

## VHA PARTICIPATION IN FEDERAL PATIENT MOVEMENT AND DEFINITIVE CARE

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive updates policy and responsibilities for VHA participation in Federal patient movement for the National Disaster Medical System (NDMS) and Department of Veterans Affairs (VA)-Department of Defense (DoD) Contingency Hospital System (VA-DoD Contingency). It also outlines the requirements for VHA commitments related to VA-DoD definitive care for priority military casualties.

**2. SUMMARY OF MAJOR CHANGES:** This directive has the following major changes:

- a. Updates definitions, including Equipment Inventory List (paragraph 3).
- b. Adds and assigns responsibilities to the Office of Emergency Management (OEM) Federal Patient Movement Program Manager, Regional Emergency Managers and Area Emergency Managers (paragraph 5).
- c. Updates responsibilities for the OEM Executive Director and VA medical facility Director (paragraph 5).
- d. Updates references (paragraph 8).

**3. RELATED ISSUES:** VHA Directive 0320, Comprehensive Emergency Management Program (CEMP), dated July 6, 2020; VHA Directive 0320.01, VHA Comprehensive Emergency Management Program (CEMP) Procedures, dated April 6, 2017; VHA Directive 0320.12(1), National Incident Management System Compliance, dated December 8, 2020; VHA Directive 1002, Bed Management Solution (BMS) for Tracking Beds and Patient Movement Within and Across VHA Facilities, dated November 28, 2017.

**4. RESPONSIBLE OFFICE:** The Office of Emergency Management (15EM) is responsible for the content of this directive. Questions may be addressed to the Executive Director, OEM at [VHA15EMEmergencyMgmtAction@va.gov](mailto:VHA15EMEmergencyMgmtAction@va.gov).

**5. RESCISSION:** VHA Handbook 0320.04, Department of Veterans Affairs and Department of Defense Contingency Plan, dated May 13, 2014, is rescinded.

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 This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

January 3, 2022

VHA DIRECTIVE 0320.04

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

/s/ RimaAnn Nelson  
Assistant Under Secretary for Health  
for Operations

***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 January 10, 2022.

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## VHA PARTICIPATION IN FEDERAL PATIENT MOVEMENT AND DEFINITIVE CARE

### 1. PURPOSE

This Veterans Health Administration (VHA) directive states policy and responsibilities for VHA participation in the National Disaster Medical System (NDMS) and Department of Veterans Affairs (VA)-Department of Defense (DoD) Contingency Hospital System (VA-DoD Contingency). **AUTHORITY:** 38 U.S.C. §§ 1785, 7301(b), 8111A; 42 U.S.C. §§ 300hh-11, 5121-5208.

### 2. BACKGROUND

a. VHA coordinates the receipt and distribution of civilian national emergency casualties for definitive medical care at NDMS health care facilities through Federal Coordinating Centers (FCCs) at major metropolitan areas across the United States. VHA is also responsible for receipt, distribution and definitive medical care of prioritized military casualties in support of the VA-DoD Contingency Plan during armed conflicts or national emergencies.

b. **The National Disaster Medical System.** In 1984, the Department of Health and Human Services (HHS), DoD and the Federal Emergency Management Agency (FEMA) created the NDMS as a cooperative, asset-sharing partnership. VA joined the partnership in 1987 by signing a Memorandum of Agreement (MOA) with HHS, DoD and the Department of Homeland Security (DHS). **NOTE:** *For more information on the NDMS MOA, see National Disaster Medical System Memorandum of Agreement Among the Departments of Health and Human Services (HHS), Veterans Affairs (VA), Defense (DoD), and Homeland Security (DHS), dated October 24, 2005 at <https://dvagov.sharepoint.com/sites/VHAreprogs/EMSHG/PLN/FCC/default.aspx>.* **NOTE:** *This is an internal VA website that is not available to the public.*

(1) The NDMS fulfills three main goals: to provide supplemental health and medical assistance in domestic disasters at the request of State and local authorities; to evacuate patients who cannot be cared for in the disaster area to designated locations elsewhere in the Nation; and to provide a nationwide network of voluntary, pre-identified, civilian health care facilities capable of providing definitive care for the victims of domestic disasters and military contingencies that exceed the capabilities of the affected local, State or Federal medical system.

