

Veterans and the Ryan White CARE Act: FAQs and Resources

1) What is the purpose of the Veterans and the Ryan White CARE Act: FAQs and Resources?

Answer:

In December 2004, HRSA/HAB issued a policy notice entitled "Ryan White CARE Act and Veterans." The policy notice was designed to clarify the provision of CARE Act services to veterans living with HIV who are also eligible for Department of Veterans Affairs (VA) health care benefits.

The policy was developed in response to reports that some CARE Act programs were simply directing all veterans to VA programs, as these programs struggled with waiting lists and managing limited resources. There were also cases cited where a VA would no longer serve a veteran living with HIV and refer the veteran to a local CARE Act grantee, who had to sort out payer of last resort issues. Working closely with the VA, HRSA/HAB developed the CARE Act and Veterans Policy Notice to clarify how to handle these situations. **The HRSA/HAB policy notice is clear: CARE Act grantees may not deny services, including prescription drugs, to a veteran who is otherwise eligible for CARE Act services.**

The following frequently asked questions (FAQs) seek to clarify specific questions the Ryan White CARE Act programs have raised about the policy and provide information about resources available to veterans in the VA health care system. In addition to this FAQ document, the Bureau has conducted a number of efforts to ensure that this critical policy is widely disseminated, understood, and implemented by CARE Act grantees, subgrantees and contractors. Individual grantee policies should be consistent with the HAB policy. HAB conducted a National Technical Assistance (TA) Call in June 2005 to help Ryan White CARE Act programs understand the policy and the challenges and lessons learned in navigating care for veterans with HIV.

For additional information about other VA benefits eligibility, including housing, education and training, vocational rehabilitation and employment benefits and services for homeless veterans check the VA's World Wide Web pages (<http://www.va.gov>) or contact a VA benefits office at 1-800-827-1000. Each year the VA publishes and updates the "Federal Benefits for Veterans and Dependents" pamphlet.

COORDINATING CARE ACT AND VA SYSTEMS OF CARE

Headline: Ryan White CARE Act program coordinate health care benefits for veterans

2) How does a CARE Act program coordinate health care benefits for veterans?

Answer:

When a veteran with HIV comes to a CARE Act provider, one of the first things to do is determine and verify eligibility for CARE Act and other services. This helps ensure that the individual is provided the widest range of needed medical and support services. This intake may be performed by the grantee or another appropriate entity and may be a new or updated assessment. CARE Act grantees should inquire whether an individual is a veteran and whether the veteran is enrolled at the VA.

Grantees should be knowledgeable about the VA medical benefits package, which includes prescription drugs. A veteran may be missing out on important health care services if neither of you are familiar with the VA's benefits. If transitioning from a CARE Act funded or other community-based medical provider to VA-based HIV care, enrolled veterans may experience wait times for initial appointments or other delays that can result in interruptions of medical or pharmaceutical care. CARE Act grantees should work with veteran clients to ensure that such gaps do not jeopardize the veteran's HIV treatment. Similarly, VA health systems should work with clients to ensure that service gaps do not jeopardize the care of veterans who choose to leave the VA system.

The obligation to know the VA health care system reflects the CARE Act mandate to be the payer of last resort. The inherent obligation for CARE Act programs in fulfilling this mandate is to determine an individual's eligibility for services from all sources to ensure that the individual is provided the widest range of needed primary medical and support services. Services that must be reimbursed by any private or public payers should be determined before CARE Act funds are used to pay for care. While veterans cannot be required to seek their care in the VA, CARE Act programs can provide a valuable service in making veterans aware of services available, eligibility and other procedures for getting VA care, and how best to help them navigate care systems to secure HIV care.

The December 2004 HRSA/HAB policy notice is clear: CARE Act grantees may not deny services, including prescription drugs, to a veteran who is otherwise eligible for CARE Act services.

3) In implementing the CARE Act payer of last resort mandate, can a CARE Act provider deny services to an HIV infected veteran?

Answer:

No. CARE Act grantees may not deny services, including prescription drugs, to a veteran who is otherwise eligible for CARE Act services. CARE Act grantees or subgrantees should refer eligible veterans to the VA for services, when appropriate and available. However, CARE Act grantees or subgrantees may not require eligible veterans to access VA care against their will.

