

VHA PERSONNEL SECURITY AND SUITABILITY PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive is a supplement to Department of Veterans Affairs (VA) policies on personnel security contained in VA Directive and VA Handbook 0710. This directive defines policy and procedures for personnel security program management at each level of VHA. It represents a security posture that aligns with that of VA. This directive also provides a sample facility personnel security policy.**SUMMARY OF MAJOR CHANGES:**

a. Amendment dated June 24, 2024:

(1) Adds responsibility of the Veterans Integrated Service Network (VISN) Director to adhere to the VHA Personnel Vetting Program Standard Operating Procedure (SOP) on management of personnel vetting-related activities. ***NOTE:** This is part of VHA's modernization efforts to realign human resource functions from the VA medical facility to the VISN level.*

(2) Removes the requirement to create VA medical facility policy on personnel suitability and security.

(3) Removes Appendix C, Personnel Security and Suitability Program (sample medical center policy). This amendment is required by VHA Notice 2024-08, Suspension of Local Policy Mandates in Overdue VHA National Policies, dated June 24, 2024, which suspends implementation of this local policy mandate.

b. This revised directive:

(1) Establishes a VHA Central Office Personnel Security Director.

(2) Establishes a VHA Central Office Personnel Security Program Office.

(3) Appoints Veterans Integrated Service Network (VISN) Human Resources (HR) Officers as Suitability Coordinators for their networks. This role may be delegated.

(4) Implements notification requirements for cases with significant issues. Adjudicating officials must notify appropriate staff prior to rendering favorable suitability determinations in cases with significant issues.

(5) Clarifies that favorable suitability determinations rendered on employees prior to their removal from VA, are not eligible for reciprocity upon rehire.

(6) Aligns approval of national security positions through the VHA Central Office Personnel Security Program Office (VHACOPERSEC).

(7) Provides VHA-centric clarification on personnel security-related duties and processes.

(8) Expands and updates VHA's Position Sensitivity and Investigational Guide i.e. "Security Appendix" hereafter known as the VHA Position Risk Matrix. See Appendix A.

(9) Revises VHA Form 10-0453, Screening Checklist. Screening Checklist items are required for all accessions, transfers, and reassignments. See Appendix B.

(10) Maintains consistency between VHA personnel security programs by standardizing procedures to ensure that required personnel screenings are accomplished and documented. .

(11) Rescinds VA Form 10-0452, Personnel Suitability and Security Quarterly File Review.

(12) Authorizes inclusion of a "Certificate of Reciprocity" (VA Form 10-4236) in e-OPF.

2. RELATED ISSUES: VA Directive 0710, dated June 4, 2010; VA Handbook 0710, dated May 2, 2016, or subsequent policies.

3. RESPONSIBLE OFFICE: Office of the Assistant Deputy Under Secretary for Health for Workforce Services (10A2) is responsible for the contents of this directive. Questions may be addressed to the VHA Central Office Personnel Security Program Office at VHACOPERSEC@va.gov.

4. RESCISSIONS: VHA Directive 0710, Personnel Security and Suitability Program, dated May 18, 2007; VHA Handbook 0710.01, Position Risk and Sensitivity Designations for VHA Positions and Medical Center Policy, dated May 18, 2007; and VA Form 10-0452, Personnel Suitability and Security Quarterly File Review.

5. RECERTIFICATION. This VHA directive is scheduled for recertification on or before the last working day of October, 2023. This directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Executive in Charge

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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VHA PERSONNEL SECURITY AND SUITABILITY PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive defines policy and the necessary procedures for conducting background screenings to determine suitability for employment, and for managing VHA personnel security programs. It supplements the Department of Veterans Affairs (VA) policies on personnel suitability and security contained in VA Directive 0710, dated June 4, 2010, and VA Handbook 0710, dated May 2, 2016. **AUTHORITY:** Title 5 Code of Federal Regulations (CFR) 731.103, 1400.201.

