October 29, 2025

VA Leased CBOC Standard Layout

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SECTION 1 - INTRODUCTION

1.1 The purpose of this *Leased CBOC Standard Layout Guide* is to provide the lease offeror with the VA's facility standardization philosophy to be used in conjunction with the more detailed *Prototypes for Standardized Design and Construction Community-Based Outpatient Clinics* (referred to in this document as the CBOC Prototype Design Guide). With this layout guide and the prototype design guide, the offeror will be able to lay out the VA's P*rogram for Design* (PFD) in the offered space for efficient use by the staff and Veterans. The offeror may also reference the VA Leasing Room Templates for typical rooms in a leased CBOC to gain an understanding of the typical room dimensions and equipment layouts. VA Leasing Room Templates can be viewed in the online VA Technical Information Library.

1.2 Project specific adjacency requirements may be in the *Agency Specific Requirements* Appendices) and shall requirements of this standard layout guide.

1.3 Facility Standardization Philosophy

The Department of Veterans Affairs (VA) seeks to create outpatient clinics that are familiar, functional, and efficient for Veterans and staff nationwide. This is achieved through standard design modules that allow for uniformity in clinic appearance and operations. However, recognizing the diverse realities of leased buildings and regional needs, the VA supports flexible implementation of these standards to best adapt to local constraints and opportunities. Leased CBOCs are encouraged to maintain core spatial relationships and flow patterns, while adjusting layouts as necessary to fit within existing buildings.

SECTION 2 – Standard Layout (New Construction)

2.1 The offeror shall develop their proposal following the facility standardization philosophy.

2.2 When the offer includes new construction the L-Shape prototype is the preferred layout per the *CBOC Prototype Design Guide*.

2.3 Layout 1 is a standard departmental layout guide for a 3 Patent Aligned Care Team (PACT) multi-specialty clinic following the L-Shape Prototype.

2.4 Layout 2 is a standard departmental layout guide for a 4 PACT multi-specialty clinic following the L-Shape Prototype.

2.5 The two layout guides uphold standardization principles while differing in size and offering varying or additional services.

2.6 The offeror shall adapt the project specific program for design and maintain standardization.

2.7 Typical standard layout concepts

2.7.1 The Mental Health Clinic is positioned to maximize natural lighting in the consultation and group rooms, preferably adjacent to the Primary Care Department.

2.7.2 Physical Medicine and Rehabilitation (PMR) is positioned to maximize natural lighting in the exercise area and preferably adjacent to Prosthetics.

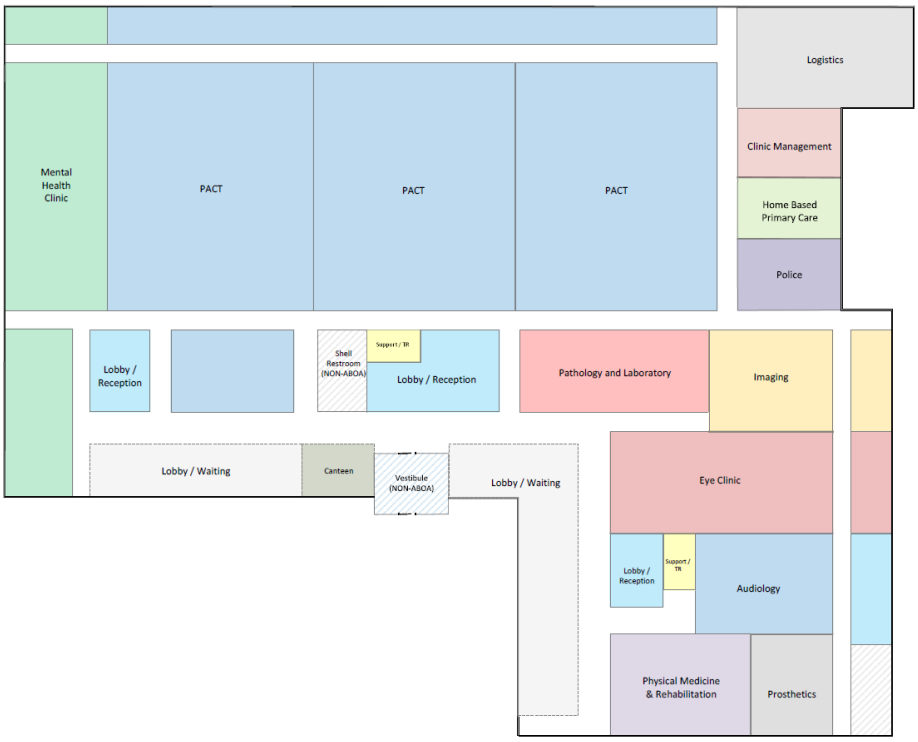
2.7.3 Pathology Laboratory and Imaging is located in the corner of the “L” for easy access to Logistics.

2.7.4 Primary Care, Specialty Care, and Mental Health typically occupy most of the PACT wing.

2.7.5 Ancillary services can be added or removed and/or rearranged based on the specific PFD to the ancillary wing and keep standardization.

