

VHA INTEGRITY AND COMPLIANCE PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive provides an enterprise-wide consistent and mandatory framework for integrity and compliance and defines the roles and responsibilities of VHA staff in implementing and maintaining an effective integrity and compliance program. **NOTE:** *The Office of Integrity and Compliance's (OIC) integrity and compliance framework does not replace or supersede the directives and requirements of other program offices that have a specific mandatory or statutory oversight role (e.g., National Center for Ethics in Health Care, Office of Research Oversight and Office of Information Access and Privacy).*

2. SUMMARY OF MAJOR CHANGES: Updates to this directive include:

a. Changes to the scope and name of the VHA Office of Integrity and Compliance (OIC), formally referred to as the VHA Office of Compliance and Business Integrity (CBI).

b. Additional definitions for clarity (see paragraph 3).

c. Updated responsibilities for Veterans Integrated Service Networks (VISNs), Department of Veterans Affairs (VA) medical facilities and VHA program offices (see paragraph 5).

d. Creation of the VHA Directive 1030 Guidebook which specifies the process, cadence and frequency for compliance activities to facilitate implementation of all elements of an effective integrity and compliance program (see Appendix A).

3. RELATED ISSUES: VHA Handbook 1004.07, Financial Relationships Between VHA Health Care Professionals and Industry, dated November 24, 2014; and VHA Directive 1370, VHA Internal Audit Program Office, February 5, 2018.

4. RESPONSIBLE OFFICE: The VHA Chief Integrity and Compliance Officer, Office of Integrity and Compliance (OIC) 10CBI (formerly 10E1A) is responsible for the content of this directive. Questions may be referred to 202-461-0683 or vhacocbiooffice@va.gov.

5. RESCISSIONS: VHA Directive 1030, Compliance and Business Integrity Oversight Program, dated February 26, 2016; VHA Handbook 1030.01, Compliance and Business Integrity (CBI) Program Administration, dated July 31, 2006; VHA Handbook 1030.02, Compliance and Business Integrity (CBI) Program Standards, dated November 8, 2010; VHA Handbook 1030.04, VHA Compliance and Business Integrity (CBI) Helpline, Compliance Inquiry Reporting and Tracking System (CIRTS) and Conducting a Compliance Inquiry (CI), dated June 9, 2009; VHA Handbook 1030.05, VHA Compliance and Business Integrity Screening Procedures of Government Sanctions Lists (GSL) for Individual and Entity Exclusions, dated July 14, 2011; and VHA

Handbook 1030.06, Compliance and Business Integrity (CBI) Auditing and Monitoring Standards, dated August 26, 2011, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of December 2025. This VHA directive will continue to serve as the national VHA policy until it is recertified or rescinded.

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

/s/ Richard A. Stone, M.D.
Executive in Charge, Office of the Under
Secretary for Health

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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APPENDIX A

VHA DIRECTIVE 1030 GUIDEBOOKA-1

VHA INTEGRITY AND COMPLIANCE PROGRAM

1. PURPOSE

a. This Veterans Health Administration (VHA) directive sets forth policy for the VHA Office of Integrity and Compliance (OIC) program which focuses on promoting a culture of integrity and accountability across VHA; defines responsibilities related to the management of legal and regulatory compliance risk and the prevention, detection and mitigation of fraud, waste and abuse; and sets forth a standardized VHA-wide compliance framework and the requirement that the program framework be implemented and maintained. **NOTE:** *The OIC integrity and compliance framework does not replace or supersede the directives and requirements of other program offices that have a specific mandatory or statutory oversight role (e.g., Office of Research Oversight and Office of Information Access and Privacy) or the National Center for Ethics in Health Care.*

b. This directive is supplemented by the VHA Directive 1030 Guidebook (see Appendix A) which specifies activities to facilitate implementation of all elements of an effective integrity and compliance program. This policy is applicable to all VHA employees, Veterans Integrated Service Network (VISN) offices, Department of Veterans Affairs (VA) medical facilities and any VHA program office that issues mandates to the field derived from legal and regulatory requirements (e.g., Office of Community Care (OCC), Member Services and others). See note in 1.a. **AUTHORITY:** Title 38 United States Code (U.S.C.) § 7301(b).

2. BACKGROUND

a. The Office of Integrity and Compliance (OIC) (previously the Office of Compliance and Business Integrity (CBI)) was established in 1999 by the Under Secretary for Health in alignment with the US Sentencing Commission (USSC) Sentencing Guidelines and the Health and Human Services (HHS) Office of Inspector General (OIG) compliance program model to reduce fraud, waste and abuse, and to promote high standards of business integrity and quality.

b. In 2015, the Under Secretary for Health consolidated certain VHA program offices responsible for oversight, accountability and ethics under a single Assistant Deputy Under Secretary for Health. Initially, the Office of Integrity included the Office of Compliance and Business Integrity, the Office of the Medical Inspector, Management Review Service (now the Government Accountability Office (GAO)-Office of Inspector General (OIG) Accountability Liaison (GOAL) Office), the National Center for Ethics in Health Care and Office of Internal Audit and Risk Assessment.

c. In 2018, CBI shifted from its historic focus on revenue cycle compliance to a broader focus on the highest priority non-clinical and non-research risks facing VHA. One major role of CBI became to conduct a periodic compliance risk assessment and, with the approval of the Audit, Risk and Compliance Committee (ARCC), work to mitigate critical VHA legal and regulatory compliance risks that do not fall within the

jurisdiction of other existing VHA Central Office oversight programs. Those risk areas are expected to change over time; therefore, OIC's previous narrow scope expanded to enable it to focus on a wider range of legal and regulatory compliance risks. CBI was also named the hub of fraud, waste and abuse (FWA) efforts across VHA. In 2020, CBI began the process to change its name to OIC to reflect its broader scope. The VHA Central Office (VHACO) OIC multidisciplinary team includes compliance professionals and is headquartered in Washington, DC. In addition, field compliance professionals who do not report to VHA OIC are embedded at VISNs, VA medical facilities and selected VHA program offices. **NOTE:** Selected VHA program offices are those that issue mandates to the field derived from legal and regulatory requirements. See paragraph 5.h.(7) and the note in 1.a.

d. The OIC's core mission is to enhance and preserve Veterans' trust by (1) promoting a culture of integrity, (2) assisting VHA to assess, manage and mitigate legal and regulatory risk and (3) providing a compliance framework, leadership and oversight to promote an integrated enterprise program in which all OIC compliance activities in VHA work together to identify, prevent and mitigate noncompliance.

e. VA core values are Integrity, Commitment, Advocacy, Respect and Excellence (I CARE). The I CARE principles begin with Integrity. Every day, every VHA stakeholder, in all that they do, should focus on promoting and maintaining a culture of integrity. See https://www.va.gov/icare/docs/ICARETraining_08082014.pdf for more information.

3. DEFINITIONS

a. **Auditing.** Auditing is a retrospective review and examination of information for verification and compliance with existing policies and standards. Auditing is an evaluation of an organization, system, process, or enterprise by an independent party to ascertain the validity and reliability of information, assess the presence and effectiveness of internal controls and/or determine if departments are adhering to rules, regulations, policies and procedures.

b. **Business Process Owner.** A business process owner is the individual designated by the business unit who is responsible for the day-to-day implementation, maintenance, oversight and improvement of a particular business process. Activities of the business process owner include establishing and testing internal controls, monitoring performance and risk response.

c. **Causation and Corrective Action Plan.** A Causation and Corrective Action Plan (CCAP) responds to an identified risk or to organizational compliance failures. Its purpose is to identify the cause of the failure and to lay out the specific steps the organization will take to minimize the likelihood of a risk being realized, or to halt the compliance failure and implement prevention mechanisms to ensure the failure does not resurface.

d. **Compliance.** Compliance is actual and meaningful adherence to the requirements of any law, regulation, policy, official operating guidance or standards applicable to the activity or practice in question.

e. **Compliance Risk.** A compliance risk is a risk related to an organization's conformance with laws, regulations, organizational standards or the VHA code of integrity.

f. **Deficiency.** A deficiency is an inability or failure to meet a specific standard. It indicates a determination made by a responsible party that a VHA organization has been found to be noncompliant with specific conditions or does not meet a standard, official operating guidance, procedure, VHA or VA policy, other Federal agency regulations and guidelines, or public law. A deficiency may result from an evaluative function including an inspection, evaluation, audit, or monitor.

