

e. If ties still exist after the first round, break secondary ties by repeating the steps using the next-to-last digit of the social security number.

**APPENDIX J. DOCUMENTATION OF ADVANCEMENTS ON SF 50-B,
NOTIFICATION OF PERSONNEL ACTION**

Category of Employee	Appointment Authority	Nature of Action	Legal Authority	VA Required Remarks
[] Podiatrists, Optometrists, Chiropractors, Registered nurses, Physician Assistants, Expanded-Function dental Auxiliaries and nurse anesthetists	38 U.S.C. 7401(1)	<p>“Promotion”</p> <p>“Pay Adjustment”</p> <p>Promotion” or “Change to Lower Grade,” as appropriate</p> <p>“Change to Lower Grade”</p> <p>“Pay Adjustment”</p> <p>“[Pay Adjustment]”</p>	38 U.S.C. 7403	<p>“Special Advancement for Performance”</p> <p>“Grade Adjustment. For consistency with (promotion requirements).” Will be shown for promotion grade adjustments.</p> <p>“Grade Adjustment. For consistency with (duty assignment).” Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications.</p> <p>“Special Advancement for Achievement”</p> <p>[Use when a Nurse I is advanced to a higher level within Nurse I grade.]</p>
[P]odiatrists, optometrists, chiropractors, registered nurses, physician assistants expanded-function dental auxiliaries and nurse anesthetists	38 U.S.C. 7405(a)(1) (A)	<p>“Promotion”</p> <p>“Pay Adjustment”</p> <p>“Promotion” or “Change to Lower Grade,” as appropriate</p> <p>“Change to Lower Grade”</p> <p>“Pay Adjustment”</p> <p>“[Pay Adjustment]”</p>	38 U. S. C. 7405(b)	<p>“Special Advancement for Performance”</p> <p>“Grade Adjustment. For consistency with (promotion requirements).” Will be shown for promotion grade adjustments.</p> <p>“Grade Adjustment. For consistency with (duty assignment).” Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications.</p> <p>“Special Advancement for Achievement”</p> <p>[Use when a Nurse I is advanced to a higher level within Nurse I grade. Applicable to part-time or intermittent appointments without time limitations.]</p>
Medical and dental residents	38 U.S.C. 7406	“Promotion”	38 U.S.C. 7406	
Career Residents	38 U.S.C. 7406	<p>“Promotion”</p> <p>“Pay Adjustment”</p>	38 U. S. C. 7406	<p>“Special Advancement for Performance” or</p> <p>“Special Advancement for Achievement”</p>

**DOCUMENTATION OF ADVANCEMENTS ON SF 50-B,
 NOTIFICATION OF PERSONNEL ACTION (CONTINUED)**

Category of Employee	Appointment Authority	Nature of Action	Legal Authority	VA Required Remarks
All Hybrid Occupations	38 U.S.C. 7401(3)	"Promotion" "Pay Adjustment" "Promotion" or "Change to Lower Grade," as appropriate "Change to Lower Grade" "Pay Adjustment"	38 U.S.C. 7403	"Special Advancement for Performance" "Grade Adjustment. For consistency with (promotion requirements)." Will be shown for promotion grade adjustments. "Grade Adjustment. For consistency with (duty assignment)." Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications. "Special Advancement for Achievement"
All Hybrid Occupations	38 U.S.C. 7405(a)(1) (B)	"Promotion" "Pay Adjustment" "Promotion" or "Change to Lower Grade," as appropriate "Change to Lower Grade" "Pay Adjustment"	38 U. S. C. 7405(b)(2)	"Special Advancement for Performance" "Grade Adjustment. For consistency with (promotion requirements)." Will be shown for promotion grade adjustments. "Grade Adjustment. For consistency with (duty assignment)." Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications. "Special Advancement for Achievement"

APPENDIX K. PROMOTIONS, ADVANCEMENT TO A HIGHER LEVEL WITHIN THE GRADE, OR CHANGE IN ASSIGNMENTS APPROVED BY THE UNDER SECRETARY FOR HEALTH OR A DESIGNEE, NETWORK DIRECTORS AND FACILITY DIRECTORS

NOTE: The term advancement in this appendix refers to advancement to a higher level within the grade for nurses, not special advancements for achievement or performance.

1. Under Secretary for Health or designee

NOTE: All actions affecting Directors of medical and regional office centers requiring approval of the Under Secretary for Health, or designee, will also require the concurrence of the Under Secretary for Benefits.

- a. Promotion of [of employees to positions centralized to the Under Secretary for Health as outlined in VA Handbook 5005, Appendix G15] Chiefs of Pharmacy Service to GS-15
- b. Promotion of VHA Central Office employees
- c. Promotion reconsideration requests from [] VHA Central Office employees.
- [d. Promotion reconsideration requests from registered nurses will be processed in accordance with VA Handbook 5005, Part III, Chapter 4, Section A, paragraph 7d.
- e. Promotion reconsideration for VISN employees.]

2. Network Directors

- a. Promotion of VISN employees.
- b. Reconsideration requests for promotion or change in assignment from employees at field facilities within the respective VISNs. This applies to all occupations except registered nurse.
- c. Temporary change in assignments to Chief of Staff or comparable positions in tier 4 for renewable periods not to exceed 1 year.

3. Facility Directors

- a. Promotion of [employees to grades GS-13 and below and to GS-14 grade levels as delegated by the Network Director].
- b. Promotion of Pharmacists. Facility directors may delegate to the Chief of Pharmacy Service the promotion of pharmacists in noncentralized assignments below GS-13, Assistant Chiefs of Pharmacy Service at GS-13.

- c. Promotion of all other hybrids, which may be delegated to the Chief of Staff, the Associate Director, or Nurse Executive, as appropriate
- d. Promotion of Optometrists.
- e. Promotion of Chiropractors.
- f. Promotion of Podiatrists.
- g. Change in assignment of Dentists (staff dentists, service chiefs and positions comparable to service chief).
- h. Promotion of Expanded-Function Dental Auxiliaries.
- i. Promotion of Physician Assistants.
- j. Change in assignments of Physicians.
- k. Promotion or advancement to a higher level within the grade of Nurse Anesthetists
- l. Promotion of Registered Nurses at Nurse III and below, which may be delegated to the [Associate Director for Patient Care Services or] Nurse Executive.
- m. Promotion of Registered Nurses at Nurse IV and Nurse V, which may not be delegated to the [Associate Director for Patient Care Services or] Nurse Executive.
- [n. Reconsideration requests for promotion up to the full performance level from employees appointed under 38 U.S.C. 7401(3) or 38 U.S.C. 7405(a)(1)(B) at field facilities.

NOTE: *When an employee on a time limited appointment is advanced in grade or level within the grade (Nurse I), those actions must be processed as a conversion action after consideration by the appropriate professional standards board. Refer to VA Handbook 5005, Part III, Chapter 5, paragraph 5.]*

JUNE 14, 2012

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APPENDIX M. PROCESSING TITLE 38 PROMOTIONS AND ADVANCEMENTS

HOW TO PROCESS A PROMOTION FOR PODIATRISTS, CHIROPRACTORS, NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, AND TITLE 38 HYBRID OCCUPATIONS		
A		B
S T E P S	If full-time, part-time or intermittent employee is in a	then take these steps for promotion up to the full performance level
1	title 38 hybrid occupation	Upon receipt of VA Form 5-97, Notice of Pending Personnel Action, the HRM Office will forward the original to employee's service chief. A duplicate copy will be retained in the HRM office as a suspense copy.
2		The immediate supervisor will notify employee of eligibility for promotion, and employee will be given 30 days to submit self assessment. The immediate supervisor will make a formal promotion recommendation to the approving official based on an evaluation of employee's self assessment, performance, experience and/or education, as appropriate. Recommendation will meet criteria described in section B, chapter 4, this part. Employees who have demonstrated the capability to successfully perform at the next higher grade level will be recommended for promotion.
3		Upon concurrence of the promotion recommendation by the approving official, the appropriate personnel action will be prepared and submitted along with supporting documentation to the HRM Office. The promotion will be effected no later than the first day of the first full pay period commencing 60 days after employee's anniversary date.
4		If promotion is not recommended, the immediate supervisor will notify the employee in writing that they are not being recommended for promotion. The written notice will state the reason(s) why the employee does not meet the criteria for promotion, the right to reconsideration, and that requests for reconsideration must be preceded by an informal discussion with their supervisor. Reconsideration request procedures will follow criteria described in paragraph 6 of chapter 4, this part [(except for Medical Support Assistants; see Appendix III-Q)].

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HOW TO PROCESS A PROMOTION FOR PODIATRISTS, CHIROPRACTORS, NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, AND TITLE 38 HYBRID OCCUPATIONS		
A		B
S T E P S	If full-time, part-time or intermittent employee is in a	then take these steps for promotion above the full performance level
1	title 38 hybrid occupation	Upon receipt of VA Form 5-97, Notice of Pending Personnel Action, the HRM Office will forward the original to employee's service chief. A duplicate copy will be retained in the HRM office as a suspense copy. (Employees who are eligible for promotion consideration to a grade that requires a combination of personal qualifications and assignment characteristics are to be considered for promotion to such grades on the first anniversary date of their last promotion, provided administrative requirements have been met.)
2		The immediate supervisor will notify employee of eligibility for promotion, and employee will be given 30 days to submit self assessment. The immediate supervisor will make a recommendation for promotion to the appropriate management official (e.g. service chief) based on an evaluation of employee's self assessment, performance, experience and/or education and assignment. Recommendation will meet criteria described in section B, chapter 4, this part.
3		<p>If the appropriate management official determines the personal qualifications and assignment does <u>not</u> meet the qualification standard to warrant promotion above the full performance level, the employee will be notified in writing that they are not being recommended for promotion. The written notice will state the reason(s) why the employee does not meet the criteria for promotion, the right to reconsideration, and that requests for reconsideration must be preceded by an informal discussion with their supervisor. Reconsideration request procedures will follow criteria described in paragraph 6, chapter 4, this part [(except for Medical support Assistants; see Appendix Q, this part)].</p> <p>If the appropriate management official determines the personal qualifications and assignment meets the qualification standard to warrant promotion above the full performance level, the appropriate recommendation will be submitted through the Chief of Staff, Associate Director, Associate Director for Patient Services or Nurse Executive and HRM Office to the Professional Standards Board for consideration within 30 days [(except for Medical support Assistants; see Appendix Q, this part)].</p>
4		The Professional Standards Board [(except for Medical support Assistants; see Appendix Q, this part)] will examine the personnel folder, supervisory evaluations and all other information furnished. Additional information may be obtained at the direction of the board. Boards will report their findings on VA Form 10-2543, Board Action. All members will sign and date the form. The board action and all related papers will then be forwarded to the appropriate promotion approving authority listed in Appendix III- K. Action by the approving authority is required even when promotion is not recommended by the Board. The approving authority will note the final decision on the Board's recommendation, sign and date VA form 10-2543 and take appropriate action].

HOW TO PROCESS A PROMOTION FOR PODIATRISTS, CHIROPRACTORS, NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, [AND TITLE 38 HYBRID OCCUPATIONS]		
A		B
S T E P S	If full-time, part-time or intermittent employee meets the [] requirements specified [] and is [a]	then take these steps
1	[podiatrist, chiropractor, nurse anesthetist, physician assistant, expanded function dental auxiliary]	Upon receipt of VA Form 5-97, Notice of Pending Personnel Action, the HRM Office will forward the original [] to the employee's service chief []. The duplicate copy will be retained in the HRM office as a suspense copy.
2		The service [] will make appropriate recommendation to the [] Professional Standards Board [or Standards Board (]through the [health care] facility Director and Chief of Staff, when appropriate, [such as for chiropractors and physician assistants, including concise evaluation based on the criteria in paragraphs 5 and 6] of chapter 4, this part (as appropriate). The Chief of Staff will make recommendations similarly for service chiefs. Significant changes in recent proficiency/performance ratings or unusually high or low elements will be evaluated in terms of promotion consideration. Each of these officials will indicate concurrence or non-concurrence, including specific reasons for such recommendation.
3		The [] Professional Standards Board [or Standards Board] will examine[supervisory evaluations,] and [all other information furnished]. Additional information may be obtained at the direction of the board. The Board will report their findings and recommendations on VA Form 10-2543, Board Action. All members will sign [and date] the form [(verified facsimile or electronic signatures are acceptable)]. The board action and all related papers will then be [forwarded] to the appropriate promotion approving authority listed in appendix III-K. Action by the approving authority is required even though a promotion is not recommended.
4		[T]he approving authority [] will note the final decision on the Board's recommendation, sign VA Form 10-2543, and [take] appropriate action.

HOW TO PROCESS A PROMOTION FOR OPTOMETRIST		
A		B
S T E P S	If full-time, part-time or intermittent employee [] is an	then take these steps
1	optometrist	Upon receipt of VA Form 5-97, Notice of Pending Personnel Action, the HRM Office will forward the original copy to the employee's service chief []. The duplicate copy will be retained in the HRM office as a suspense copy.
2		The service chief will make appropriate recommendation to the VA Central Office Optometry Professional Standards Board through the facility HRM office, including a concise evaluation based on the criteria in paragraph 5 of chapter 4, this part (as appropriate). The Chief of Staff will make recommendations similarly for service chiefs. Significant changes in recent proficiency/performance ratings or unusually high or low [performance in any] elements will be evaluated in terms of promotion consideration. Each of these officials will indicate concurrence or non-concurrence, including specific reasons for such recommendation.
3		The VA Central Office Optometry Professional Standards Board will examine required documentation as specified in Note 2 and the Central Office Optometry Professional Standards Board checklist. Additional information may be obtained at the direction of the board. The Board will report their findings and recommendations on VA Form 10-2543, Board Action. All members will sign the form. The board action and all related papers will then be returned to the facility HRM office which will be responsible for forwarding to the appropriate promotion approving authority listed in appendix III-K. Action by the approving authority is required even though a promotion is not recommended.
4		[The approving authority] will note the final decision on the Board's recommendation, sign [and date] VA Form 10-2543, and return to the facility HRM office which will ensure completion of the promotion or other appropriate action.

NOTE 1: *The Director of Optometry Service and the VA Central Office Optometry Professional Standards Board may be contacted at and communications should be directed to:*

*Director, VA Optometry Service (111E1)
Veterans Health Administration
103 South Gay Street
Room 714
Baltimore, MD 21202-4061
Telephone: 1-410-779-1576
Fax: 1-410-779-1581*

NOTE 2: *Submissions to the VA Central Office Optometry Professional Standards Board for promotions shall include a cover letter with grade or step(s) increase request information; Standard Form 50-B (SF 50-B) showing the employee's anniversary date of grade; updated curriculum vitae; latest SF 50-B; last 3 proficiency reports (or what is available); last 3 board action reports (or what is available) approved by facility Director; recommendation from the rating official; and Human Resources point of contact. A VA Central Office Optometry Professional Standards Board checklist to assist with this process can be accessed at the following Office of Human Resources Management Web site link: <http://vaww1.va.gov/ohrm/Staffing/Title38Appts.htm>.*

NOTE 3: *The Human Resources Management Officer, VA Maryland Healthcare System, or designee, shall serve as the technical representative to the VA Central Office Optometry Professional Standards Board.*

NOTE 4: *Additional program information covering optometrists can be obtained through the Director of Optometry Service or the VHA Optometry Service Web site via the following link: <http://vaww1.va.gov/optometry/>*

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HOW TO PROCESS A PROMOTION FOR REGISTERED NURSES	
A	B
S T E P S	If full-time, part-time or intermittent employee meets the experience [] requirements [], and is a Registered Nurse (not a nurse anesthetist)
1	then take these steps Upon receipt of VA Form 5-97, Notice of Pending Personnel Action the HRM Office will [send a copy to the] Nurse Executive[, or designee. The HRM Office will retain a suspense copy].
2	The Nurse [Manager and/or supervisor as appropriate, will make a recommendation through the Nurse Executive to the Nurse] Professional Standards Board[. The Board] will [review appropriate documentation related to the promotion consideration including the current] Proficiency Report, rendered during the period under consideration, and official transcripts or other documentation of advanced educational credits.
3	If the most recent proficiency report on file was prepared more than 6 months before the date of promotion consideration, narrative performance evaluations will be obtained from at least two professional nurses or appropriate others who have supervised the candidate during the period under consideration. Ordinarily, one of these evaluations will be prepared by the immediate supervisor. Evaluations may be in the form of a supplement to the latest proficiency report. This information specified in step 4, below, should be included in the evaluations for consideration by the board.
4	Evaluations of a registered nurse will clearly indicate specific professional or administrative strengths and weaknesses and will cite substantiating examples of accomplishments or lack thereof. Examples of areas to be emphasized are skill in human relationships; application of knowledge and experience in recognizing nursing needs of patients; technical skills; leadership ability in planning, directing and supervising the actions of others; contributions to the profession and community; acceptance of organizational and personal responsibility. Attention should be given to the requirements specified in the "Nurse VA Qualification Standard" and in chapter 4 [] of this part.
5	If a supervisor evaluation reflects information concerning performance which has been previously discussed with the employee, an informal conference will be conducted to discuss the evaluation.
6	The Professional Standards Board will analyze the registered nurse's qualifications based on the above data. Additional information may be obtained at the discretion of the board. []

HOW TO PROCESS A PROMOTION FOR REGISTERED NURSES (Continued)	
A	B
7	<p>The board will report its findings and recommendations on VA Form 10-2543, Board Action. If the registered nurse does not fully meet the experience or education requirements, the board will state that the registered nurse is ineligible for promotion consideration and specify the reasons for this finding. If the registered nurse is eligible for promotion consideration, the board will make a recommendation that the registered nurse either be promoted or not promoted and specify reasons for its recommendation. All board members will sign [and date] the board action [and date] the board action [(verified facsimile or electronic signatures are acceptable)]. Action by the approving authority is required even if promotion is not recommended.</p>
8	<p>[T]he approving authority [] will note the final decision on the Board's recommendation, sign [and date] VA Form 10-2543 and take appropriate action.</p>
9	<p>When the Under Secretary for Health or designee is the approving authority, the findings and recommendations of the board will be reviewed [by higher level board]. The approving authority may require a professional examination even though one was not recommended by the board. The approving authority may approve or disapprove the promotion without a professional examination even though one was recommended by the board. If no professional examination is to be required, the approving authority will notify the health care facility concerned of the approval of the promotion. If a professional examination is authorized, the approving authority will not take action on the promotion until notified of the results of the examination.</p>
10	<p>The Nurse Executive or designee, will notify the registered nurse of the results of promotion consideration. If the employee is not promoted, the appropriate official will discuss with the employee the reasons for non-promotion and what the employee should do to meet the requirements. If an employee who has acquired permanent status or an employee serving on a probationary appointment, believes that the action taken to deny a promotion not requiring a waiver by the Under Secretary for Health or a designee was improper, the provisions of chapter 4 this part, will apply.</p>

**APPENDIX N. UTILIZATION OF TITLE 38 EMPLOYEES
(APPOINTMENT/ASSIGNMENT TO NON-CLINICAL DUTIES)**

1. SCOPE. This appendix contains VHA policy on the assignment of non-patient care duties to title 38 employees and when placement of title 38 employees in competitive civil service positions is required; it establishes procedures for ongoing review of these assignments; and it provides information on the conversion of title 38 employees to appointments under title 5 United States Code (U.S.C.). This appendix sets forth VHA policy that title 38 employees are to be appropriately utilized.

2. POLICY. It is VHA policy that responsible officials assign title 38 employees duties requiring clinical skills; that the utilization of title 38 employees in competitive civil service positions is prohibited; and that positions which do not require clinical skills be placed in the competitive civil service.

3. ACTION

a. Network directors, facility directors, and officials in VA Central Office are responsible for:

(1) Ensuring that positions that require clinical knowledge, skills, and abilities of an occupation covered by title 38 are not placed under title 5.

(2) Ensuring that positions that do not require the knowledge, skills and abilities of a health care professional are not removed from the competitive civil service by placing a title 38 employee in the position. **NOTE:** *Such actions are contrary to title 5 U.S.C. § 3302 and title 5 Code of Federal Regulations (CFR), Part 1 (Civil Service Rule 1), and, in certain instances, are considered a prohibited personnel practice as defined by title 5 U.S.C. § 2302(b)(6).*

(3) Controlling the degree to which title 38 employees are assigned duties that do not require clinical skills. However, when such action is necessary, these officials must ensure that:

(a) Staffing is sufficient to provide patient care, continuous quality improvement, health care education, research, etc.

(b) The assignment of the non-clinical duties is consistent with good position management principles. The provision of administrative support services needs to be evaluated in a comprehensive manner at the organization and position levels. For example, would putting employees performing related non-clinical duties under the control of clinical managers result in improved services? Positions can also be reengineered so non-clinical responsibilities can be assigned to competitive service employees, making more clinical staff available for patient care services. Positions that involve a mixture of clinical and non-clinical duties are to be evaluated to determine if title 38 employees might be used on a part-time, consultative, collateral or rotational basis. Also, non-clinical duties assigned to title 38 employees are to be reduced to a minimum and assigned to title 5 employees.

(c) Staffing patterns are established so that title 38 employees are not routinely required to perform administrative or support functions that do not require the services of a health care professional. This includes title 38 employees assigned to evening, night, weekend, and holiday tours of duty.

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(4) Working with the Chief of Staff, Nurse Executive, Chief of Human Resources, and other appropriate officials to apply the policies in this appendix consistently throughout the organization. This includes reviewing and bringing into conformance appointments or assignments inconsistent with this appendix.