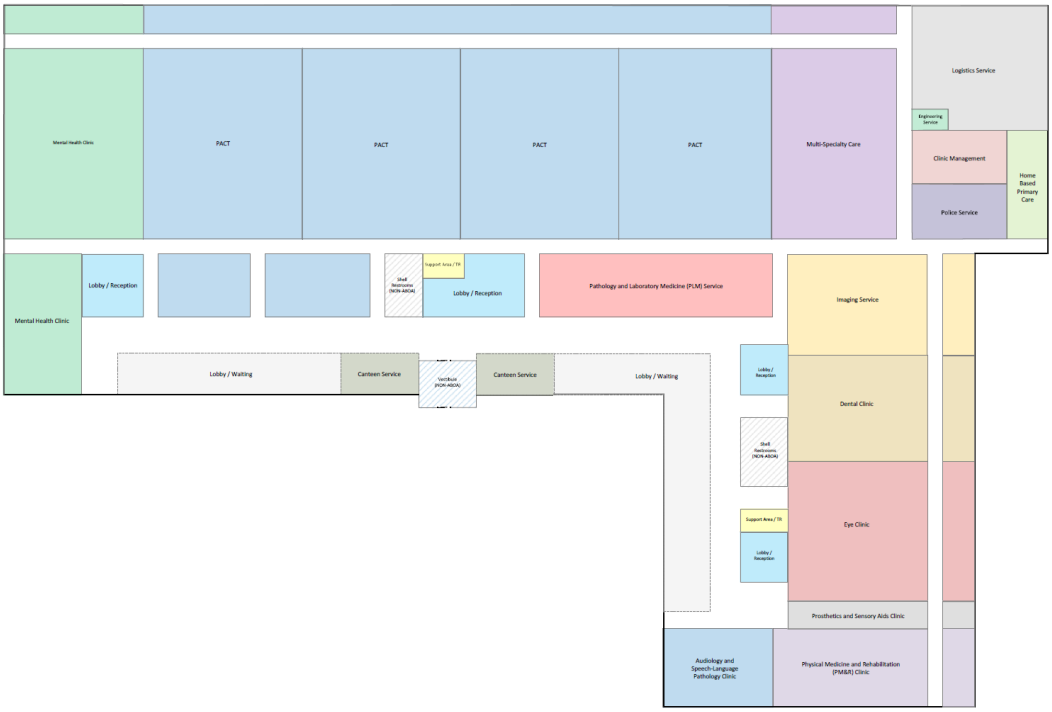
2.8 These typical standard layout concepts are illustrated in the following standard layout guides.

2.9 Layout 1 is roughly 55,000 ABOA SF.



Layout 1: 3 PACT Multi-Specialty Standard Layout Guide

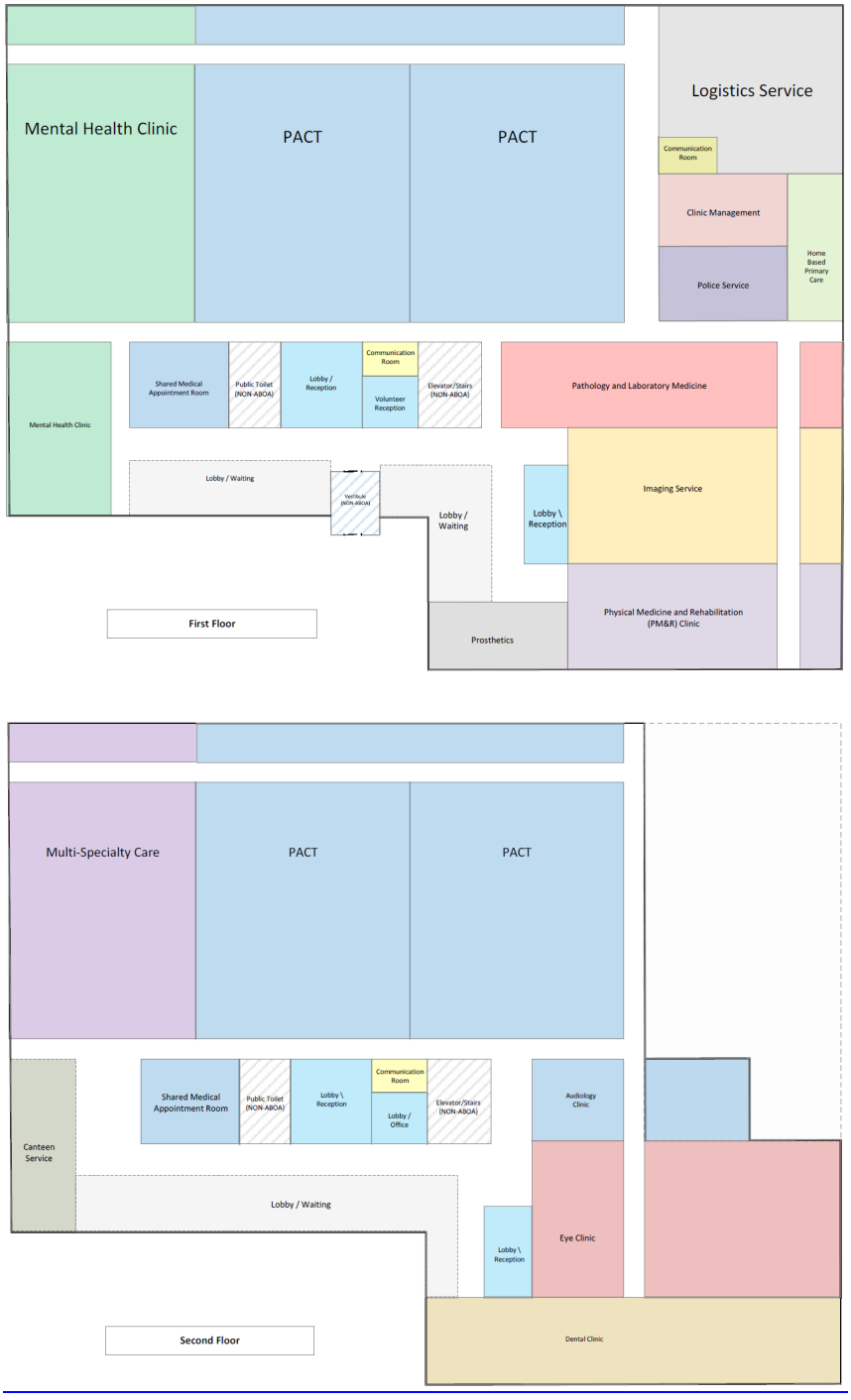
2.10 Layout 2 is roughly 85,000 ABOA SF, it typically represents the largest desired single-story footprint.