g. **Fraud, Waste and Abuse.** The U.S. Government Accountability Office (GAO) defines fraud as obtaining something of value through willful misrepresentation. Waste is squandering money or resources, even if not explicitly illegal. Abuse is behaving improperly or unreasonably or misusing one's position or authority.

h. **Inquiry.** An inquiry is the process of obtaining information to determine future conduct. For example, an inquiry occurs when a request is received that seeks guidance or clarification about governing regulations and policies.

i. **Integrity.** Integrity, as defined by VA's I CARE values, means acting with high moral principle and adhering to the highest professional standards, maintaining people's trust and confidence. Integrity is more than technical or minimal compliance with the laws and regulations that apply to a business activity or health information practice. It includes the quality of being honest and complying with the spirit as well as the letter of the law. Integrity also includes maintaining processes and systems that have internal consistency and lack corruption.

j. **Internal Controls.** Internal controls are the plans, methods, policies and procedures organizations use to provide reasonable assurance that the objectives of a policy, process, procedure or entity will be achieved. An objective of internal controls is to provide reasonable assurance that compliance with applicable laws and regulations is occurring.

k. **Issue.** An issue is a claim, assertion or finding of conduct that has already happened about which there is a compliance or integrity concern.

l. **Monitoring.** Monitoring is the process of observing and checking the progress or quality of something over a period of time. Compliance monitoring is a periodic evaluative process to determine the extent to which rules, regulations and policies are being followed and to identify whether procedures and corrective actions are working as intended. The term "monitoring" is used broadly and has at least two distinct contexts. One context refers to the self-monitoring conducted by a first line business process owner or staff in an operations role. The other context refers to the second line

monitoring that is conducted by department management, compliance professionals and/or other oversight personnel to “monitor” first line processes.

m. **Risk**. A risk is a future event or condition that would potentially result in a negative impact on an entity’s assets, activities and operations.

n. **Risk Assessment**. A risk assessment is a systematic process for identifying, assessing and prioritizing risks that may exist in an activity, process, undertaking or organization.

o. **Risk Management**. Risk management is a series of activities to control threats to achieve an organization’s goals and objectives or the organization’s well-being. Risk management includes activities and sometimes the application of resources to minimize, monitor, detect, control and/or prevent the probability or impact of future adverse events or to maximize the realization of opportunities, typically undertaken after concluding a risk assessment.

p. **Risk Owner**. A risk owner is the person or persons who own a particular risk and is responsible for managing and mitigating that risk.

q. **Standards**. For the purposes of this directive, standards are the laws, regulations, directives and guidelines that apply to VHA programs and operations.

r. **Three Lines Model**. The Three Lines Model (3LM) model is an update of the Three Lines of Defense (3LD) model which serves as a framework that VHA has used to manage risk. In the 3LM model, each of the three lines plays a distinct role within an organization’s governance framework. In the 3LM model, the first line role is the provision of products and services to clients along with the management of risk. The second line role is to provide expertise, support, monitoring and “challenge” on risk-related matters. The third line role is independent and objective assurance and advice on all matters related to the achievement of objectives. The 3LM model establishes a standardized framework for ensuring oversight, collaboration and communication for risk management at all levels throughout VHA.

s. **Tone at the Top**. Tone at the top is defined as the attitudes and behaviors exhibited by leadership reflecting the integrity and ethical values expected throughout the organization. The tone at the top can reinforce a commitment to doing what is right, not just maintaining a minimal level of compliance with applicable laws and regulations.

t. **VHA Enterprise**. The VHA enterprise consists of all VHA administrative and program offices, VISNs, VA medical facilities and their subdivisions.

4. POLICY

It is VHA policy to create and maintain an effective OIC integrity and compliance program that incorporates integrity and the compliance framework set forth herein throughout the VHA enterprise. All VHA employees are required to act with integrity, understand and comply with the standards that apply to their work and fulfill their duty to

report suspected noncompliance, fraud, waste, abuse (FWA) and integrity concerns.

NOTE: *OIC integrity and compliance framework does not replace or supersede the directives and requirements of other program offices that have a specific mandatory or statutory oversight role (e.g., Office of Research Oversight and Office of Information Access and Privacy) or National Center for Ethics in Health Care.*

5. RESPONSIBILITIES

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

(1) Ensuring overall VHA compliance with this directive.

(2) Promoting and encouraging compliance with the laws, regulations, guidelines, directives and standards including this directive, the VHA Directive 1030 Guidebook (see Appendix A) and other guidance by OIC and other monitoring entities that apply to VHA programs and operations (collectively “Standards”).

(3) Providing the integrity and compliance “tone at the top” for the VHA enterprise through regular compliance communications, emphasizing the importance of integrity and compliance to the organization and positioning the integrity and compliance program so that it is seen by employees as a priority of VHA.

(4) Providing adequate support and sufficient resources to implement and maintain all elements of an effective OIC integrity and compliance program as defined by the framework.

(5) Appointing a Chief Integrity and Compliance Officer to provide oversight, guidance and direction to the Office of Integrity and Compliance and OIC integrity and compliance program.

(6) Resolving or delegating the resolution of compliance risks, business integrity issues and disputes.

(7) Delegating authority to the Audit, Risk, and Compliance Committee (ARCC) to provide guidance to OIC on its strategic and operational compliance plan.

(8) Ensuring the Assistant Deputy Under Secretary for Health for Risk Management supports the implementation and oversight of this directive.

b. **Deputy Under Secretary for Health.** The Deputy Under Secretary for Health is responsible for:

(1) Providing oversight of VHA program office leadership to assure compliance with this directive and the VHA Directive 1030 Guidebook (see Appendix A).

(2) Providing adequate support and sufficient resources to implement and maintain all elements of OIC integrity and compliance program as defined by the framework.

(3) Providing the integrity and compliance “tone at the top” for the VHA enterprise through regular compliance communications, emphasizing the importance of integrity and compliance to the organization.

(4) At the direction of the Under Secretary for Health, chairing, supporting and maintaining the ARCC to oversee the promotion of a culture of integrity and to ensure that OIC integrity and compliance program is integrated within VISNs, VA medical facilities and VHA program offices in accordance with this directive.

c. **Assistant Deputy Under Secretary for Health for Risk Management.** The Assistant Deputy Under Secretary for Health for Risk Management is responsible for:

(1) Providing the integrity and compliance “tone at the top” for the VHA enterprise through regular compliance communications, emphasizing the importance of integrity and compliance to the organization.

(2) Preventing, detecting and mitigating FWA.

(3) Providing oversight to ensure that leaders within the program office are trained on the role of integrity and compliance and their accountability for its effective implementation.

(4) Providing adequate support and sufficient resources (e.g., staff and budget) to the OIC to oversee the development, implementation and maintenance of an effective, enterprise-wide OIC integrity and compliance program as defined by the framework.

(5) Providing the OIC with executive support, including during interactions with other executives and at executive meetings and governing bodies, to assist with the effective implementation, operation and effectiveness of its programs, policies, strategies and goals.

(6) Supporting the program office with implementation and oversight of this directive.

d. **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 VISNs.

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

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

(4) Providing the integrity and compliance “tone at the top” for VHA operations through regular compliance communications, emphasizing the importance of integrity and compliance to the organization.

(5) Ensuring adequate bi-directional communication systems exist so that the VHA Chief Integrity and Compliance Officer is well informed about current leadership strategy, priorities, risks and initiatives.

(6) Ensuring that all VISN Directors appoint an Integrity and Compliance Officer (ICO) at each VISN to establish and maintain a VISN level integrity and compliance program and to assist the VISN Director with providing oversight of the implementation and effectiveness of all VA medical facility integrity and compliance programs within the network.

(7) Assisting OIC with implementation of an effective integrity and compliance program as it relates to VISN and VA medical facility operations, which includes facilitating the office's efforts to conduct its compliance oversight and support responsibilities.

e. **All Assistant Under Secretaries for Health.** All Assistant Under Secretaries for Health are responsible for:

(1) Promoting and encouraging compliance with the laws, regulations, guidelines, directives and standards that apply to VHA programs and operations, and taking appropriate corrective action when noncompliance is identified.

(2) Preventing, detecting and mitigating FWA.

