Department of Veterans Affairs

Volume II
Medical Programs and
Information Technology Programs

Congressional Submission

FY 2018 Funding and
FY 2019 Advance Appropriations

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Veterans Health Administration Vision

Vision
The Veterans Health Administration (VHA) will continue to strive to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment, including community care as a part of a high-performing care network, that supports learning, discovery and continuous improvement.

VHA will emphasize prevention and population health, and contribute to the Nation's well-being through education, research, and service in national emergencies.

National Contribution
VHA supports the public health of the Nation through medical, surgical, and mental health care; medical and prosthetic research; health professions education; and training. VHA also plays a key role in homeland security by serving as a resource in the event of a national emergency or natural disaster.

Stakeholders
Numerous stakeholders have a direct interest in VHA's delivery of health care, medical research, and medical education. They include:

- Veterans and their Families
- Native American Tribes
- State Veterans Homes
- Academic Affiliates
- Health Care Contract Providers
- Department of Defense (DOD) and other Federal Agencies
- Veteran Service Organizations
- State/County Veterans Offices
- Health Care Professional Trainees
- Researchers
- The President and Congress
- VA Employees

VA Medical Care Overview
VA is committed to providing Veterans and other eligible beneficiaries timely access to high-quality health services. VA's health care mission covers the continuum of care providing Inpatient and Outpatient services, including Pharmacy, Prosthetics, and Mental Health; Long-Term Care in both institutional and non-institutional settings; Community Care, and other health care programs, such as the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and Readjustment Counseling. VA will meet all of its commitments to treat Operation Enduring Freedom (OEF), Operating

Iraqi Freedom (OIF), Operation New Dawn (OND), and Operation Inherent Resolve (OIR) Veterans and Service members in 2018 and 2019.

VA Medical Care Budget Priorities

This budget request will ensure the Nation's Veterans receive high-quality health care and timely access to benefits and services. In 2018 it provides a $4.6 billion increase, or 7%, in discretionary funding for VA health care to improve patient access and timeliness of medical care services for approximately 9 million enrolled Veterans. The budget also requests $2.874 billion in new mandatory budget authority in 2018 and $3.5 billion in 2019 to continue further development and improvement of the Veterans Choice Program (the Choice Program). The requested funding would enable VA to provide a broad range of primary care, mental health care, specialized care, and related medical and social support services to enrolled Veterans, including services that are uniquely related to Veterans' health and special needs. The budget request supports the VA Secretary's five strategic priorities:

Provide Greater Choice for Veterans

The Veterans Choice Program is a critical program that has increased access to care for millions of Veterans. Since the start of the Choice Program, over 1.4 million Veterans have received Choice care. In 2015, VA issued more than 380,000 authorizations to Veterans through the Choice Program. In 2016, VA issued more than 2,000,000 authorizations to Veterans to receive care through the Choice Program, more than a fivefold increase in the number of authorizations from 2015 to 2016. In April 2015, the Choice Program network included approximately 200,000 providers and facilities. As of February 2017, the Choice Program network had grown to over 400,000 providers and facilities, a more than 125% increase during this time period. As these numbers demonstrate, demand for community care is high, and VA will continue to partner with Congress to develop a community care program that addresses the challenges we face in achieving our common goal of providing the best health care and benefits we can for our Veterans.

Modernize the VA System

VA is working towards the goal of high-performing networks that take into account current and expected future demand for services by developing a structure to integrate community care and VA-provided health care on a market-by-market basis. The Department is working with private-sector health care experts to design an approach for integrated health care delivery decisions based on Veteran population, demand, internal capacity, and external public and private-sector health care resources and capacity. Once the approach is validated and piloted, a national infrastructure realignment strategy will be developed. Through this process, VA will also identify the resources, tools, and authorities that are needed to enable the divestiture of assets and to streamline capital project execution. In the meantime, VA will focus on fixing critical deficiencies in our physical infrastructure by investing significant resources in the Non-Recurring Maintenance (NRM) program in 2018.

Focus Resources More Efficiently
VA is committed to providing the best access to care for Veterans. To deliver the full care spectrum as defined in VA's medical benefits package, VA will focus on its foundational services—those areas in which it can excel—and build community partnerships for complementary services. VA developed the following guiding principles, centered on improving the health, well-being, and experience of Veterans receiving care from VA and in the community. These principles include:

- Enabling VA to provide access to high-quality care for Veterans, by balancing services provided by VA and the community given changing demands for care and resource limitations;
- Promoting operational efficiency and simplicity, while supporting VA's clinical care, education, and research missions; and
- Allowing facilities to meet the changing needs of Veterans in a flexible way.

VA has proposed legislation to eliminate certain statutory impediments to VA more effectively pursuing joint projects with other Federal agencies, including the Department of Defense (DOD). Today, medical facilities that are not specifically under the jurisdiction of the Secretary require specific statutory authorization for optimal collaboration. The proposed legislation objectives are to (1) enhance our ability to coordinate with DOD and other Federal agencies; (2) improve the access, quality, and cost effectiveness of direct health care provided to Veterans, Service members, and their beneficiaries; (3) permit joint capital asset planning and capital investments to design, construct, and utilize shared medical facilities; and (4) provide authority to transfer funds between VA and other Federal agencies for joint medical facility initiatives.

Improve Timeliness of Services
VA is committed to delivering timely and high-quality health care to our Nation's Veterans. Veterans now have same-day services for primary care and mental health care at all VA medical centers across our system. We are committed to ensuring that any Veteran who requires urgent care will receive timely care.

In February 2017, 96.8% of appointments were completed within 30 days of the clinically indicated or Veteran's preferred date.

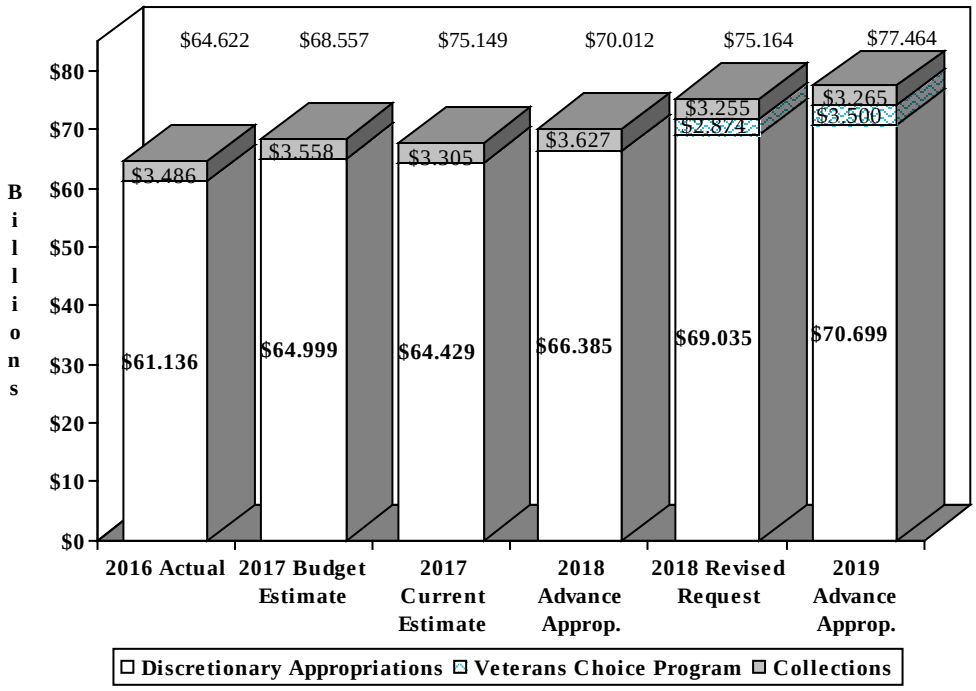
When looking at overall appointment data not specific to the Choice Program, the March 15, 2017, pending appointment data set shows VA has increased the number of overall pending appointments by nearly 1.8 million over the same period the prior year. According to that same data, the number of patients waiting greater than 30 days has decreased by 6.8% (35,325) since the beginning of 2017.

Prevent Veteran Suicides – Getting to Zero
VA recognizes that Veterans are at an increased risk for suicide and implemented a national suicide prevention strategy to address this crisis. VA is bringing the best

minds in the public and private sectors together to determine the next steps in implementing the Getting to Zero Initiative. VA's suicide prevention program is based on a public health approach that is ongoing, utilizing universal, selective, indicated strategies while recognizing that suicide prevention requires ready access to high-quality mental health services, supplemented by programs that address the risk for suicide directly. VA's strategy for suicide prevention requires ready access to high-quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high-risk patients.

Funding Highlights

Medical Care
Appropriation and Collections 1/



1/Medical Care represents all four discretionary appropriations: Medical Services, Medical Community Care, Medical Support and Compliance, and Medical Facilities; and includes the mandatory appropriations request for the Veterans Choice Program. Collections exclude the portion of Medical Care Collections Fund (MCCF) collections actually, or anticipated to be, transferred to the Joint DOD-VA Medical Facility Demonstration Fund, in support of the Captain James A. Lovell Federal Health Care Center (FHCC).

Medical Care Budgetary Resources
(dollars in thousands)

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Appropriations								
Discretionary Appropriations 1/								
Medical Services (0160)	$49,972,360	$52,751,993	$45,371,812	$44,886,554	$45,918,362	$49,161,165	$546,550	$3,242,803
Medical Community Care (0140)	$0	$0	$7,246,181	$9,409,118	$9,663,118	$8,384,704	$2,416,937	($1,278,414)
Medical Support & Compliance (0152)	$6,144,000	$6,524,000	$6,498,000	$6,654,480	$6,938,877	$7,239,156	$440,877	$300,279
Medical Facilities (0162)	$5,020,132	$5,723,000	$5,312,668	$5,434,880	$6,514,675	$5,914,288	$1,202,007	($600,387)
Discretionary Appropriations [Subtotal]	**$61,136,492**	**$64,998,993**	**$64,428,661**	**$66,385,032**	**$69,035,032**	**$70,699,313**	**$4,606,371**	**$1,664,281**
MCCF Collections 2/	$3,485,624	$3,558,307	$3,305,563	$3,627,255	$3,254,968	$3,264,616	($50,595)	$9,648
Discretionary Appropriations [Total]	**$64,622,116**	**$68,557,300**	**$67,734,224**	**$70,012,287**	**$72,290,000**	**$73,963,929**	**$4,555,776**	**$1,673,929**
Mandatory Appropriations 3/								
Veterans Choice Program (0172)	$0	$0	$0	$0	$2,874,000	$3,500,000	$2,874,000	$626,000
Mandatory Appropriations [Total]	**$0**	**$0**	**$0**	**$0**	**$2,874,000**	**$3,500,000**	$2,874,000	$626,000
Appropriations [Total]	**$64,622,116**	**$68,557,300**	**$67,734,224**	**$70,012,287**	**$75,164,000**	**$77,463,929**	**$2,874,000**	**$626,000**
Obligations								
Discretionary Obligations 4/								
Medical Services (0160)	$52,442,043	$48,785,758	$47,017,647	$48,198,687	$50,509,284	$52,096,734	$3,491,637	$1,587,450
Medical Community Care (0140)	$0	$7,496,181	$8,075,181	$9,659,118	$9,142,854	$9,370,245	$1,067,673	$227,391
Medical Support & Compliance (0152)	$6,060,859	$6,539,857	$6,525,573	$6,639,834	$6,980,148	$7,229,563	$454,575	$249,415
Medical Facilities (0162)	$4,688,470	$5,722,478	$5,300,034	$5,413,881	$6,499,705	$5,893,165	$1,199,671	($606,540)
Discretionary Obligations [Subtotal]	**$63,191,372**	**$68,544,274**	**$66,918,435**	**$69,911,520**	**$73,131,991**	**$74,589,707**	**$6,213,556**	**$1,457,716**
Financial Statement Audit Adjustment	$149,222	$0	$0	$0	$0	$0	$0	$0
Prior Year Recoveries	$261,959	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$63,602,553**	**$68,544,274**	**$66,918,435**	**$69,911,520**	**$73,131,991**	**$74,589,707**	**$6,213,556**	**$1,457,716**
Mandatory Obligations 5/								
Veterans Choice Act Section 801								
Medical Services (0160)	$1,378,419	$821,597	$781,994	$0	$31,614	$45,533	($750,380)	$13,919
Medical Support & Compliance (0152)	$6,554	$16,262	$0	$0	$14,386	$6,100	$14,386	($8,286)
Medical Facilities (0162)	$743,357	$15,512	$138,736	$0	$4,000	$1,000	($134,736)	($3,000)
Veterans Choice Act Section 801 [Subtotal]	**$2,128,330**	**$853,371**	**$920,730**	**$0**	**$50,000**	**$52,633**	**($870,730)**	**$2,633**
Veterans Choice Fund								
Veterans Choice Act Section 802 (0172)	$1,955,362	$4,819,819	$3,602,237	$0	$626,000	$0	($2,976,237)	($626,000)
Veterans Choice Program (0172)	$0	$0	$0	$0	$2,874,000	$3,500,000	$2,874,000	$626,000
Veterans Choice Fund [Subtotal]	**$1,955,362**	**$4,819,819**	**$3,602,237**	**$0**	**$3,500,000**	**$3,500,000**	**($102,237)**	**$0**
Mandatory Obligations [Subtotal]	**$4,083,692**	**$5,673,190**	**$4,522,967**	**$0**	**$3,550,000**	**$3,552,633**	**($972,967)**	**$2,633**
Prior Year Recoveries	$664,026	$0	$0	$0	$0	$0	$0	$0
Financial Statement Audit Adjustment 6/	$600,000	$0	$0	$0	$0	$0	$0	$0
Mandatory Obligations [Total]	**$5,347,718**	**$5,673,190**	**$4,522,967**	**$0**	**$3,550,000**	**$3,552,633**	**($972,967)**	**$2,633**
Obligations [Total]	**$68,950,271**	**$74,217,464**	**$71,441,402**	**$69,911,520**	**$76,681,991**	**$78,142,340**	**$5,240,589**	**$1,460,349**
Full-Time Equivalent (FTE) 7/								
Discretionary Funding								
Medical Services (0160)	214,476	230,062	225,231	223,016	236,540	238,956	11,309	2,416
Medical Support & Compliance (0152)	50,490	52,350	52,222	52,350	53,099	53,352	877	253
Medical Facilities (0162)	23,923	24,209	24,743	24,209	25,189	25,477	446	288
Discretionary Funding [Subtotal]	**288,889**	**306,621**	**302,196**	**299,575**	**314,828**	**317,785**	**12,632**	**2,957**
Mandatory Funding								
Veterans Choice Act Sec. 801 (0160XA, 0152XA, & 0162XA) 8/ ...	10,435	6,628	5,607	0	0	0	(5,607)	0
Veterans Choice Act Sec. 802 (0172)	58	58	131	0	0	0	(131)	0
Veterans Choice Program (0172)	0	0	0	0	131	131	131	0
Mandatory Funding [Subtotal]	**10,493**	**6,686**	**5,738**	**0**	**131**	**131**	**(5,607)**	**0**
FTE [Total]	**299,382**	**313,307**	**307,934**	**299,575**	**314,959**	**317,916**	**19,657**	**5,914**

1/ Includes all rescissions but not transfers to the two joint Department of Defense (DoD)-VA health care accounts.

2/ Excludes the portion of MCCF collections actually, or anticipated to be, transferred to the Joint DOD-VA Medical Facility Demonstration Fund, in support of the Captain James A. Lovell Federal Health Care Center (FHCC).

3/ VA is requesting new mandatory budget authority for the Veterans Choice Program in the amounts displayed in 2018 and 2019.

4/ Obligations after transfers, reimbursements, changes in unobligated balances and lapse.

5/ OI&T and Minor Construction Section 801 mandatory obligations data are excluded from this table.

6/ Financial Statement Audit Adjustment revised downward since the 2017 PB publication.

7/ Does not include FTEs in the two joint DoD-VA health care accounts.

8/ Beginning in 2018, all VACAA section 801 FTEs are funded through the regular discretionary appropriations request.

The Medical Care Appropriations and Collections chart and Medical Care Budgetary Resources table shown above reflect the total appropriations request for the Medical Care program, including the new mandatory budget authority requested for the Veterans Choice Program in the Veterans Choice Fund. Because both the Medical Community Care account and the Veterans Choice Fund provide funding for community care, the presentation combines these sources of funding to allow for a comprehensive picture of VA's budget request for the entire Medical Care program.

Below, the tables show additional information for each account. First is a table that shows the information for all accounts, combined. Next is one table for each of the four Medical Care accounts and one table for the Veterans Choice Fund. In addition to the appropriations request, the tables show rescissions, transfers, and, for the Medical Services and Medical Community Care accounts, medical care collections.

Medical Care Budget Authority
(dollars in thousands)

Account	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Total Discretionary Medical Care								
Advance Appropriation	$58,662,202	$63,271,000	$63,271,000	$66,385,032	$66,385,032	$70,699,313	$3,114,032	$4,314,281
Annual Appropriation Adjustment	$2,474,290	$1,727,993	$8,572,842	$0	$2,650,000	$0	($5,922,842)	($2,650,000)
Subtotal	**$61,136,492**	**$64,998,993**	**$71,843,842**	**$66,385,032**	**$69,035,032**	**$70,699,313**	**($2,808,810)**	**$1,664,281**
Rescissions								
Public Law 114-223, Section 217	$0	$0	($7,246,181)	$0	$0	$0	$7,246,181	$0
Public Law 114-223, Section 236	$0	$0	($169,000)	$0	$0	$0	$169,000	$0
Subtotal	**$0**	**$0**	**($7,415,181)**	**$0**	**$0**	**$0**	**$7,415,181**	**$0**
Transfers To:								
FHCC (0169)	($260,363)	($267,430)	($267,430)	($273,430)	($289,619)	($298,626)	($22,189)	($9,007)
Grants SEC (0181)	($20,000)	$0	$0	$0	$0	$0	$0	$0
Major Construction (0110)	($436,277)	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	($7,246,181)	$0	$0	$0	$0	$0	$0
DoD/VA JIF (0165)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	$0	$0
Subtotal	**($731,640)**	**($7,528,611)**	**($282,430)**	**($288,430)**	**($304,619)**	**($313,626)**	**($22,189)**	**($9,007)**
Transfers From								
FHCC (0169)	$13,000	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160)	$0	$7,246,181	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$13,000**	**$7,246,181**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Collections Estimate	$3,485,624	$3,558,307	$3,305,563	$3,627,255	$3,254,968	$3,264,616	($50,595)	$9,648
Subtotal	**$3,485,624**	**$3,558,307**	**$3,305,563**	**$3,627,255**	**$3,254,968**	**$3,264,616**	**($50,595)**	**$9,648**
Budget Authority [Discretionary]	$63,903,476	$68,274,870	$67,451,794	$69,723,857	$71,985,381	$73,650,303	$4,533,587	$1,664,922
Budget Authority [Mandatory]	$0	$0	$0	$0	$2,874,000	$3,500,000	$2,874,000	$626,000
Budget Authority [Total]	**$63,903,476**	**$68,274,870**	**$67,451,794**	**$69,723,857**	**$74,859,381**	**$77,150,303**	**$7,407,587**	**$2,290,922**

Medical Care Budget Authority
(dollars in thousands)

Account	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Medical Services (0160)								
Advance Appropriation	$47,603,202	$51,673,000	$51,673,000	$44,886,554	$44,886,554	$49,161,165	($6,786,446)	$4,274,611
Annual Appropriation Adjustment	$2,369,158	$1,078,993	$1,078,993	$0	$1,031,808	$0	($47,185)	($1,031,808)
Subtotal	**$49,972,360**	**$52,751,993**	**$52,751,993**	**$44,886,554**	**$45,918,362**	**$49,161,165**	**($6,833,631)**	**$3,242,803**
Rescissions								
Public Law 114-223, Section 217	$0	$0	($7,246,181)	$0	$0	$0	$7,246,181	$0
Public Law 114-223, Section 236	$0	$0	($134,000)	$0	$0	$0	$134,000	$0
Subtotal	**$0**	**$0**	**($7,380,181)**	**$0**	**$0**	**$0**	**$7,380,181**	**$0**
Transfers To:								
FHCC (0169)	($196,323)	($201,604)	($185,773)	($206,127)	($198,642)	($204,820)	($12,869)	($6,178)
Grants SEC (0181)	($20,000)	$0	$0	$0	$0	$0	$0	$0
Major Construction (0110)	($39,051)	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	($7,246,181)	$0	$0	$0	$0	$0	$0
DoD/VA JIF (0165)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	$0	$0
Subtotal	**($270,374)**	**($7,462,785)**	**($200,773)**	**($221,127)**	**($213,642)**	**($219,820)**	**($12,869)**	**($6,178)**
Transfers From								
FHCC (0169)	$9,803	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$9,803**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Collections								
Initial Collections Estimate	$3,485,624	$3,308,307	$3,055,563	$3,377,255	$2,999,115	$3,002,146	($56,448)	$3,031
Transfer to Medical Community Care	$0	$0	($600,000)	$0	$0	$0	$600,000	$0
Subtotal	**$3,485,624**	**$3,308,307**	**$2,455,563**	**$3,377,255**	**$2,999,115**	**$3,002,146**	**$543,552**	**$3,031**
Budget Authority [Total]	**$53,197,413**	**$48,597,515**	**$47,626,602**	**$48,042,682**	**$48,703,835**	**$51,943,491**	**$1,077,233**	**$3,239,656**
Medical Support & Compliance (0152)								
Advance Appropriation	$6,144,000	$6,524,000	$6,524,000	$6,654,480	$6,654,480	$7,239,156	$130,480	$584,676
Annual Appropriation Adjustment	$0	$0	$0	$0	$284,397	$0	$284,397	($284,397)
Subtotal	**$6,144,000**	**$6,524,000**	**$6,524,000**	**$6,654,480**	**$6,938,877**	**$7,239,156**	**$414,877**	**$300,279**
Rescissions								
Public Law 114-223, Section 217	$0	$0	$0	$0	$0	$0	$0	$0
Public Law 114-223, Section 236	$0	$0	($26,000)	$0	$0	$0	$26,000	$0
Subtotal	**$0**	**$0**	**($26,000)**	**$0**	**$0**	**$0**	**$26,000**	**$0**
Transfers To:								
FHCC (0169)	($27,405)	($28,206)	($25,991)	($28,839)	($27,792)	($28,656)	($1,801)	($864)
Grants SEC (0181)	$0	$0	$0	$0	$0	$0	$0	$0
Major Construction (0110)	($84,687)	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
DoD/VA JIF (0165)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**($112,092)**	**($28,206)**	**($25,991)**	**($28,839)**	**($27,792)**	**($28,656)**	**($1,801)**	**($864)**
Transfers From								
FHCC (0169)	$1,368	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$1,368**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Budget Authority [Total]	**$6,033,276**	**$6,495,794**	**$6,472,009**	**$6,625,641**	**$6,911,085**	**$7,210,500**	**$439,076**	**$299,415**

Medical Care Budget Authority (continued)
(dollars in thousands)

Account	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Medical Facilities (0162)								
Advance Appropriation	$4,915,000	$5,074,000	$5,074,000	$5,434,880	$5,434,880	$5,914,288	$360,880	$479,408
Annual Appropriation Adjustment	$105,132	$649,000	$247,668	$0	$1,079,795	$0	$832,127	($1,079,795)
Subtotal	**$5,020,132**	**$5,723,000**	**$5,321,668**	**$5,434,880**	**$6,514,675**	**$5,914,288**	**$1,193,007**	**($600,387)**
Rescissions								
Public Law 114-223, Section 217	$0	$0	$0	$0	$0	$0	$0	$0
Public Law 114-223, Section 236	$0	$0	($9,000)	$0	$0	$0	$9,000	$0
Subtotal	**$0**	**$0**	**($9,000)**	**$0**	**$0**	**$0**	**$9,000**	**$0**
Transfers To:								
FHCC (0169)	($36,635)	($37,620)	($34,666)	($38,464)	($37,068)	($38,221)	($2,402)	($1,153)
Grants SEC (0181)	$0	$0	$0	$0	$0	$0	$0	$0
Major Construction (0110)	($312,539)	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
DoD/VA JIF (0165)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**($349,174)**	**($37,620)**	**($34,666)**	**($38,464)**	**($37,068)**	**($38,221)**	**($2,402)**	**($1,153)**
Transfers From								
FHCC (0169)	$1,829	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$1,829**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Budget Authority [Total]	**$4,672,787**	**$5,685,380**	**$5,287,002**	**$5,396,416**	**$6,477,607**	**$5,876,067**	**$1,190,605**	**($601,540)**
Medical Community Care (0140)								
Advance Appropriation	$0	$0	$0	$9,409,118	$9,409,118	$8,384,704	$9,409,118	($1,024,414)
Annual Appropriation Adjustment	$0	$0	$7,246,181	$0	$254,000	$0	($6,992,181)	($254,000)
Subtotal	**$0**	**$0**	**$7,246,181**	**$9,409,118**	**$9,663,118**	**$8,384,704**	**$2,416,937**	**($1,278,414)**
Rescissions								
Public Law 114-223, Section 217	$0	$0	$0	$0	$0	$0	$0	$0
Public Law 114-223, Section 236	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Transfers To:								
FHCC (0169)	$0	$0	($21,000)	$0	($26,117)	($26,929)	($5,117)	($812)
Grants SEC (0181)	$0	$0	$0	$0	$0	$0	$0	$0
Major Construction (0110)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160)	$0	$0	$0	$0	$0	$0	$0	$0
DoD/VA JIF (0165)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**($21,000)**	**$0**	**($26,117)**	**($26,929)**	**($5,117)**	**($812)**
Transfers From								
FHCC (0169)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Services (0160)	$0	$7,246,181	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	**$0**	**$7,246,181**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Collections								
Initial Collections Estimate	$0	$250,000	$250,000	$250,000	$255,853	$262,470	$5,853	$6,617
Transfer From Medical Services (0160)	$0	$0	$600,000	$0	$0	$0	($600,000)	$0
Subtotal	**$0**	**$250,000**	**$850,000**	**$250,000**	**$255,853**	**$262,470**	**($594,147)**	**$6,617**
Budget Authority [Total]	**$0**	**$7,496,181**	**$8,075,181**	**$9,659,118**	**$9,892,854**	**$8,620,245**	**$1,817,673**	**($1,272,609)**
Veterans Choice Program								
Annual Appropriation	$0	$0	$0	$0	$2,874,000	$3,500,000	$2,874,000	$626,000
Subtotal	**$0**	**$0**	**$0**	**$0**	**$2,874,000**	**$3,500,000**	**$2,874,000**	**$626,000**
Budget Authority [Total]	**$0**	**$0**	**$0**	**$0**	**$2,874,000**	**$3,500,000**	**$2,874,000**	**$626,000**

Medical Care Budget Authority (continued)
(dollars in thousands)

Account	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Overall Total								
Appropriation								
Discretionary	$61,136,492	$64,998,993	$71,843,842	$66,385,032	$69,035,032	$70,699,313	$0	$0
Mandatory	$0	$0	$0	$0	$2,874,000	$3,500,000	$2,874,000	$626,000
Appropriation [Subtotal]	**$61,136,492**	**$64,998,993**	**$71,843,842**	**$66,385,032**	**$71,909,032**	**$74,199,313**	**$2,874,000**	**$626,000**
Rescissions	$0	$0	($7,415,181)	$0	$0	$0	$7,415,181	$0
Transfers To	($731,640)	($7,528,611)	($282,430)	($288,430)	($304,619)	($313,626)	($22,189)	($9,007)
Transfers From	$13,000	$7,246,181	$0	$0	$0	$0	$0	$0
Collections	$3,485,624	$3,558,307	$3,305,563	$3,627,255	$3,254,968	$3,264,616	($50,595)	$9,648
Budget Authority [Total]	**$63,903,476**	**$68,274,870**	**$67,451,794**	**$69,723,857**	**$74,859,381**	**$77,150,303**	**$7,407,587**	**$2,290,922**

Medical Care Program Funding Requirements

The President's Budget submission for Medical Care is based predominately on an actuarial model, known as the Enrollee Health Care Projection Model (EHCPM), founded on actuarial methods employed by the Nation's insurers and public providers, such as Medicare and Medicaid. The resource request is tied to actuarial estimates of the projected Veteran population, projected enrollment in VA health care and projected changes in the demographic mix of enrollees over time. Demand is adjusted for expected utilization changes anticipated for an aging Veteran population and for services mandated by statute. The utilization projections are based on the following factors: private-sector benchmarks adjusted to reflect the VA health care services package; Veteran enrollee age, gender, and morbidity; enrollee reliance on VA versus other health care providers; and VA's level of management in providing health care. The changing demand for VA health care reflects many factors, including changes in health care practice such as the increasing use of pharmaceuticals; the advanced aging of many World War II, Korean, and Vietnam Veterans in greater need of health care; and the outcome of high Veteran satisfaction with the health care delivery. Finally, the EHCPM projects the total cost of providing over 80 types of health care services by multiplying the expected VA utilization by the anticipated cost per service. Additional information on the EHCPM can be found in the Appendix chapter. Not all requirements are projected by the EHCPM; see the "Model and Non-Model Obligations" chart in the Appendix chapter for more information.

Medical Services

In 2018 Medical Services requests an increase of $1.032 billion above the enacted advance appropriation to meet the projected Veteran demand for VA-provided services. The request represents an increase of 1.2% over the 2017 enacted level, but the discretionary appropriation request does not reflect the total funding available in this account. VA plans to carry over $1.652 billion in unobligated discretionary balances from 2017 into 2018 to bolster program operations in 2018. The unobligated balance is almost entirely the result of VA's successful negotiations that reduced the price of life-saving Hepatitis C treatment for Veterans infected with the disease. When this carry over balance, available balances from the Veterans Choice Act Section 801 funding, and other resources are included, the growth in total obligations in this account is 5.7% as compared to the 2017current estimate.

Medical Community Care
In 2018 Medical Community Care requests an increase of $254 million above the enacted advance appropriation to meet the projected Veteran demand for community-provided services. The request represents an increase of 33.4% over the 2017 enacted level, but the appropriation request does not reflect the total funding available in this account. VA plans to carry over $750 million in unobligated discretionary balances from 2018 into 2019 to bolster program operations in 2019. When this adjustment and other resources are included, the growth in total obligations in this account is 13.2% as compared to 2017 current estimate. When combined with Veterans Choice Program obligations, total community care obligations are $12.6 billion in 2018.

Medical Support and Compliance
In 2018 Medical Support and Compliance requests an increase of $284 million above the enacted advance appropriation. The request represents an increase of 6.8% over the 2017 enacted level, but the appropriation request does not reflect the total funding available in this account. When other resources are included, the growth in total obligations in this account is 7.2% as compared to the 2017 current estimate. The additional funding in 2018 supports increased administrative requirements in the community care program, increases in the number of staff assigned to VA Medical Centers, and growth in certain programs. The increased administrative requirements are due to continual improvements in program operations and business practices.

Medical Facilities
In 2018 Medical Facilities requests an increase of $1.080 billion above the enacted advance appropriation. The request represents an increase of 22.6% over the 2017 enacted level, but the appropriation request does not reflect the total funding available in this account. When all other resources are included, the growth in total obligations in this account is 19.6% compared to the 2017 current estimate. The additional funding reflects a focused investment in the program to address the significant sustainment and infrastructure repair needs of VHA facilities, and the funding necessary to support new lease requirements.

The following table displays, on an obligation basis, the estimated resources by major category that VA projects to incur. All program resources are included – discretionary and mandatory. For more information about each major category, please see the program narratives in the Medical Care Chapter and in the EHCPM section of the Appendix chapter.

Total Medical Care Obligations by Program
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Health Care Services								
Ambulatory Care	$31,846,467	$36,175,066	$33,189,641	$30,976,981	$36,147,787	$35,627,111	$2,958,146	($520,676)
Dental Care	$1,056,620	$1,433,385	$1,130,600	$1,277,378	$1,209,700	$1,282,300	$79,100	$72,600
Inpatient Care	$12,860,269	$12,691,101	$13,631,900	$13,029,380	$14,586,100	$15,023,700	$954,200	$437,600
Mental Health Care	$7,434,345	$7,831,890	$7,880,400	$7,997,054	$8,353,200	$8,770,900	$472,800	$417,700
Prosthetics	$2,943,555	$3,645,677	$3,450,877	$3,376,159	$3,721,300	$4,019,000	$270,423	$297,700
Rehabilitation Care	$867,037	$898,563	$902,300	$917,093	$929,400	$957,300	$27,100	$27,900
Health Care Services [Subtotal]	**$57,008,293**	**$62,675,682**	**$60,185,718**	**$57,574,045**	**$64,947,487**	**$65,680,311**	**$4,761,769**	**$732,824**
Long-Term Services & Supports (LTSS)								
Institutional LTSS								
VA Community Living Centers (VA CLC)	$3,450,971	$3,613,461	$3,554,500	$3,861,735	$3,696,700	$3,844,600	$142,200	$147,900
Community Nursing Home	$885,109	$1,012,378	$955,900	$1,064,090	$1,032,400	$1,104,700	$76,500	$72,300
State Nursing Home	$1,152,010	$1,268,888	$1,257,334	$1,388,354	$1,290,362	$1,367,993	$33,028	$77,631
State Home Domiciliary	$54,096	$66,361	$54,200	$70,583	$54,400	$54,206	$200	($194)
Institutional LTSS [Subtotal]	$5,542,186	$5,961,088	$5,821,934	$6,384,762	$6,073,862	$6,371,499	$251,928	$297,637
Non-Institutional LTSS								
State Home Adult Day Care	$949	$1,029	$1,312	$1,195	$1,195	$1,317	($117)	$122
Other Non-Institutional LTSS	$2,290,019	$2,625,803	$2,553,700	$2,738,508	$2,746,600	$2,958,700	$192,900	$212,100
Non-Institutional LTSS [Subtotal]	$2,290,968	$2,626,832	$2,555,012	$2,739,703	$2,747,795	$2,960,017	$192,783	$212,222
LTSS [Subtotal]	**$7,833,154**	**$8,587,920**	**$8,376,946**	**$9,124,465**	**$8,821,657**	**$9,331,516**	**$444,711**	**$509,859**
Other Health Care Programs								
Camp Lejeune Families (P.L. 112-154)	$4,048	$9,840	$7,590	$8,050	$6,664	$7,630	($926)	$966
Non-Additive, Included in Health Care Services								
Camp Lejeune Veterans (P.L. 112-154)	*$2,381*	*$11,347*	*$5,465*	*$11,794*	*$3,869*	*$4,026*	*($1,596)*	*$157*
Camp Lejeune Reservists (Proposed Regulation)	*$0*	*$0*	*$0*	*$0*	*$77,268*	*$85,885*	*$77,268*	*$8,617*
Caregivers (Title 1)	$493,192	$724,628	$520,932	$839,828	$603,939	$675,777	$83,007	$71,838
CHAMPVA & Other Dependent Prgs	$1,696,747	$1,919,874	$2,106,688	$2,063,652	$2,079,956	$2,227,366	($26,732)	$147,410
Readjustment Counseling	$239,630	$243,483	$243,483	$243,483	$243,483	$243,483	$0	$0
Other Health Care Programs [Subtotal]	**$2,433,617**	**$2,897,825**	**$2,878,693**	**$3,155,013**	**$2,934,042**	**$3,154,256**	**$55,349**	**$220,214**
Legislative Proposals	$0	$56,037	$45	$57,997	($21,195)	($23,743)	($21,240)	($2,548)
Obligations [Subtotal]	**$67,275,064**	**$74,217,464**	**$71,441,402**	**$69,911,520**	**$76,681,991**	**$78,142,340**	**$5,240,589**	**$1,460,349**
VA Prior Year Recoveries	$925,985	$0	$0	$0	$0	$0	$0	$0
Adjustments Related to Prior Year Financial Statement	$749,222	$0	$0	$0	$0	$0	$0	$0
Obligations [Total]	$68,950,271	$74,217,464	$71,441,402	$69,911,520	$76,681,991	$78,142,340	$5,240,589	$1,460,349

Note: Dollars may not add due to rounding in this and subsequent charts.

Programs Included in Medical Care Obligations
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Medical Care Programs: (Included Above)								
Activations	$673,535	$836,293	$836,293	$497,808	$862,166	$744,911	$25,873	($117,255)
Call Center Modernization	$0	$0	$10,000	$0	$10,000	$10,000	$0	$0
Comprehensive Addiction & Recovery Act (P.L. 114-198)	$0	$0	$48,774	$0	$55,821	$46,821	$7,047	($9,000)
Comprehensive Emergency Management Program 1/	$122,630	$138,700	$126,750	$140,580	$126,750	$126,750	$0	$0
Education & Training 1/	$2,032,539	$1,876,000	$1,812,649	$1,972,000	$1,920,756	$1,999,009	$108,107	$78,253
Electronic Health Record Modernization & Interoperability 1/	$87,556	$40,000	$65,000	$0	$226,012	$255,961	$161,012	$29,949
Health Professionals Educational Assistance Program 1/	$52,307	$70,349	$68,869	$81,485	$85,036	$105,836	$16,167	$20,800
Hepatitis C Treatment	$966,439	$1,500,000	$748,800	$600,000	$751,200	$199,348	$2,400	($551,852)
Indian Health Services	$18,150	$28,062	$28,062	$29,358	$28,000	$28,000	($62)	$0
Leases	$593,401	$838,102	$764,938	$811,900	$953,828	$971,676	$188,890	$17,848
National Veterans Sports Program 2/	$5,395		$15,830		$15,830	$16,214	$0	$384
Non-Recurring Maintenance	$1,399,714	$1,072,985	$1,157,109	$600,000	$1,870,000	$1,150,000	$712,891	($720,000)
Rural Health 1/	$184,042	$250,000	$250,000	$250,000	$250,000	$250,000	$0	$0
Veterans Homelessness Programs	$1,531,036	$1,591,365	$1,661,653	$1,122,399	$1,727,784	$1,753,534	$66,131	$25,750

1/ Previously displayed in the selected program highlights chapter of the 2017 President's Submission
2/ Details not displayed in 2017 President's Submission

Funding Highlights:

In 2018, the Budget:

- Requests $69.035 billion in discretionary appropriations to expand VA capacity for providing Veterans' medical care, purchase more care in the community, and support continuing improvements in the delivery of mental health care, specialized care for women Veterans, new treatments for Hepatitis C, and benefits for Veterans' caregivers. In addition, the Budget includes $3.255 billion in estimated medical care collections for a combined discretionary resource amount of approximately $72.290 billion. The Budget also requests $2.874 billion in new mandatory appropriations in 2018 for the Veterans Choice Fund to continue the Veterans Choice Program and ensure that eligible Veterans continue to have access to timely care, close to home. In total, the Budget requests a combined $71.909 billion in discretionary and mandatory appropriations.

- Provides $1.728 billion in 2018 to sustain VA's ongoing efforts to prevent and treat Veteran homelessness, including $320 million for the Supportive Services for Veteran Families (SSVF) program.

- Provides $751 million in 2018 for new Hepatitis C treatment.

- Provides $8.353 billion in 2018 to ensure the availability of a range of mental health services, from treatment of common mental health conditions in primary care to more intensive interventions in specialty mental health programs for more severe and persisting mental health conditions.

- Provides $862 million in 2018 to ensure timely activation of new and renovated medical facilities already under construction.

- Invests $544 million in 2018, within the Medical Care accounts, to support medical and prosthetic research efforts to advance the care and quality of life for Veterans, such as the Million Veteran Program (MVP), a genomic medicine program that seeks to collect genetic samples and general health information; and post-deployment mental health studies.

In 2019, the Budget:

- Requests $70.699 billion in 2019 discretionary advance appropriations for medical care programs, to ensure continuity of Veterans' health care services. In addition, the Budget includes $3.265 billion in estimated medical care collections for a combined discretionary resource of approximately $79.963 billion. The Budget also requests $3.5 billion in new mandatory appropriations for the Veterans Choice Fund to continue the Veterans Choice Program, or its successor, and ensure that eligible Veterans continue to have access to timely care, close to home. In total, requests a combined $77.464 billion in discretionary and mandatory appropriations.

2018 Highlights

The 2018 President's Budget is requesting discretionary appropriations of $69.035 billion for VA Medical Care, $2.650 billion in additional funding above the 2018 advance enacted discretionary level to meet Veterans' medical care needs, a 7.1% increase over the 2017 enacted discretionary level. In addition to the 2018 appropriation request, VA anticipates the Medical Care Collections Fund (MCCF) will achieve $3.271 billion in collections, of which $2.999 billion will be transferred to Medical Services, $255.9 million will be transferred to Medical Community Care, and the remaining $15.8 million to the Joint DoD-VA Medical Facility Demonstration Fund (to support the operations of the Captain James A. Lovell Federal Health Care Center (FHCC)). VA will transfer at least $15 million to the DoD-VA Health Care Sharing Incentive Fund (known as the "JIF"), as mandated by law, and $289.6 million in support of the FHCC from the Medical Services, Medical Community Care, Medical Support and Compliance, and Medical Facility appropriations. VA also estimates that it will receive $189 million in reimbursements largely from the Department of Defense (DoD) for treating their patients.

VA is also requesting an additional $2.874 billion in mandatory appropriations in 2018 for the Veterans Choice Program. This amount, combined with a projected $626 million in funds remaining from the original $10 billion appropriated for this program, results in total expected obligations of $3.5 billion for the Veterans Choice Program. In addition, VA estimates it will obligate $50 million from balances remaining from section 801 of the Veterans Choice Act for the Graduate Medical Education program. The requested resources will allow VHA to meet its 2018 total obligation authority of $76.682 billion and support 7.0 million unique patients and 9.3 million enrolled Veterans.

Compared to the enacted 2018 advance appropriations level, as requested in the 2017 President's Budget, this year's 2018 request for VA health care services is $2.650 billion higher in discretionary budget authority and $2.874 billion higher in mandatory budget authority. This request for additional funding is necessary to ensure the delivery of high-quality and timely health care services to veterans and other eligible beneficiaries. VA is requesting an increase above the enacted advance appropriation in all four Medical Care accounts: $1.032 billion in Medical Services, $254.0 million in Medical Community Care, $284.4 million in Medical Support and Compliance, and $1.080 billion in Medical Facilities.

Total estimated obligations for 2018 in this request are $6.770 billion above the initial estimate for total obligations. This total net increase is due to the following factors:

- **Health Care Services (+$7.373 billion).** Ongoing health care services estimate increased by $7.373 billion, driven largely by community care (including the Choice Program), increases in internal VA capacity to deliver health care, infrastructure enhancements, and updated actuarial trends based on the latest actual data. The following programs are the key drivers in the health care services increase:

    - **Non-Recurring Maintenance (+$1.270 billion).** The total NRM estimate of $1.87 billion, $1.27 billion above the advance appropriation level, reflects a focused investment in the program to address VHA's significant sustainment and infrastructure repair needs. Approximately $550 million will be used for sustainment projects, which repurposes existing space, and the remaining $1.32 billion for projects that address modernization, repair, and renovation for new building systems. Approximately 1,300 projects would be expected to be awarded in 2018.

    - **Veteran Homeless Programs (+$605.4 million).** VA programs to prevent and treat Veterans' homelessness increased by $605.4 million, for a total of $1.728 billion. The increased estimate allows VA to fully support projected utilization in its homeless programs, including the Supportive Services for Veterans Families (SSVF) program and the Department of Housing and Urban Development-VA Supportive Housing program (HUD-VASH).

    - **Activations (+$364.4 million).** Facility activation costs have increased by $364.4 million over the initial advance appropriation estimate of $497.8 million to $862.2 million, to ensure timely activation of medical facilities.

    - **Electronic Health Record Modernization and Interoperability (+$226.0 million).** The cost estimate of supporting the Electronic Health Record Modernization (EHRM) and Interoperability Program, formerly known as Veterans Integrated System Technology Architecture (VISTA) evolution project, is projected to cost $226.0 million in 2018. This will fund efforts to improve interoperability, training, business processing

reengineering, and change management to realize the most value from new Information Technology content.

- **Long-Term Services and Supports (-$302.8 million).** Long-Term Services and Supports estimate has decreased by $302.8 million, reflecting trends in the most recent actuals and continued investment into non-institutional settings.

- **Other Health Care Programs (-$221 million).** Ongoing health care service programs not projected by the EHCPM decreased by $221 million. The Caregivers program cost estimate decreased by $235.9 million, driven largely by a revision, based on actuals, in the projected number of Caregivers receiving stipend payments. The combined sum of the estimates for CHAMPVA, Camp Lejeune families, and readjustment counseling increased by $14.9 million based on updated actuals and revised assumptions in workload for Camp Lejeune.

- **Proposed Legislation (-$79.1 million).** The cost of VHA proposed legislation decreased by $79.1 million. See the chapter on *Proposed Legislation* for more information.

- **Additional Budgetary Resources (+$1.246 billion).** Additional budgetary resources increased by $1.246 billion (collections, reimbursements, transfers, changes in unobligated balances, and prior-year recoveries). The estimate for the Medical Care Collections Fund decreased by $372.3 million and excludes proposed legislation. Reimbursements increased by $1.7 million and transfers to the Joint DoD-VA Medical Facility Demonstration Fund increased by $16.2 million. Changes in unobligated balances from Medical Care discretionary increased by $1.652 billion, driven largely from changes in Hepatitis C costs. Veterans Choice Act Section 801 net unobligated balances increased by $50 million and Section 802 by $1.633 billion.

Update to the 2018 Advance Appropriations Request
Includes Veterans Choice Act (P.L. 113-146) & Veterans Choice Program
(dollars in thousands)

Description	2018 Advance Approp.	2018 Revised Request	Increase/ Decrease
Health Care Services:			
Medical Care Appropriations	$57,574,045	$62,092,287	$4,518,242
Veterans Choice Act, Section 801	$0	$50,000	$50,000
Veterans Choice Act, Sect. 802 & Veterans Choice Program	$0	$2,805,200	$2,805,200
Health Care Services [Subtotal]	$57,574,045	$64,947,487	$7,373,442
Non-Add Included Above:			
Activations	*$497,808*	*$862,166*	*$364,358*
Call Center Modernization	*$0*	*$10,000*	*$10,000*
Comprehensive Addiction & Recovery Act (P.L. 114-198)	*$0*	*$55,821*	*$55,821*
Electronic Health Record Modernization	*$0*	*$226,011*	*$226,011*
Hepatitis C Treatment	*$600,000*	*$751,200*	*$151,200*
Indian Health Services	*$29,358*	*$28,000*	*($1,358)*
Leases	*$811,900*	*$953,828*	*$141,928*
Non-Recurring Maintenance	*$600,000*	*$1,870,000*	*$1,270,000*
Veterans Homelessness Programs	*$1,122,398*	*$1,727,784*	*$605,386*
Long-Term Services & Supports (LTSS)			
Institutional LTSS	$6,384,762	$6,073,862	($310,900)
Non-Institutional LTSS	$2,739,703	$2,052,995	($686,708)
Veterans Choice Act, Sect. 802 & Veterans Choice Program	$0	$694,800	$694,800
LTSS [Subtotal]	$9,124,465	$8,821,657	($302,808)
Other Health Care Programs			
Camp Lejeune Families (P.L. 112-154)	$8,050	$6,664	($1,386)
Non-Addative, Included in Health Care Services			
Camp Lejeune Veterans (P.L. 112-154)	*$11,794*	*$3,869*	*($7,925)*
Camp Lejeune Reservists (Proposed Regulation)	*$0*	*$77,268*	*$77,268*
Caregivers (Title 1)	$839,828	$603,939	($235,889)
CHAMPVA & Other Dependent Prgs	$2,063,652	$2,079,956	$16,304
Readjustment Counseling	$243,483	$243,483	$0
Other Health Care Programs [Subtotal]	$3,155,013	$2,934,042	($220,971)
Legislative Proposals	$57,997	($21,195)	($79,192)
Obligations [Total]	$69,911,520	$76,681,991	$6,770,471
Funding Availability:			
Appropriation	$66,385,032	$66,385,032	$0
Trns to North Chicago Demo. Fund	($273,430)	($289,619)	($16,189)
Trns to DoD-VA Health Care Sharing Incentive Fund	($15,000)	($15,000)	$0
Medical Care Collections Fund	$3,627,255	$3,254,968	($372,287)
Reimbursements	$187,663	$189,404	$1,741
Change in Unobligated Balances	$0	$957,206	$957,206
Veterans Choice Act Section 801	$0	$50,000	$50,000
Veterans Choice Act Section 802	$0	$626,000	$626,000
Funding Availability [Total]	$69,911,520	$71,157,991	$1,246,471
Annual Appropriation Adjustment:			
Discretionary Annual Appropriation Adjustment	$0	$2,650,000	$2,650,000
Mandatory Annual Appropriation Adjustment	$0	$2,874,000	$2,874,000
Annual Appropriation Adjustment [Total]	$0	$5,524,000	$5,524,000

2019 Advance Appropriations Request

The President's Budget requests $70.699 billion in advance discretionary appropriations for the VA medical care program in 2019, a 2.4 percent increase over the 2018 discretionary request and $3.500 billion in new mandatory appropriations for the Veterans Choice Program. VA anticipates transferring $298.6 million to the FHCC and $15 million to JIF from the 2019 appropriation request. In addition to the appropriation request, MCCF is estimated to reach $3.265 billion, with $3.002 billion will be transferred to Medical Services, $262.5 million transferred to Medical Community Care, and $22.780 million transferred to the FHCC. VA also estimates that it will receive $189.4 million in reimbursements largely from DOD for treating their patients and begin 2018 with $750 million in discretionary unobligated balances and obligate $52.6 million in Veterans Choice Act section 801 unobligated start of year funds. Advance appropriations enable timely and predictable funding for VA's medical care to prevent our Nation's Veterans from being adversely affected by budget delays, and provides opportunities to more effectively use resources in a constrained fiscal environment. This request for advance appropriations will support over 7.1 million unique patients and 9.4 million enrolled Veterans fulfilling our commitment to Veterans to provide timely and accessible high-quality medical services.

The increase in total of obligations of $1.460 billion from 2018 to 2019 is due to the following factors:

- **Health Care Services (+$732.8 million).** Health care services, which is composed of ambulatory care, dental care, inpatient care, mental health care, prosthetics, and rehabilitation care, is projected to increase by $732.8 million. This change in total health care services obligations takes into consideration decreases in the following two programs:
    - **Non-Recurring Maintenance (-$720.0 million).** The decrease in NRM funding from 2018 to 2019 reflects the intentional, focused investment in NRM in 2018; in 2019, the funding level returns to historical levels.
    - **Hepatitis C Treatment (-$551.9 million).** The decrease in estimated Hepatitis C treatment obligations from 2018 to 2019 reflects a decline in weekly treatment starts due to the projected success of treating the majority of Veterans diagnosed with Hepatitis C. The 2019 Hepatitis C obligations are for treating newly diagnosed Veterans, those remaining to be treated at that time, as well as those with modifiable treatment-limiting challenges which include untreated mental health and substance use, unstable comorbidities, or other psychosocial barriers.

- **Long-Term Services and Supports (+$509.9 million).** Long-Term Services and Supports increase by $509.9 million, driven largely by cost estimates provided by the EHPCM and projected State Nursing Home growth.
- **Other Health Care Programs (+$220.2 million).** CHAMPVA, Caregivers and other health care programs increase by $220.2 million to fund annual increases in workload.

- **Proposed Legislation (-$2.5 million).** VA's proposed medical care legislation is expected to reduce obligations by $2.5 million.

The tables on the following 19 pages show the sources of funding for actual and projected obligations from 2016 through 2019. Each year begins with appropriated funds by account and then shows the results of rescissions, transfers, medical care collections, reimbursements, changes in unobligated balances, and lapse. Each year ends with a total obligation amount. For comparison, 2017 and 2018 estimates from the 2017 Congressional Justification are displayed as well.

2016 Actual
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Care Total
Advance Appropriation	$47,603,202	$6,144,000	$4,915,000	$58,662,202
Annual Appropriation Adjustment	$2,369,158	$0	$105,132	$2,474,290
Subtotal	**$49,972,360**	**$6,144,000**	**$5,020,132**	**$61,136,492**
Transfers To:				
FHCC (0169)	($196,323)	($27,405)	($36,635)	($260,363)
Grants SEC (0181)	($20,000)	$0	$0	($20,000)
Major Construction (0110)	($39,051)	($84,687)	($312,539)	($436,277)
DoD/VA JIF (0165)	($15,000)	$0	$0	($15,000)
Subtotal	**($270,374)**	**($112,092)**	**($349,174)**	**($731,640)**
Transfers From				
FHCC (0169)	$9,803	$1,368	$1,829	$13,000
Medical Facilities (0162)	$0	$0	$0	$0
Subtotal	**$9,803**	**$1,368**	**$1,829**	**$13,000**
Collections	**$3,485,624**	**$0**	**$0**	**$3,485,624**
Budget Authority [Total]	**$53,197,413**	**$6,033,276**	**$4,672,787**	**$63,903,476**
Reimbursements	**$119,181**	**$13,209**	**$13,216**	**$145,606**
Unobligated Balance (SOY)				
No-Year	$14,907	$248	$617	$15,772
H1N1 No-Year (PL 111-32)	$142	$0	$0	$142
2007 Emergency Suppl. No-Year (PL 110-28)	$0	$0	$7,370	$7,370
2-Year	$6	$98,784	$4,629	$103,419
Subtotal	**$15,055**	**$99,032**	**$12,616**	**$126,703**
Unobligated Balance (EOY)				
No-Year	($47,398)	$0	($5,977)	($53,375)
H1N1 No-Year (PL 111-32)	($134)	($216)	$0	($350)
2007 Emergency Suppl. No-Year (PL 110-28)	$0	$0	$0	$0
2-Year	($619,333)	($84,285)	($3,957)	($707,575)
Subtotal	**($666,865)**	**($84,501)**	**($9,934)**	**($761,300)**
Lapse	**($222,741)**	**($157)**	**($215)**	**($223,113)**
Financial Management System [Subtotal]	**$52,442,043**	**$6,060,859**	**$4,688,470**	**$63,191,372**
Financial Statement Audit Adjustment	**$149,222**	**$0**	**$0**	**$149,222**
Prior Year Recoveries	**$245,769**	**$188**	**$16,002**	**$261,959**
Obligations, Non-801/802 [Subtotal]	**$52,837,034**	**$6,061,047**	**$4,704,472**	**$63,602,553**
FTE, Non-801/802 [Subtotal]	**214,476**	**50,490**	**23,923**	**288,889**

2016 Actuals
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Care Total
Obligations, Non-801/802 [Subtotal]	**$52,837,034**	**$6,061,047**	**$4,704,472**	**$63,602,553**
FTE, Non-801/802 [Subtotal]	**214,476**	**50,490**	**23,923**	**288,889**

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Medical Services 0160XA	Med. Supt & Compl. 0152XA	Medical Facilities 0162XA	Medical Care Total (Continued)
Unobligated Balance (SOY)				
No-Year	$1,717,485	$27,088	$1,226,139	$2,970,712
Subtotal	**$1,717,485**	**$27,088**	**$1,226,139**	**$2,970,712**
Transfers To				
Med. Supt. & Compl, Sect. 801 (0152XA)	$0	($9,000)	($8,952)	($17,952)
Medical Services, Sect. 801 (0160XA)	$0	$0	($330,094)	($330,094)
Subtotal	**$0**	**($9,000)**	**($339,046)**	**($348,046)**
Transfers From				
Minor Construction, Sect. 801 (0111XA)	$195,348	$0	$0	$195,348
Medical Facilities, Sect. 801 (0162XA)	$330,094	$8,952	$0	$339,046
Med. Supt. & Compl., Sect. 801 (0152XA)	$9,000	$0	$0	$9,000
Subtotal	**$534,442**	**$8,952**	**$0**	**$543,394**
Unobligated Balance (EOY)				
No-Year	($873,508)	($20,486)	($143,736)	($1,037,730)
Subtotal	**($873,508)**	**($20,486)**	**($143,736)**	**($1,037,730)**
Financial Management System [Subtotal]	**$1,378,419**	**$6,554**	**$743,357**	**$2,128,330**
Prior Year Recoveries	**$540**	**$0**	**$30,188**	**$30,728**
Obligations, Sect. 801 [Subtotal]	**$1,378,959**	**$6,554**	**$773,545**	**$2,159,058**
FTE, Sect. 801 [Subtotal]	**10,370**	**64**	**1**	**10,435**
Obligations, Reg. & Med. Care Sect. 801 [Total]	**$54,215,993**	**$6,067,601**	**$5,478,017**	**$65,761,611**
FTE, Reg. & Med. Care Sect. 801 [Total]	**224,846**	**50,554**	**23,924**	**299,324**

2016 Actuals
Dollars in Thousands ($000)
Veterans Access, Choice & Accountability Act of 2014, Section 802

Description	Admin 0172XA	Medical Care 0172XB	Emerg. Hepatitis C 0172XC	Emerg. Comm. Care 0172XE	Medical Care Total (Continued)
Unobligated Balance (SOY)					
No-Year	$201,463	$5,647,108	$92,339	$509,673	$6,450,583
Subtotal	**$201,463**	**$5,647,108**	**$92,339**	**$509,673**	**$6,450,583**
Transfers To and From					
Transfers of Unobl. Balance within 0172	($83,705)	$602,545	($92,339)	($498,500)	($71,999)
Subtotal	**($83,705)**	**$602,545**	**($92,339)**	**($498,500)**	**($71,999)**
Unobligated Balance (EOY)					
No-Year	($180,432)	($4,049,015)	($10,861)	($182,914)	($4,423,222)
Subtotal	**($180,432)**	**($4,049,015)**	**($10,861)**	**($182,914)**	**($4,423,222)**
Financial Management System [Subtotal]	**($62,674)**	**$2,200,638**	**($10,861)**	**($171,741)**	**$1,955,362**
Financial Statement Audit Adjustment	**$100,000**	**$0**	**$0**	**$1,600,000**	**$1,700,000**
Adjustment to Unobl. Balance	**($19,310)**	**$162,260**	**$8,815**	**($1,251,765)**	**($1,100,000)**
Prior Year Recoveries	**$55,065**	**$281,935**	**$2,760**	**$293,538**	**$633,298**
Obligations, Sect. 802 [Subtotal]	**$73,081**	**$2,644,833**	**$714**	**$470,032**	**$3,188,660**
FTE, Sect. 802	**58**	**0**	**0**	**0**	**58**

Medical Care Obligations [Grand Total]	**$68,950,271**
Medical Care FTE [Grand Total]	**299,382**

2016 Actual
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801 (ALL)

Description	Medical Care Total	Minor Cons. 0111XA	Information Technology Dev. 0167XD	Information Technology Sustain. 0167XO	Information Technology Pay & Adm 0167XZ	Section 801 Grand Total
Unobligated Balance (SOY)						
No-Year	$2,970,712	$413,678	$131,413	$139,872	$37,649	$3,693,324
Subtotal	**$2,970,712**	**$413,678**	**$131,413**	**$139,872**	**$37,649**	**$3,693,324**
Transfers To						
Med. Supt. & Compl, Sect. 801 (0152XA)	($17,952)	$0	$0	$0	$0	($17,952)
Medical Services, Sect. 801 (0160XA)	($330,094)	($195,348)	$0	$0	$0	($525,442)
Subtotal	**($348,046)**	**($195,348)**	**$0**	**$0**	**$0**	**($543,394)**
Transfers From						
Minor Construction, Sect. 801 (0111XA)	$195,348	$0	$0	$0	$0	$195,348
Medical Facilities, Sect. 801 (0162XA)	$339,046	$0	$0	$0	$0	$339,046
Med. Supt. & Compl., Sect. 801 (0152XA)	$9,000	$0	$0	$0	$0	$9,000
Subtotal	**$543,394**	**$0**	**$0**	**$0**	**$0**	**$543,394**
Unobligated Balance (EOY)						
No-Year	($1,037,730)	($117,529)	($92,135)	($112,699)	($24,296)	($1,384,389)
Subtotal	**($1,037,730)**	**($117,529)**	**($92,135)**	**($112,699)**	**($24,296)**	**($1,384,389)**
Financial Management System [Subtotal]	**$2,128,330**	**$100,801**	**$39,278**	**$27,173**	**$13,353**	**$2,308,935**
Prior Year Recoveries	**$30,728**	**$433**	**$919**	**$0**	**$0**	**$32,080**
Obligations, Sect. 801 [Subtotal]	**$2,159,058**	**$101,234**	**$40,197**	**$27,173**	**$13,353**	**$2,341,015**
FTE, Sect. 801 [Subtotal]	**10,435**	**0**	**0**	**0**	**0**	**10,435**

2016 Actuals
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 802 (ALL)

Description	Medical Care Total	Information Technology			Section 802 Grand Total
		Dev. 0172XD	Sustain. 0172XO	Pay/Adm 0172XZ	
Unobligated Balance (SOY)					
No-Year	$6,450,583	$43,974	$6,036	$233	$6,500,826
Subtotal	**$6,450,583**	**$43,974**	**$6,036**	**$233**	**$6,500,826**
Transfers To and From					
Transfers of Unobl. Balance within 0172	($71,999)	$66,999	$5,000	$0	$0
Subtotal	**($71,999)**	**$66,999**	**$5,000**	**$0**	**$0**
Unobligated Balance (EOY)					
No-Year	($4,423,222)	($76,653)	($3,472)	($112)	($4,503,459)
Subtotal	**($4,423,222)**	**($76,653)**	**($3,472)**	**($112)**	**($4,503,459)**
Financial Management System [Subtotal]	**$1,955,362**	**$34,320**	**$7,564**	**$121**	**$1,997,367**
Financial Statement Audit Adjustment	**$1,700,000**	**$0**	**$0**	**$0**	**$1,700,000**
Adjustment to Unobl. Balance	**($1,100,000)**	**$0**	**$0**	**$0**	**($1,100,000)**
Prior Year Recoveries	**$633,298**	**$0**	**$1,839**	**$0**	**$635,137**
Obligations, Sect. 802 [Subtotal]	**$3,188,660**	**$34,320**	**$9,403**	**$121**	**$3,232,504**
FTE, Sect. 802	**58**	**0**	**0**	**0**	**58**

2017 Budget Estimate (2017 Congressional Justification)
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Comm. Care 0140	Medical Care Total
Advance Appropriation	$51,673,000	$6,524,000	$5,074,000	$0	$63,271,000
Annual Appropriation Adjustment	$1,078,993	$0	$649,000	$0	$1,727,993
Subtotal	**$52,751,993**	**$6,524,000**	**$5,723,000**	**$0**	**$64,998,993**
Transfers To:					
FHCC (0169)	($201,604)	($28,206)	($37,620)	$0	($267,430)
Medical Community Care (0140)	($7,246,181)	$0	$0	$0	($7,246,181)
DoD/VA JIF (0165)	($15,000)	$0	$0	$0	($15,000)
Subtotal	**($7,462,785)**	**($28,206)**	**($37,620)**	**$0**	**($7,528,611)**
Transfers From					
Medical Services (0160)	$0	$0	$0	$7,246,181	$7,246,181
Subtotal	**$0**	**$0**	**$0**	**$7,246,181**	**$7,246,181**
Collections	**$3,308,307**	**$0**	**$0**	**$250,000**	**$3,558,307**
Budget Authority [Total]	**$48,597,515**	**$6,495,794**	**$5,685,380**	**$7,496,181**	**$68,274,870**
Reimbursements	**$153,243**	**$14,063**	**$17,098**	**$0**	**$184,404**
Unobligated Balance (SOY)					
No-Year	$34,850	$250	$800	$0	$35,900
H1N1 No-Year (PL 111-32)	$144	$0	$0	$0	$144
2007 Emergency Suppl. No-Year (PL 110-28)	$6	$0	$7,600	$0	$7,606
2-Year	$0	$29,750	$11,600	$0	$41,350
Subtotal	**$35,000**	**$30,000**	**$20,000**	**$0**	**$85,000**
Unobligated Balance (EOY)					
No-Year	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0
2007 Emergency Suppl. No-Year (PL 110-28)	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Lapse	**$0**	**$0**	**$0**	**$0**	**$0**
Financial Management System [Subtotal]	**$48,785,758**	**$6,539,857**	**$5,722,478**	**$7,496,181**	**$68,544,274**
Financial Statement Audit Adjustment	**$0**	**$0**	**$0**	**$0**	**$0**
Prior Year Recoveries	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Non-801/802 [Subtotal]	**$48,785,758**	**$6,539,857**	**$5,722,478**	**$7,496,181**	**$68,544,274**
FTE, Non-801/802 [Subtotal]	**230,062**	**52,350**	**24,209**	**0**	**306,621**

2017 Budget Estimate (2017 Congressional Justification)
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Comm. Care 0140	Medical Care Total
Obligations, Non-801/802 [Subtotal]	**$48,785,758**	**$6,539,857**	**$5,722,478**	**$7,496,181**	**$68,544,274**
FTE, Non-801/802 [Subtotal]	**230,062**	**52,350**	**24,209**	**0**	**306,621**

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Medical Services 0160XA	Med. Supt & Compl. 0152XA	Medical Facilities 0162XA		Medical Care Total (Continued)
Unobligated Balance (SOY)					
No-Year	$302,484	$7,310	$348,229		$658,023
Subtotal	**$302,484**	**$7,310**	**$348,229**		**$658,023**
Transfers To					
Medical Services (0160XA)	$0	$0	($323,765)		($323,765)
Medical Support & Compliance (0152XA)	$0	$0	($8,952)		($8,952)
Subtotal	**$0**	**$0**	**($332,717)**		**($332,717)**
Transfers From					
Minor Construction (0111XA)	$195,348	$0	$0		$195,348
Medical Facilities (0162XA)	$323,765	$8,952	$0		$332,717
Subtotal	**$519,113**	**$8,952**	**$0**		**$528,065**
Unobligated Balance (EOY)					
No-Year	$0	$0	$0		$0
Subtotal	**$0**	**$0**	**$0**		**$0**
Financial Management System [Subtotal]	**$821,597**	**$16,262**	**$15,512**		**$853,371**
Prior Year Recoveries	**$0**	**$0**	**$0**		**$0**
Obligations, Sect. 801 [Subtotal]	**$821,597**	**$16,262**	**$15,512**		**$853,371**
FTE, Sect. 801 [Subtotal]	**6,458**	**170**	**0**		**6,628**
Obligations, Reg. & Med. Care Sect. 801 [Total]	**$49,607,355**	**$6,556,119**	**$5,737,990**	**$7,496,181**	**$69,397,645**
FTE, Reg. & Med. Care Sect. 801 [Total]	**236,520**	**52,520**	**24,209**	**0**	**313,249**

2017 Budget Estimate (2017 Congressional Justification)
Dollars in Thousands ($000)
Veterans Access, Choice & Accountability Act of 2014, Section 802

Description	Admin 0172XA	Medical Care 0172XB	Emerg. Hepatitis C 0172XC	Emerg. Comm. Care 0172XE	Medical Care Total (Continued)
Unobligated Balance (SOY)					
No-Year	$158,441	$4,660,878	$0	$0	$4,819,319
Subtotal	**$158,441**	**$4,660,878**	**$0**	**$0**	**$4,819,319**
Transfers To and From					
Transfers of Unobl. Balance within 0172	$0	$500	$0	$0	$500
Subtotal	**$0**	**$500**	**$0**	**$0**	**$500**
Unobligated Balance (EOY)					
No-Year	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Financial Management System [Subtotal]	**$158,441**	**$4,661,378**	**$0**	**$0**	**$4,819,819**
Financial Statement Audit Adjustment	**$0**	**$0**	**$0**	**$0**	**$0**
Adjustment to Unobl. Balance	**$0**	**$0**	**$0**	**$0**	**$0**
Prior Year Recoveries	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Sect. 802 [Subtotal]	**$158,441**	**$4,661,378**	**$0**	**$0**	**$4,819,819**
FTE, Sect. 802	**58**	**0**	**0**	**0**	**58**

Medical Care Obligations [Grand Total]	**$74,217,464**
Medical Care FTE [Grand Total]	**313,307**

2017 Budget Estimate (2017 Congressional Justification)
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Medical Care Total	Minor Cons. 0111XA	Information Technology Dev. 0167XD	Information Technology Sustain. 0167XO	Information Technology Pay & Adm 0167XZ	Section 801 Grand Total
Unobligated Balance (SOY)						
No-Year	$658,023	$311,178	$0	$0	$0	$969,201
Subtotal	**$658,023**	**$311,178**	**$0**	**$0**	**$0**	**$969,201**
Transfer To						
Medical Services (0160XA)	**$195,348**	**$0**	**$0**	**$0**	**$0**	**$0**
Transfer From						
Minor Construction (0111XA)	**$0**	**($195,348)**	**$0**	**$0**	**$0**	**$0**
Unobligated Balance (EOY)						
No-Year	$0	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Financial Management System [Subtotal]	**$853,371**	**$115,830**	**$0**	**$0**	**$0**	**$969,201**
Prior Year Recoveries	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Sect. 801 [Subtotal]	**$853,371**	**$115,830**	**$0**	**$0**	**$0**	**$969,201**
FTE, Sect. 801 [Subtotal]	**6,628**	**0**	**0**	**0**	**0**	**6,628**

2017 Budget Estimate (2017 Congressional Justification)
Dollars in Thousands ($000)
Veterans Access, Choice & Accountability Act of 2014, Section 802

Description	Medical Care Total	Information Technology			Section 802 Grand Total
		Dev. 0172XD	Sustain. 0172XO	Pay/Adm 0172XZ	
Unobligated Balance (SOY)					
No-Year	$4,819,319	$0	$500	$0	$4,819,819
Subtotal	**$4,819,319**	**$0**	**$500**	**$0**	**$4,819,819**
Transfers To and From					
Transfers of Unobl. Balance within 0172	$500	$0	($500)	$0	$0
Subtotal	**$500**	**$0**	**($500)**	**$0**	**$0**
Unobligated Balance (EOY)					
No-Year	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Financial Management System [Subtotal]	**$4,819,819**	**$0**	**$0**	**$0**	**$4,819,819**
Financial Statement Audit Adjustment	**$0**	**$0**	**$0**	**$0**	**$0**
Adjustment to Unobl. Balance	**$0**	**$0**	**$0**	**$0**	**$0**
Prior Year Recoveries	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Sect. 802 [Subtotal]	**$4,819,819**	**$0**	**$0**	**$0**	**$4,819,819**
FTE, Sect. 802	**58**	**0**	**0**	**0**	**58**

2017 Current Estimate (2018 Congressional Justification)
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Comm. Care 0140	Medical Care Total
Annual Appropriation	$51,673,000	$6,524,000	$5,074,000	$0	$63,271,000
Annual Appropriation	$0	$0	$0	$7,246,181	$7,246,181
Annual Appropriation Adjustment	$1,078,993	$0	$247,668	$0	$1,326,661
Subtotal	**$52,751,993**	**$6,524,000**	**$5,321,668**	**$7,246,181**	**$71,843,842**
Rescissions:					
Public Law 114-223, Section 217	($7,246,181)	$0	$0	$0	($7,246,181)
Public Law 114-223, Section 236	($134,000)	($26,000)	($9,000)	$0	($169,000)
Subtotal	**($7,380,181)**	**($26,000)**	**($9,000)**	**$0**	**($7,415,181)**
Subtotal, Appropriation & Rescissions	**$45,371,812**	**$6,498,000**	**$5,312,668**	**$7,246,181**	**$64,428,661**
Transfers To:					
FHCC (0169)	($185,773)	($25,991)	($34,666)	($21,000)	($267,430)
DoD/VA JIF (0165)	($15,000)	$0	$0	$0	($15,000)
Subtotal	**($200,773)**	**($25,991)**	**($34,666)**	**($21,000)**	**($282,430)**
Collections					
Initial Collections Estimate	$3,055,563	$0	$0	$250,000	$3,305,563
Transfer to Medical Community Care (0140)	($600,000)	$0	$0	$600,000	$0
Subtotal	**$2,455,563**	**$0**	**$0**	**$850,000**	**$3,305,563**
Budget Authority [Total]	**$47,626,602**	**$6,472,009**	**$5,278,002**	**$8,075,181**	**$67,451,794**
Reimbursements	**$153,243**	**$19,063**	**$17,098**	**$0**	**$189,404**
Unobligated Balance (SOY)					
No-Year	$47,398	$0	$5,977	$0	$53,375
H1N1 No-Year (PL 111-32)	$134	$216	$0	$0	$350
2007 Emergency Suppl. No-Year (PL 110-28)	$0	$0	$0	$0	$0
2-Year	$619,333	$84,285	$3,957	$0	$707,575
Subtotal	**$666,865**	**$84,501**	**$9,934**	**$0**	**$761,300**
Adjustment to Unobligated Balances (PY)	$223,143	$0	$0	$0	$223,143
Unobligated Balance (EOY)					
No-Year	($45,000)	($50,000)	($5,000)	$0	($100,000)
Prior Year	($223,143)	$0	$0	$0	($223,143)
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0
2-Year (Fenced Hepatitis C)	($1,384,063)	$0	$0	$0	($1,384,063)
Subtotal	**($1,652,206)**	**($50,000)**	**($5,000)**	**$0**	**($1,707,206)**
Obligations, Non-801/802 [Subtotal]	**$47,017,647**	**$6,525,573**	**$5,300,034**	**$8,075,181**	**$66,918,435**
FTE	**225,231**	**52,222**	**24,743**	**0**	**302,196**

2017 Current Estimate (2018 Congressional Justification)
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Comm. Care 0140	Medical Care Total
Obligations, Non-801/802 [Subtotal]	**$47,017,647**	**$6,525,573**	**$5,300,034**	**$8,075,181**	**$66,918,435**
FTE, Non-801/802 [Subtotal]	**225,231**	**52,222**	**24,743**	**0**	**302,196**

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Medical Services 0160XA	Med. Supt & Compl. 0152XA	Medical Facilities 0162XA		Medical Care Total (Continued)
Unobligated Balance (SOY)					
No-Year	$873,508	$20,486	$143,736		$1,037,730
Subtotal	**$873,508**	**$20,486**	**$143,736**		**$1,037,730**
Transfer of Unobligated Balance	**$0**	**$0**	**$0**		**$0**
Unobligated Balance (EOY)					
No-Year	($91,514)	($20,486)	($5,000)		($117,000)
2-Year	$0	$0	$0		$0
Subtotal	**($91,514)**	**($20,486)**	**($5,000)**		**($117,000)**
Financial Management System [Subtotal]	**$781,994**	**$0**	**$138,736**		**$920,730**
Prior Year Recoveries	**$0**	**$0**	**$0**		**$0**
Obligations, Sect. 801 [Subtotal]	**$781,994**	**$0**	**$138,736**		**$920,730**
FTE, Sect. 801 [Subtotal]	**5,607**	**0**	**0**		**5,607**
Obligations, Reg. & Med. Care Sect. 801 [Total]	**$47,799,641**	**$6,525,573**	**$5,438,770**	**$8,075,181**	**$67,839,165**
FTE, Reg. & Med. Care Sect. 801 [Total]	**230,838**	**52,222**	**24,743**	**0**	**307,803**

2017 Current Estimate (2018 Congressional Justification)
Dollars in Thousands ($000)
Veterans Access, Choice & Accountability Act of 2014, Section 802

Description	Admin 0172XA	Medical Care 0172XB	Emerg. Hepatitis C 0172XC	Emerg. Comm. Care 0172XE	Medical Care Total (Continued)
Unobligated Balance (SOY)					
No-Year	$180,432	$4,049,015	$10,861	$182,914	$4,423,222
Subtotal	**$180,432**	**$4,049,015**	**$10,861**	**$182,914**	**$4,423,222**
Transfers To and From					
Transfers of Unobl. Balance within 0172	($18,985)	$17,775	($10,861)	($182,914)	($194,985)
Subtotal	**($18,985)**	**$17,775**	**($10,861)**	**($182,914)**	**($194,985)**
Unobligated Balance (EOY)					
No-Year	$0	($626,000)	$0	$0	($626,000)
Subtotal	**$0**	**($626,000)**	**$0**	**$0**	**($626,000)**
Financial Management System [Subtotal]	**$161,447**	**$3,440,790**	**$0**	**$0**	**$3,602,237**
Financial Statement Audit Adjustment	**$0**	**$0**	**$0**	**$0**	**$0**
Adjustment to Unobl. Balance	**$0**	**$0**	**$0**	**$0**	**$0**
Prior Year Recoveries	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Sect. 802 [Subtotal]	**$161,447**	**$3,440,790**	**$0**	**$0**	**$3,602,237**
FTE, Sect. 802	**131**	**0**	**0**	**0**	**131**

Medical Care Obligations [Grand Total]	**$71,441,402**
Medical Care FTE [Grand Total]	**307,934**

2017 Current Estimate (2018 Congressional Justification)
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801 (ALL)

Description	Medical Care Total	Minor Cons. 0111XA	Information Technology			Section 801 Grand Total
			Dev. 0167XD	Sustain. 0167XO	Pay & Adm 0167XZ	
Unobligated Balance (SOY)						
No-Year	$1,037,730	$117,529	$92,135	$112,699	$24,296	$1,384,389
Subtotal	**$1,037,730**	**$117,529**	**$92,135**	**$112,699**	**$24,296**	**$1,384,389**
Transfer of Unobligated Balance	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY)						
No-Year	($117,000)	$0	($17,964)	($64,199)	($8,296)	($207,459)
2-Year	$0	$0	$0	$0	$0	$0
Subtotal	**($117,000)**	**$0**	**($17,964)**	**($64,199)**	**($8,296)**	**($207,459)**
Financial Management System [Subtotal]	**$920,730**	**$117,529**	**$74,171**	**$48,500**	**$16,000**	**$1,176,930**
Prior Year Recoveries	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Sect. 801 [Subtotal]	**$920,730**	**$117,529**	**$74,171**	**$48,500**	**$16,000**	**$1,176,930**
FTE, Sect. 801 [Subtotal]	**5,607**	**0**	**0**	**0**	**0**	**5,607**

2017 Current Estimate (2018 Congressional Justification)
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 802 (ALL)

Description	Medical Care Total	Information Technology			Section 802 Grand Total
		Dev. 0172XD	Sustain. 0172XO	Pay/Adm 0172XZ	
Unobligated Balance (SOY)					
No-Year	$4,423,222	$76,653	$3,472	$112	$4,503,459
Subtotal	**$4,423,222**	**$76,653**	**$3,472**	**$112**	**$4,503,459**
Transfers To and From					
Transfers of Unobl. Balance within 0172	($194,985)	$168,000	$26,985	$0	$0
Subtotal	**($194,985)**	**$168,000**	**$26,985**	**$0**	**$0**
Unobligated Balance (EOY)					
No-Year	($626,000)	$0	$0	$0	($626,000)
Subtotal	**($626,000)**	**$0**	**$0**	**$0**	**($626,000)**
Financial Management System [Subtotal]	**$3,602,237**	**$244,653**	**$30,457**	**$112**	**$3,877,459**
Financial Statement Audit Adjustment	**$0**	**$0**	**$0**	**$0**	**$0**
Adjustment to Unobl. Balance	**$0**	**$0**	**$0**	**$0**	**$0**
Prior Year Recoveries	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Sect. 802 [Subtotal]	**$3,602,237**	**$244,653**	**$30,457**	**$112**	**$3,877,459**
FTE, Sect. 802	**131**	**0**	**0**	**0**	**131**

2018 Advance Appropriation (2017 Congressional Justification)
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Comm. Care 0140	Medical Care Total
Advance Appropriation	**$44,886,554**	**$6,654,480**	**$5,434,880**	**$9,409,118**	**$66,385,032**
Transfers To:					
FHCC (0169)	($206,127)	($28,839)	($38,464)	$0	($273,430)
DoD/VA JIF (0165)	($15,000)	$0	$0	$0	($15,000)
Subtotal	**($221,127)**	**($28,839)**	**($38,464)**	**$0**	**($288,430)**
Collections					
Collections Estimate	**$3,377,255**	**$0**	**$0**	**$250,000**	**$3,627,255**
Budget Authority [Total]	**$48,042,682**	**$6,625,641**	**$5,396,416**	**$9,659,118**	**$69,723,857**
Reimbursements	**$156,005**	**$14,193**	**$17,465**	**$0**	**$187,663**
Unobligated Balance (SOY)					
No-Year	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0
2007 Emergency Suppl. No-Year (PL 110-28)	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Adjustment to Unobligated Balances (PY)	$0	$0	$0	$0	$0
Unobligated Balance (EOY)					
No-Year	$0	$0	$0	$0	$0
Prior Year	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0
2-Year (Fenced Hepatitis C)	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Non-801/802 [Subtotal]	$48,198,687	$6,639,834	$5,413,881	$9,659,118	$69,911,520
FTE	223,016	52,350	24,209	0	299,575

2018 Annual Appropriation Adjustment (2018 Congressional Justification)
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Comm. Care 0140	Medical Care Total
Annual Appropriation	$44,886,554	$6,654,480	$5,434,880	$9,409,118	$66,385,032
Annual Appropriation Adjustment	$1,031,808	$284,397	$1,079,795	$254,000	$2,650,000
Subtotal	**$45,918,362**	**$6,938,877**	**$6,514,675**	**$9,663,118**	**$69,035,032**
Transfers To:					
FHCC (0169)	($198,642)	($27,792)	($37,068)	($26,117)	($289,619)
DoD/VA JIF (0165)	($15,000)	$0	$0	$0	($15,000)
Subtotal	**($213,642)**	**($27,792)**	**($37,068)**	**($26,117)**	**($304,619)**
Collections					
Collections Estimate	**$2,999,115**	**$0**	**$0**	**$255,853**	**$3,254,968**
Budget Authority [Total]	**$48,703,835**	**$6,911,085**	**$6,477,607**	**$9,892,854**	**$71,985,381**
Reimbursements	**$153,243**	**$19,063**	**$17,098**	**$0**	**$189,404**
Unobligated Balance (SOY)					
No-Year	$45,000	$50,000	$5,000	$0	$100,000
PY Recoveries	$223,143	$0	$0		$223,143
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0
2007 Emergency Suppl. No-Year (PL 110-28)	$0	$0	$0	$0	$0
2-Year	$1,384,063	$0	$0	$0	$1,384,063
Subtotal	**$1,652,206**	**$50,000**	**$5,000**	**$0**	**$1,707,206**
Unobligated Balance (EOY)					
No-Year	$0	$0	$0	$0	$0
Prior Year	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0
2-Year (Fenced Hepatitis C)	$0	$0	$0	$0	$0
4-year	$0	$0	$0	($750,000)	($750,000)
Subtotal	**$0**	**$0**	**$0**	**($750,000)**	**($750,000)**
Obligations, Non-801/802 [Subtotal]	**$50,509,284**	**$6,980,148**	**$6,499,705**	**$9,142,854**	**$73,131,991**
FTE	**236,540**	**53,099**	**25,189**	**0**	**314,828**

2018 Annual Appropriation Adjustment (2018 Congressional Justification)
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Comm. Care 0140	Medical Care Total
Obligations, Non-801/802 [Subtotal]	**$50,509,284**	**$6,980,148**	**$6,499,705**	**$9,142,854**	**$73,131,991**
FTE, Non-801/802 [Subtotal]	**236,540**	**53,099**	**25,189**	**0**	**314,828**

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Medical Services 0160XA	Med. Supt & Compl. 0152XA	Medical Facilities 0162XA		Medical Care Total (Continued)
Unobligated Balance (SOY)					
No-Year	$91,514	$20,486	$5,000		$117,000
2-Year	$0	$0	$0		$0
Subtotal	**$91,514**	**$20,486**	**$5,000**		**$117,000**
Transfer of Unobligated Balance	**$0**	**$0**	**$0**		**$0**
Unobligated Balance (EOY)					
No-Year	($59,900)	($6,100)	($1,000)		($67,000)
2-Year	$0	$0	$0		$0
Subtotal	**($59,900)**	**($6,100)**	**($1,000)**		**($67,000)**
Financial Management System [Subtotal]	**$31,614**	**$14,386**	**$4,000**		**$50,000**
Prior Year Recoveries	**$0**	**$0**	**$0**		**$0**
Obligations, Sect. 801 [Subtotal]	**$31,614**	**$14,386**	**$4,000**		**$50,000**
FTE, Sect. 801 [Subtotal]	**0**	**0**	**0**		**0**
Obligations, Reg. & Med. Care Sect. 801 [Total].	**$50,540,898**	**$6,994,534**	**$6,503,705**	**$9,142,854**	**$73,181,991**
FTE, Reg. & Med. Care Sect. 801 [Total]	**236,540**	**53,099**	**25,189**	**0**	**314,828**

2018 Annual Appropriation Adjustment (2018 Congressional Justification)
Dollars in Thousands ($000)
Veterans Access, Choice & Accountability Act of 2014, Section 802 (original)/Veterans Choice Program (new)

Description	Admin 0172XA	Medical Care 0172XB	Emerg. Hepatitis C 0172XC	Emerg. Comm. Care 0172XE	Medical Care Total (Continued)
Appropriation	$31,000	$2,843,000	$0	$0	$2,874,000
Budget Authority [Total]	**$31,000**	**$2,843,000**	**$0**	**$0**	**$2,874,000**
Unobligated Balance (SOY)					
No-Year	$0	$626,000	$0	$0	$626,000
Subtotal	**$0**	**$626,000**	**$0**	**$0**	**$626,000**
Transfers To and From					
Transfers of Unobl. Balance within 0172	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Unobligated Balance (EOY)					
No-Year	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Sect. 802 [Total]	**$31,000**	**$3,469,000**	**$0**	**$0**	**$3,500,000**
FTE, Sect. 802	**131**	**0**	**0**	**0**	**131**

Medical Care Obligations [Grand Total]	**$76,681,991**
Medical Care FTE [Grand Total]	**314,959**

2018 Annual Appropriation Adjustment (2018 Congressional Justification)
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 801 (ALL)

Description	Medical Care Total (Continued)	Minor Cons. 0111XA	Information Technology			Section 801 Total
			Dev. 0167XD	Sustain. 0167XO	Pay/Adm 0167XZ	
Unobligated Balance (SOY)						
No-Year	$117,000	$0	$17,964	$64,199	$8,296	$207,459
2-Year	$0	$0	$0	$0	$0	$0
Subtotal	**$117,000**	**$0**	**$17,964**	**$64,199**	**$8,296**	**$207,459**
Transfer of Unobligated Balance	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Unobligated Balance (EOY)						
No-Year	($67,000)	$0	$0	$0	$0	($67,000)
2-Year	$0	$0	$0	$0	$0	$0
Subtotal	**($67,000)**	**$0**	**$0**	**$0**	**$0**	**($67,000)**
Obligations, Sect. 801 [Subtotal]	**$50,000**	**$0**	**$17,964**	**$64,199**	**$8,296**	**$140,459**
FTE, Sect. 801 [Subtotal]	**0**	**0**	**0**	**0**	**0**	**0**

2018 Annual Appropriation Adjustment (2018 Congressional Justification)
Dollars in Thousands ($000)

Veterans Access, Choice & Accountability Act of 2014, Section 802 (original)/Veterans Choice Program (new) (ALL)

Description	Medical Care Total	Information Technology			Section 802 Grand Total
		Dev. 0172XD	Sustain. 0172XO	Pay/Adm 0172XZ	
Appropriation	**$2,874,000**	**$0**	**$0**	**$0**	**$2,874,000**
Budget Authority [Total]	**$2,874,000**	**$0**	**$0**	**$0**	**$2,874,000**
Unobligated Balance (SOY)					
No-Year	$626,000	$0	$0	$0	$626,000
Subtotal	**$626,000**	**$0**	**$0**	**$0**	**$626,000**
Transfers To and From					
Transfers of Unobl. Balance within 0172.	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Unobligated Balance (EOY)					
No-Year	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Sect. 802 [Subtotal]	**$3,500,000**	**$0**	**$0**	**$0**	**$3,500,000**
FTE, Sect. 802	**131**	**0**	**0**	**0**	**131**

2019 Advance Appropriation (2018 Congressional Justification)
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Comm. Care 0140	Medical Care Total
Annual Appropriation	$49,161,165	$7,239,156	$5,914,288	$8,384,704	$70,699,313
Transfers To:					
FHCC (0169)	($204,820)	($28,656)	($38,221)	($26,929)	($298,626)
DoD/VA JIF (0165)	($15,000)	$0	$0	$0	($15,000)
Subtotal	**($219,820)**	**($28,656)**	**($38,221)**	**($26,929)**	**($313,626)**
Collections					
Collections Estimate	**$3,002,146**	**$0**	**$0**	**$262,470**	**$3,264,616**
Budget Authority [Total]	**$51,943,491**	**$7,210,500**	**$5,876,067**	**$8,620,245**	**$73,650,303**
Reimbursements	**$153,243**	**$19,063**	**$17,098**	**$0**	**$189,404**
Unobligated Balance (SOY)					
No-Year	$0	$0	$0	$0	$0
PY Recoveries	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0
2007 Emergency Suppl. No-Year (PL 110-28)	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0
4-Year	$0	$0	$0	$750,000	$750,000
Subtotal	**$0**	**$0**	**$0**	**$750,000**	**$750,000**
Unobligated Balance (EOY)					
No-Year	$0	$0	$0	$0	$0
Prior Year	$0	$0	$0	$0	$0
H1N1 No-Year (PL 111-32)	$0	$0	$0	$0	$0
2-Year	$0	$0	$0	$0	$0
2-Year (Fenced Hepatitis C)	$0	$0	$0	$0	$0
4-year	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Non-801/802 [Subtotal]	**$52,096,734**	**$7,229,563**	**$5,893,165**	**$9,370,245**	**$74,589,707**
FTE	**238,956**	**53,352**	**25,477**	**0**	**317,785**

2019 Advance Appropriation (2018 Congressional Justification)
Dollars in Thousands ($000)

Description	Medical Services 0160	Med. Supt & Compl. 0152	Medical Facilities 0162	Medical Comm. Care 0140	Medical Care Total
Obligations, Non-801/802 [Subtotal]	**$52,096,734**	**$7,229,563**	**$5,893,165**	**$9,370,245**	**$74,589,707**
FTE, Non-801/802 [Subtotal]	**238,956**	**53,352**	**25,477**	**0**	**317,785**

Veterans Access, Choice & Accountability Act of 2014, Section 801

Description	Medical Services 0160XA	Med. Supt & Compl. 0152XA	Medical Facilities 0162XA		Medical Care Total (Continued)
Unobligated Balance (SOY)					
No-Year	$59,900	$6,100	$1,000		$67,000
2-Year	$0	$0	$0		$0
Subtotal	**$59,900**	**$6,100**	**$1,000**		**$67,000**
Transfer of Unobligated Balance	**$0**	**$0**	**$0**		**$0**
Unobligated Balance (EOY)					
No-Year	($14,367)	$0	$0		($14,367)
2-Year	$0	$0	$0		$0
Subtotal	**($14,367)**	**$0**	**$0**		**($14,367)**
Financial Management System [Subtotal]	**$45,533**	**$6,100**	**$1,000**		**$52,633**
Prior Year Recoveries	**$0**	**$0**	**$0**		**$0**
Obligations, Sect. 801 [Subtotal]	**$45,533**	**$6,100**	**$1,000**		**$52,633**
FTE, Sect. 801 [Subtotal]	**0**	**0**	**0**		**0**
Obligations, Reg. & Med. Care Sect. 801 [Total]	**$52,142,267**	**$7,235,663**	**$5,894,165**	**$9,370,245**	**$74,642,340**
FTE, Reg. & Med. Care Sect. 801 [Total]	**238,956**	**53,352**	**25,477**	**0**	**317,785**

2019 Advance Appropriation (2018 Congressional Justification)
Dollars in Thousands ($000)
Veterans Access, Choice & Accountability Act of 2014, Section 802 (original)/Veterans Choice Program (new) (ALL)

Description	Admin 0172XA	Medical Care 0172XB	Emerg. Hepatitis C 0172XC	Emerg. Comm. Care 0172XE	Medical Care Total (Continued)
Appropriation	$154,000	$3,346,000	$0	$0	$3,500,000
Budget Authority [Total]	**$154,000**	**$3,346,000**	**$0**	**$0**	**$3,500,000**
Unobligated Balance (SOY)					
No-Year	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Transfers To and From					
Transfers of Unobl. Balance within 0172	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Unobligated Balance (EOY)					
No-Year	$0	$0	$0	$0	$0
Subtotal	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations, Sect. 802 [Total]	**$154,000**	**$3,346,000**	**$0**	**$0**	**$3,500,000**
FTE, Sect. 802	**131**	**0**	**0**	**0**	**131**

Medical Care Obligations [Grand Total]	**$78,142,340**
Medical Care FTE [Grand Total]	**317,916**

Appropriation Transfers & Supplementals

Veterans Access, Choice, and Accountability Act of 2014 (Veterans Choice Act)

- **Veterans Choice Act.** On August 7, 2014, the Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146) ("Veterans Choice Act") was signed into law. The Veterans Choice Act provided $5 billion in mandatory funding in Section 801 to increase Veterans' access to health care by hiring more physicians and staff and improving the VA's physical infrastructure. It also provided $10 billion in mandatory funding in Section 802 through August 2017 to establish a temporary program ("Veterans Choice Program") improving Veterans' access to health care by allowing eligible Veterans who meet certain wait-time or distance standards to use health care providers outside of the VA system.

  The $10 billion was deposited in the Veterans Choice Fund in 2014, for purposes of operating the Veterans Choice Program. In July 2015, Congress provided emergency authority for Hepatitis C ($500,000,000) and Care in the Community ($3,848,500,000)

by passing Public Law 114-41, the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015, which gave VA temporary authority to use Section 802 funds on other programs. This authority ended on October 1, 2015.

The $5 billion was deposited in the Medical Services account in 2014. In 2016, the transfer of Unobligated Balance Funds shown in 2016 actuals reflects transfers to Medical Services from Medical Support & Compliance ($9,000,000), Medical Facilities ($330,093,773), and Minor Construction ($195,348,000) and a transfer from Medical Facilities to Medical Support & Compliance ($8,952,000).

Annual Appropriation Adjustment in 2016

- **$2,369,158,000 Addition to the Medical Services Appropriation.** This reflects an addition to the funds previously appropriated under Medical Services that became available on October 1, 2015. The authority for the addition to Medical Services Appropriation is provided in the Consolidated and Further Continuing Appropriations Act, 2016 (Public Law 114-113), Division J, Title II.

- **$105,132,000 Addition to the Medical Facilities Appropriation.** This reflects an addition to the funds previously appropriated under Medical Services that became available on October 1, 2015. The authority for the addition to Medical Facilities Appropriation is provided in the Consolidated and Further Continuing Appropriations Act, 2016 (Public Law 114-113), Division J, Title II.

Explanation of Rescissions in 2016

- **$30,000,000 Rescission of DoD-VA Health Care Sharing Incentive Fund (JIF).** This reflects a rescission of $30,000,000 of Unobligated Balances available from within the DoD-VA Health Care Sharing Incentive Fund. The authority for the rescission is provided in the Consolidated and Further Continuing Appropriations Act, 2016 (Public Law 114-113), Division J, Title II, Section 236, signed on December 18, 2015.

Explanation of Appropriation Transfers in 2016

- **$436,276,542 Transfer to Major Construction from Medical Care Appropriations.** This reflects a transfer to Major Construction from Medical Services ($39,050,672), Medical Support and Compliance ($84,687,286), and Medical Facilities ($312,538,584) to carry out the major medical facility replacement construction project in Denver, Colorado. The authority for this transfer is provided in the TSA Office of Inspection Accountability Act of 2015 (Public Law 114-53), Section 144, signed on September 30, 2015.

- **$15,000,000 Transfer to the DoD–VA Health Care Sharing Incentive Fund (JIF) from Medical Support and Compliance.** Title 38, section 8111(d)(2), states that, "To facilitate the incentive program, there is established in the Treasury a fund to be known as the "DoD–VA Health Care Sharing Incentive Fund." Each Secretary shall

annually contribute to the fund a minimum of $15,000,000 from the funds appropriated to that Secretary's Department. Such funds shall remain available until expended and shall be available for any purpose authorized by this section."

- **$260,363,000 Transfer to Joint DoD–VA Medical Facility Demonstration Fund**. This reflects a transfer to the Joint DoD–VA Medical Facility Demonstration Fund from Medical Services ($196,323,000), Medical Support and Compliance ($27,405,000) and Medical Facilities ($36,635,000). The authority for this transfer is provided in the Consolidated and Further Continuing Appropriations Act, 2016 (Public Law 114-113), Division J, Title II, Section 223, signed on December 18, 2015. The Demonstration Fund supports the continuing operations of the Captain James A. Lovell Federal Health Care Center (FHCC), in North Chicago, which began operations on December 20, 2010.

- **$13,000,000 Transfer to Medical Care Appropriation from Joint DoD-VA Medical Facility Demonstration Fund.** This reflects a transfer to Medical Services ($9,803,000), Medical Support and Compliance ($1,368,000), and Medical Facilities ($1,829,000) from the Joint DoD-VA Medical Facility Demonstration Fund. The authority for this transfer is provided in the Consolidated and Further Continuing Appropriations Act, 2016 (Public Law 114-113), Division J, Title II, Section 202 signed on December 18, 2015.

- **$20,000,000 Transfer to Grants for Construction of State Extended Care Facilities.** This reflects a transfer to Grants for Construction of State Extended Care Facilities from Medical Services. The authority for this transfer is provided in the Consolidated and Further Continuing Appropriations Act, 2016 (Public Law 114-113), Division J, Title II, Section 211 signed on December 18, 2015.

Medical Patient Caseload

Today's Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. The enrollment system is based on priority groups to ensure health care benefits are readily available to all enrolled Veterans. Complementing the comprehensive benefits package and improved access is our ongoing commitment to providing the very best in quality service. VA's goal is to ensure our patients receive the finest quality health care, regardless of the treatment program or the location. Enrollment in the VA health care system provides Veterans with the assurance that comprehensive health care services will be available when and where they are needed during that enrollment period.

Unique Patients 1/

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Priority Levels								
1-6.....	4,893,918	5,096,617	5,016,613	5,211,267	**5,139,379**	**5,248,414**	122,766	109,035
7-8.....	1,182,601	1,180,743	1,157,354	1,162,776	**1,132,095**	**1,109,539**	(25,259)	(22,556)
Veterans [Subtotal].....	6,076,519	6,277,360	6,173,967	6,374,043	**6,271,474**	**6,357,953**	97,507	86,479
Non-Veterans 2/.....	728,336	715,928	739,736	730,875	**756,707**	**773,606**	16,971	16,899
Unique Patients [Total].....	**6,804,855**	**6,993,288**	**6,913,703**	**7,104,918**	**7,028,181**	**7,131,559**	**114,478**	**103,378**
OEF/OIF/OND/OIR (Incl. Above)	785,905	922,664	824,681	995,196	858,552	887,098	33,871	28,546

Unique Enrollees 3/

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Priority Levels								
1-6.....	6,962,305	7,135,440	7,158,478	7,249,646	**7,277,291**	**7,380,921**	118,813	103,630
7-8.....	2,084,358	2,112,363	2,054,586	2,096,266	**2,025,261**	**1,991,737**	(29,325)	(33,524)
Unique Enrollees [Total].....	**9,046,663**	**9,247,803**	**9,213,064**	**9,345,912**	**9,302,552**	**9,372,658**	**89,488**	**70,106**

Users as a Percent of Enrollees

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Priority Levels								
1-6.....	70.3%	71.4%	70.1%	71.9%	**70.6%**	**71.1%**	0.5%	0.5%
7-8.....	56.7%	55.9%	56.3%	55.5%	**55.9%**	**55.7%**	-0.4%	-0.2%
Unique Enrollees [Total].....	67.2%	67.9%	67.0%	68.2%	**67.4%**	**67.8%**	0.4%	0.4%

1/ Unique patients are uniquely identified individuals treated by VA or whose treatment is paid for by VA.
2/ Non-Veterans include active duty military and reserve, spousal collateral, consultations and instruction, CHAMPVA workload, reimbursable workload with affiliates, humanitarian care, and employees receiving preventive occupational immunizations such as Hepatitis A&B and flu vaccinations.
3/ Similar to unique patients, the count of unique enrollees represents the count of Veterans enrolled for Veterans health care sometime during the course of the year.

Unique Patients 1/

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Priority Levels								
1-6	4,893,918	5,096,617	5,016,613	5,211,267	**5,139,379**	**5,248,414**	122,766	109,035
7-8	1,182,601	1,180,743	1,157,354	1,162,776	**1,132,095**	**1,109,539**	(25,259)	(22,556)
Veterans [Subtotal]	6,076,519	6,277,360	6,173,967	6,374,043	**6,271,474**	**6,357,953**	97,507	86,479
Non-Veterans 2/	728,336	715,928	739,736	730,875	**756,707**	**773,606**	16,971	16,899
Unique Patients [Total]	**6,804,855**	**6,993,288**	**6,913,703**	**7,104,918**	**7,028,181**	**7,131,559**	**114,478**	**103,378**

Obligations by Priority Group
Includes Veterans Choice Act
(dollars in thousands)

	2016 Actual	2017 Budget Estimate 3/	2017 Current Estimate	2018 Advance Approp. 3/	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Priority Levels								
1-6	$60,431,519		$62,349,017		**$67,885,565**		$5,536,549	
7-8	$6,437,370		$6,602,270		**$7,087,236**		$484,966	
Veterans [Subtotal]	$66,868,889		$68,951,287		**$74,972,801**		$6,021,514	
Non-Veterans 2/	$2,081,383		$2,490,115		**$2,462,572**		($27,543)	
Obligations [Total]	**$68,950,272**		**$71,441,402**		**$77,435,373**		**$5,993,971**	

Obligations Per Unique Patient
(dollars)

	2016 Actual	2017 Budget Estimate 3/	2017 Current Estimate	2018 Advance Approp. 3/	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Priority Levels								
1-6	$12,348		$12,429		**$13,209**	**$0**	$780	
7-8	$5,443		$5,705		**$6,260**	**$0**	$555	
Veterans [Subtotal]	$11,004		$11,168		**$11,955**	**$0**	$787	
Non-Veterans 2/	$2,858		$3,366		**$3,254**	**$0**	($112)	
Obligations Per Unique Patient [Total]	**$10,133**		**$10,333**		**$11,018**	**$0**	**$685**	

1/ Unique patients are uniquely identified individuals treated by VA or whose treatment is paid for by VA.
2/ Non-Veterans include active duty military and reserve, spousal collateral, consultations and instruction, CHAMPVA workload, reimbursable workload with affiliates, humanitarian care, and employees receiving preventive occupational immunizations such as Hepatitis A&B and flu vaccinations.
3/ Detail not displayed in FY 2017 President's Budget.

Unique Patients by Priority Level 1/ and Non-Veterans

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Priority Levels								
Priority 1.....	1,880,905	2,018,328	2,010,445	2,132,327	**2,139,966**	**2,255,093**	129,521	115,127
Priority 2.....	502,989	528,100	513,913	540,009	**524,832**	**534,537**	10,919	9,705
Priority 3.....	769,764	795,237	786,264	810,460	**802,767**	**817,437**	16,503	14,670
Priority 4.....	185,361	187,189	183,289	186,523	**181,229**	**179,400**	(2,060)	(1,829)
Priority 5.....	1,294,062	1,300,699	1,264,016	1,273,918	**1,234,051**	**1,207,326**	(29,965)	(26,725)
Priority 6.....	260,837	267,064	258,686	268,030	**256,534**	**254,621**	(2,152)	(1,913)
Priority 7.....	181,236	193,208	187,955	197,783	**194,700**	**200,649**	6,745	5,949
Priority 8.....	1,001,365	987,535	969,399	964,993	**937,395**	**908,890**	(32,004)	(28,505)
Veterans [Subtotal].....	6,076,519	6,277,360	6,173,967	6,374,043	**6,271,474**	**6,357,953**	97,507	86,479
Non-Veterans 2/.....	728,336	715,928	739,736	730,875	**756,707**	**773,606**	16,971	16,899
Unique Patients [Total].	**6,804,855**	**6,993,288**	**6,913,703**	**7,104,918**	**7,028,181**	**7,131,559**	**114,478**	**103,378**

1/ Unique patients are uniquely identified individuals treated by VA or whose treatment is paid for by VA.
2/ Non-Veterans include active duty military and reserve, spousal collateral, consultations and instruction, CHAMPVA workload, reimbursable workload with affiliates, humanitarian care, and employees receiving preventive occupational immunizations such as Hepatitis A&B and flu vaccinations.

Unique Patients By Age 1/ (Under 65)

	2016 Actual	2017 Budget Estimate 3/	2017 Current Estimate	2018 Advance Approp. 3/	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Priority Levels								
Priority 1	1,027,118		1,089,548		**1,156,365**	**1,213,565**	66,817	57,200
Priority 2	289,096		288,942		**289,569**	**289,328**	627	(241)
Priority 3	377,273		371,489		**366,269**	**360,536**	(5,220)	(5,733)
Priority 4	55,750		51,180		**46,714**	**42,381**	(4,466)	(4,333)
Priority 5	635,721		597,374		**560,165**	**525,358**	(37,209)	(34,807)
Priority 6	98,843		80,393		**63,319**	**45,805**	(17,074)	(17,514)
Priority Level 1-6 [Subtotal]	2,483,801		2,478,926		**2,482,401**	**2,476,973**	3,475	(5,428)
Priority 7	72,034		75,518		**79,196**	**82,496**	3,678	3,300
Priority 8	318,453		313,070		**308,248**	**304,369**	(4,822)	(3,879)
Priority Level 7-8 [Subtotal]	390,487		388,588		**387,444**	**386,865**	(1,144)	(579)
Veterans [Subtotal]	2,874,288		2,867,514		**2,869,845**	**2,863,838**	2,331	(6,007)
Non-Veterans 2/	689,723		699,484		**714,301**	**729,171**	14,817	14,870
Unique Patients [Total]	**3,564,011**	**3,566,577**	**3,566,998**	**3,623,508**	**3,584,146**	**3,593,009**	**17,148**	**8,863**

Unique Patients By Age 1/ (65 and Older)

	2016 Actual	2017 Budget Estimate 3/	2017 Current Estimate	2018 Advance Approp. 3/	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Priority Levels								
Priority 1	853,787		920,897		**983,601**	**1,041,528**	62,704	57,927
Priority 2	213,893		224,971		**235,263**	**245,209**	10,292	9,946
Priority 3	392,491		414,775		**436,498**	**456,901**	21,723	20,403
Priority 4	129,611		132,109		**134,515**	**137,019**	2,406	2,504
Priority 5	658,341		666,642		**673,886**	**681,968**	7,244	8,082
Priority 6	161,994		178,293		**193,215**	**208,816**	14,922	15,601
Priority Level 1-6 [Subtotal]	2,410,117		2,537,687		**2,656,978**	**2,771,441**	119,291	114,463
Priority 7	109,202		112,437		**115,504**	**118,153**	3,067	2,649
Priority 8	682,912		656,329		**629,147**	**604,521**	(27,182)	(24,626)
Priority Level 7-8 [Subtotal]	792,114		768,766		**744,651**	**722,674**	(24,115)	(21,977)
Veterans [Subtotal]	3,202,231		3,306,453		**3,401,629**	**3,494,115**	95,176	92,486
Non-Veterans 2/	38,613		40,252		**42,406**	**44,435**	2,154	2,029
Unique Patients [Total]	**3,240,844**	**3,426,711**	**3,346,705**	**3,481,410**	**3,444,035**	**3,538,550**	**97,330**	**94,515**

1/ Unique patients are uniquely identified individuals treated by VA or whose treatment is paid for by VA.
2/ Non-Veterans include active duty military and reserve, spousal collateral, consultations and instruction, CHAMPVA workload, reimbursable workload with affiliates, humanitarian care, and employees receiving preventive occupational immunizations such as Hepatitis A&B and flu vaccinations.
3/ Detail not displayed in FY 2017 President's Budget.

Obligations by Priority Group
2016-2019

Priority Groups	FY16 Unique Veterans	FY16 Obligations ($1,000)	Obligation per Person	FY17 Estimated Veterans	FY17 Obligations ($1,000)	Obligation per Person	FY18 Estimated Veterans	FY18 Obligations ($1,000)	Obligation per Person	FY19 Estimated Veterans	FY19 Obligations ($1,000)	Obligation per Person
P1	1,880,905	$28,243,131	$15,016	2,010,445	$29,504,240	$14,675	2,139,966	$32,964,443	$15,404	2,255,093	$33,772,350	$14,976
P2	502,989	$3,960,982	$7,875	513,913	$4,069,496	$7,919	524,832	$4,376,665	$8,339	534,537	$4,375,393	$8,185
P3	769,764	$6,106,423	$7,933	786,264	$6,310,233	$8,026	802,767	$6,904,362	$8,601	817,437	$6,983,841	$8,544
P4	185,361	$5,588,040	$30,147	183,289	$5,661,944	$30,891	181,229	$5,895,285	$32,529	179,400	$5,778,334	$32,209
P5	1,294,062	$15,435,598	$11,928	1,264,016	$15,686,841	$12,410	1,234,051	$16,566,890	$13,425	1,207,326	$16,338,144	$13,533
P6	260,837	$1,097,345	$4,207	258,686	$1,116,263	$4,315	256,534	$1,177,920	$4,592	254,621	$1,165,392	$4,577
Subtotal	4,893,918	$60,431,519	$12,348	5,016,613	$62,349,017	$12,429	5,139,379	$67,885,565	$13,209	5,248,414	$68,413,455	$13,035
P7	181,236	$1,323,193	$7,301	187,955	$1,370,708	$7,293	194,700	$1,507,470	$7,743	200,649	$1,557,601	$7,763
P8	1,001,365	$5,114,177	$5,107	969,399	$5,231,562	$5,397	937,395	$5,579,766	$5,952	908,890	$5,561,485	$6,119
Subtotal	1,182,601	$6,437,370	$5,443	1,157,354	$6,602,270	$5,705	1,132,095	$7,087,236	$6,260	1,109,539	$7,119,086	$6,416
All Veterans	6,076,519	$66,868,889	$11,004	6,173,967	$68,951,287	$11,168	6,271,474	$74,972,801	$11,955	6,357,953	$75,532,541	$11,880
Non-Veterans	728,336	$2,081,383	$2,858	739,736	$2,490,115	$3,366	756,707	$2,462,572	$3,254	773,606	$2,609,799	$3,374
Total All Patients	6,804,855	$68,950,272	$10,133	6,913,703	$71,441,402	$10,333	7,028,181	$77,435,373	$11,018	7,131,559	$78,142,340	$10,957
		$68,950,272			$71,441,402			$77,435,373			$78,142,340	

Enrollment Priority Groups

Priority Group	Definition
1	· Veterans with VA-rated service-connected disabilities 50% or more disabling. · Veterans determined by VA to be unemployable due to service-connected conditions.
2	· Veterans with VA-rated service-connected disabilities 30% or 40% disabling.
3	· Veterans who are Former Prisoners of War (POWs). · Veterans awarded a Purple Heart medal. · Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty. · Veterans with VA-rated service-connected disabilities 10% or 20% disabling. · Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation". · Veterans awarded the Medal Of Honor (MOH).
4	· Veterans who are receiving aid and attendance or housebound benefits from VA. · Veterans who have been determined by VA to be catastrophically disabled.
5	· Nonservice-connected Veterans and noncompensable service-connected Veterans rated 0% disabled by VA with annual income and/or net worth below the VA national income threshold and geographically-adjusted income threshold for their resident location. · Veterans receiving VA pension benefits. · Veterans eligible for Medicaid programs.
6	· Compensable 0% service-connected Veterans. · Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki. · Project 112/SHAD participants. · Veterans of the Mexican border period or of World War I. · Veterans who served in the Republic of Vietnam between January 9, 1962, and May 7, 1975. · Veterans of the Persian Gulf War who served between August 2, 1990, and November 11, 1998. · Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987*. · Veterans who served in a theater of combat operations after November 11, 1998 as follows: o Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for five years post discharge.

Note: At the end of this enhanced enrollment priority group placement time period, Veterans will be assigned to the highest Priority Group (PG) their eligibility status at that time qualifies for.
*While eligible for PG 6; until system changes are implemented Veterans are assigned to PG 7 or 8 depending on their household income.
** While eligible for PG 6; due to system limitations, Veterans will be manually assigned to Priority Group 8c, yet eligible for the enhance benefits.

Priority Group	Definition
7	· Veterans with gross household income below the geographically-adjusted VA income limit for their resident location, and who agree to pay copays. · Veterans with gross household income above the VA and the geographically-adjusted income limit for their resident location, and who agrees to pay copays. **Veterans eligible for enrollment:** Noncompensable 0% service-connected and: o Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status. o Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographic income limits by 10% or less.
8	· Veterans with gross household incomes above the VA income limits and the geographically- adjusted income limits for their resident location, and who agree to pay copays. **Veterans eligible for enrollment:** Non-service connected and: o Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status. o Subpriority d: Enrolled on or after June 15, 2009, whose income exceeds the current VA or geographic income limits by 10% or less. **Veterans not eligible for enrollment:** Veterans not meeting the criteria above: o Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only). o Subpriority g: Nonservice-connected.

Employment Summary

Employment Summary (FTE)

Account	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Medical Services	214,476	230,062	225,231	223,016	236,540	238,956	11,309	2,416
Medical Community Care	0	0	0	0	0	0	0	0
Medical Support & Compliance	50,490	52,350	52,222	52,350	53,099	53,352	877	253
Medical Facilities	23,923	24,209	24,743	24,209	25,189	25,477	446	288
Total	288,889	306,621	302,196	299,575	314,828	317,785	12,632	2,957

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Veterans Choice Act, Sec. 801, FTE	10,435	6,628	5,607	0	0	0	(5,607)	0
Veterans Choice Act, Sec. 802, FTE	58	0	131	0	0	0	(131)	0
Veterans Choice Program	0	0	0	0	131	131	131	0

1/ Section 801 FTE merge into Medical Services; Support & Compliance; and Facilities appropriations.

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Estimate	+/- 2017-2018
Canteen Service	3,410	3,351	3,450	3,500	50
Medical & Prosthetic Research 2/	3,138	3,521	3,200	3,155	(45)
DOD-VA Health Care Sharing Fund	47	57	47	47	0
Joint DoD-VA Med. Fac. Demo. Fund:					
Civilian	2,038	2,172	2,172	2,172	0
DoD Uniformed Military	930	836	909	909	0
Joint DoD-VA Med. Fac. Demo. Fund Total	2,968	3,008	3,081	3,081	0

2/ FTE revised to reflect different method of accounting for FTE estimates.

FTE by Type
Medical Care

Account	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Physicians	19,161	21,099	20,430	20,851	21,902	22,119	1,472	217
Dentists	1,086	1,170	1,121	1,081	1,176	1,188	55	12
Registered Nurses	55,128	59,875	57,948	57,242	60,884	61,475	2,936	591
LP Nurse/LV Nurse/Nurse Assistant	24,558	26,398	25,949	25,617	26,584	26,855	635	271
Non-Physician Providers	13,022	14,013	13,816	14,186	14,850	14,999	1,034	149
Health Technicians/Allied Health	66,766	70,590	69,637	67,649	71,331	72,048	1,694	717
Wage Board/Purchase & Hire	26,223	26,654	27,008	26,411	27,600	27,947	592	347
All Other 1/	82,945	86,822	86,287	86,538	90,501	91,154	4,214	653
SubTotal	288,889	306,621	302,196	299,575	314,828	317,785	12,632	2,957
Veterans Choice Act, Sec. 801, FTE	10,435	6,628	5,607	0	0	0	(5,607)	0
Veterans Choice Act, Sec. 802, FTE	58	0	131	0	0	0	(131)	0
Veterans Choice Program	0	0	0	0	131	131		
Total	299,382	313,249	307,934	299,575	314,959	317,916	7,025	2,957

1/ All Other category includes personnel such as medical support assistance, administrative support clerks, administrative specialist, police, personnel management specialists, management and program analysts, medical records clerks/technicians, budget/fiscal, contract administrators, supply technicians, and other staff that are necessary for the effective operations of VHA medical facilities.

FTE by Type
Medical Services

Account	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Physicians	18,600	20,533	19,803	20,285	21,276	21,493	1,473	217
Dentists	1,075	1,159	1,115	1,070	1,170	1,182	55	12
Registered Nurses	52,235	56,877	54,902	54,244	57,840	58,431	2,938	591
LP Nurse/LV Nurse/Nurse Assistant	24,479	26,318	25,861	25,537	26,500	26,771	639	271
Non-Physician Providers	12,809	13,788	13,573	13,961	14,607	14,756	1,034	149
Health Technicians/Allied Health	65,592	69,474	68,565	66,533	70,259	70,976	1,694	717
Wage Board/Purchase & Hire	5,455	5,698	5,625	5,455	5,764	5,823	139	59
All Other 1/	34,231	36,215	35,787	35,931	39,124	39,524	3,337	400
SubTotal	214,476	230,062	225,231	223,016	236,540	238,956	11,309	2,416
Veterans Choice Act, Sec. 801, FTE	10,370	6,458	5,607	0	0	0	(5,607)	0
Total	224,846	236,520	230,838	223,016	236,540	238,956	5,702	2,416

1/ Details on Medical Services "All Other" FTE occupation types can be found in the chart on the last two pages of this chapter.

FTE by Type
Medical Support & Compliance

Account	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Physicians	561	566	626	566	626	626	0	0
Dentists	11	11	6	11	6	6	0	0
Registered Nurses	2,891	2,998	3,044	2,998	3,044	3,044	0	0
LP Nurse/LV Nurse/Nurse Assistant	73	80	84	80	84	84	0	0
Non-Physician Providers	213	225	243	225	243	243	0	0
Health Technicians/Allied Health	1,033	996	933	996	933	933	0	0
Wage Board/Purchase & Hire	1,008	1,021	1,049	1,021	1,049	1,049	0	0
All Other 1/	44,700	46,453	46,237	46,453	47,114	47,367	877	253
SubTotal	50,490	52,350	52,222	52,350	53,099	53,352	877	253
Veterans Choice Act, Sec. 801, FTE	64	170	0	0	0	0	0	0
Total	50,554	52,520	52,222	52,350	53,099	53,352	877	253

1/ All Other category includes: Administrative Support Clerk, Administrative Specialist, Police , Personnel Management Specialist, Management And Program Analyst, Medical Records Clerk/Technician, Budget/Fiscal, Contract Administrator, Supply Technician, Medical Support Assistance, and other staff that are necessary for the effective operations of VHA Medical Support & Compliance.

FTE by Type
Medical Facilities

Account	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Physicians	0	0	1	0	0	0	(1)	0
Dentists	0	0	0	0	0	0	0	0
Registered Nurses	2	0	2	0	0	0	(2)	0
LP Nurse/LV Nurse/Nurse Assistant	6	0	4	0	0	0	(4)	0
Non-Physician Providers	0	0	0	0	0	0	0	0
Health Technicians/Allied Health	141	120	139	120	139	139	0	0
Wage Board/Purchase & Hire	19,760	19,935	20,334	19,935	20,787	21,075	453	288
All Other 1/	4,014	4,154	4,263	4,154	4,263	4,263	0	0
SubTotal	23,923	24,209	24,743	24,209	25,189	25,477	446	288
Veterans Choice Act, Sec. 801, FTE	1	0	0	0	0	0	0	0
Total	23,924	24,209	24,743	24,209	25,189	25,477	446	288

1/All Other category includes maintenance controllers, engineers/architects, administrative support clerks, safety and occupational health specialists, fire protection and prevention staff, engineering technicians, hospitals housekeepers and managers, industrial hygienists, administrative specialists, and other staff that are necessary for the effective operations of VHA medical facilities.

Employment Summary, FTE by Grade
(Includes Veterans Choice Act)

	2016 Actuals				
General Schedule Grade or Title 38	Medical Services 0160 & 0160XA	Medical Support & Compliance 0152 & 0152XA	Medical Facilities 0162 & 0162XA	Medical Care	Veterans Choice (Sect 802) 0172 & 0172XA
Senior Executive Service	1	135	0	136	0
Title 38	87,543	3,727	45	91,315	0
15 or Higher	164	494	1	659	0
14	941	1,864	115	2,920	0
13	9,443	3,796	539	13,778	9
12	14,450	5,295	916	20,661	3
11	16,659	4,827	881	22,367	6
10	2,188	94	75	2,357	0
9	10,020	4,881	403	15,304	0
8	5,907	2,261	29	8,197	0
7	10,524	7,446	406	18,376	35
6	36,558	8,485	329	45,372	5
5	21,651	4,210	275	26,136	0
4	2,609	1,911	69	4,589	0
3	599	120	122	841	0
2	69	14	21	104	0
1	25	10	2	37	0
Wage Board	5,495	984	19,696	26,175	0
FTE Total	224,846	50,554	23,924	299,324	58

All Other FTE, 2016 Actual (Includes VACAA Section 801)

Office of Personnel Management (OPM) Occupational Groups and Families	Medical Services (0160)	Medical Support & Compliance (0152)	Medical Facilities (0162)	Total Medical Care
0000 –Miscellaneous Occupations Group	665	4,413	745	5,823
0100 – Social Science, Psychology, And Welfare Group	22,764	291	1	23,056
0200 – Human Resources Management Group	48	4,650	0	4,698
0300 – General Administrative, Clerical, And Office Services Group	10,546	13,740	885	25,171
0500 – Accounting And Budget Group	389	6,547	53	6,989
0600 –Medical, Hospital, Dental, And Public Health Group	180,284	10,738	542	191,564
0800 – Engineering And Architecture Group	282	195	1,363	1,840
0900 – Legal And Kindred Group	597	1,414	0	2,011
1000 – Information And Arts Group	261	456	169	886
1100 – Business And Industry Group	819	2,543	53	3,415
1300 – Physical Sciences Group	55	39	32	126
1400 – Library And Archives Group	145	45	0	190
1600 – Equipment, Facilities, And Services Group	886	18	169	1,073
1700 – Education Group	958	738	9	1,705
2000 – Supply Group	450	3,260	73	3,783
2100 – Transportation Group	108	377	85	570
2600 – Electronic Equipment Installation And Maintenance Family	6	0	220	226
2800 – Electrical Installation And Maintenance Family	28	3	772	803
3500 – General Services And Support Work Family	136	9	10,663	10,808
4100 – Painting And Paperhanging Family	5	1	430	436
4200 – Plumbing And Pipefitting Family	0	1	569	570
4600 –Wood Work Family	5	0	463	468
4700 – General Maintenance And Operations Work Family	15	1	2,012	2,028
4800 – General Equipment Maintenance Family	95	14	106	215
5000 – Plant And Animal Work Family	0	0	174	174
5300 – Industrial Equipment Maintenance Family	7	0	796	803
5400 – Industrial Equipment Operation Family	3	1	746	750
5700 – Transportation/Mobile Equipment Operation Family	107	272	1,591	1,970
6900 –Warehousing And Stock Handling Family	55	681	61	797
7300 – Laundry, Dry Cleaning, And Pressing Family	5	0	881	886
7400 – Food Preparation And Serving Family	4,972	0	3	4,975
OPM Occupational Groups and Families Not Covered Above 1/	150	107	258	515
Grand Total	224,846	50,554	23,924	299,324

1/ includes Occupation Groups with Total Medical Care of less than 500

FTE, 2016 Actual (Includes VACAA Section 801)

Office of Personnel Management (OPM) Occupational Groups and Families	Medical Services (0160)	Medical Support & Compliance (0152)	Medical Facilities (0162)	Total Medical Care
0000 –Miscellaneous Occupations Group	665	4,413	745	5,823
0100 – Social Science, Psychology, And Welfare Group	22,764	291	1	23,056
0200 – Human Resources Management Group	48	4,650	0	4,698
0300 – General Administrative, Clerical, And Office Services Group	10,546	13,740	885	25,171
0500 – Accounting And Budget Group	389	6,547	53	6,989
0600 –Medical, Hospital, Dental, And Public Health Group	180,284	10,738	542	191,564
0800 – Engineering And Architecture Group	282	195	1,363	1,840
0900 – Legal And Kindred Group	597	1,414	0	2,011
1000 – Information And Arts Group	261	456	169	886
1100 – Business And Industry Group	819	2,543	53	3,415
1300 – Physical Sciences Group	55	39	32	126
1400 – Library And Archives Group	145	45	0	190
1600 – Equipment, Facilities, And Services Group	886	18	169	1,073
1700 – Education Group	958	738	9	1,705
2000 – Supply Group	450	3,260	73	3,783
2100 – Transportation Group	108	377	85	570
2600 – Electronic Equipment Installation And Maintenance Family	6	0	220	226
2800 – Electrical Installation And Maintenance Family	28	3	772	803
3500 – General Services And Support Work Family	136	9	10,663	10,808
4100 – Painting And Paperhanging Family	5	1	430	436
4200 – Plumbing And Pipefitting Family	0	1	569	570
4600 –Wood Work Family	5	0	463	468
4700 – General Maintenance And Operations Work Family	15	1	2,012	2,028
4800 – General Equipment Maintenance Family	95	14	106	215
5000 – Plant And Animal Work Family	0	0	174	174
5300 – Industrial Equipment Maintenance Family	7	0	796	803
5400 – Industrial Equipment Operation Family	3	1	746	750
5700 – Transportation/Mobile Equipment Operation Family	107	272	1,591	1,970
6900 –Warehousing And Stock Handling Family	55	681	61	797
7300 – Laundry, Dry Cleaning, And Pressing Family	5	0	881	886
7400 – Food Preparation And Serving Family	4,972	0	3	4,975
OPM Occupational Groups and Families Not Covered Above 1/	150	107	258	515
Grand Total	224,846	50,554	23,924	299,324

1/ includes Occupation Groups with Total Medical Care of less than 500

Appropriation Language

Medical Services Appropriation Language

For necessary expenses for furnishing, as authorized by law, inpatient and outpatient care and treatment to beneficiaries of the Department of Veterans Affairs and veterans described in section 1705(a) of title 38, United States Code, including care and treatment in facilities not under the jurisdiction of the Department, and including medical supplies and equipment, bioengineering services, food services, and salaries and expenses of healthcare employees hired under title 38, United States Code, aid to State homes as authorized by section 1741 of title 38, United States Code, assistance and support services for caregivers as authorized by section 1720G of title 38, United States Code, loan repayments authorized by section 604 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111–163; 124 Stat. 1174; 38 U.S.C. 7681 note), and hospital care and medical services authorized by section 1787 of title 38, United States Code; **[**$1,078,993,000**]***$1,031,808,000*, which shall be in addition to funds previously appropriated under this heading that become available on October 1, **[**2016**]***2017*; and, in addition, **[**$44,886,554,000**]***$49,161,165,000*, plus reimbursements, shall become available on October 1, **[**2017**]***2018*, and shall remain available until September 30, **[**2018**]***2019*: *Provided*, That, of the amount made available on October 1, **[**2017**]***2018*, under this heading, $1,400,000,000 shall remain available until September 30, **[**2019**]***2020*: *Provided further*, That, notwithstanding any other provision of law, the Secretary of Veterans Affairs shall establish a priority for the provision of medical treatment for veterans who have service-connected disabilities, lower income, or have special needs: *Provided further*, That, notwithstanding any other provision of law, the Secretary of Veterans Affairs shall give priority funding for the provision of basic medical benefits to veterans in enrollment priority groups 1 through 6: *Provided further*, That, notwithstanding any other provision of law, the Secretary of Veterans Affairs may authorize the dispensing of prescription drugs from Veterans Health Administration facilities to enrolled veterans with privately written prescriptions based on requirements established by the Secretary: *Provided further*, That the implementation of the program described in the previous proviso shall incur no additional cost to the Department of Veterans Affairs**[**: *Provided further*, That the Secretary of Veterans Affairs shall ensure that sufficient amounts appropriated under this heading for medical supplies and equipment are available for the acquisition of prosthetics designed specifically for female veterans: *Provided further*, That the Secretary of Veterans Affairs shall provide access to therapeutic listening devices to veterans struggling with mental health related problems, substance abuse, or traumatic brain injury**]**. *(Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017.)*

Medical Support & Compliance Appropriation Language

For necessary expenses in the administration of the medical, hospital, nursing home, domiciliary, construction, supply, and research activities, as authorized by law; administrative expenses in support of capital policy activities; and administrative and legal expenses of the Department for collecting and recovering amounts owed the Department as authorized under chapter 17 of title 38, United States Code, and the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), *$284,397,000, which shall be in addition to funds previously appropriated under this heading that become available on October 1, 2017; and, in addition,* **[**$6,654,480,000**]***$7,239,156,000*, plus reimbursements, shall become available on October 1, **[**2017**]***2018*, and shall remain available until September 30, **[**2018**]***2019*: *Provided*, That, of the amount made available on October 1, **[**2017**]***2018*, under this heading, $100,000,000 shall remain available until September 30, **[**2019**]***2020*. *(Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017.)*

Medical Facilities Appropriation Language

For necessary expenses for the maintenance and operation of hospitals, nursing homes, domiciliary facilities, and other necessary facilities of the Veterans Health Administration; for administrative expenses in support of planning, design, project management, real property acquisition and disposition, construction, and renovation of any facility under the jurisdiction or for the use of the Department; for oversight, engineering, and architectural activities not charged to project costs; for repairing, altering, improving, or providing facilities in the several hospitals and homes under the jurisdiction of the Department, not otherwise provided for, either by contract or by the hire of temporary employees and purchase of materials; for leases of facilities; and for laundry services; **[**$247,668,000**]***$1,079,795,000*, which shall be in addition to funds previously appropriated under this heading that become available on October 1, **[**2016**]***2017*; and, in addition, **[**$5,434,880,000**]***$5,914,288,000*, plus reimbursements, shall become available on October 1, **[**2017**]***2018*, and shall remain available until September 30, **[**2018**]***2019*: *Provided*, That, of the amount made available on October 1, **[**2017**]***2018*, under this heading, $250,000,000 shall remain available until September 30, **[**2019**]***2020*. *(Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017.)*

Medical Community Care Appropriation Language

For necessary expenses for furnishing health care to individuals pursuant to chapter 17 of title 38, United States Code, at non-Department facilities **[**$7,246,181,000, plus reimbursements, of which $2,000,000,000 shall remain available until September 30, 2020;**]**, *$254,000,000, which shall be in addition to funds previously appropriated under this heading that becomeavailable on October 1, 2017;* and, in addition, **[**$9,409,118,000**]***$8,384,704,000, plus reimbursements*, shall become available on October 1, **[**2017**]***2018*, and shall remain available until September 30, **[**2018**]***2019*: *Provided*, That

of the amount made available on October 1, **[**2017**]***2018*, *under this heading*, **[**$1,500,000,000**]***$2,000,000,000* shall remain available until September 30, **[**2021**]***2022*. *(Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017.)*

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Medical Care

Medical Care

The Medical Care obligations shown below reflect funding from the program's discretionary budget authority, existing mandatory budget authority available from Sections 801 and 802 of the Veterans Choice Act, and new mandatory budget authority requested for the Veterans Choice Program in this budget. The programmatic funding levels are shown with all of these funding sources combined to allow for a comprehensive picture of the program's operations.

Total Medical Care Obligations by Program
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Health Care Services								
Ambulatory Care	$31,846,467	$36,175,066	$33,189,641	$30,976,981	$36,147,787	$35,627,111	$2,958,146	($520,676)
Dental Care	$1,056,620	$1,433,385	$1,130,600	$1,277,378	$1,209,700	$1,282,300	$79,100	$72,600
Inpatient Care	$12,860,269	$12,691,101	$13,631,900	$13,029,380	$14,586,100	$15,023,700	$954,200	$437,600
Mental Health Care	$7,434,345	$7,831,890	$7,880,400	$7,997,054	$8,353,200	$8,770,900	$472,800	$417,700
Prosthetics	$2,943,555	$3,645,677	$3,450,877	$3,376,159	$3,721,300	$4,019,000	$270,423	$297,700
Rehabilitation Care	$867,037	$898,563	$902,300	$917,093	$929,400	$957,300	$27,100	$27,900
Health Care Services [Subtotal]	**$57,008,293**	**$62,675,682**	**$60,185,718**	**$57,574,045**	**$64,947,487**	**$65,680,311**	**$4,761,769**	**$732,824**
Long-Term Services & Supports (LTSS)								
Institutional LTSS								
VA Community Living Centers (VA CLC)	$3,450,971	$3,613,461	$3,554,500	$3,861,735	$3,696,700	$3,844,600	$142,200	$147,900
Community Nursing Home	$885,109	$1,012,378	$955,900	$1,064,090	$1,032,400	$1,104,700	$76,500	$72,300
State Nursing Home	$1,152,010	$1,268,888	$1,257,334	$1,388,354	$1,290,362	$1,367,993	$33,028	$77,631
State Home Domiciliary	$54,096	$66,361	$54,200	$70,583	$54,400	$54,206	$200	($194)
Institutional LTSS [Subtotal]	$5,542,186	$5,961,088	$5,821,934	$6,384,762	$6,073,862	$6,371,499	$251,928	$297,637
Non-Institutional LTSS								
State Home Adult Day Care	$949	$1,029	$1,312	$1,195	$1,195	$1,317	($117)	$122
Other Non-Institutional LTSS	$2,290,019	$2,625,803	$2,553,700	$2,738,508	$2,746,600	$2,958,700	$192,900	$212,100
Non-Institutional LTSS [Subtotal]	$2,290,968	$2,626,832	$2,555,012	$2,739,703	$2,747,795	$2,960,017	$192,783	$212,222
LTSS [Subtotal]	**$7,833,154**	**$8,587,920**	**$8,376,946**	**$9,124,465**	**$8,821,657**	**$9,331,516**	**$444,711**	**$509,859**
Other Health Care Programs								
Camp Lejeune Families (P.L. 112-154)	$4,048	$9,840	$7,590	$8,050	$6,664	$7,630	($926)	$966
Non-Additive, Included in Health Care Services								
Camp Lejeune Veterans (P.L. 112-154)	*$2,381*	*$11,347*	*$5,465*	*$11,794*	*$3,869*	*$4,026*	*($1,596)*	*$157*
Camp Lejeune Reservists (Proposed Regulation)	*$0*	*$0*	*$0*	*$0*	*$77,268*	*$85,885*	*$77,268*	*$8,617*
Caregivers (Title 1)	$493,192	$724,628	$520,932	$839,828	$603,939	$675,777	$83,007	$71,838
CHAMPVA & Other Dependent Prgs	$1,696,747	$1,919,874	$2,106,688	$2,063,652	$2,079,956	$2,227,366	($26,732)	$147,410
Readjustment Counseling	$239,630	$243,483	$243,483	$243,483	$243,483	$243,483	$0	$0
Other Health Care Programs [Subtotal]	**$2,433,617**	**$2,897,825**	**$2,878,693**	**$3,155,013**	**$2,934,042**	**$3,154,256**	**$55,349**	**$220,214**
Legislative Proposals	$0	$56,037	$45	$57,997	($21,195)	($23,743)	($21,240)	($2,548)
Obligations [Subtotal]	**$67,275,064**	**$74,217,464**	**$71,441,402**	**$69,911,520**	**$76,681,991**	**$78,142,340**	**$5,240,589**	**$1,460,349**
VA Prior Year Recoveries	$925,985	$0	$0	$0	$0	$0	$0	$0
Adjustments Related to Prior Year Financial Statement	$749,222	$0	$0	$0	$0	$0	$0	$0
Obligations [Total]	$68,950,271	$74,217,464	$71,441,402	$69,911,520	$76,681,991	$78,142,340	$5,240,589	$1,460,349

Programs Included in Medical Care Obligations
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Medical Care Programs: (Included Above)								
Activations	$673,535	$836,293	$836,293	$497,808	$862,166	$744,911	$25,873	($117,255)
Call Center Modernization	$0	$0	$10,000	$0	$10,000	$10,000	$0	$0
Comprehensive Addiction & Recovery Act (P.L. 114-198)	$0	$0	$48,774	$0	$55,821	$46,821	$7,047	($9,000)
Comprehensive Emergency Management Program 1/	$122,630	$138,700	$126,750	$140,580	$126,750	$126,750	$0	$0
Education & Training 1/	$2,032,539	$1,876,000	$1,812,649	$1,972,000	$1,920,756	$1,999,009	$108,107	$78,253
Electronic Health Record Modernization & Interoperability 1/	$87,556	$40,000	$65,000	$0	$226,012	$255,961	$161,012	$29,949
Health Professionals Educational Assistance Program 1/	$52,307	$70,349	$68,869	$81,485	$85,036	$105,836	$16,167	$20,800
Hepatitis C Treatment	$966,439	$1,500,000	$748,800	$600,000	$751,200	$199,348	$2,400	($551,852)
Indian Health Services	$18,150	$28,062	$28,062	$29,358	$28,000	$28,000	($62)	$0
Leases	$593,401	$838,102	$764,938	$811,900	$953,828	$971,676	$188,890	$17,848
National Veterans Sports Program 2/	$5,395		$15,830		$15,830	$16,214	$0	$384
Non-Recurring Maintenance	$1,399,714	$1,072,985	$1,157,109	$600,000	$1,870,000	$1,150,000	$712,891	($720,000)
Rural Health 1/	$184,042	$250,000	$250,000	$250,000	$250,000	$250,000	$0	$0
Veterans Homelessness Programs	$1,531,036	$1,591,365	$1,661,653	$1,122,399	$1,727,784	$1,753,534	$66,131	$25,750

1/ Previously displayed in the selected program highlights chapter of the 2017 President's Submission
2/ Details not displayed in 2017 President's Submission

Ambulatory Care

Ambulatory Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	**2016 Actual**	**2017 Budget Estimate 1/**	**2017 Current Estimate**	**2018 Advance Approp. 1/**	**2018 Revised Request**	**2019 Advance Approp.**	**+/- 2017-2018**	**+/- 2018-2019**
Discretionary Obligations								
Medical Services (0160)	$24,067,273		$23,233,893		$25,027,417	$24,863,174	$1,793,524	($164,243)
Medical Support & Compliance (0152)	$3,100,688		$3,540,503		$4,022,037	$4,281,922	$481,534	$259,885
Medical Facilities (0162)	$2,326,830		$2,630,194		$3,503,199	$2,896,496	$873,005	($606,703)
Medical Community Care (0140)	$0		$2,320,219		$2,342,023	$2,344,979	$21,804	$2,956
Discretionary Obligations [Total]	**$29,494,791**	**$0**	**$31,724,809**	**$0**	**$34,894,676**	**$34,386,571**	**$3,169,867**	**($508,105)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$673,660		$380,281		$31,614	$45,533	($348,667)	$13,919
Medical Support & Compliance (0152XA)	$499		$0		$14,386	$6,100	$14,386	($8,286)
Medical Facilities (0162XA)	$359,548		$69,651		$4,000	$1,000	($65,651)	($3,000)
Section 801 [Subtotal]	**$1,033,707**	**$0**	**$449,932**	**$0**	**$50,000**	**$52,633**	**($399,932)**	**$2,633**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	($47,092)		$0		$31,000	$154,000	$31,000	$123,000
Medical Care (0172XB)	$1,503,522		$1,014,900		$1,172,111	$1,033,907	$157,211	($138,204)
Emergency Hepatitis C (0172XC)	($8,234)		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	($130,227)		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$1,317,969**	**$0**	**$1,014,900**	**$0**	**$1,203,111**	**$1,187,907**	**$188,211**	**($15,204)**
Veterans Choice Act/Veterans Choice Program [Total]	**$2,351,676**	**$0**	**$1,464,832**	**$0**	**$1,253,111**	**$1,240,540**	**($211,721)**	**($12,571)**
Obligations [Grand Total]	**$31,846,467**	**$36,175,066**	**$33,189,641**	**$30,976,981**	**$36,147,787**	**$35,627,111**	**$2,958,146**	**($520,676)**

1/Details not displayed in 2017 President's Submission

Ambulatory Outpatient Visits, including Mental Health and Home-Based Community Care
(visits in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
VA Staff	86,062	91,038	89,084	85,840	91,660	94,051	2,576	2,391
Community	17,912	22,319	19,009	19,169	20,026	21,196	1,017	1,170
Total	103,974	113,357	108,093	105,009	111,686	115,247	3,593	3,561

This health service category includes funding for ambulatory care in VA hospital- and community-based clinics, as well as ambulatory care provided in the community. Community care is provided to eligible beneficiaries when VA facilities are not geographically accessible, services are not available at a particular facility, or when care cannot be provided in a timely manner within existing resources. For more details about ambulatory care, please see the Enrollee Healthcare Projection and CHAMPVA Models chapter.

2016 Accomplishments

- Primary Care-Mental Health Integration (PC-MHI) programs served 387,000 Veterans through 1.2 million mental health encounters in Patient Aligned Care Teams (PACT) during 2016. Program assistance efforts supporting evidence-based collaborative care for this program during 2016 included three completed cohorts of the mental health care management mentorship series, and field support for Behavior Health Lab software that assists measurement-based mental health care and is now available at 104 VA facilities.
- Selected and funded 6 Tele-Primary Care Hubs through Office of Rural Health (ORH) Request for Information (RFI) to support Telehealth presence in rural areas, which expands access to Veterans.
- Expansion of the Video PACT pilot to provide Access to Veterans in underserved areas.
- Completion of Phase I of the PACT Intensive Management (PIM) pilot, which focuses on providing comprehensive care to high risk Veterans.
- Recruitment of additional sites for the Scribe Health Advocate Pilot. Having a scribe available allows the Primary Care Provider to focus 100% on the Veteran rather than documenting during the visit.
- Fully transitioned basic training on PACT to a virtual delivery model to reduce travel expenditures and increase timeliness of training availability.
- Created a virtual PACT University that provides a tiered curriculum targeting all PACT staff. Full implementation pending Labor Union discussions.
- Published VHA Directive 1306 (Querying State Prescription Drug Monitoring Programs), which supports safe prescribing of opioids and other controlled substances for Veterans.

- Published VHA Directive 1134 (Provision of Medical Statements and Completion of Forms by VA Health Providers), that provides guidance to providers on completing medical statements and completing forms for Veterans.
- Published Primary Care Roadmaps, which contains uniform implementation guidance in high priority areas for Access, Pain Management, and Post-Deployment Care.
- Created an inter-professional workgroup to collaborate on a number of initiatives related to pain care transformation and opioid prescribing. This workgroup collaborated on the implementation and support of the Opioid Safety Initiative, compliance with the Comprehensive Addiction and Recovery Act (CARA) requirements, the PDMP Directive, the Pain Care Roadmap, the mandatory opioid training for staff, the pain care Dashboards (Stratification Tool for Opioid Risk Mitigation (STORM) and Opioid Therapy Risk Report (OTTR)) and a number of additional internal and external pain care initiatives related to PACT based, stepped pain care.

2017-2019 Goals

- Publish VHA Directive 1406 (Patient Centered Management Module)
- Publish PACT Survey Results
- Continue PACT Primary Care Mental Health Integration (PCMHI) implementation with emphasis on chronic disease management and improving team effectiveness
- Achieve open access and team-based continuity of care in Primary Care
- Enhance and support Telehealth presence in rural areas by expanding Tele-Primary Care and Video PACT pilot
- Fully implement virtual PACT University, which provides a tiered curriculum targeting all PACT staff
- Expand PACT curriculum to include a training series for Primary Care leaders
- Implement VA Voices in all VHA facilities. VA Voices is a face to face training that engages all employees in the vision, mission and values of VA, developing shared mission and trusted relationships for the best team based, patient centered care.

Dental Care

Dental Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$817,896		$781,083		$831,673	$889,069	$50,590	$57,396
Medical Support & Compliance (0152)	$108,220		$116,878		$115,795	$115,795	($1,083)	$0
Medical Facilities (0162)	$91,206		$103,063		$115,832	$115,832	$12,769	$0
Medical Community Care (0140)	$0		$67,177		$101,300	$101,300	$34,123	$0
Discretionary Obligations [Total]	**$1,017,322**	**$0**	**$1,068,201**	**$0**	**$1,164,600**	**$1,221,996**	**$96,399**	**$57,396**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$25,372		$14,462		$0	$0	($14,462)	$0
Medical Support & Compliance (0152XA)	$244		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$15,761		$2,837		$0	$0	($2,837)	$0
Section 801 [Subtotal]	**$41,377**	**$0**	**$17,299**	**$0**	**$0**	**$0**	**($17,299)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$45,100		$45,100	$60,304	$0	$15,204
Emergency Hepatitis C (0172XC)	($2,079)		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**($2,079)**	**$0**	**$45,100**	**$0**	**$45,100**	**$60,304**	**$0**	**$15,204**
Veterans Choice Act/Veterans Choice Program [Total]	**$39,298**	**$0**	**$62,399**	**$0**	**$45,100**	**$60,304**	**($17,299)**	**$15,204**
Obligations [Grand Total]	**$1,056,620**	**$1,433,385**	**$1,130,600**	**$1,277,378**	**$1,209,700**	**$1,282,300**	**$79,100**	**$72,600**

1/Details not displayed in 2017 President's Submission

Dental Procedures
(procedures in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
VA Facilities	4,545		4,729		4,905	5,063	176	158
Community	452		468		483	498	15	15
Procedures [Total]	4,997	5,163	5,197	5,031	5,388	5,561	191	173

1/Details not displayed in 2017 President's Submission

The mission of VA Dentistry is to improve the oral health of eligible Veterans. Eligibility for dental care is defined by statute and is provided in accordance with the provisions of existing law and VA regulations. The scope of care provided for every Veteran is determined by the Veteran's eligibility. VA Dentistry strives to be the benchmark of excellence and value in oral health care by providing exemplary services that are both patient centered and evidence based.

2016 Accomplishments

- Provided dental care for over one-half million Veterans, most of who are now eligible for lifelong comprehensive dental care due to their service-connected medical conditions.
- Ninety-five percent of active comprehensive care dental patients have been teamed with a primary dental care provider to oversee and coordinate their care needs.

- Incorporated dental care provisions into pending national contracts to increase the availability of Community Care access for Veterans and made the Veterans Choice Program available for dental care through the use of provider agreements.
- VA providers collectively exceeded national commercial benchmarks in patients' satisfaction with their overall dental care and dental care provider.
- Expanded the use of Virtual Care in VA Dentistry including Secure Messaging and TeleDentistry.

2017-2019 Goals

- Enhance each Veteran's dental care experience through the "CARE in Dentistry" initiative, promoting a positive culture through consistent customer service and improved employee engagement.
- Continue to right-size facility infrastructure to cost-effectively meet the forecasted demand for Veteran dental care utilizing a contemporary dental clinic design guide, data driven space planning and standardized activations criteria.
- Improve the Veteran's access to regular dental care by maintaining national dental quality indicators that focus on population health management metrics promoting timely preventive services.
- Expand the use of digital dental laboratory technologies, cost sharing strategies and commercial contract vehicles to provide prostheses in a more expedient manner to restore Veteran oral health and function.
- Continually adapt and optimize dental service processes to meet the needs and preferences of Veterans' by leveraging the results of the monthly Dental Patient Satisfaction Survey.
- Ensure an engaged, skilled dental workforce valuing individual accountability, recognition and educational opportunities that promote state of the art, evidence-based dental care.

Inpatient Care

Inpatient Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$9,715,101		$8,468,273		$8,996,697	$9,624,226	$528,424	$627,529
Medical Support & Compliance (0152)	$1,174,265		$1,268,206		$1,256,464	$1,256,464	($11,742)	$0
Medical Facilities (0162)	$968,001		$1,093,841		$1,229,361	$1,229,361	$135,520	$0
Medical Community Care (0140)	$0		$773,899		$1,551,789	$1,361,860	$777,890	($189,929)
Discretionary Obligations [Total]	$11,857,367	$0	$11,604,219	$0	$13,034,311	$13,471,911	$1,430,092	$437,600
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$277,259		$158,038		$0	$0	($158,038)	$0
Medical Support & Compliance (0152XA)	$2,452		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$152,258		$27,406		$0	$0	($27,406)	$0
Section 801 [Subtotal]	**$431,969**	**$0**	**$185,444**	**$0**	**$0**	**$0**	**($185,444)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	($12,358)		$161,447		$0	$0	($161,447)	$0
Medical Care (0172XB)	$616,138		$1,680,790		$1,551,789	$1,551,789	($129,001)	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	($32,847)		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$570,933**	**$0**	**$1,842,237**	**$0**	**$1,551,789**	**$1,551,789**	**($290,448)**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$1,002,902**	**$0**	**$2,027,681**	**$0**	**$1,551,789**	**$1,551,789**	**($475,892)**	**$0**
Obligations [Grand Total]	**$12,860,269**	**$12,691,101**	**$13,631,900**	**$13,029,380**	**$14,586,100**	**$15,023,700**	**$954,200**	**$437,600**

1/Details not displayed in 2017 President's Submission

Inpatient Care Patients Treated

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Patients Treated:								
Medicine	348,123		343,179		338,235	333,291	(4,944)	(4,944)
Neurology	5,923		5,652		5,381	5,110	(271)	(271)
Surgery	99,247		96,633		94,019	91,405	(2,614)	(2,614)
Contract Hospital (non-Mental Health)	161,073		170,075		179,077	188,079	9,002	9,002
Subtotal Acute Medicine	614,366	590,856	615,539	583,461	616,712	617,885	1,173	1,173
Blind Rehabilitative	5,082		5,082		5,082	5,082	0	0
Spinal Cord Injury	8,484		8,523		8,562	8,601	39	39
Other Rehabilitative Medicine	2,405		2,405		2,405	2,405	0	0
Subtotal Rehabilitative Medicine	15,971	16,769	16,010	16,917	16,049	16,088	39	39
Acute Psychiatry	85,732	83,932	83,326	81,547	80,920	78,514	(2,406)	(2,406)
Contract Hospital (Psych)	23,612	25,052	25,327	26,572	27,042	28,757	1,715	1,715
Psy Residential Rehab	16,553	17,526	16,553	17,529	16,553	16,553	0	0
Dom Residential Rehab	24,374	24,779	24,374	24,922	24,374	24,374	0	0
Subtotal Mental Health Care	125,897	126,510	125,206	125,648	124,515	123,824	(691)	(691)
Long-Term Care: Institutional	116,173	117,395	118,111	119,111	120,049	121,987	1,938	1,938
Subacture Care	1,654	1,694	1,572	1,624	1,490	1,408	(82)	(82)
Inpatient Facilities Patients Treated [Total]	874,061	853,224	876,438	846,761	878,815	881,192	2,377	2,377

1/Details not displayed in 2017 President's Submission

Inpatient Care Average Daily Census

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Average Daily Census (ADC):								
Medicine	5,148		5,127		5,091	5,056	(36)	(35)
Neurology	67		61		55	49	(6)	(6)
Surgery	1,365		1,303		1,237	1,171	(66)	(66)
Contract Hospital (non-Mental Health)	2,408		2,579		2,743	2,907	164	164
Subtotal Acute Medicine	8,988	8,584	9,070	8,464	9,126	9,183	56	57
Blind Rehabilitative	255		256		255	256	(1)	1
Spinal Cord Injury	740		742		740	742	(2)	2
Other Rehabilitative Medicine	168		168		167	167	(1)	0
Subtotal Rehabilitative Medicine	1,163	1,135	1,166	1,131	1,162	1,165	(4)	3
Acute Psychiatry	2,420	2,356	2,354	2,281	2,274	2,207	(80)	(67)
Contract Hospital (Psych)	506	598	549	665	590	634	41	44
Psy Residential Rehab	1,846	1,900	1,842	1,892	1,827	1,822	(15)	(5)
Dom Residential Rehab	4,075	4,350	4,064	4,331	4,032	4,022	(32)	(10)
Subtotal Mental Health Care	8,847	9,204	8,809	9,169	8,723	8,685	(54)	(28)
Long-Term Care: Institutional	42,175	42,596	42,650	43,404	43,021	43,394	371	373
Subacture Care	105	92	105	96	105	105	0	0
Inpatient Facilities ADC [Total]	61,278	61,611	61,800	62,264	62,137	62,532	369	405

1/Details not displayed in 2017 President's Submission

Inpatient Care Length of Stay

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Length of Stay:								
Medicine	5.4		5.5		5.5	5.5	0	0
Neurology	4.1		3.9		3.7	3.5	(0)	(0)
Surgery	5.0		4.9		4.8	4.7	(0)	(0)
Contract Hospital (non-Mental Health)	5.5		5.5		5.6	5.6	0	0
Subtotal Acute Medicine	5.4	5.3	5.4	5.3	5.4	5.4	(0)	(0)
Blind Rehabilitative	18.4		18.4		18.3	18.4	(0)	0
Spinal Cord Injury	31.9		31.8		31.5	31.5	(0)	0
Other Rehabilitative Medicine	25.6		25.5		25.3	25.3	(0)	0
Subtotal Rehabilitative Medicine	26.7	24.7	26.6	24.4	26.4	26.4	(1)	0
Acute Psychiatry	10.3	10.2	10.3	10.2	10.3	10.3	0	0
Contract Hospital (Psych)	7.8	8.7	7.9	9.1	8.0	8.0	0	0
Psy Residential Rehab	40.8	39.6	40.6	39.4	40.3	40.2	(0)	(0)
Dom Residential Rehab	61.2	64.1	60.9	63.4	60.4	60.2	(1)	(0)
Subtotal Mental Health Care	25.7	26.6	25.7	26.6	25.6	25.6	(0)	(0)
Long-Term Care: Institutional	132.9	132.4	131.8	133.0	130.8	129.8	(1)	(1)
Subacture Care	23.2	19.8	24.4	21.6	25.7	27.2	1	2

1/Details not displayed in 2017 President's Submission

VA delivers inpatient acute care in its hospitals and through community care.

