**MISSION Act Field Guide**

**WORKING DRAFT**

*All Dates and Content are Pre-Decisional and Subject to Change*

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**Working Draft, Pre-Decisional, Deliberative Document for Discussion Purposes Only**

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# Executive Summary

The Department of Veterans Affairs (VA) remains committed to improving Veterans’ access to the highest quality care by providing our staff with the tools and resources to improve our Veterans’ experience. To help keep that commitment to our Veterans, the 115th Congress, with strong backing from the President, enacted an overarching and transformational bill known as VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018. The bill ensures that VA has the necessary support to complete an organizational transformation that enables VA to provide seamless, high-quality, integrated, coordinated care, anytime and anywhere.

To achieve the vision and the spirit of the new law, VA Secretary Wilke has four key priorities to that will help VA transform into a modern health care system, a learning organization, and restore Veteran trust:

1. Implementing the VA MISSION Act of 2018;
2. Delivering customer service and ensuring that all VA staff are trained and equipped to successfully assist Veterans;
3. Replacing the aging electronic health record to connect VA with the Department of Defense and private providers, enabling a continuum of care for Service members and Veterans; and
4. Transforming business systems – human resource management, finance and acquisition, and supply chain – to improve the quality and availability of services that allow VA health care facilities to better meet the needs of their Veteran populations.

Secretary Wilke’s first priority, implementing VA MISSION Act of 2018, enables VA to deliver the quality care and timely service Veterans have earned – including access to the best health care providers and networks, state-of-art facilities, and cutting-edge technology. Specifically, the MISSION Act enhances VA health care by consolidating community care programs, expands assistance for family caregivers, provides VA with the flexibility to allow infrastructure to match Veteran's needs, and strengthens VA’s recruitment and retention.

The purpose of this MISSION Act Field Guide, hereafter referred to as the “Guide,” is to provide a consolidated view of all the messaging, activities, and guidance that will be sent to MISSION Act Champions and impacted staff for every section of MISSION with links to relevant resources and/or points of contact. This Guide will not replace communication activities from offices or programs. Instead, it will serve as a repository for content related to MISSION Act implementation. Table 1 provides further detail on the Guide’s audience, periodic updates, organization, and available resources.

Table 1: MISSION Act Field Guide Overview

|  |  |
| --- | --- |
| Description | |
| Audience | Veterans Integrated Services Networks (VISNs), VA Medical Centers (VAMCs), Community Based Outpatient Clinics (CBOCs), and MISSION executive sponsors and champions |
| Release | Updated and distributed monthly |
| Organization | Upcoming activities related to MISSION Act that directly impact operations of VHA field staff by title (see Appendix A: Document Organization) |
| Field Resources | VISN and VAMC MISSION Champions, VA Insider, and Virtual Help |

# MISSION Act Background

The Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act strengthens and improves the Department of Veterans Affairs (VA) health care system for the benefit of our nation’s Veterans. The bill was signed into law by President Trump on June 6, 2018 to support VA in delivering the quality care and timely service Veterans have earned – including access to the best health care providers and networks, state-of-art facilities, and cutting-edge technology. The VA MISSION Act:

1. Consolidates VA’s community care programs;
2. Expands eligibility and assistance for family caregivers to eligible Veterans;
3. Provides VA with the flexibility to allow its infrastructure to match Veterans' needs; and
4. Strengthens VA’s ability to recruit and retain health care professionals.

To enact the above changes, MISSION Act includes five titles with more than 60 provisions that either amend or create new sections of law. The Veterans Health Administration (VHA) is taking a comprehensive approach to meet the Act’s requirements, deliver on milestones, and modernize its health system to achieve high reliability.

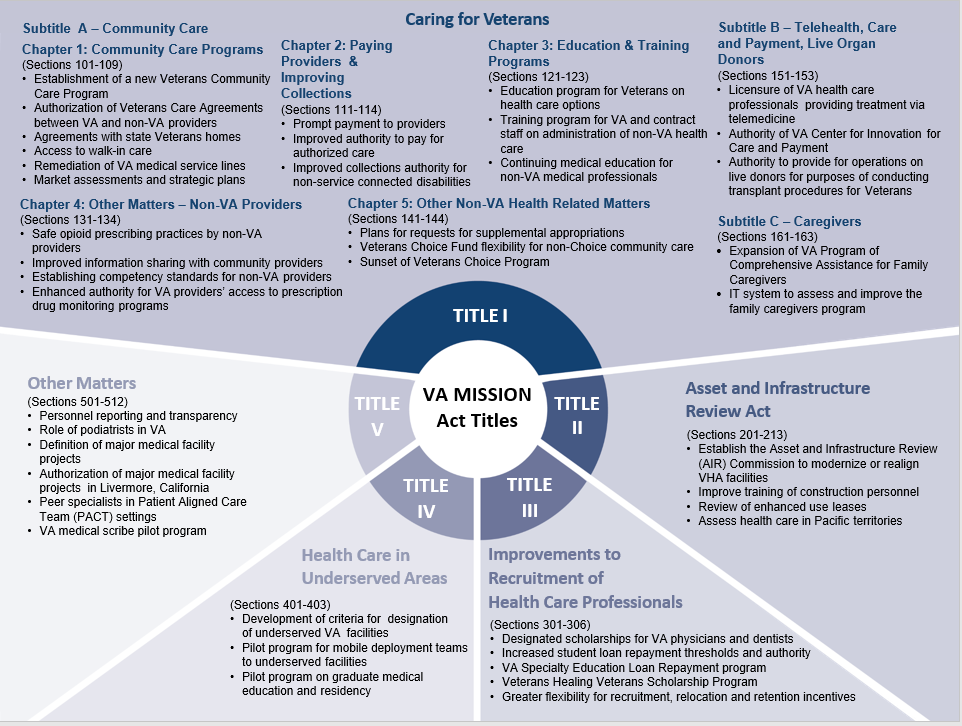
Summaries for each of the five titles of MISSION Act are provided below in Table 2.

Table 2: MISSION Act Titles – Summary

|  |
| --- |
| **Title I, Caring for Our Veterans** |
| **Summary:** Contains 30 changes to law, broken into the three subtitles: |
| **Subtitle A**: Consolidates VA’s community care program to implement an integrated high-performing network of community care providers |
| **Subtitle B:** Expands VA’s telehealth regulations and authorizes VA or community treatment for live organ transplant donors |
| **Subtitle C:** Expands eligibility of VA’s family caregiver program to all Veterans |
| **Title II, the VA Asset and Infrastructure Review (AIR)** |
| **Summary:** Contains 11 changes to law, broken into two subtitles: |
| **Subtitle A:** Establishes theAIR Commission, its functions and the process for reviewing and making decisions regarding VA’s real property assets |
| **Subtitle B**: Improves training and certification for construction personnel and assesses VA health care for Veterans who live in the Pacific territories |
| **Titles III, IV and V** |
| **Summary:** Contains 21 changes to law, broken into three titles: |
| **Title III:** Creates new strategies for recruiting VA health care professionals |
| **Title IV:** Addresses health care concerns in underserved areas |
| **Title V:** Establishes pilot programs for increased use of Peer Specialists and Medical Scribes |

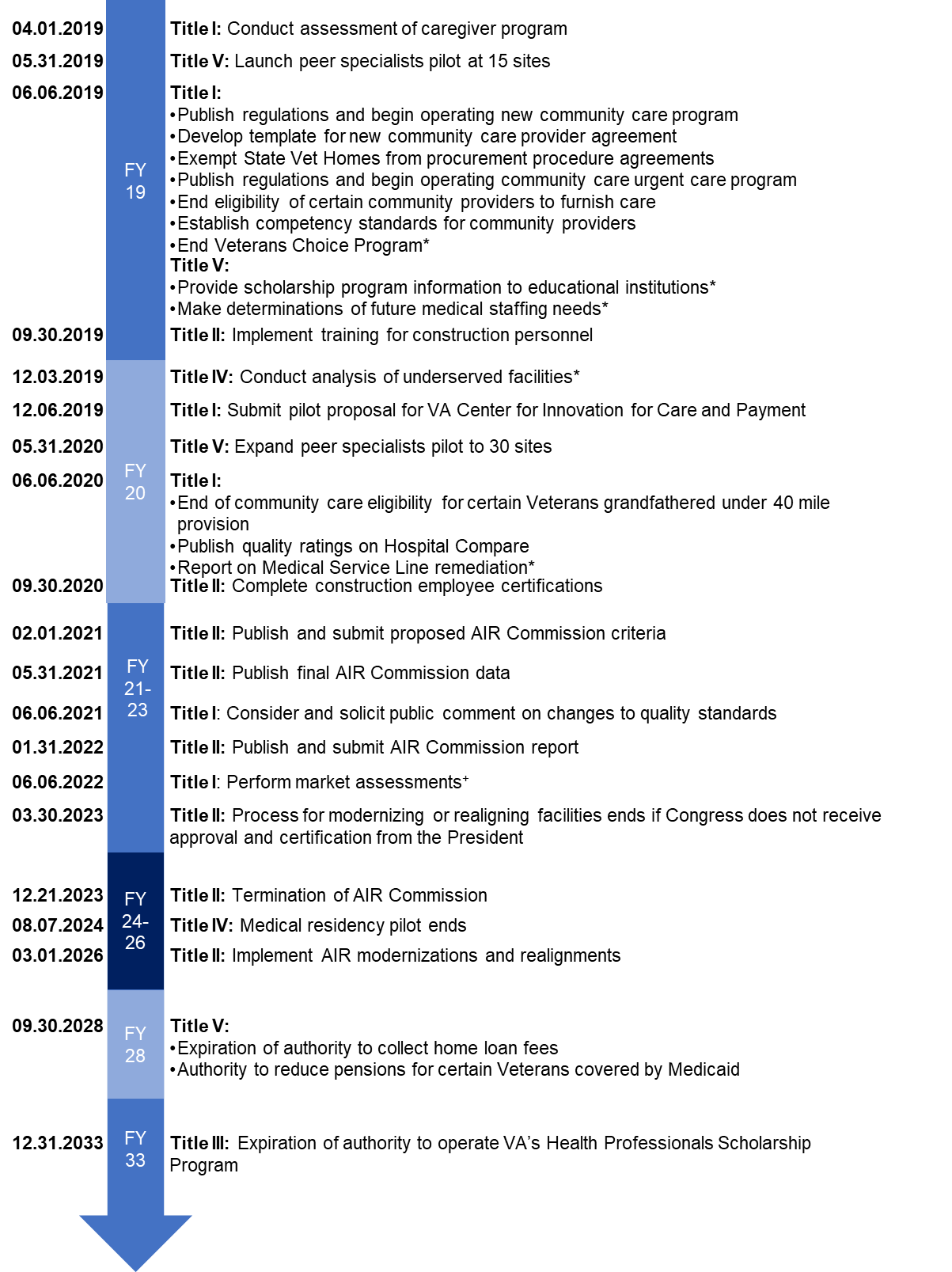
Each title or subtitle is then broken down by chapters and/or sections related to specific legislative or programmatic changes at VHA as highlighted below in Figure 1.

Figure 1: VA MISSION Act Summary



MISSION Act requires changes throughout VHA at the national and local levels. To ensure a smooth and sustainable roll out, VA will be implementing the MISSION Act over the next seven years (through 2026). As MISSION Act activities initiate, support will be provided to staff at the Veterans Integrated Service Network (VISN) and VA Medical Center (VAMC) levels.

A full schedule of Congress’s expectations for roll-out by legislative due date is highlighted in Figure 2 and Appendix C: MISSION Act Legislative Milestones. Dates provided in this figure are legislatively mandated and are set by Congress, not VA. VA must meet these deadlines, at a minimum, and additional deadlines may be prescribed by offices or programs.



\*Annual report due

+Quadrennial report due

Figure 2: VA MISSION Act Congressional Milestones

# Implementing MISSION in the Field

VHA will follow a phased timeline approach, as dictated by the legislation, to ensure disruption is minimized for all staff in their day-to-day duties. Impacted staff will receive targeted communication and support from both VA Central Office (VACO) and their VAMC. The MISSION Implementation team at VACO will release a comprehensive Field Guide, identify local MISSION Champions, and open a centralized help desk to answer questions and support staff in implementing MISSION.

## VISN/VAMC Impact

While MISSION Act dictates 60 changes to provisions of the law, not every change will impact and/or require change at the VISN and VAMC level. The table below contains a complete list of every MISSION Act section, with sections that *do not require* VISN/VAMC input, change, or notification struck through. Struck out sections either solely require administrative change by VA Central Office or impact other parts of VA. The Field Guide, as outlined in the following pages, only addresses MISSION Act sections *that will require field notification or impact VISN/VAMC operations.* The Guide will include relevant section numbers for all activities.

Table 3: Summary of MISSION Act Sections Applicable and Non-Applicable to the Field

|  |  |
| --- | --- |
| **Title I: Caring for Our Veterans Act of 2018, contains 30 substantive provisions within three subtitles.** | |
| Sub A | Principally deals with VA’s community care authorities and includes two dozen substantive provisions. |
| Ch. 1: Establishing Community Care Programs | |
| 101 | Establishment of Veterans Community Care Program |
| 102 | Authorization of agreements between VA and Non-VA providers: |
| 103 | Conforming amendments for State Veterans homes |
| 104 | Access standards and standards for quality |
| 105 | Access to walk-in care |
| 106 | Strategy regarding VA High-Performing Integrated Health Care Network |
| *~~107~~* | *~~Applicability of Directive of Office of Federal Contract Compliance Programs~~* |
| 108 | Prevention of certain health care providers from providing Non-VA health care services to veterans |
| 109 | Remediation of Medical Service Line |

|  |  |
| --- | --- |
| Ch. 2: Paying Providers and Improving Collections | |
| 111 | Prompt payment to providers |
| 112 | Authority to pay for authorized care not subject to an agreement |
| 113 | Improvement of authority to recover the cost of services furnished for non-service connected disabilities |
| 114 | Processing of claims for reimbursement through electronic interface: |

|  |  |
| --- | --- |
| Ch. 3: Education and Training Programs | |
| 121 | Education program on health care option |
| 122 | Training program for administration of non-VA health care |
| 123 | Continuing medical education for non-VA medical professionals\* |

|  |  |
| --- | --- |
| Ch. 4: Other Matters Relating to Non-VA Providers | |
| 131 | Establishment of processes to ensure safe opioid prescribing practices by non-VA health care providers |
| 132 | Improving information sharing with community providers |
| 133 | Competency standards for non-VA health care providers |
| 134 | VA participation in national network of State-based prescription drug monitoring programs |

|  |  |
| --- | --- |
| Ch. 5: Other Non-VA Health Care Matters | |
| 141 | Plans for Use of Supplemental Appropriations Required\* |
| 142 | Veterans Choice Fund flexibility\* |
| 143 | Sunset of Veterans Choice Program |
| *~~144~~* | *~~Conforming amendments~~* |

|  |  |
| --- | --- |
| Sub B | Contains three provisions dealing with VA’s telehealth authority, authority for a VA Center for Innovation for Care and Payment, and authority concerning treatment for live organ transplant donors. |
| 151 | Licensure of VA health care professionals providing treatment via telemedicine |
| 152 | Authority of VA Center for Innovation for Care and Payment\* |
| 153 | Authorization to provide for operations on live donors for purposes of conducting transplant procedures for veterans |

|  |  |
| --- | --- |
| Sub C | Contains three provisions that expand VA’s family caregiver program authorities, create requirements concerning the family caregiver program’s information technology (IT) system, and modify a reporting requirement related to the family caregiver program. |
| 161 | Expansion of VA family caregiver program |
| 162 | Implementation of VA IT system to assess and improve the family caregiver program |
| 163 | Modifications to annual evaluation report on VA caregiver program\* |

|  |  |
| --- | --- |
| **Title II: VA Asset and Infrastructure Review (AIR) Act of 2018, contains 11 substantive provisions principally deal with the AIR Commission, its functions, and the process for reviewing and making decisions regarding VA’s real property assets.** | |
| *~~201~~* | *~~Short title: Titles this subtitle the “VA Asset and Infrastructure Review Act of 2018”.~~* |
| *~~202~~* | *~~The Commission: Establishes an independent nine-member Asset and Infrastructure Review Commission (the “AIR Commission”) consisting of Commissioners nominated by the President and confirmed by the Senate.~~* |
| 203 | Procedures for making recommendations |
| *~~204~~* | *~~Actions regarding VA infrastructure and facilities~~* |
| *~~205~~* | *~~Implementation~~* |
| *~~206~~* | *~~VA Asset and Infrastructure Review Account~~* |
| *~~207~~* | *~~Congressional consideration of Commission report~~* |
| *~~208~~* | *~~Other Matters: Requires VA to publish any information transmitted or received by VA, the AIR Commission, or the President regarding the AIR Act online within 24 hours. It also prohibits VA from stopping VHA construction and leasing activities, any long-term planning regarding VHA infrastructure and assets, or VHA budgetary processes as a result of the AIR Act~~* |
| *~~209~~* | *~~Definitions: Defines various terms for purposes of the AIR Act.~~* |
| 211 | Improvement to training of construction personnel |
| *~~212~~* | *~~Review of enhanced use leases~~* |
| *~~213~~* | *~~Assessment of health care furnished by VA to veterans who live in the territories of the United States~~* |

|  |  |
| --- | --- |
| **Title III: Contains six substantive provisions dealing with improvements to the recruitment of VA health care professionals.** | |
| 301 | Designated scholarships for physicians and dentists under VA's Health Professional Scholarship Program |
| 302 | Increase in maximum amount of debt that may be reduced under VA Education Debt Reduction Program |
| 303 | Establishing VA Specialty Education Loan Repayment Program |
| 304 | Veterans healing Veterans medical access and scholarship program |
| 305 | Bonuses for recruitment, relocation and retention |
| 306 | Inclusion of Vet Center employees in VA Education Debt Reduction Program: Requires VA ensure that clinical staff working at Vet Centers are eligible to participate in VA’s EDRP. |

|  |  |
| --- | --- |
| **Title IV: Contains three substantive provisions regarding health care in underserved areas.** | |
| 401 | Development of criteria for designation of underserved VA facilities |
| 402 | Pilot program to furnish mobile deployment teams to underserved facilities |
| 403 | Pilot program on graduate medical education and residency |

|  |  |
| --- | --- |
| **Title V: Contains 12 substantive provisions dealing with other matters, including appropriation of $5.2 billion for the Veterans Choice Fund.** | |
| *~~501~~* | *~~Annual report on performance awards and bonuses to certain high-level VA employees~~* |
| *~~502~~* | *~~Role of podiatrists in VA~~* |
| *~~503~~* | *~~Definition of major medical facility project~~* |
| *~~504~~* | *~~Authorization of certain VA major medical facility projects~~* |
| *~~505~~* | *~~VA personnel transparency~~* |
| 506 | Program on establishment of peer specialists in PACT settings within VA medical centers |
| 507 | VA medical scribe pilot program |
| *~~508~~* | *~~Extension of requirement to collect fees for housing loans guaranteed by VA~~* |
| *~~509~~* | *~~Extension of reduction in amount of pension furnished by VA for certain veterans covered by Medicaid plans for services furnished by nursing facilities~~* |
| *~~510~~* | *~~Appropriation of amounts: Authorizes to be appropriated to the Veterans Choice Fund $5.2 billion in mandatory funds to be available without fiscal year limitation.~~* |
| *~~511~~* | *~~Technical Correction~~* |
| *~~512~~* | *~~Budgetary effects~~* |