(2) VHA participates in NDMS through VA medical facilities designated as FCCs. FCCs receive, triage, stage, track and coordinate transport for civilian patients relocated to NDMS-participating medical facilities capable of providing the required definitive care.

c. **VA-Department of Defense Contingency Plan.** The VA-DoD Health Resources Sharing and Emergency Operations Act (P.L. 97-174) was enacted on May 4, 1982. Under this statute, VA serves as a principal health care system backup to DoD during and immediately following a period of war or a period of national emergency declared by the President or Congress that involves the use of U.S. Armed Forces in armed conflict.

(1) In response to P.L. 97-174, the Secretaries of Defense and VA have established a Memorandum of Understanding (MOU) to specify each agency's responsibilities. The MOU established the MOA known as the VA-DoD Contingency Plan, which provides the current list of VA assets that constitute VA contingency support to DoD.

(2) VHA participates in the VA-DoD Contingency through VA medical facilities designated as Primary Receiving Centers (PRCs) and through the provision of definitive medical care. Additionally, during PRC operations, VHA provides the required definitive medical care to prioritized, active duty patients.

### 3. DEFINITIONS

a. **After-Action Report.** An after-action report (AAR) is a document of findings and recommendations from a review conducted after an incident event or exercise activity. The review captures objective observations, both positive as well as negative, related to response system performance.

b. **Bed Report.** Bed report is the count of available beds at a health care facility that can receive, admit and treat patients. An NDMS bed report provides available beds to support FCC operations; a VA-DoD bed report provides available beds to support PRC operations.

c. **Definitive Medical Care.** Definitive medical care is essential medical treatment or services to maintain health when such medical treatment or services are otherwise temporarily unavailable.

d. **Emergency Management Coordination Cell.** VHA's Emergency Management Coordination Cell (EMCC) is the central point of communication and coordination for the Under Secretary for Health in planning for, responding to and recovering from significant incidents or events that require national direction or support, or support to other Federal agency requests for assistance. EMCC provides coordination of national VHA incident planning, operations, logistics, administrative and financial support during incidents and events. EMCC also serves as the focal point for the synthesis of public health, medical and special needs information related to the emergency, disaster or contingency on behalf of VHA.

e. **Equipment Inventory List.** The Equipment Inventory List (EIL) is a list of the required types, quantity and vendor number of FCC/PRC cache equipment used to support the alert and activation of an FCC/PRC. **NOTE:** *For more information, see <https://dvagov.sharepoint.com/sites/VHAreprogs/EMSHG/PLN/FCC/default.aspx>.* **NOTE:** *This is an internal VA website that is not available to the public.*

f. **Federal Coordinating Center.** An FCC is a VA medical facility or DoD Military Treatment Facility (MTF) located in a metropolitan area of the U.S. responsible for day-to-day NDMS patient reception readiness in one or more assigned geographic NDMS Patient Reception Areas (PRA). An FCC is primarily responsible for receiving civilian patients.

g. **Installation Support Center.** An Installation Support Center (ISC) is a designated VA medical facility proximate to military installations that may provide services and support to military forces.

h. **Military Treatment Facility.** An MTF is a facility that provides direct medical care to military and other eligible individuals and coordinates with proximal VA medical facilities that are Secondary Support Centers (SSCs) or ISCs for resources and staff when needed.

i. **Mission Assignment.** A Mission Assignment (MA) is a work order issued by FEMA that directs another Federal agency to utilize its authorities and the resources granted to it under Federal law in support of State, local, tribal and territorial government assistance (42 U.S.C. §§ 5170a, 5192; 44 C.F.R. § 206.2(a)(18)).

j. **Patient Movement Coordination Group.** The Patient Movement Coordination Group (PMCG) is a multi-agency coordination structure that allows HHS, DoD, FEMA, VA and other organizations to coordinate Federal patient movement.

k. **Patient Reception Area.** A PRA is a geographic locale containing one or more airfields, train or bus stations, adequate patient staging facilities and adequate local patient transport assets.

l. **Patient Reception Site.** A Patient Reception Site (PRS) is the designated airfield, train or bus station where Federal patient movement operations are established and where patients are received, triaged, staged, tracked and transported.

