

Parents' Guide to Habilitative Services

2015

This guide was developed by the Workgroup on Access to Habilitative Services Benefits, which was established through legislation passed by the 2012 Maryland General Assembly.

PARENTS' GUIDE TO HABILITATIVE SERVICES

➤ What are habilitative services?

Habilitative services are therapeutic services that are provided to children with genetic conditions or conditions present from birth to enhance the child's ability to function. Habilitative services are similar to rehabilitative services that are provided to adults or children who acquire a condition later on. The difference is that rehabilitative services are geared toward reacquiring a skill that has been lost or impaired, while habilitative services are provided to help acquire a skill in the first place, such as walking or talking.

Habilitative services include but are not limited to physical therapy, occupational therapy and speech therapy for the treatment of a child with a congenital or genetic birth defect. For the treatment of children diagnosed with autism or autism spectrum disorders, habilitative services includes applied behavior analysis, behavioral health treatment, psychological care, and therapeutic care.

➤ May insurance companies or HMOs limit the number of habilitative services they will cover?

Under Maryland law, insurance companies and HMOs may not limit coverage for medically necessary habilitative services. In contrast, insurance companies and HMOs may, and often do, limit coverage for rehabilitative services to 30 or 60 visits per year, for example.

➤ Are insurance companies or HMOs required to cover habilitative services?

It depends on the type of health plan you have. Health plans subject to Maryland insurance laws include:

- A health plan that you purchased in Maryland from an insurance company or an HMO; or
- A health plan that your employer purchased in Maryland.

If you are not sure whether your health plan covers habilitative services, contact your health plan or the benefits plan manager through your employer to find out. Ask them to send you a copy of those pages listing the services and benefits for habilitative services.

➤ What health plans are not required by Maryland law to cover habilitative services?

Group policies issued to the group's home office in another state. For example, if you work for an employer that has its home office in another state, your health insurance policy may have been issued in that other state.

The federal government's employee health benefit plans.

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Employer self-funded and self-insured plans. In this case, the employer may be using an insurance company to process the claims of the employees, but using the employer's funds to self-insure.

Medicare or Medicaid (Maryland Medical Assistance Program and Maryland's Children's Health Insurance Program).

**Even if it your health plan is not subject to Maryland law, your health plan could contain habilitative service benefits.*

Contact your insurance company or HMO and ask what the covered benefits for habilitative services are. If the customer service representative is not helpful, ask to speak to a supervisor. You also may contact the benefits plan manager through your employer to find out if your specific health plan includes coverage for habilitative services. Ask for a copy of those pages listing the services and benefits for habilitative services.

➤ **Would my child qualify for habilitative service benefits under my health insurance or HMO health plan?**

Under Maryland law, if your child has a congenital or genetic birth defect, he or she qualifies for habilitative services under your health insurance or HMO contract, if the services are medically necessary. "Congenital or genetic birth defect" means a defect existing at or from birth, including a hereditary defect. "Congenital or genetic birth defect" includes, but is not limited to:

- Autism or autism spectrum disorder;
- Cerebral palsy;
- Intellectual disability;
- Down syndrome;
- Spina bifida;
- Hydroencephalocele; and
- Congenital or genetic developmental disabilities.

➤ **My child receives services through an early intervention program or at school but I think my child needs more services. What should I do?**

Contact your child's pediatrician, family practitioner, internist (for older children), nurse practitioner, physician assistant, or other primary health care provider. He or she can examine your child and assess your child's needs, or refer your child to an appropriate specialist for further assessment. You also may choose to call private therapy providers directly, but you may be responsible to pay for their services if they are not part of your health plan's network or their services have not been approved by your health plan.

➤ **Not all of my child's special needs are being addressed through the educational system because they do not affect my child's educational outcome. What should I do?**

Some children need more services to address non-educational needs. For example, your child may need additional therapy to help with social interactions or other functions that do not interfere with accessing the educational curriculum. Contact your health insurer or HMO to determine its process for covering habilitative services. If a referral or other documentation is required, then contact your child's pediatrician, family practitioner, internist (for older children), nurse practitioner, physician assistant, or other primary health care provider. You also may choose to call private therapy providers directly, but you may be responsible to pay for their services if they are not part of your health plan's network or their services have not been approved by your health plan.

