

# The 2025 Dole Act: Implications for Home- and Community-based Services and Family Caregivers

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## Bottom Line Up Front

The Dole Act of 2025 significantly expands Veterans' access to home- and community-based services and strengthens supports for family caregivers to promote aging in place. By expanding coverage, codifying formerly discretionary programs, and piloting new models of care, this law strengthens the Department of Veterans Affairs' ability to deliver high-quality, person-centered home- and community-based services while reducing fragmentation and unequal access.

### Introduction

The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Dole Act) was signed into law on January 2, 2025 and expands and modernizes a broad spectrum of benefits for Veterans and their caregivers (i.e., family and friends providing care for an individual which historically has been unpaid).<sup>1</sup> The law largely focuses on increasing access to high-quality home- and community-based services (HCBS) and caregiver supports, while also piloting value-based care delivery and amending benefits in other areas such as education, home loans, housing, and burial.

HCBS are medical and non-medical, person-centered support services that allow people who require assistance to perform essential daily activities (e.g., dressing, bathing) to remain in their preferred setting. Common HCBS include home health care, personal care, case management, and caregiver training.<sup>2</sup> The Department of Veterans Affairs (VA) purchases or provides many types of HCBS for Veterans and their families, including home-based primary care, adult day health care, and respite care.<sup>3</sup> One in 10 older Veterans use at least one HCBS service, and use has been growing over time - especially among high-needs populations such as those with dementia - but barriers to eligibility, accessibility, and affordability remain.<sup>4</sup>

The Dole Act was passed, in part, to help meet the needs of aging and disabled Veterans, who comprise nearly half of the 16 million Veterans in the United States, by increasing access to HCBS to support community living as long as possible.<sup>5</sup> This brief focuses on those changes and anticipated, positive impacts on Veterans' access to HCBS and support for caregivers.

### Dole Act Implications for VA Home- and Community-Based Services

Title I, Subtitle B of the Dole Act addresses a wide range of HCBS provided or purchased by VA, significantly expanding Veterans' and caregivers' access to services. The law addresses four main areas regarding HCBS: changes in VA coverage of non-institutional care, greater access to integrated care models, the expansion of existing HCBS across all VA medical centers, and HCBS pilot programming.

#### *Expanded VA Coverage*

By 2039, VA estimates that over four million Veterans will require nursing home-level care (round-the-clock nursing and medical care, assistance with daily activities).<sup>6</sup> Yet most Americans, including Veterans,



#### Examples of HCBS:

- **Home health care** (nursing care, rehabilitation therapy)
- **Personal care** (dressing, bathing, toileting, eating)
- **Case management** (needs assessment, finding and accessing services and supports)
- **Caregiver training and support**

wish to age in their homes and avoid costly and restrictive institutional settings.<sup>7</sup> Section 120 of the Dole Act responds to these needs and preferences by ensuring that VA covers HCBS expenditures up to at least 100 percent of the geographically-adjusted equivalent cost of nursing home care for Veterans whose health care providers certify home care as an appropriate alternative. This is an increase in coverage from the 65 percent of nursing home costs VA previously covered for non-institutional care. For some eligible Veterans (those with amyotrophic lateral sclerosis (ALS), spinal cord injury, or other conditions deemed eligible by the Secretary), costs may exceed 100 percent of the cost of nursing home care. The result of this policy is greater access for Veterans and their families and the ability for VA to fulfill its commitment of providing high-level care in the least restrictive setting.

#### *Greater Access to Integrated Care Models*

Further strengthening VA's commitment to provide care in the least restrictive setting, Section 121 of the Dole Act mandates that VA enter into agreements with Programs of All-Inclusive Care for the Elderly (PACE), a Medicare-Medicaid program for aging and disabled Americans whose care needs merit nursing home-level care.<sup>8</sup> The PACE program is a national model of integrated care delivery which operates in circumscribed geographic regions to offer a full suite of medical services alongside long-term services and supports.<sup>9</sup> The PACE program is associated with improved outcomes for participants, including shorter hospital stays and a lower likelihood of long-term nursing home stays.<sup>10,11</sup>

The Dole Act aims to increase Veterans' access to coordinated care by requiring that VA enter into agreements with PACE providers and finance participation for Veterans whose care needs merit nursing home-level care. The PACE program houses all care and services under one roof, reducing care fragmentation and increasing access to and choice around HCBS.

#### *Expansion of Existing HCBS*

Increasing choice of HCBS programs can also be accomplished by expanding Veterans' access to existing HCBS services. Section 123 of the Dole Act mandates the expansion of several existing programs to all VA medical centers across the country, and to certain underserved groups, while codifying other programs that were previously considered discretionary.

First, the Dole Act mandates that VA expand its Veteran-Directed Care and Homemaker/Home Health Aide (HHA) programs to every VA medical center, broadening access for all Veterans, especially those living in rural areas. The Veteran-Directed Care program is similar to the Medicaid self-direction program in that it allows Veterans to select and pay their caregiver (family, friend, HHA).<sup>12</sup> The Homemaker/HHA program supports having a trained professional come into the home to assist Veterans who need help with activities of daily living. Additionally, the law mandates that VA ensure the accessibility of such programs to otherwise underserved Veterans, especially those living in United States territories and American Indian/Alaska Native Veterans receiving tribal health services.

Second, the law makes permanent several existing programs that were previously discretionary, protecting funding and creating long-term stability for Veterans and caregivers. This codification applies to three VA programs: Home-based Primary Care, Purchased Skilled Home Care (e.g., care from licensed providers like physical therapists or speech-language pathologists), and certain caregiver benefits, including support resources, a minimum of 30 respite days annually, and a yearly wellness check.

*HCBS Pilots for Increased Access to Care*

The last major function of the Dole Act as it relates to HCBS is the implementation of two pilot programs to expand access to care for all Veterans: a Homemaker/HHA pilot, and an assisted living pilot. The Homemaker/HHA pilot allows VA to hire new or reassign existing nursing assistants to serve as Homemaker/HHAs in shortage areas, expanding Veterans’ access to these services, especially in rural areas. These nursing assistants may also provide care as part of a home-based primary care team.

The assisted living pilot is the first-ever VA initiative to evaluate the effectiveness of VA-purchased assisted living services and Veteran satisfaction with this program. The pilot will allow up to 120 Veterans to receive assisted living services, either in Medicaid-participating assisted living facilities or State Homes. Both pilots must begin within two years of enactment of the law and are described below:

**Table 1: Dole Act Requirements for HCBS Pilots of Homemaker/HHA and Assisted Living**

	<b>Homemaker/HHA Pilot (Dole Act Section 126)</b>	<b>Assisted Living Pilot (Dole Act Section 127)</b>
<b>Duration</b>	Three years from implementation	Through September 30, 2028
<b>Location</b>	Five geographic locations in which the Secretary determines there is a Homemaker/HHA shortage area	VA facilities within two Veteran Integrated Service Networks (VISNs); facilities must be located in geographically diverse areas and at least one must serve Veterans in rural or highly rural areas
<b>Eligible Veteran Participants</b>	Veterans living in areas deemed as Homemaker/HHA shortage areas by the Secretary	60 eligible Veterans per VISN (120 total Veterans)
<b>Outcomes and Future Implementation</b>	<p>VA must provide reports to Congress on the following:</p> <ol style="list-style-type: none"> <li>1. Results of the pilot program</li> <li>2. Recommendations on extending the pilot or making the program permanent</li> <li>3. An accounting of funds budgeted for Homemaker/HHA for fiscal years 2021 to 2024 that were not spent</li> <li>4. An accounting of how many Veterans saw reduction in Homemaker/HHA care in that period for reasons other than clinical need (e.g., staffing shortages)</li> <li>5. Updated guidance on transitioning Veterans from Homemaker/HHA services to other covered programs.</li> </ol>	<p>VA must provide reports to Congress on the following:</p> <ol style="list-style-type: none"> <li>1. Summary information about pilot implementation and participating Veterans (demographic statistics, disability status, etc.)</li> <li>2. Effectiveness of the pilot and Veteran satisfaction</li> <li>3. Recommendations on extending the pilot or making the program permanent</li> <li>4. Quality of care and oversight of participating assisted living facilities in the pilot.</li> </ol> <p>Once the pilot concludes, VA must also ensure that participating Veterans either continue residing in their assisted living facility with VA coverage, or transition to other VA-covered extended care services.</p>

## Dole Act Implications for Caregivers

In addition to recognizing the importance of HCBS to help aging Veterans age in place with dignity, VA has invested in the support of caregivers of Veterans. Prior to the Dole Act, the VA already provided greater levels of caregiver support in the United States compared to investments in caregivers of civilians. Given the critical role caregivers play in helping aging Veterans remain living independently in the community for as long as possible, the Dole Act enhances transparency for accessing supports for caregivers, improving care coordination between HCBS and caregivers, and improving individual supports for caregivers.

### *Improving Transparency for the VA's Program of Comprehensive Assistance for Family Caregivers*

Through Section 125, the Dole Act improves operational transparency and reporting for applications, approvals, and discontinuations of applications to the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC). PCAFC, part of the VA Caregiver Support Program, provides at least 30 days of respite per year, beneficiary travel benefits, mental health counseling, the Civilian Health and Medical Program of the Department of Veterans Affairs (if uninsured), and a monthly stipend to eligible Family Caregivers of clinically eligible Veterans.<sup>13</sup> As a result of the Dole Act, moving forward, the program will have to report not only total numbers of applications, approvals, and denials, but also describe the assessment tools and IT systems, and procedures for communicating clinical information during the assessment process.

### *Improving Coordination between HCBS and Caregivers*

In addition to expanding HCBS access and choice for Veterans, the Dole Act increases coordination between HCBS and caregivers through two mechanisms. First, when family caregivers are denied or discharged from PCAFC, Section 124 changes access to respite care for caregivers in the Program of General Caregiver Support Services (PGCSS) to *no less than* 30 days, which aligns access of caregivers in PGCSS with caregivers in PCAFC. Section 124 also strengthens coordination with other VA HCBS to help streamline personalized transitions to other services and benefits for which Veterans and their caregivers may qualify. Second, through Section 129, the VA must establish a process to formally identify organizations supporting Veterans and/or their family members and caregivers in navigating VA programs and services. The goal is that Veterans and their family members and caregivers will then have access to an approved list of organizations which are not allowed to charge fees to help them engage with the benefits and services for which they may be eligible.

