US DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINSTRATION

Review of Timeliness of Mental Health Community Care Appointments

Review	25-03623-147	August 10, 2026

OUR MISSION

To conduct independent oversight of the Department of Veterans Affairs that combats fraud, waste, and abuse and improves the effectiveness and efficiency of programs and operations that provide for the health and welfare of veterans, their families, caregivers, and survivors.

CONNECT WITH US

Subscribe to receive updates on reports, press releases, congressional testimony, and more. Follow us at @VetAffairsOIG.

PRIVACY NOTICE

In addition to general privacy laws that govern release of medical information, disclosure of certain veteran health or other private information may be prohibited by various federal statutes including, but not limited to, 38 U.S.C. §§ 5701, 5705, and 7332, absent an exemption or other specified circumstances. As mandated by law, the OIG adheres to privacy and confidentiality laws and regulations protecting veteran health or other private information in this report.

Executive Summary

VA is authorized under the MISSION Act of 2018 to approve and pay for veterans to receive care from community healthcare providers when eligibility criteria are met.[1] One type of service VA often sends to community care is mental health. Using data from mental health appointments that occurred between October 1, 2024, and September 30, 2025, the VA Office of Inspector General (OIG) conducted this review to determine to what extent community care outpatient mental health appointments met the Veterans Health Administration's (VHA) timeliness standards for scheduling consults and the timeliness metrics for appointments to occur as established in VHA's Community Care Network contracts.

In December 2025, VHA announced plans to reorganize the structure of its management and operations. As of May 2026, VHA released a planned revised organization structure that includes a "Community Care Hub," a veteran-centric community care system designed to deliver timely access, accurate payments, and consistent, standardized processes for community care consults. However, at this time, there have been no changes to the scheduling or appointment timeliness standards for community care appointments. The OIG team briefed VHA leaders responsible for overseeing community care throughout the review. These leaders did not raise concerns with the OIG's approach, conclusion, or proposed recommendations. In addition, they informed the OIG that they did not anticipate significant changes to consult processing requirements because of VHA's reorganization.

The OIG made six recommendations to the under secretary for health to improve mental health appointment timeliness. As of March 2026, VHA provided sufficient evidence that it had addressed recommendation 6; therefore, the OIG considers that recommendation closed. In June 2026, the under secretary for health concurred with four of the remaining recommendations and concurred in principle with one. Based on additional evidence provided, the OIG also closed recommendation 1. The under secretary's full response is in appendix B.

What the Review Found

Before an appointment can be made for a veteran to receive care, a VHA provider must make a request on the veteran's behalf by submitting a referral, which VHA calls a consult. Once a consult is created, VHA staff use the eligibility criteria from the MISSION Act to determine whether the veteran is eligible for community care and if so, then schedule an appointment with a community care provider. VHA has an appointment scheduling standard of seven days for community care consults, which starts with the consult creation and ends when the appointment attendance is confirmed. This standard is established in VHA Directive 1230, VHA

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

Directive 1232, and related standard operating procedure.[2] Additionally, VHA has timeliness expectations of 30 days for appointment availability established in its Community Care Network contracts with third-party administrators. These two measures—consult scheduling and appointment timeliness—apply to mental health consults and together determine the total time veterans wait for care.

The review found that persistent challenges kept VHA healthcare systems from meeting the timeliness standards for consult scheduling, while most mental health consults for community care met the appointment timeliness metrics.[3] The review team evaluated consults at 133 healthcare systems and found that 128 medical centers averaged above the seven-day standard, while five medical centers met the seven-day standard in fiscal year (FY) 2025.

Meanwhile, in FY 2025, about 80 percent of mental health consults for care in the community met the metrics for the appointment to occur within 30 days. However, when the appointment dates did not meet contract metrics, veterans waited an average of 56 days to receive care. The OIG found that, when the appointment metric was not met, scheduling delays consumed much of the 30-day window. Scheduling delays were also a key driver in the 20 percent of consults whose appointments occurred after 30 days. The delays occurred in part because VHA schedulers often had to rely on telephone calls and postal mail to contact veterans; community providers did not always offer appointment types—for example, in person instead of virtual—that met veterans' preferences; and VHA schedulers sometimes had trouble contacting providers.

Improvements are needed in VHA's process for scheduling appointments for mental health consults to enable the VA to meet timeliness standards. This is especially important because veterans who receive community care services for mental health consults represent a vulnerable group who may pose a risk to themselves or others if the care they receive is not timely.

Next Steps

The OIG will monitor VHA's corrective actions and will close the remaining recommendations once VHA provides sufficient evidence that it has addressed the risks identified in this report.

LARRY M. REINKEMEYER
Assistant Inspector General
for Audits and Evaluations

[2] VHA Directive 1230, *Outpatient Scheduling Management*, June 1, 2022; VHA Directive 1232, *Consult Management,* November 22, 2024; VHA, "Consult Timeliness Standard Operating Procedure," October 2, 2025.

[3] Each VA healthcare system may include more than one VA medical facility.

Contents

Abbreviations

FY	fiscal year
IVC	Office of Integrated Veteran Care
MISSION Act	VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

VA is authorized under the MISSION Act to approve and pay for veterans to receive care from community healthcare providers when eligibility criteria are met.[4] These criteria include situations where VA does not offer the requested service, the veteran lives in an area without a full-service VA medical facility, or the wait or drive times to a VA facility do not meet established standards.

Mental health care can be provided by VA or can be provided in the community for eligible veterans. VA has contracts with two companies—called third-party administrators—to oversee and manage its community provider networks. These networks are VA's direct link with community providers to ensure veterans receive timely, high-quality care. The VA Office of Inspector General (OIG) conducted this review to determine to what extent community care outpatient mental health appointments met the Veterans Health Administration's (VHA) timeliness standards for scheduling consults and the timeliness metrics for appointments to occur. Scheduling timeliness standards are established in VHA Directive 1230, VHA Directive 1232, and related standard operating procedures; appointment timeliness metrics are stated in VHA's Community Care Network contracts.[5]

This review focused on mental health community care consults—requests for clinical services for patients—with appointments during fiscal year (FY) 2025. During this time, about 825,000 veterans received mental health care through VHA. To provide this care, VHA staff processed more than one million mental health consults for direct care through VA's healthcare systems and more than 198,000 mental health consults for community care. VHA data showed that from FY 2021 through FY 2025, consults for mental health community care increased every year, and the total increase was about 178 percent—from about 71,000 per year to over 198,000 per year.