*\*Field relevance to be determined*

## Field Guide

The MISSION Act Field Guide provides a summary of upcoming activities related to MISSION Act that directly impact operations of VHA field staff by date. It is a central repository for content related to MISSION Act implementation through a consolidation of all field distributed information. This Field Guide will not replace communication activities from offices or programs, but rather provides awareness of when VISNs and VAMCs can expect to receive MISSION related guidance or training from VACO.

### Audience

This document is written for VISN and VAMC leadership and MISSION Champions. It is concise, centralized, and focused on providing VHA staff with the information they need to implement MISSION and links to resources for additional content. Areas of MISSION Act that do not require field implementation or notification or that will not impact VHA operations *will not be included*. Activities exclusively affecting pilot sites will be identified in the corresponding pilot callout box.

### Updates

This guide will be updated and released monthly to VHA field staff. While the guide is currently focused on detailed activities that will roll out in the next few months, all data will be captured as it relates to any work being done under MISSION Act that will impact the field moving forward. Each monthly release will include new activities as they are provided by the responsible business owners, and activities that have been completed the prior month will be removed. Each monthly release will be maintained and archived on the MISSIONS Champions VA Insider page: <https://vaww.insider.va.gov/mission-act-champions>.

Figure 3: Activity Category Key

### Organization

Updates for VHA field staff will be provided under each relevant MISSION Act Title. For example, Office of Community Care (OCC) updates are written under Title I – Caring for Veterans, Subtitle A, Chapter 1. Appendix A: Document Organization further explains the organization and assumptions in this document. The key for these tables is to the right.

## Other Resources

**MISSION Champions and Executives**

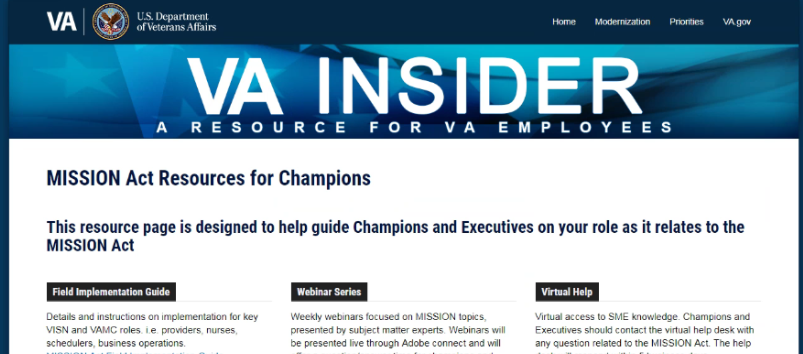
As outlined in the MISSION Act Facility Champion Memorandum, each VISN and VAMC is required to identify a MISSION Act Champion and an executive sponsor who will drive the timely distribution of messages and engagement of staff across their respective medical centers. The MISSION Act Champion will ensure the Public Affairs Officers, Veterans Experience Officers, and local Information Technology personnel are engaged and connected with each other and aware of upcoming MISSION Act requirements. The MISSION Act Champion will encourage information sharing and capture questions about MISSION Act to submit to Virtual Help, the virtual help desk described below. Additionally, each VISN and VAMC will establish a new e-mail group or identify an existing e-mail group, inclusive of the aforementioned individuals and other relevant personnel, to which all MISSION Act information may be sent for action.

The VAMC Champion will report weekly on MISSION implementation, to include progress on information dissemination and status of training.

Champions and Executive sponsors can access the MISSION Champion VA Insider page, at <https://vaww.insider.va.gov/mission-act-champions>, which will contain all relevant guidance and documentation.

See Appendix D: MISSION Act Facility Champion Memorandum and Roles and Responsibilities for further information.

Figure 4 VA Insider MISSION Champions Page



**Virtual Help**

Virtual Help is a centralized virtual help desk providing access to MISSION Act subject matter expert (SME) knowledge. MISSION Act Champions and Executives can contact the virtual help desk with any field question related to the MISSION Act and the help desk will triage the questions and provide a response within five business days. Complicated questions may require more time.

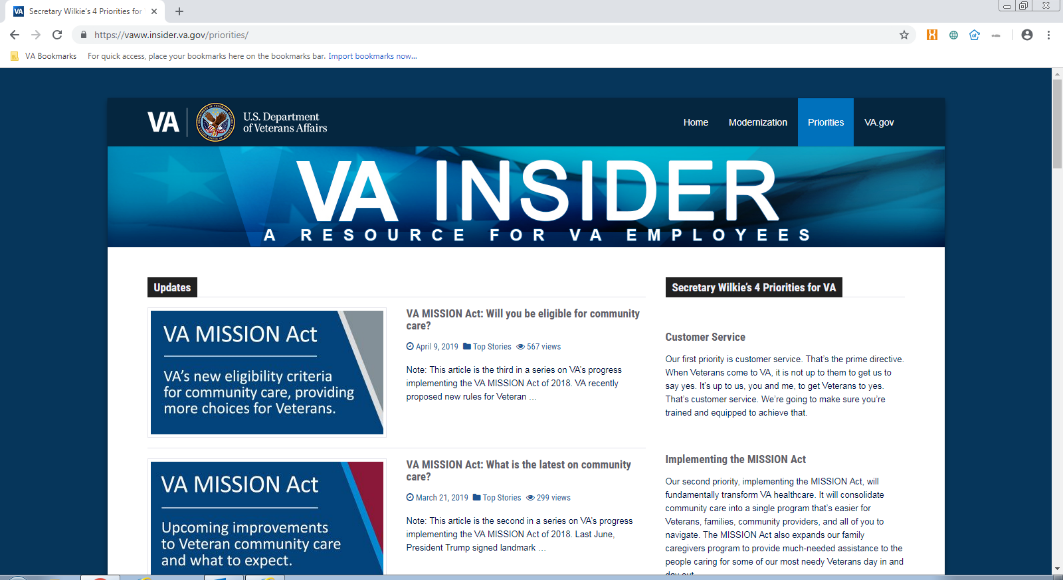
Questions may be submitted via the MISSION Champion VA Insider page, at <https://vaww.insider.va.gov/mission-act-champions>.

Emergency questions about MISSION can be directed to [insert war room phone number] or [EMAIL@va.gov](mailto:EMAIL@va.gov).

**VA Insider**

[VA Insider](https://vaww.insider.va.gov/) (<https://vaww.insider.va.gov/>) is an online resource, pictured below, for the VA workforce. The website provides top stories and updates related to initiatives such as VA modernization, as well as the Secretary’s priorities, including the implementation of the MISSION Act at <https://vaww.insider.va.gov/mission-act-champions>.

Figure 5: VA Insider Homepage



**Communications Toolkit**

Overall MISSION Act language to educate staff, Veterans, and local public and government organizations on changes to health care at VA as a result of MISSION will be distributed to leaders and champions in the form of a Communications Toolkit. Once finalized, the Toolkit will be published on the MISSION Champion VA Insider page, at <https://vaww.insider.va.gov/mission-act-champions>.

**Central Office Activities**

Activities at VACO to support implementation include:

* 04.01.2019 – Begin Decision Support Tool Demos
* 04.01.2019 – Publish MISSION Act Comms Toolkit – Fliers, FAQs
* 04.11.2019 – Conduct VACO Rehearsal of Concept Drills
* 04.12.2019 – Identify All MISSION Champions
* 04.12.2019 – Launch MISSION Act Virtual Help Site
* 04.16.2019 – Present Strategic Plan Framing Documents to Hill
* 04.18.2019 – Finalize Schedule for Decision Support Tool User Acceptance Testing / Site Visits
* 04.18.2019 – Hold MISSION Champion Kickoff
* 04.19.2019 – Publish MISSION Act Comms Toolkit – All Products
* 04.19.2019 – Launch Field Research of Concept Drills
* 04.19.2019 – Establish MISSION Act War Room
* 04.19.2019 – Draft Scripts & Routing Map for Enterprise Call Centers
* 04.19.2019 – Communications Toolkit released
* 04.22.2019 – Identify facility Computerized Patient Record System (CPRS) superusers
* 04.22.2019 – MISSION Champions and leaders at all levels push communications material to employees
* 04.23.2019– Provide overview of Quality cycle and target dates
* 04.23.2019 – Establish MISSION Act Open Office Hours
* 04.24.2019 – Communications distribution tracking begins
* 04.29.2019 – Conduct VSO delegate training
* 04.29.2019 – Finalize and communicate call center scripts and contingency routing plans
* 04.29.2019 – Provide guidance and workflows for clinical appeals process
* 04.29.2019– Provide overview of Quality cycle and target dates
* 04.29.2019– Develop service level training plans
* 05.01.2019 – Begin DST Demonstrations
* 05.01.2019 – Publish Field Implementation Guide
* 05.01.2019 – Publish online content
* 05.01.2019 – Launch daily War Room sessions, including IT
* 05.01.2019 – Mail and distribute Veterans Outreach Products
* 05.01.2019 – Link key operational VISN and VAMC personnel with IT personnel (MISSION Champions, PAOs, Veterans Experience Officers, Patient Advocates, CACs, HASs, etc.)
* 05.06.2019 – Launch core TMS content
* 05.06.2019 – Launch service-level training plans; MISSION Champions and leaders at all levels promote training
* 05.08.2019 – Confirm that clinical appeals guidance and workflows have reached Patient Advocates, necessary staff
* 05.08.2019 – OIT and Dr. Matthews visit Madison, WI to review DST testing
* 05.14.2019 – OIT and Dr. MacDonald visit Philadelphia, PA to review DST testing
* 05.14.2019 – 05.15.2019 – Clinical Contact Center Governance Board Meeting
* 05.15.2019 – Engage local VSOs/provide Comms materials
* 05.15.2019 – Engage State and local elected officials
* 05.14.2019 - 05.15.2019 – Clinical Contact Center Governance Board Meeting
* 05.15.2019 - 05.16.2019 – Community Care Spring Forward Workshop
* 05.23.2019 - 06.06.2019 – Ensure key personnel available to support Decision Support Tool National Rollout
* 06.03.2019 – Launch Incident Command Center / Phone Line
* 06.05.2019 - 06.07.2019 – VAMC/VISN/VACO Executives deploy to Field; Status Reports 3x/Day
* 06.08.2019 – Daily Implementation Monitoring and Reports

# Title I: Caring for Veterans

In support of continuously improving the delivery of timely and efficient services, health care outcomes, and Veteran and staff satisfaction, the MISSION Act guides the implementation of an integrated high-performing network of community care providers, the improvement of VA health care delivery internally, and the expansion of the family caregivers program.

## Subtitle A – Developing An Integrated High-performing Network

For Veteran community care, the MISSION Act consolidates existing programs, including the Veterans Choice Program, giving Veterans greater choice over the health care, and allowing VA to deliver world-class, seamless customer service to Veterans either through VA facility or a community provider.

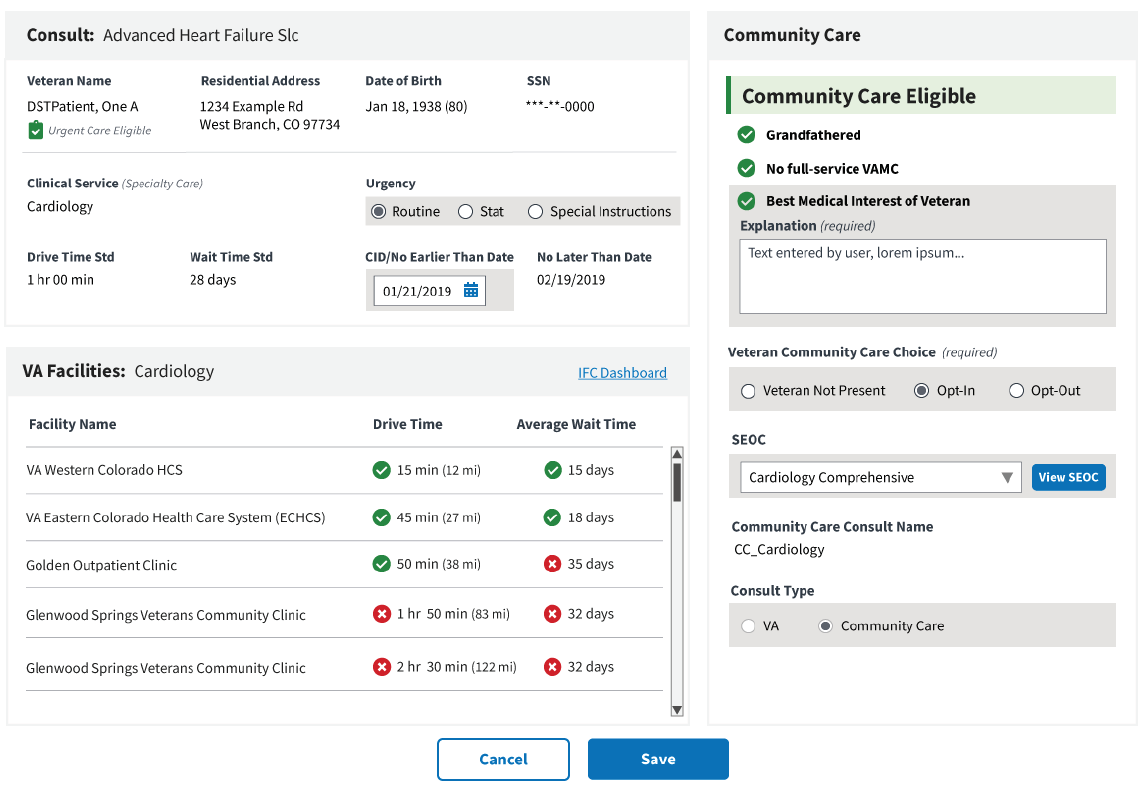
### Chapter 1: Establishing Community Care Programs

*Field relevant MISSION Act Sections - 101, 102, 103, 104, 105, 106, 108, 109*

*Non-Applicable MISSION Act Sections - 107*

The consolidated community care program will be operational when VA publishes final, effective regulations, expected June 6, 2019. At that time, the Veterans Choice Program will sunset, and the new eligibility criteria will go into effect. A complete rollout of all six regions of the Community Care Network (CCN) is expected by 2020. Upgraded information technology (IT) systems are also being implemented to support and streamline the operations of medical facilities in light of the MISSION Act requirements. To ensure staff are aware of and well-versed on the community care program and how it will affect their day-to-day and how they serve our Veterans, VHA staff will receive robust and timely support via scripts, fact sheets, videos, and other guidance materials.

Figure 6: Sample Screenshot from MISSION Decision Support Tool

* Decision Support Tool (DST): The DST will automate and streamline eligibility determinations for both non-clinical and clinical staff, as well as enable VA providers to determine whether to refer a Veteran to VA care or community care in real-time. The DST will go-live at VAMCs on June 6, 2019.
* Quality standards: MISSION Act requires VA to establish standards for quality after considering existing quality measures applied to public and private health care systems, collect and consider data for purposes of establishing standards for quality, and consult with pertinent federal and non-federal entities in establishing the access standards. A report detailing the quality standards was submitted to Congress in March 2019, and quality ratings must be published to Hospital Compare by June 6, 2020.
* Urgent care: A new benefit will provide eligible Veterans with access to non-emergency care for certain conditions in the VA network of community providers. Veterans can go to any urgent care or walk-in care provider in VA’s network without prior authorization from VA. There may be copayments associated with this benefit depending on a Veteran’s assigned priority group and the number of times the benefit is used. Details about the new urgent care benefit are being developed and will be shared as they are finalized.