Layout 2: 4 PACT Multi-Specialty Standard Layout Guide (Single Story)

2.11 Multi-Story clinic designs shall keep the facility standardization philosophy. Additionally, consider vertical alignment requirements for certain areas such as communication rooms.

2.12 Layout 3 is the standard layout guide for the same 4 PACT multi-specialty clinic in a 2-floor layout.



Layout 3: 4 PACT Multi-Specialty Standard Layout Guide (2-Story)

SECTION 3 – Functional Areas and Relationships

3.1. The following layouts illustrate the typical flow of each respective service. Each project's specific PFD will likely differ from what is shown below; therefore, spaces may need to be added/deleted to maintain the general flow depicted. More detailed prototype layouts can be reviewed in the CBOC Prototype Design Guide and the specific design guide for each functional area.

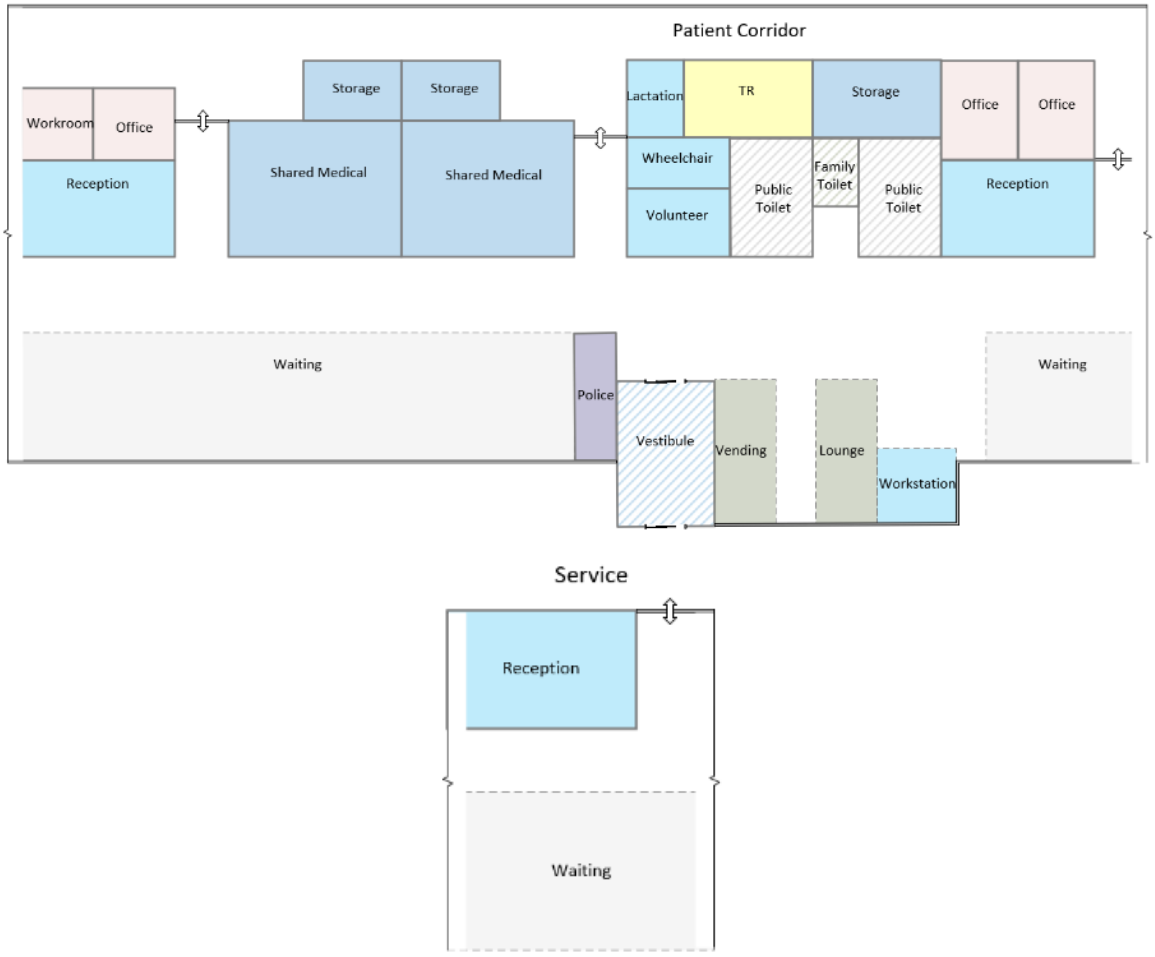
3.1.1. Waiting/Reception/Lobby - Please see the attached Standard Adjacency Matrix detailing the spatial relationships with other services, along with guidance on building floors (if applicable)

