



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-04-2011  
TO: All DMMA Staff  
DATE: April 26, 2011  
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 May 1, 2011 the daily and monthly rates are:

Average daily cost to a private pay patient of a nursing facility in Delaware	\$ 212.23
Average monthly cost to a private pay patient of a nursing facility in Delaware	\$6,456.00

ACTION REQUIRED

DMMA staff should use these figures when calculating a period of ineligibility for applications filed on or after May 1, 2011. 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

March 9, 2011  
DATE

Rosanne Mahaney  
ROSANNE MAHANEY, DIRECTOR  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE