

October 6, 2021

VETERANS COMMUNITY CARE PROGRAM

1. In accordance with section 101 of the John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA MISSION) Act of 2018 (P.L. 115-182, as amended), VA promulgated regulations at 38 C.F.R. § 17.4000 through 17.4040 to implement changes to 38 U.S.C. § 1703. These regulations established the Veterans Community Care Program (VCCP) on June 6, 2019, which is used to furnish care and services to Veterans in the community. VCCP effectively replaced the Veterans Choice Program and VA's traditional community care program to allow Veterans Health Administration (VHA) to furnish care in the community to Veterans that meet the criteria of the cited regulations.

NOTE: Section 1703 (Veterans Community Care Program) of 38 U.S.C. does not affect VHA's other independent authorities to furnish or pay for community care for individuals who meet the criteria in those authorities for that care. VHA may continue to furnish care and services in the community for individuals, irrespective of whether the individual meets the regulatory criteria for VCCP, for: Veterans, through 38 U.S.C. §§ 1724 (Hospital care, medical services, and nursing home care abroad), 1725 (Reimbursement for emergency treatment), 1725A (Access to Walk-In Care), and 1728 (Reimbursement of certain medical expenses); and non-Veterans, through 1781 (Medical care for survivors and dependents of certain veterans), 1786 (newborn care), 1787 (Health care of family members of veterans stationed at Camp Lejeune, North Carolina), 38 U.S.C. chapter 18 programs (Benefits for Children of Vietnam Veterans and Certain Other Veterans), and any other independent community care authorities.

2. Care and services may only be furnished through VCCP in accordance with 38 C.F.R. §§ 17.4000 through 17.4040. More information on the criteria and requirements can be found at <https://ecfr.federalregister.gov/current/title-38/chapter-I/part-17/subject-group-ECFRdb26058010ca01a?toc=1>, as well as Chapter 2 of the Community Care Guidebook, which can be accessed at https://dvagov.sharepoint.com/:w:/r/sites/VHAOCC/CNM/CI/OCCFGB/_layouts/15/Doc.aspx?sourcedoc=%7B86A65447-CDC8-446C-BDC3-4042541CEA8A%7D&file=Chapter%202.docx&wdLOR=c745567C3-DBC3-4F10-B40E-4F4469766384&action=default&mobileredirect=true. **NOTE:** This is an internal VA website that is not available to the public. For purposes of this notice, basic Veteran eligibility for VCCP is summarized from 38 C.F.R. § 17.4010 as follows:

a. A Veteran must be enrolled under the system of patient enrollment in 38 C.F.R. § 17.36, or otherwise meet the criteria to receive care and services notwithstanding the Veteran's failure to enroll in 38 C.F.R. § 17.37(a)-(c); and

b. VHA has determined that such a Veteran requires care and services.

c. Additionally, at least one of the following must true:

(1) No VA medical facility offers the care or services required (i.e., those services that VHA does not provide, such as full obstetrics care);

(2) VA does not operate a full-service VA medical facility in the State in which the Veteran resides (see 38 C.F.R. § 17.4005 for the definition of “full-service VA medical facility”; these States are Alaska, Hawaii, and New Hampshire, as well as the U.S. territories of American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands);

(3) The Veteran qualifies under a “grandfathering” provision from the Veterans Choice Program (see 38 C.F.R. § 17.4010(a)(3) for these specific criteria);

(4) The Veteran has contacted VHA to receive care or services but VHA is not able to directly furnish such care or services in a manner that complies with the designated access standards established by the Secretary (average driving time and wait time access standards established in 38 C.F.R. § 17.4040);

(5) The Veteran and the Veteran’s referring clinician determine it is in the best medical interest of the Veteran to use VCCP, based on consideration of the factors outlined in 38 C.F.R. § 17.4010(5)(i)-(vii) (see 38 C.F.R. § 17.4040 for additional information);

(6) In accordance with 38 C.F.R. § 17.4015, VHA has determined that one of its medical service lines that would furnish the care or services the Veteran requires is not providing such care or services in a manner that complies with VA’s standards for quality (see 38 C.F.R. 17.4015 for more information). **NOTE:** *VA medical service lines that are designated as underperforming to give effect to this particular eligibility will be announced in Federal Register Notices as applicable. VHA cannot utilize this eligibility criterion unless and until such Federal Register Notices announce underperforming VA medical service lines.*

3. All care and services furnished through VCCP may only be purchased through valid mechanisms recognized under VCCP, to include contracts (including those used to meet the requirements of 38 U.S.C. § 1703(h)), sharing agreements, and Veterans Care Agreements (VCA) under 38 U.S.C. § 1703A (and 38 C.F.R. § 17.4100-17.4135) when care and services can be purchased using a VCA.

4. Veteran preference for a provider must be followed when a provider has an existing contractual vehicle or sharing agreement with VA, regardless of whether the contract is national, regional or local. However, Veteran preference alone is not enough to authorize the use of a VCA to procure care; the elements described in paragraph 5 below must be present to authorize use of a VCA.

5. Pursuant to 38 C.F.R. § 17.4115, a VCA may be used to furnish care only if such care or services are not feasibly available to a covered Veteran through a VA medical facility, contract or sharing agreement. **NOTE:** *Hospital care, medical services or*

extended care services are not feasibly available through a VA medical facility, contract or sharing agreement when VA determines that the medical condition of the covered individual, the travel involved, the nature of the care or services or a combination of these factors make the use of a VA medical facility, contract or sharing agreement impracticable or inadvisable.

NOTE: *National contracts are the preferred mechanism for purchasing community care. The Patient-Centered Community Care (PC3) national contract may be used until September 30, 2021 to purchase care while the Community Care Network contracts are being awarded and implemented. Additionally, with an approved waiver from the Office of Community Care, local contracts signed by a warranted contracting officer may be used. In accordance with paragraph 4 above, any waivers for a local contract submitted on the basis of Veteran preference must be approved; VA cannot require the Veteran to see a different provider that is under the national contract.*

6. For implementation guidance, the Community Care Field Guidebook is available at: <https://dvagov.sharepoint.com/sites/VHAOCC/CNM/CI/OCCFGB/SitePages/FGB.aspx>

NOTE: *This is an internal VA web site that is not available to the public.*

7. Questions regarding this notice should be addressed to the Community Care Office of Policy at joseph.duran2@va.gov or 303-370-1637.

8. VHA Notice 2020-22, Veterans Community Care Program, expired on June 30, 2021.

9. This VHA notice will expire and be archived as of October 31, 2022.

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

/s/ Julianne Flynn
Acting Assistant Under Secretary for Health
for Community Care

DISTRIBUTION: Emailed to the VHA Publications Distribution List on October 7, 2021.