VHA announced plans in December 2025 for significant changes to the structure of its management and operations. VHA executive leaders from the Office of Integrated Veteran Care (IVC), which oversaw access to care during the scope of this review, informed the OIG during briefings in December 2025 and March 2026 that they do not anticipate significant changes to consult processing requirements and that these requirements will apply to VHA's new management structure. On July 13, 2026, VHA announced the establishment of the VHA Office of Veterans Community Care, to replace IVC and unify community care programs and operations.

---

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

[5] VHA Directive 1230, *Outpatient Scheduling Management*, June 1, 2022; VHA Directive 1232, *Consult Management,* November 22, 2024; VHA, "Consult Timeliness Standard Operating Procedure," October 2, 2025.

The OIG team analyzed VHA guidance and met with VHA and IVC executive leaders in March 2026 to discuss the OIG's data analysis, the review methodology, and concerns identified by the OIG related to VHA's noncompliance with standards or weaknesses with systems and processes. VHA and IVC executive leaders did not raise concerns with the review team's approach, conclusions, or proposed recommendations.

As of May 2026, VHA released a planned revised organization structure that includes a "Community Care Hub," a veteran-centric community care system designed to deliver timely access, accurate payments, and consistent, standardized processes for community care consults. In addition, with the contracts scheduled to start expiring in 2026, VA released a request for proposals in December 2025 for their new community care contracts that are intended to improve healthcare choice and quality for veterans over the next decade. However, at this time, there have been no changes to the consult scheduling or appointment timeliness standards for community care appointments.

Community Care Consult Process

The MISSION Act of 2018 consolidated several community care initiatives into one permanent program, known as the Veterans Community Care Program. The Community Care Network groups VA's healthcare systems into five regions managed by two third-party administrators to improve care coordination and make it easier for community providers and VHA staff to deliver care to veterans. According to the contracts, the third-party administrators must maintain sufficient numbers and types of providers for each region.

Before an appointment can be made for a veteran to receive care, VHA Directive 1232 requires a VHA provider to create a consult, which, as noted above, is a request for clinical services for the patient.[6] Once the consult is made, VHA staff evaluate the veteran's eligibility for community care. Under the MISSION Act and related guidance from VHA, veterans are eligible to receive community care in specific circumstances, including instances when a requested service is unavailable at VA, a full-service VA medical facility is not available where the veteran lives, or the wait or drive time does not meet established standards.[7]

When a veteran is eligible for community care, VHA staff must offer the veteran a choice between receiving care through VA (if available) or from a community provider. To support informed decision-making, staff must also provide key information, such as wait times for both VA and community care, when available.[8] If a veteran chooses community care, VHA staff should discuss the veteran's preferences for specific providers and appointment days, times, and

[6] VHA Directive 1232.

[7] VHA Office of Community Care, "Veteran Community Care Eligibility" (fact sheet), August 30, 2019.

[8] IVC, "Eligibility, Referral, and Scheduling," chap. 2 in *Community Care Field Guidebook* (not publicly accessible).

locations and then forward the consult to the VHA community care department for coordination, including scheduling the appointment.

If the VHA scheduler validates that a veteran is not eligible for community care, VHA staff should schedule the appointment or submit a consult to the applicable VHA service line (for example, cardiology or neurology).

Figure 1 identifies key steps in the community care consult process, from creating the consult through the care being provided.

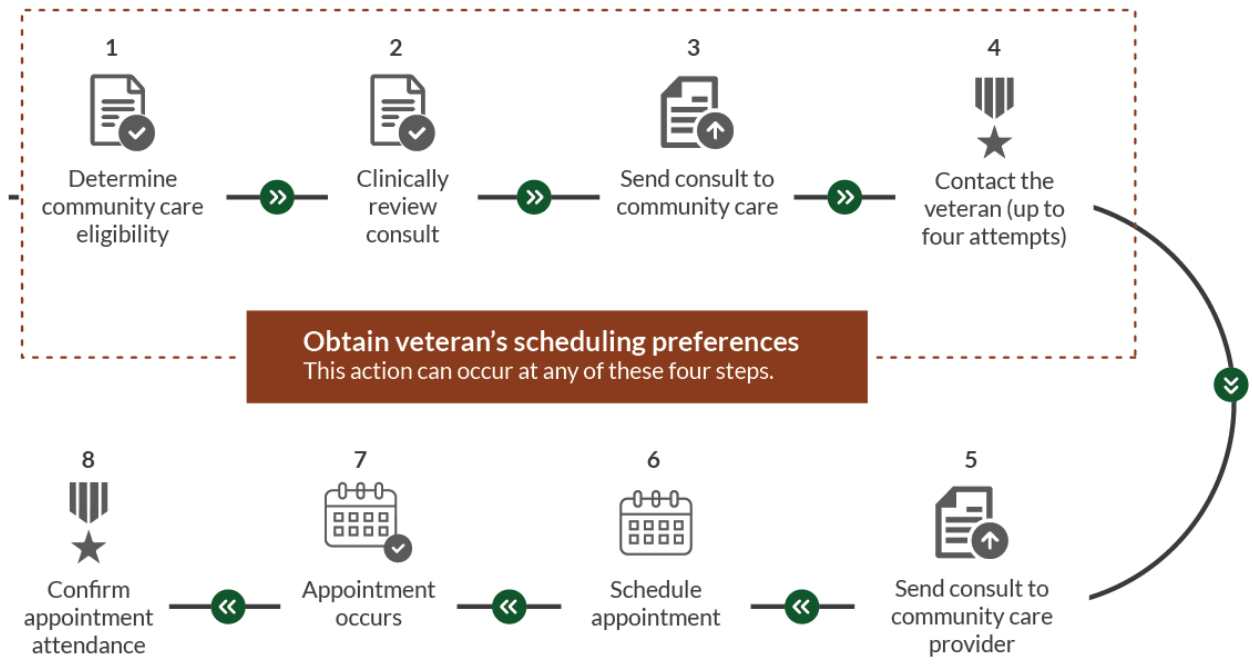

Figure 1. *Key steps in the community care consult process.*
Source: VA OIG interpretation of consult process in Community Care Field Guidebook.

Consult Timeliness

According to VHA Directive 1232, once VHA determines a veteran needs care, a consult should be scheduled within specific timeliness standards: within three days of the initial request (the file entry date) for VHA direct care and within seven days for community care.[9] These standards refer to the amount of time allowed for scheduling an appointment for the consult, not the time frame in which the veteran is expected to be seen by a provider.

