

Last Review Date: 04/21

# Habilitative Services for Health Plan Members Policy

## PURPOSE

The purpose of this policy is to establish guidelines on appropriate access to Habilitative Services for Members, as outlined in federal and state regulations.

## POLICY

It is policy that Health Plan Members have access to services that provide a variety of ongoing interventions designed to maximize the functioning of Members and to assist Members in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community based settings.

## SCOPE

This policy applies to Sutter Health, and any legal entity for which Sutter Health or an affiliate is the sole member or directly or indirectly controls at least 51% of the voting power, if that entity performs delegated Utilization Management (UM) for specific benefit and/or service as indicated in Health Plan contract, for Health Plan Members on behalf of Sutter Bay Medical Foundation or Sutter Valley Medical Foundation (herein after referred to as "Sutter").

Sutter is not responsible for reviewing and/or making a final determination on a request that has been identified as Health Plan responsibility to review.

## DEFINITIONS

**Habilitative Services** are skilled health care services and devices that help an individual in retaining or partially or fully acquiring or improving skills and abilities needed for functioning in interaction with an individual's environment.

**Health Plan** means health care service plans, health maintenance organizations (HMOs), and other purchasers of covered services that arrange for the provision of health care services for their Members.

**Medically Necessary** means health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

**Disclaimer:** This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

**Member** is a person covered under a Health Plan, either the enrollee or eligible dependent.

**Utilization Management (UM)** means the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan, sometimes called 'utilization review.'

## PROCEDURE

- A. Habilitative Services can include physical therapy (PT), occupational therapy (OT), speech therapy (ST) and assistive and adaptive devices.
  - 1. These services can be provided as outpatient or in an organized, multidisciplinary rehabilitation day treatment program; a skilled nursing facility; or in an inpatient hospital (including treatment in an organized multidisciplinary rehabilitation program). Services are provided by a licensed or certified therapy provider.
  - 2. Specialty evaluation prior to approval of requested services may be necessary to validate Medical Necessity for requested services.
- B. While the rehabilitative benefit is generally limited to Members with a defined disease, the Habilitative Services benefit allows services to be provided to Members with impairments not specifically associated with a defined disease.
- C. Habilitative Services allows for ongoing therapeutic services, when the Member's ability to perform activities of daily living within their environment, is facilitated by the therapy.
- D. Habilitative Services are appropriate for Members with many types of developmental cognitive conditions that, without such services, would prevent them from acquiring certain skills and functions over the course of their lives, particularly in childhood. Services are also appropriate when clinical documentation shows a moderate to severe deficit is present, and the services would help the Member achieve milestones expected by a specific chronological age.
- E. Authorization for continuation of therapies under the Habilitative Services benefit does not require continued improvement in level of function, however therapy should maintain the level of function that is present. Authorization can also continue for therapies when discontinuation of therapy would result in loss of current level of function.
- F. Suggested frequency of visits for Habilitative Services is two (2) to three (3) times a week, with the goal of the therapy being to train the Member or caregiver and facilitate transitioning of the Member to a home or self-therapy program. A treatment plan will be provided that includes the following: diagnosis, expected treatment goals, proposed treatment by type, frequency, and expected duration.
- G. Services for vocational or educational purposes are excluded from the Habilitative Services benefit.

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- H. Members may also be eligible for evaluation and provision of services through available community and educational programs, such as regional centers, school districts, California Children's Services (CCS), the Department of Aging, and genetic handicap programs.
- I. Sutter and primary care providers (PCP) should take into consideration that there may be an opportunity to facilitate collaboration with school districts, including review of the Member's Individual Educational Program (IEP), in order to avoid duplication of benefits.
- J. Sutter will check the Member's benefit status, as not all Members have Habilitative Services as part of their benefits.

## REFERENCE

[California Department of Managed Health Care, Title 28 California Code of Regulations, Section 1300.67.005 Essential Health Benefits](#)

## ATTACHMENTS

None