



STATE OF DELAWARE  
DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE  
POLICY, PLANNING AND QUALITY

MEMORANDUM

REPLY TO  
ATTN. OF: Administrative Notice DMMA 06-2014

TO: All DMMA Staff

DATE: November 19, 2014

SUBJECT: 2015 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 2015, the COLA is 1.7 percent.

DISCUSSION

The attached Schedule of Payment Levels will be effective January 1, 2015. The sponsor rate for 2015 will be no more than \$742.00 per month for an individual and no more than \$1,317.00 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 \$131.00 per month. The personal needs amount for a couple will be no less than \$231.00 per month.

ACTION REQUIRED

Eligibility System will be updated with these new amounts.

DIRECT INQUIRIES TO

Barbara L. Lewis  
(302) 857-5039

November 19, 2014  
Date

Glyne Williams  
Glyne Williams, Chief  
Policy, Planning and Quality  
Division of Medicaid & Medical Assistance



**STATE OF DELAWARE  
 DELAWARE HEALTH AND SOCIAL SERVICES  
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SCHEDULE OF PAYMENT LEVELS

January 1, 2015 to December 31, 2015

FEDERAL BENEFIT

Effective January 1, 2015, the Federal Cost of Living Adjustment (COLA) will be 1.7%. 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:

	01-01-2014	01-01-2015
	to	to
	12-31-2014	12-31-2015
<b>LIVING ARRANGEMENT</b>		
Individual in own household	\$721.00	\$733.00
Couple in own household	\$1082.00	\$1100.00
Individual in household of another	481.00	\$489.00
Couple in household of another	721.00	\$733.00
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:

	01-01-2014	01-01-2015
	to	to
	12-31-2014	12-31-2015
<b>Federal Benefit Rate</b>		
Individual	\$721.00	\$733.00
Couple	\$1,082.00	\$1,100.00
<b>Optional State Supplement</b>		
Individual	\$140.00	\$140.00
Couple	\$448.00	\$448.00
<b>Total Payment Level</b>		
Individual	\$861.00	\$873.00
Couple	\$1,530.00	\$1,548.00
<b>Sponsor Rate (no more than)</b>		
Individual	\$732.00	\$742.00
Couple	\$1,302.00	\$1,317.00
<b>Personal Needs (no less than)</b>		
Individual	\$129.00	\$131.00
Couple	\$228.00	\$231.00