

Definitions of and coverage requirements for “habilitative services”

<p><b>National Association of Insurance Commissioners</b></p>	<p>“Habilitation Services - Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.” <b>(from Summary of Benefits Glossary)</b></p> <p><a href="http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf">http://cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf</a></p>
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State	Manner by which states are defining and/or requiring coverage for habilitative services
<p><b>Arkansas</b></p>	<p>“...the following definition for habilitative services has been approved and should become part of Arkansas’s EHB package. ‘Habilitation 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...’ The Arkansas Insurance Department (AID)...will continue to develop criteria by which AID will evaluate the EHB habilitative services coverage. At a minimum, criteria will be at parity with EHB rehabilitative services coverage.”</p> <p><a href="http://hbe.arkansas.gov/FFE/Steering/Reports/FFEMonthlyReportJan2013.pdf">http://hbe.arkansas.gov/FFE/Steering/Reports/FFEMonthlyReportJan2013.pdf</a></p>
<p><b>California</b></p>	<p>“‘Habilitation services’ means medically necessary health care services and health care devices that assist an individual in partially or fully acquiring or improving skills and functioning and that are necessary to address a health condition, to the maximum extent practical. These services address the skills and abilities needed for functioning in interaction with an individual’s environment. Examples of health care services that are not habilitative services include, but are not limited to, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind, including, but not limited to, vocational training. Habilitation services shall be covered under the same terms and conditions applied to rehabilitative services under the plan contract.”</p> <p><a href="http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1453_bill_20120930_chaptered.pdf">http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1453_bill_20120930_chaptered.pdf</a></p>
<p><b>Colorado</b></p>	<p>“...Colorado intends to define habilitative benefits for purposes of the state’s EHB Benchmark plan as follows: <i>Habilitative services are services that help a person retain, learn or improve skills and functioning for daily living that are offered in parity with, and in addition to, any rehabilitative services offered in Colorado’s EHB benchmark plan. Parity in this context means of like type and substantially equivalent scope, amount and duration.</i>”</p> <p><a href="http://www.getcoveredco.org/COHBE/media/COHBE/PDFs/Federal%20Comms/EHB-Comment-Ltr-12-26-12.pdf">http://www.getcoveredco.org/COHBE/media/COHBE/PDFs/Federal%20Comms/EHB-Comment-Ltr-12-26-12.pdf</a></p>
<p><b>District of Columbia</b></p>	<p>“Recommendations:</p> <ul style="list-style-type: none"> <li>i. That there be no age restriction on eligibility for habilitative services.</li> <li>ii. That the National Association of Insurance Commissioner’s (NAIC) definition of</li> </ul>

