

VETERANS AFFAIRS CANCER REGISTRY SYSTEM

1. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Clarifies that the Department of Veterans Affairs (VA) Cancer Registry System (VACRS) includes patients who are receiving or have received care from non-VA health care providers under community care or for whom cancer registry data is otherwise made available to the Veterans Health Administration (VHA) (paragraph 1).

b. Adds roles and responsibilities for the Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer, Veterans Integrated Service Network Privacy Officer, VA medical facility Privacy Officer, and VA medical facility cancer registry staff (paragraph 2).

c. Removes responsibilities for the VHA Privacy Officer, VA medical facility cancer registrar, and VHA personnel (paragraph 2).

d. Removes previous training recommendations (paragraph 4).

e. Removes definitions for eligible analytical cases, facility cancer registrar, and VACRS personnel; adds definitions for VACRS and reference date (paragraph 7).

f. Moves former appendices to the VACRS SharePoint site at: <https://dvagov.sharepoint.com/sites/vhacr>. **NOTE:** *This is an internal VA website that is not available to the public.*

2. RELATED ISSUES: VHA Directive 1415, VHA Oncology Program, dated April 9, 2020; VHA Directive 1320, Quality Management and Patient Safety Activities That Can Generate Confidential Records and Documents, dated July 10, 2020.

3. POLICY OWNER: The National Oncology Program (11SPEC17) is responsible for the contents of this directive. Questions may be referred to the System Supervisor, VACRS at NationalOncologyCRS@va.gov. Questions about cancer care may be referred to cancer@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: VA medical facilities are required to develop and maintain a procedure manual for the VA medical facility's cancer registry functions and a quality control plan for the registry data (see paragraph 2.I.(8)).

5. RESCISSIONS: VHA Directive 1412(1), Department of Veterans Affairs Cancer Registry System, dated May 29, 2019, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of November 2029. This VHA directive will continue to serve as

national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

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

/s/ Erica M. Scavella, MD, FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services and Chief Medical Officer

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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VETERANS AFFAIRS CANCER REGISTRY SYSTEM

1. POLICY

It is Veterans Health Administration (VHA) policy that data regarding all Department of Veterans Affairs (VA) patients diagnosed as having a reportable cancer or other reportable conditions be captured in the VA Cancer Registry System (VACRS), and that reports are generated in a systematic and standardized manner to facilitate disease surveillance, outcome evaluation, program assessment, complete data submission, quality reporting, and data sharing to strengthen oncology care. **NOTE:** See the VACRS Reportable List located on the VACRS SharePoint at

<https://dvagov.sharepoint.com/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/Forms/AllItems.aspx?csf=1&web=1&e=61C8qi&CID=c4b57598%2D7759%2D432c%2Db8b0%2Dfeeb0dbd44ba&FolderCTID=0x0120003C304E975A85814BA6AD94189D91762A&id=%2Fsites%2Fvhacr%2FVACRS%20Program%20Guidance%20%20Directives%2FVACRS%20Guidance%20Documents%2FVA%20CRS%20Reportable%20Lists>. This is an internal VA website that is not available to the public. The VACRS includes patients who are receiving or have received care from community care providers or for whom cancer registry data is otherwise made available to VHA.

AUTHORITY: P. L. 104-191; 5 U.S.C. § 552a; and 38 U.S.C. § 7301(b); 45 C.F.R. Parts 160 and 164.

2. RESPONSIBILITIES

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

b. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) is responsible for:

(1) Supporting the Specialty Care Program Office with implementation and oversight of this directive.

(2) Supporting the development of mitigation or corrective actions to address noncompliance with this directive.

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 Service Networks (VISNs).

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

(3) Overseeing VISNs to ensure compliance with this directive and its effectiveness.

d. **Chief Officer, Specialty Care Program Office.** The Chief Officer, Specialty Care Program Office is responsible for supporting the Executive Director, National Oncology Program in executing their responsibilities as outlined in this directive.

e. **Executive Director, National Oncology Program.** The Executive Director, National Oncology Program is responsible for:

(1) Overseeing implementation of the policy standards specified by this directive and ensuring that corrective action is taken when noncompliance is identified.