* Market assessments: In accordance with the MISSION Act, market assessments will assist VA’s ongoing effort to develop high-performing networks of care that will improve access and quality of care for Veterans across the country. As has always been the case, VA will remain the integrator and coordinator of all Veteran care. To ensure high-quality, accessible care into the future, VA’s long-term planning and policy work requires an analytical approach to assessing VA’s health care system. The MISSION Act mandates an assessment of VA health care be completed and updated at least every four years.
* Medical service line remediation: MISSION Act requires a remediation process and Congressional notification for facilities that fail to meet VHA’s established quality standards. The remediation process will be initiated if any VA service lines are demonstrably not complying with these standards after a thorough analysis. In addition, flagged VAMCs must develop action plans with VISN and VACO support, and reports on action plans are due to Congress within thirty days and again every six months. The remediation process starts September 2019 and repeats annually in sync with updates from the Centers for Medicare and Medicaid Services (CMS) with quarterly monitoring.

#### MISSION Act Title 1 Chapter 1 Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| 04.18.2019 |  | **Preview** | Schedule for DST User Acceptance Testing / Site Visits Released | Facility community care administrative staff  Facility community care clinical staff |
| 04.01.19 – 06.06.19 |  | Presentation with checklist | Demos of DST begin | Facility community care administrative staff  Facility community care clinical staff |
| 05.15.19 – 05.16.19 |  | Presentation with checklist | Attend the New Community Care Spring Forward Workshop | VISN Director  Business Implementation Managers  VAMC representative from facility community care office |
| 05.18.2019 |  | Presentation with checklist  **Preview** | Training on Decision Support Tool  Go-live for Decision Support Tool for all VAMCs | Facility community care administrative and clinical staff  Chiefs of Community Care  VISN Directors  VAMC Directors |
| 05.29.2019 |  | Presentation with checklist | Training on Provider Exclusionary Management / Excluded Provider Processes | Facility community care administrative and clinical staff  Chiefs of Community Care  VISN Directors  VAMC Directors |
| 06.06.2019 |  | Checklist | Guidance on new community care program, including toolkits | Facility community care administrative and clinical staff  Chiefs of Community Care  VISN Directors  VAMC Directors |
| 06.06.2019 |  | Checklist | Guidance on community emergency care (e.g., fact sheet & FAQ, video) | Facility community care administrative and clinical staff  Chiefs of Community Care  VISN Directors  VAMC Directors |
| 06.24.2019 |  | Checklist | Guidance (follow-up article/blog) on new community care program | Facility community care administrative and clinical staff  Chiefs of Community Care  VISN Directors  VAMC Directors |
| 09.01.2019 |  | Research | Identification / evaluation of facilities in need of medical services line remediation | VAMC Quality Management Officers  Business Implementation Managers  Chiefs of Community Care  VISN Directors  VAMC Directors |
| Visits will be scheduled throughout 2019 directly with VISN |  | Boardroom | Market assessment site visits | VISN Leadership including Planning, Asset Management and Business Implementation  VAMC Leadership including service chiefs, Community Care, Strategic Planning, Facilities Management and Education |

*Points of Contact and Resources:*

* Community Care
  + OCC [POC contact information]
  + Community Care Hub: <https://vaww.va.gov/CHOICE/MISSION_Act.asp>
  + OCC Transition Guidebook: <https://vaww.vha.vaco.portal.va.gov/DUSHCC/DC/DO/CI/OCC_TGB/Pages/OCC%20TGB.aspx>
* Market Assessment Site Visits
  + Office of Policy and Planning (OPP) [POC contact information]
  + [Resource TBD]
  + [LINK TO SITE VISIT SCHEDULE]
* Medical Service Line Remediation

**To support the rollout of community care-related activities at your facility, implementation activities may include…**

* Hold regular meetings with community care governance structures:
  + CCN Regional Steering Committee
  + VAMC Oversight Council
  + VISN Oversight Council, if applicable
* Identify change management points of contact:
  + CCN Transition Lead at each VAMC
  + VAMC and VISN MISSION Champion and executive sponsor (more information will be provided on the role of Champions at the Spring Forward Workshop on May 15)
* Complete site implementation plans for respective community care projects in the Deployment and Implementation Tracker (DIT):
  + CCN Transition
  + VA Online Scheduling (VAOS)
  + HealthShare Referral Manager (HSRM)
  + [Provider Profile Management System (PPMS)](https://vaww.vha.vaco.portal.va.gov/DUSHCC/DC/IT/_layouts/15/start.aspx#/Projects/Forms/AllItems.aspx?RootFolder=%2FDUSHCC%2FDC%2FIT%2FProjects%2FPPMS&FolderCTID=0x0120009E6CA7B493E7F045AA38AE053ECAE53A&View=%7BACEFEB0E%2D9BF1%2D4620%2DAA82%2DEFB92026455B%7D)
  + Decision Support Tool (DST)
* Confirm facility community care staff have received the necessary training on OCC tools and/or processes (e.g., DST, HSRM, etc.)
* Complete Increase Capacity, Efficiency and Productivity Initiatives (ICEP) Stages I and II
* Assess new access standards’ impact using the Drive Time Mapping Tool

*Market Area Health System Optimization (MAHSO) assessments*

* Identifyyour VISN’s assigned MAHSO phase
* Establish MAHSO Workgroup
* Examine referral patterns in market geography and demographic
* Examine projected growth and movement on current market demand and future market supply
* Complete data collection and interviews
* Review preliminary results and final MAHSO recommendations
* Develop and complete action plan to implement recommendations

**Field Developed Materials**

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[TBD – ex, VISN 19 scripting, DST SOP, Eligibility SOP]

### Chapter 2: Paying Providers & Improving Collections

*Field relevant MISSION Act Sections - 111, 112, 113, 114*

To support an improved community care program and strong relationships with community providers, VA is refining prompt payment and collections standards and guidance regarding claims and reimbursement for services and care delivered in the community. Starting in May 2019, OCC will equip VHA staff with guidance on the billing changes that can be referenced when answering Veteran and external questions.

#### MISSION Act Title 1 Chapter 2 Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| 05.13.2019 |  | Checklist | Guidance on community care billing (e.g., article/blog, fact sheet & FAQ, call center scripts, video) | Call center staff  Facility community care administrative and clinical staff (e.g., MSA, Patient Services Assistant)  Chiefs of Community Care  VISN Directors  VAMC Directors |

*Points of Contact and Resources:*

* Community Care Billing
  + Point of Contact: OCC [POC contact information]
  + [Resource TBD]

**To support the rollout of community care billing-related activities at your facility, implementation activities may include…**

* Confirm facility community care staff have received the necessary training on OCC tools and/or processes (e.g., billing, eCAMS, etc.); claims-related training to be provided at the May 15-16 Spring Forward Workshop

**Field Developed Materials**

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

### Chapter 3: Education & Training

*Field relevant MISSION Act Sections - 121, 122, 123*

Under MISSION Act, VA will establish a program to provide no cost continuing medical education material to community medical professionals that includes education on identifying and treating common mental and physical conditions of Veterans and their families, the VA health care system, and other matters. This material will be the same as that given to VA providers.

VA will also develop and implement a training program for employees and contractors on how to administer non-Department health care programs, such as non-Department emergency room care, the community care program, and management of opioid prescriptions. VA is required to report on training of VA and contractors by June 6, 2019.

Finally, VA will develop and administer an education program that teaches Veterans about their health care options through VA, in a format accessible to Veterans without access to the Internet. VA is required to report to Congress on the Veteran education program by June 6, 2019.

#### MISSION Act Title 1 Chapter 3 Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| 05.10.2019 |  | Checklist | Guidance in print on new Veteran education options | VISN Public Affairs Officers  VAMC Public Affairs Officers |
| 05.15.2019 |  | Presentation with checklist | Face to Face employee training conference on new Veteran education series | Designated Learning Officer |
| 05.18.2019 |  | Presentation with checklist | eLearning training on community emergency care reimbursement | Facility community care administrative staff  Facility community care clinical staff  Chiefs of Community Care  VISN Directors  VAMC Directors |

*Points of Contact and Resources:*

* Veteran Education on Health Care Options
  + [POC TBD]
  + [Resource TBD]
* Community Care Training Programs
  + Doug Katason: Douglas.Katason@va.gov
  + [Resource TBD]

**To support the rollout of education and training-related activities at your facility, implementation activities may include…**

* Reference the position specific Learning Paths on the Training Section of the Community Care Hub for targeted courses by role.

**Field Developed Materials**

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

### Chapter 4: Other Matters - Non-VA Providers

*Field relevant MISSION Act Sections - 131, 132, 133, 134*

VA is dedicated to protecting the privacy and safety of our Veterans, whether they receive their care at our facilities or in the community. To ensure seamless, secure communication and sharing of information within each Veteran’s health care network, VA is establishing processes, IT solutions, and enhanced trainings for our staff and community health care providers.

On June 6, 2019, VA will establish competency standards and requirements for the provision of care by community providers in clinical areas in which VA has special expertise, including posttraumatic stress disorder (PTSD), military sexual trauma (MST)-related conditions, and traumatic brain injuries (TBIs). Each community provider will be required to meet those standards and requirements before delivering care through a contract, agreement or other arrangement. Front line staff will receive training and guidance on these standards and requirements, so they can be empowered to make the best referral decisions for our Veterans.

All community providers will receive a copy of the standards and certify that they have reviewed the evidence-based guidelines for prescribing opioids set forth by VA’s Opioid Safety Initiative. VA will implement a process to ensure VA submits to community providers all the necessary and relevant medical history of the Veteran and a list of all medications prescribed to the Veteran. Community providers will be required to submit medical records in the timeframe and format specified by the VA.

VA providers and delegates (Nurses, MSAs, etc.) will now also have access to the entire profile of a Veteran’s controlled substance information with the new authority to query and receive data from the national network of State-based prescription drug monitoring programs (PDMPs). This will facilitate positive health outcomes and greater compliance with VA directives related to drug checking and documentation and support the safe and effective prescribing of controlled substances to Veterans. Front line staff will receive detailed training on how to perform manual queries and on the new IT solution joining state PDMPs with Electronic Health Record (EHR)/ Computerized Patient Record System (CPRS) once it is released.

#### MISSION Act Title 1 Chapter 4 Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| Now |  | Checklist | Guidance on changes to privacy health information sharing outside VA and privacy laws and how Veterans can opt out | Facility community care administrative staff  Facility community care clinical staff  Chiefs of Community Care  VISN Directors  VAMC Directors |
| 06.01.2019 – 06.30.2019 |  | Presentation with checklist | Training on changes to Virtual Lifetime Electronic Record (VLER), Joint Legacy Viewer, VA Exchange (VE) portal to accommodate new health information sharing outside VA | Chiefs of Community Care  VA providers  Nurses  MSAs |
| 06.06.2019 |  | Checklist | Understand the competency standards for community health care providers in specialized Veteran behavioral health needs when making referrals | Quadrad  VA Providers |
| 07.01.2019 – 07.31.2019 |  | Presentation with checklist | Training on new IT solution connecting state prescription drug monitoring programs to CPRS | Chiefs of Community Care  VA providers  Nurses  MSAs |
| TBD |  | Checklist | Guidance on new regulations on VA access to state PDMPs, opioid safety | Quadrad  VISN Directors  Chiefs of Community Care  VA Providers |
| TBD |  | Presentation with checklist | Training on how to do manual checks to a prescription drug monitoring program | VA providers  Nurses  MSAs |
| TBD |  | Presentation with checklist | Training on pulling metrics for prescription drug monitoring at VA | Chiefs of Community Care  VA providers  Nurses  MSAs |
| TBD |  | Checklist | Guidance on VA opioid safety expectations | Quadrad  VISN Directors  Chiefs of Community Care  VA Providers |
| TBD |  | Presentation with checklist | New training on the Health Insurance Portability and Accountability Act (HIPAA) | Facility community care administrative staff  Facility community care clinical staff  Chiefs of Community Care  VISN Directors  VAMC Directors |

*Points of Contact and Resources:*

* Safe Opioid Prescribing Practices
  + [POC TBD]
  + [Resource TBD]
* Information Sharing with Community Providers
  + [POC TBD]
  + [Resource TBD]
* Community Providers Competency Standards
  + [POC TBD]
  + [Resource TBD]
* Prescription Drug Monitoring Programs
  + [POC TBD]
  + [Resource TBD]

**To support the rollout of privacy, competency standards, and prescription drug safety-related activities at your facility, implementation activities may include…**

* Confirm facility community care staff have received the necessary training on competency standards and requirements for the provision of care by community providers related to PSTD, MST-related conditions, and TBIs
* Ensure facilities are in compliance with their state’s State-based prescription drug monitoring program

**Field Developed Materials**

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

### Chapter 5: Other Non-VA Health Related Matters

*Field relevant MISSION Act Sections - 141, 142, 143*

*Non-Applicable MISSION Act Sections - 144*

On June 6, 2019, the Veterans Choice Program will sunset. No national materials will be distributed on sunsetting Veterans Choice Program. Refer to Chapter 1 for information on upcoming Community Care Program activities and materials.

**To prepare for the Veterans Choice Program sunset, activities may include…**

* By May, ensure VAMC Community Care leadership and staff knows they assumes responsibility for care coordination of Veterans Choice Program Veterans
* By May, ensure VAMC Community Care leadership and staff knows the day TriWest starts conversion of CHOICE authorization (with care beyond June 5, 2019) to Patient-Centered Community Care (PC3)
* By May, all Individual Authorizations/Provider Agreements Care must be converted
* By June, ensure communication with Veterans empathize specific changes from CHOICE to MISSION Act to manage expectations

**Field Developed Materials**

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

## Subtitle B – Telehealth, Care and Payment, Live Organ Donors

*Field relevant MISSION Act Sections – 151, 152, 153*

As VA continues making strides in delivering the right care at the right place and time, MISSION Act dictates changes to regulations around providing telehealth in the Veteran’s home, in a VA facility, and in the community. Appropriate staff will receive guidance on the changes affecting “Anywhere to Anywhere” telehealth to best equip them to communicate these changes and services to Veterans and their families. VA will enable VA-employed health care professionals to deliver care via telehealth using an active, full and unrestricted license, registration, or certification from any state. All VA primary care providers will be able to use telehealth capabilities by mid-June 2019 and all of VA health care providers will be able to use telehealth capabilities by 2021.

Effective June 2019, VA is authorized to provide an operation on a live donor to carry out a transplant procedure for an eligible Veteran, regardless of the live donor’s eligibility for VA health care. VA will provide live donors any care or services before and after conducting the transplant procedure that may be required in connection with the transplant.

#### MISSION Act Title 1 Subtitle B Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| 06.01.2019 – 06.30.2019 |  | Checklist | Guidance on changes to telehealth regulations (across state lines) in Primary care | Patient Aligned Care Team; primary care only |
| June 2019 |  | Presentation with checklist | Refresher training on Telehealth and availability to Veterans | MSAs |
| TBD |  | Presentation with checklist | Training on new live donor regulations | Providers |
| TBD |  | Presentation with checklist | Training on new live donor regulations | VA Transplant Centers |
| 2021 |  | Checklist | Guidance on changes to telehealth regulations (across state lines) in all specialties | Patient Aligned Care Team |

*Points of Contact and Resources:*

* Telehealth
  + [POC TBD]
  + [Resource TBD]
* Live Donor
  + [POC TBD]
  + [Resource TBD]

**To support the rollout of telehealth and live donor-related activities at your facility, implementation activities may include…**

* By September 2019, ensure 75 percent of Patient Aligned Care Team (PACT) and outpatient Mental Health providers are capable of delivering video telehealth services into the home, to Veterans' mobile devices or other locations
* By September 2020, ensure all providers are able to use telehealth capabilities and sustain capabilities
* (For VISNs with Transplant Centers) Perform gap analysis of clinical and fiscal requirements to develop Harvesting Centers contracts
* (All facilities) Draft potential process on referring and coordinating transplants through CCN
* Confirm relevant VA staff have received the necessary training on telehealth and live donor transplants

**Field Developed Materials**

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

## Subtitle C – Caregivers

*Field relevant MISSION Act Sections – 161, 162, 163*

|  |
| --- |
| Program of Comprehensive Assistance for Family Caregivers |
| The Program of Comprehensive Assistance for Family Caregivers offers enhanced support for Caregivers of eligible Veterans. Enhanced services for eligible participants may include a financial stipend, access to health care insurance, mental health services and counseling, caregiver training, and respite care. |

To supplement the strong integrated network and high-quality trusted care for our Veterans, the MISSION Act is expanding the Program of Comprehensive Assistance for Family Caregivers Program. Currently, Veteran eligibility is limited to Veterans who incurred or aggravated a serious injury in the line of duty, on or after September 11, 2001. Expansion will occur in two phases, starting first with eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975 and further expansion to include all Veterans regardless of when such injury occurred, beginning two years after the initial phase. By June 2020, all Veterans will be eligible for the Caregivers Program.

