TOM EMMER
6TH DISTRICT, MINNESOTA
HOUSE MAJORITY WHIP
COMMITTEES

FINANCIAL SERVICES
SUBCOMMITTEE ON CAPITAL MARKETS
SUBCOMMITTEE ON DIGITAL ASSETS,
FINANCIAL TECHNOLOGY AND INCLUSION

## Congress of the United States

House of Representatives Washington, DC 20515—2306

November 19, 2024

464 Cannon House Office Building Washington, DC 20515 (202) 225–2331

DISTRICT OFFICE
9201 QUADAY AVENUE NE
SUITE 206
OTSEGO, MN 55330
(763) 241-6848

1107 HAZELTINE BOULEVARD SUITE 476 CHASKA, MN 55318 (952) 262–2999

Mr. Robert P. McDivitt Director Veterans Integrated Service Network 23 2165 Promise Road Rapid City, South Dakota 57701

## Dear Director McDivitt:

I am writing to express my concern regarding recent changes to the Veterans Integrated Service Network (VISN) 23 Home and Community-Based Services (HCBS) program, which appear to have significantly impacted the ability of Minnesota's veterans to access home-based care. While I am confident that we both share the same goal of ensuring that these programs remain accessible, clarity is needed regarding these changes and VISN 23's plan to ensure that veterans in the Midwest continue to receive these crucial services.

As you know, HCBS allows our veterans to receive flexible, individualized long-term care services in their own homes. These services allow veterans to retain their autonomy and independence in the least restrictive setting possible at a fraction of the cost of institutionalized care. In June 2023, VISN 23 began altering its HCBS program to shift decisions on veteran care from the local to the national level, leaving veterans who have relied on these services for years unsettled upon receiving their new notices of denial. My office has heard from both private care providers and veterans who are worried that their access to home care has been reduced or eliminated as a result of these changes.

In a general presentation on VISN 23's HCBS programs on February 2, 2024, your team stated that any changes to this program would be made to ensure that veterans' medical needs are optimally met. However, these denials have resulted in heightened stress and uncertainty for our veteran community. One such veteran lives alone in Minnesota and struggles with mental health issues. He relied on a once-aweek, three-hour visit from his homecare agency for basic help around the house. However, when it came time for the Department of Veterans' Affairs (VA) to reauthorize his services through his private provider, he was denied home care with no reason given. He's currently appealing this decision – but he has lost his services in the interim.

One of the most distressing aspects of this new approach is the impact on veterans' mental health. One new policy states that VISN 23 "No longer allows homecare agencies to provide transportation to Veterans for any reason [....] including medical appointments for the Veteran." This only further complicates the lives of veterans and their families, limiting their access to support and resources. For example, another veteran in my district, who is also advanced in age and lives alone, relied on his homecare agency for transportation to local community events. There, he was able to connect with other veterans, an important aspect of mental health. He has now lost this vital link to the community.

As an alternative, your materials suggest that veterans reach out to the Minneapolis VA Social Work Department to find themselves transportation. While this may offer some relief, it raises concerns of practicality. This process is longer, more complex, and veterans often struggle to schedule appointments.

Our veterans deserve the best possible care this country can provide, and their sacrifice has earned them the respect and attention of their fellow Americans. Unfortunately, these policies have led to constituents' reporting less access to services, less access to transportation, and more hoops for our veterans to jump through.

In light of these concerns, I am asking for clarification on these changes. I respectfully request the answers to the following questions by December 5, 2024:

- 1. What specific health outcomes are being measured to justify the reduction in HCBS, and what are those outcomes showing?
- 2. What role has mental health played in these conversations?
- 3. How is VISN 23 engaging with private HCBS providers to ensure the highest quality of care for veterans?
- 4. Why has VA restricted personal care services that support veterans' mental health and daily living, specifically regarding transportation, and particularly considering VA's stated goal of keeping veterans in their homes longer?
- 5. What specific changes were made to the eligibility criteria which has led to veterans previously using these services through private care or directly from VA now being denied?

I look forward to your prompt response to these questions and working together to ensure that our veterans receive the care they deserve. Thank you for your attention to this important matter.

Sincerely,

Tom Emmer

Member of Congress