(2) Overseeing the System Supervisor, VACRS and implementation of the VACRS.

(3) Overseeing reporting on the status of cancer incidence and oncology care in VHA. Reports are maintained on the VACRS SharePoint site at <https://dvagov.sharepoint.com/sites/vhacr>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Developing and maintaining national VHA policy and procedures related to the VACRS.

(5) Collaborating with the System Supervisor, VACRS to ensure that standardized information is gathered regarding all VA patients diagnosed as having a reportable cancer or other reportable conditions.

f. **System Supervisor, VA Cancer Registry System.** The System Supervisor, VACRS is responsible for:

(1) Preparing and distributing an annual list of reportable diagnoses (found in the International Classification of Diseases for Oncology (ICD-O)) based on information from the National Cancer Institute's (NCI's) Statistics, Epidemiology, and End Results (SEER) Program and the American College of Surgeons' Commission on Cancer.

(2) Determining the additional data elements that VA medical facility cancer registry staff need to collect for the Veteran population beyond the minimum set required by standard setters and establishing the timeline for reporting this data to VACRS. For additional detail, see the VACRS procedures located on the VACRS SharePoint at <https://dvagov.sharepoint.com/sites/vhacr/SitePages/Directives,%20Policy%20Guidance%20&%20Standards.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Collecting oncology patient data from all VA medical facilities and producing a report on the status of VACRS, including case counts and trends, at least once every 5 years. The System Supervisor also publishes the report on the VACRS SharePoint at <https://dvagov.sharepoint.com/sites/vhacr> and provides it to VA medical facilities. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Notifying VA medical facility Directors when completeness, timeliness, or quality of VA medical facility-level cancer registry data is deficient.

(5) Providing resources for VA medical facility cancer registry staff on the use of VACRS software and processes.

(6) Making recommendations to VA medical facility cancer registry staff regarding data sources for cancer case ascertainment to best reflect complete patient cancer incidence. Modifications to data sources may include implementing recommendations regarding the addition or utilization of case ascertainment sources.

(7) Submitting VACRS data to a state central cancer registry upon request, after ensuring that the request complies with VHA Directive 1605.01, Privacy and Release of Information, dated July 24, 2023. Additional guidance is provided on the VACRS SharePoint at

<https://dvagov.sharepoint.com/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/Forms/AllItems.aspx?csf=1&web=1&e=LPT3hH&CID=3c23bd9c%2D7749%2D4690%2D9eab%2D7ed3e2f50de2&FolderCTID=0x0120003C304E975A85814BA6AD94189D91762A&viewid=6819c72e%2D87f7%2D49ee%2D95b1%2D88cc54a1ca1d>. **NOTE:** This is an internal VA website that is not available to the public.

(8) Coordinating with the VISN Privacy Officer on the review of standing letters from state central cancer registries that are requesting VA medical facility cancer registry data.

(9) Coordinating with VA medical facility cancer registry staff on the submission of VA medical facility's cancer registry data to requesting state central cancer registries.

(10) Approving modification of the reference date for a VA medical facility cancer registry as appropriate.

(11) Collaborating with the Executive Director, National Oncology Program to ensure that standardized information is gathered regarding all VA patients diagnosed as having a reportable cancer or other reportable conditions.

(12) Overseeing and maintaining VACRS software.

(13) Overseeing and maintaining information and resources on the VACRS SharePoint site:

<https://dvagov.sharepoint.com/sites/vhacr/SitePages/Directives,%20Policy%20Guidance%20&%20Standards.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

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

(1) Ensuring that all VA medical facilities within the VISN comply with this

directive and informing the Assistant Under Secretary for Health for Clinical Services/CMO and the Assistant Under Secretary for Health for Operations when barriers to compliance are identified.

(2) Overseeing actions to address operational non-compliance at the VISN and VA medical facilities within the VISN.

