JAN 13 2017

TO: Acting Assistant Secretary for Health

FROM: Director, Division of Comissioned Corps Personnel and Readiness
Through DSG

SUBJECT: Memorandum of Agreement between the Department of Health and Human Services and the U.S. Department of Veterans Affairs – DECISION

ISSUE

The Department of Health and Human Services (DHHS) and the Department of Veterans Affairs (VA), Veterans Health Administration (VHA) request to establish a Memorandum of Agreement (MOA) to detail Commissioned Corps (Corps) officers of the U.S. Public Health Service to the VHA to provide direct patient care service in rural and underserved communities.

BACKGROUND

The VHA is the largest integrated health care system in the United States serving more than 8.9 million Veterans annually. The VHA provides care at 1,233 health care facilities, including 168 VA Medical Centers and 1,053 outpatient sites.

The MOA is the result of extensive negotiation between the two Departments. The MOA sets forth the mutually agreed upon rules and procedures governing the detail of Corps officers to the VHA based on the health assignment needs identified in the VA’s annual staffing projection. This partnership will help meet the needs of the VHA and create clinical opportunities and enhance the clinical experience of Corps officers to meet the needs of this underserved community.

The MOA establishes:
1. Authorities and procedures relative to the public health mission(s) of the VA
2. A single point of contact for general administration of the MOA
3. An official who has the authority to commit funds on behalf of the VA to support the MOA

The MOA has been circulated within the Office of General Counsel (OGC) of both Departments. DHHS OGC has approved the attached MOA. We anticipate the VA OGC approval is imminent. The approval of the MOA will enable the Corps and the VHA to effectively and efficiently manage the partnership.

RECOMMENDATION

I recommend that you approve the Memorandum of Agreement between the Department of Health and Human Services and the U.S. Department of Veterans Affairs (TAB A).
DECISION
Approved [Signature] Disapproved [Signature] Date 1/17/17
Karen B. DeSalvo, MD, MPH, MSc

Attachments:
TAB A – Memorandum of Agreement between the Department of Health and Human Services (Corps) and the U.S. Department of Veterans Affairs Affairs (VA) and the Department of Health and Human Services (Corps)
MEMORANDUM OF AGREEMENT BETWEEN
THE U.S. DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION
AND
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF ASSISTANT SECRETARY FOR HEALTH
COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE

I. PURPOSE

This Memorandum of Agreement (MOA) sets forth the mutually agreed upon rules and procedures governing the detail of Officers in the Department of Health and Human Services, Commissioned Corps (or Officers) of the U.S. Public Health Service (HHS/Corps) to the U.S. Department of Veterans Affairs, Veterans Health Administration (VHA) for terms of service based on the assignment needs identified by the VA and HHS/Corps. Officers detailed to VA will promote public health in various roles, to include, but not limited to: direct patient care service delivery in rural, underserved communities. These roles also allow for Corps officers to maintain clinical competencies and enhance clinical skills. This MOA will allow for the detail of Corps officers to the VA, with the understanding that additional Corps officers may be assigned in the future. Determination of detail requirements are addressed in Addendum B of this MOA.

VHA Medical Centers provide a wide range of services including traditional hospital-based services such as surgery, critical care, mental health, orthopedics, pharmacy, radiology and physical therapy. In addition, most of its medical centers offer additional medical and surgical specialty services including audiology & speech pathology, dermatology, dental, geriatrics, neurology, oncology, podiatry, prosthetics, urology, and vision care.

The purposes of the MOA are to (1) establish and clarify authorities and procedures relative to the public health mission(s) of VA; (2) establish a single point of contact for general administration of this MOA as it relates to personnel management; and (3) establish an official who has the authority to commit funds on behalf of VA that are necessary to support this MOA.

II. AUTHORITY

A. Section 214 of the Public Health Service Act (42 U.S.C. § 215(a)). Pursuant to 42 U.S.C. § 215(a), HHS is authorized to detail HHS/Corps Officers to federal agencies in order to cooperate in, or conduct work related to, the functions of such department.

B. Commissioned Corps Directive (CCD) 121.04, “Non-Departmental Organization Details,” and Commissioned Corps Instruction (CCI) 323.03 (CC23.5.8), “Detail to Federal Agencies.” (See http://dcp.psc.gov.)

C. 42 U.S.C. § 204a (c) states that in time of an urgent or emergency public health care need, the HHS Secretary may deploy Officers in response to an urgent or emergency public health care need. The deployment of Officers by the HHS Secretary during an urgent or emergency public health care need shall be deemed to be an authorized
activity of the VA while the Officer is deployed by the HHS Secretary in support of the urgent or emergency public health care need. Such emergencies are defined in 42 U.S.C. § 204a(5).