3.1.1.1. The Main Entry Vestibule typically aligns with the Volunteer Alcove (Welcome/Info Desk).

3.1.1.2. Public Toilets and Vending shall be easily accessible to all waiting areas.

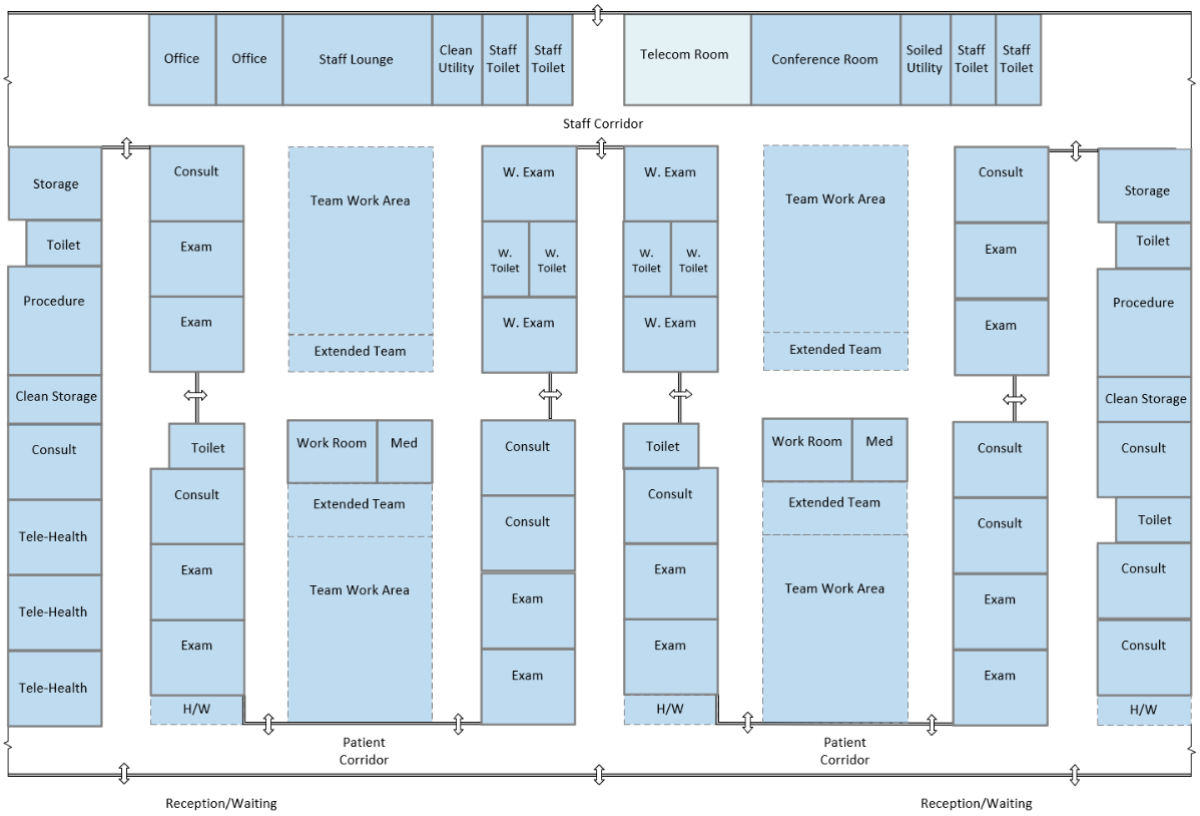
3.1.1.3. Reception areas (check-in) should be logically distributed. Single consolidated reception areas create extended wait times, while overly distributed reception areas can create staff coverage issues.

3.1.1.4. Convenient access points to the patient corridor and/or to the service shall be provided from the waiting areas.