In addition to the scheduling standards, VA's contracts require its third-party administrators to maintain an adequate network of providers in each region to ensure access to care. VHA measures performance on this requirement through a network adequacy objective that includes geographic accessibility to a provider and appointment availability time frames, as specified in

[9] VHA Directive 1232.

the contracts. The appointment availability metric is set forth in the contracts and requires that an appointment occur within 30 days to ensure veterans have adequate access to care in the community. The 30-day metric starts from the day VHA staff send the consult to a provider and ends when the appointment occurs.[10] Third-party administrators have a 30-day metric to meet regardless of where the veteran is located.[11]

The contract's 30-day appointment timeliness metric starts when VHA staff sends the consult to a community provider to schedule an appointment. The dates involved in calculating the appointment timeliness metric often overlap with the VHA consult scheduling timeliness standard because the consult may be sent to the provider as part of the process of getting the appointment scheduled, which is also a date included in determining the scheduling standard. See figure 2 for additional details on how these time frames may overlap.

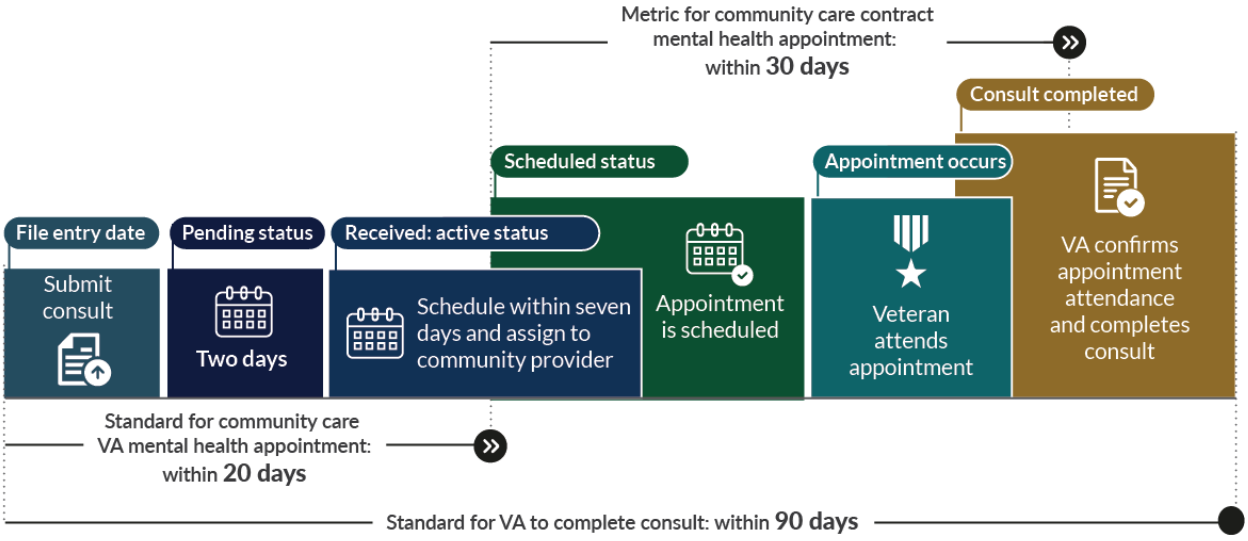

Figure 2. *Key timelines for scheduling and attending community care mental health appointments.*
Source: VA OIG interpretation of consult process and standards from IVC's standard operating procedures and Community Care Network contracts.

Scheduling VA Mental Health Care

According to VHA standard operating procedures, veterans who are in crisis or in need of mental health services right away should receive immediate attention from a healthcare professional at a VA clinic. Also, if the veteran is new to mental health with a nonurgent need, the veteran should receive an initial screening evaluation by the next calendar day. If the screening indicates that further care is needed, they should also be scheduled for a future mental health appointment that

[10] VHA refers to this date as the "date the provider is allocated on the referral by the Contractor or VA."

[11] The region 5 contract for Alaska requires mental health appointments to occur within 20 days. However, this OIG review assessed VHA healthcare systems' (including Alaska) community care mental health consults using the 30-day standard.

should occur within 20 days.[12] The MISSION Act allows veterans to seek care in the community if they cannot access VA mental health care within 20 days. Community Care Network contracts have a timeliness metric of 30 days for the appointment to occur.

VHA standard operating procedures also require that VHA schedulers make a minimum of four contact attempts when scheduling all VHA and community care mental health appointments.[13]

Oversight Responsibilities

VHA has announced significant changes to the structure of its management and operations, although changes had not been finalized as of February 2026. At the time of this review, under VHA Directive 1217, IVC was responsible for allocating resources, developing training, managing professional standards, and overseeing compliance with consult management policies.[14] IVC also managed community care access, including execution of network contracts, to ensure timely care for veterans. On July 13, 2026, VHA announced the establishment of the VHA Office of Veterans Community Care, to replace IVC and unify community care programs and operations. At the time of this review, VHA medical health care systems were organized into 18 regional Veterans Integrated Service Networks (VISNs) that manage the day-to-day functions of medical centers and provide administrative and clinical oversight. As of May 2026, VHA consolidated its regional oversight into five VISNs.

VHA Directive 1217 assigns responsibilities to VISN directors to ensure medical facilities have adequate resources and assist with policy implementation.[15] VISN directors are required to monitor consult quality outcomes, apply corrective measures, and standardize consult management processes across their networks.

Medical facility directors, under VHA Directive 1232, are accountable for outpatient scheduling compliance, resource allocation, and adherence to IVC guidance on community care coordination.[16] They must establish local consult management policies and ensure timely scheduling.

At the facility level, schedulers, clinicians, and administrative staff manage consults in accordance with VHA Directive 1230, VHA Directive 1232, the VHA Consult Timeliness

[12] VA standard operating procedure, "National Same-Day Services," December 17, 2021; IVC Community Care, "Defining Eligibility," chap. 2 in *Community Care Field Guidebook* (not publicly accessible).

[13] VA standard operating procedure, "Minimum Scheduling Effort for Outpatient Appointments," July 28, 2022, and amended version from April 14, 2026. As of April 2026, the number of required contact attempts was revised to three for mental health consults. The first and second attempts must use different modalities and could be made by phone, secure message, text, or email. The second attempt may also be a mailed letter.