D. Where or as appropriate the Economy Act may be used as an authority for the subsequent implementing arrangements.

III. GENERAL RESPONSIBILITIES APPLICABLE TO HHS, VA AND THE MANAGEMENT OF CORPS OFFICERS

This MOA contains general requirements applicable to Officers detailed from HHS/Corps to VA based on the assignment needs identified by VA, and may contain specific requirements applicable to VA. This MOA is generally intended to fill vacant civil service positions or other temporary positions as determined by VA with HHS/Corps officers. The Corps agrees to the detail Officers to the VA. Explanation of costs and operational information are set forth in Addendum A, “Explanation of Costs, Operational, and Financial Information.” Adjustments (+/-) to VA detail requirements will be updated in Addendum B. Supplemental documentation in support of planning and execution of Officer assignments, costs and operational details will likewise be documented in accordance with Addendums A and B.

IV. OPERATIONAL RESPONSIBILITIES

A. VA will:

1. Designate one or more individuals who will provide operational guidance and support for this MOA. These roles include a senior ranking point of contact, a VA financial point of contact, and a Commissioned Corps Liaison Officer/VA Program Manager.

2. The senior ranking VA operational point of contact will be responsible for the implementation and strategic direction of this MOA. This person, or his/her designee named in writing and provided to HHS, will be the only person authorized by VA to act on its behalf regarding this MOA. All issues related to this MOA, including mobilization or recall of Officers will be coordinated through the VA/Corps liaison.

3. The VA financial point of contact will have VA authority to commit funds in support of the MOA coordinated through the VA/Corps liaison.

4. The VA’s Commissioned Corps Liaison Officer/VA program manager will have the primary human resources role related to all HHS/Corps officers assigned to the VA under this MOA. Responsibilities include overseeing the day-to-day operation of the MOA, providing final approval for individual Corps officers selected for assignment in support of this MOA, and identifying a single point of contact for each VA location where each Corps officer is assigned.
5. VA will keep these points of contacts current via written, periodic revalidation as agreeable to both VA and HHS, under Addendums A, B and C.

6. Identify the projected number of Full Time Equivalents (FTEs) for Corps officers needed on an annual basis that best meets the VA’s Program of Memorandum/Budget Estimate Submission (POM/BES) cycle or as requested by the Division of Commissioned Corps Personnel and Readiness (DCCPR).

7. Specify the public health related billet/position assignment into which detailed Officers will be placed, and the applicable supervisor(s) for the Officers, and ensure that Officers function within the scope of their assigned billets/positions.

8. HHS will provide a list of Corps Officers detailed to the VA by name, rank, pay grade, and current assignment and provide an organizational chart to the Corps representative annually, in concert with the VA’s POM/BES cycle.

9. The VA site to which Corps Officers are assigned will verify the acceptance of MOA responsibilities. The VA MOA Program Manager will approve relevant documentation outlining responsibilities and unique needs accompanying the acceptance of a detailed Officer including, but not limited to, integration into the required VA systems, ensuring appropriate communication with the DCCPR MOA chain of command and other DCCPR officials, and maintenance of the requisite Officer records.

10. Inform DCCPR of any serious or life threatening illness or any hospitalization of a detailed Officer within 24 hours of such event.

11. In addition to the provisions of IV.A.1 and IV.A.3, assistance is available for health and medical issues of Corps officers through the Division of Commissioned Corps Personnel and Readiness (DCCPR), Medical Affairs Branch (MAB), at phone number 240-276-8780. The VA Commissioned Corps liaison in Section A4 above will ensure this resource is known to VA personnel supervising Officers.

12. Initiate, fund, and adjudicate requests for required investigations for sensitive positions and associated security clearances, and notify the Director, Office of Security and Strategic Information, Department of Health and Human Services, HHH Building, Room 716G, 200 Independence Avenue, S.W., Washington, D.C. 20201, 202-690-5756, of the results of such investigations. DCCPR must be notified when a background investigation is complete for tracking purposes.

13. The VA Commissioned Corps Liaison Officer will coordinate with the HHS to ensure that Officers are designated, when qualified and mutually agreed to by DCCPR and the Officer’s supervisor, and support HHS to allow Officers to serve as members of various HHS personnel boards or committees when selected.

14. Coordinate return of Officers to HHS consistent with the following:
a. The VA will submit a written request for return of an Officer to the Division of Commissioned Corps Personnel and Readiness (DCCPR) with corresponding written notice to the assigned Officer, as early as possible, and no later than 180 days before VA desires to return an Officer to HHS.

b. VA will provide funding for the continued detail of the Officer until DCCPR issues personnel orders removing the Officer from VA.

15. Ensure that VA processes all claims arising out of the activities under this MOA, including those alleging negligent acts or omissions by HHS/Corps Officers. Processing of these claims will include final settlement negotiations and payment and litigation support to the Department of Justice, if required. HHS will cooperate in providing information, documentation, and access to any witness under its control to assist the evaluation and resolution of said claims. The designated primary HHS point of contact for coordinating such support is the Deputy Associate General Counsel, Claims and Employment Law Branch, General Law Division, Office of the General Counsel (OGC) at 202-619-2155.

