
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1015 Session of
2015

INTRODUCED BY MURT, V. BROWN, COHEN, FLYNN, HARHAI, HARKINS,
McCARTER, ROZZI, SCHLOSSBERG AND WATSON, APRIL 20, 2015

REFERRED TO COMMITTEE ON HEALTH, APRIL 20, 2015

AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
2 act to consolidate, editorially revise, and codify the public
3 welfare laws of the Commonwealth," in public assistance,
4 further providing for other medical assistance payments and
5 establishing payments for cognitive rehabilitation therapy.

6 The General Assembly of the Commonwealth of Pennsylvania
7 hereby enacts as follows:

8 Section 1. Section 443.3(a) of the act of June 13, 1967
9 (P.L.31, No.21), known as the Public Welfare Code, amended July
10 7, 2005 (P.L.177, No.42), is amended to read:

11 Section 443.3. Other Medical Assistance Payments.--(a)
12 Payments on behalf of eligible persons shall be made for other
13 services, as follows:

14 (1) Rates established by the department for outpatient
15 services as specified by regulations of the department adopted
16 under Title XIX of the Social Security Act (49 Stat. 620, 42
17 U.S.C. § 1396 et seq.) consisting of preventive, diagnostic,
18 therapeutic, rehabilitative or palliative services; furnished by
19 or under the direction of a physician, chiropractor or

1 podiatrist, by a hospital or outpatient clinic which qualifies
2 to participate under Title XIX of the Social Security Act, to a
3 patient to whom such hospital or outpatient clinic does not
4 furnish room, board and professional services on a continuous,
5 twenty-four hour a day basis.

6 (2) Rates established by the department for (i) other
7 laboratory and X-ray services prescribed by a physician,
8 chiropractor or podiatrist and furnished by a facility other
9 than a hospital which is qualified to participate under Title
10 XIX of the Social Security Act, (ii) physician's services
11 consisting of professional care by a physician, chiropractor or
12 podiatrist in his office, the patient's home, a hospital, a
13 nursing facility or elsewhere, (iii) the first three pints of
14 whole blood, (iv) remedial eye care, as provided in [Article
15 VIII] subarticle (b) of Article XXII of the act of April 9, 1929
16 (P.L.177, No.175), known as "The Administrative Code of 1929,"
17 consisting of medical or surgical care and aids and services and
18 other vision care provided by a physician skilled in diseases of
19 the eye or by an optometrist which are not otherwise available
20 under this [Article] article, (v) special medical services for
21 school children, as provided in the [Public School Code of
22 1949,] act of March 10, 1949 (P.L.30, No.14), known as the
23 "Public School Code of 1949," consisting of medical, dental,
24 vision care provided by a physician skilled in diseases of the
25 eye or by an optometrist or surgical care and aids and services
26 which are not otherwise available under this article.

27 (3) Notwithstanding any other provision of law, for
28 recipients aged twenty-one years or older receiving services
29 under the fee for service delivery system who are eligible for
30 medical assistance under Title XIX of the Social Security Act

1 and for recipients aged twenty-one years or older receiving
2 services under the fee-for-service delivery system who are
3 eligible for general assistance-related categories of medical
4 assistance, the following medically necessary services:

5 (i) Psychiatric outpatient clinic services not to exceed
6 five hours or ten one-half-hour sessions per thirty consecutive
7 day period.

8 (ii) Psychiatric partial hospitalization not to exceed five
9 hundred forty hours per fiscal year.

10 * * *

11 Section 2. The act is amended by adding a section to read:

12 Section 443.12. Payments to Providers for Cognitive
13 Rehabilitation Therapy.--(a) The department shall provide
14 payment to participating Medicaid providers for cognitive
15 rehabilitation therapy as a covered service when deemed to be
16 medically necessary by a licensed physician.

17 (b) Cognitive rehabilitation therapy will be considered
18 medically necessary as adjunctive treatment of cognitive
19 deficits, including, but not limited to, attention, language,
20 memory, reasoning, executive functions, problem solving and
21 visual processing, when all of the following are met:

22 (1) The cognitive deficits have been acquired as a result of
23 neurologic impairment due to traumatic brain injury, stroke or
24 encephalopathy.

25 (2) The individual has been seen and evaluated by a
26 neuropsychiatrist or neuropsychologist.

27 (3) Neuropsychological testing has been performed and
28 neuropsychological results will be used in treatment planning
29 and directing rehabilitation strategies.

30 (4) The individual is expected to make significant cognitive

1 improvement, and includes not being in a vegetative or custodial
2 state.

3 (c) In order to implement reimbursement payments for these
4 services, the department shall file a State plan amendment with
5 the Centers for Medicare and Medicaid Services of the United
6 States Department of Health and Human Services pursuant to Title
7 XIX of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1396
8 et seq.) by June 30, 2015. The program shall be structured and
9 administered by the department in accordance with Federal law
10 and applicable Federal guidelines for qualified State cognitive
11 rehabilitation therapy.

12 (d) The following words and phrases when used in this
13 section shall have the meanings given to them in this subsection
14 unless the context clearly indicates otherwise:

15 "Cognitive rehabilitation therapy" means services that are
16 designed to improve cognitive functioning after central nervous
17 system insult and that assist with the improvement of attention,
18 auditory and visual processing, concentration, decision making,
19 judgment, language, learning, memory, perception, planning,
20 problem solving, reasoning, sequencing, thinking and executive
21 functions, including compensatory training and direct patient
22 contact performed by a licensed physician or licensed
23 psychologist or a licensed physical, occupational or speech
24 therapist with the desired outcomes of an enhanced capacity to
25 process and interpret information and an improved ability to
26 function in home and community life.

27 Section 3. This act shall take effect immediately.