



UTILIZATION * ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC, benefit document or government guidance. Please refer to the individual member's EOC to determine their benefits and requirements for Habilitative services.
- Benefit coverage for habilitative services is subject to limitations of the member's group plan, coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, case management provisions and member benefit co-share amount.²
- The applicable government mandate associated with habilitative services according to member's line of business and jurisdiction supersede the member's benefit plan coverage.
- The scope of this policy is limited to Commercial Groups; including all Maryland Fully Insured plans, VA Small Group and KPIF plans, and DC Large Group, Small Group and Individual Market plans, Federal Employees, Medicaid, and Medicare Members.

I. Service: Habilitative Therapy

II. Scope:

- A. The policy is limited to habilitative treatment medical coverage criteria.
- B. The policy does not address rehabilitation treatment, Applied Behavioral Analysis (ABA) for Autism Spectrum Disorder (ASD) nor habilitative benefits.

III. Specialties:

Physical Therapy (PT), Occupational Therapy (PT), Speech-language pathology therapy (ST), other services for individual with disabilities, Durable Medical Equipment (DME), prosthetic/ orthotics/ assistive devices and aids.

IV. Referral Management

A. Overview

Habilitative therapy are services or a combination of services/devices, provided by a licensed or certified therapist to help a developmentally delayed individual to learn, keep or improve the skills and ability to function for daily living in an inpatient, outpatient, or home setting. Habilitative services is one of the

¹ Code of Virginia § 38.2-3438

² Individuals with Disabilities Education Act, Part H (20 U.S.C. § 1471)

³ Code of Virginia § [38.2-3418.15](#)



Essential Health Benefit (EHB) under the Health Care Reform Affordable Care Act.

Habilitative services include the following categories of care, each with specific required services:

1. Behavioral health treatment: professional counseling and treatment programs, which are necessary to develop, maintain, or restore, to the maximum extent practicable, an individual's functioning.
2. Psychological Care, including psychotherapy is the direct or consultative services provided by a licensed psychologist or by a licensed social worker.
3. Therapeutic care services provided by an occupational therapist (OT), physical therapist (PT), or a speech-language pathologist (SLP).
4. Early intervention services which include but not limited to PT, OT, ST, and assistive technology services for children from birth to 3 years of age are covered when determined to be medically necessary.
5. Other habilitative service devices such as orthotic/prosthetic, assistive devices, hearing aids and low vision aids.

B. Clinical Indication

1. **Diagnoses** include but are not limited to Autism, Down syndrome, Cerebral Palsy, Muscular Dystrophy, intellectual disability and/or developmental delay.
2. **Conditions** include chronic, acute, or congenital diseases/conditions for both adults and children, where the member is or is at risk for development, deconditioning or debilitation in daily living skills or functioning.

V. Eligibility

A member must meet **all** of the following requirements to be eligible for habilitative treatment:

A. Diagnosis

1. The member has been diagnosed with a condition(s) that requires the need to keep, learn, or improve necessary skills required for daily living by a designated Kaiser Permanente provider (Note: "designated provider" is one credentialed by Kaiser Permanente), **or**
2. A documentation of the diagnosis by another provider has been reviewed and confirmed by a credentialed Kaiser Permanente provider; **and**

B. Impairment

Documentation of the member's impairment in speech, language, swallowing; and/or physical skills and

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functioning below the range of normal as determined by a UM Physician or KP credentialed Physician is required.

