

**Department of
Veterans Affairs**

Memorandum

Date: August 29, 2019

From: Deputy Under Secretary for Health for Community Care (10D)

Subj: Request for OMB review and consideration of emergency clearance for the Veterans Care Agreements

To: Neomi Rao
Administrator, Office of Information and Regulatory Affairs (OIRA)

Cc: VA Desk Officer, James Crowe
Office of Management and Budget (OMB)

The Veterans Health Administration, Office of Community Care, requests emergency clearance of the information collections that will be supporting implementation of section 102 of Public Law 115-182, known as the VA MISSION Act. Section 102 of the MISSION Act authorizes VA to enter into Veterans Care Agreements to furnish required care and services in the community when such care and services are not feasibly available to certain individuals through a VA facility, a contract, or a sharing agreement.

Under 38 U.S.C. 501, VA has implemented section 102 of the MISSION Act through an interim final rule (RIN 2900-AQ45, Veterans Care Agreements) to establish parameters of Veterans Care Agreements, to include: establishing a certification process for providers who will furnish such care or services; establishing a process for providers to discontinue such agreements; and establishing an administrative process for adjudicating disputes under such agreements. The certification, discontinuation, and dispute processes require information collections.

Emergency clearance is requested because the original emergency clearance request submitted to OMB in May 2019 has not yet been approved. VA did not receive any public comments related to these collections as they were described in the interim final rule AQ45, Veterans Care Agreements (see 84 FR 21668). Therefore, it would be impracticable and contrary to the public interest to provide additional notice and opportunity to comment on these information collection requests through another 60-day notice process, versus seeking approval through this second emergency clearance request. Normal clearance procedures could require VA to stop collecting information, which would pose significant disruptions in patient care that is being received under Veterans Care Agreements. We reiterate from the first emergency clearance request that VA's contractual network of community providers is not yet fully operational, and Veterans Care Agreements are necessary to fill gaps in coverage for the furnishing of care and services generally in certain areas until the contractual network of community providers is fully established. Additionally, certain specific care and services (such as dental care and unskilled home health services) are not currently furnished under community care contracts, and Veterans Care Agreements continue to be needed to cover the furnishing of such care.

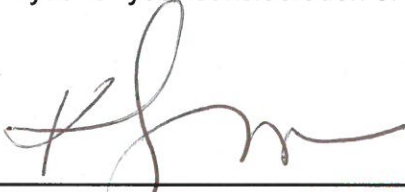
To allow for imminent approval of these collections, so that continuity of Veterans' health care under Veterans Care Agreements may be maintained, OMB approval is requested by September 19, 2019. We reiterate that VA did not receive any public comments related to these collections as they were described in the interim final rule AQ45, Veterans Care Agreements (see 84 FR 21668). Considering the risk to disrupting the furnishing of care for individuals who continue to need to receive care and services under Veterans Care Agreements, and because VA did not

Page 2. Request for OMB review and consideration of emergency clearance for the Veterans Care Agreements

receive any public comments on the described collections, it is impracticable and contrary to the public interest to provide additional advance notice and opportunity to comment on these information collection requests through another 60-day notice process, versus seeking approval through this emergency clearance request.

Questions may be addressed to Joe Duran via phone at (303) 370-1637 or via email at Joseph.Duran2@va.gov .

Thank you for your consideration of this matter.

A handwritten signature in brown ink, appearing to read 'K. Matthews', written over a horizontal line.

Kameron L. Matthews, MD, JD, FAAFP