VA Inpatient Evaluation Center (IPEC) data on how VA inpatient care compares to private sector inpatient care for mortality and readmissions, patient safety indications, and health care-associated infections is shown in the chart below.

VA tracks industry-standard measures of patient outcomes during hospitalization, which include risk-adjusted 30-day mortality and readmission rates; rates of potentially preventable complications (Patient Safety Indicators - PSIs); and Health Care Associated Infections (HAIs). The comparisons listed below are based on most recent published data. The following overall trends are noted:

- VA risk-adjusted mortality is on par or lower than the private sector
- VA readmission rates are slightly lower than the private sector
- Rates of PSIs compare favorably with the private sector overall
- Rates of health care associated infection are lower than the private sector

A recent independent assessment of VA care was recently published in JAMA Internal Medicine, April 17, 2017 and confirmed the VA had better outcomes than the private sector for 6 of 9 patient safety indicators, and better outcomes for all mortality and readmission statistics[1] (http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2618816).

How Does VA Compare?[2]

	VA* October, 2013 – September 2015	**Centers for Medicare & Medicaid Services (CMS)[1] July 1, 2010 - June 30, 2013**
Mortality and Readmissions	**Rate****	**Rate**
30-day risk standardized mortality rate - Congestive Heart Failure (CHF RSMR)	7.72	11.9
30-day risk standardized mortality rate - Pneumonia (Pneumonia RSMR)	8.64	11.9
30-day risk standardized readmission rate - Congestive Heart Failure (CHF RSRR)	19.34	22.7
30-day risk standardized readmission rate - Pneumonia (CHF RSRR)	14.74	17.3
30-day risk standardized readmission rate - Acute	15.57	17.8

[1] Blay Jr, E., DeLancey, J. O., & Hewitt, D. B. (2017, April 17). Initial Public Reporting of Quality at Veterans Affairs vs Non–Veterans Affairs Hospitals. *JAMA Internal Medicine*.

[2] Source: VA Inpatient Evaluation Center (IPEC)

	VA* October, 2013 – September 2015	Centers for Medicare & Medicaid Services (CMS)[1] July 1, 2010 - June 30, 2013
Myocardial Infarction (AMI RSRR)		
Patient Safety Indicators (PSIs)	**Rate**	**Rate**
Pressure Ulcer Rate (PSI 03)	0.35	0.5
Inpatient Surgical Deaths (PSI 04)	105.38	118.62
Collapsed lung due to medical treatment (PSI 06)	0.30	0.34
Postoperative Hip Fracture (PSI 08)	0.06	0.04
Perioperative Bleeding/Bruise (PSI 09)	5.91	5.11
Postoperative Kidney & Diabetic Complications (PSI 10)	1.17	0.69
Postoperative Respiratory Failure (PSI 11)	9.99	10.05
Perioperative Blood Clot/Embolism (PSI 12)	4.06	4.99
Postoperative Sepsis (PSI 13)	7.64	9.61
A wound that splits open after surgery on the abdomen or pelvis (PSI 14)	3.10	1.86
Accidental puncture or laceration from medical treatment (PSI 15)	1.29	1.89
Inpatient Quality Indicators (IQIs)		
Esophageal Resection Mortality (IQI 08)	51.5	39.89
Pancreatic Resection Mortality (IQI 09)	23.1	29.42
Abdominal Aortic Aneurysm Repair Mortality (IQI 11)	10.0	35.9
Coronary Artery Bypass Mortality (IQI 12)	14.3	25.2
Craniotomy Mortality (IQI 13)	18.5	58.77

	VA* October, 2013 – September 2015	Centers for Medicare & Medicaid Services (CMS)[1] July 1, 2010 - June 30, 2013
Hip Replacement Mortality (IQI 14)	1.30	0.66
Acute MI Mortality (IQI 15)	37.1	56.49
Congestive Heart Failure Mortality (IQI 16)	19.2	30.68
Acute Stroke Mortality (IQI 17)	27.5	82.53
GI Hemorrhage Mortality (IQI 18)	17.8	22.31
Hip Fracture Mortality (IQI 19)	35.0	25.3
Pneumonia Mortality (IQI 20)	28.2	35.05
Percutaneous Coronary Intervention Mortality (IQI 30)	13.7	21.08
Carotid Endarterectomy Mortality (IQI 31)	2.2	4.4
Healthcare-Associated Infections (HAIs)	**Mean**	**Mean**
1. Central Line Associated Bloodstream Infection Rate (CLABSI) per 1,000 line days		
Acute Care***	0.7	0.8
ICU† medicine/surgery major teaching	0.8	1.1
2. Catheter Associated Urinary Tract Infection (CAUTI) per 1,000 catheter days		
Acute Care***	1.1	1.3
ICU†	1.0	2.7
3. Ventilator Associated Events (VAE) per 1,000 vent days		
ICU†	4.5	Not Available
	Rate	**Rate**
4. Total Bloodstream (BSI) Infection rates per 100 patient months		
Outpatient Dialysis Treatment Center‡	0.8	1.27
5. Access-Related Bloodstream (ARB) Infection rates per 100 patient months		
Outpatient Dialysis Treatment Center‡	0.5	0.88

Data Sources

*Veteran's Affairs - Inpatient Evaluation Center - Veteran's Health Administration (VHA)

**Rate of return to a VA hospital for unplanned care within 30 days of leaving a VA hospital – ages 65 and up

[1] Centers for Medicare & Medicaid Services - http://www.medicare.gov/hospitalcompare/search.htm - Rate of return to any hospital for unplanned care within 30 days of leaving a hospital – ages 65 and up

[2]AHRQ - http://www.ahrq.gov
[3]National Healthcare Safety Network (NHSN) - American Journal Infection Control 2013; 41:1148-66 Am J Infect Control 2015;43:206-21.
[4]NHSN - unpublished rate

2017-2019 Goals

- Expand Pittsburgh Veterans Engineering Resource Center (VERC) at pilot sites from 1 unit/ward implementation to facility-wide. The project completion time would be 1 year and 8 months.
- Dedication of resources to develop and deploy information technology solutions to improve inpatient care. Ensure there is software to support effective medication reconciliation, patient education and instructions, interdisciplinary communication and other critical steps in transitions of care. Creation of a VHA Transitional Care Program Office.
- The Transitional Care Program Office will centralize oversight of transitional care programs and support for an inter-professional model of transitional care, which includes but is not limited to, nurses, physicians, pharmacists, and social workers. One of the major functions of this Office is to develop and manage policies, procedures and performance metrics related to VHA transitional care.
- Inpatient groups will collaborate with the National Center on Homelessness among Veterans to improve transitions of care for homeless, or previously homeless, Veterans who require hospitalization. The goal will be to assure respite care for vulnerable homeless Veterans, and to maintain housing for previously homeless Veterans after acute care hospitalization.
- Multi-disciplinary multi-office collaborations to address inpatient safety issues—including infections, adverse medication events, use of medications to prevent adverse events—that are of national importance within VA and across Federal agencies.

Mental Health Care

Mental Health Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$5,604,171		$5,839,380		$6,334,010	$6,746,664	$494,630	$412,654
Medical Support & Compliance (0152)	$799,227		$848,169		$840,316	$840,316	($7,853)	$0
Medical Facilities (0162)	$680,138		$768,556		$863,775	$863,775	$95,219	$0
Medical Community Care (0140)	$0		$273,582		$315,099	$320,145	$41,517	$5,046
Discretionary Obligations [Total]	**$7,083,536**	**$0**	**$7,729,687**	**$0**	**$8,353,200**	**$8,770,900**	**$623,513**	**$417,700**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$227,621		$129,744		$0	$0	($129,744)	$0
Medical Support & Compliance (0152XA)	$1,793		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$116,496		$20,969		$0	$0	($20,969)	$0
Section 801 [Subtotal]	**$345,910**	**$0**	**$150,713**	**$0**	**$0**	**$0**	**($150,713)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	($232)		$0		$0	$0	$0	$0
Medical Care (0172XB)	$5,808		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	($40)		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	($637)		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$4,899**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act [Subtotal]	**$350,809**	**$0**	**$150,713**	**$0**	**$0**	**$0**	**($150,713)**	**$0**
Obligations [Grand Total]	**$7,434,345**	**$7,831,890**	**$7,880,400**	**$7,997,054**	**$8,353,200**	**$8,770,900**	**$472,800**	**$417,700**

1/Details not displayed in 2017 President's Submission

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Treatment Modality ($000):								
VA Inpatient Hospital	$1,448,439	$1,343,666	$1,441,552	$1,219,397	$1,465,298	$1,472,773	$23,746	$7,475
Contract Inpatient Hospital	$390,645	$481,387	$429,131	$523,041	$462,177	$488,234	$33,046	$26,057
Psychiatric Res. Rehab. Trmt	$289,603	$311,001	$284,470	$302,106	$283,865	$278,183	($605)	($5,682)
VA Dom. Residential Rehab. Trmt	$480,926	$493,061	$473,018	$470,844	$472,794	$468,455	($224)	($4,339)
VA Outpatient Clinics	$4,456,852	$4,779,243	$4,848,247	$5,025,573	$5,232,104	$5,612,915	$383,857	$380,811
Non-VA Outpatient	$29,075	$61,324	$30,585	$69,617	$31,573	$32,736	$988	$1,163
Suicide Prevention Outreach	$148,380	$164,305	$165,005	$186,128	$186,128	$189,576	$21,123	$3,448
VA - Mental Health in non MH Setting	$190,425	$197,903	$208,392	$200,348	$219,261	$228,028	$10,869	$8,767
Total	$7,434,345	$7,831,890	$7,880,400	$7,997,054	$8,353,200	$8,770,900	$472,800	$417,700
Major Characteristics of Program ($000):								
SMI - PTSD	$368,693	$368,755	$375,788	$378,809	$383,135	$390,016	$7,347	$6,881
SMI - Substance Abuse	$566,935	$566,506	$576,864	$576,784	$588,033	$600,608	$11,169	$12,575
SMI - Other Than PTSD & SA	$4,718,447	$5,022,207	$5,037,482	$5,363,078	$5,371,817	$5,708,497	$334,335	$336,680
Subtotal, SMI	$5,654,075	$5,957,468	$5,990,134	$6,318,671	$6,342,985	$6,699,121	$352,851	$356,136
Suicide Prevention Outreach	$148,380	$164,305	$165,005	$186,128	$186,128	$189,576	$21,123	$3,448
Other Mental Health (Non-SMI)	$1,631,890	$1,710,117	$1,725,261	$1,492,255	$1,824,087	$1,882,203	$98,826	$58,116
Total Mental Health	$7,434,345	$7,831,890	$7,880,400	$7,997,054	$8,353,200	$8,770,900	$472,800	$417,700
Included Above:								
OEF/OIF/OND POPULATION *ONLY*:								
SMI - PTSD	$148,831	$158,918	$158,500	$167,691	$167,017	$174,244	$8,517	$7,227
SMI - Substance Abuse	$115,404	$131,744	$125,244	$141,074	$133,085	$139,526	$7,841	$6,441
SMI - Other Than PTSD & SA	$793,257	$890,318	$877,765	$975,899	$959,130	$1,034,409	$81,365	$75,279
Subtotal, SMI	$1,057,492	$1,180,980	$1,161,509	$1,284,664	$1,259,232	$1,348,179	$97,723	$88,947
Other Mental Health (Non-SMI)	$312,905	$279,067	$343,831	$299,945	$381,644	$419,742	$37,813	$38,098
Total OEF/OIF/OND	$1,370,397	$1,460,047	$1,505,340	$1,584,609	$1,640,876	$1,767,921	$135,536	$127,045
Average Daily Census:								
Acute Psychiatry	2,420	2,356	2,354	2,281	2,274	2,207	(80)	(67)
Contract Hospital (Psych)	506	598	549	665	590	634	41	44
Psy Residential Rehab	1,846	1,900	1,842	1,892	1,827	1,822	(15)	(5)
Dom Residential Rehab	4,075	4,350	4,064	4,331	4,032	4,022	(32)	(10)
Total	8,847	9,204	8,809	9,169	8,723	8,685	(86)	(38)
Outpatient Visits:								
VA Care - Mental Health	13,397,001	13,979,398	13,965,965	14,491,899	14,503,778	15,029,072	537,813	525,294
Non-VA Care - Mental Health	335,736	438,538	360,074	399,948	381,570	401,699	21,496	20,129
Not Included Above:								
VA - Mental Health in non MH Setting	895,360	1,118,621	947,825	1,223,719	972,794	1,001,582	24,969	28,788

Mental Health Care

VA mental health care comprises an unparalleled system of integrated, comprehensive treatments and services to meet the needs of each Veteran and the family members who support the Veteran's care. These services support Veteran resilience, identify and treat mental health conditions at their earliest onset, address acute mental health crises, and provide recovery-oriented treatments. The points of access to care span 170 medical centers, 739 community-based outpatient clinics, 300 Vet Centers, and 80 mobile Vet Centers that provide readjustment counseling.

VA not only provides, but also continuously improves, mental health care and services for Veterans and their families, including a focus on recruiting and retaining committed health care providers and staff. VA partners with community-based health care systems, nonprofit agencies, and public and private academic institutions to conduct research and expand community support for Veterans. The synergy developed between VA and its partners has increased Veteran access to mental health care and created a mechanism for

VA to receive stakeholder feedback while collaborating to address challenges in delivering services.

2016 Accomplishments
A study published in November 2015 in the American Psychiatric Association's peer-reviewed journal compared VA mental health care to private sector care by examining medication treatment for mental disorders. Across seven performance indicators, the study found that VA "performance was superior to that of the private sector by more than 30%." The authors concluded: "Findings demonstrate the significant advantages that accrue from an organized, nationwide system of care."
http://ps.psychiatryonline.org/doi/10.1176/appi.ps.201400537

2017-2019 Goals

- **Access to Mental Health Care -** MyVA Mental Health access goals in 2017 will focus on improving Veteran satisfaction with access to mental health care, increase rate of same-day Mental Health services within Primary Care/Mental Health Integration programs, and expanding access through telemental health services. Working with community partners, the goal is to ensure that Veterans have access to the mental health services whenever and wherever best meets their needs.

- **Measurement-Based Care -** The Veterans Health Administration (VHA) launched a national initiative to establish measurement-based care (MBC) as the evidence-based standard of care across all VA mental health services. MBC involves the use of Veterans' self-reported outcome measures to individualize treatment goals and improve mental health care.

- **Outreach -** Continue outreach efforts to increase awareness of mental health services and resources, reduce negative perceptions about seeking mental health care, and improve mental health literacy among Veterans and their loved ones.

- **Excellence in Veteran and Employee Experience -** VA Mental Health is continually striving to improve Veteran and employee experience through multiple organizational improvement activities. Most notably, this occurs through the Mental Health Management System which incorporates the Mental Health Strategic Analytics for Improvement and Learning data on population coverage, continuity of care, and experience of care with key factors such as staffing, productivity, clinical processes, space and rate of growth to promote a common understanding of facility performance. Measurement based management of the mental health care system will continue through quarterly calls with leadership across the system to review this common data set and identify barriers and action steps and through on-going technical assistance, site visits, and tailored consultation. This allows for proactive management, oversight and improvement of VA Mental Health services.

- **Suicide Prevention -** Complete and disseminate a dashboard of Veterans who have been found to be at heightened risk for suicide through predictive modeling.

Engage all appropriate VA providers in following up with these Veterans through targeted interventions.

- **Interagency Collaboration -** Continue interagency efforts to improve mental health care for Service member and Veterans. In 2014, VA and the Department of Defense (DoD) established a Cross-Agency Priority Goal to improve the mental health of Service members, Veterans and their families. These initiatives continue to grow and build on the actions the Departments have taken to assist Service members, Veterans and their families' with mental health. They are focused on reducing barriers to mental health care, improving access to high quality care, supporting innovative research and promoting safety.

- **Strategic Partnerships -** Pursue collaborative partnerships with the private sector that will enhance and complement VA's efforts to improve Veterans' mental health

Early Identification, Screening and Intervention in Primary Care Settings
Early identification, accurate diagnosis, and effective treatment of mental health conditions improve outcomes. Consequently, VA primary care providers screen Veterans for depression, posttraumatic stress disorder (PTSD), problematic alcohol use, and difficulties related to military sexual trauma (MST).

Many Veterans served in VA primary care clinics have mental health conditions:

- In 2016, more than 495,000 (9.6 percent) of Veterans using VA primary care had a documented diagnosis of depression during their visit.
- Nearly one-third (29.2 percent) of these patients received care from an integrated mental health provider in the primary care clinic, while more than 350,000 (70.8 percent) had depression documented by providers who exclusively practice primary care.

The integration of mental health services into primary care settings is designed in part to help overcome some Veterans' reservations about seeking mental health services. It also provides an opportunity to deliver mental health services to those who may otherwise not seek them and to identify, prevent, and treat mental health conditions at the earliest opportunity. VA provided more than 1.17 million mental health visits in primary care settings in 2016, an increase of 7 percent from 2015 and up 16 percent over 2014.

Outpatient Mental Health Services
Outpatient mental health services comprise a broad range of services delivered in individual or group settings. In response to the growing Veteran need for mental health services, VA increased the number of outpatient mental health encounters or treatment visits from 10.5 million in 2005 to 21.5 million in 2016 — a 105% increase.

Each Veteran receiving ongoing VA specialty mental health care is assigned a Mental Health Treatment Coordinator (MHTC), who ensures continuity of care and provides the Veteran with an enduring point of contact, especially during times of care transitions. The MHTC serves as a clinical resource for the Veteran and staff, generally as a member of the Veteran's assigned mental health team. As of August 31, 2016, more than 1.3 million Veterans had an assigned MHTC.

Intensive Community Mental Health Recovery (ICMHR) Services
ICMHR services provide Veterans who have serious mental illness with access to intensive recovery-oriented mental health services that enable them to live meaningful lives in the community of their choice. These services help Veterans to define and pursue a personal mission and vision based on their self-identified strengths, values, interests, personal roles, and goals. Core principles of ICMHR programs include:

- A high staff-to-Veteran ratio, providing multiple visits per week as needed
- Services provided by an interdisciplinary team whose members all are available to provide support for the Veteran
- Interventions occurring primarily in the community, rather than in office settings
- Highly accessible services to address Veterans' needs for as long as they are clinically indicated.

In one year, Veterans enrolled in ICMHR services had an average of 27 fewer bed days of care and 1.4 fewer admissions compared with the year prior to their admission to the program.

Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)
MH RRTP (also called the Domiciliary Program) is VA's oldest program, established in 1865 as the National Home for Disabled Volunteer Soldiers. Ten of the first 11 program locations continue to offer residential treatment. Today, the MH RRTPs provide specific intensive specialty treatment for mental health and substance use disorders, as well as for co-occurring medical needs, homelessness, and unemployment. The MH RRTPs identify and address Veterans' goals of rehabilitation, recovery, health maintenance, quality of life, and community integration.

- VHA operates more than 240 MH RRTPs with about 8,000 beds at 113 VA facilities. Among these programs are the specialized residential beds for the treatment for PTSD and substance use disorders.

Through the end of August in 2016, the MH RRTPs served over 31,500 Veterans

Inpatient Mental Health Treatment Programs

VA provides inpatient mental health care for Veterans who present a risk to themselves or others, or who require hospitalization to stabilize their condition. After discharge, patients receive outpatient follow-up within seven days to ensure continuity of care.

- Nationwide, 112 VA facilities offer acute inpatient psychiatry programs, and through the end of August in 2016, those programs served about 53,000 Veterans.

PTSD Treatment

Since 1987, the specialized treatment of PTSD has been an integral part of VA's mental health services. In 2016, more than 583,000 Veterans received state-of-the-art treatment for PTSD in VA Medical Centers (VAMC) and clinics, an increase from 2011 of just over 500,000 Veterans. VA provides a continuum of PTSD care —mental health providers working in primary care, on general mental health teams, outpatient PTSD clinical teams (PCTs), in specialized PTSD residential rehabilitation treatment programs and inpatient treatment units around the country.

Nationwide, VA operates about 125 PCTs that provide group and individual specialized and primarily time-limited treatment for PTSD. These teams typically have a staff member trained to treat comorbid PTSD and Substance Use Disorders (SUD). In addition, there are increasing numbers of PTSD programs or tracks within PTSD programs for women Veterans and for Veterans with PTSD and SUD, a history of mild traumatic brain injury, or experience with military sexual trauma.

- More than 10,000 VA mental health clinicians have been trained in evidence-based treatments, including over 6,300 VA mental health staff members trained in prolonged exposure and/or cognitive processing therapy, two of the most effective therapies for PTSD. VA also offers evidence-based medication treatments that may be helpful across the PTSD symptom clusters.

Integrated Geriatric Mental Health Services

As they age, many Veterans and their families face psychosocial challenges, such as changes in everyday physical or cognitive abilities; pain, insomnia, fatigue; mental health conditions such as depression, anxiety, PTSD, schizophrenia, and SUDs; behavioral and psychological symptoms related to dementia; and caregiver stress. In addition, this population has many risk factors for suicide. VA is committed to optimizing the wellness, function, and independence of Veterans with complex chronic conditions and advanced illnesses.

Because these Veterans may have particular difficulty accessing mental health services, VHA policy requires the integration of mental health professionals into Geriatrics and Extended Care (GEC) through Home Based Primary Care (HBPC), Community Living Centers (CLC), Palliative Care Consult Teams (PCCT), and Geriatric Patient Aligned Care Teams. These mental health professionals provide patient evaluation and treatment services and support the entire team in providing excellent biopsychosocial care for Veterans and families. Many Veterans are now able to access these services through direct mental health care and/or integrated mental health consultation/support to the team.

- In 2016 HBPC followed 57,486 Veterans across 156 VAMC-based programs and 279 community-based outpatient clinic programs;
- In 2016, 41,507 Veterans received care across 135 CLCs nationally, with active care by integrated psychologists.

- Between 2013 and 2016, 66 CLCs participated in Staff Training in Assisted Living Residences in VA (STAR-VA) for the non-pharmacological care of Veterans with challenging behaviors related to dementia, led by the integrated mental health provider and a registered nurse champion. Among participating Veterans, STAR-VA has demonstrated significant decreases in the frequency and severity of target behaviors and decreased symptoms of depression, anxiety, and agitation.

Women's Mental Health

Since 2005, the number of women Veterans accessing VHA mental health services has increased by 201%. In 2016, over 195,000 women Veterans received VA mental health care.

- VA offers a full continuum of mental health services to women Veterans across the care settings described above, including general outpatient, specialty, inpatient, and residential treatment options.
- VA policy requires that mental health services recognize that gender-specific issues can be important components of care.
- VA has developed numerous educational resources for its providers who treat women Veterans, including a monthly teleconference series and web-based advanced clinical training sessions that facilitate live demonstrations and role-playing exercises.

Substance Use Disorders (SUD)

VA provides a continuum of evidence-based SUD prevention and treatment throughout its integrated healthcare system, including annual alcohol and tobacco use screening and brief intervention; non-opioid pain management; medication assisted treatment for alcohol, opioid, and tobacco use disorders; individual and group counseling; concurrent treatment of co-occurring medical and mental disorders; intensive outpatient SUD treatment; residential SUD rehabilitation; monitoring of substance use through laboratory testing; continuing SUD care management; and peer support for recovery.

Veterans in VA SUD treatment are more likely than patients in community SUD treatment programs to receive indicated medication and psychosocial treatments for opioid use disorder (OUD). For example, Veterans receiving methadone for OUD via VA Opioid Treatment Programs (OTP) are more likely than patients in community OTPs to receive psychosocial interventions in addition to medication. According to the Substance Abuse and Mental Health Services Administration's Treatment Episode Data Set in 2014, about 25% of patients with OUD entering an SUD treatment program had medication as part of their treatment plan. Whereas in 2014, over 40% of Veterans entering VA SUD specialty care received medication-assisted treatment for OUD using buprenorphine or naltrexone. While VA has made tremendous advancements in improving access to evidence-based OUD treatment, more needs to be done to insure access to all Veterans in need of services.

- VA provided treatment for a substance use disorder for more than 472,000 Veterans in 2016.
- More than 150,000 Veterans received care in specialty SUD treatment programs in 2016.

Suicide Prevention
VA recognizes that Veterans are at an increased risk for suicide and has implemented a national suicide prevention strategy to address this crisis. VA is bringing the best minds in the public and private sectors together to determine the next steps in implementing the Eliminating Veteran Suicide Initiative, one of VA's strategic priorities.

The mission of the Office for Suicide Prevention is to innovate, educate, build programs and partnerships that reach and support all Veterans at risk of suicide. Core programs of the Office for Suicide Prevention include: a national system of Suicide Prevention Coordinators committed to suicide prevention activities, including intervention with at-risk Veterans and community outreach; medical screening and assessment of patients at risk for suicide; High Risk Suicide Flags in medical records that provide an enhanced level of care; mandated suicide risk training on recognizing and responding to suicide risk for all VA staff; and partnership with DoD on suicide prevention and other efforts to provide Service members with a seamless transition from military to civilian life. In addition, The Veterans Crisis Line provides immediate, 24/7 access to mental health crisis intervention and support for Veterans, Service members, and their families. VA ensures that all Veterans in crisis have immediate access to a qualified responder.

- VA rolled out national implementation of the Recovery Engagement And Coordination for Health – Veterans Enhanced Treatment (REACH VET) program using predictive modeling to guide early interventions to prevent suicide for at risk Veterans in VHA care. REACH VET prompts review and enhancement of care as needed in order to meet complex care needs and provide better recovery outcomes.
- 2016 Suicide Data Report - VA released report on Nation's largest analysis of Veteran suicide in 2016. More than 50 million Veterans' records were reviewed from 1979 to 2014 from every state in the Nation. The full report may be downloaded here: http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf
- Impactful social media campaign during Suicide Prevention Month 2016 #BeThere.

2018 Goals - Short Term (first three months)

- Develop strategic plan for national system of community-based partnerships in order to offer suicide prevention resources to Veterans not in VHA care.
- Recruit and hire additional staff for the expanded Office of Suicide Prevention.
- Identify gaps in current suicide prevention data/analytic efforts.

2018 Goals - Medium Term (full year)

- Further the network of community-based partnerships in order to offer suicide prevention resources to Veterans not in VHA care.
- Increase training of Operation Signs of suicidal thinking, Ask the questions, Verify the experience with the Veteran, and Expedite or Escort to help (SAVE), VA's gatekeeper training for suicide prevention, to include all of VHA, the Veterans Benefits Administration, the National Cemetery Administration, and VA Central Office. Provide annual Operation SAVE training.
- Optimize coordination and collaboration of suicide prevention data/analytics efforts in order to best inform the Office of Suicide Prevention and lead to

identification of high burden areas, problem solve with community partners, and implement program pilots.
- Assess system of Suicide Prevention Coordinators (SPC) and allocate needed resources accordingly.

Goals - Long Term
- Implement regional leads in the SPC network to ensure consistency, idea sharing, and best practices.
- Implement community outreach leads in areas of burden to increase Veteran engagement in care.
- Identify and nationally implement best practices informed by data and pilot projects to engage all Veterans at risk of suicide in care.

Military Sexual Trauma
38 U.S.C. 1720D authorizes VA to provide treatment for conditions related to military sexual trauma (MST)—that is, sexual assault or repeated, threatening sexual harassment experienced by a Veteran during military service. VA provides all health care for mental and physical health conditions related to MST free of charge.

Every VHA facility provides outpatient MST-related care and MST-related counseling is available at VA's community-based Vet Centers as well as through VA's residential and inpatient treatment programs. VHA screens all Veterans for experiences of MST to ensure that they are referred for specialized programming as needed and that their experiences are taken into account in the provision of healthcare. Every VA healthcare system has a MST Coordinator to assist Veterans in accessing care and to oversee local staff education and training, monitoring, and outreach. Nationally, VA Mental Health Services funds a MST Support Team to perform national monitoring and to promote best practices in the field.

2016 Accomplishments
- To facilitate Veterans' access to MST-related care, developed and disseminated new national outreach brochures, infographics, and whiteboard videos. A key emphasis has been on increasing outreach to men who experienced MST.
- Developed additional educational resources such as new MST Consultation program available to all VA staff, intensive workshops and other specialized training on how to screen sensitively, and best practices guidance about the MST Coordinator role.
- Expanded monitoring resources to assist MST Coordinators and other program administrators in evaluating and improving services delivered to Veterans.

2017-2019 Goals
- Continue implementation of Section 402 of the Veterans Choice Act, which authorizes VA to provide MST-related care and services to active duty Service members without referral. This provision has already been implemented in VA's community-based Vet Centers; discussions are ongoing about expanding implementation into VAMCs.

- Continue promoting best practices among MST Coordinators and utilization of analytics to examine patterns of engagement in MST-related care and Veterans' treatment needs.
- Annual report on Training and Certification for Health Care Providers on Care for Veterans and Active Duty Service members who Experienced MST.
- Report to Congress on Transition of MST-Related Treatment from DoD to VA and Assistance to Veterans in Filing Claims for Disabilities Related to MST.

Mental Health Centers of Excellence
Specialized mental health centers of excellence (MH CoEs) are an essential component of VA's response to meeting the mental health needs of Veterans. The first MH CoE, the National Center for PTSD (NCPTSD; Public Law 104-262), opened in 1989, followed by the establishment of 10 Mental Illness Research, Education and Clinical Centers (MIRECCs; Public Law 104-262). In 2005, three specialized centers in Canandaigua, New York; San Diego, California; and Waco, Texas (Conference Report 109-305), were established to address the mental health needs of Veterans returning from the wars in Iraq and Afghanistan. The VA Secretary also established an additional MH CoE, the Center for Integrated Healthcare, focused on coordinating mental health care and primary care.

- For the past three years, VA MH CoEs annually have published an average of more than 1,300 scientific papers. This research has a profound effect on enhancing the understanding and treatment of mental illness in Veterans and, more broadly, among the general population.

All the MH CoEs share a singular mission: to improve the health and well-being of Veterans through world-class, cutting-edge science, education, and enhanced clinical care. The centers are designed to be incubators for investigators, clinicians, treatments, and ways of educating staff and patients and delivering care. The unique concept of the MH CoEs combines education, research, and clinical care into a single program to dramatically reduce the length of time from scientific discovery to implementation.

Multiple MH CoEs are needed because mental illness encompasses many complex conditions that differ in terms of cause, prevalence, symptom course, prognosis, and treatment. Accurately diagnosing and treating mental illness requires comprehensive efforts focused on specific disorders and populations, rather than on mental illness in general. Each center addresses a specific mental illness or illnesses or a specific aspect of care for mental illness. For example, the Veterans Integrated Service Network (VISN) 5 MIRECC focuses on optimizing recovery for Veterans with serious mental illness, while the VISN 6 MIRECC focuses on the post-deployment mental health of returning Veterans. This focus and specialization greatly enhance each center's ability to develop psychological and biological treatments for Veterans.

The MH CoEs not only leverage regional and local VA expertise but also foster productive collaboration with clinical, research, and educational experts from academic affiliates and other organizations. For example, the *VISN 2 Center of Excellence for Suicide Prevention* capitalized on a longstanding program of research on suicide

prevention at the nearby University of Rochester, allowing rapid implementation, enhancing feasibility, and helping to sustain the center's activities. And the VISN 4 MIRECC brought basic science to the bedside with a study of the pharmacogenetics of naltrexone treatment response in alcohol dependence; this research endeavor is a direct partnership with the University of Pennsylvania.

Education and training are central to the mission of the MH CoEs. Educational efforts include national provider trainings, conferences, consultation, demonstration projects, creation and dissemination of clinical tools, and public awareness campaigns. The national MIRECC website, www.mirecc.va.gov, provides access to MH CoE educational resources for Veterans, professionals, and the general public. The MH CoEs are also dedicated to training the next generation of VA clinical leaders and researchers. With 25 training sites, the VA Advanced Fellowship in Mental Illness Research and Treatment is integrated across the MH CoEs to provide specialized postgraduate training in mental health. The primary goal of the two-year fellowship program is to train physicians, psychologists and allied health professionals to become leading clinical researchers in high-priority areas of mental health by combining individual mentored research and clinical training with state-of-the-art educational experiences.

National Center for Posttraumatic Stress Disorder (NCPTSD)

		2017		2018	2018	2019		
	2016	Budget	Current	Advance	Revised	Advance	+/-	+/-
Description	Actual	Estimate	Estimate	Approp.	Request	Approp.	2017-2018	2018-2019
Obligations.....	$18,496	$19,107	$39,030	$19,680	$17,998	$19,680	($21,032)	$1,682

NCPTSD was created in 1989 in response to a Congressional mandate (Public Law 98-528, 98 Stat. 2686 (1984)) to address the needs of Veterans with PTSD. In 2014, NCPTSD received a separate appropriation to establish a PTSD brain tissue bank to facilitate cutting edge PTSD research and to enhance access for rural Veterans by consulting on PTSD treatment for community providers who treat Veterans.

The NCPTSD mission is to advance the clinical care and social welfare of America's Veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. The Congressional mandate (Public Law 98-528, 98 Stat. 2686 (1984)) called for a center of excellence that would set the agenda for research and education on PTSD without direct responsibility for patient care. NCPTSD also was mandated to serve as a resource center for information about PTSD research and education for VA and other Federal and non-Federal organizations. NCPTSD currently consists of seven divisions located at VA facilities, with headquarters in White River Junction, VT. Other divisions are located in Boston, MA; West Haven, CT; Palo Alto, CA; and Honolulu, HI. NCPTSD is an integral component of Mental Health Services within Patient Care Services in VHA.

Each of NCPTSD's divisions has its own area of specialization, giving researchers access to different types of expertise across many geographical areas of the country. Besides its

own staff, NCPTSD has built strong collaborative relationships with institutions and agencies from VA, other branches of government, the health care community, and academia, giving researchers a vast array of affiliates and partners for research activities. These activities are enriched by constant contact with clinicians who are directly involved in patient care, giving the research activities a uniquely real-world perspective. As a result, NCPTSD specializes in translating basic findings into clinically relevant techniques and studying how best to implement evidence-based practices into care. NCPTSD brings current research and clinical knowledge from the field to Veterans, their families, the general public, clinicians, military leaders, and others. Information is efficiently disseminated through NCPTSD's award-winning website (www.ptsd.va.gov), publications, online resources, as well as nationwide trainings.

2016 Accomplishments

- Expanded the Center's PTSD Brain Bank, which now has over 180 brains. More than 40 Veterans have given informed consent to donate their brain tissue at the time of death. Three intramural projects are currently in progress to characterize ribonucleic acid sequencing, deoxyribonucleic acid methylation, and other functional indices from key brain areas known to function abnormally in PTSD. NCPTSD has already identified a new genetic marker for PTSD through these activities that can be used to facilitate novel treatment development efforts.
- Increased requests by 23% for its PTSD Consultation Program, (www.ptsd.va.gov/consult), which is available to providers who treat Veterans with PTSD to obtain consultation on assessment, evidence-based treatment, medications, clinical management, resources, referrals, education and training opportunities, improving care, and transitioning Veterans to VA care. The program responded to a total of 1,368 consults in 2016, 410 of which were from community providers treating Veterans. Making consultation available to providers outside of VA supports the Veterans Access, Choice, and Accountability Act by enhancing the skills and knowledge of community providers who are treating Veterans with PTSD.
- Expanded the *PTSD 101* online continuing education series to support clinicians treating Veterans with PTSD with new courses on engaging patients in treatment, MST and PTSD, reintegration stress, military culture, PTSD and traumatic brain injury, and PTSD and physical health.
- Launched an online course to train providers in the use of the Clinician Administered PTSD Scale for Diagnostic and Statistical Manual of Mental Disorders-5 (CAPS-5), the gold standard for PTSD assessment and diagnosis.
- Collaborated with over 100 organizations and departments on PTSD Awareness Month and Day to implement a national online and networking campaign to promote raising PTSD awareness centered on the theme of "PTSD Awareness: Learn. Connect. Share." with social media outreach as a main focus.
- Launched a study on the efficacy of a novel and rapid-acting drug, ketamine, in the treatment of PTSD as part of the Consortium to Alleviate PTSD (CAP), a $45 million award to NCPTSD and the STRONG STAR Consortium at the University of Texas Health Science Center in San Antonio. The CAP includes an array of

cutting-edge clinical trials and biological studies including efforts to learn more about the biology of PTSD and to develop more effective treatments.

- Completed a third wave of data collection from Project Veterans After-Discharge Longitudinal Registry , a registry of 1,649 male and female Veterans of the Iraq and Afghanistan Wars who became users of VA services after 2002. This project is providing valuable information about the long-term health outcomes associated with PTSD.
- Increased the Center's web and social media activity: website (over 7.8 million views in 2016, a 13% increase from 2015), Facebook (137,993 likes, a 19% increase) and Twitter (28,686 followers, a 25% increase).

2017-2019 Goals

- Enhance the care of Veterans with PTSD by launching the first online decision aid for Veterans with PTSD in order to help them learn about effective PTSD treatments and engage in shared decision-making with providers.
- Increase Veterans' access to effective care by releasing Skills Training in Affective and Interpersonal Regulation, a self-help web-based program for Veterans with PTSD and by collaborating with the Office of Rural Health on a national dissemination initiative.
- Promote the development of skills in VA providers to diagnose and assess PTSD by developing a computer-based training using simulated virtual patient technology that will allow clinicians to practice and receive customizable feedback on giving CAPS-5 to a lifelike virtual patient.
- Continue expansion of Brain Bank activities and promote research to enhance the assessment and treatment of PTSD through the identification of biomarkers and novel treatment strategies.
- Pursue collaborative partnerships with the private sector that will enhance and complement VA's efforts to improve Veterans' mental health.
- Continue outreach efforts to increase awareness of mental health services and resources, reduce negative perceptions about seeking mental health care for PTSD, and improve mental health literacy among Veterans and their loved ones.

Mental Health Congressionally Mandated Reports (as of 2016)

The following is a list of Congressionally Mandated Reports for which VA's Mental Health program offices have primary responsibility:

- Maximize the Availability of Opioid Receptor Antagonists
- Special Committee on Posttraumatic Stress Disorder (PTSD)
- Training and Certification for Mental Health Care Providers on Care for MST/PTSD Veterans
- Treatment and Services Available for Military Sexual Trauma (MST)
- Transparency In Mental Health Semi-Annual Report – Part A

- Transparency In Mental Health Semi-Annual Report – Part B
- Clay Hunt Suicide Prevention for American Veterans Act

Prosthetics

Prosthetics
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$2,936,400		$3,445,677		$3,716,100	$4,013,800	$270,423	$297,700
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$2,936,400**	**$0**	**$3,445,677**	**$0**	**$3,716,100**	**$4,013,800**	**$270,423**	**$297,700**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	($370)		$0		$0	$0	$0	$0
Medical Care (0172XB)	$8,519		$5,200		$5,200	$5,200	$0	$0
Emergency Hepatitis C (0172XC)	($59)		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	($935)		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$7,155**	**$0**	**$5,200**	**$0**	**$5,200**	**$5,200**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$7,155**	**$0**	**$5,200**	**$0**	**$5,200**	**$5,200**	**$0**	**$0**
Obligations [Grand Total]	**$2,943,555**	**$3,645,677**	**$3,450,877**	**$3,376,159**	**$3,721,300**	**$4,019,000**	**$270,423**	**$297,700**

1/Details not displayed in 2017 President's Submission

Background

Public Laws and U.S. Code authorizing VA to provide Prosthetic and Sensory Aids (PSAS), another other medical devices, items and services include 38 CFR 17.150, Sections 1701(6)(F) and 1710.

Program Description

PSAS is the VA integrated delivery system designed to provide medically prescribed prosthetic and sensory aids, medical devices, assistive aids, repairs and services to eligible Veterans to enable them to achieve their highest level of function and maximize their independence. The term "prosthetic device" refers to any device that supports or replaces loss of a body part or function, and includes a full range of equipment and services for Veterans. This includes, but is not limited to: artificial limbs, orthopedic footwear, orthopedic braces and supports, eyeglasses, hearing aids, speech communication aids, cosmetic restorations, breast prostheses, wigs, home oxygen, items that improve accessibility and mobility (e.g., ramps, vehicle modifications, wheelchairs and mobility aids), and devices surgically placed in the Veteran (e.g., implants, stents, joint replacements, and pacemakers). PSAS is responsible for provision of these items from

prescription through procurement, delivery, training, replacement, and when necessary, repair.

2016 Prosthetics by Category

Description	Quantity
Home Modifications	9,418
Prostheses	10,336
Dialysis	20,696
Beds/Lifts	123,783
Limbs	316,780
Walking Aids	355,132
Implants	533,407
Wheeled Mobility	707,222
Misc. Durable Medical Equipment	2,390,881
Shoes/Orthoses/Orthotics	2,651,699
Sensory/Neuro Aids	16,434,758
Oxygen/Respiratory	17,143,484
Other	113,347,899
Grand Total	**154,045,495**

2016 Accomplishments

In 2016, VHA PSAS provided 20 million medical items, devices and services to 3.3 million Veterans. Significant accomplishments include:

- Conducted a Value Stream Prosthetic Lean Event resulting in a process to pre-authorize procurement of surgical implants to mitigate risks of unauthorized commitments, develop, and implement strategic enterprise-wide goals and processes to streamline procurement of prosthetic devices and services in accordance with Federal Acquisition Regulations (FAR) compliance.
- Improved the interactive analytic budget tool (Variance Report) to more effectively monitor execution of the PSAS specific purpose budget and expenditures for prosthetic devices.
- PSAS national office clinical staff members contributed to development of a user-friendly Adaptive Sports and Recreational Equipment Evaluation template to standardize clinical requests for PSAS items designated as special and/or experimental, high cost, or non-contract items.
- PSAS supported VA's implementation of the Choice Act and Patient-Centered Community Care (PC3) program through development of prosthetic implementation strategies under the Choice Program. This included establishing prosthetic requirements and a prescription template for durable medical equipment and devices to support the transfer of information between VHA and community care providers.
- Worked collaboratively with the Strategic Acquisition Center (SAC) for contractual procurement of $400 million for PSAS items that comprise the greatest demand across

VHA. This contract will be awarded in 2017, and will standardize acquisition efficiency and leverage VA's buying power to procure these items at lower cost while maintaining high quality.

- Successful development of a PSAS Dashboard displaying Key Performance Indicators to monitor and manage areas of: Timeliness, Policy/Operational Audits, Staffing Levels, Contract Utilization, Purchasing Agent Efficiencies and Inventory Management.
- Enhanced partnerships with Veterans Service Organizations (e.g., Paralyzed Veterans of America, Disabled American Veterans, Blinded Veterans Association) through establishment of a collaborative workgroup to meet regularly and address issues and concerns related to provision of PSAS across VA.

2017-2019 Goals

- Support the Strategic Analytics for Improvement and Learning (SAIL) VA model by developing a measure under the Access domain related to the timeliness of providing prosthetic devices and sensory aids.
- Pursue publication of new regulations and update policy documents re: PSAS.
- Continue to refine and develop processes, policies and guidance that produce more accurate analyses and modeling to project resource requirements, and maintains stringent fiscal accountability for the PSAS specific purpose budget.
- Remain abreast of emerging technologies and prosthetic devices, and incorporate provision of such devices as determined by best clinical practices.
- Continue to work with Chief Business Office Purchase Care program to develop the next generation of contracts for Care in the Community to ensure the provision of prosthetic devices under the Choice Program is managed in an efficient, cost-effective and patient-centered manner.
- Enhance partnership with the Veterans Benefits Administration (VBA) to improve processing of the Clothing Allowance and Automobile Adaptive Equipment benefits, and administration of these programs by VHA.
- Continue to improve the partnership with VBA's Adaptive Housing programs, and the processes and timeliness for VHA's Home Improvements and Structural Alterations program.
- Implement additional supply chain management acquisition initiatives to establish the delivery and inventory process for the management of prosthetic items/surgical implants.
- Deploy the Advanced Prosthetics Acquisition Tool nationally, enabling PSAS to operate as a high performing network that integrates and upgrades multiple national VA software programs, consolidates processes and documentation, and permits enterprise level access to patient prosthetic activity.
- Lead VA efforts to implement requirements of the Veterans Mobility Safety Act of 2016 (HR 3471) to expand quality and safety policies and procedures for the Automobile Adaptive Equipment benefit program to increase customer satisfaction and Veteran.

Congressional Reports

Congressional Tracking Reports for which PSAS is partly responsible and is impacted include:

- Comprehensive reports regarding female Veteran amputees and their access to prosthetics. One-time report, 2017.
- Comprehensive report on access and utilization of data-driven devices to measure Veterans' prosthetic care outcomes. One-time report, 2017.
- Report on VA's plans to grow and ensure the future orthotic and prosthetic workforce required by the Nation's new generation of Veterans. One-time report, 2017.

Rehabilitative Care

Rehabilitative Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$641,908		$788,484		$822,521	$850,421	$34,037	$27,900
Medical Support & Compliance (0152)	$99,206		$245		$243	$243	($2)	$0
Medical Facilities (0162)	$83,965		$94,880		$106,636	$106,636	$11,756	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$825,079**	**$0**	**$883,609**	**$0**	**$929,400**	**$957,300**	**$45,791**	**$27,900**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$28,665		$16,339		$0	$0	($16,339)	$0
Medical Support & Compliance (0152XA)	$226		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$13,067		$2,352		$0	$0	($2,352)	$0
Section 801 [Subtotal]	**$41,958**	**$0**	**$18,691**	**$0**	**$0**	**$0**	**($18,691)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$41,958**	**$0**	**$18,691**	**$0**	**$0**	**$0**	**($18,691)**	**$0**
Obligations [Grand Total]	**$867,037**	**$898,563**	**$902,300**	**$917,093**	**$929,400**	**$957,300**	**$27,100**	**$27,900**

1/Details not displayed in 2017 President's Submission

VHA provides specialized rehabilitation care and services for veterans with blindness and spinal cord injuries or disorders, as well as general rehabilitation care as required following medical care treatment.

Blind Rehabilitation Service (BRS) programs include: inpatient and outpatient blind and vision rehabilitation programs, adjustment to blindness and benefits counseling, patient and family education, and recommendation and training in the use of access technology that supports family and community integration, and highest level of functional independence. The mission of Spinal Cord Injury and Disorders (SCI/D) Services is to promote the health, independence, quality of life and productivity of individuals with spinal cord injury and disorders through efficient delivery of acute rehabilitation,

psychological, social, vocational, medical and surgical care, professional training, as well as patient and family education.

Blind Rehabilitation Service

Background
Public Laws and U.S. Code governing rehabilitation provided by Blind Rehabilitation Service include:

> **Public Law 109–461, Section 207**
> Establishes 35 new Blind Rehabilitation Outpatient Specialist positions.
>
> **Public Law 111–163, section 7501**
> Establishes a scholarship program leading to a degree or certificate in visual impairment or orientation and mobility rehabilitation.
>
> **Public Law 114–223, Section 250**
> Changes to beneficiary travel funding for Veterans who receive care in rehabilitation centers and clinics provided through special disabilities rehabilitation program of the Department.

Program Description
The mission of Blind Rehabilitation Service (BRS) is to assist eligible blind and visually impaired Veterans and Service members in developing the skills needed for personal independence and successful reintegration into the community and family environment. BRS programs include: inpatient and outpatient blind and vision rehabilitation programs, adjustment to blindness and benefits counseling, patient and family education, as well as selection and training in the use of access technology that supports independence and integration.

Rehabilitation in BRS is patient-centered and interdisciplinary, developing and deploying integrated plans of care that address the Veterans' needs and goals to guide service delivery. Family members, included as members of the team, are provided with education and training that allows them to understand visual impairment and provide support for goal achievement. The specialized blind rehabilitation database provides a mechanism for coordinating system-wide care, management and data analyses. BRS personnel evaluate and determine best practices for selecting, training and providing Veterans with cutting-edge technology for peak performance. BRS programs provide a model of care that extends from the Veteran's home to the local VA care site, regional low vision clinics, and lodger and inpatient training programs. Components of the model include the following.

- 13 inpatient blind rehabilitation centers;
- 9 outpatient blind rehabilitation clinics;
- 43 low vision clinics;
- 165 blindness case managers (i.e., Visual Impairment Services Team (VIST) Coordinators) for severely disabled blind Veterans; and

- 93 Blind rehabilitation Outpatient Specialists (BROS) who provide care at VA medical facilities and in Veterans' homes. BROS are assigned at Polytrauma Centers and other sites of care to support the care of Service members and Veterans whose injuries and disorders include vision loss.

2016 Accomplishments

- Partnered with PSAS and Office of Administrative and Regulatory Affairs to develop regulations for the provision of blind aids. The drafted regulations have been reviewed and will be published in the Federal Register.
- Deployed International Classification of Disease (ICD) crosswalk from version 9 to version 10 for vision and blind rehabilitation care. These codes are used by VHA blind rehabilitation professionals to indicate the level of impairment for patients with vision loss.
- Partnered with Office of Workforce and Management Consulting to provide 24 Visual Impairment and Orientation and Mobility Professionals Program scholarships to assure a vital workforce and in compliance with Public Law 111-163.
- Deployed Universal Stakeholder Participation and Experience Questionnaire (uSPEQ) Consumer Experiences Survey to measure and assess Veteran Patient Experience and Satisfaction.
- Partnered with VA and VHA Human Resources to revise BRS and BROS Hybrid Title 38 Qualification Standards.
- Expanded Telehealth services for blind Veterans, increasing clinical video Telehealth (CVT) encounters by 27% between 2015 and 2016.
- Organized a National Blind Rehabilitation Conference for blind rehabilitation professionals to facilitate face-to-face discussion of BRS initiatives and priorities, strategic planning, and to share best practices for delivering coordinated care for blind Veterans.
- Partnered with VHA Procurement and Logistics Office, Strategic Acquisition Center (SAC) and Prosthetic and Sensory Aids Services (PSAS) to convene an Integrated Product Team (IPT) to develop contracts for Closed Circuit Television (CCTVs), and an Audible Prescription Reading Device (APRD).

2017-2019 Goals

- Evaluate and deploy best practice assessments, outcomes evaluation and interventions (including technology) to improve timeliness, access and outcomes of blind rehabilitation.
- In partnership with Employee Education Service (EES), provide continuing education units recognized and required by the credentialing organization, Academy for the Certification of Vision Rehabilitation and Education Professionals, for educational offerings provided to staff via national teleconference training sessions.
- Explore, promote and develop partnerships with National Veterans Sports Programs and Special Events; inform field and foster BRS involvement.
- Pursue opportunities to strategically partner and create collaborations within VA as well as with community stakeholders to promote Veterans' choice.

- Continue partnership with VHA Procurement and Logistics Office, SAC, PSAS and the IPT to finalize and award a national contract for CCTVs, Portable Electric Magnification Devices and APRDs.
- Partner with VHA Healthcare Talent Management Office to facilitate and manage the Visually Impaired Orientation and Mobility Professionals Scholarship Program (VIOMPSP).
- Improve Veteran access to Blind Rehabilitation services, opportunities for connected health, and enhance service delivery and efficiency through telerehabilitation.

Spinal Cord Injury and Disorders

Background
The mission and commitment of the VA Spinal Cord Injury/Disorders (SCI/D) System of Care for Veterans with SCI/D is to support and maintain their health, independence, quality of life, and productivity from initial injury or illness through their lifespan. The program is supported by Public Law and VA directives/handbooks: Public Law 114-223 (report inpatient capacity (beds and staffing) of the SCI/D program to Congress; VHA Directive 1176 and VHA Handbook 1176.01 – Spinal Cord Injury and Disorders System of Care; VHA 2008-085 – Spinal Cord Injury Center Staffing and Beds; VHA Handbook 1176.02 – Spinal Cord Injury and Disorders Extended Care Services.

Program Description
The SCI/D System of Care consists of a full interdisciplinary team of SCI/D experts in 24 regional SCI/D Centers (hubs), designated SCI/D primary care teams (spokes) at most other Veterans Affairs (VA) medical centers, and several inter-connected SCI/D programs and activities that extend care to the Veterans' communities (e.g., dedicated SCI/D telehealth program, home-based care, and extended non-institutional care).

The SCI/D Centers provide the full continuum of Veteran-focused, interdisciplinary team-based lifelong care including acute state-of-the-science rehabilitation, sustaining medical/surgical treatment, primary and preventive care including annual evaluations, provisions for prosthetics and durable medical equipment, unique SCI/D care such as ventilator management, home-based care, telehealth, SCI/D Center directed home and community-based services, respite care, long term care, and end-of-life care. SCI/D Centers also have: dedicated Management of Information and Outcomes Coordinators that maintain a national validated risk-adjusted outcomes based programs; dedicated telehealth coordinators; and dedicated, congregated long-term care beds (at six SCI/D Centers).

2016 Accomplishments
- A major focus in 2016 was outreach to Veterans with SCI/D. Methods that were developed in 2015 were used to identify Veterans with SCI/D new or lost to the SCI/D System of Care. Lists of Veterans with SCI/D were sent to SCI/D Centers for follow-up and outreach.
- There was continued work on developing a dedicated SCI/D quality improvement culture within the SCI/D System of Care. A face-to-face conference with

Measurement of Information and Outcomes (MIO) Coordinators from each SCI/D Center was held to teach Lean Six Sigma Training.

- To improve processes and feedback about Veteran-patient satisfaction, a proposal was submitted and accepted to expand the Universal Stakeholder Participation and Experience Questionnaires (uSPEQ) program to include all inpatients at SCI/D Centers.
- Established a functional SCI/D Registry that is now used by all SCI/D Centers to maintain and track Veterans with SCI/D.
- Expanded the SCI/D Center directed program to administer robotic powered exoskeletons to eligible Veterans.
- In collaboration with the Office of Nursing Services, finalized methods to transition to a new SCI/D nurse staffing methodology that is consistent with the rest of VA.

2017-2019 Goals

- Develop a methodology to meet the new Public Law (Public Law 114-223) that requires reporting of inpatient staffing and beds in SCI/D Centers.
- In collaboration with the Office of Nursing Services (ONS), implement the new nurse staffing methodology for SCI/D to ensure safe, quality inpatient care for Veterans admitted to SCI/D inpatient units.
- Develop a methodology to measure wait times for elective admissions to the SCI/D Centers.
- Develop a new and improved validated and risk adjusted SCI/D outcomes management system to establish benchmarks and facilitate quality improvement projects.
- Visit SCI/D Centers to facilitate transition to the new nurse staffing methodology, enhance care processes, identify issues in need of improvement, and assist in problem-solving.
- Revise VHA Directive 1176, Handbook 1176.01, and Directive 2008-085 (Spinal Cord Injury and Disorders (SC/D) System of Care).
- Strengthen collaboration with the Paralyzed Veterans of America including a face-to-face conference with PVA, Clinical Operations and Management Leadership (10NC), SCI/D National Office Leadership (10NC9), SCI/D Center Chiefs, SCI/D Center Nurse Managers, and selected SCI/D spokes clinicians.
- Implement broader implementation of Universal Stakeholder Participation and Experience Questionnaires (uSPEQ) for all Veterans in SCI Center inpatient units.
- Develop a new staffing model for other disciplines (e.g., physicians, therapists, social workers, psychologists) in SCI/D Centers.
- Develop an improved staffing model for disciplines (physicians, nurses, and social workers) at SCI/D Spokes.

Congressional Reports

Public Law 114-223 requires reporting of staffing and beds in SCI/D Centers established in Section 1706(b)(5)(A) of title 38, United States Code (passed in 1996, expired in 2008, reinstated reporting requirement in 2016). No Congressional report has yet been required or submitted since Public Law 114-223 was passed.

Long-Term Services and Supports (LTSS)

VA provides a wide range of long-term services and supports including geriatric outpatient programs, home and community-based LTSS, and end of life services. These services are provided in multiple venues, including VA Community Living Centers (CLC), Community Nursing Homes (CNH), State Veterans Homes (SVH) and home and other community based settings. The following charts show obligations and associated workload for each LTSS program.

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations ($000)								
Institutional								
Community Nursing Home	$885,109	$1,012,378	$955,900	$1,064,090	$1,032,400	$1,104,700	$76,500	$72,300
State Home Domiciliary	$54,096	$66,361	$54,200	$70,583	$54,400	$54,206	$200	($194)
State Home Nursing	$1,152,010	$1,268,888	$1,257,334	$1,388,354	$1,290,362	$1,367,993	$33,028	$77,631
VA Community Living Centers	$3,450,971	$3,613,461	$3,554,500	$3,861,735	$3,696,700	$3,844,600	$142,200	$147,900
Institutional Obligations [Total]	$5,542,186	$5,961,088	$5,821,934	$6,384,762	$6,073,862	$6,371,499	$251,928	$297,637
Non-Institutional								
Community Adult Day Health Care	$92,121	$132,625	$99,500	$135,496	$107,500	$115,000	$8,000	$7,500
Community Residential Care	$130,455	$74,499	$130,500	$74,146	$130,500	$130,500	$0	$0
Home Hospice Care	$84,397	$96,329	$116,900	$99,223	$120,400	$127,000	$3,500	$6,600
Home Respite Care	$65,804	$40,062	$70,400	$43,102	$75,300	$80,600	$4,900	$5,300
Home Telehealth	$239,352	$239,414	$251,300	$247,528	$263,900	$277,100	$12,600	$13,200
Home-Based Primary Care	$693,613	$849,798	$756,000	$882,423	$824,000	$898,200	$68,000	$74,200
Homemaker/Home Health Aide Prgs	$595,190	$817,723	$724,700	$864,082	$804,400	$892,900	$79,700	$88,500
Purchased Skilled Home Care	$362,631	$348,986	$377,100	$365,392	$392,200	$407,900	$15,100	$15,700
Spinal Cord Injury & Disability Home Care	$11,350	$10,905	$11,700	$11,271	$12,200	$12,700	$500	$500
State Adult Day Health Care	$949	$1,029	$1,312	$1,195	$1,195	$1,317	($117)	$122
VA Adult Day Health Care	$15,106	$15,462	$15,600	$15,845	$16,200	$16,800	$600	$600
Non-Institutional Obligations [Total]	$2,290,968	$2,626,832	$2,555,012	$2,739,703	$2,747,795	$2,960,017	$192,783	$212,222
Long-Term Services & Supports Obligations [Total]	$7,833,154	$8,587,920	$8,376,946	$9,124,465	$8,821,657	$9,331,516	$444,711	$509,859
Institutional Average Daily Census								
Community Nursing Home	8,752	9,145	9,195	9,590	9,614	10,035	419	421
State Home Domiciliary	3,782	3,753	3,782	3,846	3,783	3,783	1	-
State Home Nursing	20,556	20,987	20,771	21,454	20,930	21,089	159	159
VA Community Living Centers	9,085	8,711	8,902	8,514	8,694	8,487	(208)	(207)
Institutional Average Daily Census [Total]	42,175	42,596	42,650	43,404	43,021	43,394	371	373
Institutional Per Diem								
Community Nursing Home	$276.32	$303.30	$284.82	$304.00	$294.21	$301.60	$9.39	$7.39
State Home Domiciliary	$39.08	$48.44	$39.26	$50.28	$39.40	$39.26	$0.14	($0.14)
State Home Nursing	$153.12	$165.65	$165.84	$177.30	$168.91	$177.72	$3.07	$8.81
VA Community Living Centers	$1,037.85	$1,136.48	$1,093.95	$1,242.67	$1,164.94	$1,241.09	$70.99	$76.15
Institutional Per Diem [Total]	$359.04	$383.41	$373.99	$403.02	$386.80	$402.27	$12.81	$15.47

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Nursing Home Average Daily Census, Long & Short Stay								
Community Nursing Home								
Long Stay	7,066	7,305	7,394	7,616	7,702	8,011	308	309
Short Stay	1,686	1,840	1,801	1,974	1,912	2,024	111	112
Community Nursing Home Stays [Total]	8,752	9,145	9,195	9,590	9,614	10,035	419	421
State Home Nursing								
Long Stay	19,687	20,175	19,889	20,670	20,037	20,185	148	148
Short Stay	869	812	882	784	893	904	11	11
State Nursing Home Stays [Total]	20,556	20,987	20,771	21,454	20,930	21,089	159	159
VA Community Living Centers								
Long Stay	6,764	6,394	6,598	6,219	6,414	6,230	(184)	(184)
Short Stay	2,321	2,317	2,304	2,295	2,280	2,257	(24)	(23)
VA Community Living Centers Stays [Total]	9,085	8,711	8,902	8,514	8,694	8,487	(208)	(207)
All Nursing Home Average Daily Census, Long & Short Stay [Grand Total]	38,393	38,843	38,868	39,558	39,238	39,611	370	373
Nursing Home Average Daily Census by Age								
Community Nursing Home								
< 65	1,281	1,140	1,264	1,053	1,262	1,279	(2)	17
65 to 84	5,081	5,514	5,442	5,949	5,769	6,071	327	302
> 84	2,390	2,491	2,489	2,588	2,583	2,685	94	102
Community Nursing Home Stays [Total]	8,752	9,145	9,195	9,590	9,614	10,035	419	421
State Home Nursing								
< 65	1,158	1,110	1,109	1,041	1,064	1,041	(45)	(23)
65 to 84	9,726	9,881	9,882	10,130	10,004	10,107	122	103
> 84	9,672	9,996	9,780	10,283	9,862	9,941	82	79
State Home Nursing Stays [Total]	20,556	20,987	20,771	21,454	20,930	21,089	159	159
VA Community Living Centers								
< 65	1,704	1,383	1,568	1,158	1,459	1,377	(109)	(82)
65 to 84	5,332	5,456	5,331	5,573	5,280	5,203	(51)	(77)
> 84	2,049	1,872	2,003	1,783	1,955	1,907	(48)	(48)
VA Community Living Centers Stays [Total]	9,085	8,711	8,902	8,514	8,694	8,487	(208)	(207)
All Nursing Home Average Daily Census by Age [Grand Total]	38,393	38,843	38,868	39,558	39,238	39,611	370	373
Nursing Home Average Daily Census by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	7,025	6,346	7,343	6,606	7,666	7,987	323	321
Non-Service Connected	1,008	1,266	1,099	1,450	1,168	1,236	69	68
Service-Connected	719	1,533	753	1,534	780	812	27	32
Community Nursing Home Stays [Total]	8,752	9,145	9,195	9,590	9,614	10,035	419	421
State Home Nursing								
Priority 1A	3,532	3,251	3,811	3,543	4,006	4,148	195	142
Non-Service Connected	13,450	13,299	13,364	13,227	13,302	13,297	(62)	(5)
Service-Connected	3,574	4,437	3,596	4,684	3,622	3,644	26	22
State Home Nursing Stays [Total]	20,556	20,987	20,771	21,454	20,930	21,089	159	159
VA Community Living Centers								
Priority 1A	5,113	3,969	5,043	3,695	4,953	4,852	(90)	(101)
Non-Service Connected	2,652	2,489	2,582	2,387	2,505	2,436	(77)	(69)
Service-Connected	1,320	2,253	1,277	2,432	1,236	1,199	(41)	(37)
VA Community Living Centers Stays [Total]	9,085	8,711	8,902	8,514	8,694	8,487	(208)	(207)
All Nursing Home Stays by Priority 1A, SC & Non-SC [Total]	38,393	38,843	38,868	39,558	39,238	39,611	370	373

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Patients Treated by Long & Short Stay								
Community Nursing Home								
Long Stay	9,873	10,452	10,316	10,880	10,759	11,202	443	443
Short Stay	22,343	24,932	23,853	26,507	25,363	26,873	1,510	1,510
Community Nursing Home Patients Trtd., [Total]	32,216	35,384	34,169	37,387	36,122	38,075	1,953	1,953
State Home Nursing								
Long Stay	24,636	25,127	24,866	25,453	25,096	25,326	230	230
Short Stay	7,478	6,492	7,568	6,631	7,658	7,748	90	90
State Home Nursing Patients Trtd., [Total]	32,114	31,619	32,434	32,084	32,754	33,074	320	320
VA Community Living Centers								
Long Stay	9,742	9,501	9,476	9,310	9,210	8,944	(266)	(266)
Short Stay	37,105	36,122	37,019	35,650	36,933	36,847	(86)	(86)
VA Community Living Centers Patients Trtd., [Total]	46,847	45,623	46,495	44,960	46,143	45,791	(352)	(352)
Grand Total Patients Treated by Long & Short Stay	111,177	112,626	113,098	114,431	115,019	116,940	1,921	1,921
Patients Treated by Age								
Community Nursing Home								
< 65	5,487	5,418	5,372	5,330	5,288	5,252	(84)	(36)
65 to 84	18,135	20,582	19,673	22,184	21,180	22,640	1,507	1,460
> 84	8,594	9,384	9,124	9,873	9,654	10,183	530	529
Community Nursing Home Stays [Total]	32,216	35,384	34,169	37,387	36,122	38,075	1,953	1,953
State Home Nursing								
< 65	1,699	1,656	1,531	1,591	1,377	1,246	(154)	(131)
65 to 84	15,200	14,960	15,480	15,273	15,750	16,005	270	255
> 84	15,215	15,003	15,423	15,220	15,627	15,823	204	196
State Home Nursing Stays [Total]	32,114	31,619	32,434	32,084	32,754	33,074	320	320
VA Community Living Centers								
< 65	10,449	8,361	9,390	7,193	8,391	7,512	(999)	(879)
65 to 84	26,505	27,755	27,198	28,387	27,837	28,367	639	530
> 84	9,893	9,507	9,907	9,380	9,915	9,912	8	(3)
VA Community Living Centers Stays [Total]	46,847	45,623	46,495	44,960	46,143	45,791	(352)	(352)
All Patients Treated by Age [Grand Total]	111,177	112,626	113,098	114,431	115,019	116,940	1,921	1,921
Patients Treated by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	19,102	16,535	20,190	17,208	21,337	22,591	1,147	1,254
Non-Service Connected	8,876	10,425	9,462	11,381	10,008	10,481	546	473
Service-Connected	4,238	8,424	4,517	8,798	4,777	5,003	260	226
Community Nursing Home Stays [Total]	32,216	35,384	34,169	37,387	36,122	38,075	1,953	1,953
State Home Nursing								
Priority 1A	5,714	4,839	6,406	5,168	7,050	7,608	644	558
Non-Service Connected	20,752	20,112	20,309	19,974	19,919	19,624	(390)	(295)
Service-Connected	5,648	6,668	5,719	6,942	5,785	5,842	66	57
State Home Nursing Stays [Total]	32,114	31,619	32,434	32,084	32,754	33,074	320	320
VA Community Living Centers								
Priority 1A	16,733	13,138	16,832	12,483	16,924	17,004	92	80
Non-Service Connected	20,977	19,876	20,713	19,323	20,443	20,163	(270)	(280)
Service-Connected	9,137	12,609	8,950	13,154	8,776	8,624	(174)	(152)
VA Community Living Centers Stays [Total]	46,847	45,623	46,495	44,960	46,143	45,791	(352)	(352)
All Patients Treated by Priority 1A, SC & Non-SC [Total]	111,177	112,626	113,098	114,431	115,019	116,940	1,921	1,921

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Length of Stay by Long & Short Stay								
Community Nursing Home								
Long Stay	261.9	255.1	261.6	255.5	261.3	261.0	(0.3)	(0.3)
Short Stay	27.6	26.9	27.6	27.2	27.5	27.5	(0.1)	-
Community Nursing Home Length of Stay	99.4	94.3	98.2	93.6	97.1	96.2	(1.1)	(0.9)
State Home Nursing								
Long Stay	292.5	293.1	291.9	296.4	291.4	290.9	(0.5)	(0.5)
Short Stay	42.5	45.7	42.5	43.2	42.6	42.6	0.1	-
State Home Nursing Length of Stay	234.3	242.3	233.7	244.1	233.2	232.7	(0.5)	(0.5)
VA Community Living Centers								
Long Stay	254.1	245.6	254.1	243.8	254.2	254.2	0.1	-
Short Stay	22.9	23.4	22.7	23.5	22.5	22.4	(0.2)	(0.1)
VA Community Living Centers Length of Stay	71.0	69.7	69.9	69.1	68.8	67.6	(1.1)	(1.2)
Grand Total Length of Stay by Long & Short Stay	126.4	125.9	125.4	126.2	124.5	123.6	(0.9)	(0.9)
Length of Stay by Age								
Community Nursing Home								
< 65	85.4	76.8	85.9	72.1	87.1	88.9	1.2	1.8
65 to 84	102.5	97.8	101.0	97.9	99.4	97.9	(1.6)	(1.5)
> 84	101.8	96.9	99.6	95.7	97.7	96.2	(1.9)	(1.5)
Community Nursing Home Length of Stay [Total]	99.4	94.3	98.2	93.6	97.1	96.2	(1.1)	(0.9)
State Home Nursing								
< 65	249.5	244.7	264.4	238.8	282.0	304.9	17.6	22.9
65 to 84	234.2	241.1	233.0	242.1	231.8	230.5	(1.2)	(1.3)
> 84	232.7	243.2	231.5	246.6	230.3	229.3	(1.2)	(1.0)
State Home Nursing Length of Stay [Total]	234.3	242.3	233.7	244.1	233.2	232.7	(0.5)	(0.5)
VA Community Living Centers								
< 65	59.7	60.4	60.9	58.8	63.5	66.9	2.6	3.4
65 to 84	73.6	71.8	71.5	71.7	69.2	66.9	(2.3)	(2.3)
> 84	75.8	71.9	73.8	69.4	72.0	70.2	(1.8)	(1.8)
VA Community Living Centers Length of Stay [Total]	71.0	69.7	69.9	69.1	68.8	67.6	(1.1)	(1.2)
Grand Total Length of Stay by Age	126.4	125.9	125.4	126.2	124.5	123.6	(0.9)	(0.9)
Length of Stay by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	134.6	140.1	132.7	140.1	131.1	129.0	(1.6)	(2.1)
Non-Service Connected	41.6	44.3	42.4	46.5	42.6	43.0	0.2	0.4
Service-Connected	62.1	66.4	60.8	63.6	59.6	59.2	(1.2)	(0.4)
Community Nursing Home Length of Stay [Total]	99.4	94.3	98.2	93.6	97.1	96.2	(1.1)	(0.9)
State Home Nursing								
Priority 1A	226.2	245.2	217.1	250.2	207.4	199.0	(9.7)	(8.4)
Non-Service Connected	237.2	241.4	240.2	241.7	243.7	247.3	3.5	3.6
Service-Connected	231.6	242.9	229.5	246.3	228.5	227.7	(1.0)	(0.8)
State Home Nursing Length of Stay [Total]	234.3	242.3	233.7	244.1	233.2	232.7	(0.5)	(0.5)
VA Community Living Centers								
Priority 1A	111.8	110.3	109.4	108.0	106.8	104.2	(2.6)	(2.6)
Non-Service Connected	46.3	45.7	45.5	45.1	44.7	44.1	(0.8)	(0.6)
Service-Connected	52.9	65.2	52.1	67.5	51.4	50.7	(0.7)	(0.7)
VA Community Living Centers Length of Stay [Total]	71.0	69.7	69.9	69.1	68.8	67.6	(1.1)	(1.2)
Grand Totall Length of Stay by Priority 1A, SC & Non-SC [Total]	126.4	125.9	125.4	126.2	124.5	123.6	(0.9)	(0.9)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations by Long & Short Stay								
Community Nursing Home								
Long Stay	$702,143	$790,454	$754,979	$825,580	$812,128	$869,002	$57,149	$56,874
Short Stay	$182,966	$221,924	$200,921	$238,510	$220,272	$235,698	$19,351	$15,426
Community Nursing Home Patients Trtd., [Total]	$885,109	$1,012,378	$955,900	$1,064,090	$1,032,400	$1,104,700	$76,500	$72,300
State Home Nursing								
Long Stay	$1,103,798	$1,218,517	$1,204,467	$1,336,312	$1,235,858	$1,310,210	$31,391	$74,352
Short Stay	$48,212	$50,371	$52,867	$52,042	$54,504	$57,783	$1,637	$3,279
State Home Nursing Patients Trtd., [Total]	$1,152,010	$1,268,888	$1,257,334	$1,388,354	$1,290,362	$1,367,993	$33,028	$77,631
VA Community Living Centers								
Long Stay	$2,400,666	$2,481,141	$2,459,569	$2,636,487	$2,543,698	$2,645,468	$84,129	$101,770
Short Stay	$1,050,305	$1,132,320	$1,094,931	$1,225,248	$1,153,002	$1,199,132	$58,071	$46,130
VA Community Living Centers Patients Trtd., [Total]	$3,450,971	$3,613,461	$3,554,500	$3,861,735	$3,696,700	$3,844,600	$142,200	$147,900
Grand Total Obligations by Long & Short Stay [Total]	$5,488,090	$5,894,727	$5,767,734	$6,314,179	$6,019,462	$6,317,293	$251,728	$297,831
Obligations by Age								
Community Nursing Home								
< 65	$136,148	$167,606	$138,115	$173,903	$142,495	$152,474	$4,380	$9,979
65 to 84	$519,648	$514,141	$572,209	$512,711	$626,639	$670,523	$54,430	$43,884
> 84	$229,313	$330,631	$245,576	$377,476	$263,266	$281,703	$17,690	$18,437
Community Nursing Home Obligations [Total]	$885,109	$1,012,378	$955,900	$1,064,090	$1,032,400	$1,104,700	$76,500	$72,300
State Home Nursing								
< 65	$67,532	$95,032	$69,849	$109,781	$68,288	$72,396	($1,561)	$4,108
65 to 84	$552,218	$635,525	$606,060	$711,070	$624,891	$662,486	$18,831	$37,595
> 84	$532,260	$538,331	$581,425	$567,503	$597,183	$633,111	$15,758	$35,928
State Home Nursing Obligations [Total]	$1,152,010	$1,268,888	$1,257,334	$1,388,354	$1,290,362	$1,367,993	$33,028	$77,631
VA Community Living Centers								
< 65	$682,366	$622,586	$660,335	$600,403	$654,849	$681,049	($5,486)	$26,200
65 to 84	$2,029,694	$2,324,628	$2,134,320	$2,599,478	$2,251,833	$2,341,925	$117,513	$90,092
> 84	$738,911	$666,247	$759,845	$661,854	$790,018	$821,626	$30,173	$31,608
VA Community Living Centers Obligations [Total]	$3,450,971	$3,613,461	$3,554,500	$3,861,735	$3,696,700	$3,844,600	$142,200	$147,900
Grand Total Obligations by Age	$5,488,090	$5,894,727	$5,767,734	$6,314,179	$6,019,462	$6,317,293	$251,728	$297,831
Obligations by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	$717,790	$755,842	$771,522	$809,819	$831,995	$890,260	$60,473	$58,265
Non-Service Connected	$96,533	$110,239	$108,170	$115,677	$118,826	$127,148	$10,656	$8,322
Service-Connected	$70,786	$146,297	$76,208	$138,594	$81,579	$87,292	$5,371	$5,713
Community Nursing Home Obligations [Total]	$885,109	$1,012,378	$955,900	$1,064,090	$1,032,400	$1,104,700	$76,500	$72,300
State Home Nursing								
Priority 1A	$216,458	$249,176	$251,939	$306,053	$269,522	$285,737	$17,583	$16,215
Non-Service Connected	$734,252	$788,508	$786,957	$838,021	$796,974	$844,922	$10,017	$47,948
Service-Connected	$201,300	$231,204	$218,438	$244,280	$223,866	$237,334	$5,428	$13,468
State Home Nursing Obligations [Total]	$1,152,010	$1,268,888	$1,257,334	$1,388,354	$1,290,362	$1,367,993	$33,028	$77,631
VA Community Living Centers								
Priority 1A	$1,851,952	$2,104,643	$1,920,935	$2,468,492	$2,009,155	$2,089,539	$88,220	$80,384
Non-Service Connected	$1,078,575	$1,074,992	$1,103,919	$1,112,009	$1,141,501	$1,187,171	$37,582	$45,670
Service-Connected	$520,444	$433,826	$529,646	$281,234	$546,044	$567,890	$16,398	$21,846
VA Community Living Centers Obligations [Total]	$3,450,971	$3,613,461	$3,554,500	$3,861,735	$3,696,700	$3,844,600	$142,200	$147,900
Obligations by Priority 1A, SC & Non-SC [Total]	$5,488,090	$5,894,727	$5,767,734	$6,314,179	$6,019,462	$6,317,293	$251,728	$297,831

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Per Diems by Long & Short Stay								
Community Nursing Home								
Long Stay	$271.50	$296.46	$279.75	$296.99	$288.89	$297.19	$9.14	$8.30
Short Stay	$296.50	$330.44	$305.65	$331.03	$315.63	$319.05	$9.98	$3.42
Community Nursing Home Patients Trtd., [Total]	$276.32	$303.30	$284.82	$304.00	$294.21	$301.60	$9.39	$7.39
State Home Nursing								
Long Stay	$153.19	$165.47	$165.92	$177.12	$168.98	$177.84	$3.06	$8.86
Short Stay	$151.58	$169.95	$164.22	$181.86	$167.22	$175.12	$3.00	$7.90
State Home Nursing Patients Trtd., [Total]	$153.12	$165.65	$165.84	$177.30	$168.91	$177.72	$3.07	$8.81
VA Community Living Centers								
Long Stay	$969.72	$1,063.13	$1,021.30	$1,161.48	$1,086.54	$1,163.38	$65.24	$76.84
Short Stay	$1,236.40	$1,338.91	$1,302.00	$1,462.68	$1,385.49	$1,455.60	$83.49	$70.11
VA Community Living Centers Patients Trtd., [Total]	$1,037.85	$1,136.48	$1,093.95	$1,242.67	$1,164.94	$1,241.09	$70.99	$76.15
Overall Per Diem by Long & Short Stay	$390.56	$415.77	$406.56	$437.31	$420.30	$436.94	$13.74	$16.64
Per Diem by Age								
Community Nursing Home								
< 65	$290.39	$402.80	$299.36	$452.47	$309.35	$326.61	$9.99	$17.26
65 to 84	$279.43	$255.46	$288.07	$236.12	$297.59	$302.59	$9.52	$5.00
> 84	$262.15	$363.64	$270.31	$399.61	$279.24	$287.44	$8.93	$8.20
Community Nursing Home Overall Per Diem	$276.32	$303.30	$284.82	$304.00	$294.21	$301.60	$9.39	$7.39
State Home Nursing								
< 65	$159.34	$234.56	$172.56	$288.92	$175.84	$190.53	$3.28	$14.69
65 to 84	$155.13	$176.21	$168.03	$192.31	$171.13	$179.58	$3.10	$8.45
> 84	$150.36	$147.55	$162.88	$151.20	$165.90	$174.48	$3.02	$8.58
State Home Nursing Overall Per Diem	$153.12	$165.65	$165.84	$177.30	$168.91	$177.72	$3.07	$8.81
VA Community Living Centers								
< 65	$1,094.12	$1,233.34	$1,153.79	$1,420.50	$1,229.68	$1,355.04	$75.89	$125.36
65 to 84	$1,040.06	$1,167.31	$1,096.88	$1,277.92	$1,168.45	$1,233.18	$71.57	$64.73
> 84	$985.30	$975.07	$1,039.32	$1,016.99	$1,107.13	$1,180.40	$67.81	$73.27
VA Community Living Centers Overall Per Diem	$1,037.85	$1,136.48	$1,093.95	$1,242.67	$1,164.94	$1,241.09	$70.99	$76.15
Overall Per Diem by Age	$390.56	$415.77	$406.56	$437.31	$420.30	$436.94	$13.74	$16.64
Per Diem by Priority 1A, SC & Non-SC								
Community Nursing Home								
Priority 1A	$279.17	$326.32	$287.86	$335.86	$297.34	$305.38	$9.48	$8.04
Non-Service Connected	$261.66	$238.57	$269.66	$218.57	$278.72	$281.84	$9.06	$3.12
Service-Connected	$268.99	$261.46	$277.28	$247.53	$286.54	$294.53	$9.26	$7.99
Community Nursing Home Overall Per Diem	$276.32	$303.30	$284.82	$304.00	$294.21	$301.60	$9.39	$7.39
State Home Nursing								
Priority 1A	$167.44	$209.99	$181.12	$236.66	$184.33	$188.73	$3.21	$4.40
Non-Service Connected	$149.16	$162.44	$161.33	$173.58	$164.15	$174.09	$2.82	$9.94
Service-Connected	$153.89	$142.76	$166.42	$142.88	$169.34	$178.44	$2.92	$9.10
State Home Nursing Overall Per Diem	$153.12	$165.65	$165.84	$177.30	$168.91	$177.72	$3.07	$8.81
VA Community Living Centers								
Priority 1A	$989.63	$1,452.80	$1,043.59	$1,830.31	$1,111.35	$1,179.88	$67.76	$68.53
Non-Service Connected	$1,111.21	$1,183.28	$1,171.35	$1,276.33	$1,248.46	$1,335.19	$77.11	$86.73
Service-Connected	$1,077.26	$527.55	$1,136.32	$316.82	$1,210.36	$1,297.63	$74.04	$87.27
VA Community Living Centers Overall Per Diem	$1,037.85	$1,136.48	$1,093.95	$1,242.67	$1,164.94	$1,241.09	$70.99	$76.15
Overall Per Diem for Priority 1A, SC & Non-SC	$390.56	$415.77	$406.56	$437.31	$420.30	$436.94	$13.74	$16.64

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Non-Institutional Obligations ($000)								
Community Adult Day Health Care	$92,121	$132,625	$99,500	$135,496	$107,500	$115,000	$8,000	$7,500
Community Residential Care	$130,455	$74,499	$130,500	$74,146	$130,500	$130,500	$0	$0
Home Hospice Care	$84,397	$96,329	$116,900	$99,223	$120,400	$127,000	$3,500	$6,600
Home Respite Care	$65,804	$40,062	$70,400	$43,102	$75,300	$80,600	$4,900	$5,300
Home Telehealth	$239,352	$239,414	$251,300	$247,528	$263,900	$277,100	$12,600	$13,200
Home-Based Primary Care	$693,613	$849,798	$756,000	$882,423	$824,000	$898,200	$68,000	$74,200
Homemaker/Home Health Aide Prgs	$595,190	$817,723	$724,700	$864,082	$804,400	$892,900	$79,700	$88,500
Purchased Skilled Home Care	$362,631	$348,986	$377,100	$365,392	$392,200	$407,900	$15,100	$15,700
Spinal Cord Injury & Disability Home Care	$11,350	$10,905	$11,700	$11,271	$12,200	$12,700	$500	$500
State Adult Day Health Care	$949	$1,029	$1,312	$1,195	$1,195	$1,317	($117)	$122
VA Adult Day Health Care	$15,106	$15,462	$15,600	$15,845	$16,200	$16,800	$600	$600
Non-Institutional Obligations [Total]	**$2,290,968**	**$2,626,832**	**$2,555,012**	**$2,739,703**	**$2,747,795**	**$2,960,017**	**$192,783**	**$212,222**
Non-Institutional Clinic Stops/Procedures								
Community Adult Day Health Care	1,004,582	922,330	1,051,665	937,907	1,100,457	1,156,647	48,792	56,190
Community Residential Care	72,373	69,634	73,342	68,209	74,343	75,353	1,001	1,010
Home Hospice Care	472,410	417,780	484,323	418,611	494,478	507,109	10,155	12,631
Home Respite Care	303,754	346,251	316,042	362,654	324,293	328,871	8,251	4,578
Home Telehealth	1,048,108	1,220,264	1,139,675	1,247,934	1,189,774	1,219,492	50,099	29,718
Home-Based Primary Care	1,331,822	1,364,090	1,402,090	1,393,741	1,465,695	1,526,189	63,605	60,494
Homemaker/Home Health Aide Prgs	10,466,914	10,300,770	10,705,118	10,581,392	11,042,715	11,419,930	337,597	377,215
Purchased Skilled Home Care	2,528,284	1,941,237	2,653,603	1,977,144	2,756,206	2,845,712	102,603	89,506
Spinal Cord Injury Home Care	21,351	19,873	21,536	20,177	21,586	21,921	50	335
State Adult Day Health Care	78	47	80	53	82	84	2	2
VA Adult Day Health Care	160,160	122,486	153,429	122,450	144,542	134,994	(8,887)	(9,548)
Non-Institutional Obligations [Total]	**17,409,836**	**16,724,762**	**18,000,903**	**17,130,272**	**18,614,171**	**19,236,302**	**613,268**	**622,131**
Non-Institutional Cost Per Clinic Stops/Procedures								
Community Adult Day Health Care	$91.70	$143.79	$94.61	$144.47	$97.69	$99.43	$3.08	$1.74
Community Residential Care	$1,802.54	$1,069.87	$1,779.34	$1,087.04	$1,755.38	$1,731.85	($23.96)	($23.53)
Home Hospice Care	$178.65	$230.57	$241.37	$237.03	$243.49	$250.44	$2.12	$6.95
Home Respite Care	$216.64	$115.70	$222.76	$118.85	$232.20	$245.08	$9.44	$12.88
Home Telehealth	$228.37	$196.20	$220.50	$198.35	$221.81	$227.23	$1.31	$5.42
Home-Based Primary Care	$520.80	$622.98	$539.20	$633.13	$562.19	$588.52	$22.99	$26.33
Homemaker/Home Health Aide Prgs	$56.86	$79.38	$67.70	$81.66	$72.84	$78.19	$5.14	$5.35
Purchased Skilled Home Care	$143.43	$179.78	$142.11	$184.81	$142.30	$143.34	$0.19	$1.04
Spinal Cord Injury Home Care	$531.59	$548.73	$543.28	$558.61	$565.18	$579.35	$21.90	$14.17
State Adult Day Health Care	$48.28	$87.23	$65.34	$89.83	$58.06	$62.46	($7.28)	$4.40
VA Adult Day Health Care	$94.32	$126.23	$101.68	$129.40	$112.08	$124.45	$10.40	$12.37
Non-Institutional Obligations [Total]	**$131.59**	**$157.06**	**$141.94**	**$159.93**	**$147.62**	**$153.88**	**$5.68**	**$6.26**

Community Living Centers
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$2,416,496		$2,534,243		$2,698,850	$2,846,750	$164,607	$147,900
Medical Support & Compliance (0152)	$459,429		$496,183		$491,589	$491,589	($4,594)	$0
Medical Facilities (0162)	$398,631		$450,453		$506,261	$506,261	$55,808	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$3,274,556**	**$0**	**$3,480,879**	**$0**	**$3,696,700**	**$3,844,600**	**$215,821**	**$147,900**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$107,833		$61,465		$0	$0	($61,465)	$0
Medical Support & Compliance (0152XA)	$1,050		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$67,532		$12,156		$0	$0	($12,156)	$0
Section 801 [Subtotal]	**$176,415**	**$0**	**$73,621**	**$0**	**$0**	**$0**	**($73,621)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$176,415**	**$0**	**$73,621**	**$0**	**$0**	**$0**	**($73,621)**	**$0**
Obligations [Grand Total]	**$3,450,971**	**$3,613,461**	**$3,554,500**	**$3,861,735**	**$3,696,700**	**$3,844,600**	**$142,200**	**$147,900**

1/Details not displayed in 2017 President's Submission

Community Nursing Home
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$862,499		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$22,610		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$955,900		$1,032,400	$1,104,700	$76,500	$72,300
Discretionary Obligations [Total]	**$885,109**	**$0**	**$955,900**	**$0**	**$1,032,400**	**$1,104,700**	**$76,500**	**$72,300**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$885,109**	**$1,012,378**	**$955,900**	**$1,064,990**	**$1,032,400**	**$1,104,700**	**$76,500**	**$72,300**

1/Details not displayed in 2017 President's Submission

State Home Domciliary
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$54,096		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$54,200		$54,400	$54,206	$200	($194)
Discretionary Obligations [Total]	**$54,096**	**$0**	**$54,200**	**$0**	**$54,400**	**$54,206**	**$200**	**($194)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$54,096**	**$66,361**	**$54,200**	**$70,583**	**$54,400**	**$54,206**	**$200**	**($194)**

1/Details not displayed in 2017 President's Submission

State Nursing Home
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$1,152,010		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$1,257,334		$1,290,362	$1,367,993	$33,028	$77,631
Discretionary Obligations [Total]	**$1,152,010**	**$0**	**$1,257,334**	**$0**	**$1,290,362**	**$1,367,993**	**$33,028**	**$77,631**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$1,152,010**	**$1,268,888**	**$1,257,334**	**$1,388,354**	**$1,290,362**	**$1,367,993**	**$33,028**	**$77,631**

1/Details not displayed in 2017 President's Submission

Community Adult Day Health Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$79,123		$0		$0	$2,846,750	$0	$2,846,750
Medical Support & Compliance (0152)	$8,580		$0		$0	$491,589	$0	$491,589
Medical Facilities (0162)	$0		$0		$0	$506,261	$0	$506,261
Medical Community Care (0140)	$0		$85,700		$93,700	$0	$8,000	($93,700)
Discretionary Obligations [Total]	**$87,703**	**$0**	**$85,700**	**$0**	**$93,700**	**$3,844,600**	**$8,000**	**$3,750,900**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	($228)		$0		$0	$0	$0	$0
Medical Care (0172XB)	$5,260		$13,800		$13,800	$0	$0	($13,800)
Emergency Hepatitis C (0172XC)	($37)		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	($577)		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$4,418**	**$0**	**$13,800**	**$0**	**$13,800**	**$0**	**$0**	**($13,800)**
Veterans Choice Act/Veterans Choice Program [Total]	**$4,418**	**$0**	**$13,800**	**$0**	**$13,800**	**$0**	**$0**	**($13,800)**
Obligations [Grand Total]	**$92,121**	**$132,625**	**$99,500**	**$135,496**	**$107,500**	**$3,844,600**	**$8,000**	**$3,737,100**

1/Details not displayed in 2017 President's Submission

Community Residential Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$110,363		$111,313		$112,483	$112,483	$1,170	$0
Medical Support & Compliance (0152)	$8,415		$9,088		$9,004	$9,004	($84)	$0
Medical Facilities (0162)	$7,097		$8,020		$9,013	$9,013	$993	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$125,875**	**$0**	**$128,421**	**$0**	**$130,500**	**$130,500**	**$2,079**	**$0**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$3,226		$1,839		$0	$0	($1,839)	$0
Medical Support & Compliance (0152XA)	$19		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$1,335		$240		$0	$0	($240)	$0
Section 801 [Subtotal]	**$4,580**	**$0**	**$2,079**	**$0**	**$0**	**$0**	**($2,079)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$4,580**	**$0**	**$2,079**	**$0**	**$0**	**$0**	**($2,079)**	**$0**
Obligations [Grand Total]	**$130,455**	**$74,499**	**$130,500**	**$74,146**	**$130,500**	**$130,500**	**$0**	**$0**

1/Details not displayed in 2017 President's Submission

Home Hospice Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$75,388		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$9,009		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$75,600		$79,100	$85,700	$3,500	$6,600
Discretionary Obligations [Total]	**$84,397**	**$0**	**$75,600**	**$0**	**$79,100**	**$85,700**	**$3,500**	**$6,600**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$41,300		$41,300	$41,300	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$41,300**	**$0**	**$41,300**	**$41,300**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$41,300**	**$0**	**$41,300**	**$41,300**	**$0**	**$0**
Obligations [Grand Total]	**$84,397**	**$96,329**	**$116,900**	**$99,223**	**$120,400**	**$127,000**	**$3,500**	**$6,600**

1/Details not displayed in 2017 President's Submission

Home Respite Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$32,094		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$3,387		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$70,400		$75,300	$80,600	$4,900	$5,300
Discretionary Obligations [Total]	**$35,481**	**$0**	**$70,400**	**$0**	**$75,300**	**$80,600**	**$4,900**	**$5,300**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	($1,341)		$0		$0	$0	$0	$0
Medical Care (0172XB)	$35,582		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	($233)		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	($3,685)		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$30,323**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$30,323**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$65,804**	**$40,062**	**$70,400**	**$43,102**	**$75,300**	**$80,600**	**$4,900**	**$5,300**

1/Details not displayed in 2017 President's Submission

Home Telehealth
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$160,152		$173,204		$187,467	$200,667	$14,263	$13,200
Medical Support & Compliance (0152)	$36,014		$38,895		$38,535	$38,535	($360)	$0
Medical Facilities (0162)	$29,841		$33,720		$37,898	$37,898	$4,178	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$226,007**	**$0**	**$245,819**	**$0**	**$263,900**	**$277,100**	**$18,081**	**$13,200**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$7,934		$4,522		$0	$0	($4,522)	$0
Medical Support & Compliance (0152XA)	$83		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$5,328		$959		$0	$0	($959)	$0
Section 801 [Subtotal]	**$13,345**	**$0**	**$5,481**	**$0**	**$0**	**$0**	**($5,481)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$13,345**	**$0**	**$5,481**	**$0**	**$0**	**$0**	**($5,481)**	**$0**
Obligations [Grand Total]	**$239,352**	**$239,414**	**$251,300**	**$247,528**	**$263,900**	**$277,100**	**$12,600**	**$13,200**

1/Details not displayed in 2017 President's Submission

Home-Based Primary Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$511,829		$580,287		$656,787	$730,987	$76,500	$74,200
Medical Support & Compliance (0152)	$78,864		$85,173		$84,384	$84,384	($789)	$0
Medical Facilities (0162)	$65,220		$73,699		$82,829	$82,829	$9,130	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$655,913**	**$0**	**$739,159**	**$0**	**$824,000**	**$898,200**	**$84,841**	**$74,200**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$25,867		$14,744		$0	$0	($14,744)	$0
Medical Support & Compliance (0152XA)	$182		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$11,651		$2,097		$0	$0	($2,097)	$0
Section 801 [Subtotal]	**$37,700**	**$0**	**$16,841**	**$0**	**$0**	**$0**	**($16,841)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$37,700**	**$0**	**$16,841**	**$0**	**$0**	**$0**	**($16,841)**	**$0**
Obligations [Grand Total]	**$693,613**	**$849,798**	**$756,000**	**$882,423**	**$824,000**	**$898,200**	**$68,000**	**$74,200**

1/Details not displayed in 2017 President's Submission

Homemaker/Home Health Aide Program
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$568,585		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$26,601		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$125,300		$205,000	$293,500	$79,700	$88,500
Discretionary Obligations [Total]	**$595,186**	**$0**	**$125,300**	**$0**	**$205,000**	**$293,500**	**$79,700**	**$88,500**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$5		$599,400		$599,400	$599,400	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	($1)		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$4**	**$0**	**$599,400**	**$0**	**$599,400**	**$599,400**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$4**	**$0**	**$599,400**	**$0**	**$599,400**	**$599,400**	**$0**	**$0**
Obligations [Grand Total]	**$595,190**	**$817,723**	**$724,700**	**$864,082**	**$804,400**	**$892,900**	**$79,700**	**$88,500**

1/Details not displayed in 2017 President's Submission

Purchased Skilled Home Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$322,059		$0		$0		$0	$0
Medical Support & Compliance (0152)	$18,832		$0		$0		$0	$0
Medical Facilities (0162)	$0		$0		$0		$0	$0
Medical Community Care (0140)	$0		$336,800		$351,900	$367,600	$15,100	$15,700
Discretionary Obligations [Total]	**$340,891**	**$0**	**$336,800**	**$0**	**$351,900**	**$367,600**	**$15,100**	**$15,700**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0		$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0		$0	$0
Medical Facilities (0162XA)	$0		$0		$0		$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	($1,053)		$0		$0		$0	$0
Medical Care (0172XB)	$25,804		$40,300		$40,300	$40,300	$0	$0
Emergency Hepatitis C (0172XC)	($179)		$0		$0		$0	$0
Emergency Community Care (0172XE)	($2,832)		$0		$0		$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$21,740**	**$0**	**$40,300**	**$0**	**$40,300**	**$40,300**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$21,740**	**$0**	**$40,300**	**$0**	**$40,300**	**$40,300**	**$0**	**$0**
Obligations [Grand Total]	**$362,631**	**$348,986**	**$377,100**	**$365,392**	**$392,200**	**$407,900**	**$15,100**	**$15,700**

1/Details not displayed in 2017 President's Submission

Spinal Cord Injury & Disability Home Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$8,832		$9,290		$9,954	$10,454	$664	$500
Medical Support & Compliance (0152)	$1,045		$1,129		$1,118	$1,118	($11)	$0
Medical Facilities (0162)	$888		$1,003		$1,128	$1,128	$125	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$10,765**	**$0**	**$11,422**	**$0**	**$12,200**	**$12,700**	**$778**	**$500**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$444		$253		$0	$0	($253)	$0
Medical Support & Compliance (0152XA)	$2		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$139		$25		$0	$0	($25)	$0
Section 801 [Subtotal]	**$585**	**$0**	**$278**	**$0**	**$0**	**$0**	**($278)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$585**	**$0**	**$278**	**$0**	**$0**	**$0**	**($278)**	**$0**
Obligations [Grand Total]	**$11,350**	**$10,905**	**$11,700**	**$11,271**	**$12,200**	**$12,700**	**$500**	**$500**

1/Details not displayed in 2017 President's Submission

State Adult Day Health Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$949		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$1,312		$1,195	$1,317	($117)	$122
Discretionary Obligations [Total]	**$949**	**$0**	**$1,312**	**$0**	**$1,195**	**$1,317**	**($117)**	**$122**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$949**	**$1,029**	**$1,312**	**$1,195**	**$1,195**	**$1,317**	**($117)**	**$122**

1/Details not displayed in 2017 President's Submission

VA Adult Day Health Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$10,778		$11,344		$12,097	$12,697	$753	$600
Medical Support & Compliance (0152)	$1,988		$2,147		$2,127	$2,127	($20)	$0
Medical Facilities (0162)	$1,556		$1,758		$1,976	$1,976	$218	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$14,322**	**$0**	**$15,249**	**$0**	**$16,200**	**$16,800**	**$951**	**$600**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$538		$307		$0	$0	($307)	$0
Medical Support & Compliance (0152XA)	$4		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$242		$44		$0	$0	($44)	$0
Section 801 [Subtotal]	**$784**	**$0**	**$351**	**$0**	**$0**	**$0**	**($351)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$784**	**$0**	**$351**	**$0**	**$0**	**$0**	**($351)**	**$0**
Obligations [Grand Total]	**$15,106**	**$15,462**	**$15,600**	**$15,845**	**$16,200**	**$16,800**	**$600**	**$600**

1/Details not displayed in 2017 President's Submission

Background
All Veterans enrolled in VA's health care system are eligible for geriatric outpatient programs, home and community based LTSS, and end of life services identified in CFR § 17.38 (VA Medical Benefits Package). Clinical indicators and Veteran conditions help healthcare professionals determine whether the service is needed to promote, preserve, or restore the health of the individual in accord with generally accepted standards of medical practice. Specific eligibility and admission criteria are unique to each of three venues of facility based services. These venues include VA Community Living Centers (CLC), Community Nursing Homes (CNH), State Veterans Homes (SVH) and home and other community based settings.

Description of LTSS & State Home programs
The portfolio of Geriatrics and Extended Care (GEC) Programs include: Adult Day Health Care; Home Based Primary Care; Homemaker & Home Health Aide including Veteran Directed Care; Community Residential Care including Medical Foster Homes;, Respite Services;, Skilled Home Care; VA Community Living Centers; Community Nursing Homes; State Veterans Homes; and, Community Home Hospice and Inpatient Hospice.

2016 Accomplishments
GEC honored Veterans' preferences for care by increasing access to Home and Community Based Services (HCBS) with 285,512 Veterans served. This was a 4% increase over 2015. GEC achieved a 3% increase in access in GERI-PACT. GEC improved customer service by increasing the percentage of palliative care consults conducted >30 days before death to 43%, an intervention known to improve the experience of care for Veterans with serious illness and for family members when the loved one dies. The CLC program introduced the CLC Strategic Analytics for Improvement and Learning (SAIL) report that for the first time allows VHA CLCs to assess their performance on eight quality measures and unannounced survey results. These metrics are the same ones that Centers for Medicare and Medicaid Services uses to assess nursing home quality. CLCs can compare their performance with others in the same network and CLCs across the country, as well as track their own performance over time. This SAIL report provides a quantifiable measure of quality care for VHA's most vulnerable Veterans.

2017-2019 Goals
- Provide leadership and oversight for a well-integrated, system-wide continuum of evidence-based, Veteran-centric Geriatrics & Extended Care (GEC) programs and services to meet the needs of Veterans and their caregivers.
- Establish infrastructure, promote innovation and the use of data, tools, and continuous quality improvement approaches to ensure personalized, proactive, Veteran-centered care.
- Ensure Veterans have reliable access to quality care in facility, community, and home-based settings, to the extent they are eligible, delivered by appropriately trained health care professionals, teams, and caregivers.

- Achieve exceptional outcomes including exemplary Veteran, employee, and other stakeholder satisfaction with our programs and services.
- Be excellent financial stewards in delivering high-value programs and services.

State Home Programs
Description: SVHs are facilities, approved by VA, which a state has established primarily for the care of Veterans disabled by age, disease, or otherwise, who by reason of such disability are incapable of earning a living. SVHs offer three levels of care: Nursing Home Care; Domiciliary Care; or Adult Day Health Care (ADHC). VA pays a per diem to states for the care of eligible Veterans, but the per diem rates are different for each of the three levels of care offered. The cost of SVH care is determined by a very detailed and strict budgetary process. For nursing home care, the SVH receives a basic per diem payment, unless a Veteran qualifies for a higher prevailing per diem rate under 38 U.S.C. 1745, which constitutes payment in full. Authority: 38 U.S.C., 501, 1710, 1720, 1741-1745 and CFR Parts 17.42, 17.46-47, 17.190, 17.194, 51, 52, 59.

2016 Accomplishments
In 2016, there were 144 recognized SVH Nursing Homes programs, 54 recognized Domiciliary Care programs, and 3 ADHC programs, with an average daily census of over 23,000 Veterans and 2,500 Veteran Spouses and Gold Star Parents.

2017-2019 Goals
VA proposed new regulations for the SVH program that reorganize, update, and clarify regulations for nursing home and ADHC, and establish comprehensive domiciliary regulations, and allow for social as well as medical model ADHC. The SVH program's goal is to publish the final rule for the SVH program, and grow the ADHC program. Growing this program helps support the Under Secretary for Health's first priority to increase access to care.

Camp Lejeune

Camp Lejeune
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (P.L. 112-154):								
Camp Lejeune, Families	$4,048	$9,840	$7,590	$8,050	$6,664	$7,630	($926)	$966
Camp Lejeune, Veterans	$2,381	$11,347	$5,465	$11,794	$3,869	$4,026	($1,596)	$157
Subtotal Obligations P.L. 112-154	$6,429	$21,187	$13,055	$19,844	$10,533	$11,656	($2,522)	$1,123
Camp Lejeune, Reservists Regulatory Expansion	$0	$0	$0	$0	$77,268	$85,885	$77,268	$8,617
Obligations [Total]	**$6,429**	**$21,187**	**$13,055**	**$19,844**	**$87,801**	**$97,541**	$74,746	$9,740

Camp Lejeune
Families
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$1,407	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152)	$2,641	$0	$6,222	$0	$0	$0	($6,222)	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$9,840	$1,368	$8,050	$6,664	$7,630	$5,296	$966
Discretionary Obligations [Total]	**$4,048**	**$9,840**	**$7,590**	**$8,050**	**$6,664**	**$7,630**	**($926)**	**$966**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$4,048**	**$9,840**	**$7,590**	**$8,050**	**$6,664**	**$7,630**	**($926)**	**$966**

Camp Lejeune
Veterans
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$2,381	$0	$5,065	$0	$3,869	$4,026	($1,196)	$157
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$11,347	$400	$11,794	$0	$0	($400)	$0
Discretionary Obligations [Total]	**$2,381**	**$11,347**	**$5,465**	**$11,794**	**$3,869**	**$4,026**	**($1,596)**	**$157**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$2,381**	**$11,347**	**$5,465**	**$11,794**	**$3,869**	**$4,026**	**($1,596)**	**$157**

The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (Public Law 112-154) extended eligibility for VA hospital care and medical services to certain Veterans who were stationed at Camp Lejeune, North Carolina, for at least 30 days

between 1957 and 1987. Family members of such Veterans who resided, or were in utero, at Camp Lejeune for at least 30 days during that period are eligible for reimbursement of hospital care and medical services for 15 specified illnesses and conditions, and VA is the payer of last resort. Hospital care and medical services may only be furnished to family members to the extent and in the amount provided in advance in appropriations acts for such purpose. In addition, VA may only provide reimbursement for such hospital care and medical services provided to a family member after all other claims and remedies against third parties for such care and services have been exhausted. The Consolidated and Further Continuing Appropriations Act of 2015 (Public Law 113-235), which was signed on December 16, 2014, increased the Camp Lejeune exposure period back from January 1, 1957 to August 1, 1953.

VA began providing care to Camp Lejeune Veterans on August 6, 2012, the day the initial law was enacted, and published regulations supporting implementation of this statutory requirement on September 11, 2013. VA began enrolling and reimbursing family members for medical care related to treatment of the Camp Lejeune conditions on October 24, 2014, 30 days after the family member interim final rule was published in the Federal Register and became effective. Qualified family members with at least 30 days of Camp Lejeune residency from 1957-1987 may receive reimbursement for treatment received up to two years prior to the date on their eligibility determination. For family members with at least 30 days of Camp Lejeune residency from August 1, 1953 – December 31, 1956, VA may only provide claims reimbursement for covered treatment received on or after December 16, 2014. VA may not reimburse family members for Camp Lejeune related care prior to March 26, 2013, the date when Congress provided funding to Camp Lejeune Family Member Program (CLFMP).

2016 Accomplishments

- Continued servicing Veteran family members for treatment of the 15 covered medical conditions covered under the Camp Lejeune Family Member Program.
- Collaborated on a proposal to study risk factors for scleroderma.
- Represented the VA at the Agency for Toxic Substance Disease Registry (ATSDR) Community Assistance Panel (CAP) quarterly meetings.
- Conducted garrison exposure trainings for VA clinicians.
- Camp Lejeune clinicians provided subject matter expertise to the War Related Illness and Injury Study Center (WRIISC).
- Designed and conducted numerous trainings to ensure VA employees involved in operation and administration of the Camp Lejeune Veteran and Family Member Programs were fully educated on the eligibility, enrollment and claims processing processes, systems and procedures.
- Coordination of clinical analysis of Camp Lejeune family member eligibility with physicians.
- System enhancements to the CLFMP claim processing system to identify duplicate claims to prevent improper payment.
- Veterans: Between August 6, 2012 and September 30, 2016, VA provided health care to 30,372 Camp Lejeune Veterans, 2,557 of which were treated specifically

for one or more of the 15 specified Camp Lejeune-related medical conditions. Of these Veterans, 211 Veterans received this care during 2016.

- Family members: VA began reimbursing family members for out-of-pocket hospital care and medical services related to the 15 medical conditions on October 24, 2014, the date that the Camp Lejeune Family Member interim final rule became effective. Between October 24, 2014 and September 30, 2016, of the 1,600 family members that applied to the program, VA provided reimbursement to 210 family members for claims related to treatment of one or more of the 15 specified Camp Lejeune-related medical conditions.
- Program Outreach: VA developed a comprehensive outreach strategy to identify and educate Veterans and their family members about the Camp Lejeune program. VA continues to use numerous communication channels to reach out to these key stakeholders, including websites, social media, handouts, stakeholder briefings, call centers, newsletters and traditional media. Briefings and information papers have been provided to members of the Camp Lejeune Community Action Panel, concerned Veterans and their family members, Veterans Service Organizations, congressional staff, and the media.
- Interagency Collaboration: VA has been working closely with the Department of Defense (DOD), specifically, the United States Marine Corps (USMC), to ensure the successful implementation of the Camp Lejeune Program. The USMC continues to assist VA in verifying Camp Lejeune residency for family members who apply for the program.

2017 –2019 Future Goals

- VA is making significant progress in providing Veteran care and implementing the Camp Lejeune family member program. VA's future goals include:
    - Reimburse family members for care related to the 15 conditions.
    - Expand outreach efforts to continue to educate Veterans and family members about the Camp Lejeune program.
    - Continue enhancements to VA systems to identify and provide care to Camp Lejeune Veterans.

Camp Lejeune Reservists

Camp Lejeune
Reservists
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$0	$0	$0	$0	$77,268	$85,885	$77,268	$8,617
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$77,268**	**$85,885**	**$77,268**	**$8,617**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$0**	**$0**	**$0**	**$0**	**$77,268**	**$85,885**	**$77,268**	**$8,617**

VA's current estimate of program costs for covering specific condition costs and enrollment in VHA for Reservists:

Year	Caseload	Treatment Cost ($000s)	VHA Enrollees	VHA Medical Expenses ($000s)	Total Expenses ($000s)
2017*	2,431	$47,951	1,094	$3,797	$51,749
2018	2,576	$71,214	1,288	$6,144	$77,358
2019	2,704	$78,620	1,487	$7,371	$85,990
2020	2,813	$86,058	1,688	$8,684	$94,743
2021	2,904	$93,515	1,888	$10,092	$103,607
Total		**$377,358**		**$36,089**	**$413,447**

*2017 treatment costs and medical expenses reflect only 1/1/17 to 9/30/17.

Treatment costs reflect the total costs associated with treating the eight identified conditions and reflect variation in cost for patients initially diagnosed, patients persisting with the condition, and patients in their final year of life. Additional medical expenses are assumed to result from the Reservist population exercising their option to enroll for VHA benefits. Estimates for the VHA Enrollee population and their general VHA Medical Expenses not associated with the identified conditions are also shown above. The total expense estimate is the sum of the Treatment Cost and the VHA Medical Expenses. VHA does not project any offsetting copays or other cost sharing from beneficiaries.

Treatment cost estimates were developed separately for each condition. For all conditions except Parkinson's disease, costs were further differentiated by age, gender, and treatment phase. VA used average costs for the age 65 and over population to reflect the older ages expected in the exposed Camp Lejeune Reservist population and used the average gender distribution among the ages 65 and over Veteran Enrollee population to reflect the expected gender distribution among participating Reservists. Treatment phases were used to differentiate costs: initial treatment phase, continuing care phase, and last year of life; the last year of life costs were further differentiated for patients assumed to die as a result of the condition and those who die for some other reason. Additionally, all treatment costs were trended from the benchmark year to each projection year assuming an annual 5% cost trend. This trend assumes cost growth greater than that expected by Medicare fee schedules and reflects a cost curve more consistent with internal VA cost trends and commercial trends, which would affect VHA purchased care.

A portion of the exposed Camp Lejeune Reservist population is assumed to exercise the option to enroll with VHA and receive full medical benefits under a presumed enrollment priority of PG1. To estimate the share of total caseload that elect this option, VA assumed that the Reservist population would exhibit an average market share comparable to the overall PG1 market share for Veterans ages 65 and over, though this will be preceded by a ramp-up period in which the market share is lower. The specific assumption applied is that 45% (1,094) of the caseload will enroll with VHA in 2017 and that proportion will increase by 5% annually through 2021, reaching 65% in that year.

To estimate the expenses for these VHA Enrollees, other than the specified condition treatment costs discussed above, VA relied on the 2016 Enrollee Healthcare Projection Model (Model) and used average expenditure projections for Priority Group 1 and Priority Group 8 Enrollees over the 2017 through 2021 period. For all Reservists who enroll with VHA, VA assumed non-condition medical expenses would on average be a 10%/90% blend of the total projected PG1 and PG8 expenses for Enrollees ages 65 and over, respectively. The VHA costs include the cost of services along with overhead and administrative services.

Caregivers

Caregiver
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$489,571		$494,380		$568,052	$633,827	$73,672	$65,775
Medical Support & Compliance (0152)	$3,621		$3,303		$3,370	$3,370	$67	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$23,249		$32,517	$38,580	$9,268	$6,063
Discretionary Obligations [Total]	**$493,192**	**$0**	**$520,932**	**$0**	**$603,939**	**$675,777**	**$83,007**	**$71,838**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$493,192**	**$724,628**	**$520,932**	**$839,828**	**$603,939**	**$675,777**	**$83,007**	**$71,838**

1/Details not displayed in 2017 President's Submission

The Caregivers and Veterans Omnibus Health Services Act of 2010, signed into law on May 5, 2010, allows VA to provide an unprecedented level of benefits to family caregivers of Veterans ("Family Caregivers"). The Caregiver Law (Public Law 111-163, Title 1, Caregiver Support) directly benefits Family Caregivers by establishing a comprehensive National Caregiver Support Program with a prevention and wellness focus that includes the use of evidence-based training and support services for Family Caregivers.

Public Law 111-163 establishes additional services and supports for Family Caregivers of eligible post 9/11 Veterans seriously injured in the line of duty under the Program of Comprehensive Assistance for Family Caregivers. Additional services and supports include a stipend paid directly to the Family Caregiver, enrollment in VA's Civilian Health and Medical Program (CHAMPVA) if the Family Caregiver is not already eligible under a health care plan, an expanded respite benefit, and mental health treatment.

2016 Accomplishments

- VA has partnered with Easter Seals Disability Services to provide comprehensive Family Caregiver training for eligible Family Caregivers. Training is available for Family Caregivers in traditional classroom settings, in a workbook format, and in

an online format. More than 36,700 Caregivers have been trained since the program's inception in May 2011.

- Caregiver Support Coordinators at each VA medical center serve as the clinical experts on Caregiver issues and are knowledgeable of both VA and non-VA support services and benefits available for Veterans of all eras and their Family Caregivers. Caregiver Support Coordinators can also assist eligible Post 9/11 Veterans and their Caregivers in applying for additional services.
- VA established a National Caregiver Support Line (855-260-3274) on February 1, 2011, at the Medical Center located in Canandaigua, NY. This support line is available to respond to inquiries about the Caregiver services, as well as serve as a resource and referral center for Caregivers, Veterans and others seeking Caregiver information; provide referrals to local VA Medical Center Caregiver Support Coordinators and VA/community resources; and provide emotional support. As of February 2017, VA's Caregiver Support Line, has received 285,646 calls, averaging over 200 calls per day. The calls received are from Family Caregivers of Veterans of all eras.

2017-2019 Goals

- **Caregiver Education and Training** - Continue to provide education and training opportunities for caregivers of all eras.
- **Caregiver Support Line** - Continue monthly telephonic educational calls offered for Family Caregivers nationwide including quarterly calls presented by caregivers; offering an additional forum of peer support.
- **Caregiver Peer Support** - Expand opportunities for caregiver peer support through ongoing collaboration with Department of Defense, the Elizabeth Dole Foundation, and other community partners through establishing both local and web-based opportunities to connect caregivers of Veterans and Service members to one another.
- **VA Cares** – The Caregiver Support Program Office has partnered with VHA's HSR&D to embark on a Quality Evaluation Research Initiative (QUERI) and collaboratively funded the VA Caregiver Support Program Partnered Evaluation Center (VA-CARES). The goal of this three year project was to evaluate the short-term impacts of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and the Program of General Caregiver Support Services by assessing the impact of PCAFC on the health and well-being of Veterans through examining health care encounters expected to be sensitive to caregiver support (potentially avoidable utilization); assessing the impact of PCAFC on the health and well-being of primary family caregivers; assessing the impact of the Program of General Caregiver Support Services on the health and well-being of family caregivers; understanding how caregivers use and value components of both PCAFC and the Program of General Caregiver Support Services; and gain a preliminary understanding of the relationship between the cost of Caregiver Support Programs and their value to Caregivers. In 2017, the Caregiver Support Program and VA Cares will continue its collaborative partnership through a long term project extension that will extend thru 2019. This project will allow for more health care utilization analysis with the increased passage of time and will examine

the effect of participation on Veteran utilization and total health care costs at 3 years. The extension will also include a formative evaluation of the application process to identify areas and approaches for improving consistency across VA. In addition, the VA Cares team will examine potential changes in the level of stress of caregivers participating in PCAFC. This will be an ongoing project with deliverables not anticipated until 2019.

- Utilize findings from Survey of Veteran Enrollees' Health and Use of Health Care –VA was afforded the opportunity to add or modify eight questions on this annual survey conducted in 2016 to capture data related to caregiver support needs. Findings of this annual survey have not yet been made available.
- Continue Strategic Partnerships to promote innovative opportunities to enhance caregiver support through ongoing collaboration with DOD, the Elizabeth Dole Foundation, AARP and other community partners.

Congressional Reports

- CMR 17-16 VA 0907

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and Other Dependent Programs

CHAMPVA & Other Dependent Programs
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$1,593,481		$343,000		$352,620	$381,507	$9,620	$28,887
Medical Support & Compliance (0152)	$97,266		$103,300		$109,034	$98,564	$5,734	($10,470)
Medical Facilities (0162)	$6,000		$7,247		$8,197	$8,360	$950	$163
Medical Community Care (0140)	$0		$1,653,141		$1,610,105	$1,738,935	($43,036)	$128,830
Discretionary Obligations [Total]	**$1,696,747**	**$0**	**$2,106,688**	**$0**	**$2,079,956**	**$2,227,366**	**($26,732)**	**$147,410**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$1,696,747**	**$1,919,874**	**$2,106,688**	**$2,063,652**	**$2,079,956**	**$2,227,366**	**($26,732)**	**$147,410**

1/Details not displayed in 2017 President's Submission

CHAMPVA & Other Dependent Programs
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations:								
CHAMPVA	$1,526,543	$1,715,000	$1,922,445	$1,850,000	$1,875,192	$2,028,807	($47,253)	$153,615
Foreign Medical Programs (includes Foreign C&P Exams)	$30,461	$31,280	$31,280	$34,151	$33,504	$34,996	$2,224	$1,492
Spina Bifida Program	$36,477	$58,026	$42,216	$57,601	$53,829	$56,439	$11,613	$2,610
Children of Women Vietnam Veterans	$0	$200	$200	$200	$200	$200	$0	$0
Subtotal	$1,593,481	$1,804,506	$1,996,141	$1,941,952	$1,962,725	$2,120,442	($33,416)	$157,717
Obligations:								
Administrative	$97,266	$109,334	$103,300	$115,367	$109,034	$98,564	$5,734	($10,470)
Facilities	$6,000	$6,034	$7,247	$6,333	$8,197	$8,360	$950	$163
Total	$1,696,747	$1,919,874	$2,106,688	$2,063,652	$2,079,956	$2,227,366	($26,732)	$147,410

CHAMPVA/FMP/Spina Bifida
(claims in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Outpatient Claims:								
CVA (paid claims)	14,935		15,593		16,310	17,028	717	718
Foreign Medical Program (paid claims)	60		67		70	73	3	3
Foreign C&P Exam (paid claims)	7		7		7	8	0	1
Spina Bifida Program (paid claims)	107		108		108	109	0	1
Outpatient Workload [Total]	15,109	15,132	15,775	17,142	16,495	17,218	720	723
Unique Patients:								
Non-Vet CITI	16,786		15,486		14,486	13,786	(1,000)	(700)
CHAMPVA w/o CITI	333,217		351,400		369,283	386,866		
Foreign Medical Program (Medical only)	2,720		2,900		3,050	3,170	150	120
Foreign C&P Exam Unique Veterans	2,589		2,769		2,949	3,129	180	180
Spina Bifida Program	923		935		943	950	8	7
Outpatient Workload [Total]	356,235		373,490		390,711	407,901	17,221	17,190

1/Details not displayed in 2017 President's Submission

The Veterans Health Care Expansion Act of 1973, Public Law 93-82, authorized VA to provide a health benefits program that shares the cost of medical supplies and services with eligible beneficiaries. The Veterans' Survivor Benefits Improvements Act of 2001, Public Law 107-14, extended CHAMPVA benefits, as a secondary payer to Medicare, to CHAMPVA beneficiaries over age 65. To be eligible for CHAMPVA benefits, the beneficiary must be the spouse or child of a Veteran who has a total and permanent service-connected disability, or the widowed spouse or child of a Veteran who: (a) died as a result of a service-connected disability; (b) had a total, permanent disability resulting from a service-connected condition at the time of death; or (c) died on active duty and in all cases the family member is not eligible for medical benefits under the DOD TRICARE Program. CHAMPVA by law is a secondary payer to other health insurance plans to include Medicare. CHAMPVA assumes primary payer status for Medicaid, Indian Health Service, and State Victims of Crime Compensation Programs.

The Veterans Caregivers and Veterans Omnibus Health Services Act of 2010, Public Law 111-163, section 102, further expanded CHAMPVA to include primary family caregivers of certain seriously injured Veterans. Eligible primary family caregivers are

authorized to receive health care benefits through the existing CHAMPVA Program when the primary family caregiver has no other health care coverage (including Medicare and Medicaid).

In addition to CHAMPVA, other VA Community Care programs also include the Foreign Medical Program (FMP), Spina Bifida Health Care Benefits Program, and Children of Women Vietnam Veterans Health Care Benefits Program (CWVV).

Foreign Medical Program (FMP) - The Foreign Medical Program is a health care benefits program for United States Veterans with VA-rated service-connected conditions that are residing or traveling abroad, including the Philippines as of October 1, 2017. Under FMP, VA assumes payment responsibility for certain necessary medical services associated with the treatment of Veterans' service-connected conditions, with certain exclusions.

Spina Bifida Health Care Program - Under the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act of 1997, Public Law 104-204, section 421, VA administers the Spina Bifida Health Care Benefits Program for birth children of Vietnam Veterans diagnosed with spina bifida (excluding spina bifida occulta). Additionally, the Veterans Benefit Act of 2003, Public Law 108-183, section 102, authorized birth children with spina bifida of certain Veterans who served in Korea to be eligible for care under this program. Prior to October 10, 2008, the program provided reimbursement only for medical services associated with spina bifida; however, under the Veterans' Mental Health and Other Care Improvements Act of 2008, Public Law 110-387, the program provides reimbursement for comprehensive medical care.

Children of Women Vietnam Veterans Health Care Benefits Program (CWVV) - Under the Veterans Benefits and Health Care Improvement Act of 2000, Public Law 106-419, section 401, VA administers the CWVV Program for children with certain birth defects born to women Vietnam Veterans. CWVV Program provides reimbursement only for covered birth defects.

Readjustment Counseling

Readjustment Counseling
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$209,582		$203,751		$203,751	$203,751	$0	$0
Medical Support & Compliance (0152)	$951		$6,132		$6,132	$6,132	$0	$0
Medical Facilities (0162)	$29,097		$33,600		$33,600	$33,600	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	$239,630	$0	$243,483	$0	$243,483	$243,483	$0	$0
Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146)								
Section 801								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$239,630**	**$243,483**	**$243,483**	**$243,483**	**$243,483**	**$243,483**	**$0**	**$0**

1/Details not displayed in 2017 President's Submission

Readjustment Counseling Visits
(visits in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Visits	1,798	1,762	1,888	1,815	1,982	2,081	94	99

Background

The Readjustment Counseling Service (RCS) is comprised of 300 Vet Centers, 80 Mobile Vet Centers, and the Vet Center Call Center.

Vet Centers (300)

Vet Centers are community-based counseling centers, within VHA's RCS, that provide a wide range of social and psychological services including professional readjustment counseling. Eligibility is extended to any Veteran or active-duty Service member, to include federally-activated members of the National Guard and Reserve components who:

- Has served on active military duty in any combat theater or area of hostility.
- Experienced a military sexual trauma while serving on active military duty or inactive training status.
- Provided direct emergent medical care or mortuary services, while serving on active military duty, to the casualties of war regardless of duty location.

- Served as a member of an unmanned aerial vehicle crew that provided direct support to operations in a combat zone or area of hostility regardless of duty location.
- Any individual who received counseling under this section before the date of the enactment of the National Defense Authorization Act for Fiscal Year 2013 the cohort of Vietnam Era Veterans who have accessed care at a Vet Center prior to January 1, 2004.

Vet Center services are also provided to family members of eligible Veterans and Service members for military-related issues when it is found to aid in the readjustment of those who have served. This includes bereavement counseling for families who experience an active duty death and helping families of deployed individuals cope with those deployments.

This program also facilitates community outreach and the brokering of services with community agencies that link Veterans and Service members with other VA and non-VA services. One of the Vet Center core values is the promotion of access to care. The Vet Center program has been very effective at mitigating the barriers to care that affect Veterans and their families. Vet Centers serve as an important point of entry into the entire VA system.

The Vet Center program is designed to assist Veterans and Service members resolve war-related traumas and attain a well-adjusted post-military social and economic level of functioning. Effective achievement of this mission entails a clinical understanding of the experience and psychological aftermath of war trauma, and a social understanding of the individual's local community organization and resources.

Mobile Vet Centers (MVC) (80)
RCS maintains a fleet of 80 Mobile Vet Centers that are designed to extend the reach of Vet Center services through focused outreach, direct service provision, and referral to communities that do not meet the requirements for a "brick and mortar" Vet Center, but where there are Veterans, Service members, and their families in need of services. Many of these communities are distant from existing services and are considered rural or highly rural.

To ensure that Veteran, Service members, and their families are provided access to care, RCS has a robust outreach program that focuses on the creation of face to face connections with those that have served. Vet Center staff regularly participates in a myriad of Federal, State, and local sponsored Veteran related events in the communities where Veterans and Service members live.

Vet Center Combat Call Center
RCS maintains the Vet Center Combat Call Center (1-877-WAR-VETS), which is an around the clock confidential call center where combat Veterans, Service members, and their families can call to talk about their military experience or any other issue they are facing in their readjustment to civilian life. The staff is composed of combat Veterans

from many eras, as well as family members of combat Veterans. This benefit, like all Vet Center services, is earned through the Veteran's military service, is provided at no cost, and does not require VA enrollment.

Additional Information

- All services are available without time limitation and at no cost.

- To use Vet Center services Veterans or Service members:
  - Do not need to be enrolled with the VA Medical Centers;
  - Do not need a disability rating or service connection for injuries from either the VA or DOD, and;
  - Can access Vet Center services regardless of discharge character, to include Veterans with dishonorable discharges.

- No information will be released to any person or agency without the written consent from the Veteran or Service member, except in circumstances for averting a crisis or where legally required.

Legislative Proposals

VA Legislative Proposals
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$0		$45		($21,195)	($23,743)	($21,240)	($2,548)
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$0**	**$0**	**$45**	**$0**	**($21,195)**	**($23,743)**	**($21,240)**	**($2,548)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0
Veterans Choice Act/Veterans Choice Program [Total]	$0	$0	$0	$0	$0	$0	$0	$0
Obligations [Grand Total]	**$0**	**$56,037**	**$45**	**$57,997**	**($21,195)**	**($23,743)**	**($21,240)**	**($2,548)**

1/Details not displayed in 2017 President's Submission

The Proposed Legislation chapter includes only those legislative proposal that have budget implications (as shown on the following table). For VHA proposed legislation with no cost impacts, please see Volume 1, Part 2.

Proposed Legislation
(dollars in thousands)

Description	Costs	Collections
Amendment to Pay Cap for Nurse Excecutives	$3,403	
Authority to Reduce Improper Payments Utilizing VA Internal Audits	($13,894)	
Medical Foster Home VA Payment	($10,433)	
Perfusionists, Convert to Title 38	$773	
Reimbursement for Continuing Professional Education Requirements for APRN	$6,783	
Smoke Free Environment	($7,827)	
Acceptance of VA as a Participating Provider by Third Party Payers		$105,662
Aligning w/Industry Standards by Eliminating Offset of First Party Copayments		$61,927
Improving Timeliness of Billing by Authorizing the Release of Protected Patient Information for Health Care Svcs		$53,952
Title 38 Appoint. & Comp. System for Medical Center Directors & Network Directors	TBD	
Legislative Proposals [Total]	**($21,195)**	**$221,541**

Activations

Activations
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$469,947		$626,216		$607,766	$513,251	($18,450)	($94,515)
Medical Support & Compliance (0152)	$49,839		$74,012		$90,800	$83,920	$16,788	($6,880)
Medical Facilities (0162)	$106,666		$136,065		$163,600	$147,740	$27,535	($15,860)
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$626,452**	**$0**	**$836,293**	**$0**	**$862,166**	**$744,911**	**$25,873**	**($117,255)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$40,798		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$3,977		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$2,308		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$47,083**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$47,083**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$673,535**	**$836,293**	**$836,293**	**$497,808**	**$862,166**	**$744,911**	**$25,873**	**($117,255)**

1/Details not displayed in 2017 President's Submission

Facility activations provide non-recurring (equipment and supplies) and recurring (additional personnel) costs associated with the activation of completed construction of new or replacement medical care facilities. Resources include assumed rates for medical equipment and furniture reuse based on the facility type (renovation, replacement, or new). VA's activation plans are sensitive to delays in construction schedules and lease awards. VA has recently taken steps to identify and more closely monitor the activations of new facilities and leases to assure that projects stay on schedule, which will promote better synchronization of budgetary resources with program needs.

Call Center Modernization

Call Center Modernization
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$0		$10,000		$10,000	$10,000	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$0**	**$0**	**$10,000**	**$0**	**$10,000**	**$10,000**	**$0**	**$0**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$0**	**$0**	**$10,000**	**$0**	**$10,000**	**$10,000**	**$0**	**$0**

1/Details not displayed in 2017 President's Submission

Leading efforts to design a comprehensive plan to effectively and efficiently field, triage, track and address concerns or complaints using industry best practices and 24/7 live answer capabilities, with additional, enhanced multi-channel features (text, email, chat).

Comprehensive Addiction and Recovery Act

The table below shows VA's current estimates for the cost of implementing the Comprehensive Addiction and Recovery Act of 2016 (CARA), Public Law 114-198. Although not included in the 2017 current estimate column of the Medical Care funding tables in this budget, the Consolidated Appropriations Act, 2017 (Public Law 115-31) provided $50 million, in the Medical Services account, to fund implementation of the Jason Simcakoski Memorial and Promise Act (Title IX of Public Law 114-198). This funding is available in 2017 and 2018.

Comprehensive Addiction & Recovery Act of 2016
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
Public Law 114-198
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$0		$38,974		$46,830	$36,830	$7,856	($10,000)
Medical Support & Compliance (0152)	$0		$9,800		$8,991	$9,991	($809)	$1,000
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$0**	**$0**	**$48,774**	**$0**	**$55,821**	**$46,821**	**$7,047**	**($9,000)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$0**	**$0**	**$48,774**	**$0**	**$55,821**	**$46,821**	**$7,047**	**($9,000)**

1/Details not displayed in 2017 President's Submission

Comprehensive Addiction & Recovery Act of 2016
Public Law 114-198
(dollars in thousands)

Description	2017 Current Estimate	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Center for Integrated Healthcare Pilots	$0	$8,230	$8,230	$8,230	$0
Controf of Veterans Records System (COVERS) Commission	$0	$2,600	$2,600	$2,600	$0
Expand Research & Education & Delivery of Complementary & Integrative Health	$558	$0	$0	($558)	$0
Joint Working Group in Pain Management	$228	$0	$0	($228)	$0
Semi-Annual Progress Report on Implementation of Comptroller General Recommendations	$0	$0	$1,000	$0	
Naloxone Distribution (continued)	$0	$25,000	$25,000	$25,000	$0
Office of Patient Advocacy	$9,481	$8,900	$8,900	($581)	$0
Pain Management Education & Training	$11,617	$0	$0	($11,617)	$0
Pilot Program on Integration of Complementary & Interactive Health for Veterans/Family Members	$26,799	$0	$0	($26,799)	$0
Protocols	$0	$1,000	$1,000	$1,000	$0
Task Force in Pain Management	$91	$91	$91	$0	$0
Tracking of Data on Opioid Use; Inclusion of Certain Info. & Capabilities in Opioid Therapy Risk Report Tool of the Department; Notifications of Risk in Computerized Health Record	$0	$10,000	$0	$10,000	($10,000)
Obligations [Total]	$48,774	$55,821	$46,821	$7,047	($9,000)

The Comprehensive Addiction and Recovery Act of 2016 (CARA), signed into law on July 22, 2016, included title IX, the Jason Simcakoski Memorial and Promise Act, that expanded opioid safety measures, patient advocacy, and other reform provisions.

CARA is a comprehensive effort to address the opioid addiction epidemic. Within VHA, the over prescribing of opioids for large numbers of Veterans with chronic pain exposes them to great risk, including overdose and opioid use disorder, both of which are risk factors for suicide. In accordance with CARA, VHA is reducing reliance on opioid

medication for chronic pain management, providing safer prescribing and monitoring practices, and moving towards a Veteran-centric, biopsychosocial care plan.

Subtitle A: Opioid Therapy and Pain Management Safety
The Opioid Safety Initiative (OSI) by VA aims to reduce over-reliance on opioid analgesics for pain management and to promote safe and effective use of opioid therapy when clinically indicated. CARA expands the OSI initiate and includes additional requirements for decreasing Veteran risks associated with long-term opioid use. OSI tracks and monitors five key metrics utilizing the OSI Dashboard.

Key clinical metric trends from Quarter 4, 2012 to Quarter 1 2017 show:

- 56% reduction in Veterans receiving opioid and benzodiazepine together
- 36% reduction in Veterans on long-term opioid therapy (> to 90 days)
- 31% reduction in Veterans receiving opioids
- 44% reduction in Veterans receiving > 100 Morphine Equivalent Daily Dose
- 49% increase in Veterans on long-term opioid therapy with a Urine Drug Screen (UDS) completed in last year to help guide treatment decisions

- The Overdose Education and Naloxone Distribution (OEND**)** initiative targets education and training for opioid overdose (including prevention and recognition) and rescue response (including distribution of naloxone kits). In VHA over 50,000 naloxone kits have been dispensed as of January 2017 with at least 172 reversals documented. Per CARA, copayments for Naloxone prescriptions and related education were reduced to zero and this care will be provided free of charge to Veterans. The Veterans at highest risk of overdose will continue to be identified through this program and naloxone distribution will expand.

- In order to prevent over or duplicative prescribing, CARA enhances the VA requirements for accessing and utilizing state Prescription Drug Monitoring Programs (PDMP). The VHA Directive outlining the requirements for PDMP checks was issued in October 2016. This directive outlined the policies and procedures to ensure the VA is in compliance with CARA requirements related to PDMPs. In addition to querying the state databases, VA transmits prescription data to applicable states. Future efforts will include utilizing technology within the VA and in collaboration with states to enhance access to this data and monitoring of the databases and entered information.

- VA and DOD have collaborated through joint workgroups to enhance efforts at combating the opioid epidemic. These workgroups released an updated VA/DOD Clinical Practical Guideline (CPG) for Long-Term Opioid Therapy for Chronic Pain in February 2017. This CPG incorporates the new CDC guidelines on pain management and the latest research and best practices of VA/DOD and the private sector to provide

safe, effective opioid therapy for chronic pain. A CPG specifically for low back pain is under revision.

- CARA mandates a designated pain management team of health care professionals at each facility responsible for coordinating and overseeing pain management therapy for patients experiencing acute and chronic pain that is non-cancer related. Each facility director is required to provide a report identifying their pain management teams with related processes and procedures. The VHA National Leadership Council (NLC) has approved guidelines for the composition and function of the pain management teams. Facilities are in the process of creating and implementing teams and pain management and referral structures and processes.

Continued Efforts Related to CARA Include

- Ensure 100% of all VA facilities have an active Pain Management Team in place.
- Close collaboration between Mental Health and Pain Clinics with integration of addiction medicine and access to Medication Assisted Therapy (MAT) in Pain Clinics and Patient Aligned Care Teams (PACT).
- High-functioning E-Consult Services at all VA facilities for Pain Management.
- VHA builds capacity for high functioning primary care teams with timely access to pain specialty care for the most complex pain patients (stepped care).
- Ensure >95% of all Veterans receiving long-term opioids with their care in VA facilities have a Urine Drug Testing, PDMP check, Informed Consent.
- Automated PDMP checks/data retrievals that reduce provider burden.
- All VA prescribers complete the mandated pain management training.
- All VA prescribers are educated about the updated CPG Opioid Therapy for Pain.
- Expand one-on-one provider education to opioid prescriber outliers to all sites.

Subtitle B: Patient Advocacy

CARA sections 921 and 922 seek to improve communications between local VHA facilities and the communities they serve. This will be accomplished through publicly advertised community meetings, and additional awareness and notification of patient advocacy programs and the patient bill of rights. These requirements were initially met through field notification and site certification that the first round of improvement had been implemented. The first round of improvements included posting information and conducting the initial community meeting. Medical centers will continue to conduct meetings not less frequently than every 90 days and community-based outpatient clinics will conduct annual meetings.

CARA section 924 seeks to amend subchapter I of chapter 73 of title 38, United States Code by establishing within the Office of the Under Secretary for Health a national office to be known as the “Office of Patient Advocacy”. The scope for this office includes both VA Central Office (VACO) and field positions as well as supporting training and materials required to establish this office. The scope and responsibilities will include not only education and support of the field based Patient Advocates, but also oversight of their performance, seamless complaint management from VACO to the front lines and data analysis. Responsibility for standing up this new national office is currently under discussion by VHA leadership.

Subtitle C: Complementary and Integrative Health (CIH)
VA is actively engaged in expanding identified CIH services for integrated pain management and related services. This plan includes pilot programs in geographical diverse areas with at least two (2) poly-trauma rehabilitation centers. Pilots will be a priority for medical centers with opioid prescriptions rates in conflict with national care standards.

CARA section 931 (Expansion of Research and Education on and Delivery of Complementary and Integrative Health to Veterans), requires the establishment of the "Creating Options for Veteran's Expedited Recovery" or COVER Commission to "examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of Veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities". Commissioners are to be appointed by Congress and the White House. Once all commissioners are appointed, VA will support this Commission through funding for Commission staff (including a Designated Federal Official from VHA), honoraria and travel for Commissioners, meeting space, and other logistics.

CARA section 932 (Expansion of Research and Education on and Delivery of Complementary and Integrative Health to Veterans), requires the development of a plan within 180 days of the date of the enactment of the Act to expand materially and substantially the scope of effectiveness of research and education on, and delivery and integration of, complementary and integrative health services into the health care services provided to Veterans. This work has been completed.

CARA section 933 (Pilot Program On Integration of Complementary and Integrative Health and Related Issues for Veterans and Family Members of Veterans), requires pilot projects in coordination with the Office of Patient Centered Care & Cultural Transformation (OPCC&CT) on integrating the delivery of complementary and integrative health services selected by the Secretary with other health care services provided by VA for Veterans with mental health conditions, chronic pain conditions, other chronic conditions, and other conditions as the Secretary determines appropriate. OPCC&CT is supporting the implementation of 18 sites to match the VISN structure ensuring distribution throughout VHA.

Fitness of Health Care Providers
Professional verification of licensure is a requirement of Joint Commission (HS.01.01.05), VA (38 U.S.C., Section 7402(f), and CARA (PL 114-198 Section 941). Prior to hiring a healthcare provider, the hiring location must validate an active, unrestricted license, certification, or registration. If a health-care provider fails the initial verification or fails to maintain unrestricted credentials, the VA must take immediate action. The establish policy requires the VA report those professionals who failed to meet generally-accepted standards of clinical practice to the respective licensing, registration or certification body in their health care field. The statutory provisions of 38 U.S.C. 7401-7405, augmented by Public Laws 99-1676, 99-660, and 114-198 provide the authority and requirement to make

reports to state licensing boards. VHA policy requires any substantial evidence be reported within 7 days.

As of March 7, a review is in progress at each facility to ensure the appropriate adherence and monitoring of licensing requirements. This review will be utilized to develop the CARA mandated "Report on Compliance by Department of Veterans Affairs with Reviews of Health Care Providers Leaving he Department or Transferring to other Facilities."

Future efforts will include annual reviews by network directors of professional licenses. Quality, Safety, and Value will continue to review and update the licensure monitoring system and audit compliance when necessary.

VA Mental Health Program Efforts to Address the Comprehensive Addiction and Recovery Act of 2016 (CARA)

Although CARA does not require or facilitate changes to or expansion of VA substance use disorder treatment services, it includes requirements for VA to better identify, prevent, and mitigate risks related to opioid use.

- VHA is developing clinical protocols and data sharing procedures to facilitate regular urine drug screening and PDMP checks to identify and address substance use in patients receiving opioid prescriptions. On October 19, 2016, VHA issued Directive 1306 requiring VHA health-care providers to query State PDMPs for all patients who are receiving prescription for controlled substances. Tracking of clinician PDMP queries has been added to VHA decision support tools for opioid safety (e.g. the Stratification Tool for Opioid Risk Mitigation (STORM)). In coming years, VA will work to improve data sharing systems with State PDMPs to facilitate these data checks and reduce burden on clinicians.

- VHA has been working to equip each VA Pharmacy with naloxone and eliminate copayments for Overdose Education and Naloxone Distribution (OEND). In 2016, VHA made OEND available at every VHA health care system, and has provided this potentially life-saving training and medication to over 47,000 patients across all states. VHA submitted the CARA mandated report entitled "Maximize the Availability of Opioid Receptor Antagonists" in October 2016. VHA is currently working to streamline and harmonize processes to prevent copayment charges for OEND.

- VHA is working to establish guidance for VA providers regarding use of opioid therapy decision support tools to assess risk prior to prescribing opioids. To allow risk assessment prior to opioid prescription, STORM was expanded to provide patient specific estimates of risk of serious adverse events were the patient to initiate a low, medium or high dose of opioid therapy; track use of universal precautions to reduce risk; and recommend alternative pain management options. STORM has been made available nationally to clinicians to inform risk-benefit discussions with patients prior to initiating opioid therapy, and VHA has drafted

and is currently reviewing guidance on clinical use of this pre-prescription case review practice.

Comprehensive Emergency Management Program

Comprehensive Emergency Management Program
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$22,100		$22,100		$22,100	$22,100	$0	$0
Medical Support & Compliance (0152)	$79,570		$83,690		$83,690	$83,690	$0	$0
Medical Facilities (0162)	$20,960		$20,960		$20,960	$20,960	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$122,630**	**$0**	**$126,750**	**$0**	**$126,750**	**$126,750**	**$0**	**$0**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$122,630**	**$138,700**	**$126,750**	**$140,580**	**$126,750**	**$126,750**	**$0**	**$0**

1/Details not displayed in 2017 President's Submission

VA is committed to achieving the readiness necessary to meet its health care responsibilities in national emergencies in times of disaster or attack and ensuring continuity of care to its patients during any emergency. Emergency Management Strategic Health Care Group (EMSHG) manages, coordinates, and implements VHA's Comprehensive Emergency Management Program (CEMP) to help VA meet these mission requirements. CEMP includes preparedness and response actions as mandated through various Federal laws and regulations to ensure continuity of care and operation, supporting the DoD medical system in wartime, providing medical backup for national emergencies through the National Disaster Medical System, and providing support as requested under the National Response Framework.

The major components of the VHA medical emergency preparedness budget include performance improvement funds to the VA medical facilities to meet the identified gaps in emergency preparedness, provide pharmaceutical supplies, support the decontamination program, provide personal protective equipment, ensure the availability of deployable clinics and environmental safety specialists/emergency coordinators, meet training needs, and secure the continuity of operations plans for essential functions and personnel.

The major initiatives are recent programs that include Veterans Integrated Service Networks (VISN)-based patient evacuation capabilities, a Federal emergency regional coordination program, field evaluation, and contingency support for CEMP.

Education & Training

Education & Training Total
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$2,032,539**	**$1,876,000**	**$1,812,649**	**$1,972,000**	**$1,920,756**	**$1,999,009**	**$108,107**	**$78,253**
Education & Training Support	$1,159,644	$938,000	$892,000	$986,000	$935,378	$973,188	$43,378	$37,810
Education & Training Trainees	$859,105	$938,000	$892,000	$986,000	$935,378	$973,188	$43,378	$37,810
Graduate Medical Education Trainees	$13,790	$0	$28,649	$0	$50,000	$52,633	$21,351	$2,633

Education & Training Support
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$983,124		$749,300		$785,678	$817,488	$36,378	$31,810
Medical Support & Compliance (0152)	$77,845		$62,400		$65,500	$68,100	$3,100	$2,600
Medical Facilities (0162)	$98,675		$80,300		$84,200	$87,600	$3,900	$3,400
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$1,159,644**	**$0**	**$892,000**	**$0**	**$935,378**	**$973,188**	**$43,378**	**$37,810**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$1,159,644**	**$938,000**	**$892,000**	**$986,000**	**$935,378**	**$973,188**	**$43,378**	**$37,810**

1/Details not displayed in 2017 President's Submission

Education & Training Trainees
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$858,830		$891,604		$934,978	$972,784	$43,374	$37,806
Medical Support & Compliance (0152)	$275		$396		$400	$404	$4	$4
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$859,105**	**$0**	**$892,000**	**$0**	**$935,378**	**$973,188**	**$43,378**	**$37,810**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$859,105**	**$938,000**	**$892,000**	**$986,000**	**$935,378**	**$973,188**	**$43,378**	**$37,810**

1/Details not displayed in 2017 President's Submission

Graduate Medical Education Trainees
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$10,998		$16,869		$31,614	$45,533	$14,745	$13,919
Medical Support & Compliance (0152XA)	$2,347		$11,780		$14,386	$6,100	$2,606	($8,286)
Medical Facilities (0162XA)	$445		$0		$4,000	$1,000	$4,000	($3,000)
Section 801 [Subtotal]	**$13,790**	**$0**	**$28,649**	**$0**	**$50,000**	**$52,633**	**$21,351**	**$2,633**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$13,790**	**$0**	**$28,649**	**$0**	**$50,000**	**$52,633**	**$21,351**	**$2,633**
Obligations [Grand Total]	**$13,790**		**$28,649**		**$50,000**	**$52,633**	**$21,351**	**$2,633**

1/Details not displayed in 2017 President's Submission

Background

As one of four statutory missions, VA, through the Office of Academic Affiliations (OAA) conducts an education and training program for health professions trainees “to assist in providing an adequate supply of health personnel to the Nation” (38 United States Code (U.S.C.), section 7302). In accordance with this mission, "to educate for VA and for the

Nation," clinical education and training efforts are accomplished through coordinated programs and activities in partnership with affiliated U.S. academic institutions. In addition, Section 301(b)(2) of Public Law 113-146, "Veterans Access, Choice, and Accountability Act of 2014" (VACAA), charges VA, through the Office of Academic Affiliations, to "increase the number of graduate medical education residency positions at medical facilities of the Department by up to 1,500 positions," over a five-year period beginning one year after the enactment of VACAA. Subsequently, on December 15, 2016, the 114th Congresspassed the "Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016" (Public Law 114-315). Section 617 of the bill extended the period for the increase in Graduate Medical Education residency positions at VA medical facilitiesfrom 5 years to 10 Years.

Managing a portfolio of approximately 16,000 paid clinical training positions, the OAA budget is split between GME Physician Residents, accounting for approximately 80% of its budget, and Allied Health/Nursing trainees, accounting for about 20% of the budget. OAA controls the Allied Health/Nursing stipends but it is required to match the Academic Affiliate stipends for Physician Residents. Without any increase in authorized training positions, the OAA budget reflects an annual increase of approximately $40 million as a result of increases in physician resident stipend and benefit costs due to annual increases by the Academic Affiliates. This is evidenced in the 2017 and 2018 budget requests with approximately $40 million dollar increases between those years. However, the 2019 Advance Appropriation budget increased by $92 million because, in addition to the general $40 million increase, in 2019 OAA must assimilate all VACAA GME Physician Resident positions into its Regular GME Budget. Previously, the VACAA GME positions were funded out of the separate VACAA appropriated dollars; however, funding for these positions will run out at the end of 2018. To be specific, we had to include 719 VACAA Physician Resident Positions at $72,000 per position, which equals $51.8 million. For reference, without the VACAA positions included, our increase would have been below normal, at approximately $34 million for 2019.

Program Description

Over 125,000 trainees, representing more than 40 health care disciplines, receive all or part of their clinical training in VA health care facilities. Health professional trainees contribute substantially to VA's ability to deliver cost-effective, high-quality patient care for Veterans. Nearly a third of currently employed VA health professionals have received some or all of their clinical training in VA. To continue to meet its workforce needs while providing innovative, 'state of the art' Veteran care, VA has identified and expanded clinical training programs in critical areas of need as defined by the VA and VHA strategic plans, the Secretary's priorities, and the Veterans Access, Choice, and Accountability Act of 2014 (Veterans Choice Act). VA's physician education program is conducted in collaboration with 135 of 141 allopathic medical schools and 35 of 40 locations for osteopathic medical schools. VA is the second largest Federal supporter (after the Centers for Medicare & Medicaid Services) of education for health care professionals. In addition, more than 40 other health professions are represented by affiliations with over 1,800 unique colleges and universities. Among these institutions are Hispanic Serving Institutions, Historically Black Colleges and Universities, Asian American and Native American Pacific Islander Serving

Institutions, and Native American Serving Institutions.