[14] VHA Directive 1217(1), *VHA Operating Units*, August 14, 2024, amended January 19, 2025.

[15] VHA Directive 1217(1).

[16] VHA Directive 1232.

Standard Operating Procedure, and the VHA Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure. The review team refers to these roles throughout the report collectively as "schedulers." Their duties include entering clinically appropriate dates, notifying veterans, and scheduling appointments. These processes often involve multiple systems that each focus on different aspects of the process, such as the Computerized Patient Record System (VA's patient record system for patient preference and medical documentation), HealthShare Referral Manager (an electronic referral and authorization system used by VA to send consults to community care providers), and External Provider Scheduling system (which allows VA to schedule directly into participating community care providers' schedules), to support coordination of care between VHA health care systems and community providers.

As mentioned previously, VHA is reorganizing its structure, but no changes have been made to the scheduling or appointment timeliness standards for community care appointments. As of May 2026, Directives 1217 and 1232 were still in effect.

Results and Recommendations

Finding: Timeliness of Consult Scheduling and Community Care Mental Health Appointments Could Be Improved

Wait time reflects both consult scheduling and appointment timeliness. Delays in either metric contribute to the time a veteran must wait to receive care. As to scheduling timeliness, the OIG team evaluated consults at 133 VHA healthcare systems and found that 80 percent of the consults exceeded the seven-day appointment scheduling timeliness standard.[17] The OIG team calculated the average time to schedule appointments for community care mental health consults at the 133 healthcare systems for FY 2025 and found that 128 averaged above the seven-day standard and five met the seven-day standard.

Turning to appointment timeliness, about 80 percent of mental health consults for care in the community met the contract metrics with VA's third-party administrators for the appointment to occur within 30 days of when a consult is sent to a community provider. For the 20 percent of consults for which the appointment dates did not meet contract metrics, veterans waited an average of 56 days to receive care.

Delays in both getting consults scheduled and related to when appointments actually happened occurred in part because VHA community care schedulers often had to rely on telephone calls and postal mail to contact veterans and community providers; community providers did not always offer appointment types—for example, in person instead of virtual—that met veterans' preferences; and VHA schedulers sometimes had trouble contacting providers that relied on telephone calls and faxes to communicate instead of using available electronic systems.

Process improvements are needed to enable VA to meet its scheduling and appointment timeliness standards for mental health consults. Veterans who receive community care services for mental health consults represent a vulnerable group and may pose a risk to themselves or others if the care they receive is not delivered in a timely manner.

What the OIG Did

To assess whether appointments for mental health consults were scheduled in a timely manner and met appointment availability metrics, the review team analyzed mental health community care consult data for consults with an appointment date in FY 2025 that were in a completed or scheduled status. The OIG team used consult data from the VHA Corporate Data Warehouse for 133 healthcare systems that used the legacy electronic health record system (the Veterans Health Information System Technology Architecture Computerized Patient Record System). This

[17] Each VA healthcare system may include more than one VA medical facility.

review did not include any scheduling information from healthcare systems using VA's new Electronic Health Record Modernization systems (Oracle).

The OIG team visited the VA San Diego Healthcare System in San Diego, California; the VA Greater Los Angeles Healthcare System in Los Angeles, California; the Dallas VA Medical Center in Dallas, Texas; the Birmingham VA Healthcare System in Birmingham, Alabama; and the VA Washington DC Healthcare System in the District of Columbia. The team selected a mix of sites with low and high performance on the scheduling and appointment standards to better understand the factors contributing to consult appointment scheduling. While on-site, the team met with executive leadership teams and interviewed community care and facility clinical staff.

The OIG team also analyzed VHA guidance and met with VHA IVC executive leaders in December 2025 and March 2026 to discuss the OIG's data analysis, the review methodology, and concerns identified by the OIG related to VHA's noncompliance with standards or weaknesses with systems and processes. During these briefings, VHA and IVC executive leaders did not raise concerns with the review team's approach, conclusions, or proposed recommendations. Appendix A provides more information about the team's scope and methodology.

Assessment of Scheduling of Appointments for Mental Health Community Care Consults

VHA Directive 1232 requires appointments to be scheduled within seven days of community care consults being created (the file entry date). The OIG team evaluated 198,173 consults at 133 healthcare systems and found that 158,373 (80 percent) exceeded the seven-day scheduling timeliness standard, while 39,800 (20 percent) consults were associated with appointments scheduled within seven days.

For the 158,373 consults exceeding the threshold, 87,872 (44 percent) were associated with appointments scheduled between eight and 20 days of the file entry date, 41,530 (21 percent) were associated with appointments scheduled between 31 and 60 days of the file entry date, and 28,971 (15 percent) were associated with appointments more than 60 days from the file entry date. The OIG team also calculated the average time to schedule appointments for community care mental health consults at 133 VHA healthcare systems for FY 2025 and found that 128 had a yearly average above the seven-day standard and five health care systems met the standard. Overall, for the 133 healthcare systems reviewed, appointments for consults took an average of over 31 days to schedule during that period.

When a provider requests a consult for a veteran, a VHA scheduler contacts either the VHA provider or the community care provider to schedule an appointment. The scheduling time frame is generally in addition to the time the veteran waits for an appointment (discussed further in the next section on Assessment of Timeliness of Appointments for Mental Health Community Care) but often can also overlap in certain situations. For example, VHA can send the consult to the

community provider before the appointment is scheduled as part of the coordination process. In those cases, the time elapsed from the date sent to the community provider and the date scheduled would be counted in both the scheduling and the appointment wait-time metric.

VHA schedulers attributed extended scheduling wait times to difficulty in contacting veterans, limited availability of in-person appointments relative to veterans' preferences, and inconsistent responsiveness of community providers. Prolonged coordination can delay scheduling and increase the likelihood that care is delayed beyond the appointment metric. This is because community care contracts measure timeliness by appointment date rather than scheduling date.

Table 1 displays how mental health consults at the five healthcare systems that the OIG team visited met or exceeded the VHA seven-day community care consult scheduling standard. It breaks down the number of consults scheduled between eight and 30 days, 31 and 60 days, and 61 days or more. These five healthcare systems accounted for over 33,600 consults out of more than 198,000 mental health consults in FY 2025.