For the expansion of the caregivers program, 450 staff will be trained on the program’s new IT system that allows for data assessment and comprehensive monitoring of the program. Regulations will also be updated to help make eligibility decisions more objective and streamlined, and caregiver program policies and procedures will be updated for field staff.

#### MISSION Act Title 1 Subtitle C Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| TBD |  | Presentation with checklist | Training on the expansion of the Program of Comprehensive Assistance for Family Caregivers Program | Front Line Staff |
| 06.01.2020 |  | Presentation with checklist | Training on the new IT system supporting the Program of Comprehensive Assistance for Family Caregivers Program | Front Line Staff |

*Points of Contact and Resources:*

* Family Caregivers Program
  + [POC TBD]
  + [Resource TBD]

**Field Developed Materials**

**To support the rollout of Caregivers expansion-related activities at your facility, implementation activities may include…**

* Prepare for expansion by creating standardized processes across VISN (e.g., Facility/VISN Appeals Boards, Multidisciplinary Veteran Eligibility Assessment Teams, Education, and routine Auditing)
* Confirm VA staff have received the necessary training on caregivers program expansion and new IT system

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

# Title II: Asset and Infrastructure Review

*Field relevant MISSION Act Sections – 203, 211*

*Non-Applicable MISSION Act Sections – 201, 202, 204, 206, 207, 208, 209, 212, 213*

MISSION Act Title II is comprised of Subtitle A: The VA Asset and Infrastructure Review (AIR) Act of 2018, and the more field-relevant Subtitle B: Other Infrastructure Matters. The latter dictates the improvement to training and certification for construction and facilities management personnel and an assessment (complete as of March 1, 2019) of health care delivered by the VA to Veterans living in the Pacific territories (VISN 21).

MISSION Act requires the establishment of an independent nine-member AIR Commission, which will develop and solicit feedback on criteria related to the closure, modernization, or realignment of VHA facilities. The Commission will ultimately deliver a report of its findings to the President. There are no field-focused activities related to the AIR Commission until 2022.

#### MISSION Act Title 2 Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| 09.30.2019 |  | Checklist | Implement training curriculum and certification program | VISN Leadership  VAMC Leadership  VAMC construction staff  VAMC facilities management staff |
| 2022 |  | Boardroom | Site visits for AIR Commission | Network Directors  VAMC Leadership |

*Points of Contact and Resources:*

* Construction Training
  + [POC TBD]
  + [Resource TBD]

**Field Developed Materials**

**To support infrastructure-related activities at your facility, implementation activities may include…**

* Confirm VA construction and facilities management staff have received training and certification

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

# Title III: Improvements to Recruitment of Health Care Professionals

*Field relevant MISSION Act Sections – 301, 302, 303, 304, 305, 306*

Through MISSION Act, VA is pursuing new and improved strategies to hire staff and keep staff onboard for stronger health care delivery teams, including medical education incentives for physicians, both civilians and Veterans, and gradual increases to limitations on bonuses. These additional incentives provided by MISSION Act will create new incentives to entice new pools of providers to join the VA system, helping address staffing backlog and enabling VA to continue to provide a full array of high-quality health care services.

|  |
| --- |
| Health Professional Scholarship Program |
| The Health Professional Scholarship Program (HPSP) will help address VHA health care workforce needs by enabling students to gain academic credentials without additional debt burden from school and requiring recipients to complete a service obligation at a VA health care facility. VA will select 50 scholarships awardees yearly. |

|  |
| --- |
| Education Debt Reduction Program |
| MISSION Act increases the maximum award amount under the existing Education Debt Reduction Program (EDRP), particularly for VHA Vet Center employees serving in mental health positions. |

|  |
| --- |
| Veterans Healing Veterans Medical Access and Scholarship Program Pilot |
| The VHA Office of Academic Affiliations will carry out a pilot program to fund the medical education of 18 eligible Veterans in nine covered medical schools. Those Veterans will then serve as clinical providers in VA once eligible to practice. |

|  |
| --- |
| Specialty Education Loan Repayment Program |
| The Specialty Education Loan Repayment Program (SELRP) offers student loan repayment to recent medical school graduates and residents in critical needs specialties for VA employment. |

#### MISSION Act Title 3 Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| 06.06.2019 |  | Checklist  Checklist | Understand the Education Debt Reduction Program  Make Vet Center clinical staff aware of their eligibility to participate in the Education Debt Reduction Program | Vet Center Human Resources |
| TBD |  | Handshake | Understand new, gradual increases to limitations on bonuses for recruitment, relocation, and retention | VAMC Human Resources |
| TBD |  | Handshake | Coordinate placement of clinicians hired via the Specialty Education Loan Repayment Program | VAMC Human Resources |
| 07.31.2020 |  | Handshake | Coordinate placement of physicians and dentists selected for the Health Professional Scholarship Program | VAMC Human Resources |

*Points of Contact and Resources:*

* Health Professional Scholarship Program
  + [POC TBD]
  + [Resources TBD]
* Education Debt Reduction Program
  + [POC TBD]
  + [Resources TBD]
* Veterans Medical Access and Scholarship Program
  + [POC TBD]
  + [Resources TBD]
* Specialty Education Loan Repayment Program
  + [POC TBD]
  + [Resources TBD]

**To support the rollout of recruitment-related activities at your facility, implementation activities may include…**

* [ACTIVITY TBD]

**Field Developed Materials**

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

# Title IV: Health Care in Underserved Areas

*Field relevant MISSION Act Sections – 401, 402, 403*

|  |
| --- |
| Underserved Facilities |
| Underserved facilities are defined as a medical center, ambulatory care facility, or CBOC in the VA with a shortage of health care services. This directive is not exclusively related to rural health, and criteria include staffing ratios, Veteran socioeconomic status, provider productivity, among others. |

VA is committed to closing the gap in access to care, particularly in the traditionally underserved communities. VA has established Primary Care and Mental Health criteria for designating medical centers, ambulatory care facilities, and community-based outpatient clinics (CBOCs) as underserved facilities. Using these criteria, VISN Directors will collaborate with the Underserved Program and together perform yearly analyses to identify medically underserved facilities. On June 6, 2019, VA will establish a plan for addressing the challenges facing underserved facilities.

Title IV also establishes both a Mobile Deployment Teams (MDT) pilot program to underserved facilities and a pilot program to establish graduate medical residencies at select facilities. Progress on the MDT pilot will be submitted to Congress on June 6, 2019. For the graduate medical education residency pilot, no fewer than 100 residents will be placed in covered facilities (e.g., facilities operated by Indian Health Services, Indian tribes, tribal organizations, and designated underserved communities).

|  |
| --- |
| Graduate Medical Education and Residency Pilot Program |
| VA will conduct a pilot program to establish at least 100 graduate medical residency positions at covered facilities. |

|  |
| --- |
| Mobile Deployment Teams Pilot Program |
| VA will implement a three-year pilot program furnishing mobile deployment teams of medical personnel that will support and address the lack of health care available to Veterans virtually and face-to-face at select underserved pilot sites. |

#### MISSION Act Title 4 Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| 05.30.2019 |  | Checklist  **Preview** | Orientation for Mobile Deployment Team Pilot in VISNs 6,19, and 20  Three-Year Mobile Deployment Team Pilot Program Go-Live | Pilot VISN leadership  Pilot VAMC leadership  Pilot VAMC Service Chiefs  Telehealth staff at pilot facility |
| 06.06.2019 |  | Checklist | Report submitted to Congress on action plan to address the needs of Veterans in underserved facilities | VISN Leadership |

*Points of Contact and Resources:*

* Underserved Criteria, Facility Designation, and Plans to Address
  + Cynthia Lozier: [Cynthia.Lozier@va.gov](mailto:Cynthia.Lozier@va.gov)
  + [Resources TBD]
* Mobile Deployment Team Pilot
  + Matthew Rogers: [Matthew.Rogers5@va.gov](mailto:Matthew.Rogers5@va.gov)
  + Traci Solt: [Traci.Solt@va.gov](https://erpi.sharepoint.com/sites/VHAEHRTOPR69/Shared%20Documents/Guidebook/Field%20Guide%20Upcoming%20Activities/Traci.Solt@va.gov)
  + [Resources TBD]
* Graduate Medical Education and Residency Pilot Program
  + Sherri Stephan: [Sherri.Stephan@va.gov](https://erpi.sharepoint.com/sites/VHAEHRTOPR69/Shared%20Documents/Guidebook/Field%20Guide%20Upcoming%20Activities/Sherri.Stephan@va.gov)
  + [Resources TBD]

**To support the rollout of health care in underserved areas-related activities at your facility, implementation activities may include…**

* Understand underserved criteria & methodology
* Identify facilities in your network that meet the underserved criteria
* (VISNs 6,19, and 20) Identify Mobile Deployment Team pilot sites in your network

*Underserved Survey Action Plan*

* Utilize survey results to develop action plans to address underserved sites
* Increase personnel or temporary personnel assistance, including mobile deployment teams, for underserved sites
* Develop a Clinical Resource Hub
* Staff Clinical Resource Hub with Primary Care and Mental Health personnel (Virtual or Face to Face)
* Provide special hiring incentives, and recruitment, relocation, and retention incentives

**Field Developed Materials**

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

# Title V: Other Matters

*Field relevant MISSION Act Sections – 506, 507*

*Non-Applicable MISSION Act Sections – 501, 502, 503, 504, 505, 508, 509, 510, 511, 512*

While Title V spans various subject areas, ranging from defining major medical facility projects to developing annual personnel reports, guidance below is limited to upcoming activities most relevant to your Program Office, VISN, or health care system, namely the Peer Specialists in PACT settings and Medical Scribe pilot programs. Select sites will receive guidance and orientation on carrying out these pilot programs.

To promote the use and integration of services for mental health, substance abuse disorder, and behavioral health in a primary care setting, VA will launch at least two peer specialists in PACTs at select VAMCs (15 sites by 2019, 30 sites by 2020). To assess its effects on metrics such as provider efficiency, patient satisfaction, and average wait times, VA will carry out a two-year pilot program engaging 40 medical scribes across select specialties at 10 designated VAMCs (four medical scribes per facility).

|  |
| --- |
| **Peer Specialists Pilot Program** |
| **Overview:** Peer specialists help Veterans with their treatment goals, and often go with Veterans to mental health or primary care appointments. Each site will have female peer specialists available, when requested/needed by female Veterans.  **Pilot Sites:** [TBD] |

|  |
| --- |
| Medical Scribe Pilot Program |
| Overview: Medical scribes capture pertinent notes and physician and Veteran-dictated information in real time during clinical visits into the Veteran’s medical record while the physician focuses on the Veteran.  Pilot Sites: [TBD] |

#### MISSION Act Title 5 Field Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **ACTIVITY** | **TARGET FIELD STAFF** |
| 04.26.2019 |  |  | Hire Peer Specialists | (*Pilot sites only*) Workforce Management |
| 05.01.2019 |  | Presentation with checklist | Training on use of Peer Specialists    Training for Peer Specialists | (*Pilot sites only*) Patient Aligned Care Team    (*Pilot sites only*) Peer Specialists |
| **05.31.2019** |  | ***30 Peer Specialists working at 15 VAMCs*** | |  |
| 08.30.2019 |  |  | Hire Medical Scribes for pilot sites | (*Pilot sites only*) Workforce Management |
| 09.01.2019 |  | Research  Checklist | Select clinics and providers at pilot sites for Medical Scribes  Develop Medical Scribe training | (*Pilot sites only*) Pilot site teams at VAMCs  (*Pilot sites only*) VAMC Designated Learning Officer |
| 10.01.2019 |  | Presentation with checklist  **Preview** | Training Medical Scribes  Go-live for Medical Scribes | (*Pilot sites only*) VAMC Designated Learning Officer  Medical Scribes  Pilot site teams |
| 02.28.2020 |  |  | Hire Peer Specialists for +15 sites | (*Pilot sites only*) VAMC Workforce Management |
| 03.01.2020 |  | Presentation with checklist | Training on use of Peer Specialists &  Peer Specialist job role | (*Pilot sites only*) Patient Aligned Care Team, Peer Specialists |
| **05.31.2020** |  | ***60 Peer Specialists working at 30 VAMCs*** | |  |
| 12.29.2021 |  | Research | Evaluate Medical Scribes program at pilot sites | (*Pilot sites only*) VISN leadership  VAMC leadership |

*Points of Contact and Resources:*

* Peer Specialists
  + [POC TBD]
  + [Resources TBD]
* Medical Scribes
  + [POC TBD]
  + [Resources TBD]

**To support the rollout of Peer Specialist and Medical Scribe pilot-related activities at your facility, implementation activities may include…**

* Identify pilot sites in your network
* Identify facility point(s) of contact
* Confirm relevant pilot site staff have received the necessary training on Peer Specialists or Medical Scribes
* Educate Veterans on Peer Specialists and/or Medical Scribes

**Field Developed Materials**

*These materials have not been nationally approved and are meant to serve as an example of what other facilities have developed to guide the successful execution and implementation of corresponding MISSION Act section(s).*

[INSERT LINKS/EMBED DOCUMENT]

# Appendix A: Document Organization

The Field Guides focus on the primary actions / initiatives that will impact VHA field staff either nationally with guidance on MISSION Act related activities mapped to the corresponding title. This guide includes the tentative dates, staff impacted, expected activities (e.g., training of field staff, release of guidance, etc.), point of contact and links to relevant resources.

### Date

Date the field will receive the activity. This can be a specific date, a month or a duration of time (e.g., conferences, periods where training is being offered, pilots, etc.).

### Activity

This categorization will indicate the forum or product expected to impact the field. Activity categories currently include:

|  |  |  |
| --- | --- | --- |
| Icon | Activity | Definition |
| Research | Evaluate | Stakeholder impact will provide feedback on MISSION Act related activity or involve the evaluation/selection of eligible stakeholders or sites for pilot programs or other activities |
| Preview | Go Live | A new IT system, policy or procedure will go into effect |
| Checklist | Guidance | Written documentation is provided (Standard Operating Procedures (SOPs), Fact Sheets, Slick Sheets, Communication Materials, etc.) or a presentation will be done for the stakeholders impacted |
| Handshake | Hiring | Additional staff will be required to execute MISSION Act |
| Boardroom | Site Visit | Visit to VISN or Medical Center that will require staff attendance and participation |
| Presentation with checklist | Training | Training will be provided to the stakeholder impacted (face to face, orientations, virtual, Talent Management System (TMS), etc.) |

### Resources

This will provide links to websites, guidebooks, training registration, or the appropriate touchpoint for the stakeholders to get additional information about this area. The resource column is important because it ensures this document points back to the definitive source of knowledge on this area as designated by the Business Owner.

### Point of Contact

### Designated party or individual who can be contacted with any questions or concerns regarding the activity.

### Target Field Staff

This will indicate if the role, as specifically as possible, that will be impacted by the activity.

# Appendix B: MISSION Act Overview

Title I – Caring for Our Veterans

## Subtitle A – Developing An Integrated High-performing Network

### Chapter 1 – Establishing Community Care Programs

#### Sec. 101 – Establishment of Veterans Community Care Program

Amends 38 U.S.C. § 1703 to create a new community care program. Covered Veterans may only receive care or services under this section upon VA’s authorization. VA would have to furnish care through community providers using five eligibility criteria: (1) VA does not offer the care or service required; (2) VA does not operate a full-service medical facility in the State in which the Veteran resides; (3) the Veteran meets certain conditions related to eligibility under the “40 mile” criterion in the Veterans Choice Act; (4) VA is not able to furnish care or services in a manner that complies with designated access standards developed by the Secretary; or (5) the Veteran and the Veteran’s referring clinician agree that furnishing care and services through a community entity or provider is in the best medical interest of the Veteran based upon criteria developed by VA. Covered Veterans could receive care if VA determined a medical services line was not meeting VA’s standards for quality, with certain limitations. In implementing the new community care program, VA is generally responsible for:

* coordinating the furnishing of care and services, including at a minimum scheduling appointments in a timely manner;
* establishing a mechanism to receive medical records from community providers;
* ensuring continuity of care and services;
* ensuring coordination among regional networks;
* ensuring that Veterans do not experience a lapse in care resulting from errors or delays by VA or its contractors;
* establishing criteria to determine when it is in a Veteran’s best medical interest to receive community care;
* making determinations regarding eligibility for community care;
* designating certain access standards as eligibility criteria for community care;
* entering into consolidated, competitively bid contracts to establish networks of community providers to furnish care and services;
* ensuring, to the extent practicable, that Veterans could make their own appointments using advanced technology, while also, to the extent practicable, being responsible for scheduling appointments;
* reporting to Congress whenever VA submits a cure notice to a contractor;
* instructing each contractor to recognize and accept, on an interim basis, the credentials and qualifications of providers currently authorized to provide community care;
* establishing a system or systems for monitoring the quality of care furnished through network providers;
* paying no more than the rate the United States pays under the Medicare program, with certain exceptions;
* A covered veteran shall not pay a greater amount for receiving care or services under this section than the amount the veteran would pay for receiving the same or comparable care or services at the VA or from a health care provider of the Department
* seeking to recover or collect reasonable charges from a Veteran’s health care plan in accordance with § 1729 of title 38; and
* continuing all contracts, memorandums of understanding (MOU), and memorandums of agreement (MOA) that were previously in effect between VA and the American Indian and Alaska Native health care systems established under a 2010 MOU and other agreements with Native Hawaiian Health Care Systems.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| October 4, 2018 | Provide first update on Community Care regulations | 101(c)(2) |
| June 6, 2019 | Publish regulations and begin operating new Community Care program | (101(b)-(c))  § 1703 |
| June 6, 2020 | End Community Care eligibility for certain Veterans grandfathered under 40-mile provision | (101)  § 1703(d)(1)(C) |
| November 28, 2019  (Annual) | Submit review of the types and frequency of care | (101)  § 1703(m)(1) |
| November 28, 2019  (Annual) | Report to Congress on monitoring of care and services | (101)  § 1703(m)(3) |

#### Sec. 102 - Authorization of Agreements Between Department of Veterans Affairs and Non-Department

Creates a new § 1703A authorizing VA to enter into Veterans Care Agreements (VCA). VCA’s generally are not subject to Federal contracting laws. VA can furnish care through VCAs when such care and services are not feasibly available through a contract or sharing agreement based on a Veteran’s medical condition, the travel involved, the nature of the care or services required, or a combination of these factors. At least every 2 years, VA must review VCAs of material size. VCAs specify payment terms (within 30 days), the methodology for billing and collection and the sharing of medical records.

