

VHA PUBLIC-PRIVATE PARTNERSHIPS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes VHA policy on public-private partnerships (P3) between VHA and non-governmental organizations (NGOs).

2. SUMMARY OF MAJOR CHANGES: This VHA directive updates roles, and responsibilities for developing, maintaining and establishing P3 with NGOs and at the VHA Central Office Director level. The major changes include:

a. Transferring P3 Guidelines formerly included as Appendix A in this directive to the VHA intranet.

b. Updating responsibilities in paragraph 5 and training in paragraph 6.

3. RELATED ISSUES: VA Directive 0008, Developing Public-Private Partnerships with, and Accepting Gifts to VA from Non-Governmental Organizations, dated May 29, 2015.

4. RESPONSIBLE OFFICE: The Office of Community Engagement (10P10) is responsible for the content of this directive. Questions may be addressed to 202-461-5758.

5. RESCISSIONS: VHA Directive 1098, VHA Public-Private Partnerships, dated September 15, 2015, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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

/s/ Lucille B. Beck, PhD.
Deputy Under Secretary for Health
for Policy and Services

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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CONTENTS

VHA PUBLIC-PRIVATE PARTNERSHIPS

1.PURPOSE..... 1

2.BACKGROUND..... 1

3.DEFINITIONS 1

4.POLICY 2

5.RESPONSIBILITIES 2

6.TRAINING 7

7.RECORDS MANAGEMENT..... 7

8.REFERENCES..... 7

VHA PUBLIC-PRIVATE PARTNERSHIPS

1. PURPOSE

This Veterans Health Administration (VHA) directive updates VHA policy and practices regarding public-private partnerships (P3) between VHA and non-governmental organizations (NGOs) to promote the growth of responsible, productive, and innovative partnerships at the national, regional, State, and local levels.

AUTHORITY: Title 38 United States Code (U.S.C.), 521(b), 523, 6301, and 6306.

2. BACKGROUND

a. To meet large scale and complex challenges requiring cross-sector solutions and collaboration, VHA engages in P3 that leverage the full range of the Nation's talent, ingenuity, and commitment to action. These partnerships not only further the Department of Veterans Affairs' (VA's) mission and priorities, but also build capacity and create platforms for sharing resources to better serve Veterans, their families, caregivers, survivors, and other beneficiaries.

b. Developing and enhancing community partnerships is an important component of VHA's strategic direction. The Strategic Plans of both VA and VHA highlight the importance of partnerships. **NOTE:** For additional information on the strategic plans, see <https://www.va.gov/oei/docs/VA2018-2024strategicPlan.PDF>. Guidance on P3 facilitates appropriate use of the referenced authorities at the local, regional, and national levels and supports responsible and consistent partnerships that are established to achieve VA's strategic goals.

c. P3 are entered after careful and thorough evaluation of the intended purpose, benefits and risks, expected value to Veterans, VA, and VHA, and careful vetting of the external stakeholder(s). While all partnerships contain inherent risk in that the actions of external parties are outside VA control, adherence to the guidance on P3 can help to mitigate unforeseen risk and enhance the benefit and value of partnerships.

3. DEFINITIONS

a. **Due Diligence.** Due diligence is the research and evaluation of an individual, organization, or other entity external to the government prior to entering into a partnership. During the due diligence process, the background of the non-VHA partner is examined and the risks and benefits of the potential partnership are evaluated. The investigation, or exercise of care, that a reasonable business or person performs before entering into an agreement or formal partnership with an NGO is completed to protect Veterans, their families, caregivers, survivors, VA/VHA, and other stakeholders by the appropriate level of official who is performing the due diligence and developing the Memorandum of Agreement (MOA). **NOTE:** See VA Directive 0008, *Developing Public-Private Partnerships with, and Accepting Gifts to VA from, Non-Governmental Organizations*, dated May 29, 2015.

b. **Informal Partnership.** Informal Partnership is a voluntary, collaborative, nonmonetary working relationship between VHA and one or more NGOs in which the goals are mutually agreed upon and not codified in a formal document, often a memorandum of agreement. The relationship might be short-term, focused on a single or small number of outcomes, and may lead to a formalized partnership at a later date. For the purpose of this directive, these are not considered P3.

c. **Memorandum of Agreement.** A Memorandum of Agreement (MOA) is a formal written document between VHA and an NGO that describes the collaboration between the two parties including the roles, responsibilities, outcomes that measure impact and success, points of contact, and limitations of the partnership approved by the Office of General Counsel (OGC).

d. **Non-Governmental Organization.** An NGO is any private or commercial entity other than a government agency (Federal, State, local, tribal), including but not limited to corporations, academia, charities, nonprofit organizations or associations, and international and multinational organizations.

e. **Public-Private Partnership.** P3 is a voluntary, collaborative, nonmonetary working relationship between VHA and one or more NGOs in which the goals, structures, governance, and roles and responsibilities are mutually determined to deliver the best possible services.