(3) Ensuring that reporting activities within the VISN are performed in accordance with guidance in the VACRS manual located on the VACRS SharePoint at <https://dva.gov.sharepoint.com/sites/vhacr/SitePages/Directives,%20Policy%20Guidance%20&%20Standards.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

h. **Veterans Integrated Service Network Privacy Officer.** The VISN Privacy Officer is responsible for:

(1) Coordinating with the System Supervisor, VACRS on the review of standing letters from state central cancer registries that are requesting VA medical facility cancer registry data.

(2) Providing guidance to VA medical facility Privacy Officers within the VISN as requested to resolve any questions or concerns about privacy related issues.

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

(1) Ensuring overall VA medical facility compliance with this directive and taking corrective action if noncompliance is identified.

(2) Ensuring that the VA medical facility has the appropriate infrastructure to support cancer registry operations for all VA patient databases, including patients who are receiving or have received care from community care providers.

(3) Ensuring that the VA medical facility cancer registry is aligned to the clinical service(s) that maintains the VA medical facility's cancer committee and is supported by a sufficient number of qualified, experienced cancer registry staff based upon the VA medical facility's volume of cancer patients. **NOTE:** See VA Medical Center Leadership Tools for minimum experience, education requirements, and staffing ratio recommendations for cancer registry staff located on the VACRS SharePoint at <https://dva.gov.sharepoint.com/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/Forms/AllItems.aspx?csf=1&web=1&e=FVLPhX&cid=730e5bfc%2D894f%2D4022%2Daa31%2D59300eeda2e2&RootFolder=%2Fsites%2Fvhacr%2FVACRS%20Program%20Guidance%20%20Directives%2FLeadership%20Tools&FolderCTID=0x0120003C304E975A85814BA6AD94189D91762A>. This is an internal VA website that is not available to the public.

(4) Ensuring that experienced and credentialed VA staff provide oversight as the VACRS subject matter experts of any work on the registry performed by contracted services.

(5) Working with VA medical facility cancer registry staff to coordinate VA medical facility cancer reporting, ensure standards are met, resolve discrepancies, consult on hiring actions, assist with data requests, and provide expertise for VA medical facility staff actions.

j. **VA Medical Facility Privacy Officer.** *NOTE: The following responsibilities are related to release requests originating from VA medical facilities. For requests for the release of VHA cancer registry data to a state originating from VA Central Office or VHA, see the System Supervisor, VACRS responsibilities in paragraph 2.f. above.* The VA medical facility Privacy Officer is responsible for:

(1) Ensuring that there is appropriate authority, consistent with VHA Directive 1605.01, to disclose health information from the VA medical facility cancer registry to the requesting state central cancer registry.

(2) Providing expert guidance to the VA medical facility on all privacy-related matters, such as the Privacy Act, Freedom of Information Act (FOIA), Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and 38 U.S.C. confidentiality statutes, and seeking guidance and advice from their VISN Privacy Officer or the VHA Privacy Office to resolve any questions or concerns about privacy related issues.

k. **VA Medical Facility Information System Security Officer.** The VA medical facility ISSO is responsible for ensuring that the electronic transfer of data from the VA medical facility to a state central cancer registry is accomplished in a secure manner in accordance with VA Handbook 6500, Risk Management Framework for VA Information Systems VA Information Security Program, dated February 24, 2021.

l. **VA Medical Facility Cancer Registry Staff.** VA medical facility cancer registry staff are responsible for:

(1) Managing the VA medical facility's cancer registry to ensure that complete, timely, and accurate data is maintained, and that the registry includes patients with a diagnosis from the applicable VACRS reportable diagnoses list. See the VACRS Reportable Lists located on the VACRS SharePoint: <https://dvagov.sharepoint.com/:f:/r/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/VACRS%20Guidance%20Documents/VA%20CRS%20Reportable%20Lists?csf=1&web=1&e=61C8gj>. *NOTE: This is an internal VA website that is not available to the public.*

(2) Requesting support from the System Supervisor, VACRS on use of VA systems for cancer registry operations, as needed, to comply with VACRS requirements.