2016 Accomplishments

- Funded 43,000 Medical Residents comprising 40% of VHA Physician workforce.
- Funded 536 Mental Health Trainees and implemented the 5th phase of VA's Mental Health expansion program 'as an area of critical need;' in 2016, 70 positions were awarded across 29 sites.
- Led implementation of VACAA Section 301b GME residency expansion, advancing the number of new GME positions to 547.
- Expanded VACAA GME into underserved clinical settings, as directed by the VACAA statute; established 70% of VACAA positions in primary care (44%) and mental health (26%) specialties. The remaining 30% of the positions were used to meet critical access needs at local VA medical centers.
- Expanded VA's ground-breaking Post-Baccalaureate Nurse Residency Program, increasing the program to 75 nurse residency positions; the new Psychiatric Mental Health Nurse Practitioner program was also expanded, and a new VA Nursing Academy Graduate Education program was created to stimulate the training of advanced practice nurses in a VA setting, specializing in acute care and geriatrics.
- Developed and assisted in the implementation of a new method for calculating the VERA Education Support Supplement (VESS), for the first time Non-GME FTE were included as part of the model improving equality of the supplement to VA Medical Centers.
- Established a national sole source contract with APA allowing medical center accreditation payments to be centralized within OAA and thereby achieving an economy of scale by alleviating workload previously handled locally.
- Assumed responsibility for the VA BD-STEP (Big Data Scientist) program in collaboration with NIH and the National Cancer Institute.
- Established a new NARA Trainee System of Records for maintenance of Trainee On-Boarding Records.

2017-2019 Goals

- Increase recruitment of VHA clinical staff, especially in Physician, Mental Health and Nursing shortage areas, using VA's Health Professions Trainees as a recruitment Pipeline;
- Improve trainee recruitment from the VA Advanced Fellowships programs;
- Oversee all clinical trainee financial resources; seek to implement stronger controls at the local level, for VA Health Professions Education Mission, including the new VACAA funding stream, which will be separately tracked to maintain public's trust;
- Enhance strategic alignments between OAA Health Professions training programs and Patient Care Services program office to achieve optimal access and clinical outcomes for Veterans;
- Continue VACAA 301b GME Expansion to achieve 1,500 new residency positions in VA;
- Using VACAA Funding Grants, continue to build capacity and infrastructure at GME naive or rural VA Medical Centers to establish new GME Residency Training Programs;

- Strengthen VHA's reputation as a clinical training site of choice by maintaining parity in trainee stipends between VA and the Private Sector;
- Promote strong partnerships between VA and its academic affiliates (AAs) as core element to ensuring and enhancing access, quality, and safety across US healthcare to meet the need of Veterans, and of the Nation;
- Continue the National Academic Affiliations Council, a Federal Advisory Committee helping to identify barriers impeding full realization of academic partnerships and the broader VA training mission, by providing constructive recommendations directly advising the SECVA and USH;
- Enhance clinical training partnerships between DoD and VHA Residency programs, explore development of a new collaborative partnership with the Uniformed Services University of the Health Sciences (USUHS);
- Continue to lead innovation in healthcare through expanding or launching new programs to fill unmet needs in healthcare education;
- Explore the establishment of a national Health Professions Trainee Registration and Tracking System in partnership with VHA HR Line of Business (HRLOB) and the Office of Personnel Management;
- Explore centralization of payments for clinical education training accreditation bodies;
- To meet nursing shortages within VHA, continue to provide consultative support to the 11 new current Post Baccalaureate Nurse Residency (PBNR) programs and start up additional, while increasing the numbers of Nurse Practitioner students in the VANA-GE program.
- Modify NARA Trainee System of Records to include and allow additional trainee documentation requirements.

Congressional Reports

The Office of Academic Affiliations is responsible for one Congressionally Mandated Report (CMR):

Name: "Report on Graduate Medical Education Residency Positions"
Frequency: Annual
Citation: Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146), Section 301(b)

Electronic Record Modernization & Interoperability

Electronic Health Record Modernization & Interoperability
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$0		$0		$176,475	$224,341	$176,475	$47,866
Medical Support & Compliance (0152)	$87,556		$65,000		$49,537	$31,620	($15,463)	($17,917)
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$87,556**	**$0**	**$65,000**	**$0**	**$226,012**	**$255,961**	**$161,012**	**$29,949**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$87,556**	**$40,000**	**$65,000**	**$0**	**$226,012**	**$255,961**	**$161,012**	**$29,949**

1/Details not displayed in 2017 President's Submission

Background

The VistA Evolution (VE) Program was created in 2014 and continues in response to requirements in Congressional laws, Presidential Initiatives, and VA initiatives. Congressional laws include the 2003, 2008, 2009, and 2014 National Defense Authorization Acts; Public Law 114-223; Presidential Initiative on the Virtual Lifetime Electronic Record, 2009; and VA/VHA Initiatives including: 2016 myVA Breakthrough Priorities 1, 2, 3, and 4; 2016 myVA Critical Enablers 9 and 11. In 2017, the VE Program's Enterprise Health Management Platform (eHMP) has been selected as a myVA Breakthrough Initiative (#14). In addition, the VE Program's work responds to recommendations of the Commission on Care and the Independent Assessment, both required by the Veterans Access, Choice, and Accountability Act of 2014, Public Law 113-146.

Program Description

The VE Program is a joint program of VA OI&T and VHA focused on improving the efficiency and quality of Veterans' health care by modernizing VA's health information systems.

VHA activities and funding are not duplicative of any OI&T activities or funding. VHA facilitates Health Information Technology (HIT) acquisitions by leading functional design and testing solutions. VHA creates and implements content for clinical and business processes and decisions. VHA leads efforts for community standards that improve interoperability. VHA trains personnel and implements business processing reengineering

and change management to realize the most value from new IT and content. Finally, VHA monitors quality and safety consequences of health information systems. Through this funding, VHA also recruits and supports data sharing with health partners, including Community Care. This work gives VA and participating Community Health Care Partners secure access to certain parts of a Veteran's electronic health record for the purpose of coordinating care inside and outside of VA.

VHA activity will focus on eHMP, an intelligence and user-experience platform. eHMP is not an EHR. Because eHMP can sit on top of one or more EHRs and clinical content supporting business processes run in eHMP, eHMP is critical for VHA's transition strategy from VistA to any other EHR-like capability including the Digital Health Platform. eHMP allows VHA to spread the costs of business-process standardization and organizational change management across multiple years while realizing value for Veterans and clinicians from increased efficiencies and higher quality outcomes.

2016 Accomplishments
- VA certified meeting 2014 NDAA interoperability standards eight months early;
- JLV access provided to increased number of VA users from 17,965 to 200,156;
- eHMP v1.2 deployed on top of all VistA systems with limited clinical use;
- Exchanged health data with over 800 hospitals and thousands of practices.

The above achievements improve access, Veteran experience, and clinician experience by making it easy to access and understand all available patient data allowing for a more comprehensive care plan, while also reducing clinician time using the EHR during a visit, which allows more time spent with the Veteran and increases clinic throughput for new patients.

2017-2019 Goals
The below activities surrounding the planning, deployment, and award of a modernized EHR are pending the Secretary's decision in July of 2017.

2017
- Meet last remaining 2014 NDAA VA requirement for enhanced EHR record;
- eHMP v2.0 available to ~3,500 clinical users in VHA and retire Vista Web legacy clinical viewer;
- Deploy Community Viewer, which allows community providers to use JLV;
- Make a go/no-go decision on deploying VistA Scheduling Enhancements (VSE) to users in Q2 2017;
- Initiate planning and preparation for a modern EHR and OCM RFP's.

Achieving the above goals will improve access, Veteran experience, and clinician experience by: making it easy for Community Care clinicians to access and understand all available patient data. Within VA, new team management tools in eHMP allow less expensive clinicians to do more care management, which allows VHA to take better care of more patients with a fixed budget; and to better manage clinic schedules.

2018

- Complete implementation of VistA 4 projects by the end of 2018;
- Deploy more eHMP capabilities to support Veteran-tailored care plans and robust team work;
- Standardized business processes to further improve Veteran and staff experience;
- Release RFP's for a modern EHR and OCM support services, aligned with the Secretary's decision.

2019

- Improve management of population health and chronic diseases;
- Award RFP's for a modern EHR and OCM support services.

Congressional Reports

In 2017, in accordance with Public Law 114-223, the VE Program must provide the House and Senate Appropriations Committees with quarterly update briefings and documents to release $47.5 million in 2017 for development, management, and enhancement of VistA evolution. Similar requirements have been in place since 2014.

Health Professionals Educational Assistance Program (HPEAP)

Health Professional Educational Assistance Program (HPEAP)
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

		2017		2018	2018	2019		
Description	2016 Actual	Budget Estimate	Current Estimate	Advance Approp.	Revised Request	Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$52,307**	**$70,349**	**$68,869**	**$81,485**	**$85,036**	**$105,836**	**$16,167**	**$20,800**
Education Debt Reduction Program (EDRP)	$22,200	$37,400	$35,500	$45,000	$49,000	$68,000	$13,500	$19,000
Employee Incentive Scholarship Program (EISP)	$2,534	$1,000	$2,000	$2,000	$2,000	$2,000	$0	$0
VA Nursing Education for Employees Program (VANEEP)	$10,402	$12,287	$12,287	$12,287	$12,287	$12,287	$0	$0
Nat'l Nursing Education Initiative (NNEI)	$17,016	$17,049	$17,049	$17,049	$17,049	$17,049	$0	$0
Health Professional Scholarship Program (HPSP)/1	$0	$1,713	$1,713	$4,249	$3,800	$5,600	$2,087	$1,800
Visual Impairment Education Assistance Program (VIOMPSI	$156	$900	$320	$900	$900	$900	$580	$0

The authority for the Health Professionals Educational Assistance Program includes three critical programs: the Education Debt Reduction Program (EDRP), the Employee Incentive Scholarship Program (EISP), and the Health Professional Scholarship Program (HPSP). To achieve VHA's mission of providing timely and exceptional patient centered care for our Nation's Veterans, it is essential to recruit and retain highly qualified health care professionals. These programs directly support the VA Breakthrough Priorities of Improving Access to Health Care and Staffing Critical Positions. Currently, 100% of appropriated funds are utilized for awards and scholarships, with zero overhead or maintenance costs.

In order to meet critical staffing needs, each VA medical center ranks top mission-critical occupations through the Workforce and Succession Strategic Plan and prioritizes the use of resources, such as EDRP, EISP and HPSP, to meet hiring needs for the most critically needed positions.

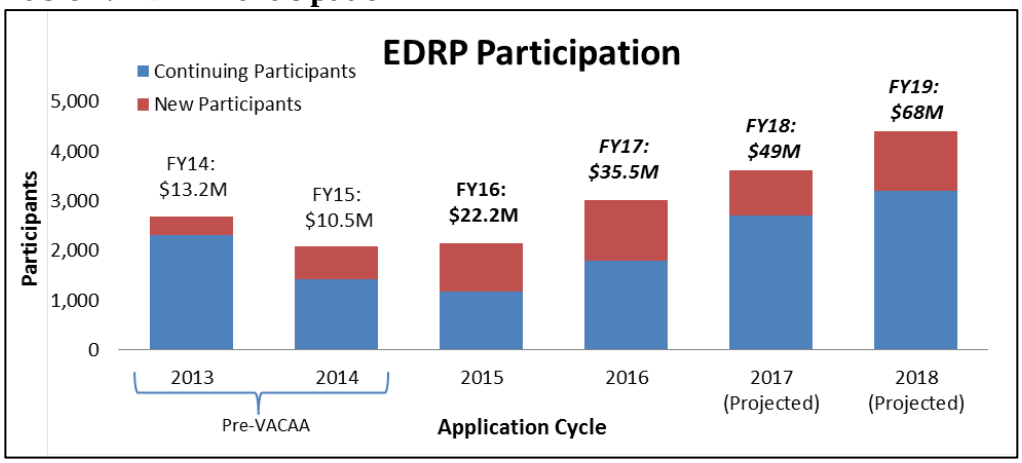
Education Debt Reduction Program

Education Debt Reduction Program (EDRP) was authorized by the Veterans Programs Enhancement Act of 1998, Public Law 105-368 and implemented in 2002. The statute was amended by the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 (Public Law 107-135), the Caregivers and Veterans Omnibus Health Service Act of 2010 (Public Law 111-163), the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146), and the Department of Veteran Affairs Expiring Authorities Act of 2014 (Public Law 113-175). Public Law 113-146 allows EDRP participants to receive education debt reduction payments up to a maximum of $120,000 for up to five years.

While sufficient funding was available in prior years, Public Law 113-146 increased the overall limit per participant from $60,000 to $120,000. As a result, both the number of overall new EDRP awards and average award amounts per participant are increasing. The current number of active participants have increased by 45% since 2014, and the current average award is $15,000 per year ($75,000 over 5 years), a more than 40% increase from pre-VACAA awards. VA medical centers average 4-9 new EDRP awards per year. Lessthan 1% of all VHA employees receive an EDRP award.

Due to the significant increase in current participants over the last two application cycles, new award funding must be increased in order for VHA to offer any new awards each year through 2020, when the first "wave" of post-VACAA participants will begin completing their EDRP terms. In order to offer the new maximum award amount to attract critical healthcare providers and sustain the commitments to current participants, the EDRP baseline budget must be increased over the next several years to ensure sufficient funding is available.

Table 1: EDRP Participation



Employee Incentive Scholarship Program (EISP)

Employee Incentive Scholarship Program (EISP) was established by title VIII of Public Law 105-368, the Department of Veterans Affairs Health Care Personnel Incentive Act of

1998, and codified in sections 7671-7675 of Title 38 United States Code (U.S.C.). The statute was amended by Public Law 107-135, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, Public Law 108-170, the Veterans Health Care, Capital Asset, And Business Improvement Act of 2003, and Public Law 108-422, the Veterans Health Programs Improvement Act of 2004. EISP authorizes VA to award scholarships to employees pursuing degrees or training in health care disciplines for which recruitment and retention of qualified personnel is difficult. The National Nursing Education Initiative (NNEI) and the VA Nursing Education for Employees Program (VANEEP) are policy-derived programs that stem from the legislative authority of EISP.

EISP awards cover tuition and related expenses such as registration, fees, and books. The academic curricula covered under this program includes education and training programs in fields leading to appointments or retention in title 38 or Hybrid title 38 health care positions listed in 38 U.S.C. section 7401. The maximum amount of a scholarship that may be awarded to an employee enrolled in a full-time curriculum is $39,017 for the equivalent of three years of full-time coursework. Title 38 U.S.C. section 7631 allows for periodic adjustments in the amount of assistance whenever there is a general Federal pay increase. As of September 30, 2016, VA has awarded 17,772 scholarships to EISP, NNEI, and VANEEP participants since the program started in 2000. Educational assistance awarded to date totals $287 million, which includes future obligations of $27.6 million through 2020.

Health Professional Scholarship Program (HPSP) and the Visual Impairment and Orientation and Mobility Professional Scholarship Program (VIOMPSP)

VA Health Professional Scholarship Program (HPSP) and the Visual Impairment and Orientation and Mobility Professional Scholarship Program (VIOMPSP) were authorized under Public Law 111-163, the Caregivers and Veterans Omnibus Health Service Act of 2010. Public Law 113-146, The Veterans Access, Choice, and Accountability Act (VACAA) of 2014, extended the authorization for HPSP through December 31, 2019. This legislation allows VA to provide scholarship awards to VA and non-VA employees in exchange for a service obligation with VHA. The VIOMPSP provides financial assistance to individuals pursuing a program of study leading to a degree or certificate in visual impairment or orientation and mobility. For VIOMPSP, each scholarship recipient receives tuition (up to $15,000) for each year of a degree program (not to exceed a total of $45,000). As of September 30, 2016, VA has awarded 23 scholarships to VIOMPSP participants since the program started in 2015. Educational assistance awarded to date totals $393,903. For HPSP each scholarship recipient would receive tuition, a monthly stipend, and other required education fees for education/training that would lead to an appointment in a title 38 or Hybrid title 38 occupations. The annual HPSP awards will be based on the occupations for which there are the largest healthcare staffing shortages throughout VA. The initial offering of awards for HPSP will occur during 2017.

2016 Accomplishments

EDRP assists VA in securing health care providers by repaying student loans for up to five years, serving as a critical recruitment and retention tool for medical centers.

- During the 2016 application cycle, VHA awarded 1,204 new EDRP awards.
    - Nearly 1,000 new awards were made in 2015 and over 1,200 in 2016, bringing the overall active participants to just over 3,000 employees – a 45% increase since the implementation of VACAA modifications in September 2014.
    - Physicians are the top occupations receiving EDRP awards, followed by registered nurses (including advanced practice). Pharmacists, followed by psychologists and physician assistants and physical therapists round out the top six occupations receiving EDRP awards.
    - Improved program execution by utilizing all appropriated funding in support of staffing critical direct patient care positions.

EISP, VIOMPSP and HPSP assist VA in meeting its staffing needs by requiring a service obligation for each year of education funded. This enables VHA to gain commitments for future employment following graduation and licensure/certification.

- During 2016 the VA supported 3,046 employees actively participating in the educational phase of their scholarship with EISP/NNEI/VANEEP funding totaling $30 million.
- The Top 5 occupations based on their completion occupations were Registered Nurses, Physical Therapists, Licensed Practical/Vocational Nurses, Social Workers, and Medical Technologists. New awards during 2016 totaled 1,239 with an increase of 12% in EISP and 32% in VANEEP participants.
- The largest component of scholarship participants consists of supporting Registered Nurses participating in Baccalaureate, Masters, and Doctorate academic programs. During 2016, 171 Registered Nurses completed Baccalaureate degrees, 255 completed Masters, and 26 completed Doctorate degrees.
- As of January 2017, VIOMPSP placed five graduates in hard-to-fill locations, increasing the access to visual impairment services for our Nation's Veterans.

2017-2019 Goals

- Incremental increases in program budget to sustain current award rates.
    - Recruitment and retention tools such as EDRP and HPSP have since been heavily promoted by VA and VHA leadership to aid with hiring additional providers. In order to continue the new maximum award amount to attract critical healthcare providers and sustain the commitments to current participants, the EDRP and HPSP baseline budgets must be increased over the next several years to ensure sufficient funding is available.
- End-to-end automation
    - Current operations are largely manual and paper-based, requiring redundant and administratively burdensome processes. Development of an automated, applicant/participant facing system integrated with existing personnel systems would streamline processes and enable more effective evaluation and oversight.

Congressional Reports

Public Law 107-135, the Department of Veterans Health Care Programs Enhancement Act of 2001, Sec. 125, Annual Report on Use of Authorities to Enhance Retention of Experienced Nurses.

Hepatitis C Treatment

Hepatitis C
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$873,374		$748,800		$751,200	$199,348	$2,400	($551,852)
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$873,374**	**$0**	**$748,800**	**$0**	**$751,200**	**$199,348**	**$2,400**	**($551,852)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$93,065		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$93,065**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$93,065**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$966,439**	**$1,500,000**	**$748,800**	**$600,000**	**$751,200**	**$199,348**	**$2,400**	**($551,852)**

1/Details not displayed in 2017 President's Submission

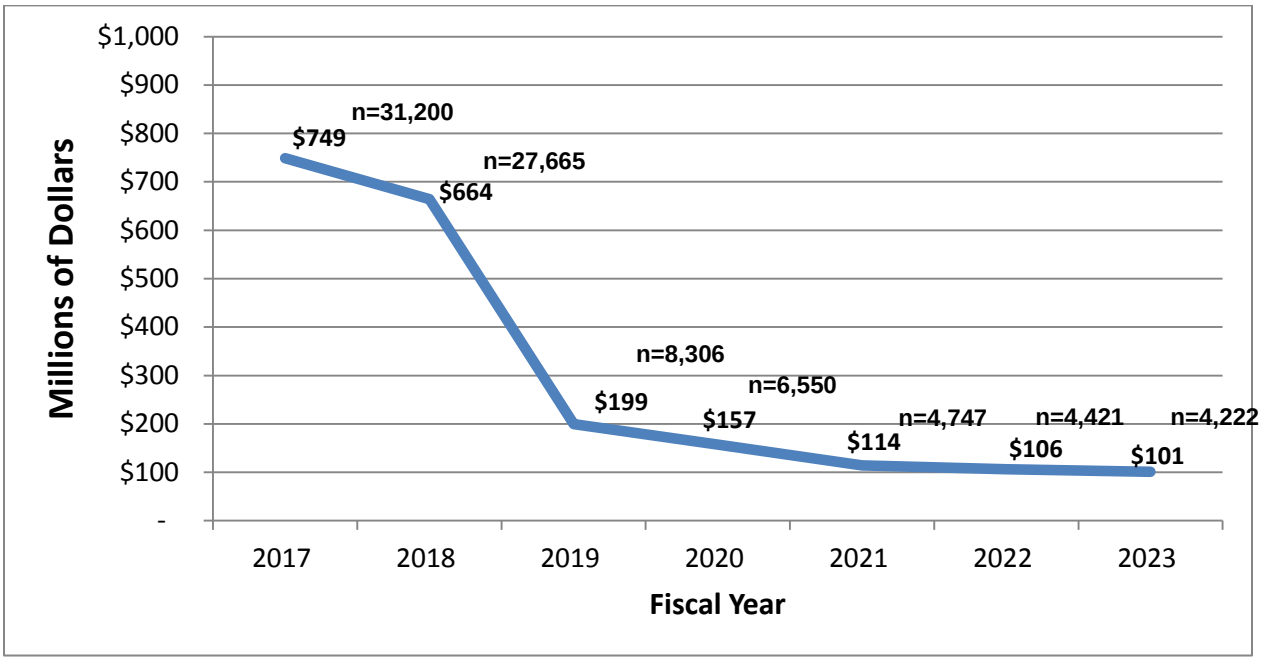
VA places a high priority on ensuring that all enrolled Veterans who require hepatitis C treatment have access to evaluation and treatment. Hepatitis C is an infectious disease primarily affecting the liver, caused by the hepatitis C virus (HCV). The infection is often asymptomatic, but chronic infection can lead to scarring of the liver (e.g. fibrosis or cirrhosis). In some cases, those with cirrhosis will go on to develop liver failure, or liver cancer. In October of 2013, VA had identified approximately 168,000 enrolled Veterans with an HCV diagnosis, over 30,000 of whom had a diagnosis of cirrhosis; the proportion of HCV enrollees with cirrhosis has doubled over the last decade. As of December 2016, 78.8% of Veterans in care in the 1945-1965 birth cohort, the highest risk population, had been screened for HCV; VA estimates 15,500 Veterans in VA care with HCV remain undiagnosed. Since the availability of all-oral HCV antivirals, from January 2014 through March 2017, VA treated over 84,000 patients with cure rates of over 90%. As of February 2017, approximately 61,000 Veterans diagnosed with HCV were potentially eligible for treatment.

VA estimates that approximately 80% of all Veterans with HCV enrolled in VA care will be treated by 2020. Veterans remaining in the untreated pool at that time are estimated to be more difficult to engage in care due to issues such as homelessness, mental health and substance use comorbidities, or may be uninterested or unwilling to receive HCV treatment. VA will continue outreach to these patients and remains committed to diagnosing and treating all veterans with HCV who are willing and able to be treated.

Since January 2014, the U.S. Food and Drug Administration has approved multiple new highly effective direct acting antiviral (DAA) drugs for the treatment of HCV, with many fewer side effects than previous treatments. These DAAs have changed the lives of Veterans enrolled in VA care infected with HCV who have received treatment. Prior to the introduction of these new, high-cost medications, treatment for HCV was often ineffective and subjected patients to considerable physical and neuropsychiatric side effects. In contrast, the new treatment options are considerably more effective with cure rates in VA of over 90%, present significantly fewer side-effects, and are considerably simpler to administer. Several all–oral regimens are currently available in VA and the choice of regimen is dependent on patient characteristics and continued for durations of 8 to 24 weeks. Two new combination medication regimens are expected in the fourth quarter of 2017. Cure of HCV significantly decreases the risk of progression of liver disease to cirrhosis, liver failure, cancer, and death in some cases. As a result, there has been a large increase in demand for the new treatments and subsequent increases in the number of prescriptions.

VA has developed a Hepatitis C projection model to supplement the VA Enrollee Health Care Projection Model. The Hepatitis C model projects both the number of HCV infections in the enrolled Veteran population, as well as newly available treatment therapies prescribed for 2014 through 2023. Each modeled treatment is assigned a national average cost per treatment. The cost per treatment, along with the number of projected treatments in each projection year, has been used to develop projected total treatment drug costs for 2017 through 2023 as shown in Figure A.

Figure A: Total Hepatitis C Medication Costs (and numbers of Veterans treated) Base Year 2016 Projections



Base year 2016 Projections are based on a weekly target of 600 treatments in 2017 and 2018. Starts per week will fluctuate week to week and will depend on pre-treatment considerations as outreach occurs and patients are evaluated for treatment as well as new diagnoses. Costs based are based on 2017 average drug treatment cost.
"n" represents the number of patients projected to receive treatment each year.
Source: Enrollment and Forecasting C23-37 16AA, March 2017

The number of total national HCV treatments per year increased from approximately 2,800 per year in 2011 through 2013, to over 30,000 in 2016. This growth reflects the additional demand for HCV treatment with DAAs, beginning in the second quarter of 2014 through the present.

The total cost of HCV treatment increased significantly from 2013 to 2015, due to both the increased treatment rate described above, as well as the significant increase in the average cost per treatment under the new regimens. However, due to successful negotiations by VHA's Pharmacy Benefits Management service, VA received greatly reduced price for these medications in mid-2015 which have continued through the writing of this report (second quarter, 2017).

Indian Health

Indian Health Services
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$18,150		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$28,062		$28,000	$28,000	($62)	$0
Discretionary Obligations [Total]	**$18,150**	**$0**	**$28,062**	**$0**	**$28,000**	**$28,000**	**($62)**	**$0**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$18,150**	**$28,062**	**$28,062**	**$29,358**	**$28,000**	**$28,000**	**($62)**	**$0**

1/Details not displayed in 2017 President's Submission

VA and the Indian Health Service (IHS) signed the VA-IHS National Reimbursement Agreement in December 2012. This Agreement facilitates reimbursement by VA to IHS for direct health care services provided to eligible American Indian/Alaskan Native (AI/AN) Veterans in IHS facilities. The Agreement also paves the way for future agreements negotiated between VA and Tribal Health Programs (THP), in addition to those already in existence. This VA-IHS national agreement created the basis for individual agreements with interested and appropriate THPs. Each interested tribe can initiate contact with VHA and VHA Chief Business Office in turns will provide the necessary paper work and guidance for the tribe to pursue the agreement. Agreements with tribes will reimburse them for direct care provided to eligible AI/AN Veterans.

After signing the VA-IHS National Reimbursement Agreement, VA and IHS moved quickly to implement the agreement by initiating implementation plans with 10 IHS facilities expanded to 82 facilities covering 108 sites. Some of those sites have been or are in the process of being turned over to tribes for tribal operations thus the number of IHS sites benefiting from the National Agreement is currently at 105 sites and will potentially decrease farther.

VA Reimbursement Agreements with THPs are increasing as well. Currently, VA has 100 signed VA-THP Reimbursement Agreements with an additional 44 agreements in

progress. From December 2015 to April 2017, VA completed over 58 program orientations providing program information to individual VA medical centers and tribes.

Alaska and Continental U.S. THPs and IHS reimbursement agreement extension modifications were completed, extending all existing agreements to June 30, 2019.

2016 Accomplishments

- Number of THP Agreements increased to 99 (as of December 2016).
- Reimbursements to IHS and THP facilities for direct care services provided to eligible AI/AN Veterans covered over 7,600 Veterans.

2017–2019 Future Goals

- VA and IHS will continue to work closely to accomplish the goals set in the 2010 Memorandum of Understanding (MOU) to establish coordination, collaboration, and resource sharing.
- Work with IHS and THPs to ensure that VA's consolidated community care program allows for continuation and growth of the unique relationship that IHS and THPs' have with VA and the Veterans they serve in their communities.
- Continue to coordinate with the VA Office of Tribal Government Relations and Office of Rural Health to conduct outreach and communication targeted to the THPs. This will increase the number of THP Reimbursement Agreements in 2017-2019.
- Continue developing awareness among AI/AN Veterans about the program and the choice of receiving care at participating IHS or THP facility thus potentially increasing the number of AI/AN Veteran Population benefitting from the program.

Leases

Leases
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$392,980		$740,956		$953,828	$971,676	$212,872	$17,848
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$392,980**	**$0**	**$740,956**	**$0**	**$953,828**	**$971,676**	**$212,872**	**$17,848**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$200,421		$23,982		$0	$0	($23,982)	$0
Section 801 [Subtotal]	**$200,421**	**$0**	**$23,982**	**$0**	**$0**	**$0**	**($23,982)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$200,421**	**$0**	**$23,982**	**$0**	**$0**	**$0**	**($23,982)**	**$0**
Obligations [Grand Total]	**$593,401**	**$838,102**	**$764,938**	**$811,900**	**$953,828**	**$971,676**	**$188,890**	**$17,848**

1/Details not displayed in 2017 President's Submission

Leases fall into the following two primary categories: space procured by the General Services Administration (GSA) on behalf of VA and space procured directly by VA (via delegated authority from GSA) in commercial venues. Leases can have many functions, ranging from clinical space for CBOCs to warehouses for storage of supplies and equipment, all in support of the operational needs of the local medical center. For additional information, please see the Medical Facilities chapter.

National Veterans Sports Program

National Veterans Sports Program
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$1,994		$10,721		$10,721	$11,105	$0	$384
Medical Support & Compliance (0152)	$3,401		$5,109		$5,109	$5,109	$0	$0
Medical Facilities (0162)	$0		$0		$0	$0	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$5,395**	**$0**	**$15,830**	**$0**	**$15,830**	**$16,214**	**$0**	**$384**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total].	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$5,395**		**$15,830**		**$15,830**	**$16,214**	**$0**	**$384**

1/Details not displayed in 2017 President's Submission

Veteran Monthly Assistance Allowance (VMAA) for Disabled Veterans Training in Paralympic [and Olympic] Sports Program

Background

- Public Law: Under 38 U.S.C. 322(d), Public Law 110-389 and Public Law 114-223 authorize the VMAA Program, which is synergistic with the Adaptive Sports Grant (ASG) Program, 38 U.S.C. 521A, as authorized by the same legislation.

- VA/VHA Initiative: The VMAA Program is a component of various VA/VHA initiatives in support of disabled Veterans participating in Paralympic and adaptive sports for therapeutic, rehabilitative, and whole-life health and wellness. This program is also a lead component for VA's Public Private Partnerships under 38 U.S.C. 523.

Program Description

The Veteran Monthly Assistance Allowance (VMAA) provides an allowance to disabled Veterans training in either Paralympic or Olympic sports, and who meet both the disability and performance criteria established for their respective Paralympic or Olympic sport. VA works through Public Private Partnerships with the full spectrum of Olympic and Paralympic Sport entities in the United States, U.S. Commonwealths and Territories, to implement this sport program for qualified Veterans. Since its inception, the VMAA

Program meets purposes emphasized in the program's creation in Public Law 110-389, providing sport opportunities and enhanced quality of life for disabled Veterans through existing national programs, and aiding creation of new national Paralympic programs focused on disabled Veterans.

Program Cost

- **Emerging Requirements** - With the transfer of the Office of National Veterans Sports Programs & Special Events from the Office of Public and Intergovernmental Affairs to VHA, the VMAA Program was not included in VHA development of the 2017 President's Budget. This submission establishes the VMAA Program at the same funding level of $2 million as authorized through 2017 [in 38 U.S.C. 322(d)].

- **Basic Inflation -** Although this requests retention of prior appropriation levels, the VMAA rate of payment is based on Chapter 31 Vocational Rehabilitation and Employment (VR&E) rates for payment to Veterans, which has experienced increases every year and will continue for the 2018 budget.

  Expansion of Requirements - On September 29, 2016, Public Law 114-223 expanded authorization for the VMAA to qualified disabled Veterans who met disability and performance requirements in Olympic sports. The VMAA program now covers 47 different groups of Olympic Sports for each of the six different Olympic jurisdictions in the United States. The VMAA Program will need to pay the monthly allowance to disabled Veterans who meet the new eligibility requirements in Olympic sports. The VMAA Program has experienced approximately a $250 thousand growth rate annually, due to both growth and maturation of programs and increased disabled Veteran participation since the VMAA Program first became active in 2011.

2016 Accomplishments

In 2016, 224 disabled Veterans received VMAA, and competed in 30 Paralympic sport groupings under the United States Olympic Committee, Puerto Rico Paralympic Committee, and National Paralympic Committee, U.S. Virgin Islands. This support enabled the unprecedented level of 34 disabled Veterans to qualify for and participate in the 2016 Rio Paralympic Games. Numerous Veterans medaled, and an OEF Combat Veteran was selected by his peers as the U.S. Team flag bearer for the Closing Ceremonies. Largely due to VMAA support, disabled Veterans form core components of many Paralympic sports teams, including U.S. National Archery (Women), Badminton, Biathlon, Bobsled, Boccia, Paratriathlon (Women), 7-a-Side Soccer, Sitting Volleyball (Men), Skeleton, Sled Hockey, and Taekwondo Teams. The VMAA further facilitated inclusion of numerous national programs in Paralympic and related sports, including Badminton, Bobsled, Racquetball, Skeleton, 5-a-Side Soccer, 7-a-Side Soccer, and Squash. A wide spectrum of partnership activities with Paralympic sport entities was also supported, enhancing adaptive sport opportunities for disabled Veterans and disabled Servicemembers (e.g., clinics, competitions, education and training, outreach). Many disabled Veterans have also benefitted from participating in Paralympic sports

incentivized by the VMAA program, even though they do not directly qualify for the VMAA.

2017-2019 Goals
The VMAA program will support qualifying disabled Veterans' active participation in Olympic and Paralympic training activities, directly relating to VA's Strategic Goals of Empowering Veterans to Improve Their Well-Being. Current initiatives link the VMAA and other adaptive sport programs for VA recreational, therapeutic, rehabilitative, health and wellness, as well as enabling outreach and counseling for programs such as Suicide Prevention. The VA's Strategic Goal of Enhancing and Developing Trusted Partnership is supported through the VMAA enabling continued active partnerships with Olympic and Paralympic sport organizations and their partners that bear much of the burden of administering programs without those organizations receiving direct compensation from VA. Lastly, the VMAA incorporates a network of all aspects of Paralympic sports, and integrates them with other programs related to VA's Strategic Goal of Managing and Improving VA Operations to Deliver Seamless Integrated Support.

Congressional Reports
The Monthly Assistance Allowance for Disabled Veterans Training in Paralympic [and Olympic] Sports (VMAA) Program is included in the Annual Report to Congress mandated by 38 U.S.C. 521A.

Grants for Adaptive Sport Programs for Disabled Veterans and Disabled Members of the Armed Forces (ASG) Program

Background
Public Law: 38 U.S.C. 521A, Public Law 110-389, and Public Law 114-223 authorize the Adaptive Sport Grants (ASG) Programs for disabled Veterans and disabled members of the Armed Forces. This program is synergistic with the Veterans Monthly Assistance Allowance Program for Disabled Veterans Training in Paralympic, 38 U.S.C. 322(d), as authorized by the same legislation.

The ASG Program is a component of various VA/VHA initiatives in support of disabled Veterans and disabled Servicemembers participating in adaptive sports for therapeutic, rehabilitative, and whole-life health and wellness. The ASG Program is a lead component for VA's Public Private Partnerships in adaptive sports under 38 U.S.C. 523.

Program Description
The ASG Program provides grant funding to organizations to increase the availability and quality of adaptive sport activities for disabled Veterans and disabled Servicemembers within their home communities, as well as more promoting advanced Paralympic and adaptive sport programs at the regional and national levels. The three categories of adaptive sport activities authorized for ASG funding are:

(1) Instruction, participation, and competition in adaptive sports;

(2) Training and technical assistance to program administrators, coaches, recreational therapists, instructors, Department employees; and
(3) Coordination, Paralympic classification of athletes, athlete assessment, sport specific training techniques, program development (including programs at the local level), sports equipment, supplies, program evaluation, and other activities related to the implementation and operation of the program.

Program Costs

- **Emerging Requirements** - With the transfer of the Office of National Veterans Sports Programs & Special Events from the Office of Public and Intergovernmental Affairs to VHA, the ASG Program was not included in VHA development of the 2017 President's Budget. This submission establishes the ASG Program at the same levels of $8 million as authorized through 2017 in 38 U.S.C. 521A.

- **Basic Inflation** - The expenses associated with ASG funding have experienced annual inflation. Further, from 2015 to 2016 the ASG Program experienced a 35% increase in applications and a 25% increase in requested funding, reflecting a decrease of awards funding rate to 19.5%. The shortfall in funding rate is expected to increase based on continued program demand and growth.

- **Expansion of Current Requirements** - The ASG Program's overall goals and objectives, as well as funding authorization, have remained static since establishment of the program in 2009. In December 2013, Public Law 113-59 significantly expanded the scope of eligible entities and activities authorized through broadening the program from Paralympic to adaptive sports. Implementation of the ASG program in 2015-2017 identified more diverse adaptive sports and needs for supporting disabled Veterans, increasing the demand and an expanding range of opportunities to integrate ASG activities at the national, regional, and community-based levels with VHA rehabilitative programs.

2016 Accomplishments

During 2016, ASG agreements were established with a total of 86 recipients, totaling grant awards of $8 million in deliverable expenses to provide adaptive sport activities for disabled Veterans and disabled Servicemembers. An additional 90 grants that include over 750 partners (i.e., 130 VA and State Veterans facilities, 40 DOD facilities, and 600 other national, regional, and community-based partners) were selected for implementation beginning in September 2016. ASG supported approximately 10,000 disabled Veterans directly through adaptive sports activities and events, such as training programs, camps, clinics, and competitions. ASG funding also provided indirect support; e.g., enabling Project Healing Waters Fly Fishing's development of standards, training, and programs implemented to provide safer, more effective adaptive fly fishing programs for the 8,500 disabled Veterans it serves annually. Similarly, over 1,000 adaptive sport providers received training to enhance their capabilities to provide adaptive sport programs for disabled Veterans. The ASG funded three Valor Games regional multi-sport events for disabled Veterans, and development of disabled Veteran components for other regional adaptive sport events (e.g., the Endeavor Games and the Thunder in the Valley Games).

The ASG programs provided diverse support across Paralympic and adaptive sports for disabled Veterans (i.e., See separate Narrative). In addition to supplemental support to programs supporting Paralympic sports, ASG supported programs that are developing new self-sustainable adaptive sport opportunities for disabled Veterans (e.g., U.S.A. Badminton, U.S. Squash, U.S.A. Hockey and the Blinded Veterans Association to develop adaptive programs with focus on disabled Veterans as core participants). With the ASG Programs' integration in VHA, the effectiveness of ASG-funded activities should continue to improve and expand.

2017-2019 Goals
The ASG program will support qualifying disabled Veterans' active participation in adaptive sports at the recreational through elite competition levels, directly related to VA's Strategic Goal of Empowering Veterans to Improve Their Well-Being through activity. The ASG program depends on, and will foster, active partnerships with adaptive sport entities (including VSO, colleges and universities, hospitals, Paralympic and adaptive sport organizations, state and community-based entities, and nonprofit organizations, and other eligible entities), directly relating to VA's Strategic Goal of Enhancing and Developing Trusted Partnership. The ASG Program also incorporates interagency adaptive sport activities with DoD Wounded Warrior Programs, and networks of non-Federal partners to provide adaptive sport activities to disabled Veterans and disabled Servicemembers in all geographic regions, consistent with VA's Strategic Goal of Managing and Improving VA Operations to Deliver Seamless Integrated Support.

Congressional Reports
The Grants for Adaptive Sport Programs for Disabled Veterans and Disabled Members of the Armed Forces (ASG) Program is required in the Annual Report to Congress as mandated by 38 U.S.C. 521A.

National Veterans Sports Program and Special Events (NVSP&SE)

Program Description
Public Law and VA Initiative: VA has authority under 38 USC 521A to assist organizations in providing recreational activities that will further the rehabilitation of disabled Veterans if the activities are available on a national basis, and if a significant percentage of individuals participating in the activities are eligible for VA rehabilitative services. Of the six national programs described in this Narrative, three are co-presented by Veterans Service Organizations (VSOs), and the other three have significant VSO involvement in program inception and/or execution.

The annual **National Veterans Golden Age Games** (founded in 1985), serves Veterans ages 55 years and older who are enrolled in the VA Health Care System, providing them with opportunities to engage in rehabilitative sport and recreation opportunities. Participants learn the therapeutic value of sports, fitness and recreation through competition in 14 sporting events. The 2016 event, hosted by the John D. Dingell VA Medical Center, Detroit, MI, attracted nearly 700 Veterans for a week-long sports competition.

The annual **National Veterans Wheelchair Games** (founded in 1981) serves Veterans with spinal cord injuries, multiple sclerosis, amputations, stroke, and other neurological injuries that are eligible for VA health care, providing wheelchair-adaptive sports and recreation therapy opportunities for their rehabilitation, health and wellness. Veterans learn to live active and healthy lifestyles by competing in 19 different sports competitions, and receiving related health education. Hosted in 2016 by the VA Salt Lake City Health Care System and co-sponsored by the Paralyzed Veterans of America, this event attracted nearly 600 Veterans for a week-long sports competition.

The annual **National Veterans Creative Arts Festival** (founded in 1989) provides Veterans opportunities for health and healing through therapeutic arts. The program begins with local art competitions held at VA medical facilities nationwide, in which more than 3,200 Veterans participated. The top medal-winning artists are invited to the Festival to showcase their artwork and perform live music, drama, dance, or original writing selections in a stage show open to the public. The G.V. Sonny Montgomery VA Medical Center in Jackson, Miss., hosted the 2016 Festival co-presented by the American Legion Auxiliary, in which 147 Veterans were selected to participate.

The annual **National Disabled Veterans Winter Sports Clinic** (founded in 1987) serves profoundly disabled Veterans with spinal cord injuries, traumatic brain injury, visual impairments, amputations, and certain other neurological conditions by providing opportunities for rehabilitation, health, and wellness through challenging adaptive rehabilitative sports programs. Attendees are introduced to adaptive winter sports, teaching them to adopt an active, healthy lifestyle through their participation in this Sports Clinic. Hosted by the Grand Junction Veterans Health Care System and co-presented by the Disabled American Veterans, 461 disabled Veterans were selected to attend this annual event in 2016.

The annual **National Veterans Summer Sports Clinic** (founded in 2008) serves recently-injured Veterans by providing opportunities for rehabilitation, health, and wellness through adaptive summer sports activities. Hosted by the VA San Diego Healthcare System, the Clinic serves Veterans from across the country that are enrolled for VA health care with a variety of injuries, ranging from traumatic brain injury and polytrauma, to spinal cord injury, or loss of limb. The event selected 158 disabled Veterans to attend this annual event in 2016.

The annual **National Disabled Veterans TEE (Training, Exposure, Experience) Tournament** (founded in 1994) provides disabled Veterans opportunities for rehabilitation, health and wellness through golf and golf instruction and other activities (e.g., bowling, horseback riding, kayaking, Frisbee golf, adaptive cycling) as a catalyst to promote an active lifestyle, health, and wellness. Hosted by the Iowa City VA Health Care System, this event serves Veterans with visual impairments, amputations, traumatic brain injuries, psychological trauma, certain neurological conditions, spinal cord injuries and other life changing disabilities. A total of 218 disabled Veterans attended the 2016 event.

2017-2019 Goals

The six NVSP&SE programs support active participation of Veterans and disabled Veterans in these events to enhance their health, wellness, and rehabilitation experience through various sport opportunities and clinics, directly relating to VA's Strategic Goals of Empowering Veterans to Improve Their Well-Being. Current NVSP&SE plans and initiatives link directly link to the VHA Priority Goals of Building a High Performance Network, integrating the NVSP&SE with national clinical program offices responsible for rehabilitation and prosthetic services. Program goals further leverage strategic partnerships to expand adaptive sports for disabled Veterans through ongoing, community-based activities, supporting VA's Strategic Goal of Enhancing and Developing Trusted Partnerships.

Congressional Reports

The "VA National Veterans Sports Programs & Special Events Annual Report" details the use of grant funds administered by NVSP&SE during the year, and this annual report includes information on the six events.

Non-Recurring Maintenance

Non-Recurring Maintenance
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$1		$0		$0	$0	$0	$0
Medical Support & Compliance (0152)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162)	$866,531		$1,060,386		$1,870,000	$1,150,000	$809,614	($720,000)
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$866,532**	**$0**	**$1,060,386**	**$0**	**$1,870,000**	**$1,150,000**	**$809,614**	**($720,000)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$533,182		$96,723		$0	$0	($96,723)	$0
Section 801 [Subtotal]	**$533,182**	**$0**	**$96,723**	**$0**	**$0**	**$0**	**($96,723)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$533,182**	**$0**	**$96,723**	**$0**	**$0**	**$0**	**($96,723)**	**$0**
Obligations [Grand Total]	**$1,399,714**	**$1,072,985**	**$1,157,109**	**$600,000**	**$1,870,000**	**$1,150,000**	**$712,891**	**($720,000)**

1/Details not displayed in 2017 President's Submission

VHA uses its NRM projects to make additions, alterations, and modifications to land, buildings, other structures, nonstructural improvements of land, and fixed equipment (when the equipment is acquired under contract and becomes permanently attached to or part of the building or structure); to maintain and modernize existing campus facilities, buildings, and building systems; replace existing building system components; provide for

adequate future functional building system capacity without constructing any new building square footage for functional program space; and/or provide for environmental remediation and abatement, and building demolition.

VHA uses its NRM program as its primary means of addressing its most pressing infrastructure needs as identified by Facility Condition Assessments (FCA). These assessments are performed at each facility every three years, and highlight a building's most pressing and mission critical repair and maintenance needs. VHA specifically supports research and development infrastructure projects by ensuring that the Office of Research and Development is involved in the identification of gaps to support the SCIP process. This inclusion ensures a research focus for mitigation within a 10-year window of identified research infrastructure deficiencies.

NRM projects are broken into three categories, as discussed and defined below.

Sustainment projects:

NRM sustainment projects involve the provision of resources that will convert functional space to a different program function within existing buildings or spaces, without adding any new space. Each sustainment project must be equal to, or less than, the amount set forth in in title 38, United States Code, section 8104 (currently $10 million). The total project cost includes all amounts and expenditures associated with design, impact, contingency, and construction costs.

Infrastructure Modernization projects:

NRM infrastructure modernization projects involve the provision of resources to repair, modernize, replace, renovate, and provide for new "building systems," and do not convert functional space to a different program function. Such projects have no project cost limitation; however, any work to be done beyond the underlying building system must be an ancillary to the overall total project cost (not exceed 25% of the total project cost). The overall total project cost includes all amounts and expenditures associated with design, impact, contingency, and construction costs.

The types of "building systems" permitted for NRM infrastructure projects consist of the following: building thermal and moisture protection; doors and windows; interior finishes only directly related with building system work; conveyance and transport systems; fire suppression; plumbing; heating, ventilation, and air conditioning; electrical systems; communication systems; safety and security systems; utility systems, boiler plants, chiller plants, water filtration and treatment plants, cogeneration plants, central energy plants, elevator towers, connecting corridors, and stairwells.

Clinical Specific Initiative Projects:

Clinical Specific Initiative (CSI) projects are emergent projects that cannot be planned due to dynamic health care environments. Associated funding for these projects is distributed to the VISNs at the beginning of each year, to obligate towards existing clinical building

space, and address workload gaps, or support access within the following VHA high-profile categories:

- *Women's Health*
- *Mental Health*
- *High-Cost/High Tech Medical Equipment Site Prep/Installations*
- *Reduce the Footprint Reduction (includes building demolition or conversion of under-utilized space to clinical functions)*
- *Donated Building Site Preparation (e.g. Fisher House) when constructed on VHA land*
- *Other Emergent Need Categories may be added to CSI program based on direction from the Under Secretary for Health.*

*For CSI projects, only high-cost / high-tech medical equipment site prep/installation projects may involve the construction of new program functional building space.

The 2017 NRM estimate of $1.06 billion is being used to address the sustainment needs of VHA facilities, estimated to be approximately $550 million annually, along with $510 million for projects that address modernization, repair, and renovation of existing infrastructure. Infrastructure needs are identified through the annual Facility Condition Assessment (FCA) survey and the current VHA Total FCA Deficiency Costs equals $17.9 billion. Approximately 700 projects will have awards made in 2017.

The 2018 NRM estimate of $1.87 billion reflects a focused investment in the program to address the significant sustainment and infrastructure repair needs of VHA facilities. Approximately $550 million will be used for sustainment projects, with the remaining $1.32 billion for projects that address modernization, repair, and renovation of existing infrastructure. Approximately 1,300 projects would be expected to be awarded in 2018.

Rural Health

Rural Health
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$158,559		$221,336		$221,336	$221,336	$0	$0
Medical Support & Compliance (0152)	$13,855		$16,664		$16,664	$16,664	$0	$0
Medical Facilities (0162)	$11,628		$12,000		$12,000	$12,000	$0	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	$184,042	$0	$250,000	$0	$250,000	$250,000	$0	$0
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$184,042**	**$250,000**	**$250,000**	**$250,000**	**$250,000**	**$250,000**	**$0**	**$0**

1/Details not displayed in 2017 President's Submission

Background

Congress created the Office of Rural Health (ORH) in December 2006 (Public Law 109-461, Sec. 212) with these primary functions:

- In cooperation with the medical, rehabilitation, health services, and cooperative studies research programs in the Office of Policy and the Office of Research and Development of the Veterans Health Administration, to assist the Under Secretary for Health in conducting, coordinating, promoting, and disseminating research into issues affecting veterans living in rural areas.
- To develop, refine, and promulgate policies, best practices, lessons learned, and innovative and successful programs to improve care and services for Veterans who reside in rural areas of the United States.

Public Law 112-154, Sec 110 modifies Public Law 109-461 by formalizing the Veterans Rural Health Resource Centers (VRHRC) with these purposes:

- To improve the understanding of the challenges faced by Veterans living in rural areas;
- To identify disparities in the availability of health care to Veterans living in rural areas;
- To formulate practices or programs to enhance the delivery of health care to Veterans living in rural areas;

- To develop special practices and products for the benefit of Veterans living in rural areas and for implementation of such practices and products in the Department system wide.

Program Description

ORH accomplishes its mandated mission using a three-pronged approach to increasing access to care and services for rural Veterans.

First, ORH partners with VHA national program offices to promulgate Enterprise Wide Initiatives (EWI) that offer VA facilities serving rural Veterans initial funding to stand up new and innovative programs to increase access to care for rural Veterans. Examples of EWIs include: Tele-Primary Care and Tele-Mental Health Hubs, Clinical Pharmacy Staffing for clinics serving rural Veterans, and Rural Veteran Transportation Services.

Second, the Veterans Rural Health Resource Centers, hosted by VA medical centers across the country, develop tailored, innovative projects into ORH Rural Promising Practices, which are fully tested, developed, and then implemented at VA sites nationwide.

Third, in keeping with its legislative mandate to "assist the Under Secretary for Health in conducting, coordinating, promoting, and disseminating research into issues affecting veterans living in rural areas," ORH works closely with VHA Health Services Research & Development (HSR&D), the Quality Enhancement Research Initiative (QUERI), the Veterans Rural Health Resource Centers, and other national health system researchers and evaluators to execute program implementation evaluation and research initiatives that identify rural Veteran health care disparities and improve understanding of the unique health care access challenges faced by rural Veterans. The results of these studies are disseminated nationwide to both government and community audiences.

2016 Accomplishments

- Deployed 24 Enterprise Wide Initiatives (EWI) that served 740,000 Veterans at more than 300 VA health care sites across the country;
- Supported 14,000 VHA health care providers and staff with rural-focused workforce training programs;
- Supported the field-based activities of the Veterans Rural Health Resource Centers that implemented 6 ORH Rural Promising Practices at 65 sites nationally, 17 Clinical Innovation programs, and 9 studies on health care access issues affecting rural Veterans.
- Partnered with the Veterans Engineering Resource Center (VERC) to support the MyVA Access Redesign at rural VA medical centers to achieve same day primary and mental health care access for Veterans.

2017-2019 Goals

- ORH will continue to focus on its mission to improve the health and well-being of rural Veterans by increasing their access to care and services by implementing its strategic goals, all of which are driven by the Under Secretary for Health's five health priorities for VA's health care system:

ORH Program	ORH Strategic Goal	USH Health Priority
ORH Enterprise Wide Initiatives	Improve the health and well-being of rural Veterans by increasing their access to care and services; strengthen community health care infrastructure where rural Veterans reside	Increase open access to care; build a high-performing network
ORH Rural Promising Practices; ORH Engagement with the VHA Diffusion of Excellence Council	Improve the health and well-being of rural Veterans by increasing their access to care and services	Promote consistency in best practices; build a high-performing network
ORH study initiatives that identify rural Veteran health care disparities and improve understanding of the unique challenges faced by our rural Veterans	Generate and diffuse knowledge regarding rural Veteran health; inform health care policy that impacts rural Veterans & rural health care delivery	Restore trust with Veterans; promote consistency in best practices

In striving to achieve these goals, ORH will continue to expand opportunities for the field to participate in its EWIs. The 48 EWIs currently in the field or under development have 3- to 5-year plans for expansion, 2017 through 2019 and beyond.

Congressional Reports

Each year since 2012, ORH has completed a Congressional Tracking Report (CTR) on the previous year's expenditures and projected expenditures for the next year. There is no legislative requirement for these reports. ORH has one legislatively mandated report pending: Public Law 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010, Section 506 requires submission of a report on the Rural Veterans Coordination Pilot by September 30, 2017.

Veterans Homelessness Programs

Veterans Homelessness Programs
Obligations by Category
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Homeless Veterans Treatment Costs 1/	**$5,326,142**	**$5,643,053**	**$5,443,317**	**$5,881,071**	**$5,573,956**	**$5,718,879**	**$130,639**	**$144,923**
Programs to Assist Homeless Veterans								
Permament Housing Supportive Services								
HUD-VASH Case Management (I)	$341,085	$369,994	$369,994	$265,091	$408,300	$408,300	$38,306	$0
HUD-VASH (S)	$121,024	$126,105	$127,609	$154,024	$134,593	$141,360	$6,984	$6,767
Perm. Housing Supp. Services [Subtotal]	**$462,109**	**$496,099**	**$497,603**	**$419,115**	**$542,893**	**$549,660**	**$45,290**	**$6,767**
Transitional Housing								
Grant & Per Diem (I)	$165,016	$216,068	$226,068	$108,034	$226,068	$226,068	$0	$0
Gran & Per Diem Liaisons (I)	$30,797	$31,409	$31,409	$15,705	$31,409	$31,409	$0	$0
Other (S)	$54,421	$61,141	$57,382	$64,546	$43,068	$50,026	($14,314)	$6,958
Health Care for Homeless Vets (S)	$25,529	$0	$11,883	$0	$27,999	$29,407		
Health Care for Homeless Vets (I)	$147,218	$160,864	$160,864	$80,432	$160,864	$160,864	$0	$0
Transitional Housing [Subtotal]	**$422,981**	**$469,482**	**$487,606**	**$268,717**	**$489,408**	**$497,774**	**$1,802**	**$8,366**
Prevention Services								
Supportive Svcs Low Income Vets & Families (I)	$297,486	$300,000	$320,000	$150,000	$320,000	$320,000	$0	$0
National Call Center for Homeless Veterans (I)	$4,482	$0	$5,568	$0	$5,568	$5,568	$0	$0
Justice Outreach Homeless Prevention (I)	$30,259	$31,403	$31,403	$15,702	$37,653	$37,653	$6,250	$0
Justice Outreach Homeless Prevention (S)	$10,004	$8,760	$10,548	$11,380	$11,125	$11,684	$577	$559
Prevention Services [Subtotal]	**$342,231**	**$340,163**	**$367,519**	**$177,082**	**$374,346**	**$374,905**	**$6,827**	**$559**
Treatment								
Domiciliary Care for Homeless Vets (S)	$199,093	$179,867	$199,093	$168,004	$209,989	$220,547	$10,896	$10,558
Domiciliary Care for Homeless Vets (I)	$1,095	$0	$0	$0	$0	$0	$0	$0
Telephone Homeless Chronically Mentall Ill (S)	$22,319	$22,098	$23,533	$23,130	$24,821	$24,293	$1,288	($528)
Treatment [Subtotal]	**$222,507**	**$201,965**	**$222,626**	**$191,134**	**$234,810**	**$244,840**	**$12,184**	**$10,030**
Employment/Job Training								
Homeless Veterans Community Employment Prg (I)	$12,681	$15,182	$15,182	$7,591	$15,182	$15,182	$0	$0
Homeless. Ther. Empl., CWT & CWT/TR (S)	$60,012	$57,369	$60,012	$53,207	$60,012	$60,012	$0	$0
Employment/Job Training [Subtotal]	**$72,693**	**$72,551**	**$75,194**	**$60,798**	**$75,194**	**$75,194**	**$0**	**$0**
Administrative								
Getting to Zero	$532	$0	$0	$0	$0	$0	$0	$0
Supportive Svces Low Income Vets & Families Adm	$6,675	$8,647	$8,647	$4,324	$8,675	$8,703	$28	$28
National Homeless Registry	$1,308	$2,458	$2,458	$1,229	$2,458	$2,458	$0	$0
Adminsitrative [Subtotal]	**$8,515**	**$11,105**	**$11,105**	**$5,553**	**$11,133**	**$11,161**	**$28**	**$28**
Obligations [SubTotal]	**$1,531,036**	**$1,591,365**	**$1,661,653**	**$1,122,399**	**$1,727,784**	**$1,753,534**	**$66,131**	**$25,750**
Breakout by Specific & General Purpose								
(I) Initiative Specific Purpose	$1,038,634	$1,136,025	$1,171,593	$648,108	**$1,216,177**	**$1,216,205**	$44,584	$28
(S) Sustainment General Purpose	$492,402	$455,340	$490,060	$474,291	**$511,607**	**$537,329**	$21,547	$25,722
Obligations [Total]	**$1,531,036**	**$1,591,365**	**$1,661,653**	**$1,122,399**	**$1,727,784**	**$1,753,534**	**$66,131**	**$25,750**

1/ Represents Total Fiscal Year Medical Care obligations used to treat those Veterans presenting with a homeless diagnosis during the Fiscal Year in either inpatient or outpatient setting.

VA's goal is a systematic end to Veteran homelessness, which means ensuring that communities across the country:

- Have identified all Veterans experiencing homelessness;
- Are able to provide shelter immediately to any Veteran experiencing unsheltered homelessness who wants it;
- Provide service intensive transitional housing in limited instances;
- Have capacity to assist Veterans to swiftly move into permanent housing;
- Have resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

Significant progress has been made to prevent and end Veteran homelessness. The number of Veterans experiencing homelessness in the U.S. has declined by nearly 50% since 2010. The recently released Department of Housing and Urban Development's (HUD) Point-in-Time (PIT) count estimates that, on a single night in January 2016, fewer than 40,000 Veterans were experiencing homelessness and just over 13,000 were unsheltered or on the street. The 17% decline in Veteran homelessness between 2015 and 2016 is quadruple the previous year's annual rate of decline.

Since 2010, over 480,000 Veterans and their family members have been permanently housed, rapidly rehoused, or prevented from falling into homelessness by HUD's targeted housing vouchers and VA's homelessness programs.

In addition to the national snapshot provided by the 2016 PIT Count, nearly 36 areas of varying sizes including three states have effectively ended Veteran homelessness, based on criteria established by VA and United States Interagency Council on Homelessness.

Domiciliary Care for Homeless Veterans (DCHV)

The DCHV program is authorized by 38 U.S.C. § 1710 and 8110; 38 U.S.C. § 1710 authorizes VA to provide inpatient care. Title 38 Code of Federal Regulations (CFR) 17.46, 17.47, and 17.48 provides eligibility criteria for DRRTP and CWT-TR programs. The DCHV program provides time-limited residential treatment to homeless Veterans with mental health and substance use disorders, co-occurring medical concerns, and psychosocial needs, including homelessness and unemployment. DCHV programs provide homeless Veterans access to medical, mental health, and substance use disorder treatment in addition to psychosocial and vocational rehabilitation treatment programs.

2016 Accomplishments

- The DCHV program provided services to over 7,600 Veterans.
- The DCHV program offered more than 2,200 operational beds at 46 sites in support of homeless Veterans.

Housing and Urban Development - Veterans Affairs Supportive Housing (HUD-VASH) Program

The HUD-VASH program is authorized by 38 U.S.C § 2003(b). HUD-VASH is a collaborative program between HUD and VA where eligible homeless Veterans receive a Housing Choice rental voucher from HUD, paired with VA-provided case management and supportive services to sustain housing stability and recovery from physical and mental health problems, substance use disorders, and functional concerns contributing to or resulting from homelessness. HUD-VASH subscribes to the principles of the "Housing First" model of care. Housing First is an evidence-based practice model that has demonstrated that the practice of rapidly moving individuals into housing, and then wrapping supportive services around them as needed, helps homeless individuals exit from homelessness, remain stable in housing, thus improving ability and motivation to engage in treatment strategies. Program goals include housing stability while promoting maximum Veteran recovery and independence in the community for the Veteran and the Veteran's family.

2016 Accomplishments

- Vouchers allocated: 83,613; vouchers in use: 79,948
    - Veterans housed: 72,481
    - Vouchers issued to Veterans seeking housing: 5,088
    - Vouchers reserved for Veterans undergoing PHA Validation: 1,379
    - Vouchers available: 4,850

The 2018 budget also includes additional funding to support the potential addition of HUD-VASH vouchers in late 2017. HUD has additional appropriations to award an estimated 5,500 new vouchers in 2017. With the potential addition of these new vouchers, HUD-VASH will be supporting a total of approximately 93,000 vouchers as of late 2017.

Homeless Patient Aligned Care Teams (H-PACT)

The H-PACT program is authorized by 38 U.S.C. § 7301(b) and 38 C.F.R. 17.38. H-PACT provides a coordinated "medical home" specifically tailored to the needs of homeless Veterans. At selected VA facilities, Veterans are assigned to an H-PACT care team that includes a primary care provider, nurse, social worker, homeless program staff, and others who provide medical care, case management, housing, and social services assistance, to provide and coordinate the health care they may need while assisting them in obtaining and staying in permanent housing.

2016 Accomplishments

- Over 18,800 homeless and at-risk Veterans are enrolled in the H-PACT program across the country.
- There are 60 H-PACT sites located at VA medical centers (VAMC) across the country.
- H-PACT program has demonstrated substantial reductions in emergency department visits and hospitalizations and has facilitated accelerated placement into permanent housing.

Homeless Providers Grant and Per Diem Program (GPD)
The GPD program is authorized by 38 U.S.C. §§ 2011, 2012, 2061, and 2064 and 38 CFR Part 61. The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments. The purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping homeless Veterans achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. GPD-funded projects offer communities a way to help homeless Veterans with housing and services while assisting VAMCs by augmenting or supplementing care.

2016 Accomplishments
- VA's largest transitional housing program with over 13,800 beds nationwide.
- Over 25,000 Veterans entered GPD transitional housing.
- There are 402 Transition in Place model housing units operational.
- More than 16,500 homeless Veterans exited GPD to permanent housing.
- Average length-of-stay in GPD: 179 days *(lowest since 2009).*
- In March 2016, an open letter from the VA Deputy Secretary formally encouraged GPD grantees to take steps to further align with Housing First approaches, including adoption of lower barriers to entry and bridge housing models.
- 130 grantees have worked with VA to adopt bridge housing models.

Health Care for Homeless Veterans (HCHV)
HCHV Program is authorized by 38 U.S.C. 2031 and 38 CFR Part 63. The central goal of HCHV programs is to reduce homelessness among Veterans by engaging and connecting homeless Veterans with health care and other needed services. HCHV programs provide outreach, case management and HCHV Contract Residential Services ensuring that chronically homeless Veterans, especially those with serious mental health diagnoses and/or substance use disorders, can be placed in VA or community-based programs that provide quality housing and services that meet the needs of these special populations.

2016 Accomplishments
- Over 7,800 Veterans exited the HCHV program to independent housing.
- HCHV supported 353 Stand Downs providing outreach to over 79,000 Veterans.
- HCHV provided outreach services to over 157,000 total Veterans.
- HCHV provided case management services to over 10,900 Veterans.

Supportive Services for Veteran Families (SSVF)
The SSVF program is authorized by 38 *U.S.C.* 2044 and provides supportive services to very low-income Veteran families in or transitioning to permanent housing. SSVF is designed to rapidly re-house homeless Veteran families and prevent homelessness for those at imminent risk due to a housing crisis. Funds are granted to private non-profit organizations and consumer cooperatives that will assist very low-income Veteran families by providing a range of supportive services designed to promote housing stability.

2016 Accomplishments

- $300 million awarded to 275 organizations in all 50 states, Puerto Rico, the District of Columbia, Guam, and the Virgin Islands. An additional $100 million available to 92 grantees in 70 high need communities (part of 3-year grant awards made in 2015).
- SSVF assisted nearly 150,000 individuals; over 95,000 Veterans assisted.
- Nearly 32,000 children assisted in over 16,500 households with children.
- Of the Veterans assisted, over 12,700, or roughly 13%, were female.
- 84% of those discharged from the SSVF program obtained permanent housing.

Veterans Justice Outreach (VJO)

The VJO program is authorized by 38 U.S.C. § 2022. The purpose of the VJO Program is to prevent homelessness, and avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans. This is accomplished by ensuring that eligible justice-involved Veterans encountered by police, and in jails or courts, have timely access to VHA mental health, substance abuse, and homeless services when clinically indicated, and other VA services and benefits as appropriate.

2016 Accomplishments

- The VJO program provided services to over 50,800 justice-involved Veterans.
- VA provided support to 463 Veterans Treatment Courts and other Veteran-focused court programs.
- VA partnered with legal providers to offer 125 pro-bono legal clinics to Veterans on site at VAMCs.

The 2018 Veterans Justice Outreach budget includes a request for an increase in funding to support an additional 50 FTE. These additional FTE will assist in meeting the demands of the growing Veterans Treatment Courts based on a recent GAO risk assessment.

Homeless Veteran Community Employment Services (HVCES)

The HVCES program is authorized by 38 U.S. Code § 2033. In order to help improve employment outcomes and reach the most difficult to serve homeless Veterans, in 2016 VA continued to support the Vocational Development Specialists who serve as Employment Specialists and Community Employment Coordinators (CEC) within the Homeless Veteran Community Employment Services (HVCES) framework. HVCES Employment Specialists provide direct assistance to Veterans and CECs work closely with community partners and employers to connect Veterans to the most appropriate and least restrictive VA and/or community-based services leading to competitive employment.

2016 Accomplishments

- Approximately 7,500 Veterans exited homeless residential programs with employment (GPD, Compensated Work Therapy/Transitional Residence, and DCHV). This represents a 5% increase since 2015.
- In addition, employment rates for Veterans housed through HUD-VASH exceeded the national target by 4%.

National Center on Homelessness among Veterans (NCHAV)

The NCHAV is an endorsement program authorized by Veterans Integrated Service Network Directors. The NCHAV works to promote recovery-oriented care for Veterans who are homeless or at-risk for homelessness by developing and disseminating evidence-based policies, programs, and best practices. The NCHAV is active in research, model development, and education.

2016 Accomplishments

- Hosted the Homeless Evidence and Research Synthesis Roundtable Series with events focusing on Aging & the Homelessness Community and Homeless Women Veterans. These virtual interagency research symposia provide a platform for researchers and providers to discuss the impact of homelessness and special needs associated with these cohorts.
- Center researchers developed research briefs and published numerous articles on issues related to Veteran homelessness.
- Continued development of low demand pilot transitional housing programs to offer Veterans with substance use disorders options for those not yet ready to enter permanent housing.
- Continued development of Safe Haven programs, early recovery models of supportive housing using harm reduction strategies to engage chronically homeless diagnosed with severe mental illness and/or substance use disorders.
- Developed a pilot program (Staying Housed) to identify formerly homeless Veterans now living in permanent supportive housing that are no longer able to live independently and provide them with home-based interventions to keep the Veteran independently housed and delay nursing home placement.
- Developed a pilot program (Hospital to Housing) to test the feasibility of providing direct transfers from inpatient care to transitional housing for homeless Veterans with bridging health care and care management support by their H-PACTs. The goal is to use acute hospitalization as an entry point to housing while supporting the respite needs of these Veterans in the process, ending that Veteran's cycle of homelessness.
- Collaborated with the Aaron T. Beck Psychopathology Research Center at the University of Pennsylvania to provide VA National Homeless Program staff training in Cognitive Behavioral Therapy. The training, known as Cognitive Behavioral Therapy—Homeless, is specifically designed for staff working with homeless Veteran populations, and is developed to provide an intensive, competency-based training program for clinicians who work with Veterans experiencing chronic homelessness.

- Utilized predictive analytics to achieve a population health management approach to understand the key factors that contribute to the cycle of homelessness and to predict when a Veteran is at risk for becoming homeless.

2017-2019 Goals

- In support of VA's Breakthrough Initiative 8, Continue to Reduce Veteran Homelessness, the following are 2017 – 2019 goals to achieve continued successful outcomes:
    - Maximize HUD-VASH voucher utilization and ensure adequate staffing to support additional vouchers.
    - Improve the efficiency and resource allocation of the SSVF and Homeless Provider's GPD program through a competitive grant application process.
    - Assist communities in developing and maintaining their coordinated entry systems; assist communities in accelerating housing placement rates through more efficient coordination of VA and community resources and information;
    - Establish a platform for shared data exchange that include VA and community-based data for the collection of homeless Veteran data and improved resource management for seamless access to VA and community-based services and improved Veteran experience

The Homeless Programs Office is responsible for two annual Congressionally Mandated Reports:

- Specialized Homeless Program
- Contracting for Case Management Services in the HUD-VASH Program

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Medical Care Collections Fund

VA estimates collections of $3.271 billion and $3.280 billion in 2018 and 2019, respectively.

Medical Care Collections Fund 1/ 3/
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Medical Care Collections Fund								
1st Party Other Co-Payments.....	$190,743	$199,850	$204,824	$199,536	**$203,513**	**$205,023**	($1,311)	$1,510
3rd Party Insurance Collections.....	$2,511,277	$2,660,671	$2,402,068	$2,805,106	**$2,424,508**	**$2,431,749**	$22,440	$7,241
3rd Party RX Insurance.....	$99,030	$112,505	$108,608	$116,472	**$115,492**	**$119,664**	$6,884	$4,172
Comp. & Pension Living Expenses.....	$1,511	$2,000	$2,000	$2,000	**$2,000**	**$2,000**	$0	$0
Comp. Work Therapy Collections.....	$61,643	$67,000	$61,000	$67,000	**$61,000**	**$61,000**	$0	$0
Enhanced-Use Revenue.....	$1,482	$2,000	$2,000	$2,000	**$2,000**	**$2,000**	$0	$0
Long-Term Care Co-Payments.....	$2,369	$2,571	$2,518	$2,531	**$2,476**	**$2,501**	($42)	$25
Parking Fees.....	$4,266	$4,000	$4,000	$4,000	**$4,000**	**$4,000**	$0	$0
Pharmacy Co-Payments.....	$630,825	$530,026	$534,525	$451,390	**$455,762**	**$452,162**	($78,763)	($3,600)
**Collections [Total].....	**$3,503,146**	**$3,580,623**	**$3,321,543**	**$3,650,035**	**$3,270,751**	**$3,280,099**	**($50,792)**	**$9,348**
Included Above:								
Joint DoD/VA Medical Facility Demo....	$17,522	$22,316	$15,981	$22,780	$15,783	$15,482	($198)	($301)
Medical Community Care 2/.....	$0	$250,000	$850,000	$250,000	$255,853	$262,470	($594,147)	$6,617
Legislative Proposals (Not Included Above). See Proposed Legislation Chapter								
Acceptance of VA as a Participating Provider by 3rd Party Payers					$105,662	$110,366		
Aligning w/Industry Stds. By Eliminating Offset of 1st Party Copayments					$61,927	$61,396		
Improving Timeliness of Billing by Authorizing the Release of Protected Patient Info Hlth. Care Svcs.					$53,952	$56,057		

1/ Estimates include collections actually or anticipated to be transferred to the Joint DoD-VA Medical Facility Demonstration Fund, in support of the FHCC.

2/ Estimates include collections actually or anticipated to be transferred to the Medical Community Care appropriation (0140).

3/ Collections of $3,536,589,855 were received by VA in 2016. Due to a one month lag in timing from when the funds are received and transferred from the Medical Care Collections Fund, $3,485,624,022 was transferred to Medical Services and $17,521,777 to the Joint DoD-VA Medical Demonstration Fund from September 2015 through August 2016 for an overall total of $3,503,145,799. The funds collected in September 2016 were transferred in fiscal year 2017.

The Balanced Budget Act of 1997 (Public Law 105-33) established the VA Medical Care Collections Fund. The legislation required that amounts collected or recovered after June 30, 1997, be deposited into the MCCF and used to furnish medical care and services to Veterans and to cover expenses incurred to collect amounts owed for the medical care and services furnished.

MCCF collections totaled nearly $3.503 billion in 2016, reflecting a $48 million, 1.4% increase over 2015 from increased workload and an emphasis on improving revenue-cycle processes. VA is expecting MCCF total collections to be approximately $3.322 billion in 2017. Collections in 2017 and 2018 have been re-estimated downward, primarily due to broader healthcare payer changes that have resulted in third-party payers proposing reductions to their reimbursement levels.

To maximize the efficiency and effectiveness of revenue-cycle processes in support of consistently attaining the MCCF targets, Office of Community Care, Revenue Operations (OCC RO) has embarked on a series of coordinated initiatives. The most recent of these activities include:

Revenue Operations Transformation Initiatives
OCC RO is currently collaborating closely with Medical Centers and Network leadership and other key stakeholders to address opportunities identified by the Veterans Access, Choice, and Accountability Act of 2014, Section 201: Independent Assessment across VHA's revenue cycle. Project teams are currently deployed to address findings and implement improvements across six key areas of the revenue cycle: Veteran registration/patient intake, clinical documentation, clinical coding, mitigating revenue leakage, billing and collections, and denials management of Third Party claims. Each of these teams is focused on several specific projects that will be tested and implemented via a phased approach to positively transform VHA's revenue cycle and increase third party collections. These initiatives are intended to enhance the billing and collections activities that were consolidated by the Congressionally-mandated deployment of Consolidated Patient Account Centers (CPACs). In 2012, traditional VHA back office business functions were consolidated into seven regional Centers of Excellence. This initiative has transformed VHA billing and collections activities to more closely align with industry best practices including standardized operating processes, extensive use of business tools and increased levels of accountability at all levels of the organization.

Other CPAC supporting functions to optimize Revenue Operations include:

Revenue Operations Payer Relations Office
The Payer Relations Office (PRO) continues to aggressively pursue strategies to effectively manage relationships with third-party payers. The PRO staff continues to verify reimbursement rates of existing third-party payer agreements to ensure compliance with federal requirements. PRO staff is pursuing opportunities for VHA to participate in value based reimbursement arrangements with third-party payers to align with industry reimbursement models as they shift from a fee-for-service to more value based reimbursement. Currently, PRO is focused on leveraging pay for performance options identified in third-party payer agreements. PRO is in the initial stages of implementation at two VA Medical Centers.

eBusiness Initiatives
In an effort to leverage the health care industry's migration to national standard electronic data exchanges under the Health Insurance Portability and

Accountability Act (HIPAA) and to comply with other legal requirements, VHA implemented and maintains a portfolio of industry-compliant electronic data interchange (EDI) processes including Medicare-equivalent Remittance Advices; insurance verification; inpatient/outpatient/pharmacy billing; payments; and Electronic Funds Transfer (EFT). These electronic processes require ongoing and annual software updates to maintain compliance with industry standards for EDI processing.

As of the end of 2016, electronic claims for medical services represented 94% of the overall medical claim volume. Of these electronically-submitted claims, approximately 24 % were "no-touch", which means they were generated automatically with no manual intervention. For pharmacy claims, 73% were submitted electronically and paid on initial submission, meaning they had no errors and required no manual intervention. By the end of 2016 over 91% of the MCCF revenue was received by EFT, significantly above the Department of Treasury goal for FY 2017 of 70%. Reference: Treasury Outreach Presentation, June 2014.

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Programs for Select Veteran Populations

Introduction

This section provides narrative descriptions of selected programs in the Veterans Health Administration (VHA) that serve certain Veteran populations. The funding levels presented in this chapter highlight these programs to provide a better understanding of programmatic services that VHA delivers to Veterans. The obligations shown in each table below reflect the cost of total health care services provided to each designated Veteran population. However, some programs overlap and therefore the funding cannot be added together to determine the overall funding amount. For example, the cost of health care services provided to a female Gulf War veteran would appear in both the Gulf War and Women Veterans Health Care funding lines.

Programs for Select Veteran Populations*
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Obligations								
AIDS / HIV Program	$1,023,353	$1,166,500	$1,072,600	$1,225,800	**$1,123,200**	**$1,176,000**	$50,600	$52,800
Post Deployment Health Programs:								
Gulf War	$2,709,861	$3,081,100	$2,999,500	$3,428,000	**$3,322,300**	**$3,674,400**	$322,800	$352,100
OEF/OIF/OND/OIR	$4,738,954	$5,665,600	$5,140,800	$6,338,400	**$5,529,900**	**$5,909,400**	$389,100	$379,500
Traumatic Brain Injury:								
TBI-OEF/OIF/OND/OIR	$53,451	$77,600	$53,400	$81,500	**$51,000**	**$46,800**	($2,400)	($4,200)
TBI-All Veteran Care	$290,024	$284,100	$298,300	$293,700	**$316,200**	**$343,300**	$17,900	$27,100
Women Veterans Health Care:								
Gender-Specific Care	$437,338	$515,400	$471,200	$557,200	**$504,700**	**$539,300**	$33,500	$34,600
Total Care	$4,496,299	$5,263,700	$5,040,100	$5,890,400	**$5,634,300**	**$6,260,500**	$594,200	$626,200

*Excludes the Captain James A. Lovell Federal Health Care Center (FHCC) fund (0169).

Note: The sources of the clinical and utilization data used to identify the sub-populations are the Inpatient discharge file, the Outpatient encounter file and Purchased Care payment file. The cost of the relevant patients and the services associated with each of the sub-populations is based on the Managerial Cost Accounting (MCA) system. The MCA system assigns costs to all VHA inpatient and outpatient encounters. In the budget submission, the MCA costs are augmented with the payments for community care services and adjusted to reflect obligations.

AIDS / HIV Program

AIDS / HIV Program
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$867,307	$988,626	$909,100	$1,038,884	$952,000	$996,900	$42,900	$44,900
Medical Support & Compliance (0152)	$79,006	$90,057	$82,800	$94,636	$86,700	$90,700	$3,900	$4,000
Medical Facilities (0162)	$74,850	$85,320	$78,400	$89,657	$82,100	$85,900	$3,700	$3,800
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$1,021,163**	**$1,164,004**	**$1,070,300**	**$1,223,177**	**$1,120,800**	**$1,173,500**	**$50,500**	**$52,700**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$2,190	$2,496	$2,300	$2,623	$2,400	$2,500	$100	$100
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$2,190**	**$2,496**	**$2,300**	**$2,623**	**$2,400**	**$2,500**	**$100**	**$100**
Veterans Choice Act/Veterans Choice Program [Total]	**$2,190**	**$2,496**	**$2,300**	**$2,623**	**$2,400**	**$2,500**	**$100**	**$100**
Obligations [Grand Total]	**$1,023,353**	**$1,166,500**	**$1,072,600**	**$1,225,800**	**$1,123,200**	**$1,176,000**	**$50,600**	**$52,800**

1/Details not displayed in 2017 President's Submission

Background / Justification

VHA Directive 1304 gives VHA's National Human Immunodeficiency Virus (HIV) Program, under the HIV, Hepatitis and Related Conditions (HHRC) programs within Specialty Care Services, the responsibility to provide primary guidance and advice to the Under Secretary for Health on VHA policy and services related to HIV infection. HHRC leads the coordination of quality improvement activities using population-based approaches for prevention, diagnosis, care, and treatment of Veterans with HIV across the VHA health care system.

VHA's National HIV program ensures that Veterans with HIV infection receive the highest quality comprehensive clinical care, including testing, diagnosis, timely linkage to care, and treatment, as well as treatment of co-morbidities, working to reduce health disparities, and promoting evidence-based HIV preventive services.

Description of Program

The National HIV/AIDS Strategy (NHAS) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. It was first released in 2010 and was updated in 2015 to look ahead to 2020. As one of the Federal agencies required to implement this strategic plan by 2020, the Department of Veterans Affairs (VA) utilizes the HIV Care Continuum model to assess gaps in care, from diagnosis and active linkage to, and retention

in care, to initiation of antiretroviral therapy (ART) and viral suppression, meaning that no detectable virus is present in the blood.

It is VHA policy that all Veterans be offered HIV testing at least once in their lifetime, with testing offered at least annually to those who have on-going risk of exposure. Multiple published studies have shown that individuals who are aware of their infection are less likely to transmit HIV to others, and are more like to modify high-risk behaviors, thus decreasing disease transmission. Since 2009, HIV testing has almost quadrupled among Veterans in VHA with 38.2% of all Veterans enrolled in VHA care having received an HIV test in 2015, with 99% of those newly diagnosed linked to VHA care within 90 days of their diagnosis. VHA will continue to expand HIV testing, particularly for Veterans at high risk.

In addition, VHA's National HIV program will work with other VA and VHA program offices to improve HIV screening rates and educational efforts in primary care, women's health, mental health and substance use programs, homelessness and jail re-entry programs, and in community-based outpatient clinics. The program also promotes the use of an electronic clinical reminder which prompts VA providers to offer HIV testing to all Veterans, as well as promoting the use of point-of care, or rapid, HIV testing in appropriate clinical settings, such as homeless outreach programs and Stand Downs.

VHA's National HIV Program will continue to work to ensure all Veterans diagnosed with HIV in VA care are not only linked to care in a timely manner, but are retained in care and engaged in treatment. Under VHA policy, providers are expected to follow U.S. Department of Health and Human Services (HHS) treatment guidelines to ensure that all HIV-positive Veterans receive high-quality care. All anti-retroviral medications approved by the Food and Drug Administration (FDA) are made available to Veterans with HIV infection.

Veterans with HIV infection suffer from high rates of medical and psychiatric co-morbidities, including mental health and substance use disorders, cardiovascular disease, renal dysfunction, and metabolic disorders. VA will continue to ensure all Veterans in VA care with HIV receive the care they need for these conditions through comprehensive, integrated models where possible, including collaborations with other VHA offices to increase provider training and education.

In terms of HIV prevention, in 2014, following regulatory action by FDA and guidance from the U.S. Centers for Disease Control and Prevention (CDC), VHA's Pharmacy Benefits Management Service (PBM) added the use of HIV Pre-exposure Prophylaxis (PrEP) in VA to PBM's Criteria for Use for the combination medication emtricitabine/tenofovir, already on the VA National Formulary to treat HIV. VA continues to promote the broader use of PrEP across the system by addressing local and systemic barriers to increased uptake, as well as working to make condoms more universally available to all Veterans in VA care. The National HIV program encourages implementation of evidence-based HIV prevention strategies among HIV–negative Veterans, and among HIV-positive Veterans to reduce the risk of transmission to others.

VHA's National HIV Program is committed to collaborating with other Federal agencies to ensure that HIV-positive Veterans are linked to the appropriate providers in a timely manner and receive the highest standard of care either in VA or in the community. VHA is a leader among health care organizations in delivering high-quality HIV care and through Federal collaborations is a strong contributor to addressing the challenges in comprehensively addressing the continued barriers to reversing the epidemic.

2016 Accomplishments

- Increased HIV testing rates from 35.4% in 2014 to 38.2% in 2015
- 99% linkage to care within 90 days for all Veterans in VA care newly diagnosed with HIV

2017 – 2019 Goals

- Increase HIV testing rates to 42% by 2019
- Identify and develop a VA-wide strategy to reduce racial disparities in care and treatment in VHA
- Reduce racial disparities in the of use of PrEP across VHA

National / Congressional Reports

- Annual Report to Congress on VA HIV testing rates
- Contributor to National HIV/AIDS Strategy (NHAS) Progress Report

Workload

During this time frame, the number of unique patients is expected to increase at a steady rate of approximately 2% per year.

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Unique Patients [Total]	30,240	30,895	30,895	31,473	**31,473**	**32,001**	578	528

Post Deployment Health Programs (PDHS)

Post Deployment Health Programs: Gulf War
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$2,108,174	$2,396,985	$2,333,200	$2,666,860	$2,584,000	$2,857,600	$250,800	$273,600
Medical Support & Compliance (0152)	$302,078	$343,461	$334,500	$382,132	$370,500	$409,900	$36,000	$39,400
Medical Facilities (0162)	$290,391	$330,173	$321,600	$367,347	$356,500	$394,400	$34,900	$37,900
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$2,700,643**	**$3,070,619**	**$2,989,300**	**$3,416,339**	**$3,311,000**	**$3,661,900**	**$321,700**	**$350,900**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$9,218	$10,481	$10,200	$11,661	$11,300	$12,500	$1,100	$1,200
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$9,218**	**$10,481**	**$10,200**	**$11,661**	**$11,300**	**$12,500**	**$1,100**	**$1,200**
Veterans Choice Act/Veterans Choice Program [Total]	**$9,218**	**$10,481**	**$10,200**	**$11,661**	**$11,300**	**$12,500**	**$1,100**	**$1,200**
Obligations [Grand Total]	**$2,709,861**	**$3,081,100**	**$2,999,500**	**$3,428,000**	**$3,322,300**	**$3,674,400**	**$322,800**	**$352,100**

Post Deployment Health Programs: OEF/OIF/OND/OIR
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$3,742,899	$4,474,778	$4,060,700	$5,006,166	$4,368,400	$4,668,600	$307,700	$300,200
Medical Support & Compliance (0152)	$497,852	$595,201	$539,700	$665,882	$580,300	$619,800	$40,600	$39,500
Medical Facilities (0162)	$444,558	$531,486	$481,900	$594,601	$518,000	$553,200	$36,100	$35,200
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$4,685,309**	**$5,601,465**	**$5,082,300**	**$6,266,649**	**$5,466,700**	**$5,841,600**	**$384,400**	**$374,900**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$53,645	$64,135	$58,500	$71,751	$63,200	$67,800	$4,700	$4,600
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$53,645**	**$64,135**	**$58,500**	**$71,751**	**$63,200**	**$67,800**	**$4,700**	**$4,600**
Veterans Choice Act/Veterans Choice Program [Total]	**$53,645**	**$64,135**	**$58,500**	**$71,751**	**$63,200**	**$67,800**	**$4,700**	**$4,600**
Obligations [Grand Total]	**$4,738,954**	**$5,665,600**	**$5,140,800**	**$6,338,400**	**$5,529,900**	**$5,909,400**	**$389,100**	**$379,500**

1/Details not displayed in 2017 President's Submission

Background / Justification
Post-Deployment Health assesses the impact of deployment/environmental exposures on Veterans and develops related policy, research and health care strategies. Epidemiology Service conducts surveillance of health care data and original research to understand the effect of military service and deployment Veterans health. The activities of the office are governed by the following public laws, Federal registry, and Presidential, VA/VHA initiatives.

Public Laws /Federal Registry /Initiatives

a. Public Law 110-389: governs both the Gulf War and Health Updates and a Multiple Sclerosis Study
b. Public Law 105-368: governs the War Related Illness and Injury Study Center (WRIISC), Ionizing Radiation
c. Public Law 105-368 and Public Law 105-277: general laws that provide program oversight
d. Public Law 112-260, Section 201: governs Airborne Hazards and Open Burn Pits Registry
e. Public Law 98-542, Public Law 99-576, 38 CFR 3.311 (Ionizing Radiation)

Description of Programs

Gulf War
The Gulf War Veteran program provides a range of services, including Priority Level 6 eligibility for health care and no-cost clinical registry evaluations for Gulf War Veterans to access VA clinical care and the Gulf War Registry Program. The programs provide special clinical and diagnostic evaluations for combat Veterans with difficult-to-diagnose illnesses and world-class research on Veteran health issues. VA works to meet the special medical needs of Gulf War Veterans who served in Southwest Asia and are concerned about depleted uranium munitions or other forms of embedded-fragment wounds during combat. The Gulf War Veteran program also conducts surveys of Gulf War Veterans to determine if they have any adverse health effects related to their deployment, develops effective outreach and educational tools for Gulf War Veterans with health concerns related to potential environmental exposures and their deployment, and collaborates on related research projects.

Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND)/Operation Inherent Resolve (OIR)
VA provides medical care to military personnel who served in OEF/OIF/OND/OIR. Veterans deployed to combat zones are entitled to five years of eligibility for VA health care services following their separation from active duty, even if they are not otherwise eligible to enroll in VA. VA is committed to ensuring a continuum of care for our injured Service members and supports ongoing efforts to continuously improve this process while providing the necessary care to these returning Service members. VA's outreach network ensures that returning Service members receive full information about VA benefits and services. Each medical center and benefits office now has a point of contact assigned to work with returning OEF/OIF/OND/OIR Veterans who represent 13% of the overall VA patients served.

War Related Illness and Injury Study Centers (New Jersey, District of Columbia, California)
The War Related Illness and Injury Study Centers (WRIISC) is a congressionally mandated VA program devoted to the post-deployment health concerns of Veterans and their unique health care needs. Overseen by the Post-Deployment Health Service, the three centers are located within VA medical centers in Washington, DC; East Orange, NJ; and, Palo Alto, CA. These centers serve as a resource providing clinical evaluation, research, education, and risk communication for Veterans, their families, health care providers, and others that often involve Gulf War Veterans. In addition, the WRIISC provides specialized evaluations for Veterans with deployment-related health concerns utilizing a multidisciplinary team in an evidence-based and patient-centered approach.

2016 Accomplishments

- The Gulf War Registry Program now has over 170,000 participants. PDHS, working alongside other offices within VHA and the Veterans Benefits Administration (VBA), published a report in the National Academy of Medicine, Gulf War and Health, Volume 10: Update on Health Effects of Serving in the Gulf War, 2016. The Gulf War Program and the WRIISC are involved with substantial Gulf War Veteran research on topics that include integrative medicine, pulmonary issues, and potential treatments for Gulf War Syndrome.
- The Airborne Hazards and Open Burn Pits Registry has over 96,000 Veteran and Service member participants who are encouraged to have no-cost medical evaluations with a VA provider.
- Both the Gulf War Registry and Airborne Hazards and Open Burn Pits Registry have led to a reduction in administrative complexity of contacting multiple offices to obtain exposure related data.
- Leveraging core infrastructure support, a robust clinical population, and goodwill with Veterans accumulated through more than 15 years of outreach, education, and risk communication, WRIISC investigators have successfully competed for VA, Department of Defense, and other external funding to advance our understanding of the health effects of deployment.
- PDHS was responsible for nine peer-reviewed publications addressing topics of significant importance to Veterans of Vietnam War, 1991 Gulf War, and Operations Enduring and Iraqi Freedom: suicide risk, posttraumatic stress disorder (PTSD), mental and physical health, respiratory health outcomes, hypertension, tobacco use and cessation, military sexual trauma, Gulf War Illness, and mortality. We have published on the PDHS webpage health care utilization reports addressing the conflict cohorts from Vietnam era to the present. Our communications efforts have promoted products of the research program through development of four infographics highlighting findings and a robust presence on VA print and social media channels through Facebook, Twitter, govdelivery messaging, and internal publications.
- PDHS has initiated the field collection for the Vietnam era Health Retrospective Observational Study (VeHEROeS) that has invited approximately 43,000 Veterans to participate along with civilian controls; a similar study for the OEF/OIF/OND/OIR Veterans is in planning and will kick off in 2017. Planning is also underway for mortality studies of Vietnam Veterans and 1991 Gulf War Veterans.

2017 – 2019 Goals

- The goals for PDHS to continue the Gulf War Program are to: continue to oversee the Registry, provide access to Veterans under Category 6, guide the National Academy of Medicine to start a new investigative report on potential multi-generational effects of Gulf War deployments, and for PDHS and the WRIISC to conduct "world class" research that will help Veterans.
- Publications and promotion of research findings from ongoing studies. Initiation of the Coming Home from Afghanistan and Iraq (CHAI) Study. Conclusion of data collection and promotion of new study findings from VeHEROeS. The work of PDHES promotes access to care and business results through helping to define the health issues of importance for Veterans and providing evidence about needs for provision of care and policy to support health and benefits delivery. High-quality scientific endeavors addressing the needs and interests of Veterans support trust in VA care.

National / Congressional Reports

- Public Law 110-389 requires the following reports:
  - Congressional Tracking Report (CTR) 17-32: National Academy of Sciences Study on Gulf War Illness
  - CTR 17-21: Gulf War Symptoms Study
- Public Law 112-260 requires the following reports:
  - Long-Term Consequences of Exposure to Burn Pits in Iraq and Afghanistan National Defense Authorization Act of Fiscal Year 2008, Public Law 110-181, Section 1704 (d)
  - CTR 17-50: Airborne Hazards and Open Burn Pits Registry (AHOBPR)

Workload

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Unique Patients								
Gulf War	362,149	382,323	382,323	402,444	**402,444**	**421,532**	20,121	19,088
OEF/OIF/OND/OIR	785,905	824,681	824,681	858,552	**858,552**	**887,098**	33,871	28,546

Traumatic Brain Injury (TBI) and Polytrauma System of Care (PSC)

Traumatic Brain Injury: OEF/OIF/OND/OIR*
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$43,184	$62,694	$43,100	$65,845	$41,200	$37,800	($1,900)	($3,400)
Medical Support & Compliance (0152)	$5,494	$7,976	$5,500	$8,377	$5,200	$4,800	($300)	($400)
Medical Facilities (0162)	$4,664	$6,771	$4,700	$7,111	$4,500	$4,100	($200)	($400)
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$53,342**	**$77,442**	**$53,300**	**$81,334**	**$50,900**	**$46,700**	**($2,400)**	**($4,200)**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$109	$158	$100	$166	$100	$100	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$109**	**$158**	**$100**	**$166**	**$100**	**$100**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$109**	**$158**	**$100**	**$166**	**$100**	**$100**	**$0**	**$0**
Obligations [Grand Total]	**$53,451**	**$77,600**	**$53,400**	**$81,500**	**$51,000**	**$46,800**	**($2,400)**	**($4,200)**

*Included in TBI-All Veteran Care.

Traumatic Brain Injury: All Veteran Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$233,850	$229,073	$240,500	$236,814	$255,000	$276,800	$14,500	$21,800
Medical Support & Compliance (0152)	$30,495	$29,872	$31,400	$30,882	$33,200	$36,100	$1,800	$2,900
Medical Facilities (0162)	$25,320	$24,803	$26,000	$25,641	$27,600	$30,000	$1,600	$2,400
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$289,665**	**$283,748**	**$297,900**	**$293,336**	**$315,800**	**$342,900**	**$17,900**	**$27,100**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$359	$352	$400	$364	$400	$400	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$359**	**$352**	**$400**	**$364**	**$400**	**$400**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$359**	**$352**	**$400**	**$364**	**$400**	**$400**	**$0**	**$0**
Obligations [Grand Total]	**$290,024**	**$284,100**	**$298,300**	**$293,700**	**$316,200**	**$343,300**	**$17,900**	**$27,100**

1/Details not displayed in 2017 President's Submission

VA estimates the 10-year cost (2018-2027) to be $0.4 billion for TBI-OEF/OIF/OND/OIR Veterans and $4.6 billion for TBI-All Veteran Care.

Note: As required by the "Consolidated Appropriations Act, 2008", Public Law 110-161, the 10-year cost is reported in compliance with Senate Report 110-85, page 7: "The Committee therefore directs the VA to include in its budget calculations not only the current health care needs of all Veterans but also the long range projected health care needs of OEF/OIF Veterans, particularly those suffering from Post-Traumatic Stress Disorder and Traumatic Brain Injury."

Background / Justification

The Public laws and the United States Code governing rehabilitation services include:

- Public Law 108–422, Section 302 directed VA to establish centers for research, education and clinical activities on complex multi-trauma associated with combat injuries.
- Public Law 108-447 directed VA to ensure that Veterans with loss of limb and other very severe and lasting injuries have access to the best of both modern medicine and integrative holistic therapies for rehabilitation.
- Public Law 110–181, Title 17, Section 1705 directed VA to conduct a 5-year pilot program on "assisted living services for veterans with traumatic brain injury," to include "provision of rehabilitative services for Veterans participating in pilot."
- Public Law 113-257 extended the assisted living for Veterans with TBI pilot program to October 2017, and amended the original reporting requirements of the Public Law 110-181 to require quarterly progress reports for the pilot.

Description of Program

VA's PSC is an extensive integrated system of care dedicated to the medical rehabilitation of Veterans and Service members with combat and non-combat related TBI and polytrauma. PSC programs are organized into a four-tier system that ensures access to the appropriate level of specialized rehabilitation care at 110 medical centers across VA. Medical rehabilitation services in PSC address the goals of recovery and community re-integration of Veterans with TBI and polytrauma including:

- Mandatory TBI Screening of all Veterans of combat operations in Iraq and Afghanistan. Veterans with positive screens are referred for comprehensive evaluations by specialty providers.
- Veterans with TBI requiring rehabilitation receive an Individualized Rehabilitation and Community Reintegration (IRCR) Plan of Care documenting the physical, cognitive, mental health and vocational problems that affect the Veteran's successful community re-integration, and the plan for addressing those problems. The functional status of Veterans with an IRCR Plan of Care is measured using a validated tool that allows VA providers to track changes and to provide appropriate interventions at the right time.
- The interdisciplinary teams providing services in PSC comprise specialists from psychiatry, nursing, psychology, social work, physical therapy, occupational therapy, speech-language pathology, recreational therapy, and other disciplines, as appropriate for the individual needs of the patient.
- Since 2010, the five Polytrauma Rehabilitation Centers (PRCs) have collaborated with HHS's TBI Model System (TBIMS) Program sponsored by the National Institute on Disability, Independent Living, and Rehabilitation Research. This enables VA to benchmark outcomes against those facilities that are the gold standard for private sector

rehabilitation, for which VA has demonstrated outcomes that are similar or better than the community standard.

- Outcome data collected in PSC show that Veterans with TBI and polytrauma that receive rehabilitation in VA meet or exceed external non-Veteran benchmarks in functioning, community participation, and satisfaction with life. These outcomes reflect the outstanding rehabilitative care, prosthetic services, benefits, and adaptive modifications to the home and automobile that help Veterans with severe disabilities overcome common obstacles to achieve personal independence, positive life adjustment, and opportunities in meaningful areas of life.
- PSC collaborates with specialists in the DoD, HHS, academia, and private sector to develop and deploy consensus positions and guidance on best practices – VA/DoD Clinical Practice Guidelines for the management of mild TBI have been widely disseminated to VA rehabilitation providers through educational and training opportunities and reinforced through information technology solutions in the computerized medical record.

2016 Accomplishments

PSC leads the Nation in advancing rehabilitation care for TBI and polytrauma. During 2016:

- VA passed one million screenings of post-9/11 Veterans for possible TBI since April 2007.
- Integrated with the VA Amputation System of Care to provide acute and long-term medical, rehabilitation and prosthetic needs for individuals with amputations.
- Expanded availability of expertise from the Assistive Technology Labs at the PRCs offering comprehensive evaluation, prescription and training for the use of technology to optimize the Veterans' independence and community participation goals.
- Implemented the Emerging Consciousness Programs at the PRCs serving Veterans and Service members who are slow to recover consciousness after severe brain injuries.
- Expanded Tele-rehabilitation services to include standardized protocols for remote TBI evaluation, technology for in-home monitoring of TBI related health problems, and the use of the Concussion Coach mobile app for self-management of TBI symptoms.
- Collaborated with the HHS-funded TBIMS Program, 16 premiere private and academic TBI rehabilitation centers. VA PRCs expanded their community partnerships by becoming voting members among other TBIMS project directors in 2016.

2017 – 2019 Goals

- Complete strategic planning for specialized TBI centers, defining and monitoring the regional roles of the PRC through performance dashboards to ensure alignment of resources to meet the ongoing needs for Veterans with TBI.
- Implement a chronic disease framework for TBI by developing follow up criteria and guidance for Veterans with moderate/severe TBI.
- Monitor access to specialty TBI evaluation and care by continual monitoring of TBI evaluations.
- Expand access to specialty TBI care through the development of hub-telehealth sites to provide TBI evaluations and consultation to Veterans in rural communities.

National / Congressional Reports

- Report of the Committee on Care of Veterans with Traumatic Brain Injury; Public Law 111-163, Section 515. Annual report.
- Report to Congress on Neurologic Conditions (TBI); House Appropriations Report 113-416 (page 31). Annual report.
- Report on the Assisted Living Pilot Program for Veterans with Traumatic Brain Injury; Public Law 113-257, Section 1705. Quarterly report.
- Report to Congress on rehabilitation programs including: (1) an assessment of the Veteran-to-staff ratio for each program, and (2) recommendations to reduce the Veteran-to-staff ratio for each program; House Report 5325, Section 254. Annual report.

Workload

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Unique Patients								
TBI-OEF/OIF/OND/OIR**.....	23,007	47,137	22,618	52,043	**21,246**	**18,608**	(1,372)	(2,638)
TBI-All Veteran Care.....	68,948	97,728	72,446	106,473	**74,584**	**75,803**	2,138	1,219

**Included in TBI-All Veteran Care.

Women Veterans Health Care

Women Veterans Health Care: Gender-Specific*
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$348,322	$410,495	$375,300	$443,787	$401,900	$429,500	$26,600	$27,600
Medical Support & Compliance (0152)	$44,456	$52,391	$47,900	$56,640	$51,300	$54,800	$3,400	$3,500
Medical Facilities (0162)	$33,686	$39,699	$36,300	$42,918	$38,900	$41,600	$2,600	$2,700
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$426,464**	**$502,585**	**$459,500**	**$543,346**	**$492,100**	**$525,900**	**$32,600**	**$33,800**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$10,874	$12,815	$11,700	$13,854	$12,600	$13,400	$900	$800
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$10,874**	**$12,815**	**$11,700**	**$13,854**	**$12,600**	**$13,400**	**$900**	**$800**
Veterans Choice Act/Veterans Choice Program [Total]	**$10,874**	**$12,815**	**$11,700**	**$13,854**	**$12,600**	**$13,400**	**$900**	**$800**
Obligations [Grand Total]	**$437,338**	**$515,400**	**$471,200**	**$557,200**	**$504,700**	**$539,300**	**$33,500**	**$34,600**

*Included in Women Veterans Total Care.

Women Veterans Health Care: Total
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$3,599,348	$4,213,663	$4,034,700	$4,715,345	$4,510,300	$5,011,500	$475,600	$501,200
Medical Support & Compliance (0152)	$451,649	$528,734	$506,200	$591,685	$565,900	$628,700	$59,700	$62,800
Medical Facilities (0162)	$390,318	$456,935	$437,400	$511,338	$488,900	$543,200	$51,500	$54,300
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$4,441,315**	**$5,199,332**	**$4,978,300**	**$5,818,368**	**$5,565,100**	**$6,183,400**	**$586,800**	**$618,300**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$54,984	$64,368	$61,800	$72,032	$69,200	$77,100	$7,400	$7,900
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$54,984**	**$64,368**	**$61,800**	**$72,032**	**$69,200**	**$77,100**	**$7,400**	**$7,900**
Veterans Choice Act/Veterans Choice Program [Total]	**$54,984**	**$64,368**	**$61,800**	**$72,032**	**$69,200**	**$77,100**	**$7,400**	**$7,900**
Obligations [Grand Total]	**$4,496,299**	**$5,263,700**	**$5,040,100**	**$5,890,400**	**$5,634,300**	**$6,260,500**	**$594,200**	**$626,200**

1/Details not displayed in 2017 President's Submission

Background / Justification
VA Public Law 102-585, Veterans Health Care Act of 1992, enacted November 4, 1992, authorized VA to provide gender-specific services, such as Pap tests, breast examinations, mammography, and general reproductive health care to eligible women Veterans. Public Law 103-452 provided authority and priority for counseling and treatment for sexual trauma incurred while on duty in the military.

The Veterans Access, Choice, and Accountability Act of 2014, PL 113-146 §401, further expanded the VA Military Sexual Trauma (MST) program to include the provision of counseling and treatment for sexual trauma by VA to all members of the Armed Forces, including members of the National Guard and Reserves, to overcome the psychological trauma that resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred the while the Veteran was serving on active duty, active duty for training, or inactive duty training.

Services for women have steadily expanded and improved in the past three decades. VA is responding to the growing number of women Veterans by targeting programs and facilities to meet their unique health care needs. Significant gains have also been made in the areas of physical accommodations to ensure privacy and safety.

Description of Program
Women's Health Services (WHS) oversees program and policy development for women's health in VHA and provides strategic support to implement positive changes in the provision of care for all women Veterans.

Women comprise 15.5% of today's active duty military forces and 19% of National Guard and Reserves. Correspondingly, women are enrolling for VA health care at record levels: the number of women Veterans using VA health care has doubled since 2001. Based on the upward trend of women in all service branches, the decision to allow women in combat roles, and the increased number of women choosing VA for healthcare; the expected number of women Veterans using VA health care will rise rapidly, the complexity of injuries of returning troops is likely to increase, and the cost associated with their care will grow accordingly.

VA is improving access, services, resources, facilities, and workforce capacity to make health care more accessible, more sensitive to gender-specific needs, and of the highest quality for the women Veterans of today and tomorrow. VA specifically wants to ensure that every eligible woman Veteran receives high-quality comprehensive care that includes reproductive health care (such as maternity and gynecology care) and treatment for all gender-specific conditions and disorders, as well as mental health care, basic preventive care, acute care, and chronic disease management.

Most importantly, deployed women are sustaining injuries similar to those of their male counterparts, both in severity and complexity. VA is anticipating and preparing not only for the increase in the number of women Veterans but also for the accompanying complexity and longevity of treatment needs they will bring with them. Security and privacy for women Veterans is a high priority for VA. VA is training providers and other clinical staff, enhancing

facilities to meet the needs of women Veterans, and reaching out to inform women Veterans about VA services. VA has implemented women's health care delivery models of care that ensure women receive equitable, timely, high-quality primary health care from a single primary care provider and team, thereby decreasing fragmentation and improving quality of care for women Veterans.

2016 Accomplishments

- Implemented a breast care registry to improve patient safety and health outcomes
- Launched an *e*-chat enhancement at the Women Veterans Call Center
- Created a preconception care counseling template in the Computerized Patient Record System (CPRS)
- Trained over 550 primary care providers in women's health mini-residency

2017 – 2019 Goals

- Eliminate disparities in access to care for women Veterans
- Increase women's health workforce
- Enhance women Veteran experience
- Eliminate privacy and environment of care deficiencies
- Change the culture of VA to be more welcoming to women

Workload

Over time, for women Veterans, the number of unique patients has been steadily increasing at about 4% rate for gender-specific care and 6% for total care.

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Unique Patients								
Gender-Specific Unique Patients**	263,363	285,068	274,614	298,723	**284,613**	**294,413**	9,999	9,800
Unique Patients [Total]	470,163	502,863	498,059	532,004	**526,154**	**552,629**	28,095	26,475

**Included in Women Veterans Total Unique Patients.

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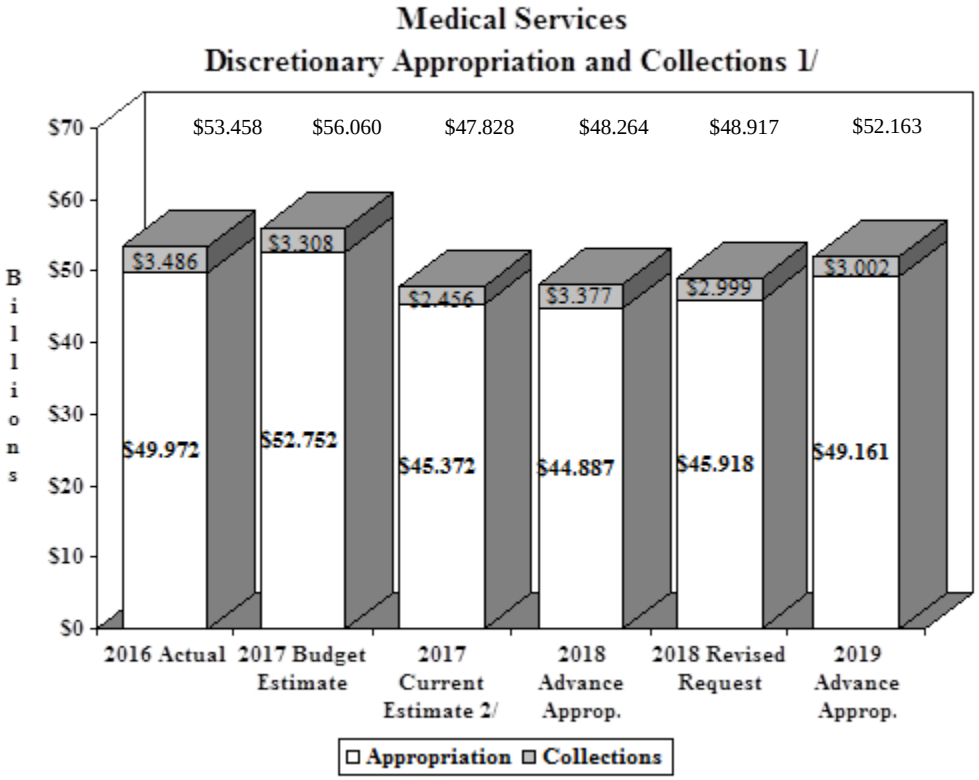
Medical Services



1/ Collections exclude the portion of Medical Care Collections Fund (MCCF) collections actually, or anticipated to be, transferred to Medical Community Care or the Joint DOD-VA Medical Facility Demonstration Fund, in support of the Captain James A. Lovell Federal Health Care Center (FHCC).
2/ Beginning in 2017, discretionary funding for community care was moved to the Medical Community Care appropriation.

Medical Services (0160 & 0160XA)
Crosswalk, 2016-2019
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Appropriation Medical Services (0160)								
Advance Appropriation	$47,603,202	$51,673,000	$51,673,000	$44,886,554	$44,886,554	$49,161,165	($6,786,446)	$4,274,611
Annual Appropriation Adjustment	$2,369,158	$1,078,993	$1,078,993	$0	$1,031,808	$0	($47,185)	($1,031,808)
Appropriations Request Subtotal	$49,972,360	$52,751,993	$52,751,993	$44,886,554	$45,918,362	$49,161,165	($6,833,631)	$3,242,803
Rescission P.L. 114-223, Sec. 217 (appropriated to 0140 account)	$0	$0	($7,246,181)	$0	$0	$0		
Rescission P.L. 114-223, Section 236	$0	$0	($134,000)	$0	$0	$0	$134,000	$0
Net Appropriation	**$49,972,360**	**$52,751,993**	**$45,371,812**	**$44,886,554**	$45,918,362	$49,161,165	**($6,699,631)**	**$3,242,803**
Tranfers To:								
North Chicago Demo. Fund (0169)	($196,323)	($201,604)	($185,773)	($206,127)	($198,642)	($204,820)	($12,869)	($6,178)
Grants SEC (0181)	($20,000)	$0	$0	$0	$0	$0	$0	$0
Major Construction (0110)	($39,051)	$0	$0	$0	$0	$0	$0	$0
DoD-VA Hlth Care Svcs Incentive Fund (0165)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	($15,000)	$0	$0
Medical Community Care (0140)	$0	($7,246,181)	$0	$0	$0	$0	$0	$0
Transfers To [Subtotal]	($270,374)	($7,462,785)	($200,773)	($221,127)	($213,642)	($219,820)	($12,869)	($6,178)
Transfers From:								
North Chicago Demo. Fund (0169)	$9,803	$0	$0	$0	$0	$0	$0	$0
Transfers From [Subtotal]	$9,803	$0	$0	$0	$0	$0	$0	$0
Collections:								
Transfer from Medical Care Collections Fund (5287)	$3,485,624	$3,308,307	$3,055,563	$3,377,255	$2,999,115	$3,002,146	($56,448)	$3,031
MCCF Transfer to Medical Community Care (0140)	$0	$0	($600,000)	$0	$0	$0	$600,000	$0
Collections [Subtotal]	$3,485,624	$3,308,307	$2,455,563	$3,377,255	$2,999,115	$3,002,146	$543,552	$3,031
Budget Authority Total	$53,197,413	$48,597,515	$47,626,602	$48,042,682	$48,703,835	$51,943,491	$1,077,233	$3,239,656
Reimbursements	$119,181	$153,243	$153,243	$156,005	$153,243	$153,243	$0	$0
Unobligated Balance (SOY):								
No-Year	$14,907	$34,850	$47,398	$0	$45,000	$0	($2,398)	($45,000)
Prior Year Recoveries	$0	$0	$0	$0	$223,143	$0	$223,143	($223,143)
H1N1 No-Year (PL 111-32)	$142	$144	$134	$0	$0	$0	($134)	$0
2007 Emergency Supplemental No-Year (P.L. 110-28)	$6	$6	$0	$0	$0	$0	$0	$0
2-Year	$0	$0	$619,333	$0	$1,384,063	$0	$764,730	($1,384,063)
Unobligated Balance (SOY) [Subtotal]	$15,055	$35,000	$666,865	$0	$1,652,206	$0	$985,341	($1,652,206)
Adjustment to Unobligated Balances (PY)	$0	$0	$223,143	$0	$0	$0	($223,143)	$0
Unobligated Balance (EOY):								
No-Year	($47,398)	$0	($45,000)	$0	$0	$0	$45,000	$0
Prior Year Recoveries	$0	$0	($223,143)	$0	$0	$0	$223,143	$0
H1N1 No-Year (PL 111-32)	($134)	$0	$0	$0	$0	$0	$0	$0
2-Year	($619,333)	$0	($1,384,063)	$0	$0	$0	$1,384,063	$0
Unobligated Balance (EOY) [Subtotal]	($666,865)	$0	($1,652,206)	$0	$0	$0	$1,652,206	$0
Lapse	($222,741)	$0	$0	$0	$0	$0	$0	$0
Subtotal	$52,442,043	$48,785,758	$47,017,647	$48,198,687	$50,509,284	$52,096,734	$3,491,637	$1,587,450
Prior Year Recoveries	$245,769	$0	$0	$0	$0	$0	$0	$0
Financial Statement Audit Adjustment	$149,222	$0	$0	$0	$0	$0	$0	$0
Obligations (0160) [Total]	$52,837,034	$48,785,758	$47,017,647	$48,198,687	$50,509,284	$52,096,734	$3,491,637	$1,587,450
VACAA, Section 801 (0160XA)								
Unobligated Balance (SOY):								
No-Year	$1,717,485	$302,484	$873,508	$0	$91,514	$59,900	($781,994)	($31,614)
Transfers From:								
Minor Construction, Sect. 801 (0111XA)	$195,348	$195,348	$0	$0	$0	$0	$0	$0
Medical Facilities, Sect. 801 (0162XA)	$330,094	$323,765	$0	$0	$0	$0	$0	$0
Med. Supt. & Compl., Sect. 801 (0152XA)	$9,000	$0	$0	$0	$0	$0	$0	$0
Transfers From [Subtotal]	$534,442	$519,113	$0	$0	$0	$0	$0	$0
Unobligated Balance (EOY):								
No-Year	($873,508)	$0	($91,514)	$0	($59,900)	($14,367)	$31,614	$45,533
Subtotal	$1,378,419	$821,597	$781,994	$0	$31,614	$45,533	($750,380)	$13,919
Prior Year Recoveries	$540	$0	$0	$0	$0	$0	$0	$0
Obligations (0160XA) [Total]	$1,378,959	$821,597	$781,994	$0	$31,614	$45,533	($750,380)	$13,919
Budget Authority [Grand Total]	$53,197,413	$48,597,515	$47,626,602	$48,042,682	$48,703,835	$51,943,491	$1,077,233	$3,239,656
Obligations [Grand Total]	$54,215,993	$49,607,355	$47,799,641	$48,198,687	$50,540,898	$52,142,267	$2,741,257	$1,601,369
FTE								
Medical Support & Compliance (0160)	214,476	230,062	225,231	223,016	236,540	238,956	11,309	2,416
VACAA, Section 801 (0160XA)	10,370	6,458	5,607	0	0	0	(5,607)	0
FTE [Total]	224,846	236,520	230,838	223,016	236,540	238,956	5,702	2,416

Summary of 2018 Revised Request

A 2018 discretionary advance appropriation of $44.9 billion for Medical Services was enacted in P.L. 114-223. In addition, unobligated balances from Hepatitis C funding, VACAA section 801, and prior year recoveries provide $1.7 billion in 2018. When combined with collections, transfers, and reimbursements, Medical Services has $49.5 billion in total resources. In order to meet projected 2018 Medical Services obligations of $50.5 billion, VA requests an additional $1.0 billion in discretionary appropriations. This will ensure the delivery of high-quality and timely health care services to Veterans and other eligible beneficiaries. Total obligations are estimated to increase by $2.3 billion in 2018, compared to the initial 2018 estimate. This total net increase is primarily due to the following factors:

- **Health Care Services (+$2.735 billion).** Ongoing health care services estimate increased by $2.735 billion, driven largely by increases in staffing and medical equipment. The following programs are the key drivers in the health care services increase:
    - **Medical Staffing (+$1.6 billion)**. The Medical Services account must absorb the medical staff originally funded by Section 801 of the Choice Act, as well as additional new staff.
    - **Medical Equipment (+$680 million).** Increased funding is required for VA to maintain historical levels of annual equipment purchase.
    - **Prosthetics (+$340 million).** Estimates were revised upward to reflect the latest actuarial and programmatic trends.
    - **Activations (+$326 million).** The increase accounts for an annual adjustment to the timeline for activation of new and replacement medical facilities.
- **Long-Term Services and Support (-$167 million).** Estimates were revised downward, reflecting trends in the most recent actual data and the continued investment into lower-cost non-institutional settings.
- **Other Health Care Programs (-$198 million).** VA-provided health service programs not projected by the Enrollee Health Care Projection Model (EHCPM) are expected to yield a net decrease of $198 million, driven largely by a decrease of $247 million in Caregiver program costs and a Readjustment Counseling decrease of $7 million. This decrease is partially offset by a $53 million increase in the CHAMPVA program and a $4 million increase in the Camp Lejeune Veterans program.

Update to the Medical Service 2018 Advance Appropriations Request
Includes Veterans Choice Act Sec. 801
(dollars in Thousands)

Description	2018 Advance Approp.	2018 Revised Request	Increase/ Decrease
Health Care Services	$43,021,042	$45,756,163	$2,735,121
Non-Add included above:			
Activations	*$372,794*	*$607,800*	$235,006
Beneficiary Travel	*$960,700*	*$993,900*	$33,200
Care in the Community	*$0*	*$0*	$0
Medical Equipment	*$542,000*	*$1,221,802*	$679,802
Medical Staffing	*$28,031,574*	*$29,609,614*	$1,578,040
Pharmacy	*$6,849,186*	*$6,998,429*	$149,243
Prosthetics	*$3,376,159*	*$3,716,100*	$339,941
Long-Term Services and Supports:			
VA	$3,844,278	$3,677,638	($166,640)
Community	$0	$0	$0
Long-Term Services and Supports [Total]	$3,844,278	$3,677,638	($166,640)
Other Health Care Programs:			
VA	$1,325,898	$1,128,292	($197,606)
Community	$0	$0	$0
Other Health Care Programs [Subtotal]	$1,325,898	$1,128,292	($197,606)
VA Legislative Proposals	$7,469	($21,195)	($28,664)
Obligations [Total]	$48,198,687	$50,540,898	$2,342,211
Funding Availability:			
Advance Appropriation	$44,886,554	$44,886,554	$0
Trns to North Chicago Demo. Fund	($206,127)	($198,642)	$7,485
Trns to DoD-VA Health Care Sharing Incentive Fund	($15,000)	($15,000)	$0
Medical Care Collections Fund	$3,377,255	$2,999,115	($378,140)
Reimbursements	$156,005	$153,243	($2,762)
Change in Unobligated Balances	$0	$1,652,206	$1,652,206
Veterans Choice Act Sec 801	$0	$31,614	$31,614
Funding Availability [Total]	$48,198,687	$49,509,090	$1,310,403
Annual Appropriation Adjustment			$1,031,808

Update to the 2018 Advance Appropriation Request
Medical Services (0160)
(Excludes Veterans Choice Act)
(dollars in thousands)

Description	2018 Revised Estimate	Available Funding: Adv. Approp. Incl. Transfers	Re-estimate	Collections	Transfers To	Reimb.	Use of Unobl. Balance	Subtotal	Annual Approp. Adjust. Required
Health Care Services:									
Health Care Services [Total]	$45,724,549	$43,021,042	$392,910	($378,140)	$7,485	($2,762)	$1,652,206	$44,692,741	**$1,031,808**
Non-Add included above:									
Activations	*$607,800*	*$372,794*	$0	*$0*	*$0*	*$0*	*$0*	*$372,794*	***$235,006***
Beneficiary Travel	*$993,900*	*$960,700*	$0	*$0*	*$0*	*$0*	*$0*	*$960,700*	***$33,200***
Medical Equipment	*$1,221,802*	*$542,000*	$0	*$0*	*$0*	*$0*	*$0*	*$542,000*	***$679,802***
Medical Staffing	*$29,609,614*	*$28,031,574*	$994,867	*($378,140)*	*$7,485*	*($2,762)*	*$901,006*	*$29,554,030*	***$55,584***
Pharmacy	*$6,998,429*	*$6,849,186*	($601,957)	*$0*	*$0*	*$0*	*$751,200*	*$6,998,429*	***$0***
Prosthetics	*$3,716,100*	*$3,376,159*	$0	*$0*	*$0*	*$0*	*$0*	*$3,376,159*	***$339,941***
Remaining Health Care Services	*$2,576,904*	*$2,888,629*	($311,725)	*$0*	*$0*	*$0*	*$0*	*$2,576,904*	***($311,725)***
Long-Term Services and Supports VA Care:									
VA Community Living Centers (VA CLC)	$2,698,850	$2,938,781	($239,931)	$0	$0	$0	$0	$2,698,850	**$0**
Non-Institutional VA Care	$978,788	$905,497	$73,291	$0	$0	$0	$0	$978,788	**$0**
VA Long-Term Services and Supports [Total]	$3,677,638	$3,844,278	($166,640)	$0	$0	$0	$0	$3,677,638	**$0**
Other Health Care Programs VA Care:									
CHAMPVA Medical Staff, Pharmacy Costs	$352,620	$300,000	$52,620	$0	$0	$0	$0	$352,620	**$0**
Caregivers (Title 1)	$568,052	$814,847	($246,795)	$0	$0	$0	$0	$568,052	**$0**
Camp Lejeune - Veterans	$3,869	$0	$3,869	$0	$0	$0	$0	$3,869	**$0**
Camp Lejeune - Family	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
Readjustment Counseling	$203,751	$211,051	($7,300)	$0	$0	$0	$0	$203,751	**$0**
Other Health Care Programs [Total]	$1,128,292	$1,325,898	($197,606)	$0	$0	$0	$0	$1,128,292	**$0**
VA Legislative Proposals:									
Total	($21,195)	$7,469	($28,664)	$0	$0	$0	$0	($21,195)	**$0**
Obligations [Total]	$50,509,284	$48,198,687	$0	($378,140)	$7,485	($2,762)	$1,652,206	$49,477,476	**$1,031,808**

Summary of the 2019 Advance Appropriations Request

The Medical Services Advance Appropriation Request is for $49.2 billion, an increase of $3.2 billion from the 2018 Revised Request. The 2019 request allows for an increase of 2,416 medical FTE (+$1.4 billion) and allows for the following obligation increases above the 2018 revised request: Prosthetics, $297.7 million; Pharmacy, $145.1 million; Beneficiary Travel, $39.8 million; Long-Term Services and Supports, $236.4 million.

Medical Services Program Funding Requirements

Medical Services Obligations by Program
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Health Care Services:								
Health Care Services [Total]	$44,994,795	$44,768,977	$43,250,589	$43,021,042	$45,756,163	$47,028,861	$2,505,574	$1,272,698
Non-Add included above:								
Activations	*$510,745*	*$626,276*	*$626,216*	*$372,794*	*$607,800*	*$513,251*	*($18,416)*	*($94,549)*
Beneficiary Travel	*$907,245*	*$923,700*	*$955,700*	*$960,700*	*$993,900*	*$1,033,700*	*$38,200*	*$39,800*
Care in the Community (excluding CHAMPVA & LTSS)	*$4,601,236*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*	*$0*
Medical Equipment	*$1,298,827*	*$1,018,000*	*$1,490,346*	*$542,000*	*$1,221,802*	*$860,975*	*($268,544)*	*($360,827)*
Medical Staffing	*$26,820,875*	*$28,022,072*	*$27,899,884*	*$28,031,574*	*$29,609,614*	*$31,044,968*	*$1,709,730*	*$1,435,354*
Pharmacy	*$6,283,477*	*$7,672,411*	*$6,676,558*	*$6,849,186*	*$6,998,429*	*$7,143,529*	*$321,871*	*$145,100*
Prosthetics	*$2,936,400*	*$3,645,677*	*$3,445,677*	*$3,376,159*	*$3,716,100*	*$4,013,800*	*$270,423*	*$297,700*
Long-Term Services and Supports VA Care:								
VA Community Living Centers (VA CLC)	$2,524,329	$2,749,844	$2,595,708	$2,938,781	$2,698,850	$2,846,750	$103,142	$147,900
Non-Institutional VA Care	$839,963	$873,029	$907,103	$905,497	$978,788	$1,067,288	$71,685	$88,500
VA Long-Term Services and Supports [Total]	$3,364,292	$3,622,873	$3,502,811	$3,844,278	$3,677,638	$3,914,038	$174,827	$236,400
Long-Term Services and Supports Community Care:								
Community Nursing Home	$862,499	$0	$0	$0	$0	$0	$0	$0
Community Non-Institutional Care	$1,077,249	$0	$0	$0	$0	$0	$0	$0
State Nursing Home	$1,152,010	$0	$0	$0	$0	$0	$0	$0
State Home Domiciliary	$54,096	$0	$0	$0	$0	$0	$0	$0
State Adult Day Care	$949	$0	$0	$0	$0	$0	$0	$0
Community Long-Term Services and Supports [Total]	$3,146,803	$0	$0	$0	$0	$0	$0	$0
Other Health Care Programs VA Care:								
CHAMPVA Medical Staff, Pharmacy Costs	$290,143	$300,000	$343,000	$300,000	$352,620	$381,507	$9,620	$28,887
Caregivers (Title 1)	$471,255	$696,569	$494,380	$814,847	$568,052	$633,827	$73,672	$65,775
Camp Lejeune - Veterans	$2,381	$0	$5,065	$0	$3,869	$4,026	($1,196)	$157
Camp Lejeune - Family	$392	$0	$0	$0	$0	$0	$0	$0
Readjustment Counseling	$209,582	$211,051	$203,751	$211,051	$203,751	$203,751	$0	$0
Other Health Care Programs [Total]	$973,753	$1,207,620	$1,046,196	$1,325,898	$1,128,292	$1,223,111	$82,096	$94,819
Other Health Care Programs Community Care:								
CHAMPVA, Spina Bifida, FMP, & CWVV	$1,303,338	$0	$0	$0	$0	$0	$0	$0
Caregivers	$18,316	$0	$0	$0	$0	$0	$0	$0
Indian Health Servcies	$18,150	$0	$0	$0	$0	$0	$0	$0
Camp Lejeune - Veteran Purchased Care	$0	$0	$0	$0	$0	$0	$0	$0
Camp Lejeune Family	$1,015	$0	$0	$0	$0	$0	$0	$0
Other Health Care Programs community care [Total]	$1,340,819	$0	$0	$0	$0	$0	$0	$0
VA Legislative Proposals:								
Total	$0	$7,885	$45	$7,469	($21,195)	($23,743)	($21,240)	($2,548)
SubTotal Obligations	**$53,820,462**	**$49,607,355**	**$47,799,641**	**$48,198,687**	**$50,540,898**	**$52,142,267**	**$2,741,257**	**$1,601,369**
VA Prior-Year Recoveries	$246,309	$0	$0	$0	$0	$0	*$0*	*$0*
Financial Statement Audit Adjustment	$149,222	$0	$0	$0	$0	$0	*$0*	*$0*
Total Obligations	$54,215,993	$49,607,355	$47,799,641	$48,198,687	$50,540,898	$52,142,267	$2,741,257	$1,601,369

Medical Services VA-Provided Care

According to researchers from Northwestern University, VA hospitals outperform non-VA hospitals in 6 of 9 quality measures. The researchers, who examined quality data available on the Hospital Compare website, reported their findings in Journal of American Medical Association (JAMA) Internal Medicine on April 17, 2017.[3]

Researchers compared hospital-level quality data on 129 VA hospitals and 4,010 non-VA hospitals obtained through the Centers for Medicare and Medicaid's Hospital Compare

[3] Blay Jr, E., DeLancey, J. O., & Hewitt, D. B. (2017, April 17). Initial Public Reporting of Quality at Veterans Affairs vs Non–Veterans Affairs Hospitals. *JAMA Internal Medicine.*

website (www.medicare.gov/hospitalcompare). They found VA hospitals had better outcomes than non-VA hospitals on six of nine patient safety indicators, and there were no significant differences on the other three indicators. VA hospitals also had better mortality and readmission rates than non-VA hospitals.

These findings are a testament to VA's intense focus on quality improvement and care coordination over the past 30 years. Our patients benefit from receiving their health care in a highly integrated system with a single electronic health record.

The following tables show obligations in eight distinct activities of the Medical Services account. Beginning in 2017, activities that had been funded by the Medical Services appropriation were funded by the new Medical Community Care appropriation, instead. The 2016 column includes all activities originally funded by the Medical Services appropriation. The 2017, 2018, and 2019 columns show only the obligations associated with the Medical Services appropriation and exclude the obligations that are now recorded in the Medical Community Care account.

Activations

Activations 1/
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 2/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$469,947		$626,216		$607,766	$513,251	($18,450)	($94,515)
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$40,798		$0		$0	$0	$0	$0
Medical Services Obligations [Grand Total]	**$510,745**	**$626,276**	**$626,216**	**$372,794**	**$607,766**	**$513,251**	**($18,450)**	**($94,515)**

1/ This table displays obligations (both discretionary [0160] and mandatory [0160XA]) for the Medical Services account, only. See the Medical Care chapter for detail on all accounts that support the Activations program.
2 /Details not displayed in 2017 President's Submission

Facility activations provide non-recurring (equipment and supplies) and recurring (additional personnel) costs associated with the activation of completed construction of new or replacement medical care facilities. Resources include assumed rates for medical equipment and furniture reuse based on the facility type (renovation, replacement, or new). VA's activation plans are sensitive to delays in construction schedules and lease awards. VA has recently taken steps to identify and more closely monitor the activations of new facilities and leases to assure that projects stay on schedule, which will promote better synchronization of budgetary resources with program needs. For an activations project list, please see the Medical Care chapter.

Medical Services Staffing

VA Medical Services Staffing 1/
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$25,506,452	$28,022,072	$27,186,117	$28,031,574	$29,609,614	$31,044,968	$2,423,497	$1,435,354
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$1,314,423	$775,026	$713,767	$0	$0	$0	($713,767)	$0
Obligations [Grand Total]	**$26,820,875**	**$28,797,098**	**$27,899,884**	**$28,031,574**	**$29,609,614**	**$31,044,968**	**$1,709,730**	**$1,435,354**

1/ For additional FTE details, please see the Employment Summary chapter and the Obligations by Object table in the Appendix chapter

Medical Services FTE represent the largest share of VHA obligations by object. They include:

- Physicians;
- Dentists;
- Nurses;
- Non-physician providers such as podiatrists, physicians assistants, psychologists, nurse practitioners, chiropractors, and optometrists; and
- Health Technicians/Allied Health, such as respiratory therapists, physical therapists, dietitians, social works, radiology technologists, pharmacists, audiologist and speech pathologists, nuclear medicine technologists, and laboratory aids and workers.

Medical Services will have 236,540 FTE in 2018, an increase of 13,524 FTE over the advance appropriation. This FTE level sustains and builds on VA's capacity to provide care following the Veterans Choice Act. We expect to meet the large increase in demand for VA-provided health care in a post-Veterans Choice Act environment, as reflected in the workload tables provided in Medical Care Chapter. The 2019 provider level of 238,956 FTE is 2,416 FTE above the 2018 estimate and reflects continued growth in demand for VA provided services. The 2019 FTE level will be reevaluated in the 2019 Congressional Budget Justification.

FTE by Type
Medical Services

Account	2016 Actual	2017 Budget Estimate 2/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary FTE								
Physicians	18,600	20,533	19,803	20,285	21,276	21,493	1,473	217
Dentists	1,075	1,159	1,115	1,070	1,170	1,182	55	12
Registered Nurses	52,235	56,877	54,902	54,244	57,840	58,431	2,938	591
LP Nurse/LV Nurse/Nurse Assistant	24,479	26,318	25,861	25,537	26,500	26,771	639	271
Non-Physician Providers	12,809	13,788	13,573	13,961	14,607	14,756	1,034	149
Health Technicians/Allied Health	65,592	69,474	68,565	66,533	70,259	70,976	1,694	717
Wage Board/Purchase & Hire	5,455	5,698	5,625	5,455	5,764	5,823	139	59
All Other 1/	34,231	36,215	35,787	35,931	39,124	39,524	3,337	400
Discretionary Medical Service FTE [Subtotal]	**214,476**	**230,062**	**225,231**	**223,016**	**236,540**	**238,956**	**11,309**	**2,416**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory FTE								
Physicians	1,487	848	960	0	0	0	(960)	0
Dentists	50	29	27	0	0	0	(27)	0
Registered Nurses	2,461	1,526	1,544	0	0	0	(1,544)	0
LP Nurse/LV Nurse/Nurse Assistant	941	559	0	0	0	0	0	0
Non-Physician Providers	1,084	680	682	0	0	0	(682)	0
Health Technicians/Allied Health	2,098	1,297	0	0	0	0	0	0
Wage Board/Purchase & Hire	4	5	0	0	0	0	0	0
All Other 1/	2,245	1,514	2,394	0	0	0	(2,394)	0
Veterans Choice Act FTE [Subtotal]	**10,370**	**6,458**	**5,607**	**0**	**0**	**0**	**(5,607)**	**0**
Total Medical Services FTE								
Physicians	20,087	21,381	20,763	20,285	21,276	21,493	513	217
Dentists	1,125	1,188	1,142	1,070	1,170	1,182	28	12
Registered Nurses	54,696	58,403	56,446	54,244	57,840	58,431	1,394	591
LP Nurse/LV Nurse/Nurse Assistant	25,420	26,877	25,861	25,537	26,500	26,771	639	271
Non-Physician Providers	13,893	14,468	14,255	13,961	14,607	14,756	352	149
Health Technicians/Allied Health	67,690	70,771	68,565	66,533	70,259	70,976	1,694	717
Wage Board/Purchase & Hire	5,459	5,703	5,625	5,455	5,764	5,823	139	59
All Other 1/	36,476	37,729	38,181	35,931	39,124	39,524	943	400
Medical Services FTE [Grand Total[	**224,846**	**236,520**	**230,838**	**223,016**	**236,540**	**238,956**	**5,702**	**2,416**

Medical Equipment

VA Medical Equipment 1/
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$1,272,356	$989,000	$1,466,499	$542,000	$1,221,802	$860,975	($244,697)	($360,827)
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$26,471	$29,000	$23,847	$0	$0	$0	($23,847)	$0
Obligations [Grand Total]	**$1,298,827**	**$1,018,000**	**$1,490,346**	**$542,000**	**$1,221,802**	**$860,975**	**($268,544)**	**($360,827)**

1/ This table only displays obligations for medical equipment; for total obligations on all types of equipment, including non-medical, please see the Obligations by Object table in the Appendix chapter

Medical Services equipment includes capitalized equipment such as laboratory, pharmacy, operating room, x-ray, and medical rehabilitation equipment, with a purchase price of $1,000,000 or more; and non-capitalized equipment, such as scientific instruments and

appliances, measuring and weighing instruments, and accessories and surgical instruments that cost less than $1,000,000.

VA Long-Term Services and Supports Programs

VA Long-Term Services and Supports
Includes Veterans Choice Act Sec. 801
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160) Institutional								
VA Community Living Centers (VA CLC)	$2,416,496		$2,534,243		$2,698,850	$2,846,750	$164,607	$147,900
Medical Services (0160) Non-Institutional								
Community Residential Care	$110,363		$111,313		$112,483	$112,483	$1,170	$0
Home Telehealth	$160,152		$173,204		$187,467	$200,667	$14,263	$13,200
Home-Based Primary Care	$511,829		$580,287		$656,787	$730,987	$76,500	$74,200
Spinal Cord Injury & Disability Home Care	$8,832		$9,290		$9,954	$10,454	$664	$500
VA Adult Day Health Care	$10,778		$11,344		$12,097	$12,697	$753	$600
Medical Services LTSS moved to Community Care in 2017								
Institutional								
Community Nursing Home	$862,499							
State Home Domiciliary	$54,096							
State Nursing Home	$1,152,010							
Medical Services (0160) Non-Institutional								
Community Adult Day Health Care	$79,123							
Home Hospice Care	$75,388							
Home Respite Care	$32,094							
Homemaker/Hm Health Aide Prg.	$568,585							
Purchased Skilled Home Care	$322,059							
State Adult Day Health Care	$949							
Discretionary Obligations [Total]	**$6,365,253**	**$0**	**$3,419,681**	**$0**	**$3,677,638**	**$3,914,038**	**$257,957**	**$236,400**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA) Institutional								
VA Community Living Centers (VA CLC)	$107,833		$61,465		$0	$0		
Medical Services (0160XA) Non-Institutional								
Community Residential Care	$3,226		$1,839		$0	$0		
Home Telehealth	$7,934		$4,522		$0	$0		
Home-Based Primary Care	$25,867		$14,744		$0	$0		
Spinal Cord Injury & Disability Home Care	$444		$253		$0	$0		
VA Adult Day Health Care	$538		$307		$0	$0		
Medical Services LTSS moved to Community Care in 2017								
Institutional								
Community Nursing Home	$0							
State Home Domiciliary	$0							
State Nursing Home	$0							
Medical Services (0160XA) Non-Institutional								
Community Adult Day Health Care	$0							
Home Hospice Care	$0							
Home Respite Care	$0							
Homemaker/Hm Health Aide Prg.	$0							
Purchased Skilled Home Care	$0							
State Adult Day Health Care	$0							
Mandatory Obligations [Total]	**$145,842**	**$0**	**$83,130**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$6,511,095**	**$3,622,873**	**$3,502,811**	**$3,844,278**	**$3,677,638**	**$3,914,038**	**$257,957**	**$236,400**

1/Details not displayed in 2017 President's Submission

The Medical Services portions of the VA-provided Long-Term Services and Supports programs, including VA Community Living Centers, VA Adult Day Care, Home-Based

Primary Care, Spinal Cord Injury Home Care, and Home Telehealth, have remained in the Medical Services appropriation after the establishment of the Medical Community Care appropriation in 2017. Please see the Medical Care Chapter for more information about these programs.

VA Other Health Care Programs

Other Health Care Programs
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Medical Services (0160)								
CHAMPVA Medical Staff, Pharmacy Costs	$290,143	$300,000	$343,000	$300,000	$352,620	$381,507	$9,620	$28,887
Caregivers (Title 1) Stipends, VA Care	$471,255	$696,569	$494,380	$814,847	$568,052	$633,827	$73,672	$65,775
Camp Lejeune - Veterans	$2,381	$0	$5,065	$0	$3,869	$4,026	($1,196)	$157
Camp Lejeune - Family	$392	$0	$0	$0	$0	$0	$0	$0
Readjustment Counseling	$209,582	$211,051	$203,751	$211,051	$203,751	$203,751	$0	$0
Moved to Community Care in 2017								
CHAMPVA, Spina Bifida, FMP, & CWVV	$1,303,338	$0	$0	$0	$0	$0	$0	$0
Caregivers CHAMPVA, Contract Care	$18,316	$0	$0	$0	$0	$0	$0	$0
Indian Health Servcies	$18,150	$0	$0	$0	$0	$0	$0	$0
Camp Lejeune - Veteran Purchased Care	$0	$0	$0	$0	$0	$0	$0	$0
Camp Lejeune Family	$1,015	$0	$0	$0	$0	$0	$0	$0
Obligations [Total]	**$2,314,572**	**$1,207,620**	**$1,046,196**	**$1,325,898**	**$1,128,292**	**$1,223,111**	**$82,096**	**$94,819**

1/Details not displayed in 2017 President's Submission

Medical Services FTE and Pharmacy costs associated with the CHAMPVA program remain in the Medical Services Appropriation. In addition, costs for Caregivers stipend payments and the Medical Services costs for the Readjustment Counseling program remain in the Medical Services appropriation. Please see the Medical Care Chapter for more information about these programs.

Medical Services Support for VA and Community Provided Care

Beneficiary Travel

Beneficiary Travel 1/
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$907,244	$923,700	$955,700	$960,700	$993,900	$1,033,700	$38,200	$39,800
Medical Support & Compliance (0152)	$47	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$468	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$907,759**	**$923,700**	**$955,700**	**$960,700**	**$993,900**	**$1,033,700**	**$38,200**	**$39,800**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Care (0172XB)	$10,974	$0	$11,700	$0	$11,700	$11,700	$0	$0
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	($1,974)	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$9,000**	**$0**	**$11,700**	**$0**	**$11,700**	**$11,700**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$9,000**	**$0**	**$11,700**	**$0**	**$11,700**	**$11,700**	**$0**	**$0**
Obligations [Grand Total]	**$916,759**	**$923,700**	**$967,400**	**$960,700**	**$1,005,600**	**$1,045,400**	**$38,200**	**$39,800**

1/ This table displays all obligations in the Beneficiary Travel program, not just Medical Services obligations, as total funding for this program is not displayed in any other chapter.

The Department of Veterans Affairs (VA) administers a Beneficiary Travel (BT) Program to help alleviate the costs of travel to medical appointments for eligible veterans. Travel benefit eligibility for Veterans is based on either the characteristics of the Veteran, the type of medical appointment, or a combination of the two. Certain people who are not Veterans, including family members or others accompanying Veterans to appointments, may also be eligible for the benefit. Travel costs are reimbursed to beneficiaries, usually after a deductible. Costs covered by the program include a per-mile rate for travel in private vehicles, "special mode" (e.g., ambulance) travel in certain circumstances, and in some cases airfare, meals, and lodging.

Description of the Program

The Beneficiary Travel Program (BT) assists eligible Veterans and other beneficiaries with offsetting the cost of their travel or transport to VA and authorized non-VA medical care in order to help ensure access to and receipt of necessary VA health care.

Title 38 United States Code (U.S.C.), § 111, "Payments or allowances for beneficiary travel," as regulated in 38 Code of Federal Regulations CFR) §§ 70.1 – 70.50, authorizes VA to provide or reimburse to certain eligible Veterans and other beneficiaries for:

- Mileage (currently $0.415), or when medically indicated, special mode (ambulance, wheelchair van etc.) transport, and common carrier (plane, train, bus, taxi, light rail etc.) transport;
- The actual cost of bridge tolls, road and tunnel tolls, parking, and authorized luggage fees when supported by a receipt;

- The actual cost, in limited circumstances, of meals, lodging, or both, not to exceed 50% of the local Federal employee rate.

Eligibility is based upon receipt of VA disability compensation service connection and/or low income (VA pension thresholds) or special administrative authority. For detailed information, visit Annual Income Limits [http://nationalincomelimits.vaftl.us/] and/or Pension Rate Table [http://www.benefits.va.gov/pension/current_rates_veteran_pen.asp]. The current BT regulations only provide authorization for BT within the several States, Territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

A Veteran may be eligible for Beneficiary travel services if the following criteria are met:

YOU QUALIFY IF:	**YOU QUALIFY FOR SPECIAL MODE TRANSPORTATION (Ambulance, Wheelchair Van etc.) IF:**
•You have a service-connected (SC) rating of 30 % or more, or •You are traveling for treatment of a SC condition, or •You receive a VA pension, or your income does not exceed the maximum annual VA pension rate, or your income does not exceed the maximum annual VA pension rate, or •You are traveling for a scheduled compensation or pension, or if not otherwise eligible as noted above and; •You have a vision impairment, spinal cord injury or disorder, or a double or multiple amputation who's travel in connection with care provided through a VA special disabilities rehabilitation program (including programs provided by spinal cord injury centers, blind rehabilitation centers and prosthetics rehabilitation centers) if such care is provided on an in-patient basis or during a period in which you are provided with temporary lodging at a facility of the Department to make such care more accessible.	•You meet one of the eligibility criteria in the left column, and your medical condition requires an ambulance or a specially equipped van as determined by a VA clinician, and; •The travel is pre-authorized (authorization is not required for emergencies if a delay would be hazardous to life or health).

Recent Regulatory and Legislative Changes

Section 250 of Public Law 114-223 expanded BT eligibility for Veterans with vision impairment, spinal injury or disorder, and double or multiple amputations.

How to Apply

Veterans may apply for travel reimbursement by completing VA Form 10-3542 [https://www.va.gov/vaforms/medical/pdf/vha-10-3542-fill.pdf] (Veteran/Beneficiary Claim for Reimbursement of Travel Expenses). The travel reimbursement form replaces

older versions and local forms and improves the process for Veterans applying for mileage reimbursement at more than one VA facility.

Mileage Calculations
The mapping tool VA uses for beneficiary travel calculates the driving distance using the fastest route and shortest route according to Bing maps. This was a change to the Beneficiary Travel program that has made the distance determinations consistent with distance calculations under the Veterans Choice Program.

Access to Care
Beneficiary Travel is one of three business lines organizationally aligned under Member Services Veterans Transportation Program. Other programs include Veterans Transportation Service (VTS) and Highly Rural Transportation Grants (HRTG). VTS is based upon Public Law 112-260, which gives authority for VTS to transport any Veteran enrolled with the VHA and others without any additional eligibility criteria and as such permits VTS to transport Veterans for VA and Community Care appointments who have transportation barriers but who are not eligible for Beneficiary Travel. VTS thus has focused on transporting disabled, blind, and elderly, frail, and those Veterans with high risk medical and mental health conditions to their appointments. VTS provides funding to VA Medical Centers for a Mobility Manager, a dispatcher, drivers and ADA compliant wheelchair, stretcher and ambulance vehicles. In the past six years of operation, VTS has demonstrated improved patient flow (reduction of inpatient bed days of care) by improving inpatient discharges, reduction of missed appointment rates, and creating a significant cost avoidance over what would have been paid to private contract providers of Special Mode transportation.

Additionally, the training of the Mobility Managers in Beneficiary Travel and the creation of a nationally classified/standardized Position Description which requires the Mobility Manager to manage Beneficiary Travel has proven to improve the overall policy compliance within Beneficiary Travel expenditures.

VTS has a history of developing national and local partnerships with other Federal agencies as well as State Veterans Agencies and Departments of Transportation. Examples of current partnerships include: VHA Office of Rural Health; VHA Fleet Management Office; VA Office of Tribal Governmental Affairs; VHA Spinal Cord Injury and Disorder Program; VA Voluntary Services; the Department of Transportation-Coordinating Council for Access and Mobility; Federal Transit Administration; Texas Department of Veterans Affairs; New Mexico Department of Veterans Affairs. These partnerships have led to expanded, coordinated transportation resources for Veterans.

A study by the VA Veterans Engineering Research Council (VERC) evaluated a sample of 19,000 unique Veterans in regards to the impact on missed appointment rates for Veterans being transported by VTS on a before and after basis. The VERC verified that VTS ridership reduced the Missed Appointment rate by 1.5% nationally, which was statistically significant, while four sites which concentrated upon clinics with high missed appointment rates reduced those rates from 4.4% to 9.8%.

Pharmacy

Pharmacy 1/
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 2/	2017 Current Estimate	2018 Advance Approp. 2/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$6,281,481		$6,676,558		$6,998,429	$7,143,529	$321,871	$145,100
Medical Support & Compliance (0152)	$3		$0		$0	$0	$0	$0
Medical Facilities (0162)	$176,198		$199,104		$223,771	$223,771	$24,667	$0
Medical Community Care (0140)	$0		$0		$0	$0	$0	$0
Discretionary Obligations [Total]	**$6,457,682**	**$0**	**$6,875,662**	**$0**	**$7,222,200**	**$7,367,300**	**$346,538**	**$145,100**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$1,996		$1,138		$0	$0	($1,138)	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$1,996**	**$0**	**$1,138**	**$0**	**$0**	**$0**	**($1,138)**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	($6,144)		$0		$0	$0	$0	$0
Medical Care (0172XB)	$141,484		$30,600		$30,600	$30,600	$0	$0
Emergency Hepatitis C (0172XC)	($983)		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	($15,526)		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$118,831**	**$0**	**$30,600**	**$0**	**$30,600**	**$30,600**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$120,827**	**$0**	**$31,738**	**$0**	**$30,600**	**$30,600**	**($1,138)**	**$0**
Obligations [Grand Total]	**$6,578,509**	**$8,352,950**	**$6,907,400**	**$7,456,705**	**$7,252,800**	**$7,397,900**	**$345,400**	**$145,100**

1/ This table displays all obligations in the Pharmacy program, not just Medical Services obligations, as total funding for this program is not displayed in any other chapter.
2/ Details not displayed in 2017 President's Submission

Pharmacy Program Data

Description	2016 Actual	2017 Budget Estimate 1/	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Number of 30-Day RXs (Millions)	278		283		294	300	11	6
VA Pharmacy Uniques	4,868,588		4,905,922		4,942,136	4,976,539	36,214	34,403

1/Details not displayed in 2017 President's Submission

VA's use of medication therapies is a fundamental underpinning of how VA delivers health care today. VA's primary focus is on diagnosis and treatment in an ambulatory environment and home environment basis with institutional care as the modality of last resort.