4. POLICY

It is VHA policy to develop and maintain nonmonetary, responsible and productive P3 with NGOs that align with VA's mission and priorities in order to build capacity, improve customer service, promote equitable access to care, and create platforms for sharing resources to better serve Veterans, their families, caregivers, survivors, and other beneficiaries. **NOTE:** *The directive does not apply to informal partnerships or relationships developed at the local level, though VA personnel may use this as a guide in their development and evaluation. Partnerships created under this directive are not intended for the procurement of community care for Veterans.*

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is the signing authority for P3 at the national level and is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Ensuring that each VISN Director has the sufficient resources to implement this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive, relevant standards, and applicable regulations.

(4) Ensuring updates to the repository with completed P3 documents once signed by Under Secretary for Health and partnership leadership.

c. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for providing oversight to ensure compliance with this directive across VHA.

d. **Director, Office of Community Engagement.** The Director, Office of Community Engagement (OCE), is responsible for:

(1) Supporting the VA medical facility, VISN, and national implementation of this directive.

(2) Collaborating with VHA personnel to facilitate the development of effective P3 across the VHA health care system.

(3) Providing training, technical assistance, and clarification regarding this directive. This includes advising VHA personnel at the VA medical facility, VISN, and national level when questions arise about how and whether to initiate, maintain or discontinue specific partnerships. See Paragraph 6 for training information.

(4) Gathering, analyzing, and disseminating information on VHA P3 in the interest of exercising best practices, developing VHA's strategic direction regarding partnership, and promoting the growth of a more effective and responsible partnership, both at the national and local level.

(5) Serving as a VHA liaison and point of contact (POC) for community partnership-related questions or issues.

(6) Collaborating with the Secretary's Center for Strategic Partnerships (SCSP) Executive Advisor and OGC Deputy Chief Counsel on the modification and dissemination of the MOA template. **NOTE:** *The MOA template can be found on <http://vaww.oce.med.va.gov/P3Guidance.aspx>. This is an internal VA Web site that is not available to the public.*

(7) Providing consultative services facilitating the development, review, renewal, and modification of P3 at the national and local level in collaboration with the VHA POC and subject matter experts (SMEs). P3 are for one year with two one-year options, for a total of three years.

(8) Providing additional oversight of potential community partnerships when due diligence efforts determine a possible partnership could pose excess risk to participating Veterans or VHA. The OCE Director or designee must consult with appropriate program office(s), OGC, and VHA Privacy Officer if the OCE Director deems additional review is appropriate.

(9) Ensuring the repository is updated with completed P3 documents once signed by Under Secretary for Health and partnership leadership for all VHA-level partnerships under the oversight of OCE.

e. **VHA Central Office Program Office Director.** The Director or equivalent official of each VHA Central Office (VHACO) Program Office is responsible for:

(1) Ensuring due diligence is completed before agreeing to collaborate or partner with an outside entity managed by VHACO Program Office.

(2) Ensuring that partnerships at the VHACO Program Office level support implementation at VISNs, VA medical facilities, and Vet Centers, including identifying the resources required for the partnership to be successful.

(3) Providing oversight of P3 at VISNs, VA medical facilities, and Vet Centers, if needed, and associated MOA to ensure compliance with this directive, relevant standards, and applicable regulations when VHACO Program Office Director is the POC. Please see paragraph 8 for references to the standards and regulations.

(4) Ensuring that there is a POC for all formalized partnerships within the managing VHACO Program Office.

(5) Communicating POC contact information to OCE when the POC changes or upon request.

(6) Responding to inquiries and submitting data specified in the VHACO P3 MOA periodically or upon request to OCE and the relevant Deputy Under Secretary for Health.

(7) Maintaining data reports resulting from inquiries to measuring performance of MOA, including updating the national strategic partnership repository through Salesforce or its equivalent, on current P3 that have been established at the VHACO Program Office level.

(8) Ensuring that P3 comply with VHA policy and the requirements of this directive, specifically, providing additional oversight of potential community partnerships among the VHACO Program Office and NGOs when due diligence efforts determine a possible partnership could pose excess risk to participating Veterans or VHA. The VHACO Program Office POC must consult with appropriate Deputy Under Secretaries for Health, VHACO program offices, OGC, VHACO Privacy Officer, or OCE if the VHACO Program Office POC deems additional review is appropriate.

(9) Ensuring training is available through VA Talent Management System (TMS) or equivalent for and completed by new personnel performing duties pertaining to establishing and maintaining relationships with NGOs. See Paragraph 6 for training information.

(10) Ensuring updating the repository with completed P3 documents once signed by Under Secretary for Health and partnership leadership for all VHA-level partnerships under their oversight.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring P3s at the VISN level support implementation at VA medical facilities, including allocating the appropriate resources required for the partnership to be successful, and reporting the outcomes of these partnerships to the Deputy Under Secretary for Health for Operations and Management or equivalent.

(2) Providing oversight of VISN and VA medical facility P3 when the VISN Director is designated POC and ensuring appropriate evaluation mechanisms, as defined by the respective VA medical facility Directors, are in place.

