

STATE OF DELAWARE



DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID & MEDICAL ASSISTANCE

POLICY, PLANNING & QUALITY
MEMORANDUM

REPLY TO
ATTN. OF: Administrative Notice DMMA-06-2016
TO: All DMMA Staff
DATE: January 22, 2016
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. This amount is then rounded up or down, based on normal rounding rules. A monthly rate is obtained by multiplying the rounded daily rate by 30.42 days. These figures are used to calculate the period of ineligibility.

Effective January 1, 2016 the daily and monthly rates are:

Average daily cost to a private pay patient of a nursing facility in Delaware	\$ 284.00
Average monthly cost to a private pay patient of a nursing facility in Delaware	\$8639.00

ACTION REQUIRED

DMMA staff should use these figures when calculating a period of ineligibility for applications filed on or after January 1, 2016. Policy DSSM 20350.3 and DSSM 20350.3.1 should be reviewed.

The eligibility system will be updated with these figures.

DIRECT INQUIRIES TO

Kathleen J. Mahoney
(302) 424-7214

DATE

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