US DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Review of the Management of Homemaker/Home Health Aide Services at the Eastern Oklahoma VA Health Care System in Muskogee and the Oklahoma City VA Healthcare System

Healthcare Inspection | **25-03512-141** | **June 18, 2026**

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Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection of homemaker/home health aide (H/HHA) services at the Eastern Oklahoma VA Health Care System in Muskogee (System 1) and the Oklahoma City VA Healthcare System in Oklahoma City (System 2) from September 30, 2025, through March 18, 2026. The inspection included an on-site visit from December 9 through 11, 2025. Virtual interviews continued through January 8, 2026. Documents reviewed for this inspection covered the period from March 1, 2024, through March 18, 2026.

The OIG reviewed allegations from confidential complainants that System 1 leaders and staff reduced patients' H/HHA hours without clinical justification, and that System 2 leaders and staff delayed H/HHA services and did not track or resolve related complaints. The OIG also reviewed System 1 clinical appeals and how Veterans Integrated Service Network (VISN) 19 and system leaders addressed concerns about the H/HHA programs.

System 1 Homemaker/Home Health Aide Program

The OIG substantiated that the System 1 homemaker/home health aide (H/HHA) coordinator and interim coordinator reduced patients' hours and the coordinator did not consistently document clinical justification in patients' electronic health records (EHRs) for reducing hours, as required by Veterans Health Administration (VHA) Health Information Management *Health Record Documentation Guide*.[1] Because clinical justifications were not documented, the OIG was unable to determine if the reductions were in alignment with VHA policy.

The OIG learned, during an interview and in emails, that in January 2024 at a VISN executive leaders meeting, the System 1 Director became aware of community care H/HHA costs for the previous year. The System 1 Director initiated a review to understand H/HHA costs and whether hours were authorized as required. During the review, the System 1 Director found the H/HHA program lacked system-level oversight and initiated program changes to ensure compliance with VHA requirements.

System 2 Homemaker/Home Health Aide Program

The OIG substantiated that System 2 staff did not reauthorize homemaker/home health aide (H/HHA) services as outlined in *VHA Office of Integrated Veteran Care (IVC) Community Care FGB* [Field Guidebook], resulting in gaps in services until May 2024 when program changes

[1] VHA Health Information Management, *Health Record Documentation Guide*, Version 1.3, February 13, 2025.

were initiated.[2] The OIG also substantiated that patient complaints regarding reauthorizations were not tracked from March 2024 through early 2025, as required. As a result, the OIG was unable to determine whether all patient complaints were resolved.

The Associate Director for Patient Care Services described the original H/HHA process as fragmented before the implementation of a streamlined process under community care service, which according to the chief nurse of community care occurred in May 2024. Leaders and staff took multiple actions to improve the H/HHA processes, including consulting with VISN leaders and streamlining the H/HHA team.

System 2 leaders reported that a backlog of approximately 600 patients who needed H/HHA reauthorization, that began in December 2024, was resolved by March 2025. Leaders accomplished this through authorizing overtime, approving additional staff, and implementing an H/HHA reauthorization approval process. To ensure sustainment of changes, in August 2025, system leaders began ongoing manual EHR audits.

The OIG found that, starting in March 2024, System 2 staff received a high volume of H/HHA patient complaints related to reauthorizations that were not consistently documented in the patient complaint tracking system. The patient advocate supervisor reported a reduction in H/HHA-related complaints in early 2025 and that currently all complaints were being documented in the patient complaint tracking system.

Homemaker/Home Health Aide Program Evaluation

The OIG determined that, due to limited VHA data, VISN and System 1 and System 2 leaders were unable to fully evaluate homemaker/home health aide (H/HHA) hours and services.

When asked about program tools available for VISN and system leaders to provide oversight of H/HHA programs, the VHA geriatrics and extended care (GEC) program manager described some data reports of demographics and average H/HHA patient costs per month. However, the VHA GEC program manager reported that data was not available to evaluate if H/HHA hours and services were being authorized according to VHA guidance. The VHA GEC program manager's plans include a mandated, templated EHR note with data reporting capabilities by January 2027 and development of a dashboard to support oversight.