(3) Providing oversight to ensure that leaders are trained on the role of integrity and compliance and their accountability for its effective implementation.

f. **Audit, Risk and Compliance Committee Members.** The Audit, Risk and Compliance Committee (ARCC) members serve as the VHA governance body that provides oversight of OIC integrity and compliance program. ARCC is comprised of senior leadership at VHA Central Office and representatives from VISNs and VA medical facilities. For more information on the ARCC charter, see <https://dvagov.sharepoint.com/sites/VACOVHACBI/1030/Support%20Files/Forms/AllItems.aspx?id=%2Fsites%2FVACOVHACBI%2F1030%2FSupport%20Files%2FARCC%20Charter%5Fsigned%202019%2E05%2E24%2Epdf&parent=%2Fsites%2FVACOVHACBI%2F1030%2FSupport%20Files>. **NOTE:** This is an internal VA website that is not available to the public. ARCC members are responsible for:

(1) Providing executive guidance on key strategic decisions and issues of material significance for OIC integrity and compliance program.

(2) Adjudicating substantial disputes between the field and/or other program offices and OIC regarding risk tolerance.

g. **VHA Chief Integrity and Compliance Officer.** The VHA Chief Integrity and Compliance Officer is responsible for:

(1) Providing oversight, guidance and direction to the Office of Integrity and Compliance and OIC integrity and compliance program.

(2) Providing VHA with a consistent framework, policy, oversight and support for implementing and maintaining an effective OIC integrity and compliance program within:

(a) VHA program offices including Member Services, the Office of Community Care (OCC) and other program offices that issue mandates to the field derived from legal and regulatory requirements. See note in 1.a.

(b) VISNs.

(c) VA medical facilities.

(3) Setting the strategic direction for OIC integrity and compliance program including but not limited to establishing a vision, mission, scope, objectives and desired outcomes.

(4) Providing oversight to assure compliance with the Standards that define the elements of an effective OIC integrity and compliance program and the process, cadence and frequency for compliance activities.

(5) Assisting VHA to promote a culture of integrity by providing training and establishing programming for OIC compliance professionals and by providing consultative services.

(6) Assisting VHA to manage and mitigate OIC's legal, regulatory and reputational risks. This includes working closely with VHA senior leadership to develop a proactive strategy to manage and mitigate legal and regulatory compliance risks.

(7) Assisting VHA to prevent and detect FWA by providing training and establishing programming for VHA compliance professionals and by providing consultative services to and collaborative activities with other VHA programs and staff.

(8) Maintaining a risk management process to include an assessment to facilitate the identification and prioritization of OIC's integrity and compliance risks at the national, regional, and local level in order to track, monitor and report on risk mitigation activities. Results are shared with the ARCC, the VHA Enterprise Risk Management (ERM) program and other stakeholders.

(9) Providing consultative services to VISNs, VA medical facilities and VHA program offices upon request to assist with the remediation of OIC integrity and compliance issues, the development and improvement of internal controls and other process improvements to prevent the reoccurrence of noncompliance and improve the culture of integrity.

(10) Cultivating partnerships and promoting communications to integrate, coordinate and synergize OIC integrity and compliance programs across VHA. This includes:

(a) Assuring the distribution of best practices and awareness of emerging risks through channels that may include conference calls, committee meetings, websites, reports, newsletters or email.

(b) In consultation with VA medical facility, VISN and program office OIC professionals as needed, developing and implementing standardized national solutions when it is more efficient and effective than developing solutions at the regional or local level.

(11) Through the national VHA Audit Risk and Compliance Committee (ARCC), providing VHA senior leadership with regular reporting on key strategic decisions and issues of material enterprise-wide significance for the integrity and compliance program.

(12) In accordance with committee charters, acting as Chair of designated ARCC Sub-Committees and other cross-functional and VHA work groups as needed.

(13) Providing training to leadership of VHA program offices, VISNs and VA medical facilities on their integrity and compliance roles and responsibilities.

(14) Working with VHA program office or VISN leadership to review and resolve issues raised by a program office or VISN Integrity and Compliance Officer which they have determined is not being addressed appropriately at their level and has the potential of becoming a national issue or the risk presents imminent and substantial harm to the agency. If such discussions do not resolve the matter, the issue can be escalated to the Under Secretary for Health or designee for final resolution.

(15) Developing, maintaining and administering mechanisms (including a helpline) for use by individuals to raise questions and report integrity and compliance concerns at VHA, anonymously if so desired. **NOTE:** *Other programs may have their own hotlines and procedures to directly receive concerns within their purview (e.g., the Office of Research Oversight and the National Center for Ethics in Health Care). Calls received by OIC that pertain to other specialties will be referred to the appropriate program office.*

(16) Developing, maintaining and administering a case management system to retain appropriate data, facilitate the investigation and resolution of issues and report implementation and effectiveness metrics from helpline and other reporting channels.

(17) Providing support and consultation to VHA program offices, VISNs and VA medical facilities upon request in the recruitment, onboarding, training, management or performance review of their integrity and compliance personnel.

h. VHA Program Office Executive Director or Chief Officer. **NOTE:** *This paragraph is applicable only to VHA program offices that issue mandates to the field derived from legal and regulatory requirements. See note in 1.a. Further, the responsibilities in paragraph 5.h.(7) apply only to Member Services, the Office of*

Community Care (OCC) and any VHA program office that chooses to provide resources for an Integrity and Compliance Officer. The VHA Program Office Executive Director or Chief Officer is responsible for:

(1) Providing the integrity and compliance “tone at the top” for the program office through regular compliance communications, emphasizing the importance of integrity and compliance to the organization.

(2) Communicating and consulting on the expectations of this directive to leaders within the VHA program office.

(3) Working with entities whose activities implement the program office’s legal and regulatory requirements to ensure:

(a) The requirements are properly and clearly articulated in operating policies or procedures.

(b) The requirements are communicated effectively to affected audiences.

(c) Training is developed and implemented to facilitate an understanding of the requirements, if needed.

(d) Compliance with the requirements is periodically assessed through audits, reviews or monitoring.

(e) Noncompliance with requirements is remedied.

(4) Preventing, detecting and mitigating FWA within the VHA program office and assisting entities whose activities implement the program office’s requirements to do the same.

(5) Ensuring that leaders within the program office are trained on the role of integrity and compliance and their accountability for its effective implementation. See Appendix A, VHA Directive 1030 Guidebook, Compliance and Integrity Training and Education.

(6) Ensuring that the VHA Chief Integrity and Compliance Officer is informed about current VHA program office compliance and integrity strategy, priorities, risks and initiatives. This includes establishing a primary point of contact for integrity and compliance issues if an ICO has not been appointed.

(7) The VHA Program Office Executive Director or Chief Officer for Member Services, the Office of Community Care (OCC) and any VHA program office that chooses to resource a dedicated OIC Integrity and Compliance Officer (ICO) based on the office’s scope, complexity, risk level and workload (as determined by the VHA Program Office Director with input from the VHA Chief Integrity and Compliance Officer) is also responsible for:

(a) Providing oversight, resources and support for the program office's integrity and compliance program to ensure compliance program effectiveness and compliance with the Standards that define the elements of an effective compliance program and the process, cadence and frequency for compliance activities.

(b) Ensuring the appointment of at least one qualified, dedicated VHA Program Office ICO who has direct access to program office leadership and the resources (e.g., staff, office space, technology and budget) and authority necessary to implement and maintain an effective integrity and compliance program in accordance with this directive and the VHA Directive 1030 Guidebook (see Appendix A). The VHA Program Office Director will specify the number of VHA Program Office ICOs required based on the scope and complexity of the VHA program office's operations and will seek input if needed from the VHA Chief Integrity and Compliance Officer. **NOTE:** *It is a prohibited personnel practice to take or to threaten to take a personnel action against an ICO because of whistleblowing. For more information see the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017, Public Law (P.L.) 115-41; 5 U.S.C. § 2302, Prohibited Personnel Practices; and VA Directive 0500, Office of Accountability and Whistleblower Protection: Investigation of Whistleblower Disclosures and Allegations Involving Senior Leaders or Whistleblower Retaliation, September 10, 2019.*

(c) Beginning recruitment to backfill a vacant VHA Program Office ICO position as soon as it is feasible and appointing a qualified Acting ICO with the appropriate level of background check until the position is backfilled. The prompt replacement of an ICO and the appointment of a knowledgeable Acting ICO for a stable period of time in the interim is essential to avoid a significant decline in the implementation and effectiveness of the integrity and compliance program unless there are multiple ICOs in the program office who can provide cross-coverage. **NOTE:** *VHACO OIC is available to provide support and consultation to the VHA program office upon request in recruitment, onboarding, training, management or performance review of integrity and compliance personnel.*

(d) Ensuring that the VHA Program Office ICO is not encumbered with collateral duties that impair their independence or otherwise prevent full implementation of the integrity and compliance program. Before assigning collateral duties, consideration should be given to whether sufficient resources have been allocated to support the ICO to provide adequate coverage of all primary and collateral responsibilities. If collateral duties are assigned, the VHA Program Office Executive Director or Chief Officer is responsible for ensuring that these duties do not create an excessive burden or a conflict of interest with respect to the VHA Program Office ICO's compliance oversight responsibilities. The ICO should not be assigned to perform a task if their primary role is to provide oversight of that task.

