



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

ADMINISTRATIVE NOTICE A-15-2025

TO: All DMMA Staff
DATE: November 25, 2025
PROGRAM(S): Long Term Care (LTC) Medicaid
SUBJECT: 2026 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, 2026, the daily and monthly rates are:

Average daily cost to a private pay patient of a nursing facility in Delaware	\$ 439.84
Average monthly cost to a private pay patient of a nursing facility in Delaware	\$ 13,378.33

A-15-2025

ACTION REQUIRED

DMMA staff ***must*** use these figures when calculating a period of ineligibility for applications filed on or after January 1, 2026.

Staff ***must*** review policy at DSSM 20350.3 and DSSM 20350.3.61.

The eligibility system will be updated with these figures.

DIRECT INQUIRIES TO

DHSS_DMMA_PPU@delaware.gov

11/26/2025 | 7:45 AM EST

Date

DocuSigned by:

Andrew Wilson

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Andrew Wilson, Director
Division of Medicaid & Medical Assistance