



PENNSYLVANIA SPEECH-LANGUAGE-HEARING ASSOCIATION

700 McKnight Park Drive
Suite 708
Pittsburgh, PA 15237

Voice/TDD: 412 366-9858
Fax: 412 366-8804
e-mail PSHA@psha.org
www.psha.org

June 11, 2015

Teresa Miller
Acting Insurance Commissioner
Pennsylvania Insurance
Department 1326 Strawberry
Square
Harrisburg, PA 17120

RE: Habilitative Benefits - Essential Health Benefits Benchmark Plan

Dear Commissioner Miller:

The Pennsylvania Speech-Language-Hearing Association (PSHA) is the professional association speech-language pathologists, audiologists, speech, language, and hearing scientists, audiology and speech-language pathology support personnel and students. Over 7000 professionals reside in Pennsylvania.

We understand that the Pennsylvania Insurance Department will select the 2017 Essential Health Benefit (EHB) Benchmark plan and would like to submit comments regarding the definition and coverage issues involving the benefit category of “rehabilitative and habilitative services and devices.”

Federal Definition of Habilitative Services

It is our position that Pennsylvania must adopt the Center for Medicare and Medicaid Services February 27, 2015 Final Rule defining habilitative services and devices:

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.

Pennsylvania must use this definition of habilitation but has the option to further define and assure appropriate access to medically necessary health care services. We recommend further defining habilitation by adding:

Habilitative benefits are medically necessary health care services and devices that assist an individual in partially or fully acquiring, improving, keeping or learning skills and

functioning for daily living, 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 include therapy for a child who is not walking or talking at the expected age. These services may include physical therapy, occupational therapy, speech-language pathology, cognitive therapy, applied behavioral analysis and a host of other services for people with disabilities in a variety of inpatient and outpatient settings.

This more expansive definition ensures individuals with developmental disabilities and congenital disorders can access services to achieve maximum functional capacity. This definition not only includes physical therapy, occupational therapy and speech-language pathology, but a broader range of services—i.e., cognitive therapy, Applied Behavioral Analysis (ABA), aural therapy, music therapy and art therapy—which benefit children and adults with autism, cognitive disorders and mental health disorders. We urge the Department to require this definition at the earliest possible opportunity—i.e., January 2016.

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

Separate Visit Limits Required in 2017

In the [2016 Notice of Benefit and Payment Parameters \(NBPP\) final rule](#) HHS required that, beginning in 2017, qualified health plans will 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 rehabilitative services benefit. PSHA supports this policy and further requests that the selected benchmark plan offer separate visit limits for each of the therapies (e.g. speech therapy, physical therapy, occupational 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 rehabilitation or habilitation altogether, or stop rehabilitation or habilitation 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 non-overlapping; 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.

Coverage of Habilitative Services and Devices

Habilitation 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.¹ In addition, rehabilitative and habilitative devices typically prescribed by audiologists and speech- language pathologists include devices which 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 with 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.

State Mandates to Supplement Habilitative Services and Devices Benefit

PSHA is pleased that HHS explained in the final rule that state benefit mandates enacted to define habilitative services are part of the essential health benefit—states *do not* defray the cost. (See page 226 of the [NBPP](#)). This clarification allows states to address coverage gaps in their state. State mandates would not only enhance benefits, but would also improve access to habilitation services—

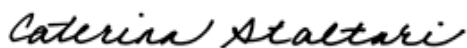
Qualified Health Plans would need to cover these enhanced services according to the revised benchmark plan.

Recommendations

The 2017 Benchmark Plan should comply with the recently adopted federal definition for habilitation services and devices. Limitations, if any, should be applied separately to rehabilitation and habilitation and it is a violation of federal regulation to split an existing rehabilitation benefit in half and apply the same total visit limitation separately. Finally, any changes the Commonwealth of Pennsylvania makes to ensure compliance with the federal definition of habilitation services and devices are not considered state mandates—Pennsylvania does not defray the cost. Rather, these changes are intended to ensure compliance with the federal regulation.

PSHA appreciates the opportunity to provide comments on this important topic. We thank you in advance for your consideration and attention to these matters. Feel free to contact Caterina Staltari, Vice President for Governmental Affairs for PSHA at staltari@duq.edu or 412-396-4047 for clarification of the above information.

Best regards,



Caterina Staltari
Vice President of Governmental Affairs