

VETERANS SERVICE ORGANIZATIONS POLICY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states policy on allowing Veteran Service Organizations to conduct site surveys and guidance on correspondence with Veterans Service Organizations.

2. SUMMARY OF MAJOR CHANGES: Updates to this directive include: updates to the responsibilities for the Chief of Staff, Veterans Integrated Service Network (VISN) Director and VA medical facility Director (See paragraph 4).

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Chief of Staff (10B), is responsible for the contents of this directive. Questions may be directed to 202-632-6954.

5. RESCISSIONS: VHA Directive 2012-027, Veterans Service Organization Policy, dated September 26, 2012 is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of February 28, 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Jon Jensen
Chief of Staff

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

DISTRIBUTION: Emailed to the VHA Publications Distribution List on February 8, 2022.

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VETERANS SERVICE ORGANIZATIONS POLICY

1. PURPOSE

This Veterans Health Administration (VHA) directive maintains responsibilities for managing relationships with Veteran Service Organizations (VSOs) throughout VHA program offices, Veteran Integrated Service Networks (VISNs), health systems and Department of Veterans Affairs (VA) medical facilities. This directive enables a national standard for all VHA entities for providing direction and consistency when working with VSO stakeholders. **AUTHORITY:** 38 U.S.C. §§ 5902, 7301(b).

2. BACKGROUND

VSOs are the primary non-government advocates for Veterans, their caregivers, and their beneficiaries. VHA regularly interacts with VSOs on a wide array of issues concerning the administration of Veteran health care. VHA must work closely with these organizations and pay attention to the needs and concerns submitted by VSOs to provide as high a level as possible of Veteran satisfaction.

3. POLICY

It is VHA policy to ensure Veteran satisfaction through open communication, feedback, and discussion with each VSO and by responding to all reasonable requests for information and access to VHA facilities.

4. DEFINITIONS

a. **Site Visits.** A site visit is a walkthrough of the VA medical facility, or portion of the facility, that is not a part of the everyday access provided to VSO staff established in space sharing agreements.

b. **Site Survey Reports.** A site survey report is a written statement by the Veteran Service Organizations to account for what they saw and heard during site visits and to make recommendations on areas they perceive as needing improvement. Site survey reports are submitted to the facility and to any necessary program offices for response.

c. **Veterans Service Organization.** For the purposes of this directive, a VSO is any organization listed in the Directory of VSOs maintained by the Office of General Counsel, available here: <https://www.va.gov/vso/VSO-Directory.pdf>.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall compliance with this directive.

(2) Ensuring all VHA program offices alert Chief of Staff for VHA on all VHA issues and programs that impact VSOs.

(3) Providing review and signature on prepared responses to VSO issues (see Appendix B, paragraph 2).

b. **VHA Chief of Staff.** The VHA Chief of Staff is responsible for:

(1) Providing oversight for the field's compliance with this directive and ensuring corrective action is taken if non-compliance was identified.

(2) Coordinating and monitoring interactions between VHA and VSOs.

(3) Providing information on issues and initiatives undertaken by VHA, when appropriate, so VSOs may provide their membership a factual picture of the issues.

(4) Delegating to the VHA VSO Liaison the duty of responding to all VSO-related correspondence and matters of national interest.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

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

(2) Assisting VISN Directors to resolve implementation and compliance challenges.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards and applicable regulations.

(4) Consulting with the VA medical facility Director on how to best respond to VSO correspondence. (See Appendix B, paragraph 2).

(5) Providing concurrence on prepared responses to VSO issues. (See Appendix B, paragraph 2).

d. **Veterans Integrated Service Network Director.** VISN Directors are responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Reporting all significant VSO contacts to the VHA Chief of Staff through normal VHA channels.

(3) Providing the Chief of Staff with a copy of all controlled correspondence to VSOs. (See Appendix B).

(4) Reviewing incoming correspondence from VSOs regarding site survey reports.

(5) Determining whether there are matters of special concern or interest that require referral to VA Central Office (VACO) immediately and obtaining necessary input for

proposed response. **NOTE:** *Guidance for determination can be found in Appendix B.*

e. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Cooperating with and providing appropriate support to VSO site survey teams while still ensuring the privacy of Veteran information. **Note:** *Guidance for allowing site visits can be found in Appendix A.*

(3) Reviewing incoming correspondence from VSOs regarding site survey reports and referring such correspondence to the VISN Director.

(4) Determining whether there are matters of special concern or interest that require referral to the VA Central Office immediately. **NOTE:** *Guidance for determination can be found in Appendix B.*

(5) Completing and submitting correspondence received from VSOs to the Assistant Under Secretary for Health for Operations for approval prior to sending the completed correspondence back to the VSO.

(6) Ensuring notifications to VACO follow the 'Issue Brief' guidelines and processes maintained by VHA 15 Health Operations Center. **NOTE:** *The 'Issue Brief' guidelines and processes are available at: <https://vssc.med.va.gov/IBTracker/default.aspx>. This is an internal website not available to the public.*

6. TRAINING

There are no formal training requirements associated with this directive.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

8. REFERENCES

a. 38 U.S.C. § 5902.

b. 38 U.S.C. § 7301(b).

**GUIDELINES FOR ALLOWING SITE VISITS BY VETERAN SERVICE
ORGANIZATIONS TO VHA MEDICAL FACILITIES**

1. The Veterans Health Administration (VHA) prioritizes the health and safety of Veterans and staff when conducting health care delivery to our Veterans.
2. Site visits are separate from the everyday access Veteran Service Organization (VSO) staff have to the hospital that is established through space sharing agreements.
3. All VSO visitors are to contact the VHA facility prior to their visit to ensure the safety and timing of their trip.
4. Due to public health emergencies or declaration of natural disaster, VHA facility or Veterans Integrated Services Network leadership may restrict access to their facilities in order to ensure staff and patient safety.

**GUIDELINES FOR RESPONDING TO SITE SURVEY REPORTS OF AND
CORRESPONDENCE FROM THE VETERANS SERVICE ORGANIZATIONS**

- 1.** Unless otherwise stated, the Office of Executive Correspondence is the lead in responding to all controlled correspondence received from Veterans Service Organizations (VSOs).
- 2.** Veterans Integrated Service Networks (VISN) or Department of Veterans Affairs (VA) medical facilities are to review incoming correspondence from VSO regarding site survey reports and to immediately determine whether there are matters of special concern or interest that require referral to VA Central Office. If input from VA Central Office is required to respond to an issue raised in a report, VISNs are to contact the appropriate VA Central Office organization or program office and obtain the necessary input for incorporation in the proposed response.
- 3.** Issues raised by the VSO must be responded to in writing in a manner that provides a complete, detailed, accurate assessment of the situation and the actions taken to address the issues. Generic phrases, such as "will be considered within existing resources," are to be avoided. VISNs must obtain concurrences from the appropriate signature authority prior to disseminating the response.
- 4.** In some instances, a VSO sends correspondence to the VA medical facility to be completed and sent back to the organization prior to the site visit.