(3) Following national standard setter references, rules, and guidelines pertinent to diagnosis year when curating required data from all available health record sources. This may be in hard copy or digital format. For additional information about the national standard setters, see Cancer Registry Standards located on the VACRS SharePoint:

<https://dvagov.sharepoint.com/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/Forms/AllItems.aspx?csf=1&web=1&e=sZgNeo&cid=58a9898e%2D0cbe%2D4ddc%2Da03f%2Dd7f639a5705c&RootFolder=%2Fsites%2Fvhacr%2FVACRS%20Program%20Guidance%20%20Directives%2FCancer%20Registry%20Standards&FolderCTID=0x0120003C304E975A85814BA6AD94189D91762A>. **NOTE:**

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

(4) Coordinating with the System Supervisor, VACRS on the submission of VA medical facility's cancer registry data to requesting state central cancer registries.

(5) Providing VA medical facility cancer registry data to requesting entities for operational, clinical care, and research purposes after confirming with the VA medical facility Privacy Officer that there is appropriate authorization to do so. **NOTE:** *The System Supervisor, VACRS can also report VACRS data to state central cancer registries; therefore, VA medical facility cancer registry staff must consult with national VACRS staff prior to pursuing data sharing with a state registry to avoid duplication of reporting.*

(6) Working with the VA medical facility Director to coordinate VA medical facility cancer reporting, ensure standards are met, resolve discrepancies, consult on hiring actions, assist with data requests, and provide expertise for VA medical facility staff actions.

(7) Utilizing VACRS-approved database software to report the incidence, submit the full required data set, conduct annual disease surveillance, and generate reports as needed in accordance with guidance in the VACRS manual located on VACRS SharePoint at:

<https://dvagov.sharepoint.com/sites/vhacr/SitePages/Directives,%20Policy%20Guidance%20&%20Standards.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(8) Developing a VA medical facility procedure manual for the cancer registry functions and a quality control plan consistent with VACRS requirements.

(9) Ensuring at least 90% of reportable diagnoses determined from all available data sources are accessioned into the VA registry database software within 30 days of first contact with the VA medical facility.

(10) Ensuring all oncology patient data submitted to VACRS meets minimum of 90% data quality accuracy for all oncology patient data submitted to VACRS per the standards established in the VACRS manual located on VACRS SharePoint at:

<https://dvagov.sharepoint.com/sites/vhacr/SitePages/Directives,%20Policy%20Guidance%20&%20Standards.aspx>. **NOTE:** *This is an internal VA website that is not*

available to the public.

(11) Ensuring a complete data set to VACRS for a minimum of 90% of cases within 6 months of first contact with the VA medical facility.

(12) Once complete incidence and patient data completion requirements have been met, maintaining annual updates of follow-up information for current disease surveillance and vital status, including all required substantiating text per Commission on Cancer guidance. For additional information about the Commission on Cancer, see

<https://dvagov.sharepoint.com/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/Forms/AllItems.aspx?csf=1&web=1&e=sZgNeo&cid=58a9898e%2D0cbe%2D4ddc%2Da03f%2Dd7f639a5705c&RootFolder=%2Fsites%2Fvhacr%2FVACRS%20Program%20Guidance%20%20Directives%2FCancer%20Registry%20Standards&FolderCTID=0x0120003C304E975A85814BA6AD94189D91762A>. **NOTE:**

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

(13) Identifying and submitting all reportable patients, as well as completing any backlog of incomplete patient data, between the VACRS reference date and present date prior to applying for initial or renewal of Commission on Cancer accreditation.

