

this rule and concluded that under figure 2-1, paragraph 34(g) of Commandant Instruction M16475.1D, this rule is categorically excluded from further environmental documentation. A "Categorical Exclusion Determination" is available in the docket for inspection or copying where indicated under **ADDRESSES**.

Energy Effects

We have analyzed this rule under Executive Order 13211, Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution, or Use. We have determined that it is not a "significant energy action" under that order because it is not a "significant regulatory action" under Executive Order 12866 and is not likely to have a significant adverse effect on the supply, distribution, or use of energy. It has not been designated by the Administrator of the Office of Information and Regulatory Affairs as a significant energy action. Therefore, it does not require a Statement of Energy Effects under Executive Order 13211.

List of Subjects in 33 CFR Part 165

Harbors, Marine safety, Navigation (water), Reporting and recordkeeping, Security Measures, Waterways.

For the reasons set out in the preamble, the Coast Guard amends 33 CFR part 165 as follows:

PART 165—REGULATED NAVIGATION AREAS AND LIMITED ACCESS AREAS

1. The authority citation for part 165 continues to read as follows:

Authority: 33 U.S.C. 1231; 50 U.S.C. 191, 33 CFR 1.05-1(g), 6.04-1, 6.04-6 160.5; 49 CFR 1.46.

2. Revise temporary § 165.T01-188(b) to read as follows:

§ 165.T01-188 Safety and Security Zones: High Interest Vessel Transits, Narragansett Bay, Providence River, and Taunton River, Rhode Island.

* * * * *

(b) *Effective date.* This rule is effective from October 6, 2001, through September 15, 2002.

* * * * *

Dated: April 24, 2002.

Mark G. VanHaverbeke,

Captain, U.S. Coast Guard, Captain of the Port.

[FR Doc. 02-12422 Filed 5-17-02; 8:45 am]

BILLING CODE 4910-15-P

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 17

RIN 2900-AK32

Medical Benefits Package; Copayments for Extended Care Services

AGENCY: Department of Veterans Affairs.

ACTION: Final rule.

SUMMARY: This document amends VA's medical regulations by adding the following extended care services to the medical benefits package: noninstitutional adult day health care, noninstitutional geriatric evaluation, and noninstitutional respite care. Also, this document amends VA's medical regulations to establish provisions regarding copayments for extended care services. These actions implement provisions of the Veterans Millennium Health Care and Benefits Act.

DATES: Effective Date: June 17, 2002.

FOR FURTHER INFORMATION CONTACT:

Daniel Schoeps, Geriatrics and Extended Care (114), at (202) 273-8540 for issues regarding the medical benefits package, and Nancy Howard, Revenue Office (174), at (202) 273-8198 for issues regarding copayments for extended care services. Both are officials in the Veterans Health Administration, 810 Vermont Avenue NW, Washington, DC 20420.

SUPPLEMENTARY INFORMATION: In a document published in the **Federal Register** on October 4, 2001 (66 FR 50594), we proposed to amend VA's medical regulations at 38 CFR 17.38 by adding the following extended care services to the medical benefits package for veterans enrolled in the VA healthcare system: noninstitutional adult day health care, noninstitutional geriatric evaluation, and noninstitutional respite care. In the same document we also proposed to amend VA's medical regulations at 38 CFR 17.111 to establish provisions regarding copayments for extended care services.

We provided a 60-day comment period that ended December 3, 2001. We received five comments. The issues raised by the commenters are discussed below. Based on the rationale set forth in the proposed rule and this document, we are adopting the provisions of the proposed rule subject to clarifying changes and other changes discussed below.

Medical Benefits Package

One commenter indicated that the provisions regarding noninstitutional

adult day health care and noninstitutional respite care should indicate that VA will pay for enrolled veterans through contract where services in VA facilities are not available. No changes are made based on this comment. VA's decisions whether to provide noninstitutional adult day health care and noninstitutional respite care by contract depend on many factors such as the availability of VA and contract services, the veteran's needs, and limitations in VA's statutory authority (38 U.S.C. 1703, 1720B, and 8153). Within these limitations, VA will attempt to provide this care by contract where it is not available in VA facilities.

Copayments for Extended Care Services

The Veterans Millennium Health Care and Benefits Act (Pub.L. 106-117) established provisions regarding copayments for extended care services provided to veterans by VA. These provisions are set forth at 38 U.S.C. 1710B.

The final rule states that, with certain exceptions, as a condition of receiving extended care services, a veteran must agree to pay VA a copayment. This restates statutory provisions at 38 U.S.C. 1710B. The final rule provides that the following extended care services are subject to the corresponding copayment amount per day:

- (i) Adult day health care—\$15.
- (ii) Domiciliary care—\$5.
- (iii) Institutional respite care—\$97.
- (iv) Institutional geriatric evaluation—\$97.
- (v) Non-institutional geriatric evaluation—\$15.
- (vi) Non-institutional respite care—\$15.
- (vii) Nursing home care—\$97.