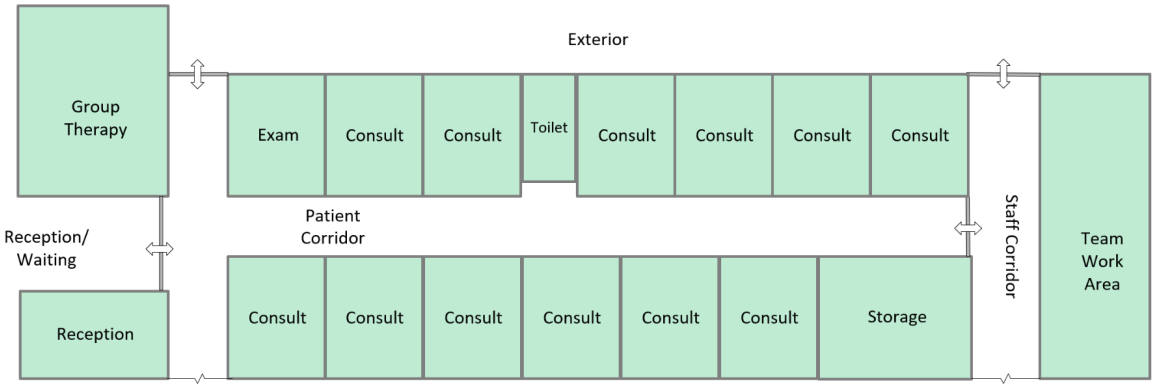
(Access directly to the service.)

3.1.2. Primary Care – See attached *Adjacency Matrix* for spatial relationships to other services as well as guidance on which floor (if multi-floor). See *CBOC Prototype Design Guide* for detailed PACT layouts.



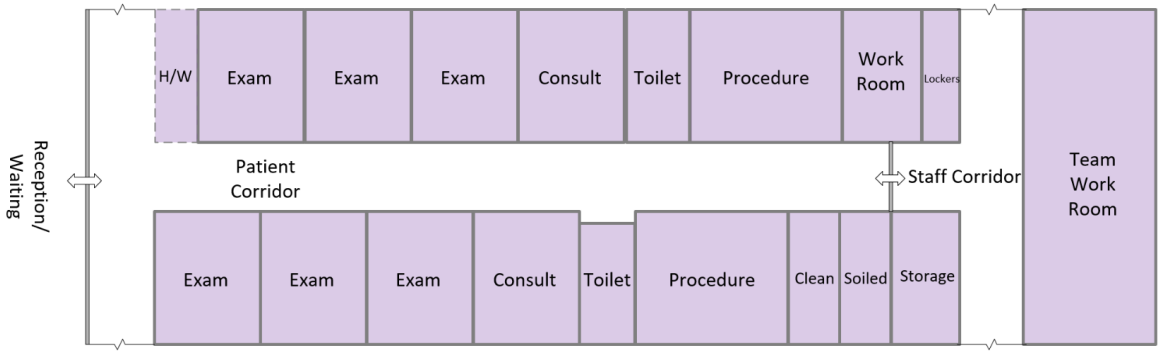
3.1.3. Mental Health - Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)

3.1.3.1. Group Therapy shall be at the front of the department and maximize natural light.
3.1.3.2. Exam rooms are typically located towards the front of the department.
3.1.3.3. Team Work Areas (workstations) shall be located towards the back of the department.



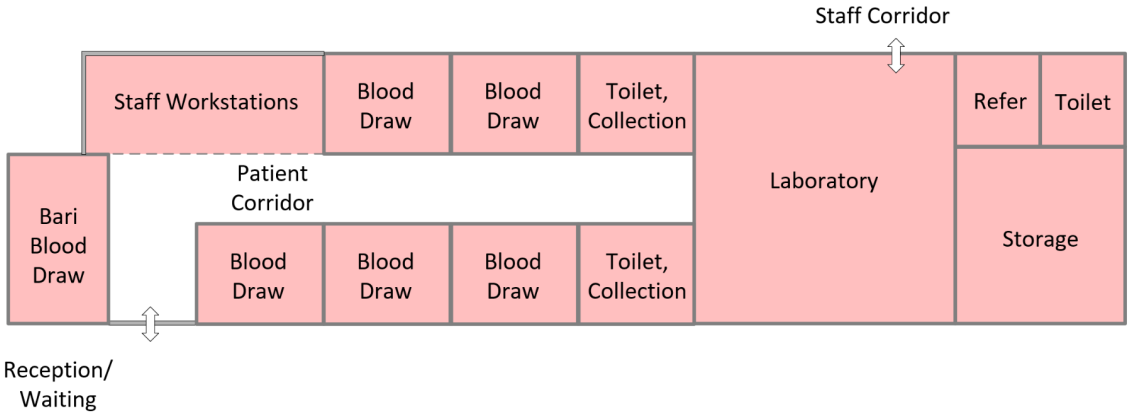
3.1.4. Specialty Care - Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)

3.1.4.1. Height and Weight Alcoves shall be at the front of the department.
3.1.4.2. Support rooms, storage, and Teamwork areas shall be at the back of the department.