m. **Patient Reception Team.** A PRT is a single- or multi-agency group (e.g., VA medical facilities, community hospitals, HHS, DoD, FEMA) consisting of clinical, administrative and logistical staff that receive, triage, stage, track and transport patients from the PRS to supporting health care facilities.

n. **Performance Improvement Management System.** A Performance Improvement Management System (PIMS) is a web-based system to support VHA's Comprehensive Emergency Management Program in order to provide a consistent and efficient approach to plan, develop, evaluate and improve emergency management activities throughout VHA and to enable multi-level participation and collaboration.

o. **Primary Receiving Center.** A PRC is a VA medical facility or MTF designated for triaging, staging, coordinating, tracking and providing treatment to military patients returning from armed conflict or national emergency.

p. **Secondary Support Center.** An SSC is a VA medical facility designated to accept patient transfers from, or share resources with, a PRC to maximize health care services for military patients.

q. **Task Order.** A task order (TO) is the formal statement of work used by HHS to task and fund VA FCCs.

r. **Throughput.** For purposes of this directive, throughput is the estimated maximum number of patients that can be received, triaged, staged, transported and admitted to the designated medical facility within any 24 hours at an identified PRS; it is subjectively derived from various considerations, including PRS and local transportation limitations, personnel limitations for patient reception, staging and transport, as well as any other factors deemed relevant.

#### 4. POLICY

It is VHA policy that VHA provides access to definitive medical care for appropriate civilian and active duty patients by coordinating Federal patient reception capabilities at VA medical facilities designated as FCCs and PRCs.

#### 5. RESPONSIBILITIES

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

(1) Ensuring overall VHA compliance with this directive.

(2) Notifying VA medical facility Directors by alerting, activating, standing down and deactivating FCCs/PRCs upon notification by the OEM Executive Director.

(3) Coordinating with the HHS Assistant Secretary for Preparedness and Response for VHA's participation in Federal patient movement under NDMS.

(4) Coordinating with the DoD Assistant Secretary of Defense for Health Affairs for VHA's participation in Federal patient movement under the VA-DoD Contingency Plan.

b. **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 (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

c. **Executive Director, Office of Emergency Management.** The OEM Executive Director is responsible for:

(1) Ensuring compliance with this directive through appropriate monitoring activities.

(2) Providing subject matter expertise for VA medical facilities designated as FCCs and PRCs with this directive and ensuring corrective action is taken if non-compliance is identified.

(3) Providing guidance and technical assistance to support VHA Central Office, VISN Directors and VA medical facility Directors regarding Federal patient reception capabilities and operations under NDMS and the VA-DoD Contingency Plan.

(4) Coordinating the designation of VA medical facilities as FCCs and PRCs with VISN Directors and the DoD Assistant Secretary of Defense for Health Affairs.

(5) Assigning Area Emergency Managers (AEMs) to serve as FCC or PRC Coordinators to assist with readiness and Federal patient movement operations at designated VA medical facilities.

(6) Receiving notification of potential FCC/PRC alert, activation, stand down and deactivation through the OEM Program Manager. **NOTE:** *The VHA OEM Federal Patient Movement Program Manager is referred to as the OEM Program Manager in this directive. See paragraph 5.d.*

(7) Reviewing the annual budget request submitted by the OEM Program Manager, and subsequently approving and allocating the funding to support the readiness (exercises, training and limited equipment) of VA medical facilities designated as FCCs or PRCs. **NOTE:** *This includes initial funding for all FCC/PRC equipment, annual funding to support exercises, and funding for training of PRT personnel.*

(8) Providing supplemental funding as needed for expendable items of the FCC/PRC cache on the OEM EIL. **NOTE:** *For more information on EIL, see <https://dvagov.sharepoint.com/sites/VHAreprogs/EMSHG/PLN/FCC/default.aspx>. NOTE: This is an internal VA website that is not available to the public.*

(9) Overseeing the acceptance and coordination of NDMS MA TOs for FCC/PRC activations.

(10) Coordinating with the PMCG for deployment of interagency support teams to the FCC/PRC.

(11) Ensuring the OEM Program Manager coordinates exercises (i.e., triannual full-scale exercise) to support FCC/PRC readiness and evaluation.

(12) Coordinating with senior DHS, HHS and DoD officials on policy and program development.

