STATE OF DELAWARE

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

ADMINISTRATIVE NOTICE A-12-2025

TO:	All DMMA Staff
DATE:	October 29, 2025
PROGRAM(S):	Long Term Care Programs
SUBJECT:	2026 Adult Foster & Residential Care Payment Levels

BACKGROUND

Each year the Social Security Administration announces whether 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 2.8% COLA for 2026.

DISCUSSION

The attached Schedule of Payment Levels will reflect the 2.8 % COLA increase for 2026. The sponsor rate for 2026 will be no more than $956.00 per month for an individual and no more than $1625.00 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 $178.00 per month. The personal needs amount for a couple will be no less than $314.00 per month.

DIRECT INQUIRIES TO

DHSS_DMMA_PPU@delaware.gov

DocuSigned by:
Andrew Wilson
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10/30/2025 | 1:32 PM EDT
Date

Andrew Wilson, Director
Division of Medicaid & Medical Assistance

STATE OF DELAWARE

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SCHEDULE OF PAYMENT LEVELS
January 1, 2026 to December 31, 2026

FEDERAL BENEFIT

Effective January 1, 2026, the Federal Cost of Living Adjustment (COLA) will be 2.8%. Therefore, the following schedule will reflect the change from 2025 levels. The Federal Benefit Rate (FBR) for a recipient with no countable income before and after the adjustment is:

	01-01-2025	01-01-2026
	To	To
	12-31-2025	12-31-2026
LIVING ARRANGEMENT		
Individual in own household	$967.00	$994.00
Couple in own household	$1450.00	$1491.00
Individual in household of another	$645.00	$663.00
Couple in household of another	$967.00	$994.00
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:

	01-01-2025	01-01-2026
	To	To
	12-31-2025	12-31-2026
Federal Benefit Rate		
Individual	$967.00	$994.00
Couple	$1,450.00	$1,491.00
Optional State Supplement		
Individual	$140.00	$140.00
Couple	$448.00	$448.00
Total Payment Level		
Individual	$1,107.00	$1,134.00
Couple	$1,898.00	$1,939.00
Sponsor Rate (no more than)		
Individual	$934.00	$956.00
Couple	$1,593.00	$1,625.00
Personal Needs (no less than)		
Individual	$173.00	$178.00
Couple	$305.00	$314.00