1. Services that address **self-help daily living skills and/or gross and fine motor skills**, the member must meet the following requirements:
 - a. The member exhibits capabilities to perform self-help daily living skills below the range of normal for the lower of the member's chronological or developmental age, validated by the member, parent or caregiver's report, or via standardized testing performed by a qualified practitioner.
 - b. The member exhibits capabilities to perform gross and fine motor skills below the range of normal for the lower of the member's chronological or developmental age, validated through member, parent or caregiver's report, or through standardized testing performed by a qualified practitioner.
2. **Speech therapy** or services that address communication skills is clinically indicated when the member demonstrate the following:
 - a. The delays are at least 1 standard deviations below average for age, per an evaluation by a certified contracted speech therapist; **or**
 - b. Speech therapy for stuttering is indicated for children 7 years and older who exhibit >3% dysfluency or for children of any age who exhibit >9% dysfluency; **and**
 - c. The member exhibits capabilities to perform receptive and/or expressive communication skills below the range of normal for the member's chronological or developmental age, whichever is lower.
- C. An **individualized treatment plan** must be provided by a qualified, licensed therapist for the member to learn or acquire skills or functions necessary for daily life within a predictable period of time; **and**
- D. The parents and/or caregiver are engaged, reinforcing, and able to actively participate in the habilitative services' requirements.
 1. For children (0-18 years old), the member's parents or caregivers have provided descriptions of services, including progress reports, relating to communication, motor skill development (fine and gross), and activities of daily living; **or**
 2. For adults (18+ years old), habilitative services must be appropriately coordinated with other services the member may be receiving (e.g., rehabilitative). The member, a caregiver or designated patient representative shall provide descriptions of services, which may include progress reports relating to communication, activities of daily living and motor skill development (fine and gross).
 3. If the member's skills reach the normal range, a designated provider (e.g., Plan physician) must determine whether services are required to maintain skills at the current level.

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VI. Habilitative Care Treatment Plan

- A. Habilitative services treatment plan** must include **all** of the following:
1. Use of validated measures, every 6 months, to document observable, functional behaviors that are current and/or age-adjusted level of functioning; **and**
 2. Descriptions of services, including the specific techniques, relating to communication, self-help daily living skills and modification of behaviors provided in school, at home, and other settings; **and**
 3. Expected effectiveness of these services, documented in specific and measurable goals, including the member's baseline and future goals for generalization of skills, for the authorization period; **and**
 4. An estimated time limit for goals to be reached; **and**
 5. The frequency and duration of services with documentation to support the medical necessity reasons for frequency and duration variations from the typical child's schedule; **and**
 6. A description of the expected participation of parents or caregivers; **and**
- B. Documentation**
The member's treatment plan must document periodic assessments and progress every 6 months. The treatment goals and documentation of progress and results should specifically demonstrate how the habilitative services are contributing to learning, improving, or maintaining the identified skills.
- C.** A Treatment Plan may require therapists to collaborate with other providers and care givers in all the member's usual environments including home, caregiver's home, and school setting. Services provided at the member's educational setting by an approved Kaiser Permanente provider are covered if the services do not replace the school-required treatments.

VII. Reauthorization and Termination of Treatment

- A. Reauthorization**
1. Requests for reauthorization of habilitative services must include the results of a verified assessment based upon the member's progress during the previous period. The preferred assessment tool is the Vineland Adaptive Behavior Scales, Third Edition (Vineland-3). Documentation of the member's assessment and progress toward treatment goals during the previous and current episode of care is required to receive subsequent authorizations. Reauthorization requests that do not include a validated assessment tool will not be approved.

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2. If a member's skills reach the normal range, a designated provider (such as a plan physician) must determine if services are required to maintain skills at the current level; or
3. A member who received habilitative therapy in the past, where services have terminated for any reason, including the termination reasons cited below in section VII-B, # 3, may be re-evaluated for eligibility and services be reconsidered, if the circumstances leading to termination has changed.

B. Discontinue Treatment

Habilitative treatment is considered complete and can be discontinued in the presence of **any** of the following:

1. When the functional improvement or targeted skills have not been achieved despite being medically stable during the time period specified in the member's treatment plan; or
2. When the member demonstrates **any** of the following:
 - a. For communication skills, the member has achieved skills within the range of normal for either his or her chronological or developmental age, or the member has plateaued and is able to demonstrate stability of skills or functioning even when services are reduced; or
 - b. For self-help daily living skills, the member has achieved skills within the range of normal for either the member's chronological or developmental age and provider has assessed stability of skills even when services are reduced. Alternately, the member has plateaued and can demonstrate stability of skills and/or functioning even when services are reduced; or
 - c. For motor skill development (fine and gross), the member has achieved skills within the range of normal for the lower of the member's chronological or developmental age, or the member has plateaued and is able to demonstrate stability of skills or functioning even when services are reduced; or
 - d. For developmentally inappropriate behaviors that have posed a significant risk to personal safety or the safety of others, the behaviors have abated or are no longer a significant risk to personal safety or the safety of others; or
 - e. There has been no progress or progress is insignificant towards goals beyond what would have been expected through the normal course of maturation without the habilitative services; or
 - f. The member has not been able to participate in the treatment plan due to fatigue, capability, medical condition, availability, or declines continuation of services (over 13 years old).
 - g. Member or member's parent/caregiver involvement has been minimal or is an obstacle to progress, including a failure of the parent/caregiver to follow through on requirements of the treatment plan.