One commenter asserted that the copayment for adult day health care should be \$5 to \$7 per day based on her conclusion that the \$15 amount would be more than some would be able to pay. One commenter noted that domiciliary care "is restricted to veterans with very low incomes" and asserted that the proposal to charge \$5 per day is too high. Three commenters expressed concern about whether low-income veterans would forgo nursing home care because of the \$97 copayment amount per day. No changes are made based on these comments. Statutory provisions at 38 U.S.C. 1710B require that VA establish copayment amounts for extended care services. Under the final rule a veteran has no copayment obligation for the first 21 days of extended care services in any 12-month period from the date extended care services began. Further, for each

day that extended care services are provided beyond the first 21 days, the veteran may not have to pay any copayment or may be required to pay only a portion of the copayment. As indicated in the regulatory text portion of this document, some veterans, including all veterans whose income is below \$9,556, are exempt from the copayment requirements altogether. Those not exempted are obligated to pay a copayment for each day that extended care services are provided to the extent the veteran has "available resources". We revised the regulatory text to clarify that "available resources" are calculated on a monthly basis.

If a veteran has been receiving extended care services for 180 days or less, "available resources" means the sum of the income of both the veteran and the veteran's spouse minus the sum of the veterans allowance and the spousal allowance. If the veteran has been receiving extended care services for 181 days or more, liquid assets and fixed assets would be included in "available resources". Expenses are included in the veterans allowance if the veteran has been receiving extended care services for 180 days or less, the veteran is receiving only adult day health care or other noninstitutional care, or the veteran has a spouse or dependents residing in the community (not institutionalized).

This formula is designed to ensure that veterans institutionalized for 180 days or less will have the means to return home and that their resources are not depleted due to the requirement to make copayments.

One commenter particularly had concerns about veterans in nursing homes with incomes between \$9,556 and \$24,000. The commenter suggested that VA establish a sliding scale that would require full copayments for only those with income above \$24,000. No changes are made based on these comments. VA statistics indicate that the average daily copayment for those receiving nursing home care provided by VA would be approximately \$14. The average daily copayment for those in the income range mentioned by the commenter would be less than \$14.

One commenter requested that we provide examples of copayment calculations for a single veteran and a veteran with a spouse. Accordingly, we offer the following examples:

A Veteran in a Nursing Home With no Spouse

There would be no copayment for the first 21 days of care. For the next 169 days the available resources used in determining the copayment would be

the income of the veteran minus the veterans allowance. During this time period, the veterans allowance includes living expenses.

After 180 days of nursing home care, the available resources used in determining the copayment would be the sum of the veteran's income and liquid and fixed assets minus the veterans allowance. During this time period, the veterans allowance does not include living expenses. The veteran's fixed and liquid assets would be reduced each month by the amount of the copayment amount that is not covered by the veteran's income after the veterans allowance is subtracted.

A Veteran in a Nursing Home With a Spouse or Dependent Residing in the Community

There would be no copayment for the first 21 days of care. For the next 169 days the available resources used in determining the copayment would be the income of the veteran and spouse minus the veteran's and spouse's deductible expenses minus the veterans and spousal allowance. On the 181st day of nursing home care, the available resources used in determining the copayment would be the sum of the veteran and spousal income and the liquid and fixed assets (excluding the primary residence of the spouse and one vehicle) minus the veteran's and spouse's deductible expenses minus the veterans and spousal allowance. Thereafter, the fixed and liquid assets would be reduced each month by the copayment amount that is not covered by the veteran and spousal income after the allowances (which include expenses) are subtracted.

The final rule provides that veterans are not subject to the copayment requirements if their annual income (determined under 38 U.S.C. 1503) is less than the amount in effect under 38 U.S.C. 1521(b). One commenter asserted that this exemption should be changed to provide a different formula with an increased amount. No changes are made based on this comment. We have no authority to change the statutory formula.

As noted above, a veteran would be obligated to pay the copayment only to the extent the veteran and the veteran's spouse have "available resources." As proposed, "available resources" include IRA's and 401K's. One commenter asserted that IRA's and 401K's should not be included if they are subject to penalty if withdrawn early. No changes are made based on this comment. We see no reason for treating IRA's and 401K's differently from other available assets of the veteran. In addition, just

because VA considers these investments does not require veterans to withdraw the money and incur the penalty. Exempting assets that are subject to a penalty for early withdrawal would encourage veterans to shelter their assets in these investments. Further, treating IRA's and 401K's differently from other assets would create an undue administrative burden.