(13) Reviewing the VA-DoD Contingency Plan MOA and the NDMS MOA submitted by the OEM Program Manager.

(14) Providing liaisons, such as AEMs, as required to support Federal patient movement at the HHS Secretary's Operation Center (SOC), and the U.S. Transportation Command (USTRANSCOM) Patient Movement Requirements Center – Americas (TPMRC-A) or the PMCG.



**d. Program Manager, Federal Patient Movement, Office of Emergency Management.** The OEM Federal Patient Movement Program Manager (referred to as OEM Program Manager in this directive) is responsible for:

(1) Collaborating with OEM Regional Emergency Managers (REMs) to ensure the daily operational capability and readiness of FCCs/PRCs across VHA.

(2) Collaborating with VA, HHS and DoD to develop and maintain the VA-DoD Contingency Plan MOA and the NDMS MOA, and subsequently submitting them to the OEM Executive Director for review.

(3) Coordinating with VHA, HHS and DoD mission partners through the PMCG.

(4) Upon receiving notification from HHS, informing the OEM Executive Director for potential FCC/PRC alert, activation, stand down and deactivation.

(5) Developing the annual budget for FCC/PRC training, exercise and equipment, and submitting the budget request to the OEM Executive Director.

(6) Reviewing AARs in PIMS of FCC/PRC alerts and activations completed by the AEMs.

(7) Coordinating with AEMs and REMs for the replacement of FCC/PRC cache expendable equipment on the OEM EIL.

(8) Participating in inter- and intra-agency working groups to develop and facilitate training, exercises and strategic coordination.

(9) Developing and maintaining operational guides and Standard Operating Procedures (SOPs) to ensure a unified approach to Federal patient movement operations. **NOTE:** *The operational guides and SOPs can be found at <https://dvagov.sharepoint.com/sites/VHAreprogs/EMSHG/PLN/FCC/default.aspx>.* **NOTE:** *This is an internal VA website that is not available to the public.*

(10) Ensuring the completion of annual inspections and inventory of FCC/PRC cache equipment on the OEM EIL by the OEM AEM and VA medical facility Emergency Management staff to support FCC/PRC readiness.

**e. Regional Emergency Manager, Office of Emergency Management.** The OEM REM is responsible for:

(1) Overseeing AEMs by providing technical guidance and programmatic support for Federal patient movement readiness tasks assigned to AEMs (i.e., AARs) of FCCs and PRCs within their respective region.

(2) Maintaining collaborative relationships with HHS Regional Emergency Coordinators and State public health and emergency management partners within their respective region.

(3) Collaborating with the OEM Program Manager to ensure the operational capability and readiness of FCCs and PRCs (i.e., cache expendable equipment on the OEM EIL and exercises).

f. **Area Emergency Manager, Office of Emergency Management.** The OEM AEM is responsible for:

(1) Serving as the FCC or PRC Coordinator to support Directors of VA medical facilities designated as FCCs and PRCs.

(2) Deploying in support of FCC/PRC operations as assigned, and managing demobilization and return to steady-state operations.

(3) Developing, updating and reviewing the FCC and PRC Operations Plan (including exercises) in coordination with the FCC/PRC Directors, OEM REMs and community partners.

(4) Providing consultation and guidance to maintain collaborative relationships with FCC/PRC Directors, VA medical facility Emergency Managers, VA medical facility Emergency Management Committees, ISCs, SSCs and Whole Community partners to support Federal patient movement readiness and operations.

(5) Serving as a liaison to support Federal patient movement at the HHS SOC, and the USTRANSCOM TPMRC-A or the PMCG.

(6) Maintaining active accounts with Federal patient movement information management systems (e.g., TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES) for bed availability management and Joint Patient Assessment and Tracking System (JPATS)) for patient movement; subsequently providing guidance for the PRT in these systems as required.

(7) Initiating, collecting and recording NDMS and MTF bed reporting data and throughput in Federal patient movement information management systems for exercise and real-world scenarios.

(8) Collaborating with the VA medical facility Director to plan and conduct an annual discussion-based or functional exercise and at least one triannual operations-based exercise for VA medical facility staff who have designated involvement in readiness, and subsequently completing AARs in PIMS.

(9) Updating the FCC and PRC status through operational readiness reporting at a minimum of every 2 months, or as required by the OEM Program Manager.