16. Provide human resources support as follows:

a. Serve as the Corps detailed Officers’ Liaison with Office of the Surgeon General (OSG) to ensure that the personnel, administrative, and fiscal requirements of this MOA are met.

b. Have access to the privacy protected electronic Official Personnel Folder (eOPF) maintained by the DCCPR of the OSG on all Officers detailed under this MOA.

c. Process timely performance appraisals of Officers detailed to the VA and implement the Commissioned Officers’ Effectiveness Reports (COERs) in accordance with CCI 351.01 and Personnel Operations Memorandums. Ensure that all personnel within the rating chain are aware of the requirements and suspense dates for the timely processing of the Officer’s COER. DCCPR establishes the rating scheme, the VA will implement the COER. DCCPR will provide documentation, process, tools and forms for completing the COER.

d. Complete, review, and coordinate all requests for personnel actions, billet/position descriptions, separations, and retirements with DCCPR.

e. Review, coordinate, and submit recommendations for Officers with the appropriate office with VA and DCCPR to ensure that personnel are recognized for acts of achievement and exceptional service in a timely fashion and that award submissions comply with the Corps awards policy.

f. Maintain and monitor in conjunction with the PHS Liaison, for Officers detailed under this MOA, all leave requests actions in approved
Commissioned Corps Management Information Systems (CCMIS) and maintain electronic copies on each Officer under applicable leave policies/guidance.

g. Provide assistance in resolving issues related to an Officer's pay and allowances to ensure accurate and timely payment of all benefits and compensation for Officers and assist with the processing and submission of all special pay and incentive pay requests. VA should contact DCCPR, Compensation Branch at phone number 240-276-8817 to address pay issues.

h. Monitor the electronic Commissioned Corps Issuance System (eCCIS), and other relevant policy issuances governing the Corps, and communicate changes or updates to Officers detailed under this MOA.

i. The VA Commissioned Corps Liaison will coordinate with DCCPR to ensure that Officers receive the annual promotion board schedule and ensure that the required documents are completed in a timely fashion.

j. Promptly report to the DCCPR all incidents of misconduct or requests for reassignment based on poor performance and work closely with DCCPR in addressing concerns.

17. Provide the immediate administrative and clinical supervision of the Officer while detailed to the VA and designate a supervisor who will be responsible for the day-to-day supervision of each Officer while performing the duties required under this MOA. This official will be known as the organization supervisor. Upon designation of a rating scheme, the VA will provide the name and duty location information to DCCPR. Coordinate with VA and DCCPR, to provide Officers orientation.

18. Ensure that each assigned Officer's leave records and performance evaluations are maintained and completed in accordance with this MOA.

19. VA will fully investigate matters involving the possible return of an Officer, develop, and forward a complete record of documentation sufficient to permit HHS to take appropriate action.

20. VA will retain the ability to temporarily suspend clinical privileges in the event of a suspected adverse action, then, pending outcome of investigation, revoke privileges if the Officer was found to be professionally negligent in providing care. VA will timely report such actions to Director, DCCPR, who will serve as the action authority for subsequent administrative actions.

21. In the event an Officer is subject to an official investigation, including, but not limited to an investigation by the VA Office of the Inspector General, said Officer may be removed from clinical duties and placed in an administrative capacity, until such time as the
investigation has concluded and the officer is either
1) returned to clinical duties or 2) returned to HHS consistent with Section 4A14 above.

B. HHS will:

1. Designate a contact person for overall management of this MOA. The designated primary
   contact person at HHS for this MOA is:

   Director, Division of Commissioned Corps Personnel and Readiness
   Commissioned Corps of the U.S. Public Health Service
   Office of the Surgeon General
   1101 Wootton Parkway, Plaza Level, Suite 100
   Rockville, MD 20852
   Phone: 240-453-6000

   Other than the Assistant Secretary for Health (ASH), or a re-designation by the ASH
   provided to VA in writing, this official or his/her designee will be the only person
   authorized by HHS to act on its behalf regarding this MOA. All issues related to this
   MOA, including mobilization or the recall of Officers will be coordinated through
   DCCPR and this official.

2. Coordinate with VA to provide Officers with appropriate professional training as stated
   in Addendum B.

3. Provide access to and policy interpretation of the law, regulations and policies governing
   the Corps.

4. For recruitment purposes, publicize opportunities and seek to recruit Officers for detail to
   billet/positions that are identified by VA utilizing information from such billet/position
   descriptions to be developed in coordination with VA.

5. Detail Officers to VA based on the health assignment needs identified in the VA’s annual
   staffing projection request provided to DCCPR.

6. Coordinate with designated VA officials, and exercise professional oversight and support
   of Officers as active members of the Corps.

