



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 03-2010

TO: All DMMA Staff

DATE: May 5, 2010

SUBJECT: Nursing Home Private Pay Rate

BACKGROUND

Section 1917(c) of the Social Security acts 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 eligibility.

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 on an annual basis. This daily amount is then multiplied by 30.42 days in order to get a monthly amount.

The total, cumulative uncompensated value of all assets transferred by the individual (or individual's spouse) is divided by this average monthly cost.

Effective May 1, 2010 the daily and monthly rates are:

Average daily cost to a private pay patient of a nursing facility in Delaware	\$ 210.48
Average monthly cost to a private pay patient of a nursing facility in Delaware	\$6,402.80

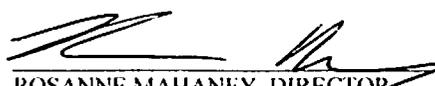
ACTION REQUIRED

DMMA staff should use these figures when calculating a period of ineligibility for applications filed on or after May 1, 2010. 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
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5/5/10
DATE


ROSANNE MAHANAY, DIRECTOR
DIVISION OF MEDICAID & MEDICAL ASSISTANCE