



Agenda

Habilitative Services

- Overview and Goals
- Summary of previous discussion
- Defining scope of services
- Defining parity
- AID Options and decision points

Overview

- The federal EHBs serve as the minimum standard for the categories of benefits that must be included in state exchange plans and all individual and small-group plans that can satisfy the individual mandate created under the Affordable Care Act.
- There is no generally accepted definition of habilitative services among health plans, and private health plans have not typically covered habilitation prior to the ACA.

Overview

- For habilitative services, states have the option to:
 - Define habilitative benefits in state EHBs
 - Require parity between habilitative and rehabilitative
 - Allow issuers to decide coverage and report to HHS
- AID has requested through January 31st, 2013 to complete the habilitative services discussions and objectives.
- These decisions will remain in effect for two years – through end of calendar year 2015

Objectives

- Explore options for habilitative services in EHBs
- Determine overall course of action:
 - Define habilitative benefits in state EHBs
 - Require parity between habilitative and rehabilitative
 - Allow issuers to decide coverage and report to HHS
- Determine next steps, depending on course of action

Summary of Previous Discussion

- The Steering Committee met on December 20th, 2012 and approved a motion to recommend the following definition for habilitative services to the Insurance Commissioner:
“Habilitative services are services provided in order for a person to attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition.”
- However, the Steering Committee deferred action to the PMAC to recommend what specific services will be covered in the habilitative benefit category.

Summary of Previous Discussion

In December, PMAC reviewed and approved coverage definition of Habilitative Services:

Habilitative Services are services provided in order for a person to attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition.

Summary of Previous Discussion

- PMAC reviewed and approved coverage definition of Habilitative Services:
 - **Physical, occupational and speech therapy provided for developmental delay, developmental disability, developmental speech or language disorder, developmental coordination disorder and mixed developmental disorder. Therapy services must be performed by or under the direction or supervision of an appropriate registered physical, occupational or speech-language therapist licensed by the appropriate State Licensing Board and must be furnished in accordance with a written treatment Plan established or certified by the treating Physician or advanced practice nurse.**

Summary of Previous Discussion

- Other issues / concerns
 - Habilitative services under Medicaid include other services outside of PT/OT/ST
 - Coverage of additional services may result in premium increases; actuarial evaluation is a challenge with habilitative services since private plans have not traditionally offered the service
 - Habilitative / rehabilitative services must be in parity with other EHB categories

Defining Scope of Services

There is general agreement among committee members that limitations typically applied to rehabilitative would be too restrictive for habilitative services due to the nature of the services, since habilitative services are “provided in order for a person to attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition,” while rehabilitative services are provided to restore capabilities and so generally are not needed long-term.

Defining Scope of Services

- Habilitative services outside the scope of PT/OT/ST
- Service categories may include: motor, cognitive, communication, social/emotional and self-help adaptive skills and functional activities of daily living

Defining Scope of Services

- There are several services that have been introduced that are covered elsewhere or cannot be covered under rehabilitative/habilitative services:

Service	Classification
Social/Emotional	Mental Health EHB
Autism Spectrum Disorder	Behavioral Health
Long-term care / custodial nursing	Not allowed under EHBs

- Additional overlap in occupational therapy services

AID Options and Decision Points

- The following is a list of options that the committee may want to consider in establishing parity between habilitative and rehabilitative services:
 - Requiring that therapy visits may be substituted with non-therapy habilitation services to achieve actuarial equivalence; and/or
 - Requiring that non-therapy habilitative services are offered at some multiplier of rehabilitative therapy services offered; and/or
 - Requiring that special consideration be made for additional habilitative services pursuant to utilization and/or medical necessity review.

AID Options and Decision Points

- Alternatively, the committee may want to define the scope of coverage for habilitative services:
 - Defining which, if any, of the other services in the categories of motor, cognitive, communication, and self-help/adaptive will be included in a coverage definition of habilitative services (and/or which services will be excluded);
 - Requiring that services are covered by a certain category of professional or paraprofessional in the scope of coverage. It was previously noted that social/emotional is covered under Mental Health services



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