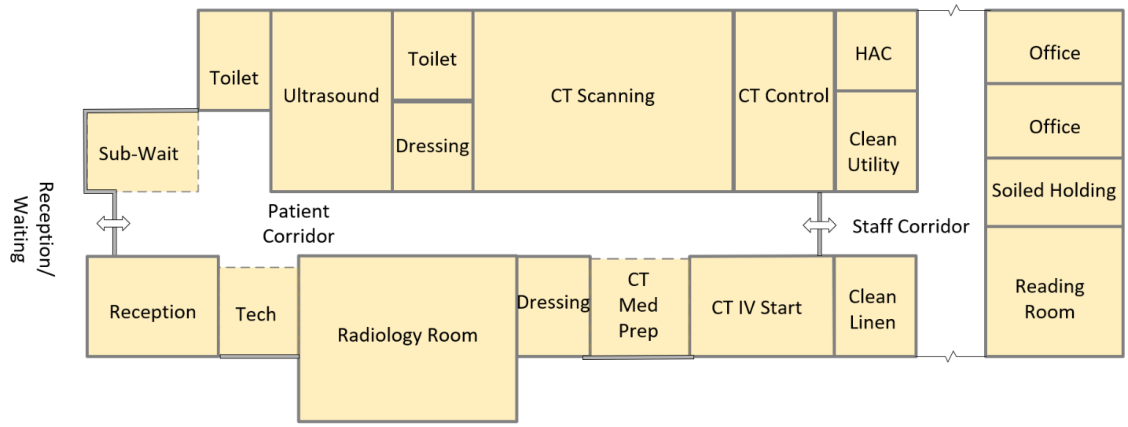


3.1.5. Pathology and Laboratory- Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)

3.1.5.1. Blood draw stations and specimen collection toilets shall be conveniently accessed from the waiting areas.
3.1.5.2. The laboratory and associated support space should be located in the back of the department with rear access route to logistics.

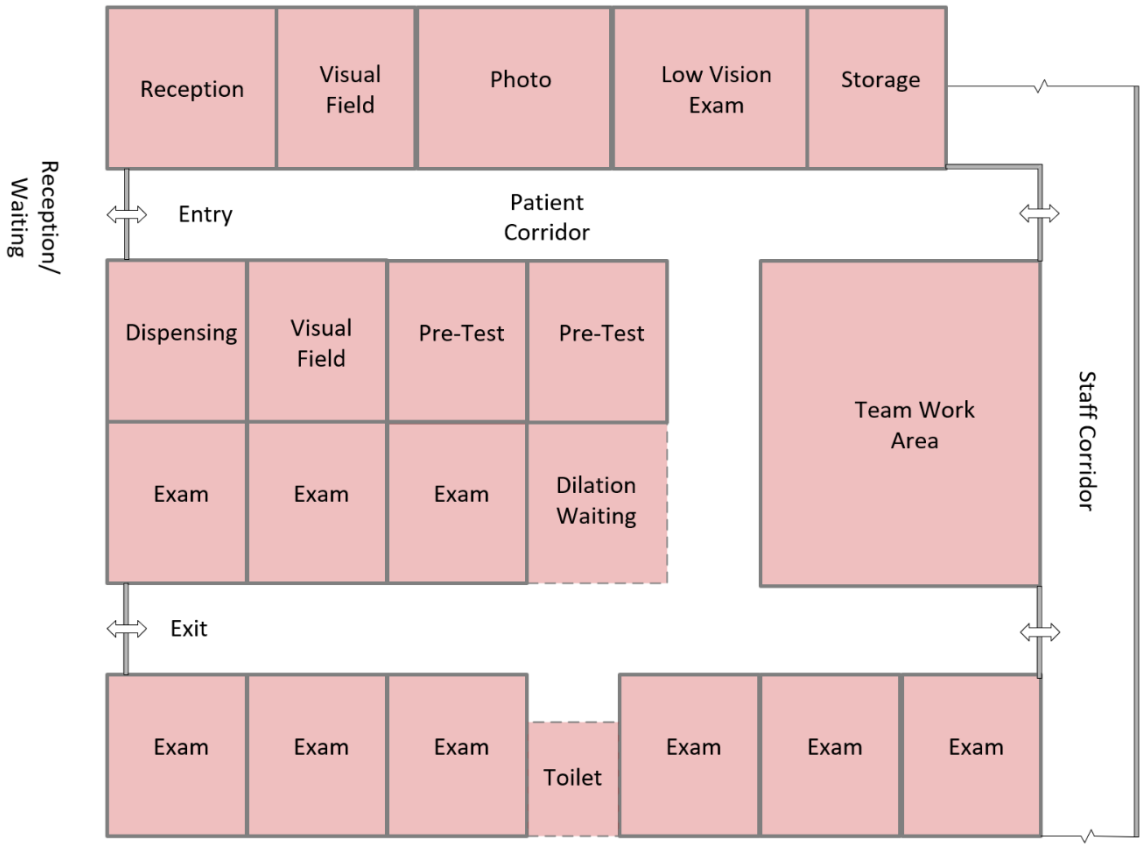


3.1.6. Radiology - Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)

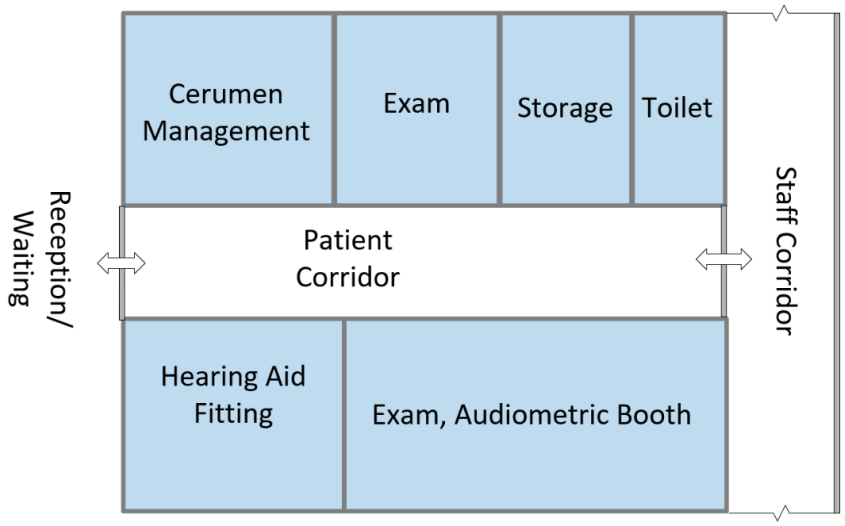


3.1.7. Eye Clinic- Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)

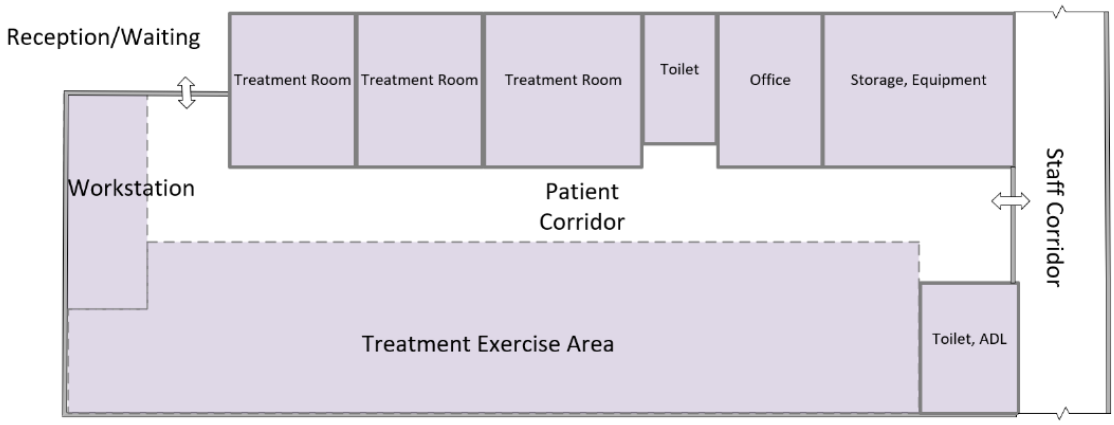
3.1.7.1. Dispensing shall open to the waiting area.
3.1.7.2. Visual Field, Testing and Photo typically are required to be at the front of the clinic.



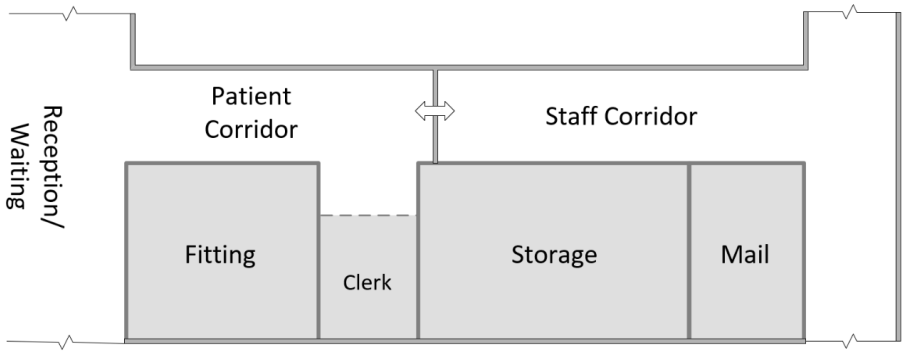
3.1.8. Audiology - Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)



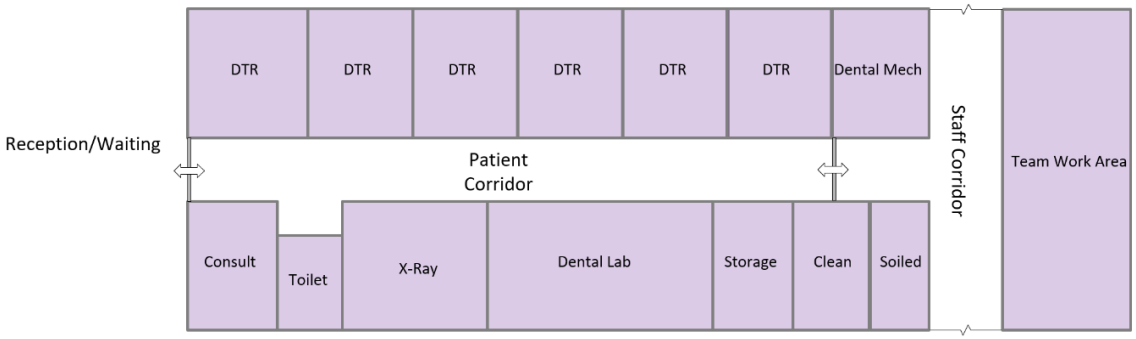
3.1.9. PMR - Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)