(e) Ensuring that the VHA Program Office ICO is included in pertinent senior level meetings and strategy meetings so that the ICO is viewed as a member of organizational leadership and can strategically understand how compliance and risk

management fits into the broader strategy of the organization. **NOTE:** *This includes entry and exit briefs with internal and external oversight entities.*

(f) Ensuring that the VHA Program Office ICO, as permitted by law and VHA policy, and as required for compliance purposes, has access and authority to review all pertinent documents, patient records and other information needed to fulfill the responsibilities stated in paragraph 5.i.

(g) Ensuring that the VHA Program Office ICO provides regular reports to the VHA Program Office Executive Director/Chief Officer or designee regarding the status, implementation, operation and effectiveness of the integrity and compliance program at a mutually agreed upon frequency, and meeting with the ICO upon request to address issues that the ICO determines to be significant. Regular reports include, but are not limited to, committee meeting minutes, compliance risk assessments and annual reports of program effectiveness. Review the reports provided by the ICO to ensure that the organization's compliance program is implemented and effective; top risks are identified and managed; and noncompliance is appropriately addressed.

(h) Establishing and maintaining a program office Integrity and Compliance Committee or equivalent which is chaired or co-chaired by the VHA Program Office ICO, reports its activities to the most senior VHA program officer or designee for review and approval and meets at least quarterly. See Appendix A, VHA Directive 1030 Guidebook, Compliance Resources, Officer and Committee. **NOTE:** *The scope of the committee includes review and discussion of the elements of a compliance program. See Appendix A, VHA Directive 1030 Guidebook, Compliance Framework.*

(i) Ensuring that business process owners and risk owners comply with their responsibilities as outlined in this directive.

(j) Providing appropriate travel resources to the VHA Program Office ICO for site visits to regional facilities for the purpose of reviewing and supporting compliance activities as funding permits.

(k) Assisting OIC with implementation of an effective integrity and compliance program as it relates to VHA Program Office operations, which includes facilitating the OIC office's efforts to conduct its compliance oversight and support responsibilities.

i. **VHA Program Office, Integrity and Compliance Officer.** **NOTE:** *This is applicable only to VHA program offices that have appointed at least one dedicated ICO. The VHA Program Office ICO is responsible for:*

(1) Developing and maintaining an effective integrity and compliance program specific to the VHA program office using the compliance framework, Standards, processes and resources set forth in this directive, the VHA Directive 1030 Guidebook (see Appendix A) and other guidance.

(2) Providing significant and high-level updates to the Program Office Director or designee on the status of the VHA program office's integrity and compliance activities.

Relevant information must be provided to the VHA Program Office Executive Director or Chief Officer in accordance with the program office's governance structure or chain of command.

(3) Chairing or co-chairing the VHA program office's Integrity and Compliance Committee or equivalent, ensuring that it meets at least quarterly and reporting its activities to the most senior VHA program officer or designee for review and approval. See Appendix A, VHA Directive 1030 Guidebook, Compliance Resources, Officer and Committee. **NOTE:** *The ICO must ensure that the scope of the committee includes review and discussion of the elements of a compliance program. See Appendix A, VHA Directive 1030 Guidebook, Compliance Framework.*

(4) Enabling the prevention, identification and mitigation of compliance risks pertinent to the program office's mandate through the following risk management activities:

(a) Working with senior management and affected audiences to assist with the development of a strategy to assess, prioritize and mitigate compliance risks and in developing and implementing internal controls and solutions. See Appendix A, VHA Directive 1030 Guidebook, Compliance Risk Assessment and Management.

(b) Periodically performing program-wide reviews to test the presence and effectiveness of internal controls for prioritized risk areas and determining their adequacy for preventing compliance failures. See Appendix A, VHA Directive 1030 Guidebook, Compliance Auditing and Monitoring.

(c) Alerting the VHA Program Office Executive Director or Chief Officer of significant and material integrity and compliance issues or risks upon detection.

(5) Ensuring that processes related to open lines of communication (e.g., helpline referrals, hotline referrals, directly reported issues and inquiries, compliance investigation reviews, government ethics inquiries and any other responsive activities) are performed in accordance with Appendix A, VHA Directive 1030 Guidebook, Communications.

(6) Responding appropriately to integrity and compliance issues to include ensuring that business process owners develop Causation and Corrective Action Plans (CCAPs) when necessary to address compliance deficiencies as set forth in Appendix A, VHA Directive 1030 Guidebook, Investigation and Response.

(7) Encouraging and monitoring the completion of integrity and compliance training within the VHA program office and for affected audiences in accordance with Appendix A, VHA Directive 1030 Guidebook, Compliance and Integrity Training and Education.

(8) Facilitating the resolution of issues and accountability within the VHA program office in accordance with Appendix A, VHA Directive 1030 Guidebook, Resolution, Enforcement and Discipline.

(9) Preventing, detecting and mitigating FWA within the VHA program office by ensuring that risk management activities are conducted and by complying with Appendix A, VHA Directive 1030 Guidebook, Fraud, Waste and Abuse Framework.

(10) Promoting a culture of integrity within the VHA program office in accordance with Appendix A, VHA Directive 1030 Guidebook, Culture of Integrity.

(11) Completing an annual report on the implementation and effectiveness of the VHA program office's integrity and compliance program as set forth in Appendix A, VHA Directive 1030 Guidebook, Compliance Program Review: Implementation and Effectiveness.

(12) Implementing national integrity and compliance strategies and programming.

(13) Using all mandated OIC case management systems in accordance with Appendix A, VHA Directive 1030 Guidebook, Investigation and Response.

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

(1) Communicating the requirements of this directive and the VHA Directive 1030 Guidebook, ensuring compliance with those requirements within the VISN and informing leadership when barriers to compliance are identified.

(2) Establishing and maintaining the "tone at the top" for integrity and compliance within the VISN through regular compliance communications, emphasizing the importance of integrity and compliance to the organization.

(3) Ensuring that the VISN leadership team and all VA medical facility Directors within the VISN are appropriately trained on the role of integrity and compliance and their accountability for its effective implementation. See Appendix A, VHA Directive 1030 Guidebook, Compliance and Integrity Training and Education.

(4) Preventing, detecting and mitigating FWA.

(5) Ensuring the identification and mitigation of noncompliance within the VISN.

(6) Providing sufficient staff, office, technology and budget resources to implement and maintain all elements of an effective integrity and compliance program at the VISN and at each VA medical facility within the VISN as defined by this directive, VHA Directive 1030 Guidebook and other guidance.

(7) Providing VISN oversight of VA medical facility integrity and compliance programs and facilitating the VHACO OIC's efforts to conduct its compliance oversight and support responsibilities.

