

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-01-2012

TO: All DMMA Staff

DATE: January 10, 2012

SUBJECT: Nursing Home Private Pay Rate

BACKGROUND

Section 1917(c) of the Social Security Act stipulates that a period of ineligibility must be assessed when a Medicaid applicant has transferred assets for less than fair market value. The average monthly cost to a private pay patient of a nursing facility is used to determine this period of ineligibility.

Note: This is not the average Medicaid per diem rate.

DISCUSSION

The daily average usual and customary nursing facility charge for a private pay patient is calculated annually. A monthly rate is obtained by multiplying the daily rate by 30.42 days. These figures are used to calculate the period of ineligibility.

Effective January 1, 2012 the daily and monthly rates are:

Average daily cost to a private pay patient of a nursing facility in Delaware	\$ 214.02
Average monthly cost to a private pay patient of a nursing facility in Delaware	\$6,510.00

ACTION REQUIRED

DMMA staff should use these figures when calculating a period of ineligibility for applications filed on or after January 1, 2012. Policy DSSM 20350.3 and DSSM 20350.3.1 should be reviewed.

DCIS II will be updated with these figures.

DIRECT INQUIRIES TO

Barbara L. Lewis
(302) 424-7228

January 3, 2012

DATE

Dave Michalik

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