The final rule provides that "[a]dult day health care is a therapeutic outpatient care program that provides medical services, rehabilitation, therapeutic activities, socialization, nutrition and transportation services to disabled veterans in a congregate setting." One commenter asserted that the word "provides" should be changed to "provides or makes available" to ensure that the reader would understand that VA may obtain such care by contract. No changes are made based on this comment. The final rule at § 17.111(a) already covers this matter by stating that the extended care services are to be provided to veterans by VA "either directly by VA or paid for by VA." The commenter also asserted that the term "medical services" should be defined. No changes are made based on this comment. The definition of adult day health care was included merely to distinguish it from other types of extended care services and not to establish the parameters of medical services provided. The overall parameters of medical services provided by VA are specified in the Medical benefits package which is set forth at 38 CFR 17.38. The commenter further questioned whether transportation and rehabilitation services are included in VA contracts for adult day health care services. In response, we note that they are included.

The proposed rule provided that a veteran receiving extended care services must submit to VA, among other things, a report of a change in income within 10 days of the change. One commenter asserted that the 10-day period should be extended to 30 to 45 days based on the further assertion that the veteran would not know how much to report until the "increase shows in a check." We intended that the 10-day period begin when the veteran received the income. Accordingly, we have clarified the final rule to reflect this concept.

One commenter expressed concern regarding whether VA would provide assistance to those needing help in preparing forms and documentation under the final rule. No changes are made based on this comment. VA has individuals available at VA medical facilities to help veterans prepare such forms and documentation.

One commenter questioned whether VA has appeal procedures that would apply if a veteran were denied services. No changes are made based on this comment. We have established voluntary reconsideration procedures at 38 CFR 17.133. Further, veterans may appeal VA decisions regarding the provision of extended care services to the Board of Veterans' Appeals and the U.S. Court of Appeals for Veterans Claims.

Paperwork Reduction Act

The collection of information contained in the notice of the proposed rulemaking was submitted to the Office of Management and Budget (OMB) for review in accordance with the Paperwork Reduction Act (44 U.S.C. 3501–3520).

Under the provisions of § 17.111(e), a veteran who wishes to receive extended care services must apply by submitting a completed VA Form 10–10EC and documentation requested by the Form to a VA medical facility. VA Form 10–10EC is set forth in full at § 17.111(g). Except for those exempted under § 17.111(f), this information is needed to determine whether the veteran's financial circumstances require a copayment, and, if so, the amount of that copayment obligation. Moreover, a veteran must submit certain updated information to a VA medical facility at specified times following the initial request for an episode of extended care services, such as after a break in provision of extended care services for more than 30 days or when changes in the veteran's financial circumstances might change the copayment obligation.

Interested parties were invited to submit comments on the collection of information. However, no comments were received. Nevertheless, changes to the VA Form 10–10EC published in the **Federal Register** on October 4, 2001 (66 FR 50594) are made in this document.

The portion of the form concerning fixed assets, liquid assets, expenses, and other income are changed for purposes of clarification. Also, the consent portion of the form has deleted the authorization language to release substance abuse/sickle cell anemia/HIV medical records because, under 38 U.S.C. 4132, another specific consent form is necessary to authorize release of such records.

OMB has approved this information collection under control number 2900–0629. VA is not authorized to impose a penalty on persons for failure to comply with information collection requirements which do not display a current OMB control number, if required.

Unfunded Mandates

The Unfunded Mandates Reform Act requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before developing any rule that may result in an expenditure by State, local, or tribal governments, in the aggregate, or by the private sector of \$100 million or more in any given year. This rule would have no consequential effect on State, local, or tribal governments.

Executive Order 12866

This document has been reviewed by the Office of Management and Budget under Executive Order 12866. The projected cost estimate for this final rule is \$25,425,282 for nursing home care, \$3,397,862 for adult day health care, and \$6,679,916 for home respite care, for a total annual cost of \$35,503,060.

Regulatory Flexibility Act

The Secretary hereby certifies that this regulatory amendment will not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act (RFA), 5 U.S.C. 601–612. This amendment would not directly affect any small entities. Only individuals could be directly affected. Therefore, pursuant to 5 U.S.C. 605(b), this amendment is exempt from the initial and final regulatory flexibility analysis requirements of sections 603 and 604.

Catalog of Federal Domestic Assistance Numbers

The Catalog of Federal Domestic Assistance numbers for the programs affected by this document are 64.005, 64.007, 64.008, 64.009, 64.010, 64.011, 64.012, 64.013, 64.014, 64.015, 64.016, 64.018, 64.019, 64.022, and 64.025.

List of Subjects in 38 CFR Part 17

Administrative practice and procedure, Alcohol abuse, Alcoholism, Claims, Day care, Dental health, Drug abuse, Foreign relations, Government contracts, Grant programs–health, Grant programs–veterans, Health care, Health facilities, Health professions, Health records, Homeless, Medical and dental schools, Medical devices, Medical research, Mental health programs, Nursing homes, Philippines, Reporting and recordkeeping requirements, Scholarships and fellowships, Travel and transportation expenses, Veterans.

Approved: March 14, 2002.