The OIG made two recommendations, one to the VHA Executive Director of GEC regarding guidance for VISN and VHA systems' leaders to evaluate H/HHA program compliance and one

[2] VHA Office of Community Care, "Office of Geriatrics and Extended Care (GEC)," chap. 8.2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*, accessed February 6, 2026, https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001031/content/554400000225571/FGB-Chapter-8-050802-Office-of-Geriatrics-and-Extended-Care-GEC. (The site is not publicly accessible.)

recommendation to the VISN Director to ensure actions are completed to address findings from VHA's internal EHR audit and site visits of the System 1 H/HHA program.

The OIG is aware of VA's transformation in VHA's management structure. The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

VA Comments and OIG Response

The Under Secretary for Health and the Veterans Integrated Service Network Director concurred with the recommendations and provided acceptable action plans (see appendixes A and B). The OIG will follow up on the planned actions until they are completed.

DAVID C. KRULAK, MD, MPH, MBA
Assistant Inspector General
for Healthcare Inspections

Contents

Abbreviations

AI	artificial intelligence
EHR	electronic health record
GEC	geriatrics and extended care
H/HHA	homemaker/home health aide
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The VA Office of Inspector General (OIG) conducted a healthcare inspection at the Eastern Oklahoma VA Health Care System in Muskogee (System 1) and the VA Oklahoma City Healthcare System in Oklahoma City (System 2). The OIG received allegations from complainants that System 1 leaders and staff reduced patients' homemaker/home health aide (H/HHA) hours without clinical justification, and that System 2 leaders and staff delayed H/HHA services and did not track or resolve complaints. The OIG also reviewed System 1 clinical appeals and how Veterans Integrated Service Network (VISN) 19 and system leaders addressed H/HHA concerns. The OIG initiated the inspection in September 2025, conducted site visits from December 9 through 11, 2025, and continued off-site inspection activities through March 2026.

Background

System 1 and System 2 are part of VISN 19, the VA Rocky Mountain Network. System 1 has a medical center, the Jack C. Montgomery VA Medical Center in Muskogee, and four outpatient clinics. In fiscal year 2025, System 1 served 44,679 patients and is designated as level 1c – high complexity.[1] As of September 2025, System 1 served 1,713 homemaker/home health aide (H/HHA) patients.

System 2 has a medical center in Oklahoma City, and 15 outpatient clinics. In fiscal year 2025, System 2 served 80,092 patients and is designated as level 1b – high complexity.[2] As of September 2025, System 2 served 2,211 H/HHA patients.

Homemaker/Home Health Aide Program Services

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 established Veterans Health Administration (VHA's) Veteran Community Care Program to provide services to patients who were unable to receive services at a VHA facility.[3] VHA's Office of Integrated Care is responsible for managing the Community

[1] VHA Office of Productivity, Efficiency and Staffing (OPES), "VHA Facility Complexity Model Fact Sheet," December 15, 2017. The VHA Facility Complexity Model categorizes medical facilities by complexity levels 1a, 1b, 1c, 2, or 3, with level 1a being the most complex and the level 3 being the least complex."

[2] VHA Office of Productivity, Efficiency and Staffing, "VHA Facility Complexity Model Fact Sheet."

[3] VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Pub. L. No. 115-182, § 101,132 Stat. 1393 (2018).

Care Program at the national level.[4] Through the homemaker/home health aide (H/HHA) program, VHA pays community agencies to provide patients with in-home care services. The *VHA Office of Integrated Veteran Care (IVC) Community Care FGB* (Field Guidebook) states that homemakers or home health aides provide patients with support and assistance with activities "to maintain a safe and sanitary environment," such as housekeeping, grocery shopping, bathing, eating, and aiding with walking or transfers. H/HHA services support patients "who wish to remain safely at home" to minimize nursing home placement and improve quality of life.[5] The "Guidance Memorandum: Management of demand for non-institutional care (NIC) services following retirement of the Electronic Wait List" issued by the Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer states that "[e]vidence has demonstrated that access to home and community programs prevents or delays long-term institutional care and lowers overall cost of care through reduction in avoidable hospitalizations."[6]

Allegations

On April 29, 2025, the OIG received two confidential complaints alleging that System 1 leaders and staff reduced patients' homemaker/home health aide (H/HHA) hours without clinical justification. The complaints also alleged that System 2 leaders and staff did not reauthorize H/HHA services prior to expiration and did not track and resolve related complaints. The OIG also reviewed System 1 clinical appeals and how VISN 19 and systems' leaders evaluated H/HHA programs.

Scope and Methodology

The OIG initiated the inspection on September 30, 2025, and conducted site visits December 9–11, 2025. The OIG interviewed the complainants, a VHA geriatrics and extended care (GEC) program manager, VISN 19 and System 1 and System 2 leaders; homemaker/home

[4] VHA Office of Community Care, "Introduction," chap. 1 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*, accessed February 3, 2026, https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001031/content/554400000225571/FGB-Chapter-8-050802-Office-of-Geriatrics-and-Extended-Care-GEC. (The site is not publicly accessible.)

[5] VHA Office of Community Care, "Office of Geriatrics and Extended Care (GEC)," chap. 8.2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*, accessed February 6, 2026, https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001031/content/554400000225571/FGB-Chapter-8-050802-Office-of-Geriatrics-and-Extended-Care-GEC. (The site is not publicly accessible.)

[6] Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer, "Guidance Memorandum: Management of demand for non-institutional care (NIC) services following retirement of the Electronic Wait List. Non-institutional care includes services such as Home-Based Primary care (HBPC) and Purchased Long Term Services and Supports (PLTSS)," to VISN Directors, March 31, 2021.

health aide (H/HHA) program coordinators and staff; and patient advocate leaders and staff. Virtual interviews continued through January 8, 2026. Documents reviewed for this inspection covered the period from March 1, 2024, through March 18, 2026. The OIG reviewed System 1 and System 2 H/HHA-related patient safety reports and patient complaints; and VISN clinical appeals, provided by VISN or systems' staff.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

The OIG substantiates an allegation when the available evidence indicates that the alleged event or action more likely than not took place. The OIG does not substantiate an allegation when the available evidence indicates that the alleged event or action more likely than not did not take place. The OIG is unable to determine whether an alleged event or action took place when there is insufficient evidence.

The inspection team's analyses relied on inspectors identifying significant information from evidence based on professional judgment, as supported by the Council of Inspectors General on Integrity and Efficiency's standards.[7] During the preparation of this report, the inspection team used peer-reviewed standardized, structured, and evaluated prompts in Copilot Chat (Microsoft) to review inspection data such as interview transcripts, documents, questionnaire responses, and physical observations. After using this tool, the team confirmed fidelity of the generated output to the source material, edited the report, and take full responsibility for the content of the publication. All references are for original source material, not artificial intelligence (AI)-generated content. Office of Healthcare Inspections teams do not use AI as the principal basis for decision-making or actions; therefore, the usage does not meet the definition of high-impact as laid out by Section 4(a) of the Office of Management and Budget (OMB) Memorandum M-25-21.[8]

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–424. The OIG reviews available evidence to determine whether reported concerns or allegations are valid within a specified scope and methodology of a healthcare inspection and, if so, to make recommendations to VA leaders on patient care issues. Findings and recommendations do not define a standard of care or establish legal liability.

[7] Council of the Inspectors General on Integrity and Efficiency, *Quality Standards for Inspection and Evaluation,* December 2020.

[8] Executive Office of the President, Office of Management and Budget, "Accelerating Federal Use of AI through Innovation, Governance, and Public Trust," Memorandum for the Heads of Executive Departments and Agencies, M-21-21: § 4(a), April 3, 2025.

The OIG conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

1. System 1 Homemaker/Home Health Aide Program

The OIG substantiated that a System 1 homemaker/home health aide (H/HHA) coordinator and interim coordinator reduced patients' H/HHA hours and the coordinator did not consistently document clinical justification in patients' electronic health records (EHRs) for reducing hours. Because clinical justifications were not documented, the OIG was unable to determine if the reductions were in alignment with VHA policy. The OIG reviewed appeal decisions related to system 1 H/HHA hours based on an allegation that staff utilized appeals to reduce or deny H/HHA hours.