Table 1. Mental Health Consults Meeting and Exceeding the VHA Seven-Day Community Care Consult Scheduling Standard at VA Healthcare Systems the OIG Visited

VHA healthcare system	Consults	Consults within seven days	Consults between eight and 30 days	Consults between 31 and 60 days	Consults 61 days or more
Birmingham, AL	2,695	101 (4%)	353 (13%)	602 (22%)	1,639 (61%)
Dallas, TX	13,904	1,403 (10%)	4,833 (35%)	2,836 (20%)	4,832 (35%)
Washington, DC	6,419	652 (10%)	3,024 (47%)	1,921 (30%)	822 (13%)
Los Angeles, CA	6,993	884 (13%)	5,178 (74%)	879 (13%)	52 (1%)
San Diego, CA	3,627	514 (14%)	1,259 (35%)	929 (26%)	925 (26%)

Source: Data obtained from VHA's Corporate Data Warehouse and VA's Integrated Care Workspace database for mental health consults with completed or scheduled appointment dates during FY 2025.

Assessment of Timeliness of Appointments for Mental Health Community Care

Each VA community care contract has a network adequacy objective that includes geographic accessibility to a provider and appointment availability time frames. The appointment availability metric, which is an element of the network adequacy performance objective, requires

that an appointment occur within 30 days of when a consult is first sent to a provider. The community care contracts set only appointment availability, while VHA policy sets the seven-day consult scheduling standard. Because the team focused only on one element of the network adequacy performance objective, this review did not include a determination of whether the performance objective for network adequacy was met for each contract.

The review team determined that for appointment availability, for all 198,173 consults, the average wait time for appointments to occur was about 21 days—meeting the 30-day standard. In addition, 80 percent of community care mental health consults with an appointment date in FY 2025 (158,824 consults) met the contract metric for appointments to occur within 30 days from when the consult was first sent to the community provider. VA categorizes the 80 percent compliance as marginal performance, as stated in the contracts.

For the 20 percent of consults that did not meet the metric, 14,436 (7 percent) had appointments that occurred between 31 and 40 days of when the consult was first sent to a community provider, 13,868 (7 percent) had appointments that occurred between 41 and 60 days of when the consult was first sent to a community provider, and 11,045 (6 percent) had appointments that occurred more than 60 days after the consult was first sent to the community care provider. The average wait time for appointments to occur that did not meet the contract metric was 56 days.

For the five healthcare systems that the OIG team visited, table 2 illustrates the appointment timeliness in FY 2025, showing that most mental health consults were scheduled to occur within the 30-day metric.

Table 2. Mental Health Consults Meeting and Exceeding the 30-Day Appointment Timeliness Metrics at VA Healthcare Systems the OIG Visited

VHA healthcare system	Consults	Consults within 30 days	Consults between 31 and 40 days	Consults between 41 and 60 days	Consults 61 days or more
Birmingham, AL	2,695	1,726 (64%)	232 (9%)	313 (12%)	424 (16%)
Dallas, TX	13,904	11,512 (83%)	898 (6%)	819 (6%)	675 (5%)
Washington, DC	6,419	5,565 (87%)	395 (6%)	328 (5%)	131 (2%)
Los Angeles, CA	6,993	6,402 (92%)	324 (5%)	202 (3%)	65 (1%)
San Diego, CA	3,627	3,386 (93%)	121 (3%)	81 (2%)	39 (1%)

Source: Data obtained from VHA's Corporate Data Warehouse and VA's Integrated Care Workspace database for mental health consults with completed or scheduled appointment dates during FY 2025.

As noted previously, the OIG's analysis determined that 80 percent of community care mental health consults with an appointment date in FY 2025 (158,824 consults) met the contract metric for appointments to occur within 30 days, which was marginal performance, according to the contracts with its third-party administrators.[18]

To address the delay for mental health appointments, recommendation 1 calls on VHA to consider the need for adjustments to current or for future contractual requirements that would improve mental health appointment timeliness by third-party administrators.

Challenges to Scheduling Veterans in the Community

Schedulers at the five healthcare systems the team visited reported challenges contacting veterans, meeting specific veteran preferences, and contacting community providers, which impeded timely scheduling and appointment occurrence.

Contacting Veterans

Schedulers at each of the five sites the review team visited shared that they made numerous attempts to contact veterans to coordinate their care. These schedulers shared that often veterans say they do not answer VHA phone calls because the calls come during normal business hours when the veterans are working, they do not recognize the number, or the calls go to voicemail. According to VHA's scheduling standard operating procedure, after a scheduler's first unsuccessful attempt to contact a veteran, the scheduler should send the veteran a letter through the mail asking the veteran to call back to schedule the appointment. Schedulers are then required to make two additional contact attempts, on separate days, within 14 calendar days of the letter being mailed. The following example reflects a situation where a scheduler had difficulty contacting a veteran.

Example 1

A community care mental health consult from the Greater Los Angeles VHA medical healthcare system dated April 25, 2025, was not scheduled until July 29, 2025, (95 days later)—and the appointment then occurred on August 5, 2025, 102 days after the consult was created.

According to health records, the scheduler could not reach the veteran to schedule the appointment after four attempts, and the consult was canceled. The consult was then resubmitted by a mental health nurse. Then the scheduler and the community care provider continued to have difficulty reaching the veteran, with three more failed contact attempts until the appointment was scheduled.

[18] VA's request for proposals for its new community care contracts would decrease this requirement to 20 days for mental health appointments.

Schedulers at some healthcare systems have developed processes to help contact veterans in a timely manner. For example, schedulers at the San Diego and Los Angeles healthcare systems, two of the higher performing sites on the scheduling and appointment standards, told the review team that they use additional methods to contact veterans for coordination of care, such as email rather than just telephone and postal mail. The schedulers shared that in some instances veterans are much more responsive to these different outreach methods and communicate to the schedulers that text and email are the best ways to contact them.

The OIG team informed the other sites that it visited (the Birmingham and Dallas healthcare systems) of these practices; however, the schedulers in each of these locations shared that those methods for contacting veterans were not being used. Community care leaders at these sites shared concerns such as needing staff to be available to answer responses across multiple modalities (for example, text and email), needing training, implementing an additional system for schedulers to use, and determining how they would monitor the use of such processes.

Recommendation 2 calls on VHA to identify and disseminate best practices used by healthcare systems to contact veterans, evaluate barriers to broader adoption of those practices, and implement a plan that supports consistent use of those best practices to improve scheduling timeliness.