2. BACKGROUND

a. On July 10, 2014, the Director of the Office of Personnel Management (OPM, Suitability Executive Agent) and the Office of the Director of National Intelligence (ODNI, Security Executive Agent), published The National Training Standards (NTS) Implementation Plan. The plan established the approach to implement the 2012 National Training Standards for individuals responsible for making adjudicative determinations for suitability for Government employment to include suitability screening or review. The implementation plan also establishes standards for individuals making adjudicative determinations for eligibility for access to classified information or for eligibility to hold a sensitive position. Suitability determinations within VHA must be conducted in a reasonable and consistent manner by adjudicators trained to OPM's standards. When VHA adjudicators determine suitability of applicants and appointees, prior favorable suitability determinations must be reciprocally accepted to the extent practicable and consistent with laws, regulations, and policies, including Executive Order (EO) 13467 or EO 13488.

b. VA Handbook 0710 requires each administration to maintain responsibility for field operation of suitability programs within their respective organizations. To facilitate this, VHA has established a Personnel Security Program Office and appointed a Personnel Security Program Manager to coordinate administration-level personnel security activities and coordinate with VACO's Personnel Security and Credential Management (PSCM) office, formerly known as VACO's Personnel Security Service Program Management Office (PSS PMO).

c. A structured notification system is essential to ensure that VHA adjudications are conducted in a uniform manner and can be reciprocally accepted across the administration. Facility and VISN leadership require the highest-possible level of awareness from their personnel security staff. Hiring decisions involving potential suitability issues should be properly vetted by trained staff.

d. The provisions in this directive apply to all positions subject to investigation.

3. POLICY

It is VHA policy that VHA personnel security and suitability programs must be consistently organized to facilitate modernization of adjudicative practices, promote reciprocity to expedite speed-of-hire, and enhance quality care within the administration.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Office of the Chief Operating Officer (COO).** The Office of the Chief Operating Officer (COO), or designee, is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN) Directors;

(2) Ensuring that each VISN Director has sufficient resources to fulfill the terms of this directive in all of the VA health facilities within that VISN; and

(3) Providing oversight of VISNs to ensure compliance with this directive, relevant standards, and applicable laws, regulations, and VA policies.

c. **VHA Central Office Personnel Security Program Office.** The VHA Central Office Personnel Security Program Office (VHACOPERSEC) is responsible for:

(1) Reviewing suitability actions submitted to the office and forwarding cases warranting agency-wide debarment to the Personnel Security and Credential Management (PSCM) within VA's Office of Operations, Security and Preparedness (OSP) for approval and tracking.

(2) Coordinating with PSCM to review OPM quarterly adjudication data and other ad-hoc reports related to the timeliness and integrity of VHA background investigations.

(3) Escalating case initiation deficiencies and delinquent adjudications to the VISN Suitability Coordinator for remediation.

(4) Providing personnel security program-related guidance to VHA facilities and adjudicators.

(5) Developing and communicating the criteria for significant issue case referrals, including notification timeframes.

(6) Maintaining a centralized adjudicator database consisting of data submitted by VISN Suitability Coordinators.

(7) Reviewing national security justifications from VHA facilities and submitting those requests to VA's Special Security Officer (SSO) for final approval.

(8) Notifying VISN Suitability Coordinators whether agency-wide debarment requests have been approved or returned without action.

(9) Maintaining VHA's Position Risk Matrix. The matrix will be issued, separately from this policy, as a technical document. It is intended as a training tool and base-line guide for staff conducting position risk designations. The matrix should be considered a supplement to OPM's Position Designation Automated Tool (PDT/PDAT). In situations where an updated Position Designation Record (PDR) is not readily available for a specific position, the risk level in the VHA Position Risk Matrix is considered authoritative until superseded by a PDR.

d. **Veterans Integrated Services Network Director**. The VISN Director is responsible for adhering to the VHA Personnel Vetting Program Standard Operating Procedure (SOP) on management of personnel vetting-related activities. The SOP is available here:

<https://dvagov.sharepoint.com/sites/vhahremployee/SitePages/PERSEC.aspx>.

e. **VISN Chief Human Resources Officers**. The VISN CHRO is responsible for acting as, or delegating the role of, VISN Suitability Coordinator.

f. **VISN Suitability Coordinators**. VISN Suitability Coordinators are responsible for:

(1) Maintaining consistency in adjudicative practices within their VISNs by reviewing suitability cases with significant issues at a VISN level in accordance with 5 CFR 731.202 and other relevant VHA/VACO-established adjudicative standards.

(2) Providing suitability subject matter expertise and support to medical facility Human Resources (HR) Offices in matters that are not appropriately resolved at a local level. For highly controversial or technical issues, elevating to and acting as a liaison with VHACOPERSEC and communicating resolution to necessary parties.