#### Sec. 103 – Conforming Amendments for State Veterans Homes

Amends § 1745 to exempt from competitive procurement procedures agreements with State Veterans Homes.

#### Sec. 104 – Access Standards and Standards for Quality

Creates a new § 1703B and § 1703C regarding access standards and standards for quality, respectively.

* For § 1703B (access standards), VA must:
  + ensure access standards cover all care and services within the medical benefits package;
  + consult with pertinent Federal and non-Federal entities in establishing the access standards;
  + ensure community care providers are able to comply with applicable access standards;
  + publish in the Federal Register and on VA’s website the designated access standards for purposes of community care eligibility; and
  + establish a process for receiving requests from Veterans for determinations regarding whether care can be furnished within designated access standards.
* For § 1703C (standards for quality), VA must:
  + establish standards for quality after considering existing quality measures applied to public and private health care systems;
  + collect and consider data for purposes of establishing standards for quality; and
  + consult with pertinent Federal and non-Federal entities in establishing the access standards;

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| October 4, 2018 | Provide first update on access standards | (104)  § 1703B(d)(2) |
| October 4, 2018 | Provide first update on quality standards | (104)  § 1703C(a)(5) |
| June 6, 2020 | Publish quality ratings on Hospital Compare | (104)  § 1703C(b)(1) |
| June 6, 2021 | Consider and solicit public comment on changes to quality standards | (104)  § 1703C(b)(2) |
| March 3, 2019 | Report to Congress on access standards | (104)  § 1703B(d)(1) |
| March 3, 2019 | Report to Congress detailing on quality standards | (104)  § 1703C(a)(5) |
| November 28, 2019 | Report to Congress on implementation and compliance with access standards | (104)  § 1703B(d)(3) |
| June 6, 2022  (Triennial) | Report on review of the access standards and any modifications | (104)  § 1703B(e) |

#### Sec. 105 – Access to Walk-In Care

Creates a new § 1725A requiring VA to develop procedures to ensure eligible Veterans are able to access walk-in care from certain community providers. To qualify, Veterans must be enrolled in VA health care and have received care within the 24-month period preceding the furnishing of walk-in care. VA must enter into a contract or other agreement with an entity or provider to furnish walk-in care. VA must ensure continuity of care, including by establishing a mechanism to provide to and receive from community providers relevant medical records. VA may require certain Veterans to pay a copayment and must require a higher copayment from these Veterans if they use this service more than twice in a calendar year. VA could adjust the copayment amounts after the first two visits based upon several factors. VA also could charge a higher copayment rate than the copayment that would be applicable if the Veteran received the care directly from VA. VA must define what walk-in care means through regulations.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 | Publish regulations and begin operating urgent care program | (105)  § 1725A(g) |

#### Sec. 106 – Strategy Regarding the Department of Veterans Affairs High-Performing Integrated Health Care Network

Creates a new § 7330C regarding a Quadrennial Veterans Health Administration (VHA) review. VA must conduct market area assessments at least once every 4 years. The assessments must determine demand for VA health care in different areas, VA’s internal capacity, an assessment of VA’s community provider network, and other factors. VA must submit these assessments to Congress and use these assessments in determining the capacity of VA’s community care network, in forming the budget, and in determining the appropriateness of the access standards and standards for quality under §§ 1703B and 1703C. VA must submit information reflecting the most recent market area assessments as part of its budget submission each year. The Secretary is responsible for overseeing the transformation and organizational change across VA to achieve a high performing integrated health care network, developing the capital infrastructure planning and procurement processes, and developing a multi-year budget process capable of forecasting future year budget requirements.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2022 (Quadrennial) | Perform market area assessments | (106)  § 7330C(a)(1) |
| Upon enactment A | Submit first market assessment | (106)  § 7330C(a)(3) |
| June 6, 2019 (Quadrennial) | Submit strategic plan | (106)  § 7330C(b)(1) |
| June 6, 2022 (Quadrennial) | Submit market area assessments to Congress | (106)  § 7330C(a)(3) |

#### Sec. 107 – Applicability of Directive of Office of Federal Contract Compliance Programs

Applies the Office of Federal Contract Compliance Programs (OFCCP) TRICARE moratorium to VA’s authority to enter into agreements under § 1703A and § 1745, as amended by sections 102 and 103 of this Act, effective until May 7, 2019.

#### Sec. 108 – Prevention of Certain Health Care Providers from Providing Non-Department Health Care Services to Veterans

VA must suspend the eligibility of a provider to furnish community care if the provider is suspended from serving as a VA health care provider. The Comptroller General must submit a report to Congress on VA’s implementation of this authority within 2 years of enactment.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 | End eligibility of certain community providers to furnish care | 108(a)-(b) |

#### Sec. 109 – Remediation of Medical Service Lines

Creates a new § 1706A concerning remediation of medical service lines. VA must, within 30 days of determining that a medical service line is not complying with VA’s standards for quality under § 1703(e), submit to Congress an assessment of underperforming medical service lines and to develop a plan for remediation of such service lines. VA could take various actions, such as increasing personnel or temporary personnel assistance, use of special hiring incentives, using direct hiring authority, providing improved training opportunities, acquiring improved equipment, making structural modifications, and other actions considered appropriate. VA must identify the individuals in Central Office, the facility, and the Veterans Integrated Service Network (VISN) who are responsible for overseeing the progress of the medical service line. VA must report within 180 days and annually on remediation efforts taken under this section and progress made.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2020 (Annual) | Report to Congress on medical service line remediation | (109)  § 1706A(d)(1) |

### Chapter 2 – Paying Providers and Improving Collections

#### Sec. 111 – Prompt Payment to Providers

Creates a new § 1703D regarding prompt payment standards. In general, VA must pay entities or providers within 30 days of receipt of a clean electronic claim or 45 days for a clean paper claim. Providers must submit claims within 180 days for payment. If a claim is denied, VA must notify the provider within 30 days for an electronic claim and 45 days for a paper claim and identify the deficiencies. Overdue claims are subject to interest payments. VA must provide to all entities and providers a list of information and documentation required for a clean claim and must consult with public and private sector industries in developing this list. VA may process claims through a third-party and must seek to enter into a contract to review the feasibility and advisability of using a non-Department entity to process claims for community care under § 1703.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| September 4, 2018 | Submit report on feasibility of adopting a fiscal intermediary model | (111)  § 1703D(h) |
| June 6, 2019 (Annual) | Report on payment of overdue claims | (111)  § 1703D(d)(3) |

#### Sec. 112 – Authority to Pay for Authorized Care Not Subject to an Agreement

Creates a new § 8159 authorizing VA to compensate a provider who furnishes authorized care when VA does not have a contract, agreement, or other arrangement with that provider. VA must take reasonable efforts to enter into a contract, agreement, or other arrangement with such a provider for purposes of future care and services.

#### Sec. 113 – Improvement of Authority to Recover the Cost of Services Furnished for Non-Service-Connected Disabilities

Amends § 1729 to improve VA’s authority to recover the cost of services furnished for non-service-connected disabilities. The provision authorizes VA to collect for care furnished to non-Veterans by referring to “individuals” instead of “veterans”. The provision further clarifies that VA may seek collections in the event that VA pays for care, rather than just furnishes it. Finally, this provision authorizes VA to recover for the cost of care for a non-service connected disability that is incurred by an individual who is entitled to care, or payment for the expenses of care, under a health-plan contract.

#### Sec. 114 – Processing of Claims for Reimbursement Through Electronic Interface

Authorizes VA to enter into an agreement with a third-party to process, through an electronic interface, claims for reimbursement for health care furnished for VA.

### Chapter 3 – Education and Training Programs

#### Sec. 121 – Education Program on health Care Operations

Requires VA to develop and administer an education program that teaches Veterans about their health care options through VA. This education program must include information in a format accessible to Veterans without access to the Internet.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 (Annual) | Report on Veteran education program for health care options | 121(d) |

#### Sec. 122 – Training programs for Administration of Non-Department of Veterans Affairs Health Care

Requires VA to develop and implement a training program for employees and contractors on how to administer non-Department health care programs. The training program must include education about reimbursement for non-Department emergency room care, the community care program under § 1703, and management of opioid prescriptions under section 131.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 (Annual) | Report on Community Care training of VA and non-VA personnel | 122(b) |

#### Sec. 123 – Continuing Medical Education for Non-Department Medical Professionals

Requires VA to establish a program to provide no cost continuing medical education material to non-Department medical professionals that includes education on identifying and treating common mental and physical conditions of Veterans and their families, the VA health care system, and other matters as appropriate. This material must be the same material furnished to VA providers. VA must administer this program through the Internet, with the Secretary determining the curriculum of the program and the number of hours of credit to provide participating medical professionals. VA must ensure that the program is accredited in as many States as practicable and must ensure the program is consistent with the rules and regulations of the medical licensing agency of each State in which the program is accredited and such medical credentialing organizations as the Secretary considers appropriate.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 (Annual) | Report on utilization of Veteran education program for health care options | 123(c)(6) |

## Chapter 4 – Other Matters Relating to Non-Department of Veterans Affairs Providers

#### Sec. 131 – Establishment of Processes to Ensure Safe Opioid Prescribing Practices by Non-Department pf Veterans Affairs Health Care Providers

Requires VA to ensure that all community providers are furnished a copy of and certify that they have reviewed the evidence-based guidelines for prescribing opioids set forth by VA’s Opioid Safety Initiative. Requires VA to implement a process to ensure that VA submits to community providers the available and relevant medical history of the Veteran and a list of all medications prescribed to the Veteran as known by the Department. Community providers must submit medical records, including records of any opioid prescriptions to VA in the timeframe and format specified by VA. If VA determines that the opioid prescribing practices of a community provider, when treating covered Veterans, meet certain conditions, VA must take appropriate action to ensure the safety of all Veterans receiving care from the provider. VA must ensure any network contracts include language authorizing the contractors to take similarly appropriate action.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 (Annual) | Report on covered health care provider opioid compliance | 131(c)(3) |

#### Sec. 132 – Improving Information Sharing with Community Providers

Amends § 7332 to allow VA to share patient information that would otherwise be protected for the purpose of providing health care to patients or performing other health care-related activities or functions; it also allows for disclosing this information for purposes of recovering or collecting reasonable charges for care furnished to, or paid on behalf of, a patient in connection with a non-service connected disability under § 1729.

#### Sec. 133 – Competency Standards for Non-Department of Veterans Affairs Health Care Providers

Requires VA to establish standards and requirements for the provision of care by community providers in clinical areas in which VA has special expertise, including posttraumatic stress disorder (PTSD), military sexual trauma (MST)-related conditions, and traumatic brain injuries (TBI). Each community provider is required, to the extent practicable, to meet the standards and requirements established under this section before furnishing care through a contract, agreement or other arrangement. Community providers are required, to the extent practicable, to fulfill training requirements established by VA within defined timeframes on how to deliver evidence-based treatments in the clinical areas in which VA has special expertise.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 | Establish competency standards for community providers | 133 |

#### Sec. 134 - Department of Veterans Affairs Participation in National Network of State-Based Prescription Drug Monitoring Programs

Creates a new § 1730B regarding access to State prescription drug monitoring programs. Requires VA licensed health care providers or their delegates to query the national network of State-based prescription drug monitoring programs; it provides that any VA licensed health care provider or delegate is considered an authorized recipient or user, and that no State law, rule, or regulation restricting access would apply to such providers or delegates. States may not deny or revoke the license of a VA licensed health care provider or delegate who otherwise meets the requirements for holding a license, registration, or certification, solely based on the provider or delegate’s querying, or attempting to query, such a database.

### Chapter 5 – Other Non-Department Health Care Matters

#### Sec. 141 – Plans for Use of Supplemental Appropriations Required

Requires VA to submit a justification for any supplemental appropriation request it submits to Congress, including a plan for how VA intends to use the requested appropriation, how long the requested appropriation is expected to meet the needs of VA, and certification that the request was made using an updated and sound actuarial analysis. Such request must be submitted 45 days prior to a program or service being affected by the budgetary issue.

#### Sec. 142 – Veterans Choice Fund Flexibility

Amends section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. § 1701 note) to allow for use, beginning on March 1, 2019, of amounts in the Veterans Choice Fund to furnish community care under other authorities.

#### Sec. 143 – Sunset of Veterans Choice Program

Establishes a firm sunset date for the Veterans Choice Program on the date that is 1 year after the date of the enactment of this Act.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 | End Veterans Choice Program | 143 |

#### Sec. 144 – Conforming Amendments

Makes conforming amendments to various provisions of law to reflect the new community care program.

## Subtitle B – Improving Department of Veterans Affairs Health Care Delivery

#### Sec. 151 – Licensure of Health Care Professionals of the Department of Veterans Affairs Providing Treatment Via Telemedicine

Creates a new § 1730C that authorizes VA health care providers to practice, regardless of their location in any State, their health care profession through the practice of telemedicine. This authority extends to situations where the provider is not located on Federal property. States are prohibited from taking licensure action against a VA employee to the extent the employee’s conduct was authorized by this provision.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 | Report to Congress on telemedicine | 151(c) |

#### Sec. 152 – Authority for Department of Veterans Affairs Center for Innovation for Care and Payment

Creates a new § 1703E in title 38 establishing a Center for Innovation for Care and Payment. The Center is authorized to carry out such pilot programs as appropriate to develop new, innovative approaches to testing payment and service delivery models to reduce expenditures while preserving or enhancing the quality of care furnished by VA. VA is required to test payment and service delivery models to determine whether such models improve the access to and quality, timeliness, and patient satisfaction of such care and services, as well create cost savings. Pilot programs can last no longer than five years. VA must publish information about such pilot programs in the Federal Register and take reasonable actions to provide direct notice to Veterans eligible to participate in a pilot program, to ensure Veterans have information about such pilot programs.

* The models tested under this program cannot be designed in such a way as to allow the United States to recover or collect reasonable charges from a Federal health care program (including Medicare, Medicaid, and TRICARE) for care or services furnished by VA to Veterans. VA also cannot conduct more than 10 pilot programs concurrently and may not expend more than $50 million in any fiscal year, with limited exceptions.
* In implementing the pilot programs under this section, the Secretary may waive such requirements in subchapters I, II, and III of chapter 17 of title 38, United States Code, as may be necessary solely for the purpose of carrying out this section with respect to testing models under this program. Before the Secretary can waive any of these authorities, the Secretary must submit a report to Congress explaining the authorities to be waived and the reasons for such waivers, along with other information. If Congress enacts a joint resolution approving the requested waiver in its entirety, the Secretary would be allowed to act upon that waiver.
* If the Secretary determines that a pilot program is not improving the quality of care or producing cost savings, VA must propose a modification to the pilot program or terminate the program within 30 days of submitting an interim report to Congress. VA must conduct an evaluation of each model tested, including an analysis of the quality of care furnished and the changes in spending by reason of that model. VA must make each evaluation available to the public in a timely fashion.
* VA is required to obtain advice from the Special Medical Advisory Group in the development and implementation of any pilot program operated under this section. VA also must consult with Federal agencies and clinical and analytical experts in medicine and health care management.
* VA may expand, through rulemaking, the duration and scope of successful pilot programs to the extent the Secretary determines that such expansion is expected to reduce spending without reducing the quality of care or improve the quality of care without increasing spending; the Secretary also must determine that such expansion would not deny or limit the coverage or provision of benefits for applicable individuals.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| December 6, 2019 | Submit pilot proposal for VA Center for Innovation for Care and Payment | (152)  § 1703E(g)(3) |

#### Sec. 153 – Authorization to Provide for Operations on Live Donors for Purposes of Conducting Transplant Procedures for Veterans

Creates a new § 1788 authorizing VA to provide for an operation on a live donor to carry out a transplant procedure for an eligible Veteran, notwithstanding that the live donor may not be eligible for VA health care. VA is required to provide to a live donor any care or services before and after conducting the transplant procedure that may be required in connection with the transplant. VA is authorized to provide the operation and services at non-Department facilities pursuant to agreements entered into under chapter 17, title 38.