(8) Designating and directly supervising a VISN Integrity and Compliance Officer (VISN ICO) who is responsible for establishing and maintaining a VISN level integrity

and compliance program and who has the delegated authority to assist the VISN Director with providing oversight of the implementation and effectiveness of integrity and compliance programs at all VA medical facilities within the network. **NOTE:** *It is a prohibited personnel practice to take or to threaten to take a personnel action against an ICO because of whistleblowing. For more information see the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017, P.L. 115-41; 5 U.S.C. § 2302, Prohibited Personnel Practices; and VA Directive 0500, Office of Accountability and Whistleblower Protection: Investigation of Whistleblower Disclosures and Allegations Involving Senior Leaders or Whistleblower Retaliation, September 10, 2019.*

(9) Beginning recruitment to backfill a vacant VISN ICO position as soon as it is feasible and appointing a qualified Acting ICO with the appropriate level of background check until the position is backfilled. The prompt replacement of an ICO and the appointment of a knowledgeable Acting ICO for a stable period of time in the interim is essential to avoid a significant decline in the implementation and effectiveness of the integrity and compliance program. **NOTE:** *VHACO OIC is available to provide support and consultation to the VISN Director upon request in the recruitment, onboarding, training, management or performance review of integrity and compliance personnel.*

(10) Ensuring that the VISN ICO is not encumbered with collateral duties that impair their independence or otherwise prevent full implementation of the VISN integrity and compliance program or their oversight of the VA medical facility integrity and compliance programs within the VISN. Before assigning collateral duties, consideration should be given to whether sufficient resources have been allocated to support the ICO to provide adequate coverage of all primary and collateral responsibilities. If collateral duties are assigned, they are to be limited to an oversight or supervisory role and not involve the routine performance of day-to-day administrative duties. The VISN Director is responsible for ensuring that these duties do not create an excessive burden or a conflict of interest with respect to the VISN ICO's compliance oversight responsibilities. **NOTE:** *The VISN ICO must not be given a collateral duty that is defined in another directive as a full-time duty. The VISN ICO must not be assigned the collateral duty of FOIA Officer. The VISN ICO may supervise the FOIA Officer or oversee the VISN FOIA program but should not create any clearance or approval process for the actions or determinations by the FOIA Officers when responding to FOIA requests.*

(11) Ensuring that the VISN ICO is included in pertinent senior level meetings and strategy meetings such as the Executive Leadership Committee. **NOTE:** *This includes entry and exit briefs with internal and external oversight entities.*

(12) Ensuring that the VISN ICO provides regular reports to the VISN Director regarding the status, implementation, operation and effectiveness of the VISN integrity and compliance program at a mutually agreed upon frequency and meeting with the VISN ICO upon request to address issues that the VISN ICO determines to be significant. Regular reports include, but are not limited to, committee meeting minutes, compliance risk assessments and annual reports of program effectiveness. Review the reports provided by the ICO to ensure that the organization's compliance program is

implemented and effective; top risks are identified and managed; and noncompliance is appropriately addressed.

(13) Ensuring that the VISN ICO, as permitted by law and VHA policy, and as required for compliance purposes, has access and authority to review all pertinent documents, patient records and other information needed to fulfill the responsibilities stated in paragraph 5.k.

(14) Establishing and maintaining the VISN's Integrity and Compliance Committee, which is chaired or co-chaired by the VISN ICO, reports its activities to the VISN Director for review and approval and meets at least quarterly. See Appendix A, VHA Directive 1030 Guidebook, Compliance Resources, Officer and Committee.

(15) Providing appropriate travel resources to the VISN ICO for periodic site visits to each VA medical facility within the VISN for the purpose of reviewing and supporting compliance activities. The frequency of the periodic site visit is established in Appendix A, VHA Directive 1030 Guidebook, Compliance Resources, Officer and Committee.

(16) Encouraging participation of VA medical facilities in annual Compliance and Ethics Week activities.

k. **VISN Integrity and Compliance Officer.** The VISN's Integrity and Compliance Officer (VISN ICO) is responsible for:

(1) Developing and maintaining an effective integrity and compliance program at the VISN level, as well as providing support and oversight of every VA medical facility integrity and compliance program within the VISN to ensure adherence to this directive, the VHA Directive 1030 Guidebook (see Appendix A) and other guidance.

(2) Providing regular reports to the VISN Director, the VHA Chief Integrity and Compliance Officer, and other responsible officials on the status of the VISN's integrity and compliance activities at a mutually agreed upon frequency.

(3) Chairing or co-chairing the VISN's Integrity and Compliance Committee, ensuring that it meets at least quarterly and reporting its activities to the VISN Director for review and approval. See Appendix A, VHA Directive 1030 Guidebook, Compliance Resources, Officer and Committee.

(4) Fostering the prevention, identification and mitigation of organizational compliance risks within the VISN through the following risk management activities:

(a) Understanding strategy, operations, needs and risks at the VISN level; developing close working relationships with members of senior management, business process owners and risk owners; analyzing and prioritizing the organizational compliance risks; and working closely with senior management to develop a proactive strategy to mitigate compliance risks at the VISN level. See Appendix A, VHA Directive 1030 Guidebook, Compliance Risk Assessment and Management.

(b) Determining whether internal controls are best built at the VA medical facility or VISN level and assisting business process owners and risk owners with development and implementation of VISN level internal controls and solutions to manage and mitigate key VISN level compliance risks.

(c) Reviewing the CCAPs of the VA medical facility ICOs to ensure their timeliness, accuracy and completeness.

(d) Developing VISN CCAPs if needed and tracking them through completion.

(e) Alerting the VISN Director and VA medical facility Directors as appropriate, of significant and material integrity and compliance issues or risks upon detection as deemed necessary by the VISN ICO. If the VISN ICO determines that the issue has not been addressed appropriately and has the potential of becoming a national issue or that the risk presents imminent and substantial harm to the agency, the VISN ICO must raise the issue to the VHA Chief Integrity and Compliance Officer who will review the matter and as appropriate address with VISN leadership. If such discussions do not resolve the matter, the issue can be escalated to the Under Secretary for Health for final resolution.

(5) Ensuring that processes related to open lines of communication (e.g., helpline referrals, hotline referrals, directly reported issues and inquiries, compliance investigation reviews, government ethics inquiries and any other responsive activities) are performed in accordance with Appendix A, VHA Directive 1030 Guidebook, Communications.

(6) Assisting VISN business process owners and risk owners in preventing, detecting and mitigating FWA. See Appendix A, VHA Directive 1030 Guidebook, Fraud, Waste and Abuse Framework.

(7) Promoting a culture of integrity within the VISN in accordance with Appendix A, VHA Directive 1030 Guidebook, Culture of Integrity.

(8) Conducting a site visit at every VA medical facility in the VISN periodically to foster collaboration; meet with the VA medical facility ICO, the VA medical facility Director and other key stakeholders; and discuss the integrity and compliance program's successes and opportunities for improvement. The frequency of the periodic site visit is established in Appendix A, VHA Directive 1030 Guidebook, Compliance Resources, Officer and Committee.

(9) Completing an annual report on the implementation and effectiveness of the integrity and compliance program of all VA medical facilities within the VISN. See Appendix A, VHA Directive 1030 Guidebook, Compliance Program Review: Implementation and Effectiveness.

(10) As requested, assisting the VA medical facility Directors regarding the recruitment, onboarding, training and evaluation of the VA medical facility ICO or Acting ICO.

(11) Attempting to resolve compliance and integrity issues which have been escalated by the VA medical facility ICO to the VISN ICO. If the VISN ICO is unable to resolve the issue, the matter should be escalated to the VISN Director or the VHA Chief Integrity and Compliance Officer.

(12) Implementing national integrity and compliance strategies and programming at the VISN level and overseeing their implementation at every VA medical facility within the VISN.

(13) Using all mandated OIC case management systems in accordance with VHA Directive 1030 Guidebook, Investigation and Response. (See Appendix A).

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

(1) Ensuring compliance with this directive and the VHA Directive 1030 Guidebook within the VA medical facility and informing leadership when barriers to compliance are identified.

(2) Being knowledgeable about the content and operation of the integrity and compliance program at the VA medical facility.

(3) Ensuring that all operations and practices are being conducted in continuing compliance with the laws, regulations and standards which govern those activities, the reasonable expectations of VHA's partners and the highest standards of professional integrity.

(4) Establishing and maintaining the "tone at the top" for integrity and compliance at the VA medical facility through regular compliance communications, emphasizing the importance of integrity and compliance to the organization.

(5) Ensuring that the VA medical facility's leadership team is appropriately trained on the role of integrity and compliance and their accountability for its effective implementation. See Appendix A, VHA Directive 1030 Guidebook, Compliance and Integrity Training and Education.

(6) Preventing, detecting and mitigating FWA.

(7) Ensuring the identification and mitigation of noncompliance within the VA medical facility.

(8) Providing sufficient staff, office, technology and budget resources to implement and maintain all elements of an effective integrity and compliance program at the VA medical facility as defined by this directive, VHA Directive 1030 Guidebook and other guidance.