7. Issue orders including but not limited to, permanent change of station (PCS) orders for all
   Officers reassigned within or outside of VA.

8. Administer the personnel and payroll support systems for Officers detailed under this
   MOA.

9. In consultation with VA, maintain the right to reassign Officers from the VA to HHS
   based upon its mission and deployment readiness needs under the authority of PHS
   Policy CCI 322.05 (CC23.5.2), Transfer and Reassignment of Commissioned Officers.
C. Readiness and Recall Requirements.

1. Pursuant to Commissioned Corps Directive (CCD) 121.04 of the electronic
   Commissioned Corps Issuance System (eCCIS) (http://decp.psc.gov), Officers are
   required to meet and maintain force readiness standards as established by the HHS ASH.
   VA will ensure that Officers detailed under this MOA are placed in VA positions for the
   duration of the detail.

2. Pursuant to 42 U.S.C. 204a(c), Officers detailed to VA and the deployment of such
   Officer by the HHS Secretary in response to an urgent or emergency public health care
   need shall be deemed to be an authorized activity of VA. In the event that the
   Commissioned Corps is activated, all PHS Officers are expected to deploy, if necessary,
   unless exempted in writing.

3. During a period of war, urgent public health need, or during a national or public health
   emergency, as determined by the HHS Secretary or higher authority, HHS has full
   authority to terminate this MOA and recall Officers from VA. Notwithstanding the
   provisions of IV.C.2, VA may request a waiver from recall for specific Officers provided
   such waiver requests are submitted to the ASH in writing and in accordance with any
   protocols developed for the purpose between VA and HHS/Corps.

4. Pursuant to 42 U.S.C. § 217, in time of war or emergency, the President may utilize the
   HHS/Corps to such extent and in such manner as shall in the President’s judgment
   promote the public interest and by Executive Order declare the HHS/Corps to be a
   military service. Should the HHS/Corps duty status change in the event of a war or
   emergency under 42 U.S.C. § 217, VA will release Officers to provide military service as
   determined or required by the President for the duration of this declaration.

V. FINANCIAL RESPONSIBILITIES

A. VA Financial Responsibilities.

VA shall, subject to the availability of appropriations, and via supplemental documentation as
outlined in Addendum A:

1. Directly reimburse to HHS or Officers, or pay directly as applicable, for travel and
   transportation allowances as provided for in accordance with the Joint Travel
   Regulations (JTR) of the uniformed services. This includes, but is not limited to,
   travel and transportation entitlements for Officers upon their initial assignment to VA
   or upon their reassignment or transfer (or retirement, if applicable) from the
   HHS/Corps while detailed under this MOA. Further, it will include per diem, travel

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1 See Addendum A and B for a list of all costs associated with HHS/Corps Officers under this agreement.
2. Directly reimburse to HHS/Corps the cost of any necessary transportation to and from medical facilities for examination and treatment of Officers, as authorized by the JTR.

3. In the event of the death of an Officer while on detail under this MOA, be responsible for all expenses to which the Officer’s survivors or beneficiaries are entitled by law, including, but not limited to: expenses for transportation of dependents; shipment of household goods to a place selected by the survivors; burial expenses, including transportation of the body to the place of interment; payment of the uniformed service death gratuity; and payment for unused annual creditable leave at the time of the Officer’s death.

4. Reimburse HHS/Corps for all payroll costs (salary and allowances) associated with Officers detailed under this MOA in accordance with reimbursable schedules established by HHS/Corps. The pro rata portion of the annual Service members’ Group Life Insurance premium will be reimbursed through a separate agreement.

5. Provide the name and contact information for the responsible official for billing purposes in Addendum A.

6. Reimburse HHS/Corps for the standard administrative fee for Officers detailed under this agreement (personnel services and maintenance costs related to payment and accounting for salaries and allowances) and the HHS/Corps administrative fee of 3.0% of the total monthly value of payroll related to salaries and allowances for processing agreements outside of HHS.

7. VA agrees to reimburse HHS/Corps through the monthly billing process via the Intergovernmental Payment Collection System (IPAC).

B. HHS Financial Responsibilities.

HHS shall:

1. Establish the necessary accounting structure to record obligations and disbursements. The name of the HHS/Corps point of contact for billing appears in Addendum A.

2. Determine, annually, the HHS/Corps personnel administrative fee per Officer. VA agrees to reimburse HHS/Corps through the monthly billing process via the Intergovernmental Payment Collection System (IPAC). Any change in the fee will be communicated to VA as soon as possible after the change is known. The personnel administrative fee per Officer shall be the same as that assessed to HHS Operating Divisions and Staff Divisions.

3. Be responsible for all cost associated with the return of Officers if HHS/Corps terminates the MOA pursuant to IV.C.3 and IV.C.4.

C. Financial Responsibilities Applicable to both HHS and VA.
C. Financial Responsibilities Applicable to both HHS and VA.