(3) Notifying VHACOPERSEC when facilities and/or VISNs receive and choose to mitigate cases with significant issues.

(4) Maintaining an up-to-date listing of all employees with personnel security and/or suitability adjudicator roles within their VISNs. This list should track position risk, level of investigation, completed training, and adjudicative experience.

(5) Maintaining an up-to-date listing of all employees with access to OPM-restricted systems such as the OPM Secure Portal, the Electronic Questionnaire for Investigation Processing (e-QIP) administration site, and the Clearance Verification System (CVS).

(6) Ensuring that all adjudicators conducting agency-wide debarment reviews within their VISNs are properly trained on OPM National Training Standards.

(7) Performing a second-level quality review of facility suitability actions when cases are submitted by VA medical facilities that may warrant a request for agency-wide debarment. This second-level quality review consists of a check to ensure that all

relevant documentation has been provided, and that the proposed action is appropriate. The VISN must concur with the agency-wide debarment request prior to forwarding it to VHACOPERSEC.

(8) Ensuring that all relevant investigative documentation related to the agency-wide debarment requests are maintained and readily accessible in accordance with record retention standards.

(9) Tracking debarment requests submitted by medical facility HR Offices.

(10) Forwarding agency-wide debarment requests to VHACOPERSEC.

(11) Notifying appropriate medical center personnel security staff whether or not agency-wide debarment requests have been approved, or returned without action.

g. VA Medical Facility Directors. VA medical facility Directors are responsible for ensuring:

(1) A Special Agreement Check (SAC) is conducted on all new appointees, including those exempt from the requirement to have a TIER-1 investigation, except in limited circumstances. For example: employees transferring internally from one VA facility to another do not require a new SAC unless they are also receiving a new background investigation.

(2) Applicant fingerprints are electronically captured, the SAC results reviewed, and any issues adjudicated, prior to entrance on duty. The SAC should be conducted after a tentative offer has been extended, with the applicant's firm/final offer contingent on favorable adjudication. In rare circumstances when this is not possible, the SAC must be completed during in-processing as identity credentialing and logical access will be impacted by the delay. SACs must be adjudicated no later than 5 workdays after the results are received.

(3) A SAC is performed on all new contract personnel, including those exempt from the requirement to have a TIER-1 investigation. The SAC should be initiated and adjudicated prior to the contractor beginning work. The SAC results must be adjudicated no later than 5 workdays after the results are received.

(4) The VHA Screening Checklist activities in Appendix B are complete and that required pre-screening items are documented.

(5) .

(6) Ensuring that all suitability actions taken under 5 CFR part 731 which are delegated to the Servicing Human Resources Officer are noted as a matter of record. A suitability action includes one or more of the following: cancellation of eligibility, removal, cancellation of reinstatement eligibility, and debarment. See 5 CFR 731.101, 731.203.

(7) Ensuring that sufficient and appropriately trained staff are available to adjudicate investigations in accordance with OPM standards.

h. **Facility Human Resources Officers.** Facility Human Resources Officers are responsible for ensuring:

(1) Appropriate position risk designations are made by authorized HR Specialists or Personnel Security Specialists, and a Position Designation Record (PDR) is maintained for all paid positions. If warranted, managers and/or supervisors may be asked to collaborate in the position risk designation process, but they are not authorized to make independent risk determinations or sign PDRs for paid positions. **NOTE:** For additional information, please see OPM's Position Designation Record Tool, at: <https://www.opm.gov/investigations/suitability-executive-agent/position-designation-tool/>.

(2) National security justifications are routed to VHACOPERSEC.

(3) Each Human Resources or Personnel Security Specialist with authority to make position risk and sensitivity designations has received appropriate training and has been delegated the responsibility in writing.

(4) Applicants and incumbents receive the appropriate background screening, conducted in a timely and consistent manner, based on the position encumbered.

(5) Screening Checklist items are completed for all new appointees (see VA Form 10-0453, Screening Checklist).

(6) Results of background screenings, including SACs, are adjudicated within required timeframes for all entities and in compliance with VA Directive and Handbook 0710, or subsequent policies.

