

HABILITATION AND REHABILITATION ADVOCACY

RE: Coverage of Rehabilitative and Habilitative Services and Devices

Dear

On behalf of the _____, I am writing to offer comments on the value of habilitative and rehabilitative services and devices.

The Affordable Care Act (ACA) requires individual and small-group plans to cover habilitative and rehabilitative services and devices as part of the Essential Health Benefits (EHBs) package. Habilitative services and devices help individuals establish skills that have not yet been acquired at an age-appropriate level. Rehabilitative services and devices help individuals reestablish skills that were acquired at the appropriate age but have been lost or impaired. Speech-language pathology services for a child with autism spectrum disorder is *habilitative*; speech-language pathology services for an adult with aphasia following a stroke is *rehabilitative*. A child born with severe to profound hearing loss who is fit with hearing aids receives audiologic *habilitation* to develop speech and language skills. An adult with hearing loss and tinnitus who is fit with hearings aids equipped with sound generators receives audiologic *rehabilitation* to improve listening skills and to cope with tinnitus.

Although states have more flexibility in deciding what benefits are covered or excluded in their state's EHB benchmark beginning in 2020, federal protections continue to support coverage for habilitation and rehabilitation.

Federal Definition of Habilitative Services and Devices

Effective January 2016, the federal government created a nationwide uniform definition for *habilitative services and devices* that states are required to use as the floor in determining coverage for ACA health plans:

Habilitative services and devices—Cover health care services and devices that help a person keep, learn, or improve skills and functioning for daily living (habilitative services). Examples

*include therapy for a child who is not 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.*¹

has been working to ensure comprehensive coverage of audiology and speech-language pathology services for patients with chronic conditions and/or disabilities. The uniform definition minimizes the variability in benefits and lack of coverage for habilitative services versus rehabilitative services. Therefore, urges to adopt a habilitative services and devices benefit that complies with the federal definition.

Separate Visit Limits Required

Beginning in 2017, federal law requires separate visit limits for habilitation and rehabilitation.

Therefore, states must ensure that ACA health plans do not impose limits on coverage of habilitative services that are less favorable than any such limits imposed on coverage of rehabilitative services. Furthermore, visit limits for habilitative services may not be combined with and must be separate and distinct from the rehabilitative services benefit.

supports this policy and further requests that ACA health plans offer separate visit limits for each of the therapies (i.e., speech therapy, occupation therapy or physical therapy) as they provide distinct services focused on different functional goals. It is not uncommon for an enrollee to require up to 20 visits in a 6-week timeframe for speech therapy alone, depending on the diagnosis and treatment plan.

In addition, *medical necessity* definitions should not be used to prevent access to habilitation or rehabilitation altogether or to stop habilitation or rehabilitation prematurely through arbitrary visit limits or other limitations or exclusions. The complex nature of disabilities and chronic diseases often leads to a wide breadth of treatments from a range of providers. Services are often considered medically necessary as long as

- separate and distinct goals are documented in the treatment plans of physicians, nurses, and therapists providing concurrent services;
- specific services are nonoverlapping; and
- each discipline is providing some service that is unique to the expertise of that discipline and would not be reasonably expected to be provided by other disciplines.

Value of Habilitative and Rehabilitative Services and Devices

Prior to the ACA, few Americans even understood the meaning of *habilitative services and devices*, let alone the benefits that habilitation brings to those in need. Often, skills acquired through habilitation lead to breakthroughs in functional ability that would not have been possible without access to timely and appropriate habilitation benefits. Since the enactment of the ACA, which requires EHBs, the value of habilitative and rehabilitative services has been widely acknowledged, and access to these services has appropriately expanded.^{2, 3}

Habilitative services and devices are typically appropriate for individuals with many types of neurological and developmental conditions that—in the absence of such services—prevent them from acquiring certain skills and functions over the course of their lives, particularly in childhood.⁴ In addition, habilitative devices typically prescribed by audiologists and speech-language pathologists include devices that aid in hearing and speech, including hearing aids, augmentative and alternative communication (AAC) devices, and other assistive technologies and supplies.

AAC devices are specialized devices, such as speech-generating devices, that assist individuals who have severe speech or language problems to supplement existing speech or replace speech that is not functional.

Hearing aids and assistive listening devices are medical devices that amplify sound and/or counter the negative effects of environmental acoustics and background noise to assist individuals who have been diagnosed with a hearing loss by a physician and/or hearing health professional. Examples of these devices include, but are not limited to, hearing aids, cochlear implants, and osseointegrated/bone-anchored hearing aids.

Rehabilitation is provided to individuals with neurological and medical conditions such as acquired brain injury or disease, stroke, and head and neck cancers. Individuals with acquired brain injury or disease may require speech-language treatment, cognitive rehabilitation, or swallowing treatment to regain or improve function for daily living.

Services and devices used in habilitation are often the same or similar as those used in rehabilitation, as are the professionals who provide them (e.g., audiologists, speech-language pathologists), the settings in which they are provided, the individuals who receive them, the functional deficits being addressed, and the improvement in functional outcomes that result from treatment. The only meaningful difference is the underlying need—that is, whether a person needs to **attain a function from the outset or regain a function lost to illness or injury**—and that should not impact access to medically necessary care.

In closing,

recommends the following:

- All ACA health plans must comply with the federal definition for habilitative services and devices.
- Limitations, if any, should be applied separately to rehabilitation and habilitation. It is a violation of federal regulation to split an existing rehabilitation benefit in half and apply the same total visit limitation separately.

_____ appreciates the opportunity to share our comments
on this important topic. Please contact _____ at
or _____ if you require additional information or clarification.

Sincerely,

President

¹ Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016, 80 Fed. Reg. 10749 (February 27, 2015) (to be codified at 45 C.F.R. pts. 144, 147, 153, 154, 155, 156, and 158). Retrieved from <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-03751.pdf>

² Centers for Medicare & Medicaid Services. (n.d.). The Center for Consumer Information & Insurance Oversight. Retrieved from <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/>

³ HealthCare.gov. (n.d.). Medically necessary [Definition in Glossary of Health Coverage and Medical Terms]. Retrieved from <https://www.healthcare.gov/sbc-glossary/>

⁴ American Speech-Language-Hearing Association. (2015). *Speech-language pathology medical review guidelines*. Retrieved from www.asha.org/uploadedFiles/SLP-Medical-Review-Guidelines.pdf