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military veterans

Department:
Military Veterans
REPUBLIC OF SOUTH AFRICA

ACCESS TO HEALTH CARE FOR MILITARY VETERANS

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ACRONYMS

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| DG | Director-General |
| DDG | Deputy Director General |
| DMV | Department of Military Veterans |
| DSD | Department of Social Development |
| DOD | Department of Defence |
| DOH | Department of Health |
| LWV | Liberation War Veterans |
| MoU | Memorandum of Understanding |
| NDP | National Development Plan (Vision 2030) |
| PHC | Primary Health Care |
| PFMA | Public Finance Management Act, (Act 1 of 1999) |
| SAMHS | South African Military Health Services |
| SDG | Sustainable Development Goals |
| SES | Socio-Economic Services (Branch of the Department of Military Veterans) |
| SLA | Service Level Agreement |
| UN | United Nations |
| WHO | World Health Organization |

DEFINITIONS

Terms in this policy shall carry the meaning as follows:

“access to health care”: Means the ease and availability of appropriate health care services within reach of those who need them.

“assistive device”: Means any equipment or device that helps someone to overcome challenges associated with a handicap such as mobility, vision, mental, dexterity or hearing loss

“branch”: Means the Socio Economic Services Branch.

“case manager”: Means the designated medical professional who is responsible for patient administration including assessments to evaluate appropriate level of care and related treatment

“Emergency Medical Services”: Means a person, organization dedicated or staffed and equipped to offer emergency medical care, interhealth facility, medical treatment or transport of the ill or injured to definitive care.

“department”: Means the Department of Military Veterans also referred to as “the department” in this policy document.

“Director-General”: Means the Director-General of the Department of Military Veterans.

“Liberation War Veteran”: Means any person who was a member of the liberation armed formations who has undergone military training, has consistently, persistently and militarily participated or engaged in any underground military activity in furtherance of the liberation struggle between 1960 – 1994;

INTRODUCTION

1. The health care policy draws its mandate from the Bill of Rights in the Constitution of the Republic of South Africa (Act 108 of 1996); the Military Veterans Act (Act 18 of 2011), the Military Veterans Regulations, and the 2009 Ministerial Task Team Report.

The Policy on Health care and Wellness for Military Veterans seeks to guide the facilitation and coordination of health care services for Military Veterans in accordance with Section 5 (1)(i) of the Military Veterans Act (Act 18 of 2011).

Good health and wellbeing is one of the Sustainable Development Goals identified by the United Nations in 2015. The aim of this goal is to ensure healthy lives and promotion of wellbeing for all at all ages while addressing social determinants of health. The United Nations advises countries to develop policies aimed at promotion of healthy behaviours and lifestyles. One of the key indicators of the National Development Plan, towards this goal is increasing life expectancy to 70 years. The department of Military Veterans can contribute towards the National Development Plan by ensuring undeterred health care access to Military Veterans with conditions such as HIV/AIDS, Tuberculosis, and Malaria. The department must also ensure access to treatment with the aim to decrease the prevalence of non-communicable chronic diseases amongst Military Veterans.

This policy ensures that this benefit is guided, accessible and implemented in an effective, efficient and accountable manner.

LEGAL FRAMEWORKS AND POLICIES

2. The following are the legal frameworks and policies that guide the facilitation and coordination of access to health care for Military Veterans.:

a) Constitution of the Republic of South Africa:

Section 27 (1) (a) Constitution of the Republic of South Africa (Act 108 of 1996)
"Everyone has the right to have access to health care services, including reproductive health care".

b) Military Veterans Act (Act 18 of 2011):

c) Ministerial Task Team Report (2009), :

Section 8.4.2 outlines that provision must be made for:

- i. Veterans home based care to cater for the chronically ill
- ii. Adequate rehabilitation, psychosocial and counselling services
- iii. Medicine allowance for Military Veterans who require medicines not covered by the department.

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Section 8.4.4 recommends that existing facilities in the provision of all forms of health care for Military Veterans that have been established within the state departments must be fully utilised and implemented to benefit all Military Veterans. These includes existing military facilities managed by the Department of Defence. Future policy on health care must focus on utilising all resources including public and private institutions to cater for all medical and health care needs of Military Veterans that would comprise, amongst others: specialised mental, reproductive, dental, eye and ear care.

d) National Health Act (61 of 2003).

The National Health Act, (Act 61 of 2003) provides a framework for structured uniform health system within the Republic, taking into account the obligations imposed by the constitution and other laws on the National, Provincial and Local governments with regard to health services, and to provide for matters connected therewith.

PURPOSE OF POLICY

3. The purpose of this policy is to provide a framework to guide implementation of Section 5 (1) (i) of the Military Veterans Act (Act 18 of 2011).