(7) Reciprocity determinations are assessed in accordance with VA Directive and Handbook 0710 or subsequent guidance. In cases where suitability issues exist that are newer than the last favorable investigation, or if the applicant was previously removed or separated from a VA position, due to employment misconduct, reciprocity is not appropriate.

(8) Personnel security information is maintained within the appropriate system of records.

(9) An up-to-date listing of all employees with personnel security and/or suitability adjudicator roles within the facility is maintained. This list should track position risk, level of investigation, completed training, and adjudicative experience.

(10) An up-to-date listing of all employees with access to OPM-restricted systems such as the OPM Secure Portal, the Electronic Questionnaire for Investigation Processing (e-QIP) administration site, and the Clearance Verification System (CVS) is maintained.

(11) Proof of investigation exists in the employee's electronic official personnel folder (e-OPF). If the OPM "Certificate of Investigation" is unavailable, a "Certificate of Reciprocity" (VA Form 10-4236) may be used as an analog for the COI to substantiate a prior favorable suitability determination.

(12) Cases with significant issues are referred to the assigned VISN Suitability Coordinator or OPM as appropriate.

(13) Applicants are not barred from employment with VA.

(14) Agency-wide debarment requests are submitted to their VISN Suitability Coordinator when an unfavorable suitability determination proposes a period of agency-wide debarment.

(15) Government-wide debarment requests are submitted to OPM when there is evidence of material, intentional false statements, or deception or fraud in examination or appointment. See 5 CFR 731.103, 731.202, and 731.204. In such cases, OPM may retain jurisdiction to take a suitability action, to include a period of government-wide debarment, if deemed appropriate. If OPM chooses not to take jurisdiction, the HR Office may pursue agency-wide debarment or take a local suitability action as appropriate.

(16) Investigative files and case paperwork for all referrals for agency-wide debarment are maintained. It is preferred that these files be maintained electronically.

(17) Documentation of actions taken for completion of items listed in 4.g.(1)-(16) is up to date and available for review, as required by VHA Records Control Schedule (RCS) 10-1 and regulations of the National Archives and Records Administration.

i. **Contracting Officer Representatives, Facility Service Chiefs, and Supervisors in Comparable Positions.** Contracting Officer Representatives, facility service chiefs, and supervisors in comparable positions, are responsible for:

(1) Updating position descriptions, organizational charts, statements of work, and/or other appropriate documents to accurately reflect contract employees' duties, including the type of access to sensitive information and/or VA systems.

(2) Coordination with servicing Human Resources/Personnel Security staff to ensure completion of position risk and sensitivity level designations for non-traditional staff under their supervision, such as WOC employees, contractors, trainees, students, interns, consultants, volunteers, work study personnel, individuals appointed or detailed to VHA under the Intergovernmental Personnel Act, and other affiliates.

(3) Maintaining a Position Designation Record (PDR) for non-traditional staff, if appropriate.

(4) Ensuring that employees and others under their supervision including WOC employees, contractors, trainees, students, interns, consultants, volunteers, work study

personnel, individuals appointed or detailed to VHA under the Intergovernmental Personnel Act, and other affiliates complete necessary vetting processes within prescribed timeframes outlined in VA Handbook 0710.

(5) Ensuring that contractor SAC results are reviewed locally by a trained adjudicator, or the VHA Service Center (VSC), or VA's Security Investigation Center (SIC).

5. POSITION RISK DESIGNATIONS

a. Proper position risk designation is the cornerstone of personnel security. Every position must be designated at the low, moderate, or high-risk level as determined by the position's potential for adverse impact to the integrity or efficiency of the services. As the level of authority and responsibility of a position becomes greater, character and conduct becomes more significant in deciding whether employment or continued employment would protect the integrity and promote the efficiency of the Federal service. For additional information on position designation and the different levels of risk, please see 5 CFR part 731, and VA Directive and Handbook 0710 or subsequent policies.

b. The PDR associated with every Position Description (PD) authoritatively indicates the level of investigation required for each incumbent occupying that PD. The VHA Position Risk Matrix (Appendix A) provides sample designations and should be used as a guide to ensure consistency when using OPM's Position Designation Automated Tool (PDT/PDAT). **NOTE:** *Position Risk Designations are recorded using OPM's Position Designation Record Tool, available at: <https://www.opm.gov/investigations/background-investigations/position-designation-tool/pdt/home/index>.*

c. The servicing HR staff may adjust risk levels due to program scope and authority, level of supervision, information technology (IT) risk, or other duties as applicable to the specific position description. Some positions, by the very nature of their duties and responsibilities, are inherently higher risk and require designation at a certain level:

