

# Habilitative Services

## An Opportunity for the Profession

Dan Brown

Implementation of the Affordable Care Act (ACA) is happening at a whirlwind pace. In many cases, implementation decisions are being made at the state level. The venues where those decisions are being made vary by state. Often, it is not the state legislatures taking action, but state agencies or ad hoc health care reform committees, created for the sole purpose of making recommendations related to a narrow set of issues. This creates a challenging environment for advocates, but the American Occupational Therapy Association (AOTA) is working with state occupational therapy associations to represent the interests of the profession.

One key advocacy opportunity relates to how habilitative services must be covered for the millions of people who will be newly insured because of the ACA. Habilitative services are considered essential health benefits by the law, and therefore must be covered in some fashion for almost everyone who purchases insurance as an individual or as part of a small group, as well as those newly eligible for Medicaid. However, the details of how this benefit category will be defined will vary by state, and AOTA wants to ensure occupational therapy services are included in habilitative benefits throughout the country. The following examples demonstrate the importance of the partnership between AOTA and state occupational therapy associations on this issue.

In **Arkansas**, an advisory committee was tasked with making recommendations to the state Department of Insurance about how habilitative services should be defined and covered. In doing so, the advisory committee held public meetings. AOTA learned of these meetings from a consulting

firm, Stateside Associates, with which it has a contract to provide information about such activities. AOTA informed the Arkansas Occupational Therapy Association about the meetings, and it provided the association with background information to empower its leadership to participate and advocate for occupational therapy services as a component of habilitative services. In the end, the advisory committee produced a recommended definition that included two elements that AOTA has advocated for: that habilitative services include maintenance of function services, and that they are covered at least as extensively as rehabilitative services.

In the **District of Columbia** (DC), a similar set of circumstances emerged. AOTA worked with the DC Occupational Therapy Association, and a member of its leadership team got involved in the decision making process. The recommended definition that emerged explicitly mentions occupational therapy as a component of habilitative services. In addition, the recommendation clarified that such services should be made available without the age restrictions that currently exist in DC law.

Unfortunately, there is not always a public process that allows for participation in these decisions before they are made. In **Michigan**, a state agency that regulates insurance issued an order requiring coverage of applied behavioral analysis as a habilitative service (see the order at <http://tinyurl.com/cs3ldwe>). The order also acknowledged that habilitative services “encompasses many different types of services” and mentioned occupational therapy as one of those types. However, the order is too ambiguous as to whether occupational therapy services must be covered

for habilitative purposes. Therefore, AOTA has been working with the Michigan Occupational Therapy Association and other therapy advocacy organizations to request an agency clarification that explicitly requires coverage for occupational therapy services (see the joint letter to the agency at <http://tinyurl.com/be4v74k>).

**Ohio's** situation is similar to Michigan's, albeit somewhat better for the profession. There, the governor defined habilitative services in a letter to the federal government. The definition explicitly requires coverage of occupational therapy services, but only for children with an autism diagnosis. AOTA has been advocating for a much broader definition, and it provided assistance to the Ohio Occupational Therapy Association in an effort to get the definition modified. Advocacy on this issue in Michigan and Ohio is ongoing.

As these experiences illustrate, the partnership between AOTA and state associations is critical to achieve advocacy successes. In addition, it is clear that advocacy before final decisions are made, as took place in Arkansas and DC, is preferable to advocating for changes afterward, as is required in Michigan and Ohio. Most states have not defined habilitative services yet, and other advocacy opportunities will undoubtedly emerge. In fact, a finalized federal rule is expected soon that might change the requirements of states on this issue, creating a flurry of new activities. Your membership in AOTA and your state occupational therapy association make these advocacy efforts on behalf of the profession possible. ■

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