(5) Converting positions that do not require clinical skills to the competitive civil service, and either reassigning the incumbent title 38 employee or offering the employee the opportunity to voluntarily convert to the competitive civil service using the Interchange Agreement in appendix III-C. However, such conversion actions must be based upon a Professional Standards Board finding that the position does not require the services of a health care professional. Employees requesting conversion must be advised, in writing, of the implications of the decision on their pay and benefits (e.g., differences in leave accrual rates and, since conversion is voluntary, these employees would not be eligible for pay retention). In addition, new, current, or converting title 5 employees who are licensed in a title 38 occupation (e.g., M.D., R.N.) are to be advised in writing that they are prohibited from engaging in professional practice in their VA position. Copies of these statements are to be placed on the left-hand side of the employee's Merged Records Personnel Folder. When employees are reassigned to patient care positions, management must ensure that the employee's competencies and credentials (e.g., license) are current. Reasonable measures must also be taken to reduce or eliminate potential adverse effects on employees being reassigned. There may be labor relations responsibilities to fulfill when an employee is involuntarily reassigned from one bargaining unit position to another. Managers are to consult with their labor relations advisor to determine whether an obligation exists. **NOTE:** *If the Professional Standards Board finds the position requires a title 38 employee, responsible officials are to evaluate the position to ensure it is consistent with the criteria in preceding subparagraphs a(1) and a(2).*

b. Network directors, facility directors, and officials in VHA Central Office **can not**:

(1) Assign title 5 employees, or former title 38 employees who have converted to title 5 positions, any clinical responsibilities associated with a title 38 occupation. Such responsibilities can only be assigned to employees appointed under title 38.

(2) Convert title 38 employees to title 5 positions to avoid pay limitations, required waivers of qualification standards, competitive civil service procedures, credentialing requirements, or to circumvent provider-patient ratios.

(3) Establish title 5 positions in the occupations listed in 38 U.S.C. 7401(1) or (3).

4. FOLLOW-UP RESPONSIBILITY. The Director, Management Support Office (10A2), is responsible for the contents of this appendix.

[APPENDIX O. FULL PERFORMANCE LEVELS FOR HYBRID TITLE 38 POSITIONS

1. SCOPE. This appendix contains the full performance levels for hybrid title 38 positions listed under section 7401(3) of title 38, United States Code, or approved for hybrid status under part II, chapter 3, section A, paragraph 2 of this handbook and applies to Veteran Health Administration employees appointed under 38 U.S.C. 7401(3) or 7405(a)(1)(B). This appendix is to be used in conjunction with the promotion procedures in section B of Chapter 4, this part.

2. LIST OF POSITIONS AND FULL PERFORMANCE LEVELS

Audiologist/Speech-Pathologist/Audiologist-Speech Pathologist	GS-0665-12
Biomedical Engineer	GS-0858-11
Blind Rehabilitation Specialist	GS-0601-11
VIST Coordinator	GS-0601-12
Blind Rehabilitation Outpatient Specialist	GS-0601-12
Certified Respiratory Therapist	GS-0640-7
Dental Assistant	GS-0681-5
Dental Hygienist	GS-0682-8
Diagnostic Radiologic Technologist	GS-0647-8
Dietitian	GS-0630-11
Kinesiotherapist	GS-0635-10
Licensed Practical or Vocational Nurse	GS-0620-6
Licensed Professional Mental Health Counselor	GS-0101-11
Marriage and Family Therapist	GS-0101-11
Medical Instrument Technician	(see specializations below)
Specializations	
Anesthesia	GS-0649-8
Cardiac Catheterization	GS-0649-8
Electrocardiograph (EKG)	GS-0649-7
Electroencephalograph (EEG)	GS-0649-8
Perfusion	GS-0649-10
Hemodialysis	GS-0649-8
Pulmonary Function	GS-0649-8
Diagnostic Ultrasound	GS-0649-8
Echocardiography	GS-0649-8
Polysomnography	GS-0649-8
Vascular	GS-0649-8
Medical Record Administrator/Specialist	GS-0669-11
Medical Record Technician	GS-0675-7
Medical Record Technician (Tumor Registry)	GS-0675-8
Medical Record Technician (Medical Coder)	GS-0675-8
Medical Technologist	GS-0644-9
Nuclear Medicine Technologist	GS-0601-9
Occupational Therapist	GS-0631-11
Occupational Therapy Assistant	GS-0636-7
Orthotist-Prosthetist	GS-0667-11

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Pharmacist	GS-0660-11
Pharmacy Technician	GS-0661-5
Physical Therapist	GS-0633-11
Physical Therapy Assistant	GS-0636-7
Prosthetic Representative	GS-0672-11
Psychologist	GS-0180-13
Registered Respiratory Therapist	GS-0601-8
Social Worker	GS-0185-11
Therapeutic Radiologic Technologist	GS-0648-8]

APPENDIX P. PROCEDURES FOR REPORTING QUESTIONABLE BEHAVIOR AND JUDGMENT EXHIBITED BY HYBRID TITLE 38 PROFESSIONAL STANDARDS BOARDS MEMBERS

1. SCOPE. This appendix covers the procedures to be followed when a hybrid Board member (Chair, Member, or Secretary) believes a hybrid Board co-member (Chair, Member, or Secretary) is exhibiting questionable behavior or judgment during deliberations or when determining recommendations for the approving official. Examples of questionable behavior and judgment that may be displayed include, but is not limited to:

- a. Incorrectly interpreting qualification standards criteria, employee self-assessments, supervisory recommendations, or performance evaluations to the advantage or disadvantage of the PSB subject;
- b. Failing to recuse themselves when it would be appropriate to do so or recusing themselves when there is no reason to;
- c. Failing to respect the privacy of the Board subject;
- d. Violating Board confidentiality; or
- d. Displaying a lack of integrity

2. PROCEDURES. The member should raise their concern with the Chair of the next higher level hybrid Board using the following procedures:

- a. Discuss the issue with the Chair of the next higher level Board, either in person or via telephone, within 15 days of the last Board at which the questionable behavior or judgment was displayed.
- b. If the issue remains unresolved and the member wishes to pursue the matter further, the member must express her/his concerns to the Chair of the next higher level Board in writing or via email within 15 days of the discussion.
- c. The Chair of the next higher level Board will conduct an inquiry within 30 days by whatever means the Chair deems appropriate. This may include, but is not limited to, discussions with members of the lower level Board, including the Chair and the subject of the Board, discussions with the HR technical advisor to the lower level Board, and discussions with the approving official for the lower level Board.
- d. Within 30 days of completion of the inquiry, the Chair must discuss the issue and recommendations for resolution with the approving official for the higher level Board and must submit the recommendations in writing to the lower level Board's approving official. The recommendations may include, but are not limited to, additional training for the member or removal from the Board.
- e. The approving official may take whatever action is deemed appropriate.]

**[APPENDIX Q. PROCEDURES FOR APPOINTING AND ADVANCING
MEDICAL SUPPORT ASSISTANTS**

1. SCOPE. This appendix contains the policy and requirements that apply to the employment of Medical Support Assistants (MSAs). This appendix also establishes the procedures for appointments (see VA Handbook 5005, Part II, Chapter 3, paragraph F1), promotions, and compensation of MSAs in Veterans Health Administration (VHA) appointed under sections 7401(3) and 7405 (a) (1) (B) of title 38, United States Code. This appendix is incorporated to Part III of Handbook 5005 through Chapter 4.

2. POLICY.

a. Promotion actions will be taken without regard to race, color, religion, sex, national origin, disability, age, sexual orientation, or status as a parent, or any other non-merit factor, and shall be based solely on job-related criteria.

b. Promotion actions will conform to the restrictions governing the employment of relatives. (See VA Handbook 5025, Legal.)

c. All hiring actions will adhere to Veterans Preference requirements in VA Handbook 5005, Part I, Chapter 4.

d. Employees may also be advanced in steps within a grade. (For Special Advancements for Achievement and Special Advancements for Performance see Handbook 5017, Employee Recognition and Awards and paragraph 3 of this appendix.)

e. Nothing in this Appendix shall be interpreted to diminish MSAs' grievance rights negotiated prior to the implementation of this Appendix under any collective bargaining agreement in affect during the implementation of this Appendix.

3. RESPONSIBILITIES.

a. Human Resource Offices are responsible for:

(1) Determining eligibility and qualifications in accordance with VA Handbook 5005, Part II, Appendix G45 and recommend the appropriate grade to the selecting official.

(2) Recommending appropriate pay to hiring official using pay setting flexibilities in VA Handbook 5007 pertaining to hybrid title 38.

(3) Determining eligibility, qualifications and recommend the appropriate grade for promotions.

(4) Process requests for reassignments/change to lower grades in compliance with VA Handbook 5005, Part III, Chapter 4, Section B, paragraph 9 and review and make recommendations to the Medical Center Director on Special Advancements for Achievements (SAAs).

b. The Supervisor at the appropriate level is responsible for:

(1) Obtaining an approval to fill a vacant position in accordance with local procedures. Once approval is obtained the service will initiate recruitment action and contact the servicing Human Resources Office (HRO).

(2) Review applications referred for selections.

(3) Submit supporting documentation for utilization of pay setting flexibilities found in VA Handbook 5007 pertaining to hybrid title 38.

(4) Review requests or recommendations for promotions and make recommendations consistent with 6b and 6c below.

(5) Submit recommendations and documentation for SAAs consistent with VA Handbook 5017, Part V, Paragraph 4e (local facilities are encouraged to develop criteria to ensure consistent application of SAAs).

c. Medical Center Director/Network Director will (for personnel under their jurisdiction): 1) review and serve as the deciding official on requests for additional steps above the minimum on appointments; 2) review and serve as the deciding official on reconsideration requests; and 3) review and serve as the deciding official on SAAs.

4. PROMOTION.

a. This section contains instructions and procedures governing the promotion of employees who are appointed under the occupational series GS-679 and titled Medical Support Assistant and appointed under sections 7401(3) and 7405 (a)(1)(B) of title 38, United States Code. Promotion is advancement to a higher grade level and recognizes that an employee is providing a higher level of service to VA.

b. The promotion system shall provide advancement opportunities for employees, predicated upon the recognition of the quality of service rendered, additional experience and professional attainment as determined by an examination of the employee's individual record.

c. To meet the criteria for promotion, the individual must meet the criteria for the next higher grade level in the MSA qualification standard. Examination of the individual's total record must reveal evidence that the contribution to VA medical service is of sufficient value to warrant promotion. Potential for continuously greater contribution is also a prerequisite. Reviews and recommendations of supervisors and Human Resources will be sufficient to ensure that promotion is fully merited and not recommended based on meeting administrative requirements alone.

5. PROMOTION – GENERAL

a. Administrative Requirements for Consideration

(1) A current performance rating of “Satisfactory” or higher.

(2) The experience, education, and performance requirements set forth in the MSA qualification standard. Employees must meet the same grade requirements, including the specified demonstrated accomplishments, as for appointment. Any deviation or exception to these requirements will be limited to those specified in the qualification standard. (See part II, appendix G45).

b. Promotions Based on Additional Experience and/or Education. Promotions based solely on additional experience acquired by the employee shall be limited to advancements of one grade or grade interval at a time. If an employee has attained a higher level of education that, when combined with their additional experience, is qualifying for a grade higher than the next grade or grade interval, the employee may be promoted to whatever grade in the qualification standard the additional education warrants.

c. Processing Procedures (See appendix III-M, this part)

6. PROMOTION CONSIDERATION

a. Eligibility. Full-time, part-time, and intermittent employees shall be considered periodically, consistent with 6b and 6c below, for promotion in their current occupation. Eligibility for such promotion considerations shall be based upon fully meeting prescribed administrative requirements. Approximately 60 days prior to the date the employee meets the required period for promotion consideration, Human Resources Management Officers will notify the appropriate supervisory officials that the employee is eligible for promotion consideration to the next higher grade level up to the full performance level. The supervisor will notify the employee, who shall then be given 30 days to submit to their supervisor a self-assessment of their qualifications for promotion consideration. Employees may also notify their supervisor in writing that they are declining to submit a self-assessment during this 30 day period. If this is done, the supervisor will proceed with a recommendation.

b. Promotion to Grades at or Below Full Performance Level.

(1) Promotions to grades at or below the full performance level (see Appendix III-O, this part) will be based on the recommendation of the immediate supervisor, recommendation of approval by the second level supervisor and personnel action approved by Human Resources Officer. Upon receipt of the employee's self-assessment or written declination, the immediate supervisor will make a recommendation on promotion that is to be acted upon by the second level supervisor within 30 days of the self-assessment being received.

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(2) Employees who have demonstrated the capability to successfully perform at the next higher grade level will be recommended for promotion. Promotions will become effective on the first day of the first full pay period following approval by the second level supervisor. In no case will the promotion be effected later than the first day of the first full pay period commencing 60 days after the employee's anniversary date.

(3) Employees who have not demonstrated such capability will be informed in writing by the immediate supervisor that they are not being recommended for promotion. The written notice will state the reason(s) why the employee does not meet the criteria for promotion. The immediate supervisor may recommend the employee for promotion at a later date if it is determined that the employee has met the appropriate criteria. If not promoted during the intervening period, the employee is entitled to promotion consideration on the next anniversary date of grade. Employees who are not promoted may request promotion reconsideration under paragraph 7 below.

c. Promotion to Grades above the Full Performance Level.

(1) Employees who are eligible for promotion consideration to a grade that requires a combination of personal qualifications and assignment characteristics are to be considered for promotion to such grades on the first anniversary date of their last promotion, provided they meet the administrative requirements. This automatic consideration only occurs on the first anniversary for each grade level. In addition, employees who are selected for supervisory or managerial assignments that warrant consideration for a higher grade and for assignments based on complexity will be considered for promotion on a date other than the anniversary date of last promotion.

(2) If after reviewing the employee's self-assessment, if submitted, and other relevant material, the appropriate management official (e.g., service chief) determines that the assignment does not meet the qualification standard for a higher grade, that official shall document the reasons for this determination in writing and provide a copy of the determination to the employee. Employees who do not agree with the determination may request promotion reconsideration under paragraph 7 below.

(3) If the appropriate management official believes the assignment meets the qualification standard requirements for promotion, a request for personnel action is to be prepared and submitted, along with all relevant information to Human Resources for consideration within 30 days. If applicable, the employee will be given a copy of the supervisor's comments relating to the self-assessment. The Human Resources Staffing Specialist will review and forward its recommendation on qualifications to the Human Resources Officer, for approval of personnel action. Human Resources will have no more than 30 days to complete their review. Promotions will become effective on the first day of the first full pay period following approval by the approving official. In no case will the promotion be effected later than the first day of the first full pay period commencing 120 days after the employee's anniversary date.

(4) If, under paragraph (2) or (3) above, the appropriate management official or Human Resources Officer does not recommend the employee's promotion, the employee will no longer receive an automatic annual promotion consideration. The appropriate management official may recommend such employee for promotion at any time in the future provided the employee's duties and responsibilities change to the point that the criteria for promotion to the next grade may be warranted. Employees may request

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promotion consideration by the appropriate management official on subsequent anniversary dates if their duties have changed since they were last considered and the employee believes that these changes meet the criteria in the qualification standard for a higher grade. For the reconsideration process for a denial, see paragraph 7 below.

7. PROMOTION RECONSIDERATION AND REVIEW

a. **Coverage.** This paragraph applies to MSAs appointed under 38 U.S.C. 7401(3) or 7405(a)(1)(B).

b. **Notice of Decision.** Employees are to be advised by their supervisors in writing of any decision not to promote them, of the reason(s) for the decision, of their right to request reconsideration, and that reconsideration must be preceded by an informal discussion with their supervisor.

c. **Informal Discussion.** Employees and their supervisor must meet to discuss the recommendation not to promote prior to the employee submitting a request for reconsideration under paragraph d below.

d. Reconsideration Requests

(1) To Grades at or Below the Full Performance Level

(a) If promotion to a grade at or below the full performance level (see Appendix III-O, this part) is involved, the employee may, within 30 days of being notified of the decision, submit a written request through the immediate supervisor to the second level supervisor for reconsideration. The employee's written request for reconsideration must indicate when the informal discussion was held with the immediate supervisor and cite the specific reason(s) why the employee believes the decision was not proper. The Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) may extend the 30-day period at the written request of the employee if the employee is unable to submit the information for reasons beyond the employee's control.

(b) Second level supervisors are to review the employee's request within 30 days and determine whether to promote the employee. If the second level supervisor determines that a promotion is not warranted, that supervisor will provide the reasons for this decision to the employee in writing.

(c) If the employee is not satisfied with the explanation of the determination to not promote, the employee can request within 30 days to have the determination reviewed and recommendation made by the next higher level manager. The employee's request for reconsideration and the supervisor's explanation will be forwarded to the next higher level manager within 30 days.

(d) The next higher level manager will make a recommendation within 30 days and submit through the servicing Human Resources Office to the Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable), who will make a final decision within 30 days.

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(e) If the promotion is approved, the employee is to be promoted on the first day of the first pay period following a decision by the approving official. In no case will the promotion be effected later than the first day of the first full pay period commencing 180 days after the employee submits a written request for reconsideration, unless the employee requested an extension to the 30-day period to submit a written request for reconsideration. In such cases, the number of additional days taken by the employee to submit a request will be added to the 180-day time limit. If the promotion is denied, the employee will be provided with a copy of the decision.

(2) For Promotions to Grades above the Full Performance Level

(a) Within 30 days of the non-promotion decision, an employee may submit a written request for reconsideration to their immediate supervisor. This 30 day period may be extended at the written request of the employee if the employee is unable to submit the information for reasons beyond the employee's control.

1. The employee's written request for reconsideration must indicate when the informal discussion (see Paragraph 7c above) was held with the immediate supervisor and cite the specific reason(s) why the employee believes the decision was not proper.

2. Immediate supervisors are to review and comment on the employee's request in writing, and provide copies of those comments to the employee within 30 days.

3. The immediate supervisor will submit the written reconsideration request and any supervisory comments to the next higher level supervisor.

(b) The next higher level supervisor will review the information submitted by the employee, along with the immediate supervisor's comments, and make a recommendation to Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) through Human Resources within 30 days.

1. If Human Resources determines that the employee's request does not include when the informal discussion was held or the specific reasons why the employee believes the decision was not proper, Human Resources will return the request to the employee for completion.

2. The employee has 30 days from the date of receipt of the returned request to obtain the additional information and return it to Human Resources. The Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) may extend the 30-day period if the employee is unable to submit the information for good cause shown.

3. The Medical Center Director, Network Director, or appropriate higher level designee (whichever is applicable) has 30 days to make decision. This 30 day period may be extended up to the number of days it took the employee to provide the appropriate management official with the proper information.

4. Upon making the decision, the Medical Center Director, Network Director, or appropriate management official (as the approving official) will forward the decision to the Human Resources for action under paragraph e. below.

e. **Action by Human Resources.** Upon receipt of the reconsideration file, Human Resources shall take one of the following actions within 30 days:

(1) If approved, promotions will be made effective on the first day of the first full pay period following approval. In no case will the promotion be effected later than the first day of the first full pay period commencing 120 days after the employee submits a written request for reconsideration, unless the employee requested an extension of the 30-day period to submit a written request for reconsideration. In such cases the number of additional days taken by the employee to submit a request will be added to the 120-day time limit.

(2) If disapproved, Human Resources will notify the employee of the decision in writing.

8. COVERAGE AS EMPLOYEE GRIEVANCE. Requests for promotion reconsideration are excluded from the Agency Grievance Procedure. See VA Handbook 5021, Part IV, Chapter 3, paragraph 16. Promotion reconsideration decisions are excluded from the negotiated grievance procedure pursuant to 38 U.S.C. 7403(f)(1)(B).

9. EFFECTING ADVANCEMENT AND PROMOTION ACTIONS

a. Effective Date

(1) The promotion will be made effective by the Human Resources Management Officer on the first day of the pay period following the date of approval of the promotion by the approving official, but in no case earlier than the date on which all administrative requirements are met. A promotion may also be made effective at a future date set by the approving authority that does not violate law or negotiated agreement when doing so would benefit the employee. Promotion recommendations and actions that are administratively delayed beyond the time limits specified in paragraph 6 above will be made retroactive.

(2) If an employee becomes eligible for promotion while on LWOP for purposes for which they have a statutory entitlement to receive promotion consideration (e.g., military service, OWCP), no action will be taken until the employee returns to duty. If the employee on return to duty meets all of the requirements for promotion consideration, he or she will be considered for promotion as if he or she had been continuously employed in the position.

NOTE: See chapter 6, this part, for effecting promotion actions upon return from military service.

10. TEMPORARY PROMOTIONS

a. An employee may be temporarily promoted to a higher graded position where the grade of the position is based on the complexity of the assignment. The employee must meet the administrative and qualification requirements for promotion and such promotions are to be processed using the procedures in paragraphs 4, 5, and 6 above.

b. On expiration or termination of the assignment, the grade and salary of the employee will be adjusted in accordance with the provisions of VA Handbook 5007, Pay Administration. In applying the provisions of this handbook, the salary will be adjusted to the salary held previously, unless a higher rate is warranted by reason of periodic step increases. On assignment, the following statement will be placed in the "Remarks" item of the SF 50-B, Notification of Personnel Action: "Employee informed of conditions of temporary grade assignment."

c. This temporary promotion no longer requires a professional standards board action and will occur without recourse to such board action. The absence of a board action shall not bar an employee from grieving a failure to temporarily promote pursuant to this section under the negotiated grievance procedure or agency grievance procedure as appropriate.]