(9) Ensuring the appointment of at least one qualified, full time, dedicated VA medical facility ICO who has the resources (e.g., staff, office space, technology and budget) and authority necessary to implement and maintain an effective integrity and

compliance program at all sites of care and other associated VA medical facilities. The ICO must report directly to and be supervised by the VA medical facility Director or to a VA medical facility chief compliance officer who supervises multiple (non-conflicting) compliance functions (such as Integrity and Compliance, Privacy, Research Compliance, etc.) who in turn reports directly to the VA medical facility Director. **NOTE:** *It is a prohibited personnel practice to take or to threaten to take a personnel action against an ICO because of whistleblowing. For more information see the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017, P.L. 115-41; 5 U.S.C. § 2302, Prohibited Personnel Practices; and VA Directive 0500, Office of Accountability and Whistleblower Protection: Investigation of Whistleblower Disclosures and Allegations Involving Senior Leaders or Whistleblower Retaliation, September 10, 2019.*

(10) Beginning recruitment to backfill a vacant VA medical facility ICO position as soon as it is feasible and appointing a qualified Acting ICO with the appropriate level of background check until the position is backfilled. The prompt replacement of an ICO and the appointment of a knowledgeable Acting ICO for a stable period of time in the interim is essential to avoid a significant decline in the implementation and effectiveness of the integrity and compliance program.

(11) Seeking input from the VISN ICO regarding the recruitment, onboarding, training and evaluation of the VA medical facility ICO or Acting ICO. **NOTE:** *VHACO OIC is also available to support the VA medical facility in the recruitment, onboarding, training, management or performance review of the ICO.*

(12) Ensuring that the VA medical facility ICO is not encumbered with collateral duties that impair their independence or otherwise prevent full implementation of the integrity and compliance program. Before assigning collateral duties, consideration should be given to whether sufficient resources have been allocated to support the ICO to provide adequate coverage of all primary and collateral responsibilities. If collateral duties are assigned, the VA medical facility Director is responsible for ensuring that these duties do not create an excessive burden or a conflict of interest with respect to the ICO's compliance oversight responsibilities. **NOTE:** *The ICO should not be assigned to perform a task if their primary role is to provide oversight of that task. The VA medical facility ICO must not be assigned the collateral duty of FOIA Officer or be assigned a role that is defined as a full-time position in another directive.*

(13) Ensuring that the ICO is included in pertinent senior level meetings and strategy meetings. **NOTE:** *This includes entry and exit briefs with internal and external oversight entities.*

(14) Ensuring that the VA medical facility ICO provides regular reports to the VA medical facility Director regarding the status, implementation, operation and effectiveness of the integrity and compliance program at a mutually agreed upon frequency and meeting with the ICO upon request to address issues that the ICO determines to be significant. Regular reports include, but are not limited to, committee meeting minutes, compliance risk assessments and annual reports of program

effectiveness. Review the reports provided by the ICO to ensure that the organization's compliance program is implemented and effective; top risks are identified and managed; and noncompliance is appropriately addressed.

(15) Ensuring that the VA medical facility ICO, as permitted by law and VHA policy, and as required for compliance purposes, has access and authority to review all pertinent documents, patient records and other information needed to fulfill the responsibilities stated in paragraph 5.m.

(16) Establishing and maintaining the VA medical facility's Integrity and Compliance Committee, which is chaired or co-chaired by the VA medical facility ICO, reports its activities to the VA medical facility Director for review and approval and meets at the frequency specified in the 1030 Guidebook. See Appendix A, VHA Directive 1030 Guidebook, Compliance Resources, Officer and Committee.

(17) Ensuring that business process owners and risk owners respond timely to inquiries and requests from the ICO; actively participate in compliance risk management to include the development of internal controls and the detection, prevention and mitigation of risk; and cooperate with compliance investigations.

(18) Facilitating the VHACO OIC's efforts to conduct its compliance oversight and support responsibilities.

(19) Encouraging participation of VA medical facility employees in annual Compliance and Ethics Week activities.

m. **VA Medical Facility Integrity and Compliance Officer.** The VA medical facility ICO is responsible for:

(1) Developing and maintaining an effective integrity and compliance program for the VA medical facility using the compliance framework, Standards, processes and resources set forth in this directive, the VHA Directive 1030 Guidebook (see Appendix A), and other guidance.

(2) Providing regular reports to the VA medical facility's senior leadership team and the VISN ICO on the status of the VA medical facility's integrity and compliance activities at a mutually agreed upon frequency.

(3) Chairing or co-chairing the VA medical facility's Integrity and Compliance Committee, ensuring that it meets at least quarterly and reporting its activities to the VA medical facility Director for review and approval. See Appendix A, VHA Directive 1030 Guidebook, Compliance Resources, Officer and Committee.

(4) Fostering the prevention, identification and mitigation of organizational compliance risks within the VA medical facility through the following risk management activities:

(a) Understanding the strategy, needs and risks of the VA medical facility; developing close working relationships with members of senior management, business process owners and risk owners; analyzing and prioritizing the organizational risks; and working closely with senior management to develop a proactive strategy to mitigate compliance risks. See Appendix A, VHA Directive 1030 Guidebook, Compliance Risk Assessment and Management.

(b) Assisting facility business process owners and risk owners in developing and implementing internal controls and solutions to manage and mitigate key compliance risks. The VA medical facility ICO must work with the VISN ICO to determine if such controls are best built at the VA medical facility level or the VISN level.

(c) On a periodic basis, performing reviews to test the presence and effectiveness of internal controls for prioritized risk areas and determining adequacy in preventing compliance failures. See Appendix A, VHA Directive 1030 Guidebook, Compliance Auditing and Monitoring.

(d) As deemed necessary, alerting the VA medical facility's senior leadership of significant and material integrity and compliance issues or risks upon detection. If the ICO determines that the issue has not been addressed appropriately and could become a VISN or national issue, or that the risk presents imminent and substantial harm to the agency, the ICO must raise the issue to the VISN ICO; this next level compliance official must analyze the situation and intervene if appropriate. If the matter is not effectively resolved at the VISN level and the matter has agency-wide implications, the issue must be escalated to the VHA Chief Integrity and Compliance Officer for resolution.

(5) Ensuring that processes related to open lines of communication (e.g., helpline referrals, hotline referrals, directly reported issues and inquiries, compliance investigation reviews, government ethics inquiries and any other responsive activities) are performed in accordance with VHA Directive 1030 Guidebook, Communications.

(6) Responding appropriately to integrity and compliance issues to include ensuring that business process owners develop CCAPs when necessary to address compliance deficiencies as set forth in Appendix A, VHA Directive 1030 Guidebook, Investigation and Response.

(7) Encouraging and monitoring the completion of integrity and compliance training within the VA medical facility in accordance with Appendix A, VHA Directive 1030 Guidebook, Compliance and Integrity Training and Education.

(8) Facilitating the resolution of issues and accountability within the VA medical facility in accordance with Appendix A, VHA Directive 1030 Guidebook, Resolution, Enforcement and Discipline.

(9) Assisting business process owners and risk owners in preventing, detecting and mitigating FWA within the VA medical facility by ensuring that risk management

activities are conducted and by complying with Appendix A, VHA Directive 1030 Guidebook, Fraud, Waste and Abuse Framework.

(10) Promoting a culture of integrity within the VA medical facility in accordance with Appendix A, VHA Directive 1030 Guidebook, Culture of Integrity.

(11) Completing an annual report on the implementation and effectiveness of the VA medical facility's integrity and compliance program as set forth in Appendix A, VHA Directive 1030 Guidebook, Compliance Program Review: Implementation and Effectiveness.

(12) Implementing national integrity and compliance strategies and programming.

(13) Using all mandated OIC case management systems in accordance with Appendix A, VHA Directive 1030 Guidebook, Investigation and Response.

n. **VHA Risk Owners.** VHA risk owners or their designee(s) are responsible for:

(1) Conducting or participating in compliance risk assessments to assist with identifying potential top risks and prioritizing which ones will go forward for further review. As part of the assessment, risk owners will either document previously identified risks or propose new or emerging risks.

(2) Identifying and executing a risk response strategy for the compliance risk(s) they own.

(3) Establishing risk tolerance thresholds and monitoring to maintain acceptable levels of compliance risk.

(4) Providing updates to the ICO on the status of compliance risk assessments and risk management activities.

o. **VHA Business Process Owners.** Business process owners are responsible for:

(1) Assuming responsibility for the compliance risks involved in their business process and taking appropriate action to prevent, detect and mitigate the risk as the first line in the framework that VHA uses to manage risk.

(2) Developing and implementing effective internal controls for the business processes within their area of responsibility.

