

Determining an Essential Benefits Plan for Rehabilitation and Habilitation Services and Devices: A Value-Based Approach

Rehabilitation, habilitation services and devices were included in the essential benefits package because they are consistent with the Affordable Care Act's focus on value, namely, achieving better outcomes at less overall cost.

The outcomes of rehabilitation and habilitation services and devices are consistent with core American values because they enable people to:

- Maximize independence in the least restrictive environment;
- Live active and productive lifestyles that embrace family, work, education, and community; and
- Avert medical complications and minimize hospital readmissions.

These outcomes are important to individuals, families, and society. By promoting these outcomes, overall health care costs can be reduced, and thus provide significant value to American taxpayers.

The organizations listed below have developed and unanimously support this document and believe that, in order to achieve these outcomes, a number of guiding principles need to be incorporated into rehabilitation and habilitation services and devices benefits design. They include:

1. Medically necessary services in habilitation and rehabilitation services and devices (1) promote medical recovery, (2) enhance and maintain function, (3) promote participation in life roles and activities, (4) avert medical complications, and (5) assist in learning, improving and acquiring skills. Enhancing and maintaining function is essential to maintaining health and averting medical complications.
2. Rehabilitation, habilitation, and prosthetic/orthotic, assistive and adaptive devices should be provided by qualified professionals as defined by State and/or National standards for their respective professions.
3. There should be no arbitrary limits or caps on medically necessary services.
4. Services may be delivered across a variety of care settings based on the individual needs and may include inpatient, outpatient, post-acute, day program, and residential settings. These services may also include the use of durable medical equipment, prosthetics, orthotics, supplies and assistive and adaptive devices that improve or maintain function.
5. Each Exchange Plan should develop an objective appeal process to address the denial of care determined to be appropriate by qualified professionals. The appeal should be reviewed by individuals with demonstrated expertise in rehabilitation, habilitation services and devices.
6. Essential benefits should reflect an appropriate range and balance of care from a variety of professions as indicated by patient need.
7. Benefit design should not discriminate against any individual due to disability, age, gender, religion, race, veteran's status, sexual orientation/gender identity or for any arbitrary reason.

8. Benefits and services should be informed by the best available evidence, professional expertise and consensus, and patient values and preferences.
9. There should be mechanisms to update the coverage of rehabilitation and habilitation services and devices based on new clinical evidence.

The following organizations, representing a broad consensus in the field of rehabilitation, developed and support these guidelines.

Academy of Spinal Cord Injury Professionals
American Congress of Rehabilitation Medicine
American Music Therapy Association
American Occupational Therapy Association
American Physical Therapy Association
American Speech-Language-Hearing Association
American Spinal Injury Association
American Therapeutic Recreation Association

Amputee Coalition of America
Association of Rehabilitation Nurses
Brain Injury Association of America
CARF International
Insurance Rehabilitation Study Group
National Association of Social Workers
North American Brain Injury Society
United Spinal Association