



May 9, 2025

Russell T. Vought  
Director, Office of Management and Budget  
Attn: Office of Information and Regulatory Affairs  
1725 17<sup>th</sup> Street, NW  
Washington, DC 20503

**RE: Response to Request for Information: Deregulation ([Federal Register Docket No. 2025-06316](#))**

Dear Mr. Vought,

On behalf of the Home Care Association of America (HCAOA), I appreciate the opportunity to submit comments in response to the Office of Management and Budget's Request for Information on Opportunities for Deregulatory Actions (Federal Register Docket No. 2025-06316). HCAOA represents the nation's leading home care agencies, many of whom serve veterans and military families across a variety of programs, including Medicaid, Medicare, and the U.S. Department of Veterans Affairs (VA).

We respectfully urge the administration to review and recommend the **removal of the Veterans Health Administration's current restriction limiting participation in the Veteran-Directed Care (VDC) program to Aging and Disability Network Agencies (ADNAs)**, unless special permission is granted by the Secretary of Veterans Affairs. This barrier is outdated, restrictive, and significantly limits veterans' access to consumer-directed home-based care.

**Background: What Is VDC?**

The Veteran-Directed Care program enables eligible veterans, particularly those at risk of institutionalization, to receive a flexible monthly budget to hire personal care aides and manage their own in-home supports. It is one of the VA's most innovative models, aligning with the preferences of veterans to remain in their own homes, maintain autonomy, and direct their own care. Veterans can hire family members, friends, or agency workers to provide non-medical support services under this model.

However, current VA policy requires that only organizations formally designated as Aging and Disability Network Agencies (ADNAs), such as Area Agencies on Aging (AAAs), serve as VDC program administrators, acting as fiscal intermediaries and care planning partners. While these agencies play an important role in the broader aging network, this limitation excludes a large number of highly qualified home care providers from participating in or expanding the VDC program, unless they receive case-by-case approval from the Secretary of Veterans Affairs.

**Why This Restriction Should Be Removed**

*1. Unnecessary Limitation on Veteran Access*



By requiring that VDC be administered only by ADNAs, the VA is artificially capping access to a flexible, high-quality model of care. In many regions, particularly in rural or underserved areas, there are few or no ADNAs available to administer the program. This has led to waitlists, delayed rollouts, and underutilization of the program at the local level. Opening eligibility to experienced, licensed home care providers would significantly expand capacity and reduce delays.

## *2. No Federal Statutory Requirement*

There is no statute or federal regulation that mandates VDC must be operated exclusively by ADNAs. The policy is based on VA administrative preference, not legal obligation. As such, it is a clear candidate for executive-level deregulatory action without requiring congressional change.

## *3. Home Care Agencies Are Well-Positioned to Administer VDC*

Home care agencies already maintain infrastructure to support care coordination, budgeting, billing, and compliance. Many are Medicaid-approved fiscal/employer agents in other self-directed care models. These agencies have the capacity and training to serve as VDC administrators without compromising quality or fiscal accountability. Limiting this role to a narrow class of community agencies ignores market reality and undervalues the existing provider network.

## *4. Veterans Prefer Flexibility and Choice*

The core value of VDC is consumer direction, which enables veterans to choose how their care is delivered. Restricting administrative eligibility to ADNAs contradicts this value by limiting veterans' provider choices and increasing bureaucracy. Enabling more qualified providers to participate would strengthen the VDC program's reach and uphold its consumer-directed mission.

## **A Deregulatory Recommendation**

HCAOA urges the Office of Management and Budget to recommend that the Department of Veterans Affairs revise its administrative guidance to allow any qualified, licensed home care agency to serve as a VDC program administrator or fiscal intermediary, provided they meet basic performance and compliance standards. The Secretary waiver process should be eliminated or replaced with a clear and transparent enrollment pathway for non-ADNA providers. This action would:

- Improve geographic access to the VDC program
- Reduce wait times for veterans to enter consumer-directed care
- Expand provider capacity
- Lower administrative overhead on VA regional offices
- Uphold the program's mission of veteran empowerment



## **Conclusion**

Veterans deserve timely, flexible, and personalized care options. The current limitation that only Aging and Disability Network Agencies may administer the Veteran-Directed Care program is a bureaucratic barrier that has no statutory basis and undermines access to an otherwise very successful and beloved veteran-centered benefit. We respectfully request that the administration consider this issue as a priority for regulatory reform.

Thank you for your attention and for your commitment to improving access to care for America's veterans.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Lee", is written over a light blue horizontal line.

Jason Lee  
CEO  
Home Care Association of America