

Plan Management Advisory Committee

January 11, 2013 Meeting Summary

The Plan Management Advisory Committee (PMAC) revisited the issue of defining the scope of habilitative service benefits to be offered as part of essential health benefits provided under the Arkansas Partnership Exchange.

At its December 2012 meeting, PMAC passed a motion adopting the following 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.

Also at its December meeting, PMAC passed a motion adopting the following definition of habilitative service benefits eligible to be covered under the essential health benefits package.

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 certified by the treating Physician or advanced practice nurse.

On December 20, the Steering Committee passed a motion to accept the definition of habilitative services adopted by PMAC but deferred action on benefits eligible to be covered. At that meeting, the Developmental Disability Provider Association (DDPA) asked that benefits be expanded to include the following:

Developmental services provided for developmental delay, developmental disability, developmental speech or language disorder, developmental coordination disorder and mixed developmental disorder. Developmental services are training in the acquisition or maintenance of motor, cognitive, communication, social/emotional and self-help/adaptive skills and functional activities needed for daily living. Developmental services must be performed in a licensed clinic-based setting by a direct support professional with at least a high school degree and 30 hours of annual training, under the supervision or direction of a certified QDDP (Qualified Developmental Disability Professional), which requires a bachelor's degree and two years' experience working with individuals with developmental disabilities. Services must be furnished under a prescription and in accordance with the goals and objectives in a written treatment Plan certified by the treating Physician or advanced practice nurse. Licensure and certification are provided through the Division of Developmental Disabilities Services (DDS) of the Arkansas Department of Human Services.

Durable Medical Equipment when prescribed by a physician (doctor of medicine or doctor of osteopathy) or an advanced practice according to the guidelines specified below.

Durable Medical Equipment is equipment which (1) can withstand repeated use; and (2) is primarily and customarily used to serve a medical purpose; and (3) generally is not useful to a person in the absence of an illness or injury; and (4) is appropriate for use in the home.

Durable Medical Equipment delivery or set up charges are included in the Allowance or Allowable Charge for the Durable Medical Equipment.

Replacement of DME is covered only when necessitated by normal growth or when it exceeds its useful life. Maintenance and repairs resulting from misuse or abuse of DME are the responsibility of the Covered Person.

When it is more cost effective, the Company in its discretion will purchase rather than lease equipment. In making such purchase, the Company may deduct previous rental payments from its purchase Allowance.

The Steering Committee asked that Plan Management Advisory Committee consider the specific issue of how “parity” with rehabilitative services might be established using a broader scope of benefits.

In its issue brief for the January 11 PMAC, Public Consulting Group identified the following four questions:

- 1) Should the scope of services be expanded from PT, OT and Speech to include “developmental services”?
- 2) Should allowable provider types be expanded to include “direct support professionals” under the supervision of a QDDP?
- 3) Should durable medical equipment be covered?
- 4) How can rehabilitative/habilitative parity be established?

The discussion that took place at the January 11 meeting did not result in any motions being made. Co-chair Annabelle Imber-Tuck noted that, based on the discussion, she believed the committee supported inclusion of “developmental services” and “durable medical equipment”

However, some committee members expressed concern about the limitations on provider type that was put forward in the development disability provider association proposal, specifically the passage indicating, “*Developmental services must be performed in a licensed clinic-based setting by a direct support professional...*”

PMAC considered methodologies for establishing habilitative parity with rehabilitative services within that category of essential health benefits. Imber-Tuck described a methodology whereby a

total number of units would be available to members, and each service would pre-assigned its own unit measure.

Committee members asked for an analysis of how such an approach would impact premium cost. Since it is expected that habilitative services would drive up the rate of service utilization, either costs will increase or the scope of habilitative and rehabilitative services will need to be reduced to offset increased utilization.

The committee adjourned and will meet again on Friday, January 18 at 8:00 a.m. to hear more about:

- ✓ Cost impact of habilitative services
- ✓ Options for habilitative “developmental services” provider types.

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