NOTE: *The reference date for a VA medical facility cancer registry must not be modified without the approval of the System Supervisor, VACRS. In addition to obtaining approval from the System Supervisor, VA cancer programs that are accredited by the Commission on Cancer must also be approved by the VA medical facility's Cancer Committee and then follow any requirements of the Commission on Cancer.*

(14) Upon notice from the System Supervisor, VACRS, responding to and resolving all deficiencies of VA medical facility-level cancer registry data (e.g., completeness, timeliness, quality) in accordance with guidance in the VACRS manual located on VACRS SharePoint at

<https://dvagov.sharepoint.com/sites/vhacr/SitePages/Directives,%20Policy%20Guidance%20&%20Standards.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

3. OVERSIGHT AND ACCOUNTABILITY

a. **Internal Controls.** The internal controls in this directive are:

(1) Producing a report on the status of VACRS, including case counts and trends, at least once every 5 years by the System Supervisor, VACRS.

(2) Producing reports on the status of cancer incidence and oncology care in VHA by the Executive Director, National Oncology Program.

(3) Collaboration between the Executive Director, National Oncology Program and System Supervisor, VACRS to ensure that standardized information is gathered regarding all VA patients diagnosed as having a reportable cancer or other reportable

conditions.

b. **Metrics.** The metrics in this directive are:

(1) 90% of all reportable cases are identified from all available data sources and accessioned into the VA registry database software within 30 days of first contact with the reporting medical facility.

(2) 90% data quality accuracy for oncology patient data submitted to VACRS.

(3) Each VA medical facility submits a complete data set to VACRS for a minimum of 90% of cases within 6 months of first contact with the VA medical facility.

4. TRAINING

There are no formal training requirements associated with this directive.

5. RECORDS MANAGEMENT

All records regardless of format (for example, 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 can be addressed to the appropriate Records Officer.

6. BACKGROUND

a. VACRS requires each VA medical facility to establish a cancer registry that includes Veterans enrolled in VA health care with a reportable diagnosis. Qualified and experienced staff maintain the registry to identify and report all required data items for patients diagnosed or treated for diseases outlined in the current VACRS reportable list. Required data items include standard data items per the American College of Surgeons' Commission on Cancer and NCI's SEER program, as well as VACRS-specific data items.

b. The VACRS provides a systematic approach to (1) identifying patients with a reportable diagnosis or who are under care for reportable diagnosis, (2) gathering standardized structured information about each patient, including lifetime annual disease surveillance, and (3) generating reports on the population of patients with reportable diagnoses in the VA health care system. Data in the VACRS includes patient demographics (e.g., address at diagnosis, race, ethnic origin, gender), primary cancers (e.g., staging, treatment, survival, and other clinical data), and accurate disease status.

c. Cancer registry data is vital for VA health care providers, policy administrators, researchers, and the public as it provides vital information about newly diagnosed cancer cases (incidence), treatment of cancer, annual status of disease for recurrence/progression, development of subsequent cancers, and deaths from cancer (mortality). These data are required to understand and address VA's cancer burden and

patient management as well as program assessment, planning, and strengthening of oncology care. Specifically, the cancer registry database is used to:

(1) Capture a complete history, diagnosis, treatment, and health status for every patient with a reportable diagnosis cancer in the VA health care system per standard setter requirements;

(2) Assist in the care of individuals with cancer;

(3) Monitor cancer trends over time;

(4) Determine patient cancer incidence;

(5) Illustrate cancer patterns in various VA populations and identify high-risk groups;

(6) Evaluate the strength and quality of cancer programs;

(7) Understand and plan for the impact of cancer screening, new diagnostic tests, and treatments on VA health care resources; and

(8) Contribute to VA clinical, epidemiologic, and health services research, which in turn helps inform cancer care and VHA policy.

d. VACRS facilitates the compilation of accurate incidence statistics, comparison of system wide outcomes with national standards, analysis of specific therapies and outcomes, evaluation of prevention practices, and planning for resource allocation. It also assists in providing analytic reports and contributes to nationwide cancer information.

e. VACRS endorses reporting to state central cancer registries to ensure a complete understanding of the national cancer burden and mortality.

