

Clarification of the Ryan White HIV/AIDS Program (RWHAP) Policy on Services Provided to Veterans

*Policy Clarification Notice (PCN) #16-01
Replaces Policy #07-07*

Scope of Coverage: Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D, and Part F, where funding supports direct care and treatment services.

Purpose of PCN

This PCN replaces policy notice 07-07: RWHAP recipients may not deny the delivery of RWHAP services, including prescription drugs, to a veteran who is eligible to receive RWHAP services. This PCN also reinforces that the RWHAP is the payer of last resort, so recipients and subrecipients must verify an individual's eligibility for other private or public programs at the time of initial intake, and routinely thereafter. Lastly, this PCN provides information about RWHAP recipients' and subrecipients' ability to enter into agreements with various Department of Veterans Affairs (VA) programs to provide HIV services to RWHAP eligible veterans.

Background

Policy notice 07-07 was developed to provide clear policy guidance to RWHAP recipients and subrecipients regarding the provision of services to clients who are veterans. The PCN also required that all recipients and subrecipients learn more about the VA services made available to veterans in their geographic area. Policy notice 07-07 recognized that many RWHAP recipients and subrecipients have established relationships with VA clinics and providers in proximity to their organizations. The HIV/AIDS Bureau (HAB) continues to require recipients and subrecipients to engage with their local VA providers to ensure RWHAP clients are aware of any services for which they may be eligible, in addition to those offered through RWHAP.

Instructions

Principles Guiding this Policy

By statute, RWHAP funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made...” by another payment source.¹ Previous PCNs have provided significant policy guidance on the “payer of last resort” provision, and its impact on RWHAP recipients (See PCN 13-01 and PCN 13-04). Those policies apply with equal force to the VA, however, the VA system differs from other payers because of its unique structure as an integrated care system under which the VA may serve as both payer and provider. Under the VA system, coverage may differ depending on the status of the client, as well as regional differences in availability of services. Furthermore, the VA is not an insurance or entitlement program. The VA encourages veterans to retain any health care coverage they may already have and seek additional health care coverage, when possible.

Requirements and Expectations of Recipients and Subrecipients

RWHAP recipients and subrecipients may not deny services, including prescription drugs, to a veteran who is eligible to receive RWHAP services. RWHAP recipients and subrecipients may not cite the “payer of last resort” language to compel a HIV-infected veteran to obtain services from the VA health care system or refuse to provide services. Services may be refused on the same basis as decisions of refusal for non-veterans. RWHAP recipients and subrecipients must work to assure that veterans receive necessary core medical and support services funded by the RWHAP and/or in the VA system. Available services may vary by geographic location, given both the regional differences across the VA’s system, and variations in local operation of veterans’ facilities. RWHAP recipients and subrecipients are required to become familiar with their local VA care system. RWHAP recipients and subrecipients 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, thus ensuring that veterans receive all necessary services to reach optimal health outcomes.

RWHAP recipients and subrecipients may refer eligible veterans to the VA for services, when appropriate and available. However, RWHAP recipients or subrecipients may not require eligible veterans to access medical or supportive services in the VA system nor deny them access to care and support services funded by the RWHAP.

Continuity of care is core to ensuring positive health outcomes for people living with HIV. In instances where RWHAP clients are transitioned from RWHAP providers to VA providers, RWHAP providers will need to work with the VA to ensure coordination of care. Transitioning between providers can result in delays, which can result in interruptions of medical or pharmaceutical care. RWHAP recipients and

¹ See Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

subrecipients should work with clients who are veterans to ensure that such gaps in care that jeopardize the veteran's HIV treatment do not occur and, when necessary, continue to provide RWHAP-funded services during any such transition.

Veterans may also be eligible for services from state-funded veterans' programs, Veterans Service Organizations, or Vet Centers; RWHAP recipients and subrecipients should be familiar with these other resources.

RWHAP recipients and subrecipients may enter into agreements with various VA programs to provide HIV services to RWHAP eligible veterans. For instance, RWHAP recipients may work with the VA and its contractors to become participating providers under the Patient-Centered Community Care (PC3) program or the VA Veterans Choice Program provider within the VA system. Each of these programs allow for non-VA providers to provide care and services to VA-eligible patients and be reimbursed for those services by the VA. It is incumbent upon the RWHAP recipients and subrecipients to examine these reimbursement program options to determine if either VA program is an appropriate one with which to contract. In some areas, RWHAP recipients may also consider contracting with VA facilities for the VA facilities to provide HIV services to RWHAP clients.