Veteran Preferences

Once a veteran decides to use community care, scheduling preferences are documented to allow for coordination of timely care and to meet the veteran's desires for when, where, and by whom they want to be seen in the community. Scheduling preferences can include the veteran's preferred appointment dates, times, and modality (in person or virtual). However, the OIG team determined that veteran preferences for mental health appointments go beyond what is currently being captured, which can make scheduling challenging. For example, schedulers reported to the team that veterans may have preferences for specific mental health providers based on location, gender, religion, and ethnicity, but this information is not found in VHA's Provider Profile Management System that VHA schedulers use to identify available community providers. The schedulers shared that this creates delays with identifying and then scheduling with a mental health provider that the veteran is willing to see. Staff at four of the five healthcare systems visited indicated they kept a locally updated spreadsheet with details about the community providers to better assist with meeting veterans' scheduling preferences.

Community care leaders and schedulers from all five sites the OIG visited told the review team that finding providers that meet the veterans' preferences is difficult and at times impossible. Where provider attributes important to veterans are not captured in VHA systems, schedulers spend additional time identifying acceptable providers, which delays scheduling and can increase the likelihood that scheduling and appointment timeliness standards are not met.

Recommendation 3 calls on VHA to ensure that systems used to identify available community providers capture the full range of preferences that matter to veterans, so scheduling can better align with their individual needs and expectations for care.

Provider Availability

Community care leaders and schedulers at each of the five sites informed the review team that most mental health providers in their community care networks primarily offer virtual or telehealth services. According to community care scheduling staff the OIG team interviewed, having too many virtual-only providers creates a scheduling challenge since veterans may want to see mental health providers who offer services in a traditional face-to-face setting, but there are not many face-to-face appointments available.

The community care leaders at each healthcare system the team visited shared that they have discussed network adequacy during recurring monthly meetings with the third-party administrators, and three of the five sites reported needing more mental health providers. As the need for community care mental health continues to grow, the limited availability of mental health providers—including limits based on the available providers not meeting veterans' preferences—may add additional wait time for veterans to be seen and receive their needed care, which can weaken veterans' trust in VHA and increase the risk of adverse health events. Limited availability of in-person mental health providers, which was reported across all five sites, can increase challenges scheduling appointments, as well as the possibility that appointments occur after the 30-day metric.

Recommendation 4 calls on VHA to evaluate whether the third-party administrator's network adequacy standards for mental health providers meet demand for both in person and telehealth, and if needed, modify the language to explicitly require sufficient availability of both in-person and telehealth mental health providers to meet veteran demand.

Coordinating Veteran Care with Community Providers

Schedulers at each healthcare system the team visited shared that they often struggled to coordinate care with community providers. Difficulties described by schedulers included making initial contact with community providers, providing consult referral documentation through fax, using the same referral management system to exchange electronic documents as the providers, obtaining appointment details, and retrieving medical records.

Schedulers shared that the community providers are often nonresponsive or—in the schedulers' opinion—avoid calls they recognize as coming from VHA. Schedulers explained that, immediately after not being able to reach them using a VHA phone, they had successfully called and contacted community providers from a personal phone. The schedulers shared with the review team that scheduling community care mental health consults is faster when the providers use the HealthShare Referral Management System. They said providing consult referral

information, obtaining appointment details, and retrieving medical records are all barriers that are reduced when a provider fully uses this system.

Schedulers in San Diego and Los Angeles also told the OIG team that they have started to use the External Provider Scheduling system to directly access appointment schedules for community care mental health providers to schedule appointments while they are on the phone with the veterans. Schedulers in San Diego said they have numerous mental health providers to choose from in the External Provider Scheduling system. The schedulers said this reduces the back-and-forth with veterans and community providers, resulting in quicker delivery of care.

IVC leaders told the review team in December 2025 that the External Provider Scheduling system was available at all VHA healthcare systems and was being used by about 119 of them. They also said they are focused on building the network of available providers using the system and integrating the system into other VHA scheduling systems. Nonresponsive community providers and uneven use of systems (for example, faxing information versus using the HealthShare Referral Management System) can prolong the exchange of consult documentation, appointment details, and medical records, which schedulers reported as reasons for scheduling delays beyond seven days and appointments occurring beyond the 30-day metric.

Recommendation 5 calls on VHA to review and determine the best approach for increasing external use of available systems by community providers to streamline communication between VHA and community providers and develop, implement, and monitor an action plan based on the review's findings.

Requirements from Community Care Mental Health Providers

Community care leaders and schedulers at the Birmingham and Washington, DC medical healthcare systems informed the review team that some community mental health providers were requiring veterans to complete additional forms, often called "intake forms," before scheduling an appointment. The schedulers stated that veterans have shared with them that these requests to complete the forms are often sent to them by email and the veterans do not always look out for them or the forms may be delivered to their junk box.

The community care leaders and schedulers said that the requested information is typically basic demographic information that is already available to the community provider when the consult referral documentation is initially sent to them by VHA. The review team obtained the intake form sent out by one community provider and determined that this was accurate.

In December 2025, the review team discussed this practice with IVC leaders, who noted that they would be reaching out to the community care mental health providers and the third-party administrators directly to remove this barrier to scheduling appointments.

Recommendation 6 calls on VHA to assess the need for standardized guidance or contractual requirements that prohibit community mental health providers from requesting additional forms

containing information already provided in VHA referral documentation and implement measures to ensure compliance.

Conclusion

VHA staff experienced delays with scheduling veterans for mental health care in the community in part because there were not always enough providers that met the veterans' preferences. Staff also experienced challenges contacting the veterans and community providers, and community providers sometimes inappropriately required additional information from veterans before scheduling. These barriers to scheduling appointments for mental health care in the community increase the wait time for veterans to be seen and receive their needed care, which can weaken veterans' trust in VHA and increase the risk of adverse health events. By strengthening contracts, sharing best practices, capturing preferences in scheduling systems, ensuring network adequacy, streamlining VHA–community coordination, and standardizing guidance, VHA will better serve veterans seeking community mental health care.