2016 Accomplishments

- Provided outpatient prescriptions to nearly 5 million Veterans.
- VA Consolidated Mail Outpatient Pharmacy (CMOP) was ranked "Among the Best" for the 8th consecutive year among mail-order pharmacies, including private sector companies, for customer satisfaction in J.D. Power and Associates 2016 National Pharmacy Study with a score of 905. This represents a net customer service score increase of 29 points compared to 2015.

- On a daily basis, almost 6,000 Veterans track the delivery of their mail order prescriptions dispensed by CMOP via the MyHealtheVet website. As part of the service provided to Veterans, they have the ability to register for e-mail notification of pending delivery of their prescriptions to their address. This service has been well received by Veterans, with over 4.5 million e-mail notifications sent informing Veterans of their package delivery. This Veteran-centric service was the result of CMOP winning the 2013 Securing America's Value and Efficiency (SAVE) Award.
- When a Veteran's clinical needs require a specialty drug, they typically require special handling, administration, or monitoring. In order to meet our Veterans' needs, CMOP has recently expanded the Specialty Pharmacy operation. In 2016, CMOP's Specialty Pharmacy Program dispensed 80,730 specialty medications to Veterans. This represents an increase of 50,170 prescriptions dispensed through the CMOP Specialty Pharmacy compared to FY 2015.
- Providing Opioid Overdose Education and Naloxone Distribution (OEND) to Veterans at risk of an opioid overdose is a key objective of VHA safety initiatives. Pharmacy Benefits Management (PBM) has provided financial, education, and distribution support for the OEND program. In the less than two years since the program was implemented, over 12,000 Veterans have received a naloxone kit, and there have been 141 reported reversals as of December 13, 2015.
- Joint VA/Department of Defense (DoD) national pharmaceutical contracts provide a benefit to recently discharged Servicemembers by promoting product standardization used by both agencies. The number of joint national pharmaceutical contracts increased from 139 to 179 from the end of FY 2015 to the end of FY 2016, respectively.
- As part of promoting Veteran safety by helping preventing potential adverse drug events, PBM supported the deployment and implementation of the maximum single dose order check system.
- PBM provides comprehensive outpatient mail pharmacy services to 130,400 qualifying beneficiaries of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and dispensed 2.9 million outpatient prescriptions to the beneficiaries through the CMOP.
- PBM Virtual Pharmacy Services (VPS) provides virtual outpatient pharmacy support to VA facility pharmacies to help ensure prescriptions are processed and dispensed to Veterans in a timely manner. The VPS program processed 3 million outpatient prescriptions for 19 VA Medical Centers and associated clinics.
- The training of pharmacists to manage patients in direct patient care as a mid-level practitioner is what makes VA pharmacy residency programs the residencies of choice. VA Pharmacy trains over 618 year-1 and year-2 post-graduates and fellows, annually. We train 80% of the Mental Health pharmacists in the country and also lead in areas of Ambulatory Care and various other specialties such as Infectious Disease. The VA Pharmacy residency program is the largest in the country and is continually improving the quality of the programs through education and program support. The residents and fellows trained are dedicated to Veterans, and, through annual surveys, we have learned that 96% of residents want to be employed within VA. Residents extend care and help improve the access to

much needed care for Veterans. Once employed by VA, these clinicians are dedicated to further advance residency training and ultimately they become educators and experts in their area of specialty. These clinicians are key to physician support and bridging access to care.

- VA's use of Clinical Pharmacy Specialists (CPS) to expand access and improve the quality of medication management services continues to grow robustly. Since 2010, there has been a 90% increase in CPS practicing as advanced practice providers with a scope of practice. There are now 3,700 clinical pharmacists, many working full time, caring for Veterans with both chronic and acute diseases where they accumulated over 5.4 million patient care visits in 2016. They have assumed essential roles in improving access to care in both rural and non-rural environments where they significantly enhance team performance in the treatment of many chronic diseases. Major prescribing areas include Anticoagulants, Hepatitis C, and Anemia medications, where they prescribe 68%, 32%, and 31% of all prescriptions for these disease states, respectively.
- Expansion of the Pharmacists Achieve Results with Medications Documentation (PhARMD) Project to 140 VA facilities, used by over 3,500 pharmacist users, who documented over 1.8 million disease state interventions and an additional 440,584 interventions focused on their role in team-based care. These interventions demonstrate the clinical pharmacist's contribution to the use of medications in key chronic disease states such as diabetes, hypertension, hyperlipidemia, Hepatitis C, pain management, and mental health.
- Continual expansion of Mental Health pharmacist residency training in over 36 programs nationwide and over 70 pharmacist residents, the largest Mental Health pharmacist training programs in the country.
- Pharmacy Academic Detailing programs have been implemented in all VISNs, with a majority categorized as fully implemented (72%).
- There have been almost 11,000 outreach visits by academic detailers with over 17,000 providers across the VA at the close of the first quarter of 2017. The number of Academic Detailing outreach visits has consistently increased with each quarter, with a 14% increase from the fourth quarter of 2016 to the first quarter of FY 2017.
- The PBM Academic Detailing Service has been working closely with VISN Academic Detailing programs to educate and support providers around the Opioid Safety Initiative (OSI). Significant progress has been accomplished using AD interventions with providers who had large proportions of patients with high dose opioids, low urinary drug screen monitoring, or combination benzodiazepine and opioid prescribing.
- PBM implemented an easy-to-use National Drug Formulary search tool that can be accessed by Veterans and non-VA clinicians at http://www.pbm.va.gov/apps/VANationalFormulary/. In 2016, additional functionality was added to that VPE/MAP/PBM committee criteria for use are linked to the drugs contained on the formulary search tool.
- State Retail Immunization Care Coordination Programs - VA is beginning its fourth flu season of data-sharing with retail partners such as Walgreens to incorporate immunization data directly into the VA electronic health

record. Upcoming advancements with the program will allow sharing of any immunization type administered by retail health care partners. The program enhancements will provide improved clinician-facing functionality for the review of a Veteran's immunization history with additional details not previously available in electronic health record.

- PBM Patient Medication Information Management and Medication Reconciliation Initiative Office developed a "Medication Reconciliation Education Blitz' that reached over 1,000 staff with many program offices, including a 4-hour Medication Use Crisis Virtual Conference, which provided accredited education to VA, DoD, and Indian Health Service, a Joint Commission-VHA MedRecon Town Meeting, VA Engineering Resource Center (VERC) Two Day MedRecon Train the Trainer Conference, numerous field and program offices, and community of practice presentations. This fueled the development of the MedRecon Toolkit and ongoing work to garner field and industry best practices.
- PBM Patient Medication Information Management and Medication Reconciliation Initiative Office Worked with OIA Human Factors Engineering (HFE) to create the Essential Medication Information Standards Checklist – this provides a tool in which facilities, innovators, program offices, and contractors can use to self-examine their applications' and templates' compliance with VHA Directive 1164.
- PBM Patient Medication Information Management and Medication Reconciliation Initiative Office collaborated between Veteran Engineering Resource Center, Office of Strategic Integration (VERC|OSI) and Pharmacy Benefits Management (PBM)' s VA Medication Reconciliation Initiative – called the MedRecon Integrated System Deployment (MedRecon ISD, 2015-2016. 9 Pilot sites were conducted between November 2015 and January 2016, and 139 total site visits were completed in calendar year 2016. There were 514 questions and answers entered through the MedRecon ISD Resource Center and 659 artifacts recovered from facilities.
- PBM Patient Medication Information Management and Medication Reconciliation Initiative Office 2016 MedRecon Integrated System Deployment products:

  (1) **MedRecon ISD Toolkit** - This Toolkit is a new MedRecon SharePoint designed to support successful Medication Reconciliation (MedRecon) at VA facilities. It was the 'landing page' about the VA MedRecon Initiative and Integrated System Deployment Plan, but also provides a sustainment platform to explore tools, and find out how we all can "Partner with Veterans for the Best in Medication Care."

  (2) **Essential Medication List for Review (**EMLR**)** - An Enhancement to the currently available MedRecon Tool #1 Health Summary report from 2008, Medication list containing the components identified by the Essential Medication Information Standards Directive as being essential for a provider to review with the patient when reconciling medication information. EMLR is awaiting testing and release in VistA Patch GMTS*2.7*94 (expected second half of 2017) - NOTE: Patch GMTS*2.7*94 resolves 20 Remedy tickets as well as addressing 7 patient safety tickets.

(3) **Implementation of Class II LLVA After Visit Summary (platform and application)** - Summarizes health information (allergies, medications, labs, upcoming appointments, education, etc.) related to outpatient encounter(s); Available now as Class 2 software (supported by OI&T Region 1). Also Class 1 software (National OI&T support) in preparation and included as a voluntary MyVA Access Wave 3 solution.

(4) **Medication Review/Allergy Review (**MRAR**) Software** - Used to facilitate medication and allergy review interview between provider and patient and generate documentation in the electronic health record; release of first build for pilot was completed but is on hold until additional funding available for development – was dependent on VistA.js platform, which is now on hold.

(5) **Text Integrated Utility (TIU) Object Search Tool** - This tool searches templates for specified TIU objects CAC/HIS can use the tool to search personal, shared, and reminder dialog templates for specific patient data objects to manually replace with a VHA 1164/EPRP compliant patient data object for medication review; Currently being tested but expected release FY17Q3 to Region 1 prior to national availability.

(6) **Exemplars (Artifacts) from the Field** - Medication Reconciliation artifacts (recovered from 139 facility site visits performed in Phase I of the MedRecon ISD) that exemplify a strong or best practice. Facilities can connect with the owners of these artifacts and implement exemplary practices to improve care/workflow/documentation at their facilities. This analysis will be used to Inform National policy, provide exemplars to the field as best practices, and give insight into facility practices; to be released in the third quarter of FY 2017.

- PBM Patient Medication Information Management and Medication Reconciliation Initiative Office released the "Ask the Pharmacist Mobile App" into production, which gives Veterans a trusted resource for medication information, self-management, and pharmacy services.
- PBM Patient Medication Information Management and Medication Reconciliation Initiative Office led, for the 4th year, the nationwide "May is Medication Awareness Month." Staff voted on best strong practice, MedRecon Champion, and the most participation in the VERC ISD surveys.
- PBM Pharmacy Reengineering and Clinical Informatics (PBMCI) Program Office implemented an easy-to-use National Drug Formulary search tool that can be accessed by Veterans and non-VA clinicians at http://www.pbm.va.gov/apps/VANationalFormulary/
- PBM Pharmacy Reengineering and Clinical Informatics (PBMCI) Program Office successfully maintained and enhanced the following systems in VA:
  - Pharmacy Product System and National Drug File Management and Enhancements;
  - Medication Order Check Healthcare Application (MOCHA) Enhancements;
  - Pharmacy Enterprise Customization System (PECS) Enhancements;
  - Inpatient Medications Administration/Transdermal Medications;
  - State Prescription Drug Monitoring (SPMP or SPDMP);

- InBound ePrescribing;
- Pharmacy/Operations Safety Updates; and
- Inpatient Pharmacy Automated Dispensing Equipment Interface.

- PBM collaborated with the Chief Business Office (CBO, now Member Services) in the release of the Fixed Medication Tiers (FMCT) Project. FMCT adds the ability to meet new VA regulations which change the medication copay structure from one copay for all prescriptions, to better match industry standards for tiered copays. The tiered copay is $5 for selected generics, $8 for generics, and $11 dollars for branded drugs. It is anticipated that over 80% of patients will see a reduction in their copayments, as most prescriptions will fall into the Tier 1 and 2 categories, $5 or $8 respectively for each thirty day or less supply of medication.
- The Pharmacy Product System/National Drug File (NDF/PPS) provides and maintains medication terminology and VA Formulary information for medication ordering and management in VA's EHR, including CPRS and Pharmacy VistA. The system is updated frequently based on VA Formulary changes and our vendor provided data (First Data Bank). The Pharmacy Enterprise Customization System (PECS) applied 13 VA customizations to the information provided by First Data Bank to improve medication prescribing. Those updates involved 88 updated drug interactions, 24,404 updated drug pairs updates. PECS version 5.0 was also completed and released meeting all scheduled timelines and deliverables. And PECS version 6.0 is near national deployment.
- The office performs analytics and reporting, including metrics to do predictive modeling for patient outcomes, identify risks to patient care, and develop system to reduce risk and improve outcomes. For example, before MOCHA was implemented the percent of Duplicate Therapy Order Check Messages was 41.98% (3,734,919) for January 2011, while subsequent to MOCHA's implementation these plummeted to 25.22% (2,209,098) for December 2011. There were 1,525,821 fewer Duplicate Drug Therapy Order Checks between January 2011 and December 2011. This corresponds to a 39.92% reduction in these order checks over that time period. The quality and drop in numbers of the duplicate therapy order checks are due to the difference between using the old VA Drug Class versus using the new FDB Therapeutic Classification data through MOCHA. These types of analytics direct refinements to VA's Clinical Decision Support system that reduces alert fatigue and improves safety.

2017-2019 Goals

- VA Pharmacy will continue to promote initiatives and programs to improve the health status of Veterans by encouraging the appropriate use of medications in a comprehensive medical care setting.
- Continue Veteran engagement for safe disposal of medications and expansion of drug take-back options in alignment with the DEA rule.
- Develop a standardized and efficient method, supporting multiple workflows, for all facilities to respond to drug consults and timeliness of approval for prior authorization and non-formulary medication requests. The process will use standardized health factors and consult titles to gather detailed information that allow for data analysis at the Facility, VISN, and National Level and eliminates the

current manual tracking at each facility. This will enable in-depth analysis of drug requests and responses that can be used to enhance formulary decisions that provide for safety, efficacy, and value to our Veterans, allowing all sites to respond to Office of Inspector General (OIG) information requests with minimal effort.

- Upgrade equipment at MidSouth CMOP to increase quality and efficiency of prescription fulfillment operation by end of calendar year 2018. Upgrade equipment at Hines and Charleston CMOPs to increase quality and efficiency of prescription fulfillment operation by end of calendar year 2019.
- Include a Thank-You message to our Veterans for their service on all prescriptions dispensed to our Veterans through the CMOP system by the end of calendar year 2018.
- Design and execute a data-driven process for tracking and trending the difficult-to-recruit pharmacy leadership vacancies.
- Implement VA's clinical decision support MOCHA Enhancements (Version 2) and MOCHA (Version 2.1). The versions will add Clinical Reminder Order Checks and Maximum Daily Dose order checks for providers and pharmacists. These enhancements will strengthen the Clinical Decision Support (CDS) infrastructure of Veterans Health Information Systems and Technology Architecture (VistA) and promote patient safety by preventing adverse drug events and drug overdoses.
- Develop a Pharmacy Graphic User Interface (GUI) to overlay onto the VistA Pharmacy order processing system. A Pharmacy GUI will be more responsive to changes in practice, pharmacy and patient needs, system priorities, and advances in technology in a VistA environment.
- Support VA facilities' ability to achieve better staffing in primary care and other specialty areas with Clinical Pharmacy Specialists (CPS). PBM Clinical Pharmacy Practice Office (CPPO) is overseeing an Office of Rural Health (ORH) initiative which is focused on using the CPS to improve access to care for rural veterans. In 2017, 203 FTE CPS were funded at 60 field facilities. The focus is on enhancing the three key areas of access, primary care, pain management, and mental health. This initiative provides for a total of 121 PACT CPS, 45.5 Mental Health CPS, and 36.5 Pain CPS to VA facilities nationwide.
    - Short Term goals are consistency in medication information projects according to VHA Directive 1164 amongst paper and digital tools.
    - Long Term goals also include promotion of the VHA Directive 1164 (above) and in conjunction with the development of the overarching strategy, create requirements and develop an integrated clinical reconciliation tool within Clinical Decision Support, consistent with shared decision making, education, transitions in care, hand-offs, etc. This effort will indirectly streamline and reduce waste by combining duplicative efforts and contracts and continue to disseminate best practices for future enhancements and innovations.
- PBM Academic Detailing Service will support the full implementation of Academic Detailing programs within each VISN to enhance clinical staff practice

change to include full adoption of evidence-based practice recommendations across VHA directed initiatives.

- Enhance the Pharmacy Product System/National Drug File. The planned enhancements will support VA's ability to share data with DoD and other health care partners.
- Define the requirements for the development of an e-prescribing system that will be implemented to allow non-VA prescribers to transmit prescriptions electronically to VA pharmacies for eligible Veterans.
- Support VA and PBM efforts on Pain Management, Ambulatory Care, Mental Health, Oncology, Pharmacy Administration and other specialties through specialty pharmacy residencies.
- PBM Patient Medication Information Management and Medication Reconciliation Initiative Office is the business owner for a multi-year effort for the enterprise-wide "Medication Reconciliation System Integration Deployment Plan" with VERC and multiple program offices, which will provide onsite support for every VA facility to implement standard process and promote success with three Medication Reconciliation Tools.

National Formulary - The VA National Formulary as the sole drug formulary authorized for use in VA. VA National Formulary contains national standardization items within selected therapeutic categories and ensures uniform availability of drug therapies across the nation.

VA has had a long-standing policy of continuing medications in transitioning Servicemembers who move from the DoD healthcare system to VA. In order to strengthen this policy, in response to the National Defense Authorization Act, VA and DoD jointly established a Continuity of Care Drug List for the Department of Veterans Affairs (VA) and the Department of Defense (DoD) with respect to pharmaceutical agents that are critical for the treatment of individuals with pain, mental health conditions, and sleep disorders to assure that treatment is not interrupted when transitioning to VA from DoD in these vulnerable populations. The Continuity of Care Drug List went into effect in July 2016 after approval by Congress.

Pharmacy Benefits Management (PBM) Services - VA established the PBM in the early 1990s to administer the drug benefit across the VA health care system. Where it is clinically feasible, national standardization contracts are awarded within therapeutic categories that represent the greatest opportunity for enhancing cost-effective drug therapy.

Consolidated Mail Outpatient Pharmacies (CMOP) – VA automated and consolidated its prescription fulfillment processes for Veteran outpatients. Prescriptions are filled and mailed to the Veteran's home. CMOPs significantly improve customer service, reduce potential for errors, and improve efficiency by filling large volumes of prescriptions faster with continually improving technologies that require less staff than would be needed at individual VA medical centers. VA currently operates seven of these facilities across the nation and fills approximately 80 percent of all outpatient prescriptions via the CMOPs.

VA/DoD Pharmaceutical Procurement – When clinically appropriate, VA and DoD continue to convert existing unilateral contracts to joint contracts. While the number of unilateral national contracts remained stable over 2016, the number of joint national contracts has reached an all-time high of 179, and the number is anticipated to continue to rise in 2017 and beyond.

VA Adverse Drug Event Reporting (VA ADERS) / VA Center for Medication Safety (VAMedSAFE) – VA ADERS is a spontaneous web-based passive surveillance reporting system for adverse drug and vaccine events (ADEs). These reports are reported directly to the Food and Drug Administration (FDA) and are analyzed for overall trends and preventable ADEs. VAMedSAFE conducts passive surveillance (VA ADERS), active medication safety surveillance (integrated databases), and national medication safety Medication Use Evaluations and Risk Reduction efforts for certain classes of medication and vaccines. Staff works collaboratively with the FDA on surveillance with an emphasis on the safe use of medications and vaccines in the Veteran population. In 2017, VA will be collaborating with FDA to send VA ADERS MedWatch reports directly to the FDA. The current fax server will be decommissioned in favor of an electronic submission of these reports in an XML format as specified by the FDA.

VA Mobile Pharmacy – VA mobile pharmacies provide acute and chronic medications to Veterans and potentially other Americans affected by a natural disaster. VA's four mobile pharmacies are capable of connecting via satellite to a CMOP which can then dispense prescriptions for delivery to a central location within the disaster zone.

Pharmacy Clinical Informatics and Re-engineering – VA Pharmacy Informatics and Re-engineering program provides business owner oversight of pharmacy development activities to improve and transform health care through information technology. The primary initiative is to replace the Pharmacy VistA system component of VA's Electronic Health Record.

One component of this effort is the VA Medication Order Check Healthcare Application (MOCHA). This application provides customizable clinical decision support for drug interactions and excessive doses when medications are ordered. Maximum Single Dose order checks were fully deployed to all VA medical centers in July 2014. MOCHA generates over 4.5 million order checks nationwide per month to help prevent adverse drug events due to incorrect drug dosage, unnecessary therapeutic duplication and potential drug-drug interactions.

Pharmacy Product System (PPS)/National Drug File Project (PPS/NDF) is the largest open-source drug file in the United States. The Pharmacy Product System-National (PPS-N) is a Web-based application that provides the ability to manage pharmacy-specific data across the VA enterprise, ensuring that all facilities are using the same base data for the prescription ordering and fulfillment processes. The Drug File contains over 128,000 medications and product terms, and the system contains medication information that is provided to patients.

Clinical Pharmacy Program Office –The primary focus of this program office has been to maximize the utilization of Clinical Pharmacists as advanced practice providers with a scope of practice, thus improving care by performing essential medication management services, enhancing medication safety, and significantly improving chronic disease management in our Veteran population. Since the inception of this program office, there has been a 90 percent increase in Clinical Pharmacists practicing as advanced practice providers. Additionally, the program office has developed robust and comprehensive data collection tools, including metrics that illustrate both the performance and quality of clinical pharmacy practice in VHA.

Pharmacy Residency Program Office—The Pharmacy Residency Program Office's (PRPO) mission is to train post-doctoral pharmacists for the VA and the profession, and, over the past 16 years, the program office has trained over 6,500 pharmacists in post-graduate years (PGY) 1 and 2 and fellowships. VA is the largest post-doctoral training program in the nation, with over 286 programs nationally, and has become the residencies-of-choice for the profession. PRPO is also dedicate to the education of residents with research design courses, monthly journal clubs presented by residents and VA clinical and research experts and monthly conference calls highlighting key topics for resident learning and growth. PRPO has created a robust database to monitor the programs, an annual Standard of Excellence, which surveys the needs of the programs in terms of educational needs, the experience of RPD and preceptors, and the demand for expanding existing programs or initiating new programs.

Academic Detailing Service - The PBM National Academic Detailing Service (ADS) provides central resources for VA clinical pharmacists to deliver educational outreach to advance evidence-based practices. The ADS core services include development of educational resources, hands-on trainings and clinical informatics tools covering a variety of topic initiatives, including Opioid Safety Initiative (OSI), Opioid Overdose Education and Naloxone Distribution (OEND), and the Psychotropic Drug Safety Initiative (PDSI).

Patient Medication Information Management and Medication Reconciliation Initiative Office - serves to collaborate with program offices, the field, and partner federal healthcare organizations to ensure patients and their caregivers have safe, effective, team-based, and patient-driven medication reconciliation as part of a larger goal to partner with patients and their medications.

Meds by Mail Program - The Pharmacy Benefits Management (PBM) Meds by Mail (MbM) Program provides comprehensive outpatient mail pharmacy services and call center support to qualifying beneficiaries of the VHA's Office of Community Care (OCC) Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). CHAMPVA beneficiaries are the dependents of permanently and totally disabled veterans, survivors of veterans who died from service-connected conditions while on active duty, or veterans who at the time of death were rated permanently and totally disabled from a service-connected condition. MbM also supports the CHAMPVA In-

house Treatment Initiative (CITI) and Spina Bifida/ Children of Women Vietnam Veterans (CWVV) programs. All prescriptions processed by MbM are filled by VA's Consolidated Mail Outpatient Pharmacy (CMOP) and mailed directly to the beneficiary at no cost. There are two MbM servicing centers; one located in Dublin, Georgia and the other in Cheyenne, Wyoming. The OCC coordinates eligibility and fiscal responsibility for the MbM program. The MbM program provides a cost saving to the VHA in excess of $135 million per year (Grant Thornton Report 2011) by processing prescriptions within the VA system versus using CHAMPVA's retail point of service.

Virtual Pharmacy Service Program - The Pharmacy Benefits Management (PBM) Virtual Pharmacy Service (VPS) Program provides outpatient pharmacy support to VAMC pharmacies to process unverified prescriptions waiting pharmacist review. Participating VAMC pharmacies (19) have an average outpatient prescription processing time of less than two days. The VPS program began as a pilot in 2006 between the Tucson CMOP, Cincinnati VAMC and the Tennessee Valley VA Health Care System (HCS). The pilot demonstrated a successful proof of concept but was ended 2010. The pilot program transitioned from CMOP to PBM Meds by Mail and began service to Tennessee Valley VA HCS in January 2011. Since then, 17 additional sites have been added. The VPS program is staffed by pharmacists located at the MbM serving centers in Dublin, GA and Cheyenne, WY. FY 2016 workload was 3.06 million outpatient prescriptions.

Prosthetics

Prosthetics 1/
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate 2/	2017 Current Estimate	2018 Advance Approp. 2/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total] 1/	**$2,936,400**	**$3,645,677**	**$3,445,677**	**$3,376,159**	**$3,716,100**	**$4,013,800**	**$270,423**	**$297,700**
Medical Services (0160)	$2,936,400	$3,645,677	$3,445,677	$3,376,159	$3,716,100	$4,013,800	$270,423	$297,700

1/ This table displays obligations (both discretionary [0160] and mandatory [0160XA]) for the Medical Services account, only. See the Medical Care chapter for detail on all accounts that support the Activations program.
2 /Details not displayed in 2017 President's Submission

Nearly all prosthetics obligations will be in the Medical Services appropriation with the remaining obligations in the Veterans Choice Program. The Medical Community Care Appropriation will not fund Prosthetic obligations. Prosthetic and Sensory Aids Service (PSAS) is an integrated delivery system designed to provide medically prescribed prosthetic and sensory aids, medical devices, assistive aids, repairs, and services to eligible Veterans to maximize their independence and enhance their quality of life. Although the term "prosthetic device" may suggest images of artificial limbs, it actually refers to any device that supports or replaces loss of a body part or function and includes a full range of equipment and services for Veterans. This includes but is not limited to, artificial limbs, hearing aids, speech communication aids, home oxygen, orthopedic footwear, orthopedic braces and supports, cosmetic restorations, breast prostheses, wigs; items that improve accessibility such as ramps and vehicle modifications, wheelchairs and mobility aids; and devices surgically placed in the Veteran, such as stents, joint replacements, and pacemakers. These items are provided from prescription through procurement, delivery, training, replacement, and when necessary, repair. For more information please see the Medical Care chapter.

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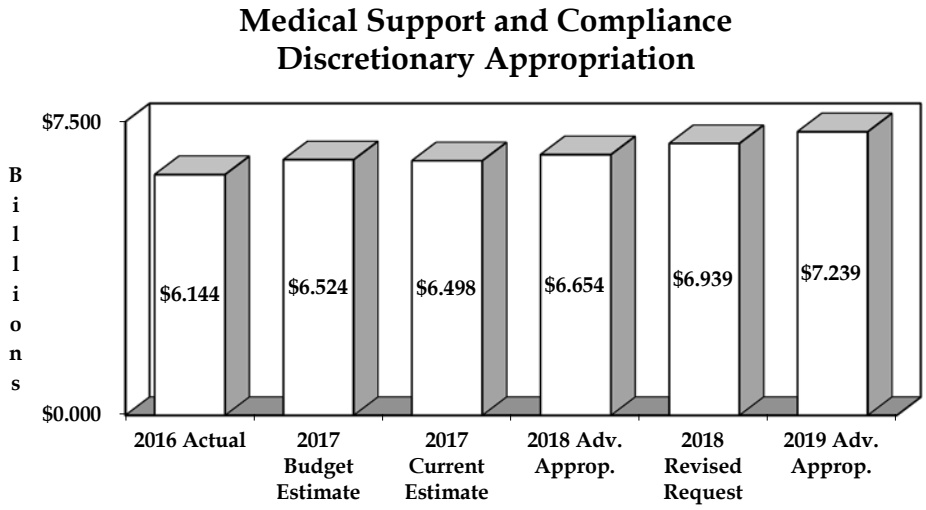
Medical Support and Compliance



2018 Funding and 2019 Advance Appropriations Request

The Medical Support and Compliance appropriation finances the supporting structures that underlie VHA's ability to deliver high-quality health care services to our Veterans. Approximately 69% of the 2018 total funding for this appropriation is designated for VA Medical Centers (VAMCs), Veteran Integrated Service Networks (VISNs), and Other Field Activities, and the remaining 31% of the funding is designated for National Consolidated Activities and VHA Central Office. This funding ensures that leadership management teams are in place to govern, appropriate oversight to safeguard quality of care for our Veterans is available, essential security services are provided, needed supplies and medications are ordered, health care provider vacancies are filled, financial services and oversight are provided, required medical equipment is procured and patient encounters are appropriately recorded. These critical functions are detailed in the following paragraphs.

A 2018 advance appropriation of $6.654 billion was enacted for Medical Support and Compliance. The budget requests an additional $284 million to support increased administrative requirements in the community care program, increase the number of staff assigned to VA Medical Centers, and account for growth in certain programs.

The increased administrative requirments in the community care program are due to continual improvements in program operations and business practices. These improvements include the following:

- Greater options for Veterans to select a provider that meets their needs closer to their home.
- An expedited referral process that allows Veterans to receive care quicker in the community.
- Improved care coordination by enabling the Veteran, community providers, and VA to work more collaboratively together.
- An enhanced quality and safety monitoring framework to ensure transparency and allows Veterans to identify high-performing providers.
- Increased oversight in order to limit fraud, waste and abuse.
- Improved customer service providing a direct connection for Veterans to receive answers to their questions promptly and accurately.

These staffing increases and program growth include the following types of activities:

- Increases in Non-VA Care Coordination (NVCC) staff to assure patient consults are processed timely.
- Increases in security costs for VA Police Services due to increased demands for safety and training.
- Increases in Human Resource staff to support additional hiring demands.
- Staffing support for initiatives related to the Strategic Analytics for Improvement and Learning Value Model (SAIL), performance, safety, and access.
- Logistics staffing support for new directives and roll-out of the new Medical/Surgical Prime Vendor - Next Generation (MSPV-NG) contract.

Medical Support & Compliance (0152 & 0152XA)
Crosswalk, 2016-2019
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Appropriation Medical Support & Compliance (0152)								
Advance Appropriation	$6,144,000	$6,524,000	$6,524,000	$6,654,480	**$6,654,480**	**$7,239,156**	$130,480	$584,676
Annual Appropriation Adjustment	$0	$0	$0	$0	**$284,397**	**$0**	$284,397	($284,397)
Appropriations Request Subtotal	$6,144,000	$6,524,000	$6,524,000	$6,654,480	**$6,938,877**	**$7,239,156**	$414,877	$300,279
Rescission	$0	$0	($26,000)	$0	**$0**	**$0**	$26,000	$0
Net Appropriation	**$6,144,000**	**$6,524,000**	**$6,498,000**	**$6,654,480**	$6,938,877	$7,239,156	**$440,877**	**$300,279**
Tranfers To								
FHCC (0169)	($27,405)	($28,206)	($25,991)	($28,839)	**($27,792)**	**($28,656)**	($1,801)	($864)
Major Construction (0110)	($84,687)	$0	$0	$0	**$0**	**$0**	$0	$0
Transfers To [Subtotal]	($112,092)	($28,206)	($25,991)	($28,839)	**($27,792)**	**($28,656)**	($1,801)	($864)
Transfers From							$0	$0
FHCC (0169)	$1,368	$0	$0	$0	**$0**	**$0**	$0	$0
Transfers From [Subtotal]	$1,368	$0	$0	$0	**$0**	**$0**	$0	$0
Budget Authority [Total]	$6,033,276	$6,495,794	$6,472,009	$6,625,641	$6,911,085	$7,210,500	$439,076	$299,415
Reimbursements	$13,209	$14,063	$19,063	$14,193	**$19,063**	**$19,063**	$0	$0
Unobligated Balance (SOY)								
No-Year	$248	$250	$0	$0	**$50,000**	**$0**	$50,000	($50,000)
H1N1 No-Year (PL 111-32)		$0	$216	$0	**$0**	**$0**	($216)	$0
2-Year	$98,784	$29,750	$84,285	$0	**$0**	**$0**	($84,285)	$0
Unobligated Balance (SOY) [Subtotal]	$99,032	$30,000	$84,501	$0	**$50,000**	**$0**	($34,501)	($50,000)
Unobligated Balance (EOY)								
No-Year	$0	$0	($50,000)	$0	**$0**	**$0**	$50,000	$0
H1N1 No-Year (PL 111-32)	($216)	$0	$0		**$0**	**$0**	$0	$0
2-Year	($84,285)	$0	$0	$0	**$0**	**$0**	$0	$0
Unobligated Balance (EOY) [Subtotal]	($84,501)	$0	($50,000)	$0	**$0**	**$0**	$50,000	$0
Lapse	($157)	$0	$0	$0	**$0**	**$0**	$0	$0
Subtotal	$6,060,859	$6,539,857	$6,525,573	$6,639,834	**$6,980,148**	**$7,229,563**	$454,575	$249,415
Prior Year Recoveries	$188	$0	$0	$0	**$0**	**$0**		
Obligations (0152) [Total]	$6,061,047	$6,539,857	$6,525,573	$6,639,834	**$6,980,148**	**$7,229,563**	$454,575	$249,415
VACAA, Section 801 (0152XA)								
Unobligated Balance (SOY)	$27,088	$7,310	$20,846	$0	**$20,486**	**$6,100**	($360)	($14,386)
Transfer of Unobligated Balances	($48)	$8,952		$0	**$0**	**$0**	$0	$0
Unobligated Balance (EOY)	($20,486)	$0	($20,846)	$0	**($6,100)**	**$0**	$14,746	$6,100
Subtotal	$6,554	$16,262	$0	$0	**$14,386**	**$6,100**	$14,386	($8,286)
Prior Year Recoveries	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations (0152XA) [Total]	$6,554	$16,262	$0	$0	**$14,386**	**$6,100**	$14,386	($8,286)
Obligations [Grand Total]	$6,067,601	$6,556,119	$6,525,573	$6,639,834	**$6,994,534**	**$7,235,663**	$468,961	$241,129
FTE								
Medical Support & Compliance (0152)	50,490	52,350	52,222	52,350	**53,099**	**53,352**	877	253
VACAA, Section 801 (0152XA)	64	170	0	0	**0**	**0**	0	0
FTE [Total]	50,554	52,520	52,222	52,350	**53,099**	**53,352**	877	253

Update to the 2018 Advance Appropriation Request
Medical Support & Compliance (0152)
(Excludes Veterans Choice Act)
(dollars in thousands)

		Available Funding						
Description	2018 Revised Estimate	Adv. Approp. Incl. Transfers	Re-estimate	Transfers To	Reimb.	Use of Unobl. Balance	Subtotal	Annual Approp. Adjust. Required
VA Medical Centers, VISNs & Other Field Activities:								
VAMCs and Other Field Activities	$4,612,234	$4,234,618	$53,801	$1,047	$4,870	$50,000	$4,344,336	**$267,898**
VISN Headquarters	$174,388	$165,492	$8,896	$0	$0	$0	$174,388	**$0**
Subtotal	$4,786,622	$4,400,110	$62,697	$1,047	$4,870	$50,000	$4,518,724	**$267,898**
VHACO & National Consolidated Activities:								
Consolidated Mail Outpatient Pharmacies (CMOP)	$19,833	$19,290	$543	$0	$0	$0	$19,833	**$0**
Employee Education Service Center	$83,578	$75,131	$8,447	$0	$0	$0	$83,578	**$0**
National Center for Patient Safety	$8,756	$9,138	($382)	$0	$0	$0	$8,756	**$0**
Office of Community Care	$816,546	$800,047	$0	$0	$0	$0	$800,047	**$16,499**
Office of Informatics and Information Governance	$231,802	$260,929	($29,127)	$0	$0	$0	$231,802	**$0**
VHA Central Office	$665,514	$671,105	($5,591)	$0	$0	$0	$665,514	**$0**
VHA Member Services	$116,914	$124,880	($7,966)	$0	$0	$0	$116,914	**$0**
VHA Service Center	$250,583	$279,204	($28,621)	$0	$0	$0	$250,583	**$0**
Subtotal	$2,193,526	$2,239,724	($62,697)	$0	$0	$0	$2,177,027	**$16,499**
Obligations [Total]	$6,980,148	$6,639,834	$0	$1,047	$4,870	$50,000	$6,695,751	**$284,397**

The funding levels shown below include the program's total discretionary budget authority plus reimbursements, as well as the budget authority available due to unobligated start-of-year mandatory balances from Sec. 801 of the Choice Act. The programmatic funding levels are shown with both of these funding sources combined to allow for a comprehensive picture of the program's operations.

Program Resources

- **$6.995 billion in 2018**
- **$7.236 billion in 2019**

In an effort to provide better visibility into the spending under this appropriation, VA is providing additional detail on obligations by the categories below. The following charts reflect VA's actuals for 2016, current plan for 2017, revised request for 2018, and 2019 advance appropriation.

Summary of Obligations by Functional Area
Medical Support and Compliance (0152 & 0152XA)
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
VA Medical Centers, VISNs & Other Field Activities (0152)								
VAMCs and Other Field Activities	$3,904,348	$4,170,857	$4,250,026	$4,234,618	**$4,612,234**	**$4,891,964**	$362,208	$279,730
VISN Headquarters	$165,875	$163,000	$171,136	$165,492	**$174,388**	**$177,701**	$3,252	$3,313
Subtotal	$4,070,223	$4,333,857	$4,421,162	$4,400,110	**$4,786,622**	**$5,069,665**	$365,460	$283,043
VHACO & National Consolidated Activities (0152)								
Consolidated Mail Outpatient Pharmacies	$17,166	$19,000	$19,463	$19,290	**$19,833**	**$20,210**	$370	$377
Employee Education Service Center	$61,837	$74,000	$81,964	$75,131	**$83,578**	**$85,166**	$1,614	$1,588
National Center for Patient Safety	$6,908	$9,000	$8,593	$9,138	**$8,756**	**$8,923**	$163	$167
Office of Community Care	$708,606	$788,000	$744,606	$800,047	**$816,546**	**$756,755**	$71,940	($59,791)
Office of Informatics and Information Governance	$240,315	$257,000	$236,034	$260,929	**$231,802**	**$236,206**	($4,232)	$4,404
VHA Central Office	$608,217	$661,000	$653,105	$671,105	**$665,514**	**$678,159**	$12,409	$12,645
VHA Member Services	$89,215	$123,000	$114,735	$124,880	**$116,914**	**$119,135**	$2,179	$2,221
VHA Service Center	$258,372	$275,000	$245,911	$279,204	**$250,583**	**$255,344**	$4,672	$4,761
Obligations Before Prior Year Recoveries (0152)	**$1,990,636**	**$2,206,000**	**$2,104,411**	**$2,239,724**	$2,193,526	$2,159,898	**$89,115**	**($33,628)**
Prior Year Recoveries	$188	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations Total After Prior Year Recoveries (0152)	**$6,061,047**	**$6,539,857**	**$6,525,573**	**$6,639,834**	$6,980,148	$7,229,563	**$454,575**	**$249,415**
VACAA, Section 801 (0152XA)								
Activations	$3,977	$0	$0	$0	**$0**	**$0**	$0	$0
Staffing Shortage & Report (Sect. 301)	$2,348	$15,512	$0	$0	**$14,386**	**$6,100**	$14,386	($8,286)
Hiring Medical Staff	$229	$750	$0	$0	**$0**	**$0**	$0	$0
Obligations Total (0152XA)	**$6,554**	**$16,262**	**$0**	**$0**	$14,386	$6,100	**$14,386**	**($8,286)**
Obligations [Grand Total]	**$6,067,601**	**$6,556,119**	**$6,525,573**	**$6,639,834**	$6,994,534	$7,235,663	**$468,961**	**$241,129**

Fiscal Year 2016 Actuals
Medical Support and Compliance (0152 & 0152XA)
(dollars in thousands)

Description	Pay & Benefits 1/	Capital 2/	All Other 3/	Total	FTE
VA Medical Centers, VISNs & Other Field Activities (0152)					
VAMCs and Other Field Activities	$3,295,682	$23,556	$585,110	$3,904,348	36,247
VISN Headquarters	$149,108	$63	$16,704	$165,875	961
Subtotal	$3,444,790	$23,619	$601,814	$4,070,223	37,208
VHACO & National Consolidated Activities (0152)					
Consolidated Mail Outpatient Pharmacies	$16,295	$17	$854	$17,166	1,203
Employee Education Service Center	$42,912	$87	$18,838	$61,837	40
National Center for Patient Safety	$6,238	$15	$655	$6,908	2,453
Office of Community Care	$547,148	$1,907	$159,551	$708,606	171
Office of Informatics and Information Governance	$99,180	$158	$140,977	$240,315	386
VHA Central Office	$256,587	$151	$351,479	$608,217	6,726
VHA Member Services	$71,462	$895	$16,858	$89,215	1,656
VHA Service Center	$246,920	$1,043	$10,409	$258,372	647
Subtotal	$1,286,742	$4,273	$699,621	$1,990,636	13,282
Obligations Before Prior Year Recoveries (0152)	**$4,731,532**	**$27,892**	**$1,301,435**	**$6,060,859**	**50,490**
Prior Year Recoveries	$0	$0	$188	$188	0
Obligations Total After Prior Year Recoveries (0152)	**$4,731,532**	**$27,892**	**$1,301,623**	**$6,061,047**	**50,490**
VACAA, Section 801 (0152XA)					
Activations	$3,257	$144	$576	$3,977	51
Staffing Shortage & Report (Sect. 301)	$2,043	$115	$190	$2,348	10
Hiring Medical Staff	$229	$0	$0	$229	3
Obligations Total (0152XA)	**$5,529**	**$259**	**$766**	**$6,554**	**64**
Obligations [Grand Total]	**$4,737,061**	**$28,151**	**$1,302,389**	**$6,067,601**	**50,554**

1/ Pay Benefits = 10 Personnel Compensation and Benefits.

2/ Capital = 31 Equipment and 32 Lands and Structures.

3/ All Other = 31 Travel & Transportation of Persons; 22 Transportation of Things; 23 Rent, Communications & Utilities; 24 Printing & Reproduction; 25 Other Contractual Services; and 26 Supplies & Materials

VA Medical Centers, VISNs, & Other Field Activities

The obligations shown in the tables below reflect discretionary budget authority plus reimbursements.

1. VA Medical Centers & Other Field Activities

VA Medical Centers And Other Field Activities
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$3,904,348	$4,170,857	$4,250,026	$4,234,618	**$4,612,234**	**$4,891,964**	$362,208	$279,730

Program Description

Funding in this account for VA Medical Centers and other field activities supports the management, operation, oversight, security, and administration of the VA's health care system. This includes medical center management teams (Director, Chief of Staff, Chief Medical Officer, and Chief Nurse), medical center support functions (quality of care oversight, security services, legal services, billing and coding activities, acquisition, procurement, and logistics activities), human resource management, logistics and supply chain management, and financial management. Of the many functions required to operate VHA facilities, one essential function is revenue generation. This begins at the medical centers and clinics with the verification of insurance and the coding of inpatient and outpatient encounters.

2. Veteran Integrated Service Networks (VISN) Headquarters

Veterans Integrated Service Networks (VISN) Headquarters
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$165,875	$163,000	$171,136	$165,492	**$174,388**	**$177,701**	$3,252	$3,313

Program Description

These funds provide the necessary resources for the VISN offices that provide regional support, management and oversight to the medical centers, clinics and other field activities within their regions. This includes but is not limited to network leadership teams (Network Director, Deputy Network Director, Chief Financial Officer, Chief Medical Officer, and Chief Information Officer) and clinical and administrative functional leads, that are centrally located to provide leadership to those programs within each VISN. Each VISN office is responsible for coordinating the delivery of health care to Veterans by leveraging and integrating operations at all of the VA health care facilities within the VISN. In 2016 the VISN re-organization began which resulted in the same 21 VISN offices; however, changes were made to the oversight of 10 medical centers that shifted from one VISN to another. In 2017,

the VISN re-organization continued with the consolidation of 3 VISNs into existing VISNs; this resulted in the total number of VISN Headquarters reducing from 21 to 18.

VHACO & National Consolidated Activities

3. Consolidated Mail Outpatient Pharmacies (CMOP)

Consolidated Mail Outpatient Pharmacies (CMOP)
(dollars in thousands)

		2017		2018	2018	2019		
Description	2016 Actual	Budget Estimate	Current Estimate	Advance Approp.	Revised Request	Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$17,166	$19,000	$19,463	$19,290	**$19,833**	**$20,210**	$370	$377

Program Description

VA's CMOP program provides outpatient pharmaceutical dispensing support services to Veterans being cared for at VA healthcare facilities and medical centers located within each of the VISNs throughout the United States. CMOP acts as an extension of the medical facility pharmacies providing the fulfillment services for approximately 80% of all outpatient prescriptions provided to Veterans by VHA. This is accomplished through the use of highly automated technologies that support the dispensing of over 474,000 prescriptions every work day and 119.6 million prescriptions a year.

CMOP program consists of a network of seven pharmacies located in:

- Chelmsford, MA
- Charleston, SC
- Dallas, TX
- Hines, IL
- Leavenworth, KS
- Murfreesboro, TN
- Tucson, AZ

CMOP activities are funded through user fees paid by the VA medical center facilities utilizing the CMOP service. CMOP provides prescription fulfillment services, i.e., filling and mailing outpatient prescriptions, directly to beneficiaries of the Indian Health Service as well as all of VHA. Seventy-nine (79) Indian Health Service (IHS)/tribal health program (THP) sites have been set up to participate in the CMOP program.

2016 Accomplishments

- Prescriptions per day filled increased 1.4%.
- JD Power has ranked VA CMOP as among the best for 8 consecutive years for all surveyed mail order pharmacies.
- CMOP has achieved the highest JD Power overall rating for all mail order pharmacies for 6 of the last 8 years.
- For 2016 CMOP exceeded all core metric performance metric benchmarks.

2016	Target	CMOP Cumulative
Quality Core Measures		
Wrong Patient CMOP & Contractor	**=>6 Sigma**	**6.22**
Wrong Product CMOP & Contractor	**=>6 Sigma**	**6.09**
Wrong Quantity CMOP & Contractor	**=>5.7 Sigma**	**5.75**
Average Delivery Days	**=<3.5 days**	**2.45**
Packages >5Days	**=<2%**	**0.47**
Satisfaction Core Measures		
Patient Satisfaction	**=>80%**	**89%**
Operational Core Measures		
Monthly Turn Around	**=<48 hours**	**40.6**

2017-2019 Goals

- Implement new pharmacy dispensing automation at Murfreesboro, Hines, and Leavenworth CMOP facilities.
- Begin providing pharmacy mail order fulfillment services to Native American tribes through the Indian Health Services program.

Workload

CMOP workload is expected to increase at a rate of approximately 2% to 3% per year during this time frame if current eligibility requirements remain constant. Modifications to eligibility requirements have the potential to change workload projections if the modifications have the ability to significantly impact overall demand for outpatient pharmacy dispensing services through the VA system.

4. Employee Education Service Center

Employee Education Service Center
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$61,837	$74,000	$81,964	$75,131	**$83,578**	**$85,166**	$1,614	$1,588

Program Description

Within VHA, the Employee Education Service Center (EES), located in Washington, D.C., with satellite offices across the country, partners with VHA program offices, VISNs, and medical centers to assess and determine learning requirements, design curricula and courses, and deliver and evaluate education and training to meet the workforce development, continuing education, and competency-based needs of clinical, administrative and technical employees. EES maintains accreditations with professional organizations in order to ensure quality and relevance of all training offered to VHA employees who provide or support health care programs and services to Veterans. Learning is delivered via a comprehensive set of training modalities which can be offered singularly or as part of a blended learning strategy.

EES develops and delivers quality educational programs, products and services using sound educational design and evaluation and employing a variety of delivery methods designed to be responsive to VHA employees' learning needs and preferences. In addition to traditional approaches, EES employs contemporary and emerging technologies, including clinical simulation training, that meet the learning needs of a highly skilled and mobile workforce.

EES continues to lead the cultural transformation of VHA into a learning organization, which links learning outcomes to organizational health, employee engagement and patient satisfaction. EES coordinates inter-agency sharing initiatives within and beyond VA that benefit learners in a number of other Federal agencies.

One recent sharing initiative is the **Big Data-Scientist Training Enhancement Program (BD-STEP)**, a first time collaboration with VHA's Office of Academic Affiliations, Employee Education System, and the Office of Research and Development in partnership with the National Cancer Institute (NCI)that was launched as a pilot in September 2015. BD-STEP is a program designed to bring in new data scientist talent to the organization through host sites interested in sponsoring trainees for a year to learn about the delivery of health care and VA's data infrastructure and systems. This program was created to train a new cohort of talented data scientists to work collaboratively alongside researchers and clinicians to understand how to harness VA's "big data" to advance the health care of our Veterans. This program also aims to build collaborations and partnerships with academic universities.

2016 Accomplishments

- Early outcomes from the first pilot year in 2016 include the competitive award of BD-STEP site status to six VAMCs with resources and expertise to train data scientists; recruitment and appointment of seven talented BD-STEP trainees from top academic institutions, with backgrounds in physics, computer science, engineering, and epidemiology; and initiation of a diverse set of projects that directly impact cancer research and care. As examples, projects range from analysis of emergency department use by cancer patients to identify gaps in care, to development of predictive models of progression of Hepatitis C to liver cancer. Three of the trainees have continued the program in 2017.

- As a result of early accomplishments from 2016, BD-STEP has secured a partnership with Seven Bridges, an organization that accelerates innovation in research and development at the world's largest biopharmaceutical organizations by delivering systems that connect genomic data assets, computational infrastructure, algorithms and teams. Seven Bridges has committed to advising BD-STEP in 2017 on the latest science and technology advancements, creating training resources that accommodate trainees from broad backgrounds. Seven Bridges will provide direct mentorship to BD-STEP trainees and has agreed to provide initial sponsorship and mentorship for one postdoctoral trainee from Dr. Peter Kuhn's Laboratory at the University of Southern California to extend biomarker analyses methods to include genomics data with the aim of developing personalized treatments for cancer patients. Furthering public private partnerships such as the one BD-STEP has created with Seven Bridges is a future goal of the program to enhance industry collaboration and support.

2017-2019 Goals

- Sustain and grow BD-STEP. BD-STEP will measure the outcomes and contributions towards the organization's strategic goals in the area of furthering cancer research and advancing clinical care in this area (under the advisement of the BD-STEP Advisory Council comprised of leadership from different areas of the organization) before exploring options to further expand this program into other areas/disciplines for future years.
- The program will continue to partner across agencies and academic institutions to build capabilities in new areas. BD-STEP supports the following strategic goals of the organization:
    - Priority 1: Access: BD-STEP, in coordination with precision oncology and other precision medicine efforts, provides an unique opportunity to introduce an avenue in which the "right care can be provided to the right patient at the right time." Utilizing VA's data infrastructure and their experience with modeling and analytical techniques, data scientists will be afforded the opportunity to work collaboratively with VA clinicians to determine what the best, most effective, and personalized care path is for our Veterans.
    - Priority 2: Employee Engagement: BD-STEP is a program that has been created as a response to meeting the field's unmet need of having

data scientist talent explore and partner with VA medical centers. Data scientists currently have no mechanism to expeditiously collaborate and partner with VA. Training fellowships have been limited to those in the medical professions. This program offers an opportunity to expand our capability and lead the health care industry in defining what "big data" training's potential is and should be about. The success of this program will continue to be dependent on the VAMC's engagement with the trainees.

- Priority 3: High Performance Network: BD-STEP will build a high performance network of care to best serve Veterans. BD-STEP represents an opportunity for the organization to be a leader in the healthcare industry for understanding how big data can be used in healthcare delivery.
- Priority 4: Best Practices: As the program expands, BD-STEP will seek other medical centers that have capacity in precision medicine initiatives and with the infrastructure to support big data scientists, to build on the national "big data" infrastructure and capacity for sharing educational and training tools throughout the organization.
- Priority 5: Trust in VA Care: BD-STEP will share results on the successes with collaborating with National Cancer Institute's Center for Strategic Scientific Initiatives (NCI) and other academic universities to provide Veterans with the best care possible.

5. National Center for Patient Safety

National Center For Patient Safety
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$6,908	$9,000	$8,593	$9,138	**$8,756**	**$8,923**	$163	$167

Program Description

Department of Veteran's Affairs National Center for Patient Safety (NCPS) was established in 1999 to lead VA's patient safety efforts and to develop and nurture a culture of safety throughout the Veterans Health Administration. The primary goal of NCPS is the nationwide reduction and prevention of inadvertent harm to patients as a result of their care.

NCPS is a multidisciplinary office with teams located in:

- Ann Arbor, MI
- Washington, DC
- White River Junction, VT

NCPS offers expertise on an array of patient safety and related health care issues. Patient safety officers at VA's 18 regional health care systems and patient safety managers at 153 VA medical centers and other large facilities actively participate in the program. The NCPS program is based on a systems approach to problem solving that focuses on prevention, not punishment and is based on High Reliability Organization (HRO) and Human Factors Engineering (HFE) experience and science.

Some core functions include: information and tools designed for Veterans and their families/caregivers (e.g., the Daily Plan, Healthcare Literacy); training and education for all levels of VHA staff and trainees (e.g., Basic Patient Safety, Clinical Team Training, Residency Curriculum); national data collection, analysis and feedback related to adverse events, and close calls (e.g., Root Cause Analysis, Healthcare Failure Mode and Effects Analysis); and analysis of high risk situations and dissemination of solution based information and guidance (e.g., Alerts, Advisories, Product Recalls, Lessons Learned, etc.)

2016 Accomplishments

- Development of joint VA/DOD adverse event reporting system Joint Patient Safety Reporting (JPSR).
- Improving care at the bedside through: multiple Breakthrough Series with more than 120 facility-based teams (fall and pressure ulcer prevention, reducing post-operative respiratory failure and catheter associated urinary tract infections).
- The Daily Plan® an inpatient and outpatient Veteran centric communication tool (over 75,000 copies of The Daily Plan are reviewed monthly with Veterans).
- Clinical Team training (over 19,000 multidisciplinary clinicians trained leading to reduced surgical mortality and improved teamwork).
- Collaboration with VA Central Office (VACO) mental health to implement the Mental Health Environment of Care Checklist on all Mental Health Units in VHA (the Rate of suicide on VHA mental health units has decreased since 2008 from 2.64 to 0.87 per 100,000 admissions ($p < .001$).
- Completed implementation of Patient Centric Prescription Label 5+ Million Veterans receiving VA prescriptions have benefited. Veteran response to the new labels has been overwhelmingly positive.
- Ongoing collaboration with the Office of Academic Affairs, ACGME Clinical Learning Environment Review (CLER), and affiliated medical school faculty in the development and deployment of patient safety programs for Residents, Chief Residents in Quality and Safety fellows - Patient Safety Fellows have a 50% retention rate (25% is success for similar training programs).

2017-2019 Goals

- NCPS is focused on using lessons from high reliability industries to enhance the delivery of safe patient care to our nations Veterans.

- This is best accomplished through a culture of safety, the development of high functioning clinical teams, designing of the environment, and the purchase of safe equipment and medications.

6. Office of Community Care

Office of Community Care
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$708,606	$788,000	$744,606	$800,047	**$816,546**	**$756,755**	$71,940	($59,791)

Program Description

Office of Community Care (OCC) was established in 2015 by the VHA Under Secretary for Health. The goal of OCC is to deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA staff. OCC provides Veterans access to health care by community providers when services are not available at a VA facility, are not available within a clinically appropriate timeframe, or when distance makes these services inaccessible. OCC currently uses multiple programs to increase Veterans access to high-quality care outside of VA. Through these programs, OCC also has responsibility for the Revenue Operations program that oversees billing and collections for non-service connected hospital care and medical services for certain Veterans. VA has authority to bill third-party health insurance and bill copayments to certain Veterans for non-service connected care when provided in the VA or through community care programs. OCC served nearly 1.5 million Veterans in 2016, and also provides services to eligible caregivers and dependents through family programs. Although OCC has responsibility for the community care program, it is funded by the Medical Support & Compliance appropriation.

In 2018 and 2019, VA will work to transform Community Care by consolidating all of its community care programs and business processes. The streamlined Community Care program will offer clear eligibility requirements; build on existing infrastructure to develop a high-performing network of community providers, including Federal partners such as the Department of Defense, and academic affiliates; streamline clinical and administrative processes; and implement a continuum of care coordination services. VA is working with Congress to enhance the existing community care programs so that VA is able to continue to provide Veterans expanded access to health care and services and to reduce administrative burdens on community providers and Veterans.

Program Highlights Include:

- **Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)**: A comprehensive health care program where VA shares the cost of covered health care services and supplies with eligible beneficiaries.

- **Caregiver Support Program:** Provides seriously injured post-9/11 Veterans and their Family Caregivers monthly stipend benefits including an initial stipend benefit calculation and payment, processing recurring monthly stipend benefits, and administration of all updates/changes related to the stipend.
- **Spina Bifida Health Care Program (SBHP)**: Provides reimbursement for services and supplies for Vietnam and Korea Veterans' birth children diagnosed with spina bifida.
- **Children of Women Vietnam Veterans (CWVV)**: Health Care Program provides reimbursement for medical services and supplies for children with Veterans Benefits Administration (VBA)-adjudicated birth defects born to women Vietnam Veterans.
- **Camp Lejeune Family Member Program (CLFMP)**: Provides health care/benefits for 15 medical conditions to family members of Veterans who were stationed or resided at Camp Lejeune, North Carolina for more than 30 days from August 1, 1953, through 1987.
- **State Home Per Diem Program**: Establishes annual State Home Per Diem payment rates and processes payments to State Homes for eligible Veterans.
- **Foreign Medical Program (FMP)**: Program for Veterans who reside or are traveling outside the United States whereby VA assumes payment responsibility for certain necessary medical services associated with the treatment of Veterans' service-connected diagnosis.
- **Tribal Reimbursement Agreements Program** - Provides a means for IHS and THP health facilities to receive reimbursement from the VA for direct care services provided to American Indian and Alaskan Native eligible Veterans. Community Care works with the Office of Tribal Government Relations (OTGR), and VAMCs to implement the Tribal Reimbursement Agreements Program.
- **Consolidated Patient Account Centers (CPAC)** - Is an industry-modeled program designed to enhance billing and collections activities within VHA through the consolidation of traditional revenue program functions into seven (7) regionalized centers of excellence. The CPAC program offers VHA the best opportunity to achieve superior levels of sustained revenue cycle performance by deploying industry-proven methods, processes, business tools, and increased accountability at all levels of the organization.

2016 Accomplishments

- Provided over 3.35M Community Care/Choice authorizations, a 20% increase from FY15.
- Collected $3.49 billion through the Revenue Operations program.
- Served nearly 352,000 beneficiaries through CHAMPVA.
- Internal audits performed using IPERA error rate standards which have consistently shown the Caregiver program to have a 100% accuracy rate.
- Achieved 100% clinical determination accuracy rate through Camp Lejeune Family Member Program CLFMP.
- Reached 98 health care reimbursement agreements with Tribal Health Programs, a 15% increase from 2015.

2017-2019 Goals

- Continue to work with our stakeholders and Congress to implement a streamlined, consolidated community care program.
- Continue partnership with Patient Centered Community Care (PC3)/Choice contractors to ensure success on quality assurance surveillance plan.
- Implement information technology and business process tools to improve care coordination and exchange of information with community providers.
- Standardize community care across the enterprise through implementation of the operating and care coordination models.
- Implement the new quality and safety frame work for community care.
- Develop a robust provider relations' response office to ensure ability to adequately manage response to high volume and quick-turnaround assignments.
- Increase timeliness for processing clean claims.
- Optimize revenue operations business processes through effective use of technology and an emphasis on identifying improvements in the facility based processes that support the revenue program.
- Develop and implement transition plans from current PC3/Choice contract to the new Community Care Network Contract.

7. Office of Informatics and Information Governance

Office of Informatics And Information Governance
(dollars in thousands)

		2017		2018	2018	2019		
Description	2016 Actual	Budget Estimate	Current Estimate	Advance Approp.	Revised Request	Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$240,315	$257,000	$236,034	$260,929	**$231,802**	**$236,206**	($4,232)	$4,404

Program Description

Office of Informatics and Analytics (OIA) has been reorganized into the Office of Informatics and Information Governance (OIIG). OIIG oversees the collection, exchange, and use of Electronic Health Record (EHR) data, and optimizes VA's world-class electronic health record to promote evidence based decision-making and patient-centered care:

- OIIG supports VA's health care system, clinicians, and program office staff by:
  - Ensuring that health care applications and data systems are deployed in a manner that meets the requirements of VHA users.
  - Enhancing heath data exchanges with federal and private partners.
  - Providing national policy and guidance to Informatics, Freedom of Information Act (FOIA), Privacy, Health Information Management, Records Management and Library personnel nationwide.
- OIIG partners with Office of Information and Technology to deploy enterprise applications and databases to support strategic goals and objectives for VHA.

Health Informatics (HI) is the focal point for advancing VA's Electronic Health Record (EHR) and information systems. HI serves as the primary advocate for field clinicians regarding Health Information Technology (HIT). The office provides program support to HIT solutions such as the Virtual Lifetime Electronic Record (VLER) Health Program, VistA Evolution (VE), and the enterprise Health Management Platform (eHMP).

Health Information Governance (HIG) represents VA on national and international health care policy initiatives regarding Veterans' data. HIG serves as VHA's subject matter and policy expert regarding privacy, health care security, and on data contained in Veterans' EHR and in national data systems. They provide compliance monitoring, management of national data systems, and knowledge-based library services. The office develops and implements policy and regulations in accordance with FOIA, Privacy Act, Title 38 confidentiality statutes and HIPAA Privacy Rule. HIG provides national guidance, policy and training to VHA field-based professionals on health information management, library, privacy, FOIA, records management, identity management, and health care security topics.

Strategic Investment Management (SIM) facilitates sound decision-making for the development, acquisition, and maintenance of health-focused IT investments by providing leadership with a comprehensive understanding of needed VHA business capabilities including business requirements, processes, information needs, IT strategy and priorities, and investment analysis. SIM provides a wide range of services including, business requirements/architecture development for health IT solution development or acquisition, business process re-engineering, software release management, health IT governance management, health IT analysis and budget development, health IT strategic planning and business transformation, as well VistA Standardization coordination with the Open Source Community.

2016 Accomplishments

- Led the implementation of International Statistical Classification of Diseases and Related Health Problems (ICD-10) in VA.
- Supported bi-directional health information exchange of over 683,275 Veteran patients with 79 community care partners, including Walgreens.
- Implemented the Joint Legacy Viewer nationally: 191,392 VA users and 77,218 DoD users; increased monthly logins (49,723 VA/58,302 DoD).
- Completed production installations of Electronic Health Management Platform (eHMP) at all 130 sites.
- Implemented VHA IT Governance to ensure business priorities are represented in VHA IT decisions.
- Coordinated, finalized, and submitted the DoD-VA Joint Interoperability Certification to Congress (April 8, 2016).

2017-2019 Goals

- In the areas of access to care, OIIG efforts include coordinating bi-directional exchange of health information with private sector and other Federal health providers, establishing data domain standardization, and enabling Internet-based appointment scheduling.
- Modernize the EHR.
- Expand and enhance interoperability to support Care in the Community and other VA top priorities.
- Expand data sharing, including FOIA and Open Data Initiatives while protecting the sensitive data of our Veterans.

8. VHA Central Office

VHA Central Office
(dollars in thousands)

		2017		2018	2018	2019		
Description	2016 Actual	Budget Estimate	Current Estimate	Advance Approp.	Revised Request	Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$608,217	$661,000	$653,105	$671,105	**$665,514**	**$678,159**	$12,409	$12,645

Program Description

VHA Central Office (VHACO) is the headquarters for one of the world's largest integrated health care systems. VHACO is led by the Under Secretary for Health whose office serves as the Department's central coordination point for the establishment or implementation of policies, practices, management and operational activities of VHA. This must be done in order to most effectively carry out the mission of honoring America's Veterans by providing exceptional health care that improves their health and well-being. VHACO provides the strategic, policy and operational leadership that coordinates and governs VHA activities including development of strategic direction, deployment and measurement of performance, accountability, and transparency of decision making. VHACO assures organizational oversight to the vision, values and mission of VHA, and alignment with the strategic direction and goals of the administration and department.

In addition to the Office of the Under Secretary for Health, which includes the VHA Chief of Staff, Office of Research Oversight, Office of the Medical Inspector, and Readjustment Counseling Services, VHACO also includes the Principal Deputy Under Secretary for Health, the Deputy Under Secretary for Health for Operations and Management, and the Deputy Under Secretary for Health for Policy and Services.

Principal Deputy Under Secretary for Health provides leadership for the Office for Quality, Safety and Value, Office of Nursing, Office for Workforce Services, Office of Strategic Integration, Office of Health Equity, and Office of Finance. Deputy Under Secretary for Health for Operations and Management (DUSHOM) oversees field operations, providing broad and general operational direction and guidance.

DUSHOM is also responsible for other VHACO administrative programs (e.g., business operations, environmental programs management, canteen services, health care engineering, safety and technical services, acquisition and procurement, capital assets) and clinical operations (e.g., surgical services, primary care, dentistry, geriatrics, mental health, sterile processing, disability medical assessment, and the homeless program).

The Deputy Under Secretary for Health for Policy and Services provides leadership for the offices responsible for health care policy, projecting the demand for health care services for strategic planning and budgeting, addressing the public health needs of Veterans, overseeing the policy development of all clinical care provided by the healthcare workforce, developing and coordinating collaboration with DoD and other federal agencies, developing and providing the health informatics and analytical and business intelligence to support the nation's largest integrated health care system, a robust research and development portfolio and ensure adherence to the highest ethical standards in health care.

9. VHA Member Services

VHA Member Services
(dollars in thousands)

		2017		2018	2018	2019		
Description	2016 Actual	Budget Estimate	Current Estimate	Advance Approp.	Revised Request	Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$89,215	$123,000	$114,735	$124,880	**$116,914**	**$119,135**	$2,179	$2,221

Member Services

Program Description

Member Services is an operation and support office within the VA and VHA. The organization manages front-end elements of interaction with VA's Health Care System, providing oversight, review and direct service for health care eligibility and enrollment, administration of health care benefits and crisis support for Veterans and beneficiaries. Member Services reinforces VA's MyVA initiative to strengthen Veterans' connection with VA, and provides unified customer service and health care. Member Services' vision, "Ensure easy options for Veterans to understand and access their healthcare benefits," follows VA's MyVA and ICARE standards of service. Member Services is comprised of five national programs:

- Health Eligibility Center (HEC)
- Health Resource Center (HRC)
- Medical Center Solutions (MCS)
- Veterans Crisis Line (VCL)
- Veterans Transportation Program (VTP)

Health Eligibility Center (HEC)

Program Description
HEC is VHA's authoritative source for enrollment and eligibility activities that support the delivery of VA health care benefits. As a national service center, HEC partners with VA Medical Centers to process a large percentage of all applications to verify and determine enrollment in VA's Health Care System HEC is responsible for the implementation of changes to enrollment practices, including systems changes to streamline and improve enrollment processes and outcomes. HEC verifies Veterans' self-reported household income information to establish eligibility for health care services, copayment status and enrollment priority assignment. HEC validates Social Security numbers to support the collection of Federal tax information; provides online benefits calculators, fact sheets and other products to inform stakeholders of VA health benefits. HEC is also responsible for managing the Veteran Health Identification Card (VHIC) program and the VA Dental Insurance Program (VADIP). The Veterans Health Benefits Handbook (VHBH) provides an integrated communication program designed to promote awareness of VA health care benefits and programs for Veteran audiences. This program delivers tailored or personalized health benefits communications materials to Veterans and describes in sufficient detail a Veteran's specific health benefits plan, information about their preferred facility and their responsibilities (financial or other) during enrollment in the VA health care system.

2016 Accomplishments
- Final Determination provided for 87,000 Pending Applications awaiting adjudication.
- Establishment of the Enrollment Case Management Call Center.
- Improved Access for Phone Enrollments (Combat Veterans).
- Veterans are now allowed to enroll in VA Health Care over the telephone, which significantly lessens the burden on Veteran applicants.
- 1010EZ Backlog Records Cleared 17,728 records: because of systematic issues with the Health Care Application (i.e. www.vets.gov), applications submitted online with potential errors were being routed to a "'holding file" within the enrollment system that facilities were required to process. Once this holding file was identified by HEC, HEC staff worked closely with facilities from throughout the country in clearing/processing 17,728 records.
- VHA sent 430,000 letters to Veterans whose applications were in a pending status that requested additional information needed in order to adjudicate their enrollment applications.
- Partnered with the Vets.gov team in launching the online Heath Care Application.
- Implementation of the removal of Veteran Financial Assessment (VFA) and Net Worth requirements – allowing more Veterans access to VA health care

2017-2019 Goals

- Ninety five (95%) accuracy rate of eligibility determinations within 5 business days of receipt.
- Establish a one-hour timeliness of communication with Veterans regarding eligibility status.
- Ensure timely access to care for eligible Veterans.
- Establish an improved standardized and centralized enrollment process
- Improve the Veteran's experience with Enrollment processing.
- Establish proactive enrollment model for Transitioning Service Members (TSMs) and Veterans.
- Create online format for Veterans Health Benefits Handbook.

Health Resource Center (HRC)

Program Description

HRC provides customer service and support to Veterans, their beneficiaries, caregivers, other government agencies and the general public regarding VA health benefits. This includes eligibility, First-party billing, Third-party insurance billing, credit card payments, Pharmacy-related inquiries, National Call Center for Homeless Veterans (NCCHV), Pharmacy Customer Care Call Center, and National Response contact calls. HRC responds to more than 6 million administrative and clinical Veteran inquiries by way of phone, email, web chat, secure messaging, and correspondence requests each year.

2016 Accomplishments

- Completed a Death Master File agreement with VBA and Social Security Administration and began receiving date of deaths resulting in greater accuracy of our Veteran records.
- Reduced Call Abandonment Rates and reduced Average Customer Feel Time
- Pay.gov collections increased 11% and the amount of funds captured increased 9.5% from 2015 to 2016 as a result of HRC submitting payments on behalf of Veterans.
- NCCHV expanded services to include Homeless Management Information Systems (HMIS) and Veteran Re-Entry Search Service (VRSS) end user inquiries.

2017-2019 Goals

- Reduce Call Abandonment Rates and reduce Average Customer Feel Time
- Implement national call center support of Vets.gov website to include inbound calls, emails, and webchat.
- Decrease the time associated with review and resolving misapplied payments by increasing the authority for HRC to make administrative changes to Veterans' Accounts.
- Expand services for NCCHV.

Medical Center Solutions (MCS)

Program Description
The MCSs office did not exist in 2016 and was stood up in 2017 to offer comprehensive call center solutions to Veterans Integrated Service Networks (VISNs) and VA Medical Centers (VAMCs). Call center solutions improve access to care using effective strategies designed to maximize first contact resolution; improve contact experience by standardizing processes and technology; improve patient-provider relationships using responsive, multi-channel communications; ensure continuous improvement of access through a strategically aligned and highly integrated contact management vision and strategy; and increase and sustain high levels of customer satisfaction.

2017-2019 Goals
- Creation of VA Center of Excellence for call centers supporting care and medical center operations.
- Expansion of best practices across VA Medical Centers.

Veterans Crisis Line (VCL)

Program Description
VCL connects Veterans in crisis and their families and friends with qualified, caring VA responders through a confidential, toll-free hotline, online chat or text. VCL answers crisis calls and initiates the dispatch of emergency services to callers in crisis. VCL added anonymous online chat service in 2009. In 2011, VCL introduced a text- messaging service to provide another way for Veterans to connect with confidential, around-the-clock support. Staff forward referrals to local VA Suicide Prevention Coordinators on behalf of Veterans to ensure continuity of care with Veterans' local VA providers.

2016 Accomplishments
- Implemented a comprehensive workforce management system and optimized staffing pattern to provide immediate service from VCL staff to each caller with an experience of zero wait time with 0% rollover to contracted back-up centers by the end of the calendar year 2016.
- Streamlined and standardized how crisis calls from other locations such as VA medical centers reach the VCL, including full implementation of the automatic transfer function that directly connects Veterans who call their local VA Medical Center to VCL by pressing a single digit during the initial automated phone greeting.
- VCL has answered over 510,000 calls and initiated the dispatch of emergency services to callers in imminent crisis over 12,000 times.
- VCL has answered over 53,000 and over 15,000 requests for chat and text services respectively.

- Staff has forwarded over 86,000 referrals to local VA Suicide Prevention Coordinators on behalf of Veterans to ensure continuity of care with Veterans local VA providers.

2017-2019 Goals
- Reduce Veteran suicide.
- Optimize Veteran safety through predictable, consistent and accessible care and services.
- Enrich VCL's culture to improve existing operations to deliver enterprise solutions that support and further the VA, VHA, and VCL's mission and vision
- Develop a culture of organizational excellence by focusing on the highest standards of ethics and integrity, exceptional customer service, transparency, personal and professional development, and succession planning.

Veterans Transportation Program (VTP)

Program Description
VTP helps Veterans access care and works to overcome transportation barriers that may discourage Veterans from accessing VHA services. Beneficiary Travel provides access to care through travel reimbursement to Veterans and payment for some transportation services. VTP oversees the Veterans Transportation Service (VTS) which provides funding to Medical Centers for Mobility Managers, Transportation Coordinators. Drivers, vehicles, vehicle fuel and maintenance are funded to provide transportation for Veterans, Service Members, and Caregivers to and from VHA and Community Care appointments (authorized non-VA appointments) with special emphasis on Special Mode transports in-patient discharges, inter-facility transfers and transport of rural Veterans without transportation resources. VTP administers the Highly Rural Transportation Grant Program (HRTG) providing grants for Veteran Service Organizations and State Veteran Agencies to improve transportation options for Veterans in counties averaging less than seven people per square mile.

2016 Accomplishments
- In 2016 VTS transported 445,981 Veterans to medical appointments of which 103,704 were ADA transports requiring wheelchair or ambulance transport. Additionally, VTS transported 24,984 attendants required to provide in-transit care and assistance to Veterans who were transported. We conducted 5 Mobility Management Academy's, graduating 42 Mobility Managers.

2017-2019 Goals
- Increase annual total of Veterans and attendants transported to approximately 1 million per year
- Expand Veterans Transportation Service program to all VAMCs.
- Eliminate all improper payments related to Beneficiary Travel Program

- Increase the usage of the Highly Rural Transportation Program

10. VHA Service Center (VSC)

VHA Service Center (VSC)
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$258,372	$275,000	$245,911	$279,204	**$250,583**	**$255,344**	$4,672	$4,761

Program Description

VSC's mission is to provide quality Fiscal and Human Resources (HR) services through superior customer service, experience, and innovation. An itemized list of Fiscal and Human Resources services is shown below. VSC is committed to education and developing its managers and employees to provide VA customers with the most qualified and knowledgeable staff. In 2016, VSC provided Fiscal and HR services to over 4,600 customers from VA Central Office, VHA and VBA.

Fiscal Service is committed to providing high quality and technologically current accounting, auditing, budgeting, payroll and travel services to both internal and external customers. As a customer focused organization, it merges innovative management methods and state-of-the art technology to deliver seamless, world-class service to our customers. It also cultivates a dedicated work force of highly skilled employees who understand, believe in, and take pride in our vitally important mission.

The VSC team of HR professionals is committed to providing quality customer service to both internal and external customers. We will provide fair and consistent practices by upholding merit system principles. We offer expert technical guidance and consultative services to avoid prohibited personnel practices. We place the highest value on serving those who have served us.

2016 Accomplishments

- HR Eliminated PAID and rolled out HR Smart: HR Smart is a new automated human resource information system which replaced Personnel & Accounting Integrated Data System (PAID) for the processing of all HR transactions.
- HR acquired 3 new customer groups that will come on board with VSC over the next year. (Office of Management (OM), VA Acquisition Academy (AA), and Office of Resolution Management (ORM).
- Approved to become a Personal Identity Verification (PIV) issuance facility
- Fiscal participated in beginning of the Service Area Office (SAO) realignment to coincide with overall VISN realignments.

2017-2019 Goals

- Successful transition with new customers.

- Continue implementation to become fully operational PIV issuance facility
- Expand and consolidate serving base.
- Complete phase II VISN/Network Contracting Office (NCO) realignments

Prior-Year Recoveries

Prior Year Recoveries
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152).....	$188	$0	$0	$0	**$0**	**$0**	$0	$0

This is a change in VA's accounting system to record prior-year recoveries as required by Federal accounting policy under OMB Circular No. A-11 guidance. Because this is a technical change that does not affect the actual resource levels provide for Veterans services, there are no projections for future years. VA has modified its financial accounting system to be able to accurately monitor and record recoveries.

Veterans Choice Act, Public Law 113-146, Medical Support & Compliance, Section 801 (0152XA)

On August 7, 2014, the Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146) ("Veterans Choice Act") was signed into law. The 2018 budget supports implementation of the Veterans Choice Act and the Administration's goal of providing timely, high-quality health care for our Nation's veterans. The Veterans Choice Act provided $5 billion in mandatory funding in Section 801 to increase Veterans' access to health care by hiring more physicians and staff and improving the VA's physical infrastructure.

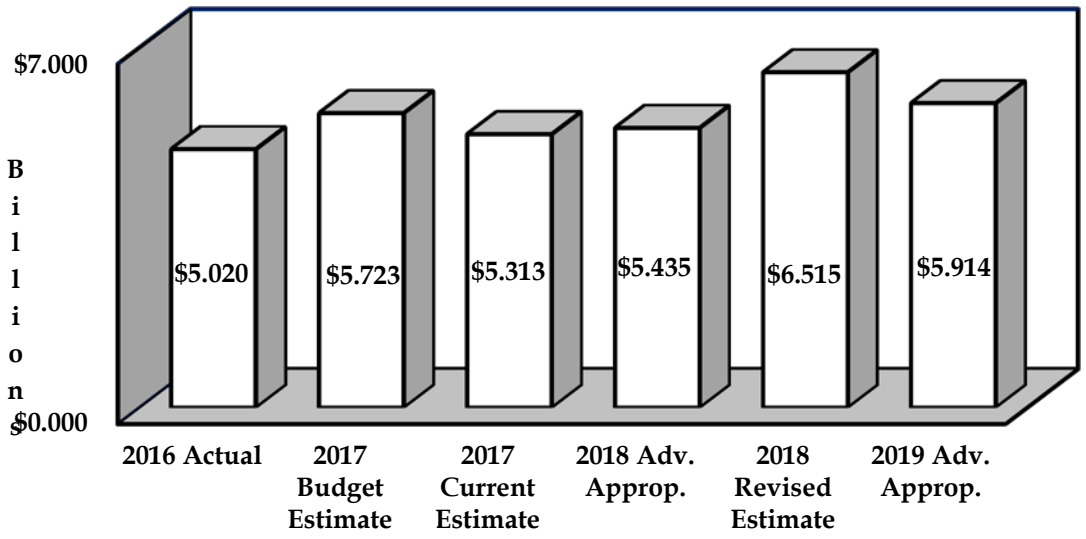
Within the Medical Support & Compliance Appropriation, estimates of obligations for 2017 and 2018 are $0 and $14,386,000 respectively. The obligations are consistent with the needs of the Veterans Choice Act and will be spent on staffing and on activations for major construction and major lease projects to outfit new clinical and administrative space necessary to enhance services to Veterans in the short-term while strengthening the underlying VA system to better serve Veterans in the future.

Veterans Choice Act, Public Law 113-146 (0152XA)
Section 801
Medical Support & Compliance
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Activations	$3,977	$0	$0	$0	**$0**	**$0**	$0	$0
Section 301/302								
HPEAP Modification	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Staffing Shortage & Report (Sect. 301)	$2,348	$15,512	$0	$0	**$14,386**	**$6,100**	$14,386	($8,286)
Supervising Faculty Salary	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Subtotal	$2,348	$15,512	$0	$0	**$14,386**	**$6,100**	$14,386	($8,286)
Staffing								
Hiring Medical Staff	$229	$750	$0	$0	**$0**	**$0**	$0	$0
Obligations Total	**$6,554**	**$16,262**	**$0**	**$0**	**$14,386**	**$6,100**	**$14,386**	**($8,286)**

Medical Facilities

Medical Facilities Appropriation



2018 Funding and 2019 Advance Appropriations Request

The Medical Facilities appropriation supports the operation and maintenance of the Department of Veterans Affairs' (VA) hospitals, community-based outpatient clinics (CBOC), community living centers, domiciliary facilities, Vet Centers, and the health care corporate offices. The appropriation also supports the administrative expenses of planning, designing, and executing construction or renovation projects at these facilities. The Veterans Health Administration (VHA) operates approximately 5,634 buildings on 16,147 acres of land and 1,685 leases, encompassing 17.6 million square feet of space in its portfolio. A detailed explanation of the types and numbers of VHA health care facilities can be found in the Volume II chapter, *Facilities by Type.*

Medical Facilities
Crosswalk, 2016-2019
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Appropriation (0162)								
Advance Appropriation	$4,915,000	$5,074,000	$5,074,000	$5,434,880	**$5,434,880**	**$5,914,288**	$360,880	$479,408
Annual Appropriation Adjustment	$105,132	$649,000	$247,668	$0	**$1,079,795**	**$0**	$832,127	($1,079,795)
Appropriations Request Subtotal	$5,020,132	$5,723,000	$5,321,668	$5,434,880	**$6,514,675**	**$5,914,288**	$1,193,007	($600,387)
Rescission	$0	$0	($9,000)	$0	**$0**	**$0**	$9,000	$0
Net Appropriation	**$5,020,132**	**$5,723,000**	**$5,312,668**	**$5,434,880**	**$6,514,675**	**$5,914,288**	**$1,202,007**	**($600,387)**
Tranfers To:								
FHCC (0169)	($36,635)	($37,620)	($34,666)	($38,464)	**($37,068)**	**($38,221)**	($2,402)	($1,153)
Major Construction (0110)	($312,539)	$0	$0	$0	**$0**	**$0**	$0	$0
Transfers To [Subtotal]	($349,174)	($37,620)	($34,666)	($38,464)	**($37,068)**	**($38,221)**	($2,402)	($1,153)
Transfers From:								
FHCC (0169)	$1,829	$0	$0	$0	**$0**	**$0**	$0	$0
Transfers From [Subtotal]	$1,829	$0	$0	$0	**$0**	**$0**	$0	$0
Budget Authority [Total]	$4,672,787	$5,685,380	$5,278,002	$5,396,416	**$6,477,607**	**$5,876,067**	$1,199,605	($601,540)
Reimbursements	$13,216	$17,098	$17,098	$17,465	**$17,098**	**$17,098**	$0	$0
Unobligated Balance (SOY):								
No-Year	$617	$800	$5,977	$0	**$5,000**	**$0**	($977)	($5,000)
2007 Emergency Suppl., No Year (Pub.L. 111-28).	$7,370	$7,600	$0	$0	**$0**	**$0**	$0	$0
2-Year	$4,629	$11,600	$3,957	$0	**$0**	**$0**	($3,957)	$0
Unobligated Balance (SOY) [Subtotal]	$12,616	$20,000	$9,934	$0	**$5,000**	**$0**	($4,934)	($5,000)
Unobligated Balance (EOY):								
No-Year	($5,977)	$0	($5,000)	$0	**$0**	**$0**	$5,000	$0
2007 Emergency Suppl., No Year (Pub.L. 111-28).	$0	$0	$0	$0	**$0**	**$0**	$0	$0
2-Year	($3,957)	$0	$0	$0	**$0**	**$0**	$0	$0
Unobligated Balance (EOY) [Subtotal]	($9,934)	$0	($5,000)	$0	**$0**	**$0**	$5,000	$0
Lapse	($215)	$0	$0	$0	**$0**	**$0**	$0	$0
Subtotal	$4,688,470	$5,722,478	$5,300,034	$5,413,881	**$6,499,705**	**$5,893,165**	$1,199,671	($606,540)
Prior Year Recoveries	$16,002	$0	$0	$0				
Obligations (0162) [Total]	$4,704,472	$5,722,478	$5,300,034	$5,413,881	**$6,499,705**	**$5,893,165**	$1,199,671	($606,540)
VACAA, Section 801 (0162XA)								
Unobligated Balance (SOY)	$1,226,139	$348,229	$143,736	$0	**$5,000**	**$1,000**	($138,736)	($4,000)
Transfer of Unobligated Balances	($339,046)	($332,717)	$0	$0	**$0**	**$0**	$0	$0
Unobligated Balance (EOY)	($143,736)	$0	($5,000)	$0	**($1,000)**	**$0**	$4,000	$1,000
Subtotal	$743,357	$15,512	$138,736	$0	**$4,000**	**$1,000**	($134,736)	($3,000)
Prior Year Recoveries	$30,188	$0	$0	$0	**$0**		$0	$0
Obligations (0162XA) [Total]	$773,545	$15,512	$138,736	$0	**$4,000**	**$1,000**	($134,736)	($3,000)
Obligations [Grand Total]	$5,478,017	$5,737,990	$5,438,770	$5,413,881	**$6,503,705**	**$5,894,165**	$1,064,935	($609,540)
FTE								
Medical Faciliites (0162)	23,923	24,209	24,743	24,209	**25,189**	**25,477**	446	288
VACAA, Section 801 (0162XA)	1	0	0	0	**0**	**0**	0	0
FTE [Total]	23,924	24,209	24,743	24,209	**25,189**	**25,477**	446	288

The staff and associated funding supported by this appropriation are responsible for: keeping the VA hospitals and clinics climate controlled; maintaining a clean and germ- and pest- free environment; sanitizing and washing hospital linens, surgical scrubs, and clinical coats; cleaning and sterilizing the medical equipment; keeping the hospital

signage clear and current; maintaining the trucks, buses and cars in good operating condition; ensuring the parking lots and walk ways are sanded and free of snow and ice; cutting the grass; keeping the boiler plants and air conditioning units operating effectively; and undertaking certain repairs and alterations to the buildings to keep them in good condition. Construction of new or replacement facilities are paid for under the Major Construction or Minor Construction appropriations; see Volume 4 for additional detail.

A 2018 advance appropriation of $5,434,880,000 was enacted for Medical Facilities. The budget requests an additional $1,079,795,000 to support the operation and maintenance of VA facilities by way of Non-Recurring Maintenance (NRM) and leases. Obligations for NRM are expected to increase to a level of $1.87 billion, an increase of $1.27 billion above the program level of $600 million as included in the advance appropriation request, to address high-priority emerging capital needs as identified through the Strategic Capital Investment Planning (SCIP) process. The 2018 NRM estimate of $1.87 billion reflects a focused investment in the program to address the significant sustainment and infrastructure repair needs of VHA facilities. Approximately $550 million will be used for sustainment projects, which repurposes existing space, and the remaining $1.32 billion for projects that address modernization, repair, and renovation for new building systems. Approximately 1,300 projects would be expected to be awarded in 2018. Leases and lease buildouts are expected to increase to nearly $954 million, requiring an additional $136 million above the advance appropriation level.

The following chart shows details of the 2018 annual appropriation adjustment for each of the 12 functions that are funded by the Medical Facilities appropriation.

		Available Funding						
Description	2018 Revised Estimate	Approp. Incl. Transfers	Re-estimate	Transfers To	Reimb.	Use of Unobl. Balance	Subtotal	Annual Approp. Adjust. Required
Energy/Green Management 1/	$11,827	$15,104	($3,277)				$11,827	**$0**
Engineering & Environmental Management Service	$685,800	$664,281	$21,519				$685,800	**$0**
Engineering Service	$880,300	$1,112,896	($232,596)				$880,300	**$0**
Grounds Maintenance & Fire Protection	$102,500	$111,100	($8,600)				$102,500	**$0**
Leases	$953,828	$811,900	$0	$1,396	($367)	$5,000	$817,929	**$135,899**
Non-Recurring Maintenance	$1,870,000	$600,000	$326,104				$926,104	**$943,896**
Operating Equipment Maintenance & Repair	$239,200	$222,300	$16,900				$239,200	**$0**
Other Facilities Operation Support	$37,950	$34,500	$3,450				$37,950	**$0**
Plant Operation	$790,500	$824,400	($33,900)				$790,500	**$0**
Recurring Maintenance & Repair	$537,700	$639,800	($102,100)				$537,700	**$0**
Textile Care Processing & Maintenance	$206,100	$199,600	$6,500				$206,100	**$0**
Transportation	$184,000	$178,000	$6,000				$184,000	**$0**
Obligations [Total]	$6,499,705	$5,413,881	$0	$1,396	($367)	$5,000	$5,419,910	**$1,079,795**

1/ In previous Congressional Justifications, funding for the energy/green management program was displayed in the Selected Program Highlights chapter. However, because this function is funded in the Medical Facilities account, VA is now included it in this chapter.

The following chart shows the 2016 actual obligations from discretionary budget authority and reimbursements for each of the 12 functions, together with the function's share of total obligations. NRM is the single largest function for this accouint, accounting for just over 18% of total obligations.

Medical Facilities
Composition of FY 2016 Obligations by Function
Excludes Veterans Choice Act Obligations
(dollars in thousands)

Description	Obligations	Percent of Total
Function (0162)		
Non-Recurring Maintenance	$866,531	18.42%
Engineering Service	$819,845	17.43%
Plant Operation	$736,257	15.65%
Engineering & Environmental Management Service	$638,749	13.58%
Recurring Maintenance & Repair	$500,775	10.64%
Leases	$392,980	8.35%
Operating Equipment Maintenance & Repair	$222,789	4.74%
Textile Care Processing & Maintenance	$191,941	4.08%
Transportation	$171,344	3.64%
Grounds Maintenance & Fire Protection	$95,482	2.03%
Other Facilities Operation Support	$30,269	0.64%
Energy/Green Management	$21,508	0.46%
Obligations Before Prior Year Recoveries	**$4,688,470**	**99.66%**
Prior Year Recoveries	$16,002	0.34%
Obligations Total After Prior Year Recoveries	**$4,704,472**	**100.00%**

The next chart shows the total obligations for each of the budget years. For the account's discretionary budget authority plus reimbursements, obligations for each of the 12 functions are shown. For the account's VACAA Section 801 funds, obligations for each of the programs funded through Section 801 are shown.

Medical Facilities
Obligations by Function, 2016-2019
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Function (0162)								
Energy/Green Management	$21,508	$45,000	$39,339	$15,104	**$11,827**	**$11,827**	($27,512)	$0
Engineering & Environmental Management Services	$638,749	$650,903	$645,400	$664,281	**$685,800**	**$703,700**	$40,400	$17,900
Engineering Service	$819,845	$1,083,000	$828,400	$1,112,896	**$880,300**	**$903,200**	$51,900	$22,900
Grounds Maintenance & Fire Protection	$95,482	$103,000	$96,500	$111,100	**$102,500**	**$105,200**	$6,000	$2,700
Leases	$392,980	$838,102	$740,956	$811,900	**$953,828**	**$971,676**	$212,872	$17,848
Non-Recurring Maintenance	$866,531	$1,057,473	$1,060,386	$600,000	**$1,870,000**	**$1,150,000**	$809,614	($720,000)
Operating Equipment Maintenance & Repair	$222,789	$206,000	$225,100	$222,300	**$239,200**	**$245,400**	$14,100	$6,200
Other Facilities Operation Support	$30,269	$32,000	$46,853	$34,500	**$37,950**	**$39,062**	($8,903)	$1,112
Plant Operation	$736,257	$764,000	$744,000	$824,400	**$790,500**	**$811,100**	$46,500	$20,600
Recurring Maintenance & Repair	$500,775	$593,000	$506,000	$639,800	**$537,700**	**$551,700**	$31,700	$14,000
Textile Care Processing & Maintenance	$191,941	$185,000	$194,000	$199,600	**$206,100**	**$211,500**	$12,100	$5,400
Transportation	$171,344	$165,000	$173,100	$178,000	**$184,000**	**$188,800**	$10,900	$4,800
Obligations Before Prior Year Recoveries (0162)	**$4,688,470**	**$5,722,478**	**$5,300,034**	**$5,413,881**	**$6,499,705**	**$5,893,165**	**$1,199,671**	**($606,540)**
Prior Year Recoveries	$16,002	$0	$0	$0	**$0**	$0	$0	$0
Obligations Total After Prior Year Recoveries (0162)	**$4,704,472**	**$5,722,478**	**$5,300,034**	**$5,413,881**	**$6,499,705**	**$5,893,165**	**$1,199,671**	**($606,540)**
VACAA, Section 801 (0162XA)								
Activations	$2,308	$0	$0	$0	**$0**	$0	$0	$0
Hiring Medical Staff	$0	$0	$0	$0	**$0**	$0	$0	$0
HPEAP Modification	$0	$0	$0	$0	**$0**	$0	$0	$0
Leases, Emergency	$3,696	$0	$8,742	$0	**$0**	$0	($8,742)	$0
Leases, Pipeline	$37,929	$0	$13,392	$0	**$0**	$0	($13,392)	$0
Leases, Sustainment	$159,794	$0	$1,848	$0	**$0**	$0	($1,848)	$0
Legionella	$31,213	$0	$93,463	$0	**$0**	$0	($93,463)	$0
Non-Recurring Maintenance	$507,973	$0	$9,511	$0	**$0**	$0	($9,511)	$0
Staffing Shortage & Report (Sect. 301)	$444	$15,512	$11,780	$0	**$4,000**	$0	($7,780)	($4,000)
Supervising Faculty Salary	$0	$0	$0	$0	**$0**	$0	$0	$0
Supplies/Equipment	$0	$0	$0	$0	**$0**	$0	$0	$0
Obligations Before Prior Year Recoveries (0162XA)	**$743,357**	**$15,512**	**$138,736**	**$0**	**$4,000**	**$0**	**($134,736)**	**($4,000)**
Prior Year Recoveries	$30,188	$0	$0	$0	**$0**	$0	$0	$0
Obligations Total After Prior Year Recoveries (0162XA)	**$773,545**	**$15,512**	**$138,736**	**$0**	**$4,000**	**$0**	**($134,736)**	**($4,000)**
Obligations [Grand Total]	**$5,478,017**	**$5,737,990**	**$5,438,770**	**$5,413,881**	**$6,503,705**	**$5,893,165**	**$1,064,935**	**($610,540)**

The next chart shows obligations of functional activity by personnel, capital, and all other cost categories. Capital obligations are primarily for equipment and non-recurring maintenance. The majority of all other costs consists of leases and plant operations.

Medical Facilities
2016 Actuals
(dollars in thousands)

Description	Pay & Benefits 1/	Capital 2/	All Other 3/	Total	FTE
Function (0162)					
Energy/Green Management	$0	$18,316	$3,192	$21,508	0
Engineering & Environmental Management Services	$401,602	$60,694	$176,453	$638,749	3,806
Engineering Service	$607,534	$9,378	$202,933	$819,845	11,477
Grounds Maintenance & Fire Protection	$60,514	$4,061	$30,907	$95,482	715
Leases	$0	$46,558	$346,422	$392,980	0
Non-Recurring Maintenance	$0	$866,531	$0	$866,531	0
Operating Equipment Maintenance & Repair	$70,398	$16,085	$136,306	$222,789	830
Other Facilities Operation Support	$7,219	$5,012	$18,038	$30,269	0
Plant Operation	$124,430	$8,004	$603,823	$736,257	1,278
Recurring Maintenance & Repair	$282,803	$12,093	$205,879	$500,775	3,251
Textile Care Processing & Maintenance	$74,678	$37,240	$80,023	$191,941	1,240
Transportation	$93,013	$1,458	$76,873	$171,344	1,326
Obligations Before Prior Year Recoveries (0162)	**$1,722,191**	**$1,085,430**	**$1,880,849**	**$4,688,470**	**23,923**
Prior Year Recoveries	$0	$0	$16,002	$16,002	0
Obligations Total After Prior Year Recoveries (0162)	**$1,722,191**	**$1,085,430**	**$1,896,851**	**$4,704,472**	**23,923**
VACAA, Section 801 (0162XA)					
Activations	$181	$723	$1,405	$2,309	0
Hiring Medical Staff	$0	$0	$0	$0	1
HPEAP Modification	$0	$0	$0	$0	0
Leases, Emergency	$0	$1,516	$2,180	$3,696	0
Leases, Pipeline	$0	$22,620	$15,308	$37,928	0
Leases, Sustainment	$0	$7,774	$152,020	$159,794	0
Legionella	$0	$31,203	$9	$31,212	0
Non-Recurring Maintenance	$0	$504,125	$3,848	$507,973	0
Staffing Shortage & Report (Sect. 301)	$16	$400	$29	$445	0
Supervising Faculty Salary	$0	$0	$0	$0	0
Supplies/Equipment	$0	$0	$0	$0	0
Obligations Before Prior Year Recoveries (0162XA).	**$197**	**$568,361**	**$174,799**	**$743,357**	**1**
Prior Year Recoveries	$0	$0	$30,188	$30,188	0
Obligations Total After Prior Year Recoveries (0162)	**$197**	**$568,361**	**$204,987**	**$773,545**	**1**
Obligations [Grand Total]	**$1,722,388**	**$1,653,791**	**$2,101,838**	**$5,478,017**	**23,924**

1/Pay Benefits: Personnel Compensation & Benefits, Object Class 10
2/Capital: Equipment, Object Class 31; & Lands & Structures, Object Class 32
3/All Other: Travel & Transportation of Persons, Object Class 21; Transportation of Things, Object Class 22; Rent, Communications, & Utilities, Object Class 23; Printing & Reproduction, Object Class 24; Other Contractual Services, Object Class 25; & Supplies & Materials, Object Class 26.

Each section below contains further detail on the operations of each of the account's 12 functions. The funding tables reflect only the obligations associated with the account's discretionary budget authority plus reimbursements.

1. Energy/Green Management

Energy/Green Management
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$21,508**	**$45,000**	**$39,339**	**$15,104**	**$11,827**	**$11,827**	**($27,512)**	**$0**
Medical Facilities (0162)	$21,508	$45,000	$39,339	$15,104	$11,827	$11,827	($27,512)	$0

A series of laws and executive orders since the 1990s accelerated the need to coordinate energy, vehicle fleet, environmental, and sustainable buildings policies and programs at the Department level. VA integrated these areas under the Energy Management Program (EMP) Service, formerly the Green Management Program Service, within the Office of Management in 2006. This integration has proven essential in helping VA optimize and prioritize investments and other activities designed to reduce utility costs, increase fuel diversity, reduce fuel consumption, and provide cleaner, healthier environments for Veterans, visitors and staff, as well as meet requirements of laws, executive orders, and presidential memoranda.

In 2016, VA accomplishments through this program included the following:

- 1 additional solar photovoltaic project (Sepulveda, CA), bringing VA's total solar project portfolio to 99 projects nationwide
- Undertook 57 contracts for project commissioning, facility energy audits, facility retrocommissioning, feasibility studies, environmental assessments, and other requirements.

In 2017-2019, the Energy Management Program is increasing focus on energy savings performance contracts and utility energy service contracts, as these require little to no up-front investment. The pipeline of projects under development represents upgrades in needed energy and water equipment and systems. Renewable energy and combined heat and power projects will compete for appropriated funding through the Strategic Capital Investment Planning (SCIP) program. VA also plans to:

- Complete building retro-commissioning in 25% of VA facilities;
- Conduct energy assessments of 25% of VA facilities;
- Certify additional buildings as meeting the Federal Guiding Principles for sustainability;
- Acquire additional electric vehicles and related fueling infrastructure; and
- Promote renewable energy projects nationwide through the Department.

2. Engineering and Environmental Management Services

Engineering & Environmental Management Services
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$638,749**	**$650,903**	**$645,400**	**$664,281**	**$685,800**	**$703,700**	**$40,400**	**$17,900**
Medical Facilities (0162)	$638,749	$650,903	$645,400	$664,281	$685,800	$703,700	$40,400	$17,900

Engineering and Environmental Management Services provide the design, oversight, and management of all engineering activities that take place in VHA facilities. Examples include: planning and implementation of disability accessibility projects, sidewalk and road repairs, and installation of equipment.

3. Engineering Service

Engineering Service
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$819,845**	**$1,083,000**	**$828,400**	**$1,112,896**	**$880,300**	**$903,200**	**$51,900**	**$22,900**
Medical Facilities (0162)	$819,845	$1,083,000	$828,400	$1,112,896	$880,300	$903,200	$51,900	$22,900

The Environmental Management Service is associated with the oversight and management of environmental management activities, including the recycling operation; pest management; grounds management; environmental sanitation operations; bed services and patient assistance; and the collection, removal, and transportation of all waste materials.

4. Grounds Maintenance and Fire Protection

Grounds Maintenance & Fire Protection
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$95,482**	**$103,000**	**$96,500**	**$111,100**	**$102,500**	**$105,200**	**$6,000**	**$2,700**
Medical Facilities (0162)	$95,482	$103,000	$96,500	$111,100	$102,500	$105,200	$6,000	$2,700

Grounds Maintenance and Fire Protection costs are associated with the maintenance of roads, walks, parking areas, and lawn management, as well as fire truck operation, supplies, and materials.

5. Leases

Leases
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$392,980**	**$838,102**	**$740,956**	**$811,900**	**$953,828**	**$971,676**	**$212,872**	**$17,848**
Medical Facilities (0162)	$392,980	$838,102	$740,956	$811,900	$953,828	$971,676	$212,872	$17,848

VHA has approximately 1,685 leases, encompassing 17.6 million square feet of space in its portfolio. Leases fall into the following two primary categories: space procured by the General Services Administration (GSA) on behalf of VA and space procured directly by VA (via delegated authority from GSA) in commercial venues. Leases can have many functions, ranging from clinical space for CBOCs to warehouses for storage of supplies and equipment, all in support of the operational needs of the local medical center. Leases complement the portfolio of VA-owned medical facilities and provide additional flexibility in providing services to Veterans in the right place and at the right time.

VA's 2018 budget includes an authorization request for six replacement outpatient clinic leases only. (See chapter 6 of Volume IV for the list of lease authorizations in 2018.) VA is not requesting authorization for any new lease presences in 2018 as the Department develops a strategic approach to health care delivery, including modernizing and consolidating the community care program, to ensure access to timely, high-quality care for enrolled Veterans.

VHA typically does not utilize GSA to procure medical facility space on behalf of VA. Instead, VHA utilizes a delegation of authority from GSA to procure the space directly. This delegation is granted on a lease-by-lease basis by GSA, following GSA's review of the lease data. However, all of the procurement and contracting activities are managed by VHA. These leases are critical to meeting Veteran needs by allowing VA to operate clinics or other necessary services close to Veteran populations, while maintaining flexibility so these points of service can be relocated or resized on a regular basis due to shifting demographic trends. Although owned facilities provide some benefit over leasing in some situations, the flexibility and adaptability provided by leasing is key to VHA's mission.

6. Non-Recurring Maintenance (NRM)

Non-Recurring Maintenance
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$866,531**	**$1,057,473**	**$1,060,386**	**$600,000**	**$1,870,000**	**$1,150,000**	**$809,614**	**($720,000)**
Medical Facilities (0162)	$866,531	$1,057,473	$1,060,386	$600,000	$1,870,000	$1,150,000	$809,614	($720,000)

VHA uses its NRM projects to make additions, alterations, and modifications to land, buildings, other structures, nonstructural improvements of land, and fixed equipment (when the equipment is acquired under contract and becomes permanently attached to or part of the building or structure); to maintain and modernize existing campus facilities, buildings, and building systems; replace existing building system components; provide for adequate future functional building system capacity without constructing any new building square footage for functional program space; and/or provide for environmental remediation and abatement, and building demolition.

VHA uses its NRM program as its primary means of addressing its most pressing infrastructure needs as identified by Facility Condition Assessments (FCA). These assessments are performed at each facility every three years, and highlight a building's most pressing and mission critical repair and maintenance needs. VHA specifically supports research and development infrastructure projects by ensuring that the Office of Research and Development is involved in the identification of gaps to support the SCIP process. This inclusion ensures a research focus for mitigation within a 10-year window of identified research infrastructure deficiencies.

NRM projects are broken into three categories, as discussed and defined below.

Sustainment projects:

NRM sustainment projects involve the provision of resources that will convert functional space to a different program function within existing buildings or spaces, without adding any new space. Each sustainment project must be equal to, or less than, the amount set forth in in title 38, United States Code, section 8104 (currently $10 million). The total project cost includes all amounts and expenditures associated with design, impact, contingency, and construction costs.

Infrastructure Modernization projects:

NRM infrastructure modernization projects involve the provision of resources to repair, modernize, replace, renovate, and provide for new "building systems," and do not convert functional space to a different program function. Such projects have no project cost limitation; however, any work to be done beyond the underlying building system must be an ancillary to the overall total project cost (not exceed 25% of the total project cost). The overall total project cost includes all amounts and expenditures associated with design, impact, contingency, and construction costs.

The types of "building systems" permitted for NRM infrastructure projects consist of the following: building thermal and moisture protection; doors and windows; interior finishes only directly related with building system work; conveyance and transport systems; fire suppression; plumbing; heating, ventilation, and air conditioning; electrical systems; communication systems; safety and security systems; utility systems, boiler plants, chiller plants, water filtration and treatment plants, cogeneration plants, central energy plants, elevator towers, connecting corridors, and stairwells.

Clinical Specific Initiative Projects:

Clinical Specific Initiative (CSI) projects are emergent projects that cannot be planned due to dynamic health care environments. Associated funding for these projects is distributed to the VISNs at the beginning of each year, to obligate towards existing clinical building space, and address workload gaps, or support access within the following VHA high-profile categories:

- *Women's Health*
- *Mental Health*
- *High-Cost/High Tech Medical Equipment Site Prep/Installations*
- *Reduce the Footprint Reduction (includes building demolition or conversion of under-utilized space to clinical functions)*
- *Donated Building Site Preparation (e.g. Fisher House) when constructed on VHA land*
- *Other Emergent Need Categories may be added to CSI program based on direction from the Under Secretary for Health.*

*For CSI projects, only high-cost / high-tech medical equipment site prep/installation projects may involve the construction of new program functional building space.

The 2017 NRM estimate of $1.06 billion is being used to address the sustainment needs of VHA facilities, estimated to be approximately $550 million annually, along with $510 million for projects that address modernization, repair, and renovation of existing infrastructure. Infrastructure needs are identified through the annual Facility Condition Assessment (FCA) survey and the current VHA Total FCA Deficiency Costs equals $17.9 billion. Approximately 700 projects will have awards made in 2017.

The 2018 NRM estimate of $1.87 billion reflects a focused investment in the program to address the significant sustainment and infrastructure repair needs of VHA facilities. Approximately $550 million will be used for sustainment projects, with the remaining $1.32 billion for projects that address modernization, repair, and renovation of existing infrastructure. Approximately 1,300 projects would be expected to be awarded in 2018.

7. Operating Equipment Maintenance and Repair

Operating Equipment Maintenance & Repair
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$222,789**	**$206,000**	**$225,100**	**$222,300**	**$239,200**	**$245,400**	**$14,100**	**$6,200**
Medical Facilities (0162)	$222,789	$206,000	$225,100	$222,300	$239,200	$245,400	$14,100	$6,200

Operating Equipment Maintenance and Repair costs are associated with maintenance and repair of all non-expendable operating equipment, furniture and fixtures, when performed by maintenance personnel or procured on a contractual basis, including rental equipment.

8. Other Facilities Operation Support

Other Facilities Operation Support
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$30,269**	**$32,000**	**$46,853**	**$34,500**	**$37,950**	**$39,062**	**($8,903)**	**$1,112**
Medical Facilities (0162)	$30,269	$32,000	$46,853	$34,500	$37,950	$39,062	($8,903)	$1,112

This function includes other costs associated with inpatient and outpatient providers and miscellaneous benefits and services.

9. Plant Operations

Plant Operation
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$736,257**	**$764,000**	**$744,000**	**$824,400**	**$790,500**	**$811,100**	**$46,500**	**$20,600**
Medical Facilities (0162)	$736,257	$764,000	$744,000	$824,400	$790,500	$811,100	$46,500	$20,600

Plant Operations support all the basic functions of the hospitals and medical clinics. Examples of these activities include the purchase of utilities, such as water, electricity, steam, gas, and sewage; general operations supervision; and operation of emergency electrical power systems, elevators, renewable energy; and all plant operations.

10. Recurring Maintenance and Repair

Recurring Maintenance & Repair
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$500,775**	**$593,000**	**$506,000**	**$639,800**	**$537,700**	**$551,700**	**$31,700**	**$14,000**
Medical Facilities (0162)	$500,775	$593,000	$506,000	$639,800	$537,700	$551,700	$31,700	$14,000

Recurring Maintenance and Repair services encompass all projects where the minor improvement is below $25,000, such as maintenance service contracts and routine repair of facilities and the upkeep of land. Examples include: painting interior and exterior walls; the repair of water leaks in pipes and roofs; and the replacement of light bulbs, carpet, and ceiling and floor tiles.

11. Textile Care Processing and Management

Textile Care Processing & Maintenance
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$191,941**	**$185,000**	**$194,000**	**$199,600**	**$206,100**	**$211,500**	**$12,100**	**$5,400**
Medical Facilities (0162)	$191,941	$185,000	$194,000	$199,600	$206,100	$211,500	$12,100	$5,400

Textile Care Processing and Management includes the receipt, washing, drying, dry cleaning, folding, and return of textiles such as bed linens, surgical towels, and nursing uniforms. Processing also involves the activities concerning maintenance and repair of

textile processing equipment. Textile management activities include the procurement, inventory, delivery, issuance, repair, and marking all of the various types of textiles contained within the facility.

12. Transportation Services

Transportation
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$171,344**	**$165,000**	**$173,100**	**$178,000**	**$184,000**	**$188,800**	**$10,900**	**$4,800**
Medical Facilities (0162)	$171,344	$165,000	$173,100	$178,000	$184,000	$188,800	$10,900	$4,800

Transportation Services include the costs to operate facilities' motor vehicles, including the purchase and operation of VA vans and buses, facility maintenance vehicles, and the clinical motor vehicle pool operations.

Prior Year Recoveries

Prior Year Recoveries
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations [Total]	**$16,002**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Medical Facilities (0162)	$16,002	$0	$0	$0	$0	$0	$0	$0

This is a change in VA's accounting system to record prior-year recoveries as required by Federal accounting policy under OMB Circular No. A-11 guidance. Because this is a technical change that does not affect the actual resource levels provide for Veterans services, there are no projections for future years. VA has modified its financial accounting system to be able to accurately monitor and record recoveries.

Veterans Choice Act, Public Law 113-146, Medical Facilities, Section 801 (0162XA)

On August 7, 2014, the Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146; Veterans Choice Act) was signed into law. The 2018 budget supports the implementation of the Veterans Choice Act and the Administration's goal of providing timely, high-quality health care for our Nation's Veterans. The Veterans Choice Act provided $5 billion in mandatory funding in section 801 to increase Veterans' access to health care by hiring more physicians and staff, and improving VA's physical infrastructure.

Within the Medical Facilities appropriation, estimates of obligations for 2017 and 2018 are $138,736,000 and $4,000,000 respectively. The obligations are consistent with the needs of the Veterans Choice Act and will be spent on staffing, leases, non-recurring maintenance and support legionella efforts, enhancing services to Veterans in the short-term while strengthening the underlying VA system to better serve Veterans in the future.

Medical Facilities
VACAA, Section 801, Public Law 113-146
Obligations by Function, 2016-2019
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
VACAA, Section 801 (0162XA)								
Activations	$2,308	$0	$0	$0	**$0**	**$0**	$0	$0
Hiring Medical Staff	$0	$0	$0	$0	**$0**	**$0**	$0	$0
HPEAP Modification	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Leases, Emergency	$3,696	$0	$8,742	$0	**$0**	**$0**	($8,742)	$0
Leases, Pipeline	$37,929	$0	$13,392	$0	**$0**	**$0**	($13,392)	$0
Leases, Sustainment	$159,794	$0	$1,848	$0	**$0**	**$0**	($1,848)	$0
Legionella	$31,213	$0	$93,463	$0	**$0**	**$0**	($93,463)	$0
Non-Recurring Maintenance	$507,973	$0	$9,511	$0	**$0**	**$0**	($9,511)	$0
Staffing Shortage & Report (Sect. 301)	$444	$15,512	$11,780	$0	**$4,000**	**$0**	($7,780)	($4,000)
Supervising Faculty Salary	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Supplies/Equipment	$0	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations Before Prior Year Recoveries (0162XA)	**$743,357**	**$15,512**	**$138,736**	**$0**	**$4,000**	**$0**	**($134,736)**	**($4,000)**
Prior Year Recoveries	$30,188	$0	$0	$0	**$0**	**$0**	$0	$0
Obligations Total After Prior Year Recoveries (0162XA)	**$773,545**	**$15,512**	**$138,736**	**$0**	**$4,000**	**$0**	**($134,736)**	**($4,000)**

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Medical Facilities by Type

The Veterans Health Administration (VHA) operates approximately 5,634 buildings on 16,147 acres of land, and 1,685 leases, encompassing 17.6 million square feet of space in its portfolio.

In an effort to better clarify the types of outpatient health care settings, VA developed and implemented a new Site Classifications and Definitions Handbook 1006.2 (effective December 30, 2013). As a result, the below table provides more granular level of detail (based on the services provided) and is consistent with the new classification methodology. A description of each of category of facility, along with an explanation of any changes in the number of installations, is provided after the table. At the end of the chapter are tables with the names and locations of each installation within each category.

Medical Care
Number of Installations

		2017		2018		2019		
Description	2016 Actual	Budget Estimate	Current Estimate	Advance Approp.	Revised Request	Advance Approp.	+/- 2017-2018	+/- 2018-2019
Veterans Integrated Service Networks (VISN)	**19**	**18**	**18**	**18**	**18**	**18**	0	0
VA Medical Centers (VAMC), Total	**168**	**168**	**170**	**168**	**170**	**170**	0	0
Included in VA Medical Centers, Total:								
VA Hospitals	144	144	145	144	145	145	0	0
Community Living Centers	135	136	136	138	136	136	0	0
Residential Rehabilitation Care (DRRTP)	115	120	115	120	115	117	0	2
VAMC-Based Outpatient Care Sites	168	168	170	168	170	170	0	0
Health Care Centers (HCC)	**22**	**20**	**23**	**20**	**23**	**23**	0	0
Community-Based Outpatient Clinics (CBOC)	**738**	**766**	**748**	**766**	**753**	**753**	5	0
Multi-Specialty CBOC	210	186	199	186	200	200	1	0
Primary Care CBOC	528	580	549	580	553	553	4	0
Other Outpatient Services Sites, Total	**310**	**268**	**306**	**268**	**306**	**306**	0	0
Included in Other Outpatient Services Sites, Total:								
Dialysis Centers	71	74	74	74	74	76	0	2
Community Resource and Referral Centers (CRRC)	30	30	30	30	30	30	0	0
Vet Centers	**300**	**300**	**300**	**300**	**300**	**300**	0	0
Mobile Vet Centers	**80**	**80**	**80**	**80**	**80**	**80**	0	0

Annual changes in medical care installations:

Veterans Integrated Service Networks (VISN)

In 2015, the Veterans Health Administration was geographically separated into 21 areas known as Veterans Integrated Service Networks (VISN). Starting on October 1, 2015, the

existing VISN structure has been modified in compliance with the VA Memorandum on VISN Realignment. As a result of the MyVA VISN realignment, VHA has a new realigned map with five districts. The VISN structure has been modified to reduce the number of VISNs from 21 to 18, and to bring the VISNs in line with the MyVA districts. Multiple factors were weighted in the realighnment process, including alignment with state boundaries, the population of Veterans served, and the number of health care systems within each VISN. The analysis supported a reduction in the number of VISNs from 21 to 18 to allow for a reasonable span of control, with 6 to 11 health care systems in the majority of the VISNs, while simultaneously reducing variation in Veteran population, enrollees, patients, FTE staff, and budget.

MyVA Districts by VISN:

District	District Name	VISNs
1	North Atlantic	1,2,4,5,6
2	Southeast	7,8,9
3	Midwest	10,12,15,23
4	Continental	16,17,19
5	Pacific	20,21,22

Impact on the facilities

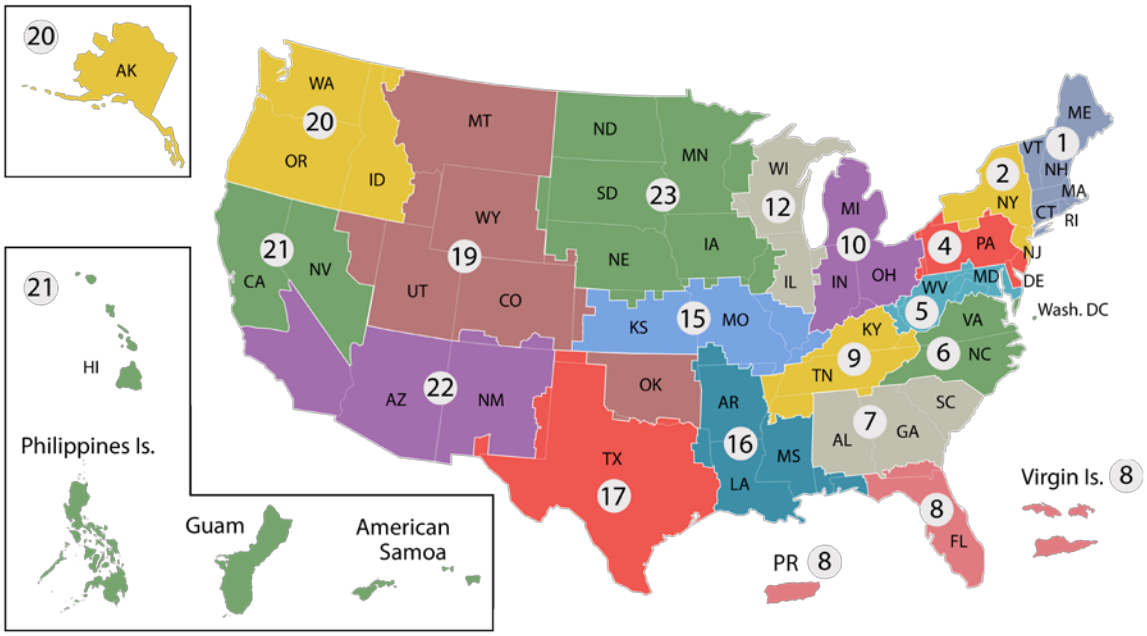
Phase 1 (starting FY 2016):

- All facilities in VISN 3 have been integrated into VISN 2.
- All West Virginia VAMCs have been integrated into VISN 5: Clarksburg (formerly VISN 4), Beckley (formerly VISN 6), Huntington (formerly VISN 9). The Martinsburg VAMC is already part of VISN 5.
- Except for the Danville, IL VAMC, the facilities in VISN 11 have been integrated into VISN 10. Danville VAMC is now part of VISN 12.
- Oklahoma VAMCs (Oklahoma City and Musckogee) have been moved from VISN 16 to VISN 19.
- The Las Vegas VAMC has been moved from VISN 22 to VISN 21.
- The following VISN 18 Texas VAMCs have been integrated into VISN 17: Amarillo, West Texas and El Paso.

Phase 2 (starting FY 2017):

- The remaining VISN 18 Arizona VAMCs will be integrated into VISN 22: Tucson, Prescott, Phoenix, and Albuquerque.
- Houston, TX VAMC has been moved from VISN 16 to VISN 17.

New Map with 18 VISNs:



VA Medical Centers (VAMC)
A VA Medical Center (VAMC) is a facility that provides two or more categories of care (inpatient, outpatient, residential rehabilitation, or institutional extended care). In 2016, the number of VAMCs has increased from 167 to 168.

<u>VAMC changes in 2016:</u>
In 2016, the number of VAMCs has increased from 167 to 168 (+1 VAMC).

- VISN 7 Trinka Davis Veterans Village (aka Carrollton) (508GK) was a multi-speciality (MS) CBOC in 2015. However, the Carrollton Division includes both Trinka Davis Veterans Village CLC (5089AB) and an outpatient clinic, the Trinka Davis Veterans Village VA Clinic (508GK). In 2015, these station numbers combined workload to achieve the classification of a VAMC in 2016.

<u>VAMC changes in 2017:</u>
In 2017, the number of VAMCs is expected to increase to 170 (+2 VAMCs).

- +1 VAMC: VISN 5 Loch Raven VA Clinic (512GD) was a MS CBOC in 2016. However, the division is co-located with a CLC (the 5129AA). The combination of a MS CBOC and CLC at the same address results in a VAMC classification.
- +1 VAMC: VISN 7 Fort McPherson VA Clinic (508GA) was a primary care (PC) CBOC in 2016. However, the division is co-located with a Residential Domiciliary (508BU). The combination of Fort McPherson VA Clinic (508GA) and the Residential Domiciliary (508BU) at the same address results in a VAMC classification.
- +1 VAMC: VISN 21 Martinez VA Community Living Center (612) was originally classified as a Stand-Alone Extended Care Site (Community Living

Center). In 2016, the Martinez VA Clinic (612GF) was classified as a Health Care Center. Because the Martinez VA Community Living Center (collecting bed days of care under 6129AA) and the 612GF are co-located at the same address, the combined workload classifies the site as VAMC.

-1 VAMC: VISN 1 Newington VAMC (689A4) has been reclassified from a VAMC to a MS CBOC in 2017 as it no longer provides residential services.

In 2016, using the new site classifications and definitions, of these 168 VAMCs, 144 were VA hospitals. The other 24 VAMCs did not provide acute care services and could not be classified as hospitals. They did, however, provide a mix of other bed care services, such as CLCs and / or residential rehabilitation care, thus meeting the VAMC criteria.

In 2017, the total number of VAMCs in projected to increase to 170, of which 145 are VA hospitals.

VA Hospitals

A VA Hospital provides both inpatient acute care and outpatient care; it may also provide residential rehabilitation care and/or institutional extended care.

VA Hospital changes in 2017 (+1 VA Hospital):

In 2017, the number of hospitals will increase from 144 to 145.

- VISN 8 Orlando VAMC (675) has been re-classified into a hospital.

For changes in classification, please refer to FY 2016-FY 2017 Site Crosswalk: VA Medical Centers (pages 10-16).

Community Living Centers (CLC)

A Community Living Center (CLC) provides institutional extended care services and may be part of a VA Hospital (e.g., a wing), or a free-standing structure.

CLC changes in 2017:

In 2017, the number of CLCs is expected to increase from 135 to 136 (+1 CLC).

- +1 CLC, VISN 16, New Orleans VA Medical Center (629)

Please refer to pages 17-21 for the complete list of CLCs in 2016.

Residential Rehabilitation Care

Residential Rehabilitation Care (i.e., a Domiciliary Residential Rehabilitation Treatment Program (DRRTP)) provides rehabilitative care in a residential setting. Like a CLC, it may be part of a VA Hospital or a free-standing structure.

In 2019, DRRTPs are projected to increase from 115 to 117 (+2 DRRTPs):

- +1 Substance Abuse RRTP (new site of care), VISN 8, West Palm Beach FL (546)
- +1 Domiciliary Care for Homeless Veterans (new site of care), VISN 16, Alexandria LA (502)

Please refer to pages 22-24 for the complete list of DRRTPs in 2016.

VAMC-Based Outpatient Care Sites
A VAMC-Based Outpatient Care site is a VA Medical Center that provides outpatient care. By definition, all VA Hospitals provide outpatient care, but some free-standing Community Living Centers and/or DRRTPs also provide outpatient care and are therefore included in this classification.

Outpatient Classifications
There are four outpatient classifications: (1) Health Care Center (HCC); (2) Multi-Specialty CBOC (MS CBOC); (3) Primary Care CBOC (PC CBOC); and (4) Other Outpatient Services (OOS) Site.

Primary Care Encounters (Source: VSSC Outpatient Encounters Cube)	Mental Health Encounters (Source: VSSC Outpatient Encounters Cube)	Specialty Encounters (Source: VSSC Outpatient Encounters Cube)	Ambulatory Surgery Center, Same Day Outpatient Ambulatory Surgery Services, and/or Moderate Sedation (Source: Surgery Program Office/Clinical Inventory)	Classification (Rating) for FY17 based on FY16 Workload
Greater than 500	Greater than 500	Greater than 500 in any 2 or More Specialties	Yes	Health Care Center (HCC)
Greater than 500	Greater than 500	Greater than 500 in any 2 or More Specialties	None	Multi-Specialty CBOC
Greater than 500	Greater than 500	Greater than 500 in any 1 Specialty	None	Primary Care CBOC
Greater than 500	Greater than 500	500 or less in 1 or more Specialties	None	Primary Care CBOC
Greater than 500	Less than 500	Greater than 0	None	Other Outpatient Service Site (OOS)
Less than or equal to 500	Greater than 500	None	None	Other Outpatient Service Site (OOS)
Less than or equal to 500	Greater than 500	Greater than 0	None	Other Outpatient Service Site (OOS)
Less than or equal to 500	Less than or equal to 500	Greater than 0	None	Other Outpatient Service Site (OOS)
None	Less than or equal to 500	None	None	Other Outpatient Service Site (OOS)
None	None	Greater than 0	None	Other Outpatient Service Site (OOS)
None	None	None	None	No Rating unless otherwise specified

Last updated: February 15, 2017

Health Care Centers (HCC)
A Health Care Center (HCC) is a VA-owned, VA-leased, or contract clinic operated 5 days per week that provides primary care, mental health care, on-site specialty services, and performs ambulatory surgery and/or invasive procedures which may require moderate sedation or general anesthesia.

HCC changes in 2017:
In 2017, the number of HCCs is projected to increase from 22 to 23 (+1 HCC):

- +1 HCC: based on FY 2016 workload, the Wyoming VA Clinic, VISN 10, has been re-classified from the Multi-Specialty CBOC to the Health Care Center.

- +1 HCC: Eugene VA Clinic, VISN 20, has been re-classified from the Multi-Specialty CBOC to the Health Care Center.
- +1 HCC, VISN 22, Loma Linda VA Clinic (605).
- -1 HCC: Martinez VA Clinic, VISN 21, has been re-classified from the Health Care Center to the VA Medical Center.
- -1 HCC: Missoula VA Clinic, VISN 19, has been re-classified from the Health Care Center to the Multi-Specialty CBOC.

For changes in classification, please refer to FY 2016-FY 2017 Site Crosswalk: Outpatient Classifications (pages 25-42).

Multi-Specialty Community Based Outpatient Clinics (MS CBOC)

A Multi-Specialty CBOC (formerly known as CBOC) is a VA-owned, VA-leased, mobile, or contract clinic that offers both primary and mental health care and two or more specialty services physically on site. Access to additional specialty services may be offered by referral or telehealth. These clinics may offer support services, such as pharmacy, laboratory, and x-ray. The clinic may be operational from 1 to 7 days per week. These clinics are permitted to provide invasive procedures with local anesthesia or minimal sedation, but not with moderate sedation or general anesthesia (see VHA Directive 2006-023). The establishment of a new multi-specialty CBOC can only be approved by the Secretary, with Congressional notification consistent with 38 U.S.C. 8119(b) (2), (3), and (4).

MS CBOC changes in 2017:

In 2017, the number of MS CBOCs is projected to decrease from 210 to 199 (-11 MS CBPOCs):

- +12 MS CBOCs: based on FY 2016 workload, 12 VA clinics have been re-classified into Multi-Specialty CBOCs.
- -23 MS CBOCs: based on FY 2016 workload, 23 MS CBOCs have been re-classified into other categories.

For changes in classification, please refer to FY 2016-FY 2017 Site Crosswalk: Outpatient Classifications (pages 25-42).

In 2018, one MS CBOC will be added, resulting in a count of 200 (+ 1 MS CBOC):

- +1 MS CBOC: Birmingham, AL (VISN 7), new site of care.

Primary Care Clinics (PC CBOC)

A Primary care CBOC is a VA-owned, VA-leased, mobile, or contract clinic that offers both medical (physically on site) and mental health care (either physically on site or by telehealth) and may offer support services such as pharmacy, laboratory, and x-ray. The clinic may be operational 1 to 7 days per week. Access to specialty care is not provided on site but may be available through referral or telehealth. A Primary care CBOC often provides home-based primary care (HBPC) and home telehealth to the population it serves to meet the primary care and mental health needs of Veterans who have difficulty accessing clinic-based care. These clinics have access to a higher level of care within a VHA network of care. Primary care in VA includes both medical and mental health care services, as they are inseparable in providing personalized, proactive, patient-centered

health care. The establishment of a new primary care CBOC can only be approved by the Secretary of Veterans Affairs, with Congressional notification consistent with 38 U.S.C. 8119(b) (2), (3), and (4).

Primary Care CBOC changes in 2017:
In 2017, the number of Primary Care CBOCs is projected to increase from 528 to 549 (+21 PC CBOCs):

- +31 Primary Care CBOCs: based on FY 2016 workload, 31 VA clinics have been re-classified into Primary Care CBOCs.
- -16 Primary Care CBOCs: based on FY 2016 workload, 16 Primary Care CBOCs have been re-classified into other categories.
- +6 new sites of care in the following locations: Gainesville, FL (VISN 8), Missoula, MT (VISN 19), Northern Colorado, CO (VISN 19), Ocala, FL (VISN 8), Pike County, GA (VISN 7), and Santa Rosa, CA (VISN 21).

For changes in classification, please refer to FY 2016-FY 2017 Site Crosswalk: Outpatient Classifications (pages 25-42).

In 2018, the number of Primary Care CBOCs is projected to increase to 553 (+4 PC CBOCs):

- +4 new sites of care in Ann Arbor, MI (VISN 10), Daytona Beach, FL (VISN 8), Hampton Roads, VA (VISN 6), and Raleigh, NC (VISN 6).

Other Outpatient Services (OOS) Sites
Other Outpatient Services Sites are sites in which Veterans receive services that do not generate VHA encounter workload, or do not meet minimum workload criteria to be classified as a CBOC or HCC. Many of the services provided at these sites are contacts made by VA or VHA personnel to provide information, social services, homelessness outreach services, activities to increase Veteran awareness of benefits and services, and support services, such as those provided in Vet Centers. Other services could be more clinical in nature, which can be provided to remote areas through a Telehealth clinic or other arrangement. If any other services are provided in this venue (external to a VA clinic or facility), they must be associated with, attached to, and coordinated by a health care delivery site located in a clinic or facility.

OOS changes in 2017:
In 2017, the number of Other Outpatient Service Sites is expected to decrease from 310 to 306 (-4 OOS).

- -11 OOS: based on FY 2016 workload, the following 11 VA Clinics have been re-classified from OOS to Primary Care CBOCs.
- +5 OOS: based on FY 2016 workload, 5 VA clinics have been re-classified from Primary Care CBOC to OOS.
- +1 OOS: based on FY 2016 workload, the Martinez VA Clinic, formerly a stand-alone Community Living Center, has been re-classified to OOS.
- +1 OOS: Birmingham, AL (VISN 7), new site of care.

For changes in classification, please refer to FY 2016-FY 2017 Site Crosswalk: Outpatient Classifications (pages 25-42).

Included among the OOS Sites are Dialysis Centers and Community Resource and Referral Centers (CRRC).

Dialysis Centers are highly specialized programs which provide facilities for the treatment of patients with irreversible renal insufficiencies. Treatment procedures require professional supervision by staff experienced in renal pathophysiology. The services may include self-dialysis training for Peritoneal Dialysis, in addition to on-site assisted dialysis, i.e., Hemodialysis. The Dialysis Centers administer both single-patient and multi-patient Hemodialysis systems.

In 2017, the number of Dialysis Centers is projected to increase from 71 to 74 (+3).

- Activations of Dialysis Centers located in Orlando, FL; Charlotte, NC; and Kernersville, NC

In 2019, the number of Dialysis Centers is projected to increase from 74 to 76 (+2).

- Projected activations of Dialysis Centers located in St. Louis, MO and Long Beach, CA

CRRCs provide Veterans who are homeless and at risk of homelessness with one-stop access to community-based, multiagency services to promote permanent housing, health and mental health care, career development and access to VA and non-VA benefits.

Additional Services in the Community

Vet Centers

A Vet Center is a community-based counseling facility under the direct supervision of the Readjustment Counseling Service (RCS), within the Department of Veterans Affairs. 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.

Mobile Vet Centers

A Mobile Vet Center is a community-based counseling mobile unit under the direct supervision of the Readjustment Counseling Service (RCS), within the Department of Veterans Affairs. Mobile Vet Centers are like Vet Centers, and may provide an array of services such as professional readjustment counseling, community education, and outreach to special populations, brokering of services with community agencies, and access to links between the Veteran and VA.

