Docusign Envelope ID: D78B284E-E382-4082-B806-A717823C12A0

STATE OF DELAWARE

DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID & MEDICAL ASSISTANCE
POLICY & PLANNING UNIT

ADMINISTRATIVE NOTICE A-15-2024

TO: All DMMA Staff
DATE: December 04, 2024
PROGRAM(S): Long Term Care (LTC) Medicaid
SUBJECT: 2025 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 30.5 days. These figures are used to calculate the period of ineligibility.

Effective January 1, 2025, the daily and monthly rates are:

Average daily cost to a private pay patient of a nursing facility in Delaware	$ 405.83
Average monthly cost to a private pay patient of a nursing facility in Delaware	$ 12,377.88

ACTION REQUIRED

Docusign Envelope ID: D78B284E-E382-4082-B806-A717823C12A0

DMMA staff are required to use these figures when calculating a period of ineligibility for applications filed on or after January 1, 2025.

Policy DSSM 20350.3 and DSSM 20350.3.1 should be reviewed.

The eligibility system will be updated with these figures.

DIRECT INQUIRIES TO

DHSS_DMMA_PPU@delaware.gov

4/9/2025 | 1:45 PM EDT

Date

DocuSigned by:
Andrew Wilson
35F947C98C8B499...

Andrew Wilson, Director
Division of Medicaid & Medical Assistance