STAFFING

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PART IV. [STAFF] REDUCTIONS []

[(THIS PART IS TO BE USED IN CONJUNCTION WITH 5 CFR, PART 351 AND OFFICE OF PERSONNEL MANAGEMENT RESTRUCTURING INFORMATION HANDBOOK)]

CHAPTER 1. GENERAL

1. SCOPE. This part covers activities and actions at facilities associated with effecting employment reductions and changes based on such factors as change in mission, reorganization of work, changes in workload, a lack of funds and other matters that are unrelated to individual employee conduct and performance issues. Included in this part are [] title 5 reduction in force[, transfer of function, furlough, and] career transition [policies] and title 38 staff [reduction, assignment, reassignment, and furlough policies].

2. RESPONSIBILITY. Managers will ensure requirements associated with this part are met, and will otherwise attempt to minimize the adverse impact of necessary changes within their organizations by assisting employees [in understanding] the reasons for changes, assisting employees [with] career transitions, and treating employees in a fair and equitable manner.

3. REPORTING STAFF REDUCTIONS TO THE OFFICE OF MANAGEMENT AND BUDGET. VA will provide the Office of Management and Budget (OMB) with information concerning planned reductions in staff and furloughs. See the [OHRM \[\] Web site](#) for the requirements for submitting information to VA Central Office (VACO) prior to conducting [staff reductions] or furloughs.

4. RECORDS. Human Resources Managers are responsible for maintaining records that are used to determine an employee's [] retention standing and for ensuring that access to such records is consistent with 5 CFR 351.505 (b) and VA Handbook 5025. VA will make available for review by the Union and employees those records which they are permitted to inspect, and[, when requested,] will provide copies to the extent possible and reasonable. Records must be maintained for [6] years after completion of the staff reduction activity. Records must be maintained for a longer period if there are pending third-party actions (e.g., grievance, appeal, EEO, court).

[5. DEFINITIONS. The following terms are frequently used in the staff reduction process.

a. **Adjusted Service Computation Date.** An employee's service computation date plus credit for her/his three most recent annual performance ratings of record. The adjusted SCD is only used for reduction in force purposes.

b. **Assignment Right.** An employee's entitlement to displace another employee with lower retention standing.

c. **AutoRIF/RIFRunner.** Automated software programs that assist human resources specialists in conducting round 1 and round 2 of a reduction in force by tracking possible assignment rights.

- d. **Best Offer.** The highest graded position that can be offered to an employee who has been displaced, but no higher than the employee's current grade.
- e. **Bump.** The displacing of an employee in the same competitive area who is in a lower tenure group or subgroup. The bumping employee must be qualified for the position.
- f. **Competing Employee.** An employee in tenure group I, II, or III in either the competitive or excepted service.
- g. **Competitive Area.** The geographic and organizational boundaries within which employees compete for retention. The competitive area is usually made up of facilities within the commuting area AND under a single management authority.
- h. **Competitive Level.** A group of positions with the same title, grade, occupational series, qualifications, duties, responsibilities and work schedule.
- i. **Competitive Service.** Civil service positions in the executive branch except SES, positions filled by Senate confirmation, and those specifically excepted by statute.
- j. **Criteria and Privilege Request Form.** Form used by employees to request privileges which are then recommended by the service chief, the Professional Standards Board, and the Executive Committee of the Medical Staff. The recommendations are then approved by the Chief of Staff. Approved privileges define the limits of the employee's ability to function independently based upon education, training, and experience.
- k. **Days.** Calendar days unless otherwise noted.
- l. **Discontinued Service Retirement.** Employees whose jobs are abolished and who face involuntary separation may retire if they meet early retirement eligibility requirements.
- m. **Displace.** The moving of an employee from her/his position by bumping or retreating.
- n. **Excepted Service.** Civil service positions not in the competitive service or SES.
- o. **Functional Statement.** A description of the position that usually includes the title, a broad description of assignments, and a listing of the functions of the position, i.e., clinical, education, administrative/supervisory, program/management, and research.
- p. **Furlough.** The placement of an employee in a temporary non-duty and non-pay status when the action is based on a reduction in force reason.
- q. **Grade Retention.** When an employee is placed in a lower-graded position as a result of a reduction in force action, the employee remains at their current grade as if the demotion never occurred, for two years.
- r. **Hybrid Title 38.** Employees appointed in the title 38 excepted service under 38 U.S.C. 7401(3) but covered by title 5 regulations for RIF and other purposes.

s. **Local Commuting Area.** A geographic area determined by the agency that includes any population center and the surrounding communities in which people may reasonably be expected to travel to and from work. There is no mileage standard.

t. **Mock RIF.** Rough approximations of RIF outcomes, usually performed before all data is verified. Mock RIFs are conducted to identify and correct problems.

u. **Notice.** A written communication to an employee stating that the employee will be reached for a RIF action

v. **Official Personnel Folder.** A file for each employee that documents the individual's federal employment history. The folder contains notifications of personnel actions, benefits elections, performance appraisals, awards, disciplinary actions, employment applications and other documents.

w. **Pay Retention.** Pay retention applies when an employee's previous rate of pay cannot be accommodated within the pay range of the new, lower pay grade. The employee keeps her/his salary, as long as it does not exceed 150% of the 10th step of the new grade. The employee receives only 50% of the annual comparability pay increases until the salary falls within the pay range of the new grade.

x. **Performance Appraisal System.** A means by which supervisors evaluate an employee's work performance.

y. **Rating of Record.** The performance rating prepared at the end of the period and the subsequent issuance of a summary rating level.

z. **Reduction in Force (RIF).** A process through which the federal government may involuntarily separate, demote, and reassign title 5, title 38, and hybrid title 38 employees.

aa. **Reorganization.** The planned elimination, addition, or redistribution of functions or duties.

bb. **Representative Rate.** The fourth step of the grade for GS positions and the second step of the grade for WG/WL/WS positions.

cc. **Retention Factors.** Tenure, veterans' preference, length of service and performance.

dd. **Retention Register.** A listing of employees in order of their "seniority" based on their four retention factors.

ee. **Retention Standing.** An employee's relative standing on a retention register.

ff. **Retreat.** The displacing of an employee in the same competitive area who has a lower service computation date within the same tenure group and subgroup. The position into which the employee is retreating must be the same, or an essentially identical, position as previously held in any federal agency on a permanent basis.

gg. **RIF Appeal.** An employee who believes her/his assignment rights were violated or that the process was not correctly followed may file a formal complaint with the Merit Systems Protection Board.

hh. **Round of Competition.** The different stages of competing for retention. In round one employees compete to stay in the competitive level. In round two bumping and retreating occurs and employees compete for assignment to positions in other competitive levels.

ii. **Scope of Practice.** Employees function autonomously within a defined scope of practice. The scope defines the nature of practice/patient population/setting, assessments and diagnoses authorized, recordkeeping methodology, and prescriptive privileges. The scope may also list routine duties, emergency duties, non-routine/non-emergency duties, and other duties.

jj. **Service Computation Date (SCD).** Generally the date an employee started their current period of federal employment plus any creditable military service and any creditable prior federal civilian service.

kk. **Severance Pay.** Biweekly payments made to an employee who is involuntarily separated and who is not eligible for an immediate retirement annuity. The amount of severance pay is based on the employee's salary, number of years of federal service and age.

ll. **Staff Adjustment.** A process formerly used to involuntarily separate or reassign title 38 employees.

mm. **Subgroup.** After employees are divided into appropriate tenure groups (I, II, or III), they are further divided into one of three subgroups: AD- veterans with a service-connected disability of 30% or more, A- other veterans, or B- non-veterans.

nn. **Surplus Employee.** A current employee serving under an appointment in the competitive service as well as an excepted service employee in Schedule A or B in tenure group I or II, and a title 38 employee serving on an appointment under 38 U.S.C. 7401(1) who has received a CES or other certification issued by the agency which identifies the employee as being in an excess organization or occupation.

oo. **Tenure.** An employee's status based on length of service and type of appointment. Tenure group I is employees designated as "career" based on at least three years of continuous, permanent federal civilian service. Tenure group II is employees designated as "career conditional" based on having less than three years of service or who are serving a probationary period. Tenure group III is employees who have temporary appointments of more than one year.

pp. **Title 5.** The law under which most federal employees are appointed and from which most federal personnel administration regulations derive.

qq. **Title 38.** The law under which many VA employees are appointed.

rr. **Transfer of Function.** The transfer of a continuing function from one competitive area to one or more other competitive areas where the function was not being performed, or the movement of the entire competitive area to another commuting area.

ss. **Undue Interruption.** A degree of interruption that would prevent the completion of required work by the employee 90 days after the employee has been placed in a different position in first or second round RIF competition. The 90 day standard should be considered within the allowable limits of time and quality, taking into account the pressures of priorities, deadlines, and other demands.

tt. **Veterans Preference Act.** The law from which veterans receive much of their preferred status and from which the RIF regulations derive.

uu. **Voluntary Early Retirement Authority (early out).** Employees may retire at age 50 with 20 years of service or at any age with 25 years of service.

vv. **Voluntary Separation Incentive Payment (buyout).** A lump sum cash payment offered to encourage employees to retire or resign.]

**CHAPTER 2. [STAFF] REDUCTIONS [], TRANSFERS OF FUNCTION, FURLOUGH[], AND
TRANSITION ASSISTANCE****SECTION A. GENERAL**

[]

1. SCOPE. This chapter contains Department of Veterans Affairs (VA) policies and procedures for RIF, transfers of function, furloughs and career transition assistance. They apply to [] competing title 5 employees [and] to title 38 hybrid employees appointed under 38 U.S.C. 7401(3), to title 38 hybrid employees appointed under 38 U.S.C. 7405(a)(1)(B) without a not-to-exceed date, and to temporary hybrid title 38 employees who are currently employed under a temporary appointment limited to 1 year or less, and who have completed 1 year of current continuous service under a temporary appointment with no break in service of 1 workday or more. These procedures do not apply to employees serving in the Senior Executive Service or appointed under 38 U.S.C. 7306 []. This chapter, [5] CFR part 351, and OPM's Restructuring Information Handbook must be used together when planning and effecting covered actions. Prior to making a determination to initiate a RIF action, labor organizations should be given the opportunity to participate in pre-decisional discussions. If a decision is made to initiate a RIF, labor organizations will be notified before any affected bargaining unit employees are notified. Applicable master or locally negotiated agreement provisions also must be used in administering actions affecting bargaining unit employees.

2. FILLING VACANCIES**a. Reduction-in-Force Planning**

(1) Although management is not obligated to fill vacancies prior to or during a RIF, to the extent possible, necessary and continuing vacancies will be used to provide placement opportunities for employees who will be adversely impacted by a RIF. When management chooses to offer vacancies using RIF procedures, qualifications may be waived in accordance with 5 CFR 351.703. [Qualifications may not be waived for title 38 and hybrid title 38 vacancies.] The Union will be given a written list of current vacancies prior to employees being informed of a reorganization.

(2) After a reorganization is announced in writing and prior to a RIF, eligible employees may be allowed to volunteer to accept lower-graded positions. Employees taking such positions will be granted grade and pay retention if eligible. (See Pay Administration Directive and Handbook 5007 and 5 CFR, part 536, for guidance on grade and pay retention eligibility.)

(3) Promotions or other placements into vacant positions prior to a RIF which have greater promotion potential than employees' current positions must be made under competitive merit promotion procedures.

b. Offering Vacancies to Employees

(1) During a RIF, to the extent possible, vacancies may be used to satisfy employees' assignment rights in accordance with 5 CFR 351.201.

(2) Employees without assignment rights who have received specific RIF separation notices may be offered vacant, lower-grade positions without regard to the three-grade level limit which applies to bump

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and retreat. These offers may be made so long as the position would not constitute a better RIF offer to other competing employees. Eligible employees who voluntarily accept lower-graded positions will be entitled to grade and pay retention benefits.

[c. Reassignments

(1) To avoid displacing an employee during a RIF, management may reassign a surplus employee to a continuing position at the same grade as long as there is a legitimate need for the employee in the position. Such reassignments help avoid involuntary separations and demotions. An employee may be reassigned without regard to reduction in force regulations when the vacant position is at the same grade or rate of pay as the employee's present position.

(2) The position to which the employee is reassigned may be located in the same or a different competitive level, competitive area, or commuting area.

(3) An employee may not be reassigned to a position with greater promotion potential unless the position is filled following merit promotion procedures.

(4) Reassignment to a position in a different commuting area does not provide the employee with the right to compete for a position in his or her present competitive area under reduction in force regulations even if the employee declines the reassignment and is subsequently separated under adverse action procedures. (See VA Handbook 5021, Part VI, paragraph 13.)

(5) An employee separated for declining reassignment to a position in a different commuting area qualifies for most of the benefits available to an employee who is separated by reduction in force, including severance pay, discontinued service retirement, and the Interagency Career Transition Assistance Plan. The employee is not eligible to be placed on the reemployment priority list.]

3. DELEGATIONS OF AUTHORITY

a. The Secretary, or designee(s), will approve RIF actions involving positions centralized to the Secretary and all furloughs.

b. Under Secretaries, Assistant Secretaries, Other Key Officials, or their designee(s), with the advice and assistance of the Office of Human Resources Management [(OHRM), will authorize RIFs], within VACO elements under their jurisdiction, and within field facilities under their jurisdiction requiring VACO approval.

[NOTE: *Other Key Officials are defined as the General Counsel, Inspector General, Chairman Board of Veteran Appeals, etc. This does not include positions below Under Secretaries, Assistant Secretaries, or Staff Office Heads.]*

c. Field facility directors will [conduct] RIF actions within their respective jurisdictions . [when authorized and approve resulting actions, except for actions involving centralized positions and all furloughs].

4. REQUESTS TO TAKE ACTION

a. **Reduction in Force.** Field facility directors will submit a request, through channels and the Office of Human Resources Management, to the appropriate official listed in VA Directive 5005 before proceeding with RIFs that involve a centralized position or [when anticipating a RIF that would result in the separation of an employee]. This authority may be redelegated by officials listed in paragraph 3. The Under Secretary for Health has delegated RIF authority as specified in appendix IV-B. Information regarding submitting proposed RIFs is provided on the [OHRM\[\] Web site](#). The request will include the following information.

- (1) The reasons(s), among those in 5 CFR 351.201(a)(2), for the action;
- (2) The titles, series, grades, and numbers of all involved positions;
- (3) If the RIF occurs in a research project, the name of the project and principal investigator.

b. **Transfer of Function.** Field facility directors will submit a request, through channels and the Office of Human Resources Management, to the appropriate official listed in VA Directive 5005 before they separate or include in a concurrent RIF employees who decline to transfer with their functions. The request will include the information in subparagraph 4a(2).

c. **Furlough.** Under Secretaries, Assistant Secretaries, Other Key Officials, and field facility directors will submit a request, through channels and the Office of Human Resources Management, to the Secretary before proceeding with a furlough, whether under adverse action [procedures outlined in VA Handbook 5021] or RIF procedures. The request will include a description of the temporary conditions warranting a furlough, the information in paragraph 4a, the proposed length of the furlough, including the beginning and ending dates, and any alternatives to furloughs that were considered. Requests for adverse action furloughs also will identify the method used to select employees for furlough.

d. **Voluntary Early Retirement Authority (VERA).** The Deputy Assistant Secretary for Human Resources Management is authorized to request VERA from OPM . The request must meet the criteria and include the information required by OPM. Under Secretaries, Assistant Secretaries, and Other Key Officials will submit conforming plans, through channels, to the Office of Human Resources Management. Each facility [and VA staff office] authorized and utilizing VERA will establish and maintain a local VERA plan consistent with [overall VA plans and OPM requirements].

[]

SECTION B. COMPETITIVE AREAS**1. STANDARD COMPETITIVE AREAS****a. Field Positions**

(1) Normally, each VA facility under separate managerial authority, e.g., medical center, independent outpatient clinic, regional office, cemetery, and data processing center and its satellite positions and activities within the commuting area, constitutes a competitive area.

(2) Satellite positions and activities outside the commuting area of their parent facilities, e.g., Veteran Representatives on campus, satellite outpatient clinics, "vet centers," also constitute separate competitive areas for each commuting area.

(3) When two or more installations in the same administration or staff office in a local commuting area have a single organizational unit which provides "common service" functions, such as Human Resources, finance, or supply, the servicing office is included in the competitive area of the installation that has administrative authority over the servicing office.

(4) A field element of an administration or staff office which is located at and serviced by a VA facility, but under separate managerial and appointing authority, constitutes a separate competitive area. An example would be Regional Counsel offices at regional offices and medical centers.

(5) Positions in the field for which employment matters are centralized to VACO, such as associate directors and division chiefs, are included in the competitive area of the local facility.

(6) Different funding sources alone is no basis for establishing separate competitive areas.

b. Central Office Positions

(1) The Office of the Secretary and each office of an Under Secretary, Assistant Secretary, or Other Key Official, constitute separate competitive areas.

(2) VACO employees with a duty station outside of the Washington, DC, metropolitan area, such as information specialists in the Office of Public Affairs and resident engineers in the Office of Facilities, are in separate competitive areas for each administration or staff office and each commuting area. They are not included in the Washington, DC, competitive areas or in any other competitive areas in their commuting areas.

(3) Positions in the Office of Inspector General (OIG) may not be placed in the same competitive area as positions outside the OIG.

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2. AUTHORITY TO REDEFINE COMPETITIVE AREAS. Under Secretaries, Assistant Secretaries, and Other Key Officials, with the advice and assistance of the Office of Human Resources Management [] may redefine competitive areas for organizations under their jurisdictions, provided such redefinitions are in accordance with 5 CFR, part 351, fully justified and documented to ensure that such action is clearly in the best interest of VA. The Under Secretary for Health has delegated authority to redefine competitive areas as specified in appendix IV-C.

SECTION C. COMPETITIVE LEVELS AND RETENTION STANDING

1. ESTABLISHMENT OF COMPETITIVE LEVELS. Human Resources Management Officers (HRMOs) are responsible for assigning competitive levels[.]

[a. Within each competitive area, the HRMO, or designee, groups interchangeable positions into competitive levels. A competitive level includes positions with the same grade, series, qualification requirements, duties, and work schedule. Competitive [service positions (title 5)] and excepted service positions [(title 5, title 38, and hybrid title 38)] are placed on separate competitive levels. Separate competitive levels are also established for positions that are full-time, part-time, intermittent, seasonal, on-call, or filled as part of a formally designated trainee or developmental program. The competitive level is based on each employee's position description, [] functional statement[, privileges, and scope of practice]. Positions that are similar (for example, same grade, series, qualifications, and work schedule) but are not identical (for example, slightly different duties [and responsibilities]), may be placed in the same competitive level if the employee of one position could satisfactorily perform the critical tasks of the other position [without undue interruption within allowable limits of time and quality in patient care. Generally, the employee should be able to successfully perform the critical tasks of the position within 90 days after entering the position (further guidance regarding the determination of appropriate time frames can be found in OPM's Restructuring Handbook). Positions should not be placed in the same competitive level if the privileges, scopes of practice, and clinical responsibilities are different. Guidance on establishing competitive levels for title 38 positions is located in Appendix IV-D)..

b. Competitive service employees with time-limited appointments of 1 year or less and temporary excepted service employees who have served 1 year or less [are not competing employees in a RIF and] are not listed in a competitive level. These employees are terminated before any employee covered by OPM retention regulations is reached for a RIF action. Temporary excepted service employees who are employed under a temporary appointment limited to 1 year or less, but who have completed 1 year of current continuous service under a [previous] temporary appointment with no break in service of 1 workday or more, [are competing employees in a RIF and] are placed in a competitive level.

2. CREDIT FOR PERFORMANCE

a. The annual summary performance [and proficiency] ratings of record are the official ratings used for crediting performance during a RIF. Guidance on processing annual performance [and proficiency] ratings of record used is contained in VA Directive and Handbook 5013, Performance Management Systems. Additional guidance on the annual performance rating crediting procedures to be used for retention service credit is contained in 5 CFR 351.504 and subparagraphs 2b through 2g of this section.

b. VA is required to treat all employees within a RIF competitive area in a uniform and consistent manner. Any competing employee receiving a Satisfactory or equivalent performance rating, [e.g., Fully Successful or Successful,] will receive 12 years of additional service credit; any competing employee receiving an Excellent [] or equivalent[] rating[, e.g., High Satisfactory or Highly Successful,] will receive 16 years of additional service credit; and any employee receiving an Outstanding [] or equivalent[] rating will receive 20 years of additional service credit. The same service credit is granted regardless of the agency or organization that issued the rating.

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- c. In crediting performance for RIF purposes, the “look-back” period of 4 years applies. The [most recent] three ratings [received within the last four years prior to the RIF] will be used to determine performance credit. [The performance credit assigned to each of the] three ratings of record will be added together [] and divided by 3 [(in the case of a fraction the number is rounded to the next higher whole number)] to determine additional service credit, which will then be added to the employee’s service computation date.
- d. Under provisions of 5 CFR 351.504(c)(2), an employee who has received only one or two ratings during the 4-year period shall receive credit for performance on the basis of the ratings of record received divided by 1 or 2. For example, when only two ratings of record are available to be credited, these two ratings will be added together and divided by 2 (and rounded in the case of a fraction to the next higher whole number) to determine additional service credit. If there is only one rating of record available, use the value assigned to that rating for service crediting purposes].
- e. OPM has determined that an employee who has no rating of record during the 4-year period will receive the “modal” rating, i.e., the [summary rating level assigned most frequently within the competitive area and on record for the most recently completed appraisal period prior to the cutoff date specified (5 CFR 351.203 & 504(c)(1))]. However, in most instances, every employee in the competitive area [should] have at least one rating of record during the last 4 years. If at least one rating exists, a “modal” rating will not be required. [The modal rating for title 5 and hybrid employees will be determined separately from the modal rating for title 38 employees because of the differing performance systems.]
- f. Some agencies and organizations within the Federal government are not covered by the performance appraisal provisions in the law and regulations. Employees who have received ratings from such Federal organizations will be granted additional retention service credit in a RIF only when it is determined that those performance ratings are equivalent ratings of record under the provisions of 5 CFR 430.201(c). The Human Resources Officer or the RIF Team Leader will make the final determination on applicability. If the performance evaluation qualifies as an equivalent rating of record, the employee will be granted the appropriate service credit for each applicable rating of record [accordance with subparagraphs c and d above].
- g. [The cutoff date for performance ratings of record will be between 30 and 45 days prior to the date of the specific RIF notice. After the cutoff date, no new ratings will be put on record for RIF service credit purposes].