FY 2016-FY 2017 Site Crosswalk: VA Medical Centers

VISN	Station Number	Official Name	Local Name	FY 2016 Site	FY 2017 Site	FY 2017 Hospital	Classification Changed FY2016 to FY2017
				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)		
1	402	Togus VA Medical Center	Togus	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
1	405	White River Junction VA Medical Center	White River Junction	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
1	518	Edith Nourse Rogers Memorial Veterans' Hospital	Bedford	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
1	523	Jamaica Plain VA Medical Center	Jamaica Plain	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
1	523A4	West Roxbury VA Medical Center	West Roxbury	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
1	523A5	Brockton VA Medical Center	Brockton	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
1	608	Manchester VA Medical	Manchester	VA Medical Center (VAMC)	VA Medical Center	No	No
1	631	Edward P. Boland Department of Veterans Affairs Medical Center	Central Western Massachusetts	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
1	650	Providence VA Medical	Providence	VA Medical Center (VAMC)	VA Medical Center	Yes	No
1	689	West Haven VA Medical	West Haven	VA Medical Center (VAMC)	VA Medical Center	Yes	No
2	526	James J. Peters Department of Veterans Affairs Medical Center	Bronx	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	528	Buffalo VA Medical Center	Buffalo	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	528A4	Batavia VA Medical Center	Batavia	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
2	528A5	Canandaigua VA Medical Center	Canandaigua	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
2	528A6	Bath VA Medical Center	Bath	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	528A7	Syracuse VA Medical Center	Syracuse	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	528A8	Samuel S. Stratton Department of Veterans Affairs Medical Center	Albany	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	561	East Orange VA Medical Center	East Orange	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	561A4	Lyons VA Medical Center	Lyons	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	620	Franklin Delano Roosevelt Hospital	Montrose	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	620A4	Castle Point VA Medical Center	Castle Point	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	630	Manhattan VA Medical Center	Manhattan	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	630A4	Brooklyn VA Medical Center	Brooklyn	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
2	630A5	St. Albans VA Medical Center	St. Albans	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
2	632	Northport VA Medical Center	Northport	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
4	460	Wilmington VA Medical Center	Wilmington	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
4	503	James E. Van Zandt Veterans' Administration Medical Center	Altoona	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
4	529	Butler VA Medical Center	Butler	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
4	542	Coatesville VA Medical Center	Coatesville	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
4	562	Erie VA Medical Center	Erie	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
4	595	Lebanon VA Medical Center	Lebanon	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No

FY 2016-FY 2017 Site Crosswalk: VA Medical Centers

VISN	Station Number	Official Name	Local Name	FY 2016 Site	FY 2017 Site	FY 2017 Hospital	Classification Changed FY2016 to FY2017
				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)		
4	642	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	Philadelphia	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
4	642BU	Philadelphia VA Domiciliary	Philadelphia Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
4	646	Pittsburgh VA Medical Center-University Drive	Pittsburgh-University Drive	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
4	646A4	H. John Heinz III Department of Veterans Affairs Medical Center	Heinz	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
4	693	Wilkes-Barre VA Medical Center	Wilkes-Barre	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
5	512	Baltimore VA Medical Center	Baltimore	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
5	512A5	Perry Point VA Medical Center	Perry Point	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
5	517	Beckley VA Medical Center	Beckley	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
5	540	Louis A. Johnson Veterans' Administration Medical Center	Clarksburg	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
5	581	Huntington VA Medical Center	Huntington	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
5	613	Martinsburg VA Medical Center	Martinsburg	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
5	688	Washington VA Medical Center	Washington	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
6	558	Durham VA Medical Center	Durham	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
6	565	Fayetteville VA Medical Center	Fayetteville-North Carolina	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
6	590	Hampton VA Medical Center	Hampton	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
6	637	Charles George Department of Veterans Affairs Medical Center	Asheville	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
6	652	Hunter Holmes McGuire Hospital	Richmond	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
6	658	Salem VA Medical Center	Salem	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
6	659	W.G. (Bill) Hefner Salisbury Department of Veterans Affairs Medical Center	Salisbury	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
7	508	Atlanta VA Medical Center	Atlanta-Decatur	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
7	508GK	Trinka Davis Veterans Village	Carrollton	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
7	509	Charlie Norwood Department of Veterans Affairs Medical Center	Augusta Downtown	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
7	509A0	Augusta VA Medical Center-Uptown	Augusta Uptown	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
7	521	Birmingham VA Medical Center	Birmingham	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
7	534	Ralph H. Johnson Department of Veterans Affairs Medical Center	Charleston	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
7	544	Wm. Jennings Bryan Dorn Department of Veterans Affairs Medical Center	Columbia	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No

FY 2016-FY 2017 Site Crosswalk: VA Medical Centers

VISN	Station Number	Official Name	Local Name	FY 2016 Site	FY 2017 Site	FY 2017 Hospital	Classification Changed FY2016 to FY2017
				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)		
7	557	Carl Vinson Veterans' Administration Medical Center	Dublin	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
7	619	Central Alabama VA Medical Center-Montgomery	Montgomery	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
7	619A4	Central Alabama VA Medical Center-Tuskegee	Tuskegee	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
7	679	Tuscaloosa VA Medical Center	Tuscaloosa	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
8	516	C.W. Bill Young Department of Veterans Affairs Medical Center	Bay Pines	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
8	546	Bruce W. Carter Department of Veterans Affairs Medical	Miami	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
8	548	West Palm Beach VA Medical Center	West Palm Beach	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
8	573	Malcom Randall Department of Veterans Affairs Medical Center	Gainesville	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
8	573A4	Lake City VA Medical Center	Lake City	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
8	573BU	Gainesville VA Domiciliary	Gainesville Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
8	672	San Juan VA Medical Center	San Juan	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
8	673	James A. Haley Veterans' Hospital	Tampa	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
8	673BV	Tampa VA Domiciliary	Tampa Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
8	675	Orlando VA Medical Center	Lake Nona	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
9	596	Lexington VA Medical Center-Leestown	Lexington-Leestown	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
9	596A4	Lexington VA Medical Center-Cooper	Lexington-Cooper	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
9	603	Robley Rex Department of Veterans Affairs Medical Center	Louisville	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
9	614	Memphis VA Medical Center	Memphis	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
9	621	James H. Quillen Department of Veterans Affairs Medical Center	Mountain Home	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
9	626	Nashville VA Medical Center	Nashville	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
9	626A4	Alvin C. York Veterans' Administration Medical Center	Murfreesboro	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	506	Ann Arbor VA Medical Center	Ann Arbor	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	515	Battle Creek VA Medical Center	Battle Creek	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	538	Chillicothe VA Medical Center	Chillicothe	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No

FY 2016-FY 2017 Site Crosswalk: VA Medical Centers

VISN	Station Number	Official Name	Local Name	FY 2016 Site	FY 2017 Site	FY 2017 Hospital	Classification Changed FY2016 to FY2017
				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)		
10	539	Cincinnati VA Medical Center	Cincinnati	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	539A4	Cincinnati VA Medical Center-Fort Thomas	Cincinnati-Fort Thomas	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
10	541	Louis Stokes Cleveland Department of Veterans Affairs Medical Center	Cleveland	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	552	Dayton VA Medical Center	Dayton	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	553	John D. Dingell Department of Veterans Affairs Medical Center	Detroit	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	553BU	Detroit VA Domiciliary	Detroit Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
10	583	Richard L. Roudebush Veterans' Administration Medical Center	Indianapolis	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	583BU	Indianapolis VA Domiciliary	Indianapolis Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
10	610	Marion VA Medical Center	Marion-Indiana	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	610A4	Fort Wayne VA Medical Center	Fort Wayne	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
10	655	Aleda E. Lutz Department of Veterans Affairs Medical Center	Saginaw	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
12	537	Jesse Brown Department of Veterans Affairs Medical Center	Chicago	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
12	550	Danville VA Medical Center	Danville	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
12	556	Captain James A. Lovell Federal Health Care Center	North Chicago	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
12	578	Edward Hines Junior Hospital	Hines	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
12	585	Oscar G. Johnson Department of Veterans Affairs Medical Facility	Iron Mountain	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
12	607	William S. Middleton Memorial Veterans' Hospital	Madison	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
12	676	Tomah VA Medical Center	Tomah	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
12	695	Clement J. Zablocki Veterans' Administration Medical Center	Milwaukee	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
15	589	Kansas City VA Medical Center	Kansas City	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
15	589A4	Harry S. Truman Memorial Veterans' Hospital	Columbia	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
15	589A5	Colmery-O'Neil Veterans' Administration Medical Center	Topeka	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
15	589A6	Dwight D. Eisenhower Department of Veterans Affairs Medical Center	Leavenworth	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
15	589A7	Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center	Wichita	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No

FY 2016-FY 2017 Site Crosswalk: VA Medical Centers

VISN	Station Number	Official Name	Local Name	FY 2016 Site	FY 2017 Site	FY 2017 Hospital	Classification Changed FY2016 to FY2017
				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)		
15	657	John Cochran Veterans Hospital	St. Louis-John Cochran	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
15	657A0	St. Louis VA Medical Center-Jefferson Barracks	St. Louis-Jefferson Barracks	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
15	657A4	John J. Pershing Veterans' Administration Medical Center	Poplar Bluff	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
15	657A5	Marion VA Medical Center	Marion-Illinois	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
16	502	Alexandria VA Medical Center	Alexandria-Pineville	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
16	520	Biloxi VA Medical Center	Biloxi	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
16	564	Fayetteville VA Medical Center	Fayetteville-Arkansas	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
16	580	Michael E. DeBakey Department of Veterans Affairs Medical Center	Houston	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
16	580BU	Houston VA Domiciliary	Houston Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
16	586	G.V. (Sonny) Montgomery Department of Veterans Affairs Medical Center	Jackson	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
16	586BU	Jackson VA Domiciliary	Jackson Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
16	598	John L. McClellan Memorial Veterans' Hospital	Little Rock	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
16	598A0	Eugene J. Towbin Healthcare Center	North Little Rock	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
16	667	Overton Brooks Veterans' Administration Medical Center	Shreveport	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
17	504	Thomas E. Creek Department of Veterans Affairs Medical Center	Amarillo	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
17	519	George H. O'Brien, Jr., Department of Veterans Affairs Medical Center	Big Spring	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
17	549	Dallas VA Medical Center	Dallas	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
17	549A4	Sam Rayburn Memorial Veterans Center	Bonham	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
17	671	Audie L. Murphy Memorial Veterans' Hospital	San Antonio	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
17	671A4	Kerrville VA Medical Center	Kerrville	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
17	674	Olin E. Teague Veterans' Center	Temple	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
17	674A4	Doris Miller Department of Veterans Affairs Medical Center	Waco	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
19	436	Fort Harrison VA Medical Center	Fort Harrison	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
19	436A4	Miles City VA Medical Center	Miles City	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
19	442	Cheyenne VA Medical Center	Cheyenne	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No

FY 2016-FY 2017 Site Crosswalk: VA Medical Centers

VISN	Station Number	Official Name	Local Name	FY 2016 Site	FY 2017 Site	FY 2017 Hospital	Classification Changed FY2016 to FY2017
				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)		
19	554	Denver VA Medical Center	Denver	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
19	554A4	Pueblo VA Community Living Center	Pueblo CLC	Extended Care Site (Community Living Center) (Stand-Alone)	Extended Care Site (Community Living Center) (Stand-Alone)	No	No
19	554BU	Valor Point VA Domiciliary	Valor Point Domiciliary-Lakewood	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
19	575	Grand Junction VA Medical Center	Grand Junction	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
19	623	Jack C. Montgomery Department of Veterans Affairs Medical Center	Muskogee	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
19	635	Oklahoma City VA Medical Center	Oklahoma City	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
19	660	George E. Wahlen Department of Veterans Affairs Medical Center	Salt Lake City	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
19	666	Sheridan VA Medical Center	Sheridan	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
20	463	Anchorage VA Medical Center	Anchorage	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
20	531	Boise VA Medical Center	Boise	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
20	648	Portland VA Medical Center	Portland	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
20	648A4	Portland VA Medical Center-Vancouver	Portland-Vancouver	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
20	653	Roseburg VA Medical Center	Roseburg	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
20	663	Seattle VA Medical Center	Seattle	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
20	663A4	American Lake VA Medical Center	American Lake	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
20	668	Mann-Grandstaff Department of Veterans Affairs Medical Center	Spokane	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
20	687	Jonathan M. Wainwright Memorial VA Medical Center	Walla Walla	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
20	692	White City VA Medical Center	White City	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
21	459	Spark M. Matsunaga Department of Veterans Affairs Medical Center	Honolulu	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
21	570	Fresno VA Medical Center	Fresno	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
21	593	Las Vegas VA Medical Center	Las Vegas	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
21	612A4	Sacramento VA Medical Center	Sacramento	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
21	640	Palo Alto VA Medical Center	Palo Alto	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
21	640A0	Palo Alto VA Medical Center-Menlo Park	Palo Alto-Menlo Park	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
21	640A4	Palo Alto VA Medical Center-Livermore	Palo Alto-Livermore	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
21	654	Ioannis A. Lougaris Veterans' Administration Medical Center	Reno	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
21	662	San Francisco VA Medical Center	San Francisco	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No

FY 2016-FY 2017 Site Crosswalk: VA Medical Centers

VISN	Station Number	Official Name	Local Name	FY 2016 Site	FY 2017 Site	FY 2017 Hospital	Classification Changed FY2016 to FY2017
				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)		
22	501	Raymond G. Murphy Department of Veterans Affairs Medical Center	Albuquerque	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
22	501BV	Gallup VA Domiciliary	Gallup Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
22	600	Long Beach VA Medical Center	Long Beach	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
22	605	Jerry L. Pettis Memorial Veterans' Hospital	Loma Linda	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
22	644	Carl T. Hayden Veterans' Administration Medical Center	Phoenix	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
22	649	Bob Stump Department of Veterans Affairs Medical Center	Prescott	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
22	664	San Diego VA Medical Center	San Diego	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
22	664BV	San Diego VA Domiciliary	San Diego Domiciliary	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	Residential Care Site (MH RRTP/DRRTP) (Stand-Alone)	No	No
22	678	Tucson VA Medical Center	Tucson	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
22	691	West Los Angeles VA Medical Center	West Los Angeles	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
22	691A4	Sepulveda VA Medical Center	Sepulveda	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
23	437	Fargo VA Medical Center	Fargo	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
23	438	Royal C. Johnson Veterans' Memorial Hospital	Sioux Falls	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
23	568	Fort Meade VA Medical Center	Fort Meade	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
23	568A4	Hot Springs VA Medical Center	Hot Springs	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
23	618	Minneapolis VA Medical Center	Minneapolis	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
23	636	Omaha VA Medical Center	Omaha	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
23	636A4	Grand Island VA Medical Center	Grand Island	VA Medical Center (VAMC)	VA Medical Center (VAMC)	No	No
23	636A6	Des Moines VA Medical Center	Des Moines	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
23	636A8	Iowa City VA Medical Center	Iowa City	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No
23	656	St. Cloud VA Medical Center	St. Cloud	VA Medical Center (VAMC)	VA Medical Center (VAMC)	Yes	No

Community Living Center (CLC) Programs as of FY16 Qtr4 (Sept. 30, 2016)			
CLC Program Count	**VISN**	**Station #**	**Offical Name**
1	1	402	Maine VA
2	1	518	Edith Nourse Rogers VA
3	1	523A5	Boston VA-Brockton
4	1	608	Manchester VA
5	1	631	Central Western Massachusetts VA-Leeds
6	1	689	Connecticut VA-West Haven
7	2	528	Western New York VA-Buffalo
8	2	528A4	Western New York VA-Batavia
9	2	528A5	Canandaigua VA
10	2	528A6	Bath VA
11	2	528A7	Syracuse VA
12	2	528A8	Samuel S. Stratton VA
13	3	526	James J. Peters VA
14	3	561A4	New Jersey VA-Lyons
15	3	620	Franklin Delano Roosevelt VA - Montrose
16	3	620A4	Hudson Valley VA-Castle Point
17	3	630A5	New York Harbor VA-St. Albans
18	3	632	Northport VA
19	4	460	Wilmington VA
20	4	503	James E. Van Zandt VA
21	4	529	Butler VA
22	4	540	Louis A. Johnson VA
23	4	542	Coatesville VA
24	4	562	Erie VA
25	4	595	Lebanon VA
26	4	642	Philadelphia VA
27	4	646A4	Pittsburgh VA-H.J. Heinz VA
28	4	693	Wilkes-Barre VA

Community Living Center (CLC) Programs as of FY16 Qtr4 (Sept. 30, 2016)			
CLC Program Count	VISN	Station #	Offical Name
29	5	512	Maryland VA-Baltimore
30	5	512A5	Maryland VA-Perry Point
31	5	613	Martinsburg VA
32	5	688	Washington VA
33	6	517	Beckley VA
34	6	558	Durham VA
35	6	565	Fayetteville VA
36	6	590	Hampton VA
37	6	637	Charles George VA
38	6	652	Hunter Holmes McGuire VA
39	6	658	Salem VA
40	6	659	W.G. (Bill) Hefner VA
41	7	508	Atlanta VA
42	7	508GK	Trinka Davis Veterans Village Clinic
43	7	509A0	Augusta VA-Uptown
44	7	534	Ralph H. Johnson VA
45	7	544	William Jennings Bryan Dorn VA
46	7	557	Carl Vinson VA
47	7	619A4	Central Alabama VA-Tuskegee
48	7	679	Tuscaloosa VA
49	8	516	C.W. Bill Young VA
50	8	546	Miami VA
51	8	548	West Palm Beach VA
52	8	573	Malcom Randall VA
53	8	573A4	North Florida-South Georgia VA-Lake City
54	8	672	Caribbean VA-San Juan
55	8	673	James A. Haley VA
56	8	675	Orlando VA
57	9	596	Lexington VA-Leestown
58	9	621	James H. Quillen VA
59	9	626A4	Alvin C. York VA
60	10	538	Chillicothe VA
61	10	539A4	Fort Thomas
62	10	539	Cincinnati VA
63	10	541	Louis Stokes VA
64	10	552	Dayton VA

Community Living Center (CLC) Programs as of FY16 Qtr4 (Sept. 30, 2016)			
CLC Program Count	**VISN**	**Station #**	**Offical Name**
65	11	506	Ann Arbor VA
66	11	515	Battle Creek VA
67	11	550	Illiana VA-Danville
68	11	553	John D. Dingell VA
69	11	610	Northern Indiana VA-Marion
70	11	655	Aleda E. Lutz VA
71	12	537	Jesse Brown VA
72	12	556	Captain James A. Lovell VA
73	12	578	Edward Hines Jr. VA
74	12	585	Oscar G. Johnson VA
75	12	607	William S. Middleton VA
76	12	676	Tomah VA
77	12	695	Clement J. Zablocki VA
78	15	589A4	Harry S. Truman VA
79	15	589A5	Eastern Kansas VA-Colmery-O'Neil
80	15	589A6	Eastern Kansas VA-Dwight D. Eisenhower
81	15	589A7	Robert J. Dole VA
82	15	657A0	St. Louis VA-Jefferson Barracks
83	15	657A4	John J. Pershing VA
84	15	657A5	Marion VA
85	16	502	Alexandria VA
86	16	520	Gulf Coast VA-Biloxi
87	16	580	Michael E. DeBakey VA
88	16	586	G. V. (Sonny) Montgomery VA
89	16	598A0	Central Arkansas VA-Eugene J. Tobin
90	16	635	Oklahoma City VA
91	17	549	North Texas VA-Dallas
92	17	549A4	North Texas VA-Sam Rayburn
93	17	671	South Texas VA-Audie L. Murphy
94	17	671A4	South Texas VA-Kerrville
95	17	674	Central Texas VA-Olin E. Teague
96	17	674A4	Central Texas VA-Waco

Community Living Center (CLC) Programs as of FY16 Qtr4 (Sept. 30, 2016)			
CLC Program Count	VISN	Station #	Offical Name
97	18	501	New Mexico VA-Raymond G. Murphy
98	18	504	Thomas E. Creek VA
99	18	519	West Texas VA-George H. O'Brien, Jr.
100	18	644	Carl T. Hayden VA
101	18	649	Northern Arizona VA-Prescott
102	18	678	Southern Arizona VA-Tucson
103	19	436GJ/436A4	Miles City VA Clinic/Miles City VAMC
104	19	442	Cheyenne VA
105	19	554	Eastern Colorado VA-Denver
106	19	554A4	Eastern Colorado VA-Pueblo (Stand-Alone)
107	19	575	Grand Junction VA
108	19	666	Sheridan VA
109	20	531	Boise VA
110	20	648A4	Portland VA-Vancouver
111	20	653	Roseburg VA
112	20	663	Puget Sound VA-Seattle
113	20	663A4	Puget Sound VA-American Lake
114	20	668	Mann-Grandstaff VA
115	21	459	Pacific Islands VA-Spark M. Matsunaga
116	21	570	Central California VA-Fresno
117	21	612	Northern California VA-East Bay (Martinez)
118	21	640	Palo Alto VA
119	21	640A0	Palo Alto VA-Menlo Park
120	21	640A4	Palo Alto VA-Livermore
121	21	654	Sierra Nevada VA-Ioannis A. Lougaris
122	21	662	San Francisco VA
123	22	600	Long Beach VA
124	22	605	Loma Linda VA
125	22	664	San Diego VA
126	22	691	Greater Los Angeles VA-West Los Angeles
127	22	691A4	Sepulveda VA Clinic

Community Living Center (CLC) Programs as of FY16 Qtr4 (Sept. 30, 2016)			
CLC Program Count	**VISN**	**Station #**	**Offical Name**
128	23	437	Fargo VA
129	23	438	Sioux Falls VA
130	23	568	Black Hills VA-Fort Meade
131	23	568A4	Black Hills VA-Hot Springs
132	23	618	Minneapolis VA
133	23	636A4	Grand Island VA Clinic
134	23	636A6	Central Iowa VA-Des Moines
135	23	656	St. Cloud VA

VHA Mental Health - Residential Rehabilitation Treatment Programs (MH RRTP) FY 2016 Q4 (Sept. 30, 2016)				
MH RRTP Program Count	**VISN**	**Station #**	**Official Name**	**Type of Service**
1	1	405	White River Junction VA	Domiciliary Program
2	1	518	Edith Nourse Rogers VA- Bedord	Dom & CWT/TR
3	1	523	Boston VA-Jamaica Plain	Dom & CWT/TR
4	1	523A5	Boston VA-Brockton	Dom & CWT/TR
5	1	631	Central Western Massachusetts VA-Leeds (Northampton)	CWT/TR Program
6	1	689	Connecticut VA-West Haven	Domiciliary Program
7	1	689A4	Connecticut VA-Newington	Domiciliary Program
8	2	528	Western New York VA-Buffalo	Domiciliary Program
9	2	528A4	Western New York VA-Batavia	Domiciliary Program
10	2	528A5	Canandaigua VA	Domiciliary Program
11	2	528A6	Bath VA	Domiciliary Program
12	2	528A8	Samuel S. Stratton VA- Albany	Dom & CWT/TR
13	3	561	New Jersey VA-East Orange	Domiciliary Program
14	3	561A4	New Jersey VA-Lyons	Dom & CWT/TR
15	3	620	Franklin Delano Roosevelt VA	Dom & CWT/TR
16	3	630A4	New York Harbor VA-Brooklyn Division	Domiciliary Program
17	3	630A5	New York Harbor VA-St. Albans	Domiciliary Program
18	3	632	Northport VA	Domiciliary Program
19	4	529	Butler VA	Dom & CWT/TR
20	4	542	Coatesville VA	Domiciliary Program
21	4	595	Lebanon VA	Dom & CWT/TR
22	4	642BU	Philadelphia VA Domiciliary	Stand Alone Domiciliary
23	4	646A4	Pittsburgh VA-H.J. Heinz VA	Domiciliary Program &
24	4	693	Wilkes-Barre VA	Domiciliary Program
25	5	512	Maryland VA-Baltimore	Domiciliary Program
26	5	512A5	Maryland VA-Perry Point	Dom & CWT/TR
27	5	540	Louis A. Johnson VA (Clarksburg)	Domiciliary Program
28	5	613	Martinsburg VA	Dom & CWT/TR
29	6	590	Hampton VA	Dom & CWT/TR
30	6	637	Charles George VA (Asheville)	Domiciliary Program
31	6	652	Hunter Holmes McGuire VA (Richmond)	Domiciliary Program
32	6	658	Salem VA	Domiciliary Program
33	6	659	W.G. (Bill) Hefner VA (Salisbury)	Dom & CWT/TR

VHA Mental Health - Residential Rehabilitation Treatment Programs (MH RRTP) FY 2016 Q4 (Sept. 30, 2016)				
MH RRTP Program Count	VISN	Station #	Official Name	Type of Service
34	7	508	Atlanta VA - Decatur	CWT/TR Program
35	7	508BU	Atlanta VA - Fort McPherson	Domiciliary Program
36	7	509A0	Augusta VA-Uptown	Domiciliary Program
37	7	521	Birmingham VA	CWT/TR Program
38	7	557	Carl Vinson VA (Dublin)	Domiciliary Program
39	7	619A4	Central Alabama VA-Tuskegee	Dom & CWT/TR
40	7	679	Tuscaloosa VA	Dom & CWT/TR
41	8	516	C.W. Bill Young VA (Bay Pines)	Domiciliary Program
42	8	546	Miami VA	Domiciliary Program
43	8	573A4	North Florida-South Georgia VA-Lake City	Domiciliary Program
44	8	573BU	Gainesville VA Domiciliary	Stand Alone Domiciliary
45	8	673BV	Tampa VA Domiciliary	Stand Alone Domiciliary
46	8	675	Orlando VA (Lake Nora)	Domiciliary Program
47	8	675	Orlando VA (Lake Baldwin)	Domiciliary Program
48	9	596	Lexington VA-Leestown	Domiciliary Program
49	9	603	Robley Rex VA (Louisville)	Domiciliary Program
50	9	614	Memphis VA	Domiciliary Program
51	9	621	James H. Quillen VA (Mountain Home)	Domiciliary Program
52	9	626A4	Alvin C. York VA (Murfreesboro)	Domiciliary Program
53	10	538	Chillicothe VA	Domiciliary Program
54	10	539	Cincinnati VA	Domiciliary Program
55	10	539A4	Cincinnati VA-Fort Thomas	Domiciliary Program
56	10	541	Louis Stokes VA (Cleveland - Wade Park Division)	Dom & CWT/TR
57	10	552	Dayton VA	Domiciliary Program
58	11	515	Battle Creek VA	Dom & CWT/TR
59	11	550	Illiana VA-Danville	Dom & CWT/TR
60	11	553BU	Detroit VA Domiciliary	Stand Alone Domiciliary
61	11	583BU	Indianapolis VA Domiciliary	Stand Alone Domiciliary
62	11	610	Northern Indiana VA-Marion	Domiciliary Program
63	12	537	Jesse Brown VA	Domiciliary Program
64	12	556	Captain James A. Lovell VA	Dom & CWT/TR
65	12	578	Edward Hines Jr. VA	Domiciliary Program
66	12	607	William S. Middleton VA (Madison)	Dom & CWT/TR
67	12	676	Tomah VA	Dom & CWT/TR
68	12	695	Clement J. Zablocki VA (Milwaukee)	Dom & CWT/TR
69	15	589	Kansas City VA	Domiciliary Program
70	15	589A4	Harry S. Truman VA - Columbia	CWT/TR Program
71	15	589A5	Eastern Kansas VA - Topeka Division	CWT/TR Program
72	15	589A6	Eastern Kansas VA - Dwight D. Eisenhower (Leavenworth Division)	Domiciliary Program
73	15	657A0	St. Louis VA-Jefferson Barracks	Domiciliary Program
74	15	657A5	Marion VA	Domiciliary Program
75	16	520	Gulf Coast VA-Biloxi	Domiciliary Program
76	16	586BU	Jackson VA Domiciliary	Stand Alone Domiciliary
77	16	598A0	Central Arkansas VA-Eugene J. Tobin (N.Little Rock)	Dom & CWT/TR
78	16	635	Oklahoma City VA	CWT/TR Program
79	17	549	North Texas VA-Dallas	Dom & CWT/TR
80	17	549A4	North Texas VA-Sam Rayburn (Bonham)	Dom & CWT/TR
81	17	671	South Texas VA-Audie L. Murphy (San Antonio)	Domiciliary Program
82	17	674	Central Texas VA-Olin E. Teague (Temple)	Dom & CWT/TR
83	17	674A4	Central Texas VA-Waco	Domiciliary Program

VHA Mental Health - Residential Rehabilitation Treatment Programs (MH RRTP) FY 2016 Q4 (Sept. 30, 2016)				
MH RRTP Program Count	VISN	Station #	Official Name	Type of Service
84	18	501	New Mexico VA-Raymond G. Murphy (Albuquerque)	Dom & CWT/TR
85	18	501BV	Gallup VA Domiciliary	Stand Alone Domiciliary
86	18	519	West Texas VA-George H. O'Brien, Jr. (Big Spring)	Domiciliary Program
87	18	644	Carl T. Hayden VA (Phoenix)	Domiciliary Program
88	18	649	Northern Arizona VA-Prescott	Domiciliary Program
89	18	678	Southern Arizona VA-Tucson	Domiciliary Program
90	19	436	Montana VA-Fort Harrison	Domiciliary Program
91	19	554	Eastern Colorado VA-Denver	Domiciliary Program
92	19	554BU	Valor Point VA Domiciliary	Stand Alone Domiciliary
93	19	660	George E. Wahlen VA (Salt Lake)	Domiciliary Program
94	19	666	Sheridan VA	Domiciliary Program
95	20	463	Alaska VA-Anchorage	Dom & CWT/TR
96	20	531	Boise VA	Domiciliary Program
97	20	648A4	Portland VA-Vancouver	Domiciliary Program
98	20	653	Roseburg VA	Domiciliary Program
99	20	663A4	Puget Sound VA-American Lake	Dom & CWT/TR
100	20	687	Jonathan M. Wainwright VA (Walla Walla)	Domiciliary Program
101	20	692	Southern Oregon VA-White City	Domiciliary Program
102	21	459	Pacific Islands VA-Spark M. Matsunaga	Domiciliary Program
103	21	640A0	Palo Alto VA-Menlo Park	Dom & CWT/TR
104	21	640BV	Palo Alto VA	Domiciliary
105	21	662	San Francisco VA	CWT/TR Program
106	22	664	San Diego VA	CWT/TR Program
107	22	664BV	San Diego VA Domiciliary	Stand Alone Domiciliary
108	22	691	Greater Los Angeles VA-West Los Angeles	Dom and CWT/TR
109	23	568	Black Hills VA-Fort Meade	CWT/TR Program
110	23	568A4	Black Hills VA-Hot Springs	Dom & CWT/TR
111	23	568A4	Black Hills VA - Hot Springs (Pine Ridge)	CWT/TR Program
112	23	636	Nebraska-Western Iowa VA-Omaha	Dom & CWT/TR
113	23	636A4	Grand Island VA Clinic	Dom & CWT/TR
114	23	636A6	Central Iowa VA-Des Moines	Domiciliary Program
115	23	656	St. Cloud VA	Domiciliary Program

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VISN	Station Number	Official Name	Local Name	FY 2016 Site Classifications	FY 2017 Site Classifications	Classification Changed FY2016 to FY2017
				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)	
1	402GA	Caribou VA Clinic	Caribou	Primary Care CBOC	Primary Care CBOC	No
1	402GC	Rumford VA Clinic	Rumford	Primary Care CBOC	Primary Care CBOC	No
1	402GD	Saco VA Clinic	Saco	Primary Care CBOC	Primary Care CBOC	No
1	**402GE**	**Lewiston VA Clinic**	**Lewiston Auburn**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
1	402GF	Lincoln VA Clinic	Lincoln	Primary Care CBOC	Primary Care CBOC	No
1	402HB	Bangor VA Clinic	Bangor	Multi-Specialty CBOC	Multi-Specialty CBOC	No
1	402HC	Portland VA Clinic	Portland	Primary Care CBOC	Primary Care CBOC	No
1	405GA	Bennington VA Clinic	Bennington	Primary Care CBOC	Primary Care CBOC	No
1	405GC	Brattleboro VA Clinic	Brattleboro	Primary Care CBOC	Primary Care CBOC	No
1	405HA	Burlington Lakeside VA Clinic	Burlington Lakeside	Multi-Specialty CBOC	Multi-Specialty CBOC	No
1	**405HC**	**Littleton VA Clinic**	**Littleton**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
1	405HE	Keene VA Clinic	Keene	Primary Care CBOC	Primary Care CBOC	No
1	405HF	Rutland VA Clinic	Rutland	Primary Care CBOC	Primary Care CBOC	No
1	518GA	Lynn VA Clinic	Lynn	Primary Care CBOC	Primary Care CBOC	No
1	518GB	Haverhill VA Clinic	Haverhill	Primary Care CBOC	Primary Care CBOC	No
1	518GE	Gloucester VA Clinic	Gloucester	Primary Care CBOC	Primary Care CBOC	No
1	523BY	Lowell VA Clinic	Lowell	Multi-Specialty CBOC	Multi-Specialty CBOC	No
1	523BZ	Causeway VA Clinic	Causeway-Boston	Multi-Specialty CBOC	Multi-Specialty CBOC	No
1	523GA	Framingham VA Clinic	Framingham	Primary Care CBOC	Primary Care CBOC	No
1	608GA	Portsmouth VA Clinic	Portsmouth	Primary Care CBOC	Primary Care CBOC	No
1	608GC	Somersworth VA Clinic	Somersworth	Primary Care CBOC	Primary Care CBOC	No
1	608GD	Conway VA Clinic	Conway-New Hampshire	Primary Care CBOC	Primary Care CBOC	No
1	608HA	Tilton VA Clinic	Tilton	Primary Care CBOC	Primary Care CBOC	No
1	631BY	Springfield VA Clinic	Springfield	Multi-Specialty CBOC	Multi-Specialty CBOC	No
1	631GC	Pittsfield VA Clinic	Pittsfield	Primary Care CBOC	Primary Care CBOC	No
1	631GD	Greenfield VA Clinic	Greenfield	Primary Care CBOC	Primary Care CBOC	No
1	631GE	Worcester VA Clinic	Worcester	Multi-Specialty CBOC	Multi-Specialty CBOC	No
1	631GF	Fitchburg VA Clinic	Fitchburg	Primary Care CBOC	Primary Care CBOC	No
1	650GA	New Bedford VA Clinic	New Bedford	Multi-Specialty CBOC	Multi-Specialty CBOC	No
1	650GB	Hyannis VA Clinic	Hyannis	Primary Care CBOC	Primary Care CBOC	No
1	650GD	Middletown VA Clinic	Middletown	Primary Care CBOC	Primary Care CBOC	No
1	689GA	Waterbury VA Clinic	Waterbury	Primary Care CBOC	Primary Care CBOC	No
1	689GB	Stamford VA Clinic	Stamford	Primary Care CBOC	Primary Care CBOC	No
1	689GC	Willimantic VA Clinic	Willimantic	Primary Care CBOC	Primary Care CBOC	No
1	689GD	Winsted VA Clinic	Winsted	Primary Care CBOC	Primary Care CBOC	No
1	689GE	Danbury VA Clinic	Danbury	Primary Care CBOC	Primary Care CBOC	No
1	689HC	John J. McGuirk Department of Veterans Affairs Outpatient Clinic	New London	Primary Care CBOC	Primary Care CBOC	No

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2	526GA	White Plains VA Clinic	White Plains	Primary Care CBOC	Primary Care CBOC	No
2	526GB	Yonkers VA Clinic	Yonkers	Primary Care CBOC	Primary Care CBOC	No
2	528G2	Westport VA Clinic	Westport	Primary Care CBOC	Primary Care CBOC	No
2	528G3	Bainbridge VA Clinic	Bainbridge	Primary Care CBOC	Primary Care CBOC	No
2	528G4	Elmira VA Clinic	Elmira	Primary Care CBOC	Primary Care CBOC	No
2	528G5	Auburn VA Clinic	Auburn	Primary Care CBOC	Primary Care CBOC	No
2	528G7	Catskill VA Clinic	Catskill	Primary Care CBOC	Primary Care CBOC	No
2	528G8	Wellsville VA Clinic	Wellsville	Primary Care CBOC	Primary Care CBOC	No
2	528G9	Tompkins County VA Clinic	Tompkins County-Freeville	Primary Care CBOC	Primary Care CBOC	No
2	528GB	Jamestown VA Clinic	Jamestown	Primary Care CBOC	Primary Care CBOC	No
2	528GC	Dunkirk VA Clinic	Dunkirk	Primary Care CBOC	Primary Care CBOC	No
2	528GD	Niagara Falls VA Clinic	Niagara Falls	Primary Care CBOC	Primary Care CBOC	No
2	528GE	Rochester VA Clinic	Rochester	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	528GK	Lockport VA Clinic	Lockport	Primary Care CBOC	Primary Care CBOC	No
2	528GL	Massena VA Clinic	Massena	Primary Care CBOC	Primary Care CBOC	No
2	528GM	Donald J. Mitchell Department of Veterans Affairs Outpatient Clinic	Rome	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	528GN	Binghamton VA Clinic	Binghamton	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	528GO	Watertown VA Clinic	Watertown	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	528GP	Oswego VA Clinic	Oswego	Primary Care CBOC	Primary Care CBOC	No
2	528GQ	Lackawanna VA Clinic	Lackawanna	Primary Care CBOC	Primary Care CBOC	No
2	528GR	Olean VA Clinic	Olean	Primary Care CBOC	Primary Care CBOC	No
2	528GT	Glens Falls VA Clinic	Glens Falls	Primary Care CBOC	Primary Care CBOC	No
2	528GV	Plattsburgh VA Clinic	Plattsburgh	Primary Care CBOC	Primary Care CBOC	No
2	528GZ	Kingston VA Clinic	Kingston	Primary Care CBOC	Primary Care CBOC	No
2	561BZ	James J. Howard Veterans'	Brick	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	561GA	Hamilton VA Clinic	Hamilton	Primary Care CBOC	Primary Care CBOC	No
2	561GB	Elizabeth VA Clinic	Elizabeth	Primary Care CBOC	Primary Care CBOC	No
2	561GD	Hackensack VA Clinic	Hackensack	Primary Care CBOC	Primary Care CBOC	No
2	561GE	Jersey City VA Clinic	Jersey City	Primary Care CBOC	Primary Care CBOC	No
2	561GF	Piscataway VA Clinic	Piscataway	Primary Care CBOC	Primary Care CBOC	No
2	561GH	Morristown VA Clinic	Morristown	Primary Care CBOC	Primary Care CBOC	No
2	561GI	Tinton Falls VA Clinic	Tinton Falls	Primary Care CBOC	Primary Care CBOC	No
2	561GJ	Paterson VA Clinic	Paterson	Primary Care CBOC	Primary Care CBOC	No
2	620GA	New City VA Clinic	New City	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	620GB	Carmel VA Clinic	Carmel	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	620GD	Goshen VA Clinic	Goshen	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	620GE	Port Jervis VA Clinic	Port Jervis	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	620GG	Poughkeepsie VA Clinic	Poughkeepsie	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	630GA	Harlem VA Clinic	Harlem	Primary Care CBOC	Primary Care CBOC	No
2	630GB	Staten Island Community VA Clinic	Staten Island	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	632GA	East Meadow VA Clinic	East Meadow	Primary Care CBOC	Primary Care CBOC	No
2	632HA	Valley Stream VA Clinic	Valley Stream	Primary Care CBOC	Primary Care CBOC	No
2	632HB	Riverhead VA Clinic	Riverhead	Multi-Specialty CBOC	Multi-Specialty CBOC	No
2	632HC	Bay Shore VA Clinic	Bay Shore	Primary Care CBOC	Primary Care CBOC	No
2	632HD	Patchogue VA Clinic	Patchogue	Primary Care CBOC	Primary Care CBOC	No

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4	460GA	Sussex County VA Clinic	Georgetown	Primary Care CBOC	Primary Care CBOC	No
4	460GC	Kent County VA Clinic	Dover	Primary Care CBOC	Primary Care CBOC	No
4	460GD	Cape May County VA Clinic	Cape May	Primary Care CBOC	Primary Care CBOC	No
4	460HE	Atlantic County VA Clinic	Northfield	Primary Care CBOC	Primary Care CBOC	No
4	460HG	Cumberland County VA Clinic	Vineland	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	503GA	Johnstown VA Clinic	Johnstown	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	503GB	DuBois VA Clinic	DuBois	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	503GC	State College VA Clinic	State College	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	529GA	Michael A. Marzano Department of Veterans Affairs Outpatient Clinic	Hermitage	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	529GC	Armstrong County VA Clinic	Ford City	Primary Care CBOC	Primary Care CBOC	No
4	542GA	Springfield VA Clinic	Springfield	Primary Care CBOC	Primary Care CBOC	No
4	542GE	Spring City VA Clinic	Spring City	Primary Care CBOC	Primary Care CBOC	No
4	562GA	Crawford County VA Clinic	Meadville	Primary Care CBOC	Primary Care CBOC	No
4	562GB	Ashtabula County VA Clinic	Ashtabula	Primary Care CBOC	Primary Care CBOC	No
4	562GD	Venango County VA Clinic	Franklin	Primary Care CBOC	Primary Care CBOC	No
4	562GE	Warren County VA Clinic	Warren	Primary Care CBOC	Primary Care CBOC	No
4	595GA	Camp Hill VA Clinic	Camp Hill	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	595GC	Lancaster VA Clinic	Lancaster	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	595GD	Berks County VA Clinic	Wyomissing	Primary Care CBOC	Primary Care CBOC	No
4	595GE	York VA Clinic	York	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	595GF	Pottsville VA Clinic	Pottsville	Primary Care CBOC	Primary Care CBOC	No
4	642GA	Burlington County VA Clinic	Burlington County-Marlton	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	642GC	Victor J. Saracini Department of Veterans Affairs Outpatient Clinic	Horsham	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	642GD	Gloucester County VA Clinic	Gloucester County-Sewell	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	642GF	Camden VA Clinic	Camden	Primary Care CBOC	Primary Care CBOC	No
4	646GA	Belmont County VA Clinic	St. Clairsville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	646GB	Westmoreland County VA Clinic	Greensburg	Primary Care CBOC	Primary Care CBOC	No
4	646GC	Beaver County VA Clinic	Monaca	Primary Care CBOC	Primary Care CBOC	No
4	646GD	Washington County VA Clinic	Washington	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	646GE	Fayette County VA Clinic	Uniontown	Primary Care CBOC	Primary Care CBOC	No
4	693B4	Allentown VA Clinic	Allentown	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	693GA	Sayre VA Clinic	Sayre	Multi-Specialty CBOC	Multi-Specialty CBOC	No
4	693GB	Williamsport VA Clinic	Williamsport	Primary Care CBOC	Primary Care CBOC	No
4	693GF	Columbia County VA Clinic	Berwick	Primary Care CBOC	Primary Care CBOC	No

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				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)	
5	512GA	Cambridge VA Clinic	Cambridge-Maryland	Multi-Specialty CBOC	Multi-Specialty CBOC	No
5	512GC	Glen Burnie VA Clinic	Glen Burnie	Multi-Specialty CBOC	Multi-Specialty CBOC	No
5	512GE	Pocomoke City VA Clinic	Pocomoke City	Primary Care CBOC	Primary Care CBOC	No
5	512GF	Fort Howard VA Clinic	Fort Howard	Primary Care CBOC	Primary Care CBOC	No
5	512GG	Fort Meade VA Clinic	Fort Meade	Multi-Specialty CBOC	Multi-Specialty CBOC	No
5	517GB	Greenbrier County VA Clinic	Lewisburg	Primary Care CBOC	Primary Care CBOC	No
5	540GB	Wood County VA Clinic	Parkersburg	Primary Care CBOC	Primary Care CBOC	No
5	540GC	Braxton County VA Clinic	Sutton	Primary Care CBOC	Primary Care CBOC	No
5	540GD	Monongalia County VA Clinic	Westover	Primary Care CBOC	Primary Care CBOC	No
5	581GA	Prestonsburg VA Clinic	Prestonsburg	Primary Care CBOC	Primary Care CBOC	No
5	581GB	Charleston VA Clinic	Charleston	Multi-Specialty CBOC	Multi-Specialty CBOC	No
5	581GG	Gallipolis VA Clinic	Gallipolis	Primary Care CBOC	Primary Care CBOC	No
5	581GH	Lenore VA Clinic	Lenore-Williamson	Primary Care CBOC	Primary Care CBOC	No
5	**613GA**	**Cumberland VA Clinic**	**Cumberland**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
5	613GB	Hagerstown VA Clinic	Hagerstown	Multi-Specialty CBOC	Multi-Specialty CBOC	No
5	613GC	Stephens City VA Clinic	Stephens City-Winchester	Multi-Specialty CBOC	Multi-Specialty CBOC	No
5	613GE	Petersburg VA Clinic	Petersburg	Primary Care CBOC	Primary Care CBOC	No
5	613GF	Harrisonburg VA Clinic	Harrisonburg	Primary Care CBOC	Primary Care CBOC	No
5	613GG	Fort Detrick VA Clinic	Fort Detrick	Multi-Specialty CBOC	Multi-Specialty CBOC	No
5	688GA	Fort Belvoir VA Clinic	Fort Belvoir	Multi-Specialty CBOC	Multi-Specialty CBOC	No
5	688GB	Southeast Washington VA Clinic	Southeast Washington	Primary Care CBOC	Primary Care CBOC	No
5	688GD	Charlotte Hall VA Clinic	Charlotte Hall	Primary Care CBOC	Primary Care CBOC	No
5	688GE	Southern Prince George's County VA Clinic	Southern Prince George's County-Andrews Air Force Base	Primary Care CBOC	Primary Care CBOC	No

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6	558GA	Greenville VA Clinic	Greenville	Health Care Center (HCC)	Health Care Center (HCC)	No
6	**558GB**	**Raleigh VA Clinic**	**Raleigh**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
6	558GC	Morehead City VA Clinic	Morehead City	Primary Care CBOC	Primary Care CBOC	No
6	558GD	Durham County VA Clinic	Durham County	Primary Care CBOC	Primary Care CBOC	No
6	558GE	Hillandale Road VA Clinic	Hillandale Road-Durham	Primary Care CBOC	Primary Care CBOC	No
6	558GF	Wake County VA Clinic	Wake County-Raleigh	Primary Care CBOC	Primary Care CBOC	No
6	558GG	Raleigh III VA Clinic	Raleigh NC	Primary Care CBOC	Primary Care CBOC	No
6	565GA	Jacksonville VA Clinic	Jacksonville-Henderson Drive	Primary Care CBOC	Primary Care CBOC	No
6	565GC	Wilmington VA Clinic	Wilmington	Multi-Specialty CBOC	Multi-Specialty CBOC	No
6	565GD	Hamlet VA Clinic	Hamlet	Primary Care CBOC	Primary Care CBOC	No
6	565GE	Robeson County VA Clinic	Robeson County-Pembroke	Primary Care CBOC	Primary Care CBOC	No
6	565GF	Goldsboro VA Clinic	Goldsboro	Primary Care CBOC	Primary Care CBOC	No
6	565GG	Lee County VA Clinic	Sanford	Primary Care CBOC	Primary Care CBOC	No
6	565GH	Brunswick County VA Clinic	Brunswick County-Supply	Primary Care CBOC	Primary Care CBOC	No
6	565GJ	Jacksonville 2 VA Clinic	Jacksonville 2	Primary Care CBOC	Primary Care CBOC	No
6	565GL	Cumberland County VA Clinic	Fayetteville	Health Care Center (HCC)	Health Care Center (HCC)	No
6	590GB	Virginia Beach VA Clinic	Virginia Beach	Primary Care CBOC	Primary Care CBOC	No
6	590GC	Albemarle VA Clinic	Albemarle-Elizabeth City	Primary Care CBOC	Primary Care CBOC	No
6	590GD	Chesapeake VA Clinic	Chesapeake	Primary Care CBOC	Primary Care CBOC	No
6	637GA	Franklin VA Clinic	Franklin	Multi-Specialty CBOC	Multi-Specialty CBOC	No
6	637GB	Rutherford County VA Clinic	Rutherford County-Rutherfordton	Primary Care CBOC	Primary Care CBOC	No
6	637GC	Hickory VA Clinic	Hickory	Multi-Specialty CBOC	Multi-Specialty CBOC	No
6	652GA	Fredericksburg VA Clinic	Fredericksburg	Primary Care CBOC	Primary Care CBOC	No
6	652GB	Fredericksburg 2 VA Clinic	Fredericksburg, Virginia	Primary Care CBOC	Primary Care CBOC	No
6	652GE	Charlottesville VA Clinic	Charlottesville	Primary Care CBOC	Primary Care CBOC	No
6	652GF	Emporia VA Clinic	Emporia	Primary Care CBOC	Primary Care CBOC	No
6	652GG	Richmond 1 VA Mobile Clinic	Richmond 1 Mobile	Primary Care CBOC	Primary Care CBOC	No
6	652GH	Hunter Holmes McGuire 2 VA	Richmond 2 Mobile	Primary Care CBOC	Primary Care CBOC	No
6	658GB	Danville VA Clinic	Danville	Primary Care CBOC	Primary Care CBOC	No
6	658GC	Lynchburg VA Clinic	Lynchburg	Primary Care CBOC	Primary Care CBOC	No
6	658GD	Staunton VA Clinic	Staunton	Primary Care CBOC	Primary Care CBOC	No
6	**658GE**	**Wytheville VA Clinic**	**Wytheville**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
6	659BY	Kernersville VA Clinic	Kernersville, NC	Multi-Specialty CBOC	Multi-Specialty CBOC	No
6	659BZ	South Charlotte VA Clinic	South Charlotte - North Carolina	Health Care Center (HCC)	Health Care Center (HCC)	No
6	659GA	North Charlotte VA Clinic	North Charlotte-North Carolina	Health Care Center (HCC)	Health Care Center (HCC)	No

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7	508GE	Oakwood VA Clinic	Oakwood	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	**508GF**	**Austell VA Clinic**	**Austell**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
7	**508GG**	**Stockbridge VA Clinic**	**Stockbridge**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
7	508GH	Lawrenceville VA Clinic	Lawrenceville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	508GI	Newnan VA Clinic	Newnan	Primary Care CBOC	Primary Care CBOC	No
7	508GJ	Blairsville VA Clinic	Blairsville	Primary Care CBOC	Primary Care CBOC	No
7	508GL	Rome VA Clinic	Rome	Primary Care CBOC	Primary Care CBOC	No
7	508QF	Atlanta VA Clinic	Atlanta-Arcadia Avenue	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	509GA	Athens VA Clinic	Athens-Georgia	Primary Care CBOC	Primary Care CBOC	No
7	509GB	Aiken VA Clinic	Aiken	Primary Care CBOC	Primary Care CBOC	No
7	521GA	Huntsville VA Clinic	Huntsville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	521GC	Florence VA Clinic	Florence-Sheffield	Primary Care CBOC	Primary Care CBOC	No
7	521GD	Rainbow City VA Clinic	Rainbow City-Gadsden	Primary Care CBOC	Primary Care CBOC	No
7	521GE	Oxford VA Clinic	Oxford	Primary Care CBOC	Primary Care CBOC	No
7	521GF	Jasper VA Clinic	Jasper	Primary Care CBOC	Primary Care CBOC	No
7	521GG	Bessemer VA Clinic	Bessemer	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	521GH	Childersburg VA Clinic	Childersburg	Primary Care CBOC	Primary Care CBOC	No
7	521GI	Guntersville VA Clinic	Guntersville	Primary Care CBOC	Primary Care CBOC	No
7	521GJ	Birmingham VA Clinic	Birmingham-7th Avenue	Primary Care CBOC	Primary Care CBOC	No
7	534BY	Savannah VA Clinic	Savannah	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	534GB	Myrtle Beach VA Clinic	Myrtle Beach	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	534GC	Beaufort VA Clinic	Beaufort	Primary Care CBOC	Primary Care CBOC	No
7	534GD	Goose Creek VA Clinic	Goose Creek	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	534GE	Hinesville VA Clinic	Hinesville	Primary Care CBOC	Primary Care CBOC	No
7	534GF	Trident 1 VA Clinic	Trident 1-North Charleston	Primary Care CBOC	Primary Care CBOC	No
7	544BZ	Greenville VA Clinic	Greenville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	544GB	Florence VA Clinic	Florence	Primary Care CBOC	Primary Care CBOC	No
7	544GC	Rock Hill VA Clinic	Rock Hill	Primary Care CBOC	Primary Care CBOC	No
7	544GD	Anderson VA Clinic	Anderson	Primary Care CBOC	Primary Care CBOC	No
7	544GE	Orangeburg VA Clinic	Orangeburg	Primary Care CBOC	Primary Care CBOC	No
7	544GF	Sumter VA Clinic	Sumter	Primary Care CBOC	Primary Care CBOC	No
7	544GG	Spartanburg VA Clinic	Spartanburg	Primary Care CBOC	Primary Care CBOC	No
7	557GA	Macon VA Clinic	Macon	Primary Care CBOC	Primary Care CBOC	No
7	557GB	Albany VA Clinic	Albany	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	557GC	Milledgeville VA Clinic	Milledgeville	Primary Care CBOC	Primary Care CBOC	No
7	557GE	Brunswick VA Clinic	Brunswick	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	557GF	Tifton VA Clinic	Tifton-Planned Site	Primary Care CBOC	Primary Care CBOC	No
7	557HA	Perry VA Clinic	Perry-Kathleen	Primary Care CBOC	Primary Care CBOC	No
7	619GA	Columbus VA Clinic	Columbus	Primary Care CBOC	Primary Care CBOC	No
7	619GB	Dothan 1 VA Clinic	Dothan 1	Primary Care CBOC	Primary Care CBOC	No
7	619GD	Wiregrass VA Clinic	Wiregrass	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	619GE	Monroe County VA Clinic	Monroe County	Primary Care CBOC	Primary Care CBOC	No
7	619GF	Central Alabama Montgomery VA	Central Alabama Montgomery	Multi-Specialty CBOC	Multi-Specialty CBOC	No
7	619QB	Fort Benning VA Clinic	Fort Benning	Primary Care CBOC	Primary Care CBOC	No
7	679GA	Selma VA Clinic	Selma	Primary Care CBOC	Primary Care CBOC	No

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				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)	
8	516BZ	Lee County VA Clinic	Lee County-Cape Coral	Health Care Center (HCC)	Health Care Center (HCC)	No
8	516GA	Sarasota VA Clinic	Sarasota	Primary Care CBOC	Primary Care CBOC	No
8	516GB	St. Petersburg VA Clinic	St. Petersburg	Primary Care CBOC	Primary Care CBOC	No
8	516GC	Palm Harbor VA Clinic	Palm Harbor	Primary Care CBOC	Primary Care CBOC	No
8	516GD	Bradenton VA Clinic	Bradenton	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	516GE	Port Charlotte VA Clinic	Port Charlotte	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	516GF	Naples VA Clinic	Naples	Primary Care CBOC	Primary Care CBOC	No
8	516GH	Sebring VA Clinic	Sebring	Primary Care CBOC	Primary Care CBOC	No
8	546BZ	William "Bill" Kling Department of Veterans Affairs Outpatient Clinic	Sunrise	Health Care Center (HCC)	Health Care Center (HCC)	No
8	546GB	Key West VA Clinic	Key West	Primary Care CBOC	Primary Care CBOC	No
8	546GC	Homestead VA Clinic	Homestead	Primary Care CBOC	Primary Care CBOC	No
8	546GD	Pembroke Pines VA Clinic	Pembroke Pines-Hollywood	Primary Care CBOC	Primary Care CBOC	No
8	546GE	Key Largo VA Clinic	Key Largo	Primary Care CBOC	Primary Care CBOC	No
8	546GF	Hollywood VA Clinic	Hollywood	Primary Care CBOC	Primary Care CBOC	No
8	546GH	Deerfield Beach VA Clinic	Deerfield Beach	Primary Care CBOC	Primary Care CBOC	No
8	548GA	Fort Pierce VA Clinic	Fort Pierce	Primary Care CBOC	Primary Care CBOC	No
8	548GB	Delray Beach VA Clinic	Delray Beach	Primary Care CBOC	Primary Care CBOC	No
8	548GC	Stuart VA Clinic	Stuart	Primary Care CBOC	Primary Care CBOC	No
8	548GD	Boca Raton VA Clinic	Boca Raton	Primary Care CBOC	Primary Care CBOC	No
8	548GE	Vero Beach VA Clinic	Vero Beach	Primary Care CBOC	Primary Care CBOC	No
8	548GF	Okeechobee VA Clinic	Okeechobee	Primary Care CBOC	Primary Care CBOC	No
8	573BY	Jacksonville 1 VA Clinic	Jacksonville 1	Health Care Center (HCC)	Health Care Center (HCC)	No
8	573GA	Valdosta VA Clinic	Valdosta	Primary Care CBOC	Primary Care CBOC	No
8	573GD	Ocala VA Clinic	Ocala	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	573GE	Saint Augustine VA Clinic	Saint Augustine	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	573GF	Tallahassee VA Clinic	Tallahassee	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	573GG	Lecanto VA Clinic	Lecanto	Primary Care CBOC	Primary Care CBOC	No
8	573GI	The Villages VA Clinic	The Villages	Health Care Center (HCC)	Health Care Center (HCC)	No
8	573GJ	St. Marys VA Clinic	St. Marys	Primary Care CBOC	Primary Care CBOC	No
8	573GK	Marianna VA Clinic	Marianna	Primary Care CBOC	Primary Care CBOC	No
8	573GL	Palatka VA Clinic	Palatka	Primary Care CBOC	Primary Care CBOC	No
8	573GM	Waycross VA Clinic	Waycross	Primary Care CBOC	Primary Care CBOC	No
8	**573GN**	**Perry VA Clinic**	**Perry**	**Primary Care CBOC**	**Other Outpatient Services**	**Yes**
8	672B0	Euripides Rubio Department of	Ponce	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	672BZ	Mayaguez VA Clinic	Mayaguez	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	672GC	Arecibo VA Clinic	Arecibo	Primary Care CBOC	Primary Care CBOC	No
8	672GD	Ceiba VA Clinic	Ceiba-Pueblo Ward	Primary Care CBOC	Primary Care CBOC	No
8	672GE	Guayama VA Clinic	Guayama	Primary Care CBOC	Primary Care CBOC	No
8	673BZ	New Port Richey VA Clinic	New Port Richey	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	673GB	Lakeland VA Clinic	Lakeland	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	673GC	Brooksville VA Clinic	Brooksville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	673GF	Zephyrhills VA Clinic	Zephyrhills	Primary Care CBOC	Primary Care CBOC	No
8	673QK	Tampa 1 VA Mobile Clinic	Tampa 1 Mobile	Primary Care CBOC	Primary Care CBOC	No
8	675GA	Viera VA Clinic	Viera	Health Care Center (HCC)	Health Care Center (HCC)	No
8	675GB	William V. Chappell, Jr. Veterans' Outpatient Clinic	Daytona Beach	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	675GC	Kissimmee VA Clinic	Kissimmee	Primary Care CBOC	Primary Care CBOC	No
8	675GD	Orange City VA Clinic	Orange City-Sanford	Primary Care CBOC	Primary Care CBOC	No
8	**675GE**	**Tavares VA Clinic**	**Tavares**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
8	675GF	Clermont VA Clinic	Clermont	Multi-Specialty CBOC	Multi-Specialty CBOC	No
8	675GG	Lake Baldwin VA Clinic	Lake Baldwin-Orlando	Health Care Center (HCC)	Health Care Center (HCC)	No

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				FY 2016 Classifications (based on FY15 workload)	FY 2017 Classifications (based on FY16 workload)	
9	596GA	Somerset VA Clinic	Somerset	Primary Care CBOC	Primary Care CBOC	No
9	596GB	Morehead VA Clinic	Morehead	Primary Care CBOC	Primary Care CBOC	No
9	596GC	Hazard VA Clinic	Hazard	Primary Care CBOC	Primary Care CBOC	No
9	596GD	Berea VA Clinic	Berea	Primary Care CBOC	Primary Care CBOC	No
9	603GA	Fort Knox VA Clinic	Fort Knox	Primary Care CBOC	Primary Care CBOC	No
9	603GB	New Albany VA Clinic	New Albany	Primary Care CBOC	Primary Care CBOC	No
9	603GC	Shively VA Clinic	Shively-Louisville	Primary Care CBOC	Primary Care CBOC	No
9	603GD	Dupont VA Clinic	Dupont-Louisville	Primary Care CBOC	Primary Care CBOC	No
9	603GE	Newburg VA Clinic	Newburg-Louisville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
9	**603GF**	**Grayson County VA Clinic**	**Grayson County-Clarkson**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
9	603GG	Scott County VA Clinic	Scott County-Scottsburg	Multi-Specialty CBOC	Multi-Specialty CBOC	No
9	603GH	Carrollton VA Clinic	Carrollton	Primary Care CBOC	Primary Care CBOC	No
9	614GA	Tupelo VA Clinic	Tupelo	Primary Care CBOC	Primary Care CBOC	No
9	614GB	Jonesboro VA Clinic	Jonesboro	Primary Care CBOC	Primary Care CBOC	No
9	614GD	Savannah VA Clinic	Savannah	Primary Care CBOC	Primary Care CBOC	No
9	614GE	Covington VA Clinic	Covington-Memphis	Primary Care CBOC	Primary Care CBOC	No
9	614GF	Nonconnah Boulevard VA Clinic	Nonconnah-Memphis	Primary Care CBOC	Primary Care CBOC	No
9	614GG	Jackson VA Clinic	Jackson	Primary Care CBOC	Primary Care CBOC	No
9	614GI	Dyersburg VA Clinic	Dyersburg	Primary Care CBOC	Primary Care CBOC	No
9	614GN	Helena VA Clinic	Helena	Primary Care CBOC	Primary Care CBOC	No
9	621BY	William C. Tallent Department of Veterans Affairs Outpatient Clinic	Knoxville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
9	621GC	Norton VA Clinic	Norton	Primary Care CBOC	Primary Care CBOC	No
9	621GG	Morristown VA Clinic	Morristown	Primary Care CBOC	Primary Care CBOC	No
9	621GI	Sevierville VA Clinic	Sevierville	Primary Care CBOC	Primary Care CBOC	No
9	621GJ	Bristol VA Clinic	Bristol	Primary Care CBOC	Primary Care CBOC	No
9	621GK	Campbell County VA Clinic	Campbell County-LaFollette	Primary Care CBOC	Primary Care CBOC	No
9	626GA	Dover VA Clinic	Dover	Primary Care CBOC	Primary Care CBOC	No
9	626GC	Bowling Green VA Clinic	Bowling Green	Primary Care CBOC	Primary Care CBOC	No
9	**626GE**	**Clarksville VA Clinic**	**Clarksville**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
9	626GF	Chattanooga VA Clinic	Chattanooga	Multi-Specialty CBOC	Multi-Specialty CBOC	No
9	626GG	Tullahoma VA Clinic	Tullahoma-Arnold Air Force Base	Primary Care CBOC	Primary Care CBOC	No
9	626GH	Cookeville VA Clinic	Cookeville	Primary Care CBOC	Primary Care CBOC	No
9	626GJ	Hopkinsville VA Clinic	Hopkinsville	Primary Care CBOC	Primary Care CBOC	No
9	626GK	McMinnville VA Clinic	McMinnville	Primary Care CBOC	Primary Care CBOC	No
9	626GL	Roane County VA Clinic	Roane County-Harriman	Primary Care CBOC	Primary Care CBOC	No
9	626GM	Maury County VA Clinic	Maury County-Columbia	Primary Care CBOC	Primary Care CBOC	No
9	626GO	International Plaza VA Clinic	International Plaza-Nashville	Primary Care CBOC	Primary Care CBOC	No

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10	506GA	Toledo VA Clinic	Toledo	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	506GB	Flint VA Clinic	Flint	Primary Care CBOC	Primary Care CBOC	No
10	506GC	Jackson VA Clinic	Jackson-Michigan Center	Primary Care CBOC	Primary Care CBOC	No
10	**515BY**	**Wyoming VA Clinic**	**Wyoming**	**Multi-Specialty CBOC**	**Health Care Center (HCC)**	**Yes**
10	515GA	Muskegon VA Clinic	Muskegon	Primary Care CBOC	Primary Care CBOC	No
10	515GB	Lansing South VA Clinic	Lansing South	Primary Care CBOC	Primary Care CBOC	No
10	515GC	Benton Harbor VA Clinic	Benton Harbor	Primary Care CBOC	Primary Care CBOC	No
10	538GA	Athens VA Clinic	Athens-Ohio	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	538GB	Portsmouth VA Clinic	Portsmouth	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	538GC	Marietta VA Clinic	Marietta	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	538GD	Lancaster VA Clinic	Lancaster	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	538GE	Cambridge VA Clinic	Cambridge-Ohio	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	538GF	Wilmington VA Clinic	Wilmington	Primary Care CBOC	Primary Care CBOC	No
10	539GA	Bellevue VA Clinic	Bellevue-Kentucky	Primary Care CBOC	Primary Care CBOC	No
10	539GB	Clermont County VA Clinic	Clermont County-Cincinnati	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	539GC	Dearborn VA Clinic	Dearborn-Greendale	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	539GD	Florence VA Clinic	Florence	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	539GE	Hamilton VA Clinic	Hamilton	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	539GF	Georgetown VA Clinic	Georgetown	Primary Care CBOC	Primary Care CBOC	No
10	541BY	Canton VA Clinic	Canton	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541BZ	Youngstown VA Clinic	Youngstown	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GB	Lorain VA Clinic	Lorain	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GC	Sandusky VA Clinic	Sandusky	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GD	David F. Winder Department of Veterans Affairs Community Based Outpatient Clinic	Mansfield	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GE	McCafferty VA Clinic	McCafferty-Cleveland	Primary Care CBOC	Primary Care CBOC	No
10	541GF	Painesville VA Clinic	Painesville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GG	Akron VA Clinic	Akron	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GH	East Liverpool VA Clinic	East Liverpool-Calcutta	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GI	Warren VA Clinic	Warren	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GJ	New Philadelphia VA Clinic	New Philadelphia	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GK	Ravenna VA Clinic	Ravenna	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GL	Parma VA Clinic	Parma	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	541GN	State Street VA Clinic	State Street-Painesville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	552GA	Middletown VA Clinic	Middletown	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	552GB	Lima VA Clinic	Lima	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	552GC	Richmond VA Clinic	Richmond	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	552GD	Springfield VA Clinic	Springfield	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	553GA	Yale VA Clinic	Yale	Primary Care CBOC	Primary Care CBOC	No
10	**553GB**	**Pontiac VA Clinic**	**Pontiac**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
10	583GA	Terre Haute VA Clinic	Terre Haute	Primary Care CBOC	Primary Care CBOC	No
10	583GB	Bloomington VA Clinic	Bloomington	Primary Care CBOC	Primary Care CBOC	No
10	583GC	Martinsville VA Clinic	Martinsville	Primary Care CBOC	Primary Care CBOC	No
10	583GD	Indianapolis West VA Clinic	Indianapolis West	Primary Care CBOC	Primary Care CBOC	No
10	583GE	West Lafayette VA Clinic	West Lafayette	Primary Care CBOC	Primary Care CBOC	No
10	583GF	Wakeman VA Clinic	Camp Atterbury	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	610GA	South Bend VA Clinic	South Bend	Primary Care CBOC	Primary Care CBOC	No
10	610GB	Muncie VA Clinic	Muncie	Primary Care CBOC	Primary Care CBOC	No
10	610GC	Goshen VA Clinic	Goshen	Primary Care CBOC	Primary Care CBOC	No
10	610GD	Peru VA Clinic	Peru	Primary Care CBOC	Primary Care CBOC	No
10	**610QA**	**Fort Wayne VA Clinic**	**Fort Wayne-East State Boulevard**	**Primary Care CBOC**	**Other Outpatient Services**	**Yes**
10	**655GA**	**Gaylord VA Clinic**	**Gaylord**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
10	655GB	Traverse City VA Clinic	Traverse City	Multi-Specialty CBOC	Multi-Specialty CBOC	No
10	655GC	Oscoda VA Clinic	Oscoda	Primary Care CBOC	Primary Care CBOC	No
10	655GD	Lieutenant Colonel Clement C. Van Wagoner Department of Veterans	Alpena	Primary Care CBOC	Primary Care CBOC	No
10	**655GE**	**Clare VA Clinic**	**Clare**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
10	655GF	Bad Axe VA Clinic	Bad Axe	Primary Care CBOC	Primary Care CBOC	No
10	655GG	Cadillac VA Clinic	Cadillac	Primary Care CBOC	Primary Care CBOC	No
10	655GH	Cheboygan County VA Clinic	Cheboygan County-Mackinaw City	Primary Care CBOC	Primary Care CBOC	No
10	655GI	Grayling VA Clinic	Grayling	Primary Care CBOC	Primary Care CBOC	No
10	757	Chalmers P. Wylie Veterans Outpatient Clinic	Columbus	Health Care Center (HCC)	Health Care Center (HCC)	No
10	757GA	Zanesville VA Clinic	Zanesville	Primary Care CBOC	Primary Care CBOC	No
10	757GB	Grove City VA Clinic	Grove City	Primary Care CBOC	Primary Care CBOC	No
10	757GC	Marion VA Clinic	Marion-Ohio	Primary Care CBOC	Primary Care CBOC	No
10	757GD	Newark VA Clinic	Newark	Multi-Specialty CBOC	Multi-Specialty CBOC	No

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12	537BY	Adam Benjamin Jr., Veterans' Administration Outpatient Clinic	Crown Point	Multi-Specialty CBOC	Multi-Specialty CBOC	No
12	537GA	Chicago Heights VA Clinic	Chicago Heights	Primary Care CBOC	Primary Care CBOC	No
12	537HA	Auburn Gresham VA Clinic	Auburn Gresham-Chicago	Primary Care CBOC	Primary Care CBOC	No
12	550BY	Bob Michel Department of Veterans Affairs Outpatient Clinic	Peoria	Multi-Specialty CBOC	Multi-Specialty CBOC	No
12	**550GA**	**Decatur VA Clinic**	**Decatur**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
12	550GC	West Lafayette VA Clinic	West Lafayette	Primary Care CBOC	Primary Care CBOC	No
12	550GD	Springfield VA Clinic	Springfield	Primary Care CBOC	Primary Care CBOC	No
12	550GF	Charleston VA Clinic	Charleston-Mattoon	Primary Care CBOC	Primary Care CBOC	No
12	556GA	Evanston VA Clinic	Evanston	Primary Care CBOC	Primary Care CBOC	No
12	556GC	McHenry VA Clinic	McHenry	Primary Care CBOC	Primary Care CBOC	No
12	556GD	Kenosha VA Clinic	Kenosha	Primary Care CBOC	Primary Care CBOC	No
12	578GA	Joliet VA Clinic	Joliet	Multi-Specialty CBOC	Multi-Specialty CBOC	No
12	**578GC**	**Kankakee County VA Clinic**	**Kankakee County-Bourbonnais**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
12	578GD	Aurora VA Clinic	Aurora-North Aurora	Primary Care CBOC	Primary Care CBOC	No
12	578GE	Hoffman Estates VA Clinic	Hoffman Estates	Primary Care CBOC	Primary Care CBOC	No
12	578GF	LaSalle VA Clinic	LaSalle-Peru	Multi-Specialty CBOC	Multi-Specialty CBOC	No
12	578GG	Oak Lawn VA Clinic	Oak Lawn	Primary Care CBOC	Primary Care CBOC	No
12	585GA	Hancock VA Clinic	Hancock	Primary Care CBOC	Primary Care CBOC	No
12	585GB	Rhinelander VA Clinic	Rhinelander	Primary Care CBOC	Primary Care CBOC	No
12	585GC	Menominee VA Clinic	Menominee	Primary Care CBOC	Primary Care CBOC	No
12	585GD	Ironwood VA Clinic	Ironwood	Primary Care CBOC	Primary Care CBOC	No
12	585GF	Manistique VA Clinic	Manistique	Primary Care CBOC	Primary Care CBOC	No
12	585HA	Marquette VA Clinic	Marquette	Primary Care CBOC	Primary Care CBOC	No
12	585HB	Sault Saint Marie VA Clinic	Sault Saint Marie	Primary Care CBOC	Primary Care CBOC	No
12	607GC	Janesville VA Clinic	Janesville	Primary Care CBOC	Primary Care CBOC	No
12	607GD	Baraboo VA Clinic	Baraboo	Primary Care CBOC	Primary Care CBOC	No
12	607GE	Beaver Dam VA Clinic	Beaver Dam	Primary Care CBOC	Primary Care CBOC	No
12	607GF	Freeport VA Clinic	Freeport	Primary Care CBOC	Primary Care CBOC	No
12	607GG	Madison West VA Clinic	Madison West	Primary Care CBOC	Primary Care CBOC	No
12	607HA	Rockford VA Clinic	Rockford	Multi-Specialty CBOC	Multi-Specialty CBOC	No
12	676GA	Wausau VA Clinic	Wausau	Primary Care CBOC	Primary Care CBOC	No
12	676GC	River Valley VA Clinic	River Valley-La Crosse	Primary Care CBOC	Primary Care CBOC	No
12	676GD	Wisconsin Rapids VA Clinic	Wisconsin Rapids	Multi-Specialty CBOC	Multi-Specialty CBOC	No
12	676GE	Clark County VA Clinic	Clark County-Owen	Primary Care CBOC	Primary Care CBOC	No
12	695BY	John H. Bradley Department of Veterans Affairs Outpatient Clinic	Appleton	Multi-Specialty CBOC	Multi-Specialty CBOC	No
12	695GA	Union Grove VA Clinic	Union Grove	Primary Care CBOC	Primary Care CBOC	No
12	695GC	Cleveland VA Clinic	Cleveland	Primary Care CBOC	Primary Care CBOC	No
12	695GD	Milo C. Huempfner Department of Veterans Affairs Outpatient Clinic	Green Bay	Health Care Center (HCC)	Health Care Center (HCC)	No

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15	589G1	Warrensburg VA Clinic	Warrensburg	Multi-Specialty CBOC	Multi-Specialty CBOC	No
15	589G2	Dodge City VA Clinic	Dodge City	Primary Care CBOC	Primary Care CBOC	No
15	589G4	Hays VA Clinic	Hays	Primary Care CBOC	Primary Care CBOC	No
15	589G5	Parsons VA Clinic	Parsons	Primary Care CBOC	Primary Care CBOC	No
15	589G7	Hutchinson VA Clinic	Hutchinson	Primary Care CBOC	Primary Care CBOC	No
15	589G8	Jefferson City VA Clinic	Jefferson City	Multi-Specialty CBOC	Multi-Specialty CBOC	No
15	589GC	Paola VA Clinic	Paola	Primary Care CBOC	Primary Care CBOC	No
15	589GD	Nevada VA Clinic	Nevada	Primary Care CBOC	Primary Care CBOC	No
15	589GE	Kirksville VA Clinic	Kirksville	Primary Care CBOC	Primary Care CBOC	No
15	589GF	Fort Leonard Wood VA Clinic	Fort Leonard Wood-Waynesville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
15	589GH	Lake of the Ozarks VA Clinic	Lake of the Ozarks-Osage Beach	Primary Care CBOC	Primary Care CBOC	No
15	589GI	St. Joseph VA Clinic	St. Joseph	Primary Care CBOC	Primary Care CBOC	No
15	589GJ	Wyandotte County VA Clinic	Wyandotte County-Kansas City	Primary Care CBOC	Primary Care CBOC	No
15	589GR	Junction City VA Clinic	Junction City	Primary Care CBOC	Primary Care CBOC	No
15	589GU	Lawrence VA Clinic	Lawrence	Primary Care CBOC	Primary Care CBOC	No
15	589GW	Salina VA Clinic	Salina	Primary Care CBOC	Primary Care CBOC	No
15	589GX	Mexico VA Clinic	Mexico	Primary Care CBOC	Primary Care CBOC	No
15	589GY	St. James VA Clinic	St. James	Primary Care CBOC	Primary Care CBOC	No
15	589JA	Sedalia VA Clinic	Sedalia	Primary Care CBOC	Primary Care CBOC	No
15	589JB	Excelsior Springs VA Clinic	Excelsior Springs	Primary Care CBOC	Primary Care CBOC	No
15	**589JE**	**Platte City VA Clinic**	**Platte City**	**Primary Care CBOC**	**Other Outpatient Services**	**Yes**
15	589JF	Honor VA Clinic	Honor-Kansas City	Multi-Specialty CBOC	Multi-Specialty CBOC	No
15	657GA	Belleville VA Clinic	Belleville	Primary Care CBOC	Primary Care CBOC	No
15	657GB	St. Louis County VA Clinic	St. Louis County-Florissant	Primary Care CBOC	Primary Care CBOC	No
15	657GD	St. Charles County VA Clinic	St. Charles County-O'Fallon	Primary Care CBOC	Primary Care CBOC	No
15	657GF	West Plains VA Clinic	West Plains	Primary Care CBOC	Primary Care CBOC	No
15	657GG	Paragould VA Clinic	Paragould	Primary Care CBOC	Primary Care CBOC	No
15	657GH	Cape Girardeau VA Clinic	Cape Girardeau	Primary Care CBOC	Primary Care CBOC	No
15	657GI	Farmington VA Clinic	Farmington	Primary Care CBOC	Primary Care CBOC	No
15	657GJ	Evansville VA Clinic	Evansville	Health Care Center (HCC)	Health Care Center (HCC)	No
15	657GK	Mount Vernon VA Clinic	Mount Vernon	Primary Care CBOC	Primary Care CBOC	No
15	657GL	Paducah VA Clinic	Paducah	Primary Care CBOC	Primary Care CBOC	No
15	657GM	Effingham VA Clinic	Effingham	Primary Care CBOC	Primary Care CBOC	No
15	657GP	Owensboro VA Clinic	Owensboro	Primary Care CBOC	Primary Care CBOC	No
15	657GQ	Vincennes VA Clinic	Vincennes	Primary Care CBOC	Primary Care CBOC	No
15	657GR	Mayfield VA Clinic	Mayfield	Primary Care CBOC	Primary Care CBOC	No
15	657GS	Washington VA Clinic	Washington	Primary Care CBOC	Primary Care CBOC	No
15	657GT	Carbondale VA Clinic	Carbondale	Primary Care CBOC	Primary Care CBOC	No
15	657GV	Sikeston VA Clinic	Sikeston	Primary Care CBOC	Primary Care CBOC	No
15	657GW	Pocahontas VA Clinic	Pocahontas	Primary Care CBOC	Primary Care CBOC	No
15	657GX	St. Louis VA Clinic	St. Louis-Washington Avenue	Primary Care CBOC	Primary Care CBOC	No
15	657GY	Manchester VA Clinic	Manchester-St. Louis	Primary Care CBOC	Primary Care CBOC	No

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16	502GA	Jennings VA Clinic	Jennings	Primary Care CBOC	Primary Care CBOC	No
16	502GB	Lafayette VA Clinic	Lafayette	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	502GE	Lake Charles VA Clinic	Lake Charles	Primary Care CBOC	Primary Care CBOC	No
16	502GF	Fort Polk VA Clinic	Fort Polk-Leesville	Primary Care CBOC	Primary Care CBOC	No
16	502GG	Natchitoches VA Clinic	Natchitoches	Primary Care CBOC	Primary Care CBOC	No
16	520BZ	Pensacola VA Clinic	Pensacola	Health Care Center (HCC)	Health Care Center (HCC)	No
16	520GA	Mobile VA Clinic	Mobile	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	520GB	Panama City Beach VA Clinic	Panama City Beach	Primary Care CBOC	Primary Care CBOC	No
16	**520GC**	**Eglin Air Force Base VA Clinic**	**Eglin Air Force Base**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
16	564BY	Gene Taylor Veterans' Outpatient Clinic	Mount Vernon	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	**564GB**	**Fort Smith VA Clinic**	**Fort Smith**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
16	564GC	Branson VA Clinic	Branson	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	564GD	Ozark VA Clinic	Ozark	Primary Care CBOC	Primary Care CBOC	No
16	564GE	Jay VA Clinic	Jay	Primary Care CBOC	Primary Care CBOC	No
16	580BY	Beaumont VA Clinic	Beaumont	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	580BZ	Charles Wilson Department of Veterans Affairs Outpatient Clinic	Lufkin	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	580GC	Galveston County VA Clinic	Galveston	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	580GD	Conroe VA Clinic	Conroe	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	580GE	Katy VA Clinic	Katy	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	580GF	Lake Jackson VA Clinic	Lake Jackson	Primary Care CBOC	Primary Care CBOC	No
16	580GG	Richmond VA Clinic	Richmond	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	580GH	Tomball VA Clinic	Tomball	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	580GJ	Texas City VA Clinic	Texas City	Primary Care CBOC	Primary Care CBOC	No
16	586GA	Kosciusko VA Clinic	Kosciusko	Primary Care CBOC	Primary Care CBOC	No
16	586GB	Meridian VA Clinic	Meridian	Primary Care CBOC	Primary Care CBOC	No
16	586GC	Greenville VA Clinic	Greenville	Primary Care CBOC	Primary Care CBOC	No
16	586GD	Hattiesburg VA Clinic	Hattiesburg	Primary Care CBOC	Primary Care CBOC	No
16	586GE	Natchez VA Clinic	Natchez	Primary Care CBOC	Primary Care CBOC	No
16	586GF	Columbus VA Clinic	Columbus	Primary Care CBOC	Primary Care CBOC	No
16	586GG	McComb VA Clinic	McComb	Primary Care CBOC	Primary Care CBOC	No
16	598GA	Mountain Home VA Clinic	Mountain Home	Primary Care CBOC	Primary Care CBOC	No
16	598GB	El Dorado VA Clinic	El Dorado	Primary Care CBOC	Primary Care CBOC	No
16	598GC	Hot Springs VA Clinic	Hot Springs	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	598GD	Mena VA Clinic	Mena	Primary Care CBOC	Primary Care CBOC	No
16	598GE	Pine Bluff VA Clinic	Pine Bluff	Primary Care CBOC	Primary Care CBOC	No
16	598GF	Searcy VA Clinic	Searcy	Primary Care CBOC	Primary Care CBOC	No
16	598GG	Conway VA Clinic	Conway-Arkansas	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	598GH	Russellville VA Clinic	Russellville	Primary Care CBOC	Primary Care CBOC	No
16	629	New Orleans VA Medical Center	New Orleans	Health Care Center (HCC)	Health Care Center (HCC)	No
16	629BY	Baton Rouge VA Clinic	Baton Rouge	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	629GA	Houma VA Clinic	Houma	Primary Care CBOC	Primary Care CBOC	No
16	629GB	Hammond VA Clinic	Hammond	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	629GC	Slidell VA Clinic	Slidell	Primary Care CBOC	Primary Care CBOC	No
16	629GD	St. John VA Clinic	St. John-Reserve	Primary Care CBOC	Primary Care CBOC	No
16	629GE	Franklin VA Clinic	Franklin	Primary Care CBOC	Primary Care CBOC	No
16	629GF	Bogalusa VA Clinic	Bogalusa	Primary Care CBOC	Primary Care CBOC	No
16	667GA	Texarkana VA Clinic	Texarkana	Multi-Specialty CBOC	Multi-Specialty CBOC	No
16	**667GB**	**Monroe VA Clinic**	**Monroe**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
16	667GC	Longview VA Clinic	Longview	Multi-Specialty CBOC	Multi-Specialty CBOC	No

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17	504BY	Lubbock VA Clinic	Lubbock	Multi-Specialty CBOC	Multi-Specialty CBOC	No
17	504BZ	Clovis VA Clinic	Clovis	Primary Care CBOC	Primary Care CBOC	No
17	**519GA**	**Permian Basin VA Clinic**	**Permian Basin-Odessa**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
17	519GB	Hobbs VA Clinic	Hobbs	Primary Care CBOC	Primary Care CBOC	No
17	519HC	Abilene VA Clinic	Abilene	Multi-Specialty CBOC	Multi-Specialty CBOC	No
17	519HF	San Angelo VA Clinic	San Angelo	Primary Care CBOC	Primary Care CBOC	No
17	549BY	Fort Worth VA Clinic	Fort Worth	Multi-Specialty CBOC	Multi-Specialty CBOC	No
17	**549GA**	**Tyler VA Clinic**	**Tyler**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
17	549GD	Denton VA Clinic	Denton	Primary Care CBOC	Primary Care CBOC	No
17	549GE	Bridgeport VA Clinic	Bridgeport	Primary Care CBOC	Primary Care CBOC	No
17	549GJ	Sherman VA Clinic	Sherman	Primary Care CBOC	Primary Care CBOC	No
17	549GL	Plano VA Clinic	Plano	Primary Care CBOC	Primary Care CBOC	No
17	**549QC**	**Broadway VA Clinic**	**Broadway**	**Primary Care CBOC**	**Other Outpatient Services**	**Yes**
17	671BY	Frank M. Tejeda Department of Veterans Affairs Outpatient Clinic	San Antonio-Eckert Road	Multi-Specialty CBOC	Multi-Specialty CBOC	No
17	671GB	Victoria VA Clinic	Victoria	Primary Care CBOC	Primary Care CBOC	No
17	671GF	South Bexar County VA Clinic	South Bexar County-San Antonio	Primary Care CBOC	Primary Care CBOC	No
17	671GO	North Central Federal VA Clinic	North Central Federal-San Antonio	Multi-Specialty CBOC	Multi-Specialty CBOC	No
17	671GP	Balcones Heights VA Clinic	Balcones Heights-San Antonio	Primary Care CBOC	Primary Care CBOC	No
17	671GQ	Shavano Park VA Clinic	Shavano Park-San Antonio	Primary Care CBOC	Primary Care CBOC	No
17	674BY	Austin VA Clinic	Austin	Multi-Specialty CBOC	Multi-Specialty CBOC	No
17	674GA	Palestine VA Clinic	Palestine	Primary Care CBOC	Primary Care CBOC	No
17	674GB	Brownwood VA Clinic	Brownwood	Primary Care CBOC	Primary Care CBOC	No
17	674GC	Bryan VA Clinic	Bryan-College Station	Primary Care CBOC	Primary Care CBOC	No
17	674GD	Cedar Park VA Clinic	Cedar Park	Primary Care CBOC	Primary Care CBOC	No
17	674GF	Temple VA Clinic	Temple-General Bruce Drive	Primary Care CBOC	Primary Care CBOC	No
17	740	Harlingen VA Clinic	Harlingen	Health Care Center (HCC)	Health Care Center (HCC)	No
17	740GA	Harlingen VA Clinic-Treasure Hills	Harlingen-Treasure Hills	Health Care Center (HCC)	Health Care Center (HCC)	No
17	**740GB**	**McAllen VA Clinic**	**McAllen**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
17	740GC	Corpus Christi VA Clinic	Corpus Christi	Multi-Specialty CBOC	Multi-Specialty CBOC	No
17	**740GD**	**Laredo VA Clinic**	**Laredo**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
17	740GH	South Enterprize VA Clinic	South Enterprize-Corpus Christi	Multi-Specialty CBOC	Multi-Specialty CBOC	No
17	740GI	Old Brownsville VA Clinic	Old Brownsville-Corpus Christi	Primary Care CBOC	Primary Care CBOC	No
17	740GJ	North Tenth Street VA Clinic	North Tenth Street-McAllen	Primary Care CBOC	Primary Care CBOC	No
17	756	El Paso VA Clinic	El Paso	Health Care Center (HCC)	Health Care Center (HCC)	No
17	756GA	Las Cruces VA Clinic	Las Cruces	Primary Care CBOC	Primary Care CBOC	No
17	756GB	El Paso Eastside VA Clinic	El Paso Eastside	Primary Care CBOC	Primary Care CBOC	No

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19	436GA	Anaconda VA Clinic	Anaconda	Primary Care CBOC	Primary Care CBOC	No
19	436GB	Great Falls VA Clinic	Great Falls	Primary Care CBOC	Primary Care CBOC	No
19	**436GC**	**Missoula VA Clinic**	**Missoula**	**Health Care Center (HCC)**	**Multi-Specialty CBOC**	**Yes**
19	436GD	Bozeman VA Clinic	Bozeman	Primary Care CBOC	Primary Care CBOC	No
19	436GF	Kalispell VA Clinic	Kalispell	Primary Care CBOC	Primary Care CBOC	No
19	436GH	Billings VA Clinic	Billings	Health Care Center (HCC)	Health Care Center (HCC)	No
19	436GJ	Miles City VA Clinic	Miles City	Primary Care CBOC	Primary Care CBOC	No
19	436GK	Glendive VA Clinic	Glendive	Primary Care CBOC	Primary Care CBOC	No
19	436HC	Merril Lundman Department of Veterans Affairs Outpatient Clinic	Havre	Primary Care CBOC	Primary Care CBOC	No
19	442GC	Fort Collins VA Clinic	Fort Collins	Multi-Specialty CBOC	Multi-Specialty CBOC	No
19	442GD	Greeley VA Clinic	Greeley	Multi-Specialty CBOC	Multi-Specialty CBOC	No
19	442HK	Wheatland VA Mobile Clinic	Wheatland 1 Mobile	Primary Care CBOC	Primary Care CBOC	No
19	554GB	Aurora VA Clinic	Aurora	Primary Care CBOC	Primary Care CBOC	No
19	554GC	Golden VA Clinic	Golden	Multi-Specialty CBOC	Multi-Specialty CBOC	No
19	554GD	Pueblo VA Clinic	Pueblo	Multi-Specialty CBOC	Multi-Specialty CBOC	No
19	554GE	PFC Floyd K. Lindstrom Department of Veterans Affairs	Colorado Springs	Multi-Specialty CBOC	Multi-Specialty CBOC	No
19	554GF	Alamosa VA Clinic	Alamosa	Primary Care CBOC	Primary Care CBOC	No
19	554GG	La Junta VA Clinic	La Junta	Primary Care CBOC	Primary Care CBOC	No
19	623BY	Ernest Childers Department of Veterans Affairs Outpatient Clinic	Tulsa	Multi-Specialty CBOC	Multi-Specialty CBOC	No
19	623GA	Hartshorne VA Clinic	Hartshorne	Primary Care CBOC	Primary Care CBOC	No
19	623GB	Vinita VA Clinic	Vinita	Primary Care CBOC	Primary Care CBOC	No
19	**635GA**	**Lawton VA Clinic**	**Lawton-Fort Sill**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
19	635GB	Wichita Falls VA Clinic	Wichita Falls	Primary Care CBOC	Primary Care CBOC	No
19	635GD	Ada VA Clinic	Ada	Primary Care CBOC	Primary Care CBOC	No
19	635GE	Stillwater VA Clinic	Stillwater	Primary Care CBOC	Primary Care CBOC	No
19	635GF	Altus VA Clinic	Altus	Primary Care CBOC	Primary Care CBOC	No
19	635HB	Ardmore VA Clinic	Ardmore	Primary Care CBOC	Primary Care CBOC	No
19	635QB	South Oklahoma City VA Clinic	South Oklahoma City	Primary Care CBOC	Primary Care CBOC	No
19	660GA	Pocatello VA Clinic	Pocatello	Primary Care CBOC	Primary Care CBOC	No
19	660GB	Ogden VA Clinic	Ogden	Primary Care CBOC	Primary Care CBOC	No
19	660GE	Orem VA Clinic	Orem	Primary Care CBOC	Primary Care CBOC	No
19	660GG	St. George VA Clinic	St. George	Primary Care CBOC	Primary Care CBOC	No
19	660GJ	Western Salt Lake VA Clinic	Western Salt Lake	Primary Care CBOC	Primary Care CBOC	No
19	666GB	Casper VA Clinic	Casper	Primary Care CBOC	Primary Care CBOC	No
19	666GC	Riverton VA Clinic	Riverton	Primary Care CBOC	Primary Care CBOC	No
19	666GD	Powell VA Clinic	Powell	Primary Care CBOC	Primary Care CBOC	No
19	666GE	Gillette VA Clinic	Gillette	Primary Care CBOC	Primary Care CBOC	No
19	666GF	Rock Springs VA Clinic	Rock Springs	Primary Care CBOC	Primary Care CBOC	No

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20	463GA	Fairbanks VA Clinic	Fairbanks-Fort Wainwright	Primary Care CBOC	Primary Care CBOC	No
20	463GB	Kenai VA Clinic	Kenai	Primary Care CBOC	Primary Care CBOC	No
20	463GC	Mat-Su VA Clinic	Mat-Su-Wasilla	Primary Care CBOC	Primary Care CBOC	No
20	463GD	Homer VA Clinic	Homer	Primary Care CBOC	Primary Care CBOC	No
20	463GE	Juneau VA Clinic	Juneau	Primary Care CBOC	Primary Care CBOC	No
20	531GE	Twin Falls VA Clinic	Twin Falls	Primary Care CBOC	Primary Care CBOC	No
20	**531GG**	**Caldwell VA Clinic**	**Caldwell**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
20	531GH	Burns VA Clinic	Burns	Primary Care CBOC	Primary Care CBOC	No
20	531GI	Mountain Home VA Clinic	Mountain Home	Primary Care CBOC	Primary Care CBOC	No
20	531GJ	Salmon VA Clinic	Salmon	Primary Care CBOC	Primary Care CBOC	No
20	648GA	Bend VA Clinic	Bend	Multi-Specialty CBOC	Multi-Specialty CBOC	No
20	648GB	Salem VA Clinic	Salem	Multi-Specialty CBOC	Multi-Specialty CBOC	No
20	648GD	North Coast VA Clinic	North Coast-Warrenton	Primary Care CBOC	Primary Care CBOC	No
20	648GE	Fairview VA Clinic	Fairview	Primary Care CBOC	Primary Care CBOC	No
20	648GF	Hillsboro VA Clinic	Hillsboro	Multi-Specialty CBOC	Multi-Specialty CBOC	No
20	648GG	West Linn VA Clinic	West Linn	Primary Care CBOC	Primary Care CBOC	No
20	648GH	Newport VA Clinic	Newport	Primary Care CBOC	Primary Care CBOC	No
20	648GI	Portland VA Clinic	Portland-1st Avenue	Primary Care CBOC	Primary Care CBOC	No
20	648GJ	The Dalles VA Clinic	The Dalles	Primary Care CBOC	Primary Care CBOC	No
20	**653BY**	**Eugene VA Clinic**	**Eugene**	**Multi-Specialty CBOC**	**Health Care Center (HCC)**	**Yes**
20	653GA	North Bend VA Clinic	North Bend	Primary Care CBOC	Primary Care CBOC	No
20	653GB	Brookings VA Clinic	Brookings	Primary Care CBOC	Primary Care CBOC	No
20	663GA	Bellevue VA Clinic	Bellevue-Washington	Primary Care CBOC	Primary Care CBOC	No
20	663GB	Bremerton VA Clinic	Bremerton	Primary Care CBOC	Primary Care CBOC	No
20	663GC	Mount Vernon VA Clinic	Mount Vernon	Multi-Specialty CBOC	Multi-Specialty CBOC	No
20	663GD	South Sound VA Clinic	South Sound-Chehalis	Primary Care CBOC	Primary Care CBOC	No
20	663GE	North Olympic Peninsula VA Clinic	North Olympic Peninsula-Port	Primary Care CBOC	Primary Care CBOC	No
20	668GA	Wenatchee VA Clinic	Wenatchee	Multi-Specialty CBOC	Multi-Specialty CBOC	No
20	668GB	Coeur d 'Alene VA Clinic	Coeur d 'Alene	Multi-Specialty CBOC	Multi-Specialty CBOC	No
20	687GA	Richland VA Clinic	Richland	Primary Care CBOC	Primary Care CBOC	No
20	687GB	Lewiston VA Clinic	Lewiston	Primary Care CBOC	Primary Care CBOC	No
20	687GC	La Grande VA Clinic	La Grande	Primary Care CBOC	Primary Care CBOC	No
20	687HA	Yakima VA Clinic	Yakima	Primary Care CBOC	Primary Care CBOC	No
20	692GA	Klamath Falls VA Clinic	Klamath Falls	Primary Care CBOC	Primary Care CBOC	No
20	692GB	Grants Pass VA Clinic	Grants Pass	Primary Care CBOC	Primary Care CBOC	No

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21	459GA	Maui VA Clinic	Maui-Kahului	Primary Care CBOC	Primary Care CBOC	No
21	459GB	Hilo VA Clinic	Hilo	Primary Care CBOC	Primary Care CBOC	No
21	459GC	Kailua-Kona VA Clinic	Kailua-Kona	Primary Care CBOC	Primary Care CBOC	No
21	459GD	Lihue VA Clinic	Lihue	Primary Care CBOC	Primary Care CBOC	No
21	459GE	Guam VA Clinic	Guam-Agana Heights	Primary Care CBOC	Primary Care CBOC	No
21	459GF	American Samoa VA Clinic	American Samoa-Pago Pago	Primary Care CBOC	Primary Care CBOC	No
21	459GG	Leeward Oahu VA Clinic	Leeward Oahu-Ewa Beach	Primary Care CBOC	Primary Care CBOC	No
21	570GA	Merced VA Clinic	Merced	Primary Care CBOC	Primary Care CBOC	No
21	570GB	Tulare VA Clinic	Tulare	Primary Care CBOC	Primary Care CBOC	No
21	570GC	Oakhurst VA Clinic	Oakhurst	Primary Care CBOC	Primary Care CBOC	No
21	593GC	Pahrump VA Clinic	Pahrump	Primary Care CBOC	Primary Care CBOC	No
21	593GD	Northwest Las Vegas VA Clinic	Northwest Las Vegas	Primary Care CBOC	Primary Care CBOC	No
21	593GE	Southeast Las Vegas VA Clinic	Southeast Las Vegas-Henderson	Primary Care CBOC	Primary Care CBOC	No
21	593GF	Southwest Las Vegas VA Clinic	Southwest Las Vegas	Primary Care CBOC	Primary Care CBOC	No
21	593GG	Northeast Las Vegas VA Clinic	Northeast Las Vegas	Primary Care CBOC	Primary Care CBOC	No
21	**593GH**	**Laughlin VA Clinic**	**Laughlin**	**Primary Care CBOC**	**Other Outpatient Services**	**Yes**
21	612B4	Redding VA Clinic	Redding	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	612BY	Oakland VA Clinic	Oakland	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	612GD	Fairfield VA Clinic	Fairfield-Travis Air Force Base	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	612GE	Mare Island VA Clinic	Mare Island-Vallejo	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	612GG	Chico VA Clinic	Chico	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	612GH	McClellan VA Clinic	McClellan Park	Health Care Center (HCC)	Health Care Center (HCC)	No
21	612GI	Yuba City VA Clinic	Yuba City	Primary Care CBOC	Primary Care CBOC	No
21	612GJ	Yreka VA Clinic	Yreka	Primary Care CBOC	Primary Care CBOC	No
21	640BY	San Jose VA Clinic	San Jose	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	640GA	Capitola VA Clinic	Capitola	Primary Care CBOC	Primary Care CBOC	No
21	640GB	Sonora VA Clinic	Sonora	Primary Care CBOC	Primary Care CBOC	No
21	640GC	Fremont VA Clinic	Fremont	Primary Care CBOC	Primary Care CBOC	No
21	640HA	Stockton VA Clinic	Stockton-French Camp	Primary Care CBOC	Primary Care CBOC	No
21	640HB	Modesto VA Clinic	Modesto	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	640HC	Monterey VA Clinic	Monterey-Seaside	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	654GA	Sierra Foothills VA Clinic	Sierra Foothills-Auburn	Primary Care CBOC	Primary Care CBOC	No
21	654GB	Carson Valley VA Clinic	Carson Valley-Gardnerville	Primary Care CBOC	Primary Care CBOC	No
21	654GC	Lahontan Valley VA Clinic	Lahontan Valley-Fallon	Primary Care CBOC	Primary Care CBOC	No
21	654GD	Diamond View VA Clinic	Diamond View-Susanville	Primary Care CBOC	Primary Care CBOC	No
21	654GE	Reno East VA Clinic	Reno East	Primary Care CBOC	Primary Care CBOC	No
21	662GA	Santa Rosa VA Clinic	Santa Rosa	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	662GC	Eureka VA Clinic	Eureka	Multi-Specialty CBOC	Multi-Specialty CBOC	No
21	662GD	Ukiah VA Clinic	Ukiah	Primary Care CBOC	Primary Care CBOC	No
21	662GE	San Bruno VA Clinic	San Bruno	Primary Care CBOC	Primary Care CBOC	No
21	662GF	San Francisco VA Clinic	San Francisco-3rd Street	Primary Care CBOC	Primary Care CBOC	No
21	662GG	Clearlake VA Clinic	Clearlake	Primary Care CBOC	Primary Care CBOC	No

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22	501G2	Las Vegas VA Clinic	Las Vegas	Primary Care CBOC	Primary Care CBOC	No
22	501GA	Artesia VA Clinic	Artesia	Primary Care CBOC	Primary Care CBOC	No
22	501GB	Farmington VA Clinic	Farmington	Primary Care CBOC	Primary Care CBOC	No
22	501GC	Silver City VA Clinic	Silver City	Primary Care CBOC	Primary Care CBOC	No
22	501GD	Gallup VA Clinic	Gallup	Primary Care CBOC	Primary Care CBOC	No
22	501GE	Espanola VA Clinic	Espanola	Primary Care CBOC	Primary Care CBOC	No
22	501GI	Alamogordo VA Clinic	Alamogordo	Primary Care CBOC	Primary Care CBOC	No
22	501GJ	Durango VA Clinic	Durango	Primary Care CBOC	Primary Care CBOC	No
22	501GK	Santa Fe VA Clinic	Santa Fe	Primary Care CBOC	Primary Care CBOC	No
22	501GM	Northwest Metro VA Clinic	Northwest Metro-Rio Rancho	Primary Care CBOC	Primary Care CBOC	No
22	501GN	Taos VA Clinic	Taos	Primary Care CBOC	Primary Care CBOC	No
22	501HB	Raton VA Clinic	Raton	Primary Care CBOC	Primary Care CBOC	No
22	600GA	Anaheim VA Clinic	Anaheim	Primary Care CBOC	Primary Care CBOC	No
22	600GB	Santa Ana VA Clinic	Santa Ana	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	600GC	Cabrillo VA Clinic	Cabrillo-Long Beach	Primary Care CBOC	Primary Care CBOC	No
22	600GD	Whittier VA Clinic	Whittier-Santa Fe Springs	Primary Care CBOC	Primary Care CBOC	No
22	600GE	Laguna Hills VA Clinic	Laguna Hills	Primary Care CBOC	Primary Care CBOC	No
22	600QB	Long Beach VA Mobile Clinic	Long Beach Mobile	Primary Care CBOC	Primary Care CBOC	No
22	605GA	Victorville VA Clinic	Victorville	Primary Care CBOC	Primary Care CBOC	No
22	605GB	Murrieta VA Clinic	Murrieta	Primary Care CBOC	Primary Care CBOC	No
22	605GC	Palm Desert VA Clinic	Palm Desert	Primary Care CBOC	Primary Care CBOC	No
22	605GD	Corona VA Clinic	Corona	Primary Care CBOC	Primary Care CBOC	No
22	605GE	Rancho Cucamonga VA Clinic	Rancho Cucamonga	Primary Care CBOC	Primary Care CBOC	No
22	644BY	Southeast VA Clinic	Southeast-Gilbert	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	644GA	Northwest VA Clinic	Northwest-Surprise	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	644GB	Show Low VA Clinic	Show Low	Primary Care CBOC	Primary Care CBOC	No
22	**644GE**	**Thunderbird VA Clinic**	**Thunderbird-Phoenix**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
22	644GF	Globe VA Clinic	Globe	Primary Care CBOC	Primary Care CBOC	No
22	644GG	Northeast Phoenix VA Clinic	Northeast Phoenix-Via Linda Road	Primary Care CBOC	Primary Care CBOC	No
22	649GA	Kingman VA Clinic	Kingman	Primary Care CBOC	Primary Care CBOC	No
22	649GB	Flagstaff VA Clinic	Flagstaff	Primary Care CBOC	Primary Care CBOC	No
22	649GC	Lake Havasu City VA Clinic	Lake Havasu City	Primary Care CBOC	Primary Care CBOC	No
22	649GD	Anthem VA Clinic	Anthem	Primary Care CBOC	Primary Care CBOC	No
22	649GE	Cottonwood VA Clinic	Cottonwood	Primary Care CBOC	Primary Care CBOC	No
22	664BY	Mission Valley VA Clinic	Mission Valley-San Diego	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	664GA	Imperial Valley VA Clinic	Imperial Valley-El Centro	Primary Care CBOC	Primary Care CBOC	No
22	664GB	Oceanside VA Clinic	Oceanside	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	664GC	Chula Vista VA Clinic	Chula Vista	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	664GD	Escondido VA Clinic	Escondido	Primary Care CBOC	Primary Care CBOC	No
22	678GA	Sierra Vista VA Clinic	Sierra Vista	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	678GB	Yuma VA Clinic	Yuma	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	678GC	Casa Grande VA Clinic	Casa Grande	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	678GD	Safford VA Clinic	Safford	Primary Care CBOC	Primary Care CBOC	No
22	678GE	Green Valley VA Clinic	Green Valley	Primary Care CBOC	Primary Care CBOC	No
22	678GF	Northwest Tucson VA Clinic	Northwest Tucson	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	678GG	Southeast Tucson VA Clinic	Southeast Tucson	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	691GB	Santa Barbara VA Clinic	Santa Barbara	Primary Care CBOC	Primary Care CBOC	No
22	691GC	Gardena VA Clinic	Gardena	Primary Care CBOC	Primary Care CBOC	No
22	691GD	Bakersfield VA Clinic	Bakersfield	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	691GE	Los Angeles VA Clinic	Los Angeles-East Temple	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	691GF	East Los Angeles VA Clinic	East Los Angeles-Commerce	Primary Care CBOC	Primary Care CBOC	No
22	691GG	Antelope Valley VA Clinic	Antelope Valley-Lancaster	Primary Care CBOC	Primary Care CBOC	No
22	691GK	San Luis Obispo VA Clinic	San Luis Obispo	Primary Care CBOC	Primary Care CBOC	No
22	691GL	Santa Maria VA Clinic	Santa Maria	Multi-Specialty CBOC	Multi-Specialty CBOC	No
22	691GM	Oxnard VA Clinic	Oxnard	Primary Care CBOC	Primary Care CBOC	No

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23	437GB	Bismarck VA Clinic	Bismarck	Primary Care CBOC	Primary Care CBOC	No
23	437GC	Fergus Falls VA Clinic	Fergus Falls	Primary Care CBOC	Primary Care CBOC	No
23	437GD	Minot VA Clinic	Minot	Primary Care CBOC	Primary Care CBOC	No
23	437GE	Bemidji VA Clinic	Bemidji	Primary Care CBOC	Primary Care CBOC	No
23	437GF	Williston VA Clinic	Williston	Primary Care CBOC	Primary Care CBOC	No
23	437GI	Grand Forks VA Clinic	Grand Forks	Primary Care CBOC	Primary Care CBOC	No
23	437GJ	Dickinson VA Clinic	Dickinson	Primary Care CBOC	Primary Care CBOC	No
23	437GK	Jamestown VA Clinic	Jamestown	Primary Care CBOC	Primary Care CBOC	No
23	437GL	Devils Lake VA Clinic	Devils Lake	Primary Care CBOC	Primary Care CBOC	No
23	438GA	Spirit Lake VA Clinic	Spirit Lake	Primary Care CBOC	Primary Care CBOC	No
23	438GC	Sioux City VA Clinic	Sioux City	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	438GD	Aberdeen VA Clinic	Aberdeen	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	438GF	Watertown VA Clinic	Watertown	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	568GA	Rapid City VA Clinic	Rapid City	Primary Care CBOC	Primary Care CBOC	No
23	568HH	Scottsbluff VA Clinic	Scottsbluff	Primary Care CBOC	Primary Care CBOC	No
23	568HM	Eagle Butte VA Clinic	Eagle Butte	Primary Care CBOC	Primary Care CBOC	No
23	618BY	Twin Ports VA Clinic	Twin Ports-Superior	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	618GA	St. James VA Clinic	St. James	Primary Care CBOC	Primary Care CBOC	No
23	618GB	Hibbing VA Clinic	Hibbing	Primary Care CBOC	Primary Care CBOC	No
23	618GD	Maplewood VA Clinic	Maplewood	Primary Care CBOC	Primary Care CBOC	No
23	618GE	Chippewa Valley VA Clinic	Chippewa Valley	Primary Care CBOC	Primary Care CBOC	No
23	618GG	Rochester VA Clinic	Rochester	Primary Care CBOC	Primary Care CBOC	No
23	618GH	Hayward VA Clinic	Hayward	Primary Care CBOC	Primary Care CBOC	No
23	618GI	Northwest Metro VA Clinic	Northwest Metro-Ramsey	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	618GJ	Shakopee VA Clinic	Shakopee	Primary Care CBOC	Primary Care CBOC	No
23	618GK	Albert Lea VA Clinic	Albert Lea	Primary Care CBOC	Primary Care CBOC	No
23	618GL	Minneapolis VA Clinic	Minneapolis-Harmon Place	Primary Care CBOC	Primary Care CBOC	No
23	618GM	Rice Lake VA Clinic	Rice Lake	Primary Care CBOC	Primary Care CBOC	No
23	636A5	Lincoln VA Clinic	Lincoln	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	636GA	Norfolk VA Clinic	Norfolk	Primary Care CBOC	Primary Care CBOC	No
23	636GB	North Platte VA Clinic	North Platte	Primary Care CBOC	Primary Care CBOC	No
23	636GC	Mason City VA Clinic	Mason City	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	**636GD**	**Marshalltown VA Clinic**	**Marshalltown**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
23	636GF	Quad Cities VA Clinic	Quad Cities-Bettendorf	Primary Care CBOC	Primary Care CBOC	No
23	636GG	Quincy VA Clinic	Quincy	Primary Care CBOC	Primary Care CBOC	No
23	**636GH**	**Waterloo VA Clinic**	**Waterloo**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
23	636GI	Lane A. Evans VA Community	Galesburg	Primary Care CBOC	Primary Care CBOC	No
23	636GJ	Dubuque VA Clinic	Dubuque	Primary Care CBOC	Primary Care CBOC	No
23	**636GK**	**Fort Dodge VA Clinic**	**Fort Dodge**	**Multi-Specialty CBOC**	**Primary Care CBOC**	**Yes**
23	636GM	Carroll VA Clinic	Carroll	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	636GN	Cedar Rapids VA Clinic	Cedar Rapids	Primary Care CBOC	Primary Care CBOC	No
23	636GP	Shenandoah VA Clinic	Shenandoah	Primary Care CBOC	Primary Care CBOC	No
23	636GQ	Holdrege VA Clinic	Holdrege	Primary Care CBOC	Primary Care CBOC	No
23	636GR	Knoxville VA Clinic	Knoxville	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	**636GS**	**Ottumwa VA Clinic**	**Ottumwa**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
23	**636GT**	**Sterling VA Clinic**	**Sterling**	**Primary Care CBOC**	**Multi-Specialty CBOC**	**Yes**
23	636GU	Decorah VA Clinic	Decorah	Primary Care CBOC	Primary Care CBOC	No
23	636GV	O'Neill VA Clinic	O'Neill	Primary Care CBOC	Primary Care CBOC	No
23	636GW	Coralville VA Clinic	Coralville	Primary Care CBOC	Primary Care CBOC	No
23	656GA	Brainerd VA Clinic	Brainerd	Multi-Specialty CBOC	Multi-Specialty CBOC	No
23	656GB	Montevideo VA Clinic	Montevideo	Primary Care CBOC	Primary Care CBOC	No
23	656GC	Max J. Beilke Department of Veterans Affairs Outpatient Clinic	Alexandria	Primary Care CBOC	Primary Care CBOC	No

Dialysis Centers

Dialysis Center Count	VISN	Station#	Facility	City	State
1	1	402	VA Maine HCS	Augusta	ME
2	1	523	VA Boston HCS	Boston	MA
3	1	650	Providence VA Med Center	Providence	RI
4	1	689	VA Connecticut HCS	West Haven	CT
5	2	526	James J. Peters VA Med Center	Bronx	NY
6	2	528	Albany Stratton VA Med Center	Albany	NY
7	2	528	VA Western NY HCS	Buffalo	NY
8	2	561	VA New Jersey HCS	East Orange	NJ
9	2	630	VA NY Harbor HCS - Brooklyn	Brooklyn	NY
10	2	630	VA NY Harbor HCS - Manhattan	New York	NY
11	2	632	Northport VA Med Center	Northport	NY
12	4	460	Wilmington VA Med Center	Wilmington	DE
13	4	642	Philadelphia Free Standing Dialysis Center	Philadelphia	PA
14	4	646	VA Pittsburgh HCS	Pittsburgh	PA
15	4	693	Wilkes-Barre VA Med Center	Wilkes-Barre	PA
16	5	688	Washington DC VA Med Center	Washington	DC
17	6	558	Durham VA Med Center	Durham	NC
18	6	558	Raleigh Dialysis Center	Raleigh	NC
19	6	565	Fayetteville VA Med Center	Fayetteville	NC
20	6	590	Hampton VA Med Center	Hampton	VA
21	6	652	Hunter Holmes McGuire VA Med Center	Richmond	VA
22	6	658	Salem VA Med Center	Salem	VA
23	7	508	Atlanta VA Med Center	Decatur	GA
24	7	521	Birmingham VA Med Center	Birmingham	AL
25	7	534	Ralph H. Johnson VA Med Center	Charleston	SC
26	7	544	Wm. Jennings Bryan Dorn VA Med Center	Columbia	SC

Dialysis Centers

Dialysis Center Count	VISN	Station#	Facility	City	State
27	8	516	Bay Pines VA HCS	Bay Pines	FL
28	8	546	Miami VA HCS	Miami	FL
29	8	548	West Palm Beach VA Med Center	West Palm	FL
30	8	573	North Florida/South Georgia HCS-Gainesville	Gainesville	FL
31	8	672	VA Caribbean HCS	San Juan	PR
32	8	673	James A. Haley Veterans' Hospital	Tampa	FL
33	9	596	Lexington VA Med Center	Lexington	KY
34	9	614	Memphis VA Med Center	Memphis	TN
35	9	626	Tennessee Valley HCS	Nashville	TN
36	10	506	VA Ann Arbor HCS	Ann Arbor	MI
37	10	539	Cincinnati VA Med Center	Cincinnati	OH
38	10	541	Cleveland- Freestanding Dialysis Center	Cleveland	Oh
39	10	541	Louis Stokes Cleveland VA Med	Cleveland	OH
40	10	552	Dayton VA Med Center	Dayton	OH
41	10	553	John D. Dingell VA Med Center	Detroit	MI
42	10	583	Richard L. Roudebush VAMC	Indianapolis	IN
43	12	537	Jesse Brown VA Med Center	Chicago	IL
44	12	578	"Edward Hines, Jr. VA Hospital"	Hines	IL
45	12	695	Milo C Huempfner	Green Bay	WI
46	12	695	Milwaukee VA Med Center	Milwaukee	WI
47	15	589	Kansas City VA Med Center	Kansas City	MO
48	15	657	St. Louis VA Med Center	St. Louis	MO
49	16	586	G.V. (Sonny) Montgomery VA Med Center	Jackson	MS
50	16	598	Central Arkansas Veterans HCS	Little Rock	AR
51	17	549	VA North Texas HCS	Dallas	TX
52	17	671	South Texas Veterans HCS (STVHCS)	San Antonio	TX
53	18	501	New Mexico VA HCS	Albuquerque	NM
54	18	678	Southern Arizona VA HCS	Tucson	AZ
55	19	554	VA Eastern Colorado HCS	Denver	CO
56	19	660	VA Salt Lake City HCS	Salt Lake City	UT
57	20	648	Portland VA Med Center	Portland	OR
58	20	663	VA Puget Sound HCS	Seattle	WA

Dialysis Centers

Dialysis Center Count	VISN	Station#	Facility	City	State
59	21	459	VA Pacific Islands HCS	Honolulu	HI
60	21	593	Southern Nevada HCS	North Las	NV
61	21	612	David Grant USAF Med Center (JV	Travis AFB	CA
62	21	640	VA Palo Alto HCS	Palo Alto	CA
63	21	662	San Francisco VA Med Center	San Francisco	CA
64	22	600	VA Long Beach HCS	Long Beach	CA
65	22	605	VA Loma Linda HCS	Loma Linda	CA
66	22	664	VA San Diego HCS	San Diego	CA
67	22	691	VA Great Los Angeles HCS	Los Angeles	CA
68	23	568	VA Black Hills HCS	Hot Springs	SD
69	23	618	Minneapolis VA HCS	Minneapolis	MN
70	23	636	Iowa City VA HCS	Iowa City	IA
71	23	636	VA Nebraska-Western Iowa HCS	Omaha	NE

Community Resource and Referral Centers (CRRC)

CRRC Program Count	Station Name	Site Location
1	VA Connecticut Healthcare System	West Haven, CT
2	VA New York Harbor Healthcare System	Harlem, NY
3	Philadelphia VA Medical Center	Philadelphia, PA
4	Washington DC VA Medical Center	Washington, DC
5	VA Maryland Health Care System	Baltimore, MD
6	Atlanta VA Medical Center	Atlanta, GA
7	Ralph H. Johnson VAMC	Charleston, SC
8	N. Florida/ S. Georgia Veterans Health System	Jacksonville, FL
9	Huntington VAMC	Huntington, WV
10	Louis Stokes Cleveland VA Medical Center	Cleveland, OH
11	Louis Stokes VA Medical Center - Akron CBOC	Akron, OH
12	John D. Dingell VA Medical Center	Detroit, MI
13	Jesse Brown VA Medical Center	Chicago, IL
14	Clement J. Zablocki VAMC	Milwaukee, WI
15	Southeast Louisiana Veterans Health Care System	New Orleans, LA
16	Michael E. DeBakey VAMC	Houston, TX
17	VA North Texas Health Care System	Ft. Worth, TX
18	VA North Texas Health Care System	Dallas, TX
19	Phoenix VA Health Care System	Phoenix, AZ
20	VA Eastern Colorado Health Care System	Denver, CO
21	Portland VA Medical Center	Portland, OR
22	VA Puget Sound Health Care System	Puget Sound, WA
23	San Francisco VA Medical Center	San Francisco, CA
24	VA Southern Nevada Healthcare System	Las Vegas, NV
25	VA Long Beach Healthcare System	Long Beach, CA
26	VA Nebraska-Western Iowa Health Care System	Omaha, NE
27	VA Central Iowa Healthcare System (636A6)	Des Moines, IA
28	Iowa City VA Health Care System	Cedar Rapids, IA
29	Minneapolis VA Health Care System	Minneapolis, MN
30	Greater Los Angeles Health Care System	Los Angeles, CA

Vet Centers and Mobile Vet Centers

MyVA District	Vet Center #	Vet Center Name	City	ST	Mobile Vet Center (MVC) #
1	0101V	Boston Vet Center	Boston	MA	
1	0103V	Springfield Vet Center	West Springfield	MA	801
1	0104V	Brockton Vet Center	Brockton	MA	
1	0108V	Manchester Vet Center	Manchester	NH	
1	0113V	Providence Vet Center	Providence	RI	
1	0115V	Portland Vet Center	Portland	ME	
1	0116V	New Haven Vet Center	New Haven	CT	
1	0117V	Hartford Vet Center	Hartford	CT	
1	0118V	South Burlington Vet Center	South Burlington	VT	
1	0119V	Caribou Vet Center	Caribou	ME	802
1	0121V	Bangor Vet Center	Bangor	ME	
1	0122V	White River Junction Vet Center	White River Junction	VT	803
1	0125V	Lowell Vet Center	Lowell	MA	
1	0126V	Worcester Vet Center	Worcester	MA	
1	0127V	Norwich Vet Center	Norwich	CT	
1	0128V	New Bedford Vet Center	New Bedford	MA	
1	0129V	Lewiston Vet Center	Lewiston	ME	804
1	0130V	Sanford Vet Center	Sanford	ME	
1	0134V	Berlin Vet Center	Berlin	NH	
1	0136V	Hyannis Vet Center	Hyannis	MA	
1	0140V	Danbury Vet Center	Danbury	CT	
1	0102V	Secaucus Vet Center	Secaucus	NJ	857
1	0105V	Brooklyn Vet Center	Brooklyn	NY	
1	0106V	Manhattan Vet Center	Manhattan	NY	

Vet Centers and Mobile Vet Centers

MyVA District	Vet Center #	Vet Center Name	City	ST	Mobile Vet Center (MVC) #
1	0109V	Queens Vet Center	Queens	NY	
1	0110V	Bronx Vet Center	Bronx	NY	
1	0111V	Albany Vet Center	Albany	NY	
1	0112V	Bloomfield Vet Center	Bloomfield	NJ	
1	0114V	Trenton Vet Center	Trenton	NJ	
1	0120V	Babylon Vet Center	Babylon	NY	
1	0123V	White Plains Vet Center	White Plains	NY	
1	0124V	Rochester Vet Center	Rochester	NY	873
1	0131V	Syracuse Vet Center	Syracuse	NY	
1	0132V	Staten Island Vet Center	Staten Island	NY	
1	0133V	Harlem Vet Center	Harlem	NY	
1	0135V	Watertown Vet Center	Watertown	NY	805
1	0137V	Binghamton Vet Center	Binghamton	NY	
1	0138V	Nassau Vet Center	Nassau	NY	
1	0139V	Middletown Vet Center	Middletown	NY	
1	0141V	Toms River Vet Center	Toms River	NJ	
1	0230V	Ventnor Vet Center	Ventnor	NJ	
1	0208V	Huntington Vet Center	Huntington	WV	
1	0210V	Philadelphia Vet Center	Philadelphia	PA	
1	0211V	Pittsburgh Vet Center	Pittsburgh	PA	
1	0212V	Williamsport Vet Center	Williamsport	PA	
1	0216V	Morgantown Vet Center	Morgantown	WV	807
1	0218V	Harrisburg Vet Center	Harrisburg	PA	876
1	0219V	Philadelphia Vet Center	Philadelphia	PA	
1	0220V	McKeesport Veterans Resource Center	McKeesport	PA	
1	0222V	Erie Vet Center	Erie	PA	809
1	0223V	Charleston Vet Center	Charleston	WV	
1	0224V	Martinsburg Vet Center	Martinsburg	WV	
1	0227V	DuBois Vet Center	DuBois	PA	
1	0229V	Scranton Vet Center	Scranton	PA	811
1	0231V	Beckley Vet Center	Beckley	WV	812
1	0232V	Princeton Vet Center	Princeton	WV	
1	0233V	Wheeling Vet Center	Wheeling	WV	
1	0238V	Bucks County Vet Center	Bristol	PA	
1	0239V	Montgomery County Vet Center	Norristown	PA	
1	0242V	Lancaster County Vet Center	Lancaster	PA	
1	0201V	Baltimore Vet Center	Baltimore	MD	858
1	0207V	Norfolk Vet Center	Norfolk	VA	
1	0209V	Elkton Vet Center	Elkton	MD	
1	0213V	Silver Spring Vet Center	Silver Spring	MD	
1	0214V	Washington Vet Center	Washington	DC	

Vet Centers and Mobile Vet Centers

MyVA District	Vet Center #	Vet Center Name	City	ST	Mobile Vet Center (MVC) #
1	0215V	Wilmington Vet Center	Wilmington	DE	
1	0217V	Richmond Vet Center	Richmond	VA	808
1	0226V	Roanoke Vet Center	Roanoke	VA	
1	0228V	Alexandria Vet Center	Alexandria	VA	
1	0235V	Annapolis Vet Center	Annapolis	MD	
1	0236V	Baltimore County - Dundalk Vet Center	Dundalk	MD	
1	0237V	Prince Georges County Vet Center	Clinton	MD	
1	0240V	Virginia Beach County Vet Center	Virginia Beach	VA	
1	0243V	Sussex County Vet Center	Georgetown	DE	874
1	0315V	Fayetteville Vet Center	Fayetteville	NC	
1	0317V	Charlotte Vet Center	Charlotte	NC	
1	0319V	Greenville Vet Center	Greenville	NC	814
1	0327V	Greensboro Vet Center	Greensboro	NC	862
1	0328V	Raleigh Vet Center	Raleigh	NC	
1	0343V	Jacksonville Vet Center	Jacksonville	NC	
2	0202V	Louisville Vet Center	Louisville	KY	
2	0203V	Lexington Vet Center	Lexington	KY	806
2	0303V	Charleston Vet Center	Charleston	SC	
2	0304V	Atlanta Vet Center	Atlanta	GA	860
2	0316V	Greenville Vet Center	Greenville	SC	
2	0323V	Savannah Vet Center	Savannah	GA	
2	0324V	Columbia Vet Center	Columbia	SC	817
2	0329V	Lawrenceville Vet Center	Lawrenceville	GA	
2	0333V	Macon Vet Center	Macon	GA	818
2	0334V	Montgomery Vet Center	Montgomery	AL	
2	0342V	Marietta Vet Center	Marietta	GA	
2	0346V	Augusta Vet Center	Augusta	GA	
2	0347V	Myrtle Beach Vet Center	Myrtle Beach	SC	
2	0349V	Columbus Vet Center	Columbus	GA	
2	0701V	Johnson City Vet Center	Johnson City	TN	844
2	0719V	Memphis Vet Center	Memphis	TN	848
2	0720V	Knoxville Vet Center	Knoxville	TN	
2	0722V	Chattanooga Vet Center	Chattanooga	TN	
2	0724V	Nashville Vet Center	Nashville	TN	864
2	0738V	Huntsville Vet Center	Huntsville	AL	
2	0739V	Birmingham Vet Center	Birmingham	AL	866
2	0741V	Mobile Vet Center	Mobile	AL	
2	0742V	Pensacola Vet Center	Pensacola	FL	815
2	0743V	Okaloosa County Vet Center	Shalimar	FL	
2	0744V	Bay County Vet Center	Panama City	FL	
2	0301V	St. Petersburg Vet Center	St. Petersburg	FL	
2	0305V	Jacksonville Vet Center	Jacksonville	FL	813

Vet Centers and Mobile Vet Centers

MyVA District	Vet Center #	Vet Center Name	City	ST	Mobile Vet Center (MVC) #
2	0307V	San Juan Vet Center	San Juan	PR	
2	0309V	Arecibo Vet Center	Arecibo	PR	861
2	0310V	Miami Vet Center	Miami	FL	
2	0311V	Fort Lauderdale Vet Center	Ft. Lauderdale	FL	
2	0312V	Ponce Vet Center	Ponce	PR	
2	0314V	Orlando Vet Center	Orlando	FL	
2	0318V	Tampa Vet Center	Tampa	FL	
2	0320V	Sarasota Vet Center	Sarasota	FL	
2	0325V	Tallahassee Vet Center	Tallahassee	FL	
2	0326V	Palm Beach Vet Center	Palm Beach	FL	
2	0330V	Fort Myers Vet Center	Ft. Myers	FL	
2	0331V	Gainesville Vet Center	Gainesville	FL	
2	0332V	Melbourne Vet Center	Melbourne	FL	
2	0336V	Pompano Beach Vet Center	Pompano Beach	FL	
2	0337V	Jupiter Vet Center	Jupiter	FL	
2	0338V	Pasco County Vet Center	Pasco	FL	816
2	0339V	Clearwater Vet Center	Clearwater	FL	
2	0340V	Lakeland Vet Center	Lakeland	FL	
2	0341V	Daytona Beach Vet Center	Daytona Beach	FL	
2	0344V	Ocala Vet Center	Ocala	FL	
2	0345V	Clermont Vet Center	Clermont	FL	
2	0348V	Naples Vet Center	Naples	FL	
3	0204V	Cincinnati Vet Center	Cincinnati	OH	
3	0205V	Cleveland Vet Center	Cleveland	OH	
3	0206V	Parma Vet Center	Parma	OH	
3	0221V	Columbus Vet Center	Columbus	OH	
3	0225V	Dayton Vet Center	Dayton	OH	810
3	0234V	Toledo Vet Center	Toledo	OH	
3	0241V	Stark County Vet Center	Canton	OH	859
3	0401V	Dearborn Vet Center	Dearborn	MI	
3	0402V	Detroit Vet Center	Detroit	MI	
3	0403V	Grand Rapids Vet Center	Grand Rapids	MI	
3	0409V	Fort Wayne Vet Center	Fort Wayne	IN	
3	0413V	Indianapolis Vet Center	Indianapolis	IN	852
3	0433V	Saginaw Vet Center	Saginaw	MI	
3	0434V	Escanaba Vet Center	Escanaba	MI	826
3	0437V	Macomb County Vet Center	Clinton Township	MI	
3	0438V	Pontiac Vet Center	Pontiac	MI	855
3	0444V	South Bend Vet Center	South Bend	IN	
3	0445V	Traverse City Vet Center	Traverse City	MI	
3	0407V	Chicago Heights Vet Center	Chicago Heights	IL	
3	0410V	Chicago Vet Center	Chicago	IL	

Vet Centers and Mobile Vet Centers

MyVA District	Vet Center #	Vet Center Name	City	ST	Mobile Vet Center (MVC) #
3	0411V	Oak Park Vet Center	Oak Park	IL	
3	0412V	Gary Area Vet Center	Gary Area	IN	
3	0414V	St. Louis Vet Center	St. Louis	MO	
3	0415V	Milwaukee Vet Center	Milwaukee	WI	
3	0417V	Peoria Vet Center	Peoria	IL	
3	0418V	Evansville Vet Center	Evansville	IN	872
3	0419V	Madison Vet Center	Madison	WI	
3	0420V	Evanston Vet Center	Evanston	IL	853
3	0421V	Springfield Vet Center	Springfield	IL	822
3	0422V	East St. Louis Vet Center	East St. Louis	IL	
3	0430V	Quad Cities Vet Center	Quad Cities	IL	
3	0435V	Orland Park Vet Center	Orland Park	IL	
3	0436V	Aurora Vet Center	Aurora	IL	
3	0441V	Green Bay Vet Center	Green Bay	WI	856
3	0442V	La Crosse Vet Center	La Crosse	WI	
3	0447V	Rockford Vet Center	Rockford	IL	
3	0404V	Minot Vet Center	Minot	ND	
3	0405V	Des Moines Vet Center	Des Moines	IA	
3	0406V	Fargo Vet Center	Fargo	ND	820
3	0408V	Kansas City Vet Center	Kansas City	MO	851
3	0416V	St. Paul Vet Center	St. Paul	MN	
3	0423V	Rapid City Vet Center	Rapid City	SD	823
3	0424V	Omaha Vet Center	Omaha	NE	
3	0425V	Sioux Falls Vet Center	Sioux Falls	SD	878
3	0426V	Wichita Vet Center	Wichita	KS	824
3	0427V	Lincoln Vet Center	Lincoln	NE	825
3	0428V	Sioux City Vet Center	Sioux City	IA	
3	0429V	Duluth Vet Center	Duluth	MN	
3	0431V	Cedar Rapids Vet Center	Cedar Rapids	IA	854
3	0432V	Manhattan Vet Center	Manhattan	KS	
3	0439V	Brooklyn Park Vet Center	Brooklyn Park	MN	821
3	0443V	Columbia Vet Center	Columbia	MO	875
3	0446V	Bismarck Vet Center	Bismarck	ND	819
3	0736V	Springfield Vet Center	Springfield	MO	
4	0501V	Cheyenne Vet Center	Cheyenne	WY	
4	0504V	Denver Vet Center	Denver	CO	
4	0509V	Billings Vet Center	Billings	MT	829
4	0514V	Salt Lake Vet Center	Salt Lake	UT	831
4	0519V	Casper Vet Center	Casper	WY	834
4	0525V	Colorado Springs Vet Center	Colorado Springs	CO	836
4	0526V	Grand Junction Vet Center	Grand Junction	CO	
4	0527V	Boulder Vet Center	Boulder	CO	

Vet Centers and Mobile Vet Centers

MyVA District	Vet Center #	Vet Center Name	City	ST	Mobile Vet Center (MVC) #
4	0528V	Missoula Vet Center	Missoula	MT	837
4	0532V	Provo Vet Center	Provo	UT	
4	0538V	Cascade County Vet Center	Cascade County	MT	
4	0539V	Flathead County Vet Center	Flathead County	MT	
4	0540V	Washington County Vet Center	Washington County	UT	868
4	0542V	Pueblo Vet Center	Pueblo	CO	
4	0543V	Fort Collins Vet Center	Fort Collins	CO	881
4	0702V	Amarillo Vet Center	Amarillo	TX	845
4	0707V	El Paso Vet Center	El Paso	TX	
4	0714V	Lubbock Vet Center	Lubbock	TX	
4	0716V	Midland Vet Center	Midland	TX	
4	0718V	Oklahoma City Vet Center	Oklahoma City	OK	
4	0723V	Tulsa Vet Center	Tulsa	OK	
4	0728V	Lawton Red River Vet Center	Lawton Red River	OK	865
4	0733V	Taylor County Vet Center	Abilene	TX	846
4	0703V	Austin Vet Center	Austin	TX	
4	0704V	Shreveport Vet Center	Shreveport	LA	877
4	0705V	Corpus Christi Vet Center	Corpus Christi	TX	
4	0706V	Dallas Vet Center	Dallas	TX	
4	0708V	Fort Worth Vet Center	Fort Worth	TX	
4	0709V	Jackson Vet Center	Jackson	MS	863
4	0710V	Houston Vet Center	Houston	TX	
4	0711V	Houston West Vet Center	Houston	TX	
4	0712V	Laredo Vet Center	Laredo	TX	
4	0713V	Little Rock Vet Center	Little Rock	AR	850
4	0715V	McAllen Vet Center	McAllen	TX	879
4	0717V	New Orleans Vet Center	New Orleans	LA	847
4	0721V	San Antonio Vet Center	San Antonio	TX	
4	0725V	Baton Rouge Vet Center	Baton Rouge	LA	
4	0726V	Killeen Heights Vet Center	Killeen Heights	TX	
4	0727V	Fayetteville Vet Center	Fayetteville	AR	
4	0729V	San Antonio Vet Center	San Antonio	TX	849
4	0730V	Mesquite Vet Center	Mesquite	TX	
4	0731V	Harris County Vet Center	Houston	TX	
4	0732V	Arlington Vet Center	Arlington	TX	
4	0734V	Alexandria Vet Center	Alexandria	LA	
4	0735V	Beaumont Vet Center	Beaumont	TX	
4	0737V	Biloxi Vet Center	Biloxi	MS	
5	0502V	Anchorage Vet Center	Anchorage	AK	
5	0503V	Boise Vet Center	Boise	ID	827
5	0506V	Reno Vet Center	Reno	NV	867
5	0507V	Seattle Vet Center	Seattle	WA	
5	0508V	Tacoma Vet Center	Tacoma	WA	828
5	0510V	Spokane Vet Center	Spokane	WA	830

Vet Centers and Mobile Vet Centers

MyVA District	Vet Center #	Vet Center Name	City	ST	Mobile Vet Center (MVC) #
5	0511V	Fairbanks Vet Center	Fairbanks	AK	
5	0512V	Wasilla Vet Center	Wasilla	AK	
5	0522V	Bellingham Vet Center	Bellingham	WA	
5	0523V	Yakima Valley Vet Center	Yakima Valley	WA	
5	0529V	Everett Vet Center	Everett	WA	
5	0531V	Pocatello Vet Center	Pocatello	ID	
5	0535V	South King County Vet Center	South King County	WA	
5	0541V	Walla Walla County Vet Center	Walla Walla	WA	
5	0617V	Portland Vet Center	Portland	OR	
5	0620V	San Francisco Vet Center	San Francisco	CA	
5	0622V	Central Oregon Vet Center	Central Oregon	OR	
5	0626V	Eugene Vet Center	Eugene	OR	
5	0640V	Salem Vet Center	Salem	OR	840
5	0644V	Eureka Vet Center	Eureka	CA	
5	0645V	Grants Pass Vet Center	Grants Pass	OR	871
5	0646V	Rohnert Park Vet Center	Rohnert Park	CA	
5	0505V	Las Vegas Vet Center	Las Vegas	NV	
5	0534V	Henderson Vet Center	Henderson	NV	
5	0602V	Concord Vet Center	Concord	CA	
5	0608V	Temecula Vet Center	Temecula	CA	
5	0609V	Honolulu Vet Center	Honolulu	HI	
5	0610V	Citrus Heights Vet Center	Citrus Heights	CA	
5	0611V	Corona Vet Center	Corona	CA	839
5	0612V	Oakland Vet Center	Oakland	CA	
5	0613V	High Desert Vet Center	High Desert	CA	
5	0615V	San Jose Vet Center	San Jose	CA	
5	0616V	Pago Pago Vet Center	Pago Pago (American Somoa)	AS	
5	0621V	Western Oahu Vet Center	Western Oahu	HI	870
5	0628V	Fresno Vet Center	Fresno	CA	
5	0633V	Kauai Vet Center	Kauai	HI	
5	0634V	Maui Vet Center	Maui	HI	
5	0635V	Hilo Vet Center	Hilo	HI	
5	0636V	Kailua-Kona Vet Center	Kailua-Kona	HI	
5	0637V	San Bernardino Vet Center	San Bernardino	CA	
5	0638V	Sacramento Vet Center	Sacramento	CA	880
5	0639V	Santa Cruz County Vet Center	Capitola	CA	842
5	0647V	Peninsula Vet Center	Peninsula	CA	
5	0648V	Guam Vet Center	Guam	GU	
5	0649V	Chico Vet Center	Chico	CA	
5	0650V	Modesto Vet Center	Modesto	CA	
5	0515V	Albuquerque Vet Center	Albuquerque	NM	
5	0516V	Farmington Vet Center	Farmington	NM	832

Vet Centers and Mobile Vet Centers

MyVA District	Vet Center #	Vet Center Name	City	ST	Mobile Vet Center (MVC) #
5	0517V	Phoenix Vet Center	Phoenix	AZ	
5	0518V	Prescott Vet Center	Prescott	AZ	833
5	0520V	Santa Fe Vet Center	Santa Fe	NM	835
5	0521V	Tucson Vet Center	Tucson	AZ	
5	0524V	Mesa Vet Center	Mesa	AZ	
5	0530V	Las Cruces Vet Center	Las Cruces	NM	838
5	0533V	West Valley Vet Center	West Valley	AZ	
5	0536V	Mohave County Vet Center	Mohave County	AZ	
5	0537V	Yuma Vet Center	Yuma	AZ	
5	0601V	Bakersfield Vet Center	Bakersfield	CA	841
5	0603V	Antelope Valley Vet Center	Antelope Valley	CA	
5	0604V	South Orange County Vet Center	Mission Viejo	CA	869
5	0605V	Chatsworth Vet Center	Chatsworth	CA	
5	0606V	Los Angeles Vet Center	Los Angeles	CA	
5	0607V	West Los Angeles Vet Center	West Los Angeles	CA	
5	0614V	Chula Vista Vet Center	Chula Vista	CA	
5	0618V	San Diego Vet Center	San Diego	CA	
5	0619V	San Luis Obispo Vet Center	San Luis Obispo	CA	
5	0623V	East Los Angeles Vet Center	East Los Angeles	CA	
5	0624V	North Orange County Vet Center	Garden Grove	CA	
5	0642V	San Marcos Vet Center	San Marcos	CA	
5	0643V	Ventura Vet Center	Ventura	CA	

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Community Care

Funding for community care for Veterans and eligible beneficiaries is derived from two sources: Section 802 of the Veterans Access, Choice, and Accountability Act of 2014 ("Veterans Choice Act," Public Law 113-146) and the Medical Community Care appropriation.

Veterans Choice Act – Provided $10 billion in mandatory funding, deposited in the Veterans Choice Fund, to establish a program ("Veterans Choice Program") that aimed to improve Veterans' access to health care by allowing eligible Veterans who meet certain wait-time or distance standards to use health care providers outside of the VA system. Under the original law, the program would have expired when the $10 billion was exhausted, or on August 7, 2017, whichever occured first. Public Law 115–26, enacted April 19, 2017, extended the authority to operate the program until the all of the funds in the Veterans Choice Fund are expended. As a result, VA may now use the remaining balances from the original appropriation (estimated at $626 million at the beginning of 2018). To continue operating the program, or its successor, the 2018 budget requests new mandatory budget authority of $2.9 billion in 2018 and $3.5 billion in 2019.

Medical Community Care - Appropriation authorizes the Secretary to furnish hospital care and medical services to eligible Veterans through contracts or agreements with certain eligible entities, as well as pay for care for eligible beneficiaries. The Medical Community Care program strives to meet the needs of Veterans, employees, and community providers and to improve the Veteran experience by recognizing community care as a pillar for delivering health care to Veterans. The 2018 budget requests $9.7 billion in 2018, a $254 million increase above the advance enacted level. This additional funding is 2018 is necessary to meet the growing demand for community care. The 2018 budget also requests $8.4 billion in 2019.

The next table "Community Care, Dollars in Thousands" provides a breakout by appropriation of Community Care spending. After this table, the chapter is organized into the following sections:

- **Office of Community Care:** funding, responsibilities, 2016 accomplishments, 2017-2019 goals.
- **Veterans Choice Program:** history, Veterans served and types of care delivered, program costs, status of the national network contract negotiations.
- **Medical Community Care:** description and purpose, included programs, workload.

Community Care
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual 1/	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$9,088,858	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Community Care (0140)	$0	$7,496,181	$8,075,181	$9,659,118	$9,142,854	$9,370,245	$1,067,673	$227,391
Discretionary Obligations [Total]	**$9,088,858**	**$7,496,181**	**$8,075,181**	**$9,659,118**	**$9,142,854**	**$9,370,245**	**$1,067,673**	**$227,391**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0	$0	$0	$0	$0	$0	$0	$0
Medical Facilities (0162XA)	$0	$0	$0	$0	$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	($62,674)	$158,441	$161,447	$0	$31,000	$154,000	($130,447)	$123,000
Medical Care (0172XB)	$2,200,638	$4,661,378	$3,440,790	$0	$3,469,000	$3,346,000	$28,210	($123,000)
Emergency Hepatitis C (0172XC)	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Community Care (0172XE)	$0	$0	$0	$0	$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$2,137,964**	**$4,819,819**	**$3,602,237**	**$0**	**$3,500,000**	**$3,500,000**	**($102,237)**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$2,137,964**	**$4,819,819**	**$3,602,237**	**$0**	**$3,500,000**	**$3,500,000**	**($102,237)**	**$0**
Obligations [Grand Total]	**$11,226,822**	**$12,316,000**	**$11,677,418**	**$9,659,118**	**$12,642,854**	**$12,870,245**	**$965,436**	**$227,391**

1/ Excludes VACAA, Section 802 (Emergency Hepatitis C 0172XC; Emergency Community Care, 0172XE; Information Technology (IT) Development, 0172XD; IT Sustainment, 0172XO; and IT Pay and Administration, 0172XZ). Also excludes effects of Financial Statement Audit Adjustment; Adjustment to Unobligated Balances; & Prior Year Recoveries.

Office of Community Care

Office of Community Care
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Obligations (0152)	$708,606	$788,000	$744,606	$800,047	**$816,546**	**$756,755**	$71,940	($59,791)

Office of Community Care (OCC) was established in 2015 by the VHA Under Secretary for Health. The goal of OCC is to deliver a program that is easy to understand, simple to administer, and meets the needs of Veterans and their families, community providers, and VA staff. OCC provides Veterans access to health care by community providers when services are not available at a VA facility, are not available within a clinically appropriate timeframe, or when distance makes these services inaccessible. OCC currently uses multiple programs to increase Veterans access to high-quality care outside of VA. Through these programs, OCC also has responsibility for the Revenue Operations program that oversees billing and collections for non-service connected hospital care and medical services for certain Veterans. VA has authority to bill third-party health insurance and bill copayments to certain Veterans for non-service connected care when provided in the VA or through community care programs. OCC served nearly 1.5 million Veterans in 2016, and also provides services to eligible caregivers and dependents through

family programs. Although OCC has responsibility for the community care program, it is funded entirely by the Medical Support & Compliance appropriation.

In 2018 and 2019, VA will work to transform Community Care by consolidating all of its community care programs and business processes. The streamlined Community Care program will offer clear eligibility requirements; build on existing infrastructure to develop a high-performing network of community providers, including Federal partners such as the Department of Defense, and academic affiliates; streamline clinical and administrative processes; and implement a continuum of care coordination services. VA is working with Congress to enhance the existing community care programs so that VA is able to continue to provide Veterans expanded access to health care and services and to reduce administrative burdens on community providers and Veterans. .

2016 Accomplishments

- Provided over 3.35 million Community Care/Choice authorizations, a 20% increase from 2015.
- Collected $3.49 billion through the Revenue Operations program.
- Served nearly 352,000 beneficiaries through CHAMPVA.
- Internal audits performed using IPERA error rate standards which have consistently shown the Caregiver program to have a 100% accuracy rate.
- Achieved 100% clinical determination accuracy rate through the Camp Lejeune Family Member Program.
- Reached 98 health care reimbursement agreements with Tribal Health Programs, a 15% increase from 2015.

2017-2019 Goals

- Continue to work with our stakeholders and Congress to implement a streamlined, consolidated community care program.
- Continue partnership with Patient Centered Community Care (PC3)/Choice contractors to ensure success on quality assurance surveillance plan.
- Implement information technology and business process tools to improve care coordination and exchange of information with community providers.
- Standardize community care across the enterprise through implementation of the operating and care coordination models.
- Implement the new quality and safety frame work for community care.
- Develop a robust provider relations' response office to ensure ability to adequately manage response to high volume and quick-turnaround assignments.
- Increase timeliness for processing clean claims.
- Optimize revenue operations business processes through effective use of technology and an emphasis on identifying improvements in the facility based processes that support the revenue program.
- Develop and implement transition plans from current PC3/Choice contract to the new Community Care Network Contract.

Veterans Choice Program

In August 2014, Congress enacted the Veterans Access, Choice and Accountability Act (Choice Act), which required VA to establish the Choice Program to improve access to health care. The Choice Program became an additional method for VA to purchase community care, which VA has been providing for over 70 years.

VA had 90 days to fully implement the Choice Program after the Choice Act was signed. An implementation of this speed and scope was unprecedented for a government health care program of this size. Given the short timeline to launch, VA's only option in seeking partners in the private sector was to modify previously existing national contracts for community care, which were never intended to handle the scale or complexity of the Choice Program. In addition, the Choice Act directed VA to change the way it operated both internally and with community partners, creating additional steps to purchase community care. In short, despite meeting the Congressionally-mandated implementation deadline of November 4, 2014, the Choice Program has included its fair share of challenges and growing pains for VA.

VA in turn has been working since the launch of the Choice Program with its stakeholders to make immediate and long-term program improvements. VA and Congress worked together on five amendments to the Choice Act since 2014 that improved the Veteran experience with the Choice Program, such as increasing the number of Veterans eligible and expanding the number of community providers who can treat Veterans under the program. Working with the third-party administrators, VA issued over 70 contract modifications since the beginning of the PC3/Choice contract to improve access, efficiency, and address many of the issues raised by our oversight organizations. In 2017, VA worked to streamline the authorization and referral process for Choice by deploying a technology solution that automated the manual process for compiling medical records required for referrals to community providers. Nearly 1.5 million Veterans have used the Choice Program since its inception for over eighty different categories of care. Over time, the Veterans who opted into the Choice Program have been satisfied both with their particular provider as well as the program as a whole.

Since the implementation of the Choice Program, demand for VA health care has gone up. This demand has been accounted for to the extent possible within VA facilities and by utilizing community care options, including the Choice Program. As a result, the Choice Program continues to serve as a valuable option for Veterans seeking timely access to health care. As the health care landscape changes, VA understands that its health care delivery system must also change to better meet the evolving needs of Veterans.

Legislative History

- Veterans Access, Choice, and Accountability Act of 2014 (Choice Act) Public Law 113-146, as amended, established the Veterans Choice Program (Choice

Program), which allows VA to authorize medical care in the community for certain Veterans who meet specific eligibility requirements.

- Department of Veterans Affairs Expiring Authorities Act of 2014 Public Law 113-175; Consolidated and Further Continuing Appropriations Act, 2015 Public Law 113-235; Construction Authorization and Choice Improvement Act (Public Law 114-19); and, Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (Public Law 114-41) made amendments to Public Law 113-146.
- Public Law 115-26 amended the Veterans Access, Choice, and Accountability Act of 2014 to modify the termination date for the Veterans Choice Program, and for other purposes.

Total Number of Eligible Veterans Who Have Received Care or Services

From November 2014 to January 2017, VA served 1,478,039 Veterans through the Choice Program. Of this total number, 1,396,993 Veterans utilized the Choice Program as a result of the 30-day wait time eligibility criteria, and 154,633 Veterans utilized the Choice Program as a result of the 40-mile distance criteria. In addition, 56,813 Veterans were eligible for and used the Choice Program because they reside in a state without a VA medical facility that provides hospital care, emergency services, or surgical care. Lastly, 45,080 eligible Veterans used the Choice Program under the unusual or excessive burden provision. The same Veteran could be eligible for the Choice Program based on multiple criteria at different points in time. As a result, the sum of these four unique Veteran populations is greater than the total number of Veterans who have ever used the program.

Number of Veterans Utilizing the Veterans Choice Program, by Eligibility

	Wait Time	**Mileage**	**Reside in State without VAMC**	**Unusual/ Excessive Burden**	**Total**
Section	101(b)(2)(A)	101(b)(2)(B)	101(b)(2)(C)	101(b)(2)(D)	
Veterans*	1,396,993	154,633	56,813	45,080	1,478,039

*Note that the eligibility criteria in many cases overlaps and cannot be disentangled from one another; as such, the total number of Veterans utilizing the Choice Program will not equal the sum of these four data requests

Description of the Types of Care and Services Furnished to Eligible Veterans

Veterans utilizing the Choice Program received a variety of care, services, and procedures in the community. These can broadly be organized into 81 categories (see list below). Over the duration of the Choice Program, authorizations for physical therapy have been most frequently provided to Veterans seeking care and services, followed by optometry, orthopedics, primary care, and magnetic resonance imaging/angiogram.

- Acupuncture
- Allergy and Immunology
- Audiology
- Biofeedback
- Cardiology Catheterization
- Cardiology Imaging

- Cardiology Rehabilitation
- Cardiology Stress Test
- Cardiology Tests, Procedures, Studies
- Chemotherapy
- Chiropractic
- Colonoscopy
- Dental
- Dermatology
- Dermatology Tests, Procedures, Studies
- Endocrinology
- Endocrinology Tests, Procedures, Studies
- Ear, Nose, and Throat
- Gastroenterology
- Gastroenterology Tests, Procedures, Studies
- Genetic Testing/Counseling
- Gynecology
- Gynecology Tests, Procedures, Studies
- Hematology/Oncology
- Hepatitis C
- Homemaker Home Health Aid
- Hospice
- Hyperbaric Therapy
- Infectious Disease
- Interventional Radiology
- Intravenous Therapy (IV)/Infusion, Clinic
- Lab and Pathology
- Medicine
- Mental Health
- Nephrology
- Neurology
- Neurology Tests, Procedures, Studies
- Neuropsych Testing
- Neurosurgery
- Newborn Care
- Non-institutional Care (NIC) IV/Infusion
- NIC Skilled Home Care
- NIC Skilled Nursing
- NIC Spinal Cord Care
- Nuclear Medicine
- Nutrition/Dietitian
- Obstetrics
- Occupational Therapy
- Ophthalmology
- Ophthalmology Tests, Procedures, Studies
- Optometry
- Orthopedic
- Orthopedic Tests, Procedures, Studies
- Pain Management
- Physical Therapy
- Plastic Surgery
- Podiatry
- Primary Care
- Pulmonary
- Pulmonary Rehabilitation
- Pulmonary Tests, Procedures, Studies
- Radiation Therapy
- Radiology
- Radiology CT Scan
- Radiology DEXA Scan
- Radiology Mammogram
- Radiology MRI/MRA
- Radiology PET Scan
- Radiology Ultrasound
- Rehabilitation Medicine
- Respiratory Therapy
- Rheumatology
- Sleep Study/Polysomnography
- Surgery General
- Thoracic Surgery
- Urology
- Urology Tests, Procedures, Studies
- Vascular
- Vascular Tests, Procedures, Studies
- Veteran Directed Home and Community Based Services
- WoundCare

Total Cost of Furnishing Care and Services to Eligible Veterans

As of April 10, 2017, $7,745,186,580 has been used for the Choice Program. A total of $2,342,519,314 has been spent in 2015 on emergency funding for medical services and hospital care for traditional Community Care programs and for Hepatitis C treatment, as a result of authorization under Public Law 114-41. The remaining $5,402,667,267 has been spent providing medical care through the Choice Program to eligible Veterans, including care coordination and administrative expenses.

Cost of Furnishing Choice Program Care and Services to Eligible Veterans

			Medical	Emerg.	Emerg.	Information Technology			
		Admin	Care	Hepatitis C	Comm. Care	Development	Sustain.	Pay/Adm.	Obligations
	Fiscal Year	0172XA	0172XB	0172XC	0172XE	0172XD	0172XO	0172XZ	Total
PL 113-146	2015 Actual	$322,057	$412,872	$407,661	$2,338,827	$1,963	$15,773	$21	$3,499,174
	2016 Actual	($62,674)	$2,200,638	($10,861)	($171,741)	$34,320	$7,564	$121	$1,997,367
	2017 Estimate	$161,447	$3,440,790	$0	$0	$244,653	$30,457	$112	$3,877,459
PL 115-26	2018 Estimate	$0	$626,000	$0	$0	$0	$0	$0	$626,000
	Obligations [Subtotal]	$420,830	$6,680,300	$396,800	$2,167,086	$280,936	$53,794	$254	**$10,000,000**
2018 Pres. Subm.	2018 Mandatory Approp. [New]	$31,000	$2,843,000	$0	$0	$0	$0	$0	$2,874,000
2018 Pres. Subm.	2019 Mandatory Approp. [New]	$154,000	$3,346,000	$0	$0	$0	$0	$0	$3,500,000

1/Table excludes the effects of Financial Statement Audit Adjustment and Prior Year Recoveries.

Status of the National Network Contract Negotiations

VA posted the Community Care Network (CCN) Request for Proposal (RFP) on Fed.Biz.OPPs.gov on December 28, 2016. On January 9, 2017, VA conducted a CCN Pre-Proposal conference and on March 2, 2017, VA conducted a CCN Network RFP Update Webinar with industry. The proposals are due from industry on June 2, 2017 with plans to award the contract in late 2017. The new contract provides many enhancements over the existing contract vehicle. The CCN RFP calls for building a robust network of hospitals, clinics, pharmacies, and other facilities that aligns with the needs of Veterans. All providers that meet the eligibility requirements identified in the RFP are encouraged to become part of the network. Key features of this new network will include:

- Network: Increased options for Veterans to select a provider that meets their needs close to home.
- Referrals: Expedited process that allows Veterans to receive care quicker in the community.
- Care Coordination: Improved care coordination by enabling the Veteran, community providers, and VA to work more collaboratively.
- Quality & Monitoring: Enhanced quality and safety monitoring framework to ensure transparency and allow Veterans to identify high-performing providers. Provides oversight in order to limit fraud, waste and abuse.

- Customer Service: Localized customer service providing a direct connection for Veterans to receive answers to their questions promptly and accurately. Ensure claims are paid within prompt payment standards.

In addition to the CCN, VA plans to award a contract to assist in assessing and improving the quality of care delivered under the CCN. This contract will assist Community Care in decreasing unwarranted variation in the quality of medical care, implementing proven clinical and business practices, and creating an environment for learning and continuous improvement across all community care. This contract will also support VHA with the management of clinical quality performance measurement to validate the quality of care. Specifically, this contract will:

- Provide timely, comprehensive reviews that are consistent with the CCN requirements to ensure that appropriate levels of healthcare are provided for all Veterans.
- Measure, evaluate and compare clinical quality performance to national benchmarks to develop recommendations that transfer successes and identify superior quality healthcare services.
- Support data transparency.
- Use an effective management approach to provide the necessary services, incorporating healthcare best practices and standards when practicable.

Medical Community Care (0140)

Description

The 2017 President's Submission created a new Medical Community Care appropriations account, as required by the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (Public Law 114-41). Public Law 114-223, Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act, signed September 9, 2016 provides VA with the flexibility to transfer amounts among the new Medical Community Care account and the other three medical care accounts as needed. The Continuing Appropriations Act also enables VA to transfer collections from the Medical Care Collections Fund into the Medical Community Care account.

Medical Community Care Purpose

The Medical Community Care fund consolidates all community care programs under a single appropriation for both Veterans and beneficiaries. This appropriation authorizes the Secretary to furnish Hospital Care and Medical Services to eligible Veterans through contracts or agreements with certain eligible entities, as well as pay for care for eligible beneficiaries.

VA believes that utilizing one fund will align with VA's vision for the future of health care delivery, which aims to provide Veterans and beneficiaries the best care anywhere both inside and outside VA. The Medical Community Care program for Veterans will provide a simplified program that is easy to understand and administer, and that meets the needs of Veterans, employees, and community providers. It will improve the Veteran experience with community care, and continue to recognize community care as a pillar for delivering health care to Veterans. This includes delivering personalized, proactive, and patient-driven health care; using metrics and data analytics to drive improvement; using innovative technologies and care models to optimize health outcomes; and maintaining a high-performing network to deliver community care.

After a Veteran is enrolled in VA health care, the criteria for VA's various methods for purchasing community care are applied to determine when a Veteran may receive his or her health benefits outside of a VA facility. VA is responsible for payment for the care and services furnished under this program. When care is provided for a non-service connected condition, VA will use existing authority to bill and collect from third-party insurance when a Veteran has other health insurance.

This fund will also include the resources for select health care programs that VA provides for certain beneficiaries (CHAMPVA, Camp Lejeune, etc.). The programs generally serve as another form of health care available to beneficiaries of Veterans who have specific eligibility. VA acts as the payer for these various programs when the beneficiary receives community care.

Camp Lejeune Family Member Program - Camp Lejeune Family Member Program (CLFMP) provides reimbursement as the last payer for health care for 15 medical conditions to family members of active duty Veterans who were stationed or resided at Camp Lejeune, North Carolina for more than 30 days from August 1, 1953 through December 31, 1987.

Caregiver Support Program - Provides comprehensive benefits to include a monthly stipend to the Caregivers of our most seriously injured post-9/11 Veterans. The Caregiver Stipend Office is responsible for stipend benefit calculation and payment, processing recurring monthly stipend benefits, and administration of all updates/changes related to the stipend.

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and Other Dependent Programs

CHAMPVA - A comprehensive health care program in which the VA shares the cost of covered health care services and supplies with eligible beneficiaries. The Veterans' Survivor Benefits Improvements Act of 2001, Public Law 107-14, extended CHAMPVA benefits, as a secondary payer to Medicare, to CHAMPVA beneficiaries over age 65.

Foreign Medical Program (FMP) - A health care benefits program for United States Veterans with VA-rated service-connected conditions that are residing or traveling abroad, excluding the Philippines where the VA Outpatient Clinic has jurisdiction of the health care services. Under FMP, VA assumes payment responsibility for certain necessary medical services associated with the treatment of Veterans' service-connected conditions, with certain exclusions.

Spina Bifida Health Care Program - Under the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act of 1997, Public Law 104-204, section 421, VA administers the Spina Bifida Health Care Benefits Program for birth children of Vietnam Veterans diagnosed with spina bifida (excluding spina bifida occulta). Additionally, the Veterans Benefit Act of 2003, Public Law 108-183, section 102, authorized birth children with spina bifida of certain Veterans who served in Korea to be eligible for care under this program. Prior to October 10, 2008, the program provided reimbursement only for medical services associated with Spina Bifida; however, under the Veterans' Mental Health and Other Care Improvements Act of 2008, Public Law 110-387, the program provides reimbursement for comprehensive medical care.

Children of Women Vietnam Veterans Health Care Program (CWVV) - Under the Veterans Benefits and Health Care Improvement Act of 2000, Public Law 106-419, section 401, VA administers the CWVV Program for children with certain birth defects born to women Vietnam Veterans. CWVV Program provides reimbursement only for covered birth defects.

Indian Health Service and Tribal Health Programs - Since December 2012, VHA has entered into agreements with Indian Health Service (IHS) and Tribal Health Program (THP) health facilities to reimburse them for direct care services provided to American Indian and Alaskan Native eligible Veterans. Community Care works with the Office of Tribal Government Relations (OTGR), and VA Medical Centers (VAMCs) to implement the program.

Long-Term Services and Supports

Community Nursing Home (CNH) - VA contracts with private and public nursing homes which are Medicare or Medicaid certified. These homes are located in many local communities where Veterans can receive care near their homes and families. Veterans with service connected disabilities rated at 70% or more or who need nursing home care for a service connected condition have mandatory eligibility for care. All other enrolled Veterans are eligible for care as resources allow.

Purchased Home and Community-Based Services – These services are part of the VA Medical Benefits package and are required to be available to enrolled Veteran in need of these services. Services are targeted for Veterans at high risk of nursing home care, Veterans who need assistance in multiple daily living activities or have a

significant cognitive impairment, and Veterans at the end of life. Services are purchased from agencies that are Medicare or Medicaid-certified or approved by state or county aging and disability agencies. Services include: Adult Day Health Care; Homemaker/Home Health Aide/Veteran Directed Home Care; Hospice and Palliative Care; Purchased Skilled Home Care and Respite Care.

Community Adult Day Health Care: VA contracts with Adult Day Health Care (ADHC) programs to provide health maintenance and rehabilitative services to eligible Veterans in a group setting during daytime hours. ADHC providers are Medicaid-certified or approved by the state/county aging and disability agency.

Home Hospice and Palliative Care Services: VA purchases hospice services from Medicare-certified agencies. Hospice care provides comfort-oriented and supportive services in the home or in a facility for persons in the advanced stages of disease with a life expectancy of less than 6 months. Palliative care has no associated survival requirement.

Homemaker and Home Health Aide: VA purchases Homemaker and Home Health Aide (H/HHA) services from agencies that are Medicaid-certified or approved by the state/county aging and disability agency. VA also purchases Veteran Directed Home Care from state/county aging and disability agencies. Veterans hire their own workers, including family members, in this program.

Purchased Skilled Home Care Services - VA purchases Skilled Home Care services from Medicare/Medicaid-certified providers. The services cover skilled nursing services as well as medical social services, occupational therapy, physical therapy, and speech-language pathology. Services are generally time-limited, but may include episodes of care longer than 60 days.

Respite Care Services - Provides relief for the spouse or other caregiver of a chronically ill or disabled Veteran at home. VA purchases respite care from H/HHA and special purpose respite agencies. Respite care is usually limited to 30 days per year.

State Home Per Diem Program - The State Home Per Diem Program establishes annual State Home Per Diem payment rates and processes payments to State Homes for eligible Veterans. The State Homes Per Diem program comprises four components or levels of payment: (1) Adult Day Health Care (ADHC), (2) State Home Domiciliary Care, and (3) State Home Nursing Care [Basic and P1A].

- **State Home Adult Day Health Care (ADHC) -** ADHC provides support for individuals who do not fully function independently, but do not need full-time nursing care. It is generally provided in a group environment, and is coordinated with health and social services designed to stabilize or improve a veteran's ability for self-care, or to prevent, postpone, or reduce the need for institutional placement.

- **State Home Domiciliary Care -** Provides shelter, food, and necessary medical care on an ambulatory self-care basis to assist eligible Veterans who are suffering from a disability, disease, or defect of such a degree that incapacitates the Veteran from earning a living. However, the Veteran, although not in need of hospitalization or nursing care services, needs to attain the physical, mental, and social well-being through special rehabilitative programs to restore the Veteran to the highest level of functioning.

- **State Home Nursing Care -** Provides accommodations for convalescents or other persons whom are not acutely ill and not in need of hospital care, but who require nursing care and related medical services, if such nursing care and medical services are prescribed by, or are performed under the general direction of, persons duly licensed to provide such care. It does not include domiciliary care.

Community Care Workload

Description	2016 Actual/ Estimate 1/	2017 Estimate 2/	2018 Estimate 2/	2019 Estimate 2/	+/- 2017-2018	+/- 2018-2019
Average Daily Census						
Acute Hospital						
Contract Hospital (non-MH)	2,408	2,579	2,743	2,907	164	164
Nursing Home Care						
Community Nursing Home	8,751	9,199	9,596	10,045	397	449
State Nursing Home	20,165	20,410	20,545	20,792	135	247
Nursing Home Care [Subtotal]	28,916	29,609	30,141	30,837	532	696
Psychiatry						
Contract Hospital (Psych.)	506	549	590	634	41	44
State Home Domiciliary	3,782	3,782	3,783	3,783	1	0
Average Daily Census [Total]	35,612	36,519	37,257	38,161	738	904
Dental Procedures	452,243	467,887	483,436	497,619	15,549	14,183
Length of Stay						
Acute Hospital						
Contract Hospital (non-MH)	5.5	5.5	5.6	5.7	0.1	0.1
Nursing Home Care						
Community Nursing Home	98.8	98.5	97.2	96.6	(1.3)	(0.6)
State Nursing Home	234.3	234.7	233.9	234.4	(0.8)	0.5
Nursing Home Care	165.5	164.2	161.6	160.0	(2.6)	(1.6)
Psychiatry						
Contract Hospital (Psych.)	7.8	7.9	8.0	8.1	0.1	0.1
State Home Domiciliary	277.1	276.1	275.3	274.3	(0.8)	(1.0)
Length of Stay	51.4	50.2	48.8	47.8	(1.4)	(1.0)
Long-Term Services & Supports						
Non-Institutional Care Clinic Stops/Procedures						
Community Adult Day Health Care	1,004,582	1,051,665	1,100,457	1,156,647	48,792	56,190
Home Hospice Care	472,410	484,323	494,478	507,109	10,155	12,631
Home Respite Care	303,754	316,042	324,293	328,871	8,251	4,578
Homemaker/Home Health Aide Programs	10,466,914	10,705,118	11,042,715	11,419,930	337,597	377,215
Purchased Skilled Home Care	2,528,284	2,653,603	2,756,206	2,845,712	102,603	89,506
State Adult Day Health Care	78	80	82	84	2	2
Outpatient Encounters						
Fee						
Fee Basis Outpatient	14,720,919	14,854,139	15,302,684	15,548,741	448,545	246,057
Fee Mental Health (MH)	356,321	381,152	402,972	423,468	21,820	20,496
Fee Home-Based	12,142,099	12,928,870	13,718,676	14,503,841	789,806	785,165
Outpatient Encounters [Total]	27,219,339	28,164,161	29,424,332	30,476,050	1,260,171	1,051,718
Outpatient Visits						
Fee						
Fee Basis Outpatient	6,991,143	7,373,613	7,684,273	8,159,827	310,660	475,554
Fee Mental Health (MH)	335,736	360,074	381,570	401,699	21,496	20,129
Fee Home-Based	10,585,242	11,274,842	11,960,391	12,634,739	685,549	674,348
Outpatient Visits [Total]	17,912,121	19,008,529	20,026,234	21,196,265	1,017,705	1,170,031

Community Care Workload (continued)

Description	2016 Actual/ Estimate 1/	2017 Estimate 2/	2018 Estimate 2/	2019 Estimate 2/	+/- 2017-2018	+/- 2018-2019
Patients Treated						
Acute Hospital						
Contract Hospital (non-MH).....	161,073	170,075	179,077	188,079	9,002	9,002
Nursing Home Care						
Community Nursing Home.....	32,430	34,169	36,122	38,075	1,953	1,953
State Nursing Home.....	31,502	31,822	32,142	32,462	320	320
Nursing Home Care [Subtotal].....	63,932	65,991	68,264	70,537	2,273	2,273
Psychiatry						
Contract Hospital (Psych.).....	23,612	25,327	27,042	28,757	1,715	1,715
State Home Domiciliary.....	4,996	5,013	5,030	5,047	17	17
Patients Treated [Total]	253,613	266,406	279,413	292,420	13,007	13,007

1/ Medical Services (0160) and Choice (0172XA & 0172XB)
2/ Medical Community Care (0140) and Choice (0172XA & 0172XB)

Proposed Legislation

Legislative Proposals (Dollars in Thousands)	FY2018 Costs	FY2018 Collections
Amendment to Pay Cap for Nurse Executives	$ 3,403	
Authority to Reduce Improper Payments Utilizing VA Internal Audits	$ (13,894)	
Medical Foster Home VA Payment	$ (10,433)	
Perfusionists, Convert to Title 38	$ 773	
Reimbursement for Continuing Professional Education Requirements for APRN	$ 6,783	
Smoke Free Environment	$ (7,827)	
Acceptance of VA as a Participating Provider by Third Party Payers		$ 105,662
Aligning with Industry Standards by Eliminating Offset of First Party Copayments		$ 61,927
Improving Timeliness of Billing by Authorizing the Release of Protected Patient Information for Health Care Services		$ 53,952
Title 38 Appoint. and Comp. System for Medical Center Directors and Network Directors	TBD	
Legislative Proposals Total	**$ (21,195)**	**$ 221,541**

This chapter includes only those legislative proposal that have budget implications. For VHA proposed legislation with no cost impacts, please see Volume 1, Part 2.