(1) All Senior Executive Service (SES) Positions. This includes: VHACO-assigned SES employees, SES Equivalent (SES-EQV) positions, Veterans Integrated Service Network (VISN) Directors, and VA medical facility Directors. These positions are, at minimum, designated as High-Risk positions of public trust, requiring a TIER-4 background investigation, formerly known as a "Background Investigation" (BI). SES/SES-EQV positions with national security elements are Dual Designation positions, requiring a TIER-5 background investigation, formerly known as a Single Scope Background Investigation (SSBI).

(2) VA Medical Facility Executive Leadership Positions. Associate Directors, Assistant Directors, Nurse Executives, Chiefs of Staff, Chief Financial Officers, Chief Information Officers, Human Resources Officers, Personnel Security Specialists, and Chiefs of Police are designated as High-Risk positions of public trust, requiring a TIER-4 background investigation.

(3) Detectives, HR Specialists (unless otherwise noted), Police Officers, and Medical Facility Service Chiefs (except as outlined above), are considered to be Moderate-Risk positions of public trust, requiring a TIER-2 investigation.

(4) Information Technology (IT) positions are always public trust in nature but vary between moderate and high-risk based on specific duties as outlined in the VHA Position Risk Matrix and OPM's PDT/PDAT.

(5) In cases where elevated privileges are required for non-IT Specialist positions, the underlying risk of damage to government systems and/or potential misuse of sensitive information drive the risk designation. Additional safeguards and access limitations consequently reduce risk to VA and may lower risk designations.

6. POSITION SENSITIVITY DESIGNATIONS

a. Designation and investigative requirements of National Security positions are outlined in 5 CFR 1400.201. Each position in Federal service not designated as Non-Sensitive must be designated as Noncritical-Sensitive, Critical-Sensitive, or Special-Sensitive. These designations are dependent upon the degree of potential damage to the national security.

b. Position Sensitivity as defined in this directive is specifically related to national security, meaning that the incumbent requires classified access, eligibility, or, could bring about, by virtue of the nature of the position, a material adverse effect on national security due to activities which are directly concerned with the foreign relations of the United States, or protection of the Nation from internal subversion, foreign aggression, or terrorism. The majority of VHA positions are non-sensitive in nature (designated as "No National Security duties exist" in OPM's PDT/PDAT). This designation does not reflect access to VA sensitive information such as PII, PHI, or protected systems.

c. Physical access to classified information alone is not a sufficient reason for an employee to be granted classified access, eligibility, or a higher risk/sensitivity level designation than needed in the employee's PD.

d. VHA facilities are not permitted to assign sensitivity levels that exceed the non-sensitive category unless a national security justification request has been completed and approved by VA's Special Security Officer (SSO). All proposed designations of Noncritical-Sensitive, Critical-Sensitive, or Special-Sensitive, must be routed to VHACOPERSEC who will submit national security justifications, on behalf of the facility, to VA's SSO for approval.

7. BACKGROUND INVESTIGATION REQUIREMENTS

Position risk and sensitivity level designations directly determine the background investigation requirements that must be followed. Please see VA Directive 0710 and VA Handbook 0710, or subsequent policies, for additional information on required background investigations.

8. DUAL DESIGNATION POSITIONS

a. A position containing Public Trust duties as well as National Security elements is known as a "Dual Designation Position," meaning that both requirements must be satisfied by the background investigation. For additional information, please see VA Directive 0710 and VA Handbook 0710.

b. Noncritical-Sensitive Designation (SECRET Access or Eligibility).

(1) A position designated as Low-risk/Noncritical-Sensitive requires a TIER-3 investigation (formerly ANACI) on an SF-86.

(2) A position designated as Moderate-Risk/Noncritical-Sensitive requires a TIER-3 investigation on an SF-86.

(3) A position designated as High-Risk/Noncritical-Sensitive requires a TIER-5 investigation (formerly SSBI) on an SF-86.

c. Critical-Sensitive (TOP-SECRET Access or Eligibility).

(1) A position designated as Low-risk/Critical-Sensitive requires a TIER-5 investigation on an SF-86.