The OIG learned, during an interview and in emails, that in January 2024 at a VISN executive leaders meeting, the System 1 Director became aware of community care H/HHA costs for the previous year. The System 1 Director initiated a review to understand the costs and whether hours were authorized as required. The System 1 Director found the program lacked system-level oversight and initiated program changes to ensure compliance with VHA requirements.

Homemaker/Home Health Aide Hours

The VHA Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer memorandum, "Update to 2017 Operational Memorandum 'Case Mix Tool for Personal Care Services,'" outlines that completion of a "nationally standardized" case mix tool is required to assist clinicians in determining a suggested range of homemaker/home health aide (H/HHA) hours.[9] Clinicians are to consider patient or caregiver input regarding the patient's personal care abilities, such as walking and communication.[10] The VHA *Health Record Documentation Program Guide* requires clinical providers to ensure EHR documentation is complete and accurate and includes "pertinent facts, findings, and observations about [a patient's] health history" and the rationale for ordering services.[11] The VHA geriatrics and extended care (GEC) program manager confirmed that system H/HHA programs are generally compliant with national policy if the Field Guidebook and VHA Notice 2024-01, *Purchased Home and Community-*

[9] Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer, "Update to 2017 Operational Memorandum 'Case Mix Tool for Personal Care Services' (VIEWS) 5487746) Attachment A,' memorandum to VISN Directors, October 16, 2021; VHA Office of Community Care, "Office of Geriatrics and Extended Care (GEC)," chap. 8.2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*.

[10] VHA Office of Community Care, "Office of Geriatrics and Extended Care (GEC)," chap. 8.2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*.

[11] VHA Health Information Management, *Health Record Documentation Guide*, Version 1.3, February 13, 2025.

Based Services, are followed.[12] Taken together, the Field Guidebook serves "as a guide for VA staff on how to purchase care in the community" and the VHA Notice provides policy pending a new VHA directive, including H/HHA clinical indicators, or eligibility, for services.

The OIG learned in interviews that, beginning in December 2024, System 1 leaders initiated H/HHA program changes, including forming a multidisciplinary team to review the patients' EHRs and determine the number of H/HHA hours needed. The coordinator and interim coordinator reported reducing H/HHA hours for some patients; however, the coordinator acknowledged not consistently documenting clinical justifications for multidisciplinary team determinations due to time constraints and being unclear about what to document. Because clinical justifications were not documented in the EHR, the OIG was unable to determine if the reductions were in alignment with VHA policy. In response, the supervisor initiated ongoing annual evaluations of the coordinator's EHR documentation in October 2025 and provided feedback to the coordinator for improvement.

The VISN GEC lead told the OIG of reviewing System 1 H/HHA-related VISN clinical appeals from August through November 2024 and finding that hours were reduced without clinical justification. In February 2025, the VISN GEC lead emailed System 1 leaders with concerns about system appeals decisions and inconsistencies in documentation. The VISN GEC lead reported that over the next several months, the VHA GEC program manager and VISN leaders provided training and guidance on H/HHA program requirements.

In October 2025, the VHA GEC program manager and VISN leaders completed an on-site review due to continued concerns. As a result, System 1 leaders discontinued the use of the multidisciplinary team and developed a new process for determining the number of authorized H/HHA hours.

The VISN GEC lead documented in an email that, in December, reviewers external to System 1 began auditing EHRs of approximately 1,700 System 1 patients to identify who experienced a reduction in H/HHA hours from October 2023 to February 2026. As of February 28, 2026, the audit showed H/HHA hours were reduced for 80 patients in total; the hours were later adjusted based on audit results. The VISN GEC lead reported System 1 staff adjusted the number of hours for 165 patients based on the audit. In addition, 62 patient safety reports were entered by the VISN and referred to System 1 patient safety staff for follow-up. The VISN GEC lead and team, with virtual attendance by the VHA GEC program manager, conducted a follow-up site visit on March 24, 2026, and reported observing improvements with some remaining inconsistencies in understanding H/HHA services, and provided recommendations for final process clarity, staff

[12] VHA Office of Community Care, "Office of Geriatrics and Extended Care (GEC)," chap. 8.2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook;* VHA Notice 2024-01*, "*Purchased Home and Community-Based Services," February 12, 2024.

education, and communication with community agencies, including an upcoming annual site visit. The VISN GEC lead reported that the audit is expected to be completed by June 2026.

The OIG found the VISN GEC lead identified and addressed concerns related to the reductions of H/HHA hours resulting from system program changes and continues to monitor performance.

Homemaker/Home Health Aide-Related Clinical Appeals

According to VHA Directive 1041(2), *Appeal of Veterans Health Administration Clinical Decisions,* a patient advocate may refer a disagreement related to a care decision or clinical dispute "to the original decision maker or clinical team to work with the patient to attempt to resolve the dispute."[13] If unable to resolve, the patient may initiate a systems appeal process by submitting a clinical appeal through the system patient advocate that is evaluated and decided by the chief of staff. If unresolved at the system level, the patient may escalate the appeal to the VISN for a secondary review. An example of a clinical dispute is a disagreement in the number of homemaker/home health aide (H/HHA) hours authorized.[14]

Through a document review, the OIG determined that system-level appeals related to H/HHA hours from March through September 2025 more than tripled compared with the same period in 2024. A patient advocate supervisor reported that, starting in September 2025, shortly before the OIG initiated the inspection, patient advocates began a clinical dispute resolution process by referring patients directly to the coordinator and interim coordinator to resolve disputes. The coordinator, interim coordinator, and patient advocate supervisor reported this change resolved many clinical disputes, thus limiting the number of system or VISN appeals.

The OIG reviewed System 1 H/HHA appeals evaluated at the VISN level from September 2024 through July 2025 and found that the VISN overturned system decisions 71 percent of the time. In every overturned appeal, VISN staff identified lack of documentation of clinical justification for reduction in H/HHA hours. The OIG also found that system-level appeals decreased by 95 percent from October through December 2025 compared to the same period in 2024.

[13] VHA Directive 1041, *Appeal of Veterans Health Administration Clinical Decisions*, September 28, 2020; VHA Directive 1041(1), *Appeal of Veterans Health Administration Clinical Decisions*, September 28, 2020, amended December 27, 2024; VHA Directive 1041(2), *Appeal of Veterans Health Administration Clinical Decisions*, September 28, 2020, amended March 3, 2025. The directives have similar language regarding appealing clinical decisions.

[14] VHA Directive 1041, *Appeal of Veterans Health Administration Clinical Decisions*, September 28, 2020; VHA Directive 1041(1), *Appeal of Veterans Health Administration Clinical Decisions*, September 28, 2020, amended December 27, 2024; VHA Directive 1041(2), *Appeal of Veterans Health Administration Clinical Decisions*, September 28, 2020, amended March 3, 2025. The directives have similar language regarding appealing clinical decisions.

The OIG concluded patients utilized the system appeals process for disagreements with decisions regarding H/HHA hours. With the implementation of the clinical dispute resolution process in September 2025, the number of H/HHA-related clinical appeals decreased.

2. System 2 Homemaker/Home Health Aide Program

The OIG substantiated that System 2 staff did not reauthorize homemaker/home health aide (H/HHA) services, resulting in gaps in services until May 2024 when program changes were initiated. The OIG also substantiated that patient complaints regarding reauthorizations were not tracked as required. As a result, the OIG was unable to determine whether all patient complaints were resolved.

The Associate Director for Patient Care Services described the original H/HHA process as fragmented and the system tried different models for improvement before the implementation of a streamlined process under community care service, which according to the chief nurse of community care occurred in May 2024. The Associate Director for Patient Care Services also reported leaders and staff took multiple actions to improve the H/HHA processes, including consulting with VISN leaders and streamlining the H/HHA team.