(10) Recruiting civilian health care facilities within their PRA to join NDMS as definitive medical care providers.

(11) Coordinating response efforts during alerts and activations of Federal patient movement systems; providing updates to the VA medical facility Directors, REMs and

the EMCC as directed.

(12) Facilitating submittal of eligible patient movement costs from community partners to the VA medical facility for payment.

(13) Collaborating with VA medical facility Emergency Management staff for an annual inspection and inventory of the FCC/PRC cache by May 30 annually for the equipment listed on the OEM EIL.

g. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

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

(2) Overseeing readiness of VA medical facilities designated as FCCs and PRCs within the VISN.

(3) Monitoring implementation of patient movement plans during alert and activation phases in FCCs and PRCs.

(4) Coordinating the designation of FCCs and PRCs with the OEM Executive Director, the Assistant Under Secretary for Health for Operations and the DoD Assistant Secretary of Defense for Health Affairs.

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

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

(2) Based on the mission of the VA medical facility, overseeing patient reception planning and operations under VA/DoD sharing authorities and NDMS.

(3) Serving as an FCC Director, PRC Director, ISC Director or SSC Director as the facility is designated.

(a) The FCC/PRC Director is responsible for:

1. Managing all Federal patient movement readiness and operations (e.g., following the FCC Operational Plan, inform State and Local health departments, and coordinating with local jurisdictions), including after receiving notification of alert, activation, stand-down and deactivation from the Under Secretary for Health.

2. Providing VA medical facility staff, logistics and supplies to support Federal patient movement readiness and operations.

3. Ensuring FCC/PRC cache trailers, and equipment or supplies not on the OEM EIL are maintained by applicable service providers.

4. Ensuring the completion of bed reporting requirements and providing available beds to support NDMS definitive care and VA-DoD Contingency Plan requirements for patients upon FCC/PRC alert and activation.

5. Providing a daily operational summary to the EMCC during Federal patient movement operations.

6. Ensuring the continuation of NDMS patient case management activities until patients are transferred to HHS Case Management.

7. Authorizing and documenting the payment of eligible patient movement costs; coordinating the submittal of VA medical facility invoices to VHA for reimbursement.

8. Collaborating with the AEMs to ensure the completion of an annual discussion-based exercise and an operations-based exercise at least once every 3 years.

9. Providing input to AEMs to complete AARs by identifying recommendations to enhance the VA medical facility's readiness for Federal patient movement operations and implementing recommendations.

(b) The ISC/SSC Director is responsible for:

1. Overseeing the coordination of planning and readiness efforts with assigned PRCs and DoD installations. **NOTE:** For more information, see the National Disaster Medical System FCC Guide at <https://dvagov.sharepoint.com/sites/VHAreprogs/EMSHG/PLN/FCC>. This is an internal VA website that is not available to the public.

2. Providing staff, services and logistics to support an MTF if required under the VA-DoD Contingency Plan MOA.

## 6. TRAINING

There are no mandatory training requirements associated with this directive.

## 7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by 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. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

## 8. REFERENCES

a. P.L. 97-174.

b. 38 U.S.C. §§ 1785, 7301 (b), 8111A.

c. 42 U.S.C. §§ 300hh-11, 5121-5208, 5170a, 5192.

d. 44 C.F.R. § 206.2(a)(18).

e. National Disaster Medical System FCC Guide, latest edition.

<https://dvagov.sharepoint.com/sites/VHAreprogs/EMSHG/PLN/FCC/default.aspx>.

**NOTE:** *This is an internal VA website that is not available to the public.*

f. National Disaster Medical System Memorandum of Agreement Among the Departments of Health and Human Services (HHS), Veterans Affairs (VA), Defense (DoD), and Homeland Security (DHS), dated October 24, 2005.

<https://dvagov.sharepoint.com/sites/VHAreprogs/EMSHG/PLN/FCC/default.aspx>.

**NOTE:** *This is an internal VA website that is not available to the public.*

g. VA-DoD MOA “Regarding the Furnishing of Health-Care Services to Members of the Armed Forces in the Event of a War or National Emergency,” November 16, 2006.

<https://dvagov.sharepoint.com/sites/VHAreprogs/EMSHG/PLN/FCC/default.aspx>.

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