### Subtitle C – Family Caregivers

#### Sec. 161 – Expansion of Family Caregiver Program of Department of veterans Affairs

Expands eligibility for VA’s Program of Comprehensive Assistance for Family Caregivers under § 1720G(a), expands benefits available to participants under such program, and makes other changes affecting program eligibility and VA’s evaluation of applications.

* Expands the population of eligible Veterans, upon the certification by the Secretary that VA has fully implemented the IT system required by section 162, to those who have a serious injury incurred or aggravated in the line of duty on or before May 7, 1975. Two (2) years after the date of the certification, eligibility is expanded to include all Veterans who have a serious injury incurred or aggravated in the line of duty, regardless of when such injury occurred. Within 30 days of submitting the certification to Congress, VA is required to publish the certification and expansion date in the Federal Register.
* Expands the eligibility criteria to include an additional basis upon which an eligible Veteran can be deemed in need of personal care services to include those who have a need for regular or extensive instruction or supervision, without which the ability of the Veteran to function in daily life would be seriously impaired.
* Expands the benefits available to primary family caregivers to include financial planning services and legal services; such services must be provided through contracts with or grants to public or private entities.
* States that in calculating stipend payments for Veterans who qualify based on a need for supervision or protection or regular instruction or supervision, VA must take into account the assessment of the family caregiver of the needs and limitations of the Veteran, the extent to which the Veteran can function safely and independently, and the amount of time required for the family caregiver to provide such supervision, protection, or instruction to the Veteran.
* Requires VA to evaluate periodically the needs of eligible Veterans and the skills of family caregivers to determine if additional instruction, preparation, training, or technical support is needed.
* Requires that joint applications be evaluated in collaboration with the eligible Veteran’s primary care team to the maximum extent practicable.
* Authorizes the provision of assistance through contracts, provider agreements, and memoranda of understanding with Federal agencies, States, and private entities, but only if such assistance is reasonably accessible to the family caregiver and is substantially equivalent or better in quality to similar services provided by VA. VA could provide fair compensation to such entities for assistance under this provision.
* Modifies the definition of “personal care services” to generally reference the three bases upon which an eligible Veteran can be deemed in need of personal care services under § 1720G(a)(2)(C)(i)-(iii) in addition to “[a]ny other non-institutional extended care (as such term is used in section 1701(6)(E))”.

#### Sec. 162 – Implementation of Information Technology System of Department of Veterans Affairs to Assess and Improve the Family Caregiver Program

Requires that, by October 1, 2018, VA implement an IT system that fully supports the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and allows for data assessment and comprehensive monitoring of the program. The IT system must include certain specified capabilities, including managing data for a number of caregivers beyond the expected number of applicants. VA must use the system to monitor and assess the workload of the program, and based upon such efforts, identify and implement such modifications as necessary to ensure the program is functioning as intended and providing timely services to Veteran and caregiver participants. The Comptroller General must review VA’s initial report (due within 90 days after the date of the enactment of this Act) and notify Congress with respect to VA’s progress in fully implementing the required IT system and implementing a process for using such system to monitor, assess, and modify (as necessary) PCAFC. VA must submit to Congress by October 1, 2019, a final report that certifies the IT system for PCAFC has been implemented; it also must include a description of how VA has implemented the IT system, any modifications to PCAFC that were identified and implemented, and how VA is using the IT system to monitor PCAFC workload.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| October 1, 2018 | Implement Caregiver IT system | 162(a) |
| April 1, 2019 | Conduct assessment of Caregivers Program using data from IT system | 162(b) |
| September 4, 2018 | Submit report to Congress and GAO on Caregiver IT and expansion | 162(d)(1) |
| October 1, 2019 | Submit report certifying Caregiver IT system | 162(d)(3) |

#### Sec. 163 – Modifications to Annual Evaluation Report on Caregivers Program of Department of Veterans Affairs

Makes amendments to the requirement for an existing annual report on the Caregiver Support Program by requiring VA to identify any barriers to accessing and receiving care and services and by evaluating the sufficiency and consistency of training provided to family caregivers under PCAFC.

# Title II – VA Asset and Infrastructure Review

## Subtitle A – Asset and Infrastructure Review

#### Sec. 201 – Short Title

Titles this subtitle the “VA Asset and Infrastructure Review Act of 2018”.

#### Sec. 202 – The Commission

Establishes an independent nine-member Asset and Infrastructure Review Commission (the “AIR Commission”) consisting of Commissioners nominated by the President and confirmed by the Senate. In making nominations, the President must consult with the Speaker of the House of Representatives, the minority leader of the House of Representatives, and the majority and minority leaders of the Senate. Additionally, the President must consult with Congressionally-chartered, membership-based Veterans Service Organizations (VSO) specifically concerning the appointment of three (3) members. Certain nominees must meet certain conditions to be appointed. The AIR Commission may meet only during calendar years 2022 and 2023. Each meeting of the AIR Commission must be open to the public, and all proceedings, information, and deliberations of the AIR Commission must be available for review by the public. Commissioners will serve without pay, and each member of the AIR Commission who is an officer/employee of the United States may only receive compensation for their services as an officer/employee of the United States. However, AIR Commissioners may receive travel expenses, including per diem. Section 202 includes provisions concerning staffing and personnel matters as well. The AIR Commission terminates on December 31, 2023.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| May 31, 2021 | Nominate AIR Commission | 202(c)(1) |
| December 31, 2023 | Termination of AIR Commission | 202(j) |

#### Sec. 203 – Procedure for Making Recommendations

Requires VA to develop criteria and solicit public feedback on such criteria regarding the closure, modernization, or realignment of VHA facilities. Section 203 details the procedural and substantive requirements of such criteria.

* VA must conduct Capacity and Commercial Market Assessments in consultation with VSOs and Veterans. VA must submit the assessments to Congress and make such assessments publicly available. In addition to providing recommendations for each VHA facility concerning modernization or realignment, VA must include a summary of the selection process and a justification for each recommendation and submit such summary and justification to Congress within 7 days of transmitting the report detailing VA’s recommendations regarding the modernization or realignment of VHA facilities.
* VA must consider all facilities equally, and all information used by VA to prepare a recommendation must be made available to Congress, the AIR Commission and the Comptroller General.
* Each VA Under Secretary, VISN director, medical center director, program office director, and each person who is in a position the duties of which include personal and substantial involvement in the preparation and submission of information and recommendations concerning the modernization or realignment of VHA facilities, must certify that information submitted to VA or to the AIR Commission concerning the modernization or realignment of VHA facilities is accurate and complete to the best of that person’s knowledge and belief.
* The AIR Commission must conduct public hearings on the Secretary’s recommendations regarding the modernization or realignment of VHA facilities, to include required public hearings in regions affected by a VA recommendation for the closure of a facility and, to the greatest extent practicable, public hearings in regions affected by a recommendation for another (non-closure) action by VA. Each AIR Commission public hearing must include, at a minimum, a local Veteran who is enrolled in the VA health care system and is identified by a local VSO as well as a local elected official.
* The AIR Commission must transmit to the President a report containing a review and analysis of the recommendations made by VA, together with the AIR Commission’s recommendations for the modernization and realignment of VHA facilities. The AIR Commission may change any recommendation made by VA if certain conditions are met. The AIR Commission must explain and justify any recommendation made by the AIR Commission that differ from VA’s recommendations. The President is required to transmit to the AIR Commission and to Congress a report containing the President’s approval or disapproval of the AIR Commission’s recommendations.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| February 1, 2021 | Publish and submit proposed AIR Commission criteria | 203(a)(1) |
| May 31, 2021 | Publish final AIR Commission criteria | 203(a)(3) |
| January 31, 2022 | Publish and submit AIR Commission report | 203(b)(1) |
| January 31, 2023 | Submit AIR Commission recommendations to the President | 203(c)(2) |
| February 15, 2023 | Congress receives President’s approval/disapproval of AIR Commission recommendations | 203(d)(1) |
| March 1, 2023 | AIR Commission and Congress receive President’s reasoning for AIR Commission disapprovals | 203(d)(3) |
| March 15, 2023 | AIR Commission submits findings to the President regarding disapprovals | 203(d)(3) |
| March 30, 2023 | Process for modernizing or realigning facilities ends if Congress does not receive approval and certification from the President | 203(d)(5) |
| February 1, 2021 | Report to Congress and publish proposed AIR Commission criteria | 203(a)(1) |
| May 31, 2021 | Report to Congress on final AIR Commission criteria | 203(a)(3) |
| January 31, 2022 | Report to Congress and publish AIR Commission recommendations | 203(b)(1) |
| February 7, 2022 | Report to Congress summary of AIR Commission selection process | 203(b)(4) |
| January 31, 2023 | AIR Commission report to Congress | 203(c)(3) |
| February 15, 2023 | President transmits to Congress a report of approval or disapproval of Commission’s recommendations | 203(d)(1) |
| March 1, 2023 | President transmits to Congress a report with reasons for any disapproval of AIR Commission’s recommendations | 203(d)(3) |

#### Sec. 204 – Actions Regarding Infrastructure and Facilities of the Veterans Health Administration

Requires VA to begin to implement the recommended modernizations and realignments as stated within the AIR Commission’s report that was transmitted to Congress by the President no later than 3 years after the date on which the President transmitted such report. Prohibits VA from carrying out any action recommended by the AIR Commission in the report transmitted to Congress by the President if a joint resolution is enacted in accordance with section 207 before the earlier of the end of the 45 day period beginning on the date in which the President transmits such report or the adjournment of Congress sine die for the session during which the report is transmitted.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| March 2026 | Implement modernizations and realignments in the President’s report | 204(a) |

#### Sec. 205 – Implementation

Authorizes VA in modernizing or realigning any VHA facility to: (a) take such action as may be necessary to modernize or realign any VHA facility; (b) carry out such activities for the purposes of environmental abatement, restoration, or mitigation at any VHA facilities and use funds in the Account for such purposes; (c) reimburse other Federal agencies for actions performed at VA’s request with respect to such closure or realignment and use for such purposes funds in the Account established by section 206 of the Act or otherwise appropriated to VA and available; and (d) exercise VA’s authority under subchapter V of chapter 81 of title 38, United States Code, concerning enhanced use leases. It also requires VA, to the extent responsible, to carry out environmental abatement, mitigation, or restoration and comply with historical preservation requirements with regard to any property made excess to VA’s needs as a result of modernization or realignment.

* Authorizes VA to utilize any existing transfer or disposal authority under chapter 81 of title 38 U.S.C. as well as any authority delegated by the Administrator of GSA. Before taking any action with respect to disposal of any surplus real property or infrastructure to be closed or realigned under this Title, VA must consult with the Governor of the applicable State and the heads of local governments in which the disposal action is to occur for the purposes of considering any plan for the use of such property by the local community. VA could utilize its authority in § 8108 in regard to closures or realignment of VHA facilities that include roadways used for public access through, into, or around the VHA facility and would require similar consultation for such activities.
* This section also authorizes VA to transfer the title to a VHA facility approved for closure or realignment, including property at a facility that will be retained by VA or another Federal agency, to a redevelopment authority who agrees to lease, directly upon transfer and without requiring rental payments, one or more portions of the transferred property to VA or the head of another Federal department or agency for a term not to exceed 50 years (but which may provide options for renewal or extension). Additionally, the lease would have to include a provision specifying that, if the concerned entity ceases requiring the use of the leased property before the expiration of the lease, the remainder of the lease term may be satisfied by the same or a different Federal department or agency for a similar use in consultation with the redevelopment authority. Further, if the lease to the Federal department or agency involves a substantial portion of the facility, the Federal department or agency is authorized to obtain facility services for the leased property and common area maintenance from the redevelopment authority or assignee at a rate no higher than the rate charged to a non-Federal tenant and to exclude those services that the State or local government is required by law to provide without direct charge as well as firefighting and security guard services.
* The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) applies to any real property transfer and authorizes any additional terms and conditions as VA considers appropriate to protect the interests of the United States. Further, nothing in this title limits or otherwise affects the application of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et. seq.) to VHA facilities closed under this section. The National Environmental Policy Act of 1969 (NEPA) does not apply to the actions of the President, the AIR Commission, or VA in carrying out this title with the exception of actions taken by VA during the process of property disposal and during the relocation process. However, in applying NEPA, VA will not need to consider the need for closing or realigning a facility as recommended by the AIR Commission, the need for transferring functions to the receiving facility, or for any VHA facility alternative to those recommended or selected.
* VA is authorized to close or realign VHA facilities under this title without regard to any provision of law restricting the use of funds for such actions included in any appropriations or authorization Act. Further, VA may close or realign VHA facilities without regard to § 8110. VA may enter into an agreement to transfer by deed a VHA facility with any person who agrees to perform all environmental restoration, waste management, and environmental compliance activities that are required under Federal and State laws, administrative decisions, agreements, and concurrences and to require additional terms and agreements as appropriate to protect the interests of the United States. Such transfer may be made only if VA certifies to Congress that all costs otherwise paid by VA with respect to that facility were equal to or greater than the fair market value of the property of facility to be transferred or, if such costs are lower, the recipient of such transfer agrees to pay the difference and authorizes VA to pay the recipient an amount equal to the lesser of the two such amounts. It also requires VA to disclose information regarding environmental restoration, waste management, and environmental compliance activities before entering into a deed transfer.

#### Sec. 206 – Department of Veterans Affairs Asset and Infrastructure Review Account

Establishes an Asset and Infrastructure Review Account (the “Account”) to be administered by VA. This section credits the following to the Account: (a) funds authorized and appropriated to the Account, and (b) proceeds received from the lease, transfer, or disposal of any property at a VHA facility closed or realigned under this title. It authorizes VA to use the Account to: (a) carry out the VA Asset and Infrastructure Review (AIR) Act; (b) cover property management and disposal costs incurred at VHA facilities; (c) cover costs associated with the supervision, inspection, overhead, engineering, and design of construction projects undertaken under the AIR Act and subsequent claims related to such activities; and (d) fulfill other purposes VA determines support its mission and operations. VA must establish and include in the budget submission a consolidated budget justification display in support of the Account for each fiscal year that details the amount and nature of credits to and expenditures from the Account during the preceding fiscal year, separately detailing the environmental remediation costs associated with the VHA facility for which a budget request is made, specifies the transfers into the Account and the purposes for which those transferred funds would be further obligated (to include caretaker and environmental remediation costs), and details any intra-budget activity transfers with the Account that exceeded $1 million. The Account must be closed at the time and in the manner provided under section 1555 of title 31, U.S.C., and unobligated funds are to be held by the Treasury until transferred to VA. Finally, VA must transmit to Congress a report, within 60 days of closing the Account, containing an accounting of all the funds credited to and expended from the Account or otherwise expended and any funds remaining in the Account.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| February 2019  (Annual) | Submit VA AIR Account information as part of annual budget request | 206(d)(2) |

#### Sec. 207 – Congressional Consideration of Commission Report

Defines the terms and conditions Congress must follow in considering recommendations of the Commission.

#### Sec. 208 – Other Matters

Requires VA to publish any information transmitted or received by VA, the AIR Commission, or the President regarding the AIR Act online within 24 hours. It also prohibits VA from stopping VHA construction and leasing activities, any long-term planning regarding VHA infrastructure and assets, or VHA budgetary processes as a result of the AIR Act. Finally, it authorizes VA, after consulting with VSOs, to include a recommendation for a future AIR Commission or other capital asset realignment and management process in a budget submission.

#### Sec. 209 – Definitions

Defines various terms for purposes of the AIR Act.

## Subtitle B – Other Infrastructure Matters

#### Sec. 211 – Improvement to Training of Construction Personnel

Amends subsection (g) of § 8103 to require VA to implement a training and certification program for construction and facilities management personnel no later than September 30 of the fiscal year following the fiscal year of the enactment of the AIR Act. This language also amends and strengthens the existing requirement of § 8123(g). The Secretary would have to use as a model for the training and certification program the existing Defense Acquisition Workforce Improvement Act program. The certification may consist of one or multiple levels. The training may be provided in person, over the internet, by another Federal agency, or a combination of the foregoing. The language also expands the existing statute to apply to all VA employees who are members of occupational series relating to construction or facilities management or VA employees who award or administer contracts for major construction, minor construction, or non-recurring maintenance (including contract specialists or contracting officers’ representatives) and add that such training must be taken to complete a formal certification program. It also defines two terms for purposes of this section.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| September 30, 2019 | Implement training for construction personnel | (211)  § 8103(g)(1) |
| September 30, 2020 | Complete construction employee certification | (211)  § 8103(g)(5) |

#### Sec. 212 – Review of Enhanced Use Leases

Amends § 8162(b)(6) to require the Office of Management and Budget to review each enhanced use lease prior to its execution to ensure compliance with 38 U.S.C. § 8162(b)(5), which prohibits such a lease from providing for any acquisition, contract, demonstration, exchange, grant, incentive, procurement, sale, other transaction authority, service agreement, use agreement, lease, or lease-back by the Secretary or Federal government.

