

**Current DC definition from DC ST § 31-3271:**

(1)(A) "Adverse decision" means a utilization review determination by a private review agent, a carrier, or a health care provider acting on behalf of a carrier that:(i) A proposed or delivered health care service covered under the member's contract is or was not medically necessary, appropriate, or efficient;(ii) May result in noncoverage of the health care service; and(iii) Does not include a decision concerning a subscriber's status as a member.

(B) A determination denying a request for habilitative services or denying payment for habilitative services because a condition or disease is not a congenital or genetic birth defect is an adverse decision.

(2) "Congenital or genetic birth defect" means a defect existing at or from birth, including a hereditary defect. The term "congenital or genetic birth defect" includes: (A) Autism or an autism spectrum disorder; and (B) Cerebral palsy.

(3) "Habilitative services" means services, including occupational therapy, physical therapy, and speech therapy, for the treatment of a child with a congenital or genetic birth defect to enhance the child's ability to function.

**The NAIC definition of habilitation:**

"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." (See, NAIC Glossary of Terms for the Affordable Care Act.) [Emphasis added.]

**The Consortium for Citizens with Disabilities (CCD) definition of habilitation;**

"Habilitative services" means health care services and devices that are designed to assist individuals in acquiring, improving, or maintaining, partially or fully, skills and functioning for daily living. These services may include physical therapy, occupational therapy, speech-language pathology and audiology, and other services and devices for people with disabilities in a variety of inpatient and/or outpatient settings. Plans should use Medicaid coverage as a guide where there is a question of whether to cover specific habilitation benefits.