(3) Monitoring the effectiveness of internal controls for the business process; and if applicable, periodically reporting the integrity and compliance opportunities and successes to the Integrity and Compliance Committee and developing and implementing CCAPs to address compliance deficiencies within the business unit in collaboration with the ICO. **NOTE:** For more information about CCAPs, see Appendix A, VHA Directive 1030 Guidebook, Investigation and Response.

p. **VHA Supervisors.** VHA supervisors are responsible within their scope of jurisdiction for:

(1) Promoting a culture of integrity in accordance with VHA Directive 1030 Guidebook, Culture of Integrity.” (See Appendix A, paragraph m.).

(2) Communicating pertinent expectations in this directive to all employees within the supervisor’s span of control.

(3) Assisting all employees who report to them with fulfilling their integrity and compliance responsibilities as set forth in this directive.

q. **VHA Employees.** All VHA employees are responsible for:

(1) Acting with integrity in accordance with the VA Core values of Integrity, Commitment, Advocacy, Respect and Excellence (I CARE).

(2) Being familiar with the laws, regulations, rules and Standards that apply to their work and complying with them.

(3) Completing all integrity and compliance training applicable to their job in a timely fashion.

(4) Promptly reporting compliance related concerns. VHA has many channels available to assist with raising and reporting concerns. For a partial list of options, see Appendix A, paragraph l, Section 4.d. and the VHA Code of Integrity at <https://www.va.gov/HEALTHCAREEXCELLENCE/docs/VHA-Code-of-Integrity-March-2019-FINAL.pdf>. **NOTE:** *VHA supports a Just and Fair Culture that learns and improves by openly identifying and examining its own weaknesses as well as areas of excellence. This requires transparency and a safe and protected environment in which employees are able to speak up to voice concerns without fear of retaliation. Federal employees who act as whistleblowers and expose and report certain kinds of agency misconduct are protected (5 U.S.C. § 2302).*

(5) Cooperating with compliance investigations and inquiries and responding as indicated or negotiated.

6. REQUIRED COMPONENTS OF THE VHA INTEGRITY AND COMPLIANCE PROGRAM

The OIC’s required framework for an effective integrity and compliance program consists of the following program elements:

a. Policies and Procedures. Providing clear standards to those who must comply with them.

b. Compliance Resources, Officer and Committee. Assuring adequate resources for compliance.

c. Compliance Risk Assessment and Management. Identifying key risks through risk assessment and addressing those risks by conducting risk management activities;

d. Compliance and Integrity Training and Education. Clear and effective training on the standards.

e. Communications. Communicating standards to the appropriate audiences and creating channels for people to communicate to leadership suspected noncompliance or integrity concerns.

f. Compliance Auditing and Monitoring. Monitoring and auditing compliance with standards.

g. Investigation and Response. Responding appropriately to identified noncompliance including but not limited to investigating the issue(s).

h. Resolution, Enforcement and Discipline. Assisting the responsible officials who remediate the problem, prevent its reoccurrence, develop or improve internal controls, and assure appropriate remedial or disciplinary measures if necessary.

i. Compliance Program Review. Periodically evaluating compliance program implementation and effectiveness.

j. Culture of Integrity. Promoting a culture of integrity where people feel comfortable speaking up without fear of retaliation.

NOTE: *This directive is augmented by VHA Directive 1030 Guidebook specifying the process, cadence and frequency for all elements of the mandatory OIC integrity and compliance program. (See Appendix A.) The OIC integrity and compliance framework does not replace or supersede the directives and requirements of other program offices that have a specific mandatory or statutory oversight role (e.g., National Center for Ethics in Health Care, Office of Research Oversight and Office of Information Access and Privacy).*

7. TRAINING

Specific guidance regarding mandatory and optional compliance and integrity training is provided in Appendix A, VHA Directive 1030 Guidebook, Compliance and Integrity Training and Education.

8. RECORDS MANAGEMENT

a. Retain records in official systems of records applicable to OIC. See Appendix A, VHA Directive 1030 Guidebook, Investigation and Response.

b. Information in the Compliance Inquiry Reporting Tracking System (CIRTS) repository of record pursuant to a Privacy Act Notice shall be retained pursuant to the then current published retention period. All other records created by this directive

regardless of format (e.g., paper, electronic, electronic systems) 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.

9. REFERENCES

- a. P.L. 115-41.
- b. 5 U.S.C. § 552.
- c. 5 U.S.C. §2302.
- d. 5 C.F.R. part 2635.
- e. 38 C.F.R. § 1.201 and 1.204.
- f. 42 C.F.R. § 1001.
- g. VA Directive 0054, VA Enterprise Risk Management (ERM), April 8, 2014.
- h. VA Directive 0500, Office of Accountability and Whistleblower Protection: Investigation of Whistleblower Disclosures and Allegations Involving Senior Leaders or Whistleblower Retaliation, September 10, 2019.
- i. VA Directive 0700, Administrative Investigations, March 25, 2002.
- j. VA Directive 0730, Security and Law Enforcement, December 12, 2012.
- k. VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, June 29, 2018.
- l. VHA Directive 1075, Strategic-Operational Planning Process, March 10, 2014.
- m. VHA Directive 1370, VHA Internal Audit and Risk Assessment Program Office, February 5, 2018.
- n. VHA Directive 1605.01, Privacy and Release of Information, August 31, 2016.
- o. VHA Directive 1605.02, Minimum Necessary Standard for Access, Use, Disclosure and Requests for Protected Health Information, April 4, 2019.
- p. VHA Directive 1605.03, Privacy Compliance Assurance Program and Privacy/Freedom of Information Act (FOIA) Continuous Readiness Review and Remediation, September 19, 2019.
- q. Federal Register/Vol. 66, No. 231 / Friday, November 30, 2001 / Notices. Compliance Records, Response, and Resolution of Reports of Persons Allegedly

Involved in Compliance Violations-VA (106VA17).

<https://www.govinfo.gov/content/pkg/FR-2001-11-30/pdf/01-29735.pdf>.

r. Federal Register / Vol. 74, No. 157 / Monday, August 17, 2009 / Notices. Amendment to Compliance Records, Response, and Resolution of Reports of Persons Allegedly Involved in Compliance Violations-VA (106VA17)

<https://www.govinfo.gov/content/pkg/FR-2009-08-17/pdf/E9-19628.pdf>.

s. VHA Records Control Schedule 10-1, dated January 2020,
<https://www.va.gov/vhapublications/rcs10/rcs10-1.pdf>.

t. United States Sentencing Commission (USSC) Sentencing Guidelines, Chapter 8, Sentencing of Organizations, <https://www.ussc.gov/guidelines/archive>.

u. Department of Veterans Affairs System of Records 2001 Government Printing Office (GPO) Compilation: 106VA17 Compliance Records, Response, and Resolution of Reports of Persons Allegedly Involved in Compliance Violations-VA.

v. Committee of the Sponsoring Organizations of the Treadway Commission (COSO) documents, Enterprise Risk Management-Integrated Framework, 2004 and Enterprise Risk Management-Aligning Risk with Strategy and Performance, 2016, <http://www.coso.org/>. **NOTE:** *This link is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

w. Health and Human Services, Office of Inspector General, Compliance Guidance, <https://oig.hhs.gov/compliance/compliance-guidance/index.asp>.

x. Health and Human Services, Office of Inspector General, List of Excluded Individuals and Entities, https://oig.hhs.gov/exclusions/exclusions_list.asp.

y. GAO-18-568G, Government Auditing Standards, 2018 Revision, by the Comptroller General of the United States, United States Government Accountability Office.

z. General Services Administration's Excluded Parties List System Web site at: <https://www.SAM.gov/>.

aa. Office of Management and Budget (OMB) Circular No. A-123, Management's Responsibility for Enterprise Risk Management and Internal Control, July 15, 2016. <https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/memoranda/2016/m-16-17.pdf>.

bb. Government Accountability Office (GAO); Standards for Internal Control in the Federal Government, September 10, 2014. <https://www.gao.gov/products/GAO-14-704G>.

cc. Audit, Risk and Compliance Committee (ARCC) Charter, Veterans Health Administration, May 2, 2019.