If your child's medical condition qualifies him or her for habilitative services coverage, make sure your health care provider and your insurance company or HMO have this information.

➤ **What is a "case manager"?**

A "case manager" is a person that works for your insurer or HMO who can help you coordinate comprehensive services for your child. The goal of case management for a child is that the child will receive the appropriate services and have the opportunity to function at his or her optimum level.

➤ **Is there any age limit to receiving covered benefits for habilitative services?**

Under Maryland law, insurers and HMOs are required to pay benefits for habilitative services until your child turns age 19. Check your policy to see if it provides benefits beyond this age.

➤ **My child has a congenital or genetic birth defect, but my health insurance company has denied or limited coverage. What should I do?**

First, contact your health plan. These services may or may not be covered by your policy. If you feel that the customer service representative does not understand your request or question, ask for a supervisor. If your child's medical condition qualifies him or her for habilitative services coverage, make sure your health care provider and your insurance company or HMO have this information.

If your health care provider tells you that a certain health care service is needed, but your health insurer or HMO disagrees, you have the right to appeal that decision and have it reviewed by an independent medical expert. Here's how the process works:

Step 1: You will receive a letter from your health insurer or HMO notifying you of its decision.

Step 2: Follow the instructions in the first denial letter you receive from your health insurer or HMO to ask your health insurer or HMO to reconsider its decision. If you would like some help,

contact the Health Education and Advocacy Unit in the Attorney General's Office at 877-261-8807 for assistance. Your health care provider, or someone else you authorize to help you, also can do this for you.

Step 3: If your health insurer or HMO upholds its original decision to deny payment for the health care service, you may have your case reviewed by an independent medical expert, who will decide if the health care service your health care provider recommended is medically necessary. The Health Education and Advocacy Unit can help you with this too.

Step 4: If your health plan is subject to Maryland insurance laws (see question 3), you may file a complaint with the Maryland Insurance Administration (MIA). The MIA will send your case to an independent medical expert. Once the independent medical expert has rendered an opinion, the MIA will send you a copy of that opinion. If your health plan is not subject to Maryland insurance laws (see question 4), the MIA will be unable to process your complaint. However, your health insurer or HMO will send your case to an independent medical expert.

The letter from your health insurer or HMO will tell you if you can file a complaint with the Maryland Insurance Administration. There are time limits for filing a complaint, so please read the letter carefully.

You may skip to Step 4 and file a complaint directly with the Maryland Insurance Administration before receiving the health insurer's or HMO's decision if the health insurer or HMO waives its requirement that you first appeal to it; if the health insurer or HMO does not follow any part of its internal appeal process; or if you show a compelling reason, such as showing that a delay could result in death, serious impairment to a bodily function, serious dysfunction of a bodily organ, or could cause your child to be a threat to her/himself or others.

Step 5: If the independent medical expert finds the health care service recommended by your health care provider is medically necessary, the Insurance Commissioner, after considering all the facts of your case, may order your health insurer or HMO to pay for the health care service in accordance with your policy.

You have the right to appeal other coverage decisions made by your health insurer or HMO but those appeals may not necessarily be reviewed by an independent medical expert.

How to File a Complaint with the Maryland Insurance Administration:

Complaints must be received in writing and include a signed consent form. Contact the MIA to learn how to submit a complaint at:

Maryland Insurance Administration
Attn: Consumer Complaint Investigation
Life and Health/Appeals and Grievance
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
Telephone: 410-468-2000 or 800-492-6116
TTY: 1-800-735-2258
Fax: 410-468-2270 or 410-468-2260 (Life and Health/Appeals and Grievance)
Or visit the website at <http://www.insurance.maryland.gov>.

How to Contact the Health Education and Advocacy Unit:

Office of the Attorney General
Health Education and Advocacy Unit
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Telephone: 410-528-1840 or 877-261-8807
Fax: 410-576-6571
Or visit the website at
www.oag.state.md.us/consumer/heau.htm

This information is also available at:

<http://www.mdinsurance.state.md.us/sa/docs/documents/consumer/publicnew/agprocesscard.pdf>