3. ORDER OF RELEASE FROM COMPETITIVE LEVELS. No competing employee will be released from a competitive level while retaining in that level an employee with a specifically limited temporary appointment, a specifically limited temporary or term promotion, or a written decision of a performance-based removal or demotion from the competitive level. Once such employees have been released, competing employees will be released in inverse order of retention standing except as provided in this section, paragraphs 4 and 5 of this section.

4. TIES. As permitted by 5 CFR 351.601(b), the [] official who would normally make the selection for the position [from which the employee is being released] will determine, on the basis of qualifications [and competencies] for the specific position, which employee(s) will be retained when two or more employees

on a retention register [have identical retention standing service dates. The tied employees who will be released from the competitive level] will be notified in writing of the tie and the decision that they will not be retained [in the competitive level].

5. EXCEPTIONS TO RETENTION ORDER

a. Holders of the Congressional Medal of Honor employed as Contact Representatives (Veterans Benefits Counselors) under authority of Executive Order 9628 are exempted from RIF.

b. An employee who is being assigned to a position which will not be vacated until after the end of the 60-day notice period may be retained in his/her current position until the position becomes available but not to exceed 60 additional calendar days.

c. As permitted in 5 CFR 351.608, employees who have been reached for a RIF (separation) will be retained as a temporary exception to the retention order under the following conditions:

(1) An employee whose disability retirement has been approved by OPM will be separated when the person's earned sick leave is exhausted or on the date OPM approval is received, whichever is later.

(2) An employee who applies for disability retirement (or for whom VA has made such application) will be granted sick leave provided the responsible VA official agrees, on the basis of acceptable medical evidence, that the employee is incapacitated for duty in his/her present position. If OPM disapproves the request for disability retirement, the employee will be separated on the day VA is notified of the disapproval or on the scheduled effective date of the RIF, whichever is later. If OPM has not approved or disapproved the application for disability retirement by the time the employee's earned sick leave has been exhausted, the employee will be separated at that time or on the scheduled effective date of the RIF, whichever is later.

d. Field facility directors may approve temporary exceptions in the normal retention order for employees under their jurisdiction in other cases involving sickness, disability, or other issues covered by 5 CFR 351.608, such as near-term retirement eligibility. The Secretary, Under Secretaries, Assistant Secretaries, Other Key Officials, or their designee(s), may approve such exceptions for VACO employees and for employees located at field facilities who are not under the managerial authority of a field facility Director.

e. These officials are also authorized to approve temporary exceptions in the normal retention order for 90 days or less to continue an activity without undue interruption as described in 5 CFR 351.203. "Undue interruption" does not mean mere inconvenience. Serious inconvenience and even severe interruption of the work program are often the unavoidable results of a RIF. A work program probably would not be unduly interrupted if an employee needed more than 90 days after the RIF to successfully perform the critical elements of a position. Lower priority programs might tolerate a longer interruption.

f. If an exception is approved in one case in a particular RIF, it must be applied to all other employees reached for separation in that RIF who meet the same criteria.

SECTION D. ASSIGNMENT RIGHTS

1. QUALIFICATIONS DETERMINATIONS. Human Resources Management Officers determine whether employees are qualified for specific positions to which they can be assigned in a RIF. Qualification requirements may be waived to the extent permitted by 5 CFR 351.703, when filling a vacant [title 5] position during a RIF. [Basic qualification requirements may not be waived for title 38 and hybrid title 38 vacancies. Grade requirements for title 38 and hybrid title 38 vacancies may be waived only to the extent permitted in each occupations applicable qualification standard. Basic qualification standard] waivers are not permitted for RIF displacements.

2. ADMINISTRATIVE ASSIGNMENTS. The following administrative assignment rights are granted to affected VA employees consistent with 5 CFR 351.705:

a. **Other Competitive Areas.** Group III employees in other competitive areas in the local commuting area [(e.g., at stations where management has the same authority or jurisdiction at more than one campus or division)] will be displaced to provide assignment opportunities for VA employees who (1) are in Group I or Group II; (2) have received a notice of impending RIF separation or who have declined an offer to transfer with their current competitive area; and (3) meet the qualification standards and are available for positions held by Group III employees at grade levels not higher than the grade levels held at the time of receipt of RIF notices.

b. **Attorneys.** Attorneys appointed under Schedule A, 5 CFR 213.3102(d) who are reached for release from their competitive area are entitled to other positions in the same competitive area which are encumbered by Schedule A, 5 CFR 213.3102(d) appointees whom they can displace by "bump" or "retreat" as defined by 5 CFR 351.701.

c. **[Employees Appointed under 38 U.S.C. 7401(1).** Employees appointed under 38 U.S.C. 7401(1) who are reached for release from their competitive levels are not entitled to displace by bump or retreat other employees appointed under these authorities].

[d.] **Employees Appointed under 38 U.S.C. 7401(3) [].** Employees appointed under 38 U.S.C. 7401(3) [] who are reached for release from their competitive levels are entitled to other positions in the same competitive area which are encumbered by 7401(3) appointees [], whom they can displace by "bump" or "retreat."

[e.] **Veterans Canteen Service Employees.** Employees of the Veterans Canteen Service appointed under 38 U.S.C. 7802 who are reached for release from their competitive levels are entitled to other positions in the same competitive area which are encumbered by 38 U.S.C. 7802 appointees whom they can displace by "bump" or "retreat."

SECTION E. EMPLOYEE NOTICES

1. GENERAL. Employees will be given advance official [notification] information concerning decisions which may result in their being affected by a RIF. This [notification will be in writing] and will include: the reasons for the required adjustments, such as lack of work or funds, reorganization, or a realignment of functions; the competitive area; where the employee may inspect the pertinent regulations; and whom] to contact about assistance available for affected employees.

2. SPECIFIC NOTICES. Whether or not other notices are used, each affected employee must be given a specific notice of the [] action. [Notices must comply with applicable labor-management agreement notice provisions.] Notice periods and contents are described in 5 CFR, part 351.

SECTION F. [TITLE 5 AND HYBRID TITLE 38] FURLOUGHS

1. GENERAL. [This section applies to title 5 employees and to title 38 hybrid employees appointed under 38 U.S.C. 7401(3). This section does not apply to full title 38 employees.] Furloughs are appropriate to address temporary conditions when it is intended to recall employees to duty. The determination as to which employees are furloughed will be based on an assessment of which assignments are critical to the continuing operation of the organization during the furlough. When feasible, furloughs will be spread out among employees in affected competitive levels to minimize the impact on each employee and the disruption of VA activities. All employees shall be accorded fair and equitable treatment consistent with this policy. [(For furloughs of employees appointed under 38 U.S.C. 7401(1), see Chapter 3, Section C of this part.)]

2. USE OF ADVERSE ACTION PROCEDURES. Furloughs of 30 days (22 workdays) or less are adverse actions and should be processed in accordance with VA Directive and Handbook 5021, Employee Management Relations. The guidance in this chapter on requests for furlough authority, appropriate uses of furlough, and identification of employees for furloughs will apply to these actions.

3. USE OF RIF PROCEDURES. RIF procedures must be followed to furlough an employee for more than 30 consecutive days [].

4. WRITTEN NOTICE TO EMPLOYEES. Ordinarily, employees will be given 30 or 60 calendar days advance written notice of a furlough depending on the length of furlough (whether the furlough is an adverse action or a RIF-based action). However, employees may be furloughed during emergencies [and other unforeseen situations, e.g. lapse of appropriations,] without the usual advance notice and opportunity to reply. Emergency situations are restricted to very narrow circumstances such as furloughs to avoid violating the Anti-deficiency Act, which prohibits using funds when appropriations have not been enacted. The written notice shall advise the employee of:

- a. The reason(s) for the furlough;
- b. The effective date(s) and expected duration of the furlough;
- c. The process used - either adverse action or RIF (see requirements for RIF notices as well);
- d. If applicable, the circumstances which warrant waiver of the notice period;
- e. When only some of the employees in an organizational unit are to be furloughed, the basis for identifying the employees to be furloughed;
- f. The place where the employee may inspect the applicable regulations and records;
- g. The employee's right to reply in writing and time allowed for reply;
- h. The employee's right to grieve or appeal, as appropriate; and

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i. Any effects of the furlough on the employee's entitlement to retirement, life and health insurance, and other benefits.

5. EMPLOYEE PREFERENCES. For furloughs of 30 days or less, management will consider employee preference, e.g., to work a shorter prorated week or to be furloughed for a certain number of consecutive days, in scheduling the furlough.

6. FURLOUGH DURATION LIMITATIONS. Competing employees may not be furloughed for more than 1 year. If employees must be released for more than 1 year, RIF procedures must be used.

SECTION G. TRANSFER[] OF FUNCTION

1 GENERAL. A transfer of function occurs when the function wholly leaves one competitive area and moves to another competitive area that does not already perform that same function. When the number of employees who are willing to transfer and who are in a competitive level within a transferring function exceeds the needs of the gaining competitive area and RIF procedures are used to relieve the surplus, these procedures will normally be applied at the gaining location. Any use of RIF procedures in the losing competitive area (except for actions unrelated to the transfer of function) will require the prior authorization of the appropriate Under Secretaries, Assistant Secretaries, and/or Other Key Officials.

NOTE: *For a more complete explanation of procedures and employee rights in transfer of function, see 5 CFR, part 351, subpart C and OPM Restructuring Information Handbook, Module 4.*

2. PROCEDURES

a. For planning purposes, employees occupying positions in a transferring function will be asked in writing if they are interested in transferring, and will be given one (1) full pay period to respond.

b. If a RIF is necessary at the gaining facility as a result of the transfer of function, employees occupying positions in the transferring function will be considered to be employees of the receiving organization and will be placed in appropriate consolidated competitive levels. They will not be physically moved to the new commuting area until a specific assignment is determined.

c. Appropriate notices will be issued by the losing facility and will include information on specific assignments, pay and grade retention, and payment for travel and transportation costs. If there is a RIF involved in the transfer of function, the gaining facility will issue the notices. Separation actions that may result will be processed by the losing facility.

d. Career or career-conditional employees who are separated are eligible for placement assistance under the programs described in 5 CFR, part 330, and this handbook. Also, those meeting the requirements will be entered on the reemployment priority lists in the commuting area of the office that issued the notice resulting in the separation.

SECTION H. APPEALS AND GRIEVANCES

1. NOTIFICATION TO EMPLOYEES. Affected employees will be advised in writing of their grievance and appeal rights at the time specific actions are communicated, consistent with regulatory requirements.

2. PETITIONS FOR REVIEW BY THE MERIT SYSTEMS PROTECTION BOARD. [A title 5 title 38, or title 38 hybrid employee appointed under 38 U.S.C. 7401(3)] , the Department, or the Director of OPM may file a petition for review of an MSPB Regional Office decision with the MSPB. Department petitions for review will be coordinated through the [appropriate Regional Counsel Office with consultation from the] Office of General Counsel and [HRM as needed]. Field facilities will [] assure that Department petitions [for review], if appropriate, are submitted on a timely basis.

SECTION I. PLACEMENT ASSISTANCE AND CAREER TRANSITION

1. EMPLOYMENT RESTRICTIONS. The Federal government has established a regulatory framework in 5 CFR 330, [sub]parts [Fand] G [], regarding both placement assistance and reemployment consideration of employees subject to RIFs and related activities. This section addresses Federal and VA policies on placement assistance and career transition.

[NOTE: *Where practicable, the provisions of this section are extended to include title 38 employees, as well as title 5 and hybrid title 38 employees.*]

a. Under Secretaries, Assistant Secretaries, and Other Key Officials will determine, with the advice and assistance of the Deputy Assistant Secretary for Human Resources Management, whether additional employment restrictions beyond those described herein should be imposed on other facilities or areas to provide placement opportunities for employees likely to be affected adversely by a RIF, transfer of function, or other reorganizations. If it is determined that employment restrictions across organizational lines are needed to provide sufficient placement assistance opportunities, the Under Secretaries, Assistant Secretaries, or Other Key Officials of the potentially affected facility or organization, or the Secretary, will approve the extension of employment restrictions.

b. Efforts should be made to identify the specific grades and series of positions for which affected employees qualify, and to apply employment restrictions only to those specific vacancies.

2. OPERATIONAL REQUIREMENTS FOR CAREER TRANSITION ASSISTANCE

a. The **facility Director** shall:

(1) Establish and implement [a] local **Career Transition Assistance Plan**[] (CTAP), [ensuring] local labor organizations [are met;] and

(2) Ensure that [] affected employees receive required and other appropriate and timely notification of the availability of local career transition assistance ([Refer to the guidance in] 5 CFR, parts 330 and 351[, and OPM's Reconstruction Information Handbook, Module 7, to supplement the guidance in this handbook.]

b. The **Human Resources Management Officer** shall:

(1) Ensure that all displaced and surplus employees in the local commuting area have the opportunity to apply for vacancies lasting 121 days or more;

(2) Where there is more than one []HRMO[] in the local commuting area, these HRMOs will establish local procedures for exchange of pertinent information, including the existence of any VA displaced and surplus employees;

(3) Determine, in consultation with subject matter experts as appropriate, whether displaced and surplus applicants/employees are "well-qualified" for vacancies to which they have applied, and provide documented "qualification reviews" to such persons who are otherwise "eligible" but have been determined to be "not well-qualified";

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- (4) Ensure that eligible "well-qualified" VA displaced and surplus applicants/employees receive appropriate special selection priority when they are referred to selecting officials;
- (5) [Maintain] the Reemployment Priority List (RPL) for eligible separated VA employees;
- (6) Maintain records of VA CTAP and Interagency Career Transition Assistance Plan (ICTAP) activities; and
- (7) Ensure that each impacted employee receives information on career transition.

3. DEFINITIONS FOR CTAP

a. **Agency.** An Executive department, a Government corporation, and an independent establishment as cited in 5 U.S.C., sections 101, 103 and 104.

b. **Bargaining Unit.** A group of employees recognized by the employer and designated by the Federal Labor Relations Authority as appropriate to be represented by a labor organization for purposes of collective bargaining.

c. **Certification of Expected Separation (CES).** A memorandum which identifies an employee as being in an excess organization or occupation and therefore subject to possible separation [through RIF procedures]. An employee in receipt of such a memorandum is considered a surplus employee. A CES would most appropriately be used in cases when entire units are expected to be abolished and can be issued up to 6 months prior to separation. This makes such employees eligible for the full range of VA CTAP services and assistance under this directive and handbook.

d. Displaced Employee

(1) **Under CTAP.** A current agency employee who has received a RIF separation notice or notice of proposed removal for declining a directed reassignment or transfer of function outside of the local commuting area, if serving *either* on an appointment in the competitive service in tenure group I or II, *or* on an appointment in the excepted service without time limit and who has been given statutory noncompetitive appointment eligibility and selection priority for competitive service positions.

(2) Under the ICTAP

(a) A current or former career or career-conditional competitive service employee, in tenure group I or II who has received a specific RIF separation notice [or a notice of proposed removal for declining a directed reassignment or transfer of function outside of the local commuting area];

(b) A former career or career-conditional employee who was separated because of a compensable injury, as provided under the provisions of subchapter I of chapter 81 of title 5, U.S.Code, whose compensation has been terminated and whose former agency is unable to place the individual as required by 5 CFR [353.110(b)];

(c) A former career or career-conditional competitive service employee, in tenure group I or II, who retired with a disability under sections 8337 or 8451 of title 5, U.S. Code, whose disability annuity has been or is being terminated;

(d) A former career or career-conditional competitive service employee in tenure group I or II, in receipt of a RIF separation notice who retired on the effective date of the RIF or under the discontinued service retirement option;

[]

[(e)] A former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM under section 8337(h) or 8456 of title 5, U.S. Code, as described in 5 CFR, part 330, subpart H;

[(f)] A current agency employee who is in receipt of a RIF separation notice or notice of proposed removal for declining a transfer of function or directed reassignment outside of the local commuting area, if serving on an appointment in the excepted service without time limit and has been given statutory noncompetitive appointment eligibility and selection priority for competitive service positions; and

[(g)] A former agency employee who has been separated through RIF or removed for declining a transfer of function or directed reassignment outside of the local commuting area, who served on an appointment in the excepted service without time limit and has been given statutory noncompetitive appointment eligibility and selection priority for competitive service positions.

e. Eligible Employee. To be eligible for special selection priority under these procedures, an individual must meet all of the following conditions:

(1) Is a surplus or displaced employee as defined in 5 CFR 330.604(c) or (i), or 5 CFR 330.703(b);

(2) Has a current performance rating of record of at least fully successful or equivalent;

(3) Applies for a vacancy that is at or below the grade level from which the employee may be or is being separated, that does not have a greater promotion potential than the position from which the employee may be or is being separated[. **NOTE:** *For hybrids and full title 38 employees in grades above the full performance level, their grades must be reviewed by an appropriate professional standards board. Their grades may be impacted by the level of responsibility and assignments in the new position. If an appropriate professional standards board determines that the new assignment is at or below the employee's current grade level, this eligibility requirement is met. This provision does not apply to physicians and dentists since they are in single grade positions.*];

(4) Occupies a position in the same local commuting area of the vacancy;

(5) Files an application for a specific vacancy within the established timeframe and provides proof of eligibility as required under 5 CFR 330.608(a)(2) or 330.708(a)(2); [and]

(6) Is determined by the [hiring] agency to be well-qualified for the specific vacancy.

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f. **Facility.** A single medical center, regional office, automation center, other Department field establishment under the direction of local management officials or VACO. The facility includes any operation (e.g., a satellite) or complex of organizations that is under the control of the same facility Director.

g. **ICTAP.** The OPM program which provides special selection priority to other displaced Federal employees when filling vacancies from outside of VA.

h. **Labor Union.** An organization composed, in whole or in part, of employees in which these employees participate and pay dues, and which has as a purpose the dealing with an agency concerning grievances and conditions of employment.

i. **Local Commuting Area.** The geographic area that usually constitutes one area for employment purposes[, in accordance with Federal Travel Regulations on Permanent Change of Station (PCS) moves]. It includes any population center (or two or more neighboring ones) and the surrounding localities in which people live and can reasonably be expected to travel back and forth daily to their usual employment.

j. **Qualification Review.** The documented analysis by the responsible HRMO of the rationale for [determining if] an otherwise eligible [candidate is well-qualified or not well-qualified for the position being filled].

k. **Selecting Official.** Th[e] individual with the authority to choose from among candidates for a vacancy.

l. **Special Selection Priority.** The precedence over any other candidates that eligible employees have for being chosen for vacancies for which they apply. [Eligible surplus and displaced employees must be selected over any other candidate for vacancies in the local commuting area for which they apply and are found well-qualified.] **Exception** - No VA CTAP special selection priority can be made which would cause another VA employee to be separated by RIF. See Appendix IV-A of this handbook for those staffing actions not covered by the VA CTAP.

m. **Suitability.** Determinations based on an individual's character or conduct that may impact the efficiency of the service by jeopardizing an agency's accomplishments of its duties or responsibilities, or by interfering with or preventing effective service in the competitive, excepted, [or] SES position applied for or employed in, and determinations that there is a statutory or regulatory bar to employment.

n. **Surplus Employee.** A current employee serving under an appointment in the competitive service as well as [an] excepted [service] employee[] in [S]chedule[] A [or] B[] in tenure group I or II, [and a title 38 employee serving on an appointment under 38 U.S.C. 7401(1)] who has received a CES or other certification issued by the agency which identifies the employee as being in an excess organization or occupation.

o. **Vacancy.** A competitive service position lasting 121 days or more including extensions, which is being filled, regardless of whether a specific vacancy announcement is issued.

p. **Vacancy Announcement.** The [notification to] eligible displaced and surplus employees in the local commuting area [that a facility is accepting applications. The announcement must] convey[] what is required to be [rated] "well-qualified."

q. **Well-Qualified Employee.** An eligible applicant who:

(1) Meets the qualification standard and eligibility requirements for the position, including any medical qualifications, suitability, and minimum educational and experience requirements;

(2) Meets all selective factors, where applicable, and appropriate quality [rating] factor levels. Selective and quality ranking factors cannot be so restrictive that they run counter to the goal of placing displaced employees. In the absence of selective and quality ranking factors, HRMOs, with appropriate consultation, will document the job-related reason(s) the eligible employee is or is not considered to be well-qualified;

(3) Is physically qualified, with reasonable accommodation where necessary, to perform the essential duties of the position;

(4) Meets any special qualifying condition(s) that OPM has approved for the position, and;

(5) Is able to satisfactorily perform the duties of the vacancy upon entry.

Note: The qualification level required for placement under CTAP and ICTAP, well-qualified, is greater than the qualification level required for placement under reduction in force procedures, minimally qualified.