Anthony J. Principi,

Secretary of Veterans Affairs.

For the reasons set out in the preamble, 38 CFR part 17 is amended as set forth below:

PART 17—MEDICAL

1. The authority citation for part 17 continues to read as follows:

Authority: 38 U.S.C. 501, 1721, unless otherwise noted.

§ 17.36 [Amended]

2. Section 17.36 is amended by:
 - A. In paragraph (a)(1), removing “VA hospital and outpatient care” and adding, in its place, “the ‘medical benefits package’ set forth in § 17.38”.
 - B. In paragraphs (a)(2) and (a)(3), removing “hospital and outpatient”.
 - C. In paragraph (b)(3), removing “hospital and outpatient” and adding, in its place, “that”.

§ 17.37 [Amended]

3. Section 17.37 is amended by:
 - A. In paragraphs (a), (b), (c), (e), (g), (h), and (i), removing “hospital and outpatient”.
 - B. In paragraph (f), removing “VA hospital and outpatient care” and adding, in its place, “care provided for in the ‘medical benefits package’”.
4. Section 17.38 is amended by:
 - A. Revising paragraph (a) introductory text.
 - B. Revising paragraph (a)(1)(xi).
 - C. Revising the authority citation at the end of the section.

The revisions read as follows:

§ 17.38 Medical benefits package.

(a) Subject to paragraphs (b) and (c) of this section, the following hospital, outpatient, and extended care services constitute the “medical benefits package” (basic care and preventive care):

- (1) * * *
- (xi)(A) Hospice care, palliative care, and institutional respite care; and
- (B) Noninstitutional geriatric evaluation, noninstitutional adult day health care, and noninstitutional respite care.

* * * * *

(Authority: 38 U.S.C. 101, 501, 1701, 1705, 1710, 1710A, 1721, 1722)

5. Sections 17.112 through 17.115 including the undesignated center heading “REIMBURSEMENT FOR LOSS BY NATURAL DISASTER OF PERSONAL EFFECTS OF HOSPITALIZED OR NURSING HOME PATIENTS” are redesignated as §§ 17.113 through 17.116, respectively.

6. Section 17.111 is redesignated as § 17.112.

7. A new § 17.111 is added preceding the undesignated center heading "CEREMONIES" to read as follows:

§ 17.111 Copayments for Extended care services.

(a) *General.* This section sets forth requirements regarding copayments for extended care services provided to veterans by VA (either directly by VA or paid for by VA).

(b) *Copayments.* (1) Unless exempted under paragraph (f) of this section, as a condition of receiving extended care services from VA, a veteran must agree to pay VA and is obligated to pay VA a copayment as specified by this section. A veteran has no obligation to pay a copayment for the first 21 days of extended care services that VA provided the veteran in any 12-month period (the 12-month period begins on the date that VA first provided extended care services to the veteran). However, for each day that extended care services are provided beyond the first 21 days, a veteran is obligated to pay VA the copayment amount set forth below to the extent the veteran has available resources. Available resources are based on monthly calculations, as determined under paragraph (d) of this section. The following sets forth the extended care services provided by VA and the corresponding copayment amount per day:

- (i) Adult day health care—\$15.
- (ii) Domiciliary care—\$5.
- (iii) Institutional respite care—\$97.
- (iv) Institutional geriatric evaluation—\$97.
- (v) Non-institutional geriatric evaluation—\$15.
- (vi) Non-institutional respite care—\$15.
- (vii) Nursing home care—\$97.

(2) For purposes of counting the number of days for which a veteran is obligated to make a copayment under this section, VA will count each day that adult day health care, non-institutional geriatric evaluation, and non-institutional respite care are provided and will count each full day and partial day for each inpatient stay except for the day of discharge.

(c) *Definitions.* For purposes of this section:

(1) *Adult day health care* is a therapeutic outpatient care program that provides medical services, rehabilitation, therapeutic activities, socialization, nutrition and transportation services to disabled veterans in a congregate setting.

(2) *Domiciliary care* is defined in § 17.30(b).

(3) *Extended care services* means adult day health care, domiciliary care, institutional geriatric evaluation, noninstitutional geriatric evaluation, nursing home care, institutional respite care, and noninstitutional respite care.

(4) *Geriatric evaluation* is a specialized, diagnostic/consultative service provided by an interdisciplinary team that is for the purpose of providing a comprehensive assessment, care plan, and extended care service recommendations.

(5) *Institutional* means a setting in a hospital, domiciliary, or nursing home of overnight stays of one or more days.

(6) *Noninstitutional* means a service that does not include an overnight stay.

(7) *Nursing home care* means the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who require nursing care and related medical services, if such nursing care and medical services are prescribed by, or are performed under the general direction of, persons duly licensed to provide such care (nursing services must be provided 24 hours a day). Such term includes services furnished in skilled nursing care facilities. Such term excludes hospice care.