Amendment to Pay Cap for Nurse Executives

Appropriation Highlights - Medical and Prosthetic Research
(dollars in thousands)

		2017			
	2016 Actual	Budget Estimate	Current Estimate	2018 Request	2017-2018 Inc/Dec
Appropriation	$630,735	$663,366	$673,366	$640,000	($33,366)
Obligations	$695,219	$703,366	$722,358	$680,000	($42,358)
Total Projects	2,176	2,234	2,156	2,132	(24)
Average Employment	3,138	3,200	3,200	3,155	(45)
Employment Distribution[1]					
Direct FTE	2,997	3,059	3,059	3,040	(19)
Reimbursable FTE	141	141	141	115	(26)
Total	3,138	3,200	3,200	3,155	(45)

Proposed Program Change in Law:

VA proposes amending 38 United States Code (U.S.C.) 7451(c)(2) establishing a higher maximum rate of basic pay for VA Nurse Executives.

Current Law or Practice:

The current maximum rate of basic pay for nurses for any grade may not exceed the maximum rate of basic pay established for positions in level IV of the Executive Service under 38 U.S.C. 5316.

Justification:

Under the authority of the "Department of Veterans Affairs (VA) Nurse Pay Act of 1990," VA established on April 7, 1991, a locality pay system (LPS) covering nurses and nurse anesthetists. The purpose of LPS is to ensure that pay rates at VA facilities are sufficient to be competitive with those at local non-VA health care facilities for the recruitment and retention of nurses and nurse anesthetists. Officials of VA medical centers throughout the country establish nurse pay schedules based on the results of salary surveys. The Under Secretary for Health approves the nurse pay schedule for VA Central Office.

The current maximum rate of basic pay, or pay cap, for nurses is the maximum rate of basic pay for positions in level IV of the Executive Service. The maximum rate restriction does not impact nurse anesthetists who had this pay cap restriction eliminated with Public Law 111-163 dated May 10, 2010. VA proposes raising the current pay cap for Nurse Executives as the restriction is resulting in an inability to fully utilize LPS to remain competitive in the local labor markets. This is especially true of leadership nurse positions at higher grades, many of which are unable to receive locality based increases under LPS due to the current pay cap even when survey data supports a need for increases to remain competitive. Raising the maximum rate of pay for Nurse Executives will result in more flexibility to increase rates to remain competitive.

The American Organization of Nurse Executives (AONE), the primary organization for Nurse Executives in the United States, periodically conducts a salary and compensation survey. The most recent results of that survey were published in 2013 with 2012 data. The survey asked respondents specifically about the annual salaries of CNOs of both individual hospitals and hospital systems. The survey included 4,638 respondents for a 21% response rate. Of those respondents, 17% were in Chief Nursing Officer (CNO) positions. The report presented data by salary ranges, presumably straight salary rather

than total compensation, and these data were reported in salary ranges. The result is a national estimate of CNO salaries of $181,300 for hospital CNOs and $290,700 for hospital system CNOs, with the possibility that the latter number is biased downward given the uncertain range of the top salary category.

Over one-third of respondents reported annual salaries in excess of $300,000. Twelve percent (12%) earn higher than $250,000. Nearly one-fifth (19%) earn between $200,000 and $250,000, and more than half (61%) reported earning between $100,000 and $200,000. Additionally, hospital system CNOs earn higher salaries than their non-system counterparts, with 71% of hospital system CNOs earning $200,000 or more.

In the VA, the average salary for Nurses at grade V is $144,522. When compared to the private sector, nurse leaders in the VA earn nearly $37,000 less than non-system CNOs and approximately $146,000 less than system CNOs. In other words, VA nurse leaders earn 80% of what private sector non-system CNOs earn and 50% of what the private sector system CNOs earn.

Establishing a higher maximum rate of pay for Nurse Executives will also address a growing recruitment and retention problem with Registered Nurses and pay compression. There are 141 facility Nurse Executive leadership positions. The average number of vacant positions for the 141 facility Nurse Executives at the Nurse V level for the past three calendar years is 33, or 23% of the total number of positions.

VA sees the current restrictions in pay as a challenge in terms of retaining our skilled nurse workforce and attracting new candidates as shown in the vacancy rate. If this issue is not dealt with proactively, the result may be nurses and nurse leaders choosing to pursue employment options in private sector organizations. Growing pay disparities both within and outside VA make it increasingly likely that many nurse executives will be lured away by more lucrative private sector opportunities, or choose retirement, thus leaving a critical void in the ranks of senior nursing leadership needed to ensure VA's continued pre-eminent position in health care. The ability to sustain a well-qualified cadre of highly trained and skilled nursing leaders will become more and more problematic unless the Department takes steps to ensure that highly qualified nursing leaders are available into the future to lead the organization's healthcare mission.

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	$3,403	$3,522	$3,645	$3,773	$3,905	$18,248
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation.....	$3,403	$3,522	$3,645	$3,773	$3,905	$18,248

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	$4,041	$4,183	$4,329	$4,481	$4,638	$39,920
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation.....	$4,041	$4,183	$4,329	$4,481	$4,638	$39,920

Authority to Reduce Improper Payments Utilizing VA Internal Audits

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
($13,894)	$0	($13,894)	0

Proposed Program Change in Law:

VA proposes amending 38 United States Code (U.S.C.) 1703(d)(1) removing the requirement that the Secretary conduct a program of recovery audits of non-VA medical claim payments by contract.

Current Law or Practice:

38 U.S.C. 1703 imposes a requirement that VA conduct a program of recovery audits of non-VA medical care (formerly known as fee basis) claim payments by contract. The audit is completed on an annual basis with a focus on overpayments resulting from processing or billing errors or fraudulent charges in payments for non-Department care and services. However, the audit does not identify weakness in Agency improper payment prevention controls and recovery audit programs.

Justification:

VA proposes removing the requirement VA conduct a program of recovery audits of non-VA medical claim payments by contract. VA has added additional staff to complete internal audits and has the ability to identify improper payments for medical care and services, initiate medical cost care recovery, and establish additional improper payment prevention and oversight controls for recovery audit programs. As a result of this, only utilizing a contract as the means of identifying medical cost recovery negatively impacts VA's cost recovery efforts.

By allowing the Secretary the flexibility to perform recovery audits through a contract or with VA audit staff will leverage VA's ability to decrease improper payments and increase recovery of erroneous payments to providers.

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	(13,894)	(14,422)	(14,970)	(15,537)	(16,129)	($74,952)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation.....	(13,894)	(14,422)	(14,970)	(15,537)	(16,129)	($74,952)

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	(16,742)	(17,378)	(17,378)	(18,038)	(18,038)	($162,526)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation.....	($16,742)	($17,378)	($17,378)	($18,038)	($18,038)	($162,526)

Medical Foster Home VA Payment

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
($10,433)	$0	($10,443)	$0

Proposed Program Change in Law:

VA proposes legislation to give VA authority to pay for Veterans' care (room, board, and caregiver services) in VA-approved Medical Foster Homes (MFHs), for Veterans who would otherwise need nursing home care. This proposal is limited in scope and is intended to cover only VA-approved MFH caregivers serving three Veterans or fewer per home. This proposal does not create general authority to cover Veterans who reside in assisted living facilities.

Current Law or Practice:

Currently, all Veterans in VA's MFH program must pay for MFH. VA does not have authority to pay for assisted living facilities except in two limited situations: the assisted living pilot program for certain Veterans with TBI authorized by section 1705 of Public Law 110-181 (38 U.S.C. 1710C note) and the authority in 38 U.S.C. 1720(g) to provide assisted living to certain Veterans with traumatic brain injury).

VA currently has authority to pay for nursing home level of care only in a nursing home that is either VA-owned or community-based. VA does not presently have the authority to pay for nursing home level of care in non-nursing home settings.

Justification:

Authorizing VA to pay for certain MFH care would result in Veterans receiving long-term care in a preferred setting, with substantial reductions in costs to the Government.

MFHs merge traditional adult foster care with comprehensive care provided in the home by a VA interdisciplinary team that includes a physician, nurse, social worker, rehabilitation therapist, mental health provider, dietitian and pharmacist. In 2000, VA launched the MFH initiative as an alternative to traditional long-stay nursing home care. So far, MFHs have demonstrated significant success in 43 states and are in development in another three states. Presently, over 600 VA-approved caregivers provide MFH care in their homes to over 700 Veterans daily nationwide, albeit paid by the Veterans themselves. For all current Veterans served in MFHs, their care needs are fundamentally no different whether they reside in a MFH or in a nursing home; however, their care needs can be met at substantially lower costs in a MFH than in a long-stay nursing home. MFH is a proven alternative in the community that allows Veterans who are referred for or currently reside in nursing homes to receive this care in a community MFH. Many more service-connected Veterans referred to or residing in nursing homes would choose MFH if

VA paid the costs for MFH. Instead, they presently choose nursing home care because VA pays the full cost of nursing home care but not for the cost of Veterans' care in a MFH.

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	($10,433)	($12,466)	($14,895)	($17,490)	($20,716)	($76,000)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriations.....	($10,433)	($12,466)	($14,895)	($17,490)	($20,716)	($76,000)

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	($24,540)	($29,067)	($34,430)	($35,773)	($37,168)	($236,978)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriations.....	($24,540)	($29,067)	($34,430)	($35,773)	($37,168)	($236,978)

Perfusionists, Convert to Title 38

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$773	$0	$773	$0

Proposed Program Change in Law:

VA proposes to amend 38 United States Code (U.S.C.) 7401 to include the conversion of Certified Clinical Perfusionists (CCPs) to full Title 38 status to assist in the recruitment and retainment of highly skilled Perfussionists.

Current Law or Practice:

Certified Clinical Perfusionists (CCPs), currently designated as Title 38 Hybrids, fall under the Medical Instrument Technician (MIT) qualification standard, which limits the General Schedule (GS) level and salary of CCPs making it difficult to recruit and retain qualified CCPs with the current special salary cap of 60 percent.

Justification:

Converting Certified Clinical Perfusionists (CCPs) to Title 38 would provide VA medical center facilities the flexibility to recruit and retain qualified CCPs to ensure VHA continues to be a leader in providing outstanding health care to Veterans. CCPs are an integral part of a surgical team providing highly specialized care during open heart high-risk cardio-thoracic (CT) surgery. In addition to performing open heart cardio-thoracic surgeries, in-house CCPs:

- perform cell saver services for vascular and thoracic procedures;
- provide support for ventricular assist device (VAD);
- support Extracorporeal Membrane Oxygenation (ECMO) procedures;
- perform platelet gel procedures;
- perform intra-balloon pumping;
- contribute to decreasing the overall facility cost by participating in blood utilization committees and other cost saving initiatives for the facility.

Currently 29 VA Medical Centers out of the 41 VA Medical Centers that provide open heart high-risk cardio-thoracic (CT) surgery are using contracts for Perfusionist services due to the difficulty in recruiting and retaining qualified and experienced CCPs. Converting VA CCPs to full Title 38 status would provide local facilities increased flexibility.

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	$773	$807	$844	$881	$919	$4,224
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation.....	$773	$807	$844	$881	$919	$4,224

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	$959	$1,001	$1,044	$1,088	$1,134	$9,450
Collections.....	$0	$0	$0	$0	$0	$0
Appropriation.....	$959	$1,001	$1,044	$1,088	$1,134	$9,450

Reimbursement of Continuing Professional Education for Board Certified Advanced Practice Registered Nurses (APRNs)

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$6,783	$0	$6,783	0

Proposed Program Change in Law:

VA proposes to amend section 7411 of title 38 of the United States Code (U.S.C.) to include authority to reimburse continuing professional education (CPE) requirements for full-time board certified APRNs. The proposed legislative authority would offer APRNs the same non-discretionary continuing education funding currently provided to physicians in the amount of $1,000 per physician per annum.

Current Law or Practice:

Title 38 U.S.C section 7411 allows for CPE reimbursement, up to $1,000 per year, for full-time board certified physicians and dentists. The VA physician CPE reimbursement program originated from legislation establishing CPE funding as a permanent standing budget item each year to benefit physicians and dentists only. This funding is not subject to inclusion or denial by Congress and is not available to APRNs who have a state requirement for continuing education related to their national and specialty certifications.

Justification:

Physicians and dentists are not the only medical care providers who benefit from CPE. In 2011, the Institute of Medicine report titled "Future of Nursing" documented that continuing education for APRNs is imperative for the continued improvement of quality outcomes in patient care. Additionally, Zaccagnini & White (2014) reported that APRNs are "well educated regarding biophysical and psychosocial sciences in their nursing preparation, but the rapid changes and discoveries occurring in these fields necessitate constant updating of the advanced nurse practitioner's knowledge." This practice should be an "ongoing, lifelong quest for knowledge and growth," requiring "up-to-date clinical and technical skills" to maintain quality outcomes (Zaccagnini & White, 2014, p. 11). Further, the trend is for doctoral-prepared APRNs with the clinical-based Doctorate of Nursing Practice (DNP) instead of a traditional Doctor of Philosophy (PhD) degree.

In agreement with recommendations from the National Institute of Health, American Association of Colleges of Nursing (AACN), The Robert Wood Johnson Group, and others, the importance of ensuring continuing education for APRNs is essential to maintaining high-quality care. In an effort to support high-quality care, VHA is currently re-engineering its care delivery system to offer preventative, community-based health care to more Veterans by moving generally from a hospital-based, specialty-driven system to a system characterized by primary care and care management. By sharing resources,

consolidating facilities, and entering into contractual arrangements, the overall goal is to improve the availability, quality, efficiency, and effectiveness of patient care. A key to accomplishing this transformation is the timely recruitment and successful retention of quality practitioners as VA molds and reshapes its operations to meet current challenges.

Each state has an individual continuing education requirement for APRNs. Some states also have a requirement that APRNs obtain National certification. National certification requires APRNs to meet all practice requirements while holding an active registered nurse license in a U.S. state or territory, or the legally recognized, professional equivalent in another country. Any hours of practice as a licensed practical nurse or a licensed vocational nurse, or work performed outside of the nursing field do not qualify as part of the practice hour requirement. Practice hours may be either part of employment or voluntary.

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	$6,783	$6,783	$6,783	$6,783	$6,783	$33,915
Collections.....	$0	$0	$0	$0	$0	$0
Appropriations....	$6,783	$6,783	$6,783	$6,783	$6,783	$33,915

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	$6,783	$6,783	$6,783	$6,783	$6,783	$67,830
Collections.....	$0	$0	$0	$0	$0	$0
Appropriations....	$6,783	$6,783	$6,783	$6,783	$6,783	$67,830

Smoke Free Environment

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
($7,827)	$0	($7,827)	$0

Proposed Program Change in Law:

The proposal would repeal the requirement for designated smoking areas at certain VA medical facilities, as required by Public Law (P.L.) 102-585. It would also prohibit smoking on the grounds of all VA health care facilities in order to make them completely smoke-free.

Current Law or Practice:

Section 526 of P.L. 102-585, enacted in 1992, requires the Veterans Health Administration (VHA) to provide suitable smoking areas, either an indoor area or detached building, for patients who desire to smoke tobacco products.

Justification:

Currently, there are no VA health care facilities with smoke-free grounds because in 1992, P.L. 102-585 required designated smoking areas for patients. Because of this requirement, the Department of Veterans Affairs continues to fall far behind the public and private sectors in promoting smoke-free facilities. As a result, Veterans, VHA health care providers, and visitors do not have the same level of protection from the hazardous effects of secondhand smoke exposure as patients and employees in other health care systems.

For example, as of November 19, 2015, there are over 3,800 local and/or state/territory/commonwealth hospitals, health care systems and clinics and four national health care systems (Kaiser Permanente, Mayo Clinic, SSM Health Care, and CIGNA Corporation) in the United States that have adopted 100 percent smoke-free policies that extend to all their facilities, grounds, and office buildings. In July 2013, the state of New York enacted a law requiring 100 percent smoke-free grounds on general hospitals and nationally, 33 municipalities have enacted laws requiring 100 percent smoke-free hospital grounds. Numerous Department of Defense (DoD) medical treatment facilities have become tobacco-free as well. In addition, on July 1, 2011, the U. S. Department of Health and Human Services (HHS) adopted a policy banning the use of all tobacco products (including cigarettes, cigars, pipes, smokeless tobacco, or any other tobacco products, and e-cigarettes) at all times on its grounds, making all facilties tobacco free. With this, HHS became the first Federal Department to implement a tobacco-free policy.

Fifty years after the landmark 1964 Surgeon General Report on the health effects of smoking, tobacco use remains the leading cause of preventable death and disease in the

United States, accounting for more deaths than HIV/AIDS, alcohol and drug abuse, automobile accidents, fires, homicides and suicides combined. Smoking is responsible for 1 in every 5 deaths or nearly 480,000 preventable deaths in the United States each year, including deaths due to secondhand smoke exposures (U.S. Surgeon General Report 2006; U.S. Surgeon General Report 2010; U.S. Surgeon General Report 2014).

Research on the health effects of secondhand smoke has greatly increased in the last two decades. In 1992, the Environmental Protection Agency (EPA) designated secondhand smoke as a Class A carcinogen and the 2006 U.S. Surgeon General Report was the first to conclude that "there is no risk-free level of exposure to secondhand smoke" (U.S. Surgeon General Report, 2006). It is estimated that exposures to secondhand smoke account for more than 3,000 deaths from lung cancer, approximately 46,000 deaths from coronary heart disease, and 430 newborn deaths from sudden infant death syndrome (SIDS) in the United States each year (U.S. Surgeon General Report, 2010).

The U.S. Surgeon General issued its 30th tobacco-related Surgeon General Report since 1964, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease* (December 9, 2010). This report concluded that "exposure to tobacco smoke-even occasional smoking or secondhand smoke…causes immediate damage to your body that can lead to serious illness or death." The U.S. Surgeon General Report reviewed the body of clinical research to date and reported that even brief exposures to secondhand smoke can "cause cardiovascular disease and could trigger acute cardiac events, such as health attack," by causing damage to blood vessels and increased clotting.

As the Nation's largest single health caresystem and a national leader in health care, VHA has fallen far behind the health care community in this regard. This was not the case in 1992 when VHA led nationally on smoke-free policies. The medical research since that time has demonstrated the serious and sometime life-threatening consequences of secondhand smoke exposures. In a 2009 Institute of Medicine (IOM) Report, *Combating Tobacco Use in Military and Veteran Populations*, an IOM expert committee stated the requirement for smoking areas at VA health care facilities "has precluded VA from going entirely smoke-free" and it "prevents VA from protecting its patients, employees, and visitors from exposure to tobacco smoke and also hinders efforts to encourage tobacco cessation." The IOM Committee recommended that Congress provide legislation to allow VHA health care facilities to adopt smoke-free grounds.

While in the past there had been resistance to smoke-free policies, there have been a number of successes in adopting policies that may not have been accepted a decade ago. A notable example is that of North Carolina, a state that has long been recognized as a home to the tobacco industry and tobacco farming. As of July 6, 2009, all public and private hospitals in North Carolina became smoke-free. A December 2009 publication authored by policy leaders at The Joint Commission noted that at the end of 2009, the majority of U.S. hospitals would have a smoke-free campus. The article noted the Department of Veterans Affairs health care system as an exception because of legislation

that "makes it virtually impossible for VA hospitals to adopt a completely smoke-free campus" (Williams, Hafner et al. 2009).

The provisions of P.L. 102-585 that require smoking areas are not consistent with nearly two decades of medical and scientific literature that followed. An October 2009 IOM Report, *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, reviewed U.S. and international evidence and concluded that secondhand smoke exposure increased the risk of coronary health disease and heart attacks by 25 to 30 percent and that smoking bans reduce heart attacks. The IOM Report concluded, "Given the prevalence of heart attacks, and the resultant deaths, smoking bans can have a substantial impact on public health. The savings, as measured in human lives, is undeniable."

The clear health benefits of smoke-free policies have been supported by numerous studies to date. For example, an Indiana University study found that after a countywide smoking ban was implemented, hospital admissions for non-smokers with no other risk factors for acute myocardial infarction (MI) or heart attack dropped by 70 percent (Seo & Torabi, 2007). In addition, additional studies have found significant decreases in the rates of total admissions for heart attacks following smoke-free policies in Helena, Montana and Pueblo, Colorado. International studies have also found similar effects following the implementation of smoke-free policies in Scotland and Italy (Pell et al., 2008; Cesaroni et al., 2008; U.S. Surgeon General Report 2014).

Because of the increasing knowledge about the health effects of secondhand smoke, there have also been a number of cases where nonsmoker employees who have been harmed by such exposures have successfully filed lawsuits or disability claims against their employers. In 1995, a widower of an employee of a VA hospital was awarded a death benefit on the grounds that his wife's fatal lung cancer was caused by exposure to secondhand smoke while treating patients (CDC, 2006).

Legislation to make the grounds of all VA health care facilities smoke-free would be a Veteran-centric measure that would serve to protect the right and health of the large majority of Veterans who do not smoke. Currently, approximately 20 percent of Veterans enrolled in VA health care are smokers, while approximately 80 percent are non-smokers (VHA, 2015). Many of the non-smokers are also older Veterans, a population that may be at higher risk for underlying cardiac conditions that could make them even more vulnerable to the cardiovascular events associated with secondhand smoke exposures (CDC, 2010). As with patients of other health care systems, Veteran patients have a right to be protected from secondhand smoke exposures when seeking health care at a VA facility. For Veterans who are inpatients, nicotine replacement therapy is currently available so they would not have to experience nicotine withdrawal during hospital admissions.

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	($7,827)	($7,967)	($8,111)	($8,261)	($8,416)	($40,582)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriations...	($7,827)	($7,967)	($8,111)	($8,261)	($8,416)	($40,582)

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	($8,577)	($8,743)	($8,915)	($9,093)	($9,277)	($85,187)
Collections.....	$0	$0	$0	$0	$0	$0
Appropriations...	($8,577)	($8,743)	($8,915)	($9,093)	($9,277)	($85,187)

Acceptance of VA as a Participating Provider by Third Party Payers

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$0	$105,662	($105,662)	0

Proposed Program Change in Law:

VA proposes that for purposes of reimbursement VA would be treated as a participating provider, whether or not an agreement is in place with a third party payer or health plan, and exempt from any benefit plan or third party payer requirements for referrals, primary care provider selection, pre-authorizations, notifications or similar requirements, thus preventing the effect of excluding coverage or limiting payment of charges for VA care.

Current Law or Practice:

VA has authority under 38 U.S.C. §1729 to recover from third party health plans and third party payers the reasonable charges for treatment of a Veteran's non service-connected disabilities. Reasonable charges are based on the amounts that health plans and third party payers pay for the same care provided by non-government health care providers in a given geographic area. Currently, VHA provides non-service connected care for Veterans who have third party health plans; however, VA is seen as an out of network provider and therefore benefits are either limited or non-existent.

Justification:

This proposal would prevent health plans or third party payers from denying or reducing payment, absent an existing agreement between VA and any health maintenance organization, competitive medical plan, health care prepayment plan, preferred provider organization, or other similar plan, based on the grounds that VA is not a participating provider.

Providing this authority would increase collections from third party payers without adding staff, and would increase the ability of VA to bill and collect for all covered services.

NOTE: DoD, by statute as codified under 10 U.S.C. §1095, contains this explicit authority for these business practices.

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$105,662	$110,366	$115,971	$121,755	$127,447	$581,201
Appropriation.....	($105,662)	($110,366)	($115,971)	($121,755)	($127,447)	($581,201)

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$133,160	$139,014	$145,015	$151,146	$157,425	$1,306,961
Appropriations...	($133,160)	($139,014)	($145,015)	($151,146)	($157,425)	($1,306,961)

Aligning with Industry Standards by Eliminating Offset of First Party Copayments

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$0	$61,927	($61,927)	0

Proposed Program Change in Law:

VA proposes to amend Title 38 U.S.C. §1729 to provide statutory authority to discontinue reducing the first party copayment due from Veterans for non-service connected care from funds collected from third party health plan carriers.

Current Law or Practice:

As a condition for receiving VA health care services, Veterans with income greater than VA income thresholds must agree to pay required a copayment (first party liability) for care that is not related to a service-connected disability. When Veterans have third party health plans, VA bills the health plan for non-service connected care; and reduces the Veterans copayment dollar for dollar based on the collection from the third party health plan. This practice reduces the total collections received by VA that is available for use in providing direct medical care and does not align with standard health care industry practice.

Justification:

VA proposes to amendm Title 38 U.S.C. §1729 to align VA with the private sector health plan carriers by eliminating the practice of reducing VA first party copayments with collection recoveries from third party health plans.

An estimated twenty-three (23) percent of Veterans enrolled in the VA Health Care System, who have agreed pay copayments for VA care provided to treat non-service connected disabilities, have billable third party health plans. These Veterans would be responsible for payment of VA copayments assessed, and their liability would no longer be reduced by collections from third party health plans. This proposed amendment would apply to all Veterans who are required to make copayments for non-service connected disabilities.

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$61,927	$61,396	$61,068	$60,861	$60,598	$305,850
Appropriation.....	($61,927)	($61,396)	($61,068)	($60,861)	($60,598)	($305,850)

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$60,260	$59,872	$49,478	$59,095	$58,635	$593,190
Appropriations...	($60,260)	($59,872)	($49,478)	($59,095)	($58,635)	($593,190)

Improving Timeliness of Billing by Authorizing the Release of Protected Patient Information for Health Care Services

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
$0	$53,952	($53,952)	0

Proposed Program Change in Law:

VA proposes to amend Title 38 U.S.C. § 7332(b) to include a provision for the disclosure of VA records of the identity, diagnosis, prognosis or treatment of a patient relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV) or sickle cell anemia to health plans for the purpose of VA obtaining reimbursement for care.

Current Law or Practice:

VHA is prohibited from disclosing information identifying a patient as having been treated for drug abuse, alcoholism or alcohol abuse, HIV infection, or sickle cell anemia (referred to as 7332-protected information in the rest of the document) for any purposes not outlined in 38 U.S.C. §7332 unless a signed, written consent is obtained from the patient. The term "consent" is used in the same context as the term "authorization" in the Department of Health and Human Services (HHS) Health Insurance Portability and Accountability Act (HIPAA) privacy regulations, 45 Code of Federal Regulations (CFR) Parts 160 and 164. Disclosures of VA records of the identity, diagnosis, prognosis or treatment of a patient relating to drug abuse, alcoholism or alcohol abuse, infection with HIV or sickle cell anemia permitted without patient prior written consent is discussed in 38 U.S.C. §7332(b).

Justification:

One of the main objectives of the Community Care program is to consolidate and streamline community care and provide VA with the authorities to improve access to care while phasing out unnecessary barriers to providing care. This proposal would allow VA to work more easily with community providers and is critical to meeting the needs of Veterans today and in the future

In 1986, Congress authorized legislation giving VA authority to bill private insurers for care provided to insured nonservice-connected Veterans. In 1990, this authority was expanded to allow VA to collect for the treatment of nonservice-connected conditions of insured service connected Veterans. In 1997, Public Law (P.L.) 105-33, the Balanced Budget Act of 1997 (BBA), established the current Medical Care Collection Fund (MCCF). With the enactment of P.L. 105-33, Congress changed the third party program into one designed to supplement VA's medical care appropriations by allowing VA to

retain all third party collections and some other copayments. VA can use these funds to provide medical care to Veterans and to pay for its medical care collection expenses.

Under 38 U.S.C. §1729, VA has authority to recover from health plans or health insurance carriers the reasonable charges for treatment of a Veteran's nonservice-connected disabilities. To recover reasonable charges and obtain reimbursement for care, VA must submit bills or claims containing diagnostic code information to the health plan or health insurance carrier for the admission or episode of care. If during the admission or episode of care the Veteran was diagnosed and treated for drug abuse, alcoholism or alcohol abuse, infection with HIV or sickle cell anemia, this information is communicated via the diagnostic codes on the bill or claim to the health plan or health insurance carrier.

VA is given authority to disclose any health information to health plans required for payment of care and services provided to the patient under the HHS HIPAA privacy regulations, 45 CFR 164.506(c). In addition, under the Privacy Act, the agency has promulgated a routine use in the billing and collection system of records authorizing disclosure of health information to health plans for reimbursement for care provided to the patient. There is no such authority under 38 U.S.C. §7332; therefore, VA must obtain signed, written consents to bill health plans for each treatment of a patient relating to drug abuse, alcoholism or alcohol abuse, infection with HIV or sickle cell anemia.

Often it is not possible to obtain the signed, written consent from the patient to bill the health plan or health insurance carrier for a variety of reasons. Some patients refuse to sign the written consent, while other patients are incapacitated at the time of care, and written requests to the patient following treatment often result in no response.

One of the major clinical areas affected by the current statutory language is testing for and care of HIV infection within VA. As of 2009, fewer than 10 percent of all Veterans in VA care had been tested for HIV infection, resulting in delays in diagnosis, preventable deaths, and avoidable health care expenditures. Congress has removed significant statutory barriers to HIV testing in VA by enacting P.L. 110-387, Veterans Mental Health and Other care Improvements Act of 2008, which repealed long-standing restrictions in 38 U.S.C. §7333 against wide-spread HIV testing within VA, as well as an obsolete requirement for written informed consent prior to such testing. Congress has also directed VA via House Appropriation Committee reports to implement expanded testing.

VA is proactively removing unnecessary barriers to HIV testing in VHA, not only as part of VHA policy, but also in response to Congressional intent and VA’s responsibilities under the National HIV/AIDS Strategy, for which VA is a lead agency. Requiring patients to sign the Release of Information form is a remaining obstacle to expanding HIV testing among Veterans, and is contrary to Congressional intent in passing P.L. 110-387. It also exceptionalizes HIV testing, further hampering efforts to diagnose Veterans with HIV infection as early as possible and link these Veterans to care. This likely has negative effects on testing for other blood borne pathogens such as hepatitis B and hepatitis C viruses. Finally, it decreases revenue collections connected with HIV care, a significant issue considering that VA is the largest provider of HIV care in the U.S., with

over 24,000 HIV-infected Veterans in care, and spending over one billion annually on HIV-related care.

Per the HHS HIPAA privacy regulation, VA may not condition treatment on the Veteran signing an authorization to allow VA to disclose 7332-protected information to health plans or health insurance carriers for payment activities. In order for VA to bill health plans or health insurance carriers for all admissions and episodes of care for nonservice-connected disabilities, a provision authorizing this disclosure activity needs to be included in 38 U.S.C. §7332(b).

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$53,952	$56,057	$58,243	$60,514	$62,874	$291,640
Appropriation.....	($53,952)	($56,057)	($58,243)	($60,514)	($62,874)	($291,640)

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	$0	$0	$0	$0	$0	$0
Collections.....	$65,326	$67,874	$70,521	$73,271	$76,129	$644,761
Appropriations...	($65,326)	($67,874)	($70,521)	($73,271)	($76,129)	($644,761)

Title 38 Appointment and Compensation System for Medical Center Directors and Network Directors

Dollars in Thousands ($000)			
Obligations	Collections	Appropriation	FTE
TBD	$0	TBD	0

Proposed Program Change in Law:

VA proposes to establish an appointment and compensation system under Title 38 for the Veterans Health Administration (VHA) occupations of Medical Center Director and Veterans Integrated Service Network (VISN) Director, both of which have significant impact on the overall management of VA's health care system. These positions would remain eligible for performance awards in accordance with VA guidance and Secretary approval. Director pay would be determined for each covered executive based on the methodology of a compensation system for VHA physicians and dentists found under 38 U.S.C 7431, Pay for Physicians and Dentists, established by Public Law (P.L.) 108-445. Each executive would be evaluated against appropriate market pay criteria including but not limited to: complexity of the assignment, applicable labor market salary data, experience, accomplishments, and overall results-driven performance.

Current Law or Practice: There is no authority for VA to make appointments or set rates of pay for these positions under U.S.C. Title 38 sections 7401 and 7404.

Justification: VHA has a challenge addressing the rapidly evolving and changing health care industry. Health care leaders, from large multi-hospital systems and academic medical centers to smaller community hospitals and physician practices, are addressing ways to achieve transformation of the health care enterprise. In order for VHA to be part of this transformation, VHA must have executive leadership with the skill set to provide enterprise solutions for our Nation's Veterans and for other persons served by VHA and who work with VHA to provide care. While there are many reasons why individuals choose to serve Veterans in VHA's hospital system, compensation is one of the key drivers to ensure VHA is successful in recruitment and retention of dedicated health care leadership who can make the tough decisions in delivering sustainable quality health care and continual performance improvement for our Nation's Veterans.

The sustainability of VHA quality health care is dependent on our greatest asset – the individuals who work within the VHA system – and VHA must have the ability to recruit the best talent, finding individuals who live by VA core values of integrity, pursuit of excellence, accountability, and collaboration, and who have a passion for the mission. To recruit the health care executive who represents a depth of expertise across the health care industry and who will ensure the system maintains its transparency and accountability, the salary structure of VHA senior health care executives must be addressed. In order to successfully recruit qualified candidates who can best meet the challenges of the health

care industry, VHA's executive salary structure must be more comparable to private industry.

The executive skill sets required to lead and manage the largest integrated health care system in the United States are separate and distinct from other Federal executives, and as such, deserving of compensation more closely aligned with the private sector. These senior healthcare executives have oversight of the Nation's largest integrated healthcare delivery system within all 50 states, several U.S. territories, and the District of Columbia. Within the 18 VISNs, there are 144 VA Hospitals; 22 Health Care Centers (HCC); 210 Multi-Specialty Community-Based outpatient clinics; 527 Primary Care Community-Based outpatient clinics; 305 Outpatient Services Sites; 135 community living centers; 115 domiciliary residential rehabilitation treatment programs (DRRTP); 300 readjustment counseling vet centers; and 80 mobile vet centers. VHA seeks consideration of this legislative proposal to ensure that VHA is best prepared to meet and exceed the call to deliver quality health care to our Nation's Veterans.

This proposal will help to mitigate the three key factors affecting the ability of VA to attract and retain high quality, experienced senior health care executives:

1. Existing pay compression within the current SES pay system and the close proximity rates of pay within the VA system for direct reports to SES, resulting in declining SES applicant pools;
2. High number of SES employees eligible for retirement; and
3. Available private sector pay for comparable health care leadership positions.

Pay Compression. Recent changes in pay for non-Senior Executive Service (SES) VHA leaders paid under other pay systems has exacerbated the issue of pay inequity. While these recent changes have addressed much needed pay issues for these other deserving groups of senior leaders and key clinical executive leaders such as physicians, dentists, nurses and pharmacists, it has also served to highlight the pay disparity between SES and non-SES senior health care leaders throughout VHA.

The growing inequity in pay for VHA senior health care executives becomes more apparent when Medical Center Director's compensation, at an average of $168,941, is compared to that of their direct reports – medical center Associate Directors, Chiefs of Staff, and Nurse Executives. Public Law 108-445 implemented a market-based pay system for physicians and dentists. As a result, the average rate of pay for Chiefs of Staff is currently $249,844, with the highest salary at $389,471. Further, P.L. 111-163 legislation provided special pay between $10,000 and $100,000 for Nurse Executives that is added to their base pay and is included in their retirement computation. The current mean base salary for Nurse Executives is $135,943. The average salary for the Nurse Executive is $151,994 with the top salary of $201,700. For GS-15 Associate Directors, the average annual salary now stands at $135,584 with the highest salary at $157,100.

There is little to no financial incentive to progress to the position of Medical Center Director with the scope and responsibility inherent in these positions. Candidates from

the ranks of Associate Directors, Chiefs of Staff and Nurse Executives are fewer and fewer because there are minimal financial incentives associated with the disruption of a geographical move and the much broader managerial span of control and responsibility.

There is also a lack of an appropriate pay differential when considering the position of VISN Network Director. Network Directors managing the largest and most complex organizations in health care with an average employment of 12,893 and annual budgets averaging $1.1 billion, earn the same, or in some cases far less, than their direct reports.

After reviewing data it has been determined that since 2012 the average salary of a person entering the SES is $152,559, with the highest salary of $181,500. The SES pay system provides for no pay differential based on the locality of the position so that in many cases, a "promotion" into the SES provides little to no actual increase in available income.

Losses due to retirement. The average age of a VHA Medical Center Director is 55, with more than 27 years of service. Fifty-two percent of Medical Center Directors/VISN Directors are now eligible for retirement. Many are several years beyond retirement eligibility, with little financial incentive for continued service to the government because of retirement benefits. Within the next two to five years, 74 percent will be eligible to retire and most will likely do so as they reach eligibility.

VHA must create competitive compensation that attracts private sector health care executives, current VHA health care executives, and VHA Title 38 clinical executives. In doing so, VHA will expand the succession pipeline and afford a bench strength that can be relied upon to fill current and future health care executive positions.

Private sector pay for comparable positions. Growing pay disparities between VHA and private sector entities make it more difficult to attract experienced individuals. Public sector executive pay is dramatically below the private sector for comparable positions. This fact is nowhere more apparent than in the health care industry where VHA competes directly with private sector health care organizations for the same labor pool.

The Healthcare Compensation Survey conducted by the Hay Group for 2013 reflects individuals holding the position of Chief Executive Officer (CEO) in private sector health care systems receive on average $731,800 annual cash compensation. CEOs of a single facility within an overall system receive an average of $393,100. SES pay rates, maximum compensation for VHA senior executives is $181,500 for 2017.

Under this proposal, compensation would continue to remain far less than that of CEOs in private sector health care systems; however, increasing the compensation of VHA Network Directors and Medical Center Directors would acknowledge and recognize the clinical and health care expertise and experience that these health care executives provide to our Nation's Veterans.

10-Year Cost Table:

$ in thousands	2018	2019	2020	2021	2022	5 Year
Obligations.....	TBD	TBD	TBD	TBD	TBD	TBD
Collections.....						
Appropriations....	TBD	TBD	TBD	TBD	TBD	TBD

$ in thousands	2023	2024	2025	2026	2027	10 Year
Obligations.....	TBD	TBD	TBD	TBD	TBD	TBD
Collections.....						
Appropriations....	TBD	TBD	TBD	TBD	TBD	TBD

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VHA Performance Plan

Mission

To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

Vision

The Veterans Health Administration (VHA) will continue to strive to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment, including community care as a part of a high-performing care network, that supports learning, discovery and continuous improvement.

VHA will emphasize prevention and population health, and contribute to the Nation's well-being through education, research, and service in national emergencies.

National Contribution

VHA supports the public health of the Nation through medical, surgical, and mental health care; medical and prosthetic research; health professions education; and training. VHA also plays a key role in homeland security by serving as a resource in the event of a national emergency or natural disaster.

Stakeholders

Numerous stakeholders have a direct interest in VHA's delivery of health care, medical research and medical education. They include:

- Veterans and their families
- Native American Tribes
- State Veterans Homes
- Academic Affiliates
- Health Care Contract Providers
- Department of Defense (DoD) and other Federal Agencies
- Veteran Service Organizations
- State/County Veterans Offices
- Health Care Professional Trainees
- Researchers
- The President and Congress
- VA Employees

VHA Strategic Framework

Overview

VHA's National Leadership Council (NLC) developed a strategic planning framework to accomplish its mission and achieve VA's vision, as cited above.

Strategic Framework

The VHA Strategic Framework guides planning and decision-making to enable VA to provide Veterans with health care that is personalized, proactive, and patient-drive. The framework is informed by VA's Core Values of **I**ntegrity, **C**ommitment, **A**dvocacy, **R**espect, and **E**xcellence (ICARE). The framework also utilizes VHA's Principles of being Patient-Centered, Team-Based, Data-Driven/Evidence-Based and focusing on Prevention/Population Health, Providing Value, and Continuously Improving.

Strategic Goals Overview

FY 2017 is a year of transition for the Department of Veterans Affairs. Over the next six months VA will draft a new strategic plan for fiscal years 2018 through 2024 that re-imagines our relationship with Veterans and how we serve them. The new plan will incorporate the Administration's vision and priorities.

Until the new plan is approved and published, however, we are presenting the Department's performance in FY 2016 in alignment with the current strategic plan.

The current strategic plan, available at http://www.va.gov/op3/docs/StrategicPlanning/VA2014-2020strategicPlan.PDF, identifies three strategic goals and ten related objectives. The three strategic goals are:

Strategic Goal 1: Empower Veterans to Improve Their Well-being
Strategic Goal 2: Enhance and Develop Trusted Partnerships
Strategic Goal 3: Manage and Improve VA Operations to Deliver Seamless and Integrated Support.

Performance Measures

VHA's performance measurement system is the final component of the VHA strategic planning framework. Seventeen performance measures have been identified that meet the strategic intent of VA's mission and vision. The performance measures cover a range of clinical, administrative, and financial actions required to support VHA's Strategic Framework.

To be included, the measure will meet the mandatory criteria:

1. Specific interest to the public

   AND

2. Collectively cover a substantial portion of the organization's budget request. The performance measures contained in the VHA Performance Plan have been screened and determined to satisfy the above criteria and are an appropriate platform for assessing VHA health care services and programs.

Performance Indicators, Historical Milestones & Agency Priority Goals	*Historical Results*			*Fiscal Year Targets*			*Strategic Target*
	2014	*2015*	*2016*	*2017*	*2018*	*2019*	*2022 (Target)*
VHA Medical Care – Existing Measures							
Percentage of Veterans reporting employment at a discharge from VA homeless residential programs (#604)	42%	45%	50%	50%	50%	50%	50%
Percent of participants at risk for homelessness (Veterans and their households) served in SSVF that were prevented from becoming homeless (#606)	90%	84%	92%	85%	85%	85%	85%
Percent of Veterans discharged from VA-funded residential treament programs (Grant and Per Diem or Domiciliary Care Homeless Veterans) who discharge to permanent housing (#403)	69%	70%	71%	65%	65%	65%	65%
Percent of HUD-VASH vouchers allocated that have resulted in homeless Veterans obtaining permanent housing (#535)	90%	92%	92%	92%	92%	92%	92%
Percent of patients who responded “yes” on Patient Centered Medical Home survey questions that contribute to the Self-Management Support Composite (providers support you in taking care of your own health) (#386)	57%	58%	58%	58%	60%	60%	62%
The average patients rating VA health care on a scale from 0 to 10 (Inpatient) (#537)	N/Av	8.6	8.63	8.8	8.8	8.8	8.9
Percent of patients who responded "Always" regarding their ability to get an appointment for needed care right away (Patient Centered Medical Home Survey) (#539)	44%	44%	47%	48%	49%	TBD	TBD
Percent of patients who respond "Always" regarding their ability to get an appointment for a routine checkup as soon as needed (Patient Centered Medical Home Survey) (#543)	53%	52%	56%	57%	58%	TBD	TBD

N/Av – Not Available
SSVF- Supportive Services for Veterans Families
TBD – To be Determined

Performance Indicators, Historical Milestones & Agency Priority Goals	*Historical Results*			*Fiscal Year Targets*			*Strategic Target*
	2014	*2015*	*2016*	*2017*	*2018*	*2019*	*2022 (Target)*
VHA Medical Care – Existing Measures Continued							
The average patients rating VA primary care provider on a scale from 0 to 10 on the Patient Centered Medical Home Survey (#544)	N/Av	8.46	8.54	8.7	8.7	8.7	8.9
Mental Health Balanced Scorecard (#598)	N/Av	N/Av	91% above target at end of SAIL performance year	90% of facilities at/ or above target	90% of facilities at/or above target	90% of facilities at/or above target	90% of facilities at/or above target
The average patients rating of VA specialty care provider on a scale from 0 to 10 on the Specialty Care Survey (#673)	N/Av	N/Av	8.54	8.60	8.65	8.60	8.90
Percent of Specialty Care patients who respond "Always" "and "Usually" regarding their ability to get an appointment for needed care right away (#680)	N/Av	N/Av	72%	73%	75%	75%	80%
Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for needed care right away (#682)	N/Av	N/Av	72%	73%	75%	75%	81%
Percent of Primary Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (#677)	N/Av	N/Av	84%	85%	87%	87%	90%
Percent of Specialty Care patients who respond "Always" and "Usually" regarding their ability to get an appointment for a routine checkup as soon as needed (#683)	N/Av	N/Av	82%	83%	85%	85%	88%
Patient Safety Indicator (PSI) 90 (#674)	N/Av	N/Av	N/Av	Baseline	TBD	TBD	TBD

N/Av – Not Available
TBD – To be Determined

Performance Indicators, Historical Milestones & Agency Priority Goals	*Historical Results*			*Fiscal Year Targets*			*Strategic Target*
	2014	*2015*	*2016*	*2017*	*2018*	*2019*	*2022 (Target)*
VHA Medical Care – New Measure							
(Composite Measure) The average of the percent "Always" or "Usually" responses for four access measures found in the Patient Centered Medical Home (PCMH) survey and the Specialty Care Consumer Assessment of Health Providers and Systems (CAHPS) Survey (#681)	N/Av	N/Av	N/Av	Baseline	81	82	84

N/Av – Not Available

Enrollee Health Care Projection Model, CHAMPVA & Caregivers Models

Models Used to Inform the Budget Request

The Department of Veterans Affairs (VA) uses three actuarial models to support formulation of the majority of the VA health care budget, to conduct strategic and capital planning, and to assess the impact of potential policies and changes in a dynamic health care environment. The three actuarial models are the VA Enrollee Health Care Projection Model (EHCPM), the Civilian Health and Medical Program Veterans Affairs (CHAMPVA) Model, and the Program of Comprehensive Assistance for Family Caregivers (PCAFC) Stipend Projection Model.

Activities and programs that are not projected by any of these three models are called "non-modeled" and can change from year to year. In general, they include Non-Recurring Maintenance (NRM), state-based long term services and supports programs (LTSS), Readjustment Counseling, recently enacted programs, and some components of CHAMPVA programs (Spina Bifida, Foreign Medical Program, Children of Women Vietnam Veterans).

VA Enrollee Health Care Projection Model

The VA EHCPM supports more than 90% of the VA health care budget. The EHCPM, which was first developed in 1998, is a sophisticated health care demand projection model that uses actuarial methods and approaches to project Veteran demand for VA health care. These approaches are consistent with the actuarial methods employed by the Nation's insurers and public providers, such as Medicare and Medicaid.

The EHCPM projects enrollment, utilization, and expenditures for the enrolled Veteran population in more than 90 categories of health care services 20 years into the future. The EHCPM consists of three main components. First, VA uses the EHCPM to project how many Veterans will be enrolled in VA health care each year and their age, gender, priority level, and geographic location. Next, VA uses the EHCPM to project the total health care services needed by those enrollees and then estimates the portion of that care that those enrollees will demand from VA (known as "reliance"). Finally, total health care expenditures are developed by multiplying the expected VA utilization by the anticipated cost per service.

The projections are supported by extensive research and analyses of the Veteran enrollee population and the drivers of demand for VA health care. VA program, field, and research staff provide expertise on program strategies and initiatives, the unique needs of the enrollee population, and the VA health care system.

The 2016 ECHPM (Base Year 2015, i.e. based on 2015 actual enrollment, utilization, and expenditure, recalibrated to reflect 2016 experience), was used to build the 2018 / 2019 Veterans Health Administration (VHA) Medical Care budget request. The expenditure basis used to build the projections includes the Medical Services, Medical Support & Compliance, and Medical Facilities appropriations, but excludes non-recurring maintenance. The projections include all care provided in VA facilities or paid for by VA (Community Care). .

Key Drivers of Growth in Projected Resource Requirements

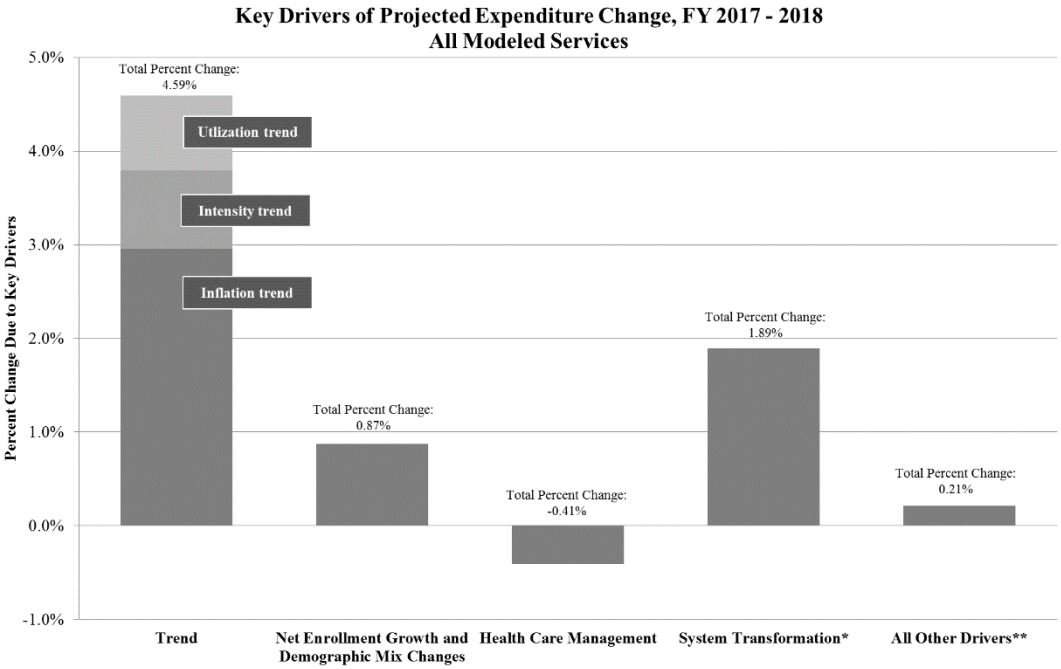
In projecting future Veteran demand for VA health care, the EHCPM accounts for the unique characteristics of the Veteran population and the VA health care system and environmental factors that impact Veteran enrollment and use of VA health care services.

Historically, growth in expenditure requirements to provide care to enrolled Veterans has been primarily driven by health care trends, the most significant of which is medical inflation. Health care trends are key drivers of annual cost increases for all health care providers – Medicare, Medicaid, commercial providers, and the VA health care system. Health care trends increase VA's cost of care independent of any growth in enrollment or demographic mix changes. Enrollment dynamics contribute to a portion of the expenditure growth; however, their impact varies significantly by the type of health care service. An assumption that VA's level of management in providing health care will improve over time is expected to reduce the cost of providing care to enrollees.

Additionally, the Veterans Access, Choice and Accountability Act of 2014 and subsequent related legislation increased VA's in-house capacity by funding medical FTE growth in VA facilities and expanded eligibility for community care for enrollees residing more than 40 miles from a VA facility and to ensure access to care within 30 days.

Figure A quantifies the key drivers of the projected increase in expenditure requirements for 2018 for all modeled services.

Figure A



*Systems Transformation reflects the impact of the Choice Act.
**All Other Drivers include modeled initiatives, economic conditions, and reliance changes.

These drivers and their impact on the resources required to provide health care to enrolled Veterans are discussed in detail in the following sections.

Health Care Trends

Health care trends represent a significant driver of growth in the cost of health care in the United States and in the VA health care system. Health care trends (inflation, utilization, and intensity) represent anticipated changes in health care utilization and cost due to advances in technology, including new diagnostics, drugs, and treatments, as well as price inflation. Health care trends increase VA's projected expenditure requirements independent of any enrollment growth or demographic mix changes. The health care trends incorporated into the EHCPM are informed by Federal policy and anticipated trends in Medicare, together with VA-specific trends for pharmacy and prosthetics, and private sector trends for services that VA routinely purchases (for example, maternity services).

Inflation is comprised of personnel and non-personnel components. Inflation on VA's personnel costs is determined by Federal wage policy, including wage increases. VA's projected inflation for pharmacy and prosthetics products reflects VA's well managed purchasing programs for these products. VA's expected inflation on supplies, utilities, etc., is based on projected Consumer Price Index - Urban (CPI-U) and Producer Price Index (PPI) inflation trends for these items.

Utilization and intensity (cost) trends increase health care costs due to changes in health care practice and new technology. VA's costs are driven by these trends similar to other

health care insurers and providers, because Veterans expect access to these advances in the VA health care system. The drug therapy to treat individuals infected with Hepatitis C is an example of how new technology increases VA's costs to care for the enrolled Veteran population.

VA's utilization and intensity trends for Medicare-covered medical services are informed by anticipated Medicare utilization and intensity trends, as projected by the Center for Medicare and Medicaid Services' Office of the Actuary. They have been adjusted downward for efficiencies in the VA health care system as compared to Medicare's primarily fee-for-service environment. VA's pharmacy and prosthetics trends are set by VA workgroups to reflect VA's unique practice patterns for these services.

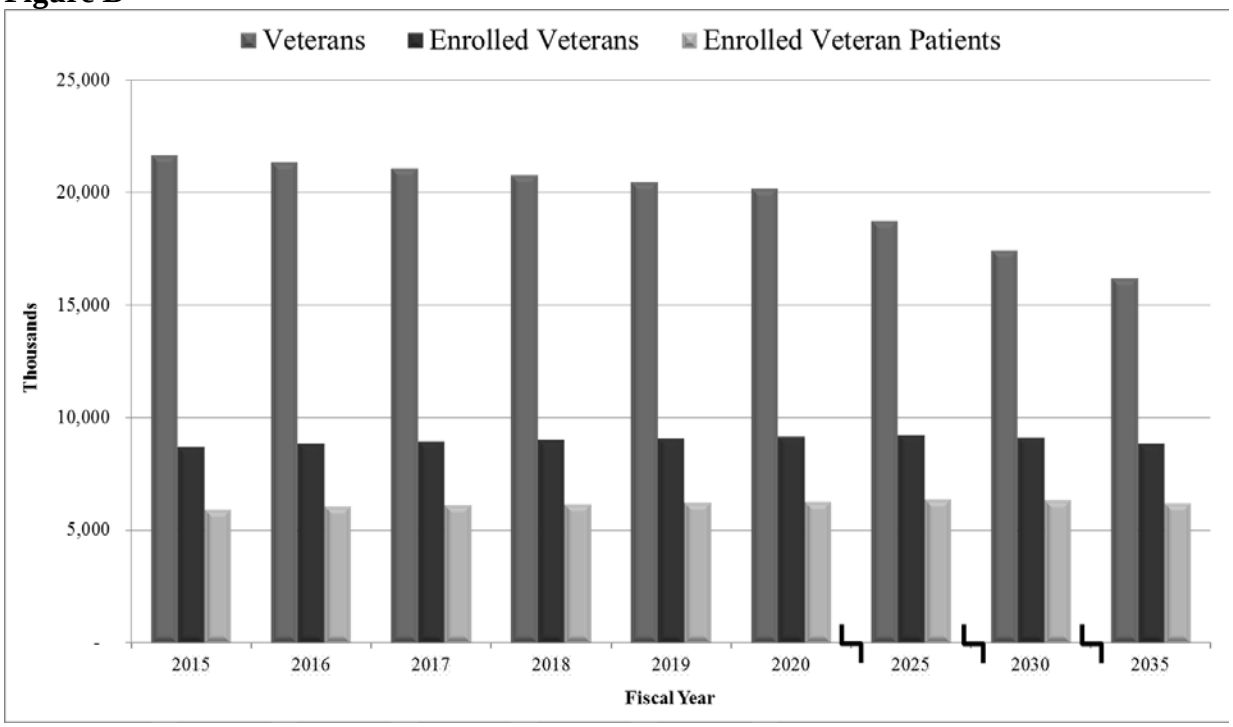
Net Enrollment Growth and Demographic Mix Changes

Veteran demand for VA health care is influenced by the following demographic characteristics of the Veteran population and environmental factors. Many of these factors are dynamic and are expected to change over time. Some can be anticipated (e.g. changing demographics) and some cannot (e.g. future economic downturns).

- Growth of the Operation Enduring Freedom/ Operation Iraqi Freedom/ Operation New Dawn (OEF/OIF/OND) and female Veteran populations.
- Enrollee age, gender, mortality, income, travel distance to VA facilities, and geographic migration patterns.
- Increases in prevalence of service-connected conditions and changes in enrollee income levels. These are associated with transitions between enrollment priorities.
- Health care utilization patterns of OEF/OIF/OND, female, and new enrollees, and other enrollee cohorts with unique utilization patterns for particular services.
- Economic conditions, including changes in local unemployment rates and home values (as a proxy for asset values) and the long-term downward trend in labor force participation.
- Policies, such as the elimination of net worth from the VA Means Test, regulations, and legislation.

In the 2016 EHCPM, using current assumptions, even though the Veteran population is declining, Veteran enrollment in VA is projected to grow by 4.4% from 2016 to 2026 (see Figure B). This growth is largely due to the high enrollment rates for Gulf War and OEF/OIF/OND Veterans. After 2023, enrollment is projected to decline slightly as the impact of mortality in the enrollee population begins to outweigh new enrollment. As described below, costs for VA health care are dependent not just on the number of enrollees but on the demographics of the enrolled Veteran population.

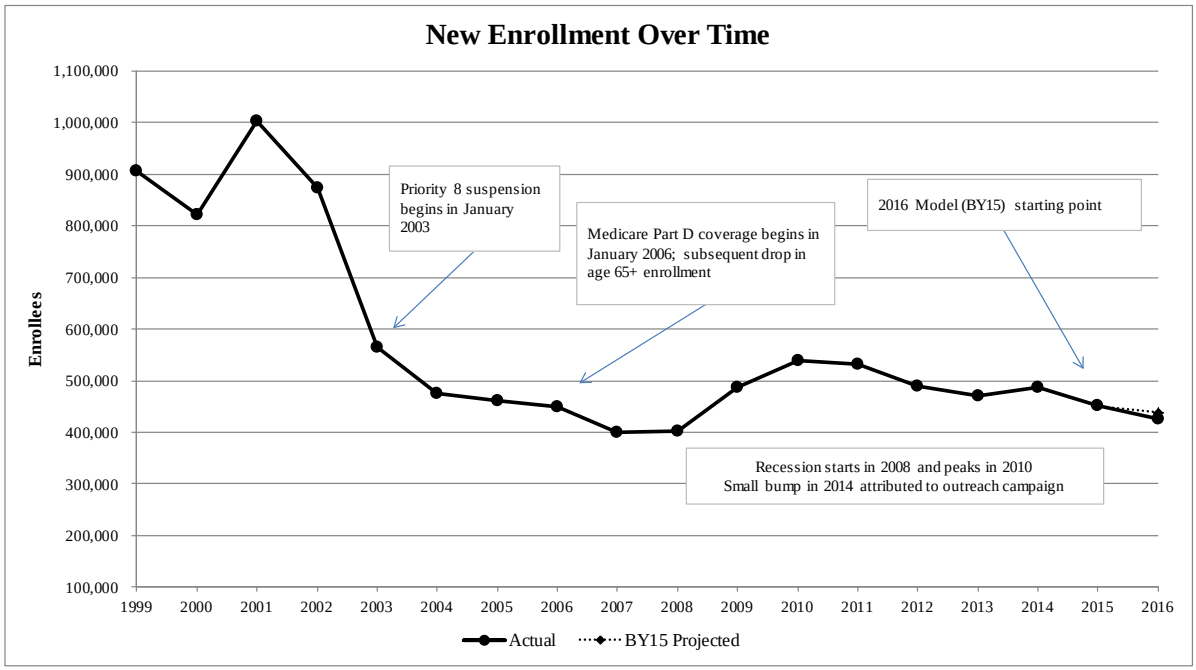
Figure B



Veteran enrollment in VA is dynamic and responds to all of the demographic factors discussed above. Changes in the broader environment also impact Veterans' decisions to enroll. The decrease in new enrollment in 2006 and 2007 seen in Figure C was partially driven by the availability of the new Medicare drug benefit (Part D). The chart also shows the growth in new enrollment as a result of the economic recession and the decline in new enrollment as the economy has recovered. The slight uptick in 2014 was driven by VHA enrollment outreach efforts related to the Affordable Care Act. Of note, it is sometimes difficult to ascertain causal impacts due to the multiple factors changing over any given time period.

As can be seen in Figure C, new enrollment in 2016 was projected to be lower than previous years (dotted line), and actual enrollment (solid line) was in line with this expectation. Thus, even in the Veterans Choice Act environment, greater than expected new enrollment was not the driver of the growth in enrollee demand for VA health care in 2015 and 2016. This growth was the result of current enrollees increasing their reliance on VA versus their other health care options (Medicare, Medicaid, commercial insurance, etc.). See the section on Enrollee Reliance in this chapter for details.

Figure C



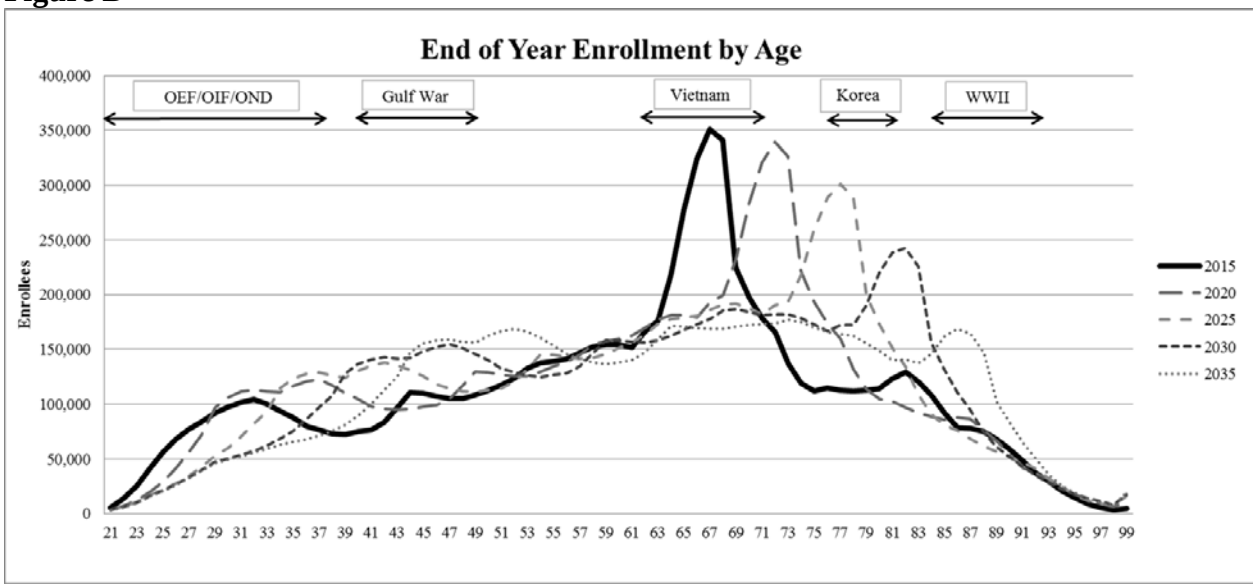
**Note that approximately 3.6 Million Veterans were auto-enrolled in October 1998 based on having been a part of the health care system prior to eligibility reform. To preserve scale, the graph only shows FY 1999 new enrollment after October 1998. In August 2015, VHA removed enrollment records where there was no evidence that the Veteran was enrolled, a user, or otherwise entitled to services. This counting adjustment was made to all previous periods in Exhibit 1 above to the extent that it impacted counts of new enrollment in each year. New enrollment counts in FY 2015 and FY 2016 are adjusted by impacts of retroactivity (completion and corrections to administrative data) that are anticpated to develop over time.*

While the enrolled Veteran population is expected to continue to grow, net enrollment growth (new enrollment minus deaths) is not a significant driver of increases in annual expenditure requirements for VA health care. This is because the enrollees who are dying are generally sicker and more reliant on VA health care than new enrollees. However, the cost of caring for enrollees can change due to other demographic factors (e.g., aging) and changes in the broader environment (e.g., the economic recession).

Within the enrollee population, two dynamic demographic trends are impacting the projected future cost of VA health care: the aging of the Vietnam Era enrollee population and the increasing number of enrollees being adjudicated by the Veterans Benefits Administration (VBA) for service-connected disabilities, which increases the number of enrollees in Priorities 1, 2, and 3. These demographic trends combine in the Vietnam Era enrollee population with particular implications for demand for Long Term Services and Supports (LTSS).

Figure D shows actual enrollment in 2015 and projected enrollment by age and highlights the relative size of the Vietnam Era enrollee cohort compared to other period-of-service cohorts.

Figure D

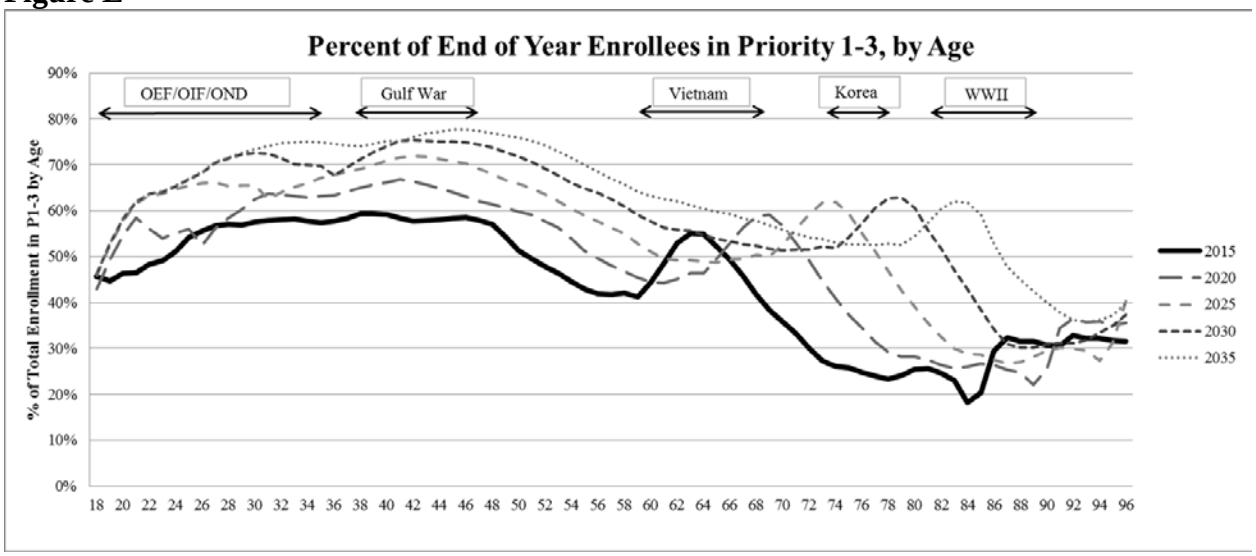


An enrollee's enrollment priority is dynamic. In recent experience, approximately 34% of new enrollees transitioned to a new priority level within three years of enrolling. Enrollees transition between Priorities 5, 7, and 8 due to changes in income. Enrollees also transition into Priorities 1, 2, and 3 as a result of adjudication for service-connected disabilities by VBA.

The number of enrollees being adjudicated for service-connected disabilities has escalated in recent years. Enrollees in Priorities 4-8 had a 3.1% probability of transitioning into the service-connected Priorities 1-3 in 2015. These enrollees are also expected to increase their reliance on VA health care, resulting in an increase in the cost of care.

Figure E shows the significant projected growth in service-connected status for OEF/OIF/OND, Gulf War, and Vietnam enrollee populations over the next 20 years. As a result of the increasing numbers of enrollees moving into Priorities 1-3, projected enrollment in Priorities 5, 7, and 8 is declining slightly.

Figure E



Further, as of 2015, 5% of enrollees had transitioned into Priority 1a (70% or higher service-connected disability) over the previous three years, compared with 2% as of 2007. The Priority 1a population is projected to grow by 22% between 2016 and 2019 and 66% between 2016 and 2026.

Aging and the changes in the Priority 1a population are significant drivers of projected expenditure increases for LTSS. VA is mandated by law to provide continuing care nursing home services to Priority 1a enrollees. Additionally, World War II enrollees are in the age bands (greater than age 75) that are the highest users of LTSS and are driving the recent and near-term annual growth in LTSS expenditure requirements, and Vietnam Era Veterans will be an increasing driver of LTSS expenditures, with most having aged beyond age 75 by 2026.

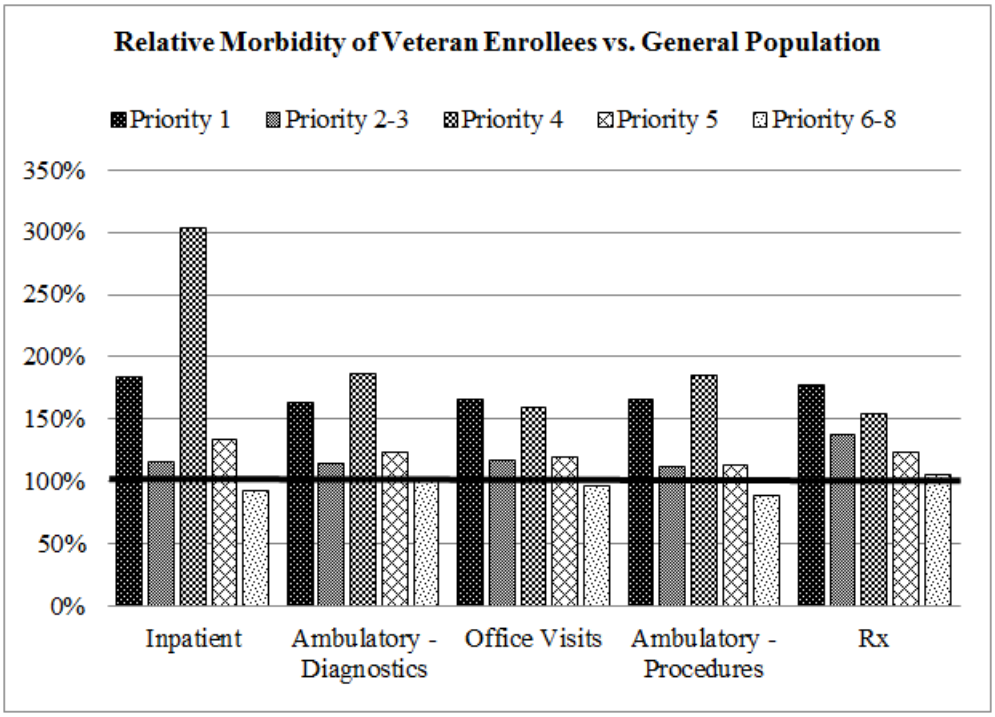
Enrollee Morbidity

The VA enrollee population consists largely of older males, which is typically the segment of the population with the highest healthcare costs. Even after accounting for the age and gender mix of the enrollee population, the VA enrollee population is significantly more morbid (sicker) than the general population in the United States (U.S.), and this higher morbidity further increases VA's cost of providing care.

In the 2016 VA Survey of Veteran Enrollees' Health and Use of Health Care ("VHA Survey of Enrollees"), 25% of enrollees rated their health as "fair" or "poor" compared to other people their age. Only 13% of the U.S. population responded similarly in Centers for Disease Control's (CDC) National Center for Health Statistics' 2015 National Health Interview Survey. Similarly, only 40% of enrollees rated their health as "excellent" or "very good" compared to 60% of the U.S. population in the CDC survey. Using a diagnosis-based methodology, the average morbidity of the VA enrollee population is estimated to be approximately 40% higher than that of the general U.S. population.

Morbidity varies significantly by priority level and health care service. For example, the morbidity of Priority 4 (catastrophically disabled) enrollees results in inpatient care costs that are three times that of the general U.S. population, even after accounting for the demographic differences in the populations. Figure F shows the relative morbidity of enrollees compared to the morbidity of the general population by priority for several large categories of health care services. In the figure, 100% reflects the cost of health care based on the morbidity of the general U.S. population.

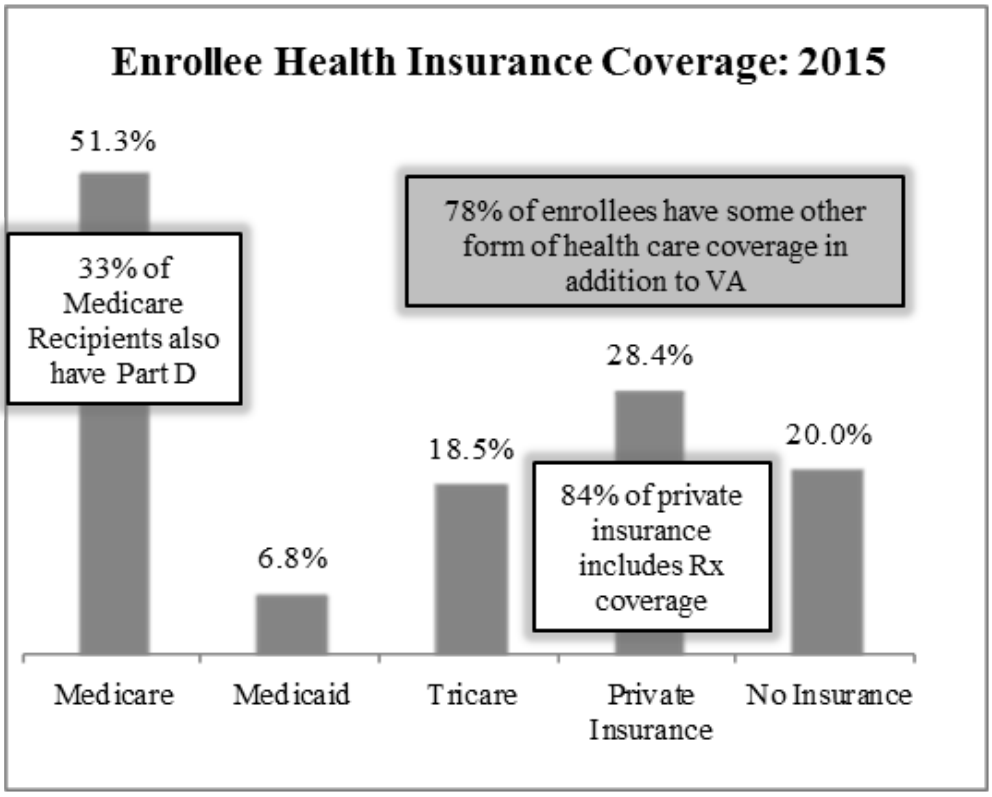
Figure F



Enrollee Reliance on VA Health Care

A unique aspect of the enrolled Veteran population is that enrollees have many options for health care coverage in addition to VA: Medicare, Medicaid, TRICARE, and private insurance. According to the 2016 VHA Survey of Enrollees, in 2015 approximately 80% of enrollees had some type of public or private health care coverage in addition to VA: 51% were enrolled in Medicare and of those, 33% are also covered by Medicare Part D (Figure G).

Figure G



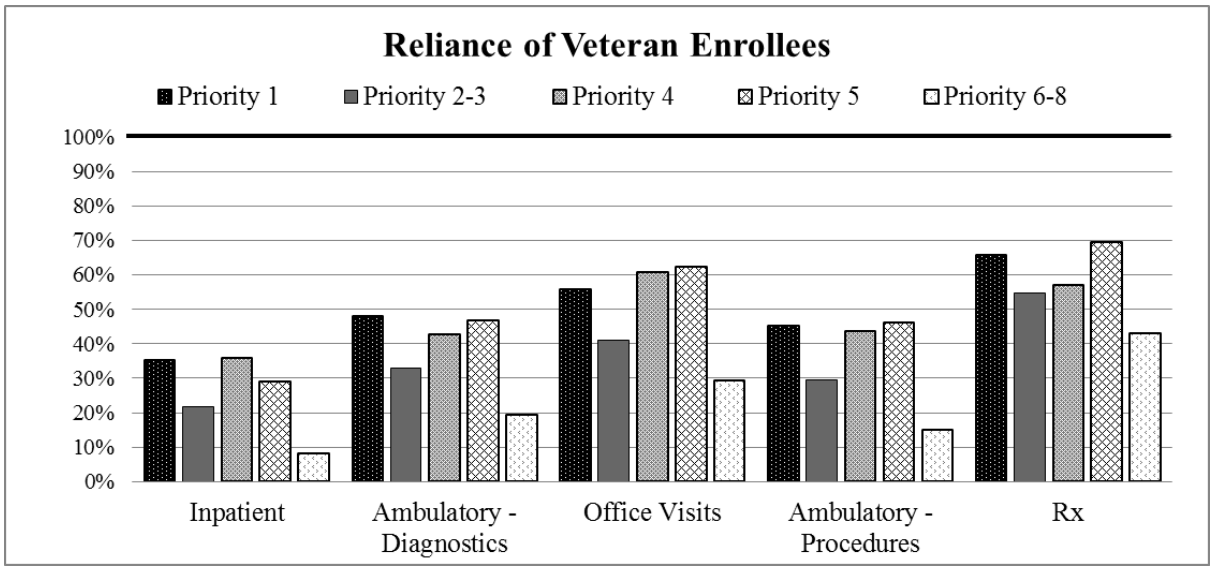
As a result, most enrollees do not use VA as their primary health care provider. On average, enrollees rely on VA for only 38% of their health care needs. This represented $61 billion in 2016. If the Veterans enrolled in 2016 had chosen to receive all of their health care in VA (100% reliance), this would have required an additional estimated $93 billion for a total of $154 billion in 2016.

Like Veteran enrollment and demographics, enrollee reliance on VA health care is dynamic. Changes in enrollee reliance occur as a result of many factors: enrollee movement into service-connected priorities, changing economic conditions, VA's efforts to provide Veterans access to the services they need (e.g., mental health and homeless initiatives); VA's efforts to enhance its practice of health care (e.g., Patient Aligned Care Teams (PACT)); the opening of new or expanded facilities; the cost sharing associated with services (e.g., dialysis) in the private sector compared to VA.

The Veterans Choice Act and related legislation significantly expanded access to VA health care for enrolled Veterans. This additional capacity facilitated an increase in current enrollees' reliance on VA health care and impacted resource requirements (Figure A). As noted earlier, higher-than-expected new enrollment was not a driver of the growth in services in 2015 or 2016 (Figure C).

Figure H shows reliance by priority for several large categories of health care services. For example, Priority 4 enrollees get approximately 35% of the inpatient care they need in VA.

Figure H



Enrollee Cohorts

- Within the enrollee population, several cohorts of enrollees exhibit unique health care utilization patterns that reflect their morbidity and/or reliance on VA health care. These include OEF/OIF/OND, Pre Enrollees, post-Vietnam Era, Vietnam Era, World War II Era, and female enrollees.
- OEF/OIF/OND enrollees have different utilization rates than non-OEF/OIF/OND enrollees of the same age for many services. For some services, the difference is attributable to the higher utilization rates typically experienced by new enrollees, and therefore, is not expected to persist over time. OEF/OIF/OND represents 16% of the enrollee population in 2016 and is expected to grow to 22% in 2026.
- Enrollees who used VA prior to the Eligibility Reform Act of 1996 ("Pre" enrollees) differ from those who enrolled after ("Post" enrollees). Pre enrollees are both sicker and more reliant on VA for health care and therefore, have higher utilization rates. These higher utilization rates are observed even after accounting for the higher average age of the Pre enrollees. Pre enrollees represented only 17% of enrollees in 2016, but accounted for 33% of modeled expenditures. Since there are no new Pre enrollees, this group is declining over time due to mortality; Pre enrollees are projected to decline to 10% of the population by 2026, but still account for 20% of expenditures.
- Enrollees who served immediately after Vietnam (those born between 1953 and 1962) have the highest healthcare utilization relative to other enrollees of the same age. These enrollees exhibit higher than expected needs for almost all mental health and substance abuse services and for a number of non-mental health services as well (e.g. emergency room visits). This cohort represents about 18% of the enrollee population in 2016.

- Vietnam Era enrollees (those born between 1947 and 1952) exhibit higher-than average levels of utilization for some services, notably mental health and homeless services. Currently, this cohort is aging into Medicare eligibility with a corresponding drop in reliance on VA health care. As they age and transition into Priority 1a, Vietnam Era enrollees are expected to be significant users of LTSS. Vietnam Era enrollees represent 19% of the enrollee population in 2016.
- World War II Era enrollees are high utilizers of Long Term Services and Supports, since those services are typically provided to older enrollees. This cohort represents less than 6% of overall enrollment in 2016.

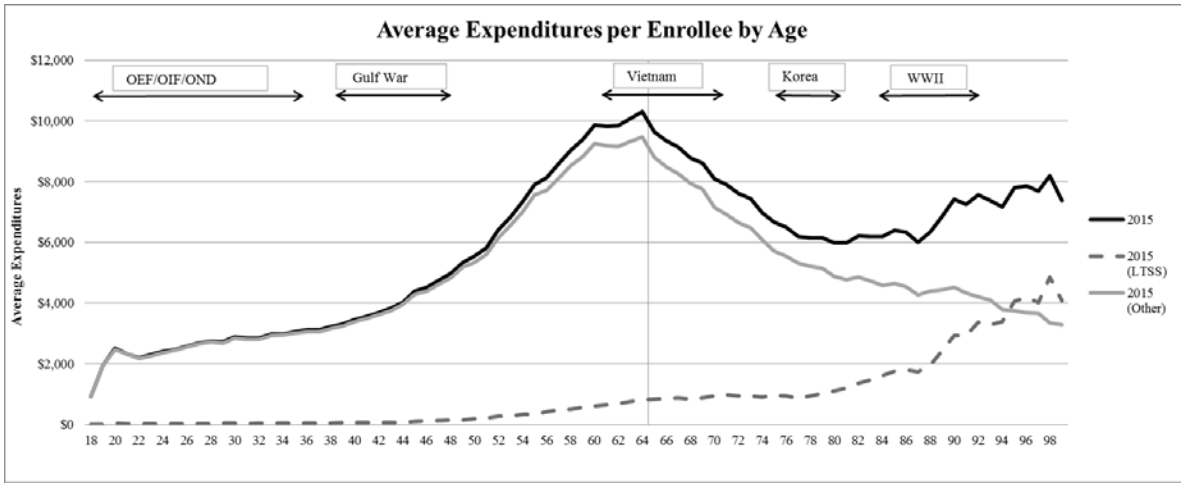
- Women are one of the fastest growing enrollee cohorts. Women comprise 8% of the enrollee population in 2016 and are expected to grow to 10% by 2026. Females tend to use more health care than males at younger ages and fewer services than males at older ages. Women enrollees also use a different mix of services than the historically male-dominated enrollees. For example, females are more likely to use physical therapy and preventive services, but less likely to use cardiovascular services.

Expenditure Requirements by Enrollee Age

As discussed, many demographic and environmental factors influence Veteran demand for VA health care and the resources required to provide that care. Some of these factors increase VA's resource requirements and some decrease VA's resource requirements. Figure I shows the net impact of all the factors on expenditures.

In Figure I, the actual 2015 expenditures by age highlight the impact of key factors influencing the cost per enrollee. For the under age 65 enrollee population, the figure shows the impact of the increase in the need for health care services as enrollees age. It also highlights how the impact of aging is mitigated by a steep decline in reliance on VA health care beginning at age 65 when enrollees typically become eligible for Medicare. The impact of providing LTSS to enrollees (services that are generally not covered by Medicare) on expenditures by age is also illustrated.

Figure I



Dynamics of the VA Health Care System

The VA health care system is continually evolving due to VA's efforts to enhance its practice of health care, provide Veterans access to the services they need, and improve its level of health care management.

The EHCPM includes assumptions for initiatives to increase capacity for mental health, homeless, and LTSS. These initiatives are discussed in the service-specific discussions in the next section.

The EHCPM also includes assumptions that VA's level of management in providing health care will improve over time and reduce the cost of providing care to enrollees. The majority of these efficiencies result from improvements in VA's level of management in inpatient care. The future improvements are expected to result from a wide range of activities that collectively improve VA's level of management, including:

- VHA's well-established inpatient system redesign initiative (FIX), which focuses on improving management processes, such as early discharge planning
- Admission appropriateness and continued stay reviews through the National Utilization Management Initiative (NUMI)
- Improved coordination of care initiated by the Patient Aligned Care Team (PACT) program, VA's model for patient-centered medical homes, as well as expansion of home telehealth services, and other disease management activities that result in reductions in hospitalizations for ambulatory care sensitive conditions
- A focus on creating alternative services, such as intensive outpatient mental health programs, support services, and alternative locations of care.

Expenditure Requirements by Service Category

The following sections discuss the key drivers of increases in expenditure requirements for categories of health care services, excluding the impact of system changes as a result of the Veterans Choice Act and related legislation.

Ambulatory Primary and Specialty Care

Ambulatory care projections are developed for the full range of services provided under a typical private sector health plan (e.g., office visits, radiology, pathology, surgeries) as well as specialized services offered by VA (e.g., nutritional counseling, hearing aid services, recreational therapy). These services are broadly classified into Diagnostics and Therapies, Evaluation and Management Services (office visits), and Professional Services and Procedures.

Expenditures required to provide ambulatory care services to enrolled Veterans are expected to grow in both 2018 and 2019. The projected increase in expenditures is largely due to the impact of health care trends. VA's cost of providing ambulatory services is expected to increase due to inflation and changes in health care practice that increases the cost per service (intensity trends). Further, utilization of ambulatory care is expected to grow due to changes in health care practice independent of any changes in enrollee demographics. For example, utilization of ambulatory surgery and the cost per service of ambulatory surgeries is expected to increase as more complex surgeries are provided in the ambulatory environment.

Modeled Ambulatory Primary and Specialty Care

Diagnostics and Therapies
- Radiology – General
- Radiology – CT/MRI/PET
- Pathology
- Cardiovascular
- Office Administered Drugs and Misc. Medical
- Dialysis and Related Services
- Physical Medicine
- Chiropractic
- Immunizations
- Recreational Therapy
- Allergy Testing and Immunotherapy

Evaluation and Management Services
- Office Visits, including Physical Exams, Urgent Care Visits, and Telephone Care Visits

Professional Services and Procedures
- Surgery
- Emergency Room Visits
- Hearing and Speech Exams
- Hearing Aid Services
- Prosthetics and Orthotics Services
- Vision Exams
- Maternity
- Nutritional Counseling
- Compensation & Pension Exams
- Medication Therapy Management
- Ambulance

Enrollment dynamics are driving small increases in annual expenditure requirements for ambulatory care. Net enrollment growth (new enrollment minus deaths) and the growth in the Priority 1-3 population has a positive impact. Aging has a relatively neutral impact overall for ambulatory services due to the drop in enrollee reliance on VA health care at age 65. However, the impact of aging is material for some services. For example, use of hearing aid services increases significantly with age, while use of maternity services decreases significantly with age.

Changes in enrollee reliance and utilization are increasing VA's expenditure requirements for providing dialysis services. Enrollee reliance on VA for dialysis services increased from 21% in 2008 to an estimated 38% in 2015 and is expected to continue to increase through 2023. This increase in reliance is due in part to lower cost sharing in VA. In VA, enrollees pay a $15 co-payment per treatment, and many enrollees do not pay a co-

payment. For many Medicare enrollees, the co-payment is 20% or approximately $50 per treatment. For enrollees, this represents a potential savings of as much as $7,500 per year. Additionally, from 2008 to 2015, the number of dialysis procedures per patient grew by an average of 2% each year. This utilization trend is assumed to continue through 2019.

Pharmacy – Outpatient Prescriptions

Pharmacy workload projections are developed for prescription drugs that are typically covered under a private sector health plan, as well as pharmacy items that are not but that are covered by VA, such as over-the-counter (OTC) medication and supplies.

Modeled Pharmacy

Outpatient Prescriptions
- Prescription Drugs
- Over-the-Counter Medication
- Prescription Related Supplies

Expenditures required to provide pharmacy services to enrolled Veterans are expected to grow in both 2018 and 2019. The projected increase in expenditures is largely due to the impact of health care trends. VA moderates the impact of inflation on prescription drugs with its well managed pharmacy benefit management program and contracting practices; however, inflation is still increasing VA's cost of providing prescription drugs. The ingredient cost trend assumption projected in the model is approximately 3.25% annually for 2016-2018.

The development of new high-cost drugs is a rapidly evolving issue that poses a high degree of uncertainty to VA, Medicare, Medicaid, and commercial providers. The 2016 EHCPM includes estimated costs for Hepatitis C drugs. Estimated costs for other emerging high-cost drugs are developed separately.

Inpatient Acute Care

Inpatient projections are developed for acute bed days of care for medicine, surgery, and maternity. In order to support workforce planning, the EHCPM also projects utilization for inpatient encounters that occur during inpatient stays. The inpatient encounters projected by the EHCPM include diagnostics, therapies, professional services, and procedures provided in an inpatient environment. The cost of all inpatient encounters is included in the cost of acute bed days of care.

Modeled Inpatient Acute Care

Inpatient Acute
- Medicine
- Surgery
- Maternity Deliveries
- Maternity Non-Deliveries

Inpatient Encounters
- Medication Therapy Management
- Surgical Procedures
- Cardiovascular
- Miscellaneous Medical
- Pathology
- Physical Medicine
- Radiology
- Recreational Therapy
- Mental Health
- Psychotherapy
- Substance Abuse
- Psychosocial Rehabilitation and Recovery Centers
- Mental Health Intensive Case Management
- Work Therapy
- Mental Health Residential Rehabilitation Treatment Program Aftercare/Screening/Outreach
- Homeless

Expenditures required to provide inpatient acute services to enrolled Veterans are expected to grow in both 2018 and 2019. The projected increase in expenditures is largely due to the impact of health care trends (the Veterans Choice Act and related legislation also have a significant impact on the growth of

inpatient acute services). VA's cost of providing acute inpatient services is expected to increase due to inflation and changes in health care practice that increases the cost of services (intensity trends). For example, as more surgeries are performed in an ambulatory environment, the average cost per service of the remaining inpatient surgeries, which are more complex, is expected to increase.

The cost per service of inpatient medical and surgical care is increasing. Utilization is also increasing due to the implementation of the Veterans Choice Act, but utilization growth is dampened due to two factors:

- Net enrollment growth (new enrollment minus deaths) is reducing inpatient utilization because the enrollees who are dying are generally sicker and more reliant on VA for inpatient care than new enrollees.
- Improvements in VA's level of management in inpatient care reduces utilization by improving management processes (e.g. early discharge planning), reducing hospitalizations for ambulatory care sensitive conditions and readmissions through care coordination, disease management, expansion of home telehealth services, etc., and the continuing transition of care from an inpatient to outpatient environment.

VA's cost of providing inpatient maternity care is increasing due to high health care trends for maternity services in the private sector (most maternity care is purchased) and an increase in utilization due to the growth in enrollment for younger, female Veterans.

Mental Health Care

Mental health projections are developed for a continuum of primary and specialty care services including general outpatient mental health, evidence-based psychotherapies, intensive outpatient programs, residential rehabilitation treatment, and inpatient mental health care. These services treat a variety of common mental health conditions in primary care as well as treatment in specialty mental health programs for conditions requiring more specialized and/or intensive interventions including the most severe and persisting mental health conditions.

Modeled Mental Health Care

Mental Health Inpatient
- Inpatient Mental Health
- Acute Substance Abuse
- Mental Health Residential Rehab
- Compensated Work Therapy/Transitional Residence (CWT/TR)
- Sustained Treatment and Rehabilitation (STAR)

Mental Health Outpatient
- Outpatient Mental Health
- Psychotherapy
- Outpatient Substance Abuse
- Mental Health Office Visits
- Psychosocial Rehabilitation and Recovery Centers
- Mental Health Intensive Case Management
- Work Therapy
- Mental Health Residential Rehabilitation Treatment Program Outpatient and Residential Stay
- Homeless

Expenditures required to provide mental health services to enrolled Veterans are expected to grow in both 2018 and 2019. The projected increase in expenditures is due to the impact of health care trends, primarily inflation, on the cost per service and VA's initiatives to expand access to mental health care.

Utilization of mental health services is expected to grow (independent of any change due to enrollment

dynamics) due to VA's initiatives to increase capacity and patient referrals. Mental Health Residential Rehabilitation is projected to grow 6% through 2018 due to these access initiatives.

Overall, the impact of enrollment dynamics on utilization of mental health services is minimal. However, enrollment dynamics are driving growth in mental health services for certain segments of the enrollee population.

- The continued growth of the OEF/OIF/OND enrollee population (11% cumulatively from 2016-2018) and their increase in service-connected conditions (and the resulting transition into service-connected Priorities 1-3) is driving increases in utilization for this population, ranging between 7 and 42% per service from 2016 to 2018.

- In addition, post-Vietnam Era enrollees (those born between 1953 and 1962) use a significant amount of mental health and substance abuse services.

However, the aging of the non-OEF/OIF/OND enrollee population is mitigating the projected growth in utilization of mental health services because use of mental health services declines at older ages. For example, utilization of Mental Health Residential Rehabilitation and Compensated Work Therapy services peaks between ages 50 to 60 and drops off dramatically by age 65.

The growth in expenditure requirements slows after 2019 as the access initiatives end and utilization changes solely based on the demographics of the enrollee population.

Rehabilitative Care

Projections are developed for two special rehabilitative care inpatient services provided by VA: Blind Rehabilitation, and Spinal Cord Injury/ Disorders (SCI/D) services. These services promote the health, independence, quality of life, and productivity of individuals.

Modeled Inpatient Rehabilitative Care

- Blind Rehabilitation Services
- Spinal Cord Injury and Disorders

VA operates 13 Blind Rehabilitation Centers, which provide 4-6 weeks of inpatient adjustment-to-blindness training to help blinded veterans achieve a realistic level of independence. VA operates 25 Spinal Cord Injury Centers. These provide expertise in treating new and longstanding spinal cord injuries and disorders and provide rehabilitation, medical care, prosthetics, and training in skills needed to live and work with SCI/D and maintain quality of life.

Expenditures required to provide Rehabilitative Care to enrolled Veterans are expected to grow in both 2018 and 2019. The projected increase in expenditures is largely due to the impact of inflation on the cost per bed day for rehabilitative care.

Priority transitions are also driving increases in expenditure requirements for these services. Aging is driving growth in utilization for Blind Rehabilitation inpatient services, as diagnoses of vision problems increase with age.

SCI/D utilization rates for Pre enrollees (those who enrolled prior to Eligibility Reform) are approximately five times that of Post enrollees. Therefore, as Pre enrollees become a smaller portion of the total enrolled population (due to deaths), the overall SCI/D utilization rate is falling.

Prosthetics

VA provides a full range of medically-prescribed medical equipment and products to enrolled Veterans. VA is the largest and most comprehensive provider of prosthetic devices and sensory aids in the country. Although the term "prosthetic device" may suggest images of artificial limbs, it actually refers to any device that supports or replaces a body part or function. These include devices worn by the Veteran, such as an artificial limb or hearing aid; those that improve accessibility, such as wheelchairs, ramps, and vehicle modifications; and implants surgically placed in the Veteran, such as hips and pacemakers. The relative cost of these devices varies dramatically, e.g., basic medical supplies cost very little while sophisticated implant and artificial limbs are much more expensive.

Modeled Prosthetics

- Glasses/Contacts
- Hearing Aids
- Surgical Implants
- Cardiothoracic Surgical Implants
- Medical Equipment & Supplies (e.g. diabetic socks, blood pressure monitors, dressing aids)
- Home Telehealth Devices
- Oxygen
- Respiratory Equipment
- Wheelchairs
- Orthotics
- Artificial Limbs
- Blind Aids (e.g. magnifiers, talking products, training computer software)
- VA Specialized Products and Services (e.g. environmental modifications (ramps), services for service dogs)

Requirements to provide prosthetic services to enrolled Veterans are expected to grow in both 2018 and 2019. The projected increase in expenditures is due to health care trends and enrollment dynamics.

The cost of prosthetics devices grows each year due to inflation and changes in health care practice. Extensive development and use of national committed-use contracts, as well as regional and local contracts, are expected to mitigate the expected inflation trends for prosthetics to some extent. These contracts provide quality assurance through active participation of clinicians and subject matter experts in developing requirements of the devices and the ability to obtain best value for VA. The cost of prosthetic devices such as cardiothoracic surgical implants, hearing aids, artificial limbs, and wheelchairs is also expected to increase due to advancements in technology (intensity trends); for example, hearing aids with wireless or frequency modulation technology are replacing less sophisticated, less expensive hearing aids.

Changes in health care practice also drive growth in prosthetics utilization independent of any changes in enrollee demographics. With the increased use of technologies in all aspects of health care, more clinical specialties are using advanced prosthetic technology and devices to treat patients. Clinicians are better informed about the availability of technologies and are becoming more comfortable with prescribing these devices to treat and assist patients with specific conditions. As a result, VA has observed an increase in the number of purchase orders, work actions, and associated prosthetic devices that are

prescribed and provided per unique patient. In recent years, VA has seen the portfolio of prosthetic devices expanded and the types of available and prescribed devices diversified. For example, wireless communication devices and other devices compatible with hearing aids are being prescribed and provided in conjunction with hearing aids with wireless capabilities. The increased diversity of prosthetic devices coupled with technological advances is driving material increases in utilization of prosthetic devices.

The increasing number of enrollees being adjudicated for service-connected disabilities is also driving material increases in prosthetics utilization. As enrollees transition from non-service connected priorities into Priorities 1-3, they are expected to reflect the significantly higher utilization rates of enrollees in Priorities 1-3, particularly for blind aids, artificial limbs, wheelchairs, and VA specialized products and services.

Aging has a relatively minor impact overall for prosthetic services for enrollees eligible for Medicare due to a decrease in enrollee reliance on VA health care beginning at age 65 with Medicare eligibility. However, the impact of aging is material for some services. For example, the use of hearing aids (which are not covered by private insurance or Medicare) increases significantly with age, while utilization of surgical implants declines as enrollees elect to use Medicare for surgical procedures. Aging is driving material increases in utilization of hearing aids, blind aids, wheelchairs, VA specialized products and services, and oxygen.

The continued growth of the OEF/OIF/OND enrollee population (11% from 2016-2018), their aging, and their increase in service-connected conditions (and the resulting transition into service connected Priorities 1-3) is driving significant growth in utilization for prosthetics services for this population. Since this population is not yet eligible for Medicare (with the corresponding decline in reliance on VA), aging is driving increases in this population's use of prosthetics, particularly for cardiothoracic surgical implants, home telehealth devices, oxygen, respiratory equipment, and hearing aids.

Long Term Services and Supports

Long Term Services and Supports (LTSS) include the full range of services provided to help Veterans with functional limitations and chronic health conditions in non-acute settings. These services are provided through facility based care (nursing homes) or via home and community based services (HCBS).

Facility based care is provided in VA Community Living Centers (CLC), Community Nursing Homes (CNH), and State Veterans Homes for durations of both short-stay (90 days or less) and long-stay (more than 90 days). HCBS are provided through both VA and via

Modeled Long Term Services and Supports

Facility Based Services
- VA Community Living Centers, long-stay (>90 days)
- VA Community Living Centers, short-stay
- Community Nursing Homes, long-stay
- Community Nursing Homes, short-stay

Home and Community Based Services
- VA Adult Day Health Care
- Community Adult Day Health Care
- Home Based Primary Care
- Home Respite Care
- Purchased Skilled Home Care
- Home Hospice Care
- Homemaker/ Home Health Aide Programs
- Spinal Cord Injury & Disorders Home Care
- Community Residential Care
- Home Telehealth

purchased care. State Veterans Homes provide both facility based and HCBS, but are not included in the EHCPM.

Expenditures required to provide LTSS to enrolled Veterans are expected to increase in both 2018 and 2019. The projected growth for expenditures is primarily the impact of two enrollment dynamics that are having a very significant impact on LTSS in both facility and HCBS settings: priority transitions and the aging of the enrollee population. Inflation is also driving some growth for these services.

Enrollees transitioning into service-connected priorities are driving significant growth in utilization for facility-based LTSS as well as HCBS. In particular, the growth in Priority 1a enrollees (70% service connected or more) is driving significant growth for long-stay facility-based LTSS. VA is legislatively mandated by the Veterans Millennium Health Care and Benefits Act (Public Law 106-117) to provide continuing nursing home care for enrolled Veterans who have a 70% or greater service-connected disability, as well as those who need such care for a service-connected disability, or who have a rating of total disability based on individual un-employability.

The aging of the enrollee population is also having a significant impact on expenditures and utilization. Unlike other modeled services, reliance on certain LTSS does not decline after Medicare eligibility, due to limited Medicare coverage for long-stay nursing home services and HCBS. Currently World War II and Korea era enrollees are in the age bands that are the highest users of LTSS. Vietnam era Veterans will be an increasing driver of LTSS, with most having aged beyond 75 by 2026. CLC short-stay, which is used primarily for post-acute care and hospice care, is impacted less by aging than the other facility based care categories.

Projected utilization for LTSS reflects programmatic changes in delivery of these services. Reflecting similar shifts in the health care system at large, VA is focusing efforts to provide care in the most appropriate setting for enrollees. This change includes deliberate shifts to CLC short-stay care for those who are in an inpatient setting and are not ready to be discharged to home, but no longer need acute care. It also includes VA's initiative to provide care through HCBS rather than in nursing homes when appropriate. These efforts are driving some growth for short-stay facility based care and HCBS, but are mitigating expected growth for long-stay facility based care.

Dental

Projections are developed for three categories of dental care services based on the intensity and complexity of the service. By law, VA provides dental care to enrollees based on special eligibility criteria, which are different than eligibility criteria for other VA medical care benefits. Providing preventive and basic dental services to enrollees aligns with VA's mission to provide enhanced preventive oral health services for eligible dental patients to maximize their health outcomes in the health care setting of their choice.

Modeled Dental Care

- Preventive and Basic Dental Services
- Minor Restorative Dental Services
- Major Restorative Dental Services

Expenditures required to provide dental services to enrolled Veterans are expected to grow in both 2018 and 2019. The projected increase is primarily due to the increase in service-connected conditions (and the transition into service connected Priorities 1-3) and the resulting increase in eligibility for dental services. VA's cost of providing dental services is also expected to increase due to inflation.

Impact of 2016 EHCPM Update

Health care is very dynamic. Further, the EHCPM projections supporting the VA budget are developed based on data that are three years removed from the beginning of the budget year (four years for the Advance Appropriation). During this time, new policies, legislation, regulations, and external factors, such as the economic recession, can occur and change the projected demand for VA health care.

Each year, the EHCPM is updated in order to reflect the most recent data and emerging experience. The 2016 EHCPM, recalibrated to reflect 2016 experience, was used to build the 2018 / 2019 VHA Medical Care budget request. Key updates for the 2016 EHCPM include:

- The impact of the Veterans Choice Act and related legislation on VA health care expenditures and utilization was incorporated into the 2016 EHCPM, as experience and data due to these system changes became available, and as direction on the operationalization of these changes was clarified. This update to the EHCPM allows the impact of these system changes on expenditures and utilization to be quantified.
- The 2016 EHCPM was enhanced to produce separate projections for health care provided in VA facilities and health care purchased by VA in the community. This allows inputs and adjustments to vary based on VA's assumptions regarding the impact of the Veterans Choice Act and VA's strategy for providing access to care. It also allows projected expenditures for VA facility and care purchased in the community to be developed using different unit cost assumptions.
- In 2015, VA changed how enrollee records with a pending status were counted in total enrollment. Therefore, 214,000 enrollment records were removed from total counts, causing a 2% decrease in projected enrollment. This mostly impacted Priority 8 enrollment counts because many of the pending enrollees were previously classified as Priority 8. While enrollment was reduced, there was no impact on projected utilization.
- The process to categorize enrollees into Priorities 5, 7, and 8 included two changes in 2015. The annual means test requirement was replaced by an Internal Revenue Service data match significantly reducing the annual movement among Priorities 5, 7, and 8. In addition, classification for Priority 5 no longer required a net worth test. Using income alone caused significant numbers of Priority 7 and 8 enrollees to be reclassified as Priority 5. Actual experience during 2015 was incorporated in the 2016 EHCPM and had minimal impact on utilization.

Historically, the most significant factors changing the EHCPM's projections have been external and could not have been anticipated in advance, such as the civilian wage freeze

policy, the impact of the recession, American Reinvestment and Recovery Act (ARRA) funding, and the 2007 and 2008 VA supplemental funding.

Civilian Health and Medical Program Model

The Civilian Health and Medical Program Veterans Affairs (CHAMPVA) Model, which was adopted in 2010, projects the cost of providing medical coverage to the spouse or widow(er) and to the children of a Veteran, also referred to as a sponsor, who is rated permanently and totally disabled due to a service-connected disability, or was rated permanently and totally disabled due to a service-connected condition at the time of death, or died of service-connected disability, or died on active duty and the dependents are not otherwise eligible for Department of Defense TRICARE benefits. In 2015, CHAMPVA covered 421,833 beneficiaries. The number of beneficiaries is expected to rise to approximately 457,000 in 2017 and 474,000 in 2018.

The 2016 CHAMPVA Model was developed using data from FYs 2005 to 2015, publically available research, and input from a development team (including subject matter experts from VHA and VHA's CHAMPVA program). The CHAMPVA Model consists of two major components: the enrollment model and the claims cost model. The enrollment model projects the number of beneficiaries enrolled in CHAMPVA, and the claims cost model projects expenditures for providing care to beneficiaries.

The enrollment model projects the number of CHAMPVA beneficiaries in two phases. For each fiscal year, the number of sponsors is projected and then the number of beneficiaries of those sponsors is projected. Within a given year, sponsors are projected by age, gender, degree of service-connected disability, whether the sponsor is living or deceased, and the sponsor's enrollment lag (the number of years a sponsor delays enrolling a beneficiary), while beneficiaries are projected by age, beneficiary type, and gender (if the beneficiary is a spouse).

The claims cost model is driven by several factors including: enrollment counts produced from the enrollment model, assumed annual claim cost trends, age/gender factors, and actual fiscal year 2015 CHAMPVA medical claims data. The projected beneficiaries from the enrollment model are then linked to the claims cost model to generate expenditures.

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) Stipend Projection Model

The Program of Comprehensive Assistance for Family Caregivers (PCAFC) Stipend Projection Model was developed in 2016. This model provides stipend payment cost projections which make up the majority of total PCAFC costs. PCAFC provides comprehensive assistance to caregivers of certain Veterans and Service members who were seriously injured during service on or after September 11, 2001. For enrolled Veterans, their primary caregivers are eligible for a monthly stipend payment, healthcare expense reimbursement through the CHAMPVA program (if they have no other health insurance), education and training, mental health care services, respite care services, and travel, lodging and per diem expenses in order to attend required Caregiver training and to travel to and from the Veteran's medical appointments.

The PCAFC Model includes projections for Veteran sponsor counts, caregiver counts, and stipend payment counts and sums. These cost projections are limited to stipend costs only and are not projections for the total costing of the PCAFC.

Projected stipend payments are developed using a combination of projected enrollment pattern assumptions, stipend payment trends, and projected payment tier enrollment distribution.

The PCAFC Model projections are based on two key assumptions. The first is that the new caregiver enrollment rate will continue through fiscal year (FY) 2020 at the same rate that has been observed in 2014 and 2015 (through August). The second is that the number of caregivers discontinuing in the program will remain at a constant rate observed in 2014 and 2015 (about 1.0% per month).

Since PCAFC inception in May 2011, there has been a steady increase in the number of new caregivers. Beginning in 2014, the rate of new caregiver applications appears to have reached a steady state. Going forward, significant numbers of Veterans enrolling in PCAFC will be those who separated five or more years ago rather than just recent separations. This is due to Veterans transitioning from low service connected disabilities to higher service connected disabilities over time. Many Veterans may not be eligible for the PCAFC shortly after separation, but may be eligible years later once their disability has progressed to the point of requiring Caregiver assistance.

Financial Statement Audit Adjustments

In November 2015, VA's auditors reported that they believed that VA overestimated its 2015 obligations by $1.8 billion because those obligations did not have sufficient supporting documentation. VA and the auditors, in the time allowed, could not identify the overstatement by individual appropriation. VA agreed to reflect the finding with the understanding that VA would identify which accounts and to what extent the overstatement occurred and take corrective actions to remediate the audit condition. In 2016, VA undertook the necessary analysis and corrective actions to address this issue.

- **2016 Actual Medical Care and VACAA Section 802**
  The 2015 Financial Statement Audit Adjustment created a carryover impact in 2016 in the amount of $149.222 million in Medical Services obligations, $1.1 billion change in the Veterans Choice Act Section 802 obligations, and another $600 million in Prior Year Recoveries adjustment to the Veterans Choice Act Section 802.

- **2016 Non-Medical Section 801/2016 VACAA Section 802**
  After the end of 2015, external auditors advised VA to adjust its obligations downward by $1.7 billion for obligations that were either not closed or completely documented. Accordingly, VA made the adjustment in 2015 and made additional adjustments in 2016 to ensure the system was in balance and reflective of the actual adjustments needed.

2018 Revised Estimate and 2019 Advance Appropriation
Obligations - Model and Non-Model
Includes Veterans Choice Act Sec. 801/802 ad Veterans Choice Program
(dollars in thousands)

	2018 Revised Estimate			2019 Advance Appropriation		
Description	Model	Non-Model	Total	Model	Non-Model	Total
Health Care Services	$60,740,186	$4,024,212	$64,764,398	$63,742,496	$1,752,476	$65,494,972
Non-Add Included Above:						
Non Recurring Maintenance	*$0*	*$1,870,000*	*$1,870,000*	*$0*	*$1,150,000*	*$1,150,000*
Non Veterans	*$0*	*$382,616*	*$382,616*	*$0*	*$382,433*	*$382,433*
Long-Term Care	$7,225,435	$1,596,222	$8,821,657	$7,632,712	$1,698,804	$9,331,516
Non-Add Included Above:						
State Home Programs	*$0*	*$1,345,957*	*$1,345,957*	*$0*	*$1,423,516*	*$1,423,516*
Other Health Care Programs:						
CHAMPVA	$1,875,192	$117,231	$1,992,423	$2,028,807	$106,924	$2,135,731
Foreign Medical Program (includes Foreign C&P Exams)	$0	$33,504	$33,504	$0	$34,996	$34,996
Spina Bifida Program	$0	$53,829	$53,829	$0	$56,439	$56,439
Children of Women Vietnam Veterans	$0	$200	$200	$0	$200	$200
Caregivers (Title 1)	$0	$603,939	$603,939	$0	$675,777	$675,777
Camp Lejeune - Family	$0	$6,664	$6,664	$0	$7,630	$7,630
Readjustment Counseling	$0	$243,483	$243,483	$0	$243,483	$243,483
New:						
Camp Lejeune - Reservisits	$0	$77,268	$77,268	$0	$85,885	$85,885
CARA Act Compliance (P.L. 114-198)	$0	$55,821	$55,821	$0	$46,821	$46,821
GME expansion (P.L. 114-315)	$0	$50,000	$50,000	$0	$52,633	$52,633
VA Legislative Proposals	$0	($21,195)	($21,195)	$0	($23,743)	($23,743)
Obligations [Grand Total]	$69,840,813	$6,841,178	$76,681,991	$73,404,015	$4,738,325	$78,142,340

The following Obligation by Object charts detail the 2016 actual obligations and the estimated 2017-2019 obligations for Medical Services, Medical Support & Compliance, Medical Facilities, VACAA Sections 801 & 802, Veterans Choice Program, and Medical Community Care.

- Medical Services: Non 801 = 0160 / VACAA 801 = 0160XA
- Medical Support & Compliance: Non 801 = 0152 / VACAA 801 = 0152XA
- Medical Facilities: Non 801 = 0162 / VACAA 801 = 0162XA
- VACAA 802 / Veterans Choice Program: 0172XA (Administration), 0172XB (Medical Care), 0172XC (Emergency Hepatitis C), & 0172XE (Emergency Community Care); excludes Minor Construction and Information Technology
- Medical Community Care: 0140

Obligations by Object - Medical Services (MS)
(dollars in thousands)

Description	Non 801 (0160)				VACAA 801 (0160XA)				Total (0160 & 0160XA)			
	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019
10 Personnel Compensation and Benefits:												
Physicians	$5,753,884	$6,238,113	$6,941,113	$7,292,870	$453,461	$286,471	$0	$0	$6,207,345	$6,524,584	$6,941,113	$7,292,870
Dentists	$264,964	$279,251	$302,297	$316,407	$12,034	$6,359	$0	$0	$276,998	$285,610	$302,297	$316,407
Registered Nurses	$6,612,972	$7,018,045	$7,632,700	$7,993,801	$287,993	$176,807	$0	$0	$6,900,965	$7,194,852	$7,632,700	$7,993,801
LP Nurse/LV Nurse/Nurse Assistant	$1,700,173	$1,826,591	$1,940,503	$2,041,346	$60,519	$0	$0	$0	$1,760,692	$1,826,591	$1,940,503	$2,041,346
Non-Physician Providers	$1,907,516	$2,040,667	$2,271,183	$2,383,503	$155,197	$95,548	$0	$0	$2,062,713	$2,136,215	$2,271,183	$2,383,503
Health Technicians/ Allied Health	$6,422,046	$6,786,955	$7,179,997	$7,518,537	$202,520	$0	$0	$0	$6,624,566	$6,786,955	$7,179,997	$7,518,537
Wage Board/Purchase & Hire	$323,389	$335,291	$353,524	$368,927	$308	$0	$0	$0	$323,697	$335,291	$353,524	$368,927
All Other	$2,343,196	$2,479,272	$2,802,672	$2,940,184	$142,338	$148,528	$0	$0	$2,485,534	$2,627,800	$2,802,672	$2,940,184
Permanent Change of Station	$3,298	$3,365	$3,433	$3,503	$0	$0	$0	$0	$3,298	$3,365	$3,433	$3,503
Employee Compensation Pay	$175,014	$178,567	$182,192	$185,890	$53	$54	$0	$0	$175,067	$178,621	$182,192	$185,890
Subtotal	$25,506,452	$27,186,117	$29,609,614	$31,044,968	$1,314,423	$713,767	$0	$0	$26,820,875	$27,899,884	$29,609,614	$31,044,968
21 Travel & Transportation of Persons:												
Employee	$37,107	$38,194	$39,313	$40,500	$129	$0	$0	$0	$37,236	$38,194	$39,313	$40,500
Beneficiary	$907,244	$955,700	$993,900	$1,033,700	$0	$0	$0	$0	$907,244	$955,700	$993,900	$1,033,700
Other	$30,550	$31,445	$32,366	$33,300	$0	$0	$0	$0	$30,550	$31,445	$32,366	$33,300
Subtotal	$974,901	$1,025,339	$1,065,579	$1,107,500	$129	$0	$0	$0	$975,030	$1,025,339	$1,065,579	$1,107,500
22 Transportation of Things	$17,263	$17,769	$18,290	$18,800	$0	$0	$0	$0	$17,263	$17,769	$18,290	$18,800
23 Rent, Communications, and Utilities:												
Rental of Equipment	$157,273	$171,008	$185,943	$202,200	$660	$0	$0	$0	$157,933	$171,008	$185,943	$202,200
Communications	$259,235	$279,224	$300,754	$323,900	$0	$0	$0	$0	$259,235	$279,224	$300,754	$323,900
Utilities	$67	$0	$0	$0	$330	$0	$0	$0	$397	$0	$0	$0
GSA Rent	$29	$0	$0	$0	$0	$0	$0	$0	$29	$0	$0	$0
Other Real Property Rental	$277	$0	$0	$0	$0	$0	$0	$0	$277	$0	$0	$0
Subtotal	$416,881	$450,232	$486,697	$526,100	$990	$0	$0	$0	$417,871	$450,232	$486,697	$526,100
24 Printing & Reproduction:	$8,764	$9,021	$9,285	$9,600	$0	$0	$0	$0	$8,764	$9,021	$9,285	$9,600
25 Other Contractual Services:												
Care in the Community Outpatient Dental Care	$188,811	$0	$0	$0	$0	$0	$0	$0	$188,811	$0	$0	$0
Medical and Nursing Care in the Community 1/	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Repairs to Furniture/Equipment	$268,600	$276,470	$284,571	$292,900	$44	$46	$0	$0	$268,644	$276,516	$284,571	$292,900
Maintenance & Repair Contract Services	$30,116	$30,998	$31,906	$32,800	$0	$0	$0	$0	$30,116	$30,998	$31,906	$32,800
Care in the Community Hospital Care	$2,007,676	$0	$0	$0	$0	$0	$0	$0	$2,007,676	$0	$0	$0
Community Nursing Homes	$855,670	$0	$0	$0	$0	$0	$0	$0	$855,670	$0	$0	$0
Repairs to Prosthetic Appliances	$240,410	$282,034	$304,991	$336,545	$0	$0	$0	$0	$240,410	$282,034	$304,991	$336,545
Home Oxygen	$193,795	$227,348	$245,854	$271,290	$0	$0	$0	$0	$193,795	$227,348	$245,854	$271,290
Personal Services Contracts	$100,605	$103,553	$106,587	$109,700	$0	$0	$0	$0	$100,605	$103,553	$106,587	$109,700
House Staff Disbursing Agreement	$646,777	$665,728	$685,234	$705,300	$9,401	$9,615	$0	$0	$656,178	$675,343	$685,234	$705,300
Scarce Medical Specialists	$110,786	$114,032	$117,373	$120,800	$0	$0	$0	$0	$110,786	$114,032	$117,373	$120,800
Other Medical Contract Services 2/	$5,281,433	$2,543,348	$2,750,063	$2,840,285	$11,414	$11,676	$0	$0	$5,292,847	$2,555,024	$2,750,063	$2,840,285
Administrative Contract Services	$646,609	$665,555	$685,056	$705,100	$307	$313	$0	$45,533	$646,916	$665,868	$685,056	$750,633
Training Contract Services	$47,058	$49,952	$53,024	$56,300	$87	$89	$0	$0	$47,145	$50,041	$53,024	$56,300
CHAMPVA	$1,248,078	$0	$0	$0	$0	$0	$0	$0	$1,248,078	$0	$0	$0
Subtotal	$11,866,424	$4,959,018	$5,264,659	$5,471,020	$21,253	$21,739	$0	$45,533	$11,887,677	$4,980,757	$5,264,659	$5,516,553

Obligations by Object - Medical Services (MS)
(dollars in thousands)

Description	Non 801 (0160)				VACAA 801 (0160XA)				Total (0160 & 0160XA)			
	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019
26 Supplies & Materials:												
Provisions	$118,786	$120,544	$122,328	$124,100	$0	$0	$0	$0	$118,786	$120,544	$122,328	$124,100
Drugs & Medicines	$6,256,207	$6,443,292	$7,093,989	$6,933,676	$1,996	$2,982	$0	$0	$6,258,203	$6,446,274	$7,093,989	$6,933,676
Blood & Blood Products	$55,061	$56,708	$62,434	$61,023	$0	$0	$0	$0	$55,061	$56,708	$62,434	$61,023
Medical/Dental Supplies	$1,483,838	$1,527,314	$1,572,064	$1,618,100	$12,291	$18,366	$31,614	$0	$1,496,129	$1,545,680	$1,603,678	$1,618,100
Operating Supplies	$156,237	$164,898	$174,039	$183,700	$298	$446	$0	$0	$156,535	$165,344	$174,039	$183,700
Maintenance & Repair Supplies	$28,411	$0	$0	$0	$81	$120	$0	$0	$28,492	$120	$0	$0
Other Supplies	$133,395	$141,629	$150,371	$159,700	$487	$727	$0	$0	$133,882	$142,356	$150,371	$159,700
Prosthetic Appliances	$2,381,581	$2,793,923	$3,021,340	$3,333,924	$0	$0	$0	$0	$2,381,581	$2,793,923	$3,021,340	$3,333,924
Home Respiratory Therapy	$51,462	$60,372	$65,286	$72,041	$0	$0	$0	$0	$51,462	$60,372	$65,286	$72,041
Subtotal	$10,664,978	$11,308,680	$12,261,851	$12,486,264	$15,153	$22,641	$31,614	$0	$10,680,131	$11,331,321	$12,293,465	$12,486,264
31 Equipment	$1,272,356	$1,466,499	$1,221,802	$860,975	$26,471	$23,847	$0	$0	$1,298,827	$1,490,346	$1,221,802	$860,975
32 Lands & Structures:												
Non-Recurring Maintenance	$668	$0	$0	$0	$0	$0	$0	$0	$668	$0	$0	$0
All Other Lands & Structures	$1,489	$0	$0	$0	$0	$0	$0	$0	$1,489	$0	$0	$0
Subtotal	$2,157	$0	$0	$0	$0	$0	$0	$0	$2,157	$0	$0	$0
41 Grants, Subsidies & Contributions:												
State Home	$1,206,653	$0	$0	$0	$0	$0	$0	$0	$1,206,653	$0	$0	$0
Grants	$505,214	$594,972	$571,507	$571,507	$0	$0	$0	$0	$505,214	$594,972	$571,507	$571,507
Subtotal	$1,711,867	$594,972	$571,507	$571,507	$0	$0	$0	$0	$1,711,867	$594,972	$571,507	$571,507
43 Imputed Interest	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$52,442,043	$47,017,647	$50,509,284	$52,096,734	$1,378,419	$781,994	$31,614	$45,533	$53,820,462	$47,799,641	$50,540,898	$52,142,267
Prior Year Recoveries	$245,769	$0	$0	$0	$540	$0	$0	$0	$246,309	$0	$0	$0
Financial Statement Audit Adjustment	$149,222	$0	$0	$0	$0	$0	$0	$0	$149,222	$0	$0	$0
Adjustment to Unobligated Balance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Obligations Total	$52,837,034	$47,017,647	$50,509,284	$52,096,734	$1,378,959	$781,994	$31,614	$45,533	$54,215,993	$47,799,641	$50,540,898	$52,142,267

* VACAA 802 excludes Information Technology
** VACAA 801 excludes Minor Construction and Information Technology
1/ Obligations were removed & combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.
2/ Obligations were combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.

Obligations by Object - Medical Support & Compliance (MSC)
(dollars in thousands)

Description	Non 801 (0152)				VACAA 801 (0152XA)				Total (0152 & 0152XA)			
	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019
10 Personnel Compensation and Benefits:												
Physicians	$184,708	$209,843	$215,794	$222,859	$933	$0	$0	$0	$185,641	$209,843	$215,794	$222,859
Dentists	$3,337	$1,806	$1,813	$1,828	$0	$0	$0	$0	$3,337	$1,806	$1,813	$1,828
Registered Nurses	$394,458	$422,877	$433,936	$446,897	$776	$0	$0	$0	$395,234	$422,877	$433,936	$446,897
LP Nurse/LV Nurse/Nurse Assistant	$4,743	$5,578	$5,743	$5,944	$0	$0	$0	$0	$4,743	$5,578	$5,743	$5,944
Non-Physician Providers	$35,633	$41,369	$42,508	$43,861	$27	$0	$0	$0	$35,660	$41,369	$42,508	$43,861
Health Technicians/Allied Health	$117,443	$107,805	$110,810	$114,326	$0	$0	$0	$0	$117,443	$107,805	$110,810	$114,326
Wage Board/Purchase & Hire	$62,165	$65,713	$67,229	$69,055	$0	$0	$0	$0	$62,165	$65,713	$67,229	$69,055
All Other	$3,881,556	$4,089,970	$4,282,767	$4,441,209	$3,793	$0	$0	$0	$3,885,349	$4,089,970	$4,282,767	$4,441,209
Permanent Change of Station	$8,529	$8,702	$8,879	$9,059	$0	$0	$0	$0	$8,529	$8,702	$8,879	$9,059
Employee Compensation Pay	$38,960	$39,751	$40,558	$41,381	$0	$0	$0	$0	$38,960	$39,751	$40,558	$41,381
Subtotal	$4,731,532	$4,993,414	$5,210,037	$5,396,419	$5,529	$0	$0	$0	$4,737,061	$4,993,414	$5,210,037	$5,396,419
21 Travel & Transportation of Persons:												
Employee	$47,952	$49,357	$55,803	$57,400	$73	$0	$0	$0	$48,025	$49,357	$55,803	$57,400
Beneficiary	$47	$0	$0	$0	$0	$0	$0	$0	$47	$0	$0	$0
Other	$3,917	$4,032	$4,150	$4,300	$0	$0	$0	$0	$3,917	$4,032	$4,150	$4,300
Subtotal	$51,916	$53,389	$59,953	$61,700	$73	$0	$0	$0	$51,989	$53,389	$59,953	$61,700
22 Transportation of Things	$11,416	$11,750	$12,094	$12,400	$0	$0	$0	$0	$11,416	$11,750	$12,094	$12,400
23 Rent, Communications, and Utilities:												
Rental of Equipment	$39,190	$40,082	$40,994	$41,900	$0	$0	$0	$0	$39,190	$40,082	$40,994	$41,900
Communications	$86,938	$89,485	$92,107	$94,800	$0	$0	$0	$0	$86,938	$89,485	$92,107	$94,800
Utilities	$6	$0	$0	$0	$0	$0	$0	$0	$6	$0	$0	$0
GSA Rent	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Real Property Rental	$252	$0	$0	$0	$0	$0	$0	$0	$252	$0	$0	$0
Subtotal	$126,386	$129,567	$133,101	$136,700	$0	$0	$0	$0	$126,386	$129,567	$133,101	$136,700
24 Printing & Reproduction:	$17,167	$17,670	$18,188	$18,700	$0	$0	$0	$0	$17,167	$17,670	$18,188	$18,700
25 Other Contractual Services:												
Care in the Community Outpatient Dental Care	$63	$0	$0	$0	$0	$0	$0	$0	$63	$0	$0	$0
Medical and Nursing Care in the Community	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Repairs to Furniture/Equipment	$2,786	$2,868	$2,952	$3,000	$0	$0	$0	$0	$2,786	$2,868	$2,952	$3,000
Maintenance & Repair Contract Services	$353	$0	$0	$0	$0	$0	$0	$0	$353	$0	$0	$0
Care in the Community Hospital Care	$4	$0	$0	$0	$0	$0	$0	$0	$4	$0	$0	$0
Community Nursing Homes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Repairs to Prosthetic Appliances	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Home Oxygen	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Personal Services Contracts	$5,332	$5,488	$5,649	$5,800	$0	$0	$0	$0	$5,332	$5,488	$5,649	$5,800
House Staff Disbursing Agreement	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Scarce Medical Specialists	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Medical Contract Services	$14,747	$11,950	$12,300	$12,700	$0	$0	$0	$0	$14,747	$11,950	$12,300	$12,700
Administrative Contract Services	$873,451	$1,063,203	$1,280,003	$1,354,400	$595	$0	$14,386	$6,100	$874,046	$1,063,203	$1,294,389	$1,360,500
Training Contract Services	$11,682	$12,024	$12,376	$12,700	$22	$0	$0	$0	$11,704	$12,024	$12,376	$12,700
CHAMPVA	$97,266	$103,300	$109,000	$98,564	$0	$0	$0	$0	$97,266	$103,300	$109,000	$98,564
Subtotal	$1,005,684	$1,198,833	$1,422,280	$1,487,164	$617	$0	$14,386	$6,100	$1,006,301	$1,198,833	$1,436,666	$1,493,264

Obligations by Object - Medical Support & Compliance (MSC)
(dollars in thousands)

Description	Non 801 (0152)				VACAA 801 (0152XA)				Total (0152 & 0152XA)			
	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019
26 Supplies & Materials:												
Provisions	$4,496	$0	$0	$0	$0	$0	$0	$0	$4,496	$0	$0	$0
Drugs & Medicines	$3	$0	$0	$0	$0	$0	$0	$0	$3	$0	$0	$0
Blood & Blood Products	$1	$0	$0	$0	$0	$0	$0	$0	$1	$0	$0	$0
Medical/Dental Supplies	$490	$0	$0	$0	$0	$0	$0	$0	$490	$0	$0	$0
Operating Supplies	$26,238	$27,007	$27,798	$28,600	$54	$0	$0	$0	$26,292	$27,007	$27,798	$28,600
Maintenance & Repair Supplies	$362	$0	$0	$0	$0	$0	$0	$0	$362	$0	$0	$0
Other Supplies	$57,275	$58,953	$60,680	$62,500	$22	$0	$0	$0	$57,297	$58,953	$60,680	$62,500
Prosthetic Appliances	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Home Respiratory Therapy	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$88,865	$85,960	$88,478	$91,100	$76	$0	$0	$0	$88,941	$85,960	$88,478	$91,100
31 Equipment	$27,411	$34,990	$36,017	$25,380	$259	$0	$0	$0	$27,670	$34,990	$36,017	$25,380
32 Lands & Structures:												
Non-Recurring Maintenance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
All Other Lands & Structures	$481	$0	$0	$0	$0	$0	$0	$0	$481	$0	$0	$0
Subtotal	$481	$0	$0	$0	$0	$0	$0	$0	$481	$0	$0	$0
41 Grants, Subsidies & Contributions:												
State Home	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grants	$1	$0	$0	$0	$0	$0	$0	$0	$1	$0	$0	$0
Subtotal	$1	$0	$0	$0	$0	$0	$0	$0	$1	$0	$0	$0
43 Imputed Interest	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$6,060,859	$6,525,573	$6,980,148	$7,229,563	$6,554	$0	$14,386	$6,100	$6,067,413	$6,525,573	$6,994,534	$7,235,663
Prior Year Recoveries	$188	$0	$0	$0	$0	$0	$0	$0	$188	$0	$0	$0
Financial Statement Audit Adjustment	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Adjustment to Unobligated Balance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Obligations Total	$6,061,047	$6,525,573	$6,980,148	$7,229,563	$6,554	$0	$14,386	$6,100	$6,067,601	$6,525,573	$6,994,534	$7,235,663

* VACAA 802 excludes Information Technology
** VACAA 801 excludes Minor Construction and Information Technology
1/ Obligations were removed & combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.
2/ Obligations were combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.

Obligations by Object - Medical Facilities (MF)
(dollars in thousands)

Description	Non 801 (0162)				VACAA 801 (0162XA)				Total (0162 & 0162XA)			
	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019
10 Personnel Compensation and Benefits:												
Physicians	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Dentists	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Registered Nurses	$308	$314	$0	$0	$0	$0	$0	$0	$308	$314	$0	$0
LP Nurse/LV Nurse/Nurse Assistant	$400	$275	$0	$0	$0	$0	$0	$0	$400	$275	$0	$0
Non-Physician Providers	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Health Technicians/Allied Health	$8,906	$8,808	$8,949	$9,134	$0	$0	$0	$0	$8,906	$8,808	$8,949	$9,134
Wage Board/Purchase & Hire	$1,271,709	$1,329,276	$1,391,588	$1,450,735	$50	$0	$0	$0	$1,271,759	$1,329,276	$1,391,588	$1,450,735
All Other	$404,031	$434,878	$445,076	$457,227	$146	$0	$0	$0	$404,177	$434,878	$445,076	$457,227
Permanent Change of Station	$883	$901	$919	$938	$0	$0	$0	$0	$883	$901	$919	$938
Employee Compensation Pay	$36,886	$37,635	$38,399	$39,178	$0	$0	$0	$0	$36,886	$37,635	$38,399	$39,178
Subtotal	$1,723,123	$1,812,087	$1,884,931	$1,957,212	$196	$0	$0	$0	$1,723,319	$1,812,087	$1,884,931	$1,957,212
21 Travel & Transportation of Persons:												
Employee	$3,850	$3,963	$4,079	$4,200	$0	$0	$0	$0	$3,850	$3,963	$4,079	$4,200
Beneficiary	$468	$0	$0	$0	$0	$0	$0	$0	$468	$0	$0	$0
Other	$32,728	$33,687	$34,674	$35,700	$15	$0	$0	$0	$32,743	$33,687	$34,674	$35,700
Subtotal	$37,046	$37,650	$38,753	$39,900	$15	$0	$0	$0	$37,061	$37,650	$38,753	$39,900
22 Transportation of Things	$14,428	$14,851	$15,286	$15,700	$0	$0	$0	$0	$14,428	$14,851	$15,286	$15,700
23 Rent, Communications, and Utilities:												
Rental of Equipment	$8,130	$8,368	$8,613	$8,900	$0	$0	$0	$0	$8,130	$8,368	$8,613	$8,900
Communications	$4,319	$4,446	$4,576	$4,700	$0	$0	$0	$0	$4,319	$4,446	$4,576	$4,700
Utilities	$502,123	$502,123	$516,835	$516,800	$1,294	$0	$0	$0	$503,417	$502,123	$516,835	$516,800
GSA Rent	$27,965	$50,828	$54,868	$58,061	$610	$86	$0	$0	$28,575	$50,914	$54,868	$58,061
Other Real Property Rental	$333,868	$606,829	$655,062	$693,174	$167,580	$23,896	$0	$0	$501,448	$630,725	$655,062	$693,174
Subtotal	$876,405	$1,172,594	$1,239,954	$1,281,635	$169,484	$23,982	$0	$0	$1,045,889	$1,196,576	$1,239,954	$1,281,635
24 Printing & Reproduction:	$491	$505	$520	$500	$0	$0	$0	$0	$491	$505	$520	$500
25 Other Contractual Services:												
Care in the Community Outpatient Dental Care	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Medical and Nursing Care in the Community	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Repairs to Furniture/Equipment	$19,464	$20,034	$20,621	$21,200	$0	$0	$0	$0	$19,464	$20,034	$20,621	$21,200
Maintenance & Repair Contract Services	$190,990	$196,586	$232,346	$239,200	$2,558	$6,332	$0	$0	$193,548	$202,918	$232,346	$239,200
Care in the Community Hospital Care	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Community Nursing Homes	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Repairs to Prosthetic Appliances	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Home Oxygen	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Personal Services Contracts	$3,029	$3,029	$3,029	$3,000	$0	$0	$0	$0	$3,029	$3,029	$3,029	$3,000
House Staff Disbursing Agreement	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Scarce Medical Specialists	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Medical Contract Services	$14,226	$0	$0	$0	$0	$0	$0	$0	$14,226	$0	$0	$0
Administrative Contract Services	$403,517	$436,917	$455,113	$468,400	$2,200	$5,446	$4,000	$1,000	$405,717	$442,363	$459,113	$469,400
Training Contract Services	$1,368	$1,368	$1,368	$1,400	$1	$2	$0	$0	$1,369	$1,370	$1,368	$1,400
CHAMPVA	$6,000	$7,247	$8,197	$8,360	$0	$0	$0	$0	$6,000	$7,247	$8,197	$8,360
Subtotal	$638,594	$665,181	$720,674	$741,560	$4,759	$11,780	$4,000	$1,000	$643,353	$676,961	$724,674	$742,560

Obligations by Object - Medical Facilities (MF)
(dollars in thousands)

Description	Non 801 (0162)				VACAA 801 (0162XA)				Total (0162 & 0162XA)			
	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019	FY 2016	FY 2017	FY 2018	FY 2019
26 Supplies & Materials:												
Provisions	$10	$0	$0	$0	$0	$0	$0	$0	$10	$0	$0	$0
Drugs & Medicines	$394	$0	$0	$0	$0	$0	$0	$0	$394	$0	$0	$0
Blood & Blood Products	$4	$0	$0	$0	$0	$0	$0	$0	$4	$0	$0	$0
Medical/Dental Supplies	$601	$0	$0	$0	$451	$0	$0	$0	$1,052	$0	$0	$0
Operating Supplies	$122,637	$127,387	$132,321	$137,400	$61	$0	$0	$0	$122,698	$127,387	$132,321	$137,400
Maintenance & Repair Supplies	$147,106	$151,416	$155,852	$160,400	$29	$0	$0	$0	$147,135	$151,416	$155,852	$160,400
Other Supplies	$42,035	$42,035	$42,035	$42,000	$0	$0	$0	$0	$42,035	$42,035	$42,035	$42,000
Prosthetic Appliances	$7	$0	$0	$0	$0	$0	$0	$0	$7	$0	$0	$0
Home Respiratory Therapy	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$312,794	$320,838	$330,208	$339,800	$541	$0	$0	$0	$313,335	$320,838	$330,208	$339,800
31 Equipment	$104,280	$68,322	$110,062	$77,558	$752	$0	$0	$0	$105,032	$68,322	$110,062	$77,558
32 Lands & Structures:												
Non-Recurring Maintenance	$866,531	$1,060,386	$1,870,000	$1,150,000	$533,183	$96,723	$0	$0	$1,399,714	$1,157,109	$1,870,000	$1,150,000
All Other Lands & Structures	$114,620	$147,620	$289,317	$289,300	$34,427	$6,251	$0	$0	$149,047	$153,871	$289,317	$289,300
Subtotal	$981,151	$1,208,006	$2,159,317	$1,439,300	$567,610	$102,974	$0	$0	$1,548,761	$1,310,980	$2,159,317	$1,439,300
41 Grants, Subsidies & Contributions:												
State Home	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grants	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
43 Imputed Interest	$158	$0	$0	$0	$0	$0	$0	$0	$158	$0	$0	$0
Subtotal	$4,688,470	$5,300,034	$6,499,705	$5,893,165	$743,357	$138,736	$4,000	$1,000	$5,431,827	$5,438,770	$6,503,705	$5,894,165
Prior Year Recoveries	$16,002	$0	$0	$0	$30,188	$0	$0	$0	$46,190	$0	$0	$0
Financial Statement Audit Adjustment	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Adjustment to Unobligated Balance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Obligations Total	$4,704,472	$5,300,034	$6,499,705	$5,893,165	$773,545	$138,736	$4,000	$1,000	$5,478,017	$5,438,770	$6,503,705	$5,894,165

* VACAA 802 excludes Information Technology
** VACAA 801 excludes Minor Construction and Information Technology
1/ Obligations were removed & combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.
2/ Obligations were combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.

Obligations by Object - VACAA 802, Medical Community Care (MCC), & Grand Total
(dollars in thousands)

Description	VACAA 802 (0172 XA, XB,XC,XE) FY 2016	VACAA 802 (0172 XA, XB,XC,XE) FY 2017	VACAA 802 (0172 XA, XB,XC,XE) & VCP 4/ FY 2018	VCP 4/ FY 2019	Medical Community Care (MCC) (0140) FY 2016	Medical Community Care (MCC) (0140) FY 2017	Medical Community Care (MCC) (0140) FY 2018	Medical Community Care (MCC) (0140) FY 2019	Grand Total /3 (MS 0160&0160XA; MSC 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE; VCP; & MCC 0140) FY 2016	Grand Total /3 (MS 0160&0160XA; MSC 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE; VCP; & MCC 0140) FY 2017	Grand Total /3 (MS 0160&0160XA; MSC 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE; VCP; & MCC 0140) FY 2018	Grand Total /3 (MS 0160&0160XA; MSC 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE; VCP; & MCC 0140) FY 2019
10 Personnel Compensation and Benefits:												
Physicians	$0	$0	$0	$0	$0	$0	$0	$0	$6,392,986	$6,734,427	$7,156,907	$7,515,729
Dentists	$0	$0	$0	$0	$0	$0	$0	$0	$280,335	$287,416	$304,110	$318,235
Registered Nurses	$432	$0	$0	$0	$0	$0	$0	$0	$7,296,939	$7,618,043	$8,066,636	$8,440,698
LP Nurse/LV Nurse/Nurse Assistant	$0	$0	$0	$0	$0	$0	$0	$0	$1,765,835	$1,832,444	$1,946,246	$2,047,290
Non-Physician Providers	$0	$0	$0	$0	$0	$0	$0	$0	$2,098,373	$2,177,584	$2,313,691	$2,427,364
Health Technicians/Allied Health	$65	$0	$0	$0	$0	$0	$0	$0	$6,750,980	$6,903,568	$7,299,756	$7,641,997
Wage Board/Purchase & Hire	$0	$0	$0	$0	$0	$0	$0	$0	$1,657,621	$1,730,280	$1,812,341	$1,888,717
All Other	$4,813	$12,269	$12,551	$12,551	$0	$0	$0	$0	$6,779,873	$7,164,917	$7,543,066	$7,851,171
Permanent Change of Station	$0	$0	$0	$0	$0	$0	$0	$0	$12,710	$12,968	$13,231	$13,500
Employee Compensation Pay	$0	$0	$0	$0	$0	$0	$0	$0	$250,913	$256,007	$261,149	$266,449
Subtotal	$5,310	$12,269	$12,551	$12,551	$0	$0	$0	$0	$33,286,565	$34,717,654	$36,717,133	$38,411,150
21 Travel & Transportation of Persons:												
Employee	$164	$0	$0	$0	$0	$0	$0	$0	$89,275	$91,514	$99,195	$102,100
Beneficiary	$9,000	$11,700	$11,700	$11,700	$0	$0	$0	$0	$916,759	$967,400	$1,005,600	$1,045,400
Other	$0	$0	$0	$0	$0	$0	$0	$0	$67,210	$69,164	$71,190	$73,300
Subtotal	$9,164	$11,700	$11,700	$11,700	$0	$0	$0	$0	$1,073,244	$1,128,078	$1,175,985	$1,220,800
22 Transportation of Things	$0	$0	$0	$0	$0	$0	$0	$0	$43,107	$44,370	$45,670	$46,900
23 Rent, Communications, and Utilities:												
Rental of Equipment	$0	$0	$0	$0	$0	$0	$0	$0	$205,253	$219,458	$235,550	$253,000
Communications	$0	$0	$0	$0	$0	$0	$0	$0	$350,492	$373,155	$397,437	$423,400
Utilities	$0	$0	$0	$0	$0	$0	$0	$0	$503,820	$502,123	$516,835	$516,800
GSA Rent	$0	$0	$0	$0	$0	$0	$0	$0	$28,604	$50,914	$54,868	$58,061
Other Real Property Rental	$0	$0	$0	$0	$0	$0	$0	$0	$501,977	$630,725	$655,062	$693,174
Subtotal	$0	$0	$0	$0	$0	$0	$0	$0	$1,590,146	$1,776,375	$1,859,752	$1,944,435
24 Printing & Reproduction:	$79	$0	$0	$0	$0	$0	$0	$0	$26,501	$27,196	$27,993	$28,800
25 Other Contractual Services:												
Care in the Community Outpatient Dental Care	$5,286	$45,100	$45,100	$45,100	$0	$67,177	$101,300	$101,300	$194,160	$112,277	$146,400	$146,400
Medical and Nursing Care in the Community	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Repairs to Furniture/Equipment	$0	$0	$0	$0	$0	$0	$0	$0	$290,894	$299,418	$308,144	$317,100
Maintenance & Repair Contract Services	$0	$0	$0	$0	$0	$0	$0	$0	$224,017	$233,916	$264,252	$272,000
Care in the Community Hospital Care	$726,898	$1,278,600	$1,551,789	$1,551,789	$0	$1,264,843	$1,322,194	$1,361,860	$2,734,578	$2,543,443	$2,873,983	$2,913,649
Community Nursing Homes	-$1,916	$0	$0	$0	$0	$955,900	$989,908	$1,104,700	$853,754	$955,900	$989,908	$1,104,700
Repairs to Prosthetic Appliances	$0	$0	$0	$0	$0	$0	$0	$0	$240,410	$282,034	$304,991	$336,545
Home Oxygen	$0	$0	$0	$0	$0	$0	$0	$0	$193,795	$227,348	$245,854	$271,290
Personal Services Contracts	$25	$0	$0	$0	$0	$0	$0	$0	$108,991	$112,070	$115,265	$118,500
House Staff Disbursing Agreement	$0	$0	$0	$0	$0	$0	$0	$0	$656,178	$675,343	$685,234	$705,300
Scarce Medical Specialists	$0	$0	$0	$0	$0	$0	$0	$0	$110,786	$114,032	$117,373	$120,800
Other Medical Contract Services	$1,850,019	$2,218,768	$1,843,060	$1,843,060	$0	$2,821,274	$3,773,390	$3,639,934	$7,171,839	$7,607,016	$8,378,813	$8,335,979
Administrative Contract Services	-$759,376	$0	$0	$0	$0	$0	$0	$0	$1,167,303	$2,171,434	$2,438,558	$2,580,533
Training Contract Services	-$1	$0	$0	$0	$0	$0	$0	$0	$60,217	$63,435	$66,768	$70,400
CHAMPVA	$0	$0	$0	$0	$0	$1,653,141	$1,610,105	$1,738,935	$1,351,344	$1,763,688	$1,727,302	$1,845,859
Subtotal	$1,820,935	$3,542,468	$3,439,949	$3,439,949	$0	$6,762,335	$7,796,897	$7,946,729	$15,358,266	$17,161,354	$18,662,845	$19,139,055

Obligations by Object - VACAA 802, Medical Community Care (MCC), & Grand Total
(dollars in thousands)

Description	VACAA 802 (0172 XA, XB,XC,XE) FY 2016	VACAA 802 (0172 XA, XB,XC,XE) FY 2017	VACAA 802 (0172 XA, XB,XC,XE) & VCP 4/ FY 2018	VCP 4/ FY 2019	Medical Community Care (MCC) (0140) FY 2016	Medical Community Care (MCC) (0140) FY 2017	Medical Community Care (MCC) (0140) FY 2018	Medical Community Care (MCC) (0140) FY 2019	Grand Total /3 (MS 0160&0160XA; MSC 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE; VCP; & MCC 0140) FY 2016	Grand Total /3 (MS 0160&0160XA; MSC 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE; VCP; & MCC 0140) FY 2017	Grand Total /3 (MS 0160&0160XA; MSC 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE; VCP; & MCC 0140) FY 2018	Grand Total /3 (MS 0160&0160XA; MSC 0152&0152XA; MF 0152&0152XA; VACAA 802 0172 XA, XB,XC,XE; VCP; & MCC 0140) FY 2019
26 Supplies & Materials:												
Provisions	$0	$0	$0	$0	$0	$0	$0	$0	$123,292	$120,544	$122,328	$124,100
Drugs & Medicines	$113,023	$30,600	$30,600	$30,600	$0	$0	$0	$0	$6,371,623	$6,476,875	$7,124,589	$6,964,276
Blood & Blood Products	$0	$0	$0	$0	$0	$0	$0	$0	$55,066	$56,708	$62,434	$61,023
Medical/Dental Supplies	$0	$0	$0	$0	$0	$0	$0	$0	$1,497,671	$1,545,680	$1,603,678	$1,618,100
Operating Supplies	$0	$0	$0	$0	$0	$0	$0	$0	$305,525	$319,738	$334,158	$349,700
Maintenance & Repair Supplies	$0	$0	$0	$0	$0	$0	$0	$0	$175,989	$151,536	$155,852	$160,400
Other Supplies	$0	$0	$0	$0	$0	$0	$0	$0	$233,214	$243,344	$253,086	$264,200
Prosthetic Appliances	$6,851	$5,200	$5,200	$5,200	$0	$0	$0	$0	$2,388,439	$2,799,123	$3,026,540	$3,339,124
Home Respiratory Therapy	$0	$0	$0	$0	$0	$0	$0	$0	$51,462	$60,372	$65,286	$72,041
Subtotal	$119,874	$35,800	$35,800	$35,800	$0	$0	$0	$0	$11,202,281	$11,773,919	$12,747,951	$12,952,964
31 Equipment	$0	$0	$0	$0	$0	$0	$0	$0	$1,431,529	$1,593,658	$1,367,881	$963,913
32 Lands & Structures:												
Non-Recurring Maintenance	$0	$0	$0	$0	$0	$0	$0	$0	$1,400,382	$1,157,109	$1,870,000	$1,150,000
All Other Lands & Structures	$0	$0	$0	$0	$0	$0	$0	$0	$151,017	$153,871	$289,317	$289,300
Subtotal	$0	$0	$0	$0	$0	$0	$0	$0	$1,551,399	$1,310,980	$2,159,317	$1,439,300
41 Grants, Subsidies & Contributions:												
State Home	$0	$0	$0	$0	$0	$1,312,846	$1,345,957	$1,423,516	$1,206,653	$1,312,846	$1,345,957	$1,423,516
Grants	$0	$0	$0	$0	$0	$0	$0	$0	$505,215	$594,972	$571,507	$571,507
Subtotal	$0	$0	$0	$0	$0	$1,312,846	$1,345,957	$1,423,516	$1,711,868	$1,907,818	$1,917,464	$1,995,023
43 Imputed Interest	$0	$0	$0	$0	$0	$0	$0	$0	$158	$0	$0	$0
Subtotal	$1,955,362	$3,602,237	$3,500,000	$3,500,000	$0	$8,075,181	$9,142,854	$9,370,245	$67,275,064	$71,441,402	$76,681,991	$78,142,340
Prior Year Recoveries	$633,298	$0	$0	$0	$0	$0	$0	$0	$925,985	$0	$0	$0
Financial Statement Audit Adjustment	$1,700,000	$0	$0	$0	$0	$0	$0	$0	$1,849,222	$0	$0	$0
Adjustment to Unobligated Balance	-$1,100,000	$0	$0	$0	$0	$0	$0	$0	-$1,100,000	$0	$0	$0
Obligations Total	$3,188,660	$3,602,237	$3,500,000	$3,500,000	$0	$8,075,181	$9,142,854	$9,370,245	$68,950,271	$71,441,402	$76,681,991	$78,142,340

* VACAA 802 excludes Information Technology
** VACAA 801 excludes Minor Construction and Information Technology
1/ Obligations were removed & combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.
2/ Obligations were combined with Other Medical Contract Services (BOC 25) in order to reflect current practices.
3/ Grand Total is a summary of Non801 & VACAA 801 totals from Medical Services, Medical Support & Compliance, Medical Facilities, VACAA 802 (excludes Information Technology), and Medical Community Care.
4/ VCP= Veterans Choice Program

Office of Personnel Management (OPM) Occupational Groups and Families Descriptions

Descriptions below pertain to Occupational Groups and Families referenced in the Employment Summary chapter, FTE, 2016 Actual (OPM Classification)(table).

0000 – Miscellaneous Operations Group - This group includes all classes of positions the duties of which are to administer, supervise, or perform work that cannot be included in other occupational groups either because the duties are unique, or because they are complex and come in part under various groups.

0100 – Social Science, Psychology, and Welfare Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work, subordinate technical work, or related clerical work in one or more of the social sciences; in psychology; in social work; in recreational activities; or in the administration of public welfare and insurance programs.

0200 – Human Resources Management Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform work involved in the various phases of human resources management.

0300 - General Administrative, Clerical, and Office Services Group - This group includes all classes of positions the duties of which are to administer, supervise, or perform work involved in management analysis; stenography, typing, correspondence, and secretarial work; mail and file work; the operation of office appliances; the operation of communications equipment, use of codes and ciphers, and procurement of the most effective and efficient communications services; the operation of microform equipment, peripheral equipment, mail processing equipment, duplicating equipment, and copier/duplicating equipment; and other work of a general clerical and administrative nature.

0400 – Natural Resources Management and Biological Sciences Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work or subordinate technical work in any of the fields of science concerned with living organisms, their distribution, characteristics, life processes, and adaptations and relations to the environment; the soil, its properties and distribution, and the living organisms growing in or on the soil; and the management, conservation, or utilization thereof for particular purposes or uses.

0500 – Accounting and Budget Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform professional, technical, or related clerical work of an accounting, budget administration, related financial management, or similar nature.

0600 – Medical, Hospital, Dental and Public Health Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work, subordinate technical work, or related clerical work in the several branches of medicine, surgery, and dentistry or in related patient care services such as dietetics, nursing, occupational therapy, physical therapy, pharmacy, and others.