(2) A position designated as Moderate-Risk/Critical-Sensitive requires a TIER-5 investigation on an SF-86.

(3) A position designated as High-Risk/Critical-Sensitive requires a TIER-5 investigation on an SF-86.

d. Special-Sensitive Designation (TOP-SECRET SCI/SAP Access or Eligibility).

9. ELECTRONIC QUESTIONNAIRE FOR INVESTIGATIONS PROCESSING (e-QIP)

a. Positions with responsibilities for administering the usage of the Electronic Questionnaire for Investigations Processing (e-QIP) are designated as follows:

(1) Agency Administrators (AAD), Business Managers (BZM), Program Managers (PGM), and User Administrators (UAD) are designated as High-Risk requiring a TIER-4 investigation.

(2) Initiators, Reviewers, Approvers, and Agency Help Desk (AHP) staff are designated as Moderate-Risk requiring a TIER-2 investigation.

b. e-QIP registrants must have a U.S. issued Social Security Number.

10. ACCESS TO OPM'S CENTRAL VERIFICATION SYSTEM (CVS)

a. CVS is a controlled system used to verify background investigation data and enter adjudicative determinations.

b. Only personnel employed within a Human Resources Office or performing Personnel Security-related work are permitted access to CVS.

c. To obtain CVS access, the requesting office should contact the appropriate HR or VISN Suitability Coordinator to obtain the requisite forms/submit justification.

d. Positions with responsibilities for accessing OPM's CVS system are to be designated as follows:

(1) Suitability Adjudicators and any staff with system update rights are designated as High-Risk requiring a TIER-4 investigation.

(2) Security Office Personnel with read-only access are designated as Moderate-Risk requiring a TIER-2 investigation.

(3) PIV Registrars internal to HR are designated as Moderate-Risk requiring a TIER-2 investigation.

(4) PIV Registrars external to HR are approved for CVS access on a case-by-case basis by their facility's HR Office. PIV Registrar role assignment alone may not be sufficient justification for access. Justification must exist showing that investigations cannot be validated by internal HR personnel in relation to PIV credentialing.

11. INVESTIGATION EXEMPTIONS FOR CERTAIN VHA PERSONNEL

The minimum investigative requirement for federal service is a TIER-1 investigation. However, certain VHA-specific positions that are intermittent, seasonal, per diem, temporary, or do not exceed an aggregate of 180 days per year in either a single continuous appointment or series of appointments do not require a background investigation. Each of the exemptions that are cited and discussed below is an exemption from a TIER-1 investigation, provided that the criteria mentioned in the exemptions are met. All exemptions are only for certain low risk, non-sensitive positions that are supervised by staff that are also in positions designated as low-risk, non-sensitive. Individuals who fall under these exemptions are subject to a Special Agreement Check (SAC) fingerprint screening and other such checks as appropriate to ensure that the appointment or retention of such individuals in these positions is consistent with promoting the integrity and efficiency of federal service.

a. TIER-1 exemptions cover most:

(1) Health Professions Trainees (HPTs) (e.g., residents, students, and interns).

(2) On-station fee-basis consultants and attendings.

(3) Volunteers without computer access.

(4) Contract personnel who perform ancillary health care services at VA facilities or who do not have access to VA computer systems and patient or other sensitive information.

(5) Individuals appointed or detailed to VHA for less than 6 months under the Intergovernmental Personnel Act who have access to computer systems, patient or other sensitive information.

b. Many HPTs are given multi-year appointments to cover the length of their training programs. Despite the multi-year nature of these appointments, HPTs rarely exceed 180 days at VA in a year. Therefore, these individuals are exempt from the requirement to complete a TIER-1 investigation. However, HPTs who do exceed 180 days at VA in a year (with the exception of physician and dentist residents – see below) will require a TIER-1 investigation.

c. Physician and dentist trainees (also called residents, interns, and fellows) are exempted from the investigative requirement provided they do not exceed 1 year of continuous service at a VA facility, regardless of the duration of the residency program. Physician and dentist trainees rotate to VA facilities for short periods of time, and then rotate to non-VA community or university teaching hospitals. Rotations away from VA facilities break the “continuous service at a VA facility” rule that would require a TIER-1 Investigation. It is rare for physician and dentist trainees to provide continuous service at a VA facility for more than 1 year. They are normally given multi-year appointments to cover the length of their training programs. The intent of the multi-year appointment is to reduce unnecessary annual personnel processing on staff and trainees. Multi-year appointments do not constitute continuous service at VA as defined by this exemption.

