



Clinical Policy: Habilitation Services

Reference Number: NJ.CP.MP.504

Date of Last Revision: 01/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for habilitation services. Day habilitation services help individuals gain and retain skills that can allow them to function as independently as possible and lead useful and productive lives.¹ These skills generally are in the areas of self-care, physical and emotional growth, socialization, communication, and vocational development. Most day program services fall within this category. The Community Care Waiver (CCW) will cover up to 25 hours of day habilitation services per week.

Policy/Criteria

- I. It is the policy of Fidelis Care of New Jersey that habilitation services are **medically necessary** for the following indications:
 - A. Habilitation services may include any service that helps an individual to:
 1. Develop socially appropriate behaviors and interpersonal skills and eliminate maladaptive behaviors;
 2. Develop cognitive skills such as telling time, making change or managing money, recognizing street and other signs, solving problems or handling emergencies;
 3. Use recreation and leisure time;
 4. Learn about and adjust to the community and train for mobility and travel;
 5. Develop or improve communication skills;
 6. Develop appropriate grooming, dress, and self-care habits, such as toileting, eating, and shaving;
 7. Enhance physical, mental and dental health by dealing with both prevention and maintenance needs;
 8. Be more assertive and become a self-advocate in dealing with citizenship, legal, family, and/or social needs;
 9. Learn about and orient to other programs, as appropriate.

Note: Certain day habilitation services may include transportation between the individual's residence and the site of the habilitation service, up to a total of 38 miles or one hour and fifteen minutes one way, whichever is reached first. If an individual receives habilitation services in more than one place, transportation also may be provided between sites, with the same restrictions.¹

Authorization

Initial authorization is for a period of 14 days. Ongoing authorization may be approved for an additional 14 days. There is no limit to the amount of ongoing authorizations.



CLINICAL POLICY

HABILITATION SERVICES

For MLTSS Members, habilitation is provided in order for the member **to maintain a level of functioning** after the member has been brought up to the max level and improvement is no longer the goal.

Background

The State of New Jersey¹ describes habilitation as the process of providing those comprehensive services that are deemed necessary to meet the needs of individuals with developmental disabilities in programs designed to achieve objectives of improved health, welfare and the realization of individuals' maximum physical, social, psychological and vocational potential for useful and productive activities. Although the specific services will be described in an individual's Plan of Care, habilitation services are designed to develop, maintain and/or maximize the individual's independent functioning in self-care, physical and emotional growth, socialization, communication, and vocational skills.

Habilitation is defined as the process of supplying a person with the means to develop maximum independence in activities of daily living through training or treatment.² Conversely, rehabilitation (rehab) is defined as the restoration of an individual or a part to normal or near normal function after a disabling disease, injury, addiction, or incarceration. For pediatric members, habilitation can refer to assisting a child with achieving developmental skills when impairments have caused delaying or blocking of initial acquisition of the skills. Habilitation can include cognitive, social, fine motor, gross motor, or other skills that contribute to mobility, communication, and performance of, activities of daily living (ADLs), and enhanced quality of life.^{2,3}

Adult Habilitation training and support programs are designed to advance the independence of adults with disabilities. Habilitation by definition is the process by which one becomes more capable. Organizations focus on assisting individuals to be focused on self-determination and self-sufficiency. Through Adult Habilitation Services, individuals may pursue knowledge and skills which allow them to participate in community life. Socialization, health maintenance, daily living skills, communication and safety are a few of the program's specific goals.⁵

State of New Jersey Programs

An **Individual Habilitation Plan (IHP)** is a type of service plan which is utilized in settings where the budget for programs, supports and services is not self-directed. The IHP is a written document that serves as an agreement among the service recipient, service provider and other members of the Inter-Disciplinary Team (IDT), as to the type and frequency of services, the goal of the service and how the progress will be monitored. An IHP may include plans from programs, services, or supports funded from other agencies.⁶

Individual Supports Services are self-care and habilitation-related tasks performed and/or supervised by service provider staff in an individual's own or family home or in other community-based settings, in accordance with approved Service Plans. Assistance to, as well as training and supervision of, individuals as they learn and perform the various tasks that are included in basic self-care, social skills, activities of daily living and behavior shaping will be provided. (The Service Plan will specify the actual



CLINICAL POLICY HABILITATION SERVICES

tasks to be performed and the anticipated outcomes). Individual Support Services are either self-directed or provider managed.⁶

	Self-Directed		Provider Managed			
	Supportive Housing	Other Self-Directed Housing Options	Supportive Housing	Group Homes/ Supervised Apartments	Supported Living	Community Care Residences
Key Policy Distinctions	Lease or mortgage in person's name Person has control of hiring staff, decision-making and budget Housing & supports are separated	Person lives with relative Shared lease Lease in someone else's name Housing & supports are separate	Lease or mortgage in person's name Person has control over decision making preferences and flexible supports will be certified	Provider has contract with DDD to provide a residential licensed service	Provider has contract with DDD to provide supports in certified facility Individual or State has lease	Person lives in a skill or treatment home. These are licensed
Budget	Use Fiscal Intermediary to pay for supports Individual has control of what supports are purchased	Person, parent(s) or legal guardian controls resources	Funding is put in a contract with the provider and the person decides how it is spent	Budget is controlled by State	Budget controlled by State	Skill provider paid by the Division to provide residential service
Service Plan	Individual designs plan & has control of choices	Individual, their parent(s) or legal guardian designs plan & has control of choices	Individual designs plan & has control of choices	State develops with input from individual & team	State develops with input from individual & team	Develop by case manager with input from individual & team

