SPONSOR: Rep. Minor-Brown & Sen. Pinkney & Sen. Townsend & Sen. S. McBride & Sen. Brown & Sen. Lockman
Reps. Baumbach, Bolden, Heffernan, K. Johnson, Kowalko, Longhurst, S. Moore, Morrison, Michael Smith, K. Williams, Wilson-Anton; Sens. Bonini, Ennis, Gay, Hansen, Hocker, Lawson, Lopez, Mantzavinos, Paradee, Pettyjohn, Poore, Richardson, Sokola, Sturgeon, Walsh, Wilson

HOUSE OF REPRESENTATIVES
151st GENERAL ASSEMBLY

HOUSE BILL NO. 234
AS AMENDED BY
HOUSE AMENDMENT NO. 1

AN ACT TO AMEND TITLE 31 RELATED TO EXTENSION OF MEDICAID COVERAGE THROUGH THE FIRST YEAR POSTPARTUM.

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

Section 1. Amend Chapter 5 of 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.

(a) Anti-fraud. — Assistance shall not be granted under this chapter to any person or family otherwise eligible for assistance under the categories described in § 505 of this title, having conveyed or transferred real or personal property of a value of $500 or more without fair consideration within 2 years preceding the date of application for assistance or subsequently while receiving assistance, or to any person who is an inmate of any public institution (except as a patient in a medical institution).

(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.

HD : KK : MAW : 2141510253
LC : HVW : NMX : 5081510223
Released: 06/21/2022 03:33 PM

(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.

(3) The Department, Division of Medicaid and Medical Assistance shall seek approval from the Centers for Medicare and Medicaid Services, within the United States Department of Health and Human Services to extend Medicaid postpartum coverage to 12 months through the state plan amendment option created by the American Rescue Plan Act of 2021.