Recommendations 1–6

The OIG made the following recommendations to the under secretary for health:

1. Consider the need for adjustments to current or for future contractual requirements that would improve mental health appointment timeliness by third-party administrators.
2. Identify and disseminate best practices used by healthcare systems to contact veterans, evaluate barriers to broader adoption of those practices, and implement a plan that supports consistent use of those best practices to improve scheduling timeliness.
3. Ensure that systems used to identify available community providers capture the full range of preferences that matter to veterans, so scheduling can better align with their individual needs and expectations for care.
4. Evaluate whether the third-party administrator's network adequacy standards for mental health providers meet demand for both in person and telehealth, and if needed, modify the language to explicitly require sufficient availability of both in-person and telehealth mental health providers to meet veteran demand.
5. Conduct a review to determine the best approach for increasing external use of available systems by community providers to streamline communication between the Veterans Health Administration and community providers and develop, implement, and monitor an action plan based on the review's findings.
6. Assess the need for standardized guidance or contractual requirements that prohibit community mental health providers from requesting additional forms containing

information already provided in the Veterans Health Administration referral documentation and implement measures to ensure compliance.

VA Management Comments

In June 2026, the under secretary for health concurred with recommendations 1, 2, 4, and 5 and concurred in principle with recommendation 3. The under secretary submitted responsive corrective action plans to address each of the recommendations. These actions include enhancing performance requirements in the forthcoming Community Care Network Next Generation contract, identifying and disseminating best practices for consistent use of effective outreach practices, expanding available provider attributes to aid in meeting veteran preferences, and identifying gaps in coordination with community providers. The under secretary for health asked the OIG to close recommendations 1, 3, and 4, based on evidence provided.

For recommendation 6, VHA provided evidence to support closing the recommendation in March 2026, during a briefing with the OIG. The full text of the under secretary for health's comments can be found in appendix B.

OIG Response

For recommendation 1, VHA provided evidence of enhanced requirements for reporting and evaluating mental health wait times in the Community Care Network Next Generation contracts; the OIG therefore agreed to close this recommendation. The OIG will consider closing recommendation 3 once the new Provider Directory is developed and used, after assessing the planned additional provider attributes.

For recommendation 4, VHA provided evidence of modality-specific expectations for telehealth versus in-person appointments for mental health consults. However, no evidence was provided of discussions or considerations of how to better meet the demand for in-person versus telehealth appointments under the current contracts. For recommendation 6, VHA worked with its third-party administrators to remind community care mental health providers that they should not request additional information on veterans before scheduling appointments.

The OIG will monitor VHA's corrective actions and will close recommendations 2 through 5 when VHA provides sufficient evidence that it has improved its scheduling processes for mental health consults and addressed the risks identified in this report.

Appendix A: Scope and Methodology

Scope

The VA Office of Inspector General (OIG) review team conducted its work from August 2025 through May 2026. The scope of the review included community care consults for mental health with a completed or scheduled appointment in fiscal year (FY) 2025.

Methodology

To address the review objective, the team completed the following:

- Obtained community care consult data and applied exclusion criteria to identify wait times for mental health care for appointment dates in FY 2025 that were in a completed or scheduled status (excluding active, pending, discontinued, or canceled consults).
- Tested data to determine the extent to which community care outpatient mental health appointments met timeliness standards for scheduling appointments (based on the Veterans Health Administration's (VHA) timeliness standards) and for appointments to occur (based on VHA's Community Care Network contracts).
- Reviewed veterans' community care medical records as relevant to the review objective.
- Interviewed Office of Integrated Veteran Care leaders, VHA medical healthcare system leaders, and staff involved with implementing the Community Care Program—including clinical and administrative staff, community care staff, and medical support assistants.
- Visited five medical healthcare systems selected for a mix of high and low performance on the scheduling and appointment standards: the VA San Diego Healthcare System in San Diego, California; the VA Greater Los Angeles Healthcare System in Los Angeles, California; the Dallas VA Medical Center in Dallas, Texas; the Birmingham VA Healthcare System in Birmingham, Alabama; and the VA Washington DC Healthcare System in the District of Columbia.

Internal Controls

The team assessed internal controls to determine whether they were significant to the review objective. This included consideration of the five internal control components: control environment, risk assessment, control activities, information and communication, and monitoring.[19] In addition, the team reviewed the principles of internal controls associated with the objective and identified three components and six principles as significant. Because this

[19] Government Accountability Office, *Standards for Internal Control in the Federal Government*, GAO-25-107721, May 2025.

review was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that could have existed at the time of this review. The team identified internal control deficiencies during this review and proposed recommendations to address those listed in table A.1.

Table A.1. VA OIG Analysis of Internal Control Components and Principles Identified as Significant

Component	Principle	Deficiency identified by this review
Risk assessment	Management should identify, analyze, and respond to risks related to achieving the defined objectives.	VHA had limited community care provider availability that aligned with veterans' preferences for mental health care, such as in-person appointments.
Control activities	Management should design control activities to mitigate risks to achieving the entity's objectives to acceptable levels and respond to risks.	Mental health appointments with community providers did not always meet VHA scheduling or appointment timeliness standards, as required by VHA directives (scheduling standard) and the contracts with third-party administrators (appointment standard).
	Management should implement control activities through policies and procedures.	Some mental health community providers were requesting additional information from veterans that had already been provided by VHA before scheduling appointments, delaying care.
Information and communication	Management should obtain or generate relevant, quality information and use it to support the functioning of the internal control system.	VHA systems cannot capture all veteran preferences, such as the preference to be seen in person.
	Management should internally communicate relevant and quality information, including objectives and responsibilities for internal control, necessary to support the functioning of the internal control system.	VHA did not have a process to identify and disseminate best practices used by health care systems to contact veterans, evaluate barriers to broader adoption, and implement a plan that supports consistent use.
	Management should communicate relevant and quality information with appropriate external parties regarding matters impacting the functioning of the internal control system.	VHA has not determined the best way to maximize community providers' use of VHA systems to streamline communication between VHA and community providers.

Source: VA OIG analysis of internal control components and principles consistent with the Government Accountability Office's Standards for Internal Control in the Federal Government.

Data Reliability

The review team relied on computer-processed data to support the finding, conclusion, and recommendations of this review. The team used electronic data retrieved from the VHA Corporate Data Warehouse and Integrated Care website to evaluate direct and community care consults. The team evaluated the completeness and accuracy of the data from these systems by checking for missing or duplicate entries and text and the accuracy of number formats. The team then tested data entries from consult records against source consult documentation in Veterans Health Information System Technology Architecture electronic medical records. From this assessment, the review team determined the electronic data the team relied on were complete, accurate, and relevant for supporting the review objective and results.

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.[20]

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

Appendix B: VA Management Comments

Department of Veterans Affairs Memorandum

Date: June 25, 2026

From: Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Report, Review of Community Care Mental Health Wait Time (VIEWS 14774338).

