



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

TO: All DMMA Staff

DATE: November 13, 2019 revised

SUBJECT: 2020 Adult Foster/Residential Care Payment Levels

BACKGROUND

Each year the Social Security Administration announces whether or not an annual cost-of-living adjustment (COLA) will be implemented. The full amount of the COLA, if any, is passed along to all individuals who are certified for State Supplementation in Adult Foster Care Homes and Residential Care Facilities. The Social Security Administration has announced that there will be a 1.6% COLA for 2020.

DISCUSSION

The attached Schedule of Payment Levels will reflect the 1.6 % COLA increase for 2020. The sponsor rate for 2020 will be no more than \$792.00 per month for an individual and no more than \$1,407 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 \$140.00 per month. The personal needs amount for a couple will be no less than \$248.00 per month.

DIRECT INQUIRIES TO

Laura Hendrick
(302) 514-4566

October 23, 2019

Date

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

Revised 11/13/19



**STATE OF DELAWARE
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SCHEDULE OF PAYMENT LEVELS

January 1, 2020 to December 31, 2020

FEDERAL BENEFIT

Effective January 1, 2020, the Federal Cost of Living Adjustment (COLA) will be 1.6 %. Therefore, the following schedule will reflect the change from 2019 levels.

The Federal Benefit Rate (FBR) for a recipient with no countable income before and after the adjustment is:

	01-01-2019	01-01-2020
	To	To
	12-31-2019	12-31-2020
LIVING ARRANGEMENT		
Individual in own household	\$771.00	\$783.00
Couple in own household	\$1157.00	\$1175.00
Individual in household of another	\$514.00	\$522.00
Couple in household of another	\$771.00	\$783.00
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:

	01-01-2019	01-01-2020
	To	To
	12-31-2019	12-31-2020
Federal Benefit Rate		
Individual	\$771.00	\$783.00
Couple	\$1157.00	\$1175.00
Optional State Supplement		
Individual	\$140.00	\$140.00
Couple	\$448.00	\$448.00
Total Payment Level		
Individual	\$918.00	\$933.00
Couple	\$1617.00	\$1643.00
Sponsor Rate (no more than)		

Individual	\$780.00	\$792.00
Couple	\$1385.00	\$1407.00
Personal Needs (no less than)		
Individual	\$138.00	\$140.00
Couple	\$244.00	\$248.00

Revised 11/13/19