0800 – Engineering and Architecture Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform professional, scientific, or technical work concerned with engineering or architectural projects, facilities, structures, systems, processes, equipment, devices, material or methods. Positions in this group require knowledge of the science or art, or both, by which materials, natural resources, and powers are made useful.

0900 – Legal and Kindred Group - This group includes positions that advise on, administer, supervise, or perform work of a legal or kindred nature.

1000 – Information and Arts Group - This group includes positions that involve professional, artistic, technical, or clerical work in: (1) the communication of information and ideas through verbal, visual, or pictorial means; (2) the collection, custody, presentation, display, and interpretation of art works, cultural objects, and other artifacts; or (3) a branch of fine or applied arts such as industrial design, interior design, or musical composition. Positions in this group require writing, editing, and language ability; artistic skill and ability; knowledge of foreign languages; the ability to evaluate and interpret informational and cultural materials; or the practical application of technical or esthetic principles combined with manual skill and dexterity; or related clerical skills.

1100 – Business and Industry Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform work pertaining to and requiring a knowledge of business and trade practices, characteristics and use of equipment, products, or property, or industrial production methods and processes, including the conduct of investigations and studies; the collection, analysis, and dissemination of information; the establishment and maintenance of contacts with industry and commerce; the provision of advisory services; the examination and appraisement of merchandise or property; and the administration of regulatory provisions and controls.

1300 – Physical Sciences Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work, or subordinate technical work, in any of the fields of science concerned with matter, energy, physical space, time, nature of physical measurement, and fundamental structural particles; and the nature of the physical environment.

1400 – Library and Archives Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform professional and scientific work or subordinate technical work in the various phases of library and archival science.

1500 – Mathematical Sciences Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform research or other professional and scientific work or related clerical work in basic mathematical principles, methods, procedures, or relationships, including the development and application of mathematical methods for the investigation and solution of problems; the development and application of statistical theory in the selection, collection, classification, adjustment, analysis, and interpretation of data; the development and application of mathematical, statistical, and financial principles to programs or problems involving life and property risks; and any other professional and scientific or related clerical work requiring primarily and mainly the understanding and use of mathematical theories, methods, and operations.

1600 – Equipment, Facilities, and Services Group - This job group includes positions the duties of which are to advise on, manage, or provide instructions and information concerning the operation, maintenance, and use of equipment, shops, buildings, laundries, printing plants, power plants, cemeteries, or other Government facilities, or other work involving services provided predominantly by persons in trades, crafts, or manual labor operations. Positions in this group require technical or managerial knowledge and ability, plus a practical knowledge of trades, crafts, or manual labor operations.

1700 – Education Group - This group includes positions that involve administering, managing, supervising, performing, or supporting education or training work when the paramount requirement of the position is knowledge of, or skill in, education, training, or instruction processes.

1800 – Inspection, Investigation, Enforcement, and Compliance Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform inspection, investigation, enforcement, or compliance work primarily concerned with alleged or suspected offenses against the laws of the United States, or such work primarily concerned with determining compliance with laws and regulations.

1900 – Quality Assurance, Inspection and Grading Group - This group includes all classes of positions the duties of which are to advise on, supervise, or perform administrative or technical work primarily concerned with the quality assurance or inspection of material, facilities, and processes; or with the grading of commodities under official standards.

2000 – Supply Group - This group includes positions that involve work concerned with furnishing all types of supplies, equipment, material, property (except real estate),

and certain services to components of the Federal Government, industrial, or other concerns under contract to the Government, or receiving supplies from the Federal Government. Included are positions concerned with one or more aspects of supply activities from initial planning, including requirements analysis and determination, through acquisition, cataloging, storage, distribution, utilization to ultimate issue for consumption or disposal. The work requires knowledge of one or more elements or parts of a supply system, and/or supply methods, policies, or procedures.

2100 – Transportation Group - This group includes all classes of positions the duties of which are to advise on, administer, supervise, or perform clerical, administrative, or technical work involved in the provision of transportation service to the Government, the regulation of transportation utilities by the Government, or the management of Government-funded transportation programs, including transportation research and development projects.

2200 – Information Technology Group - This series covers two-grade interval administrative positions that manage, supervise, lead, administer, develop, deliver, and support information technology (IT) systems and services. This series covers only those positions for which the paramount requirement is knowledge of IT principles, concepts, and methods; e.g., data storage, software applications, networking. Information technology refers to systems and services used in the automated acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, assurance, or reception of information. Information technology includes computers, network components, peripheral equipment, software, firmware, services, and related resources.

2500 – Wire Communications Equipment Installations & Maintenance Family - This job family includes occupations involved in the construction, installation, maintenance, repair, and testing of all types of wire communications systems and associated equipment that are predominantly electrical-mechanical.

2600 – Electronic Equipment Installation & Maintenance Family - This job family includes occupations involved in the installation, repair, overhaul, fabrication, tuning, alignment, modification, calibration, and testing of electronic equipment and related devices such as radio, radar, loran, sonar, television, and other communications equipment; industrial controls; fire control, flight/landing control, bombing-navigation, and other integrated systems; and electronic computer systems and equipment.

2800 – Electrical Installation & Maintenance Family - This job family includes occupations involved in the fabrication, installation, alteration, maintenance, repair, and testing of electrical systems, instruments, apparatus, and equipment.

3100 – Fabric and Leather Work Family - This job family includes occupations involving the fabrication, modification, and repair of clothing and equipment made of: (1) woven textile fabrics of animal, vegetable, or synthetic origin; (2) plastic film and

filaments; (3) natural and simulated leather; (4) natural and synthetic fabrics; and (5) paper. Work involves use of hand tools and mechanical devices and machines to lay out, cut, sew, rivet, mold, fit, assemble, and attach findings to articles such as uniforms, rainwear, hats, belts, shoes, briefcases, holsters, equipage articles, tents, gun covers, bags, parachutes, upholstery, mattresses, brushes, etc.

3300 – Instrument Work Family - This job family includes occupations that involve fabricating, assembling, calibrating, testing, installing, repairing, modifying, and maintaining instruments and instrumentation systems for measuring, regulating, and computing physical quantities such as mass, moment, force, acceleration, displacement, stress, strain, vibration or oscillation frequency, phase and amplitude, linear or angular velocity, spacetime position and attitude, pressure, temperature, density, viscosity, humidity, thermal or electrical conductivity, voltage, current, power, power factor, impedance, and radiation. Examples of such instruments and equipment are: gyro, optical, photographic, timekeeping, electrical, metered, pressure, and geared instruments; test equipment; and navigation, flight control, and fuel totalizing systems. The work requires knowledge of electrical, electronic, mechanical, optical, pneumatic, and/or hydraulic principles.

3400 – Machine Tool Work Family - This job family includes occupations that involve setting up and operating machine tools and using hand tools to make or repair (shape, fit, finish, assemble) metal parts, tools, gauges, models, patterns, mechanisms, and machines; and machining explosives and synthetic materials.

3500 – General Services and Support Work Family - This job family includes occupations not specifically covered by another work family that require little or no specialized training or work experience to enter. These occupations usually involve work such as moving and handling materials (e.g., loading, unloading, digging, hauling, hoisting, carrying, wrapping, mixing, pouring, spreading); washing and cleaning laboratory apparatus, cars, and trucks, etc; cleaning and maintaining living quarters, hospital rooms and ward, office buildings, grounds, and other areas; and doing other general maintenance work by hand or using common handtools and power equipment. They may involve heavy or light physical work and various skill levels. Skills are generally learned through job experience and instruction from supervisors or, in some instances, formal training programs lasting a few days or weeks or longer.

3600 – Structural and Finishing Work Family - This job family includes occupations not specifically covered by another work family that involve doing structural and finishing work in construction, maintenance, and repair of surfaces and structures (e.g., laying brick, block, and stone; setting tile; finishing cement and concrete; plastering; installing, maintaining, and repairing asphalt, tar, and gravel; roofing; insulating and glazing).

3700 – Metal Processing Family - This job family includes occupations that involve processing or treating metals to alter their properties or produce desirable qualities

such as hardness or workability, using processes such as welding, plating, melting, alloying, casting, annealing, heat treating, and refining.

3800 – Metal Work Family - This job family includes occupations involved in shaping and forming metal and making and repairing metal parts or equipment and includes such work as the fabrication and assembly of sheet metal parts and equipment; forging and press operations; structural iron working, boilermaking, shipfitting, and other plate metal work; rolling, cutting, stamping, riveting, etc. It does not include machine tool work.

4000 – Lens and Crystal Work Family - This job family includes occupations involved in making precision optical elements, crystal blanks or wafers, or other items of glass, crystalline substances, synthetics, polished metals, or similar materials, using such methods as cutting, etching, grinding, polishing, etc.

4100 – Painting & Paperhanging Family - This job family includes occupations that involve hand or spray painting and decorating interiors and exteriors of buildings, structures, aircraft, vessels, mobile equipment, fixtures, furnishings, machinery, and other surfaces; finishing hardwoods, furniture, and cabinetry; painting signs; covering interiors of rooms with strips of wallpaper or fabric, etc.

4200 – Plumbing & Pipefitting Family - This job family includes occupations that involve the installation, maintenance, and repair of water, air, steam, gas, sewer, and other pipelines and systems, and related fixtures, apparatus, and accessories.

4300 – Pliable Materials Work Family - This job family includes occupations involved in shaping, forming, and repairing items and parts from non-metallic moldable materials such as plastic, rubber, clay, wax, plaster, glass, sand, or other similar materials.

4400 – Printing Family - This job family includes occupations involved in letterpress (relief), offset-lithographic, gravure (intaglio), or screen printing; includes layout, hand composition, photoengraving, platemaking, printing, and finishing operations.

4600 – Wood Work Family - This job family includes occupations involved in the construction, alteration, repair, and maintenance of wooden buildings and other structures, and the fabrication and repair of wood products such as furniture, foundry patterns, and form blocks, using power and hand tools.

4700 – General Maintenance and Operations Work Family - This job family includes occupations: (1) that consist of various combinations of work that are involved in constructing, maintaining, and repairing buildings, roads, grounds, and related facilities; manufacturing, modifying, and repairing items or apparatus made from a variety of materials or types of components; or repairing and operating equipment or utilities; and (2) require the application of a variety of trade practices

associated with occupations in more than one job family (unless otherwise indicated), and the performance of the highest level of work in at least two of the trades involved.

4800 – General Equipment Maintenance Family - This job family includes occupations involved in the maintenance or repair of equipment, machines, or instruments that are not coded to other job families because the equipment is not characteristically related to one of the established subject matter areas such as electronics, electrical, industrial, transportation, instruments, engines, aircraft, ordnance, etc., or because the nature of the work calls for limited knowledge/skill in a variety of crafts or trades as they relate to the repair of such equipment, but not a predominate knowledge of any one trade or craft.

5000 – Plant and Animal Work Family - This job family includes occupations involved in general or specialized farming operations; gardening, including the general care of grounds, roadways, nurseries, greenhouses, etc; trimming and felling trees; and propagating, caring for, handling, and controlling animals and insects, including pest species.

5300 – Industrial Equipment Maintenance Family - This job family includes occupations involved in the general maintenance, installation, and repair of portable and stationary industrial machinery, tools, and equipment such as sewing machines, machine tools, woodworking and metalworking machines, printing equipment, processing equipment, driving machinery, power generating equipment, air conditioning equipment, heating and boiler plant equipment, and other types of machines and equipment used in the production of goods and services.

5400 – Industrial Equipment Operation Family - This job family includes occupations involved in the operation of portable and stationary industrial equipment, tools, and machines to generate and distribute utilities such as electricity, steam, and gas for heat or power; treat and distribute water; collect, treat, and dispose of waste; open and close bridges, locks, and dams; lift and move workers, materials, and equipment; manufacture and process materials and products, etc.

5700 – Transportation/Mobile Equipment Operation Family - This job family includes occupations involved in the operation and operational maintenance of self-propelled transportation and other mobile equipment (except aircraft) used to move materials or passengers, including motor vehicles, engineering and construction equipment, tractors, etc., some of which may be equipped with power takeoff and controls to operate special purpose equipment; ocean-going and inland waterway vessels, harbor craft, and floating plants; and trains, locomotives, and train cars.

5800 - Transportation/Mobile Equipment Maintenance Family - This job family includes occupations involved in repairing, adjusting, and maintaining self-propelled transportation and other mobile equipment (except aircraft), including any special purpose features with which they may be equipped.

6900 – Warehousing and Stock Handling Family - This job family includes occupations involved in physically receiving, storing, handling, and issuing supplies, materials, and equipment; handling, marking, and displaying goods for selection by customers; identifying and condition classifying materials and equipment; and routing and expediting movement of parts, supplies, and materials in production and repair facilities.

7300 – Laundry, Dry Cleaning, and Pressing Family - This job family includes occupations involved in receiving, sorting, washing, drying, dry cleaning, dyeing, pressing, and preparing for delivery clothes, linens, and other articles requiring laundering, dry cleaning, or pressing.

7400 – Foord Preparation and Serving Family - This job family includes occupations involved in the preparation and serving of food.

7600 – Personal Services Family - This job family includes occupations concerned with providing grooming, beauty, or other personal services to individuals, patrons, guests, passengers, entertainers, etc., or attending to their personal effects.

Reimbursements

Reimbursements
Includes Veterans Choice Act Sec. 801/802 and Veterans Choice Program
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp. 1/	2018 Revised Request	2019 Advance Approp.	+/- 2017-2018	+/- 2018-2019
Discretionary Obligations								
Medical Services (0160)	$119,181	$153,243	$153,243	$156,005	$153,243	$153,243	$0	$0
Medical Support & Compliance (0152)	$13,209	$14,063	$19,063	$14,193	$19,063	$19,063	$5,000	$0
Medical Facilities (0162)	$13,216	$17,098	$17,098	$17,465	$17,098	$17,098	$0	$0
Medical Community Care (0140)	$0	$0	$0	$0	$0	$0	$0	$0
Discretionary Obligations [Total]	**$145,606**	**$184,404**	**$189,404**	**$187,663**	**$189,404**	**$189,404**	**$5,000**	**$0**
Veterans Choice Act (P.L. 113-146)								
Section 801								
Mandatory Obligations								
Medical Services (0160XA)	$0		$0		$0	$0	$0	$0
Medical Support & Compliance (0152XA)	$0		$0		$0	$0	$0	$0
Medical Facilities (0162XA)	$0		$0		$0	$0	$0	$0
Section 801 [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Section 802 and Veterans Choice Program								
Mandatory Obligations								
Administration (0172XA)	$0		$0		$0	$0	$0	$0
Medical Care (0172XB)	$0		$0		$0	$0	$0	$0
Emergency Hepatitis C (0172XC)	$0		$0		$0	$0	$0	$0
Emergency Community Care (0172XE)	$0		$0		$0	$0	$0	$0
Section 802 & Veterans Choice Program [Subtotal]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Veterans Choice Act/Veterans Choice Program [Total]	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Obligations [Grand Total]	**$145,606**	**$250,000**	**$189,404**	**$250,000**	**$189,404**	**$189,404**	**$0**	**$0**

Reimbursements in 2017 are estimated to be $189 million, which represents a 30% increase from the $146 million in 2016. The increase expected in 2017 is the result of anticipated improvements in reimbursement processes and performance due to improved business practices across the system. Estimates for all future years have been reevaluated based on 2016 actuals.

Prior Year Recoveries

Prior Year Recoveries
(dollars in thousands)

Description	2016 Actual
Obligations [Total]	**$925,985**
Medical Services (0160)	$245,769
Medical Support & Compliance (0152)	$188
Medical Facilities (0162)	$16,002
Medical Community Care (0140)	$0
Subtotal	$261,959
Veterans Access, Choice & Accountability Act of 2014	
Section 801	
Medical Services (0160XA)	$540
Medical Support & Compliance (0152XA)	$0
Medical Facilities (0162XA)	$30,188
Section 801 [Subtotal]	$30,728
Section 802	
Administration (0172XA)	$55,065
Medical Care (0172XB)	$281,935
Emergency Hepatitis C (0172XC)	$2,760
Emergency Community Care (0172XE)	$293,538
Section 802 [Subtotal]	$633,298
Veterans Choice Act [Subtotal]	$664,026

This is a change in VA's accounting system to record prior-year recoveries as required by Federal accounting policy under OMB Circular No. A-11 guidance. Because this is a technical change that does not affect the actual resource levels provide for Veterans services, there are no projections for future years. VA has modified its financial accounting system to be able to accurately monitor and record recoveries.

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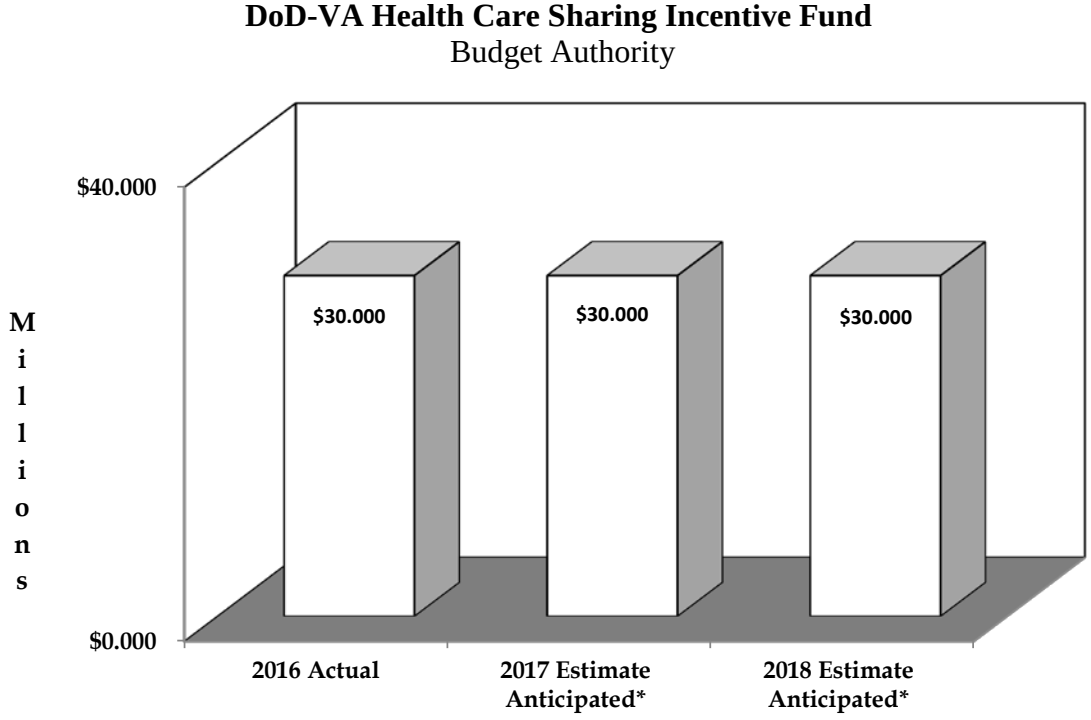
DoD-VA Health Care Sharing Incentive Fund



*Funding contributions anticipated from VA and DoD.

Program Description

Congress created the DoD-VA Health Care Sharing Incentive Fund, regularly referred to as the Joint Incentive Fund (JIF), between the Department of Defense (DoD) and the Department of Veterans Affairs (VA) to encourage development of sharing initiatives at the facility, intra-regional and nationwide level. The JIF program has been very successful in fostering collaboration and new approaches to problem solving that mutually benefit both VA and DoD.

Through the JIF, there is a minimum of $30,000,000 available annually to enable VA and DoD to identify and provide incentives to implement creative sharing initiatives at the facility, intra-regional, and nationwide levels. Section 8111(d) of title 38, United States Code (U.S.C.) requires each Secretary to contribute a minimum of $15,000,000 from the funds appropriated to that Secretary's Department. The DoD-VA Health Care Sharing Incentive Fund became effective on October 1, 2003. Public Law 114-92, the National

Defense Authorization Act for 2016, section 722, amended section 8111(d)(3) of title 38, U.S.C. to extend the program to September 30, 2020. This is a no-year account.

Extension of the JIF authority will ensure the continued development and implementation of joint projects that will benefit the delivery of health care to beneficiaries of both departments.

Program Highlights
(dollars in thousands)

Description	2016 Actual*	2017 Budget Estimate	2017 Current Estimate*	2018 Estimate*	Increase/ Decrease
Transfer from Medical Services	$15,000	$15,000	$15,000	$15,000	$0
Transfer from DoD	$15,000	$15,000	$15,000	$15,000	$0
Budget Authority Total	$30,000	$30,000	$30,000	$30,000	$0
Rescissions, P.L. 114-113, P.L. 114-223 (From Unobligated Balance)	($30,000)	$0	($40,000)	$0	$40,000
Total Budgetary Resources	$30,000	$30,000	$30,000	$30,000	$0
Obligations	$63,391	$74,435	$56,000	$65,761	$9,761
FTE**	47	57	47	57	10

*Anticipates VA and DoD will each transfer the required minimum of $15 million to this fund.
**Data source: VA Financial Management System (FMS). VA assumes a steady-state number of FTEs through the budget years.

Administrative Provision
An administrative provision related to the JIF will be included in the VA chapter of the President's Budget Appendix:

> SEC. 222. Of the amounts available in this title for ''Medical Services'', "Medical Community Care", ''Medical Support and Compliance'', and ''Medical Facilities'', a minimum of $15,000,000 shall be transferred to the DOD–VA Health Care Sharing Incentive Fund, as authorized by section 8111(d) of title 38, United States Code, to remain available until expended, for any purpose authorized by section 8111 of title 38, United States Code.

Governance and Accountability
The VA-DoD Joint Executive Committee delegated the implementation of the fund to the Health Executive Committee (HEC). VHA administers the fund under the policy guidance and direction of the HEC and executes funding transfers for projects approved by the HEC. The VHA Chief Financial Officer (CFO) provides periodic status reports of the financial balance of the Fund to the Defense Health Agency (DHA) CFO and to the HEC.

2017 JIF Projects

An Out-of-Cycle call for 2017 JIF project proposals was conducted in 2016. That cycle resulted in the submission, review and evaluation of twenty-one (21) new joint health care sharing initiatives totaling more than $64.8M. Three projects totaling $4.6M were approved, and will be funded using current JIF Program balances if funding from existing projects becomes available before the end of FY 2017, or if additional departmental contributions are made.

DoD-VA Health Care Sharing Incentive Fund Crosswalk
(dollars in thousands)

Description	2016 Actual*	2017 Budget Estimate	2017 Current Estimate*	2018 Estimate*	Increase/ Decrease
Transfer from Medical Services	$15,000	$15,000	$15,000	$15,000	$0
Transfer from DoD	$15,000	$15,000	$15,000	$15,000	$0
Subtotal	$30,000	$30,000	$30,000	$30,000	$0
Budget Authority	$30,000	$30,000	$30,000	$30,000	$0
Adjustments to Obligations:					
Unobligated Balance (SOY):					
No-Year	$137,730	$81,148	$81,148	$22,638	($58,510)
Rescissions, P.L. 113-235, P.L. 114-113 (From Unobligated Balance)	($30,000)	$0	($40,000)	$0	$40,000
Unobligated Balance (EOY):					
No-Year	($81,148)	($61,000)	($22,638)		$22,638
Change in Unobligated Balance (Non-Add)	$26,582	$30,000	$18,510	$22,638	$4,128
Recovery Prior Year Obligations	$6,809	$14,435	$7,490	$13,123	$5,633
Obligations	$63,391	$74,435	$56,000	$65,761	$9,761
Outlays:					
Obligations	$63,391	$74,435	$56,000	$65,761	$9,761
Obligated Balance (SOY)	$69,937	$94,167	$59,407	$100,417	$41,010
Obligated Balance (EOY)	($59,407)	($146,667)	($100,417)	($138,055)	($37,638)
Recovery Prior Year Obligations	($6,809)	($7,490)	($7,490)	($13,123)	($5,633)
Outlays, Net	$67,112	$14,445	$7,500	$15,000	$7,500
FTE**	47	57	47	57	10

*Anticipates VA and DoD will each transfer the required minimum of $15 million to this fund.
**Data source: VA Financial Management System (FMS). VA assumes a steady-state number of FTEs through the budget years.

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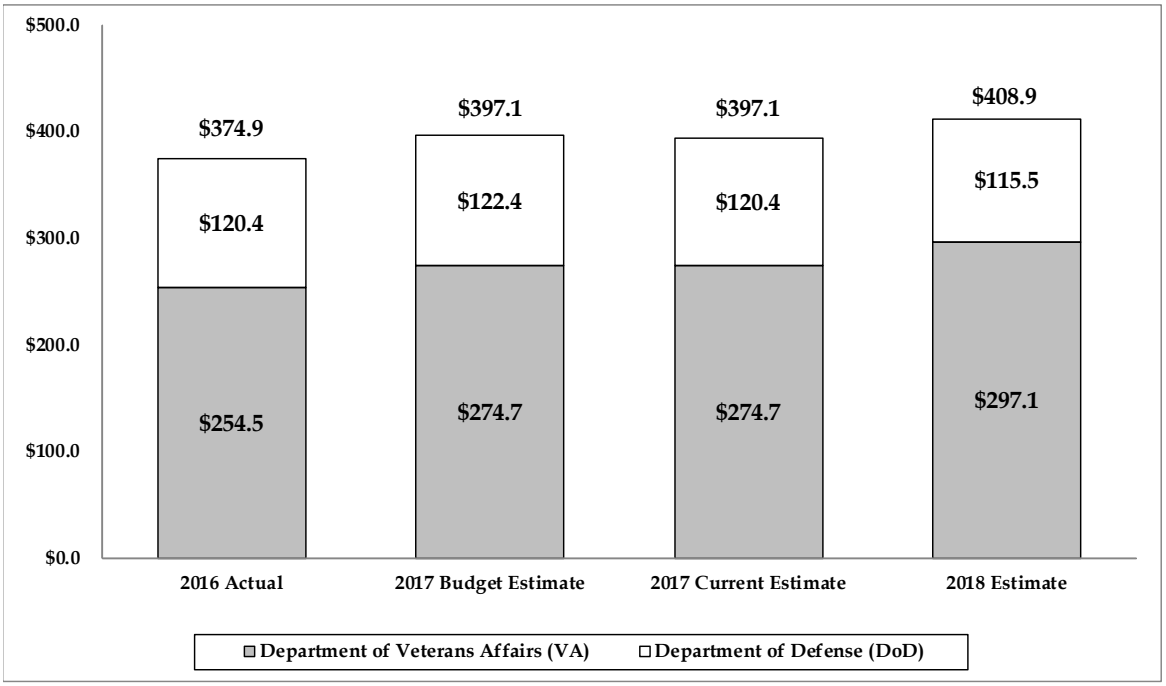
Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund

DoD-VA Medical Facility Demonstration Fund Appropriation Transfers
($ in millions)



Financial Highlights

(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate 3/	2018 Estimate 3/	2017-2018 Increase/ Decrease
Appropriation, Transfers From:					
Medical Services	$186,520	$201,604	$185,773	$198,642	$12,869
Medical Support & Compliance	$26,037	$28,206	$25,991	$27,792	$1,801
Medical Facilities	$34,806	$37,620	$34,666	$37,068	$2,402
Medical Community Care			$21,000	$26,117	$5,117
VA Information Technology	$7,158	$7,301	$7,301	$7,518	$217
Subtotal, VA Contribution	$254,521	$274,731	$274,731	$297,137	$22,406
Department of Defense (DoD) 1/	$120,387	$122,375	$120,387	$115,519	($4,868)
Other DoD Contributions:					
MERHCF DoD reimbusement	$3,615	$3,615	$3,756	$3,895	$139
DoD "Stay Navy" (non-add) 2/	$11,932	$15,583	$15,383	$15,840	$457
Subtotal, DoD Contribution	$135,934	$141,573	$139,526	$135,254	($4,272)
Total /4	$374,908	$397,106	$395,118	$412,656	$17,538
Collections 5/	$17,522	$22,316	$15,981	$15,783	($198)
Reimbursements 6/	$6,804	$8,500	$8,500	$16,000	$7,500
Unobl Bal (SOY)	$8,008	$5,000	$6,800	$5,000	($1,800)
Unobl Bal (EOY)	($6,800)	($5,000)	($5,000)	($5,000)	$0
Lapse	($2,627)				$0
Obligations	$397,815	$427,922	$421,399	$444,439	$23,040
FTE:					
Civilian	2,038	2,172	2,172	2,172	0
DoD Uniformed Military 7/	930	836	909	909	0
Total FTE	2,968	3,008	3,081	3,081	0

1/The actual amount of the MERHCF reimbursement will impact DoD transfer amount.

2/ Non-add for Personal Services Contract funded by DoD for the East Campus.

3/FY 2017 and 2018 estimates are based upon the best available information at the time of the development. of the budget. These estimates are subject to revision as operational estimates are refined for the Captain James A. Lovell Federal Healthcare Center (FHCC). These estimates are in compliance with Public Law 111-84 which established this fund. P.L. 114-223 authorizes contributions from Medical Community Care beginning in FY 2017.

4/Total does not include the Stay Navy contribution or MERHCF reimbursement.

5/Collections estimate provided by the VA Office of Community Care.

6/Includes estimated MERHCF reimbursement from DoD.

7/FY 2017 is based on estimates from the Navy Manning Plan in FY 2016, and no change is expected in FY 2017. Estimates do not reflect the number of DoD Uniform Military FTE subject to Reconciliation in the FHCC Joint Areas.

Program Description
On May 27, 2005, the Department of Veterans Affairs (VA)/Department of Defense (DoD) Health Executive Council signed an agreement to integrate the North Chicago VA Medical Center (NCVAMC) and the Navy Health Clinic Great Lakes (NHCGL). This landmark agreement created an organization composed of all the medical and dental components on both VA and Navy property under the leadership of a VA Senior Executive Service (SES) Medical Center Director and a Navy Captain (O-6) Deputy Director. The leadership functions in concert with an Interagency Advisory Board and a local Stakeholder Advisory Board. To support the integration of NHCGL and NCVAMC, a $118 million DoD construction project was awarded to construct a new federal ambulatory care clinic and parking facilities co-located with NCVAMC. The project was completed on September 27, 2010, and the first multiple specialty clinic opened on December 20, 2010. The approved Governance Model, with VA as the Lead Partner, relies on an extensive Resource Sharing Agreement (RSA) between the current NCVAMC and NHCGL. This RSA ensures strict adherence to the title 38 requirement that one entity may not endanger the mission of the other entity engaged in a RSA.

The integrated organization – the Captain James A. Lovell Federal Health Care Center (FHCC) – is comprised of two campuses. The West Campus has 48 buildings on 107-acres of land between Green Bay Road and Buckley Road in North Chicago, Illinois. The East Campus has four medical facilities on Naval Station Great Lakes, Illinois. There are two Community Based Outpatient Clinics (CBOCSs) in Evanston and McHenry, Illinois, and one in Kenosha, Wisconsin. The FHCC has 376 available beds and treated 1,114,829 outpatients and 4,645 inpatient admissions in 2016.

The FHCC began using a single unified budget in 2011 to operate the integrated facility and execute funding using the VA Financial Management System (FMS). An account under the Department of Veterans Affairs, "Joint Department of Defense - Department of Veterans Affairs Medical Facility Demonstration Fund" (referred to as the "Fund"), was effective beginning in 2011 (4^{th} Quarter).

> VA and DoD determine the FHCC expenses that can be attributed to VA and DoD, based on cost, workload, and the consumption of resources by each Department's beneficiaries. This reconciliation model is used as the basis for preparing future budgets. The reconciliation methodology uses agreed-upon full costing methods and execution data to determine the costs attributable to each Department. The reconciliation methodology uses industry standard measurements such as Relative Value Units (RVUs) and Relative Weighted Products (RWPs) for the determinations of workload values to be compared to VA's Decision Support System (DSS) full costs. Both Departments will continue to work together to improve upon an equitable reconciliation process and ensure respective Department financial controls are implemented.

Per statute, the Secretary of Defense, in consultation with the Secretary of the Navy, and the Secretary of Veterans Affairs shall jointly provide for an annual independent review of

the Fund at least three years after the date of the enactment of National Defense Authorization Act (NDAA) of 2010, Public Law 111-84.

In addition, Public Law 111-84 requires the Secretaries to jointly submit a final report on the exercise of the authorities in the law not later than 180 days after the fifth anniversary of the date of the execution of the executive agreement. The report must include the following:

a. A comprehensive description and assessment of the exercise of the authorities in NDAA 2010.

b. The recommendation of the Secretaries as to whether the exercise of the authorities of NDAA 2010 should continue.

The report was submitted to the appropriate committees of Congress in July 2016 with the recommendation that the FHCC continue to operate as a joint facility.

The authorities to use this Fund shall terminate on September 30, 2018.

Administrative Provisions

VA is proposing continuing the following administrative provisions in accordance with Public Law 111-84, NDAA 2010, for 2018, as included in the President's Budget:

> SEC. 218. Of the amounts appropriated to the Department of Veterans Affairs for fiscal year 2018 for ''Medical Services'', ''Medical Community Care'', ''Medical Support and Compliance'', ''Medical Facilities'', ''Construction, Minor Projects'', and ''Information Technology Systems'', up to $297,137,000, plus reimbursements, may be transferred to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund, established by section 1704 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 3571) and may be used for operation of the facilities designated as combined Federal medical facilities as described by section 706 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110–417; 122 Stat. 4500): *Provided*, That additional funds may be transferred from accounts designated in this section to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund upon written notification by the Secretary of Veterans Affairs to the Committees on Appropriations of both Houses of Congress: *Provided further*, That section 222 of title II of division A of Public Law 114-223 is repealed.
>
> SEC. 219. Of the amounts appropriated to the Department of Veterans Affairs which become available on October 1, 2018, for "Medical Services", "Medical Community Care", "Medical Support and Compliance", and "Medical Facilities", up to $306,378,000, plus reimbursements, may be transferred to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund, established by section 1704 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84; 123 Stat. 3571) and may be used for operation of the facilities designated as combined Federal medical

facilities as described by section 706 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110-417; 122 Stat. 4500): *Provided,* That additional funds may be transferred from accounts designated in this section to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund upon written notification by the Secretary of Veterans Affairs to the Committees on Appropriations of both Houses of Congress.

SEC. 220. Such sums as may be deposited to the Medical Care Collections Fund pursuant to section 1729A of title 38, United States Code, for healthcare provided at facilities designated as combined Federal medical facilities as described by section 706 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110–417; 122 Stat. 4500) shall also be available: (1) for transfer to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund, established by section 1704 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 3571); and (2) for operations of the facilities designated as combined Federal medical facilities as described by section 706 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110–417; 122 Stat. 4500): Provided, That, notwithstanding section 1704(b)(3) of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 2573), amounts transferred to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund shall remain available until expended.

Also in accordance with Public Law 111-84, NDAA 2010, DoD is proposing the following general provision, for 2018, as included in the President's Budget:

Section 8045. From within the funds appropriated for operation and maintenance for the Defense Health Program in this Act, up to $115,519,000 shall be available for transfer to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund in accordance with the provisions of section 1704 of the National Defense Authorization Act for Fiscal Year 2010, Public Law 111-84: Provided, That for purposes of section 1704(b), the facility operations funded are operations of the integrated Captain James A. Lovell Federal Health Care Center, consisting of the North Chicago Veterans Affairs Medical Center, the Navy Ambulatory Care Center, and supporting facilities designated as a combined Federal medical facility as described by section 706 of Public Law 110-417: Provided further, That additional funds may be transferred from funds appropriated for operation and maintenance for the Defense Health Program to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund upon written notification by the Secretary of Defense to the Committees on Appropriations of the House of Representatives and the Senate.

Justification for VA Administrative Provisions:

The first VA provision (Sec. 218) is required to permit the transfer of funds from specific VA appropriations to the Fund, which was established by Public Law 111-84, section 1704. Section 1704(a)(2)(A) and (B) specify that the Fund will consist of amounts transferred from amounts authorized and appropriated for the DoD and VA specifically for the purpose of providing resources for this Fund. The second provision permits the transfer of funds for fiscal year 2019 from the VA Medical Care accounts.

The VA's 2018 budget request includes funding to be appropriated and transferred to the Fund within the appropriations request for Medical Services, Medical Support and Compliance, Medical Facilities, Medical Community Care, and Information Technology Systems.

The third provision (Sec. 220) will permit the transfer of funds from the Medical Care Collections Fund to the Fund. Section 1704 of Public Law 111-84 allows VA and DoD to deposit medical care collections to this Fund. Section 1704(b)(2) specifies that the availability of funds transferred to the Fund under subsection (a)(2)(C) shall be subject to the provisions of 1729A of title 38, United States Code (U.S.C). Title 38, U.S.C., section 1729A(e), requires that: (e) amounts recovered or collected under the provisions of law referred to in subsection (b) shall be treated for the purposes of sections 251 and 252 of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901, 902) as offsets to discretionary appropriations to the extent that such amounts are made available for expenditure in appropriations Acts for the purposes specified in subsection (c).

To treat the collections as offsets to discretionary appropriations, language is needed in the appropriations act regarding the authority to use collections to pay for the expenses of furnishing health care at the Captain James A. Lovell Federal Health Care Center located in North Chicago, Illinois. New language is added to this year's administrative provision to request that the amounts transferred from the Medical Care Collections Fund to the Joint Demonstration Fund be available without fiscal year limitation upon deposit. This proposal would allow the FHCC to leverage no-year funds from the joint account to the same extent as other VA medical facilities, giving the FHCC much-needed flexibility to support emerging requirements or prior year adjustments.

Health Care Sharing and VA/DoD Sharing

Health Care Sharing

Health Care Sharing
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
Services Purchased by VA:								
Obligations ($000)	$1,079,444	$1,146,984	$1,122,622	$1,192,864	$1,167,527	$1,214,228	$44,905	$46,701
Services Provided by VA:								
Reimbursements ($000)	$52,394	$54,234	$54,491	$56,403	$56,670	$58,937	$2,179	$2,267

VA procures health care resources with affiliated institutions and community providers based on authority included in title 38 United States Code (U.S.C.), section 8153, enacted in 1966 and last amended by the Veterans Health Care Eligibility Reform Act of 1996, Public Law (P.L.) 104-262. VA also procures health care resources using Federal Supply Schedules. These authorities are the contracting mechanism of choice for VHA and non-Department of Defense (DoD) health care entities, including medical specialists and the shared use of medical equipment. This authority, along with the use of competitive procurements, allows VHA facilities to maximize the effective use of internal and community resources to eliminate any diminution of services to Veterans. Procurements with affiliated institutions, such as medical schools, medical practice groups, and academic institutions, allow quality service and support VHA goals in education and training in accordance with 38 U.S.C. 7302. The primary goal of the VA health care system is to furnish high quality medical care to our Veterans on a timely basis and at a fair and reasonable price. All revenue generated from the sale of services is used to enhance care for enrolled Veterans.

VA / DoD Sharing

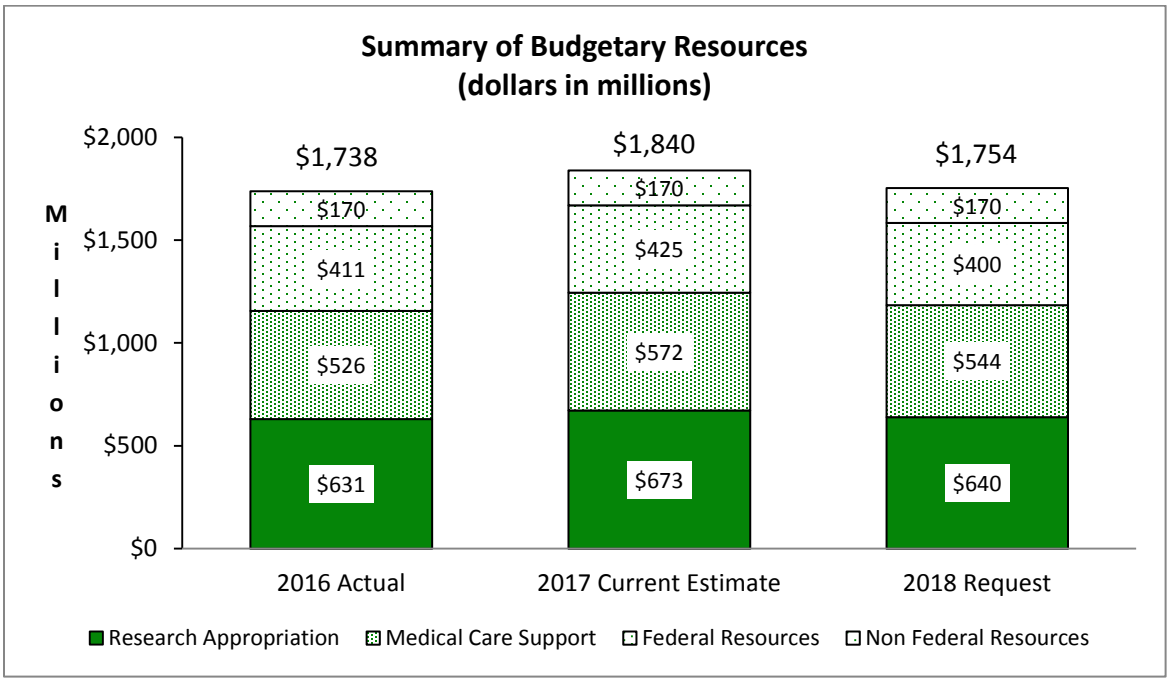
VA / DoD Sharing
(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Advance Approp.	**2018 Revised Request**	**2019 Advance Approp.**	+/- 2017-2018	+/- 2018-2019
VA Services Purchased from DoD:								
Obligations ($000)	$133,626	$105,000	$111,200	$110,300	$114,621	$118,060	$3,421	$3,439
VA/DoD Sharings Svcs, VA Provided:								
Reimbursements ($000)	$81,950	$102,400	$112,000	$100,400	$109,844	$107,647	($2,156)	($2,197)

Section 721 of the 2003 National Defense Authorization Act (NDAA), P.L. 107-314, required DoD and VA to establish a joint incentive program to identify, implement, fund, and evaluate creative coordination and sharing initiatives at the facility, intraregional, and national levels. Title 38 U.S.C., Section 8111 authorizes VA and DoD to enter into sharing agreements for the mutually beneficial coordination, use, or exchange of health care resources, with the goal of improving the access to, and quality and cost effectiveness of, the health care provided by VHA and the Military Health System to the beneficiaries of both Departments. The obligations and reimbursements shown here are the result of over 140 sharing agreements between VA and DoD facilities; they do not reflect the funding that the two Departments contribute to the two joint VA-DOD accounts, the DoD-VA Health Care Sharing Incentive Fund and the Joint DoD-VA Medical Facility Demonstration Fund. For more information on the joint accounts, see Part 2 of this Volume.

Medical and Prosthetic Research

Leading 21st Century Medical Research / Transforming VA Care



Appropriation Language

For necessary expenses in carrying out programs of medical and prosthetic research and development as authorized by chapter 73 of title 38, United States Code, [$673,366,000] $640,000,000 plus reimbursements, shall remain available until September 30, [2018] 2019.

Executive Summary

As the nation's only health research program focused exclusively on the needs of Veterans, VA Research continues to play a vital role in the care and rehabilitation of our men and women who have served in uniform. Building on more than 90 years of discovery and innovation, VA Research has a proud track record of transforming VA health care by bringing new evidence-based treatments and technologies into everyday clinical care. Innovative VA studies in areas such as basic and clinical science, rehabilitation, research methodology, epidemiology, informatics, and implementation science improve health care for both Veterans and the general public.

VA Research achieves superior results thanks to effective collaborations among engaged Veterans and their families, dedicated clinician-scientists, and an outstanding national health care system uniquely focused on Veterans' needs. While VA Research is dedicated to improving the lives of current and future U.S. Veterans, this work also benefits health care worldwide. Because most VA researchers also provide direct patient care, VA research projects arise from the desire to heal and improve care, rather than from pure scientific curiosity. They are informed by pressing real-world clinical issues, and they yield remarkable returns.

In recent years, VA researchers have been leading the effort to apply genomics in health care, thus enabling "precision," or "personalized," medicine. They are creatively leveraging "big data" through innovative collaborations with other federal agencies and with private partners. Our investigators are finding new ways to understand and treat issues of particular importance to Veterans' health, such as posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), suicidality, and limb loss. VA researchers are also effectively addressing the many acute and chronic conditions that Veterans have in common with millions of Americans, such as cardiovascular disease, diabetes, infectious disease, cancer, and pain.

VA Research continually rebalances its portfolio to meet the most significant needs of Veterans. Priorities are set with input from department and administration leadership, clinical leaders, Veterans, Veterans Service Organizations (VSOs), and the President. In 2018, VA will invest in research that expands prevention and treatment possibilities for Veterans at risk for suicide. VA is currently undertaking and awaiting the results of a cooperative study on Lithium (an oral medication), the largest such trial on suicide prevention to date. However, lithium is not the only potential intervention,other interventions and approaches must also be evaluated. To identify other promising interventions and approaches, a Request for Applications on suicide prevention and treatment was issued in 2016, and the first studies would be starting early in FY 2018.

Chronic pain is prevalent among Veterans, and VA has experienced many of the problems of opiate misuse and addiction that have made this a major clinical and public-health problem in the U.S. Opioids are used to treat chronic pain, but they are associated with dangerous side effects including depressed breathing, cognitive impairment, and the potential for addiction.

As VA continues to reduce excessive reliance on opiate medication and responds to the requirements of the Comprehensive Addiction Recovery Act (CARA), VA will expand pain-management research in 2018 in two areas., VA is testing and implementing complementary and integrative approaches to treating chronic pain which builds on a successful State of the Art Conference in late 2016 on non-opioid therapies for chronic musculoskeletal pain.

In a second, longer-term initiative, VA is working on other drug models and current drugs in the market to test their efficacy for treating pain.

A study being developed under the Learning Healthcare Initiative is being launched that will evaluate the impact of implementing a new tool to identify Veterans at high risk of adverse effects from their opiate medication.

A particular goal for VA Research in 2018 is to use the Million Veteran Program (MVP) to advance precision medicine. MVP, a groundbreaking genomic research program, is collecting genetic samples and detailed health information from 1 million Veterans. The goal of MVP is to discover how genomic variation influences the progression of disease and response to different treatments, thus identifying ways to improve treatments for individual patients. These insights will improve care for Veterans and all Americans. As of mid-February 2017, MVP has enrolled more than 544,000 Veterans. Investigators have completed curation and validation of health data (electronic health record and/or survey data) and genome wide association analyses are cardiovascular/cardiometabolic diseases, and chronic kidney disease.

Research to benefit Gulf War Veterans remains a priority. Over the past several years, the number of projects VA has funded and the level of funding for those projects have increased each year. As directed by Senate Report 111-40, VA ensures that no less than $15 million is available for Gulf War research each year. The actual amount spent on this research depends on the quantity and quality of proposals received.

In 2018, VA health services research will continue to help improve the way VA delivers care to Veterans, including promoting better access and alternative means for engaging with health care providers such as telehealth, secure messaging, and peer support. VA rehabilitation engineering research will improve the lives of disabled Veterans by providing them with personalized prosthetic systems that replace lost limbs or activate remaining nerves and muscles. And VA clinical trials and biomedical research will continue to generate new knowledge to develop new therapies and drive improvements in care.

The department is expanding its research efforts to improve women Veterans' health, mainly by studying how VA provides for women Veterans' general and gender-specific health care needs. VA is also working to better understand the military experiences and health needs of women Veterans in particular, the unique prosthetic needs of women Veterans who have suffered limb loss, and the special health risks women Veterans face later in their lives.

To fulfill VA's commitment to provide superior health care to Veterans, the department requests $640 million in direct appropriations in 2018. The VA research program is enhanced by private and federal grants awarded to VA investigators. These other federal and non-federal resources, from organizations including NIH, DoD, and the Centers for Disease Control and Prevention (CDC), are estimated at $570 million. Along with Medical Care Research Support, VA estimates total resources for research will exceed $1.7 billion in 2018. The estimated direct research program and reimbursable employment is estimated to be 3,155 full-time equivalents (FTEs); all VA researchers are VA

employees. The budget request and table below reflect a civilian pay raise of 1.9 percent for 2018. VA Research estimates that it will support 2,132 projects during 2018.

MEDICAL AND PROSTHETIC RESEARCH
Appropriation and Other Federal Resources
(dollars in thousands)

	2016 Actual	2017 PB	2018 Request	% Change 2017-2018 PB to Req.
Medical and Prosthetic Research	$630,735	$673,366	$640,000	-5%
Medical Care Support	$526,036	$572,361	$544,000	-5%
Other Federal and Non-Federal Resources	$581,309	$595,000	$570,000	-4%
Reimbursements	$35,667	$40,000	$40,000	0%
Total Budgetary Resources	$1,773,747	$1,880,727	$1,794,000	-5%
FTE	3,138	3,200	3,155	-1%

Appropriation Highlights - Medical and Prosthetic Research
(dollars in thousands)

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Request	2017-2018 Inc/Dec
Appropriation	$630,735	$663,366	$673,366	$640,000	($33,366)
Obligations	$695,219	$703,366	$722,358	$680,000	($42,358)
Total Projects	2,176	2,234	2,156	2,132	(24)
Average Employment	3,138	3,200	3,200	3,155	(45)
Employment Distribution[1]					
Direct FTE	2,997	3,059	3,059	3,040	(19)
Reimbursable FTE	141	141	141	115	(26)
Total	3,138	3,200	3,200	3,155	(45)

1. FTE Revised to reflect different method of accounting for FTE estimates.

Net Change Medical and Prosthetic Research 2018 Summary of Resource Requirements (dollars in thousands)	
Description	Budget Authority
Original FY 2017 President's Budget	$663,366
Approved Adjustments (Congressional Increase)	$12,000
Approved Adjustments (Congressional Recission)	($2,000)
Adjusted FY 2017 Budget Estimate	$673,366
2018 Request:	
Pay Raise (1.9%) Starting January 1, 2018	$6,823
Biomedical Research and Development Price Index (2.8%)	$8,800
Strategic Realignment	($48,988)
Subtotal	($33,366)
2018 Budget Estimate	$640,000

Update on FY 2016 and FY 2017 Initiatives

I. Learning Health Care System

As VA transforms health care for Veterans, the department has an increased need to improve care coordination with private sector health care providers. VA is also improving Veterans' experience throughout department by increasing Veterans' ability to access timely and high-quality health care.

As part of this effort, VHA is committed to becoming an exemplary learning health care system. In FY 2016, VA Research designated five interlocking streams as research initiatives in this area:

1. **Measurement science:** Current studies are implementing a component of patient-centered measurement science called measurement-based care (MBC). MBC uses structured patient-reported outcomes on a routine basis to inform treatment plans and facilitate shared decision-making. MBC helps doctors and patients choose the correct treatment when care begins, and uses close monitoring to ensure that, when

necessary, treatment plans are modified in a timely manner. Researchers are also working with VA clinical operations to develop and disseminate software tools that make it easier to capture patient-centered outcomes for depression, substance use, PTSD, and other conditions.

2. **Operations research:** Veterans should experience seamless service at any health care facility they visit. VA researchers are developing mathematical models of health system functions and working to improve health care timeliness and efficiency. A special focus is being placed on using supply-chain management and industrial engineering techniques to optimize the delivery of care and improve quality and safety.
3. **Point-of-care research**: Point-of-care (POC) research is a new approach to determine which of two equivalent treatments is more effective. POC research can answers questions about the comparative effectiveness of treatments without requiring special study visits by patients. Instead, data are derived from the VA electronic medical records and from usual patient care. The treatments being compared in the study are offered to patients on a randomized basis, with the consent of both the patient and providers. In 2016, VA began a multisite POC trial of two widely used diuretics. The effort will help determine which diuretic is more effective, and provide a research model for other important questions.
4. **Provider behavior**: The tests health care providers order and the treatments they recommend may vary widely. As a result, clinical services may be overused, underused, or applied to the wrong patients. The provider behavior initiative uses cognitive science to understand variations in decision-making and the information needs of clinicians. Researchers are conducting studies on how to de-implement established practices that have proved to be ineffective. They will look at how patients influence provider behavior, and how interventions with patients might promote appropriate decisions. Other researchers are looking at new and innovative ways to present health information. Still others are using "big data" to identify patterns of individual clinical decision-making, such as medication prescribing, test ordering, visit frequency, and referral patterns. Finally, studies are examining the influence of performance measurement on provider behavior and on which coaching methods can best improve employee performance.
5. **Randomized program implementation:** VA Research is testing new ways to rigorously evaluate new VA programs or policies. Randomized program evaluations ask not only "Does the program work?" but also "What makes it work?" and "How can we make it work in the real world?" VA is funding the Partnered Evidence-Based Policy Resource Center (PEPReC) to provide timely, rigorous data analysis to support the development of high-priority policy, planning, and management initiatives and quantitative program evaluations.

   In a learning health care system, research informs practice by establishing an evidence base for guidelines, monitoring, and incentives. In turn, practice informs research by providing performance measurement, operational data, and policy direction. PEPReC collaborates with VA Research and with our operations partners to implement evidence-based practices, and then investigates results through

rigorous, randomized program evaluations. Results from these evaluations provide the foundation for future policy refinements and new initiatives to improve care for Veterans. PEPReC is collaborating with four groups of operations and research partners to plan four randomized program evaluations scheduled to begin in FY 2017. Each of these projects aims to improve care for Veterans on a national scale.

The initiatives include:

a. *Veteran-Directed Home & Community Based Services*: This program supports Veterans with disabilities who seek services to help them remain in their homes. VA collaborates with community partners so Veterans can choose arrangements that work best for them.

b. *Targeted Risk Mitigation for Patients Receiving VA Opioid Prescriptions*: This initiative uses predictive statistics to target interventions aimed at reducing the risk of adverse events for VA patients with opioid prescriptions.

c. *Targeting Care for Patients Identified as Being at High Risk for Suicide:* This initiative uses predictive statistics to target mental health care resources to reduce risk of suicide and other adverse events.

d. *Impact of Mobile Teledermatology on Skin Care Delivery and Patient Outcomes:* This program distributes innovative software to dermatology patients and providers to improve access to VA dermatology clinics by increasing virtual clinical encounters.

Precision Medicine

VA's Million Veteran Program (MVP) provides a rich platform to discover the relationships among genes, environmental exposures, and health. As of mid-February 2017, more than 544,000 Veterans have provided DNA specimens, military exposure information, and access to their health records by authorized researchers to facilitate studies on topics ranging from the biological underpinnings of Gulf War illness and PTSD to functional impairment in schizophrenia and bipolar disorder. To help move these biomedical discoveries from the lab to the clinic and to Veterans, VA will take advantage of its strengths in informatics and implementation science. Both the Clinical Precision Medicine in Mental Health Initiative and Precision Oncology Program, for example, will leverage ongoing work in measurement science, point-of-care trials, provider-behavior analysis, and randomized program evaluation to learn the best ways to return genomic test results to patients and their providers.

Drug selection for depression—Depression is one of the most common conditions associated with military service and combat exposure. It is associated with functional impairment and poor health outcomes, including an increased risk of suicide. Depression treatment in VA is often managed within primary care. There is an urgent need for effective and efficient treatment strategies for Veterans with depression, since many do not respond to the first treatment offered. A number of commercial genetic tests help choose which antidepressants will work best on people. There is very little research, however, that shows these tests add value to clinical decisions. VA researchers have begun to understand some of the genetic factors that may cause one medication to work better than another in a specific patient, but have not yet evaluated the effectiveness of genomically informed medication selection for these conditions within a large health care system. Researchers will investigate the impact of pharmacogenomic strategies for drug selection in up to 15,000 Veterans with depression over the next five years, to evaluate the effectiveness of providing this kind of information to patients and providers for improving treatment. The studies will also evaluate the impact of this approach on cost and staffing requirements in primary care and specialty clinics. If these strategies prove effective, the research will lead to a plan for system-wide implementation.

Executive Office Activities

VA works closely with other federal agencies to assure effective and efficient use of resources in executing our respective — and complementary — research missions. Below are examples of this coordination and its benefits for Veterans:

1. ***National Research Action Plan for Mental Health (NRAP)***: Since August 2012, federal agencies have worked together to address the mental health needs of Veterans through the NRAP. The plan was developed by VA, DoD, the Department of Health and Human Services (HHS), and the Department of Education in response to Executive Order 13625. It outlines a vision for research on PTSD, TBI, and suicide prevention and describes near- and long-term objectives for the agencies.

   VA Research remains on track with all actions in NRAP, including two new research consortia studying PTSD and TBI. These consortia, jointly supported by VA and DoD, were established and approved for five years of funding in 2014. The overall funding level is estimated to be $107 million. The Consortium to Alleviate PTSD is conducting studies focusing on potential biomarkers and advanced brain imaging for PTSD. The Chronic Effects of Neurotrauma Consortium is conducting studies designed to fill gaps in knowledge about mild TBI, such as its link to common comorbidities and its effect on neurodegenerative disease. Goals include identifying diagnostic and prognostic indicators, as well as effective treatment strategies.

2. ***Cross-Agency Priority Goals:*** Under the Performance.gov Cross Agency Priority Goals effort, VA has worked with DoD and NIH to advance mental health research for Servicemembers and Veterans. The agencies have published common

data elements for PTSD studies and suicide prevention research and have completed a research portfolio analysis for suicide prevention, which continues to be updated annually. These efforts will advance scientific queries and enhance data-sharing.

3. **Applied Proteogenomics Organizational Learning *(APOLLO*)**: VA, the DoD and the National Cancer Institute (NCI) are collaborating to enable more rapid identification of unique targets and pathways of cancer for detection and intervention. This effort, called Applied Proteogenomics Organizational Learning and Outcomes (APOLLO), will combine state-of-the-art research methods in proteogenomics with the clinical research and care capabilities of DoD and VA to develop a broader learning health care system among the agencies.

4. **The National Alzheimer's Project Act (NAPA):** NAPA offers government researchers an opportunity to help change the trajectory of Alzheimer's disease and dementia care for Veterans and other Americans. VA is working with HHS, the National Science Foundation, and DoD to accelerate the development of treatments, improve early diagnosis and coordination of care, reduce ethnic and racial disparities, and coordinate with international efforts to fight these conditions. VA research applications focusing on the NAPA initiative doubled from 2015 to 2016.

II. Supporting Healthy Reintegration for Returning Servicemembers

"The Department of Veterans Affairs' Medical and Prosthetic Research Service is very productive in advancing medical knowledge and improving health care for Veterans and all other citizens."—Resolution No. 148 of the 96th annual convention (2014) of the American Legion.

According to the Congressional Research Service, between October 2001 and July 2015, more than 52,000 troops had been wounded in action in Iraq and Afghanistan and in related operations. More than 138,000 new cases of PTSD were diagnosed during this period among Servicemembers. These Veterans present with complex clinical challenges. In response, VA researchers have been developing new and innovative approaches to medical, rehabilitation, and psychosocial treatment and ongoing support.

Military Occupational Exposures

Military personnel serving in Iraq and Afghanistan between October 2001 and December 2014 were at risk for exposure to high levels of airborne particulate matter, in part from burn pits. These potential hazards were reviewed in an October 2011 Institute of Medicine report, which recommended a prospective study of the long-term health effects of deployment-related exposures in military personnel. VA investigators have designed a study that aims to assess the link between land-based deployment in Iraq, Afghanistan,

Kuwait, or Qatar with the current pulmonary health of a representative sample of Army, Marine, and Air Force personnel.

This two-phase, cross-sectional study consists of a survey and clinical examination of a representative sample of Veterans. Phase 1 collects self-reported health and military service information from a national sample through a mail survey or telephone interview. Phase 2 consists of in-person data collection procedures, including more extensive health, military service, and exposure questionnaires and pulmonary function testing. A pilot study is determining the optimal methods for recruiting participants, assessing participation rates and other factors that may influence participation, and demonstrating the feasibility of the techniques being used to reconstruct the levels of individuals' past exposures to particulate matter. These techniques, recently reported on in three journal articles by VA researchers and colleagues from Harvard and other institutions, involve the use of satellite data and airport visibility readings to help map pollution patterns and exposures that may have affected troops.

Recruitment for the pilot study was completed in early 2016. Focus groups on study design have been conducted with Veterans in five cities, and nearly 300 Veterans have completed phase 1 of the pilot study.

VA investigators are also pursuing innovative studies to improve the immune system, as well as looking at inflammatory responses to bacterial, viral, and fungal pulmonary infections from military occupational exposures and opportunistic infections. Several common pathogens found in Veterans' lungs are being studied to understand the mechanisms of infection. Understanding how bacterial infection influences how chronic obstructive pulmonary disease (COPD) worsens has led to the identification of vaccine candidates and biomarkers, as well as to changes in guidelines for using antibiotics in COPD.

Pneumonia is a major cause of illness and death among Veterans, and has been associated with service in the Middle East. In pneumonia, significant inflammation in the lung, caused by the release of proteins called cytokines, can result in death. Several VA studies are examining the pathways that lead to cytokine production in pneumonia in hopes of identifying new drug targets. Also, VA is conducting a clinical trial of methylprednisolone to determine if the drug is an effective treatment for severely ill patients with community-acquired pneumonia (pneumonia acquired outside of a hospital or long-term-care facility).

VA researchers are working to identify critical factors in the early immune response to tuberculosis (TB) infection. A study is exploring white blood cells that identify lung cells infected with Mycobacterium tuberculosis, the causative agent of TB. The cells do this by taking advantage of a protein called MR1 that alerts the immune system to cells that harbor the bacteria. VA's goal is to develop MR1 as a potential target for a vaccine and diagnostic test. Other investigators are working to develop new biomarkers to quickly identify treatment failures in clinical trials for new TB drugs, and to monitor drug resistance among TB patients.

New tuberculosis compound—In 2016, researchers with the VA Tennessee Valley Health Care System and Vanderbilt University found that a small chemical change to fluoroquinolone, an existing antibacterial drug used to treat TB, results in a compound that is more effective against tuberculosis enzymes. The new compound, a modified version of the drug moxifloaxin, also maintains its activity against drug-resistance forms of the enzyme, and could lead to a more effective treatment for TB.

Mental Health

VA studies mental health conditions that may affect the Veteran population and that are strongly related to military service, including post-deployment concerns such as PTSD, depression, anxiety, substance abuse, and suicide. Researchers aim to:

- understand the basic mechanisms of mental disorders, including individual risk factors and their impact on health outcomes;
- develop and test novel and improved treatments; and
- develop models of care that will deliver effective treatments quickly and reliably to Veterans in need, on wide scale.

Suicide Prevention Research

VA and DoD researchers have developed a national surveillance system for data management relating to attempted and completed suicides. A framework for characterizing risk and protective factors for suicidal behavior among Veterans is now available for program evaluation and research purposes, including large-scale epidemiology research on suicide risk. A large clinical trial is underway to determine whether lithium is effective in preventing suicide among Veterans who have previously made a suicide attempt. VA researchers are collaborating with other agencies on this important effort. Also, a new Request for Applications has been issued to encourage even more research on this topic, with a focus on prevention and treatment.

Posttraumatic Stress Disorder (PTSD)

VA clinical trials provided much of the evidence that cognitive processing therapy (CPT) and prolonged exposure therapy are effective treatments for PTSD. An important comparative effectiveness trial of CPT and prolonged exposure therapy is underway to learn more about which type of treatment may be better overall, or for specific types of patients. Enrollment is ongoing through 2017.

VA research on PTSD addresses complementary and integrative health treatments, such as meditation and yoga; ways to improve Veterans' access to and engagement in evidence-based PTSD treatments; and factors that could prevent or mitigate the onset of PTSD following traumatic exposure. Using MVP data, VA scientists are also investigating the genetic risk factors for PTSD in combat-exposed Veterans. The first step involves developing an algorithm to accurately identify PTSD patients, which is undergoing

validation. Combined with MVP genetic analyses, this study will provide insights on Veterans' genetic risk for PTSD.

In September 2016, after a rigorous assessment to identify gaps in ongoing research, VA Research held an Industry Day. The intent was to lay the groundwork for new partnerships with academic research groups or pharmaceutical companies interested in developing new drugs, or repurposing existing ones, to treat PTSD. The ultimate goal is to provide the entire population of Veterans with PTSD with a better range of evidence-based treatment options. New studies are already in planning, and will receive additional support in the FY2018 budget under the PTSD Psychopharmacology Initiative.

VA is also conducting a clinical trial on the benefit of service dogs for PTSD. Veterans are provided with an emotional support dog or a service dog specifically trained to perform tasks to mitigate PTSD. Researchers will look for improvements in PTSD symptoms, quality of life, participation in society, and employment status.

Major Examples of Depressive and Psychotic Disorders Research

Major depressive disorder (MDD) is among the most disabling and widespread of all mental disorders. MDD affects more than 300,000 VA patients per year. Thousands of Veterans with MDD do not respond adequately to initial treatments. Several second-line treatments are available, but it is unclear which treatment is best.

A study completed in 2016 examined the effectiveness of treatment options for Veterans with MDD who fail to satisfactorily improve with their initial antidepressant. The findings will help providers understand whether switching or augmenting antidepressant treatment is more effective. It also serves as an example of the type of major study using innovative methodology that VA Research is well-positioned to conduct, with thousands of Veteran volunteers and results directly impacting clinical decision-making.

Schizophrenia and bipolar disorder can cause lifelong disability, resulting in significant burdens on patients and their caregivers. VA scientists are investigating genetic risk factors for these disorders in a large multisite observational study. They are focusing on genetic influences on functional disability, or difficulty with everyday tasks. Research teams are also identifying factors that influence social interaction in patients with psychotic disorders, and are finding strong benefits from social cognition training.

TBI/Neurotrauma/Polytrauma

The Centers for Disease Control and Prevention has estimated the annual cost of TBI to the nation at $76.5 billion. VA researchers are examining screening approaches to detect TBI (which can be difficult in mild cases), looking for biomarkers indicating mild TBI, and using imaging techniques to evaluate long-term structural and functional changes to the brain after TBI. Researchers are also studying treatments targeted to the specific and diverse needs of those with the injury, including medications that may help those with TBIs recover lost function.

VA is collaborating with the U.S. Department of Education and the TBI Model Systems National Data and Statistical Center to develop the Veterans Traumatic Brain Injury Health Registry. The registry will provide military and civilian researchers with data on TBI in Iraq and Afghanistan Veterans. It will also provide researchers with the ability to conduct longitudinal follow-up studies of Veterans with TBI-related diagnoses.

VA's electronic medical record system reminds clinicians to screen all Veterans who have been deployed to Iraq or Afghanistan for mild TBI. Researchers have determined that VA's TBI screening process, which includes an initial TBI screen and a comprehensive examination for those who screen positive, is both inclusive and useful in referring patients for care. Some VA investigators are developing a screening tool for common TBI-related vision problems. Others are reviewing best practices for insomnia treatment in Veterans with TBI. Another effort is evaluating the value of involving families in clinical decision-making, care plans, and educational efforts.

Military Sexual Trauma

Military sexual trauma (MST) is associated with a wide range of physical and mental health conditions among both male and female Veterans, and often these are long-term negative impacts that may vary somewhat by gender. PTSD is the most common condition associated with MST; depression and substance use disorders are also associated with MST.

Research continues to focus on the military experience and the risks and reporting of sexual assault for Servicemembers. VA and DoD researchers examined official reporting of sexual assault in the military and found that many members do not report sexual assault because of confidentiality issues, adverse treatment by peers, and beliefs that no action will be taken. New research highlights the importance of military leadership actions in the risk of sexual assault and safety of Servicewomen (for non-deployed National Guard, Reserve and active duty women during the Iraq and Afghanistan era).

A recent study examined the relationship of MST to use of VA and non-VA health care among female Veterans who served in Iraq and Afghanistan. MST was associated with increased use of VA mental health services but was not independently related to VA service utilization after accounting for PTSD and depression symptoms. Also, approximately half of the women in the study who reported MST had not used VA health care, reinforcing the need for continued outreach and education initiatives to ensure Veterans understand the resources available to address MST-related mental and physical health problems through VA.

Several ongoing studies address other issues related to sexual trauma, including Veteran experiences with VA MST screening, the impact of sexual assault and combat-related trauma on fertility among Veterans, and testing of complementary and integrative health interventions such as yoga to address PTSD symptoms and MST exposure. Other ongoing

work is examining MST as a factor in women Veterans' use of contraceptives, and their experiences with intimate partner violence.

Prosthetics and Sensory Loss

"The VA research program is a jewel within VA that we support without hesitation or reservation."—Carl Blake, National Legislative Director, Paralyzed Veterans of America, February 2015.

Rehabilitation engineering, prosthetics, and orthotics remain a cornerstone of the VA research program. The number of Veterans accessing VA for prosthetics, sensory aids, and related services has increased by more than 258 percent since 2000. According to the Congressional Research Service, more than 1,600 troops experienced major limb amputations as a result of combat wounds between 2001 and 2015. Hearing loss and tinnitus together remain the leading service-connected disability for Veterans. These statistics, among others, underscore the need for VA to remain a clinical and research leader in these areas.

VA's Center of Excellence for Limb Loss Prevention and Prosthetic Engineering investigates methods and devices to improve the quality of life and functional status of Veterans who are at risk for, or who have undergone, lower extremity amputation. The Center for Functional Electrical Stimulation investigates the use of small electrical currents to activate paralyzed muscles, reduce pain, and restore balance in autonomic, spinal, and brain circuits. The Center of Excellence in Wheelchairs and Associated Rehabilitation Engineering improves the mobility and function of people with disabilities through advanced engineering, and contributes to the design of wheelchairs, seating systems, and other technology.

A noteworthy study in this area is the evaluation of an advanced prosthetic arm developed by DEKA Research and Development Corporation through funding from the Defense Advanced Research Projects Agency (DARPA). The DEKA arm was initially tested and refined in a multiyear, multisite, VA-funded study. More than three dozen study volunteers at four VA medical centers and one Army facility tested the prototype prosthesis. The study used virtual reality to allow users to practice controlling the arm in a simulated environment before being fitted with it. The Food and Drug Administration approved the DEKA arm in May 2014, paving the way for commercialization, marketing, and delivery to Veterans. VA researchers continue to follow how Veterans are using the arm, and how it compares with other available technologies.

A new VA Cooperative Studies Program trial will evaluate whether Veterans with chronic spinal cord injury achieve clinically meaningful improvements in their quality of life through home and community use of the ReWalk exoskeleton. The device allows Veterans who rely on wheelchairs for mobility to walk upright using an external framework for support that features motorized hip and knee joints. In addition to improvements in quality of life, researchers expect bowel and bladder function to also improve.

Osseointegrated implants directly attach a prosthetic limb to the user's skeleton and eliminate the need for a socket. While this method of prosthetic attachment has potential benefits, it is not suitable for all prosthetic users, and the safety of the implant must be established. A safety study of transfemoral (above-knee) amputees at the VA Salt Lake City Health Care System has implanted and tested 4 of 10 planned participants. It is the first U.S. study of osseointegrated implants in humans. The investigators are also conducting related research to improve implant healing and reduce infection rates. They also plan to develop a similar implant for transhumeral (above-elbow) prosthetic users.

Other VA research is studying whether brain-computer systems can enable users of robotic arms to control the devices using only their thoughts. The "BrainGate2" team, which includes VA investigators and colleagues, is now working on improving accuracy and consistency of control over robotic and prosthetic limbs for those with limb loss or paralysis.

VA researchers are also looking at how to best match prosthetic components with the needs of amputees, including those with very active lifestyles. They are investigating different wound-care strategies for residual limbs after surgery and evaluating CT scans of diabetic feet to identify foot types at highest risk for ulcers. One team is developing a program to teach caregivers complementary and integrative health techniques that lessen the anxiety and pain associated with traumatic limb loss.

Improvements to prosthetic feet—Investigators at the Minneapolis VA Health Care System are developing a manual wheelchair that allows users to lift themselves into a standing position and then propel themselves while upright. They are also developing prosthetic feet that can adapt to the environment and situation. One example is a foot that senses the user's position and switches between standing and walking modes so it can be more stable in standing mode and more efficient in walking mode. Another is an unpowered mechanical foot that promises to store and release energy better than existing prosthetic feet, making walking more efficient. The foot instantly and automatically adapts to slopes, enabling normal gait on inclines and declines.

Employment/Vocational Rehabilitation

One of VA's most important responsibilities is to help disabled Veterans prepare for, find, and keep suitable jobs. Some Veterans with spinal cord injuries (SCI) have taken part in a VA program that provides integrated treatment along with job search help, a focus on competitive employment, and ongoing employment support. Initial findings have shown that Veterans with SCI receiving this level of support are more than twice as likely to become employed and keep their jobs. This trial is also examining the cost-effectiveness of such services, and how their level and intensity affect employment outcomes.

A large-scale trial has enrolled 540 Veterans with PTSD to compare strategies to help them get and keep jobs. Researchers are also examining supported employment for Veterans with mental health or substance dependence diagnoses who have felony convictions.

VA Research has also recently approved a study to better understand the experiences of Veterans with moderate to severe TBI as they transition to living in communities. This four-year study will provide a roadmap for designing and testing interventions to maximize community reintegration in employment, independent living, and social relationships. Other research is focused on the best methods to improve Veterans' reintegration, including social and family functioning, employment, and education. Some of this research is specifically focused on homeless Veterans.

Homelessness

VA's homelessness research initiative develops strategies for identifying and engaging homeless Veterans. Researchers also work to ensure homeless Veterans receive proper housing, a full range of physical and mental health care, and other relevant services. They are using existing data to identify and engage Veterans who are currently homeless, and to develop strategies to identify and intervene on behalf of Veterans at risk for homelessness.

Within the overall population of homeless Veterans, the number of those above age 55 is growing. VA researchers have found that while it takes about the same amount of time to place these Veterans in supported housing as it does younger Veterans, the older Veterans tend to have more medical problems and are more vulnerable to health problems related to homelessness.

Women Veterans are up to four times more likely than civilian women to experience homelessness. VA researchers have found that unemployment is the biggest single risk factor for homelessness among women Veterans. Military sexual trauma is another risk factor for homelessness, and sexual trauma rates differ between women Veterans and non-Veterans. VA is also looking at the special challenges homeless women with children face. Research has shown that they often place the safety and well-being of their children first, even if it means they may end up homeless and unable to live with their children.

Other Areas

Additional areas of inquiry include:

- *Hearing.* Research on technological, medical, rehabilitative, and social issues associated with hearing loss is conducted at the VA National Center for Rehabilitative Auditory Research.
- *Vision.* In addition to developing vision-restoring treatments, VA investigators at the VA Center for the Prevention and Treatment of Visual Loss are designing and improving assistive devices for those with visual impairments and developing better methods of vision testing.
- *Family/Caregiver Issues.* VA Research has partnered with the VHA Caregiver Support Program and Social Work Services to establish a Caregiving Support Evaluation Center. The center measures various aspects of VA's caregiving services, including outcomes of both Veteran and caregiver groups, and provides information needed to revise current caregiver programs and plan new ones.

III. Supporting Optimal Health Throughout Veterans' Lives

"VA's clinical and biomedical research program has elevated the standards of care in Western medicine, and has invented cutting-edge devices and treatment techniques that have improved the lives of millions of Veterans and non-Veterans."—Ronald F. Hope, National Commander, Disabled American Veterans, February 2015.

Close to a third of America's Veterans, of all ages, receive health care through the VA system. VA Research is working to improve their lives through studies covering chronic diseases, reproductive health, and preventive care to ensure continued high-quality care for them throughout their lives.

Cancer

VA researchers are conducting a broad array of research on cancers common in the Veteran population. These include prostate, lung, colorectal, bladder, kidney, pancreatic, skin, esophageal, and female-specific cancers (such as breast and cervical cancer), as well as lymphomas and melanomas.

VA researchers conduct laboratory experiments aimed at discovering the molecular and genetic mechanisms involved in cancer; studies looking at the causes of disease; clinical trials to evaluate new or existing treatments; and studies focused on improving end-of-life care.

As part of VA's participation in the Cancer Moonshot program, the department is combining its huge Million Veteran Program database and more than 20 years of comprehensive electronic health record data with the Department of Energy's enormous computational capabilities. The enhanced computational infrastructure provided by the two departments will facilitate new studies of cancer genomics, including prostate cancer. The combined examination of genomic data and electronic health record data will help researchers better distinguish between prostate cancers that require aggressive management from more benign cancers that may not progress.

Triple-negative breast cancer, which is more common in African-Americans, is more aggressive than other forms of cancer. It does not respond well to hormone-based therapies and is almost always fatal. VA investigators at the Miami VAMC have shown that a drug that blocks the receptor for growth hormone-releasing hormone blocked cancer growth and spread in an animal model and increased the effectiveness of a widely used anticancer therapy. The drug worked by inhibiting drug resistance factors that make the cancer cells poorly responsive to standard therapies. The agent is now being prepared for human clinical trials.

Researchers are developing new approaches to selectively target an important growth factor receptor that is commonly mutated and abnormally expressed at high levels in glioblastomas (a deadly form of brain tumor). Selective targeting enables cancer cells to

be eliminated without harming normal cells. Another approach being investigated is to overcome current drug resistance in glioblastoma by blocking the adaptive immune response in the cancer cells. When this response is blocked, cancer cells previously resistant to therapy become sensitive to drugs that are currently in clinical use.

Other ongoing VA research is examining ways to increase the implementation of effective palliative care among patients with advanced cancer and other terminal conditions. One study is testing whether initiating palliative care even while patients are getting active treatment will improve outcomes. Another study is examining oncologists' attitudes toward treating patients with advanced cancer, and their use of palliative care.

A study now underway will enroll 50,000 Veterans to compare colorectal cancer screening strategies. Colorectal cancer is among the most preventable of cancers. While colonoscopy is seen as the gold standard for screening, some recent findings raise questions about its effectiveness in preventing colorectal cancer deaths. The trial is comparing the value of screening colonoscopy to annual noninvasive fecal immunochemical testing in preventing colorectal cancer deaths over 10 years. This ambitious research is responsible, in part, for VHA being recognized by the National Colorectal Cancer Roundtable with a recent "80% by 2018 National Achievement Award."

Diabetes

Diabetes affects approximately 26 million people in the United States. Type 2 (adult onset) diabetes affects nearly 1 in 4 VA patients. Moreover, diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults. Up to 80 percent of patients with diabetes will develop macrovascular disease, such as heart attack and stroke. VA researchers are studying innovative strategies and technologies to enhance access to diabetes care and to improve outcomes for patients. They are also working to develop better ways to prevent or treat diabetes, and exploring its relationship to other conditions, such as kidney and heart disease, and mental illness.

Some VA teams are conducting genetic "linkage studies" to identify genes associated with various diseases, including diabetes. Technological advances now permit investigators to search for common genetic patterns in affected families, or in large groups of individuals who do not have a family history of the disease. Using these approaches, researchers have identified several regions in the human genome that harbor indicators of increased diabetes risk and may potentially serve as the basis for precision medicine treatments tailored to individual patients.

VA investigators were part of an international study demonstrating an innovative way to transplant healthy beta cells—the pancreatic cells that store and release insulin—into the human body without the usual risk of rejection. This has important implications for treating type 1 diabetes, the form of the disease caused by autoimmune destruction of beta cells. Using synthetic compounds that mimic growth hormone-releasing hormone (GHRH), the researchers found they could increase both the viability of transplanted beta

cells and their ability to make insulin. The work could potentially also help those with type 2 diabetes—especially those with more severe forms of the disease, who rely on daily insulin shots.

VA researchers are also involved in a major NIH-funded comparative effectiveness study of different diabetes drugs, all commonly used in combination with metformin. The trial is comparing the long-term risks and benefits of four widely used medications: sulfonylurea, which directly increases insulin levels; DPP-4 inhibitors, which boost insulin levels indirectly by stimulating the release of an intestinal hormone; GLP-1 agonists, which increase the amount of insulin released in response to nutrients; and long-acting insulin.

A VA cooperative trial that will launch in 2017 (CSP #2002) will focus on Veterans with prediabetes. It will look at the effect of metformin—a first-line drug therapy for diabetes—as a way to reduce the risk of major adverse cardiovascular events, such as heart attack or stroke, in a sample of almost 8,000 patients.

Statin-diabetes link—In a VA-led database study of nearly 26,000 beneficiaries of Tricare, the military health system, those taking statin drugs to control their cholesterol were 87 percent more likely to develop diabetes. The study confirmed past findings on the link between the widely prescribed drugs and diabetes risk, but it was also among the first to show the connection in a relatively healthy group of people. The study included only people who at baseline were free of heart disease, diabetes, and other severe chronic disease. The researchers stressed that the study doesn't definitively show that statins *cause* diabetes, nor does it mean people should stop using the drugs, which are widely prescribed to help people lower their cardiac risk factors. Rather, they said the study should alert researchers, clinical guideline writers, and policymakers that short-term clinical trials might not fully describe the risks and benefits of long-term statin use. They suggest the findings will also help inform conversations between patients and providers about the risks and benefits of the drugs.

Women's Health

Recognizing the dramatic increase in the number of women Veterans, VA established the Women's Health Research Network to accelerate research that addresses their needs. This innovative network is building the capacity for research to benefit women Veterans of all ages, including studies on women's health during and after deployment, reproductive health, primary care, and prevention. One study, for example, is eliciting the perspectives of women Veterans from diverse racial and ethnic backgrounds regarding their experiences with maternity care coordination in VA. The network also fosters large multisite studies through a group of 37 VA medical centers that work together to facilitate research-clinical partnerships. The overall goal is to develop, test, implement, and disseminate effective innovations in care.

In 2015, VA researchers published studies on a wide array of issues related to women Veterans' health. A supplement to the journal *Medical Care* reported on research related to planning, financing, provision, evaluation, and improvement of health services and

outcomes for women Veterans and women in the military. The supplement included important new findings related to access to care and rural health, primary care and prevention, mental health, reproductive health, military service and deployment, complex chronic diseases, and comprehensive care. Additional recent research has found that mothers with active PTSD were significantly more likely to experience spontaneous pre-term delivery. Other research revealed that pregnant women Veterans who use VA prenatal benefits are more likely to have depression or PTSD symptoms.

VA investigators have also published new research on lifetime major depression among women Veterans, and on intimate partner violence. Other newly published studies describe access to VA care among women Veterans in rural areas, the implications of changes in DoD policy on women Veterans' exposure to combat, and the implications of their disclosure of sexual minority status. VA research is also examining women Veterans' satisfaction with VA care and potential disparities in care by gender; care coordination among different women's health providers, including contract and non-VA care; and gender differences in post-deployment health and reintegration.

To improve the ability to study women's health issues, the Cooperative Studies Program Network of Dedicated Enrollment Sites (NODES) and Women's Health Practice-based Research Network have begun a collaborative effort to share best practices in conducting studies involving women Veterans and providing tools for engaging and meeting needs of women interested in participating in VA clinical research.

In ongoing efforts to understand the needs of women Veterans with limb loss, VA collaborated with DoD to fund an expansion of a DoD study titled "Needs, Preferences and Functional Abilities of Female Veterans and Service Members with Upper Limb Amputation." The study investigates patterns of prosthetic use and the impact of prosthetics on function, and identifies unmet prosthetic needs of transradial amputees. The collaboration will enable a comparison of female and male amputees and their respective needs. Additionally, VA Rehabilitation Research and Development has enhanced its standard Request for Applications to include special emphasis on the needs of women Veterans with limb loss.

Gulf War

Many 1990-1991 Gulf War Veterans are affected by a debilitating cluster of medically unexplained chronic symptoms that may include fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, and memory problems. VA researchers are dedicated to learning more about these problems and identifying the best ways to diagnose and treat them.

A number of different case definitions for this condition have been in use for many years, making it difficult to compare the results from different research studies. To address this problem, VA contracted with the National Academy of Sciences' Institute of Medicine (IOM) to develop a consensus case definition for chronic multisymptom illness in 1990-1991 Gulf War Veterans. On the basis of the IOM report, VA is encouraging researchers

to use the case definitions developed by the Centers for Disease Control in 1998 and by the Kansas Persian Gulf War Veterans Health Initiative in 2000. Additionally, VA now uses the term "Gulf War illness presenting as chronic multisymptom illness" to describe the multisymptom condition that affects so many of these Veterans. This change will bring more consistency to Gulf War research.

VA researchers are continuing to study Gulf War illness and related health problems, and these efforts are guided by a strategic plan developed in 2013 with input from scientists, physicians, and Veterans. The plan was updated in 2015 to reflect the current state of knowledge about these subjects.

VA's Gulf War Registry program, which began in 1992, offers a health examination at any VA health care facility to any Veteran with Gulf War service. As of February 2015, more than 150,000 Gulf War Veterans had undergone a registry exam, allowing their health concerns to be evaluated by VA physicians, and enabling them to be referred for additional care when needed. Since 2001, VA's War-Related Illness and Injury Study Center has used information from the registry and other data to support specialized care for Gulf War Veterans, and to conduct cutting-edge research and treatment programs specifically tailored to their needs.

VA is also developing research infrastructure to support epidemiologic and clinical studies. One example is the Gulf War Era Cohort and Biorepository. Through this project, epidemiological, survey, clinical, and environmental exposure data, along with blood specimens, are being collected to enable studies of conditions common among Gulf War Veterans. The project is currently evaluating best approaches for engaging Veterans and building the structure for a large-scale research effort.

A complementary initiative, the Gulf War Veterans' Illnesses Biorepository, will collect and store brain and spinal cord tissue for the future study of neurological diseases. In 2016, this project completed its pilot phase and began to recruit participants. Both efforts will work collaboratively with the MVP, which is designed to identify relationships between reported illnesses and genetic variations. A proposal investigating the genetic risk factors for Gulf War Veterans' illnesses, based on MVP data, is undergoing peer review.

A recently funded study is aimed at improving the care Gulf War-era Veterans receive. The study aims to build a comprehensive understanding of Gulf War-era Veterans' documented diagnoses, health care utilization patterns, and costs. Researchers will look at these Veterans' use of conventional and nontraditional forms of health care, and the costs of that care. The study will also explore their health care goals and their satisfaction with that care. The study will pay particular attention to those with chronic multisymptom illness.

Complementary and Integrative Health

A growing number of VA medical centers are offering complementary and alternative (CAM) therapies to their patients, including yoga, acupuncture, and meditation training. VA researchers are committed to filling in scientific gaps relating to these treatments to determine which CAM therapies are truly effective, and for which conditions and populations they work best. Studies cover a range of common and promising therapies across a range of mental and physical health problems.

In 2014, VA collaborated with NIH to fund several new studies on nondrug approaches to pain management in Veterans with comorbid physical and mental conditions, such as PTSD, drug abuse, and sleep disorders. The effort will provide a better understanding of how complementary approaches can be effectively integrated with regular care. It will also support the development of Veteran-centric metrics for pain care. One study, for example, is gathering data from VA electronic health records to examine the assessment and treatment of Veterans with chronic pain, particularly with regard to the use of complementary and integrative modalities.

Other studies have looked at acupuncture for managing the symptoms of hepatitis C. Preliminary findings suggest that acupuncture offered in group settings would be a feasible and acceptable alternative for the majority of Veterans. Another study is examining the feasibility of conducting a trauma-sensitive yoga intervention for female Veterans with military sexual trauma and PTSD. Early findings show that yoga may be acceptable to and preferred by many participants as an alternative to trauma-focused psychotherapy. Two other randomized controlled trials are testing mindfulness-based therapies. One targets suicidal thoughts, while the other looks at reducing the risk of cardiovascular disease in women through stress reduction. Another study, a pilot, is examining the feasibility of an Internet-based mantram repetition program—a form of meditation in which users silently repeat a word or phrase that holds personal meaning for them—for RNs caring for hospitalized Veterans.

Mantram meditation--A 2016 study looked at the "mantram" form of meditation, a simple technique in which Veterans silently repeat a word or phrase that holds personal meaning for them. The study, involving 273 Veterans at six sites, was led by VA and University of California, San Diego, researchers. It evaluated the effectiveness of mantram repetition on depression, anxiety, and somatization (the phenomenon whereby psychological distress is expressed through physical symptoms). The team also looked at two different ways facilitators are trained to teach mantram meditation. They found that with either approach, Veterans using the technique showed significant improvements in all outcomes, and that Veterans were highly satisfied with the experience.

Preventive Care and Health Promotion

Peer Support

Following up on a promising pilot study, researchers at VA's Center for Health Equity Research and Promotion (CHERP) are conducting a trial of peer mentors to help Veterans control their diabetes. The study will compare the impact of peer mentoring versus "usual care" on blood sugar levels, blood pressure, cholesterol levels, quality of life, and depression. Other innovative peer-support research includes a recent initiative combining peer support with Web-based cognitive behavioral therapy programs to improve mental health outcomes among Veterans, and a study on the use of peers to improve treatment engagement, housing retention, and community functioning among homeless Veterans.

Peer support in serious mental illness—Based on the principle that Veterans understand and can relate effectively to each other, VA employs about 1,000 peer specialists to help patients navigate their mental health illnesses, manage logistics like finding a home to rent or a job, and encourage positive behavior. A VA study published in 2015 looked at the value of these specialists in treating serious mental illnesses. The study compared outcomes between seriously mentally ill Veterans who had been assigned peer specialists and those who had not. It found that those who worked with specialists had the same level of recovery from their illness; quality of life; symptoms of illness; and ability to conduct interpersonal relations. However, Veterans with peer specialists had a small but significant improvement in one category: patient activation, which involves developing the skills and confidence that equip patients to become actively engaged in their own health care. While the improvement was small, other research has demonstrated that even small improvements in activation ratings can boost the rate at which recovery takes place.

Obesity and Weight Management

More than 7 in 10 Veterans who receive VA care are either overweight or obese. VA research on obesity looks at the biological processes of weight gain and weight loss, compares the safety and effectiveness of obesity treatments, and identifies ways to help Veterans stay at their optimal weight.

In 2016, VA held a State of the Art Conference to discuss issues relating to weight management. Attendees worked together to address the challenges of developing an integrated, patient-centered program to deliver different options to Veterans, and to monitor the course of the therapy Veterans choose. Papers derived from the meeting will appear in a special supplement of the *Journal of General Internal Medicine* in 2017.

A current study focuses on Veterans who have served in Afghanistan and Iraq who are at high risk for becoming overweight and obese. The researchers aim to design effective lifestyle interventions for these new Veterans, who tend to be more comfortable than older Veterans with technology-based interventions. The study population also includes a relatively high percentage of women, and researchers will take their needs and preferences into account.

One group of VA investigators is examining the mechanisms involved in regulating appetite. They are using dietary proteins to regulate satiety. The research has shown that a molecule called pituitary adenylate cyclase activating polypeptide (PACAP) plays an important role in regulating appetite and metabolism. Administration of PACAP in an animal model results in reduction of appetite and weight loss. PACAP is naturally occurring, but some individuals may be deficient in it. Using the principles of precision medicine, clinicians may eventually be able to identify these deficient individuals and offer them personalized treatment.

Risks and benefits of bariatric surgery—Bariatric surgeries, which include a number of different procedures performed on the stomach or intestines to induce weight loss, do more than help obese people shed pounds they cannot otherwise lose. They also help severely overweight patients live longer, according to a recent VA study. The retrospective cohort study found that the 2,500 Veterans who had had the surgery had a 53 percent lower risk of dying from any cause at 5 to 14 years after the procedure, compared with the 7,500 matched control patients who had not. The researchers also found that bariatric surgery has become safer, and that the risk of dying during or soon after bariatric surgery was lower in 2006-2011 than in 2001-2005.

Pain Management

Aside from the new FY 2018 initiative on Pain Management/Opioid Addiction described above, VA Research is exploring a number of approaches to help Veterans cope with chronic pain.

Investigators at VA's Center for Restoration of Nervous System Function, along with Yale colleagues, have published two papers on an inherited pain condition known as erythromelagia. The research team performed one study in collaboration with Pfizer Pharmaceuticals, and the other on their own using the drug carbamazepine. In both studies, the pain associated with the genetic mutation was alleviated. Center investigators have now discovered other mutations that might lead to effective treatments for trigeminal neuralgia, neuromas, and small-fiber neuropathy.

Researchers at VA's Center of Innovation on Pain Research, Informatics, Multimorbidities and Education (PRIME) study the interactions between pain and behavioral health factors. Projects here explore a variety of technologies as potential tools for pain management. These include interactive voice response, the Internet, smartphone applications, and video conferencing. The goal is to develop and enact individualized and patient-centered pain management approaches.

Osteoarthritis is one of the most common causes of pain and disability among Veterans. A recently completed study compared the effectiveness of group-based physical therapy (PT) for knee osteoarthritis with usual individual PT care. The study found meaningful improvement overall, confirming the effectiveness of PT. There were no substantial

differences in outcomes between the two groups, indicating that the group PT approach could provide equivalent treatment more efficiently, to larger numbers of patients.

Low back pain is common in Veterans. Researchers are merging more comprehensive patient-centric physical examinations with imaging to better personalize care. At the same time, researchers are working to promote appropriate use of imaging, amid rising concerns of overuse of these procedures. For example, a project at the Pittsburgh VA is looking at how a comprehensive clinical exam, including psychosocial measures, for Veterans with spinal stenosis may reduce the reliance on imaging and improve overall outcomes, especially after disc fusion surgery.

Another VA research group is testing a combination of physical activity and cognitive behavioral therapy to decrease pain and improve function in these Veterans.

In Minneapolis, researchers are studying a procedure in which neurotoxins such as botulinum are injected into the joint to reduce arthritis pain. VA researchers are also looking at how the autoimmune system drives other pain conditions—namely, fibromyalgia and chronic regional pain syndrome.

Safe and effective treatment of pain has become a critical issue in VA, driven by the high prevalence of musculoskeletal pain reported by Iraq and Afghanistan Veterans, the variable management of pain in older Veterans with chronic diseases, and concerns about excessive use of opioids and overdose deaths in Veterans with chronic pain.

VA has developed a National Pain Management Strategy to provide a system-wide standard of care to reduce suffering from preventable pain. VA researchers played an integral role in shaping this strategy, which in turn helps set the course for VA research and innovation in pain care. For example, VA is collaborating with DoD to develop clinical practice guidelines for low back pain, opioid use, and postoperative pain. VA has also published a toolkit for providers in support of this effort.

As part of this strategy, VA researchers helped establish the VA Stepped Care Model of Pain Management. In a study published in 2015, the stepped-care approach resulted in reductions in pain severity and a 30 percent improvement in related disability when delivered in primary care settings. A multisite study will evaluate the effects of pain screening and assessment approaches in such settings.

Researchers are also identifying and helping to address any disparities in Veterans' access to opioid therapy, looking at non-medication pain treatments such as cognitive behavioral and physical therapies, and studying cost-effective complementary and alternative approaches to treat or manage pain. These alternative approaches are also being studied and incorporated into new state-of-the-art pain-care quality metrics. Current initiatives focus on empowering Veterans to help manage their own pain, enabling Veterans to be a part of the clinical team. Veterans are learning how pain-management decisions are made and how to make informed decisions themselves.

VA researchers are also developing innovative methods to treat acute pain following orthopedic procedures. Investigators have shown that after rotator cuff surgery, ibuprofen delivered not orally but directly to the wound site using biodegradable materials decreases inflammation and pain, and also accelerates wound healing. Other researchers are testing transcranial direct current stimulation for pain following total knee replacement. The procedure is minimally invasive and can be delivered with very little discomfort. It can be used with ongoing drug therapy without the problems associated with drug interactions.

In addition, researchers are examining how pharmacological approaches that target inflammation not only promote nerve repair but also decrease the development of neuropathic pain following nerve injury.

An important new resource for VA pain studies is a longitudinal database of Veterans with musculoskeletal diagnoses that was recently established. Researchers have identified more than 4 million Veterans who received VHA care for such diagnoses between 2000 and 2012.

Focus on Opioids

The dramatic increase in opioid use among Veterans has attracted increased attention from policymakers and researchers. From 2004 to 2012, the prevalence of opioid prescriptions among users of VA health care increased by 77 percent. VA researchers have documented a higher risk of overdose death among individuals receiving high opioid dosages and multiple opioid prescriptions. They have developed an Opioid Dashboard to track and help reduce the number of patients receiving high-dose prescriptions or multiple opioid prescriptions.

An initial study of the VA Opioid Safety Initiative shows dramatic decreases in prescriptions for opioids, although the impact on pain control and patient safety and satisfaction are still unclear. VA Research is soliciting additional studies to examine the implementation of new informed-consent processes for patients being prescribed long-term opiate medications for pain.

VA's Comprehensive Opioid Management in Patient Aligned Care Teams (COMPACT) study is testing a telehealth-based self-management training system to promote improved care for Veterans receiving chronic opioid therapy. The study aims to test the effectiveness of the system in improving physical and emotional functioning, promoting the safe use of opioids, and improving quality of life.

Who prescribes opioids? —By and large, prescriptions for opioid painkillers are written by a broad cross-section of U.S. general practitioners, not by a limited group of specialists, according to a 2015 study by researchers at the Palo Alto VA Health Care System and Stanford University School of Medicine. The research team examined Medicare prescription drug claim data for 2013 and found that while the top 10 percent of opioid prescribers account for 57 percent of all opioid prescriptions, this prescribing pattern is comparable to that found in the Medicare data for prescribers of all drugs. The findings contrast with those of previous studies that indicated that a small population of prolific prescribers operating out of corrupt pill mills was driving the opioid epidemic.

Other Substance Use Disorders

Substance use disorders, such as problem drinking or illicit drug use, are common in returning Veterans and are frequently complicated by co-occurring disorders such as PTSD, chronic pain, and other mental health problems. Researchers are looking at treatment-seeking patterns: why and when Veterans ask for help, and why many Veterans don't. Several treatment strategies are being studied, including cognitive behavioral strategies and Web-based approaches.

VA research also continues to focus on basic neurological mechanisms underpinning addiction. On a related note, VA researchers are leading the emerging science of epigenetics in substance abuse. This field considers how environmental and genetic factors interact. As an integrated health care system with a large network of addiction clinics, VA plays an important role in developing more effective and safer strategies to help Veterans with addictive disorders.

Other Areas

Additional areas of inquiry include:

- *Cardiovascular Disease (CVD).* CVD includes heart disease, stroke, and other vascular disease. It is the leading cause of death for men and women, Veterans and non-Veterans alike. VA research in this area is focused on optimizing CVD prevention and treatment. They are looking at the genetic and lifestyle causes of the disease and conducting studies ranging from lab experiments to large clinical trials involving thousands of patients.
- *Amyotrophic Lateral Sclerosis (ALS).* ALS is almost twice as prevalent among Veterans who were deployed to the Persian Gulf region in 1990 and 1991, compared with non-deployed Gulf War-era troops. VA is investigating potential causes and treatments for this devastating disease. Additionally, VA's Biorepository Brain Bank collects, processes, stores, and distributes specimens for future research studies.

IV. Improving the Lives of "Golden Veterans"

VA researchers are pursuing innovative approaches to new treatments, care models, and preventive strategies to improve aging Veterans' quality of life, and to support their caregivers. VA research addresses diseases of aging, including improving the

understanding of aging-related health problems, arteriosclerotic disease (stroke and heart disease), and neurodegenerative diseases such as Alzheimer's and Parkinson's diseases, as well as end-of-life care.

Aging

In the 1970s, VA began planning to meet the challenges the aging World War II population would present. The department developed Geriatric Research Education and Clinical Centers (GRECCs) to increase basic knowledge of aging and the diseases commonly associated with it. While GRECCs themselves are not funded through research dollars, GRECC investigators do often receive ORD funding, as well as support from NIH and other sources, and are among the nation's leaders in aging research. Today, there are 20 GRECCs at VA facilities throughout the nation, publishing hundreds of peer-reviewed articles on aging each year and providing thousands of hours in geriatric education.

VA is gathering a Veteran cohort from the NIH-funded longitudinal Health and Retirement Study (HRS), in collaboration with the National Institute on Aging. VA health data are being merged with information that has been provided to the HRS over the years to answer key questions about the health and well-being of Veterans, including those who do not use VA care. The data will include information about income, work, assets, pension plans, health insurance, disability, physical health and functioning, cognitive functioning, and health care expenditures.

Neurodegenerative Disease

Alzheimer's Disease

Alzheimer's disease is a common cause of and contributor to dementia, and its complications over time generally result in death. There are currently no effective treatments to cure or slow down the progression of Alzheimer's disease and related dementia disorders. VA projects that roughly 218,000 Veterans will be diagnosed with dementia in 2017, an increase of more than 40,000 such diagnoses from 2008.

In Alzheimer's disease, a protein called beta amyloid aggregates and forms hard plaques within neuronal networks in the brain. Until recently, amyloid plaques could be detected only after a patient died and an autopsy was performed. VA researchers associated with the Alzheimer's Disease Neurological Initiative (ADNI) have been developing new methods to assess beta amyloid levels in the body, and several such tests are already being implemented in clinical trials. The goal is to establish methods of early detection, which will become more important as new treatments become available. ADNI is led by a VA researcher and funded mainly by the National Institute on Aging.

Finding amyloid in the brains of otherwise healthy people indicates they are at risk of developing Alzheimer's in the future. At present, amyloid levels can be determined only through spinal taps or special imaging machines. ADNI has developed a simple blood test

that can be used to predict the buildup of amyloid in the brain with modest accuracy, which was described in a 2015 study published by ADNI researchers.

Although there is no treatment that can halt or reverse the progression of Alzheimer's disease, a noninvasive, inexpensive, reliable test for diagnosing the disease could spare people with dementia and their families the anxiety associated with uncertainty, direct them to support services earlier, and improve their likelihood of benefiting from current and future advances in treatment.

Because of the cognitive decline that occurs in Alzheimer's disease, patients eventually need ongoing care. Research is essential to provide caregivers of dementia patients with the resources, tools, and emotional support they need so they can better manage their caregiving experience, and to continue to provide care for Veterans.

VA offers a program called Resources for Enhancing Alzheimer's Caregiver Health in VA, or REACH-VA. The program provides caregivers for Veterans with Alzheimer's with 12 individual in-home and telephone counseling sessions, and five telephone support group sessions. Caregivers also receive a quick guide covering 48 behavioral and stress topics, plus education on safety and patient-behavior management, and training for their individual health and well-being. VA researchers have documented the effectiveness of the program, which has been expanded to address other conditions such as spinal cord injury and TBI.

Other researchers have created an online education and support program for caregivers of Veterans with Alzheimer's disease. It includes a website, streaming videos, online education, and discussion forum. Previous studies have suggested that such education and support may not only benefit caregivers but also lessen negative behaviors of those with Alzheimer's.

Parkinson's Disease

Parkinson's disease is the second most common neurodegenerative disease of aging and currently affects some 60,000 VA patients. This number is expected to grow as Veterans who served in the Vietnam era enter peak ages for onset of the disease.

Currently, there are treatments for the symptoms of Parkinson's disease, but none that delay disease progression. Efforts to produce disease-modifying treatments would be greatly enhanced by accurate biomarkers for Parkinson's-related brain changes. VA researchers are developing new ways of tracking these brain changes in human subjects by using MRI to measure variations in cerebral white matter. White matter consists of wire-like axons, insulated by a fatty substance called myelin, which connect brain regions to form networks. Researchers discovered that a sensitive new MRI measure for myelin differs between Parkinson's patients and controls. The potential causes of these differences are being investigated and will set the stage for identifying new biomarkers to be used in clinical trials.

Other Diseases Prevalent in the Elderly

Stroke
Stroke is a common and costly problem in the Veteran population. Some 6,500 Veterans are hospitalized every year in VA with an acute ischemic stroke. Many of those Veterans are left with chronic neurological impairments.

VA researchers have developed new insights into how the body can rehabilitate or repair itself after a stroke. They have used this knowledge to develop and test innovative rehabilitative treatments for chronic stroke survivors.

Stroke impairs both the upper and lower limbs, and VA has developed and tested innovative treatments for both. For the upper limb, VA has shown not just a greater benefit of intensive robotic therapy over conventional therapy, but additionally reduced overall costs. VA continues to fund the development of improved upper-limb rehabilitation robotic systems to further elevate the standard of care.

One ongoing project is the development and clinical trial of an improved (lighter weight and greater range of motion) upper-limb rehabilitation robot that incorporates both hand and arm components in the same device. This enables the simultaneous functional rehabilitation of both reaching and grasping.

For the lower limb, robotic therapy has not been shown to be as promising, However, prior rehabilitation robots for stroke have all focused on leg movements in the direction of walking, and none have addressed impairments in *lateral* foot placement, which could lead to falls. An ongoing project is developing and testing a new device that will train lateral stability during gait with force-field-like perturbations to the legs. The device will foster appropriate step placement to reduce falls and improve gait in the large population of Veterans who are stroke survivors.

VA also maintains a website, called RESCUE (Resources and Education for Stroke Caregivers Understanding and Empowerment), to provide stroke caregivers with information and resources to help them take better care of their loved ones and themselves.

Heart Failure
Among Veterans, heart failure is the most frequent cause for hospital admission and one of the most frequent causes of unplanned hospital readmission. More than 90 percent of Veterans with congestive heart failure are discharged on guideline-recommended medications, yet many do not receive optimal doses. The optimal dose of these medications has been shown to improve cardiovascular outcomes.

A new project leveraging natural language processing will provide key clinical data to Patient Aligned Care Team members during outpatient visits to support timely, guideline-based use of beta-blockers at the point of care. The goal is to reduce patient readmissions and boost outcomes. In addition, a recently launched Cooperative Studies Program trial

will investigate whether implantable cardioverter defibrillators can prevent heart failure deaths in Veterans aged 70 and older.

Coronary artery disease (CAD) is a disease in which plaque builds up inside the heart muscle. Nonobstructive CAD occurs when those deposits do not obstruct the blood flow to the heart. Historically, doctors have considered these partial obstructions insignificant, but VA researchers have found that nonobstructive CAD should not be ignored, especially among those with symptoms of heart disease. Patients should not consider a diagnosis of nonobstructive CAD to be good news, and if angiograms show blockages of 30 percent or more in one artery, the patient should receive preventive therapy.

Comparing VA and non-VA heart care—A study published in 2016 in the *Journal of the American Medical Association* (JAMA) found that older men treated within the VA health care system for acute myocardial infarctions (heart attacks) are less likely to die within 30 days after the event than Medicare beneficiaries treated at non-VA hospitals, although they are more likely to require readmission during the same time period. The team found, however, that mortality rates and readmission rates were higher at VA hospitals for pneumonia. The team hypothesized that the lower rates of mortality for cardiovascular conditions seen in VA hospitals could be a reflection of higher-quality care, indicated by better adherence to process measures, and could also be related to quality-improvement efforts that have been implemented across the system. In an editorial, a researcher with the Harvard T.H. Chan School of Public Health wrote, "These findings are important because they suggest that despite all of the challenges VA hospitals have faced, they are still able to deliver high-quality care for some of the sickest, most complicated patients."

V. Ensuring Access and High-Quality Care

Ensuring access to timely and high-quality care is one of VA's highest priorities. VA Research works to identify and evaluate innovative strategies that can improve access and quality, especially for those Veterans who may face barriers to care, including rural Veterans and racial or ethnic minorities.

Access to Care/Rural Health

Many Veterans who rely on VA for health care live in remote areas. VA researchers have been instrumental in understanding these Veterans' health care needs and developing and evaluating new initiatives to fill gaps in care. These efforts include understanding Veteran preferences and perceptions of access and barriers to care, developing new models for access to specialty care, and advancing telehealth innovations.

In four recently funded studies on mental health care for rural Veterans, researchers are developing a patient-centered survey to measure Veterans' perceived access to mental health services; testing interventions to increase engagement in mental health care at VA community-based outpatient clinics (CBOCs); testing clinical and technological

interventions to improve the quality and outcomes of mental health care at CBOCs; and testing Web-based interventions and evidence-based training to enhance access to PTSD care for women Veterans and Veterans using CBOCs. New clinical and technology innovations are also being tested to improve specialty care through VA's Specialty Care Access Network-Extension for Community Health Care Outcomes (SCAN-ECHO). The program helps manage chronic and complex diseases in medically underserved areas.

A study at 22 VA CBOCs found that implementing telemedicine-based collaborative care in small rural clinics that lack on-site psychiatrists and psychologists increases the percentage of Veterans who take the medications they are prescribed, and improves treatment response rates. In another study, videoconferencing was as effective as face-to-face treatment in providing cognitive processing therapy to Veterans with PTSD in rural settings. Veterans also reported high levels of satisfaction with the treatment. Other research indicates VA psychotherapy use has been increasing among both urban- and rural-dwelling Veterans with a new diagnosis of depression, anxiety, or PTSD, although the proportion of rural Veterans receiving psychotherapy is lower than among urban Veterans.

In another analysis, researchers found that Veterans with prostate cancer who live in rural settings have less access to comprehensive cancer resources than Veterans in urban settings. Also, on average, those in rural areas had to travel five times farther for care. However, despite these differences in access, rural patients received similar or better quality of care on four of five measures, and the time between diagnosis and the initiation of treatment was similar for rural and urban Veterans. Other recent research has raised questions about communication between VA and non-VA primary care providers in co-managing rural Veterans' care.

Veteran Engagement in Research

VA Research established a Veteran Engagement Workgroup in 2015, empowering a diverse, representative group of VA investigators and Veterans to identify best practices for engaging Veterans' help in setting VA's research agenda and contributing to the design and the conduct of individual studies. Three subgroups are identifying and documenting current best practices in engaging Veterans in research. They are also making suggestions drawn from other agencies, such as the Patient-Centered Outcomes Research Institute. One funded project is creating a library of patient narratives from Veterans with TBI to document the most important issues affecting Veteran reintegration after a TBI. The repository will help inform future TBI studies and outcome measures.

Connected Health

The prevalence of high-speed Internet access and mobile technologies gives Veterans multiple options for connecting with their VA health care team and managing their own health conditions. VA researchers have led the way in exploring how care can be enhanced by use of the telephone, Internet, videoconferencing, email, smartphone, text messaging, and wearable technologies. VA teams are testing two new health technology

tools—one for measuring Veterans' sleep, and the other for managing sleep. Researchers have also begun the Secure Messaging for Medication Reconciliation Tool trial among Veterans recently discharged from the hospital.

Physical Infrastructure

The physical condition of VA's research facilities is an important factor in recruiting and retaining world-class researchers. Since more than 60 percent of VA researchers are also clinicians taking care of patients, recruiting and retaining high-caliber researchers is essential to patient care.

In 2006, Congress directed VA to undertake a comprehensive review of its research facilities, and to report deficiencies and provide recommendations for correcting them. In response, VA conducted a detailed review of the physical structures housing research laboratories, vivaria, and support spaces, as well as plumbing, mechanical, electrical, and fire-protection systems supporting research spaces. The 2012 report, based on an assessment of 74 sites, indicated a widespread need for repairs and improvements, estimated to cost $774 million. The identified deficiencies, including cost estimates, were incorporated into the VA Capital Asset Inventory in 2013, and inform facility-condition assessments that VA conducts system-wide every three years.

Since the release of the 2012 report, VA has corrected many of the deficiencies and increased funding. New research space is being constructed at several sites. Phase 2 of the modernization project, completed in 2016, reassesses research space at 25 stations to determine the effect of recent improvements or the extent of continued degradation. In addition, up to 20 additional stations will receive administrative follow-up visits. The infrastructure program will thus continue to support state-of-the art research laboratories, which helps VA recruit and retain top-tier scientists.

Training VA Researchers

A core mission of VA Research is to train the next generation of VA investigators, including clinician investigators such as physicians, nurses, and psychologists. Two programs, the Research Career Development Program and the Nursing Research initiative, have a proven record of training successful investigators who remain in the VA, by enabling clinicians to devote the majority of their time to research-related activities for up to 5 years. For the duration of their award, clinicians in the CDA program may receive salary support from both the VA Research and Health Care appropriations, in proportion to their time spent on research and clinical activities.

QUERI

The mission of the VA Quality Enhancement Research Initiative (QUERI) is to improve Veteran health by more rapidly implementing best practices into routine clinical care. QUERI has provided an essential combination of scientific rigor and partnership with VA operations since 1998. QUERI was an integral component in VA's major transformation

from a hospital to a primary-care-based system, and has become the engine for VA's ongoing transformation into a successful learning health care system. QUERI is helping with VA's transformational efforts through three major goals:

- rapidly translating evidence-based treatments into clinical practice;
- increasing the impact of VA research findings through bi-directional partnership, rigorous evaluation, and communication; and
- making VA a model learning health care organization through innovative implementation science, primarily through national collaborations involving VA and non-VA implementation and quality-improvement scientists.

In FY 2015, QUERI updated its strategic plan to better align with VA national priority goals. Recent VA initiatives supported by QUERI efforts include designing and deploying an effective strategy for implementing evidence-based mental health treatment in primary care practices; establishing Veterans Stakeholder Councils as models for eliciting consumer input; establishing appropriate clinical action measures to prevent overtreatment and potential harm among Veterans with chronic illnesses; and implementing secure messaging in VA primary care, regardless of location.

QUERI also funded seven projects to evaluate the implementation of the Veterans Choice Act, in collaboration with the Office of Analytics and Business Intelligence. The projects addressed the impact of the act on care for special populations, outcomes associated with care across different treatment settings, and Veteran satisfaction and access to care.

In FY2016, QUERI funded a national network of 15 programs to serve as implementation laboratories to work across conditions and operations partners to rapidly deploy best practice into routine care. The programs are also designed to develop strategies to help front-line providers deploy best practices for a wide range of Veterans services, including telemental health, coordinated care, pharmacy, infection control, pain management, homelessness services, and women's personalized care.

QUERI also supports the implementation of Partnered Evaluation Initiatives in collaboration with VA leadership and clinical operations. Fifteen partnered centers are in ongoing collaborations with the Veterans Engineering Resource Center (to evaluate the deployment of Lean Six Sigma business principles and provider engagement), Rural Health and Clinical Operations (to help evaluate Veteran access under the Choice Act), Nursing Services, Social Work (to evaluate the impact of the Caregiver Support Program on Veterans' and Caregivers' outcomes and costs of services), and Patient-Centered Care and Cultural Transformation (to review the deployment of complementary and integrative health programs for Veterans).

Health Informatics and Big Data

The health information technology landscape is changing rapidly as a result of increased computing power, health information exchange initiatives, new mobile and wearable technologies, and new expectations on the part of patients, providers, and other

stakeholders. To capitalize on this evolving digital environment, VA Research invests significant resources in health care informatics and "big data" research.

A critical foundation of this research is the Veterans Informatics and Computing Infrastructure (VINCI). Funded by VA Research and the Office of Information and Technology, VINCI provides a high-performance computing environment and access to comprehensive VHA data. This infrastructure supports researchers' access to national data on the entire VA patient population, provides computing capability to researchers, and facilitates the creation of sophisticated analytic tools to address a broad array of issues. Research has developed natural language processing techniques to extract data from unstructured "free text" in clinical notes, and developed data-modeling tools that convert VA medical data into standardized formats for research data-sharing. These tools allow VHA data to be used efficiently and effectively for research or clinical care.

In 2015, VA funded a wide range of health-informatics studies, including a study on regional electronic health information exchanges to improve care coordination for Veterans treated in non-VA hospitals, and another that uses a natural language processing system to translate medical jargon into consumer-friendly language. In addition, VA has funded projects that use mobile technologies to address Veterans' mental health issues and promote medication reconciliation. These informatics projects will leverage the electronic health record, administrative records, and patient-generated data to improve diagnosis and treatment and facilitate more patient-centered health care.

The recently funded MedSAFE QUERI Program seeks to improve medication safety and optimize medication management by leveraging pharmacy networks and implementing clinical decision support tools. The MedSAFE QUERI is evaluating and expanding the use of the Pharmacy Benefits Management's data collection tool, the Medication Utilization Evaluation Tracker, which prompts clinicians to address safety issues with identified high-risk patients. Additionally, MedSAFE QUERI will develop and integrate decision-support tools into clinical workflow to support evidence-based practices for management of five common chronic conditions.

Public Access to Research Data

In order to make the published results of research freely available to the public, VA implemented a policy to ensure that peer-reviewed full-text articles resulting from ORD-funded research are available through PubMed Central, a National Library of Medicine (NLM) database. As of the end of February 2017, more than 9,100 publications have been uploaded by VA researchers. Additionally, ORD is now exploring the technical requirements, procedures, and policies involved in enabling broader access to study data, in a way that prioritizes confidentiality and privacy. Dissemination is also advanced by making all ORD-funded clinical trials and their results available online through NLM's ClinicalTrials.gov website. By requiring all clinical trials to be registered and their results subsequently posted online, VA helped pioneer best practices that only recently have been adopted as policy by other federal agencies.

Designated Research Areas

Designated Research Areas (DRA) represent areas of particular importance to our Veteran patient population. The amounts shown for these research areas are not mutually exclusive. Research projects that span multiple areas may be counted in several categories. Thus, amounts depicted within this table total to more than the VA research appropriation. This method of reporting is consistent with other federal agencies.

In 2018, VA Research will require a reduction in the number of projects supported. VA Research remains committed to investing in those critical areas most impactful to our Veterans. Thus, there is no change in areas of Pain Management/Opioid Addiction, Mental Health/Suicide, Million Veteran Program, and Gulf War Veterans Illness. As current projects end, priority of funding will be made available to these critical research areas. The projected investment in various research areas are identified below. Note that projects identified below are not mutually exclusive, resulting in projects being represented in more than one category.

Appropriations by Designated Research Areas

(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Request	2017-2018 Inc/Dec
Acute & Traumatic Injury	$26,215	$21,313	$25,313	$25,110	($203)
Aging	$158,286	$150,344	$150,344	$148,731	($1,613)
Autoimmune, Allergic & Hematopoietic Disorders	$28,882	$28,357	$28,357	$27,979	($378)
Cancer	$56,641	$59,500	$59,500	$58,851	($649)
CNS Injury & Associated Disorders	$108,229	$91,156	$105,425	$104,371	($1,054)
Degenerative Diseases of Bones & Joints	$36,620	$30,960	$36,580	$35,993	($587)
Dementia & Neuronal Degeneration	$31,702	$25,428	$31,240	$30,654	($586)
Diabetes & Major Complications	$36,659	$35,840	$35,840	$35,277	($563)
Digestive Diseases	$22,071	$21,171	$21,171	$20,783	($388)
Emerging Pathogens/Bio-Terrorism	$1,929	$982	$982	$982	$0
Gulf War Veterans Illness	$12,990	$12,188	$12,188	$12,188	$0
Health Systems	$73,308	$70,850	$70,850	$69,883	($967)
Heart Disease/Cardiovascular Health	$73,001	$63,802	$70,530	$69,875	($655)
Infectious Diseases	$33,480	$33,827	$33,827	$33,445	($382)
Kidney Disorders	$19,010	$21,411	$21,411	$21,215	($196)
Lung Disorders	$25,635	$27,632	$27,632	$27,248	($384)
Mental Illness	$118,242	$115,826	$115,826	$115,826	($0)
Military Occupations & Environ. Exposures	$18,494	$16,217	$16,217	$15,638	($579)
Other Chronic Diseases	$1,667	$4,999	$4,999	$4,749	($250)
Prosthetics	$15,606	$15,433	$15,433	$15,152	($281)
Sensory Loss	$19,574	$17,491	$17,491	$17,290	($201)
Special Populations	$26,823	$20,053	$24,350	$24,144	($206)
Substance Abuse	$30,865	$30,103	$30,103	$30,103	$0

Projects by Designated Research Areas

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Request	2017-2018 Inc/Dec
Acute & Traumatic Injury	130	102	125	124	(1)
Aging	839	755	839	830	(9)
Autoimmune, Allergic & Hemaptopoietic Disorders	158	146	150	148	(2)
Cancer	277	275	275	272	(3)
Central Nervous System Injury & Associated Disorders	518	394	500	495	(5)
Degenerative Diseases of Bones & Joints	187	157	187	184	(3)
Dementia & Neuronal Degeneration	162	118	160	157	(3)
Diabetes & Major Complications	198	191	191	188	(3)
Digestive Diseases	119	109	109	107	(2)
Emerging Pathogens/Bio-Terrorism	12	5	5	5	0
Gulf War Research Illness	47	51	51	51	0
Health Systems	283	293	293	289	(4)
Heart Disease	322	323	323	320	(3)
Infectious Diseases	170	177	177	175	(2)
Kidney Disorders	104	109	109	108	(1)
Lung Disorders	136	144	144	142	(2)
Mental Illness	478	438	438	438	0
Military Occupations & Environ. Exposures	75	56	56	54	(2)
Other Chronic Diseases	9	20	20	19	(1)
Prosthetics	73	49	55	54	(1)
Sensory Loss	95	84	87	86	(1)
Special Populations	120	98	118	117	(1)
Substance Abuse	165	166	166	166	0

Employment Summary, FTE by Grade

GS Grade or Title 38	2016 Estimate	2017 Estimate	2018 Estimate	2017-2018 Inc/Dec
SES	0	0	0	0
Title 38	99	100	99	(1)
15 or higher	133	137	133	(4)
14	166	168	166	(2)
13	590	602	594	(8)
12	346	353	350	(3)
11	491	501	495	(6)
10	20	20	20	0
9	480	490	485	(5)
8	64	65	64	(1)
7	340	347	340	(7)
6	136	138	136	(2)
5	163	166	163	(3)
4	39	40	39	(1)
3	15	15	15	0
2	11	11	11	0
1	4	5	4	(1)
Wage Board	41	42	41	(1)
Total Number of FTE	3,138	3,200	3,155	(45)

Analysis of FTE Distribution Headquarters/Field

GS Grade or Title 38	2016 HQ-Actual	2016 Field-Actual
SES	0	0
Title 38	3	96
15 or higher	11	122
14	38	128
13	27	563
12	6	340
11	8	483
10	0	20
9	11	469
8	0	64
7	1	339
6	0	136
5	0	163
4	0	39
3	0	15
2	0	11
1	0	4
Wage Board	0	41
Total Number of FTE	105	3,033

Obligations by Object Classification

(dollars in thousands)

Description	2016 Act	2017 Budget Estimate	2017 Current Estimate	2018 Request	2017-2018 Inc/Dec
10 Personal Services	$357,000	$348,483	$358,389	$354,038	($4,351)
21 Travel & Transportation of Persons:					
Employee Travel	$5,148	$5,300	$5,375	$4,200	($1,175)
All Other	$123	$100	$150	$100	($50)
Subtotal	$5,271	$5,400	$5,525	$4,300	($1,225)
22 Transportation of Things	$998	$100	$150	$150	$0
23 Communication, Utilities & Misc	$1,926	$1,229	$1,665	$1,600	($65)
24 Printing & Reproduction	$1,024	$600	$1,000	$750	($250)
25 Other Services:					
Medical Care Contracts & Agree. w/Insts. & Orgs	$103,003	$139,025	$100,500	$100,200	($300)
Fee Basis - Medical & Nursing Services, On-Statio	$183	$500	$200	$200	$0
Consultants & Attendance	$107	$15,000	$125	$125	$0
Scarce Medical Specialist	$89	$350	$100	$100	$0
Repair of Furniture & Equipment	$2,220	$3,200	$2,400	$2,000	($400)
Maintenance & Repair Services	$608	$1,013	$1,200	$600	($600)
Administrative Contractual Services	$143,114	$121,776	$174,250	$146,187	($28,063)
Training Contractual Services	$676	$1,150	$700	$750	$50
Subtotal	$250,000	$282,014	$279,475	$250,162	($29,313)
26 Supplies & Materials	$39,000	$40,000	$41,342	$36,000	($5,342)
31 Equipment	$40,000	$25,500	$34,812	$33,000	($1,812)
32 Lands & Structures	$0	$40	$0	$0	$0
Total Obligations	$695,219	$703,366	$722,358	$680,000	($42,358)

Medical and Prosthetic Research Summary

(dollars in thousands)

Appropriation	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Request	2016-2017 Inc/Dec
Medical research and support	$630,735	$663,366	$673,366	$640,000	($33,366)
Budget Authority	$630,735	$663,366	$673,366	$640,000	($33,366)
Reimbursements	$35,667	$40,000	$40,000	$40,000	$0
Budget Authority (Gross)	$666,402	$703,366	$713,366	$680,000	($33,366)
Adjustments to obligations:					
Unobligated balance (SOY):					
No-year	$2,557	$0	$3,649	$2,500	($1,149)
2-year	$72,782	$50,000	$57,843	$50,000	($7,843)
Supplemental	$0	$0	$0	$0	$0
Prior Year Recoveries	$35,177				
Emergency Designation	$0	$0	$0	$0	$0
Subtotal unobligated balance (SOY)	$110,516	$50,000	$61,492	$52,500	($8,992)
Unobligated balance (EOY):					
No-year	($3,649)	$0	($2,500)	($2,500)	$0
2-year	($57,843)	($50,000)	($50,000)	($50,000)	$0
Supplemental	$0	$0	$0	$0	$0
Subtotal unobligated balance (EOY)	($61,492)	($50,000)	($52,500)	($52,500)	$0
Change in Unobligated balance (non-add)	$49,024	$0	$8,992	$0	($8,992)
Balance Transferred Out	($20,200)				
Unobligated balance expiring (lapse)	($7)	$0	$0	$0	$0
Obligations	$695,219	$703,366	$722,358	$680,000	($42,358)
Obligations	$695,219	$703,366	$722,358	$680,000	($42,358)
Obligated Balance (SOY)	$214,940	$283,540	$243,178	$266,000	$22,822
Obligated Balance (EOY)	($243,178)	($302,635)	($266,000)	($259,000)	$7,000
Adjustments in Expired Accounts	($46,835)	$0	$0	$0	$0
Chg. Uncol. Cust. Pay Fed. Sources (Unexp.)	($50)	$0	$0	$0	$0
Chg. Uncol. Cust. Pay Fed. Sources (Exp.)	$41	$0	$0	$0	$0
Outlays, Gross	$620,137	$618,816	$699,536	$687,000	($12,536)
Offsetting Collections	($36,989)	($40,000)	($40,000)	($40,000)	$0
Outlays, Net	$583,148	$578,816	$659,536	$647,000	($12,536)
Full-Time Equivalents (FTE):					
Direct FTE	2,997	3,059	3,059	3,040	(19)
Reimbursable FTE	141	141	141	115	(26)
Total FTE	3,138	3,200	3,200	3,155	(45)

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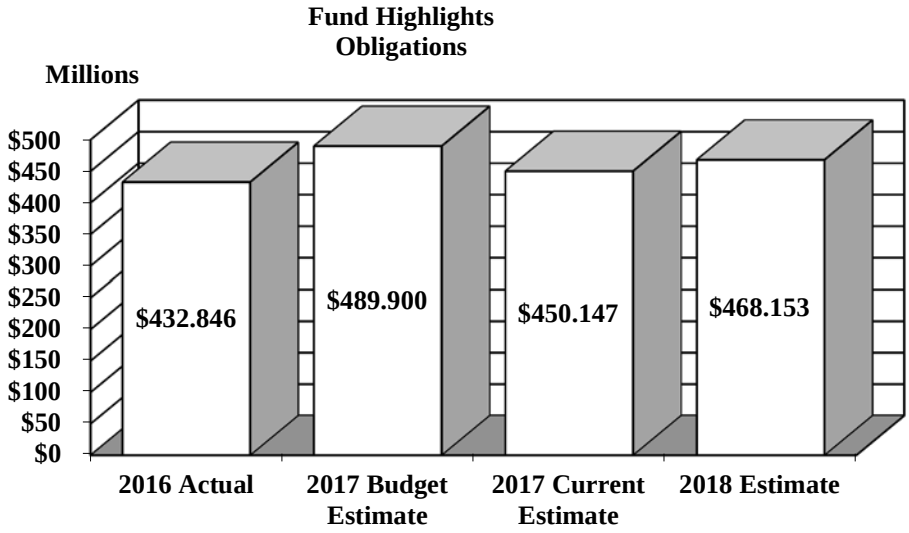
Veterans Canteen Service Revolving Fund



Program Description
The Veterans Canteen Service (VCS) was established by Congress in 1946 to furnish, at reasonable prices, meals, merchandise, and services necessary for the comfort and well-being of Veterans in hospitals and domiciliaries operated by the Department of Veterans Affairs (Title 38 U.S.C. 7801-10). It has since expanded to provide reasonably priced merchandise and services to America's Veterans enrolled in VA's Healthcare System, their families, caregivers, VA employees, volunteers, and visitors.

Congress originally appropriated a total of $4,965,000 for the operation of the VCS and no additional appropriations have been required. Funds in excess of the needs of the Service totaling $12,068,000 have been returned to the U.S. Treasury. However, provisions of the Veterans' Benefits Act of 1988 (Public Law 100-322) eliminated the requirement that excess funds be returned to the Treasury and authorized such funds to be invested in interest-bearing accounts, specifically Treasury Bills and Notes. Gains realized from these accounts are used to fund business operations. Currently, VCS has no interest-bearing investments.

Creating an environment where patrons can truly enjoy their shopping or dining experience has become a necessity for modern businesses. Providing VA customers the same high quality service found in private industry has been, and will continue to be, necessary for VCS. This philosophy will take VCS into the budgeted fiscal year 2018 and beyond.

Fund Highlights*

(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Estimate	+/- 2017-2018
Total revenue.....	$441,667	$496,000	$459,334	$477,707	$18,373
Obligations.....	$432,846	$489,900	$450,147	$468,153	$18,006
Outlays (net).....	$3,445	$9,000	$4,000	$4,000	$0
FTE.....	3,410	3,351	3,450	3,500	50

* The numbers in the chart above reflect an estimate of the activity during the Federal Government Fiscal Year (October – September), as the Veterans Canteen Service uses a retail industry fiscal year (February – January) used by similar private sector retailers to enhance their ability to compare their operations to their private sector peers.

The retail-calendar-fiscal-year reporting cycle has been adopted in order to better align VCS operations with the financial reporting structure of the retail industry. The calendar uses a (4-5-4) weekly cycle for the monthly reporting schedule. The 4-5-4 retail accounting calendar divides the year, beginning with the month of February, into quarters with the first and last month of each quarter consisting of four weeks each and the middle month of each quarter consisting of five weeks. Although the retail accounting calendar is used for management purposes, VCS will continue to report to VA on a federal fiscal year basis.

Summary of Budget Request

No appropriation by Congress will be required for VCS to operate during 2018. The VCS is a self-sustaining, revolving fund activity that obtains its revenues from non-federal sources; therefore, no Congressional action is required. Within VA, VCS functions independently and has primary control over its major activities, including sales, procurement, supply, finance, and personnel management.

Changes From 2017 Budget Request
(dollars in thousands)

Description	2017 Budget Estimate	2017 Current Estimate	Increase/ Decrease
Total revenue	$496,000	$459,334	($36,666)
Obligations	$489,900	$450,147	($39,753)
Outlays (net)	$9,000	$4,000	($5,000)
FTE	3,351	3,450	99

Summary of Employment

For personnel management, VCS uses techniques generally applied in commercial retail chain store, food and vending operations. Primary consideration is given to salary expenses in relation to sales. Salary expense data are provided to management personnel for each department in each Canteen, as well as VCS in total. These data are compared to the corresponding period from the previous year and to personnel cost thresholds and standards prior to making decisions regarding employment increases or decreases. Personnel cost as a percent of sales is the standard by which VCS measures personnel cost management.

The following chart reflects the full-time equivalent employment (FTE) for 2016 through 2018:

Summary of Employment

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Estimate	+/- 2017-2018
FTE	3,410	3,351	3,450	3,500	50

Revenues and Expenses
(dollars in thousands)

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Estimate	+/- 2017-2018
Sales Program:					
Revenue	$441,667	$496,000	$459,334	$477,707	$18,373
Less operating expenses	($440,307)	($495,900)	($458,434)	($476,807)	($18,373)
Net operating income-sales	$1,360	$100	$900	$900	$0
Net non-operating income	$0	$0	$0	$0	$0
Net income for the year	$1,360	$100	$900	$900	$0

Financial Condition

The schedule below reflects the anticipated financial condition of the VCS through 2018. Changes from year to year are the result of anticipated changes in revenues, obligations, and outlays previously portrayed.

Financial Condition
(dollars in thousands)

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Estimate	+/- 2017-2018
Assets:					
Cash with Treasury, in banks, in transit	$69,003	$45,713	$60,000	$40,000	($20,000)
Accounts receivable (net)	$47,655	$42,000	$45,000	$45,000	$0
Inventories	$27,137	$43,000	$25,000	$25,000	$0
Real property and equipment (net)	$26,212	$68,088	$25,000	$45,000	$20,000
Other assets	$422	$371	$500	$500	$0
Total assets	$170,429	$199,172	$155,500	$155,500	$0
Liabilities:					
Accounts payable including funded accrued liabilities	$78,401	$65,371	$65,000	$65,371	$371
Unfunded annual leave and coupons books	$14,262	$27,000	$6,348	$6,000	($348)
Total liabilities	$92,663	$92,371	$71,348	$71,371	$23
Government equity:					
Unexpended balance:					
Unobligated balance	$25,064	$58,615	$35,000	$35,943	$943
Undelivered orders	$0	$3,554	$4,789	$3,554	($1,235)
Invested capital	$52,702	$44,632	$44,363	$44,632	$269
Total Government equity (end-of-year)	$77,766	$106,801	$84,152	$84,129	($23)

Government Equity
(dollars in thousands)

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Estimate	+/- 2017-2018
Retained Income:					
Opening Balance	$76,406	$106,701	$77,766	$84,152	$6,386
Transactions:					
Net Operating Income	$1,360	$100	$900	$900	$0
Net Operating Gain	$0	$0	$5,486	($923)	($6,409)
Closing Balance	$77,766	$106,801	$84,152	$84,129	($23)
Total Government Equity (end-of-year)	$77,766	$106,801	$84,152	$84,129	($23)

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Medical Center Research Organizations

Program Description

The Veterans' Benefits and Services Act of 1988 (Public Law 100-322) authorizes "Medical Center Research Organizations" to be created at Department of Veterans Affairs Medical Centers (VAMC). These nonprofit corporations (NPCs) provide flexible funding mechanisms for the conduct of VA-approved research and educational activities. They administer funds from non-VA Federal and private sources to operate various research and educational activities in VA. These corporations are private, state-chartered entities. They are self-sustaining and funds are not received into a government account. No appropriation is required to support these activities.

Prior to June 1, 2004, 93 VAMCs had received approval for the formation of nonprofit research corporations. Presently, 83 are active. Most of the corporations have indefinite, ongoing operations. However, changes in the law permit NPC mergers, whichhas resulted in a decrease in the number of NPCs overall.

All 83 NPCs have received their authority from the Internal Revenue Service Code of 1986, under Article 501(c)(3) or similar Code Sections. The fiscal years for these organizations vary, with most having year-ends at September 30th or December 31st. The table below reflects estimated revenues and expenses from 2016 to 2018.

Contribution Highlights
(dollars in thousands)

	2016	2017		2018	+/-
	Actual	Budget Estimate	Current Estimate	Estimate	2017-2018
Contributions.....	$270,700	$250,130	$257,096	$262,344	$5,248
Expenses.....	$269,504	$246,517	$253,236	$256,496	$3,260

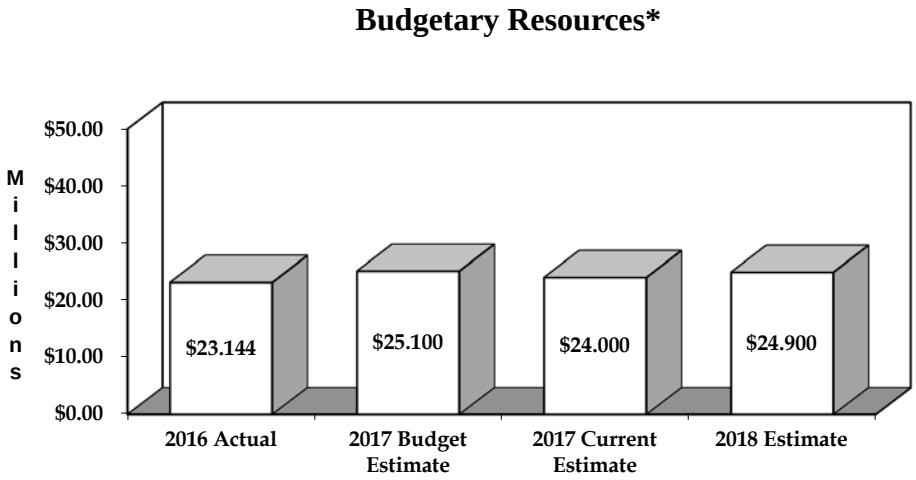
The following table is a list of research corporations that have received approval for formation along with their estimated 2016 contributions from the non-VA Federal and private sources. In addition, NPCs with no contributions have been approved for operation. Some have received contributions in the past, others have not, to date, received any contributions:

Nonprofit Corporations	City	State	Estimated Revenues (Contributions) 2016
1. Albany Research Institute, Inc.	Albany	NY	$661,000
2. Asheville Medical Research and Education Corporation	Asheville	NC	$89,000
3. Atlanta Research and Education Foundation, Inc.	Atlanta	GA	$8,717,000
4. Augusta Biomedical Research Corporation	Augusta	GA	$265,000
5. Baltimore Research and Education Foundation	Baltimore	MD	$2,290,000
6. Bedford VA Research Corporation, Inc.	Bedford	MA	$1,020,000
7. Biomedical Research and Education Foundation of Southern Arizona	Tucson	AZ	$805,000
8. Biomedical Research Foundation	Little Rock	AR	$1,597,000
9. Biomedical Research Institute of New Mexico	Albuquerque	NM	$11,501,000
10. Boston VA Research Institute, Inc.	Boston	MA	$15,320,000
11. Brentwood Biomedical Research Institute	Los Angeles	CA	$8,767,000
12. Bronx Veterans Medical Research Foundation	Bronx	NY	$3,392,000
13. Buffalo Institute for Medical Research, Inc.	Buffalo	NY	$764,000
14. Carl T. Hayden Medical Research Foundation	Phoenix	AZ	$3,728,000
15. Central New York Research Corporation	Syracuse	NY	$1,109,000
16. Central Texas Veterans Research Foundation	Temple	TX	$1,068,000
17. Charleston Research Institute, Inc.	Charleston	SC	$851,000
18. Chicago Association for Research and Education in Science	Hines	IL	$5,464,000
19. Cincinnati Education & Research for Veterans Foundation	Cincinnati	OH	$1,570,000
20. Clinical Research Foundation, Inc.	Louisville	KY	$706,000
21. Dallas VA Research Corporation	Dallas	TX	$2,872,000
22. Dayton VA Research and Education Foundation	Dayton	OH	$128,000
23. Denver Research Institute, Inc.	Denver	CO	$6,069,000
24. Dorn Research Institute	Columbia	SC	$536,000
25. East Bay Institute for Research and Education	Sacramento	CA	$278,000
26. Foundation for Advancing Veterans' Health Research	San Antonio	TX	$2,143,000
27. Great Plains Medical Research Foundation	Sioux Falls	SD	$38,000
28. Houston VA Research and Education Foundation	Houston	TX	$1,936,000

Nonprofit Corporations	City	State	Estimated Revenues (Contributions) 2016
29. Huntington Institute for Research and Education	Huntington	WV	$18,000
30. Indiana Institute for Medical Research, Inc	Indianapolis	IN	$506,000
31. Institute for Clinical Research, Inc	Washington	DC	$10,889,000
32. Institute for Medical Research, Inc	Durham	NC	$2,661,000
33. Idaho Veterans Research and Education Foundation	Boise	ID	$653,000
34. Iowa City VA Medical Research Foundation	Iowa City	IA	$571,000
35. Lexington Biomedical Research Institute, Inc	Lexington	KY	$669,000
36. Loma Linda Veterans Association for Research and Education, Inc	Loma Linda	CA	$3,992,000
37. Louisiana Veterans Research and Education Corporation	New Orleans	LA	$43,000
38. McGuire Research Institute, Inc	Richmond	VA	$2,870,000
39. Metropolitan Detroit Research and Education Foundation	Detroit	MI	$199,000
40. Middle Tennessee Research Institute, Inc	Nashville	TN	$2,030,000
41. Midwest Biomedical Research Foundation	Kansas City	MO	$3,122,000
42. Minnesota Veterans Medical Research and Education Foundation	Minneapolis	MN	$3,247,000
43. Missiouri Foundation for Medical Research	Columbia	MO	$378,000
44. Mountain Home Research and Education Corporation	Mountain Home	TN	$106,000
45. Mountaineer Education and Research Corporation	Clarksburg	WV	$1,000
46. Narrows Institute for Biomedical Research, Inc	Brooklyn	NY	$1,203,000
47. Nebraska Educational Biomedical Research Association	Omaha	NE	$1,041,000
48. North Florida Foundation for Research and Education, Inc	Gainesville	FL	$1,334,000
49. Northern California Institute for Research and Education, Inc	San Francisco	CA	$40,781,000
50. Ocean State Research Institute, Inc	Providence	RI	$4,075,000
51. Overton Brooks Research Corporation	Shreveport	LA	$44,000
52. Pacific Health Research and Education Institute	Honolulu	HI	$2,557,000
53. Palo Alto Institute for Research and Education, Inc	Palo Alto	CA	$27,289,000
54. Philadelphia Research and Education Foundation	Philadelphia	PA	$1,146,000
55. Portland VA Research Foundation, Inc	Portland	OR	$7,520,000
56. Research! Mississippi, Inc	Jackson	MS	$237,000

Nonprofit Corporations	City	State	Estimated Revenues (Contributions) 2016
57. Research, Incorporated	Memphis	TN	$2,743,000
58. Salem Research Institute, Inc	Salem	VA	$624,000
59. Salisbury Foundation for Research and Education	Salisbury	NC	$107,000
60. Seattle Institute for Biomedical and Clinical Research	Seattle	WA	$11,736,000
61. Sepulveda Research Corporation	Sepulveda	CA	$2,484,000
62. Sierra Veterans Research and Education Foundation	Reno	NV	$456,000
63. Sociedad de Investigacion Cientificas, Inc	San Juan	PR	$267,000
64. South Florida Veterans Affairs Foundation for Research and Education	Miami	FL	$2,744,000
65. Southern California Institute for Research and Education	Long Beach	CA	$5,274,000
66. Tampa VA Research and Education Foundation	Tampa	FL	$1,669,000
67. The Bay Pines Foundation, Inc	Bay Pines	FL	$842,000
68. The Cleveland VA Medical Research and Education Foundation	Cleveland	OH	$1,788,000
69. The Research Corporation of Long Island, Inc	Northport	NY	$276,000
70. Tuscaloosa Research and Education Advancement Corporation	Tuscaloosa	AL	$280,000
71. VA Black Hills Research and Education Foundation	Fort Meade	SD	$14,000
72. VA Connecticut Research and Education Foundation	West Haven	CT	$950,000
73. Veterans Bio-Medical Research Institute, Inc	East Orange	NJ	$2,410,000
74. Veterans Education and Research Association of Michigan	Ann Arbor	MI	$2,489,000
75. Veterans Education and Research Ass'n. of Northern New England, Inc	White River Junction	CT	$1,519,000
76. Veterans Medical Research Foundation of San Diego	San Diego	CA	$21,547,000
77. Veterans Research and Education Foundation	Oklahoma City	OK	$453,000
78. Veterans Research and Education Foundation of St. Louis	St Louis	MO	$614,000
79. Veterans Research Foundation of Pittsburgh	Pittsburgh	PA	$2,035,000
80. VISTAR, Inc	Birmingham	AL	$242,000
81. Western Institute for Biomedical Research	Salt Lake City	UT	$3,587,000
82. Westside Institute for Science and Education	Chicago	IL	$203,000
83. Wisconsin Corporation for Biomedical Research	Milwaukee	WI	$481,000
Total			**$ $270,700,000**

General Post Fund



***Fund consists of gifts, bequests and proceeds from the sale of property.**

Program Description

This trust fund consists of gifts, bequests, and proceeds from the sale of property left in the care of Department of Veterans Affairs facilities by former beneficiaries who die leaving no heirs or without having otherwise disposed of their estate. Such funds are used to promote the comfort and welfare of Veterans at hospitals and other facilities for which no general appropriation is available. Also, donations from pharmaceutical companies, non-profit corporations, and individuals to support VA medical research can be deposited into this fund (title 38 U.S.C., Chapters 83, Acceptance of Gifts and Bequests, and 85, Disposition of Deceased Veterans' Personal Property). The resources from this trust fund are for the direct benefit of the patients.

Expenditures from this fund are for recreational and religious projects; specific equipment purchases; national recreational events; the vehicle transportation network; television projects; and other items as outlined in Veteran Health Administration Directive 4721, General Post Fund. In addition, Public Law 102-54 authorizes the receipts from the sale of a property acquired for transitional housing to be deposited in the General Post Fund and used for the acquisition, management and maintenance of other transitional housing properties.

Summary of Budget Request

Operations of this trust fund are financed from fund receipts. Congress has provided permanent, indefinite budget authority for this fund and no appropriation is required.

Fund Highlights

(dollars in thousands)

Description	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Estimate	+/- 2017-2018
Budget Authority (permanent, indefinite).....	$23,144	$25,100	$24,000	$24,900	$900
Obligations:					
Trust Fund and Donation.....	$21,345	$21,900	$22,200	$23,000	$800
Therapeutic Residences.....	$902	$1,100	$900	$900	$0
Total Obligations.....	$22,247	$23,000	$23,100	$23,900	$800
Outlays.....	$21,963	$22,700	$22,800	$23,700	$900

Changes From Original 2017 Budget Estimate

(dollars in thousands)

Description	2017 Budget Estimate	2017 Current Estimate	+/- 2017-2018
Budget Authority (permanent, indefinite).....	$25,100	$24,000	($1,100)
Obligations:			
Trust Fund and Donation.....	$21,900	$22,200	$300
Therapeutic Residences.....	$1,100	$900	($200)
Total Obligations.....	$23,000	$23,100	$100
Outlays.....	$22,700	$22,800	$100

Program Activity

Trust Fund and Donations

Estimates of trust fund obligations revised for 2017 and 2018 are $23,100,000 and $23,900,000 respectively. The obligations are consistent with the purposes for which proceeds from this fund may legally be expended (Comptroller General's Decision B-125715, November 10, 1955) and the intent of the donors. Donors usually specify that their donations be used for designated recreational or religious purposes, research projects, or equipment (e.g., televisions, medical equipment and physical therapy equipment) purchases.

Cash receipts from donations and estates for both fiscal years 2017 and 2018 are estimated to reach $22,200,000 and $23,000,000 respectively. The invested reserve for 2017 and 2018 is estimated to be approximately $107,409,000 and $106,982,000 respectively.

Compensated Work Therapy - Therapeutic Residences (CWT-TR)

Per title 38, U.S.C. Section 1772(h), funds received through the operation of the Therapeutic Housing Program are to be deposited in the General Post Fund. The Secretary has the discretionary authority to expend up to an additional $500,000 from the fund above the amount credited to the fund in a fiscal year from proceeds of this program.

Financial Actions and Conditions

(dollars in thousands)

	2016 Actual	2017 Budget Estimate	2017 Current Estimate	2018 Estimate	+/- 2017-2018
Balance beginning of year:					
Cash	$2,669	$11,625	$3,764	$4,892	$1,128
Investments	$108,225	$116,148	$107,823	$107,409	($414)
Property, Plant, Equipment & Other Assets	$54,995	$63,072	$53,866	$52,702	($1,164)
Total	$165,889	$190,845	$165,453	$165,003	($450)
Increase during period:					
Cash	$9,853	$81,100	$10,148	$10,452	$304
Investments	$8	$59,400	$8	$8	$0
Property, Plant, Equipment & Other Assets	$112	$12,200	$115	$118	$3
Total	$9,972	$152,700	$10,271	$10,578	$307
Decrease during period:					
Cash	$8,757	$71,344	$9,020	$9,291	$271
Investments	$410	$50,877	$422	$435	$13
Property, Plant, Equipment & Other Assets	$1,241	$4,023	$1,279	$1,317	$38
Total	$10,408	$126,244	$10,721	$11,043	$322
Balance at end of year:					
Cash	$3,764	$21,381	$4,892	$6,053	$1,161
Investments	$107,823	$124,671	$107,409	$106,982	($427)
Property, Plant, Equipment & Other Assets	$53,866	$71,249	$52,702	$51,503	($1,199)
Total	$165,453	$217,301	$165,003	$164,538	($465)

Information and Technology

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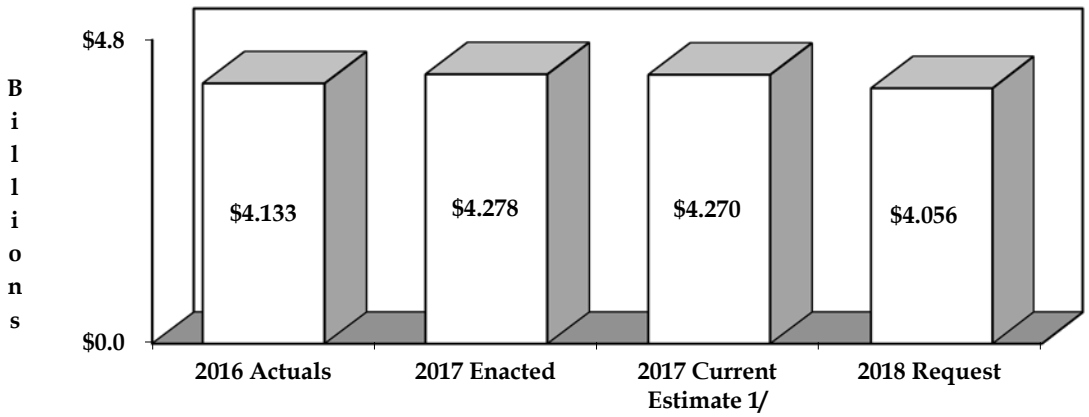
Information and Technology Appropriation



1/ In 2017 the President Budget was reduced by $8M rescission reflected in the Current Estimate.