PROBLEM STATEMENT

4. Military Veterans and their dependants are experiencing challenges towards the provision of access to healthcare services. The current service delivery model does not encompass all forms and platforms to facilitate and coordinate access to health care. There is need to consolidate and heighten awareness on norms and standards, including roles and responsibilities in the provision of health care for Military Veterans and their dependants in the Military Veterans sector.

PRINCIPLES

5. The following principles, as outlined in the Military Veterans Act (Act 18 of 2011) underpins the provision of health care and wellness.
 - (a) Sacrifices made by Liberation War Veterans in the service of or for their country or their role in the democratisation of South Africa are honoured;
 - (b) Military Veterans in the service of or for their country or their role in the National Defence Force of South Africa
 - (c) Disparities, inequalities or unfair discrimination as regards the benefits of Military Veterans and their dependants must be identified and, where possible, remedied;
 - (d) In the event of a military veteran or category of Military Veterans being considered for possible non-contributory aid by the State, such military veteran or category of Military Veterans must be subjected to a means test to determine their eligibility;
 - (e) Special consideration must be given to benefit and relieve Military Veterans who suffer from physical or mental disability arising from military service.
 - (f) All organs of state or governmental entities involved with Military Veterans' affairs must cooperate with the Department to ensure the achievement of the objects of

this Act and take reasonable legislative and other measures to achieve the progressive realisation thereof.

OBJECTIVES

6. The objective of this policy is to:
 - a) Define the nature of services and principles underpinning the provision of Military Veterans' health care.
 - b) Facilitate and coordinate access to health care services by Military Veterans throughout the country.
 - c) Promote preventive rather than reactive health measures for Military Veterans and their dependants
 - d) Outline management and monitoring process to ensure qualitative, quantitative and affordable standards of health care services to Military Veterans.

POLICY OUTCOMES

7. To achieve a long and healthy life for Military Veterans with reduced burden of diseases especially on non-communicable diseases, Tuberculosis, HIV and AIDS and mental wellbeing, and to align with the national health imperatives.

SCOPE OF APPLICABILITY

8. The policy is applicable to Military Veterans who are registered in the National Military Veterans Database.

POLICY DIRECTIVES

9. The following are the access to health care policy directives:
 - a) Health care access to Military Veterans shall be provided at the expense of the state at a public health care facility or at a private health care facility if the public health care facility is unable to conduct the health care service or a private health care facility is the only facility accessible in the area.
 - b) Health care shall be accessible as follows for Military Veterans:
 - i. Through the South African Military Health care Services (SAMHS) on the basis of the MoU
 - ii. Through the Department of Health on the basis of the MoU.
 - iii. Through contracted Private Health Care Service providers.
 - c) Where a military veteran authorised to access health care is referred to access service by relevant department's partners, pays for medication or assistive devices, the department shall reimburse all the costs incurred by the military veteran. The military veteran must ensure to provide the department with original purchase receipts in terms of the PFMA.

- d) The departments shall facilitate and coordinate the provision of patient transport to assist with access to health care services.
- e) Patient transport for non-emergency situations will be provided to authorised patients who meet the departments criteria to travel between the following destinations and pickup points:
 - i. Hospitals
 - ii. Military sickbays
 - iii. Rehabilitation services
 - iv. Nursing homes
 - v. Patients homes
- f) The department shall facilitate and coordinate the provision of home based or frail care services for Military Veterans who suffer from chronic long term illness, are aged and frail. These services are aimed to assist to restore and maintain a persons maximum level of comfort and function while the person is closer to his/her family and community.
- g) The department shall ensure provision of assistive devices to Military Veterans who are experiencing mobility challenges. The assistive devices are any devices that helps someone do something that they might not otherwise be able to do well or at all. Generally the term is used for devices that help people overcome a handicap such as a mobility, vision, mental, dexterity or hearing loss.
- h) The following are the basic assistive devices which will be procured when there is a need:
 - i. Wheelchairs
 - ii. Crutches
 - iii. Spectacles
 - iv. Audiology devises
 - v. Patient bed
- i) Other devises not listed on (g) shall be subject to an assessment and approval by the Deputy Director General of the SES Branch.
- j) The DMV shall remain responsible for the maintenance of the assistive devise in terms of warrantee of the devise. Any maintenance outside the warrantee of the devise, shall be subjected to the case manager's assessment. The DMV assets policy shall be adhered to in terms of ownership of the devise

QUALIFYING CRITERIA

10. The following criteria is utilised for determining eligibility for health care benefit in line with the Military Veterans Benefits Regulations:

- a) Health care access
 - i. A military veteran must be registered on the National Military Veterans' Database.