The CARE Act obligation to serve as the payer of last resort is a hallmark of the legislation. In cases where the VA does not provide needed services, the CARE Act would fulfill its obligation as payer of last resort. In situations where the veteran does not wish to receive VA services that are otherwise available to that individual, the veteran is not required to obtain their services from the VA. CARE Act funded grantees may provide services although reimbursement from the VA is unlikely because the VA does not usually pay for medical care that veterans choose to obtain from other sources.

4) Why don't veterans with HIV get their care through the VA?

Answer:

All enrolled veterans may choose to receive their care from the VA health care system. However, even if enrolled for VA health care, a veteran does not have to use the VA as their exclusive health care provider. Just like the CARE Act, the VA has limited resources and is funded each year by Congressional appropriations. The VA encourages veterans to retain any health care coverage they may already have.

5) What are some reasons a veteran may choose to use their other sources of coverage for their routine care or as a supplement to their VA medical care benefits?

Answer:

There may be multiple reasons a veteran might not seek care at the VA, or a specific service offered by the VA:

- There may be services the CARE Act or other payers provide that not included in the VA medical benefit package. Veterans may be eligible for an array of services from other payers. In some cases, these services may be preferable in addressing the veteran's care needs.
- Just as the CARE Act has limited resources and is funded each year by Congressional appropriations, VA health care is not an entitlement program, unlike Medicare or Medicaid. The VA encourages veterans to retain any health care coverage they may already have, including private health insurance or with federally funded coverage through the Department of Defense, Medicare, or Medicaid. They may choose to use these sources of coverage either as their primary source of care or as a supplement to their VA benefits.
- Veteran's access to VA care may vary by geographic location, given both the regional differences across the VA's system and variations in local operation of veteran's facilities.
- Not all VA facilities have an HIV program.

CARE Act grantees can provide a valuable service in assisting veterans to establish care within the VA system by becoming familiar with enrollment procedures, eligibility requirements, and local VA contacts for coordination of HIV care. CARE Act grantees should become familiar with their local VA care system, especially those facilities with experienced HIV providers. The VA provides comprehensive direct care for veterans. In some cities, several VA facilities and clinics are available. A veteran may select any VA health care facility or clinic to serve as his or her primary treatment facility. HIV veterans living in communities with more than one VA facility or clinic may wish to select their site based on availability of HIV services in that facility.

Some veterans have not enrolled or used a VA facility and may not know the VA's eligibility requirements. Only the VA, however, can determine whether a veteran is eligible for VA benefits. A veteran may be eligible for some but not all VA benefits, including health care, disability, vocational rehabilitation, and other services.

6) Where should CARE Act programs start in coordinating with the VA on the delivery of services to veterans and State or local planning?

Answer:

HIV/AIDS caseloads of individual VA facilities and the degree to which they are involved in care planning with other agencies vary considerably. Regardless, the VA encourages the development of local collaborations between VA HIV providers and CARE Act grantees. Each VA facility has a designated HIV/AIDS coordinator.

To find a VA in your area, see the VA's web site (http://www1.va.gov/health_benefits) and make sure that the veteran is actually enrolled in the VA system. CARE Act grantees may obtain the

name and contact information for their local VA facility HIV/AIDS coordinator from the VA's National Prevention Coordinator, Ms. Donna Wells, BS, RRT (donna.wells@hq.med.va.gov or call (202) 273-8205). HIV/AIDS coordinators can assist CARE Act grantees to identify key staff and HIV clinicians who deliver HIV care and identify those who can represent the VA facility in HIV care planning and coordination.

7) How can the CARE Act programs obtain data about HIV infected individuals served in the VA health care system in our community or State?

Answer:

The VA made available de-identified, facility specific data on HIV care delivered by the VA. Check their web site: <http://www.publichealth.va.gov/hrsa/data.htm>. Since the VA system is not organized along State or municipal boundaries, those breakdowns are not always available.

The link provides an explanation of how the data are presented and data tables by VA facility. There is also a chart included of VA facility zip code so CARE Act grantees can best identify their local VA facilities.

The VA made every attempt to provide the data requested and to array the data in the manner proposed by HRSA/HAB. Also, the data was provided in an aggregate format to protect the privacy of veterans, as specified in the VA statute.

CONTRACTING FOR VA AND CARE ACT SERVICES

8) Can CARE Act programs and the VA system contract with each other?