7. DEFINITIONS

a. **Reference Date.** The reference date is the start date after which all eligible cases of reportable cancer or other reportable condition must be included in the cancer registry (VACRS or VA medical facility cancer registry). This date is a reference point for many standards and activities in the cancer registry. The VACRS reference date is January 1, 2009.

b. **VA Cancer Registry System.** The VACRS is a national population-based cancer registry composed of aggregations of data from all VA medical facility cancer registries. In VHA, this includes all patients with a reportable cancer or other reportable condition who were diagnosed or treated at a VA medical facility, diagnosed or treated in the community, or for whom cancer registry data is otherwise made available to VHA. This includes patients seen by telehealth encounters, as well as both analytic and non-analytic cases.

8. REFERENCES

- a. P.L.104-191.
- b. 5 U.S.C. § 552a.
- c. 38 U.S.C. §§ 5701, 7301(b), 7332.
- d. 45 C.F.R. Parts 160 and 164.
- e. VA Handbook 6500, Risk Management Framework for VA Information Systems VA Information Security Program, dated February 24, 2021.
- f. VHA Directive 1605.01, Privacy and Release of Information, dated July 24, 2023.
- g. VACRS SharePoint: <https://dvagov.sharepoint.com/sites/vhacr>. **NOTE:** This is an internal VA website that is not available to the public.
- h. VACRS SharePoint, Business Agreements:
<https://dvagov.sharepoint.com/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/Forms/AllItems.aspx?csf=1&web=1&e=FVLPhX&cid=aa7de4bb%2Dae5%2D4f9e%2Db4ce%2D4ee91c17cc0e&FolderCTID=0x0120003C304E975A85814BA6AD94189D91762A&id=%2Fsites%2Fvhacr%2FVACRS%20Program%20Guidance%20%20Directives%2FBusiness%20Agreements&viewid=6819c72e%2D87f7%2D49ee%2D95b1%2D88cc54a1ca1d>. **NOTE:** This is an internal VA website that is not available to the public.
- i. VACRS SharePoint, Cancer Registry Standards:
<https://dvagov.sharepoint.com/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/Forms/AllItems.aspx?csf=1&web=1&e=sZgNeo&cid=58a9898e%2D0cbe%2D4ddc%2Da03f%2Dd7f639a5705c&RootFolder=%2Fsites%2Fvhacr%2FVACRS%20Program%20Guidance%20%20Directives%2FCancer%20Registry%20Standards&FolderCTID=0x0120003C304E975A85814BA6AD94189D91762A>. **NOTE:** This is an internal VA website that is not available to the public.
- j. VACRS SharePoint, Directives & Program Guidance:
<https://dvagov.sharepoint.com/sites/vhacr/SitePages/Directives,%20Policy%20Guidance%20&%20Standards.aspx>. **NOTE:** This is an internal VA website that is not available to the public.
- k. VACRS SharePoint, Leadership Tools:
<https://dvagov.sharepoint.com/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/Forms/AllItems.aspx?csf=1&web=1&e=FVLPhX&cid=730e5bfc%2D894f%2D4022%2Daa31%2D59300eeda2e2&RootFolder=%2Fsites%2Fvhacr%2FVACRS%20Program%20Guidance%20%20Directives%2FLeadership%20Tools&FolderCTID=0x0120003C304E975A85814BA6AD94189D91762A>. **NOTE:** This is an internal VA website that is not available to the public.

I. VACRS SharePoint, VACRS Program Guidance & Directives:

<https://dvagov.sharepoint.com/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/Forms/AllItems.aspx?csf=1&web=1&e=LPT3hH&CID=3c23bd9c%2D7749%2D4690%2D9eab%2D7ed3e2f50de2&FolderCTID=0x0120003C304E975A85814BA6AD94189D91762A&viewid=6819c72e%2D87f7%2D49ee%2D95b1%2D88cc54a1ca1d>. **NOTE:** This is an internal VA website that is not available to the public.

m. VACRS SharePoint, VACRS Reportable Lists:

<https://dvagov.sharepoint.com/:f:/r/sites/vhacr/VACRS%20Program%20Guidance%20%20Directives/VACRS%20Guidance%20Documents/VA%20CRS%20Reportable%20Lists?csf=1&web=1&e=61C8gj>. **NOTE:** This is an internal VA website that is not available to the public.