

## TREATMENT OF ALLIED BENEFICIARIES

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive updates Department of Veterans Affairs (VA) procedures for providing medical treatment to allied beneficiaries in VHA health care facilities.

**2. SUMMARY OF CHANGES:** This VHA directive updates current procedures, references, and dates.

**3. RELATED ISSUES:** None.

**4. RESPONSIBLE OFFICE:** The VHA Office of Community Care (10D) is responsible for the contents of this VHA directive. Questions may be referred to 202-382-2500.

**5. RESCISSIONS:** VHA Handbook 1601D.02, Treatment of Allied Beneficiaries, dated November 20, 2013.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of February 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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## TREATMENT OF ALLIED BENEFICIARIES

### 1. PURPOSE

This Veterans Health Administration (VHA) directive outlines the policies for providing Department of Veterans Affairs (VA) health care benefits to allied beneficiaries. **AUTHORITY:** Title 38 United States Code (U.S.C.) section 109.

### 2. DEFINITIONS

a. **Allied Beneficiaries.** Allied beneficiaries are former members of the armed forces of nations allied with the United States (U.S.) in World War I (WWI) (except any nation which was an enemy of the United States during World War II) or World War II (WWII). **NOTE:** *An individual Veteran need not have served in either WWI or WWII, but must be a Veteran of a nation that was allied with the U.S. in WWI or WWII as established here.*

b. **Czechoslovakian or Polish Beneficiaries.** Czechoslovakian or Polish beneficiaries are a special group of allies who served in the armed forces of the Government of Czechoslovakia or Poland and who:

(1) Served during WWI or WWII and participated while so serving in armed conflict with an enemy of the United States,

(2) Subsequently served in or with the armed forces of France or Great Britain during the period of WWI or WWII, and

(3) Have been citizens of the U.S. for at least 10 years.

**NOTE:** *Czechoslovakia dissolved in 1993 to form the Czech Republic and Slovakia. Beneficiary eligibility under the Allied Beneficiary Program is not impacted by this event.*

c. **War Pension from Great Britain.** A British Pension, which may be granted to certain Veterans of the British Armed Forces, including those who served in Polish Forces under British Command.

### 3. POLICY

It is VHA policy to provide medical, surgical, and dental treatment, hospital care, transportation and traveling expenses, prosthetic appliances, education, training, and/or similar benefits to allied beneficiaries; including Czechoslovakian or Polish beneficiaries. The Secretary may also pay the court costs and other expenses incident to the proceedings taken for the commitment of such discharged members who are mentally incompetent to institutions for the care or treatment of mental illness.

#### 4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to all Veterans Integrated Services Networks (VISN),

(2) Ensuring that each VISN Director has the resources needed to fulfill the terms of this directive, and

(3) Ensuring VISNs comply with this directive, relevant standards, and applicable regulations.

c. **Veterans Integrated Service Network (VISN) Director.** The VISN Director is responsible for ensuring that allied beneficiaries have timely access to appropriate spectrum of services to include emergency care, outpatient care, long-term care, inpatient programs, residential facilities, and mental health care services.

d. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring that policies and procedures of this directive are established and followed as outlined in this directive.

#### 5. ELIGIBILITY

a. **Eligibility Requirements for Allied Beneficiaries.** Allied beneficiaries, including Czechoslovakian or Polish beneficiaries who are receiving a war pension from Great Britain, must meet the following eligibility requirements to receive VA health care benefits:

(1) The government of the requesting nation must:

(a) Have a reciprocal agreement with VA,

(b) Submit proper authorization for medical treatment to be provided, and

(c) Provide a written agreement to reimburse the U.S. for medical treatment provided.

***NOTE:*** *No benefits shall be extended to any person who is not a resident of the United States at the time of filing claim, or to any person who has applied for and received the same or any similar benefit from the government in whose armed forces such person served.*

(2) The beneficiary must be living in the U.S.

**b. Eligibility Requirements for Czechoslovakian or Polish Beneficiaries.**

Czechoslovakian or Polish beneficiaries must provide proof that they meet the following eligibility requirements to receive VA health care benefits:

- (1) U.S. citizenship for at least 10 years,
- (2) Military service in the armed forces of the Government of Czechoslovakia or Poland during WWI or WWII, and
- (3) Subsequent service in or with the armed forces of France or Great Britain during the period of WWI or WWII, as documented by an authenticated certification from the French Ministry of Defense or the British Ministry of Defence; (formally the British War Office), which clearly indicates military service of the applicant in the armed forces of the governments of Czechoslovakia and Poland, and subsequent service in, or with, the armed forces of Great Britain or France, during the period of World War I or World War II.