(3) Ensuring that there is a current POC at the VISN and VA medical facility levels for all formalized partnerships within the VISN reporting to Deputy Under Secretary for Health for Operations and Management.

(4) Ensuring that VISN P3s comply with VHA policy and the requirements of this directive.

(5) Communicating POC contact information to OCE when the POC changes or upon request.

(6) Responding to inquiries and submitting data specified in the P3 MOA, or VA medical facility P3 within the respective VISN, periodically or upon request to OCE.

(7) Ensuring updating the repository with completed P3 documents once signed by Under Secretary for Health and partnership leadership for all VISN-level partnerships under their oversight.

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring business processes, including due diligence, are completed before agreeing to collaborate or partner with an outside entity for VA medical facility-level P3 when the VA medical facility Director is the POC. This function may be assigned to a designee by the VA medical facility Director.

(2) Ensuring that there is a current POC for all formalized partnerships established at the VA medical facility level.

(3) Communicating POC contact information to the VISN and to OCE when POC changes or upon request. This function may be assigned to a designee by the VA medical facility Director.

(4) Maintaining data reports resulting from inquiries measuring performance in the MOA on current P3 that have been established at the VA medical facility.

(5) Promoting current partnerships and available community resources, supporting the exploration and development of responsible and productive partnerships, and serving as an on-site resource to review questions about partnerships.

(6) Providing additional oversight of potential community partnerships among the VA medical facility and NGOs when due diligence efforts determine a possible partnership could pose excess risk to participating Veterans or VHA. The VA medical facility Director must consult with appropriate program offices, OGC, the VA medical facility Privacy Officer, or OCE if the VA medical facility Director deems additional review is appropriate.

(7) Ensuring that the VA medical facility P3 complies with VHA policy including VHA Handbook 1620.01, Voluntary Service Procedures, dated February 12, 2010; VHA Directive 0311, Joint Ventures, dated November 8, 2011, VHA Directive 4721, VHA General Post Funds, Gifts and Donations, dated August 13, 2018; VHA Directive 2011-034, Homeless Veterans Legal Referral Process, dated September 2011; VHA Directive 1107, Fisher Houses and Other Temporary Lodging, dated March 10, 2011; and this directive.

(8) Establishing and distributing VA medical facility procedures consistent with this directive as necessary.

(9) Establishing appropriate evaluation mechanisms for the P3 at the VA medical facility.

(10) Ensuring the potential partnering organization is not on a contract with VHA or involved in a procurement or have plans to bid on one in the future.

(11) Establishing a tracking and monitoring process for P3 at the VA medical facility.

(12) Ensuring that the VA medical facility POC is aware of the training available through VA TMS. See paragraph 6 for training information.

(13) Encouraging the VA medical facility POC to inform the appropriate supervisor throughout the process of establishing and maintaining relationships with NGOs.

(14) Ensuring updating the repository with completed P3 documents once signed by Under Secretary for Health and partnership leadership for all VA medical facility-level partnerships under their oversight.

h. **VA Public-Private Partnership Point of Contact.** The VHACO, VISN, VA medical facility, and Vet Center P3 POC is responsible for:

(1) Ensuring partnership data is in Salesforce or equivalent repository and the status is current.

- (2) Maintaining direct communications with P3 partners.
- (3) Reporting progress of P3 to appropriate leadership.
- (4) Receiving reports resulting from inquiries, measuring performance in MOA, and completing annual reviews.
- (5) Making recommendations to appropriate leadership to continue the partnership.

6. TRAINING

The following training is recommended for VHA staff members who are involved in creating or managing nonmonetary partnerships with nongovernmental organizations: TMS VHA Public Private Partnership item # 24092. **NOTE:** For more information on P3 training, see <https://www.tms.va.gov/SecureAuth35/>. This is an internal VA Web site that is not available to the public.

7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Any questions regarding any aspect of records management, should be directed to the VA medical facility Records Manager or Records Liaison.

8. REFERENCES

- a. 38 U.S.C. 521(b).
- b. 38 U.S.C. 523.
- c. 38 U.S.C. 6301.
- d. 38 U.S.C. 6306.
- e. VA Directive 0008, Developing Public-Private Partnerships with, and Accepting Gifts to VA from, Non-Governmental Organizations, dated May 29, 2015.
- f. VA FY 2018-2024 Strategic Plan: <https://www.va.gov/oei/docs/VA2018-2024strategicPlan.PDF>.
- g. VHA Directive 0311, Joint Ventures, dated November 8, 2011.
- h. VHA Directive 1107, Fisher Houses and Other Temporary Lodging, dated March 10, 2011.
- i. VHA Directive 2011-034, Homeless Veterans Legal Referral Process, dated September 6, 2011.

j. VHA Directive 4721, VHA General Post Funds, Gifts and Donations, dated August 13, 2018.

k. VHA Handbook 1620.01, Voluntary Service Procedures, dated February 12, 2010.