BEDS ADC PATIENTS TREATED	N/A N/A N/A
48 2K	ALCOHOL TREATMENT INPATIENT	BEDS ADC PATIENTS TREATED	AMIS 8DC1 AMIS 8DC1 AMIS 8DC1
48 2N	ASSAULTIVE-SUICIDAL TREATMENT	PATIENTS TREATED	
48 3D	DRUG TREATMENT, INPATIENT (VA)	BEDS ADC PATIENTS TREATED	AMIS 8DA1 AMIS 8DA1 AMIS 8DA1
48 3E	DRUG TREATMENT, OUTPATIENT (VA)	VISITS	AMIS 8DB1
48 3G	DRUG TREATMENT, INPATIENT (NON-VA)	ADC	N/A
48 3H	DRUG TREATMENT, OUTPATIENT (NON-VA)	VISITS	N/A
48 3U	HALFWAY HOUSE (ALCOHOL AND DRUG)	PATIENTS TREATED	N/A
48 4N	SUBSTANCE ABUSE PROGRAMS	BEDS ADC PATIENTS TREATED VISITS	N/A N/A N/A N/A
48 4T	GERIATRIC PSYCHIATRY INPATIENT	BEDS ADC PATIENTS TREATED VISITS	N/A N/A N/A N/A
48 5A	PSYCHIATRIC NIGHT HOSPITAL	BEDS ADC PATIENTS TREATED	N/A N/A N/A
48 5H	PSYCHIATRIC CARE IN NURSING HOMES		
48 5J	MEDICO-PSYCHIATRIC UNITS		

PROGRAM IDENTIFIER CODES

CODES 1	2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
48	5K	PSYCHIATRIC CARE IN DOMICILIARIES		
48	5L	COMPENSATED WORK THERAPY/ THERAPEUTIC RESIDENCES	PLACEMENTS	N/A
48	5M	HCMI (HOMELESS CHRONIC MENTALLY ILL) PROGRAM	VISITS ADC	N/A N/A
48	5N	SPECIALIZED PTSD TREATMENT TEAM	VISITS	N/A
48	5R	INTERMEDIATE CARE PSYCHIATRIC UNITS		
48	5T	HEALTH PSYCHOLOGY PROGRAM (PREVENTIVE HEALTH)		
48	04	PSYCHIATRY INPATIENT	BEDS ADC PATIENTS TREATED	AMIS 1AS1 AMIS 1AS1 AMIS 1AS1
48	06	PSYCHOLOGY SERVICE PATIENT CONTACTS	PATIENTS TREATED AMIS 61C2	AMIS 61C2
48	44	ALCOHOL TREATMENT OUTPATIENT	VISITS	AMIS 8DD1
48	45	DAY HOSPITAL PROGRAM	VISITS	AMIS BPA1
48	46	DAY TREATMENT CENTER	VISITS	AMIS BPA1
48	47	MENTAL HYGIENE (HEALTH) CLINIC	VISITS	AMIS 1PA1
48	88	MENTAL HYGIENE (HEALTH) SATELLITE CLINICS	VISITS	
48	90	PSYCHIATRIC RESIDENTIAL TREATMENT PROGRAMS	PATIENTS TREATED ADC	N/A N/A
62	00	SHARING (NON-VA-DOD)		
62	30	BUILDING MANAGEMENT		
62	33	MEDICAL ADMINISTRATION		
62	36	SECURITY		
62	37	SUPPLY		

PROGRAM IDENTIFIER CODES

CODES 1	2	PROGRAM TITLE	WORKLOAD	SOURCE OF WORKLOAD
62	38	VOLUNTARY SERVICE		
62	40	VCS (VETERANS CANTEEN SERVICE)		
62	59	CONTRACT HOSPITALIZATION	ADC	AMIS 1AR1
62	62	ADMINISTRATION		
62	78	CHAMPVA		
63	28	LIBRARY		
63	34	MEDICAL MEDIA		
63	63	ACADEMIC AFFAIRS		
63	79	AFFILIATIONS		
63	84	EDUCATION AND TRAINING		
65	1I	INFORMATION AND REPORT MANAGEMENT		
66	66	OPTOMETRY	PATIENTS TREATED	N/A
66	95	VICTORS PROGRAM	VISITS	
67	67	PODIATRY	PATIENTS TREATED	N/A
68	68	READJUSTMENT COUNSELING- INPATIENT	PATIENTS TREATED	N/A
71	71	AGENT ORANGE	PATIENTS TREATED	N/A
73	2I	VETERAN OUTREACH CENTER	VISITS	N/A
74	83	DOD CONTINGENCY PLANNING		
74	94	VA-DOD SHARING		
74	3M	EMERGENCY MANAGEMENT/SHARING		
75	5Q	STAFFING GUIDELINES		
80	80	AIDS TREATMENT PROGRAM	PATIENTS TREATED VISITS	RCS 10-0116 RCS 10-0116
99	99	MISCELLANEOUS		