4. CAREER TRANSITION ASSISTANCE SERVICES. These services are to be provided to VA employees who either have been or are likely to be separated from Federal service due to downsizing. The goal of such services is to assist VA employees in taking charge of their own careers by providing them with the support they need to find other job opportunities, either with government or in the private sector. In VA, under these procedures, transition assistance services will be available to impacted permanent title 5 competitive and excepted service employees as well as [to permanent] title 38 hybrid [and full title 38] employees. [] Special selection priority, when filling competitive service vacancies, will be available to displaced and surplus competitive service employees. A key feature of the CTAP is that employees must exercise individual initiative in pursuing other employment, both within and outside of the Federal government. Therefore, managers and supervisors, in their administration of the VA CTAP, should be sensitive to the needs of impacted employees and should approve requests for reasonable excused absence to use career transition services.

5. SPECIFIC VA CAREER TRANSITION ASSISTANCE SERVICES. Such services will be offered by facilities to all permanent competitive and non-time limited excepted service and Senior Executive Service employees affected by downsizing. These resources will assist employees in pursuing employment [either] within or outside the Federal government and in managing the change process.

a. **Required Services.** The following must be offered to impacted employees:

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- (1) Resume writing;
- (2) Interviewing skills/techniques;
- (3) Training in preparing applications that address vacancy announcement rating factors;
- (4) Skills assessment/counseling;
- (5) Retirement counseling/training;
- (6) Employee benefits counseling/training;
- (7) Financial planning/training;
- (8) Job search skills;
- (9) Stress management;
- (10) Basic library of job search materials;
- (11) Access to the OPM's USAJOBS [and VA's vacancy databases];
- (12) Training in the use of career transition services for employees, managers, supervisors and union representatives; and
- (13) Basic computer training beyond that needed to facilitate use of transition services.

b. Other Requirements

- (1) Employees will be allowed [a] reasonable [amount of] excused absence to use transition services and facilities.
- (2) Separated employees will be allowed reasonable access and time to use transition services and facilities.
- (3) Access to services will be provided to employees in field offices and remote sites and [to] those [employees] with disabilities.
- (4) Facilities will make full use of Employee Assistance Programs.
- (5) Facilities will provide employees with resource information on other forms of Federal, state, and local assistance which are available to support career transition[, including services] for employees with disabilities.

c. Highly Desirable Services. In addition to services which must be offered to affected employees are services which, although not required, [a facility may choose to offer to affected employees].

- (1) "Survivor training," and/or counseling, for those who will remain in the new organization to help them adjust to changes brought about by downsizing;
- (2) Team building;
- (3) Counseling for families of impacted employees;
- (4) [Orientation to] the new organizational structure, and;
- (5) Job retraining where time and resources permit. This [may be] appropriate in [reorganizations where the total number of employees has reduced but staff] in some occupations will be increasing.

d. **Methods of Providing Services.** Career transition assistance services may be delivered in a variety of ways. Facilities may, for example, wish to pool resources for particular services. Facilities should contact organizations, both government and private sector, to learn what techniques and options are effective in the local area.

6. SPECIAL SELECTION PRIORITY FOR VA EMPLOYEES

a. Special selection priority means that an eligible "well-qualified" applicant (one who applies and meets [the] criteria under the VA CTAP) must be selected. Since [] displaced and surplus [VA] employees must apply for specific vacancies, it is therefore necessary that vacancy announcements be distributed so that they have an opportunity to apply. The VA CTAP is designed to maximize employment opportunities for displaced and surplus VA employees who, through no fault of their own, are adversely affected by VA restructuring and downsizing.

b. Surplus and displaced VA employees who apply for VA vacancies in their local commuting area at their current grade or a lower grade with no higher promotion potential than their current grade, and who are [] well-qualified for such position, must be selected. These employees are the first selection priority for VA vacancies. (See Order of Selection and Consideration in appendix IV-A.) **[NOTE: For hybrids and full title 38 employees in grades above the full performance level, their grades must be reviewed by an appropriate professional standards board. Their grades may be impacted by the level of responsibility and assignments in the new position. If an appropriate professional standards board determines that the new assignment is at or below the employee's current grade level, this eligibility requirement is met. This provision does not apply to physicians and dentists since they are in single grade positions.]**

(1) **Announcement of Vacancies.** The Plan depends on the announcement of vacancies in order that VA CTAP eligibles have the opportunity to apply. Vacancy announcements should be forwarded for appropriate distribution by HRMOs at other VA facilities in the local commuting area. In those instances where vacancies are not announced, e.g., in anticipation of a reassignment within the facility, if well-qualified eligibles apply in a timely manner, they must receive special selection priority. (See Appendix IV-A.)

(2) **Determining Well-Qualified.** The responsible HRMO, in consultation with subject matter experts, as required, will approve the determination of "well-qualified" for each eligible applicant under

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this program, using the criteria defined in paragraph 3. This official will also notify eligibles of a determination of "not well-qualified," and maintain documentation [in the record justifying] this determination.

(3) **Notification Procedures.** Employees will receive notification of their eligibility for special selection priority under this program with their specific notice of RIF separation, or in their CES or other certification issued by the agency which identifies the employee as being in an excess organization or occupation.

7. REEMPLOYMENT PRIORITY CONSIDERATION FOR SEPARATED VA EMPLOYEES.

VA employees who receive a specific RIF notice of separation will be notified that they may register for the **RPL**. Registrants receive reemployment priority consideration for positions in the local commuting area at the same grade or lower than the position held at the time of separation. Registrants do not have to re-apply for specific vacancies as [is] the case with current surplus and displaced employees. Neither must they meet the test of "well-qualified" [for reemployment]. Where there is more than one HRM office in the commuting area, the HRMOs will establish local procedures for [the] exchange of information and the maintenance of a consolidated RPL. All facilities in the commuting area are, consistent with 5 CFR, part 330, responsible for assuring RPL registrants receive reemployment priority consideration for all appropriate vacancies. If the selecting official tentatively nonselects appropriately referred RPL registrants, that official must obtain approval of the next higher level supervisor before considering candidates from outside the facility. [Title 5 r]registrants who were [] career-conditional [employees at the time of separation, and title 38 and hybrid employees who had not completed their probationary period at the time of separation] have 1 year of eligibility [on] under the RPL[. Title 5 registrants] who were [] career [employees at the time of separation, and title 38 and hybrid employees who had completed their probationary period at the time of separation] have 2 years of eligibility [on the RPL].

8. SPECIAL SELECTION PRIORITY FOR DISPLACED CURRENT OR FORMER

EMPLOYEES FROM OTHER FEDERAL AGENCIES. Displaced current or former employees from other Federal agencies are entitled to have special selection priority under the **ICTAP** when they apply through [] OPM USAJOBS for VA vacancies at their current or former grade level or with no higher potential, and [are] within the local commuting area. VA facilities must place vacancies lasting 121 days or more on [] USAJOBS whenever they decide to recruit outside VA. These employees or former employees who are determined to be well-qualified must be selected prior to the selection of reinstatement eligibles, transfer eligibles, [eligibles] from a civil service certificate [] or [eligibles] from other competitive sources. Such employees or former employees have eligibility for 1 year following separation under reduction-in-force procedures. They will be informed of the [ICTAP] procedures [] and their eligibility for [the program] when they receive their specific notices of separation.

9. LABOR RELATIONS RESPONSIBILITY. Career transition procedures have been developed in partnership with VA unions. These policies and procedures are not intended to affect existing collective bargaining agreements until such time as they are up for renegotiation. The parties to such agreements, however, are free to negotiate those provisions that may be affected. Local management shall meet its labor-management obligations at the local level prior to implementation of local CTAPs.

10. EMPLOYEE RELATIONS RESPONSIBILITIES AND RIGHTS. Employees must exercise individual initiative in pursuing other employment both within or outside the Federal government. In

order to exercise special selection priority, eligible individuals must apply for specific vacancies in which they are interested [and provide] proof of their eligibility. A determination of ["well-qualified" or] "not well-qualified" is subject to a qualification review by the responsible HRMO[, as follows:

a. Surplus and displaced employees who apply for specific vacancies within the local commuting area, through CTAP or ICTAP procedures, must be advised in writing whether or not they were found well-qualified. When a surplus or displaced employee applying for a specific position is not found well-qualified the responsible HRMO must ensure that a documented, independent second review is conducted. If the employee is still found to be not well qualified after the second review, the responsible HRMO must notify the employee and include information on the results of the independent, second review.

b. If an applicant is found well-qualified, and another well-qualified surplus or displaced employee is selected, the applicant must be so advised by the responsible HRMO.]

CHAPTER 3. TITLE 38 ASSIGNMENTS, STAFF ADJUSTMENTS, AND FURLOUGHS

SECTION A. GENERAL

1. SCOPE[]

a. [Except as provided in subparagraph 1b, this chapter establishes procedures on:]

[(1)] Assignments, reassignments, [details,] and furloughs of employees appointed under title 38, U.S.C. 7306 [and] 7401(1) []; and

[(2)] Assignments of hybrid title 38 employees appointed under 38 U.S.C. 7401(3).

[b.] This chapter does not apply to:

(1) Transfers for performance or conduct under 38 U.S.C. 7461. (See VA Directive and Handbook 5021.)

(2) Separation of employees who fail to accept a properly directed transfer or reassignment based on disciplinary or performance reasons. (See VA Directive and Handbook 5021.)

(3) Furlough and RIF (including incident reassignments) of hybrid employees appointed under 38 U.S.C. 7401(3) [and RIFs of title 38 employees appointed under 7401(1)]. (See chapter 2, this part.)

[]

2. REFERENCES

a. "PAID Personnel Operating Instructions," VA Manual MP-6, Part V, Supplement 1.5.

b. Title 38 U.S.C., Chapters 73 and 74.

c. VA Directive 5005.

3. DEFINITIONS

a. **Assignment.** An assignment is a specified set of duties and responsibilities.

b. **Detail.** A detail is the temporary assignment of an employee to a different set of duties for a specified period of time. There is no formal position change; officially, employees continue to hold the position from which they were detailed and keep the same status and pay.

c. **Employee.** Unless otherwise specified, the term refers to employees covered by this handbook.

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d. **Furlough.** Placement of an employee in a temporary status without duties or pay because of a lack of work, funds, or other nondisciplinary reasons. Furloughs may be consecutive or non[-] consecutive days.

e. **Reassignment.** Reassignment is the temporary or permanent change:

(1) From one assignment to another under the same facility management involving an official personnel action (the reassignment need not be in the same commuting area); or

(2) From one assignment to another for reasons other than performance or conduct and involving different facilities.

[f.] **Transfer.** The movement of an employee from one facility to another for performance or conduct reasons pursuant to 38 U.S.C. 7461.

[NOTE: See Appendix IV-E for additional definitions.]

4. POLICY

a. The authorities covered by this handbook are management tools which are to be used to assist in [providing] quality health care services in a cost efficient manner.

b. Efforts will be made to mitigate the adverse effects of [the] authorities covered by this handbook. However, primary consideration will be given to the efficient and effective accomplishment of the VA mission.

c. Approving officials will make maximum use of an employee's skills and capabilities[,] provide employees with opportunities for growth and development[,] and consider any personal problems of affected employees.

d. Employees will only be assigned duties and responsibilities for which they have appropriate credentials and there is a reasonable expectation that they will be able to perform satisfactorily.

e. Reassignments or changes of assignments requested by employees for their own convenience will normally be given favorable consideration when consistent with the needs of VHA.

f. Management officials are responsible for meeting [] their labor relations obligations []. This includes, but is not limited to, [developing] and implementing [local policies and procedures]

SECTION B. ASSIGNMENTS, REASSIGNMENTS AND DETAILS

1. CHANGES OF ASSIGNMENTS OTHER THAN REASSIGNMENTS. Bargaining unit employees dissatisfied with changes in assignments may grieve the assignment under the negotiated grievance procedure. [Title 38 employees are permitted to grieve the assignment only to the extent consistent with 38 U.S.C. 7422.] Other employees may grieve using the following procedures:

- a. The employee may discuss the dissatisfaction with the official who approved the change.
- b. If the employee feels that the explanation given is not satisfactory, the employee may discuss the change of duty assignment with the next level supervisor, or their designee.
- c. After giving full consideration to the employee's reasons for dissatisfaction, the second level supervisor will advise the employee of the final decision.

[NOTE: Bargaining unit and non-bargaining unit employees may not grieve changes in assignments under the agency grievance procedure. See VA Handbook 5021, Part IV, Chapter 3, Paragraph 16x which excludes from coverage "all matters for which review procedures are already established in VA policy."]

2. REASSIGNMENTS

a. **Approval.** Officials are authorized to effect the reassignment of employees in positions over which they have personnel management approval authority. Reassignments are to be processed in accordance with VA Manual MP-6, Part V, Supplement No. 1.5.

b. Reassignments [Related to Staff Reductions]

(1) **Reassignments Within a Facility (and the Same Commuting Area).** Employees dissatisfied with reassignments within a facility (and the same commuting area), may express their dissatisfaction using the procedures in paragraph 1 above. If multiple labor agreements are involved, employees are to grieve under the procedures covering the position from which the employee is being reassigned.

(2) **Involuntary Reassignments Outside the Commuting Area or to Another VA Facility.** Employees shall be given a minimum of 30 days advance written notice. The notice should include:

- (a) The reason for the reassignment.
- (b) Information about the specific assignment, location and proposed effective date.

(c) A statement that employees may express their dissatisfaction through their negotiated grievance procedures or the grievance procedures in VA Directive and Handbook 5021. [Title 38 employees are permitted to grieve the reassignment only to the extent consistent with 38 U.S.C. 7422.]

NOTE: *If a grievance is filed, the approving official may delay the reassignment until the grievance is resolved.*

(d) Notice that employees have an opportunity to accept or decline the reassignment. This includes advising employees when and where their decision is to be submitted.

(e) Notice that a declination or failure to make an election may result in separation.

(3) **Declination of Reassignment or Failure to Make Election.** Separations for declination of reassignment or failure to make an election will be effected in accordance with the notice procedures in VA Directive and Handbook 5021.

NOTE: *The specific advance notice in this chapter meets the 30 day notice requirement in VA Directive and Handbook 5021. Employees are not entitled to another 30 days notice prior to separation.*

[]

3. DETAILS

a. Details will be limited to the shortest amount of time possible.

b. Employees may be detailed to other assignments at their facility and to other VA facilities.

c. If a temporary reassignment rather than detail could benefit an employee (e.g., re[-]computation of basic or [other] pay), consideration should be given to temporarily reassigning an employee to the position.

NOTE: *For instructions concerning interagency details and interagency loans and for temporary assignments under the Intergovernmental Personnel Act of 1970, see part III of this handbook.*

d. Any detail in excess of 30 days will be documented in accordance with the provisions of OPM's Processing Personnel Actions Handbook and MP-6, Part V, Supplement 1.5, [Chapter 3 and Appendix C].

e. Employees dissatisfied with a detail may express their dissatisfaction using the procedures outlined in paragraph 1 of this section.

SECTION [C]. TITLE 38 FURLOUGHS

1. FURLOUGHS OF 30 DAYS OR LESS. Employees may be furloughed for 30 calendar days or less based on an assessment of which assignments will be most critical to the continuing operations of the organization during the period of furlough. [(For furloughs of 30 days or less for title 5 and hybrid title 38 employees see Chapter 2, Section F of this part.)]

2. FURLOUGHS OF MORE THAN 30 DAYS. [Title 38 employees appointed under the authority of 38 U.S.C. 7401(1),] shall be identified for furloughs for more than 30 calendar days in accordance with the procedures for identifying employees for [reduction in force]. (See chapter 2, section F, paragraph 3 [this part]. [(For furloughs of more than 30 days for title 5 and hybrid title 38 employees see Chapter 2, Section F of this part.)])

3. LENGTH OF NOTICE PERIOD

a. Whenever possible, employees will be given 30 calendar days advance written notice.

b. This notice period may be shortened or waived only in the event of circumstances not controllable by Department officials, such as sudden emergencies requiring immediate curtailment of activities.

4. CONTENTS OF NOTICE. The written notice shall advise the employee of:

a. The reason(s) for the furlough.

b. The effective date(s) and expected duration of the furlough.

c. The basis for identifying the employees to be furloughed when only some of the employees in an organizational unit are to be furloughed.

d. The circumstances which warrant waiver of the 30 day notice requirement, if applicable.

e. The place where the employee may inspect the applicable regulations and records.

f. The employee's right to appeal. (See paragraph 5.)

g. Any effects of the furlough on the employee's entitlement to retirement, life and health insurance, or any other benefits.

5. APPEALS[.] Bargaining unit employees whose furloughs are approved by the Under Secretary for Health may express their dissatisfaction through applicable negotiated grievance procedures. [Title 38 employees are permitted to grieve the furlough only to the extent consistent with 38 U.S.C. 7422.] Employees not [in a bargaining unit] may express their dissatisfaction using the procedures [in VA Directive and Handbook 5021, except that employees appointed under 38 U.S.C. 7401(1) may request a hearing and the scope of the grievance shall be limited to application of the appropriate procedures].

[]

6. RECORDS OF FURLOUGH ACTIONS. All records of furlough actions shall be retained at least [6] years from the effective date or until any appeal has been resolved, whichever is later.

APPENDIX A.
TITLE 5 SELECTION REQUIREMENTS IMPOSED BY THE
REEMPLOYMENT PRIORITY LIST, VA CAREER TRANSITION ASSISTANCE PLAN
AND INTERAGENCY CAREER TRANSITION ASSISTANCE PLAN

1. ORDER OF SELECTION AND CONSIDERATION. The following is to be used when filling a competitive service vacancy under the [RPL, (5 CFR, part 330, subpart B), CTAP, (5 CFR, part 330, subpart F), and the ICTAP, (5 CFR, part 330, subpart G)].

- a. Selection of a displaced or surplus VA employee in the local commuting area, who applies within the prescribed timeframe for a vacancy at the same or lower grade with the same promotion potential and is determined to be well-qualified, then;
- b. Consideration of a qualified employee from within the facility under the Priority Placement Program (PPP) For Employees in Retained Grade or Pay Status (see appendix III-F of this handbook) and any facility-wide special placement programs, then;
- c. Consideration of qualified RPL registrants in the local commuting area, then;
- d. Selection of any qualified current VA employee from within or outside of the facility, then;
- e. Selection of a current or former well-qualified displaced Federal employee from another agency in the local commuting area who applies within the prescribed timeframe under the ICTAP, then;
- f. Selection of any other candidate from outside of the agency, including selection from a Federal certificate of eligibles, a reinstatement eligible, a transfer from another agency, a noncompetitive appointment, [] or any other routine competitive staffing action.

2. SELECTION ACTIONS OF VA EMPLOYEES NOT RESTRICTED BY 5 CFR, PART 330, SUBPART F.

- a. Placement of an agency employee through reassignment, change to lower grade, or promotion when no employees eligible under 5 CFR, part 330, subpart F apply;
- b. Reemployment of a former agency employee exercising regulatory or statutory reemployment rights;
- c. Position changes resulting from disciplinary actions;
- d. Temporary appointments of under 121 days (including extensions);
- e. Exchange of positions between or among agency employees, when the actions involve no increase in grade or promotion potential.

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- f. Conversion of an employee on an excepted appointment which confers eligibility for noncompetitive conversion into the competitive service;
- g. Placement activities under 5 CFR, part 351;
- h. Placement of an employee into a new position as a result of a reorganization, when the former position ceases to exist, and no actual vacancy results;
- i. Placements made under the Intergovernmental Personnel Act (IPA) as provided in 5 CFR, part 334, where they are for critical situations and where the failure to make the assignment would substantially harm Federal interests, such as providing training for State takeover of a Federal program;
- j. The filling of a position through an excepted appointment;
- k. Details;
- l. Time-limited promotions of under [121] days;
- m. Noncompetitive movement of surplus [or] displaced employees;
- n. Movement of excepted service employees within an agency;
- o. A placement under 5 U.S.C. 8337 or 8451 to allow continued employment of an employee who has become unable to provide useful and efficient service in his or her current position because of a medical condition;
- p. A placement that is a "reasonable offer" as defined in 5 U.S.C. 8336(d) and 8414(b);
- q. Career-ladder promotions; []
- r. Recall of seasonal employees from non[-]pay status[; and]
- s. Other exclusions listed in 5 CFR 330.606(d).]

**3. SELECTION ACTIONS OF NON-VA APPLICANTS NOT RESTRICTED BY 5 CFR,
PART 330, SUBPART G**

- a. Selections from VA's CTAP or RPL as described in 5 CFR, part 330, subparts F and B, or any other internal movement of current VA employees;
- b. Appointments of [10 point veteran preference eligibles (CP, CPS, and XP), if reached through an appropriate appointing authority];
- c. Reemployment of former VA employees who have regulatory or statutory reemployment rights;
- d. Temporary appointments of under [121] days;

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- e. An action taken under 5 CFR, part 351;
- f. The filling of a position by an excepted appointment;
- g. Conversions of employees on excepted appointments that confer eligibility for noncompetitive conversion into the competitive service;
- h. Noncompetitive movement of displaced employees between agencies [] as a result of [interagency] reorganization[,] or transfer of function[, or mass transfer;]
- i. Placement of injured workers receiving workers compensation benefits[; and
- j. Other exclusions listed in 5 CFR 330.705(c).]

APPENDIX B.
VHA RIF DELEGATION OF AUTHORITY (RCN 10-96-1)

1. BACKGROUND. VHA is committed to maintaining a stable workforce through such measures as forecasting workload accurately, estimating turnover and attrition rates, and analyzing local labor markets. It remains VHA's goal to manage the size and composition of its workforce pro-actively, utilizing reduction-in-force (RIF) procedures where alternative approaches do not reasonably appear to be able to achieve management goals or ensure effective use of scarce resources.

