Affected Public: Individuals and households, business or other for-profit organizations.

Estimated Number of Responses: 50,000.

Estimated Time per Respondent: 6 minutes.

Estimated Total Annual Burden Hours: 5,000.

Dated: January 6, 2026.

LaNita Van Dyke,

Tax Analyst.

[FR Doc. 2026–00335 Filed 1–9–26; 8:45 am]

BILLING CODE 4830–01–P

DEPARTMENT OF VETERANS AFFAIRS

[Docket No. VA–2026–VACO–0002]

Implementation of Section 120 of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act

AGENCY: Department of Veterans Affairs.

ACTION: Notification of sub-regulatory guidance.

SUMMARY: This notice informs the public of the Department of Veterans Affairs (VA) implementation of section 120 of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, which allows VA to increase the expenditure cap for non-institutional care alternatives for eligible veterans.

DATES: This guidance is effective on September 11, 2025.

FOR FURTHER INFORMATION CONTACT: Daniel Schoeps, Director, Purchased Long Term Services and Supports, Office of Geriatrics and Extended Care, Veterans Health Administration, (202) 461–6750.

SUPPLEMENTARY INFORMATION: On January 2, 2025, the President signed into law the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (the Act). Public Law 118–210. Section 120(a) of the Act amended 38 U.S.C. 1720C(d), which generally governs the provision of non-institutional care alternatives for eligible veterans. Under this amendment, VA may pay up to 100% of the cost that would otherwise have been incurred by VA during that fiscal year if the veteran had been furnished, instead, nursing home care under 38 U.S.C. 1710 during that fiscal year. The cost of nursing home care is established for each Veterans Integrated Service Network based on the cost of care in a community living center and published each year by the Office of Geriatrics and Extended Care. Section 120(a) further amended section 1720C(d) to permit VA to exceed this payment cap for certain veterans if VA determines, based on a consideration of clinical need, geographic market factors, and such other matters as VA may prescribe through regulation, that such higher total cost is in the best interest of the veteran. Veterans eligible for non-institutional care costs in excess of the nursing home care rate are those with amyotrophic lateral sclerosis (ALS), a spinal cord injury, or a condition VA determines to be similar to such conditions.

Before the amendments made by section 120 of the Act, VA was limited to paying no more than 65% of the nursing home rate. Historically, VA has found that a small number of veterans each year encountered this 65% cap. When veterans reached this cap, they were required either to assume liability for the cost of their care for the remainder of the fiscal year or to be admitted for nursing home care. This sometimes resulted in care disruption, greater stress on veterans and their families, or both. In VA's experience, the clinical need for non-institutional care is the sole factor that has resulted in veterans reaching the prior 65% cap, and the vast majority of those who would reach this 65% cap would have all of their non-institutional care needs met for costs less than 100% of the nursing home rate.

VA is informing the public of its approach to implementing four aspects of these new authorities.

- Beginning September 11, 2025, VA will pay up to 100% of the nursing home rate in a fiscal year for all eligible veterans who need non-institutional care to improve continuity of care and patient outcomes. VA may pay for non-institutional care constituting Homemaker/Home Health Aide, Home Respite, Community Adult Day Health Care, Veteran Directed Care, Skilled Home Health Care, and Program of All-Inclusive Care for the Elderly.
- For veterans whose non-institutional care needs exceed 100% of the nursing home rate, VA will approve such additional expenditures on a case-by-case basis informed by a clinical review of the veteran's needs. VA anticipates that the only veterans who may require non-institutional care that would cost more than 100% of the nursing home rate would be veterans with ALS or spinal cord injuries or disorders; however, VA will still consider, and may pay costs for non-institutional care in excess of 100% of the nursing home rate for veterans who do not have ALS or a spinal cord injury or disorder because the statute permits VA to do so if the veteran has ''a condition the Secretary determines to be similar to such conditions.'' See 38 U.S.C. 1720C(d)(2)(B). Veterans whose care needs would exceed 100% of the nursing home rate have a high need for skilled home nursing care and are often dependent on ventilators to breathe, which is why their costs for care may be higher. These veterans can still live safely in their homes, but they do require additional care and services that can result in higher costs. Remaining in their homes, though, can improve their quality of life and overall health outcomes as well, so there is value in keeping these veterans in non-institutional settings. Such options for care also promote veterans' choice in where to live and how to receive their care. VA anticipates fewer than 30 veterans in a fiscal year will require non-institutional care that would result in costs in excess of 100% of the nursing home rate, and VA will review these on a case-by-case basis to determine the clinical need for and appropriateness of additional non-institutional care.

At this time, VA is not exercising its authority to establish through regulation other matters that VA may consider in exceeding 100% of the nursing home rate. Should VA do so in the future, it will do so through rulemaking consistent with the Administrative Procedure Act (5 U.S.C. 553).

- VA is also not specifically incorporating any additional geographic market factors in its analysis because the nursing home care rate already is determined on a regional level and includes consideration of geographic market factors. Consideration of geographic market factors through another basis than the calculation of the nursing home rate or using another metric would be redundant.

This notice provides information on how VA is implementing section 120 of the Act and is not a solicitation for public comment or request for information regarding VA's implementation of section 120 of the Act, as outlined above. Therefore, responses to this notice may not be used to inform VA's implementation of section 120 of the Act, and VA will not address such responses.

Signing Authority

Douglas A. Collins, Secretary of Veterans Affairs, approved this document on December 18, 2025 and authorized to sign and submit the document to the Office of the Federal Register for publication electronically as

an official document of the Department of Veterans Affairs.

Nicole R. Cherry,

Alternate Federal Register Liaison Officer, Department of Veterans Affairs.

[FR Doc. 2026–00380 Filed 1–9–26; 8:45 am]

BILLING CODE 8320–01–P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–NEW]

Agency Information Collection Activity: Application for High-Technology Veterans Education, Training and Skills (VET TEC 2.0) Program

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: Veterans Benefits Administration, Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed revision of a currently approved collection, and allow 60 days for public comment in response to the notice.

DATES: Comments must be received on or before March 13, 2026.

ADDRESSES: Comments must be submitted through *www.regulations.gov*.

FOR FURTHER INFORMATION CONTACT:

Program-Specific information: Kendra McCleave, 202–495–8241, *kendra.mccleave@va.gov*.

VA PRA information: Dorothy Glasgow, 202–461–1084, *VAPRA@va.gov*.

SUPPLEMENTARY INFORMATION: Under the PRA of 1995, Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VBA invites comments on: (1) whether the proposed collection of information is necessary for the proper performance of VBA's functions, including whether the information will have practical utility; (2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Title: Application For Veteran Employment Through Technology Education Courses (VET TEC 2.0) High Technology Program, VA Form 22–10297.

OMB Control Number: 2900–NEW. *https://www.reginfo.gov/public/do/PRASearch* (Once at this link, you can enter the OMB Control Number to find the historical versions of this Information Collection).

Type of Review: New Collection.

Abstract: On January 2, 2025, the Elizabeth Dole Field and Community Based Services for Veterans and Caregivers Act (Pub. L. 118–210) was signed into law. The legislation can be identified as the DOLE Act. This legislation established a new Veteran Technology program titled ''High-Technology Veterans Education, Training and Skills (VET TEC 2.0) Program''. VET TEC 2.0 allows Veterans to enroll in courses outside the traditional definition of higher education to obtain skillsets highly desired by employers. The DOLE Act authorizes VA to provide educational assistance for these high technology programs of education that begin prior to September 30, 2027.

The eligibility requirements to qualify for the program apply to an individual who is a Veteran under age 62 who has served at least 3 years (36 months) on Active Duty; or a Service member who is within 180 days of discharge who has or will serve 3 years (36 months) by their discharge date; and who has received a discharge under conditions other than dishonorable.

The DOLE Act requires VA to develop a mechanism for Veteran application for VET TEC 2.0, to include selection of a specific training provider and program. It also requires VA to develop enrollment processing mechanisms and the ability to track the number of enrollees in real time due to annual participation limits. Lastly, VA must submit a report to Congress no later than January 2, 2026, and each year thereafter on the operation of the program.

The VA Form 22–10297 allows students to apply for the new High-Technology Veterans Education, Training and Skills (VET TEC 2.0) Program. This new information collection is being used to implement section 212 of Public Law 118–210 to provide Veterans the opportunity to enroll in high technology programs. The VA requires approval of this information collection to allow eligible individuals to apply to enroll with a qualified training provider and to allow VA to track the number of annual participants.

Affected Public: Individuals and households.

Estimated Annual Burden: 667 hours.

Estimated Average Burden per Respondent: 10 minutes.

Frequency of Response: Once.

Estimated Number of Respondents: 4,000.

Authority: 44 U.S.C. 3501 *et seq.*

Lanea Haynes,

Acting, VA PRA Clearance Officer, (Alt) Office of Information Technology/Data Governance Analytics, Department of Veterans Affairs.

[FR Doc. 2026–00373 Filed 1–9–26; 8:45 am]

BILLING CODE 8320–01–P