Answer:

Yes. Individual VA facilities or any of the 21 regional Veterans Integrated Service Networks (VISNs) can enter into contracts with other agencies or groups to provide care to veterans. Usually, this occurs when a specific service is not available in the VA system or when providing the service through a contract is more economical for the VA. For clinical services, the VA must identify a need, develop a "scope of work," and then obtain bids for the cost of providing the services. In many cases, competitive bidding may be required. These arrangements typically involve the Chief of Staff's office and the local VA Contracting Office.

Alternatively, VA facilities may provide services to other agencies or entities through a type of contract called a "sharing agreement." VAs may contract to provide a range of services to non-veterans through sharing agreements with academic affiliates, other hospitals, or community agencies.

CARE Act providers may enter into contracts with the VA to provide services to HIV-infected veterans eligible for VA services. For example, a VA facility may not have a provider with sufficient HIV expertise to treat veterans. A local CARE Act-funded community-based provider would receive funds under the contract to ensure capacity to provide care to eligible veterans.

ELIGIBILITY FOR VA HEALTH CARE BENEFITS

9) What services can an enrolled veteran receive from the VA?

Answer:

VA medical benefits for enrolled veterans include a wide range of inpatient and outpatient services, including primary care, specialty care, substance abuse treatment, psychiatric and mental health care, pharmaceuticals, diagnostic tests, and social work services. Dental services are available but under very specific guidelines that vary significantly from eligibility requirements for medical care. Travel assistance may be available through VA facilities or local Veterans Service Organizations (VSOs). Each VA facility has a patient travel service that can help with details.

The VA Web site publishes an annual guide summarizing health care benefits available from the VA and related eligibility criteria. See the VA web site (<http://www.va.gov/healtheligibility/home/hecmmain.asp>) or call the VA's Health Benefits Service Center toll free number (1-877-222-VETS (8387)) to receive copies of these documents. Women veterans are eligible for all medical services and necessary obstetric and gynecologic care, plus many VAs have specific clinics for women.

Many VA facilities have experienced HIV medical providers and serve large numbers of HIV infected veterans. Most HIV services are provided in the infectious disease programs of VA facilities and clinics. Many VA facilities participate in clinical trials, as well as provide other services needed by HIV infected patients.

Some VA facilities, however, do not have infectious disease specialists or experienced HIV providers on staff, in which case VAs may contract for these specialty services or refer veterans to other nearby VA facilities. CARE Act providers, as mentioned earlier, should become familiar with the VA facilities in their local areas and the HIV specialty care available.

Many veteran facilities and clinics provide an array of HIV prevention services. Prevention services are provided to HIV infected veterans as part of their clinical management. Veterans have cost free access to male and female condoms through the VA formulary. Substance use treatment is part of a standard VA benefit for enrolled veterans. Specific types of programs and services may vary by facility. Some VA facilities have their own opiate-replacement (methadone) therapy programs. Others may refer patients to community-based programs. Like other health care providers, the VA uses outpatient based treatment programs whenever possible.

10) What are the eligibility criteria for VA health care benefits?

Answer:

Eligibility for VA health care is based on several variables that may impact the final determination of the medical services that veterans qualify. Eligibility for most veterans health care veterans is based on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during World War II), and other criteria. VA health care benefits are not just for those who served in combat or have a service-connected injury or medical condition.

Other criteria include the nature of a veteran's discharge from military service, for example, honorable, other than honorable, dishonorable), length of service, assessment of service-connected disabilities, income level and available VA resources, as well as other factors. The VA assigns what are called priority groups to determine which veterans to accept into care first.

More detailed information is in the HRSA/HAB policy notice and the VA's Web site:
http://www.va.gov/healtheligibility/eligibility/enrollment_priority_groups.asp.

11) How can veterans get information about VA health benefits and apply for them?

Answer:

Veterans may obtain an application for VA health benefits and instructions for completing the application at: <https://www.1010ez.med.va.gov/sec/vha/1010ez/>. Veterans can obtain enrollment assistance by calling the VA's Health Benefits Service Center, Monday through Friday between the hours of 8:00 AM and 8:00 PM (Eastern Time) at 1-877-222-VETS.

Veterans can also obtain additional assistance by contacting the local VA health care facility (to see a list of local health care facility enrollment offices at: <http://www1.va.gov/directory/guide/home.asp?isFlash=1> or by calling their State or county Veterans Service Officer (VSO). Contact the VSO on the web site (<http://www1.va.gov/VSO/index.cfm?template=search>) by looking in the blue pages of the phone book under "United States Offices," then look for "Veterans Affairs."