Appropriations Language

For necessary expenses for information technology systems and telecommunications support, including developmental information systems and operational information systems; for pay and associated costs; and for the capital asset acquisition of information technology systems, including management and related contractual costs of said acquisitions, including contractual costs associated with operations authorized by section 3109 of title 5, United States Code, **[**$4,278,259,000,**]***$4,055,500,000* plus reimbursements: *Provided*, That **[**$1,272,548,000**]***$1,230,320,000* shall be for pay and associated costs, of which not to exceed **[**$37,100,000**]***$35,869,000* shall remain available until September 30, **[**2018**]***2019*: *Provided further*, That **[**$2,534,442,000**]***$2,466,650,000* shall be for operations and maintenance, of which not to exceed **[**$180,200,000**]***$172,666,000* shall remain available until September 30, **[**2018**]***2019*: *Provided further*, That **[**$471,269,000**]***$358,530,000* shall be for information technology systems development, **[**modernization, and enhancement,**]** and shall remain available until September 30, **[**2018**]***2019*: *Provided further*, That amounts made available for information technology systems development**, [**modernization, and enhancement**]** may not be obligated or expended until the Secretary of Veterans Affairs or the Chief Information Officer of the Department of Veterans Affairs submits to the Committees on Appropriations of both Houses of Congress a certification of the amounts, in parts or in full, to be obligated and expended for each development project: *Provided further*, That amounts made available for salaries and expenses, operations and maintenance, and information technology systems development**[**, modernization, and enhancement**]** may be transferred among the three subaccounts after the Secretary of Veterans Affairs **[**requests from**]***submits notice thereof to* the Committees on Appropriations of both Houses of

Congress **[**the authority to make the transfer and an approval is issued**]**: *Provided further,* That amounts made available for the "Information Technology Systems" account for development**[**, modernization, and enhancement**]** may be transferred among projects or to newly defined projects: *Provided further,* That no project may be increased or decreased by more than **[**$1,000,000**]***$3,000,000* of cost prior to submitting **[**a request**]***notice thereof* to the Committees on Appropriations of both Houses of Congress **[**to make the transfer and an approval is issued, or absent a response, a period of 30 days has elapsed: *Provided further,* That funds under this heading may be used by the Interagency Program Office through the Department of Veterans Affairs to define data standards, code sets, and value sets used to enable interoperability: *Provided further,* That of the funds made available for information technology systems development, modernization, and enhancement for VistA Evolution or any successor program, not more than 25 percent may be obligated or expended until the Secretary of Veterans Affairs:**]**. **[**(1) submits to the Committees on Appropriations of both Houses of Congress the VistA Evolution Business Case and supporting documents regarding continuation of VistA Evolution or alternatives to VistA Evolution, including an analysisof necessary or desired capabilities, technical and security requirements, the plan for modernizing the platform framework, and all associated costs;**]** **[**(2) submits to the Committees on Appropriations of both Houses of Congress, and such Committees approve, the following: a report that describes a strategic plan for VistA Evolution, or any successor program, and the associated implementation plan including metrics and timelines; a master schedule and lifecycle cost estimate for VistA Evolution or any successor; and an implementation plan for the transition from the Project Management Accountability System to a new project delivery framework, the Veteran-focused Integration Process, that includes the methodology by which projects will be tracked, progress measured, and deliverables evaluated;**]** **[**(3) submits to the Committees on Appropriations of both Houses of Congress a report outlining the strategic plan to reach interoperability with private sector healthcare providers, the timeline for reaching "meaningful use" as defined by the Office of National Coordinator for Health Information Technology for each data domain covered under the VistA Evolution program, and the extent to which the Department of Veterans Affairs leverages the State Health Information Exchanges to share health data with private sector providers;**]** **[**(4) submits to the Committees on Appropriations of both Houses of Congress, and such Committees approve, the following: a report that describes the extent to which VistA Evolution, or any successor program, maximizes the use of commercially available software used by DoD and the private sector, requires an open architecture that leverages best practices and rapidly adapts to technologies produced by the private sector, enhances full interoperability between the VA and DoD and between VA and the private sector, and ensures the security of personally identifiable information of veterans and beneficiaries; and**]** **[**(5) certifies in writing to the Committees on Appropriations of both Houses of Congress that the Department of Veterans Affairs has met the requirements contained in the National Defense Authorization Act of Fiscal Year 2014 (Public Law 113–66) which require that electronic health record systems of the Department of Defense and the Department of Veterans Affairs have reached interoperability, comply with national standards and architectural requirements identified by the DOD/VA Interagency Program Office in collaboration with the Office of National Coordinator for Health Information Technology:**]** **[***Provided further,* That the funds made available under this heading for information technology systems development, modernization, and enhancement, shall be for the projects, and in the amounts, specified under this heading in the joint explanatory statement accompanying this Act.**]** *(Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017.)*

IT Resource Statements

In accordance with the requirements set forth in the Federal Information Technology Acquisition Reform Act (PL 113-291, Title VIII, Subtitle D), the following statements are provided:

- The VA Chief Information Officer (CIO) affirms that the CIO has reviewed the major IT investments in this budget request and approves of them
- The VA CIO and Chief Financial Officer (CFO) affirm that the CIO had a significant role in reviewing the IT support planned for major program objectives and significant increases and decreases in IT resources
- The VA CIO and CFO assert that the IT Portfolio, as defined by OMB Circular A-11, Section 55.6, includes appropriate estimates of all IT resources included in the budget request

Explanation of Language Change

VA is proposing the elimination of project certification by the Secretary or Chief Information Officer. The certification process is very cumbersome and does not support agile development or the VA's ability to respond quickly to innovative solutions. Additionally, the VA provides monthly expenditure reports and regular briefings to Congressional members and staff.

VA is proposing that the threshold at which a request is required to be made from both Houses of Congress prior to the transfer of funds between projects, be raised to $3,000,000. In order to apply agile program management to the dynamics of modern Information Technology development requirements, VA's Office of Information and Technology (OI&T) requires the ability to reallocate funds between development project lines. Obligation savings sometimes occur as acquisition strategies are refined and tasks are often consolidated in ways not originally anticipated as initial budget estimates are prepared. Advancing the threshold from $1,000,000 to $3,000,000 will improve and rejuvenate the IT budget management process as OI&T responds to maturing individual facets of VA mission needs.

In the above language, "project" refers to VA's congressional development projects report located in the budget appendix.

VA is proposing that the 25 percent restriction on VistA Evolution funding, pending submission of the VistA Evolution report as described in prior year appropriation language, be removed as it impacts the implementation of IT functionality. VA is providing Congress with quarterly updates on the VistA Evolution project and will continue to address questions on this project.

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Information and Technology

Appropriation Highlights

Appropriation Highlights (Dollars in Thousands)	2016/2017	2016/2017	2017		2018	2017-2018
	Year 1 Actuals	Year 2 of 2 Year Availability	Enacted	Current Estimate	Budget Request	Increase / Decrease
Subaccounts:						
Development	504,743	118,770	471,269	471,269	358,530	-112,739
Operations and Maintenance	2,512,863	20,000	2,534,442	2,534,442	2,466,650	-67,792
Staffing and Administrative Support Services	1,115,757	20,441	1,272,548	1,272,548	1,230,320 2/	-42,228
Rescission				-8,000		8,000
Appropriation 1/	**$4,133,363**	**$159,211**	**$4,278,259**	**$4,270,259**	**4,055,500**	**-214,759**
Funding Sources:						
Appropriation	**4,133,363**		**4,278,259**	**4,270,259**	**4,055,500**	**-214,759**
Veterans Choice Act 801	308,933					
Unobligated Choice Act 801 3/	-229,130			229,130		-229,130
OEF/OIF Supplemental (P.L. 110-128)	1,586			1,584		-1,584
Recoveries	35,284					
North Chicago Facility Transfers	-7,158		-7,301	-7,301	-7,518	
Veterans Choice Act 801 Transfer	0			-90,459		90,459
Denver Hospital Transfers	-75,731					
Reimbursements (+)	37,876		73,740	52,696	52,696	
Change in uncollected orders	0					
Available Balance SOY (+)	152,715			159,210		-159,210
Available Balance EOY (-)	-160,794					
Unobligated Balance (Expiring) Lapse	-14,089					
Total Obligations	**$4,182,854**		**$4,344,698**	**$4,615,119**	**$4,100,678**	**-514,224**
Total Full Time Equivalents (FTE)	**7,387**		**8,334**	**7,906**	**7,899**	-7
Direct 4/	7,177		7,365	7,445	7,438	-7
Direct (PL 113-146 The Choice Act)	137		192	192	192	
Reimbursement	73		178	104	104	
Enterprise Operations			599	165	165	

Numbers may not add due to rounding

1/ Numbers include Year 2 of 2-Year Availability but exclude reimbursements and transfers.

2/ $1.5 million was transferred from the Office of Information Technology's staffing and administration subaccount to Office of Security and Preparedness (OSP).

3/ In 2017 Current Estimate, this line represents anticipated obligation for Veterans Access Choice and Accountability Act (Choice Act).

4/ 2017 Budget Estimate cited transfer of 599 FTE from the Enterprise Operations Franchise Fund to OI&T, but per the 2017 Current Estimate, only 165 FTE were transferred; the remaining 434 stayed with the Enterprise Operations Franchise Fund. 2018 reflects 7 FTE being realigned to the OSP.

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Information and Technology

Budget Overview

FY 2018 Budget Request at a Glance ($ in thousands)		
2017 Enacted	$	4,270,259
Program Changes	$	(214,759)
2018 Budget Request	$	4,055,500
Change from FY2017 Enacted		-5%

Mission

The mission of the Office of Information and Technology (OI&T) is to collaborate with our business partners to create the best service and experience for all Veterans. OI&T provides strategic, technical, and customer-service direction, guidance, and policy to enhance and improve VA mission outcomes in the delivery of integrated IT services to Veterans and VA stakeholders.

Vision

OI&T's vision is to become a world-class organization that provides seamless, unified Veteran service and experience through the delivery of state-of-the-art technology. In 2018, OI&T will focus on building an IT infrastructure that is robust, adaptive, agile, secure, interoperable, and cost-effective.

Budget Request

In 2018, OI&T is requesting $4.056 billion, a decrease of $214.8 million (5 percent) below the 2017 current estimate. In 2018 OI&T will focus on the replacement and/or modernizing legacy systems, which is described further in the Budget by Portolio sections. The request is separated into three subaccounts, as follows:

Development – The request of $358 million is $113 million below 2017 current estimate. In 2018, OI&T will focus development to support only the Secretary's highest priority mission critical areas and the divesture of legacy systems. The funds will support the replacement of Benefits Delivery Network (BDN), Veterans Appeals Controls and Location System (VACOLS), Memorials Legacy Burials Operations Support System (BOSS), and Financial Management System (FMS), finalizing projects that will be nearly complete by the end of 2017. In addition, development funding will also be use to establish an Integrated Project Team (IPT) to develop the

requirements and acquisition strategy for a new enterprise health management platform, in an effort to replace the Electronic Health Record (EHR)

Operations and Maintenance (OM) – The request of $2.467 billion is $68 million (3 percent) below the 2017 current estimate. The funds will provide for the operations and maintenance of existing infrastructure systems. Within the operations and maintenance category, marginal sustainment is set aside for newly deployed projects that have not fully matured into fully operational systems requiring mandatory sustainment. The Operations and Maintenance subaccount also includes funding for maintaining major Medical, Benefits, Corporate and Enterprise systems, which includes maintenance of Information Security systems.

Staffing and Administrative Support Services – The request of $1.230 billion is $34 million (3 percent) below the 2017 current estimate, which funds 7,899 FTE, reflecting the realignment of 7 FTE from OI&T to the Office of Security and Preparedness (OSP). The majority of this funding is to support the hospital and regional office IT support staff that are responsible for supporting VA's mission. These funds are also for administrative services and contractor support expenses. In the 2017 Budget Estimate, the expectation was that 599 FTE would be transferred from the Enterprise Operations Franchise Fund to OI&T, but only 165 FTE were transferred; the remaining 434 stayed with the Enterprise Operations Franchise Fund and are in the 2018 base.

Reimbursements – In addition to the appropriated level, OI&T anticipates $52.7 million in reimbursements, of which $39.6 million is in non-pay and $13.1 million is in pay reimbursements from other Federal agencies, credit reform programs and non-appropriated insurance benefits programs.

Information and Technology

Summary of Program Changes

Information and Technology Summary of Changes (Dollars in Thousands)						
	2016	2016/2017	2017		2018	2017-2018
	Year 1 Actuals	Year 2 of 2 Year Availability	Enacted	Current Estimate	Budget Request	Increase/Decrease
Development	$ 390,973	$ 118,770	$ 471,269	$ 471,269	$ 358,530	**$ (112,739)**
Development Subtotal	**$ 390,973**	**$ 118,770**	**$ 471,269**	**$ 471,269**	**$ 358,530**	**$ (112,739)**
Sustainment/O&M	$ 2,520,995	$ 20,000	$ 2,534,442	$ 2,534,442	$ 2,466,650	**$ (67,792)**
Sustainment Subtotal	**$ 2,520,995**	**$ 20,000**	**$ 2,534,442**	**$ 2,534,442**	**$ 2,466,650**	**$ (67,792)**
Staffing and Support Services						
Staffing	$ 896,210	$ 20,441	$ 1,078,889	$ 1,078,889	$ 1,041,660	$ (37,229)
Support Contracts	$ 154,482	$ -	$ 193,659	$ 193,659	$ 188,660	$ (4,999)
Rescission				**$ (8,000.00)**		$ 8,000
Staffing and Support Subtotal	**$ 1,050,692**	**$ 20,441**	**$ 1,272,548**	**$ 1,264,548**	**$ 1,230,320**	**$ (34,228)**
TOTAL BUDGET AUTHORITY	**$ 3,962,660**	**$ 159,211**	**$ 4,278,259**	**$ 4,270,259**	**$ 4,055,500**	**$ (214,759)**
Veterans Access, Choice and Accountability Act (VACAA)						
VACAA Section 801	$ 79,803	$ 229,130	$ -	$ 229,130	$ -	$ (229,130)
VACAA Section 802	$ 42,005	$ 8,238	$ -	$ 256,238	$ -	$ (256,238)
Total VACAA	**$ 121,808**	**$ 237,368**	**$ -**	**$ 485,367**	**$ -**	**$ (485,368)**

2018 Program Changes

The Office of Information Technology's 2018 budget request reflects an overall decrease of $214.8 million (5 percent) below the 2017 Current Estimate. OI&T will seek to identify new ways to reduce investment and maintenance costs in order to prioritize modernizing infrastructure. OI&T has developed a phased approach with several ideas for achieving this goal. Any phase may take up to 24 months to complete with some phases being executed concurrently.

Decrease to the Baseline – (-$214.8 million)

Prioritize Development Environment

The 2018 development budget is $113 million below the 2017 level. OI&T will prioritize development to focus on the replacement of four specific mission critical systems: Benefits Delivery Network (BDN), Veteran Appeals Control and Locator System (VACOLS), Financial Management System (FMS), and the Memorials Burial Operations Support System (BOSS). In addition to these four systems, projects that are currently in development that have reached the test or deployment phase by the end of 2017 will be included in the 2018 request until complete. In 2018, VA will establish an Integrated Project Team (IPT) to develop the requirements and acquisition strategy for a new enterprise health management platform. For the near term, VA will continue to focus development resources on the divestiture of legacy systems that are difficult or

costly to maintain because they have passed their useful life and/or the technology is no longer being supported. This will allow VA to better integrate processes, adopt modern technology solutions, improve security, and reduce long-term sustainment. More detailed information on 2018 development projects can be found in the "Budget by Portfolio" section.

Alternative Funding Services

In 2018, the sustainment budget is $67.8 million below the 2017 level. OI&T will identify items that could be converted into services and paid through alternative funding sources, such as the Supply or Franchise Fund. Administrations and Staff Offices would then pay for their needed services through this Fund based on consumption, and therefore control their costs. This model incentivizes our business partners to better manage their demand. Examples of services could include:

- Managed print
- Mobile telecom costs
- PIV Modernization
- Acquisition module of the new Financial Management System

In 2018, the staffing and administration subaccount is $34.2 million below the 2017 level. At the start of 2017, hiring levels were lower than previously expected, therefore the staffing and administration support service support will begin at a reduced level in 2018.

OI&T Staffing and Administration

In 2018, the OI&T staffing and administrative requests of $1.230 billion supports 7,899 FTE, which is 7 FTE below the 2017 Current Estimate. This number also includes 192 Veterans Choice Act FTE and 104 Reimbursement FTE.

In 2011, the President of the United States signed Executive Order 13587, "Structural Reforms to Improve the Security of Classified Networks and the Responsible Sharing and Safeguarding of Classified Information," as a direct response to deliberate compromises of classified information and systems. In response to this Executive Order, VA realigned the Spectrum Management and Communication Security (SMCS) services organization under the Office of Operations, Security and Preparedness (OSP). OSP is responsible for managing the employment of National Security Systems. In alignment with this move, 7 FTE and $1.5 million was transferred from the Office of Information Technology's staffing and administration subaccount to OSP.

Most of the staffing and administration budget is devoted to salaries and benefits. The remaining funding is for travel, training, administrative support contracts, leases (including those supporting data centers), as well as office equipment and supplies. Also included in this budget is funding for the mass transit benefits program and worker's compensation related to OI&T employees.

OI&T is the steward of VA's IT assets and resources, and is responsible for ensuring the efficient and effective operation of VA's IT Management System to meet mission requirements of the Secretary, Under Secretaries, Assistant Secretaries, and other key officials. With the requested funding, OI&T will continue to provide strategy and technical direction, guidance, and policy to ensure that IT resources are acquired and managed for the VA in a manner that adheres to various federal laws, regulations, and policies.

OI&T is composed of eight major organizational components; the table below displays FTE for each component:

	2016 Actuals	2017 Enacted	2017 Current Estimate	2018 Budget Request	2017-2018 Increase/ Decrease
Information Technology Operations and Services (ITOPS)	5,391	6,262	5,350	5,343	-7
Enterprise Program Management Office (EPMO)	1,081	1,005	1,412	1,412	0
Office of Information Security (OIS)	522	564	525	525	0
Office of Quality, Privacy, and Risk (QPR)	194	277	346	346	0
IT Resource Management (ITRM)	90	83	173	173	0
Architecture, Strategy, and Design (ASD)	78	99	52	52	0
Account Management Office (AMO)	22	34	38	38	0
DoD/VA Interagency Program Office (IPO)	9	10	10	10	0
Total FTE	**7,387**	**8,334**	**7,906**	**7,899**	**-7**

Table includes reimbursable FTE.

Information Technology Operations and Services (ITOPS)

Office of Information Technology Operations and Services directs all operational and maintenance activities associated with VA's IT environment. ITOPS oversees and manages VA data centers; the IT network and telecommunications; monitors and manages production for all information systems and production services; delivers operational services (including deployment, maintenance, monitoring and support) to all VA locations; and conducts all privacy branch exchange management and maintenance. The 2017 Budget Estimate cited the transfer of 599 FTE from the Enterprise Operations Franchise Fund to OI&T, but only 165 FTE were transferred due to change in management approach, while the remaining 434 FTE stayed with the Enterprise Operation Franchise Fund.

Enterprise Program Management Office (EPMO)

As OI&T's new control tower for IT development, Enterprise Program Management Office provides an enterprise-wide view of all ongoing projects, actively manages cyber risks associated with those projects, and ties project performance to outcomes that directly improve the Veteran experience. EPMO's main functions include tracking project portfolios and resources, implementing enterprise initiatives, and managing communication. Our EPMO organization leverages our Account Management model by selecting, developing, and delivering solutions with the Veteran in mind. With an 18-month portfolio view and monthly portfolio health metrics, EPMO has the ability to allocate resources to the component programs.

Office of Information Security (OIS)

Office of Information Security provides information security and privacy infrastructure for VA. The office assures the confidentiality, integrity, and availability of information and information systems. OIS also works on matters related to information protection including privacy, cyber security, Freedom of Information Act (FOIA) requests, incident response, and critical infrastructure protection. In addition, the OIS team develops, implements, and oversees the policies, procedures, training, communication, and operations related to improving how VA and its partners safeguard the personally identifiable information (PII) of Veterans and VA employees.

Office of Quality, Privacy, and Risk (QPR)

Office of Quality, Privacy, and Risk facilitates the establishment of performance measures and metrics related to the full range of IT program responsibilities and strategic objectives and manages associated measurement efforts. The office has an integrated enterprise-wide risk management framework to identify and manage risk. This framework is designed to anticipate, identify, prioritize, and monitor OI&T enterprise risks, ensures information technology investments are managed efficiently and effectively, and provides assurance in the achievement of OI&T objectives.

IT Resource Management (ITRM)

IT Resource Management Office advises the CIO and other senior OI&T officials on OI&T resource requirements. The office is responsible for the management of all IT resources, budget development and execution, the direction of financial and IT asset management, and development of policies and strategic planning activities for OI&T space resources. ITRM is responsible for directing fiscal activities for all IT Development, OM, and Staffing and Administrative functions. Offices within the organization include IT Budget and Finance, IT Facilities Management, and IT Workforce Development.

Office of Architecture, Strategy, and Design (ASD)

Office of Architecture, Strategy, and Design provides a framework of strategies, architecture, policies, procedures, guidance, processes, and governance to ensure IT programs and projects are designed and executed to satisfy current and future business needs of VA, while exercising proper stewardship of resources and maintaining transparent operations.

Account Management Office (AMO)

As part of OI&T's transformation, the new Account Management Office fundamentally changes the way OI&T works with its business partners. Information Technology Account Managers and Customer Relationship Managers customize IT services to meet the needs of OI&T's business partners and establish OI&T as a trusted, valuable ally in serving Veterans. This team is dedicated to understanding the needs of its business partners, identify and define innovative solutions, and represent their customers' interests directly to the CIO. Accounts are Medical, Benefits, Memorials, Corporate, and Enterprise.

An IT Account Manager serves as the lead IT executive reporting to the CIO for each account and is responsible for the creation and management of the business partner's portfolio. An Account Manager provides strategic leadership to maximize value by managing IT project prioritization, balancing portfolios, and allocating resources. He or she is the primary contact between IT and the business partner, interfaces with industry, and serves as a catalyst to drive innovation. Customer Relationship Managers and Account Managers collect data about OI&T performance throughout VA. This information facilitates OI&T issue resolution, change management, and enterprise innovation.

DOD/VA Interagency Program Office (IPO)

The mission of the Department of Defense (DoD)/Veterans Affairs (VA) Interagency Program Office (IPO) is to lead and coordinate the adoption of and contribution to national health data standards promoting interoperability among DoD, VA, and private sector healthcare worldwide. This program jointly oversees and monitors the efforts of DoD and VA to implement national health data standards for interoperability and acts as the single point of accountability for identifying, monitoring, and approving the clinical and technical data standards. DOD/VA IPO ensures seamless integration of health data between the two Departments and private healthcare providers. It closely collaborates with the Office of the National Coordinator for Health Information Technology, Standards Development Organizations (SDOs), and other public and private partners to support national interoperability efforts.

Budget By Portfolio

As part of the Information Technology transformation in 2016, OI&T created new organizations such as the Enterprise Program Management Office (EPMO) and the Account Management Office (AMO). EPMO functions as the "control tower" for major OI&T initiatives and provides a portfolio-centric approach to IT. The AMO provides the critical link between OI&T and our business partners so that we deliver software and services that meet their current needs and remain flexible to change with the future needs of the Veterans.

AMO fundamentally changes the way we approach serving our business partners. Instead of playing the role of "service provider" to VA, we established ourselves as VA's strategic partner in IT. To properly build these relationships, OI&T first defined balanced portfolios that represented the full scope of services VA provides to the Veteran, as well as essential internal administrative services, and then appointed IT Account Managers (ITAMs) to collaborate with the business partners within each portfolio.

Both EPMO and AMO leverage the Account Management model in order to select, develop, and deliver solutions with the Veteran in mind. The 2018 budget request will support the five portfolios below. The sections to follow will provide the discussion on the programs and projects that are contained in each.

- **Medical:** Provides advanced technology solutions positioned to ensure modern, high quality and efficient medical care delivery capabilities to our Nation's Veterans.

- **Benefits**: Addresses the technology needs for the lines of business managed by the Veterans Benefits Administration: Compensation, Pension, Loan Guaranty, Insurance, Education, and Vocational Rehabilitation serving over 6 million veterans annually.

- **Memorial Affairs**: Provides support for modernization of applications and services for National Cemeteries cared for by the National Cemetery Administration at 133 locations nationwide.

- **Corporate**: Consists of the back office operations that are a major contributor to running the business lines of the Department and support for the Office of Management; Office of Acquisition, Logistics and Construction; General Counsel; Human Resources; etc.

- **Enterprise IT**: Provides the underlying infrastructure to enable the business portfolios and maintain a robust technology infrastructure for the Department. Includes such things as

cybersecurity, data centers, Cloud services, telephony, enterprise software, end-user hardware, and data connectivity.

2018 Medical Portfolio

The Medical Portfolio provides advanced technology solutions positioned to ensure modern, high quality and efficient medical care delivery capabilities to our Nation's Veterans. In 2018, the Medical Portfolio funding will be used to support the Secretary's priority of establishing an Integrated Project Team (IPT) to develop the requirements and acquisition strategy for a new enterprise health management platform, in an effort to replace the Electronic Health Record (EHR). This portfolio also supports the maintenance of existing major medical systems and programs such as Community Care.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Budget Request	
	DEV	OM
Replacement of Electronic Health Record (EHR)	**$ 60,305**	**$ 4,972**
EHR Information Modernization	**$ 30,000**	**$ -**
EHR Legacy Replacement - IPT	$ 30,000	$ -
NMOC (Medical MyHeV)	**$ 15,000**	**$ 1,087**
MHV Infrastructure and Interface Enhancements Phase 2	$ 10,000	$ 549
MHV Veteran-Facing Enhancements Phase 2	$ 5,000	$ 538
VistA Module Enhancement	**$ 9,000**	**$ 800**
Fileman 24 DME	$ 5,000	$ 800
VistA Data Access (VDA) Phase 2	$ 4,000	$ -
Access to Care (Medical Core)	**$ 2,495**	**$ 85**
Veteran Self-Scheduling Appointment System Faster Care for Veterans Act	$ 2,495	$ 85
Health Provider Systems	**$ 2,400**	**$ -**
CPRS Enhancements Phase 2	$ 2,400	$ -
Registries	**$ 1,410**	**$ -**
Veterans Integrated Registries Platform (VIRP)	$ 1,410	$ -
Scheduling	**$ -**	**$ 3,000**
Medical Appointment Scheduling System (MASS) National Deployment	$ -	$ 3,000
Community Care	**$ 31,750**	**$ -**
EDI Transactions - Provider	**$ 15,000**	**$ -**
Medical Care Collections Fund (MCCF) Electronic Data Interchange (EDI) Transaction Applications Suite Phase 1	$ 15,000	$ -
VLER Health	**$ 10,000**	**$ -**
Direct Secure Messaging Phase 2	$ 10,000	$ -
Access to Care (Medical Legacy)	**$ 5,000**	**$ -**
Community Care EDI Phase I	$ 3,000	$ -
Community Care VistA Fee	$ 2,000	$ -
Health Administrative Systems	**$ 1,750**	**$ -**
Claims Processing and Eligibility Enhancements	$ 1,750	$ -
Projects that will be near completion by end of 2017	**$ 10,800**	**$ 2,252**
Enrollment System Modernization	**$ 8,800**	**$ 1,752**
Enterprise Health Benefits Determinations (EHBD) Phase 3	$ 8,800	$ 1,752
MVP CHAMPION Program	**$ 2,000**	**$ 500**
Cancer Moonshot Task Force	$ 2,000	$ 500
Medical Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 834,144**
Total Medical Portfolio	**$ 102,855**	**$ 841,368**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory, Modernization and Enhancement.

Replacing the Electronic Health Record (EHR) - $60.3 million

The following programs will support the platform Modernization effort.

EHR Integrated Project Team (IPT) - $30.0 million

VA is continuing its effort to improve, enhance, and modernize the Department's enterprise health management platform. The Secretary of VA has committed to Congress that he will have a strategic decision for the electronic health record modernization (EHRM) and how the VA will proceed by July 2017. Additionally, Development funding for the current VistA 4 program will end with fiscal year 2017. In 2018, VA will develop the comprehensive path forward for EHRM and will invest in efforts that align to the Secretary's direction on the future of VA's electronic health record, which include establishing a program office to oversee the modernization effort, migrating VA's mobile application environment to the Cloud, continuing work to improve interoperability with care givers and the Department of Defense, and consolidating capabilities in VA's current VistA in preparation for migrating to VA's future health management platform.

New Models of Care – My HealtheVet - $15 million

My HealtheVet is a web-based application that creates a new, online environment where Veterans, family, and clinicians may come together to optimize Veterans' health care. It provides Veterans opportunities and tools to make informed decisions and manage their health care. Web technology will combine essential health record information enhanced by online health resources to enable and encourage patient/clinician collaboration. The implications of My HealtheVet are far-reaching. Clinicians will be able to communicate and collaborate with Veterans more easily. The new online environment will map closely to existing clinical business practices, while extending the way care is delivered and managed.

As Veterans build up their lifelong personal health records, they will be able to choose to share all or part of the information in their account with all their health care providers, inside and outside the VA. This has the potential to dramatically improve the quality of care available to our nation's Veterans. The goals of the My HealtheVet (MHV) Phase 2 - Veteran-Facing Enhancements (MHV VFE) Project are to provide Veterans with electronic access to their health records, enhance MHV's major features such as user navigation, RxRefill, appointments and Secure Message (SM) capabilities.

VistA Module Enhancements - $9 million

File Manager - 24 (FileMan) is the specific part of the VistA infrastructure that handles files. It is the data access, integration engine of VistA and manages the data structures and storage for all 100+ applications of VistA. Most VHA clinical data is stored in FileMan files and is retrieved/accessed through FileMan Application Programmer Interfaces (API) and user interfaces. Enhancements to the database engine will enable other applications to standardize data as well as access data from an enterprise perspective. This standardization will increase the quality of healthcare given to the veteran, through better data available to providers. VistA Data Access (VDA) Phase 2 will provide the control, governance, and access procedures to create, enhance, and maintain VistA services and development tools. Developers and consumers of this product will be able to create services on a Service-oriented Architecture (SOA) platform more effectively.

Veteran Self-Scheduling Appointment System Faster Care for Veterans Act - $2.5 million
Self-scheduling technologies that allow individuals to schedule medical appointments online have been successful in the private sector by reducing the number of missed or cancelled appointments and, therefore, saving our health system money and creating a better experience for patients and doctors.

House Resolution 4352 (Public Law (PL) 114-286), "Faster Care for Veterans Act of 2016" directed VA to carry out a pilot program in no less than three Veterans Integrated Services Networks (VISN) to evaluate the capability of an existing commercially available, off-the-shelf online patient self-scheduling system. The patient self-scheduling appointment system used in the pilot program will:

- Allow Veterans to schedule, modify, and cancel appointments 24 hours per day, 7 days per week for primary care, specialty care, and mental health
- Support appointments for the provision of healthcare regardless of whether such care is provided in person or through telehealth service
- Display appointment availability in real time and make available, in real time, appointments that were previously filled but later cancelled by another patients
- Provide prompts or reminders to veterans to schedule follow-up appointments

2018 funding request will address the requirement of the PL 114-286 for Independent Validation and Verification of the self-scheduling appointment system used in the pilot program.

Health Provider Systems – Computerized Patient Record System (CPRS) Phase 2 – $2.4 million
The primary goal of CPRS is to provide fast and easy-to-use tools that give providers and employees information needed in the clinical workflow process to increase their effectiveness and efficiency. Each of the improvements in functionality directly improves users' abilities to navigate CPRS and more efficiently complete their documentation of Veteran care, including the use of tools to communicate next steps, placing orders, and consults. Improvements in users' efficiencies allow for more time for direct patient care, supporting strategic theme #1 - fixing access and reducing the wait time for Veteran. #2 - tools to improve the ability to conduct medication reconciliation, improve alerts, and reduce the inadvertent use of unsafe medications #3 - support best practices and resource prioritization. Overall, enhancements to CPRS directly lead to strategic theme #4 - contribute to building a high performance network. All of the above contribute to strategic themes #6 and #7 - Blueprint for Excellence. As CPRS improves, care improves and becomes safer, users become more efficient, and the overall Veteran experience improves supporting strategic theme #5 - effort contributes to restoring trust and confidence of the Veteran in services VA provides.

Registries – Veterans Integrated Registries Platform (VIRP) – $1.4 million
Veteran's Integrated Registries Platform (VIRP) will be a centralized architectural platform for the national health registries program, which includes other registries for mental health and homeless Veterans. Funding will provide development capabilities and features that will minimize the duplication of effort among the various registries, and maximize VA's ability to support the rapid development of new "quick reaction" registries. Specifically, the VIRP Framework consolidates all registries into one web portal that utilizes common business logic and data through the use of design patterns.

Community Care - $31.78 million

Patient-centered Community Care (CC) is a Veterans Health Administration (VHA) nationwide program that utilizes partnerships with the private sector, academia, and other government entities to provide eligible Veterans access to care. Qualifying conditions include a travel distance of greater than 40 miles, long wait times or when specialized services are not available at a local VA facility. The Office of Information and Technology supports this program by using lean management and design principles by utilizing existing infrastructure, existing projects, and the best of existing process to deliver effective solutions that meet the needs of the Veteran.

Community Care is improving Veteran's Access to Care by providing the ability for Veteran's to receive healthcare in the Community at the VA's expense. Due to program eligibility requirements regarding a Veteran's distance from a VA facility, clinic wait times, and available specialties, multiple IT systems must be modified or developed to accommodate the special requirements of Community Care. 2018 funding will support the following goals of the CC Program:

- Create a single, consistent set of eligibility requirements
- Expand and simplify access to emergency treatment and urgent care
- Redesign clinical authorization process
- Create centralized authorization function
- Reduce number of services requiring authorization
- Create and collect metrics to monitor effectiveness of new authorization process
- Introduce automation, including auto adjudication, to billing and reimbursement processes
- Create and collect metrics to monitor effectiveness of billing and reimbursement processes
- Consolidate fee schedules and tie to Medicare
- Increase transparency of reimbursement rates to providers
- Allow regional variation, as needed
- Create tiered high-performing provider network
- Create simplified provider agreements
- Standardize credentialing and quality monitoring
- Comply with Prompt Payment for all purchased care
- Reduce the disability claims backlog
- Enhance relationships with Federally funded and academic teaching affiliates
- Support continuity of care for Veterans with existing community providers
- Improve consistency, simplicity, and timeliness of information exchange
- Deploy provider viewers and health information gateway
- Increase use of Health Information Exchanges
- Enable VA as First Party Payer and collect other health information
- Allow for sharing of 7332 protected information with legislative changes

Projects that will support the Community Care Initiative are below:

<u>Medical Care Collection Fund (MCCF) Electronic Data Integration Application - $15 million</u>

The Health Insurance Portability & Accountability Act (HIPPA) requires industry-wide standardization of Electronic Data Interchange (EDI) Transactions .This project adds system checks and reporting functions to the Medical Care Collections Fund (MCCF). Implementing new EDI Standards and Operating rules allows VHA to continue exchanging data with insurance payers, and maintaining the flow of revenue to VHA.

Direct Secure Messaging Phase 2 - $10 million
Direct Secure Messaging Enhancements consist of critical components of the Veterans Lifetime Electronic Record (VLER) framework to share healthcare information between federal agencies and non-federal entities and thereby supporting quality and efficient healthcare for Veterans and active Servicemembers. This project will focus on developing additional functionality that provides the secure exchange of medical record information between the VA, Department of Defense, and private sector partners. Enhancements will improve the user experience and streamline system performance.

Electronic Data Interchange (EDI) Phase 2 - $3 million
This project ensures that modifications to Community Care systems are made to comply with new Standards and Operating Rules for Fee Processing and Payment Systems. The primary focus is to maintain compliance with federal health care regulations.

Claims Processing and Eligibility Enhancements - $1.8 million
This project will implement current and future legislative mandates and enhancements to increase system automation, accuracy and reporting to support benefits for Veteran Family Members. 2018 funding will continue to support VA's efforts to reduce the length of time it takes to process disability claims.

Projects that will be near completion by end of 2017:

Enterprise Health Benefits Determination (EHBD) - $8.8 million
Enterprise Health Benefits Determination validates Veteran eligibility and enrollment for health care and shares data used for key scheduling, Community Care and Veterans Choice third party health care, and other VA initiatives, and is also related to the Enrollment Systems Modernization effort.

Benefits in completing this project include:
- Decreased time to approve eligibility and enrollment for health care and decrease applications needing manual intervention
- Enhanced Veterans Health Identification Card (VHIC) to improve audit capabilities
- Integrated with enterprise VAST service to improve management of Veterans nearest medical centers
- Expands address management capabilities to improve communications
- Enhances Health Benefit Handbook automation capabilities
- Expands Enterprise Registration to better track Veteran demographics
- Supports Community Care Network changes and future interfacing with third party administrators billing care for Veterans Choice

Million Veteran Program (MVP) Computational Health Analytics for Medical Precision to Improve Outcomes Now (CHAMPION) Program - $2 million

VA is partnering with the Department of Defense (DOD) and the National Cancer Institute (NCI) to tailor cancer care for patients based on the genes and proteins associated with their tumors. The tri-agency program will create the nation's first system in which cancer patients' tumors are routinely screened for gene and protein information, with the goal of identifying targeted therapies for each individual patient. The process will also continually generate new information to boost clinicians' ability to treat the disease.

A new program, the Applied Proteogenomics Organizational Learning and Outcomes consortium, or APOLLO, is part of the wider national Cancer Moonshot initiative. APOLLO will initially focus on lung cancer in patients at VA and DOD medical centers, with plans to eventually include other forms of cancer. Some 8,000 Veterans are diagnosed with lung cancer each year in the VA system alone. APOLLO will create a pipeline to move genetic discoveries from the lab to VA clinics where Veterans receive cutting-edge cancer care. OI&T will assist in this extraordinary effort by building data study marts that will enable researchers to access and analyze Veterans' health records and genomic data for approximately 20-30 science projects each year.

Medical Operations and Maintenance

Medical Operations and Maintenance provides sustainment funding for existing technology that is critical to the success of the Veterans health care IT system mission to deliver reliable, accessible, and timely health care services to our nation's Veterans. It supports Veterans, doctors, nurses, other health care providers and sustainment of mission-critical, patient safety applications.

In 2018, mandatory sustainment funding covers software license, hardware maintenance, telecommunications and IT support contracts that directly support the medical portfolio. These items are considered as "must pay" requirements and recur on an annual basis. In addition to infrastructure sustainment, the medical portfolio supports Health Provider Systems that cover all aspects of patient care and treatment as well as web-based technologies and applications such as MyHealtheVet.

MyHealtheVet is an online environment where Veterans, family, and clinicians can come together to optimize Veterans' health care. It provides Veterans opportunities and tools to make informed decisions and manage their health care. Web technology will combine essential health record information enhanced by online health resources to enable and encourage patient/clinician collaboration. The implications of My HealtheVet are far-reaching. Clinicians will be able to communicate and collaborate with Veterans much more easily. The new online environment will map closely to existing clinical business practices, while extending the way care is delivered and managed. As Veterans build up their lifelong personal health records, they will be able to choose to share all or part of the information in their account with all their health care providers, inside and outside the VA. This has the potential to dramatically improve the quality of care available to our nation's Veterans.

Medical operations and maintenance detail is located in Appendix E.

2018 Benefits Portfolio

The Benefits Portfolio addresses the technology needs for the lines of business managed by the Veterans Benefits Administration: Compensation, Pension, Loan Guaranty, Insurance, Education, and Vocational Rehabilitation.

The Benefits Portfolio provides support for essential programs and services to Veterans and their families. In 2018, the Benefits portfolio funding will be used to support the Secretary's priorities of replacing the Benefits Delivery Network (BDN), Appeals Modernization and the development of minor projects that will be nearly complete by the end of 2017.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Budget Request DEV	OM
Replacement of Benefits Delivery Network (BDN)	**$ 31,404**	**$ 1,000**
Chapter 33	**$ 21,000**	**$ 1,000**
Benefits Delivery Network (BDN) Migration to Finance Accounting System (FAS)	$ 21,000	$ 1,000
VETSNET / Finance & Accounting System (FAS)	**$ 10,404**	**$ -**
VETSNET Finance and Accounting System (FAS) Phase 2	$ 10,404	$ -
Replacement of Veterans Appeals Control and Location System (VACOLS)	**$ 7,500**	**$ -**
Appeals Modernization - BVA	**$ 7,500**	**$ -**
Appeals Modernization - Board of Veterans Appeals (BVA)	$ 7,500	$ -
Projects that will be near completion by end of 2017	**$ 28,500**	**$ 2,500**
VBMS	**$ 28,500**	**$ 2,500**
VBMS Phase 6 DME	$ 28,500	$ 2,500
Benefits Operations and Maintenance (other than Marginal Sustainment)	$ -	**$ 225,965**
Total Benefits Portfolio	**$ 67,404**	**$ 229,465**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory, Modernization and Enhancement.

Replacement of the Benefits Delivery Network (BDN)

The Benefits Delivery Network (BDN) - $21 million

Benefits Delivery Network (BDN) is the legacy system employed by VBA to process entitlements for three of the five business lines: Compensation and Pension, Education, and Vocational Rehabilitation and Employment. It is a very antiquated system, and as application expertise is lost through attrition, VA loses the ability to react to an increased risk of older system maintenance needs and new requirements brought by external agencies, through changes in law, and through interfaces for internal and external systems. With an ever-decreasing support base for BDN changes to components, the system's operational risk continues to increase. Modernization will permit the Education Service to synchronize with the Veterans Benefits Administration-wide move to the Financial Accounting System (FAS), ensuring timely education benefits payments to Veterans and their beneficiaries.

Projects that are directly related to the replacement of BDN are:

- Benefits Delivery Network (BDN) Migration to Finance Accounting System (FAS) Development (FY17 start)
- BDN Decommissioning (beginning in FY2017). The plan is to have an overarching program to Replace BDN that would include BDN to FAS
- VETSNET Finance and Accounting System (FAS) Phase 2Development (FY2017 start) (contributes to BDN decommissioning as it relates to financial accounting system and modernization)

VETSNET Finance & Accounting System (FAS) – $10.4 million
The Veterans Network (VETSNET) provides rule-based processing for awards, facilitating the elimination of routine manual work, automating pension, and categorizing income and adjustments for Veterans. The automated capabilities reduce development errors that result in delayed claim processing, creating cost savings by efficiently maximizing VA resources and by enabling efficient data processing and accurate payment to Veterans.

The Veterans Network (VETSNET) Finance and Accounting System provides timely claims processing, payments, and customer service while streamlining processing and minimizing manual claims work for field employees. In 2018, OI&T will continue enhancements to FAS and other supporting VETSNET applications and infrastructure to enable the sunset of the legacy BDN and Beneficiary Identification and Records Locator System (BIRLS) and continued improvements to the VETSNET architecture in support of Veterans Benefits Management System (VBMS) and Veterans Customer Experience (VCE). These projects are crucial to the migration of all education benefits from BDN to VETSNET, providing a significant contribution to decommissioning BDN. They will also provide a capability to address new legislative and policy mandates.

Additional features of the replacement effort:
- Improved fiscal accounting and payment of Veterans for multiple VBA benefits and enable faster and higher quality claims processing as it supports VBMS and VRM
- Improved connectivity and services to external stakeholders including Debt Management Center, the Department of the Treasury, the Congress, and the White House

Replacement of Veterans Appeals Control and Location System (VACOLS)

Appeals Modernization - $7.5 million
OI&T is streamlining benefit claim appeals processing for submission to the Board of Veterans Appeals (BVA). The goal is to iteratively replace the functionality of the Veterans Appeals Control and Locator System (VACOLS), built in the 1980s, with a new automated, integrated, easy-to-use, commercially developed system called Caseflow Certification (Caseflow). Caseflow is a simple web app that automatically detects when new documentation has been added to an appeal. This check helps reduce errors and delays caused by disjointed manual processing.

The Caseflow tool was built in close collaboration with VA employees in Regional Offices across the country. The Digital Services Team at VA (DSVA) collaborated with these employees to understand their processes, workflows, and existing toolset. In a practical demonstration of VA's new Agile approach to development, working code was presented and rewritten in a matter of days while sitting shoulder–to-shoulder with the people who will use it. The national rollout of Caseflow was completed in April 2016 and is the first of many tools that will be used to modernize the appeals process.

In 2018, the Appeals Modernization project will achieve the following benefits:

- Use Caseflow to replace VACOLS with tools and functionality that are required to more effectively and securely process appeals
- Reduced wait times for Veterans and their families
- Prevention of a new "appeals backlog"
- Improved Veteran Experience by enabling transparency of appeals processing and ultimately facilitating the delivery of more timely appeals decisions

Benefits Projects that will be nearly complete by end of 2017:

VBMS Phase 6 - $28.5 million

Veterans Benefits Management System (VBMS) serves as the technological cornerstone of the Department's benefits claims processing capability. Since the initial phases of its development, VBMS has become the foundation and platform for automating future claims processing across all Veterans Benefits Administration business lines.

Under the VBMS phase 6, the Virtual VA legacy system will be decommissioned.
VBMS will continue to assist eliminating the existing claims backlog and serve as the enabling technology for quicker, more accurate, and integrated claims processing in the future. The VBMS team will provide continued application development to build on efficiencies gained through existing processes and functionality. Transformation to a new model to support future initiatives began in 2016. In 2017, the transformed system focused on the evolution of VA claims processing technology to create common access points for the Veteran, enhance trusted partnerships through better stakeholder access, and expand access to the VBMS eFolder. Upcoming development will also focus on preparing VBMS features and services to be leveraged as an enterprise business capability across VA's lines of business (i.e., expanding capabilities beyond claims processing for compensation).

Benefits Operations and Maintenance

Benefits Operations and Maintenance provides sustainment funding for existing technology that is critical to the success of providing Veterans timely access to benefits. It supports existing systems such as Veterans Appeals, Chapter 33, Education, Compensation, and the Veterans Network. In 2018, sustainment funding also covers software license, hardware maintenance, telecommunications and IT support contracts that directly support the benefits portfolio. These items are considered as "must pay" requirements and recur on an annual basis. In addition to infrastructure sustainment, the benefits portfolio includes the existing Veterans Benefits Management System (VBMS) and Veterans Network (VETSNET), which is VBA's mission-

critical system, used at every VA Regional Office across the country and overseas to process compensation claims.

Given the criticality of VBMS to VBA operations and delivery of benefits to the nation's Veterans and beneficiaries, it is imperative that the system has the appropriate infrastructure to remain operational at all times. When the system is down there is a direct impact to the number of claims being processed.

Benefits operations and maintenance detail is located in Appendix E.

2018 Memorials Affairs Portfolio

The Memorial Affairs Portfolio provides support for modernization of applications and services for National Cemeteries cared for by the National Cemetery Administration (NCA) at 135 locations nationwide. In 2018, the Memorials Affairs portfolio funding will be used to support the Secretary's priority of replacing the Burial Operations Support System (BOSS). This legacy system has been around for 23 years and no longer fully meets the needs of NCA and Veterans. Funding in 2018 will begin a complete modernization effort.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Budget Request			
		DEV		OM
Replacement of NCA's Burial Operations Support System	**$**	**20,968**	**$**	**1,800**
Memorial Legacy Development Support	**$**	**20,968**	**$**	**1,800**
Memorial Cemetery Management Modernization Phase 2	$	9,100	$	-
Memorial Integrated Scheduling	$	3,800	$	200
Memorial Enhanced Reporting and Business Intelligence	$	3,600	$	200
Memorial Veterans Benefits Modernization DME	$	2,000	$	600
Memorial Veterans Eligibility Modernization DME	$	2,000	$	800
Memorials Pre-Need/Enterprise Veteran Self Service	$	468	$	-
Memorial Operations and Maintenance (other than Marginal Sustainme	$	-	**$**	**1,736**
Total Memorial Portfolio	**$**	**20,968**	**$**	**3,536**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory, Modernization and Enhancement.

Replacement of NCA's Burial Operations Support System

Memorials Legacy Replacement - $21 million

The legacy platform currently in use has been supporting National Cemetery Administration (NCA) for 23 years. While it has been continuously updated over that time and the hardware and software components are solid, they are not congruent with the OI&T roadmap for future systems. Additionally, the application software code has been enhanced by several development teams, resulting in inconsistent and obscure coding. The Cemetery Management component of the overall NCA strategy is utilizing a Commercial Off-the-Shelf (COTS) approach to replace some of the legacy capabilities.

Shared Services Platform: VA is migrating to an overall integrated systems architecture that allows for end-to-end management of Veteran information and engagement across VA administrations. These integration requirements require the re-architecting of the NCA infrastructure to eliminate isolated Veteran data storage, the redundant implementation of policies and standards, and redundant authoritative Veteran data sets.

Memorial Benefits Delivery: Supports the transformation of NCA by enhancing and improving the delivery of Memorial Benefits IT capabilities. The program intends to leverage VA's modern platform for data flow interchange. This new capability will provide interoperability with external systems, allowing Veterans and end users to save time with faster eligibility and forms

processing capabilities, improved end-user functionality, end to end decedent chain of custody tracking, and real time Veteran case status.

Memorial Benefits Management System (MBMS) is an overarching Development program that will eventually replace BOSS. The 2018 projects that support the replacement of BOSS are:

Memorial Cemetery Management Modernization Phase 2 - $9.1 million
This project will provide the National Cemetery Administration (NCA) with next generation modernization by leveraging enterprise solutions to improve VA cemetery inventory management, planned workforce efficiencies, and will also improve accuracy of remains tracking and mapping. This will involve implementing extensive infrastructure improvements at 135 national cemeteries in 40 states. This project will enable NCA to locate burial plots and facilities utilizing GIS-based map visual representations. This project will also enable NCA to use these new technologies to plan and track movement of remains or headstones and processing of work orders for interment and cemetery services.

Memorial Integrated Scheduling - $3.8 million
This project will integrate the National Cemetery Administration (NCA) business rules for events and resource scheduling with an enterprise scheduling solution by providing a rule based scheduling engine that automatically provides a scheduler with available and next available windows for receipt of remains. This project will significantly reduce the amount of time necessary to perform integrated scheduling while reducing errors in order to comply with established cemetery regulations.

Memorial Enhanced Reporting and Business Intelligence - $3.6 million
This project will implement a reporting tool that will enable search, sort and retrieval of demographic, meta, trend and performance data on the National Cemetery Administration (NCA) data repository while maintaining the information privacy protections of deceased Veterans. This project will provide NCA with a data repository that will assist producers and consumers in mining data related to Veterans, cemeteries, visitors, and claims delivery.

Memorial Veterans Benefits Modernization - $2 million
This project will provide technologies for National Cemetery Administration (NCA) claims processor in delivering survivor benefits by capturing, processing, and finalizing benefits orders through a unified user interface. This project will also support initial capabilities for self-service interactions and requests for NCA benefits. The project will provide increased benefits delivery efficiency to Veterans and their families by improving Veteran benefits ordering capability, entitlement rules for benefits management, detailed ordering design and configuration, and delivered benefit tracking and closeout.

Memorial Veterans Eligibility Modernization - $2 million
The Memorials Veterans Eligibility Modernization project will apply National Cemetery Administration (NCA) eligibility rules and automate many of the Veteran verification and eligibility determination steps necessary to receive NCA benefits. This project will provide validation of the Veteran's information to determine their eligibility for memorial and burial benefits

Memorials Pre-Need/Enterprise Veteran Self Service - $0.468 million

This project will automate Pre-Need self-service through a standard VA portal and establishing a platform to add additional memorial benefit applications requests (e.g., PMCS, Headstones and Markers). This project establishes the platform to support NCA's Strategy 2.2.2, implement self-service capability to provide Veterans, eligible family members and other stakeholders enhanced options for how and when to request burial and memorial benefits, including on-line application for those benefits. Much like the Scheduling Initiative, this project will assist in freeing resources as a result of automated data capture and the decrease of phone calls regarding requests for pre-need benefits information. Veterans will have easy access to information on the fullest range of available VA benefits based on their military service. This solution will allow Veterans and next-of-kin to submit Pre-Need requests via a web portal. Manual data entry by NCA staff is reduced, resulting in fewer errors, and allows staff to use more of their time for processing Pre-Need requests which will result in faster responses and better customer service.

Memorials Operations and Maintenance

Memorials Operations and Maintenance provides sustainment funding for existing technology that is critical to the success of National Cemetery Administration programs. Sustainment funding supports the following:

- A standardized and automated tool for cemetery staff to conduct the interment process and create other workflows to ensure best practices are always used and the process can be reviewed for accuracy. This allows NCA to continuously improve and monitor the accuracy of tracking remains and ensuring confidence in the delivery of service for Veterans
- The automation of the Interment Notice initiative, which eliminates manual checklists and signatures. Gravesite Information will be pre-populated with decedent information and adjacent gravesite information. The foreman and field crew will be able to use hand held devices to update the completion of burials in real time. By leveraging automation for NCA caretaker activities, NCA can reduce redundant data entry efforts, provide better reporting and tracking to assure the Veteran a robust and accurate interment process is implemented and continuously monitored for accuracy

Memorials operations and maintenance detail is located in Appendix E.

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2018 Corporate Portfolio

The Corporate Portfolio consists of the back office operations that are major contributors to running the business lines of the Department and support for the Office of Management; Office of Acquisition, Logistics and Construction; General Counsel; Human Resources; etc.

In 2018 the Corporate Portfolio funding will be used to support the Secretary's priority of replacing the Financial Management System, minor projects that will be near completion towards the end of 2017, and maintaining existing major corporate systems.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Budget Request DEV	OM
Replacing the Financial Management System (FMS)	**$ 60,000**	**$ 23,000**
Financial Management System (FMS) Modernization	**$ 60,000**	**$ 23,000**
Financial Management Business Transformation (FMBT) Phase 1	$ 60,000	$ 23,000
Projects that will be near completion by end of 2017	**$ 58,923**	**$ 5,626**
Veteran Customer Experience	**$ 24,423**	**$ 2,546**
Customer Relationship Management (CRM) Platform Enhancements	$ 24,271	$ 2,516
Vocational Rehabilitation and Employment (VRE) DME	$ 152	$ 30
Vets.gov	**$ 15,000**	**$ 1,000**
Vets.gov	$ 15,000	$ 1,000
Human Capital (Corporate Core)	**$ 10,000**	**$ 1,830**
Human Resources Line of Business (HRLOB) ePerformance	$ 2,400	$ 500
Human Resources Line of Business (HRLOB) Human Relations (HR) Analytics	$ 2,400	$ 500
Human Resources Line of Business (HRLOB) Human Resources Smart (HR SMART)	$ 2,400	$ 500
Human Resources Smart (HR SMART) Enhancements	$ 2,400	$ -
REG (Racial, Ethnicity, Gender) Enhancements to Talent Management System Demographic Data Reporting	$ 400	$ 80
Veterans Affairs - Centralized Adjudication and Background Investigation System (VA-CABS)	$ -	$ 250
General Counsel	**$ 9,500**	**$ 250**
General Counsel Legal Automated Workload System (GCLAWS) - Includes VIEWS	$ 9,500	$ 250
Application Support to the 5 Priority Items	**$ 19,050**	**$ 500**
Veteran Customer Experience	**$ 19,050**	**$ 500**
VET360 Phase 2 DME	$ 11,250	$ -
IAM Access Services (AcS) Phase 3 DME	$ 3,900	$ 500
IAM Identity Services (IdS) Phase 2 DME	$ 3,900	$ -
Corporate Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 103,528**
Total Corporate Portfolio	**$ 137,973**	**$ 132,654**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory, Modernization and Enhancement.

Replacing the Financial Management System (FMS)

Financial Management Business Transformation (FMBT) – $60 million

VA has considered the replacement of its aging financial system architecture since 1999. Two major efforts were initiated and canceled: the Core Financial and Logistics System (CoreFLS) in 2004 and the Financial and Logistics Integrated Technology Enterprise (FLITE)/Integrated Financial Accounting System (IFAS) in 2010.

The cancellation of these programs led to the proliferation of system enhancements, workarounds, and the development of add-on systems, resulting in a fragmented financial system environment. The Financial Management System (FMS) was installed in 1994 and is past its useful life. It no longer meets VA's requirements, cannot adapt to emerging requirements and federal financial regulations, has significant deficiencies, is approaching limits for time available to process batch data, and is extremely difficult to maintain.

As directed by OMB Memorandum M-13-08, Improving Financial Systems through Shared Services, VA has launched the Financial Management Business Transformation (FMBT) program to transition VA from its legacy FMS and related systems to a modernized Federal Shared Service Provider's (FSSP) financial management system solution. The FMBT program vision is to provide VA with a modern financial management solution with transformative business processes and capabilities that enable VA to meet its financial goals and objectives in compliance with financial management legislation, directives, and best practices. FMBT will increase the transparency, accuracy, timeliness, and reliability of financial information, resulting in improved fiscal accountability to American taxpayers. It offers a significant opportunity to improve VA financial operations. In 2016 VA selected the US Department of Agriculture as the FSSP for the financial management solution.

The project is expected to extend the planning phase for one year to complete business process reengineering activities. Phase 1 implementation is expected to be completed by December 2019.

The FMS Modernization project will achieve the following benefits:

- Improve data acquisition, processing, integration, and access
- Provide adequate processing capacity
- Provide better data analysis, data management, automated data reconciliation, and automated consolidated financial statements
- Meet new and emerging federal accounting regulations, such as the Digital Accountability and Transparency (DATA) Act
- Maintain compliance with laws, regulations, and best practices to improve management and avoid irregularities discovered in audits

Projects that will be nearly complete by end of 2017:

<u>Customer Relationship Management (CRM) Platform Enhancements - $24.3 million</u>
As an integral component of VA's Enterprise Contact Center Modernization, the CRM Program is key to empowering and serving Veterans and other clients with accurate, secure on-demand access to information about VA's benefits and service.

As a result of deploying CRM software to user communities and contact centers, the following legacy systems are planned to be replaced and retired:

- Health Resource Center's Siebel system
- Veterans Crisis Line's Medora system
- Corporate Waco-Indianapolis-Network-Roanoke (CWINRS) System

Implementation of the core CRM common application platform has and will continue to support VA's Contact Center Modernization effort by providing a highly capable call center and case management solution that improves work management, time management and data accuracy in order to improve customer service to Veterans and their families. The project will create a CRM common application platform to streamline business processes, improve call quality, increase calls per agent, reduce call length, reduce call wait times, improve first call resolution, and enhance value to the Veteran.

Vets.gov - $15 million

In 2015, VA performed an inventory of its customer-facing websites and determined it had 42 call centers, 220 databases, 9,561 toll-free (800) numbers, and over 1,000 websites that Veterans had to navigate to access benefits. Vets.gov was established to create a single online point of contact for all interactions and to help Veterans easily discover, apply for, track, and manage the benefits they have earned. The unification of these sites will provide a seamless user experience and improve technical performance while lowering operating and sustainment costs.

The migration and unification of these sites, centers, and tools into the Cloud-based Vets.gov platform began with the beta release in November 2015. The creation of Vets.gov content is an ongoing collaborative effort between Veteran users and the Digital Service at VA (DSVA) team. All content and features are Section 508-compliant, accessible through mobile applications, and written clearly to improve the user experience. Combined, these features allow for easy access and use, and result in reduced calls to VA call centers.

New enhancements to Vets.gov will help Veterans determine their benefit eligibility, locate facilities, apply for health care, track claims and appeals, and manage their prescriptions. The new Benefits Navigator application eliminates the complexity of the determining eligibility by asking Veterans relevant questions and providing recommendations based on the answers. The new Facility locator tool allows Veterans to find nearby locations that provide the desired service, contact information and driving and transit directions.

Human Capital – Human Resources Lines of Business - $10 million

OI&T will continue the development of an enterprise solution to provide a complete multi-dimensional picture of the workforce by integrating various HR systems that will serve as a comprehensive and authoritative data base for employee records. HR Smart will provide an enterprise HR shared services solution replacing Personnel and Accounting Integrated Data System (PAID). HR Smart will be leveraged to further enable the shift from manual coding to electronic processing to reduce duplicative services, streamline review process to increase efficiencies, and improve interface with key VA management systems to support accurate data exchange.

TMS Upgrade - The Talent Management System (TMS) Upgrade will enable the VA's legacy TMS platform to transition to the Human Capital Management (HCM) platform, known as TMS

Upgrade. The Talent Management System (TMS) provides training for the entire VA and its contractors in order to train associates to provide the veterans with the best possible care and assistance. After August 2018, the vendor will no longer support the TMS platform. In order to provide continued educational and leadership development to VA employees and contractors, the VA Learning Management System (LMS) needs to migrate to the HCM platform and be in production prior to August 2018.

General Counsel - VA Integrated Enterprise Workflow Solution (VIEWS) - $9.5 million
VIEWS provide a commercial, proven Case Management development and operational platform to configure business workflows for VA business offices. Additionally, the solution will meet records management requirements. VIEWS Supports MyVA Transformation Strategy by improving internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice. It supports building our internal capacity to serve Veterans, their families, our employees, and other stakeholders efficiently and effectively, maintaining an effective, integrated Department-wide management capability to make data-driven decisions, allocate resources and manage results.

Corporate Operations and Maintenance

Corporate Operations and Maintenance provides sustainment funding for existing technology that is critical to the success of back office operations that are a major contributor to running the business lines of the Department. This includes support for the Veteran Customer Experience (VCE), Office of Management; Office of Acquisition, Logistics and Construction; General Counsel; Human Resources; and others.

The VEC project management office functions and supports the mission to build trusted, lifelong relationships with Veterans and their families. In addition, VCE's responsibility is to provide the collaborative processes, tools, resources and management-construct to deliver technology-enabled customer service capabilities throughout the VA enterprise. In order to accomplish this, VCE partners with the administrations to design and implement excellent care and benefit experiences that prioritize the perspectives and needs of Veterans, their families, supporters, and communities. This will enable Veterans, Servicemembers and their families to access information, benefits and services anywhere, anytime.

Sustainment funding also covers existing human resource systems such as the Talent Management System (TMS). VA's TMS satisfies the federal government mandate for agencies to maintain a single system of record for employee training. It is the VA's system of record for learning and employee development. The TMS has been in operation, in various iterations since 2007. It serves the training delivery needs of VA's 360,000 veteran and non-veteran employee population. The TMS is also accessible to an additional 200,000 veteran and non-veteran VA volunteers, contractors, medical interns, and DoD employees. TMS has offered, delivered, and tracked learning, performance, competency management, accreditation, and career development activities for nearly ten years, providing the ability for VA staff to better serve our nation's veterans.

The corporate portfolio also includes existing support for the Office of General Counsel's (OGC) Symantec Clearwell system. This system enhances OGC's searching capabilities to effectively preserve, collect, process, review, analyze, and produce Electronically Stored Information (ESI)

in compliance with its legal obligations under Freedom of Information Act (FOIA) and the Federal Rules of Civil Procedure (FRCP). This program benefits the Veteran by providing a secure solution that allows the OGC to securely identify, collect, preserve, process, review, analyze, and produce the requested documents. The current capability allows multiple VA Staff Attorneys to process a larger and increasing litigation caseload in support of the VA and its Veterans.

Corporate operations and maintenance detail is located in Appendix E.

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2018 Enterprise IT Portfolio

The Enterprise IT Portfolio provides the underlying infrastructure necessary to perform business functions and maintain a robust technology infrastructure for the Department. It includes such things as cybersecurity, data centers, Cloud services, telephony, enterprise software, end-user hardware, and data connectivity.

Congressional Project/Sub-Program Activity (Dollars in thousands)	2018 Budget Request	
	DEV	OM
Enterprise Infrastructure Development	**$ 29,330**	**$ 850**
Cloud, PaaS, SaaS, Dev Centers	**$ 29,330**	**$ 850**
Purchased Service Lines (Cloud, PaaS, SaaS, Dev Centers)	$ 29,330	$ 850
Enterprise Operations and Maintenance (other than Marginal Sustainment and Information Security)	**$ -**	**$ 918,777**
Information Security	**$ -**	**$ 340,000**
Total Enterprise Portfolio	**$ 29,330**	**$ 1,259,627**

OM column contains Marginal Sustainment for Priority Programs that require it. The Operations and Maintenance line includes sustainment for Mandatory (other than Information Security), Modernization and Enhancement.

Enterprise Infrastructure Development

Cloud, PaaS, SaaS, Development Centers - $29.33 million

In 2018, Development funding will be used for purchased service lines such as Cloud, Platform-as-a-Service (PaaS), Software-as-a-Service (SaaS) and Development Centers.

This Enterprise portfolio services initiative will establish the foundation for a VA API gateway. It will enable rapid API and application development, decrease VA's physical infrastructure, and provide the foundation for mitigating VA IT capital expenses in the future.

Cloud, SaaS, and PaaS are critical enablers to accelerate the pace of service delivery to our Veterans. Veterans and the VA will benefit from accelerated delivery times and improved products and services. As VA's infrastructure and maintenance costs decrease by migrating to purchased services, VA will increase the share of IT budget that can go to developing and procuring new solutions and products to support agency missions and our Veterans.

This program will establish the first round of enterprise SaaS, PaaS, and Cloud enterprise licenses and will set the foundation for the API gateway necessary to support the replacement of VA's electronic health record.

Benefits include: accelerated time to deliver outcomes to Veterans; increased efficiency and quality in service delivery to VA lines of business and to Veterans; decreased infrastructure and other maintenance costs.

Enterprise Operations and Maintenance

The IT Infrastructure provides the backbone necessary to meet the day-to-day operational needs of VA Medical Centers, Veteran-facing systems, benefits delivery systems, memorial services, and all other IT systems supporting the Departments mission. 2018 funding is critical to sustain essential IT requirements which have grown steadily since 2010 and are expected to continue grow to ensure the IT infrastructure platform is fully capable of providing for VA's data storage, transmission, and communications requirements.

A robust, healthy IT infrastructure is necessary to ensure delivery of reliable, available, and responsive IT services to all VA staff offices and administration customers as well as Veterans. A viable and reliable infrastructure supports VA's 21st century transformation as well as underlying missions and strategic plans, and service level requirements for all customers.

The infrastructure investment considers the health and capacity of the IT enterprise to be a shared resource that has far reaching, complex, and interconnected consequences across the organization. It also mitigates a risk of frequency and severity of system outages and major incidents that may potentially result in serious harm to Veterans patient safety, privacy and data integrity. Without consistent annual investment in lifecycle replacement, platform modernization, and infrastructure expansion, VA runs the risk of increasingly unreliable systems and services. The cost of replacing IT equipment that is "beyond useful lifecycle" is considerable. Annual investments are required as part of a constant lifecycle replacement program, otherwise the accumulated cost of replacing obsolete equipment expands as a sizable "IT Debt" to be paid in the future or face increasing risk of degradation. Key business drivers include: (1) growth in number of users; (2) new facility activations; (3) new systems and platforms released into production; (4) increases in mobile computing and communications; (5) increase in the number and complexity of IT tools; and (6) increased security complexity and requirements.

Sustainment funding is necessary to support:

- IT Support Contracts – Comprised of continuing contracts for services and support for implemented IT systems in support of the Enterprise, VA Administrations and Staff Offices
- Hardware Refresh – Replacement of the oldest hardware that is beyond its useful lifespan and support
- Desktop Support – PC refresh vehicle, Microsoft Enterprise Licensing Agreement
- Software License Maintenance – Recurring payments for existing software and existing numbers of licenses for critical operational software components
- Hardware Maintenance – Recurring payments for extended warranty and support for critical operational hardware components
- Infrastructure Upgrades – Platform upgrades of major systems
- Telecommunications – Comprised of recurring payments for voice, data, wireless and video services in support of the Enterprise, VA Administrations and Staff Offices
- National Service Desk – Single point of contact for all Tier 1 VA IT support requests
- IT Activations Program – Funds the purchase, installation, and issuance of IT equipment for all VA Administrations. This program also funds any IT expenses occurring from the

renovation of any existing VA facility, and procures IT equipment required for new employees being added due to the growth in the VA's mission

Sustaining and enhancing the IT Infrastructure will:

- Allow OI&T to explore Cloud computing business models that present a compelling opportunity for cost efficiency, provisioning speed, flexibility and scalability
- Ensure modernization and re-engineering of the network
- Support Data Center Consolidation and position VA to comply with a Presidential mandate
- Provide new and improved service offerings, a smaller national data processing footprint, better help desk support, and a highly trained and efficient IT workforce
- Ensure improved provisioning speed and network performance, lower operational costs, and provide an "always on" infrastructure needed for Health, Benefits, Memorial, and other VA mission critical operations

Office of Information Security (OIS)

Security Program (CRISP) Support - $75.4 million

The Office of Information Security's (OIS) Continuous Readiness in Information Security Program (CRISP) is designed to reduce information security risks across VA programs and systems. The Office of Inspector General (OIG) has highlighted a number of weaknesses in the VA's Information Security Program, and the OIG has noted that the Program has not yet been fully implemented in accordance with requirements specified in the Federal Information Security Management Act (FISMA). Program funding is needed to specifically address the full implementation of FISMA requirements in systems located at all VA facilities. Funding will primarily be applied to a support contract that will bring the additional staff and resources needed to continue to resolve security vulnerabilities and weaknesses. This will support the VA's efforts to accelerate compliance with Federal security and privacy regulations.

Strong cybersecurity and privacy controls are critical to improving Veterans experience and will enable the VA to securely provide seamless, integrated, and responsive services for Veterans. Strengthening secure access by Veterans to VA healthcare is a cornerstone of the MyVA Initiative, and will optimize VA's unique competencies in health care, benefits delivery, and memorial affairs, while enhancing secure information sharing with external partner to support service delivery. The CRISP efforts will enable VA to better respond to and recover from the continuous and evolving sophisticated attacks against government systems and will ultimately strengthen the VA's overall security posture, while ensuring that the material weakness issues are resolved.

The 2018 request will allow the Security Program to provide subject matter experts (SMEs) and security solution implementation at all major VA facilities including medical centers and benefits offices. The staffing is critical to VA being able to maintain the security of Veteran and other sensitive information that is processed and stored in VA computers and networks. The expert CRISP support staff will perform a large set of day-to-day on-site security operations such as installing critical security patches to resolve weaknesses in VA software and applications, assisting with security audit log analysis, conducting security incident forensic investigations,

unapproved software removal, security management, access management, updating security plans and other security documents such as information system contingency plans and disaster recovery plans, and performing security controls implementation, monitoring, and testing. CRISP also provides support with our medical device protection and special purpose systems. The CRISP SMEs are critical in our continual site remediation year round in preparing for and supporting annual Inspector General (IG) Audit inspections. CRISP support is helping to develop a strong National Vulnerability Database Repository Tool (NEWT/REEF) that adds additional maturity, centralized remediation, coordination, tasking and reporting across the enterprise.

Security Operations Center (SOC) - $72.9 million

The Security Operations Center (SOC) provides continuous around-the-clock monitoring of the VA's network – protecting, responding to, and reporting threats. SOC personnel deter, detect, and defeat potential threats that may adversely affect VA networks and systems. The capabilities of this program directly support current and projected future Department of Homeland Security (DHS) Trusted Internet Connection (TIC) requirements, as outlined in the DHS TIC Reference Architecture Document, Version 2.0, and Appendix B. The VA's Network and Security Operations Center has been assigned as the TIC Access Provider for the VA and must maintain a defense in-depth architecture that meets the challenges of an ever evolving threat landscape. Each year, additional requirements are levied on SOCs to meet federal mandates in regards to Continuous Monitoring, reporting and compliance.

The SOC supports VA employees, Veterans and their beneficiaries. Proper monitoring of the VA network and its assets ensures that sensitive VA data is safe from malicious viruses/worms and other cyber threats. SOC activities support VA's security workforce, as well as general VA employees, whose day-to-day activities may be severely impacted by cyber threats, security breaches, and compromises of the VA network. Continuous monitoring ensures VA can continue mission-essential functions needed to provide critical services to Veterans and their beneficiaries, as well as safeguard sensitive VA information, in the event of a cyber-attack.

The SOC serves as VA's security operations element. The SOC manages, protects, and monitors the cyber security posture of the VA, coordinates externally with government incident response centers, performs threat and vulnerability analyses, reports cyber security deficiencies, develops concept of operations (CONOPS) documents and guidelines relating to cyber security incidents, performs analyses of cyber security events, maintains detailed logs and databases of VA cyber security incidents and responses, and generally performs the full range of functions across the spectrum of activities relating to incident management and response, vulnerability scanning, event correlation and analysis, audit log analysis, and remediation planning. The spectrum of activities typically encompasses detection, pre-emption, prevention, reaction, response, and recovery.

Enterprise Cybersecurity Strategy - $65.2 million

In 2018, the Office of Information Security (OIS) will support the VA Enterprise Cybersecurity Strategy (VA-ECST), which defines the comprehensive set of actions, processes, and emerging security technologies that will further enhance the cybersecurity of VA's information and assets and improve the resilience of VA networks. ECST was designed to align with the Office of

Management and Budget (OMB) Memorandum M-16-04, Cyber Strategy and Implementation Plan (CSIP) for the Federal Government and to address many key objectives including:

- Prioritized identification and protection of high value information and assets
- Timely detection of and rapid response to cyber incidents
- Rapid recovery from incidents when they occur and accelerated adoption of lesson learned from the (Cyber) Sprint assessment
- Integrate results for Data Sharing Knowledge Management System
- Develop metrics to measure harmonized capabilities against comprehensive National Institute of Standards and Technology (NIST)-based framework
- Develop feedback loop to automate Enterprise Cybersecurity Architecture to incorporate existing and new technologies

In 2018, funding will allow VA-ECST to address these specific objectives and supports fundamental change in the overall VA cybersecurity capabilities. VA-ECST emphasizes the need for a defensive in-depth approach that relies on the layering of people, processes, technologies, and operations, to achieve more secure VA information systems. VA will implement effective protection activities to include reducing the attack surface and complexity of VA's IT infrastructure; reducing use of administrative privileges; using strong authentication; safeguarding data at rest and in-transit; training personnel; ensuring repeatable processes and procedures; adopting innovative and modern technology; ensuring strict domain separation of critical, sensitive information and information systems; and confirming a current inventory of hardware and software components.

Implementation of VA-ECST will enable VA to better respond to and recover from the ongoing sophisticated attacks against government systems and will ultimately strengthen the VA's overall security posture. VA-ECST includes actions to improve capabilities for identifying and detecting vulnerabilities and threats, enhance protections of VA assets and sensitive information, and further develop rapid response and recovery capabilities while ensuring readiness and resilience when incidents inevitably occur.

Network Operations Center (NOC) - $58.0 million

The Network Operations Center (NOC) is responsible for the reliable and secure transport of voice/video/data to/from the Internet Edge to the Enterprise Regional demarcation points for the Department of Veterans Affairs. The NOC provides services for globally distributed network gateway architecture. The Gateway architecture interconnects the VA's computing infrastructure to the outside world, including to the Internet, other Government agencies (i.e. Department of Defense), and business partners (i.e. VBA – Payment to Portal etc.). These interconnections are integral to the VA's business of providing services to Veterans.

VA's Trusted Internet Connection (TIC) architecture enables secure and reliable computer network connectivity between the VA and the Internet, other Government agencies, and business partners. The protection of Veterans' data is of paramount importance. The capabilities of this program directly support current and projected future Department of Homeland Security (DHS) Trusted Internet Connection (TIC) requirements, as outlined in the DHS TIC Reference Architecture Document, Version 2.0, and Appendix B.

VA is increasingly relying on information technology to reach and provide services to over 21 million veterans in this country. Those services include but are not limited to: Patient care, benefits, and internment. VA's TIC architecture enables secure and reliable computer network connectivity between the VA and the Internet, other Government agencies, and business partners. The protection of Veterans' data is of paramount importance. Ensuring the TIC provides this level of security is of the utmost importance.

The NOC also implements and performs operations and maintenance on all devices that make up the TIC security Stack. This ensures all data bound for the internet does not contain PII or PHI and that all inbound data is safe and secure as it traverses VA circuits. Per VA 6500 Handbook, information systems must be deployed in a manner that protects data confidentiality, integrity, and availability. The TIC must be able to scale to support up to 100 Gbps (gigabits per second) of mixed IP (Internet protocol) traffic throughput to meet projected operational needs. FIPS 200, Minimum Security Requirements for Federal Information and Information Systems, section 3, requires the following: Organizations must implement plans for backup operations in case of an emergency; Organizations must monitor, control, and protect organizational communications at the external boundaries of the information system; Organizations must employ architectural designs that promote effective information security within organizational information systems.

Cyber Security Program - $51.3 million

The Office of Cyber Security (OCS) is responsible for advancing the overall cyber security posture of VA through enhanced visibility in VA IT systems and networks with leading edge guidance, support and tools. From this perspective, OCS is instrumental in reviewing and assessing the Department's and its mission partners' successful implementation of that policy to ensure the VA information systems, practices, policies, processes and procedures comply with federal mandates. OCS also develops and continually evaluates Department-level information security policies to ensure consistency with Federal mandates. In addition, OCS supports full-spectrum Accreditation and Authorization (A&A) related activities and is directly responsible for ensuring a comprehensive review and assessment of the applicable security controls is performed prior to the fielding of any VA system and that any security risks are understood and appropriately mitigated.

The 2018 request of $51.3 million in mandatory sustainment will support the operations and maintenance of the Cyber Security Program. Implementation of cyber security will continue past efforts designed to evolve the VA cyber posture, while improving service delivery, collaboration and risk awareness across VA information systems. In addition, the 2018 request will assist the Department in continuing to improve the security and resiliency of the underlying VA infrastructure facilitating enhanced visibility, access and functionality across the spectrum of VA services for the Veteran. Other 2018 efforts will include activities designed to enhance existing Continuous Monitoring capabilities using existing tools and through the procurement of additional tools with the emphasis being to expand "visibility to everything" efforts so as to better understand the current security status, while simultaneously improving security compliance awareness. In addition, 2018 funding will support the implementation of Big Data and Predictive Analytics capabilities essential to enhancing the distillation of security data to support enhanced awareness of security events and support real-time decision-making.

Privacy and Records - $11.2 million

The objective of the Office of Privacy Information and Identity Protection (PIIP) is to ensure provisions are in place to protect all personally identifiable information, protected health information and sensitive personal information (SPI) of the Veteran and the employee and to rapidly respond to any suspected or confirmed PHI/PII reported breaches. Privacy Impact Assessments and data validation processes are used to ensure Veteran data is protected and used in accordance with applicable laws and statutes. Current and proposed systems to accurately process and track Freedom of Information Act (FOIA) requests, legally release names and addresses, enhance role based training, and provide Veteran services within the law and as allowed by policy. PIIP provides tools required to successfully track and investigate privacy/security incidents, to include HIPAA and HITECH, across the VA. The compliance requirements are set forth by various statutes and regulations to include the Privacy Act, Health Information Portability and Accountability Act (HIPAA), Federal Information Security Modernization Act (FISMA), Freedom of Information Act (FOIA), Clinger Cohen Act, OMB Circular A108, OMB Circular A130, and various OMB mandates for Records Management activities to include Electronic Recordkeeping capabilities by close of calendar year 2019.

In 2018, the primary objective of the program is to ensure all Veteran and employee information is adequately identified and protected against fraudulent release or breach. This includes scheduling and retention of official government records. The budget request will allow PIIP to implement new and enhanced procedures and processes that identify and protect all Veteran and employee information from any entity without the appropriate "need to know". This includes protection for information at rest as well as in motion. It also includes enhanced processes and improvements to the mandated Privacy Impact Assessment (PIA) process to ensure they are completed in a timely and efficient manner. PIIP will also identify and ensure Privacy Act Systems of Records are updated accordingly and posted to the Federal Register. PIIP also chairs the Data Integrity Board and provides oversight with the various VA Computer Matching programs that share PII across the federal government under the auspices of the Computer Security Act.

Field Security Services – $5.7 million

Field Security Service (FSS) is a virtual organization that includes the Information Security Officers (ISOs) that support our VA Medical Centers, Regional Offices, Data Centers, Field Program Offices, and VA Central Offices including (VACO), Veterans Health Administration (VHA), and Veterans Benefits Administration (VBA). FSS is the “face” of information security at VA. Information Security Officers (ISOs) are the on-site experts in security plans, policies and controls, and play a critical role in VA s Continuous Readiness in Information Security Program (CRISP).

VA’s Medical Device Protection Program (MDPP) is a collaborative, VA-wide initiative managed and developed by the Health Information Security Division (HISD) that fosters collaboration between VHA Healthcare Technology Management Office and the Office of Information and Technology (OI&T) with the primary goal of providing a safe and secure operating environment for the more than 50,000 networked medical devices that provide direct care to our nation’s Veterans. MDPP is a comprehensive program with two major areas, Communications and Risk Management, which encompass all phases of the medical device life cycle from procurement to disposal.

Field Security Services provides the following benefits to our Veterans:

- Ensures the confidentiality, integrity, and availability of Veteran and beneficiary sensitive information, networks, and systems
- Strengthens Veteran and public confidence in the quality of VA services
- Decreases risks to healthcare operations and benefits processing by prevention and remediation of security breaches
- Reduces the likelihood of legal action against employees and VA as a result of a security breach

The consistent presence and availability of Information Security Officers throughout the VA decreases the risk of information security breaches. Through the MDPP, VA is working to secure medical devices and the enterprise network in order to maintain data confidentiality, integrity, and availability and to prevent clinical service malfunction or the loss of device functionality that may negatively impact patient safety.

FSS has a major role in participating in many national committees, projects, and initiatives. FSS managers provide leadership in committees such as the National Change control Board (NCCB), Security Improvement Program (SIP), Field Operations Council, VHA Business Relationship Management (BRM), and VHA/OIS Joint Security Call, etc. FSS staff provides ISO support and guidance to system owners, information owners, programs, projects, etc.

FSS also:

- Expands capabilities to improve Continuous Monitoring capabilities across the Department
- Expands "visibility to everything" and "Security Situational Awareness" efforts to enforce security
- Manages the Information Security Programs and serves as the Principle Security Advisor for VA Medical Centers, Clinics, VBA Regional Offices, Field Program Offices, NCA and VHA/VBA Central Offices

In support of MyVA, ISO resources will be distributed according to OI&T guidance and new District boundaries.

<u>Business Continuity Support (COOP) - $0.3 million</u>
Business Continuity (BC) provides a liaison between the VA Office of Operations, Security, and Preparedness (OSP) and the Office of Information and Technology (OI&T) on matters concerning Continuity of Operations and operational situational awareness. BC is responsible for developing and implementing managing emergency management/continuity programs that help ensure the resiliency of critical IT tasks that support the Department of Veterans Affairs' ability to perform its Mission Essential Functions (MEFs) and Primary Mission Essential Function (PMEF). BC maintains the OI&T Continuity of Operations Plan in accordance with Departmental Federal Continuity guidance and policies, and is responsible for ensuring that OI&T Emergency Relocation Group (ERG) members, Reconstitution Emergency Relocation Group (RERG) members, and Devolution Emergency Response Group (DERG) are properly trained to assume their positions on designated teams.

Members of the BC OI&T Liaison Watch Officer team provide coordination across VA's administrations and staff offices within the Integrated Operations Center, provide situational

awareness to OI&T leadership and support OI&T emergency management activities. BC also develops tests and exercises, aimed at evaluating OI&Ts ability to respond to events and continue operations. BC provides the specific procedures and operational requirements for implementing Information System contingency planning in accordance with VA Directive and Handbook 6500, Information Security Program, ensuring Department-wide compliance with the Federal Information Security Management Act of 2002 (FISMA), 44 U.S.C. §§ 3541-3549. Plans are created by system owners using the ISCPA tool application and a National Institute of Standards and Technology (NIST) Compliant template, which creates contingency and disaster recovery plans used in the event of emergencies, and stores these plans in servers owned by Business Continuity and maintained by Enterprise Operations' Governance, Risk and Compliance (GRC) tool. These servers also house other critical IT systems information for OI&T Leadership.

The OI&T Enterprise is the backbone of the Department's ability to provide continual, quality service to its customers. Highly trained team members provide leadership with timely, accurate information that enables VA leaders to make decisions affecting systems and applications in a seamless manner, minimizing adverse impact to customers during an event or crisis.

Business Continuity Support (COOP) provides OI&T with a higher state of readiness by providing trained staff members ready to respond during crisis events. Whether it is an ERG, RERG, or DERG member responding to an activation of the departments Continuity of Operations plan, or an OI&T Liaison Watch Officer providing critical situational awareness information to OI&T leadership, OI&T stands ready to act on its responsibilities to ensure that primary mission and mission essential functions continue and that the department is ready provide uninterrupted services to customers. Information Systems contingency and disaster recovery plans stored on BC servers in GRC ensure critical OI&T systems are quickly restored in the event of an emergency or disaster.

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Information Technology

2016 Accomplishments

Medical Portfolio

1. Completed portfolio analysis for VHA IT development portfolio. Collaborated with VHA to cut 10 initiatives in 2016 which were either performing poorly or were insufficiently resourced for quality delivery.
2. Resolved execution issues for six high profile VHA initiatives.
3. Guided VHA customers through the new OI&T requirements intake process and procedures and develop the business epics needed to seek funding for future IT initiatives supporting VHA.
4. Ensured that innovations with an IT component have a clear way forward.
5. Organized and established the Account Management Office—stood up on May 1 and fully functioning by the end of 2016.

Benefits Portfolio

1. Organized and established the Account Management Office—stood up on May 1 and fully functioning by the end of 2016.
2. The Appeals Modernization – BVA effort delivered Caseflow Certification, the first of many tools that will be used to modernize the appeals process. Caseflow Certification is a simple web-app that automatically detects if required documentation has been added to an appeal before it is handed off between VBA and BVA. This simple check helps reduce preventable errors and avoidable delays caused by disjointed, manual processing.
3. Vets.gov launched the single platform, into which existing VA web services and service-related content will be initially linked and eventually subsumed. Vets.gov enables Veterans to discover, apply for, track, and manage the benefits they have earned.

Enterprise Portfolio

Information Security:

1. Technically enforced two-factor authentication for all Citrix Access Gateway (non-VA device) users within the VA trusted network; achieved 97 percent compliance.
2. Completed the implementation of the Security Incident and Event Management (SIEM) for gateways (North, South, East, and West).

3. Increased logging capabilities up to 6TB per day of security and logging data from across the VA enterprise into a single repository that collects and retains data for use by system administrators and security analysts.
4. Firewalls' decryption increased visibility into traffic (75% encrypted) flowing through the Trusted Internet Connections.

Legislative Proposals

Proposal Title: Revision of Independent Risk Analysis

Proposed Legislative Authority: VA is requesting revision to the language in Public Law 109-461, Department of Veterans Affairs Information Security Enhancement Act of 2006, subsection: 5724, "Provision of Credit Protection and Other Services" which mandates that the VA conduct "independent risk analysis (IRA)" for every data breach. The statute defines two alternative groups which can conduct IRAs: (1) VA Office of Inspector General, or (2) non-department entity.

Justification: The statute as currently written imposes an overly burdensome requirement to conduct an IRA (by OIG or contractor) for every data breach that occurs regardless of size or scope. VA exercises an abundance of caution and frequently offers credit monitoring even in incidents where the risk of information being breached is minimal. As a result, the costs to conduct separate individual IRAs in compliance with the requirement would be exorbitant. To provide the intended level of protection to Veteran data as intended by the law, the Department routinely performs other monitoring activities to ensure information is protected and has not been compromised.

These activities consist of offering free credit protection services to Veterans and eligible family members for breaches and data incidents alike. VA also conducts automated quarterly reviews on over 20 million Veterans information for signs of abuse using VA authoritative data sets and comparing that data with other proprietary consumer data from both the private and federal sector to determine if any anomalies (identity theft) warrant intervention on behalf of the Veteran.

If such anomalies are detected, Veterans are notified by mail. All reported events are triaged by the VA Data Breach Response Service and forwarded, to the department-wide Data Breach Core Team (DBCT) (when required) to determine whether credit monitoring or notification letters are distributed. This is also completed without a formal IRA. VA's breach criteria notification process is reaching the same objectives of an IRA at a reduced cost from the current legislative authority.

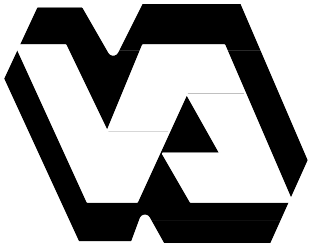
VA has conducted, by contract, several IRAs by non-Departmental entities, however, the costs would not be justified by the results of the IRAs, which have historically recommended that VA offer notification and credit protection services to those whose data was breached. Since the VA Data Breach Response Service and the DBCT performs a risk analysis and reaches a conclusion under the same regulatory requirements as those that apply to an IRA, but much more quickly

and at a much lower cost, the excessive cost and delay of an IRA can
be avoided by relaying on the VA Data Breach Response and the DBCT to determine the appropriate data breach response. The proposed revision would authorize the Secretary or designee to conduct IRAs.

Cost Benefit Analysis: No cost to the VA to implement change; however, the costs for each IRA were at least $29,000 and as much as $67,000 with an average cost being $48,000 per IRA. Conducting an IRA for each incident would have cost the Government over $610 million, but cost avoidance totals are detailed below:

	Total Number of Events where VA sent either Credit Monitoring Offers or Letters of Notification	Total Numbers of Events VA reported to HHS as HITECH Act Breaches	Total# of Events VA reported to HHS as HITECH Act Breaches that Involved more than 500 Individuals
2010	**2,301**	**1,245**	**6**
2011	**2,198**	**1,365**	**6**
2012	**2,669**	**1,637**	**3**
2013	**2,591**	**1,553**	**4**
2014	**2,957**	**1,828**	**6**
2015	**2,996**	**1,818**	**4**
Total	**15,712**	**9,446**	**29**
Avg. cost for IRA x events *	**$ 610,368,000.00**		

* Average cost of $48K per IRA based upon average cost of IRAs completed to date



Information and Technology

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Appendix A

Development Subaccount

Information Technology Development Activities Highlights (Dollars in Thousands)	2016/2017 Year 1 Actuals	2016/2017 Year 2 of 2 year Availability	2017 Enacted	2017 Current Estimate	2018 Budget Request	2017-2018 Increase / Decrease
Activities						
Electronic Health Record Interoperability & VLER Health	20,534	4,466	17,322	17,322	10,000	-7,322
Electronic Health Record (EHR) (Previously VistA Evolution)	54,252	22,232	63,339	63,339	39,000	(24,339.00)
Veterans Benefits Management System (VBMS)	79,793	6,207	97,114	97,114	59,904	-37,210
Virtual Lifetime Electronic Record (VLER)	8,588	2,991	17,857	17,857	20,968	3,111
Veteran Customer Experience (VCE)	79,568	10,282	73,624	73,624	58,473	-15,151
VHA Research IT Support Development	9,736	2,514	15,066	15,066	-	-15,066
Other IT Systems Development	138,503	70,078	186,947	186,947	170,185	-16,762
Total Development [1/]	$ 390,973	$ 118,770	$ 471,269	$ 471,269	$ 358,530	-
Funding Sources						
Appropriation	390,973	-	471,269	471,269	358,530	(112,739)
Rescission	-	-	-	-	-	-
Emergency Supplemental	-	-	-	-	-	-
Denver Hospital Transfers	-18,295	-	-	-	-	-
Reimbursements (+)	-	-	9,500	-	-	-
Available Balance SOY (+)	92,293	-	-	118,770	-	-118,770
Available Balance EOY (-)	-118,770	-	-	-	-	-
PL 113-146 Veterans Choice Act						
Total Obligations	**$ 346,201**	**$ -**	**$ 480,769**	**$ 590,039**	**$ 358,530**	**-$231,509**

1/ Numbers do not include reimbursements

Appendix B

Congressional Report Summary

Information and Technology Total Budget Authority (Dollars in Thousands)						
	2016/2017	2016/2017	2017		2018	2017-2018
	Year 1 Actuals	Year 2 of 2 year Availability	Enacted	Current Estimate	Budget Request	Increase / Decrease
Electronic Health Record Interoperability/VLER Health	$ 20,534	$ 4,466	$ 17,322	$ 17,322	$ 10,000	$ (7,322)
Electronic Health Record (EHR) (Previously VistA Evolution)	$ 54,252	$ 22,232	$ 63,339	$ 63,339	$ 39,000	$ (24,339)
Veterans Benefits Management System (VBMS)	$ 79,793	$ 6,207	$ 97,114	$ 97,114	$ 59,904	$ (37,210)
Virtual Lifetime Electronic Record (VLER)	$ 8,588	$ 2,991	$ 17,857	$ 17,857	$ 20,968	$ 3,111
Veteran Customer Experience (VCE)	$ 79,568	$ 10,282	$ 73,624	$ 73,624	$ 58,473	$ (15,151)
VHA Research IT Support Development	$ 9,736	$ 2,514	$ 15,066	$ 15,066	$ -	$ (15,066)
Other IT Systems Development	$ 138,503	$ 70,078	$ 186,947	$ 186,947	$ 170,185	$ (16,762)
Development Subtotal	$ 390,973	$ 118,770	$ 471,269	$ 471,269	$ 358,530	$ (112,739)
Sustainment/O&M						
Medical Operations and Maintenance	$ 926,528	$ -	$ 850,696	$ 850,696	$ 841,368	$ (9,328)
Benefits Operations and Maintenance	$ 252,483	$ 20,000	$ 188,974	$ 188,974	$ 229,465	$ 40,491
Corporate Operations and Maintenance	$ 102,770	$ -	$ 124,734	$ 124,734	$ 132,654	$ 7,920
Enterprise Operations and Maintenance	$ 1,239,205	$ -	$ 1,367,352	$ 1,367,352	$ 1,259,627	$ (107,725)
Memorial Operations and Maintenance	$ 7	$ -	$ 2,686	$ 2,686	$ 3,536	$ 850
Sustainment Subtotal	$ 2,520,995	$ 20,000	$ 2,534,442	$ 2,534,442	$ 2,466,650	$ (67,792)
Development	$ 390,973	$ 118,770	$ 471,269	$ 471,269	$ 358,530	$ (112,739)
Sustainment/O&M	$ 2,520,995	$ 20,000	$ 2,534,442	$ 2,534,442	$ 2,466,650	$ (67,792)
Staffing and Administration	$ 1,050,692	$ 20,441	$ 1,272,548	$ 1,272,548	$ 1,230,320	$ (42,228)
Rescission	$ -	$ -	$ -	$ (8,000)	$ -	$ 8,000
Total Budget Authority	**$ 3,962,660**	**$ 159,211**	**$ 4,278,259**	**$ 4,270,259**	**$ 4,055,500**	**$ (214,759)**
Veterans Access, Choice and Accountability Act (VACAA)[1/]						
VACAA Section 801	$ 79,803	$ 229,130	$ -	$ 229,130	$ -	$ (229,130)
VACAA Section 802	$ 42,005	$ 8,238	$ -	$ 256,238	$ -	$ (256,238)
VACAA Subtotal	$ 121,808	$ 237,368	$ -	$ 485,367	$ -	$ (485,367)
OEF/OIF Supplemental (P.L. 110-28)	$ 2	$ 1,584	$ -	$ 1,584	$ -	$ (1,584)
Reconciliation (SF-133) report						
Carryover 16/17 obligations	$ 92,229					
Reimbursable Obligations	$ 37,876					
Veterans Choice Act - 802	$ (42,005)					
Captain James A. Lovell Federal Health Care Center (N. Chicago) transfer						
Prior Year Recoveries	$ 10,284					
Total	**$ 98,384**					
Grand Total (includes VACAA)	**$ 4,182,854**					

1/ In 2015 and 2016, the VACAA line represents funds allocated per the Veterans Access, Choice, and Accountability Act of 2014. In 2017, VACAA will be funded through the IT appropriation, and will be part of the Operations and Maintenance subaccount.

Appendix C

Congressional Report Detail

Development

Information and Technology Development Detail						
(Dollars in Thousands)						
	2016/2017	2016/2017	2017		2018	2017-2018
Detail doesn't include VACAA sections 801/802	Year 1 Actuals	Year 2 of 2 Year Availability	Enacted	Current Estimate	Budget Request	Increase / Decrease
Electronic Health Record Interoperability/VLER Health	**$ 20,534**	**$ 4,466**	**$ 17,322**	**$ 17,322**	**$ 10,000**	**$ (7,322)**
VLER Health	$ 5,216	$ 2,931	$ 7,664	$ 5,564	$ 10,000	$ 4,436
Data Management Services	$ 1,686	$ -	$ -	$ -	$ -	$ -
Interoperability	$ 13,632	$ 1,535	$ 9,658	$ 11,758	$ -	$ (11,758)
Electronic Health Record (Previously VistA Evolution)	**$ 54,252**	**$ 22,232**	**$ 63,339**	**$ 63,339**	**$ 39,000**	**$ (24,339)**
VE Pharmacy Safety Updates	$ -	$ -	$ 4,598	$ -	$ -	$ -
PRE MOCHA and PPS	$ -	$ -	$ 7,796	$ -	$ -	$ -
PRE Inbound ePrescribing	$ -	$ -	$ 1,500	$ -	$ -	$ -
Medication Reconciliation	$ -	$ -	$ 1,501	$ -	$ -	$ -
iMedConsent	$ -	$ -	$ 200	$ -	$ -	$ -
Scheduling (Medical Appointment Schedualing System)	$ -	$ -	$ 9,858	$ -	$ -	$ -
eHMP (Platform and supporting elements)	$ -	$ -	$ 37,886	$ -	$ -	$ -
User Experience, Data Standards, Clinical Decision Support	$ 24,360	$ 30	$ -	$ 39,216	$ -	$ (39,216)
VistA - API	$ 6,380	$ 10,712	$ -	$ -	$ -	$ -
VistA Module Enhancements	$ 2,195	$ 3,649	$ -	$ 9,870	$ 9,000	$ (870)
EHR Information Modernization	$ -	$ -	$ -	$ -	$ 30,000	$ 30,000
Immunization Specific Services	$ 5,092	$ 1,710	$ -	$ -	$ -	$ -
Laboratory Specific Services	$ 3,389	$ -	$ -	$ 1,188	$ -	$ (1,188)
Pharmacy Specific Services	$ 9,286	$ 1,564	$ -	$ 13,065	$ -	$ (13,065)
Meaningful Use	$ 3,063	$ 2,500	$ -	$ -	$ -	$ -
Enterprise Service Bus/Services Oriented Architecture (ESB/S0A)	$ 486	$ 2,067	$ -	$ -	$ -	$ -
Veterans Benefits Management System (VBMS)	**$ 79,793**	**$ 6,207**	**$97,114**	**$ 97,114**	**$ 59,904**	**$ (37,210)**
VBMS	$ 70,125	$ 6,207	$75,000	$ 75,000	$ 28,500	$ (46,500)
VETSNET/Finance & Accounting System (FAS)	$ 9,668	$ -	$10,288	$ 10,288	$ 10,404	$ 116
Chapter 33	$ -	$ -	$ 11,826	$ 11,826	$ 21,000	$ 9,174
Virtual Lifetime Electronic Record (VLER)	**$ 8,588**	**$ 2,991**	**$ 17,857**	**$ 17,857**	**$ 20,968**	**$ 3,111**
Memorial Legacy Development Support	$ 8,588	$ 2,991	$ 17,857	$ 17,857	$ 20,968	$ 3,111
Veteran Customer Experience (VCE)	**$ 79,568**	**$ 10,282**	**$ 73,624**	**$ 73,624**	**$ 58,473**	**$ (15,151)**
Veterans Identification Card Act 2015	$ -	$ -	$ 5,652	$ 5,652	$ -	$ (5,652)
Veteran Customer Experience	$ 63,744	$ 8,905	$ -	$ -	$ 43,473	$ 43,473
Vets.gov	$ 11,100	$ -	$ -	$ -	$ 15,000	$ 15,000
Disability Exam and Assessment Program (DEAP)	$ 4,724	$ 1,376	$ -	$ -	$ -	$ -
Customer Data Integration Phase	$ -	$ -	$ 8,391	$ 11,231	$ -	$ (11,231)
Health Eligibility Center (HEC)	$ -	$ -	$ 4,541	$ 5,607	$ -	$ (5,607)
Contract Outreach Reporting Environment	$ -	$ -	$ 291	$ 291	$ -	$ (291)
Veteran Oriented Interactive Customer Evaluation (VOICE)	$ -	$ -	$ 500	$ 500	$ -	$ (500)
Enabling Infrastructure (IAM, CGS)	$ -	$ -	$ 54,249	$ 50,343	$ -	$ (50,343)
VHA Research IT Support Development	**$ 9,736**	**$ 2,514**	**$ 15,066**	**$ 15,066**	**$ -**	**$ (15,066)**
Genomic Information System for Integrative Service (GenISIS)	$ 3,104	$ 1,012	$ 9,166	$ 9,166	$ -	$ (9,166)
Research Administrative Mgmt. System (RAMS)	$ 2,548	$ 1,502	$ 3,500	$ 2,400	$ -	$ (2,400)
Veteran Informatics & Computing Infrastructure	$ 4,084	$ -	$ 2,400	$ 3,500	$ -	$ (3,500)

Information and Technology Development Detail Continued (Dollars in Thousands)						
Other IT Systems Development	**$ 138,503**	**$ 70,078**	**$ 186,947**	**$ 186,947**	**$ 170,185**	**$ (16,762)**
Mobile Development - *Health Apps*	$ 5,470	$ 2,030	$ -	$ -	$ -	$ -
Access to Healthcare	$ 6,851	$ 9,141	$ -	$ -	$ 7,495	$ 7,495
Healthcare Efficiency IT Development	$ 5,164	$ 1,496	$ -	$ -	$ -	$ -
New Models of Care (Medical MyHeV)	$ 9,546	$ 15,884	$ -	$ -	$ 15,000	$ 15,000
Customer Relationship Management (CRM) - Fix the Phones (FtP)	$ -	$ -	$ 9,860	$ 9,860	$ -	$ (9,860)
Veterans Transportation Program (VTP)	$ -	$ -	$ 3,100	$ 3,100	$ -	$ (3,100)
Enrollment System Modernization	$ -	$ -	$ 3,301	$ -	$ 8,800	$ 8,800
Enrollment Program	$ -	$ -	$ 19,860	$ 23,161	$ -	$ (23,161)
Other Benefits Systems Development	$ -	$ -	$ -	$ -	$ -	$ -
Tiered Medication Copayment Structure	$ -	$ -	$ 1,540	$ 1,540	$ -	$ (1,540)
Telehealth Services	$ -	$ -	$ 4,867	$ 4,867	$ -	$ (4,867)
Computerized Patient Records System (Includes CPRS v32 and CPRS v32x)	$ -	$ -	$ 6,308	$ 6,308	$ -	$ (6,308)
Connected Health/Mobile Apps	$ -	$ -	$ 14,470	$ 14,470	$ -	$ (14,470)
Supply Chain Management	$ 2,155	$ -	$ 11,000	$ 11,000	$ -	$ (11,000)
Financial Management System Modernization	$ -	$ -	$ 44,316	$ 44,316	$ 60,000	$ 15,684
Homelessness Handheld Devices	$ 898	$ 75	$ -	$ -	$ -	$ -
MYP CHAMPION Program	$ -	$ -	$ -	$ -	$ 2,000	$ 2,000
Human Capital (Corporate Core)	$ -	$ -	$ -	$ -	$ 10,000	$ 10,000
Cloud, PaaS, Saas, Dev Centers	$ -	$ -	$ -	$ -	$ 29,330	$ 29,330
Identity, Credential and Access Management (ICAM)	$ 798	$ 5,002	$ -	$ -	$ -	$ -
FLITE	$ 103	$ 1	$ -	$ -	$ -	$ -
Mental Health (SPI)	$ 1,260	$ 879	$ -	$ -	$ -	$ -
Appeals Modernization - BVA	$ 8,907	$ 4,294	$ 19,100	$ 19,100	$ 7,500	$ (11,600)
Divestiture of Systems/Application	$ 10,574	$ 58	$ -	$ -	$ -	$ -
Health Administrative Systems	$ 15,106	$ 10,585	$ -	$ -	$ 1,750	$ 1,750
CHAMPVA Family Members Systems	$ 850	$ -	$ -	$ -	$ -	$ -
Innovations (VAi2, also known as VACI)	$ 6,211	$ 153	$ 7,220	$ 7,220	$ -	$ (7,220)
Care Now Telemedicine Service	$ 1,866	$ 34	$ -	$ -	$ -	$ -
Caregivers Enhancements	$ 3,140	$ 389	$ -	$ -	$ -	$ -
Health Provider Systems	$ 6,015	$ 231	$ -	$ -	$ 2,400	$ 2,400
Enrollment System Modernization / Affordable Care Act	$ 13,899	$ 1	$ -	$ -	$ -	$ -
EPPM Tool	$ -	$ 3,500	$ -	$ -	$ -	$ -
Compensation and Pension Records Interlace (CAPRI)	$ 1,724	$ 326	$ 4,522	$ 4,522	$ -	$ (4,522)
Digital Health Platform	$ 995	$ 255	$ -	$ -	$ -	$ -
Talent Management System	$ -	$ 1,372	$ -	$ -	$ -	$ -
Standards and Terminology Services	$ 577	$ 1,423	$ -	$ -	$ -	$ -
Repositories	$ 3,817	$ 4,103	$ -	$ -	$ -	$ -
Compensation	**$ 426**	**$ 159**	**$ 1,665**	**$ 1,665**	**$ -**	**$ (1,665)**
Centralized Administrative Accounting Transaction System (CAATS)	$ 426	$ 159	$ 843	$ 843	$ -	$ (843)
Systematic Technical Accuracy Review (STAR) 2	$ -	$ -	$ 822	$ 822	$ -	$ (822)
Interactive Customer Evaluation (ICE)	$ 3,079	$ 1,744	$ -	$ -	$ -	$ -
EDI Transactions - Provider	$ 15,765	$ 1,193	$ -	$ -	$ 15,000	$ 15,000
EDI Transactions- Payer	$ 9,773	$ 227	$ -	$ -	$ -	$ -
Registries	$ 3,536	$ 5,521	$ 9,858	$ 9,858	$ 1,410	$ (8,448)
Data Access, Archiving and Disposition	$ -	$ -	$ 25,000	$ 25,000	$ -	$ (25,000)
General Counsel	$ -	$ -	$ -	$ -	$ 9,500	$ 9,500
Bar Code Expansion Positive Patient Identification	$ -	$ -	$ 960	$ 960	$ -	$ (960)
Grand Total	**$ 390,973**	**$ 118,770**	**$ 471,269**	**$ 471,269**	**$ 358,530**	**$ (112,739)**

Appendix D

Operations and Maintenance Subaccount

Information Technology Operations and Maintenance Highlights (Dollars in Thousands)	2016/2017 Year 1 Actuals	2016/2017 Year 2 of 2 year Availability	2017 Enacted	2017 Current Estimate	2018 Budget Request	2017-2018 Increase / Decrease
Activities						
Medical Operations and Maintenance	926,528	-	850,696	850,696	841,368	-9,328
Benefits Operations and Maintenance	252,483	20,000	188,974	188,974	229,465	40,491
Corporate Operations and Maintenance	102,770	-	124,734	124,734	132,654	7,920
Enterprise Operations and Maintenance	1,239,205	-	1,367,352	1,367,352	1,259,627	-107,725
Memorial Operations and Maintenance	7	-	2,686	2,686	3,536	850
Total Operations and Maintenance 1/	**$ 2,520,995**	**$ 20,000**	**$ 2,534,442**	**$ 2,534,442**	**$ 2,466,650**	**-$67,792**
Funding Sources						
Appropriation	2,520,995	-	2,534,442	2,534,442	2,466,650	-67,792
Rescission	-	-	-	-	-	-
OEF/OIF Supplemental (P.L. 110-28)	2	1,584	-	1,584	-	(1,584)
North Chicago Facility Transfers	-3,098	-	-3,170	-3,241	-3,308	(67)
Choice Act 801 Transfer	-	-	-	-	-	-
Denver Hospital Transfers	-56,000	-	-	-	-	-
Reimbursements (+)	25,691	-	36,936	39,612	39,612	-
Available Balance SOY (+)	41,000	-	-	20,000	-	-20,000
Available Balance EOY (-)	-20,000	-	-	-	-	-
PL 113-146 Veterans Choice Act						
Total Obligations	**$ 2,508,589**	**$ 1,584**	**$ 2,568,208**	**$ 2,592,397**	**$ 2,502,954**	**-$89,443**

1/ Numbers do not include reimbursements

Appendix E

Operations and Maintenance Detail

Operations and Maintenance (Sustainment)						
(Dollars in Thousands)						
	2016/2017	2017		2018	2017-2018	
	Actuals	Enacted	Current Estimate	Budget Request	Increase / Decrease	
Sustainment - Mandatory	**$ 2,330,885**	**$ 2,240,166**	**$ 2,240,166**	**$ 2,400,099**	**$ 159,933**	
Medical Operations and Maintenance	**$ 920,379**	**$ 809,819**	**$ 809,819**	**$ 810,843**	**$ 1,024**	
VHA Software Maintenance	$ 275,078	$ 170,159	$ 170,159	$ 281,489	$ 111,330	
VHA Telecommunications	$ 184,043	$ 183,927	$ 183,927	$ 185,747	$ 1,820	
VHA Legacy Systems (EO/FF)	$ -	$ 81,142	$ 81,142	$ 75,506	$ (5,636)	
VHA Hardware Maintenance	$ 43,781	$ 42,964	$ 42,964	$ 47,969	$ 5,005	
VHA IT Support Contracts	$ 123,489	$ 30,745	$ 30,745	$ 36,527	$ 5,782	
User Experience, Data Standards, Clinical Decision Support	$ -	$ -	$ -	$ 29,900	$ 29,900	
Interoperability	$ 63,665	$ 65,040	$ 65,040	$ 20,607	$ (44,433)	
Health Provider Systems	$ -	$ 18,347	$ 18,347	$ 19,732	$ 1,385	
VHA Facility Operations Allowance	$ -	$ 13,157	$ 13,157	$ 18,257	$ 5,100	
NMOC	$ 8,223	$ 22,826	$ 22,826	$ 10,724	$ (12,102)	
Federal Health Information Exchange	$ -	$ 3,631	$ 3,631	$ 8,000	$ 4,369	
CAPRI - DEAP	$ 353	$ 1,200	$ 1,200	$ 6,319	$ 5,119	
Enrollment System Modernization	$ 5,397	$ 4,381	$ 4,381	$ 6,281	$ 1,900	
VHA Research IT Support	$ -	$ 6,308	$ 6,308	$ 6,183	$ (125)	
Pharmacy	$ -	$ 4,844	$ 4,844	$ 5,565	$ 721	
VHA Research	$ 2,212	$ 10,342	$ 10,342	$ 5,237	$ (5,105)	
TeleHealth	$ -	$ 13,067	$ 13,067	$ 4,475	$ (8,592)	
Laboratory	$ -	$ 3,226	$ 3,226	$ 3,670	$ 444	
VHA Legacy Systems	$ -	$ 825	$ 825	$ 3,470	$ 2,645	
Access to Care (Medical Legacy)	$ -	$ -	$ -	$ 3,245	$ 3,245	
VistA Module Enhancements	$ -	$ -	$ -	$ 3,186	$ 3,186	
Health Provider Systems (Medical Core - RAI/MDS/CPRS)	$ -	$ 4,342	$ 4,342	$ 3,147	$ (1,195)	
EDI Transactions - Provider	$ -	$ -	$ -	$ 3,050	$ 3,050	
Mobile Development	$ -	$ -	$ -	$ 3,020	$ 3,020	
VLER Health	$ 4,948	$ 4,471	$ 4,471	$ 2,948	$ (1,523)	
Registries	$ 2,603	$ 2,323	$ 2,323	$ 2,655	$ 332	
Repository	$ 2,771	$ -	$ -	$ 2,639	$ 2,639	
Common Shared Services	$ -	$ 8,357	$ 8,357	$ 2,302	$ (6,055)	
Veterans Customer Experience - VCE				$ 1,896		
Health Administrative Systems	$ 1,060	$ 12,240	$ 12,240	$ 1,562	$ (10,678)	
Healthcare Efficiency (Medical Core)	$ -	$ 4,570	$ 4,570	$ 1,500	$ (3,070)	
Caregiver's	$ -	$ 1,838	$ 1,838	$ 1,500	$ (338)	
Access to Care (Medical Core)	$ -	$ 41	$ 41	$ 1,500	$ 1,459	
Vista Evolution	$ 17,348	$ -	$ -	$ 534	$ 534	
Immunization Specific Services - VE	$ -	$ -	$ -	$ 279	$ 279	
Homelessness (Registries)	$ 211	$ 428	$ 428	$ 222	$ (206)	
Scheduling	$ -	$ 36,530	$ 36,530	$ -	$ (36,530)	
Mobile Application Security (Mobile Technologies)	$ -	$ 25,000	$ 25,000	$ -	$ (25,000)	
VistA Imaging	$ -	$ 17,428	$ 17,428	$ -	$ (17,428)	
Health Informatics (Medical Core)	$ -	$ 15,490	$ 15,490	$ -	$ (15,490)	
MCCF (eInsurance)	$ -	$ 500	$ 500	$ -	$ (500)	
Access to Care (Registries)	$ 1,804	$ 130	$ 130	$ -	$ (130)	
Enterprise Operations	$ 172,856	$ -	$ -	$ -	$ -	
Repair and Replacement	$ 10,538	$ -	$ -	$ -	$ -	

Operations and Maintenance (Sustainment) Detail Cont.						
(Dollars in Thousands)						
	2016/2017	2017		2018	2017-2018	
	Actuals	Enacted	Current Estimate	Budget Request	Increase / Decrease	
Benefits Operations and Maintenance	**$ 250,411**	**$ 179,064**	**$ 179,064**	**$ 225,965**	**$ 46,901**	
VBA & NCA Legacy Systems (EO/FF)	$ -	$ 52,662	$ 52,662	$ 122,655	$ 69,993	
VBA & NCA IT Support Contracts	$ 17,381	$ 15,521	$ 15,521	$ 27,598	$ 12,077	
VBMS	$ 45,002	$ 60,000	$ 60,000	$ 26,692	$ (33,308)	
Compensation	$ -	$ -	$ -	$ 11,069	$ 11,069.00	
VBA & NCA Telecommunications	$ 11,095	$ 17,547	$ 17,547	$ 8,000	$ (9,547)	
Appeals Modernization - BVA	$ -	$ -	$ -	$ 7,550	$ 7,550.00	
Chapter 33	$ -	$ 4,453	$ 4,453	$ 4,878	$ 425	
VBA & NCA Hardware Maintenance	$ 3,782	$ 5,012	$ 5,012	$ 4,308	$ (704)	
VETSNET	$ 4,270	$ 4,314	$ 4,314	$ 4,303	$ (11)	
Benefits System Support	$ -	$ -	$ -	$ 3,034	$ 3,034.00	
Education	$ -	$ -	$ -	$ 2,283	$ 2,283.00	
VBA & NCA Software Maintenance	$ 1,647	$ 1,684	$ 1,684	$ 2,214	$ 530	
VBA & NCA Facility Operations Allowance	$ -	$ 3,628	$ 3,628	$ 991	$ (2,637)	
Veterans Customer Experience - VCE	$ -	$ -	$ -	$ 390	$ 390.00	
VBA & NCA Legacy Systems	$ -	$ 11,238	$ 11,238	$ -	$ (11,238)	
Vocational Rehabilitation & Employment	$ -	$ 3,005	$ 3,005	$ -	$ (3,005)	
Enterprise Operations	$ 158,248	$ -	$ -	$ -	$ -	
Repair and Replacement	$ 8,985	$ -	$ -	$ -	$ -	
Memorial Operations and Maintenance	$ -	**$ 1,824**	**$ 1,824**	**$ 1,736**	**$ (88)**	
Memorial Legacy Development Support	$ -	$ 1,824	$ 1,824	$ 1,736	$ (88)	
Corporate Operations and Maintenance	**$ 84,574**	**$ 92,891**	**$ 92,891**	**$ 103,528**	$ 10,637	
Veterans Customer Experience - VCE	$ 84,574	$ 79,136	$ 79,136	$ 85,901	$ 6,765	
Construction, Financial & Integrated IT Management Systems	$ -	$ 1,000	$ 1,000	$ 7,181	$ 6,181	
Interactive Customer Evaluation (ICE)	$ -	$ -	$ -	$ 5,549	$ 5,549	
Human Capital (Corporate Core)	$ -	$ 10,428	$ 10,428	$ 4,897	$ (5,531)	
General Counsel	$ -	$ 1,620	$ 1,620	$ -	$ (1,620)	
Safety & Security Initiative (PIV for HSPD-12)	$ -	$ 707	$ 707	$ -	$ (707)	

Operations and Maintenance (Sustainment) Detail Cont.						
(Dollars in Thousands)						
	2016/2017	2017		2018	2017-2018	
	Actuals	Enacted	Current Estimate	Budget Request	Increase / Decrease	
Enterprise Operations and Maintenance	**$ 1,075,521**	**$ 1,156,568**	**$ 1,156,568**	**$ 1,258,027**	**$**	**101,459**
Enterprise Software Maintenance	$ 211,334	$ 201,853	$ 201,853	$ 314,812	$	112,959
Enterprise IT Support Contracts	$ 262,716	$ 127,557	$ 127,557	$ 157,884	$	30,327
Enterprise Telecommunications	$ 80,415	$ 95,687	$ 95,687	$ 104,534	$	8,847
Enterprise Legacy Systems (EO/FF)	$ 11,289	$ 76,182	$ 76,182	$ 95,087	$	18,905
CRISP Operations (In 2018 Includes Tapeless for 4.4M)	$ 39,883	$ 64,000	$ 64,000	$ 79,833	$	15,833
TAC Fees	$ 62,000	$ 88,678	$ 88,678	$ 75,000	$	(13,678)
NSOC - SOC	$ 24,348	$ 30,525	$ 30,525	$ 72,940	$	42,415
Cybersecurity Implementation Strategy	$ -	$ 125,000	$ 125,000	$ 65,151	$	(59,849)
National Service Desk	$ -	$ 67,118	$ 67,118	$ 63,514	$	(3,604)
NSOC - NOC	$ 69,982	$ 75,907	$ 75,907	$ 57,966	$	(17,941)
Cyber Program	$ 63,237	$ 52,575	$ 52,575	$ 51,307	$	(1,268)
Product Development Tools	$ 25,224	$ 25,000	$ 25,000	$ 41,177	$	16,177
Enterprise Voice System (EVS)	$ -	$ 20,000	$ 20,000	$ 17,279	$	(2,721)
Enterprise Hardware Maintenance	$ 18,456	$ 12,778	$ 12,778	$ 15,980	$	3,202
Enterprise Facility Operations Allowance	$ -	$ 5,033	$ 5,033	$ 11,534	$	6,501
Privacy & Records Management	$ 8,953	$ 10,600	$ 10,600	$ 11,200	$	600
Enterprise Architecture Program Execution Support	$ -	$ 7,538	$ 7,538	$ 10,441	$	2,903
Field Security Services	$ 4,792	$ 4,560	$ 4,560	$ 5,734	$	1,174
ASD PPM Health Portfolio	$ -	$ 4,434	$ 4,434	$ 5,000	$	566
EA Tools Suite - Licenses and Hosting	$ -	$ 1,330	$ 1,330	$ 1,379	$	49
Business Continuity (COOP)	$ -	$ 6,900	$ 6,900	$ 275	$	(6,625)
Activations	$ 9,454	$ 47,700	$ 47,700	$ -	$	(47,700)
Common Shared Services	$ -	$ 5,613	$ 5,613	$ -	$	(5,613)
Enterprise Operations	$ 170,512	$ -	$ -	$ -	$	-
Repair and Replacement	$ 9,661	$ -	$ -	$ -	$	-
Telephony Emergency Replacement (PBX)	$ 3,265	$ -	$ -	$ -	$	-

Operations and Maintenance (Sustainment) Detail Cont.										
(Dollars in Thousands)										
	2016/2017		2017				2018		2017-2018	
	Actuals		Enacted		Current Estimate		Budget Request		Increase / Decrease	
Sustainment - Marginal	**$**	**26,425**	**$**	**89,276**	**$**	**89,276**	**$**	**42,500**	**$**	**(46,776)**
Medical Operations and Maintenance	**$**	**6,149**	**$**	**40,877**	**$**	**40,877**	**$**	**7,224**	**$**	**(33,653)**
Scheduling	$	-	$	-	$	-	$	3,000	$	3,000
Enrollment System Modernization	$	165	$	1,752	$	1,752	$	1,752	$	-
NMOC (Medical MyHeV)	$	1,186	$	6,519	$	6,519	$	1,087	$	(5,432)
VistA Module Enhancements	$	-	$	-	$	-	$	800	$	800
MVP CHAMPION Program	$	-	$	-	$	-	$	500	$	500
Access to Care (Medical Core)	$	-	$	-	$	-	$	85	$	85
Health Administrative Systems	$	697	$	1,000	$	1,000			$	(1,000)
Health Informatics (Medical Core)	$	-	$	8,288	$	8,288	$	-	$	(8,288)
VHA Research (Medical Legacy)	$	426	$	8,190	$	8,190	$	-	$	(8,190)
VLER Health	$	-	$	4,928	$	4,928	$	-	$	(4,928)
Health Provider Systems	$	-	$	3,905	$	3,905	$	-	$	(3,905)
Pharmacy	$	-	$	1,928	$	1,928	$	-	$	(1,928)
VistA Evolution	$	2,383	$	1,000	$	1,000	$	-	$	(1,000)
Healthcare Efficiency (Medical Core)	$	-	$	1,000	$	1,000	$	-	$	(1,000)
Mental Health (Medical Legacy)	$	-	$	1,000	$	1,000	$	-	$	(1,000)
VHA Research (Medical Core)	$	-	$	742	$	742	$	-	$	(742)
TeleHealth	$	-	$	250	$	250	$	-	$	(250)
CAPRI - DEAP	$	-	$	250	$	250	$	-	$	(250)
Registries	$	-	$	125	$	125	$	-	$	(125)
Access to Care	$	927	$	-	$	-	$	-	$	-
Caregiver's Enhancement	$	361	$	-	$	-	$	-	$	-
Repair and Replacement	$	4	$	-	$	-	$	-	$	-
Benefits Operations and Maintenance	**$**	**2,072**	**$**	**9,910**	**$**	**9,910**	**$**	**3,500**	**$**	**(6,410)**
VBMS	$	2,072	$	8,000	$	8,000	$	2,500	$	(5,500)
Chapter 33	$	-	$	1,650	$	1,650	$	1,000	$	(650)
Compensation	$	-	$	260	$	260	$	-	$	(260)
Memorial Operations and Maintenance	**$**	**7**	**$**	**862**	**$**	**862**	**$**	**1,800**	**$**	**938**
Memorial Legacy Development Support	$	7	$	862	$	862	$	1,800	$	938
Corporate Operations and Maintenance	**$**	**18,196**	**$**	**31,843**	**$**	**31,843**	**$**	**29,126**	**$**	**(2,717)**
Financial Management System (FMS) Modernization	$	-	$	9,338	$	9,338	$	23,000	$	13,662
Veterans Customer Experience - VCE	$	-	$	18,145	$	18,145	$	3,046	$	(15,099)
Human Capital (Corporate Core)	$	-	$	-	$	-	$	1,830	$	1,830
Vets.gov	$	-	$	-	$	-	$	1,000	$	1,000
General Counsel	$	-	$	-	$	-	$	250	$	250
Innovations - VACI	$	2,659	$	4,000	$	4,000	$	-	$	(4,000)
Veterans Customer Experience - VCE (Contract Outreach Reporting Environment)	$	12,861	$	360	$	360	$	-	$	(360)
Hardware Maintenance	$	2,676	$	-	$	-	$	-	$	-
Enterprise Operations and Maintenance	$	-	**$**	**5,784**	**$**	**5,784**	**$**	**850**	**$**	**(4,934)**
Clouds, PaaS, SaaS, Dev Centers	$	-	$	-	$	-	$	850	$	850
Common Shared Services	$	-	$	5,784	$	5,784	$	-	$	(5,784)

Operations and Maintenance (Sustainment) Detail Cont.						
(Dollars in Thousands)						
	2016/2017	2017		2018	2017-2018	
	Actuals	Enacted	Current Estimate	Budget Request	Increase / Decrease	
Sustainment - Enhancement	**$ -**	**$ -**	**$ -**	**$ 23,801**	**$ 23,801**	
Medical Operations and Maintenance	$ -	$ -	$ -	**$ 23,301**	**$ 23,301**	
Mental Health (Medical Legacy)	$ -	$ -	$ -	$ 11,300	$ 11,300	
Pharmacy	$ -	$ -	$ -	$ 4,753	$ 4,753	
Health Provider Systems	$ -	$ -	$ -	$ 3,500	$ 3,500	
Registries	$ -	$ -	$ -	$ 1,948	$ 1,948	
Homelessness (Registries)	$ -	$ -	$ -	$ 1,800	$ 1,800	
Enterprise Operations and Maintenance	**$ -**	**$ -**	**$ -**	**$ 500**	**$ 500**	
Product Development Tools	$ -	$ -	$ -	$ 500	$ 500	
Sustainment -Modernization	**$ 163,684**	**$ 205,000**	**$ 205,000**	**$ 250**	**$ (204,750)**	
Enterprise Operations and Maintenance	**$ 163,684**	**$ 205,000**	**$ 205,000**	**$ 250**	**$ (204,750)**	
Product Development Tools	$ -	$ -	$ -	$ 250	$ 250	
Enterprise Sustaining Infrastructure	$ -	$ 102,178	$ 102,178	$ -	$ (102,178)	
Enterprise Voice System (EVS)	$ -	$ 58,366	$ 58,366	$ -	$ (58,366)	
Data Access, Archiving and Disposition	$ -	$ 25,000	$ 25,000	$ -	$ (25,000)	
CRISP Operations	$ -	$ 19,456	$ 19,456	$ -	$ (19,456)	
Repair and Replacement	$ 163,323	$ -	$ -	$ -	$ -	
IT Support Contracts	$ 361	$ -	$ -	$ -	$ -	
GRAND TOTAL	**$ 2,520,995**	**$ 2,534,442**	**$ 2,534,442**	**$ 2,466,650**	**$ (67,792)**	

Appendix F

Amounts Available for Obligation

Information and Technology Systems Appropriation/Obligations (Dollars in thousands)					
	2016/2017	2017		2018	2017 - 2018
Description	Actuals	Enacted	Current Estimate	Budget Request	Increase/ Decrease
IT Systems Appropriation	**$4,133,363**	**$4,278,259**	**$4,278,259**	**$4,055,500**	**-$222,759**
Rescission			-$8,000		$8,000
North Chicago Facility Transfers	-$7,158	-$7,301	-$7,301	-$7,518	-$217
Denver Hospital Transfer	-$75,731				
Recoveries	$35,284				
OEF/OIF Supplemental (P.L. 110-128)	$1,586		$1,584		-$1,584
Total IT Appropriations	**$4,087,343**	**$4,270,958**	**$4,264,542**	**$4,047,982**	**-$216,560**
Reimbursements					
IT Non-Pay Reimbursements	$25,691	$46,436	$39,612	$39,612	$0
IT Pay Reimbursements	$12,185	$27,304	$13,084	$13,084	$0
Total Reimbursements	**$37,876**	**$73,740**	**$52,696**	**$52,696**	**$0**
Total Budgetary Resources	**$4,125,219**	**$4,344,698**	**$4,317,238**	**$4,100,678**	**-$216,560**
Adjustments to Obligations					
Choice Act 801	$308,933		$229,130		
Unobligated Choice Act 801 1/	-$229,130				-$229,130
Unobligated Balance (SOY):	$152,715		$159,210		
Unobligated Balance (EOY):	-$160,794				$0
Choice Act 801 Transfer	$0		-$90,459		
Change in Unobligated Balance (non-add)	**$71,724**	**$0**	**$297,881**	**$0**	**-$297,881**
Unobligated Balance Expiring (Lapse)	-$14,089				
Total Obligations	**$4,182,854**	**$4,344,698**	**$4,615,119**	**$4,100,678**	**-$514,441**
Outlays, Gross	$3,804,565	$4,346,549	$4,280,150	$4,211,897	-$68,253
Less Collections	-$37,876	-$73,740	-$52,696	-$52,696	$0
Outlays, Net	**$3,766,689**	**$4,272,809**	**$4,227,454**	**$4,159,201**	**-$68,253**
Direct 2/	7,177	7,365	7,445	7,438	-7
Direct (P.L 113-146 Veterans Choice Act)	137	192	192	192	
Reimbursable FTE	73	178	104	104	
Enterprise Operations Reimbursable FTE		599	165	165	
Total Full Time Equivalents (FTE)	**7387**	**8334**	**7906**	**7899**	-7

1/ Numbers include Year 2 of 2-Year Availability but exclude reimbursements and transfers.
2/In 2017 Current Estimate, this line represents anticipated obligation for Veterans Access Choice and Accountability Act (Choice Act).
3/ 2017 Budget Estimate cited transfer of 599 FTE from the Enterprise Operations Franchise Fund to OI&T, but per the 2017 Current Estimate, only 165 FTE were transferred; the remaining 434 stayed with the Enterprise Operations Franchise Fund. 2018 reflects 7 FTE being realigned to the Office of Security and Preparedness (OSP).

Appendix G

Staffing and Administrative Support Highlights

Staffing & Administrative Support Highlights
(dollars in thousands)

	2016 Actuals	2017 Enacted	2017 Current Estimate	2018 Budget Request	2017-2018 Increase / Decrease
Total Full Time Equivalents (FTE)	**7,387**	**8,334**	**7,906**	**7,899**	**-7**
Direct	7,177	7,365	7,445	7,438	-7
Direct (PL 113-146 Veterans Choice Act)	137	192	192	192	0
Reimbursement	73	178	104	104	0
Enterprise Operations		599	165	165	0
Obligations:					
Personal Services & Benefits	911,490	1,057,077	994,588	1,005,540	10,952
Travel	7,896	10,307	10,926	10,000	-926
Comm., Utilities & Rent	18,384	19,003	58,751	19,000	-39,751
Printing & Reproduction	21	56	56	56	0
Other Services	154,482	199,176	237,954	198,241	-39,713
Supplies & Materials	934	2,080	1,416	2,010	594
Equipment	602	6,894	5,120	3,147	-1,973
Lands & Structures	1				0
Other	406	1,200	1,200	1,200	0
Subtotal	**$1,094,216**	**$1,295,792**	**$1,310,012**	**$1,239,194**	**-$70,818**
Funding Sources:					
Appropriation	**1,115,757**	**1,272,548**	**1,272,548**	**1,230,320**	-42,228
Rescission			-8,000		8,000
Transfers 1/	-4,060	-4,060	-4060	-4,210	-150
Reprogramming	-40,000				
Denver Hospital Transfers	-1,436				0
Pay Reimbursements	12,185	27,304	13,084	13,084	0
Available Balance SOY (+)	19,424		20,440		-20,440
Available Balance SOY (+) Veterans Choice Act	11,649		16,000		-16,000
Available Balance EOY (-)	-20,440				0
Available Balance EOY (-) - Veterans Choice Act	-24,296				0
Adjustments	-2,402				0
(Expiring) Lapse	1,835				0
Veterans Choice Act 801	26,000				0
					0
Total Obligations	**$1,094,216**	**$1,295,792**	**$1,310,012**	**$1,239,194**	**-$70,818**

1/ Reflects transfers from OI&T to the North Chicago Facility in pay funding.

Appendix H

Employment Summary – FTE by Grade

Employment Summary- FTE by Grade				
# of FTE	2016 Actuals	2017 Estimate	2018 Request	Increase /Decrease
SES	25	30	30	-
GS-15	168	178	178	-
GS-14	883	932	927	-5
GS-13	2,268	2,599	2,597	-2
GS-12	1,462	1,528	1,528	-
GS-11	1,672	1,872	1,872	-
GS-10	2	11	11	-
GS-9	638	492	492	-
GS-8	4	7	7	-
GS-7	164	168	168	-
GS-6	52	56	56	-
GS-5	44	29	29	-
GS-4	3	3	3	-
GS-3	2	1	1	-
GS-2	-	-	-	-
GS-1	-	-	-	-
TITLE 38	-	-	-	-
Wage Grade (non-GS)	-	-	-	-
Total Number of FTE	**7,387**	**7,906**	**7,899**	**-7**

Appendix I

Portfolio Details

Medical Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2016/2017 Year 1 Actuals DEV	2016/2017 Year 1 Actuals OM	2016/2017 Year 2 of 2 year Availability	2017 Enacted DEV	2017 Enacted OM	2018 Budget Request DEV	2018 Budget Request OM	2017-2018 Increase/ Decrease
Electronic Health Record (previously VistA Evolution)	**$ 54,251**		**$ 22,232**	**$ 63,339**		**$ 39,000**	**$ 3,800**	**$ (20,539)**
EHR Information Modernization	$ -		$ -	$ -		$ 30,000		$ 30,000
VistA Module Enhancement	$ 2,195		$ 3,649	$ -		$ 9,000	$ 800	$ 9,800
Scheduling	$ -		$ -	$ 9,858		$ -	$ 3,000	$ (6,858)
Health Informatics (Medical Core)	$ -		$ -	$ 27,210		$ -		$ (27,210)
Common Shared Services	$ -		$ -	$ 10,676		$ -		$ (10,676)
Pharmacy	$ -		$ -	$ 9,296		$ -		$ (9,296)
Health Provider Systems	$ -		$ -	$ 6,099		$ -		$ (6,099)
VistA Evolution	$ -		$ -	$ 200		$ -		$ (200)
VistA - API	$ 6,380		$ 10,712	$ -		$ -		$ -
Meaningful Use	$ 3,063		$ 2,500	$ -		$ -		$ -
Laboratory Specific Services	$ 3,389		$ -	$ -		$ -		$ -
Enterprise Service Bus/Services Oriented Architecture (EBS/SOA)	$ 486		$ 2,067	$ -		$ -		$ -
Immunization Specific Services	$ 5,092		$ 1,710	$ -		$ -		$ -
Pharmacy Specific Services	$ 9,286		$ 1,564	$ -		$ -		$ -
User Experience, Data Standards, Clinical Decision Support	$ 24,360		$ 30	$ -		$ -		$ -
Electronic Health Record Interoperability & VLER Health	**$ 20,534**	**$ -**	**$ 4,466**	**$ 17,322**		**$ 10,000**		**$ (7,322)**
VLER Health	$ 5,216		$ 2,931	$ 7,664		$ 10,000		$ 2,336
Interoperability	$ 13,632		$ 1,535	$ 9,658		$ -		$ (9,658)
Data Management Services	$ 1,686		$ -	$ -		$ -		$ -
VHA Research IT Support Development	**$ 9,736**		**$ 2,514**	**$ 15,066**		**$ -**		**$ (15,066)**
VHA Research (Medical Legacy)	$ 7,188		$ 1,012	$ 11,566		$ -		$ (11,566)
VHA Research (Medical Core)	$ 2,548		$ 1,502	$ 3,500		$ -		$ (3,500)
Other IT Systems Development	**$ 109,331**		**$ 55,537**	**$ 78,936**		**$ 53,855**	**$ 3,424**	**$ (21,657)**
EDI Transactions - Provider	$ 15,765		$ 1,193	$ -		$ 15,000		$ 15,000
NMOC (Medical MyHeV)	$ -		$ -	$ 7,784		$ 15,000	$ 1,087	$ 8,303
Enrollment System Modernization	$ 13,899		$ 1	$ 23,451		$ 8,800	$ 1,752	$ (12,899)
Access to Healthcare	$ 6,851		$ 9,141	$ -		$ 7,495	$ 85	$ 7,580
Health Provider Systems	$ 6,015		$ 231	$ 7,848		$ 2,400		$ (5,448)
MVP CHAMPION Program	$ -		$ -	$ -		$ 2,000	$ 500	$ 2,500
Health Administrative Systems	$ 15,106		$ 10,585	$ -		$ 1,750		$ 1,750
Registries	$ 3,536		$ 5,521	$ 9,858		$ 1,410		$ (8,448)
Customer Relationship Management (CRM) - Fix the Phones (FtP) Phase 2	$ -		$ -	$ 9,860		$ -		$ (9,860)
NMOC (Medical Core)	$ -		$ -	$ 6,686		$ -		$ (6,686)
TeleHealth	$ -		$ -	$ 4,867		$ -		$ (4,867)
CAPRI - DEAP	$ 1,724		$ 326	$ 4,522		$ -		$ (4,522)
Healthcare Efficiency (Medical Core)	$ 5,164		$ 1,496	$ 3,100		$ -		$ (3,100)
Bar Code Expansion	$ -		$ -	$ 960		$ -		$ (960)
EDI Transactions - Payer	$ 9,773		$ 227	$ -		$ -		$ -
New Models of Care	$ 9,546		$ 15,884	$ -		$ -		$ -
Mobile Development - Health Apps	$ 5,470		$ 2,030	$ -		$ -		$ -
Repositories	$ 3,817		$ 4,103	$ -		$ -		$ -
Caregivers Enhancements	$ 3,140		$ 389	$ -		$ -		$ -
Interactive Customer Evaluation (ICE)	$ 3,079		$ 1,744	$ -		$ -		$ -
Care Now Telemedicine Services	$ 1,866		$ 34	$ -		$ -		$ -
Mental Health (SPI)	$ 1,260		$ 879	$ -		$ -		$ -
Digital Health Platform	$ 995		$ 255	$ -		$ -		$ -
Homelessness Handheld Devices	$ 898		$ 75	$ -		$ -		$ -
CHAMPVA Family Members Systems	$ 850		$ -	$ -		$ -		$ -
Standards and Terminology Services	$ 577		$ 1,423	$ -		$ -		$ -
Medical Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 926,528**	**$ -**	**$ -**	**$ 850,696**	**$ -**	**$ 834,144**	**$ (16,552)**
Total Medical Portfolio	**$ 193,851**	**$ 926,528**	**$ 84,749**	**$ 174,663**	**$ 850,696**	**$ 102,855**	**$ 841,368**	**$ (81,136)**

Benefits Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2016/2017 Year 1 Actuals DEV	2016/2017 Year 1 Actuals OM	2016/2017 Year 2 of 2 year Availability	2017 Enacted DEV	2017 Enacted OM	2018 Budget Request DEV	2018 Budget Request OM	2017-2018 Increase/ Decrease
Veterans Benefits Management System (VBMS)	**$ 79,793**	**$ -**	**$ 6,207**	**$ 97,114**	**$ -**	**$ 59,904**	**$ 3,500**	**$ (33,710)**
VBMS	$ 70,125	$ -	$ 6,207	$ 75,000	$ -	$ 28,500	$ 2,500	$ (44,000)
Chapter 33	$ -	$ -	$ -	$ 11,826	$ -	$ 21,000	$ 1,000	$ 10,174
VETSNET / Finance & Accounting System (FAS)	$ 9,668	$ -	$ -	$ 10,288	$ -	$ 10,404	$ -	$ 116
Other IT Systems Development	**$ 9,333**	**$ -**	**$ 4,453**	**$ 20,766**	**$ -**	**$ 7,500**	**$ -**	**$ (13,266)**
Appeals Modernization - BVA	$ 8,907	$ -	$ 4,294	$ 19,100	$ -	$ 7,500	$ -	$ (11,600)
Compensation	$ 426	$ -	$ 159	$ 1,666	$ -	$ -	$ -	$ (1,666)
Benefits Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 252,483**	**$ 20,000**	**$ -**	**$ 188,974**	**$ -**	**$ 225,965**	**$ 36,991**
Total Benefits Portfolio	**$ 89,126**	**$ 252,483**	**$ 30,660**	**$117,880**	**$ 188,974**	**$ 67,404**	**$ 229,465**	**$ (9,985)**

Memorials Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2016/2017 Year 1 Actuals DEV	2016/2017 Year 1 Actuals OM	2016/2017 Year 2 of 2 year Availability	2017 Enacted DEV	2017 Enacted OM	2018 Budget Request DEV	2018 Budget Request OM	2017-2018 Increase/ Decrease
Memorial Legacy Development Support	**$ 8,588**	**$ -**	**$ 2,991**	**$ 17,857**	**$ -**	**$ 20,968**	**$ 1,800**	**$ 3,111**
Memorial Affairs		$ -			$ -	$ 20,968	$ 1,800	$ 20,968
Memorial Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 7**		**$ -**	**$ 2,686**	**$ -**	**$ 1,736**	**$ (950)**
Total Memorial Portfolio	**$ 8,588**	**$ 7**	**$ 2,991**	**$ 17,857**	**$ 2,686**	**$ 20,968**	**$ 3,536**	**$ 3,961**

Corporate Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2016/2017 Year 1 Actuals DEV	2016/2017 Year 1 Actuals OM	2016/2017 Year 2 of 2 year Availability	2017 Enacted DEV	2017 Enacted OM	2018 Budget Request DEV	2018 Budget Request OM	2017-2018 Increase/ Decrease
Veteran Customer Experience	**$ 79,568**		**$ 10,282**	**$ 73,333**		**$ 58,473**	**$ 4,046**	**$ (10,814)**
Veteran Customer Experience	$ 63,744		$ 8,905	$ -		$ 43,473	$ 3,046	$ 46,519
Vets.gov	$ 11,100		$ 1	$ -		$ 15,000	$ 1,000	$ 16,000
Enabling Infrastructure (IAM, CGS)	$ -		$ -	$ 53,958		$ -		$ (53,958)
Customer Data Integration Phase	$ -		$ -	$ 8,391		$ -		$ (8,391)
Veterans Identification Card Act 2015	$ -		$ -	$ 5,652		$ -		$ (5,652)
Health Eligibility Center (HEC)	$ -		$ -	$ 4,541		$ -		$ (4,541)
Veteran Oriented Interactive Customer Evaluation (VOICE)	$ -		$ -	$ 500		$ -		$ (500)
Contract Outreach Reporting Environment	$ -		$ -	$ 291		$ -		$ (291)
Disability Exam and Assessment Program (DEAP)	$ 4,724		$ 1,376	$ -		$ -		$ -
Other IT Systems Development	**$ 9,267**		**$ 10,028**	**$ 62,536**		**$ 79,500**	**$ 25,080**	**$ 42,044**
Financial Management System (FMS) Modernization	$ -		$ -	$ 44,316		$ 60,000	$ 23,000	$ 38,684
Human Capital (Corporate Core)	$ -		$ -	$ -		$ 10,000	$ 1,830	$ 11,830
General Counsel	$ -		$ -	$ -		$ 9,500	$ 250	$ 9,750
Innovation - VACI	$ 6,211		$ 153	$ 7,220		$ -		$ (7,220)
Construction, Financial & Integrated IT Management Systems	$ 2,155		$ -	$ 11,000		$ -		$ (11,000)
Identity, Credential and Access Management (ICAM)	$ 798		$ 5,002	$ -		$ -		$ -
FLITE	$ 103		$ 1	$ -		$ -		$ -
Talent Management System	$ -		$ 1,372	$ -		$ -		$ -
EPPM Tool	$ -		$ 3,500	$ -		$ -		$ -
Corporate Operations and Maintenance (other than Marginal Sustainment)	**$ -**	**$ 102,770**			**$ 124,734**	**$ -**	**$ 103,528**	**$ (21,206)**
Total Corporate Portfolio	**$ 88,834**	**$ 102,770**	**$ 20,311**	**$135,869**	**$ 124,734**	**$ 137,973**	**$ 132,654**	**$ 10,024**

Enterprise Portfolio

Congressional Program/Congressional Project (Dollars in thousands)	2016/2017 Year 1 Actuals DEV	2016/2017 Year 1 Actuals OM	2016/2017 Year 2 of 2 year Availability	2017 Enacted DEV	2017 Enacted OM	2018 Budget Request DEV	2018 Budget Request OM	2017-2018 Increase/ Decrease
Other IT Systems Development	**$ 10,574**	**$ -**	**$ 58**	**$ 25,000**	**$ 25,000**	**$ 29,330**	**$ 850**	**$ (19,820)**
Cloud, PaaS, SaaS, Dev Centers	$ -	$ -	$ -	$ -	$ -	$ 29,330	$ 850	$ 30,180
Data Access, Archiving and Disposition	$ -	$ -	$ -	$ 25,000	$ 25,000	$ -	$ -	$ (50,000)
Divestiture of Systems/Application	$ 10,574	$ -	$ 58	$ -	$ -	$ -	$ -	$ -
Enterprise Operations and Maintenance	**$ -**	**$ 1,239,205**	**$ -**	**$ -**	**$ 1,342,352**	**$ -**	**$ 1,258,777**	**$ (83,575)**
Enterprise Software Maintenance	$ -	$ 211,334	$ -	$ -	$ 201,853	$ -	$ 314,812	$ 112,959
Enterprise IT Support Contracts	$ -	$ 263,077	$ -	$ -	$ 127,557	$ -	$ 157,884	$ 30,327
Enterprise Telecommunications	$ -	$ 80,415	$ -	$ -	$ 95,687	$ -	$ 104,534	$ 8,847
Enterprise Legacy Systems (EO/FF)	$ -	$ 11,289	$ -	$ -	$ 76,182	$ -	$ 95,087	$ 18,905
CRISP Operations	$ -	$ 39,883	$ -	$ -	$ 83,456	$ -	$ 79,833	$ (3,623)
TAC Fees	$ -	$ 62,000	$ -	$ -	$ 88,678	$ -	$ 75,000	$ (13,678)
NSOC - SOC	$ -	$ 24,348	$ -	$ -	$ 30,525	$ -	$ 72,940	$ 42,415
Cybersecurity Implementation Strategy	$ -	$ -	$ -	$ -	$ 125,000	$ -	$ 65,151	$ (59,849)
National Service Desk	$ -	$ -	$ -	$ -	$ 67,118	$ -	$ 63,514	$ (3,604)
NSOC - NOC	$ -	$ 69,982	$ -	$ -	$ 75,907	$ -	$ 57,966	$ (17,941)
Cyber Program	$ -	$ 63,237	$ -	$ -	$ 52,575	$ -	$ 51,307	$ (1,268)
Product Development Tools	$ -	$ 25,224	$ -	$ -	$ 25,000	$ -	$ 41,927	$ 16,927
Enterprise Voice System (EVS)	$ -	$ -	$ -	$ -	$ 78,366	$ -	$ 17,279	$ (61,087)
Enterprise Hardware Maintenance	$ -	$ 18,456	$ -	$ -	$ 12,778	$ -	$ 15,980	$ 3,202
Enterprise Facility Operations Allowance	$ -	$ -	$ -	$ -	$ 5,033	$ -	$ 11,534	$ 6,501
Privacy & Records Management	$ -	$ 8,953	$ -	$ -	$ 10,600	$ -	$ 11,200	$ 600
Enterprise Architecture Program Execution Support	$ -	$ -	$ -	$ -	$ 7,538	$ -	$ 10,441	$ 2,903
Field Security Services	$ -	$ 4,792	$ -	$ -	$ 4,560	$ -	$ 5,734	$ 1,174
ASD PPM Health Portfolio	$ -	$ -	$ -	$ -	$ 4,434	$ -	$ 5,000	$ 566
EA Tools Suite - Licenses and Hosting	$ -	$ -	$ -	$ -	$ 1,330	$ -	$ 1,379	$ 49
Business Continuity (COOP)	$ -	$ -	$ -	$ -	$ 6,900	$ -	$ 275	$ (6,625)
Enterprise Sustaining Infrastructure	$ -	$ -	$ -	$ -	$ 102,178	$ -	$ -	$ (102,178)
Activations	$ -	$ 9,454	$ -	$ -	$ 47,700	$ -	$ -	$ (47,700)
Common Shared Services	$ -	$ -	$ -	$ -	$ 11,397	$ -	$ -	$ (11,397)
Repair and Replacement	$ -	$ 172,984	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Operations	$ -	$ 170,512	$ -	$ -	$ -	$ -	$ -	$ -
Telephony Emergency Replacement (PBX)	$ -	$ 3,265	$ -	$ -	$ -	$ -	$ -	$ -
Total Enterprise Portfolio	**$ 10,574**	**$ 1,239,207**	**$ 58**	**$ 25,000**	**$ 1,367,352**	**$ 29,330**	**$ 1,259,627**	**$ (103,395)**

OM column contains Marginal Sustainment for Priority Programs. Operations and Maintenance line includes Mandatory Sustainment, Modernization and Enhancement.

Appendix J

Obligations by Object Class and Funding Sources

Office of Information and Technology
Obligations by Object Class and Funding Sources
(Dollars in Thousands)

	2016	2017		2018	2017 - 2018
	Actuals	Enacted	Current Estimate	Budget Request	Increase / Decrease
Personal Services	911,490	1,057,077	994,588	1,005,540	10,952
Travel	8,035	10,307	10,926	10,000	-926
Rent, Communications and Utilities	802,923	844,059	851,773	813,020	-38,753
Printing and Reproduction	21	56	78	56	-22
Other Services	1,682,234	1,993,615	2,008,445	1,593,334	-415,111
Supplies and Materials	20,683	16,794	21,960	23,715	1,755
Equipment	749,124	410,710	715,366	646,803	-68,563
Lands and Structures	7,937	9,962	9,890	6,951	-2,940
Other	406	2,119	2,092	1,259	-833
Total Obligations	**$4,182,854**	**$4,344,698**	**$4,615,119**	**$4,100,678**	**-514,441**
Funding Sources					
Appropriation	**$4,133,363**	**4,278,259**	**4,278,259**	**4,055,500**	**-222,759**
Veterans Choice Act 801	308,933				
Unobligated Choice Act 801 2/	-229,130		229,130		-229,130
OEF/OIF Supplemental (P.L. 110-128)	1,586		1,584		-1,584
Recoveries	35,284				0
Transfers 1/	-7,158	-7,301	-7,301	-7,518	-217
Choice Act 801 Transfer	0		-90,459		90,459
Denver Hospital Transfer	-75,731				0
Non-Pay Reimbursements	25,691	46,436	39,612	39,612	0
Pay Reimbursements	12,185	27,304	13,084	13,084	0
Unobligated expiring	-14,089				0
Change in uncollected orders	0				0
Unobligated SOY	152,715		159,210		-159,210
Unobligated EOY	-160,794				0
Public Law 113-146 Veterans					0
Rescission			-8,000		8,000
Total	**$4,182,854**	**$4,344,698**	**$4,615,119**	**$4,100,678**	**-514,441**

Note: Numbers may not add due to rounding.
1/ In 2015, $7.158M was transferred from OI&T to the North Chicago facility. This line also reflects North Chicago transfers in.
2/ In 2017, this line represents the anticipated obligation amount for Veterans Access Choice Accountability Act (VACAA).

Appendix K

Information Technology Systems Appropriations History
(Dollars in thousands)

	Budget Request to Congress	Appropriation	FTE
2009	2,442,066	2,539,391_1/	6,710
2010	3,307,000	3,307,000	6,853
2011	3,307,000	2,993,604_2/	7,004
2012	3,161,376	3,111,376	7,311
2013	3,327,444	3,323,053	7,362
2014	3,683,344	3,703,344	7,291
2015	3,903,344	3,902,278	7,419
2016	4,133,363	4,133,363	7,745
2017	4,278,259	4,270,259	8,334_3/
2018	4,055,500		7,899

Note: The Information Technology Systems account was established in P.L. 109-114.
FTE includes Reimbursements.

1/ Includes $50 million in emergency funding provided in P.L. 111-5.

2/ The 2011 appropriation was $3.141 billion (including ATB rescission) with an additional $147 million in unobligated balances rescinded.

3/ FTE includes VACAA FTE funded by the IT Appropriation.

Appendix L

Office of Information Technology Organization Chart