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b) Patient Transport

- i. Military Veterans whose medical condition impacts on their mobility and or may require the skill or support of escort personnel after discharge from hospital, where it would be detrimental to the patient's condition or recovery if they were to travel by other means irrespective of the distance. A medical report or letter from the doctor will be required.
- ii. Where a military veteran with clearly recognised disabilities, not mobile and will need substantial assistance or support to move from their bed or chair at the pickup point to the vehicle, and from the vehicle to the destination.
- iii. A health care assessment may be conducted by the DMV case manager before approval to travel is granted, irrespective of distance especially in cases where the motivation does not provide the case manager with a clear clinical picture to allow decision making.
- iv. A military veteran who requires continuous oxygen or medical gases or intravenous support irrespective of distance. A medical report or letter from the doctor will be required.
- v. Military Veterans with mental health problem, significant communication difficulties, including learning difficulties, impaired sight or is hard of hearing may travel with a family or friend on approval by the DMV, to assist as required.
- vi. The DMV shall reimburse for patient's transport provided the Military Veteran contacted the DMV prior incurring the costs, and would have qualified in line with the criteria

c) Home Based Care and Frail Care Services

- i. The DMV Case Manager, shall conduct a health care assessment to identify all health care needs of the military veteran.
- ii. Where a Military Veteran requires long term placement in an appropriate rehabilitative or step down facility, the DMV shall facilitate the process with the relevant facility.

d) Assistive Devices


- i. The DMV Case manager, shall conduct a health care assessment to identify all health care needs of the military veteran.

PROCESSES AND PROCEDURES

11. The following are the processes and procedures for the implementation of the benefit:

a) Application

- i. Military Veterans or his/her representative may apply for a benefit by completing an appropriate application form accompanied by all relevant supporting documents. (ANNEXURE A).
- ii. The Department of Military Veterans will process applications and submit authorisation letters to the designated service providers.



- iii. The DMV will provide feedback to the military veteran upon receipt of the application.
- iv. Military Veterans have the responsibility to comply with the prescripts of the designated DMV's service partners.
- v. Should a military veteran access health care services in a non-DMV approved service partner facility, without authorisation by the DMV, he/she shall be liable to the costs of the health care associated with that service.

b) Documents Required for Health Care Access (Former Statutory Forces)

- i. Eligible Military Veterans requiring health care benefit listed in paragraphs 9 above, must apply to the DMV to have access to health care services. The following documents will be required:
- ii. Fully completed Benefit Access Form (Annexure A) available from: DMV offices (Including Provincial Offices) and the DMV website (www.dmv.gov.za)
- iii. Certified Identity Documents
- iv. Proof that he/she does not qualify for medical aid subsidy (e.g. Letter from Human Resources)
- v. Proof that medical aid cover is inadequate
- vi. Copy of medical aid where applicable.
- vii. Any other documents that may be required whilst administering the benefit

c) Documents Required for Health Care Access (LWV)

- i. Fully completed Benefit Access Form (Annexure A) available from: DMV offices (Including Provincial Offices) and the DMV website (www.dmv.gov.za)
- ii. Certified Identity Document
- iii. Any other documents that may be required whilst administering the benefit

VERIFICATION

12. All beneficiaries for health care services will be verified against the National Military Veterans database.

DISQUALIFYING CRITERIA

13. Military Veterans will be disqualified if they:
- a) Discontinue their medical aid cover upon exiting service, (applicable to former statutory forces).
 - b) Provide misleading information or falsified documents
 - c) Have been convicted of rape, murder, robbery, theft or high treason committed after 27 April 1994 and sentenced to imprisonment for a period exceeding 5 years without the option of a fine.

DEREGISTRATION / EXIT MECHANISM

14. The provision of health care benefit will be discontinued upon cessation of life.

Handwritten signature/initials

COMPLAINTS MECHANISM

15. Applicants may lodge a written request within three month from the date of the outcome letter with the Department of Military Veterans.

APPEAL PROCESS

16. Military Veterans who are not satisfied with the outcome or the department's decision or complaints mechanism outcome, may appeal to the Military Veterans Appeal Board within 90 working days of the outcome.

CONFIDENTIALITY OF INFORMATION

17. The DMV takes precautions to preserve the integrity and confidential information obtained during the provision of health care and treatment and prevent corruption of loss of information and only use such information in the performance of its duties in terms of the medical assessment criteria.

MONITORING AND EVALUATION

18. The department shall conduct monitoring and evaluation of the benefit policy as follows:
- a) Bi-Annual consultations with the stakeholders.
 - b) DMV, supported by service partners will monitor delivery on health care services for Military Veterans to ensure delivery.
 - c) The medical claims are reconciled with the service partner.

POLICY REVIEW

19. The policy on access to health care for Military Veterans shall be reviewed every three years, or as and when required

LIST OF ANNEXURES: Annexure A: Application form for health care

APPROVED BY



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ACTING DIRECTOR GENERAL: DEPARTMENT OF MILITARY VETERANS

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