HHS and VA shall:

1. For all reimbursable details pursuant to this MOA, determine the estimated costs of the MOA for the coming year and enter into one or more reimbursable agreements agreeable to the parties that will be reviewed and renewed annually.

2. Arrange for the transfer of funds from VA for payment of compensation, allowances, and expenses of Officers (including expenses associated with the administration of substandard performance and disciplinary boards), and payments, if needed, for death gratuity, in accordance with the laws and regulations governing Officers. These expenses shall also include the Federal government’s share of Social Security coverage.

3. Be responsible for all costs associated with the recall and deployment of their respective personnel, i.e., if HHS Secretary recalls Officers for deployment during a public health emergency, HHS is responsible for the associated costs.

4. Be responsible for all cost associated with the return of Officers if HHS/Corps terminates the MOA pursuant VIII.C.

VI. PERSONNEL RIGHTS AND RESPONSIBILITIES

A. General.

1. Officers assigned to the VA will follow the policies and programs that apply to all VA civil servants, provided such policies or programs are not in conflict with Federal law and HHS/Corps Directives and Instructions of the eCCIS. Advice and consultation on administrative and disciplinary matters is also available to VA through Corps/HHS, DCCPR Adverse Actions Office at phone 240-453-6098 (See Commissioned Corps Directive CCD 111.02 (CC46.4.1), “Disciplinary Action,” of the eCCIS).

2. All formal communications between either VA or HHS/Corps and Officers assigned under this MOA shall be through the designated chain of command as determined by VA and HHS/Corps. Communications not properly transmitted will be returned to the originator for proper routing with the exception of Whistleblower complaints. No person may take or threaten to take an unfavorable personnel action or withhold or threaten to withhold a favorable personnel action in reprisal against any Corps officer for making or preparing to make, or being perceived as making or preparing to make a protected communication.

3. Once detailed, Officers may be reassigned within VA based on the identified requirements of VA. Reassignments may involve a new position designation by VA, but in the event a reassignment occurs, the reassignment shall require a written...
request for transfer provided to DCCPR utilizing form PHS-1662, “Request for Personnel Action – Commissioned Officer,” and the subsequent issuance of orders to the Officer. All reassignments must be consistent with the terms of this MOA. A Commissioned Corps description of the position must be included in the written request submission.

4. The identified liaison officials shall have access to the eOPFs maintained by DCCPR for Officers assigned under this MOA.

5. All requests for short-term training, as defined in Commissioned Corps Instruction CCI 325.01 (CC25.2.1), “Extramural Training,” of the eCCIS, by Officers assigned to VA shall be processed and approved by VA officials in accordance with VA procedures and delegations of authority. Active duty obligations of Officers incurred pursuant to such training shall be determined in accordance with the provisions of CCI 325.03 (CC25.2.2), “Extramural Training Obligations,” of the eCCIS.

6. All requests for long-term training, as defined in CCI 325.01 (CC25.2.1), “Extramural Training,” of the eCCIS, by Officers assigned to VA will be reviewed by VA, which will submit a recommendation for approval or denial of the training request to OSG. The training request will be processed by DCCPR, in accordance with procedures established in this policy issuance. Active duty obligations of Officers incurred pursuant to participation in long-term training shall be determined in accordance with the provisions of CCI 325.03 (CC25.2.2), “Extramural Training Obligations,” of the eCCIS.

7. Redress actions (grievances), whistleblower complaints and equal opportunity actions will be handled under the rules and procedures for such actions set forth in the Directives and Instructions contained in the eCCIS. VA will provide the DCCPR and the HHS IG with copies and outcomes of such whistleblower complaints.

8. All Officers have the right to apply to the Commissioned Corps Board for Correction of Corps Records to request a change in a record to correct an error or remove an injustice.

B. Requirements.

1. Each assignment of an Officer to VA shall be for a defined period, subject to renewal as may be agreed to by the parties to this MOA. Subject to HHS/Corps approval, each assignment or reassignment of one or more Officers will be requested by VA and implemented in accordance with VI.A.3.

2. VA and HHS understand that HHS/Corps officers will make timely report to the DCCPR, Chief, Compensation Branch, of any change in their status with respect to dependents that may affect their entitlement to Basic Allowance for Housing:

Director, Division of Commissioned Corps Personnel and Readiness
Commissioned Corps of the U.S. Public Health Service
3. Officers assigned under this MOA will normally wear the location-appropriate Corps uniform on a daily basis in accordance with applicable grooming and uniform wear standards under the Public Health Service Military Specifications found at weblink: https://dcp.psc.gov/ccmis/POLICY_phsmil_spec_m.aspx. Specifics of uniform wear shall be established by Personnel Operations Memorandums issued by OSG. However, when appropriate to meet the VA mission, VA may authorize or require an Officer to wear civilian attire. Such authorization shall be in writing and submitted to OSG for approval, and a copy of the approval placed into the Officer’s eOPF.