#### Sec. 213 – Assessment of Health Care Furnished by the Department to Veterans who Live in the Pacific Territories

Requires VA, within 180 days of the date of the enactment of this Act, to submit a report to Congress on health care furnished by VA to Veterans who live in the Pacific territories.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| March 1, 2019 | Report to Congress on care in the Pacific territories | 213(a) |

# Title III – Improvements to Recruitment of Health Care Professionals

#### Sec. 301 – Designated Scholarships for Physicians and Dentists Under Department of Veterans Affairs Health Professional Scholarship Program

Amends § 7612(b) to require the Secretary to award for a period of time no fewer than 50 scholarships each year to individuals who are accepted for enrollment or enrolled in a program of education or training leading to employment as a physician or dentist. After the period of time has elapsed, the Secretary could award no fewer than the number of scholarships equal to 10 percent of the staffing shortage of physicians and dentists in VA. Scholarship recipients must agree to perform a period of obligated service to VA. VA could provide preference to individuals who are Veterans and would have to provide information annually to appropriate educational institutions about this scholarship program. Individuals who fail to successfully complete post-graduate training leading to eligibility for board certification in a specialty will be considered in breach of the agreement and subject to the conditions imposed in § 7617. This provision also extends VA’s Health Professionals Scholarship Program until December 31, 2033.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 (Annual) | Provide scholarship program information to educational institutions | (301(a))  § 7612(b)(6)(E) |
| December 31, 2033 | Expiration of authority to operate VA’s Health Professionals Scholarship Program | (301(c))  § 7619 |

#### Sec. 302 – Increase in Maximum Amount of Debt That May Be Reduced Under Education Debt Reduction Program of Department of Veterans Affairs

Increases the amount of assistance VA can provide through the Education Debt Reduction Program (EDRP) overall to $200,000 and annually to $40,000.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 | Report to Congress on education debt reduction | 302(b)(1) |

#### Sec. 303 – Establishing the Department of Veterans Affairs Specialty Education Loan Repayment Program

Creates a new subchapter to chapter 76 to establish a specialty education loan repayment program.

* Section 7691 authorizes the Secretary, as part of the Educational Assistance Program, to carry out a student loan repayment program under § 5379 of title 5. The program is known as the Department of Veterans Affairs Specialty Education Loan Repayment Program, or the Specialty Education Loan Repayment Program.
* Section 7692 states the purpose of this Program is to assist in meeting VHA’s staffing needs for physicians in medical specialties for which VA has determined it faces recruitment or retention difficulties.
* Section 7693 defines who is eligible for the Program, namely individuals: (1) hired under § 7401 to work in an occupation described in § 7692; (2) who owe any amount of principal or interest under a loan used to pay costs relating to a course of education or training (defined broadly to include tuition expenses, other reasonable educational expenses, and reasonable living expenses) that led to a degree that qualified the individual for appointment under § 7401; and (3) who recently graduated from an accredited medical or osteopathic school and matched to an accredited residency program in a medical specialty described in § 7692 or who are physicians in training in a medical specialty described in § 7692 with more than 2 years remaining in such training. VA can provide preference to individuals who are Veterans in operating the Program, as well as those who are, or will be participating in certain residency programs.
* Section 7694 clarifies that payments under the Program will be for the principal and interest on loans described in § 7682(a)(2) for participating individuals. The Secretary must establish a schedule for making payments and cannot make more than $160,000 in payments over a total of 4 years or more than $40,000 per year of participation in the program. VA may, however, waive these limitations in the case of a participant who VA determines serves in a position for which there is a shortage of qualified employees by reason of either the location or the requirements of the position.
* Section 7695 allows participants to select, from a list of facilities developed by VA, where the participant will work.
* Section 7696 imposes a service obligation of at least two years (and 12 months for every $40,000 in benefits received) and other requirements for employment. Participants who receive an accredited fellowship in a designated medical specialty may have their service obligation delayed until the completion of the fellowship, but the participant must begin work within 60 days of completing the fellowship. Participants who fail to complete their service obligation will be subject to a repayment penalty.
* Section 7697 allows for assistance under the Program to be provided in addition to other assistance available to individuals under the Educational Assistance Program.
* Section 303(b) of the Act makes various conforming amendments to reflect this new Program.
* Section 303(c) of the Act requires VA, in making determinations about medical specialties under proposed § 7692, to consider the anticipated needs of VA during the period two to six years in the future.
* Section 303(d) of the Act requires VA, in granting preference under § 7693, to determine whether a facility is underserved based on the criteria developed under section 401 of this Act.
* Section 303(e) of the Act requires VA, in the case of a participant who applied for the Program before receiving a residency match, to offer participation not later than 28 days after the applicant matches with a residency in a designated medical specialty and such match is published.
* Section 303(f) of the Act requires VA to take such steps as appropriate to publicize this Program.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 (Annual) | Make determination of future medical staffing needs | (303(c))  § 7692 |

#### Sec. 304 – Veterans Healing Veterans Medical Access and Scholarship Program

Section 304 requires the Office of Academic Affiliations to carry out a pilot program under which VA provides funding for the medical education of 18 eligible Veterans. Funding will be provided for two Veterans enrolled in each covered medical school.

* To be an eligible Veteran, a person must have been discharged from the Armed Forces within the prior 10 years, not be entitled to educational assistance under chapters 30-35 of title 38 or chapters 1606 or 1607 of title 10, apply for admission to a covered medical school for the entering class of 2019, indicate on the application for admission the Veteran would like to be considered for an award under this section, meet the minimum admissions criteria for the covered medical school, and enter into an agreement described in subsection (e) (which we believe should be subsection (d)).
* Section 304(c) provides that each covered medical school that opts to participate in the program required by this section must reserve two seats in the entering class of 2019 for eligible Veterans; funding will be provided for the two eligible Veterans with the highest admissions rankings for such class at such school. Eligible Veterans will receive an amount under this program equal to the actual cost of tuition at the covered medical school for four years; books, fees, and technical equipment; fees associated with the National Residency Match Program; two away rotations performed during the fourth year at a VA medical facility; and a monthly stipend, in an amount determined by VA, for the four-year period during which the Veteran is enrolled in medical school.
* Section 304(d) requires each eligible Veteran who accepts funding for medical education to enter into an agreement with VA to maintain enrollment and attendance in the medical school, to maintain an acceptable level of academic standing (as determined by the medical school under regulations prescribed by VA), to complete post-graduate training leading to eligibility for board certification in a specialty applicable to VA, to obtain a license to practice medicine in a State, and to serve as a full-time clinical practice employee in VA for a period of four years. In the event of a breach of the agreement, the United States is entitled to recover damages in an amount equal to the total amount of such funding received by the Veteran.
* Section 304(e) provides that nothing in this section may be construed to prevent any covered medical school from accepting more than two eligible Veterans for the entering class of 2019.
* Section 304(f) requires VA, by December 31, 2020, and annually thereafter for the next three years, to submit to Congress a report on the program operated under this section.
* Section 304(g) provides a list of nine covered medical schools, namely: Texas A&M College of Medicine; Quillen College of Medicine at East Tennessee State University; Boonshoft School of Medicine at Wright State University; Joan C. Edwards School of Medicine at Marshall University; University of South Carolina School of Medicine; Charles R. Drew University of Medicine and Science; Howard University College of Medicine; Meharry Medical College; and Morehouse School of Medicine.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| December 31, 2020  (Annual) | Report to Congress on “Veterans Healing Veterans” medical access and scholarship pilot | 304(f) |

#### Sec. 305 – Bonuses for Recruitment, Relocation, and Retention

Amends section 705(a) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. § 703 note) to raise the limitations on bonuses for recruitment, relocation, and retention from $230 million for fiscal year (FY) 2017 and FY 2018 to $250 million, and from $225 million to $290 million for FY 2019 through FY 2021. For each period, not less than $20 million shall be for recruitment, relocation, and retention bonuses.

#### Sec. 306 – Inclusion of Vet Center Employees in Education Debt Reduction Program of Department of Veterans Affairs

Requires VA ensure that clinical staff working at Vet Centers are eligible to participate in VA’s EDRP.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 | Report to Congress on Vet Center employees in Education Debt Reduction Program | 306(b) |

# Title IV – Health Care in Underserved Areas

#### Sec. 401 – Development of Criteria for Designation of Certain Medical Facilities of the Department of Veterans Affairs as Underserved Facilities and Plan to Address Problem of Underserved Facilities

Requires VA to develop criteria to designate medical centers, ambulatory care facilities, and community-based outpatient clinics (CBOC) as underserved facilities. In developing these criteria, VA must consider various factors, including the ratio of Veterans to VA health care providers in an area, the range of clinical specialties offered, whether the local community is medically underserved, data on open consults, whether the facility is meeting the wait-time goals of the Department, and such other factors that the Secretary considers important in determining which facilities are not adequately serving area Veterans.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| December 3, 2018 | Develop criteria for underserved facilities | 401(a) |
| December 3, 2019  (Annual) | Conduct analysis of underserved facilities | 401(c) |
| June 6, 2019 (Annual) | Submit plan for underserved facilities | 401(d) |

#### Sec. 402 – Pilot Program to Furnish Mobile Deployment Teams to Underserved Facilities

Requires VA to establish a three-year pilot program to furnish mobile deployment teams of medical personnel to underserved facilities.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| June 6, 2019 | Report to Congress on underserved facility mobile deployment team pilot | 402(d)(1) |
| June 6, 2021 | Submit final report to Congress on underserved facility mobile deployment team pilot | 402(d)(2) |

#### Sec. 403 – Pilot Program on Graduate Medical Education and Residency

Requires VA to establish a pilot program to establish graduate medical residency positions authorized under section 301(b)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 7302 note) at covered facilities. VA may enter into agreements with entities that operate covered facilities in which the Secretary places residents. VA is authorized to pay stipends and benefits for residents appointed under this authority, regardless of whether they have been assigned in a VA facility. VA must consider the extent to which there is a clinical need for providers at different locations based upon four identified criteria and must consider various factors in determining which specialties would be included. VA must place no fewer than 100 residents in covered facilities operated by the Indian Health Service, operated by an Indian tribe, operated by a tribal organization, or located in underserved communities as designated by the Secretary under section 401 of this Act. VA must reimburse covered facilities the costs of curriculum development, recruitment and retention of faculty, accreditation of the program by the Accreditation Council for Graduate Medical Education, the portion of faculty salaries attributable to duties under the agreement with VA, and expenses relating to educating a resident under the pilot program.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| August 7, 2024 | Medical residency pilot ends | 403(d) |
| June 6, 2019 (Annual) | Report to Congress on graduate medical education and residency pilot | 403(c)(1) |

# Title V – Other Matters

#### Sec. 501 – Annual Report on Performance Awards and Bonuses Awarded to Certain High-Level Employees of the Department

Creates a new § 726 requiring VA to report to Congress, within 100 days of the end of a fiscal year, on the performance awards and bonuses awarded to Regional Office Directors, VAMC Directors, VISN Directors, and senior executives of the Department.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| January 8, 2019  (Annual) | Report to Congress on performance awards and bonuses | (501)  § 726(a) |

#### Sec. 502 – Role of Podiatrist in Department of Veterans Affairs

Creates a new § 7413 making VHA podiatrists eligible for any supervisory position to the same degree that a physician would be. It also requires VA to establish standards to ensure that specialists appointed to supervisory positions in VHA do not provide direct clinical oversight for purposes of peer review or practice evaluation for providers of other clinical specialties and amends pay schedule in § 7404(b) to podiatric surgeons with physicians. VA must treat podiatrists in a similar fashion to VA physicians for the purposes of pay, recruitment, and retention.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| July 8, 2018 | Modify podiatrist and surgeon pay schedule | 502(b)(2) |

#### Sec. 503 – Definition of Major Medical Facility Project

Amends § 8104(a)(3) to increase the dollar threshold for a “major medical facility project” from $10 million to $20 million and exclude from that term acquisitions for exchange, non-recurring maintenance projects, or shared medical facilities with other Federal agencies, where the Department’s share of the project costs does not exceed $20 million. The definition of “medical facility” in section 8101(3) is expanded to include any facility or part thereof which is, or will be, under the jurisdiction of the Secretary, or as otherwise authorized by law, for the provision of health-care services.

#### Sec. 504 – Authorization of Certain Major Medical Facility Projects of the Department of Veterans Affairs

Authorizes VA to carry out a major medical facility construction project to construct a new East Bay CBOC and associated site work, utilities, parking, and landscaping; construction of a Central Valley Engineering and Logistics support facility; and enhanced flood plain mitigation at the Central Valley and East Bay CBOCs as part of the realignment of medical facilities in Livermore, California, in an amount not to exceed $117,300,000, and authorizes such amount to be appropriated in FY 2018, or the year that funds are appropriated for VA’s major construction account.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| September 4, 2018 | Report to Congress on the East Bay CBOC and related construction projects | 504(c) |

#### Sec. 505 – Department of Veterans Affairs Personnel Transparency

Requires VA within 90 days of enactment and quarterly thereafter to make publicly available online for each VA component and medical facility various data on personnel and staffing. VA may withhold from publication information relating to law enforcement, information security, or other positions the Secretary determines to be sensitive. Any positions filled by a contractor may not be counted as being Department positions for purposes of this section. On a semi-annual basis, the Inspector General must review administration of VA’s website required under this provision and make recommendations relating to improving its administration of this website.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| September 4, 2018  (Quarterly) | Publish staffing and vacancies | 505(a)(1) |
| June 6, 2019 (Annual) | Report to Congress on full staffing | 505(b) |

#### Sec. 506 – Program on Establishment of Peer Specialists in Patient aligned Care Team Settings within Medical Centers of Department of Veterans Affairs

Requires VA to carry out a program to establish not fewer than two peer specialists in PACTs at VA medical centers to promote the use and integration of services for mental health, substance use disorder, and behavioral health in a primary care setting. At least five of the medical centers at which the program is initiated must be medical centers designated by the Secretary as polytrauma centers, and at least 10 medical centers would have to be medical centers not designated as polytrauma centers. In selecting locations, VA must consider the feasibility and advisability of selecting medical centers in rural and underserved areas, areas that are not close to an active duty military installation, and areas representing different geographic locations. VA must ensure that the needs of female Veterans are specifically considered and addressed and that female peer specialists are made available to female Veterans who are treated at each location. VA must consider ways in which peer specialists could conduct outreach to community providers to engage these providers and the Veterans they serve.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| May 31, 2019 | Launch peer specialists pilot at 15 sites | 506(b)(1) |
| May 31, 2020 | Expand peer specialists pilot to 30 sites | 506(b)(2) |
| December 3, 2018 (Every 180 days) | Report to Congress on the peer specialist pilot | 506(f)(1) |
| November 27, 2020 | Submit final report on peer specialist pilot | 506(f)(2) |

#### Sec. 507 – Department of Veterans Affairs Medical Scribe Pilot Program

Requires VA to carry out a two-year pilot program under which VA will increase the use of medical scribes at VAMCs. The pilot program must be carried out at 10 VAMCs, with at least four located in rural areas, at least four in urban areas, and two located in areas with need for increased access or efficiency. Under the pilot program, VA must hire 20 new medical scribes and seek to enter into contracts with appropriate entities for the employment of 20 additional medical scribes. Four scribes must be assigned to each of the 10 medical centers. Two scribes shall be assigned to each of two physicians, 30 percent of the scribes shall be employed in the provision of emergency care, and the rest in the provision of specialty care in specialties with the longest patient wait times or lowest efficiency ratings. No additional funding is authorized to be appropriated to carry out the program.

#### Sec. 508 – Extension of Requirement to Collect Fees for Housing Loans Guaranteed by Secretary of Veterans Affairs

Amends § 3729 to extend by one year, until September 30, 2028, VA’s authority to continue collecting home loan fees at their current rates.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| September 30, 2028 | Expiration of authority to collect home loan fees | (508)  § 3729(b)(2) |

#### Sec. 509 – Extension of Reduction in Amount of Pension Furnished by Department of Veterans Affairs for Certain Veterans Covered by Medicaid Plans for Services Furnished by Nursing Facilities

Amends § 5503(d)(7) to extend by one year until September 30, 2028, VA’s authority to reduce the amount of pension furnished by VA for certain Veterans covered by Medicaid plans for services furnished by nursing facilities.

Action Items

| **Deadline** | **Action Required** | **Section** |
| --- | --- | --- |
| September 30, 2028 | Authority to reduce pensions for certain Veterans covered by Medicaid | (509)  § 5503(d)(7) |

#### Sec. 510 – Appropriations of Amounts

Authorizes to be appropriated to the Veterans Choice Fund $5.2 billion in mandatory funds to be available without fiscal year limitation.

#### Sec. 511 – Technical Correction

Makes a technical correction to re-designate § 1712I as § 1720I.

#### Sec. 512 – Budgetary Effects

Contains prohibitions regarding PAYGO scoring of the bill.

# Appendix C: MISSION Act Legislative Milestones

The following tables identify statutory timelines for action and reports. Please note these tables only include provisions for which the law itself clearly establishes a timeline for an action. Other provisions of law include requirements for action or reports that are relative (such as a report upon the completion of a pilot program). These are identified in the subsequent section providing a general description of the various provisions in the law.

Unless otherwise noted, references to sections of codified law refer to title 38, United States Code (U.S.C.).

