



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

**M E M O R A N D U M**

REPLY TO  
ATTN. OF: Administrative Notice DMMA 08-2012

TO: All DMMA Staff

DATE: November 19, 2012

SUBJECT: 2013 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 2013, the COLA is 1.7 percent.

**DISCUSSION**

The attached Schedule of Payment Levels will be effective January 1, 2013. The sponsor rate for 2013 will be no more than \$723.00 per month for an individual and no more than \$1,288.00 per month for a couple. The personal needs amount for an individual residing an Adult Foster Care Home or a Rest Residential Facility will be no less than \$127.00 per month. The personal needs amount for a couple will be no less than \$226.00 per month.

**ACTION REQUIRED**

DCIS II will be updated with these new amounts.

**DIRECT INQUIRIES TO**

Barbara L. Lewis  
(302) 424-7228

November 20, 2012

Date

Dave Michalik

Dave Michalik, Chief  
Policy & Planning Development  
Division of Medicaid &  
Medical Assistance



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SCHEDULE OF PAYMENT LEVELS

January 1, 2013 to December 31, 2013

FEDERAL BENEFIT

Effective January 1, 2013, 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:

	01-01-2012 to 12-31-2012	01-01-2013 to 12-31-2013
<b>LIVING ARRANGEMENT</b>		
Individual in own household	\$698.00	\$710.00
Couple in own household	\$1048.00	\$1066.00
Individual in household of another	\$465.00	473.00
Couple in household of another	\$699.00	711.00
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:

	01-01-2012 to 12-31-2012	01-01-2013 to 12-31-2013
<b>Federal Benefit Rate</b>		
Individual	\$698.00	\$710.00
Couple	\$1,048.00	\$1,066.00
<b>Optional State Supplement</b>		
Individual	\$140.00	\$140.00
Couple	\$448.00	\$448.00
<b>Total Payment Level</b>		
Individual	\$838.00	\$850.00
Couple	\$1,496.00	\$1514.00
<b>Sponsor Rate (no more than)</b>		
Individual	\$713.00	\$723.00
Couple	\$1,273.00	\$1288.00
<b>Personal Needs (no less than)</b>		
Individual	\$125.00	\$127.00
Couple	\$223.00	\$226.00