Reauthorizations

The MISSION Act requires VHA coordination of community care services to ensure patients do not experience a lapse in care.[15] According to the Field Guidebook, when homemaker/home health aide (H/HHA) authorizations expire, reauthorizations must be completed by the end of each H/HHA reauthorization period for continuation of services.[16] VHA staff must review a patient's electronic health records (EHR) and documentation by the community agency providing H/HHA services, speak with the patient, caregiver, VHA clinician, or agency staff, and confirm patient continued eligibility, prior to authorizing continuation of services.[17]

System 2 leaders told the OIG that understaffing resulted in a backlog of approximately 600 patients who needed H/HHA reauthorizations in December 2024. The System 2 Director reported authorizing overtime, approving additional staff to resolve the backlog, and implementing a process to approve H/HHA reauthorizations nearing expiration. The System 2 chief nurse for Community Care and Associate Director for Patient Care Services reported that by March 2025, the backlog had been resolved. The System 2 Director and chief nurse for Community Care told the OIG of working with the VISN geriatrics and extended care (GEC) lead, and implementing H/HHA program changes to manage the backlog and current

[15] MISSION Act, Pub. L. No. 115-182, § 101.

[16] VHA Office of Community Care, "Office of Geriatrics and Extended Care (GEC)," chap. 8.2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*.

[17] VHA Office of Community Care, "Office of Geriatrics and Extended Care (GEC)," chap. 8.2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*.

reauthorizations, such as additional staff. The Associate Director for Patient Care Services reported, and the chief nurse for Community Care confirmed that in August 2025, prior to the OIG inspection, the system began ongoing manual EHR audits to ensure sustainment of changes.

Patient Complaint Tracking System

According to VHA Directive 1003.04, *VHA Patient Advocacy*, a patient advocate must document complaints in a patient complaint tracking system and ensure resolution.[18] A patient advocate assigns each complaint to the responsible service personnel to complete the review, verifies the documentation, and confirms the resolution addresses the complaint.[19]

A System 2 patient advocate supervisor and staff reported that, starting in March 2024, system staff received a high volume of homemaker/home health aide (H/HHA) patient complaints related to reauthorizations. The patient advocate supervisor acknowledged that some complaints were documented outside of the tracking system, including in emails and a spreadsheet, due to high complaint volume and difficulty identifying staff responsible for resolving complaints. The patient advocate supervisor explained that during the program changes, resolution of complaints was difficult because the H/HHA process was "very convoluted" with multiple services and staff responsible for different processes. The supervisor stated that fewer complaints were reported after the system streamlined H/HHA processes. During an OIG interview, the patient advocate supervisor reported a reduction in H/HHA-related complaints in early 2025 and that currently, all complaints were being documented in the patient complaint tracking system.

The OIG confirmed that prior to H/HHA program improvements (October 2024 through March 2025), 84 patient H/HHA-related complaints were entered into the tracking system about reauthorizations. After resolution of the backlog of reauthorizations (April through September 2025), two H/HHA-related patient complaints were entered in the tracking system.

The OIG concluded that while reauthorizations were initially not completed and some patient complaints were not tracked, System 2 leaders resolved the backlog of reauthorizations and confirmed use of the patient complaint tracking system; therefore, the OIG did not make a recommendation.

[18] VHA Directive 1003.04, *VHA Patient Advocacy,* November 9, 2023.

[19] VHA Directive 1003.04.

3. Homemaker/Home Health Aide Program Evaluation

The OIG determined that, due to limited VHA data, VISN and System 1 and System 2 leaders were unable to fully evaluate homemaker/home health aide (H/HHA) programs to verify whether hours and services were authorized according to VHA guidance.[20]

According to VHA Directive 1140.11, *Uniform Geriatrics and Extended Care Services in VA Medical Facilities*, H/HHA programs are managed by system directors with responsibilities for the respective VISN directors to ensure compliance.[21] The VHA Geriatrics and Extended Care (GEC) Executive Director is responsible for "[o]verseeing continuous quality assessment," and "[a]llocating dedicated resources for enterprise-wide [data] analytics [and] quality improvement."[22]

In an interview, the VHA GEC program manager reported that VHA GEC program staff have oversight of H/HHA programs, set policy, and provide guidance to system staff, including national H/HHA program trainings and consultations. When asked about program tools available for VISN and system leaders to provide oversight of H/HHA programs, the VHA GEC program manager described some data reports of demographics and average H/HHA patient costs per month. However, the VHA GEC program manager reported that data were not available to evaluate if H/HHA hours and services were being authorized according to VHA guidance.