**Statutory Timelines for Action:**

|  |  |  |
| --- | --- | --- |
| Deadline | Action Required | Section |
| July 8, 2018 | Modify podiatrist and surgeon pay schedule | 502(b)(2) |
| September 4, 2018  (Quarterly) | Publish staffing and vacancies | 505(a)(1) |
| October 1, 2018 A | Implement Caregiver IT system | 162(a) |
| October 4, 2018 | Provide first update on Community Care regulations | 101(c)(2) |
| October 4, 2018 | Provide first update on access standards | (104)  § 1703B(d)(2) |
| October 4, 2018 | Provide first update on quality standards | (104)  § 1703C(a)(5) |
| December 3, 2018 | Develop criteria for underserved facilities | 401(a) |
| April 1, 2019 B | Conduct assessment of Caregivers Program using data from IT system | 162(b) |
| May 31, 2019 | Launch peer specialists pilot at 15 sites | 506(b)(1) |
| June 6, 2019 | Publish regulations and begin operating tnew Community Care program | (101(b)-(c))  § 1703 |
| June 6, 2019 | Publish regulations and begin operating urgent care program | (105)  § 1725A(g) |
| June 6, 2019 | End eligibility of certain community providers to furnish care | 108(a)-(b) |
| June 6, 2019 C | Establish competency standards for community providers | 133 |
| June 6, 2019 | End Veterans Choice Program | 143 |
| June 6, 2019 (Annual) | Make determination of future medical staffing needs | (303(c))  § 7692 |
| June 6, 2019 (Annual) | Provide scholarship program information to educational institutions | (301(a))  § 7612(b)(6)(E) |
| September 30, 2019 | Implement training for construction personnel | (211)  § 8103(g)(1) |
| December 3, 2019  (Annual) | Conduct analysis of underserved facilities | 401(c) |
| December 6, 2019 | Submit pilot proposal for VA Center for Innovation for Care and Payment | (152)  § 1703E(g)(3) |
| May 31, 2020 | Expand peer specialists pilot to 30 sites | 506(b)(2) |
| June 6, 2020 | End Community Care eligibility for certain Veterans grandfathered under 40-mile provision | (101)  § 1703(d)(1)(C) |
| June 6, 2020 D | Publish quality ratings on Hospital Compare | (104)  § 1703C(b)(1) |
| September 30, 2020 | Complete construction employee certification | (211)  § 8103(g)(5) |
| February 1, 2021 | Publish and submit proposed AIR Commission criteria | 203(a)(1) |
| May 31, 2021 | Nominate AIR Commission | 202(c)(1) |
| May 31, 2021 | Publish final AIR Commission criteria | 203(a)(3) |
| June 6, 2021 D | Consider and solicit public comment on changes to quality standards | (104)  § 1703C(b)(2) |
| January 31, 2022 | Publish and submit AIR Commission report | 203(b)(1) |
| June 6, 2022 (Quadrennial) | Perform market area assessments | (106)  § 7330C(a)(1) |
| January 31, 2023 | Submit AIR Commission recommendations to the President | 203(c)(2) |
| February 15, 2023 | Congress receives President’s approval/disapproval of AIR Commission recommendations | 203(d)(1) |
| March 1, 2023 | AIR Commission and Congress receive President’s reasoning for AIR Commission disapprovals | 203(d)(3) |
| March 15, 2023 | AIR Commission submits findings to the President regarding disapprovals | 203(d)(3) |
| March 30, 2023 | Process for modernizing or realigning facilities ends if Congress does not receive approval and certification from the President | 203(d)(5) |
| December 31, 2023 | Termination of AIR Commission | 202(j) |
| August 7, 2024 | Medical residency pilot ends | 403(d) |
| March 2026 | Implement modernizations and realignments in the President’s report | 204(a) |
| September 30, 2028 | Expiration of authority to collect home loan fees | (508)  § 3729(b)(2) |
| September 30, 2028 | Authority to reduce pensions for certain Veterans covered by Medicaid | (509)  § 5503(d)(7) |
| December 31, 2033 | Expiration of authority to operate VA’s Health Professionals Scholarship Program | (301(c))  § 7619 |

A The statute provides that VA has to implement an IT system that fully supports the Program of Comprehensive Assistance to Family Caregivers (the Program) and allows for data assessment and comprehensive monitoring of the Program by October 1, 2018. VA is required to certify by October 1, 2019 that VA has implemented this IT system, and such certification is the triggering action for the first phase of expansion of the Program to pre-9/11 Veterans. While the October 1, 2018 deadline is for implementation of the IT system, the certification is required no later than October 1, 2019. Additionally, the language in section 161(a)(1)(A) of the bill and codified at 38 U.S.C. 1720G(a)(2)(B)(ii) focuses on when VA submits a “certification” that it has “fully” implemented the IT system, so VA has some discretion as to when to submit the certification and thus when the expansion to pre-9/11 Veterans begins.

B This date is based off the requirement in the statute that VA conduct an assessment “…180 days after implementing the [IT] system…” To the extent VA has not implemented the IT system by October 1, 2018, this due date will also move. As discussed in the prior note, this implementation does not necessarily require full implementation or certification that the IT system is fully implemented.

C This requirement does not take effect until 1 year after enactment for providers currently furnishing care and services to Veterans. For providers who enter into an agreement after this effective date, those providers have six months to meet these standards.

D Requirement is one year (for (b)(1)) or two years (for (b)(2)) after establishing standards for quality, which will likely occur one year after enactment and concurrent with publication of regulations for the Veterans Community Care program under 38 USC 1703, as amended by section 101.

**Reporting Requirements:**

|  |  |  |
| --- | --- | --- |
| Deadline | Action Required | Section |
| Upon enactment A | Submit first market assessment | (106)  § 7330C(a)(3) |
| September 4, 2018 | Submit report on feasibility of adopting a fiscal intermediary model | (111)  § 1703D(h) |
| September 4, 2018 | Submit report to Congress and GAO on Caregiver IT and expansion | 162(d)(1) |
| September 4, 2018 | Report to Congress on the East Bay CBOC and related construction projects | 504(c) |
| March 1, 2019 | Report to Congress on care in the Pacific territories | 213(a) |
| December 3, 2018 (Every 180 days) B (June 6, 2019) | Report to Congress on the peer specialist pilot | 506(f)(1) |
| January 8, 2019  (Annual) | Report to Congress on performance awards and bonuses | (501)  § 726(a) |
| February 2019  (Annual) | Submit VA AIR Account information as part of annual budget request | 206(d)(2) |
| March 3, 2019 | Report to Congress on access standards | (104)  § 1703B(d)(1) |
| March 3, 2019 | Report to Congress detailing on quality standards | (104)  § 1703C(a)(5) |
| June 6, 2019 | Report to Congress on telemedicine | 151(c) |
| June 6, 2019 | Report to Congress on education debt reduction | 302(b)(1) |
| June 6, 2019 | Report to Congress on Vet Center employees in Education Debt Reduction Program | 306(b) |
| June 6, 2019 | Report to Congress on underserved facility mobile deployment team pilot | 402(d)(1) |
| June 6, 2019 (Annual) | Report on payment of overdue claims | (111)  § 1703D(d)(3) |
| June 6, 2019 (Annual) | Report on Veteran education program for health care options | 121(d) |
| June 6, 2019 (Annual) | Report on Community Care training of VA and non-VA personnel | 122(b) |
| June 6, 2019 (Annual) | Report on utilization of Veteran education program for health care options | 123(c)(6) |
| June 6, 2019 (Annual) | Report on covered health care provider opioid compliance | 131(c)(3) |
| June 6, 2019 (Annual) | Submit plan for underserved facilities | 401(d) |
| June 6, 2019 (Annual) C | Report to Congress on graduate medical education and residency pilot | 403(c)(1) |
| June 6, 2019 (Annual) | Report to Congress on full staffing | 505(b) |
| June 6, 2019 (Quadrennial) | Submit strategic plan | (106)  § 7330C(b)(1) |
| October 1, 2019 D | Submit report certifying Caregiver IT system | 162(d)(3) |
| November 28, 2019 | Report to Congress on implementation and compliance with access standards | (104)  § 1703B(d)(3) |
| November 28, 2019  (Annual) | Submit review of the types and frequency of care | (101)  § 1703(m)(1) |
| November 28, 2019  (Annual) | Report to Congress on monitoring of care and services | (101)  § 1703(m)(3) |
| June 6, 2020 (Annual) | Report to Congress on medical service line remediation | (109)  § 1706A(d)(1) |
| November 27, 2020 E | Submit final report on peer specialist pilot | 506(f)(2) |
| December 31, 2020  (Annual) | Report to Congress on “Veterans Healing Veterans” medical access and scholarship pilot | 304(f) |
| February 1, 2021 | Report to Congress and publish proposed AIR Commission criteria | 203(a)(1) |
| May 31, 2021 | Report to Congress on final AIR Commission criteria | 203(a)(3) |
| June 6, 2021 | Submit final report to Congress on underserved facility mobile deployment team pilot | 402(d)(2) |
| January 31, 2022 | Report to Congress and publish AIR Commission recommendations | 203(b)(1) |
| February 7, 2022 | Report to Congress summary of AIR Commission selection process | 203(b)(4) |
| June 6, 2022 F  (Triennial) | Report on review of the access standards and any modifications | (104)  § 1703B(e) |
| June 6, 2022 (Quadrennial) | Submit market area assessments to Congress | (106)  § 7330C(a)(3) |
| January 31, 2023 | AIR Commission report to Congress | 203(c)(3) |
| February 15, 2023 | President transmits to Congress a report of approval or disapproval of Commission’s recommendations | 203(d)(1) |
| March 1, 2023 | President transmits to Congress a report with reasons for any disapproval of AIR Commission’s recommendations | 203(d)(3) |

A Requirement is to submit market area assessments “completed by or being performed on the day before the date of the enactment of the Caring for Our Veterans Act of 2018”. Any assessments that were already completed should be submitted as soon as possible. Any assessments still being performed should be submitted as soon as possible after their completion.

B Requirement is to continue this report every 180 days until the pilot program is being carried out at the last location, which must occur by May 31, 2020.

C Requirement is to continue this report annually until the expiration of the pilot program in 2024.

D VA is required to certify, by October 1, 2019, that VA has implemented this IT system, and such certification is the triggering action for the first phase of expansion of the program to pre-9/11 Veterans. While the October 1, 2018 deadline is for implementation of the IT system, the certification is required no later than October 1, 2019. Additionally, the language in section 161(a)(1)(A) of the bill and codified at 38 U.S.C. 1720G(a)(2)(B)(ii) focuses on when VA submits a “certification” that it has “fully” implemented the IT system; VA has some discretion as to when to submit the certification and thus when the expansion to pre-9/11 Veterans begins.

E Requirement is to submit this report 180 days after the last site is active in the pilot program, which must occur by May 31, 2020.

F Requirement is three years after establishing access standards, which will likely occur one year after enactment and concurrent with publication of regulations for the Veterans Community Care program under 38 USC 1703, as amended by section 101.

# Appendix D: MISSION Act Facility Champions

## Memorandum

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## Roles and Expectations for MISSION Act Champions and Executives

***What are the roles of MISSION Champions and Executives?***

* **VAMC Champions** are assigned by a VAMC Executive Leadership Team to “champion” the implementation of the MISSION Act at the local level. The champion is responsible for:
  + Serving as the long-term facility point of contact for MISSION Act;
  + Communicating to local staff and Veterans about MISSION Act;
  + Ensuring MISSION Act resources and information reach Veterans and all necessary staff, including employees in the facility, CBOCs, call centers, telehealth hubs, Vet Centers, administrative offices, etc.
  + Overseeing training to prepare front-line staff to use new tools and processes, answer questions, and educate Veterans about their healthcare options;
  + Ensuring appropriate participation in national training conferences;
  + Providing feedback on resonance of communications materials and utility of training activities;
  + Elevating any implementation concerns to the VAMC Executive Leadership Team;
  + Reporting weekly progress on information dissemination, status of training, and status of implementation. (Example: Confirm that staff have received MISSION 101 information on community care eligibility; confirm that staff have been trained on how to determine Veteran eligibility for community care.) TMS data will also be used to track training completion.
  + Ensuring key personnel are on-site and available to staff and Veterans at least one week prior and one week following June 6th, 2019;
  + Coordinating with VISN Champion and as needed with other VAMC Champions.
* **VAMC Executives** will ensure the Act is fully implemented at the local level. Executives will work with the VHA MISSION Act Team to advance progress on implementation milestones and key performance indicators. Executives are asked to be motivators to help manage change and will ensure the local implementation plan is effective. VAMC Executives will coordinate with VISN Executives.
* **VISN Champions** are responsible for coordinating implementation of the Act at all facilities within the VISN. Regular MISSION Act discussions between VAMC and VISN Champions and Executives are highly encouraged to foster consistency and collaboration. VISN Champions will coordinate with the VHA MISSION Act Team.
* **VISN Executives** will assist VAMCs in optimizing opportunities delivered by new MISSION Act authorities and strategically navigating any implementation obstacles that may arise. Executives are asked to be motivators to help manage change and integrate strategic vision. VISN executives will coordinate with the VHA MISSION Act Team.

***What support is available to Champions and Executives?***

A MISSION Toolkit, containing four components, is available online [[link](https://vaww.insider.va.gov/mission-act-champions/)]. This is designed to guide Champions and Executives on all aspects of MISSION. The four components are interconnected, creating a complete package for support.

1. **Communication Toolkit** – (Available online early April 2019) Talking points, frequently asked questions (FAQs), elevator speeches for staff and Veterans, placemat, What’s In It For Me (WIIFM) fliers for staff and Veterans, and short and long slide decks.
2. **Field Implementation Guide** – (Available May 2019) Details and instructions on implementation for key VISN and VAMC roles. i.e. providers, nurses, schedulers, business operations.
3. **Webinars** – (Beginning early April 2019) Weekly webinars focused on MISSION topics, presented by subject matter experts. Webinars will be presented live through Adobe connect and will offer a question/answer time for champions and executives to interact directly with SMEs about their topic.
4. **Virtual Help** – (beginning early April 2019) Virtual access to SME knowledge. Champions and Executives should contact the virtual help desk with any question related to the MISSION Act. The help desk will respond within 5 business days. Complicated questions may require more time.

***What is are the expectations for champions and executives?***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Communications Toolkit | Field Implementation Guide | Webinar Series | Virtual Help |
| VAMC Champions | Use communication products and messages with staff and Veterans. Recommendations for how to use products and messaging are available on VA Insider. | Share role-based details with staff. | Attend webinars and share information with staff. Publicize the webinar schedule and invite local SMEs to participate in key topics. | Access the virtual site to submit questions about MISSION Act. |
| VAMC Executives | Same as VAMC champion, plus motivating leadership and staff. | Ensure supervisors communicate role-based details with staff. Ensure compliance. | Motivate participation to encourage MISSION knowledge across the VAMC. | Access the virtual site to submit questions about MISSION Act. |
| VISN Champions | Communicate to VISN staff and coordinate messaging with VAMC champions. | Share role-based details with VISN staff. Ensure consistency across the VISN. | Attend webinars and share information with VISN staff. Publicize the webinar schedule and invite VISN SMEs to participate in key topics. Encourage collaborative discussions. | Access the virtual site to submit questions about MISSION Act. Encourage information sharing. |
| VISN Executives | Same as VISN champion, plus strategic vision. | Ensure supervisors communicate role-based details with staff. Ensure compliance across the VISN. | Motivate participation to encourage MISSION knowledge across the VISN, plus strategic vision. | Access the virtual site to submit questions about MISSION Act. Encourage information sharing and strategic vision. |
| VHA MISSION Team (Central Office) | Update toolkit, as necessary, and notify champions and executives of changes. | Make updates to the Guide, as needed, and notify champions and executives of changes. | Host webinar series and maintain and updated schedule on VA Insider. Notify champions and executives of changes. | Maintain virtual help and provide responses to questions within 5 business days, or longer for complicated questions. |

***What is the information flow?***

Information will flow from the VHA MISSION Act Team to VAMC and VISN Champions and Executives using national calls and planned webinars, emails to field-identified VISN and VAMC MISSION Act mail groups, and established communications and training channels.

# Appendix E: Glossary

|  |  |
| --- | --- |
| **Acronym** | **Definition** |
| **AIR** | Asset and Infrastructure Review |
| **CBOC** | Community-Based Outpatient Clinic |
| **CCN** | Community Care Network |
| **CPRS** | Computerized Patient Record System |
| **DLO** | Designated Learning Officer |
| **EDRP** | Education Debt Reduction Program |
| **EES** | Employee Education System |
| **FAQ** | Frequently Asked Questions |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **HR** | Human Resources |
| **HPSP** | Health Professional Scholarship Program |
| **IT** | Information Technology |
| **MDT** | Mobile Deployment Team |
| **MISSION** | Maintaining Internal Systems and Strengthening Integrated Outside Networks |
| **MSA** | Medical Support Assistant |
| **MST** | Military Sexual Trauma |
| **ND** | Network Director |
| **OCC** | Office of Community Care |
| **OPIA** | Office of Public and Intergovernmental Affairs |
| **OPP** | Office of Policy and Planning |
| **PACT** | Patient Aligned Care Team |
| **PDMP** | Prescription Drug Monitoring Program |
| **PTSD** | Posttraumatic Stress Disorder |
| **SELRP** | Specialty Education Loan Repayment Program |
| **SOP** | Standard Operating Procedure |
| **TBI** | Traumatic Brain Injuries |
| **TMS** | Talent Management System |
| **VA** | Department of Veterans Affairs |
| **VAMC** | VA Medical Center |
| **VEO** | Veterans Experience Office |
| **VHA** | Veterans Health Administration |
| **VISN** | Veterans Integrated Service Network |
| **WFM** | Work Force Management |