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VIII. Limitations/Exclusions

Habilitative service is considered not medically necessary for the following:

- A. **Speech Therapy** is not clinically indicated on **any** of the following:
1. Speech therapy for developmental speech or language delays one standard deviation or less below the mean in the areas of receptive, expressive, pragmatic, or total language composite scores; or
 2. Speech therapy for functional speech sound disorders (articulation and/or phonological), in the absence of underlying medical condition; or
 3. Therapy for tongue thrust or reverse swallow, without pharyngeal dysphagia. Review of literature for orofacial myofunctional therapy indicates that much of the available research supporting OMT has been regarded as 'low level' evidence. Per review of 2 systematic reviews from the American Journal of Speech Language Pathology and the Dental Press Journal of Orthodontics, research supporting orofacial myofunctional therapy is limited;
 4. Therapies that are done primarily for educational purposes, including school-based speech therapy; or
 5. Speech therapy for speech disorders resulting from tongue tie (ankyloglossia) is not covered. Review of the literature has been inconclusive with no significant association between speech sound disorders and tongue tie.
- B. **Occupational therapy** is not medically necessary on **any** of the following:
1. Sensory Integration Disorder (SID) or Sensory Processing Disorder (SPD).
SID is not a defined medical condition in the DSM-V and research on the effectiveness of sensory integration therapy is inconclusive, therefore is not considered medically necessary; or
 2. Therapies primarily for educational purposes, including occupational therapy for handwriting.
- C. Any of the following is considered not medically necessary:
1. Non-skilled services or services that do not require the skills of a physical therapist, speech therapist or occupational therapist; or
 2. Services that are custodial in nature, or
 3. When medical documentation demonstrates consistent lack of participation or attendance of the member and/or caregiver in the home exercise program; or
 4. Ongoing maintenance therapy that extends beyond the maintenance therapy program; or
 5. Services which are unproven or investigational; or
 6. Services that primarily meant to address employment/occupational deficits; or
 7. General exercises to promote overall physical conditioning and/or fitness; or
 8. Services that are primarily educational in nature

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Definition

Activities of Daily Living (ADLs) means bathing, dressing, toileting, transferring, bowel control, bladder control, and eating/feeding.³

Autism Spectrum Disorder (ASD) denotes any pervasive developmental disorder, including (i) autistic disorder, (ii) Asperger's Syndrome, (iii) Rett syndrome, (iv) childhood disintegrative disorder, or (v) Pervasive Developmental Disorder, not otherwise specified, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.¹

Behavioral Health Treatment pertains to professional, counseling, and guidance services and treatment programs that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual.¹

Early Interventions Services are medically necessary services designed to help an individual to attain or retain the capability to function age appropriately within his or her environment, which include services that enhance the functional ability without affecting a cure. This include speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age 36 months, who are eligible for services and certified by the Department of Mental Health, Mental retardation, and Substance Abuse Services².

Essential Health Benefits (EHB) are categories of health care services pursuant to section 1302(b) of the Patient Protection and Affordable Care Act and further defined by the Secretary of the United States Department of Health and Human Services.⁴ EHB includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.¹

Habilitative services for Virginia jurisdiction refers to health and social services directed toward increasing and maintaining the physical, intellectual, emotional, and social functioning of developmentally delayed individuals, including occupational, physical, and speech therapy; assistance, training, supervision, and monitoring in the areas of self-care, sensory and motor development, interpersonal skills, communication, and socialization; and reduction or elimination of maladaptive behavior.²

Medically necessary Habilitative services means habilitative services that are certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as designed to help an individual attain or retain the capability to function age appropriately within the individual's environment and shall include habilitative services

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that enhance functional ability without effecting a cure.²

Occupational therapy is the treatment to restore a physically disabled person's ability to perform activities such as walking, eating, drinking, dressing, toileting, transferring from wheelchair to bed, and bathing.