### *Improving Supports for Family Caregivers*

Through the administration of grants or contracts as established in Section 122, the Dole Act expands VA's authority to provide of mental health services to Family Caregivers of Veterans. Namely, it allows VA to award grants or contracts to entities to provide mental health services to family caregivers with a particular focus on meeting the unique needs of veterans from historically underserved communities (e.g., rural, American Indian/Alaska Native, older adults, women). Awards are intended to supplement, not substitute, existing caregiver supports available through the VA Caregiver Support Program and to be "equitably distributed among entities located in States with varying levels of urbanization." Awards must prioritize serving areas with high rates of family caregivers enrolled in the VA PCAFC and areas with a high rate of suicide among Veterans or referral to the Veterans Crisis Line, VA's 24/7 confidential crisis support line for Veterans and their loved ones.

## **Conclusion**

The Dole Act expands eligibility for, access to, and choice of critical services and supports to help older Veterans remain in the community for as long as possible and avoid or delay nursing home use. Evaluating workforce and infrastructure capacity necessary to support HCBS expansion will be an important next step in ensuring the success and sustainability of implementation of the Dole Act across VA going forward.

## References

1. Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. Publ. L. No. 118-210 (2025). <https://www.congress.gov/bill/118th-congress/senate-bill/141>
2. Centers for Medicare and Medicaid Services. (2025, July 24). *Home- and Community-based services*. <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/ltss-ta-center/information/ltss-models/home-and-community-based-services>
3. United States Department of Veterans Affairs, Office of Geriatrics and Extended Care. (2025, May 29). *Home and Community Based Services*. [https://www.va.gov/geriatrics/pages/Home\\_and\\_Community\\_Based\\_Services.asp](https://www.va.gov/geriatrics/pages/Home_and_Community_Based_Services.asp)
4. Miller, K.E.M., Price, M., O'Malley, K., Song, S., & Garrido, M.M. (2025). Home- and Community-Based Service Use Among Veterans: The National Landscape. *Journal of the American Geriatrics Society*, 73(6), 1884-1894. <https://pubmed.ncbi.nlm.nih.gov/40344577/>
5. Vespa, J. (2023). *Aging Veterans: America's Veteran Population in Later Life*. U.S. Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2023/acs/acs-54.pdf>
6. United States Department of Veterans Affairs. (2022, February 7). *VA amplifies access to home, community-based services*. <https://news.va.gov/99854/va-amplifies-access-to-home-community-based-services/>
7. Binette, J, & Farago, F. (2021). *Where We Live, Where We Age: Trends in Home and Community Preferences*. AARP. <https://www.aarp.org/pri/topics/livable-communities/housing/2021-home-community-preferences/>
8. Centers for Medicare and Medicaid Services. (2025, January 17). *Program of All-Inclusive Care for the Elderly (PACE)*. <https://www.cms.gov/medicare/medicaid-coordination/about/pace>
9. Centers for Medicare and Medicaid Services. (n.d.). *PACE*. <https://www.medicare.gov/health-drug-plans/health-plans/your-coverage-options/other-medicare-health-plans/PACE>
10. Meret-Hanke, L.A. (2011). Effects of the Program of All-Inclusive Care for the Elderly on Hospital Use. *The Gerontologist*, 51(6), 774–785. <https://academic.oup.com/gerontologist/article-abstract/51/6/774/817014?redirectedFrom=fulltext>
11. Roberts, E.T., Duggan, C., Stein, R., Jonnadula, S., Johnston, K.J., & Figueroa, J.F. (2024). Quality, Spending, Utilization, and Outcomes Among Dual-Eligible Medicare-Medicaid Beneficiaries in Integrated Care Programs: A Systematic Review. *JAMA Health Forum*, 5(7). <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2821202>
12. Centers for Medicare and Medicaid Services. (n.d.). *Self-Directed Services*. <https://www.medicare.gov/medicaid/long-term-services-supports/self-directed-services>
13. United States Department of Veterans Affairs. (n.d.). VA Caregiver Support Program. [https://www.caregiver.va.gov/support/support\\_benefits.asp#:~:text=The%20program%20provides%20clinical%20support%20for%20family,counseling%20\\*%20Travel%20benefits%20\\*%20Respite%20care%20clinical%20support%20for%20family,counseling%20\\*%20Travel%20benefits%20\\*%20Respite%20care](https://www.caregiver.va.gov/support/support_benefits.asp#:~:text=The%20program%20provides%20clinical%20support%20for%20family,counseling%20*%20Travel%20benefits%20*%20Respite%20care%20clinical%20support%20for%20family,counseling%20*%20Travel%20benefits%20*%20Respite%20care)

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