2. DELEGATION. In order to enable local management to utilize their human and financial resources most effectively, and to take advantage of opportunities to re-engineer and streamline work processes and organizational structures, the Under Secretary for Health has delegated to network directors and to facility directors the authority to conduct reduction-in-force RIF procedures and effect reassignment, change-to-lower grade, and separation actions for title 5 employees in non-centralized positions. Network and facility directors will exercise this delegation consistent with the procedures set forth in 5 CFR, part 351, and part IV of this handbook. RIF actions demoting, separating, or adversely affecting employees in centralized positions [and in title 38 and hybrid positions] will be approved in VHA.

3. RESPONSIBILITIES

a. **Labor-Management.** Directors should work with their [local labor organizations] in planning and executing RIF procedures.

b. **Procedures.** Facilities wishing to conduct a RIF should identify the universe of positions to be eliminated by position title, occupational series and grade level, together with a brief explanation of the basis for the action. This could include such bases as elimination of services, consolidation of services or functions between two or more facilities, re-allocation of workload, review of staffing or staffing mixes, etc. This listing should be forwarded to the Assistant Deputy Under Secretary for Health, [(ADUSH)] through the Network Director as early as possible, but not less than 14 days before specific notices are given to individual employees.

c. **Career Transition Assistance.** Facilities planning to effect downsizing or streamlining through the use of RIF procedures must establish career transition assistance services consistent with VA and Federal government policies, as soon as possible. An outline of the plans for such services should be forwarded to the [(ADUSH)] as they are developed.

d. **Title 38 Personnel.** The RIF procedures defined in this appendix [also] do not apply to the title 38 personnel appointed under sections 7401(1) [and to hybrid personnel appointed under 7401(3)]. If facility directors wish to implement [staff reductions] involving title 38 [and hybrid] employees appointed under [] these authorities, they may do so [only after consulting with the ADUSH before any actions are taken].

4. REPORT. OMB has required that VHA track several specific items related to the RIF process [] for future budget submissions. Facility directors must ensure that they develop systems which will identify, track, and report the information required on a one-time basis, within 90 days following completion of

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RIF procedures. This information should be submitted through the Network office. It will be aggregated in VHA Central Office, and reported to OMB. Reports Control Number (RCN) 10-96-1 is assigned to this report. The categories required are:

(1) Full cost of implementation of the RIF including cost of:

(a) Grade and pay retention;

(b) Severance pay;

(c) Lump-sum terminal annual leave;

(d) Unemployment compensation;

(e) Out-placement services;

(f) Personnel processing; and

(g) Grievances and appeals.

(2) Projected costs associated with the changes to the mix of occupations and personnel, and actual costs based on average salary once RIFs have been fully implemented.

(3) Projected long-term savings associated with the final structure of the organizations affected by the RIF, including measures for efficiencies realized under the new structure.

**APPENDIX C. VHA DELEGATION OF AUTHORITY
TO REDEFINE COMPETITIVE AREAS**

1. DELEGATION. The Under Secretary for Health has delegated the authority to redefine competitive areas for organizations under their jurisdiction to network directors, with the advice and assistance of the office of the Deputy Assistant Secretary for Human Resources Management [] (059). Such redefinitions must be fully justified and documented to ensure that such action is clearly in the best interest of VA.

2. RESTRICTIONS. When management establishes or changes competitive areas:

- a. Descriptions of the areas must be readily available for review by employees and OPM.
- b. Such actions must be taken at least 90 days prior to [the effective date of the] RIF.
- c. If such actions are contemplated within 90 days of [the effective date of the] RIF, OPM must approve.

NOTE: *Guidance concerning establishment of new competitive areas may be found [in Section B, Chapter 2, this part].*

3. REDELEGATION. This authority may not be re[-]delegated.

[APPENDIX D.]

**ESTABLISHING COMPETITIVE LEVELS FOR POSITIONS FILLED
UNDER 38 U.S.C. 7401(1)**

1. GENERAL. The guidance in this appendix should be reviewed by the Human Resources (HR) staff and other appropriate subject-matter-experts (SME) when establishing competitive levels (CL) for physicians, dentists, expanded function dental auxiliaries, registered nurses, nurse anesthetists, podiatrists, optometrists, and chiropractors.

2. FACILITY RESPONSIBILITY. As with title 5 and hybrid title 38 positions, each facility shall establish competitive levels for title 38 positions following the basic criteria found in 5 CFR 351.403 and Chapter 2, Section C, paragraph 1, this part.

3. COMPETITIVE LEVELS. A competitive level will consist of all positions in a competitive area which are in the same grade and occupational series, and which are similar in duties, responsibilities, and working conditions so that the facility may reassign the incumbent of one position to any of the other positions in the CL without undue interruption.

4. UNDUE INTERUPPTION. Undue interruption is defined as a degree of interruption that would prevent the completion of required work by the employee, generally 90 days after the employee has been placed in a different position. However, the appropriateness of measuring undue interruption in a 90-day time frame should be considered in the context of the pressures, priorities, deadlines, and other demands made on individual health care provider positions in the provision of health care to Veteran patients, and the privileges, scopes of practice, competencies, skills, training, education, and experience required by the position to provide uncompromised health care to patients presenting with specific health care needs. Positions should not be placed in a competitive level on the basis of any employee's *personal* qualifications, conduct, or performance levels but rather on the requirements of the position.

5. CONSULTING WITH SUBJECT MATTER EXPERTS. In addition to reviewing the documents that describe the assignments, responsibilities, qualifications, and competencies required of the position, HR staff should consult with SMEs when establishing and describing competitive levels as well as before placing employees on the appropriate levels.

6. ESTABLISHING COMPETITIVE LEVELS FOR TITLE 38 STAFF

a. **Registered Nurses.** Competitive levels for Registered Nurses (RN) should be established considering the basic CL criteria, including RN pay levels: Nurse I, II, III, IV, and V. RNs have functional statements (FS) rather than more detailed position descriptions (PD). The position information included in the FS may or may not be sufficient to determine whether similarly titled and graded positions should be placed on the same or a different CL.

Example 1. A facility has two RNs, both Nurse III, working in Ambulatory Care. According to the functional statement, one RN, A, coordinates clinical projects; supports occupational health and employee health programs; supports clinical programs in an outpatient setting; assesses the physical and psychosocial health and illness status of individuals; and acts as a case manager. The FS of the other

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RN, B, states that the RN is an Eye Clinic nurse who assists in evaluating and treating macular degeneration patients; makes appointments for medical clearance; performs intravenous injections; administers ophthalmic and general medications; and conducts diagnostic procedures such as basic visual screening, field measurement, and medical photography.

These two positions have the same title, occupational series, and grade, and are located in the same service. But the duties and the responsibilities of the positions appear different enough to warrant placement in different CLs. An argument could be made, however, that if Nurse A and B changed positions, one could learn the job of the other within 90 days and there would not be any undue interruption in patient care. Thus both positions would be on the same CL. It might also be possible that Nurse A could perform the duties of Nurse B within 90 days but Nurse B might not be able to perform the duties of Nurse A within 90 days. This scenario would require placement on different CLs. Communication with immediate supervisors, second level supervisors and/or the Ambulatory Care Chief is critical for the correct CL determination to be made.

Example 2. Two Nurse Managers both work in Patient Care Services. The FS for each position states that both RNs manage a nursing clinical area, demonstrate leadership through collaborative strategies with others, and evaluate the care delivered by nursing and other allied staff. However, RN A is a Nurse II and RN B is a Nurse III. Even though A and B have the same title, occupational series, and duties, they must be placed on different CLs because their pay grades are different.

Example 3. Two RNs, both Nurse II, are organizationally located in the surgical department and are assigned to the Surgical Intensive Care Unit. According to their FSs, they both care for patients who have had vascular, orthopedic, abdominal, or urological surgery. The geriatric patients may present with chronic medical conditions, changes in mental status, or functional decline. Given the identical titles, occupational series, pay levels, organizational location and work assignments as described in the functional statements, the two RNs should be placed on the same competitive level.

b. Advanced Practice Nurses. Nurse Practitioners and Clinical Nurse Specialists are Advanced Practice Nurses (APN) who are masters degree-prepared registered nurses who also possess advanced clinical certification. They function within a scope of practice (SOP), rather than a position description, commensurate with their training, experience, and licensure. An APN functions autonomously within her or his own defined SOP in a variety of settings, such as hospital inpatient, outpatient clinics, nursing home, domiciliary, or patient's home. Competitive levels should be established using the basic CL criteria, including APN pay levels: Nurse I, II, III, IV, and V.

Example 1. APNs A and B are assigned to the Primary Practice Group (PPG) clinics within Ambulatory Care, functioning as Adult Nurse Practitioners. Their scopes of practice indicate they perform identical assignments and have identical responsibilities. If they are both Nurse III, they should be placed on the same CL; if A is Nurse III and B is Nurse IV, they should be on separate CLs.

APN C is also an Adult Nurse Practitioner assigned to an outpatient clinic in Ambulatory Care. The SOP indicates that C's assignments and responsibilities are identical to A's and B's, with one exception: C is not responsible for drawing venous blood specimens for testing, as are A and B. Considering that C's 16 functions are identical to A's and B's, is the omission of drawing blood from C's scope an

oversight? If so, depending on C's pay level, C should be placed on the same CL as A and/or B. If the function of drawing blood is not an oversight from C's SOP, could C perform the function of drawing blood without undue interruption in patient care? If yes, C should be placed on the same CL as A or B. If no, C should be on a CL separate from A and B. The HR Specialist should discuss the performance of the function with C's first or second level supervisor or the chief of Ambulatory Care to assure C's placement on the proper CL.

Ambulatory Care has another APN, D, functioning as an Adult Nurse Practitioner. D is assigned to the Occupational Health Clinic and is responsible for providing care to facility employees. Although APN D's patients are employees rather than inpatients or outpatients, D's SOP lists assignments almost identical to A's, B's, and C's, with two exceptions. D also conducts pulmonary function tests and irrigates eyes to remove foreign bodies. To determine if D should be placed on the same CL as A or B or C, or on a different CL, information should be obtained from the supervisor or Ambulatory Care chief whose judgment is needed to determine if there would be undue interruption in patient care if A or B or C were placed on the same CL as D.

Example 2. The facility has three APNs: A, a Gerontology Nurse Practitioner assigned to Primary Care and Cardiology clinics in Medical Service; B, an Adult Nurse Practitioner assigned to a clinic in Radiation Oncology Service; and C, a Clinical Nurse Specialist assigned to the Adult Psychiatric & Mental Health clinic in the Mental Health & Behavioral Sciences Service. All are Nurse III.

The scope of practice for the three APNs list 20 functions an APN may perform. A, B, and C have five functions in common: documenting diagnoses and plans of care, initiating medication orders, initiating consults and referrals, ordering laboratory tests, and ordering other procedures as required. A and B also take and document histories; interpret test results; and order diet, oxygen, and non-pharmaceutical therapies. Additionally, A serves as a primary care provider; writes admission orders and discharge summaries; orders and administers Mantoux tests; obtains informed consents; and conducts exercise stress tests; while B also prescribes controlled substances; diagnoses and assesses patients on radiation therapy; and designs and conducts research projects.

After reviewing the three SOPs, it would seem that APN C should be on a CL separate from A and B because C's assignments are significantly different from those of A and B. While A and B perform many similar functions, the different functions they each perform may lead to a determination that A and B should also be on separate competitive levels. Supervisory input is needed to determine if interchanging A and B would cause undue interruption in patient care and also if different skills and competencies are sought when recruiting.

c. **Physician Assistants.** Physician Assistants (PA) provide diagnostic and therapeutic care and services under the guidance of a physician. Competitive levels should be established using the basic CL criteria, including PA pay levels: associate grade, full grade, intermediate grade, senior grade, and chief grade. A PA does not have a position description; the assignment is based on a Scope of Practice. The scope usually divides the PA's assignments into four categories: routine, emergency, non-routine/non-emergency, and additional duties. Scopes should be carefully reviewed before establishing competitive levels and placing incumbents on those levels.

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Example 1. Physician Assistant A is a full grade PA assigned to the Nursing Home Care Unit in the Extended Care Service. PA B is also assigned to the Nursing Home Care Unit but is an intermediate grade. PA C is an intermediate grade but assigned to the General Internal Medicine Unit in Medical Service.

Included in PA A's scope are such functions as initiating consultations, ordering laboratory tests, incision drainage, wound care, suturing, urethral catheterization, nasogastric intubation, administration of oxygen, start IV line, participate in case conferences and data gathering, precept training of PA students, and develop and implement patient education programs.

PA B performs many of the same functions as A but does not initiate consults, order lab tests, suture or intubate. B's scope and overall assignments may not appear to be significantly different from A's, but a better understanding of these functions should be obtained from a supervisor or service chief to determine the degree of undue interruption that could occur should A and B be interchanged. However, because A is a full grade and B is an intermediate grade requiring placement on separate competitive levels, there is no need to determine the degree of undue interruption.

PA C more routinely performs many of the same functions as A and B, including ordering diagnostic tests, inserting nasogastric tubes and urinary catheters, ordering medications and starting IVs, initiating consults and making daily rounds, educating patients and teaching healthcare students, and participating in case conferences. C also carries out such assignments as ordering arterial blood gases, writing discharge orders, ordering restraints, and participating in research.

Being assigned to Medical Service would not preclude C from being placed on the same CL as B, who is in Extended Care, as long as their pay grades were the same, which they are, and as long as their duties and the qualifications for their positions were sufficiently similar so as not to cause undue interruption were B and C to be interchanged. Since B and C are in different services additional information would have to be obtained from supervisors and chiefs from each of the two services involved.

Example 2. Physician Assistants A, B, and C are all assigned to the Healthy Aging Recovery Program (HARP) in Mental Health and Behavioral Sciences. Their SOPs indicate all three perform identical routine, non-routine/non-emergency, emergency, and additional duties. Additionally, A spends one day a week assigned to the Acute Inpatient Psychiatry Unit, B spends one day a week assigned to the Center for Outreach and Empowerment Residential Program, and C spends one day a week assigned to the unit for the Seriously Mentally Ill. Although these PAs spend 20% of their time assigned to different units, their SOPs do not indicate they perform any different duties. It, therefore, appears that A, B, and C should be on the same competitive level. Even if A, B, or C, or their supervisor or service chief proposed to make a case that the three PAs were not interchangeable because of their different additional assignments, the written documentation, the SOP, does not support such an argument.

Example 3. Physician Assistant A is assigned to the Orthopaedic Section of Surgical Service. PA B, also in Surgical Service, is assigned to the Urology Section. Both A and B perform identical routine duties but their non-routine/non-emergency duties are different. According to the SOP, A performs knee, ankle, and shoulder arthrocentesis, and applies casts and skeletal and skin traction. B does not;

B's SOP indicates that the PA dilates urethral structures and residuals, inserts and removes Foley catheters, assists in patient lithotripter services, performs microscopic urine screens, draws blood for arterial blood gases, and performs bladder irrigations.

Based on the differences in the SOP, it appears that one PA probably would not perform the duties of the other PA without undue interruption in patient care. But, unless the HR Specialist is knowledgeable about the performance of, and time frame required to learn, the different non-routine/non-emergency functions, input from an SME must be sought to insure the placement of the positions on the correct CL.

d. **Physicians.** Like other title 38 employees, physicians do not have position descriptions, nor are their assignments outlined in a functional statement or a scope of practice. Physicians instead provide information which shows the specialty/subspecialty in which the employee is certified, experienced, or trained, the employee's core clinical privileges, and the special privileges and procedures requested by the employee and granted by the approving official. Each facility uses locally-developed formats for requesting this information, but regardless of the format, this privileging document, along with the basic criteria for establishing competitive levels, should be reviewed thoroughly before placing a physician on a CL.

The base pay grades for physicians (associate through director grades) have been eliminated and replaced with a single physician grade. Within the physician grade, physicians may be placed in one of four tiers which recognize different levels of responsibility. These responsibilities must be considered when establishing competitive levels.

Example 1. Four physicians, A, B, C, and D, have been granted core clinical privileges in Internal Medicine (IM). Physician A's privileging form shows he also specializes in Rheumatology and is authorized to perform Arthrocentesis, but does not have core clinical privileges in Rheumatology. In addition to IM, B is specialized in Geriatrics, is authorized to perform hyperalimentation and to insert internal jugular and subclavian venous catheters, but does not have Geriatric core clinical privileges. Physician C does not have additional core clinical privileges but is authorized to work in the Emergency Room, which requires advanced certification in life support (ACLS). D has additional core clinical privileges in Gynecological Family Practice.

Because D is the only physician with additional core clinical privileges, he probably should be placed on a CL separate from A, B, and C. Although they do not have additional specialty core privileges, A, B, and C each have one or two additional privileges or procedures. Are these differences sufficient to warrant the placement of each on a separate CL? Could the competencies needed to perform these additional privileges be learned, and authority to perform them obtained, without any undue interruption in patient care?

A fifth Physician, E, also lists specialties of Internal Medicine and Geriatrics but does not have core privileges in either, but instead has core clinical privileges in Long Term Care which authorizes her to treat general medical problems. She is not authorized any additional privileges or procedures. Based on a review of the privileging forms, A, B, C, and D may be able to perform E's assignments without undue interruption, but the reverse may not be true, thus requiring E to be placed on a separate CL.

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HR staff should consult with the appropriate service chiefs to clarify the additional privileges and procedures possessed by A, B, and C, and to determine if one, two, or three additional CLs must be established. The competitive level(s) established must be clearly defined and documented in terms of assignments and qualifications required to perform those assignments in order to justify why an employee was placed on one level and not another.

Example 2. Physicians A, B, C and D are all board certified in Internal Medicine, yet none of the four have core clinical privileges in IM. They have core privileges in Endocrinology, Cardiology, Gastroenterology, and Hematology, respectively. Although consultation with their service chief should never be discounted, each of the four should be placed on separate competitive levels. It is unlikely that one could perform the assignment of the other without undue interruption in patient care.

Example 3. Physician A is board certified in General Surgery and Surgical Critical Care, has General Surgery core clinical privileges, and is authorized to perform the special procedures of laparoscopic surgery, bronchoscopy, and conscious sedation. B is board certified in Surgery and Thoracic Surgery and has Cardiothoracic core clinical privileges. C is also board certified in Surgery and is authorized to perform Vascular Surgery clinical procedures as well as transluminal angioplasty, endovascular aneurysm surgery, and carotid angioplasty and stenting. D, who is a Podiatrist, has Podiatry core clinical privileges which include performing ankle and foot surgery as well as anide arthroscopy. Physician E is a board certified Plastic Surgeon with an Otolaryngology subspecialty who has Plastic Surgery clinical procedures and is authorized to perform liposuction.

Although A, B, and C are board certified in Surgery, all three have core clinical privileges in different specialties, including different special procedures. Based on the information included in the privilege form, the three surgeons should be placed on different competitive levels, considering their different assignments and the different qualifications required to perform those assignments. The same is true of the Podiatrist, D, and the Plastic Surgeon, E. They both perform surgery but are certified in different specialties from each other and from A, B, and C, and have different core clinical procedures. Unless the chief of Surgery can justify that the surgical procedures performed by these five employees are interchangeable and would not cause undue interruption in patient care, all five should be placed on separate competitive levels, which must be described to clearly distinguish one level from another.

Example 4. Psychiatrists A, B, and C are all board certified in General Psychiatry and have Psychiatry core clinical privileges. Psychiatrist A is also certified in Clinical Psychopharmacology and has additional privileges in Long Term Care. Psychiatrist B has additional certifications in Addiction and Geriatric Psychiatry. Psychiatrist C does not have any additional certifications or privileges.

Although both A and B have additional certifications, and C does not, B and C have the same privileges, indicating the possibility of placing them on the same competitive level, and placing A on a separate CL because of her additional privileges. If, however, B and C are, in fact, given different patient assignments, and if one performs functions that the other can not perform because one possesses competencies and skills that the other does not have, and placing them on different CLs because of undue interruption is being considered, the differences in B's and C's assignments should be documented for the record and the CL definitions clearly distinguishable from each other.

e. **Dentists.** Like physicians, dentists do not have position descriptions, functional statements or scopes of practice. They are granted privileges after completing the Criteria & Privilege Request Form which delineates their certifications and training. The privileging form, the basic competitive level criteria, and input from supervisors should be considered before establishing CLs and placing employees on the levels.

The base pay grades for dentists (associate through director grades) have been eliminated and replaced with a single dentist grade. Within the dentist grade, dentists may be placed in one of four tiers which recognize different levels of responsibility. These responsibilities must be considered when establishing competitive levels.

Example. Dentist A has General Practice Dentistry core clinical privileges and Periodontics privileges, as well as authority to perform additional Periodontal special procedures. Dentist B has Oral Surgery core privileges including authority to perform additional Oral Surgery special procedures. Dentists C and D both have General Practice Dentistry core clinical privileges.

Three competitive levels should be established. One for the Oral Surgeon, one for the General Practice Dentist with Periodontics privileges, and one for the two General Practice Dentists, unless the Chief Dentist can document that C and D care for patients who present with significantly different problems, have acquired different skills and competencies, and therefore, cannot be interchanged without undue interruption in patient care.]

[APPENDIX E. CHECKLIST FOR VERA REQUESTS

This checklist provides VA organizations with a framework for submitting requests to Office of Human Resources Management (OHRM) for Voluntary Early Retirement Authority (VERA). All of the information covered in this VERA template is required by statute or regulation.

Organization(s): _____

Date of Request: _____

_____1. Request is signed by the appropriate Under Secretary, Assistant Secretary or Other Key Official or a specific designee with delegated authority.

_____2. Identifies the organizational unit(s) for which a determination is requested.

_____3. Clearly states reason(s) why the authority is needed:

The reason(s) must describe the circumstances leading to the request and explain why the organization believes that VERA will be an appropriate strategy for making the required adjustments in the workforce. This must also include a detailed summary of the organization's personnel and/or budgetary situation that will result in an excess of personnel because of a substantial delayering, reorganization, reduction in force, transfer of function, or other workforce restructuring or reshaping.