Physical Therapy is the treatment by physical means to relieve pain, restore function, and prevent disability following disease, injury, or loss of a limb. Physical therapy services include hydrotherapy, heat, physical agents, bio-mechanical and neuro-physiological principles, and devices.

Psychiatric care is the direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.¹

Psychological care means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.¹

Speech Therapy is the identification, assessment, and treatment for the correction of a speech impairment, or services necessary to improve or teach speech, which results from a disease, surgery, injury, congenital anatomical anomaly, or to treat communication or swallowing difficulties, or to correct a speech impairment with treatment goals that are attainable in a reasonable period.

Sensory Integration Disorder (SID) (or Sensory Processing Disorder (SPD)) is a neurological disorder resulting from the brain's inability to integrate certain information received from the body's sensory systems.

Therapeutic care means services provided by licensed or certified speech therapists, occupational therapists, physical therapists, or clinical social workers.¹

¹ Code of Virginia § 38.2-3438

² Individuals with Disabilities Education Act, Part H (20 U.S.C. § 1471)

³ Code of Virginia § [38.2-3418.15](#)



References

1. COMAR Title 10. Maryland Department of Health. Part2, Subtitle 09. Sec. 10.09.46.08. Covered Services — Day Habilitation Services.
2. COMAR [Maryland Insurance Code Ann. § 15–835](#) (2000). Required Coverage for Habilitative Services
3. Code of Maryland Regulations - COMAR 31.10.39.04 “Coverage for Habilitative Services.” Effective January 2, 2020.
4. Code of Maryland Regulations COMAR 31.10.39.03. “Utilization Review of Treatment for Autism Spectrum Disorders. Effective 01/02/2020
5. Code of the District of Columbia. Chapter 32A. § 31–3272. Health Insurance Coverage for Habilitative Services for Children. Coverage, notice, applicability, and regulations.
<https://code.dccouncil.gov/us/dc/council/code/sections/31-3272>
6. Department of Health and Human Services. 45 CFR Part 156 [CMS–9898–NC] RIN 0938–AV14 Request for Information; Essential Health Benefits.
<https://www.federalregister.gov/documents/2022/12/02/2022-26282/request-for-information-essential-health-benefits>
7. The Department of Health and Human Services Final Rule _ Essential Health Benefits (EHB) (section 156.115) of the Patient Protection & Affordable Care Act (PPACA) (section 1302(b)(1)(G)). Accessed: 06/04/2024
<https://www.federalregister.gov/documents/2013/02/25/2013-04084/patient-protection-and-affordable-care-act-standards-related-to-essential-health-benefits-actuarial>
8. Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services HHS. Final Rule 45 CFR Parts 144, 147, 153, 155, 156 and 158 [CMS-9911-F] RIN 0938-AU65 Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023 Accessed: 06/04/2024
<https://www.cms.gov/files/document/cms-9911-f-patient-protection-final-rule.pdf>
9. Manitsa, I., & Barlow-Brown, F. (2024). The role of habilitation services in the lives of children and adolescents with visual impairments. *British Journal of Visual Impairment*, 42(2), 445-455.
<https://doi.org/10.1177/02646196221144870>
10. Towery, D., Parsons, M. B., & Reid, D. H. (2014). Increasing Independence Within Adult Services: a Program for Reducing Staff Completion of Daily Routines for Consumers with Developmental Disabilities. *Behavior analysis in practice*, 7(2), 61–69. <https://doi.org/10.1007/s40617-014-0013-4>
11. National Guideline Alliance (UK). Cerebral palsy in under 25s: assessment and management. *National Institute for Health and Care Excellence (NICE)*. 2017).
<https://pubmed.ncbi.nlm.nih.gov/28151611/>
12. Spasticity in under 19s: management. Clinical guideline [CG145]. *National Institute for Health and Care Excellence (NICE)*. Published: 25 July 2012 Last updated: 29 November 2016
<https://www.nice.org.uk/guidance/cg145>

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**Habilitative Therapy
Medical Coverage Policy**

Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
06/25/2024	06/25/2024
07/24/2024	07/24/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any set of circumstances for an individual member.

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