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on OIG's draft report on Community Care Mental Health Wait Time. Attached is the Veterans Health Administration's (VHA) action plan.

2. VHA greatly values the OIG's assistance in ensuring that all stakeholders are unified in supporting VHA's vision of providing all Veterans with access to the highest quality care. VHA remains committed to transparency and will continue to work toward ensuring that the public has access to the most accurate information regarding Veteran access to community mental health care.

The OIG removed point of contact information prior to publication.

(Original signed by)

John J. Bartrum, JD, MBA

Attachment

Attachment

VETERANS HEALTH ADMINISTRATION (VHA) Action Plan

OIG Draft Report – Review of Community Care Mental Health Wait Time

(Project 2025-03623-AE-0144)

Recommendation 1: Consider the need for adjustments to current or for future contractual requirements that would improve mental health appointment timeliness by third-party administrators.

VHA Comments: Concur. To address this recommendation, the Integrated Veteran Care office has incorporated enhanced requirements into the forthcoming Community Care Network Next Generation (CCN NG) contract. The CCN NG contract implements a more granular and robust performance measurement framework in which appointment wait-time performance including mental health is reported and evaluated at the catchment area level. This approach provides significantly greater visibility into appointment timeliness at a sub-regional level, enabling more targeted accountability for Third-Party Administrators (TPAs).

VHA will continue ongoing collaboration with contract management stakeholders to ensure that the CCN NG framework effectively addresses the deficiencies identified. Supporting documentation attached.

Based on the above, VHA requests closure of Recommendation 1.

Status: Complete **Target Completion Date:** June 2026

Recommendation 2: Identify and disseminate best practices used by health care systems to contact veterans, evaluate barriers to broader adoption of those practices, and implement a plan that supports consistent use of those best practices to improve scheduling timeliness.

VHA Comments: Concur. VA concurs with this recommendation. VA will identify and compile best practices related to Veteran contact modalities (telephone, email, text messaging, and mail) currently used across Veterans Integrated Service Networks (VISNs) and Veterans Affairs Medical Centers. VA will disseminate these best practices through established community forums. VA will evaluate barriers to adoption through regular engagement with VISNs, including monthly access meetings and targeted follow-up discussions with scheduling staff.

Based on identified barriers, VA will develop and implement a standardized process outlining expectations for consistent use of effective outreach practices.

Status: In-Progress **Target Completion Date**: June 2027

Recommendation 3: Ensure that systems used to identify available community providers capture the full range of preferences that matter to veterans, so scheduling can better align with their individual needs and expectations for care.

VHA Comments: Concur in principle. VHA agrees with the intent of the recommendation but notes that capturing the full range of Veteran preferences is subjective and not operationally feasible. VHA supports the expansion of provider attributes, and the External Provider Scheduling (EPS) system already displays provider characteristics. Through the Next Generation contract and new Provider Directory, VHA will capture additional provider characteristics that better support preference-aligned scheduling.

VHA currently captures community care scheduling preferences through the Consult Toolbox (CTB), documenting the Veteran's preferred provider, preferred appointment date and time, and whether the

Veteran prefers to self-schedule or requests VHA assistance. This information is embedded in the consult and accessible to schedulers during appointment coordination.

Community care schedulers also use EPS, which displays provider characteristics (including gender), provides real-time appointment availability, and enables schedulers to match CTB preferences with available providers. While EPS adoption is not yet universal, it demonstrates VHA's existing capability to surface relevant provider attributes at the point of scheduling.

Looking ahead, the decommissioning of Provider Profile Management System and the introduction of the new Provider Directory (PD) under the Community Care Network Next Generation contract will expand available provider attributes including additional provider demographics feeding PD and downstream systems such as EPS, further strengthening preference-aligned scheduling without added administrative burden. Supporting documentation attached.

Based on the above, VHA requests closure of Recommendation 3.

Status: Complete **Target Completion Date:** June 2026

Recommendation 4: Evaluate whether the third-party administrator's network adequacy standards for mental health providers meet demand for both in person and telehealth, and if needed, modify the language to explicitly require sufficient availability of both in-person and telehealth mental health providers to meet veteran demand.

VHA Comments: Concur. VHA concurs with this recommendation. VHA has taken corrective action through enhancements incorporated into the forthcoming CCN NG contract. Under CCN NG, modality-specific expectations are explicitly defined by excluding telehealth and mobile services from network adequacy calculations, as detailed in the Medical Task Order Program Reacquisition Performance Work Statement:

• Section 3.1 – Telehealth services are excluded from network adequacy calculations.

• Section 3.2.1 – Mobile services are excluded from network adequacy calculations.

This framework ensures that TPAs are accountable for maintaining sufficient in-person mental health provider capacity, while telehealth remains available as a supplemental modality of care. This approach prevents telehealth availability from masking shortages in in-person access and provides a clearer, more enforceable standard for monitoring network adequacy. Supporting documentation attached.

Based on the above, VHA requests closure of Recommendation 4.

Status: Complete **Target Completion Date:** June 2026

Recommendation 5: Conduct a review to determine the best approach for increasing external use of available systems by community providers to streamline communication between VHA and community providers and develop, implement, and monitor an action plan based on the review's findings.

VHA Comments: Concurs. VHA is engaging with contracted healthcare providers, third-party administrators, VA stakeholders, and commercial technology vendors to identify gaps in provider coordination, evaluate outreach strategies, and adjust existing approaches based on the review's findings.

Status: In Progress **Target Completion Date:** June 2027

Recommendation 6: Assess the need for standardized guidance or contractual requirements that prohibit community mental health providers from requesting additional forms containing

information already provided in VHA referral documentation and implement measures to ensure compliance.

VHA Comments: Recommendation closed as of March 2026.

Status: Complete **Target Completion Date:** March 2026

The text of VA's management comments is reprinted verbatim as received from the department. For accessibility, the original format of this appendix has been modified to comply with section 508 of the Rehabilitation Act of 1973, as amended.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461–4720.
Review Team	Jennifer L. McDonald, Director Ryan Becker Eurydice Donaldson Sharonda Pryor Brock Sittinger
Other Contributors	Georgina Baumgartner Juliana Figueiredo Shawn Graham Andrew Waghorn

Report Distribution

VA Distribution

Office of the Secretary
Office of Accountability and Whistleblower Protection
Office of Congressional and Legislative Affairs
Office of General Counsel
Office of Public and Intergovernmental Affairs
Veterans Health Administration

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget

OIG reports are available at vaoig.gov.