_____4. Identifies the date which the organization expects to effect the substantial delayering, etc.

The date provided must not be earlier than the ending date provided in number 5 below.

_____5. Show the time period during which the organization plans to offer VERA.

_____6. Provides the total number of non-temporary employees in the organization undergoing change.

If you are requesting VERA for only a part of your organization, provide the data for that portion of the organization only. Do not provide the number of permanent employees for the entire organization.

_____7. Provides the total number of non-temporary employees in the organization who may be involuntary separated, downgraded, transferred, or reassigned as a result of the organization's situation.

If you are requesting VERA for only a part of your organization, provide the data for that portion of the organization only. Do not provide the number of permanent employees for the entire organization.

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____8. Provides the total number of employees in the organization who are eligible for early retirement.

If you are requesting VERA for only a part of your organization, provide the data for that portion of the organization only. For this purpose, you should exclude all employees who are eligible for optional retirement.

____9. Includes an estimate of the total number of employees in the organization who are expected to retire early during the period covered by the request for VERA.

If you are requesting VERA for only a part of your organization, provide the data for that portion of the organization only.

____10. Provide a description of the types of personnel actions anticipated as a result of the organization's need for VERA.

This information need not be comprehensive. It should, however, be detailed enough to show how VERA will assist you in accomplishing your restructuring, reshaping, and/or downsizing plans-and the personnel actions you expect to take in concert with VERA to accomplish your goals.]

[APPENDIX F. VOLUNTARY SEPARATION INCENTIVE PAYMENT FACT SHEET

1. GENERAL. [Upon approval from the U.S. Office of Personnel Management, VA and other departments/agencies may offer voluntary separation incentive payments (VSIPs or buyouts)] to employees who are in surplus positions or have skills that are no longer needed in the workforce, as an incentive to [] separate. [A VSIP is a lump-sum payment of] up to \$25,000 or an amount equal to the amount of severance pay an employee would be entitled to receive, whichever is less. Employees may separate by resignation, optional retirement, or by voluntary early retirement if authorized.

2. EMPLOYEE ELIGIBILITY. An employee is eligible to [receive an offer] for a [VSIP] provided he/she [meets] ALL of the following conditions:

a. Serving under an appointment without time limitations;

[]

[b.]. Currently employed by the Federal Government for a continuous period of 3 years;

[c.] Serving in a position covered by an agency VSIP offer;

[d.] Applied for and received approval for a VSIP under an agency VSIP plan; and

[e.] Not included in any of the ineligibility categories identified in paragraph 3 below.

3. INELIGIBILITY. Employees in the following categories are not eligible for [VSIP]. Employees who:

a. Are reemployed annuitants;

b. Have a disability such that the individual is or would be eligible for disability retirement;

c. Are in receipt of a decision notice of involuntary separation for misconduct or unacceptable performance;

d. Previously received any VSIP from the Federal Government;

e. During the 36-month period preceding the date of separation, performed service for which a student loan repayment benefit was paid or is to be paid;

f. During the 24-month period preceding the date of separation, performed service for which a recruitment or relocation incentive was paid or

g. During the 12-month period preceding the date of separation, performed service for which a retention incentive was paid or is to be paid.

4. VSIP REPAYMENT REQUIREMENT

a. An employee who receives a VSIP and later accepts employment for compensation with the Government of the United States within 5 years of the date of the separation on which the VSIP is based, including work under a personal services contract or other direct contract, must repay the entire amount of the VSIP to the agency that paid it - before the individual's first day of reemployment.

b. The Director of the Office of Personnel Management may, at the request of the Secretary, waive the repayment upon reemployment in VA if:

(1) The individual involved possesses unique abilities and is the only qualified applicant available for the position; or

(2) In case of emergency involving a direct threat to life or property, the individual:

(a) Has skills directly related to resolving the emergency; and

(b) Will serve on a temporary basis only as long as the individual's services are made necessary by the emergency.]

[APPENDIX G. CHECKLIST FOR VSIP REQUESTS

This checklist provides VA organizations with a framework for submitting requests to Office of Human Resources Management (OHRM) for Voluntary Separation Incentive Payment (VSIP) authority. All of the information covered in this VSIP template is required by statute or regulation.

Organization(s): _____

Date of Request: _____

1. Request is signed by the appropriate Under Secretary, Assistant Secretary or Other Key Official or a specific designee with delegated authority.
2. Request identifies the organizational unit(s) for which a determination is requested.
3. Request identifies the intended use of the VSIP authority and includes a VSIP Implementation Plan and Human Capital Plan.
4. The VSIP Implementation Plan includes:
 - a. Identification of specific positions and functions to be reduced or eliminated (identified by organization unit, geographical location, occupational category, grade level and any other factors related to the position);
 - b. A description of the categories of employees who will be offered incentives (identified by the organizational unit, geographical location, occupational category, grade level and any other factors such as skills and knowledge, or retirement eligibility);
 - c. The time period during which incentives will be paid;
 - d. The number and maximum amounts of voluntary separation incentive payments to be offered;
 - e. A description of how the organization will operate without the eliminated/restructured positions;
 - f. A proposed organizational chart displaying the expected changes in the organizational structure after the organization has completed the incentive payments;
 - g. If the organization has requested VERA, an explanation of how that authority will be used in conjunction with VSIP; and
 - h. If the organization is offering separation incentives under other statutory authority, a description of how that authority is being used.]

all licensed health care professionals (<https://www.law.cornell.edu/uscode/text/38/7402> Pg 25:
<https://www.gpo.gov/fdsys/pkg/PLAW-106publ117/pdf/PLAW-106publ117.pdf>)

The 5005 paragraph you sent this morning only seems to apply to physicians, dentists, podiatrists, optometrists, and chiropractors, so what about the other licensed providers?

Curt Cashour
Press Secretary
Department of Veterans Affairs

(b)(6)

(b)(6)@va.gov

@curtcashour

From: Clancy, Carolyn

Sent: Monday, December 18, 2017 1:33 PM

To: Cashour, Curtis; Murphy, Janet P; Poff, Susan; Lynch, Thomas (VHA); Lapuz, Miguel H.; Young, Steven W.; Pape, Lisa M.; Ridley, Sharon G.; Kok, Andre; Johnson-Mekota, Judith L.

Cc: Elnahal, Shereef; Chick, Marianne; Cox, Gerard R. VHACO; Ulliyot, John; Hutton, James; Tucker, Brooks; Balland, David; O'Connor, Christopher; Screen, Gina; Tunio, Javed H.; Streck, Heath; Flanz, Meghan Serwin (OGC); Shelby, Peter J.

Subject: RE: // help needed ASAP // FW: following up

Nice job!

Executive in Charge
Veterans Health Administration
810 Vermont Ave, NW
Washington, DC 20420

(b)(6)

From: Cashour, Curtis

Sent: Monday, December 18, 2017 1:32:05 PM

To: Murphy, Janet P; Poff, Susan; Lynch, Thomas (VHA); Clancy, Carolyn; Lapuz, Miguel H.; Young, Steven W.; Pape, Lisa M.; Ridley, Sharon G.; Kok, Andre; Johnson-Mekota, Judith L.

Cc: Elnahal, Shereef; Chick, Marianne; Cox, Gerard R. VHACO; Ulliyot, John; Hutton, James; Tucker, Brooks; Balland, David; O'Connor, Christopher; Screen, Gina; Tunio, Javed H.; Streck, Heath; Flanz, Meghan Serwin (OGC); Shelby, Peter J.

Subject: RE: // help needed ASAP // FW: following up

Folks – Please see below and let me know if you have changes or additions. This needs to go to USA Today in 15 minutes. Thanks - Curt

Q: Will Lumetra, the outside company doing medical reviews of Wehmeyer and Hopkins, be provided the records from Wehmeyer's recent treatment at Genesis hospital where he said doctors told him Va may have nicked something in his spine causing fluid leakage?

A: The peer review contractor is Federal Hearings & Appeals Service, not Lumetra. Apologies

for the confusion on that.

VA is requesting the records from Genesis hospital and they will be transferred to Federal Hearings & Appeals Service as soon as they are received.

Q: I plan to write about the attached letter and will include your responses from Friday.

A: VA appreciates the lawmakers' concerns and will respond to them directly.

Q: As it stands, despite pledges for more transparency during this administration, VA has refused to explain the "incorrect guidance" provided to Iowa City hospital officials, what it was or who provided it.

A: The incorrect guidance came from VA Handbook 5005, which contains the following paragraph:

"d. **Licensure History.** An individual who has current, unrestricted license in one State, but who has, or has ever had, any license to practice revoked, suspended, denied, restricted, limited, issued/placed on a probationary basis, or who has entered into any other type of voluntary or involuntary agreement with a State licensing board regarding the individual's practice, will not be hired without prior consideration of all relevant facts surrounding the action by the appointing official. A lesser level of scrutiny is required for an individual who has allowed license(s) to lapse because the individual has not paid a registration fee, no longer practices in a State, or does not meet a residency requirement."

The above paragraph seems to permit hiring a practitioner with a lapsed or lost license if, after consideration of all of the relevant facts, the appointing official deems the hiring appropriate. However, it conflicts with the statutory prohibition laid out in [38 USC 7402\(f\)](#):

(f) A person may not be employed in a position under subsection (b) (other than under paragraph (4) of that subsection) if—

(1)

the person is or has been licensed, registered, or certified (as applicable to such position) in more than one State; and

(2) either—

(A)

any of those States has terminated such license, registration, or certification for cause; or

(B)

the person has voluntarily relinquished such license, registration, or certification in any of those States after being notified in writing by that State of potential termination for cause.

VA's Office of Human Resources and Administration is revising the handbook to reflect current law and to make it clear that a licensed practitioner who has lost a license for cause may not be hired under any circumstances. VA HR&A is also issuing a memo today that makes that policy clear, effective immediately across the VA system.

Q: Are there any other updates to the answers below?

A: Secretary Shulkin has made clear that Veterans deserve nothing less than the highest quality doctors.

VA employs more than 25,000 physicians, many of whom rank among the best in their field of care.

As part of the broader accountability actions that the Secretary announced earlier this year, we are looking across the VA system to identify any other physicians who have lost their license to practice in any state or otherwise fail to meet the standards expected of VA health care.

Curt Cashour
Press Secretary
Department of Veterans Affairs

(b)(6)
@va.gov
@curtcashour

From: Murphy, Janet P
Sent: Monday, December 18, 2017 12:49 PM
To: Poff, Susan; Lynch, Thomas (VHA); Cashour, Curtis; Clancy, Carolyn; Lapuz, Miguel H.; Young, Steven W.; Pape, Lisa M.; Ridley, Sharon G.; Kok, Andre; Johnson-Mekota, Judith L.
Cc: Elnahal, Shereef; Chick, Marianne; Cox, Gerard R. VHACO; Ulliyot, John; Hutton, James; Tucker, Brooks; Balland, David; O'Connor, Christopher; Screen, Gina; Tunio, Javed H.; Streck, Heath
Subject: RE: // help needed ASAP // FW: following up

The peer review contractor is "Federal Hearings & Appeals Service", not Lumetra.
Vicki – please respond to the question about records from Genesis Hospital.

From: Poff, Susan
Sent: Monday, December 18, 2017 11:41 AM
To: Lynch, Thomas (VHA) <Thomas.Lynch2@va.gov>; Cashour, Curtis <Curt.Cashour@va.gov>; Clancy, Carolyn <Carolyn.Clancy@va.gov>; Lapuz, Miguel H. <Miguel.Lapuz2@va.gov>; Young, Steven W. <Steven.Young2@va.gov>; Pape, Lisa M. <Lisa.Pape2@va.gov>; Ridley, Sharon G. <Sharon.Ridley@va.gov>; Murphy, Janet P <Janet.Murphy4@va.gov>; Kok, Andre <Andre.Kok@va.gov>; Johnson-Mekota, Judith L. <Judith.Johnson-Mekota@va.gov>
Cc: Elnahal, Shereef <Shereef.Elnahal@va.gov>; Chick, Marianne <Marianne.Chick@va.gov>; Cox, Gerard R. VHACO <Gerard.Cox@va.gov>; Ulliyot, John <John.Ulliyot@va.gov>; Hutton, James

(b)(6) @va.gov>; Tucker, Brooks <(b)(6)@va.gov>; Balland, David
@va.gov>; O'Connor, Christopher <Christopher.O'Connor2@va.gov>; Screen, Gina
@va.gov>; Tunio, Javed H. <(b)(6)@va.gov>; Streck, Heath
@va.gov>

Subject: RE: // help needed ASAP // FW: following up

Curt – adding VISN and facility leadership to also help with this follow up question:

Will Lumetra, the outside company doing medical reviews of Wehmeyer and Hopkins, be provided the records from Wehmeyer's recent treatment at Genesis hospital where he said doctors told him VA may have nicked something in his spine causing fluid leakage?

Attached are responses the facility provided on Friday to the initial questions, for some additional information you might want to provide Donovan.

Susan

From: Lynch, Thomas (VHA)

Sent: Monday, December 18, 2017 12:27 PM

To: Cashour, Curtis <(b)(6)@va.gov>; Clancy, Carolyn <(b)(6)@va.gov>; Lapuz, Miguel H. <(b)(6)@va.gov>; Young, Steven W. <(b)(6)@va.gov>; Pape, Lisa M. <(b)(6)@va.gov>; Ridley, Sharon G. <(b)(6)@va.gov>

Cc: Poff, Susan <(b)(6)@va.gov>; Elnahal, Shereef <(b)(6)@va.gov>; Chick, Marianne <(b)(6)@va.gov>; Cox, Gerard R. VHACO <(b)(6)@va.gov>; Ulliyot, John <(b)(6)@va.gov>; Hutton, James <(b)(6)@va.gov>; Tucker, Brooks <(b)(6)@va.gov>; Balland, David <(b)(6)@va.gov>; O'Connor, Christopher <Christopher.O'Connor2@va.gov>

Subject: RE: // help needed ASAP // FW: following up

I will defer to Susan Poff or Sharon Ridley.

TGL

Thomas G. Lynch, MD
Assistant Deputy Under Secretary for Health for
Clinical Operations
Veterans Health Administration
810 Vermont Ave, NW
Washington, DC 20420
Office: (b)(6)
(b)(6)@va.gov

Suicide Prevention is Everyone's Business. *#BeThere.*



From: Cashour, Curtis
Sent: Monday, December 18, 2017 12:25 PM
To: Lynch, Thomas (VHA); Clancy, Carolyn; Lapuz, Miguel H.; Young, Steven W.; Pape, Lisa M.
Cc: Poff, Susan; Elnahal, Shereef; Chick, Marianne; Cox, Gerard R. VHACO; Ulyot, John; Hutton, James; Tucker, Brooks; Balland, David; O'Connor, Christopher
Subject: RE: // help needed ASAP // FW: following up

Ok. Can someone please loop in the appropriate local official who can answer?

Sent with Good (www.good.com)

From: Lynch, Thomas (VHA)
Sent: Monday, December 18, 2017 9:17:37 AM
To: Cashour, Curtis; Clancy, Carolyn; Lapuz, Miguel H.; Young, Steven W.; Pape, Lisa M.
Cc: Poff, Susan; Elnahal, Shereef; Chick, Marianne; Cox, Gerard R. VHACO; Ulyot, John; Hutton, James; Tucker, Brooks; Balland, David; O'Connor, Christopher
Subject: RE: // help needed ASAP // FW: following up

In answer to question one, I do not know. Ordinarily, VA would provide access to our hospital records. I do not know if the Iowa City VA has received or has had access to the records from the outside hospital. The facility or Network would have to address that question.

TGL

Thomas G. Lynch, MD
Assistant Deputy Under Secretary for Health for
Clinical Operations
Veterans Health Administration
810 Vermont Ave, NW
Washington, DC 20420
Office: (b)(6)
(b)(6)@va.gov

Suicide Prevention is Everyone's Business. [#BeThere](#).



From: Cashour, Curtis
Sent: Monday, December 18, 2017 12:10 PM

To: Clancy, Carolyn; Lapuz, Miguel H.; Young, Steven W.; Lynch, Thomas (VHA); Pape, Lisa M.
Cc: Poff, Susan; Elnahal, Shereef; Chick, Marianne; Cox, Gerard R. VHACO; Ullyot, John; Hutton, James; Tucker, Brooks; Balland, David; O'Connor, Christopher
Subject: // help needed ASAP // FW: following up

Please see below from USA Today. Note the 2 p.m. deadline.

Do you know the answer to the highlighted question, and do you have anything to add to the answers we sent on Friday?

Curt Cashour
Press Secretary
Department of Veterans Affairs

(b)(6)
@va.gov
@curtcashour

From: Slack, Donovan [mailto:(b)(6)@usatoday.com]
Sent: Monday, December 18, 2017 11:54 AM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: following up

Curt,
A question and a heads up.

-Will Lumetra, the outside company doing medical reviews of Wehmeyer and Hopkins, be provided the records from Wehmeyer's recent treatment at Genesis hospital where he said doctors told him Va may have nicked something in his spine causing fluid leakage?

-I plan to write about the attached letter and will include your responses from Friday. As it stands, despite pledges for more transparency during this administration, VA has refused to explain the "incorrect guidance" provided to Iowa City hospital officials, what it was or who provided it. The agency also refused requests to interview Medical Center Director Judith Johnson-Mekota and Surgery Chief Dr Joseph Cullen about their decision to hire neurosurgeon John Henry Schneider.

-Are there any other updates to the answers below?

My deadline is 2pm.
Thanks
Donovan

Donovan Slack
Homeland Security and Veterans Affairs Correspondent
Washington Bureau
USA TODAY

(b)(6) office
(b)(6) cell

From: Cashour, Curtis [mailto:(b)(6)@va.gov]
Sent: Friday, December 15, 2017 4:35 PM
To: Slack, Donovan <(b)(6)@usatoday.com>
Subject: RE: following up

Q: What is the status of my request to interview folks at Office of Accountability and Whistleblower Protection, including former Phoenix whistleblower Brandon Coleman, for a story about what the office is doing/has accomplished?

A: I will check with the goal of setting something up after the first of the year.

From the October story about VA reporting of incompetent providers:

Q: Can I get an update on the new policies for State Licensing Board reporting?

A: The policy is in the final stage of revision and will be finalized before the end of the month.

Q: What is the latest on the working group for National Practitioner Data Bank reporting?

A: The proposed changes to current practice are in final discussion among VHA leadership and the regulation, policy, and Memorandum of Understanding with the Department of Health and Human Services will be drafted by the end of January 2018.

Q: What exactly is the process for changing regulation 38 CFR 46 (the one limiting types of practitioners reportable to NPDB)?

A: To change this regulation, VA must follow the rulemaking procedures established for Federal agencies, which may require public notice and comment periods before the regulation change becomes final. For more details, please see here:

https://www.federalregister.gov/uploads/2011/01/the_rulemaking_process.pdf

3) On the Iowa City/VA hiring practices story from earlier this month:

Q: Please explain the "incorrect guidance" provided to Iowa City hospital officials allowing them to hire Dr. John Henry Schneider despite his license revocation. Who provided it? Was it a policy? What office disseminated it? What was it?

A: As we mentioned in response to your earlier inquiry, upon further review of Dr. Schneider's case, we found his hiring was inconsistent with applicable law, as a result of incorrect internal VA guidance received during his hiring process.

One of VA's physician hiring statutes, 38 USC 7402(f), specifically prohibits VA from hiring a physician who is licensed in more than one state and has lost one license for cause. This was not properly conveyed to local VA officials.

Q: Is there an update on the review to determine any other improper hires?

A: The review is underway throughout the Veterans Health Administration.

Q: Is there an update on the third-party clinical reviews of the care provided to patients Richard Hopkins and James Wehmeyer? Who is performing/performed the reviews?

A: Yes. These were sent out for external review by our independent consultant Lumetra.

Q: Also, I understand from the attached that the medical center launched an investigation of how I learned about Schneider's patients. Why?

A: Individually-identifiable Veteran patient information is protected by the Privacy Act and HIPAA. The legal protections for that information belong to Veteran patients and are not VA's to waive. For that reason, we must always follow up when protected Veteran health information is disclosed outside VA to ensure that the disclosure was authorized under applicable law.

Curt Cashour
Press Secretary
Department of Veterans Affairs

(b)(6)
@va.gov
@curtcashour

From: Slack, Donovan [mailto:(b)(6)@usatoday.com]
Sent: Thursday, December 14, 2017 5:39 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: following up

Thank you

Donovan Slack
Homeland Security and Veterans Affairs Correspondent
Washington Bureau
USA TODAY

(b)(6) office
cell

From: Cashour, Curtis [mailto:(b)(6)@va.gov]
Sent: Thursday, December 14, 2017 5:37 PM
To: Slack, Donovan [(b)(6)@usatoday.com]
Subject: RE: following up

I will check. Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs

(b)(6)
@va.gov
@curtcashour

From: Slack, Donovan [mailto:(b)(6)@usatoday.com]

Sent: Thursday, December 14, 2017 5:25 PM

To: Cashour, Curtis

Subject: [EXTERNAL] following up

Curt,

Looking to follow up on a couple of things. Let me know if this is doable by EOB tomorrow...