d. VHA Title 38 HPTs are considered to be in low-risk, non-sensitive positions, provided they are training under the guidance and supervision of VA employees who also occupy low-risk positions.

e. HPTs receiving initial appointments not to exceed 180 days, but traditionally extended or reappointed under WOC status are considered to exceed the period of exemption and would be required to undergo a TIER-1 investigation. Medical Centers are advised to examine the specific needs of their facility to determine the likelihood of extension or reappointment, of a specific population of trainee, following initial appointment to determine if an investigation is appropriate. If an investigation is deemed appropriate, it is preferable to conduct it during the initial appointment rather than after an extension or reassignment has been approved.

f. A Position Designation Record (PDR) is not required for low-risk positions exempted from a TIER-1 investigation. In rare cases when exempted positions are under the direct supervision of VA staff performing Moderate or High Risk duties, public trust duties should be evaluated with OPM’s PDAT/PDT using a statement of duties or position description analog. If the position requires a TIER-2 or TIER-4 investigation, it is not considered exempt. In these instances, the PDR will be maintained by office responsible for the training program.

NOTE: *Volunteers under the age of 18 are completely exempt from investigation, to include the Special Agreement Check. Consequently, these volunteers may not access VA computer systems.*

12. ENFORCEMENT OF AGENCY DEBARMENT

a. A negative suitability determination may not carry a period of agency-wide debarment unless it is approved by the PSCM Director and is applicable across the entire VA enterprise. Approval must be obtained prior to issuing a suitability action letter and no debarment may be proposed or effected while the approval process is ongoing.

b. No VA facility may hire an applicant currently serving an agency-wide debarment. Such an applicant has no eligibility for employment in any VA position, regardless of qualification. The applicant may not be considered for hire until 1 working day after the period of debarment ends. For example, if the period of agency-wide debarment ends on 3/19/2019, the applicant may not apply or be considered for a position until 3/20/2019. Further, once the period of agency-wide debarment ends, a new suitability determination is needed to assess whether or not the underlying issues in the case are still relevant. The end of a period of debarment only allows the applicant to be considered for future positions; it does not infer that the applicant is suitable.

c. If a facility erroneously selects an individual currently serving a period of agency-wide debarment, any offer of employment should be withdrawn as the applicant is not eligible for employment with VA.

d. If a facility erroneously hires an individual barred from employment, that individual must be removed from the rolls within 5 working days of discovery of the error or receipt of notification that an agency-wide bar exists.

13. PSYCHOSOCIAL REHABILITATION PROGRAMS

a. VHA's Psychosocial Rehabilitation Programs' mission is to assist veterans return to full, productive community participation. The development of a comprehensive individualized rehabilitation plan includes a review of past employment issues and criminal histories that could impact vocational choices and future competitive job placement.

b. Veterans cannot be denied treatment, if otherwise eligible, to include participation in Therapeutic and Supported Employment Services (TSES) programs such as Compensated Work Therapy (CWT) and CWT-Transitional Work Experience (TWE). At the same time, VHA is required to ensure the security of VA sensitive data and safety within VHA facilities for Veterans, family members, guests, students, volunteers, and employees. Within these parameters CWT Program Coordinators should preclude placing CWTs and TWE participants in assignments where sensitive data and public safety and security could potentially be affected or result in compromising VHA's mission. Mental Health Program officials are responsible for CWT and TWE patient placements in VHA facilities.

NOTE: See VHA Handbook 1163.02, *Therapeutic and Supported Employment Services Program*, dated July 1, 2011, for further information about CWT programs.

c. As Veterans in Psychosocial Rehabilitation Programs CWTs and TWE participants are not subject to personnel security screenings (including electronic fingerprinting) unless they seek employment with VA, adverse suitability information may arise as CWTs and TWE participants near the end of their programs and begin submitting applications or interacting with HR staff. CWT/TWE Program Coordinators are advised to coordinate with HR staff to explore past conduct in order to best assist their patients when applying for positions (both public and private sector).