(8) *Respite care* means care which is of limited duration, is furnished on an intermittent basis to a veteran who is suffering from a chronic illness and who resides primarily at home, and is furnished for the purpose of helping the veteran to continue residing primarily at home. (Respite providers temporarily replace the caregivers to provide services ranging from supervision to skilled care needs.)

(d) *Effect of the veteran's financial resources on obligation to pay copayment.* (1) A veteran is obligated to pay the copayment to the extent the veteran and the veteran's spouse have available resources. For purposes of this section, available resources means the sum of the value of the liquid assets, the fixed assets, and the income of the veteran and the veteran's spouse, minus the sum of the veterans allowance, and the spousal allowance. Liquid assets and fixed assets are included in available resources if the veteran has been receiving extended care services for 181 days or more.

(2) For purposes of determining available resources under this section:

(i) *Income* means current income (including, but not limited to, wages and income from a business (minus business expenses), bonuses, tips, severance pay, accrued benefits, cash gifts, inheritance amounts, interest income, standard dividend income from non tax deferred annuities, retirement

income, pension income, unemployment payments, worker's compensation payments, black lung payments, tort settlement payments, social security payments, court mandated payments, payments from VA or any other Federal programs, and any other income). The amount of current income will be stated in frequency of receipt, e.g., per week, per month.

(ii) *Expenses* means basic subsistence expenses, including current expenses for the following: rent/mortgage for primary residence; vehicle payment for one vehicle; food for veteran, veteran's spouse, and veteran's dependents; education for veteran, veteran's spouse, and veteran's dependents; court-ordered payments of veteran or veteran's spouse (e.g., alimony, child-support); and including the average monthly expenses during the past year for the following: utilities and insurance for the primary residence; out-of-pocket medical care costs not otherwise covered by insurance and medical insurance for the veteran, veteran's spouse, and veteran's dependents; and taxes paid on income.

(iii) *Fixed Assets* means:

(A) Real property and other non-liquid assets; except that this does not include—

- (1) Burial plots,
- (2) A residence if the residence is:
 - (i) The primary residence of the veteran and the veteran is receiving only noninstitutional extended care service, or
 - (ii) The primary residence of the veteran's spouse or the veteran's dependents (if the veteran does not have a spouse) if the veteran is receiving institutional extended care service.
- (3) A vehicle if the vehicle is:
 - (i) The vehicle of the veteran and the veteran is receiving only noninstitutional extended care service, or
 - (ii) The vehicle of the veteran's spouse or the veteran's dependents (if the veteran does not have a spouse) if the veteran is receiving institutional extended care service.

(iv) *Liquid assets* means cash, stocks, dividends received from IRA, 401K's and other tax deferred annuities, bonds, mutual funds, and retirement accounts (e.g., IRA, 401Ks, annuities), household furniture, household goods, clothing, jewelry, personal items.

(v) *Spousal allowance* is an allowance of \$20 per day that is included only if the spouse resides in the community (not institutionalized).

(vi) *Veterans allowance* is an allowance of \$20 per day and includes expenses if the veteran has been receiving extended care services for 180 days or less, the veteran is receiving

only adult day health care or other noninstitutional care, or the veteran has a spouse or dependents residing in the community (not institutionalized).

(3) The maximum amount of a copayment for any month equals the copayment amount specified in paragraph (b)(1) of this section multiplied by the number of days in the month. The copayment for any month may be less than the amount specified in paragraph (b)(1) of this section if the veteran provides information in accordance with this section to establish that the copayment should be reduced or eliminated.

(e) *Requirement to submit information.* (1) Unless exempted under paragraph (f) of this section, a veteran must submit to a VA medical facility a completed VA Form 10-10EC and documentation requested by the Form at the following times:

(i) At the time of initial request for an episode of extended care services,

(ii) At the time of request for extended care services after a break in provision of extended care services for more than 30 days, and

(iii) Each year at the time of submission to VA of VA Form 10-10EZ.

(2) When there are changes that might change the copayment obligation (i.e., changes regarding fixed assets, liquid assets, expenses, income (when received), or whether the veteran has a spouse or dependents residing in the community), the veteran must report those changes to a VA medical facility within 10 days of the change.

(f) *Veterans and care that are not subject to the copayment requirements.* The following veterans and care are not subject to the copayment requirements of this section:

(1) A veteran with a compensable service-connected disability,

(2) A veteran whose annual income (determined under 38 U.S.C. 1503) is

less than the amount in effect under 38 U.S.C. 1521(b),

(3) Care for a veteran's noncompensable zero percent service-connected disability,

(4) An episode of extended care services that began on or before November 30, 1999,

(5) Care authorized under 38 U.S.C. 1710(e) for Vietnam-era herbicide-exposed veterans, radiation-exposed veterans, Persian Gulf War veterans, or post-Persian Gulf War combat-exposed veterans,


(6) Care for treatment of sexual trauma as authorized under 38 U.S.C. 1720D, or

(7) Care or services authorized under 38 U.S.C. 1720E for certain veterans regarding cancer of the head or neck.

(Authority: 38 U.S.C. 101(28), 501, 1701(7), 1710, 1720B, 1720D, 1722A)

(g) *VA Form 10-10EC.*

BILLING CODE 8320-01-P

 Department of Veterans Affairs		APPLICATION FOR EXTENDED CARE SERVICES	
Section I - General Information			
1. VETERAN'S NAME (Last, First, MI)		2. SOCIAL SECURITY NUMBER	
ANSWER YES OR NO WHERE APPLICABLE (OTHERWISE PROVIDE THE REQUESTED INFORMATION)			
3. ARE YOU ELIGIBLE FOR MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO		3A. ARE YOU ENROLLED IN MEDICARE PART A (Hospital Insurance) <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. ARE YOU ENROLLED IN MEDICARE PART B (Medical Insurance) <input type="checkbox"/> YES <input type="checkbox"/> NO		3B. EFFECTIVE DATE (If "Yes") 4A. EFFECTIVE DATE (If "Yes") 4B. MEDICARE CLAIM NUMBER (If applicable)	
Section II - INSURANCE INFORMATION			
5. ARE YOU COVERED BY HEALTH INSURANCE (including coverage through a spouse)? (If "YES", provide the following information for all insurance company(s) providing coverage to you.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. NAME OF INSURANCE COMPANY		6A. ADDRESS OF INSURANCE COMPANY	
6C. NAME OF POLICY HOLDER		6B. PHONE NUMBER OF INSURANCE COMPANY	
6D. RELATIONSHIP OF POLICY HOLDER		6E. POLICY NUMBER	
6F. GROUP NAME AND/OR NUMBER			
7. NAME OF INSURANCE COMPANY		7A. ADDRESS OF INSURANCE COMPANY	
7C. NAME OF POLICY HOLDER		7B. PHONE NUMBER OF INSURANCE COMPANY	
7D. RELATIONSHIP OF POLICY HOLDER		7E. POLICY NUMBER	
7F. GROUP NAME AND/OR NUMBER			
8. NAME OF INSURANCE COMPANY		8A. ADDRESS OF INSURANCE COMPANY	
8C. NAME OF POLICY HOLDER		8B. PHONE NUMBER OF INSURANCE COMPANY	
8D. RELATIONSHIP OF POLICY HOLDER		8E. POLICY NUMBER	
8F. GROUP NAME AND/OR NUMBER			
SECTION III - SPOUSE/DEPENDENT INFORMATION			
9. SPOUSE'S NAME (Last, First, MI)			
9A. SPOUSE RESIDING IN THE COMMUNITY? (Provide address and phone number if different from veteran) <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", explain)			9B. SPOUSE'S SOCIAL SECURITY NUMBER
10. DEPENDENT'S NAME (Last, First, MI)		10A. DEPENDENT'S DATE OF BIRTH	10B. DEPENDENT'S SOCIAL SECURITY NUMBER
10C. DEPENDENT RESIDING IN THE COMMUNITY? (Provide address and phone number if different from veteran) <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", explain)			
11. DEPENDENT'S NAME (Last, First, MI)		11A. DEPENDENT'S DATE OF BIRTH	11B. DEPENDENT'S SOCIAL SECURITY
11C. DEPENDENT RESIDING IN THE COMMUNITY? (Provide address and phone number if different from veteran) <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No", explain)			
We need to collect information regarding income, assets and expenses for you and your spouse. If you do not wish to provide this information you must sign agreeing to make copayments and will be charged the maximum copayment amount for all services. See the top of page 2, read, sign and date.			

APPLICATION FOR EXTENDED CARE SERVICES, Continued		VETERAN'S NAME		SOCIAL SECURITY NUMBER	
I do not wish to provide my detailed financial information. I understand that I will be assessed the maximum copayment amount for extended care services and agree to pay the applicable VA copayment as required by law.					
SIGNATURE				DATE	
Section IV - Fixed Assets (Veteran and Spouse)				VALUE	
1. Residence (<i>Market value minus any outstanding mortgage or lien - exclude if veteran receiving only non-institutional services or spouse or dependent residing in community.</i>)				\$	
2. Other Residences/Land/Farm or Ranch (<i>Market value minus any outstanding mortgage or lien</i>)				\$	
3. Vehicle(s) (<i>Value minus any outstanding lien - exclude if veteran receiving only non-institutional services or spouse or dependent residing in community.</i>)				\$	
SUBTOTAL (Sum of lines 1 through 3)				\$	
SECTION V - LIQUID ASSETS (VETERAN AND SPOUSE)				VALUE	
1. Cash, e.g., interest, dividends from IRA, 401K's and other tax deferred annuities (<i>including checking, savings, money market, etc.</i>).				\$	
2. Stocks, bonds, mutual funds, SEP's, and other retirement accounts (<i>e.g., IRA, 401K, annuities, self-employed person.</i>)				\$	
3. Other Liquid Assets (<i>Includes such items as stamp or coin collections, art work, collectibles, household furniture and other household goods, clothing, jewelry and personal items minus amount owed.</i>)				\$	
SUBTOTAL (Sum of lines 1 through 3)				\$	
SUM OF ALL LINES FIXED AND LIQUID ASSETS		TOTAL ASSETS		\$	
CATEGORY		VETERAN		SPOUSE	
		HOW MUCH	HOW OFTEN	HOW MUCH	HOW OFTEN
Current income, e.g. gross income (<i>including, but not limited to, wages and income from a business, bonuses, tips, severance pay, accrued benefits, cash gifts.</i>)		\$		\$	
Social Security Retirement/Disability		\$		\$	
Interest/Dividends (<i>i.e., interest income, standard dividend income from non tax deferred annuities.</i>)		\$		\$	
Retirement and Pension income		\$		\$	
Civil Service Retirement		\$		\$	
U.S. Railroad Retirement		\$		\$	
VA Pension		\$		\$	
Spouse VA disability/compensation		\$		\$	
Unemployment Benefits/Compensation		\$		\$	
Other compensation, e.g. Workers Compensation and Black Lung		\$		\$	
Military Retirement		\$		\$	
Other Retirement		\$		\$	
Court Mandated (<i>e.g. alimony, child support</i>) (<i>Veteran and spouse</i>)		\$		\$	
Other Income (<i>i.e., inheritance amounts, tort settlement payments.</i>)		\$		\$	
TOTALS		\$		\$	

APPLICATION FOR EXTENDED CARE SERVICES, Continued	VETERANS NAME	SOCIAL SECURITY NUMBER
Section VI - Expenses		
ITEMS	AMOUNT	
1. Education (<i>veteran, spouse or dependent</i>)	\$	
2. Funeral and Burial (<i>spouse or child</i>)	\$	
3. Rent/Mortgage (<i>Monthly</i>)	\$	
4. Utilities (<i>Average monthly in the past 12 months</i>)	\$	
5. Car Payment Only (<i>excludes gas, insurance, parking fees</i>)	\$	
6. Food	\$	
7. Non-reimbursed medical expenses	\$	
8. Court-ordered payments	\$	
9. Insurance (<i>exclude life insurance</i>)	\$	
10. Taxes (<i>on any amount include in gross income, property, personal</i>)	\$	
	TOTALS	\$
Section VII - Consent for Assignment of Benefits		
<p>I hereby authorize the Department of Veterans Affairs to disclose any such history, diagnostic and treatment information from my medical records to the contractor of any health plan contract under which I am apparently eligible for medical care or payment of the expense of care or to any other party against whom liability is asserted. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. Without my express revocation, this consent will automatically expire when all action arising from VA's claim for reimbursement for my medical care has been completed. I authorize payment of medical benefits to VA for any services for which payment is accepted.</p>		
SIGNATURE	DATE	
Section VIII - Consent and Agreement To Make Copayments		
<p>Completion of this form with signature of the Veteran or veteran's representative is certification that the veteran/representative has received a copy of the Privacy Act Statement and agrees to make appropriate copayments.</p>		
<p>I certify the foregoing statement(s) are true and correct to the best of my knowledge and belief and agree to make the applicable copayment for extended care services as required by law.</p>		
Section IX - Paperwork and Privacy Act Information		
<p>The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 90 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. If you have comments regarding this burden estimate or any other aspect of this collection, call 202.273.8247 for mailing information on where to send your comments.</p>		
<p>Privacy Act Information: The VA is asking you to provide the information on this form under Title 38, United States Code, sections 1710, 1712 and 1722 in order for VA to determine your eligibility for extended care benefits and to establish financial liability, if applicable, when placed in extended care services. The information collected will become a part of the consolidated Health Record, which complies with the Privacy Act of 1974. These forms are part of the systems of records identified as 24VA136 "Patient Medical Record-VA". Financial information gathered on VA Form 10-10EC will be maintained in the system identified as 89VA161 "Health Eligibility Records-VA". The information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure for civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.</p>		
SIGNATURE	DATE	
ADDITIONAL COMMENTS:		

VA FORM
DEC 2000 **10-10EC**

(The Office of Management and Budget has approved the information collection requirements in this section under control number 2900-0629.)

(Authority: 38 U.S.C. 501, 1710B)

[FR Doc. 02-12133 Filed 5-16-02; 8:45 am]

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ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 180

[OPP-2002-0037; FRL-6835-7]

RIN 2070-AB78

Pesticides; Removal of Duplicative or Expired Time-limited Tolerances for Emergency Exemptions

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: EPA is amending 40 CFR part 180 to remove time-limited tolerances for several pesticides that were originally established to support emergency exemptions issued under section 18 of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA). These time-limited tolerances are being removed from 40 CFR part 180 because they have since expired or because permanent tolerances have been established for the pesticide and commodity covered by the time-limited tolerance. The expired time-limited tolerance is obsolete, while the unexpired time-limited tolerance covered by a permanent tolerance is duplicative. In either case, the time-limited tolerance is unnecessary and is being removed with this final rule to ensure that the regulatory listings of tolerances is properly updated.

DATES: This rule is effective May 17, 2002. Objections and requests for hearings, identified by docket control number OPP-2002-0037, must be received by EPA on or before July 16, 2002.

ADDRESSES: Written objections and hearing requests may be submitted by mail, in person, or by courier. Please follow the detailed instructions for each method as provided in Unit I.C. of the "SUPPLEMENTARY INFORMATION" section. To ensure proper receipt by EPA, your objections and hearing requests must identify docket control number OPP-2002-0037 in the subject line on the first page of your response.

FOR FURTHER INFORMATION CONTACT: Robert Forrest, Registration Division (7505C), Office of Pesticide Programs, Environmental Protection Agency, 1200

Pennsylvania Ave., NW., Washington, DC 20460; telephone number: (703) 308-9376; and e-mail address: forrest.robert@epa.gov.

SUPPLEMENTARY INFORMATION:

I. General Information

A. Does this Action Apply to Me?

You may be affected by this action if you are an agricultural producer, food manufacturer, or pesticide manufacturer. Potentially affected categories and entities may include, but are not limited to:

Cat-egories	NAICS	Examples of Potentially Affected Entities
Industry	111	Crop production
	112	Animal production
	311	Food manufacturing
	32532	Pesticide manufacturing

This listing is not intended to be exhaustive, but rather provides a guide for readers regarding entities likely to be affected by this action. Other types of entities not listed in the table could also be affected. The North American Industrial Classification System (NAICS) codes have been provided to assist you and others in determining whether or not this action might apply to certain entities. If you have questions regarding the applicability of this action to a particular entity, consult the person listed under **FOR FURTHER INFORMATION CONTACT**.

B. How Can I Get Additional Information, Including Copies of this Document and Other Related Documents?

1. *Electronically.* You may obtain electronic copies of this document, and certain other related documents that might be available electronically, from the EPA Internet Home Page at <http://www.epa.gov/>. To access this document, on the Home Page select "Laws and Regulations," "Regulations and Proposed Rules," and then look up the entry for this document under the "Federal Register—Environmental Documents." You can also go directly to the **Federal Register** listings at <http://www.epa.gov/fedrgstr/>. A frequently updated electronic version of 40 CFR part 180 is available at http://www.access.gpo.gov/nara/cfr/cfrhtml_00/Title_40/40cfr180_00.html, a beta site currently under development.

2. *In person.* The Agency has established an official record for this action under docket control number OPP-2002-0037. The official record consists of the documents specifically referenced in this action, and other

information related to this action, including any information claimed as Confidential Business Information (CBI). This official record includes the documents that are physically located in the docket, as well as the documents that are referenced in those documents. The public version of the official record does not include any information claimed as CBI. The public version of the official record, which includes printed, paper versions of any electronic comments submitted during an applicable comment period is available for inspection in the Public Information and Records Integrity Branch (PIRIB), Rm. 119, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA, from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The PIRIB telephone number is (703) 305-5805.

C. How Can I Submit an Objection or Request a Hearing Under FFDCA?

Although section 408(g) of the Federal Food, Drug, and Cosmetic Act (FFDCA), as amended by the Food Quality Protection Act (FQPA), allows any person to file an objection or request a hearing when the Agency issues a final tolerance action under section 408, EPA does not expect that anyone will file an objection or request a hearing for this particular rule because the tolerances being revoked here are unnecessary duplicates of a permanent tolerance that remains in place or are obsolete by their own terms. If, for some reason, anyone wishes to file an objection or request for a hearing under section 408(g), please follow the EPA procedural regulations which govern the submission of objections and requests for hearings that appear in 40 CFR part 178. Note that the period for filing objections is now 60 days, rather than 30 days.

II. Authority

A. What is EPA's Authority for Revoking these Tolerances?

This final rule is issued pursuant to section 408(e) of FFDCA, as amended by the FQPA (21 U.S.C. 346a(e)). Section 408 of FFDCA authorizes the establishment of tolerances, exemptions from the requirement of a tolerance, modifications in tolerances, and revocation of tolerances for residues of pesticide chemicals in or on raw agricultural commodities and processed foods. Without a tolerance or tolerance exemption, food containing pesticide residues is considered to be unsafe and therefore "adulterated" under section 402(a) of the FFDCA. If food containing pesticide residues is found to be adulterated, the food may not be