4. VA and HHS understand that Officers must adhere to and comply with policies and programs that apply to all VA civil servants, provided such policies or programs are not in conflict with Federal laws pertaining to HHS and regulations pertaining to Officers detailed Officers under 42 U.S.C. 215. Officers assigned under this MOA shall adhere to VA drug testing, security, confidentiality, and training requirements.

5. Officers assigned under this MOA remain subject to the provisions of 18 U.S.C. §§ 203, 205, 207, and 208, and Commissioned Corps regulations and policy with respect to their conduct and prohibitions against conflicts of interest.

6. Officers assigned to VA must adhere to and comply with federal law and HHS/Corps requirements pertaining to government ethics/standards of conduct, including financial disclosure reporting. In consultation with the VA Office of General Counsel’s Ethics Specialty Team (governmentethics@va.gov) where necessary, the VA supervisor will determine if the assigned Officer is performing duties for VA that require the submission of a Confidential Financial Disclosure Report (OGE Form 450). Those Officers, who are designated as Confidential Financial Disclosure Report filers, must submit form OGE Form 450 to their VA supervisor for an initial review. Final review and certification of the OGE Form 450 will be undertaken by the HHS designated Operating Division or Staff Division ethics official. Review and approval of outside activity requests shall be undertaken by VA following its procedures. Officers must ensure the foregoing documentation is provided to HHS/Corps through the Director, DCCPR, after review and signature by the VA supervisor.

C. Benefits.

1. To the extent permitted by law or regulation, Officers assigned under this MOA are covered by the Federal Tort Claims Act (28 U.S.C. §§1346(b), 2401(b), 2671-2680, and by the malpractice provisions of the PHS Act (42 U.S.C. §233), with regard to suits or claims of property damage or personal injury or death arising from their conduct while acting within the scope of their office or employment. Determination regarding scope of office or employment shall be made by the Department of Justice
as the need may arise. Notification requirements arising from any suits or claims filed will be managed by VA in coordination with HHS.

2. Officers assigned under this MOA shall be authorized leave in accordance with HHS/Corps regulations and policies, as follows:

a. VA shall ensure that all leaves of absence (annual, station, sick, administrative, and court) be authorized by the leave granting authorities designated by VA. VA will report immediately all periods of absence without leave (AWOL) of Officers to DCCPR, so that pay of the Officer concerned can be withheld.

b. VA shall:

(1) Be responsible for accounting for and reporting such leave to DCCPR through the approved electronic Leave Tracking System; and

(2) Have access to the leave balance of each such Officer by use of approved PHS CCMIS.

   a. VA shall certify annual leave balances to DCCPR, when HHS requires such certification.

   b. VA shall maintain leave records for Officers detailed under this MOA and provide such information to DCCPR.

   c. Officers assigned under this agreement may be granted short absences less than a full day either orally or in writing by the designated leave granting authorities without charge to the Officer’s annual leave balance.

   d. VA shall ensure that a copy of all requests for and approvals of sick leave for Officers be sent promptly to:

Director, Division of Commissioned Corps Personnel and Readiness
Commissioned Corps of the U.S. Public Health Service
Medical Affairs Branch
1101 Wootton Parkway, Plaza Level, Suite 100
Rockville, MD 20852
Phone: 240-276-8780

3. Officers assigned under this MOA are eligible for participation in the PHS Commissioned Corps Honor and Cash Awards programs in accordance with procedures established by Corps/HHS. Officers are not eligible for participation in any cash awards program except those established by HHS pursuant to 42 U.S.C. § 213a (a) (15) and 10 U.S.C. § 1124, but they may participate in VA awards and recognition programs for informal and non-monetary recognition.
VII. DISPUTE RESOLUTION

A. Should disagreement arise on the interpretation of the provisions of this agreement, or amendments and/or revisions thereto, that cannot be resolved at the operating level, the area(s) of disagreement shall be stated in writing by each party and presented to the other party for consideration. If agreement on interpretation is not reached within 30 calendar days, the parties shall forward the written presentation of the disagreement to respective higher officials for appropriate resolution.

VIII. PERIOD OF AGREEMENT AND MANDATORY STIPULATIONS

A. This MOA becomes effective upon the entry of the final signature, and shall remain in effect for 5 years from its effective date subject to the provisions of VIII.C.

B. HHS/Corps and VA jointly agree to review the terms and conditions of this MOA annually.

C. This MOA may be terminated by any party provided notice is given to all parties in writing at least 120 days prior to the date of termination. During this time period, a schedule for the termination and return will be developed and agreed upon by the parties.

D. This MOA may be amended, modified or extended upon the written request of either party and the subsequent written concurrence of the other party.