NOTE: Veterans enrolled in Psychosocial Rehabilitation Programs (CWT/TWE) are exempted from background investigation requirements including electronic fingerprinting. However, this exception is not intended to circumvent local requirements that may be in place to limit access to sensitive areas or systems as designated by a Medical Center Director or equivalent leadership position. If additional access restrictions exist, PSR CWT/TWE Program Coordinators should work with local leadership to ensure compliance. This exemption also does not apply if the Veteran is an applicant for any position requiring investigation.

14. TRAINING

Federal employees who perform work as suitability adjudicators, or are responsible for suitability screening or review, must be certified to do so. Certification is granted upon successful completion of OPM's Essentials of Suitability Adjudication Program (ESAP) or equivalent course. Any equivalent course must be approved by both OPM and VA PSCM.

15. RECORDS MANAGEMENT

All records in any medium (paper, electronic, electronic systems) created in response to this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. If you have any question regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison.

16. REFERENCES

- a. 5 CFR part 731 and part 1400.
- b. EO 13764, Amending the Civil Service Rules, Executive Order 13488, and Executive Order 13467 to Modernize the Executive Branch-Wide Governance Structure and Processes for Security Clearances, Suitability, and Fitness for Employment, and Credentialing, and Related Matters.
- c. EO 12968, Access to Classified Information. (August 4, 1995, as amended).

d. EO 13467, Reforming Processes Related to Suitability for Government Employment, Fitness for Contractor Employees, and Eligibility for Access to Classified Information. (June 30, 2008).

e. EO 13488, Granting Reciprocity on Excepted Service and Federal Contractor Employee Fitness and Reinvestigating Individuals in Positions of Public Trust. (January 16, 2009).

f. Homeland Security Presidential Directive 12 (HSPD-12), "Policy for a Common Identification Standard for Federal Employees and Contractors."

g. VA Directive 0710, Personnel Security and Suitability Program, dated June 4, 2010.

h. VA Directive 0735, Personal Identity Verification (PIV) of Federal Employees and Contractors, dated October 26, 2015.

i. VA Handbook 0710, Personnel Security and Suitability Program, dated May 2, 2016.

j. VHA Handbook 1163.02, Therapeutic and Supported Employment Services Program, dated July 1, 2011.

k. OPM Position Designation Record Tool.
<https://www.opm.gov/investigations/background-investigations/position-designation-tool/pdt/home/index>.

l. VHA Records Control Schedule (RCS) 10-1

VHA POSITION RISK MATRIX

The VHA Position Risk Matrix is intended as a training tool and guide for staff conducting position risk designations. It is VHA policy that the matrix should be used as a supplement to OPM's Position Designation Automated Tool (PDT/PDAT) during the position risk designation process. The matrix provides baseline designations; however, individual PDs may contain duties that raise a position's risk level. In situations where an updated Position Designation Record (PDR) is not readily available for a specific position, the risk level in the VHA Position Risk Matrix is considered authoritative until superseded by a PDR. The VHA Position Risk Matrix is published as an affiliate program guide by VHACOPERSEC and disseminated to field facilities through the VISN Suitability Coordinator.

**DEPARTMENT OF VETERANS AFFAIRS (VA) FORM 10-0453, VHA SCREENING
CHECKLIST**

Department of Veterans Affairs (VA) Form 10-0453, VHA Screening Checklist can be found here <https://vaww.va.gov/vaforms/medical/pdf/vha-10-0453-fill.pdf>. **NOTE:** *This is an internal VA Web site that is not available to the public.* The checklist items are to be used for all new accessions, transfers, and reassignments. The checklist should be used during the hiring process to satisfy pre-employment requirements. The Screening Checklist is not intended to be a post-hire onboarding worksheet. All mandatory entries on the checklist must be completed, signed, and dated. The checklist is intended to supplement, not duplicate automated systems, such as WebHR, HR Smart, and/or USA Staffing Onboarding Manager. If checklist items exist in HR automated systems, the Screening Checklist should be annotated to refer to those systems. Provided that the automated system may be queried to demonstrate screening checklist compliance, an HR professional's initials, and the initials of the system where the data may be obtained, are sufficient to satisfy the Screening Checklist items. Once complete, the VHA Screening Checklist should be retained on the left side of the e-OPF or applicable file.

October 11, 2018

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VHA DIRECTIVE 0710(1)