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-9
Change 2

July 26, 1991

1.   Transmitted is a change to Department of Veterans Affairs, Veterans Health Administration Manual M-9, "MEDIPP," which is changed to M-9, "Strategic Planning."

2.   Principal reason for this manual change is to delete the term "MEDIPP":

a. In chapters 1 through 11, delete the term "MEDIPP" and replace it with "Strategic Planning."

b. Changes to all M-9 chapters are in process to update to current procedures.

3.   Filing Instructions:

Remove pages	Insert pages
Cover page through iv	Cover page through iv

JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

Distribution: RPC: 1318
FD

Printing Date: 7/91

Department of Veterans Affairs
Veterans Health Services and
   Research Administration
Washington, DC 20420

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DEC 2 0 1989

M-9

October 2, 1989

1. Transmitted is a new Veterans Health Services and Research Administration Manual M-9, "MEDIPP," chapter 1 through chapter 11. **Changes will be made to incorporate the recent reorganization in the near future.**

2. Principal reason for this manual is to provide a description of and issue guidance concerning VHS&RA planning process.

3. **Filing Instructions:**

> **Insert pages**
>
> **Cover page through v**
> **1-1 through 11-3**

4. **RESCISSIONS:** Circular 10-87-113, dated October 10, 1987 and Supplement No. 1 dated April 4, 1988; Circular 10-87-147, dated December 30, 1987; Circular 10-88-3, dated January 13, 1988; Circular 10-88-150, dated December 9, 1988; and Circular 10-89-31, dated March 23, 1989.

John A. Gronvall, M.D.
JOHN A. GRONVALL, M.D.
Chief Medical Director

Distribution: RPC: 1318 is assigned
FD

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REMARKS

SUBJ: Departmental Manual M-9

1. In DM&S Supplement MP-1, Part II, Changes 35 dated November 13, 1984, the title of M-9 is "Medical District Initiated Program Planning."

2. This is to request that the title of this manual be changed to:

"Planning ~~and Evaluation~~ and Systems Development

We expect to be submitting a number of items to be included in this manual during the coming year.

3. Thank you for your assistance.

Approved X   Disapproved ___

JOHN W. DITZLER, M.D.
Chief Medical Director   2-3-86
                          Date

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61//34
JAN 27 1986
Regulations and Publications Management Staff (10A1B)

FROM

MARJORIE R. QUANDT
ACMD for Planning Coordination (17A)

TEL. EXT. 3331

Memorandum

To: Chief Medical Director (10)
Publications Control Officer (101B2)

Subj: Establishment of M9-MEDIPP

1. Request permission to establish a new manual (M9-MEDIPP) to formalize
MEDIPP (Medical District Initiated Program Planning) as a permanent DM&S Policy.

2. MEDIPP has in its two year cycle become an effective mechanism for DM&S
planning purposes. MEDIPP has become the management tool providing
comprehensive information directly from the medical districts. This allows
prudent decision making in order to meet the health care veterans needs of the
1990's and beyond.

3. The '84 MEDIPP Planning Guidance has been reviewed and concurred in by
appropriate program offices, therefore, in order to expedite the process, I
would recommend that Volume I: Medipp Purpose, Structure, and Process and Volume
II: Plan Development, of the '84 MEDIPP Planning Guidance be accepted as the
M9-MEDIPP Manual without further circulation. (Appropriate formatting would be
instituted.) I anticipate no changes to these two volumes in the near future.

Volume III: Needs Assessment Methodology and Volume IV: MEDIPP Reference
Documents will by necessity be revised annually and will therefore have to be
issued annually as a CMD Circular.

4. It is timely that M9-MEDIPP be developed in order to firmly establish its
important place in DM&S as a consistent, and permanent policy.

MURRAY G. MITTS, M.D.

DONALD L. CUSTIS, M.D.
Chief Medical Director (10)

Approve ✓
Disapprove ___

4/17/84
Date