



**STATE OF DELAWARE
DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID & MEDICAL ASSISTANCE
POLICY AND PROGRAM DEVELOPMENT UNIT**

MEMORANDUM

REPLY TO
ATTN. OF: Administrative Notice DMMA 08-2013

TO: All DMMA Staff

DATE: November 4, 2013

SUBJECT: 2014 Adult Foster/Residential Care Payment Increase

BACKGROUND

Each year the Social Security Administration implements an annual cost-of-living adjustment (COLA). The full amount of the COLA is passed along to all individuals who are certified for State Supplementation in Adult Foster Care Homes and Residential Care Facilities. Effective January 2014, the COLA is 1.5 percent.

DISCUSSION

The attached Schedule of Payment Levels will be effective January 1, 2014. The sponsor rate for 2014 will be no more than \$732.00 per month for an individual and no more than \$1,302.00 per month for a couple. The personal needs amount for an individual residing in an Adult Foster Care Home or a Rest Residential Facility will be no less than \$129.00 per month. The personal needs amount for a couple will be no less than \$228.00 per month.

ACTION REQUIRED

DCIS II will be updated with these new amounts.

DIRECT INQUIRIES TO

Barbara L. Lewis
(302) 424-7228

November 4, 2013

Date

Dave Michalik

Dave Michalik, Chief
Policy & Planning Development
Division of Medicaid &
Medical Assistance



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SCHEDULE OF PAYMENT LEVELS

January 1, 2014 to December 31, 2014

FEDERAL BENEFIT

Effective January 1, 2014, the Federal Cost of Living Adjustment (COLA) will be 1.5%. The full amount of the COLA will be passed along to all recipients of State Supplementation on a case-by-case basis.

The Federal Benefit Rate (FBR) for a recipient with no countable income before and after the adjustment is:

	01-01-2013	01-01-2014
	to	to
	12-31-2013	12-31-2014
LIVING ARRANGEMENT		
Individual in own household	\$710.00	\$721.00
Couple in own household	\$1066.00	\$1082.00
Individual in household of another	473.00	\$481.00
Couple in household of another	711.00	\$721.00
Individual in Title XIX facility	\$30.00	\$30.00
Couple in Title XIX facility	\$60.00	\$60.00

OPTIONAL STATE SUPPLEMENT

For an individual/couple certified by the Division of Aging and Adults with Physical Disabilities, the Division of Developmental Disabilities Services or the Division of Medicaid & Medical Assistance as residing in an Adult Foster Home or a Rest Residential Facility, the following schedule will apply:

	01-01-2013	01-01-2014
	to	to
	12-31-2013	12-31-2014
Federal Benefit Rate		
Individual	\$710.00	\$721.00
Couple	\$1,066.00	\$1,082.00
Optional State Supplement		
Individual	\$140.00	\$140.00
Couple	\$448.00	\$448.00
Total Payment Level		
Individual	\$850.00	\$861.00
Couple	\$1514.00	\$1530.00
Sponsor Rate (no more than)		
Individual	\$723.00	\$732.00
Couple	\$1288.00	\$1302.00
Personal Needs (no less than)		
Individual	\$127.00	\$129.00
Couple	\$226.00	\$228.00