	<p>habilitative services be adopted, ‘Habilitation Services - Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.’</p> <p>iii. That coverage of applied behavior analysis (ABA) be included as part of habilitative services.”</p> <p><a href="http://www.statereforum.org/sites/default/files/dc_ehb_report_v6_2-4-13.pdf">http://www.statereforum.org/sites/default/files/dc_ehb_report_v6_2-4-13.pdf</a></p> <p>“‘Habilitative services’ means services, including occupational therapy, physical therapy, and speech therapy, for the treatment of a child with a congenital or genetic birth defect to enhance the child's ability to function.” (D.C. Code § 31-3271(3)) <b>(existing statutory definition – not pursuant to ACA or specific to EHB)</b></p>
<p><b>Illinois</b></p>	<p>“Habilitative services for children.</p> <p>(a) As used in this Section, "habilitative services" means occupational therapy, physical therapy, speech therapy, and other services prescribed by the insured's treating physician pursuant to a treatment plan to enhance the ability of a child to function with a congenital, genetic, or early acquired disorder. A congenital or genetic disorder includes, but is not limited to, hereditary disorders. An early acquired disorder refers to a disorder resulting from illness, trauma, injury, or some other event or condition suffered by a child prior to that child developing functional life skills such as, but not limited to, walking, talking, or self-help skills. Congenital, genetic, and early acquired disorders may include, but are not limited to, autism or an autism spectrum disorder, cerebral palsy, and other disorders resulting from early childhood illness, trauma, or injury.” (215 Ill. Comp. Stat. 5/356z.15(a)) <b>(existing statutory definition – not pursuant to ACA or specific to EHB)</b></p> <p><a href="http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=021500050HArt%2E+XX&amp;ActID=1249&amp;ChapterID=22&amp;SeqStart=94000000&amp;SeqEnd=106400000">http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=021500050HArt%2E+XX&amp;ActID=1249&amp;ChapterID=22&amp;SeqStart=94000000&amp;SeqEnd=106400000</a></p>
<p><b>Kansas</b></p>	<p>“We recommend that the [parity] method described [in the proposed rule] be used to supplement the default EHB benchmark plan for Kansas. Since the default EHB plan has well-defined rehabilitative services, we believe this ‘parity’ approach will ensure greater consistency among the issuers in our state.”</p> <p><a href="http://www.ksinsurance.org/consumers/healthreform/ehb_hearing_2012/KID_COMMENTS_ON_HHS_EHB_PROPOSED_RULE%2012-26-2012.pdf">http://www.ksinsurance.org/consumers/healthreform/ehb_hearing_2012/KID_COMMENTS_ON_HHS_EHB_PROPOSED_RULE%2012-26-2012.pdf</a></p>
<p><b>Maryland</b></p>	<p>“‘Habilitative services’ means services, including occupational therapy, physical therapy, and speech therapy, for the treatment of a child with a congenital or genetic birth defect to enhance the child’s ability to function.” (Md. Code Ins. § 15-835(a)(3)) <b>(existing statutory definition – not pursuant to ACA or specific to EHB)</b></p>
<p><b>Michigan</b></p>	<p>“Habilitative services are defined as ‘health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.’” ... “The Commissioner has determined that habilitative services encompasses may different types of services, including but not limited to applied behavioral analysis (ABA) for the treatment of autism</p>

	<p>spectrum disorder....Therefore, it is ordered that ABA treatment for autism is included in Michigan’s EHB ‘habilitative services’ category.”</p> <p><a href="http://www.michigan.gov/documents/lara/1.7.13_Order_No_13-003-M_EHB_Habilitative_Services_407955_7.pdf">http://www.michigan.gov/documents/lara/1.7.13_Order_No_13-003-M_EHB_Habilitative_Services_407955_7.pdf</a></p>
<b>Nevada</b>	<p>“...Nevada has chosen habilitative services to be offered at parity with rehabilitative services.”</p> <p><a href="http://doi.nv.gov/sinfo/doc/12.14.12_kipper_letter_re_ehb.pdf">http://doi.nv.gov/sinfo/doc/12.14.12_kipper_letter_re_ehb.pdf</a></p>
<b>New Hampshire</b>	<p>“With respect to habilitative services, Appendix A of the proposed EHB Rule states that no supplementation is necessary for New Hampshire as these services are covered by New Hampshire’s selected benchmark plan. The Department agrees with this conclusion; in our view, the Matthew Thornton Blue plan covers habilitative services. If, however, this conclusion is altered by the state’s correction of the benchmark details in HIOS, New Hampshire would like the opportunity to determine the services that will be included in the habilitative services category.”</p> <p><a href="http://www.nh.gov/insurance/consumers/documents/nhid_comm_cms-9980-p.pdf">http://www.nh.gov/insurance/consumers/documents/nhid_comm_cms-9980-p.pdf</a></p>
<b>Ohio</b>	<p>“Habilitative services benefits shall be determined by the individual plans and must include, but shall not be limited to, Habilitative services to children (0 to 21) with a medical diagnosis of Autism Spectrum disorder which at a minimum shall include:</p> <ul style="list-style-type: none"> <li>(1) Out-patient Physical Rehabilitation Services including <ul style="list-style-type: none"> <li>(a) Speech and Language therapy and/or Occupational therapy, performed by a licensed therapists, 20 visits per year of each service; and</li> <li>(b) Clinical Therapeutic Intervention defined as therapies supported by empirical evidence, which include but are not limited to Applied Behavioral Analysis, provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of this state to perform the services in accordance with a treatment plan, 20 hours per week;</li> </ul> </li> <li>(2) Mental/Behavioral Health Outpatient Services performed by a licensed Psychologist, Psychiatrist, or Physician to provide consultation, assessment, development and oversight of treatment plans, 30 visits per year total.”</li> </ul> <p><a href="http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=05FcqO9BWig%3d&amp;tabid=161">http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=05FcqO9BWig%3d&amp;tabid=161</a></p>
<b>Rhode Island</b>	<p>“The Plan must cover habilitative services as approved by the Commissioner, in accordance with the following: Habilitative services covered under the Plan must be defined by scope, and must be at least as comprehensive (measured by per member per month cost) as the per member per month cost of rehabilitation services covered under the plan. Service visit limitations or other durational or quantitative limitations will be approved by the Commissioner only if the filer can demonstrate that no other qualitative, evidenced-based limitations less burdensome to the consumer (e.g. a process for developing limitations based on individual assessments of need) are feasible and appropriate. The filer must attach in the filing an Exhibit that (1) identifies the habilitative services covered by the plan, (2) includes an actuarial memorandum estimating the per member per month cost of the habilitative and rehabilitative services covered, and (3) includes in the actuarial memorandum the calculation and analysis used to develop the identified cost. No later than 90 days after the end of each calendar year, the Issuer must file with OHIC an actuarial memorandum, using the best available claims data,</p>