E. This MOA does not result in the obligation of federal funds, but provides a framework for future obligations based on the detail of Officers to VA. Details of Officers pursuant to this MOA will require the execution of separate reimbursable agreements and be contingent on the availability of appropriated funds. Negotiation, execution, and administration of each such agreement must comply with all applicable statutes and regulations.

F. This MOA is not intended to, and does not create, any right, benefit, or trust responsibility, substantive or procedural, enforceable at law or equity, by a party against the United States, its agencies, its Officers, or any person.
MEMORANDUM OF AGREEMENT BETWEEN
THE U.S. DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION
AND
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF ASSISTANT SECRETARY FOR HEALTH
COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE

SIGNATURE PAGE

Concluded and signed in two originals for the U.S. Department of Veterans Affairs:

David J. Shulkin
Under Secretary for Health
Department of Veterans Affairs

[Signature]
1/12/17
Date

Concluded and signed in two originals for the Department of Health and Human Services,
Commissioned Corps of the U.S. Public Health Service:

Karen DeSalvo, MD, MPH, MSc
Acting Assistant Secretary for Health
Department of Health & Human Services

[Signature]
11/17/17
Date
ADDENDUM A

EXPLANATION OF COSTS, OPERATIONAL AND FINANCIAL INFORMATION

Section I - Costs Breakouts:

Each Officer’s cost will include the following charges to be reimbursed to HHS:

A. Annually.

1. HHS/Corps personnel administration fee is assessed per Officer and is determined annually by HHS. This charge supports personnel services and maintenance costs related to payment and accounting for salaries and allowances. VA agrees to reimburse HHS/Corps through the monthly billing process via the Intergovernmental Payment Collection System (IPAC). Any change in the fee will be communicated to VA as soon as possible after the change is known. The personnel administration fee per Officer shall be the same as that assessed to HHS Operating Divisions and Staff Divisions.

2. The pro rata portion of the annual Serviceman’s Group Life Insurance (SGLI) premium based on the number of Officers detailed to VA under this MOA as of the end of each fiscal year will be charged under a separate agreement.

B. Monthly.

1. HHS administrative fee is 3.0% of the total salary and allowances (per month) of officers detailed to VA under this agreement and shall be assessed as an administrative fee for processing agreements outside of HHS. Of the 3.0% admin fee, 0.9% will cover the cost OASH incurs to process either a 224 Treasury transfer or a Statement of Accountability (SF-1218 and FMS 1219) per FMS requirement. This fee is billed monthly and collected every quarter. The remaining 2.1% will convey to the HHS/OSG/Corps for specified activities in support of the VA agreement. Quarterly reports will be provided to the VA on the specific use of the administrative funds allocated to OSG/Corps.

2. The 3.0% administrative fee is assessed to the VA, per non-HHS entities ONLY.

3. The DCCPR/DSI administrative fee is assessed to any agency that has an Officer detailed (within HHS and outside of HHS). This fee is reviewed/approved by the HHS, Service and Supply Fund SSF Board. This fee is also referred to as the per capita charge per officer. This fee is calculated by reviewing what the total needs/cost is for DCCPR/DSI HQ to function. Currently the total cost is ~$26M – divided by the Corps strength which the average is 6,605. The amount provided includes the salary for the personnel within DCCPR/DSI, the systems
(DA/Lyceum), IAA’s etc. This fee is assessed to recover all expenses required to assist any officer from onboarding to exiting the Corps.

4. Current administrative fee is set at $4,000.08 per officer per year. This fee is subject to change, depending on DCCPR/DSI budget needs. This fee can change either at the beginning of the fiscal year — or it can change at mid-year (February) timeframe. The fee is collected on a monthly basis.

5. Payroll costs to include salary and allowances for officers detailed to VA under this agreement and shall be paid monthly.

B. As required.

1. Reimbursement for travel and transportation and relocation allowances as provided for in accordance with the Joint Travel Regulations (JTR) of the uniformed services.

2. Necessary transportation to and from medical facilities (i.e. outside the continental United States).

3. Training costs relevant to the assignment to VA. In the event of an Officer’s death, all expenses to which the Officer’s survivors or beneficiaries are entitled by law.

4. Reimbursements and work authorizations for services rendered under this agreement shall be covered by reimbursable agreements agreeable to the parties, pursuant to 42 U.S.C. § 215 for services related to the detail of Officers under this MOA.

C. Method of Payment and Accounting Information.

1. In coordination with the HHS budget officer, VA agrees to provide HHS with the following information, as applicable, and make payment to HHS via IPAC. Funds will be pushed via IPAC by VA from ALCs XXXXXXXXX based on hard copy documentation received from HHS.

