

Administrative Notice DMMA-05-2009

TO: All DMMA Staff

DATE: October 29, 2009

SUBJECT: Adult Foster/Residential Care Payment Increase

BACKGROUND

Typically each year the Social Security Administration implements an annual cost-of-living adjustment (COLA), as measured by the Consumer Price Index. 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.

DISCUSSION

Due to a decline in the Consumer Price Index, there will not be a COLA in 2010. The sponsor rate for 2010 will remain at no more than \$692.00 per month for an individual and no more than \$1,241.00 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 remain at no less than \$122.00 per month. The personal needs amount for a couple will remain at no less than \$218.00 per month.

ACTION REQUIRED

None

DIRECT INQUIRIES TO

Barbara L. Lewis
(302) 424-7228

DATE

ROSANNE MAHANEY, ACTING DIRECTOR
DIVISION OF MEDICAID &
MEDICAL ASSISTANCE



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

SCHEDULE OF PAYMENT LEVELS

January 1, 2010 to December 31, 2010

FEDERAL BENEFIT

Due to a decline in the Consumer Price Index, there will not be a COLA in 2010. The Federal Benefit Rate (FBR) for 2010 will remain the same as it was for 2009.

	01-01-2009	01-01-2010
	to	to
	12-31-2009	12-31-2010
LIVING ARRANGEMENT		
Individual in own household	\$674.00	\$674.00
Couple in own household	\$1,011.00	\$1,011.00
Individual in household of another	\$449.00	\$449.00
Couple in household of another	\$674.00	\$674.00
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:

	01-01-2009	01-01-2010
	to	to
	12-31-2009	12-31-2010
Federal Benefit Rate		
Individual	\$674.00	\$674.00
Couple	\$1,011.00	\$1,011.00
Optional State Supplement		
Individual	\$140.00	\$140.00
Couple	\$448.00	\$448.00
Total Payment Level		
Individual	\$814.00	\$814.00
Couple	\$1,459.00	\$1,459.00
Sponsor Rate (no more than)		
Individual	\$692.00	\$692.00
Couple	\$1,241.00	\$1,241.00
Personal Needs (no less than)		
Individual	\$122.00	\$122.00
Couple	\$218.00	\$218.00