




Veterans rely on VA-funded homemaker and home health aide services to remain safely at home and avoid preventable hospitalizations or skilled nursing facility placement. Recent VA actions and proposals warrant Congressional oversight to protect veterans and strengthen the stability of the VA Community Care Network by ensuring:

-  **Keeping Veterans Safely at Home**  
Preserve access to homemaker and home health aide services that allow veterans to remain independent in the least restrictive setting.
-  **Preventing Higher-Cost Care Settings**  
Reduce avoidable hospitalizations and delay unnecessary skilled nursing facility placement through consistent in-home support.
-  **Maintaining Reliable Provider Networks**  
Support stable reimbursement and provider participation so veterans can access timely care in urban, rural, and underserved communities.

## 2026 VA Rate Cuts for Rural Veterans



The VA's 2026 fee schedule cut reimbursement for key in-home services, including G0156 (Home Health Aide) and S5130 (Homemaker). **Rates dropped 19% in New Mexico and by up to 43% in rural Texas (areas outside Houston, DFW, and Austin).**

These cuts coincide with reports of reduced authorized care hours, including in rural areas. In rural Texas, **average drive times range from 45 to 75 minutes** per visit. Because the VA does not reimburse travel time or mileage, lower rates and shorter hour authorizations no longer cover the full cost of providing care.

**Congressional Request:** Direct the VA to reassess 2026 rates for G0156 and S5130 in Texas and New Mexico, and provide a briefing on provider participation, authorization trends, and payment timeliness.



Veterans rely on VA-funded in-home care services to remain safely at home and avoid unnecessary hospitalization or institutional placement. As the VA transitions to the next generation of the Community Care Network (CCN NextGen), Congressional oversight is needed to ensure veterans do not experience disruptions in care, claims processing, or provider participation.

### Ensuring Continuity of Care

Veterans should continue receiving needed in-home services without interruptions during the contractor transition.

### Supporting Provider Participation

Home care agencies need guidance, fair payment systems, and workable operational requirements to remain in the network.

### Promoting Smooth Implementation

Lessons learned from prior transitions should guide implementation and avoid delays and unpaid claims.

## Key Concerns: NextGen & EVV Implementation

**\$44 Million in Unpaid Claims** During the prior transition from CHOICE to CCN, unclear billing guidance left many home care claims unpaid.

**Electronic Visit Verification (EVV)** The RFP requires EVV but does not clarify:

- Whether a national platform will be used
- Whether state EVV systems will be leveraged
- How providers will integrate without disruption

**Personal Care & Custodial Care** The RFP adds new service categories, but current VA authorizations and fee schedules do not clearly align.

**Congressional Request:** Direct the VA and NextGen contractor to engage home care providers, ensure smooth provider migration, clarify EVV implementation, and protect uninterrupted access to veteran care.

