

## Glossary of Acronyms and Definitions

### Acronyms

ADA	Americans with Disabilities Act
ADC	average daily census
AFB	Air Force Base
AVM	arteriovenous malformation
BRC	blind rehabilitation center
BVA	Blinded Veterans Association
CAH	critical access hospital
CARES	Capital Asset Realignment for Enhanced Services
CAVHCS	Central Alabama Veterans Health Care System
CBOC	community-based outpatient clinic
CMOP	Centralized Mail Out Pharmacy
CMS	Centers for Medicare and Medicaid Services
CTVHCS	Central Texas Veterans Health Care System
CWT	compensated work therapy program
DNCP	Draft National CARES Plan
DoD	Department of Defense
DRG	diagnostic related groups
EHR	Extremely High Risk
EU	enhanced use
EUL	enhanced use lease
FTE	full time equivalent
FY	Fiscal Year

GAO	General Accounting Office
GRECC	Geriatric Research, Education and Clinical Center
HCS	health care system
HSR&D	Health Services Research and Development
ICU	intensive care unit
JCAHO	Joint Commission on Accreditation of Health Care Organizations
LTC	long-term care
LVN	licensed vocational nurse
MUSC	Medical University of South Carolina
NCA	National Cemetery Administration
NCPO	National CARES Program Office
NDAA	National Defense Authorization Act
NH	nursing home
NHCU	nursing home care unit
NRM	nonrecurring maintenance [construction]
OPC	outpatient clinic
PET	positron emission tomography
PRRTP	psychiatric residential rehabilitation treatment program
PTSD	Post-Traumatic Stress Disorder
RN	registered nurse
RO	VBA Regional Office
SCI	spinal cord injury
SCI/D	spinal cord injury/disorder
SOPC or SOC	satellite outpatient clinic
STVHCS	South Texas Veterans Health Care System
USH	Under Secretary for Health
VA	Department of Veterans Affairs
VACO	VA Central Office
VAMC	VA Medical Center
VARO	VA Regional Office
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VSO	veterans service organization
VSSC	VISN Support Service Center

## Definitions

**Access Guidelines** – Minimum percentage of enrollees living within a specific travel time to obtain VA care. For the CARES process, guidelines were defined as follows:

*Access to Primary Care:* 70% of veterans in urban and rural communities must be within 30 minutes of primary care; for highly rural areas, this requirement is within 60 minutes.

*Access to Hospital Care:* 65% of veterans in urban communities must be within 60 minutes of hospital care; for rural areas, this requirement is within 90 minutes; and for highly rural areas, this requirement is within 120 minutes.

*Access to Tertiary Care:* 65% of veterans in urban and rural communities must be within 4 hours of tertiary care; for highly rural areas, this requirement is within the VISN.

**CARES (Capital Asset Realignment for Enhanced Services)** – A planning process that evaluates future demand for veterans’ health care services against current supply and realigns VHA capital assets in a way that results in more accessible, high quality health care for veterans.

**CARES Commission** – As charged by the Secretary of Veterans Affairs, the Commission will provide objectivity, bring an external perspective to the CARES planning process, and make specific recommendations to the Secretary regarding the realignment and allocation of capital assets necessary to meet the demand for veterans health care services over the next 20 years. In making its recommendations, the Commission will focus on the accessibility and cost effectiveness of care to be provided, while ensuring that the integrity of VA’s health care and related missions is maintained, and any adverse impact on VA staff and affected communities is minimized.

**CBOC (Community-Based Outpatient Clinic)** – VA operated, or contracted or leased, health care facility geographically distinct or separate from the parent medical facility. In the DNCP, CBOCs have been classified into one of three tiers:

*Priority Group One* – those CBOCs proposed for Markets that did not meet the CARES Primary Care Access Standards, and will bring 7,000 or more enrollees within the standards.

*Priority Group Two* – those CBOCs proposed for Markets that did not meet the CARES Primary Care Access Standard, and will bring less than 7,000 enrollees within the standards.

*Priority Group Three* – those CBOCs proposed for Markets that already met the CARES Primary Care Access Standard.

**Planning Initiative (PI)** – A VACO-identified future gap, potential overlap in services, large change in demand, or required access improvements for a market area that met specific thresholds and that need to be resolved.

**Proximity** – Two or more acute or tertiary hospital facilities with similar missions within close proximity of each other.

**Realignments** –The DNCP identified facilities that should consolidate services or move services from one facility to another. These facilities were included in the October data call from the NCPO to the VISNs for life cycle and capital costs on the changes.

**Small Facilities** – Medical centers that have a projected acute bed levels fewer than 40 beds in FY 2012 and FY 2022.

**Tertiary Care Hospital** – Provides a full range of basic and sophisticated diagnostic and treatment services across the continuum of care, including some of the most highly specialized services. Tertiary medical centers are generally affiliated with schools of medicine, participate in undergraduate and graduate medical education, conduct clinical and basic medical research, and serve as regional referral centers.