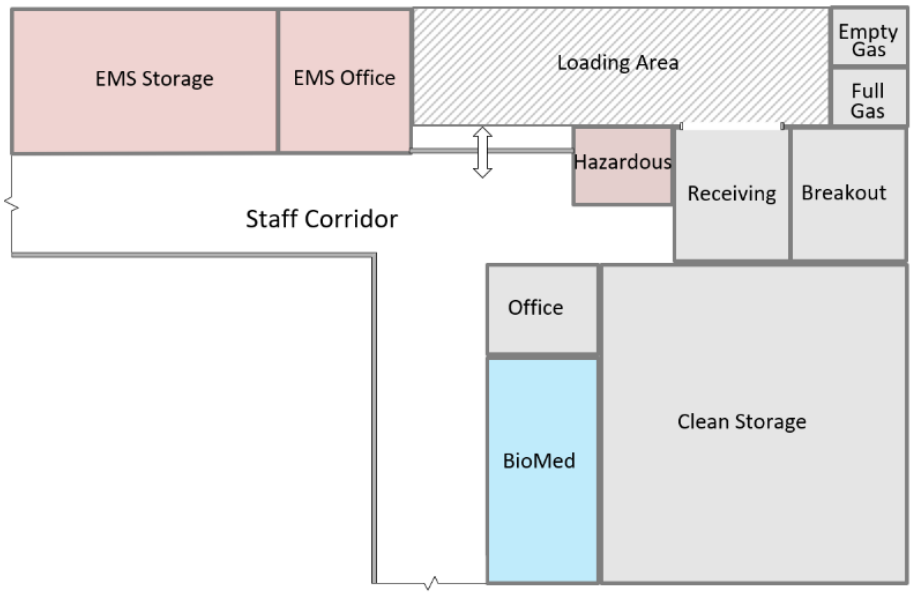
3.1.10. Prosthetics - Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)



3.1.11. Dental - Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)



3.1.12. Logistics/EMS/BioMed - Please see the attached *Adjacency Matrix* detailing the spatial relationships with other services, along with guidance on building floors (if applicable)



SECTION 4 – Standard Layout Guide (Existing Buildings – Tenant Buildout)

4.1 When existing space is considered, the offeror shall develop their proposal following the facility standardization philosophy.
4.2 Layout 4 is an example of how aspects of the facility standardization philosophy can be met in a typical office building footprint.
4.3 Unique solutions are expected and will be evaluated.

Layout 4: Existing Building Layout Example

Appendix A: Standard Adjacency Matrix

1 – Strong; 2 – Secondary; 3 – No Relationship

Adjacency Matrix																	
	Waiting	Primary Care	Mental Health	Specialty Care	Pathology	Radiology	Optometry	Audiology	Prosthetics	PMR	Dental	Pharmacy	HBPC	Whole Health	Police	Vending	Logistics
Waiting		1	1	2	1	1	1	1	1	2	1	1	3	2	1	1	3
Primary Care	1		1	1	2	2	3	3	2	3	3	2	3	3	2	3	2
Mental Health	1	1		3	3	3	3	3	3	3	3	2	3	3	1	3	2
Specialty Care	2	1	3		2	2	3	3	3	3	3	2	3	3	2	3	2
Pathology	1	2	3	2		3	3	3	3	3	3	3	3	3	2	3	1
Radiology	1	2	3	2	3		3	3	3	3	3	3	3	3	2	3	2
Optometry	1	3	3	3	3	3		3	3	3	3	3	3	3	2	3	2
Audiology	1	3	3	3	3	3	3		3	3	3	3	3	3	2	3	2
Prosthetics	1	2	3	2	3	3	3	3		1	3	3	3	3	2	3	2
PMR	2	3	3	3	3	3	3	3	1		3	3	3	3	2	3	2
Dental	1	3	3	3	3	3	3	3	3	3		3	3	3	2	3	2
Pharmacy	1	2	2	2	3	3	3	3	3	3	3		3	3	1	3	1
HBPC	3	3	3	3	3	3	3	3	3	3	3	3		3	3	3	3
Whole Health	2	3	3	3	3	3	3	3	3	3	3	3	3		3	3	3
Police	1	2	1	2	2	2	2	2	2	2	2	1	3	3		3	3
Vending	1	3	3	3	3	3	3	3	3	3	3	3	3	3	2		3
Logistics	3	2	2	2	1	2	2	2	2	2	2	1	3	3	3	3	