	<p>describing the Plan's claims and expense experience for habilitative and rehabilitative services during the preceding Plan year, and comparing such claims and expense experience with the approved rate factor.”</p> <p><a href="http://www.statereforum.org/sites/default/files/individual_and_small_group_checklist_final_1-16-2013.pdf">http://www.statereforum.org/sites/default/files/individual_and_small_group_checklist_final_1-16-2013.pdf</a></p>
<p><b>Washington</b></p>	<p>“(c) The base-benchmark plan does not cover certain federally required services under this category. The state EHB-benchmark plan requirements for habilitative services are:</p> <p>(i) For purposes of determining actuarial value, the issuer must classify the range of medically necessary health care services and health care devices designed to assist an individual in partially or fully developing, keeping and learning age appropriate skills and functioning, within the individual's environment, or to compensate for a person's progressive physical, cognitive, and emotional illness as habilitative services.</p> <p>(ii) A health benefit plan must cover habilitative services in a manner consistent with RCW 48.43.045 <b>[provider nondiscrimination statute]</b>. An issuer must not exclude otherwise covered habilitative services provided by an individual who is supervised by a provider qualified pursuant to RCW 48.43.045.</p> <p>(iii) An issuer may establish limitations on habilitative services at parity with those for rehabilitative services. A health benefit plan may include reference based limitations only if the limitations take into account the unique needs of the individual and target measurable, and specific treatment goals appropriate for the person's age, and physical and mental condition. When habilitative services are delivered to treat a mental health diagnosis categorized in the most recent version of the DSM, the mental health parity requirements apply and supercede any rehabilitative services parity limitations permitted by this subsection.</p> <p>(iv) Absent a federal or state requirement to do so, this section does not require an issuer to coordinate its benefits in conjunction with services provided by a public or government program. However, a health benefit plan must not limit an enrollee's access to covered services on the basis that some, but not all of the services in a plan of treatment are provided by a public or government program.</p> <p>(v) An issuer may establish utilization review guidelines and practice guidelines for habilitative services that are recognized by the medical community as efficacious. The guidelines may not require a return to a prior level of function.</p> <p>(vi) Habilitative health care devices may be limited to those that require FDA approval and a prescription to dispense the device.</p> <p>(vii) Consistent with the standards in (c) of this subsection, speech therapy, occupational therapy, physical therapy, and aural therapy are habilitative services. Day habilitation services designed to provide training, structured activities and specialized assistance to adults, chore services to assist with basic needs, vocational or custodial services are not classified as habilitative services.</p> <p>(viii) An issuer must not exclude coverage for habilitative services received at a school-based health care center unless the habilitative services and devices are delivered pursuant to federal Individuals with Disabilities Education Act of 2004 (IDEIA) requirements pursuant to an individual educational plan (IEP).”</p> <p><a href="http://www.insurance.wa.gov/laws-rules/legislation-rules/proposed-new-rules/documents/2012-17102-4.pdf">http://www.insurance.wa.gov/laws-rules/legislation-rules/proposed-new-rules/documents/2012-17102-4.pdf</a></p>