Source: New Jersey DHS, 2009, Appendix A, p. 52

“Individual supports,” sometimes referred to as “personal assistance services,” provide an individual with the assistance he or she needs to live in, and become part of, the community. These generally are tasks and activities related to self-care, personal maintenance, habilitation and household duties. They are performed in an individual’s own or family home, or in another community-based setting (such as a group home or a supported apartment) at the direction of the individual receiving the assistance, his or her family member or guardian. The people who provide individual supports administer and provide services in community residences, such as group homes or supported apartments, or that provide services in an individual’s home.¹

Examples of Individual Supports/ Personal Assistance Services include:

- Attendant Care Services:
 - Bathing in bed, in the tub, or shower;
 - Assisting in the use of a toilet or bedpan;
 - Grooming: hair care (including shampooing), shaving and ordinary nail cares;
 - Helping individuals transfer from bed to chair or wheelchair, or in and out of a tub or shower;



CLINICAL POLICY

HABILITATION SERVICES

- Caring for the teeth and mouth;
 - Changing bed linens with an individual in bed;
 - Assisting with eating and preparing meals, including special therapeutic diets;
 - Dressing;
 - Ambulation (walking), indoors and out;
 - Escorting individuals to clinics, physician's offices, related medical therapies, recreation activities and/or other trips;
 - Assisting with medication that can be self-administered;
 - Assisting with the use of special equipment such as a walker, braces, crutches, wheelchair, etc., after a thorough demonstration by a registered professional nurse or physical therapist, until that person is satisfied that the individual can use the equipment safely;
 - Assisting in implementing physical or occupational therapy, speech language pathology programs or psychological/behavioral programs.
- **Household Chores:**
 - Kitchen care, to include washing the dishes and making sure the refrigerator, stove, sink, and floor are clean;
 - Bathroom care, to include cleaning the toilet, tub, shower, and floor;
 - Laundry, to include caring for an individual's personal items and bed linen (may include necessary ironing and mending);
 - Making and changing beds, washing windows, cutting lawns, and putting out the garbage;
 - Other household chores necessary for independent living.
- Routine errands, such as picking up medication or preparing meals, shopping, or any short trip to perform a specific task. It is important to note that these services are not meant to isolate the individual from the community; therefore, the individual should accompany the Individual Support Staff wherever possible.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS®* Codes	Description
T1019	Personal care services per 15 min
T2012	Habilitation, educational ; waiver, per diem
T2013	Habilitation, educational; waiver, per hour



CLINICAL POLICY

HABILITATION SERVICES

HCPCS®* Codes	Description
T2014	Habilitation, prevocational, waiver; per diem
T2015	Habilitation, prevocational; waiver, per hour
T2016	Habilitation, residential, waiver, per diem
T2017	Habilitation, residential, waiver, 15 minutes
T2018	Habilitation, supported employment, waiver; per diem
T2019	Habilitation, supported employment, waiver; per 15 minutes
T2020	Day habilitation, waiver; per diem
T2021	Day habilitation, waiver; per 15 minutes

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	6/5/2014	6/5/2014
Approved by MPC. Clarification of language.	6/30/2014	6/30/2014
Approved by MPC. No changes.	5/7/2015	5/7/2015
Approved by MPC. No changes.	6/2/2016	6/2/2016
Approved by MPC. No changes.	5/4/2017	5/4/2017
Approved by MPC. No changes.	4/5/2018	4/5/2018
Approved by MPC. No changes.	4/4/2019	4/4/2019
Approved by MPC. No changes.	4/16/2020	4/16/2020
Transitioned policy to new state specific template and sent to market for ownership, Policy number changed from HS-253 to NJ.CP.MP.504	09/20	
Policy template and references updated-sent to market for ownership	08/23	
Policy retired.		11/23
Policy reinstated.	1/24	
Annual review. HCPCS code T1019 added. No criteria changes. References reviewed and updated. Sent to market for review and ownership.	01/25	02/25

References

1. New Jersey Department of Human Services Division of Developmental Disabilities. An overview: services available through New Jersey's Community Care Waiver (CCW). http://nj.gov/humanservices/ddd/documents/Documents%20for%20Web/CCWOverview_0809_2.pdf. Published 2009. Accessed November 4, 2024.
2. Mosby's Medical Dictionary (8th ed.). (2009). St. Louis, MO: Mosby.
3. Miller-Keane Encyclopedia and dictionary of medicine, nursing and allied health. (2003). Philadelphia: Saunders.
4. Independent Living Association, Inc. Day habilitation and community habilitation and community habilitation services. <https://ilaonline.org/day-habilitation-and-community-habilitation-services/>. August 5, 2020. Accessed November 4, 2024.



CLINICAL POLICY

HABILITATION SERVICES

5. New Jersey Department of Human Services Division of Developmental Disabilities. Individualized community supports and services for adults and children. <http://www.state.nj.us/humanservices/ddd/home/index.html>.. Accessed November 4, 2024.
6. New Jersey Department of Human Services Division of Developmental Disabilities. Community care program policies and procedures manual (Version 3.0) <https://www.nj.gov/humanservices/ddd/individuals/community/policymanuals/> Accessed November 4, 2024.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.



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CLINICAL POLICY HABILITATION SERVICES

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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