<table>
<thead>
<tr>
<th>FROM VA</th>
<th>TO HHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriation</td>
<td>Appropriation</td>
</tr>
<tr>
<td>CAN</td>
<td>CAN</td>
</tr>
<tr>
<td>Amount</td>
<td>Amount</td>
</tr>
<tr>
<td>Object Class:</td>
<td>Object Class:</td>
</tr>
<tr>
<td><strong>TBD</strong></td>
<td><strong>TBD</strong></td>
</tr>
<tr>
<td>ALC</td>
<td>TBD</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>DUNS#</td>
<td>TBD</td>
</tr>
</tbody>
</table>

National Accounting Lines

D. Documentation, agreement and execution of Section I will be completed via US Treasury Form 7600 A/B. This documentation will enable VA and HHS to identify the specific quantity, types, duties and costs of assigned officers, to agree to these elements, and to execute and track to that agreement, subject to periodic review as defined. This will include the accounting details as referenced in Section 1.c.1 Table 1 above.

NOTE: All costs incurred must be billed to VA within 90 days following the end date of the agreement. Questions should be directed to Budget Officer, Department of Health and Human Services, Tower Building, Suite 560, 1101 Wootton Parkway, Rockville, MD 20852, at phone number 240-276-9873.

Section II - HHS/Corps Operational and Financial Points of Contact(s):

Director, Division of Commissioned Corps Personnel and Readiness  
Commissioned Corps of the U.S. Public Health Service  
Chief, Compensation Branch  
1101 Wootton Parkway, Plaza Level, Suite 100  
Rockville, MD 20852  
Phone: 240-276-8817  
FAX: 240-453-6820

Budget Officer  
Department of Health and Human Services  
Office of the Secretary  
Assistant Secretary for Health  
1101 Wootton Parkway, Suite 560  
Rockville, MD 20852  
Phone: 240-276-9848  
FAX: 240-276-9860

Section III - VA Operational and Financial Points of Contact(s):

Paula Molloy, PhD  
Assistant Deputy Under Secretary for Health for Workforce Services  
Veterans Health Administration  
810 Vermont Ave. NW  
Washington, DC 20420  
Phone: 202-273-5400
ADDENDUM B

REQUIREMENTS ESTIMATE

This appendix outlines the initial requirements of quantities, skills and locations of medical professionals to be detailed to VA upon availability of Officers from the PHS Corps. PHS does not guarantee each of VA’s requirements will be filled. As PHS Officers volunteer or are recruited by PHS for duty with VA, they will be detailed to VA in accordance with the agreement above.

Costs are estimates only, and provided for background and budget planning. Actual costs will vary annually, and with the grade, skills and locations of the participating Officers.

As identified in Addendum B, specific quantities, types, duties and costs for assigned officers will be identified and agreed upon by VA and HHS using US Treasury Form 7600 A/B.

Upon agreement with PHS, VA may change, delete, add or amend the Officer requirements outlined below at any time. Such adjustments will be made based upon changing mission needs or availability of professionals from the Corps with the specific skills requested. Once an Officer has been detailed from the Corps to PHS, VA’s obligation to sustain employment and all compensation for the Officer will commence.

<table>
<thead>
<tr>
<th>Professional Type</th>
<th>Specialty</th>
<th>Quantity</th>
<th>Base Compensation</th>
<th>Special Pays</th>
<th>Fees</th>
<th>Total Estimated Annual Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Officer</td>
<td>Primary Care and Mental Health</td>
<td>20</td>
<td>$130,875</td>
<td>$95,996</td>
<td>$905</td>
<td>$4,126,549</td>
</tr>
<tr>
<td>Nurse Professional</td>
<td>Case Coordination</td>
<td>10</td>
<td>$130,875</td>
<td>$95,996</td>
<td>$905</td>
<td>$2,982,010</td>
</tr>
</tbody>
</table>

*NOTE: Compensation assumes full medical special pays under Title 37 at the grade of O-4 (Lt Commander)*
ADDENDUM C

VA COMMISSIONED CORPS LIAISON

1. Management of PHS officers assigned to VA under this agreement will require a permanent coordination function. VA agrees to establish a liaison activity to assist PHS in the oversight, administration and operational support of assigned PHS officers. These functions include communication, documentation and execution of the relevant personnel management activities cited in Section V through Section VIII above, and in Addendum A.

2. Additionally, the VA liaison office will engage with both PHS and assigned Officers for the following activities:
   
   a. Assignments
   b. Details
   c. Training - Clinical
   d. Training - Commission
   e. Human Resource/Personnel
   f. Finance/Payroll
   g. Budget
   h. Mandatory activities as required under Title 37, Title 42 and HHS/PHS policy

3. The establishment and sustainment of the liaison function will be determined and updated via agreement between the VA Assistant Deputy Under Secretary for Health for Workforce Services and the PHS Director, Division of Commissioned Corps Personnel and Readiness. Such details will be documented in this appendix, subsequent to written endorsement of said officials. Addendums B and C may be amended at any time by the appropriate senior VA and HHS Human Resource Management officials, without re-signature by the executive principals, so long as no changes to Sections I through Section VIII are required.