<https://dvagov.sharepoint.com/sites/VACOVHACBI/1030/Support%20Files/Forms/AllItems.aspx?id=%2Fsites%2FVACOVHACBI%2F1030%2FSupport%20Files%2FARCC%20Charter%5Fsigned%202019%2E05%2E24%2Epdf&parent=%2Fsites%2FVACOVHACBI%2F1030%2FSupport%20Files>. **NOTE:** *This is an internal VA website that is not available to the public.*

dd. VA Core Values and Character,
https://www.va.gov/icare/docs/ICARETraining_08082014.pdf.

ee. VHA Code of Integrity, Veterans Health Administration, 2019.
<https://www.va.gov/HEALTHCAREEXCELLENCE/docs/VHA-Code-of-Integrity-March-2019-FINAL.pdf>.

ff. The Institute of Internal Auditors (IAA), International Professional Practices Framework (IPPF). International Standards for the Professional Practice of Internal Auditing, January 2017. <https://na.theiia.org/standards-guidance/Public%20Documents/IPPF-Standards-2017.pdf>. **NOTE:** *This link is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

APPENDIX A

VHA DIRECTIVE 1030 GUIDEBOOK

This directive is augmented by one guidebook with multiple chapters that specifies the process, cadence and frequency for the Office of Integrity and Compliance (OIC) compliance activities to facilitate implementation of the elements of an effective integrity and compliance program. **NOTE:** *The OIC's integrity and compliance framework does not replace or supersede the directives and requirements of other program offices that have a specific mandatory or statutory oversight role (e.g., National Center for Ethics in Health Care, Office of Research Oversight and Office of Information Access and Privacy). The following links are for an internal Department of Veterans Affairs (VA) website that is not available to the public.*

a. **1030 Guidebook Table of Contents.**

https://dvagov.sharepoint.com/sites/VACOVHACBI/1030/_layouts/15/doc2.aspx?source=doc=%7B0CC3A084-7B61-4EDB-BB6C-5685F877CC74%7D&file=1030%20Directive.docx&action=default&mobileredirect=true&cid=60300e07-4ce3-4e94-bb92-5db439dba00.c. This lists the Guidebook chapters.

b. **1030 Guidebook Chapter 1: Compliance Framework.**

[https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=doc=%7B71EF4197-85E0-49DF-9F12-986C27D237F1%7D&file=1030%20Guidebook Compliance Framework Draft v1.docx&action=default&mobileredirect=true&cid=5f7d101f-cce7-41e2-8755-62d9c424ef96](https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=doc=%7B71EF4197-85E0-49DF-9F12-986C27D237F1%7D&file=1030%20Guidebook%20Compliance%20Framework%20Draft%20v1.docx&action=default&mobileredirect=true&cid=5f7d101f-cce7-41e2-8755-62d9c424ef96).

This is an overview of the elements of an effective integrity and compliance program, including minimum expectations and regulatory requirements for compliance programs.

c. **1030 Guidebook Chapter 2: Policies and Procedures.**

[https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=doc=%7BED60C8B1-4878-4F39-B0A4-D06355826265%7D&file=1030%20Guidebook Policies%26Procedures Draft v1.docx&action=default&mobileredirect=true&cid=224bde04-8240-4a1c-9722-d2dd12f336e3](https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=doc=%7BED60C8B1-4878-4F39-B0A4-D06355826265%7D&file=1030%20Guidebook%20Policies%26Procedures%20Draft%20v1.docx&action=default&mobileredirect=true&cid=224bde04-8240-4a1c-9722-d2dd12f336e3).

This is an overview of expectations and guidance for policies and procedures from an integrity and compliance perspective.

d. **1030 Guidebook Chapter 3: Compliance Resources, Officer and Committee.**

[https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=doc=%7BD24F6B85-2E87-41AB-8C9D-09DA562B466D%7D&file=1030%20Guidebook Resources Draft v2.docx&action=default&mobileredirect=true&cid=6ab451e3-b606-4a76-9b60-efff017acb8b](https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=doc=%7BD24F6B85-2E87-41AB-8C9D-09DA562B466D%7D&file=1030%20Guidebook%20Resources%20Draft%20v2.docx&action=default&mobileredirect=true&cid=6ab451e3-b606-4a76-9b60-efff017acb8b). This is an

overview of expectations for Integrity and Compliance Officers and guidance for the membership and activities of Integrity and Compliance Committees.

e. **1030 Guidebook Chapter 4: Compliance Risk Assessment and Management.**

[https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=doc=%7BF64B64CE-EAE4-4DC7-B393-E14B5915F68B%7D&file=1030%20Guidebook Risk Assessment Draft v1.docx&action=default&mobileredirect=true&cid=6ab451e3-b606-4a76-9b60-efff017acb8b](https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=doc=%7BF64B64CE-EAE4-4DC7-B393-E14B5915F68B%7D&file=1030%20Guidebook%20Risk%20Assessment%20Draft%20v1.docx&action=default&mobileredirect=true&cid=6ab451e3-b606-4a76-9b60-efff017acb8b).

[n=default&mobileredirect=true](#). This is an overview of VHA compliance risk assessment and risk management processes, expectations and activities.

f. **1030 Guidebook Chapter 5: Compliance and Integrity Training and Education.**

https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=7B426E069C-1005-4045-84C2-A185524C7C59%7D&file=1030%20Guidebook%20Chapter%20Training%20%26%20Education%20Draft%20v1.docx&action=default&mobileredirect=true&cid=24129984-95e1-4ef4-bc35-0ff1069d96d8. This is an overview of training related to integrity and compliance.

g. **1030 Guidebook Chapter 6: Communications.**

https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=7BDCC2E53B-9EE9-4929-815A-DE3E232D5EB0%7D&file=1030%20Guidebook%20Communications%20Draft%20v2.docx&action=default&mobileredirect=true&cid=7efacdbc-e562-4f9c-9f11-9559d9f96335. This is an overview of integrity and compliance communications processes, expectations and activities.

h. **1030 Guidebook Chapter 7: Compliance Auditing and Monitoring.**

https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=7B2A3FAEF2-72B5-43D2-9A9D-06EF28AA3A6D%7D&file=1030%20Guidebook%20Auditing%26Monitoring%20Draft%20v1.docx&action=default&mobileredirect=true&cid=5ccf415a-5537-4781-b582-e84ca4189164. This is an overview of compliance auditing and monitoring processes, expectations and activities.

i. **1030 Guidebook Chapter 8: Investigation and Response.**

https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=7B096E5D60-071F-4F2F-89CE-17705227C5A8%7D&file=1030%20Guidebook%20Investigation%26Response%20Draft%20v1.docx&action=default&mobileredirect=true. This is an overview of compliance investigation and response processes, expectations and activities.

j. **1030 Guidebook Chapter 9: Resolution, Enforcement and Discipline.**

https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=7B9D77B577-60C6-4A06-8CDF-1E3DE004E153%7D&file=1030%20Guidebook%20Enforcement%26Discipline%20Draft%20v1.docx&action=default&mobileredirect=true&cid=89927714-830e-4358-9a24-bc18b7334c8a. This is an overview of integrity and compliance enforcement and discipline processes, expectations and activities.

k. **1030 Guidebook Chapter 10: Compliance Program Review: Implementation and Effectiveness.**

https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?source=7B249ED68B-FDF9-427D-BD16-91C5C4E90C89%7D&file=1030%20Guidebook%20Program%20Effectiveness%20Draft%20v1.docx

[&action=default&mobileredirect=true&cid=2db374c7-0a99-4ef9-8f00-902740f230dc.](#)

This is an overview of processes and expectations for the assessment and review of the effectiveness of VHA compliance programs.

l. **1030 Guidebook Chapter 11: Fraud, Waste and Abuse Framework.**

https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?sourcedoc=%7B19EC428A-81CA-47F0-97DD-5AFABB06663F%7D&file=1030%20Guidebook_FWA_Draft_v1.docx&action=default&mobileredirect=true&cid=820b5bd9-b900-439e-abb2-a9d8b43d0c2f. This is an overview of VHA efforts to prevent, detect and mitigate fraud, waste and abuse (FWA).

m. **1030 Guidebook Chapter 12: Culture of Integrity.**

https://dvagov.sharepoint.com/:w:/r/sites/VACOVHACBI/1030/_layouts/15/Doc.aspx?sourcedoc=%7B7AF34F5A-05F3-4D81-A20A-6002C9EDEF67%7D&file=1030%20Guidebook_Culture%20of%20Integrity_Draft_v2.docx&action=default&mobileredirect=true&cid=a7b16f53-e6c0-420c-bb15-91ac29d41e08.

This is an overview of expectations for establishing and maintaining a VHA culture of integrity and for sharing the VHA Code of Integrity.