The VHA GEC program manager also told the OIG of plans for requiring the use of a templated H/HHA EHR note across VHA, with the capability for data reporting by January 2027. Additionally, the VHA GEC program manager was working to create a dashboard to assist with program oversight.

The OIG concluded that VISN leaders consulted with System 1 leaders and staff and directed actions to remediate H/HHA program concerns. VISN and System 1 and System 2 leaders' evaluation of the authorization of H/HHA hours remained challenging due to limited VHA data.

Conclusion

A System 1 coordinator and interim coordinator reduced patients' homemaker/home health aide (H/HHA) hours and the coordinator did not consistently document clinical justification in patients' electronic health records (EHRs). Because clinical justifications were not documented in EHRs, the OIG was unable to determine if the reductions were in alignment with VHA policy.

[20] VHA Office of Community Care, "Office of Geriatrics and Extended Care (GEC)," chap. 8.2 in *Office of Integrated Veteran Care (IVC) Community Care Field Guidebook*.

[21] VHA Directive 1140.11, *Uniform Geriatrics and Extended Care Services in VA Medical Facilities*, March 24, 2022.

[22] VHA Directive 1140.11.

The OIG did not substantiate that patients were unable to appeal decisions related to H/HHA hours.

System 2 staff did not reauthorize H/HHA services, resulting in gaps in services, and patient complaints regarding the reauthorizations were not tracked in the patient complaint tracking system as required. However, System 2 leaders resolved the backlog of reauthorizations and ensured complaints were documented into the patient complaint tracking system.

The OIG determined that, due to limited VHA data, VISN and System 1 and System 2 leaders were unable to fully evaluate H/HHA programs to verify whether hours and services were authorized according to VHA guidance. The VHA geriatrics and extended care (GEC) program manager's plans included a mandated, templated EHR note with data reporting capabilities by January 2027 and development of a dashboard to support oversight.

The OIG is aware of VA's transformation in VHA's management structure. The OIG will monitor implementation and focus its oversight efforts on the effectiveness and efficiencies of programs and services that improve the health and welfare of veterans and their families.

Recommendations 1–2

1. The Veterans Integrated Service Network Director ensures actions are completed to address findings from the electronic health record audit expected to be completed by June 2026 and the annual site visit(s) of the Eastern Oklahoma VA Health Care System homemaker/home health aide program.

2. The Veterans Health Administration Executive Director of Geriatrics and Extended Care, in collaboration with the Veterans Health Administration Geriatrics and Extended Care program manager, provides guidance for Veterans Integrated Service Network and Veterans Health Administration systems' leaders to evaluate homemaker/home health aide programs in accordance with the Veterans Health Administration Office of Integrated Veteran Care *Community Care Field Guidebook* and Veterans Health Administration Notice 2024-01, *Purchased Home and Community-Based Services*.

Appendix A: Office of the Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: May 20, 2026

From: Office of the Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Report, Review of the Management of the Homemaker/Home Health Aide Services at Eastern Oklahoma Veterans Affairs (VA) Health Care System in Muskogee and Oklahoma City VA Healthcare System in Oklahoma City, Oklahoma

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on the management of the Homemaker/Home Health Aide Services at Eastern Oklahoma and Oklahoma City VA Healthcare Systems. The Veterans Health Administration (VHA) concurs with recommendation 2 made to the Executive Director of Geriatrics and Extended Care and provides an action plan in the attachment.
2. VHA is committed to continually improving our Homemaker/Home Health Aide program. Thank you for highlighting this important area of focus.
3. Comments regarding this memorandum may be directed to the GAO OIG Accountability Liaison Office at vacovha10oicoig@va.gov.

(Original signed by:)

John J. Bartrum, JD, MBA

[OIG comment: The OIG received the above memorandum from VHA on May 20, 2026.]

Office of the Under Secretary for Health Response

Recommendation 2

The Veterans Health Administration Executive Director of Geriatrics and Extended Care, in collaboration with the Veterans Health Administration Geriatrics and Extended Care program manager, provides guidance for Veterans Integrated Service Network and Veterans Health Administration systems' leaders to evaluate homemaker/home health aide programs in accordance with the Veterans Health Administration Office of Integrated Veteran Care *Community Care Field Guidebook* and Veterans Health Administration Notice 2024-01, *Purchased Home and Community-Based Services*.