There are several other ways a veteran may apply for VA health benefits. They can apply in person at any VA medical center or clinic. They also can enroll by mailing or faxing their completed Form 1010EZ to the Medical Center or Clinic of their choice. To find a VA medical center or clinic in your community use the facility locator: <http://www1.va.gov/directory/guide/home.asp?isFlash=1>. VA facilities are listed in the federal government section of telephone directories.

12) Can HIV-infected veterans receive their care at the VA?

Answer:

Yes. The VA serves all veterans and has a commitment to provide high quality of care to all of the veterans they treat, including HIV-infected veterans, regardless of when they were infected and diagnosed. If a veteran does not feel welcome at a VA, the VA will address the issue.

13) How is HIV clinical quality assessed in the VA health care system?

Answer:

The VA's quality assessment and improvement program measures a wide range of quality indicators for clinical care. These include many clinical services important for HIV patients, such as screening for substance use and mental health problems, vaccinations and other prevention interventions, and control of co-morbid conditions such as diabetes and hyperlipidemia.

Specifically related to treatment of veterans with HIV, the VA's Health Services Research and Development program developed in 1998 a HIV/AIDS Quality Enhancement Research Initiative (HIV-QUERI) group. HIV-QUERI's mission is to make evidence-based HIV care more accessible, optimize the application of evidence-based HIV therapies, and improve the delivery of collaborative and comprehensive treatment of co-morbid conditions in order to ensure better health for veterans who live with HIV. Data from HIV-QUERI may be useful in regional planning efforts. For more information regarding HIV-QUERI, contact Ms. Joanna Bone, Administrative

Coordinator, HIV-QUERI, Health Services Research and Development Service, Telephone: 858-552-8585 ext. 5954 or e-mail Joanna.Bone@med.va.gov.

14) Can the VA fill a veteran's prescription from a non-VA provider? How do veterans obtain medication refills?

Answer:

The VA will provide medications prescribed by VA providers in conjunction with VA medical care, if covered under their approved formulary. However, the VA will not simply fill or re-write prescriptions prescribed by a non-VA clinician. Because of the risks inherent in medication management, a VA provider must manage the veteran's health care or "co-manage" with a non-VA provider. If the veteran sees a non-VA provider and wants to have prescriptions filled by VA, all of the following criteria must be met:

- The veteran must be enrolled to receive VA health care
- The veteran needs to have an assigned primary care provider
- It is the veteran's responsibility to provide his or her VA health care provider with his or her medical records from the non-VA provider
- The VA health care provider has to agree with the medication prescribed by the veteran's non-VA provider

Like most large health care providers, the VA employs a highly automated mail-out system for filling and re-filling most prescriptions. These systems are often confusing for some clients. Medication refills must be requested by mailing the refill notice provided to the veteran at the time of the original fill. The order will be processed through the VA pharmacy mail-out program. Routine refills cannot be processed at the pharmacy windows (unless there are special circumstances).

VA HEALTH CARE AND CO-PAYMENTS

15) Must veterans enrolled in VA health care services share the cost of care through co-payments?

Answer:

While many veterans qualify for enrollment and cost-free health care services based on a compensable service-connected condition or other qualifying factor, most veterans are asked to complete a financial assessment or "Means Test" as part of their enrollment application process.

Co-payments for outpatient medical care and pharmaceuticals may be required from veterans in some VA priority groups, primarily those without service connected disabilities and with higher income levels. Those veterans who choose not to complete the financial assessment must agree to pay required co-payments to become eligible for VA health care services.

A veteran may have to agree to pay some co-payments. Co-payments are charged for inpatient, outpatient, outpatient prescriptions, and long-term care. The VA does not require a monthly premium to use VA health care.

There are three options available to veterans who cannot afford co-payments: 1) request a waiver for making the payments; 2) request a hardship determination so that co-pays will not be charged

in the future (this is, in effect, is a request for a change in Priority Group assignment); or 3) request a compromise, such as partial payment.

For information on enrollment in VA's health care system including co-payments and both the Means Test thresholds and geographically based means testing see <http://www1.va.gov/healtheligibility/costs/costs.asp>.