**6. REGISTRATION**

a. **Allied Beneficiaries.** Before VA provides medical treatment to eligible allied beneficiaries, such beneficiaries:

- (1) Must be registered in Veterans Information Systems and Technology Architecture (VistA),
- (2) Will not be enrolled in the VA health care system, and
- (3) Will not receive a Veterans Health Identification Card (VHIC).

b. **Czechoslovakian or Polish beneficiaries who are receiving a war pension from the British Service Personnel & Veterans Agency.** Czechoslovakian or Polish beneficiaries who are receiving a pension from the British Service Personnel & Veterans Agency receive benefits under the guidelines for allied beneficiaries in accordance with Title 38 U.S.C. 109 and as outlined in paragraph 5(a) above.

c. **Czechoslovakian or Polish beneficiaries who are NOT receiving a war pension from the British Service Personnel & Veterans Agency.** VA provides hospital, domiciliary, and medical treatment, including transportation, to eligible Czechoslovakian or Polish beneficiaries who are not in receipt of a pension from the British Service Personnel & Veterans Agency in the same manner as U.S. Veterans, subject to eligibility requirements defined above. Eligible beneficiaries are to be:

- (1) Registered in VistA,
- (2) Enrolled in the VA health care system,
- (3) Placed in the appropriate Enrollment Priority Group,

(4) Issued a VHIC, and

(5) Subject to appropriate co-payments.

## 7. PROVISION OF MEDICAL TREATMENT

a. **Emergency Medical Treatment for Allied Beneficiaries.** Emergency medical treatment is furnished to eligible allied beneficiaries at VA health care facilities or at community care facilities as determined by the VA medical facility Director, or designee.

(1) Emergency medical treatment may be provided to allied beneficiaries even though the facility may not have authorization at the time medical treatment is provided. When the patient is receiving emergency care or is admitted as an inpatient, the patient may remain under VA care or hospitalized at a VA facility only until stable for transfer to a non-Federal hospital. If it is later determined the allied beneficiary was not eligible for the medical treatment provided, the allied beneficiary is to be billed at the humanitarian emergency rate for medical treatment provided. **NOTE:** *The provisions of Title 38 Code of Federal Regulations (CFR), Section 17.102, set forth the conditions under which VA bills an individual for care furnished on a humanitarian emergency basis.*

(2) Allied beneficiaries who receive emergency medical treatment from a community care facility without prior VA authorization must send any billing directly to their appropriate Veteran's agency. VA cannot pay or bill for such medical treatment on behalf of the beneficiary.

(3) Emergency Outpatient treatment may be provided without prior authorization in a VA health care facility. If it is later determined the allied beneficiary was not eligible for the medical treatment provided, the allied beneficiary is to be billed at the humanitarian emergency rate for medical treatment provided.

(4) Emergency Inpatient treatment is provided in the nearest appropriate VA health care facility. When a bed in a VA health care facility is not available, hospitalization at another Federal or non-Federal hospital may be authorized by the clinic of jurisdiction or VA health care facility exercising contract hospitalization authority in the area.

(5) Emergency Dental treatment is provided on either an outpatient or inpatient basis at a VA health care facility or at a community care facility as determined by the Chief, Dental Services, or designee. **NOTE:** *If it is later determined the allied beneficiary was not eligible for the medical treatment provided, the allied beneficiary is to be billed at the humanitarian emergency rate for medical treatment provided.*

b. **Non-Emergency Treatment.** An allied beneficiary found to need non-emergent (inpatient, outpatient or dental) treatment may not be treated until the allied government provides authorization for such treatment.

c. **Prosthetic Appliances, Sensory Aids, Cosmetic Restorations, Artificial Eyes, and/or Medical Accessories.** Prosthetic appliances, sensory aids, cosmetic restorations, artificial eyes, or medical accessories may be furnished to, replaced, or

repaired for allied beneficiaries when determined medically necessary and the allied government provides authorization for such service.

**d. Transportation of Allied Beneficiaries**

(1) **Transportation with Authorization.** Authorized transportation, including ambulance, may be provided to an allied beneficiary subject to reimbursement by the government concerned, and in accordance with the requirements of the VA beneficiary travel program. (see 38 CFR part 70, VHA Handbook 1601B.05, Beneficiary Travel, dated July 21, 2010, or subsequent policy.)

(2) **Transportation without Authorization.** Allied beneficiaries applying in-person for examination, treatment, or hospitalization without authorization may be reimbursed the cost of transportation if the allied government provides authorization and reimbursement for medical treatment and transportation.

**8. DEATH BENEFITS**

a. **Allied Beneficiaries.** Allied beneficiaries are only eligible for death benefits that are authorized by the appropriate foreign government.

b. **Czechoslovakian or Polish Beneficiaries.** Czechoslovakian or Polish beneficiaries are not eligible for VA death benefits.

**9. BILLING AND COLLECTIONS**

Authority is given under 38 CFR 17.102(d) for allied beneficiaries.

**10. REFERENCES**

a. 38 U.S.C. 109.

b. 38 CFR 17.102.

c. 38 CFR 17.102(d).

d. VHA Handbook 1601B.05, Beneficiary Travel, dated July 21, 2010, or subsequent policy.