_X _Concur

____Nonconcur

Target date for completion: March 2027

Under Secretary for Health Comments

The Office of Geriatrics and Extended Care (GEC) will establish indicators of program health for the Homemaker/Home Health Aide (H/HHA) program and provide written guidance for Veterans Integrated Service Network (VISN) and Veterans Health Administration Systems' (VHAS) leaders to evaluate Veterans Administration Medical Centers' (VAMC) adherence to policy as outlined in the Office of Integrated Veteran Care (IVC) Community Care Field Guidebook and VHA Notice, 2024-01, Purchased Home and Community Based Services.

Appendix B: VISN Director Memorandum

Department of Veterans Affairs Memorandum

Date: May 4, 2026

From: Director, VA Rocky Mountain Network (10N19)

Subj: Healthcare Inspection—Review of the Management of the Homemaker/Home Health Aide Services at Eastern Oklahoma VA Health Care System in Muskogee and Oklahoma City VA Healthcare System in Oklahoma City, Oklahoma

To: Director, Office of Healthcare Inspections (54HL00)
Chief Integrity and Compliance Officer (10OIC)

1. Thank you for the opportunity to review the OIG Draft Report, Review of the Management of Homemaker/Home Health Aide Services at the Eastern Oklahoma VA Health Care System in Muskogee and the Oklahoma City VA Healthcare. I reviewed the action plan provided by the VISN Geriatrics and Extended Care Chief Nurses and concur with the response.

2. Should you need further information, please contact the Veterans Integrated Service Network 19 Quality Management Officer.

(*Original signed by*:)

Chelsea Childress, MBA
Deputy Network Director, VA Rocky Mountain Network (10N19)
for
Sunaina Kumar-Giebel, MHA
Director, VA Rocky Mountain Network (10N19)

[OIG comment: The OIG received the above memorandum from VHA on May 20, 2026.]

VISN Director Response

Recommendation 1

The Veterans Integrated Service Network Director ensures actions are completed to address findings from the electronic health record audit expected to be completed in June 2026 and the annual site visit(s) of the Eastern Oklahoma VA Health Care System homemaker/home health aide program.

_X _Concur

____Nonconcur

Target date for completion: December 2026

Director Comments

The Veterans Integrated Service Network (VISN) Geriatric and Extended Care (GEC) staff immediately took corrective action. They rescinded facility-level Standard Operating Procedure(s) and required the Field Guidebook and National Notice to serve as the sole guidance for the Homemaker/Home Health Aide (H/HHA) program. The facility developed a new process flow and implemented the Personal Care Services (PCS) 180-day national template.

At the VISN level, staff developed an audit tool to review 100% of consults placed Fiscal Year 2024 through Fiscal Year 2026 Quarter 2, which includes approximately 1700 consults. They will complete this audit by June 30, 2026.

The VISN Chief Nursing Officer and Quality Management Officer collaborated to create a structured process, as outlined in VHA Directive 1004.08, Disclosure of Adverse Events to Patients, for the identification of harm and for conducting a formal assessment based on the Directive's specific disclosure criteria to determine whether disclosure is warranted. They plan to complete this audit by September 30, 2026.

To ensure sustainability and compliance, starting Fiscal Year 2026 Quarter 3, the facility will audit 10% of consults each month using the VISN-developed tool. The facility will meet 90% accuracy rate in case mix index and assigned hours for six (6) consecutive months. VISN GEC Chief Nurses will validate the facility's audit results and report them to the VISN GEC Steering Committee, and then to the VISN Healthcare Delivery Council for monitoring and oversight.

VISN 19 GEC Program conducted an initial site visit focused on H/HHA at Eastern Oklahoma in October 2025 and completed a follow-up site visit in March 2026. The team conducted the regularly scheduled annual visit in May 2026. The VISN 19 Chief Nursing Office, with involvement of the Oversight Officer, managed the outcomes of these visits.

OIG Contact and Staff Acknowledgments

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