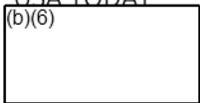
- 1) What is the status of my request to interview folks at Office of Accountability and Whistleblower Protection, including former Phoenix whistleblower Brandon Coleman, for a story about what the office is doing/has accomplished?
- 2) From the October story about VA reporting of incompetent providers:
 - Can I get an update on the new policies for State Licensing Board reporting?
 - What is the latest on the working group for National Practitioner Data Bank reporting?
 - What exactly is the process for changing regulation 38 CFR 46 (the one limiting types of practitioners reportable to NPDB)?
- 3) On the Iowa City/VA hiring practices story from earlier this month:
 - Please explain the "incorrect guidance" provided to Iowa City hospital officials allowing them to hire Dr John Henry Schneider despite his license revocation. Who provided it? Was it a policy? What office disseminated it? What was it?
 - Is there an update on the review to determine any other improper hires?
 - Is there an update on the third-party clinical reviews of the care provided to patients Richard Hopkins and James Wehmeyer?
 - Who is performing/performed the reviews?
 - Can I interview Iowa City Medical Center Director Judith Johnson-Mekota about the decision to hire Dr Schneider? How about surgery chief Dr Joseph Cullen?
 - Also, I understand from the attached that the medical center launched an investigation of how I learned about Schneider's patients. Why?
 - Why was the attached sent to Hopkins' family and a similar notice sent to Wehmeyer?
 - Why was this the first and only communication the Hopkins family received from the hospital or the VA?
 - Why does the hospital believe they and Wehmeyer are potential victims of identity

theft?

Thanks,
Donovan

Donovan Slack
Homeland Security and Veterans Affairs Correspondent
Washington Bureau
USA TODAY

(b)(6)



office
cell

From: Priscilla Johnson
To: Shelby, Peter J.
Subject: [EXTERNAL] Fwd: VA's #2 being pushed out?; CMS industry vet hangs out shingle; \$250M CDC ITOPPS Award Protested; HHS OCIO Lead takes new challenge; AND more...
Date: Friday, February 9, 2018 9:10:38 AM

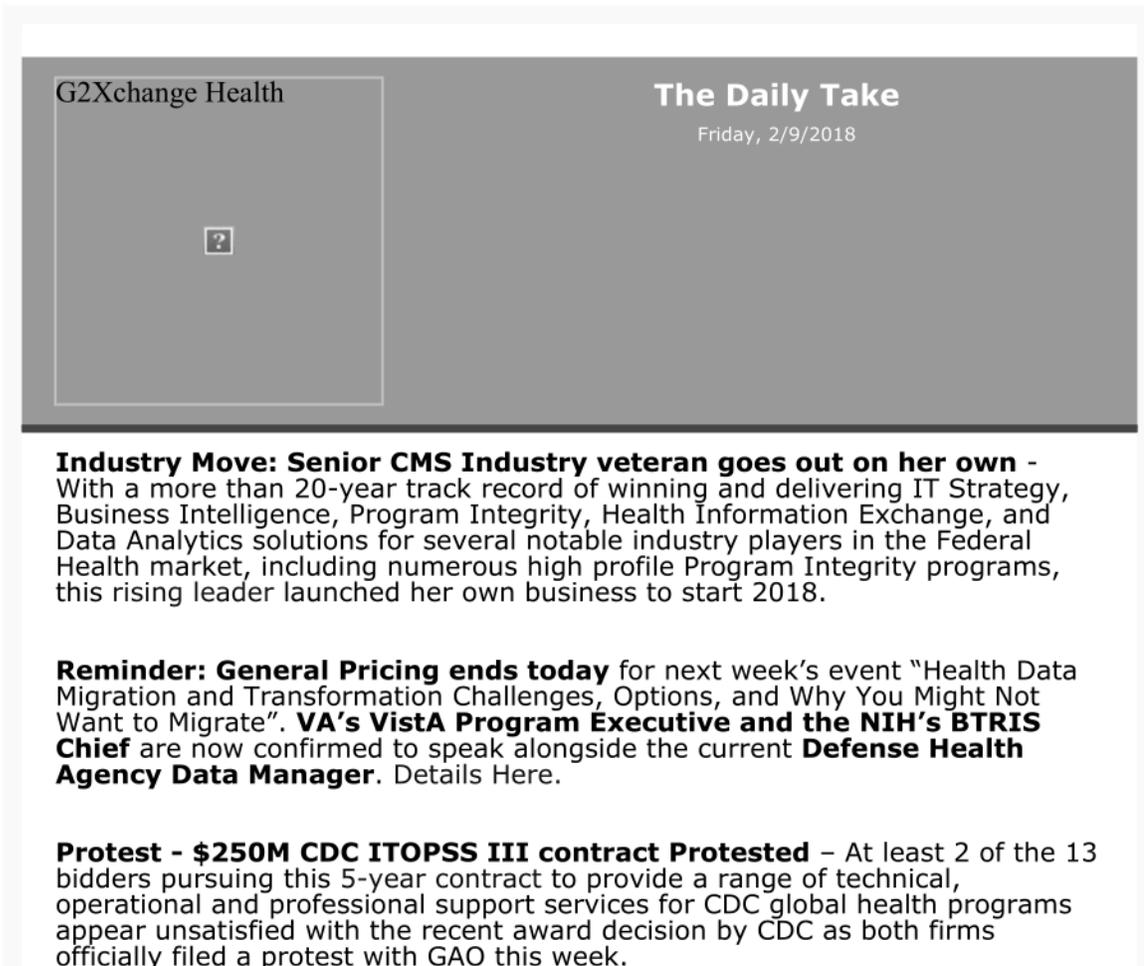
I'm not sure if this is relevant to you or not but thought you may be interested in this resource if you aren't already subscribed to them.

Happy Friday!

Regards,
Priscilla Johnson

Begin forwarded message:

From: G2Xchange Health <(b)(6)@g2xchange.com>
Date: February 9, 2018 at 9:07:45 AM EST
To: <(b)(6)@gmail.com>
Subject: VA's #2 being pushed out?; CMS industry vet hangs out shingle; \$250M CDC ITOPPS Award Protested; HHS OCIO Lead takes new challenge; AND more...
Reply-To: G2Xchange Health <(b)(6)@g2xchange.com>



G2Xchange Health

The Daily Take
Friday, 2/9/2018

Industry Move: Senior CMS Industry veteran goes out on her own -
With a more than 20-year track record of winning and delivering IT Strategy, Business Intelligence, Program Integrity, Health Information Exchange, and Data Analytics solutions for several notable industry players in the Federal Health market, including numerous high profile Program Integrity programs, this rising leader launched her own business to start 2018.

Reminder: General Pricing ends today for next week's event "Health Data Migration and Transformation Challenges, Options, and Why You Might Not Want to Migrate". **VA's VistA Program Executive and the NIH's BTRIS Chief** are now confirmed to speak alongside the current **Defense Health Agency Data Manager**. Details Here.

Protest - \$250M CDC ITOPSS III contract Protested - At least 2 of the 13 bidders pursuing this 5-year contract to provide a range of technical, operational and professional support services for CDC global health programs appear unsatisfied with the recent award decision by CDC as both firms officially filed a protest with GAO this week.

Most Viewed Comments

New Titles and Different Logos on Name Tags at AFCEA Health IT Day
"#TBT Enjoy the 10th Annual AFCEA Health IT Day video on YouTube:
<https://youtu.be/F9U4NnmXfjA>"

Comparing Notes on upcoming CMS Acquisitions, a planned Industry Day, and other stuff

"I echo Shelley's comments. And we have more in store for industry inclusion and also expanding geography. Big things in 2018!"

Update(s): Recent Federal Health Events added/updated on the G2X Calendar - Continuing in our goal of ensuring you have the latest information and updates, here is a list of events that have either recently been added to the G2X calendar or where there have been recent speaker additions/subtractions. Agencies represented: VA, HHS, CMS, FDA and DHA.

Industry Move: Longtime HHS OCIO Lead tapped to support HHS Acquisition efforts - Looking to leverage her nine-year experience with the Office of the CIO in a variety of roles, to include as Management and Operations Lead for DATA Act PMO and as Director of Business & Service Strategy prior to that, HHS has appointed a new Director driving acquisition policy for HHS.

Who's Hiring: Senior Director of Federal Health growth - This CMS SPARC 8(a) small business with core competencies in Cyber Security, Engineering and Managed Services solutions is seeking a Senior Director of Business Development & Capture to focus on HHS, CMS, FDA and NIH growth.

FedHealthIT Xtra

- Washington Post: White House targets VA's deputy secretary as 'a warning shot' to agency's leader
- NIH awards 5-year NHLBI Medical Imaging Software Development task
- Federal Health Industry Veteran, Robert McCashin appointed new President of Chenega Professional Services Strategic Business Unit
- VA Diffusion of Excellence Lead: New best practices being implemented across VA following "Shark Tank" competition
- Federal News Radio: VA's mighty appeals challenge
- Former CMS FWA lead joins Utilization Management and Grievances & Appeals Software and Consulting firm
- Sources Sought: VA seeks Dell EMC/VCE Premium software maintenance and support
- Press Release: Accenture Federal Services Wins Contract for U.S. Department of Veterans Affairs Loan Guaranty Service Redesign
- TurningPoint Global Solutions recruits Federal Health Industry Veteran, Lisa Poulter, as VP for Capture and Proposal Management

Thursday, 2/8/2018

CMS Update(s): Comparing notes on upcoming CMS acquisitions - This week, G2Xchange's CEO attended two different CMS focused events, one a very well attended CMS SPARC Happy Hour and the other, a lunch event put on by NCMA Woodlawn. Included here are some items we noted that might be of interest to you, including **news about an upcoming CMS Industry Day.**

Margo's Event of the Day

DSI's Federal Health IT Summit with DHA and VA

A tentative list of speakers was published early this week for this event that has quickly become one of the "must attend" events for those focused on DHA and VA. With the DHA Contracting Chief and several IT leaders from across VA and DHA already committed to speak, this Spring event is off to a good start. If you're going, remember to book before March 2nd to save up to \$200. [Details Here.](#)

Industry Move: G2Xchange Health making investments, adds Executive VP to lead Market Research

- We rarely get to talk about ourselves and we are not one to seek out the spotlight, but the addition of a noted competitive intelligence expert and great overall person to lead Market Research has our team excited about 2018. We hope you will be too.

Most Viewed Comments

HHS HRSA releases EHBs Enterprise Architecture and PMO BPA solicitation
"This is an interesting one. We have heard a ceiling anywhere from \$20M to \$50M. Anyone hearing similar? That is a big range and if it is on the lower end, a hell of a lift for that."

CMS Vendors will look to break in at VA by showcasing FWA talents
"How cool was it Anita Allen took the time to come to this SPARC HH tonight?"

Update: Six Down and One to go on VA's newest \$25B IDIQ – VECTOR

- A protest dismissal by GAO last week leaves just one outstanding open protest on the docket, with a decision on that expected by next week. Optimism abound for these new SDVOSB Primes.

Who's Hiring: DoD Medical Portfolio Director – This recent Alliant 2 Prime awardee and current CIO-SP3 Prime is seeking a DoD/Defense Health SME to help assess their current portfolio of work and implement and coordinate a comprehensive growth strategy in Defense Health and DoD Medical arenas.

RFI: NIH National Cancer Institute IT Infrastructure Support Services -

An RFI was delivered to CIO-SP3 SB Primes last week on behalf of the National Cancer Institute's (NCI) Center for Biomedical Informatics and Information Technology (CBIIT), with NCI seeking to better understand automated tools, innovative approaches, and support service capabilities available to improve support the NCI IT user community.

FedHealthIT Xtra

- ProSphere awarded 5-year Macintosh (MAC) support contract at VA
- Opinion: Failure to Launch - Lessons from former CMS Deputy CIO, Henry Chao
- CMS SPARC Prime, Koniag Government Services, looks to add Federal Health Growth Executive
- Homeland Security Today: Beleaguered Healthcare Cybersecurity Center Gets New Chief
- MedCityNews: Earnings Call - Cerner will add 600 new hires, but VA deal is still pending
- CNBC: Verscend to Acquire Commercial Health Insurance Payer Products from General Dynamics Information Technology
- The Hill: Senate budget deal includes \$2B boost for NIH
- Audio: Dominic Cussatt, VA's CISO, discusses Cyber progress at VA

Wednesday, 2/7/2018

Award: \$29M HHS NGITS Engineering Support Services Task – Just a few days after the award announcement for this new \$139M multiple-award BPA to provide engineering personnel to support the full spectrum of ITIO engineering projects, platforms, and services, comes notification that the first task has been awarded.

Margo's event(s) of the Day
Need your Cybersecurity fix? Here are two upcoming events with FDA and VA leaders

- Connect with the Cybersecurity Program Manager for FDA's Center for Devices and Radiological Health at this late February community meeting. Details Here.
- Next week's breakfast event with the VA Executive Director for the Office of Identity, Credential, and Access Management will focus on best practices, lessons learned and mission-critical Cybersecurity issues. Details Here.

Most Viewed Comments

Solicitation: CMS Health Plan Management System Operations Recompete
"Stop getting so hung up on their website, clearly, none of us have any insight to what they actually do on the projects they work on. Having an..."

CMS Vendors will look to break in at VA by showcasing FWA talents
We have experience "providing excellent PI/FWA and healthcare claims processing! - many of these providers seeing Medicare and Medicaid patients are also seeing your beneficiaries and making the same coding errors. The buck..."

Industry Move: SPARC Prime recruits former CMS HIGLAS IT Lead - This WOSB, who provides a range of technology, strategic consulting services, and solutions to the Federal Government, recently added this 18-year veteran of CMS as their new Director of Business Development.

Solicitation: HRSA EHBs Enterprise Architecture (EA) and Program Management Office BPA - Late last week, HHS's Health Resources and Services Administration (HRSA) is understood to have released a final solicitation for EA and PMO support of the coveted Electronic Handbooks (EHBs) program.

Update: \$78M 'Voice of the Veteran' Enterprise BPA Canceled - Citing the need to make major changes to the PWS and evaluation criteria, the competition for this 5-year single award enterprise-level BPA to assist the VA in implementing a comprehensive approach that uses survey data and analysis to improve the delivery of benefits and services has at least temporarily been halted.

FedHealthIT Xtra

- HealthcareITNews: Former CMS Administrator Andy Slavitt to create 'United States of Care'
- VA posts SES opening for Associate Exec Director for Procurement Policy, Systems and Oversight
- RFI: FDA Data Service EMR database system
- Nextgov: HHS Kicks Off Tour to Entice Startups
- CMS posts pre-solicitation notice for Measure and Instrument Development and Support (MIDS) IDIQ
- CMS SPARC and CIO-SP3 SB Prime, Technatomy seeks Federal Health IT Growth Exec
- FedTech: How NASA, HHS and NARA Drive IT Innovation

Tuesday, 2/6/2018

Resource: Developing Your HIMSS 2018 Game Plan - With more than 45,000 attendees it can be hard to connect with your Federal Health IT colleagues at the annual HIMSS conference. Included here are three things to help you make the most of your week: Key Sessions to attend; a list of booths you may want to visit; and some of the planned social events.

Reminder: CMS SPARC Industry Networking Event tonight – Registration is still open for this evening's INFORMAL event - an opportunity to meet and greet those who are large and small WINNERS on the \$25B SPARC IDIQ. Details Here.

Industry Move: Google recruits Federal Health industry veteran – With more than two decades of experience driving public sector health solutions partnerships and alliances in support of the largest software company in the world, the move to join Google Cloud as their new Partner Development Manager will be of interest to many former partners and those who might aspire to be.

Most Viewed Comments

Solicitation: CMS Health Plan Management System Operations Recompete
"CMS (and before that HCFA) has been 'competing' stuff directly to [the incumbent] for years. Wish they would just sole source it to them if that is who they want."

CMS Vendors will look to break in at VA by showcasing FWA talents
"If you are working in Program Integrity/FWA or healthcare claims processing at VA please contact me. HMS is looking to leverage our commercial and CMS expertise in PI/FWA in support of VA's new FWA initiatives. I am interested in..."

Acting Director takes reigns for new HHS Healthcare Cybersecurity Center
"It was 'terminated for convenience'"

Award: \$37.5M VA Transformation Support BPA - Beating out 5 other bidders, this fast rising SDVOSB just added this blanket purchase agreement to provide agency-wide management support and expert level advice to assist in transforming VA as they look to identify, reduce, and eliminate suboptimal processes for continuous incremental or breakthrough improvements on an agile framework.

Margo's Event of the Day CyberSecurity Summit with CMS

The agenda for this one-day summit extends well beyond health, but the addition of the CMS Lead for Incident Response, Forensics, Malware Analysis and Threat Intelligence to an already impressive speaker lineup of Federal leaders prepared to address current and emerging cyber efforts and needs, will make this worth a long look for many firms.

Details Here.

Who's Hiring: Unissant seeks VP to drive FedCiv Health Growth - Looking to leverage their growing Federal Health footprint and Prime position on several key contract vehicles, this small business is seeking an executive to create and manage a pipeline, primarily focused on CMS and its SPARC IDIQ (but not limited) and to build a network of key contacts and relationships within CMS and other HHS accounts (HHS, FDA, NIH, CDC, etc).

FedHealthIT Xtra

- FDA Selects Octo for \$300M Drug Resource Management System Development Contract
- Dinocrates recruits Federal Health Industry veteran, Jim St. Clair to serve as new CTO
- Blue Tech picks up VA Visage Software support task
- Politico: New Administration cancels CMS Innovation Center program
- HHS issues RFI for 508 Compliance Solutions for BI Reporting
- CMS Deputy Director QIIG shares what's on her 'Radar for the 2018 Quality Conference'
- Medical records management and exchange vendor, Ciox recruits W.B. "Mitch" Mitchell as Senior Government Solutions VP
- Stalled CMS health programs await a green light on the Hill
- VA CIO, Scott Blackburn to attend charity event to help returning soldiers transition to civilian careers
- NextGov: The CDC Is About to Fall Off a Funding Cliff

Monday, 2/5/2018

What you missed: Included here are some of the Most Viewed Items on G2X from Last week:

- Industry moves by Fed Health Executives - January 2018
- Who's Hiring: T4NG and CMS SPARC Prime seeks VP of Health Operations
- Industry Move: Salesforce recruits Former VA Chief Technology Strategist
- VA awards \$20M Cloud Security Support Services Task
- Event: Negotiations in Competitive Procurement with CMS
- Coast Guard urged to "Piggyback" on DoD/ VA EHR Modernization efforts
- Solicitation: \$48M CMS HPMS Operations Recompete
- HHS to host session focused on blockchain with ASPE, ONC, NIH, FDA and CMS
- GAO denies challenge on \$85M Program Integrity task at CMS
- Federal Health events added/ updated on the G2X calendar

Report: Federal Health Contract Awards for January 2018 - Included here is a list of some of the known contracts awarded or announced recently across HHS, VA, DHA and CMS.

Margo's Event of the Day

Event: Investments and Transformation at VA

The agenda is still being confirmed, but the early bird discount of \$300 ends next Thursday for this annual spring event which brings together 300+ VA officials and industry executives to discuss the challenges at the forefront of Veteran Healthcare operations, policy and procurements. If you know you are going, you may want to book now.

Details Here.

Most Viewed Comments

Coast Guard urged to "Piggyback" on DoD/VA EHR Modernization efforts
"so, the DoD is on a "strategic pause". VA is not yet signed. what would USCG be getting, exactly? better question: do they NEED such a complicated EHR? would a cloud based SaaS..."

Solicitation: CMS Health Plan Management System Operations Recompete
"Their website hasn't been updated since 2006 and the 'technologies' they list as cutting edge on their site weren't even cutting edge in 2006?! Great subterfuge!"

Federal Health Events added/updated on the G2X Calendar this week
"Wonder if EHRM will be awarded before this event?!"

Update: Acting Director takes reigns for new HHS Cybersecurity Center

- After a challenging second half of 2017, that included an investigation into contracting irregularities and possible fraud allegations along with the removal of two of their top leaders, the fledgling HHS Healthcare Cybersecurity and Communications Integration Center, led by their new Acting Director, appears to be continuing efforts to become a primary resource to protect the nation's healthcare system from cyber-attack.

Who's Hiring: CMS posts Chief Information Officer (CIO) opening - CMS

has posted a requisition seeking a Director for CMS's Office of Information Technology, charged with helping to enable the CMS IT strategy and services in support of numerous key efforts around Medicare Medicaid, CHIP, and the Federal Health Insurance Exchange (HealthCare.gov). This role description is worth the read for those who support CMS as it provides some insight into future areas of focus, while savvier firms will be working to influence who might apply.

Save the Date: July date confirmed for 2018 Defense Health IT

Symposium in Orlando - The DHITS 2018 website has been updated with event details. Registration and exhibit sales to open in March. Details Here.

FedHealthIT Xtra

- Cerner adds 17-month software maintenance task at Defense Health Agency
- Protest Denied for 7-year CMS Medicare Administrative Contractor task
- Federal News Radio: Overseers fear VA's new appeals modernization will go the way of past failed projects
- Former CMS CCIIO Deputy Director, Karen Shields Promoted to VP for Serco's Health Services Business Unit
- Former Physician Informaticist Lead consultant for VA EHRM takes new role with HHS AHRQ
- GSA Adds 31 Contractors to OASIS SB Pool 2, Increases Small Business Competition
- GovConWire: Booz Allen Hamilton Announces Passing of Gio Patterson, VP for Health Business
- VA awards \$9.4M contract for Performance Logic Rounding Center EOC software
- Former VA Employee Engagement and Change Management lead takes new role with Commerce Department
- Federal Times: There's an app for that — but getting access to Apple Health for military and vets is a long shot

Have news to share? Intelligence is everywhere. Unfortunately, our team of researchers is not. If you have insight, intelligence or news you are willing to share (Industry Moves, Awards, Solicitations, News, etc), please let us know at DailyTake@G2Xchange.com

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