

CHAPTER 290
FORMERLY
SENATE BILL NO. 237

AN ACT TO AMEND TITLE 31 OF THE DELAWARE CODE RELATING TO DENTAL CARE FOR ADULT MEDICAID RECIPIENTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend § 502, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 502. Definitions.

As used in this chapter:

(2) “Assistance” means assistance to or on behalf of eligible needy persons or eligible families to enable them to improve their standard of living, including money payments, child care, job training, education, other support services, medical or surgical care, ~~dental care~~, nursing, burial, board and care in a private institution, adult foster care, rest residential facility for adults, public medical institution as a patient, or such other aid as may be deemed necessary.

~~(3) “Dental care” means payment of all or part of the costs on behalf of an eligible recipient for preventive and restorative treatment which the Department of Health and Social Services authorizes by regulation.~~

~~(6)~~ (5) “Medical assistance” means medical ~~or dental~~ care furnished on behalf of recipients who are eligible for assistance in any of the categories in § 505 of this title.

Section 2. Amend § 503, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 503 Eligibility for assistance; amount; method of payment.

(b) Medicaid. —

~~(4)~~ Medical assistance may be granted to medically and financially eligible persons in accordance with Titles IV-A, IV-E, XVI, and XIX of the Social Security Act (42 U.S.C. §§ 601 et seq., 1381 et seq., and 1396 et seq.), federally approved waivers of these sections of the act, and rules and regulations established by the Department of Health and Social Services. Eligibility for and payment of medical assistance must be determined under policies and regulations established by the Department of Health and Social Services. Eligibility standards, recipient copay, and provider reimbursement must be set in accordance with state and federal mandates, state and federal funding levels, approved waivers, and rules and regulations established by the Department. The amount of assistance in each case of medical care must not duplicate any other coverage or payment made or available for the costs of such health services and supplies. To the extent permitted by federal requirements, no annual or lifetime numerical limitations may be placed on physical therapy or chiropractic care visits that are for the purpose of treating back pain.

~~(2) a. Except as otherwise provided in paragraph (b)(2)b. of this section, the amount of assistance provided to an adult recipient for dental care must not exceed \$1,000 per year.~~

~~b. The Department may establish a review process through which extra benefit dollars, not exceeding an additional \$1,500 per adult recipient, may be authorized on an emergency basis for dental care treatments.~~

~~e. All payments for dental care treatments are subject to a \$3 copay for adult recipients.~~

Section 3. Amend § 505, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 505 Consumer Protection Fund.

Assistance may be granted, in accordance with rules and regulations established by the Department of Health and Social Services pursuant to § 503 of this title, in the following categories:

(3) Medicaid assistance. — Assistance granted in the form of medical ~~care, including dental care,~~ care to individuals eligible in accordance with Title IV-A, XVI, XIX of the Social Security Act [42 U.S.C. §§ 601 et seq., 1381 et seq., and 1396 et seq.], federally approved waivers, and rules and regulations established by the Department of Health and Social Services.

Section 4. Amend § 512, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 512 Administration.

The Department shall administer this chapter and in connection therewith shall:

(7) Guarantee that assistance provided as medical ~~care, including dental care,~~ care when paid to providers of such medical care is on a prompt basis, usually not later than 30 days from the report of services by a physician, pharmacist, or other professional health care provider, or 20 days from the report of services by a hospital or skilled nursing facility; provided, however, that should financial advances from the Department of Finance be necessary to carry out this chapter, they must be permitted upon the concurrence of the Secretary of the Department of Finance and the Secretary of the Department of Health and Social Services.

Section 5. Amend § 502, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 502 Definitions.

As used in this chapter:

(2) “Assistance” means assistance to or on behalf of eligible needy persons or eligible families to enable them to improve their standard of living, including money payments, child care, job training, education, other support services, medical or surgical care, dental care, nursing, burial, board and care in a private institution, adult foster care, rest residential facility for adults, public medical institution as a patient, or such other aid as may be deemed necessary.

(3) “Dental care” means payment of all or part of the costs on behalf of an eligible recipient for preventive and restorative treatment which the Department of Health and Social Services authorizes by regulation.

~~(5)~~ (6) “Medical assistance” means medical or dental care furnished on behalf of recipients who are eligible for assistance in any of the categories in § 505 of this title.

Section 6. Amend § 503, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 503 Eligibility for assistance; amount; method of payment.

(b) Medicaid. —

(1) Medical assistance may be granted to medically and financially eligible persons in accordance with Titles IV-A, IV-E, XVI, and XIX of the Social Security Act (42 U.S.C. §§ 601 et seq., 1381 et seq., and 1396 et seq.), federally approved waivers of these sections of the act, and rules and regulations established by the Department of Health and Social Services. Eligibility for and payment of medical assistance must be determined under policies and regulations established by the Department of Health and Social Services. Eligibility standards, recipient copay, and provider reimbursement must be set in accordance with state and federal mandates, state and federal funding levels, approved waivers, and rules and regulations established by the Department. The amount of assistance in each case of medical care must not duplicate any other coverage or payment made or available for the costs of such health services and supplies. To the extent permitted by federal requirements, no annual or lifetime numerical limitations may be placed on physical therapy or chiropractic care visits that are for the purpose of treating back pain.

(2) a. Except as otherwise provided in paragraph (b)(2)b. of this section, the amount of assistance provided to an adult recipient for dental care must not exceed \$1,000 per year.

b. The Department may establish a review process through which extra benefit dollars, not exceeding an additional \$1,500 per adult recipient, may be authorized on an emergency basis for dental care treatments.

c. All payments for dental care treatments are subject to a \$3 copay for adult recipients.

Section 7. Amend § 505, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 505 Consumer Protection Fund.

Assistance may be granted, in accordance with rules and regulations established by the Department of Health and Social Services ~~pursuant to~~ under § 503 of this title, in the following categories:

(3) Medicaid assistance. — Assistance granted in the form of medical ~~care~~ care, including dental care, to individuals eligible in accordance with Title IV-A, XVI, XIX of the Social Security Act [42 U.S.C. §§ 601 et seq., 1381 et seq., and 1396 et seq.], federally approved waivers, and rules and regulations established by the Department of Health and Social Services.

Section 8. Amend § 512, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 512 Administration.

The Department shall administer this chapter and in connection therewith shall:

(7) Guarantee that assistance provided as medical ~~care~~ care, including dental care, when paid to providers of such medical care is on a prompt basis, usually not later than 30 days from the report of services by a physician,

pharmacist, or other professional health care provider, or 20 days from the report of services by a hospital or skilled nursing facility; provided, however, that should financial advances from the Department of Finance be necessary to carry out this chapter, they must be permitted upon the concurrence of the Secretary of the Department of Finance and the Secretary of the Department of Health and Social Services.

Section 9. Sections 1 through 4 of this Act take effect on April 1, 2020. Sections 5 through 8 of this Act take effect on October 1, 2020.

Approved September 28, 2020