



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 - A-11-2020

TO: All DMMA Staff

DATE: November 12, 2020

SUBJECT: 2021 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 1.3% COLA for 2021.

**DISCUSSION**

The attached Schedule of Payment Levels will reflect the 1.3 % COLA increase for 2021 The sponsor rate for 2021 will be no more than \$792.00 per month for an individual and no more than \$1,388 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 \$142.00 per month. The personal needs amount for a couple will be no less than \$251.00 per month.

**DIRECT INQUIRIES TO**

Melissa Dohring  
(302) 255-9574

November 12, 2020  
Date

DocuSigned by:

A handwritten signature in blue ink, appearing to read "Glyne Williams".

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



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SCHEDULE OF PAYMENT LEVELS  
January 1, 2021 to December 31, 2021

FEDERAL BENEFIT

Effective January 1, 2021, the Federal Cost of Living Adjustment (COLA) will be 1.3%. Therefore, the following schedule will reflect the change from 2020 levels.

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

	01-01-2020	01-01-2021
	To	To
	12-31-2020	12-31-2021
<b>LIVING ARRANGEMENT</b>		
Individual in own household	\$783.00	\$794.00
Couple in own household	\$1175.00	\$1191.00
Individual in household of another	\$522.00	\$529.00
Couple in household of another	\$783.00	\$794.00
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:

	01-01-2020	01-01-2021
	To	To
	12-31-2020	12-31-2021
<b>Federal Benefit Rate</b>		
Individual	\$783.00	\$794.00
Couple	\$1175.00	\$1191.00
<b>Optional State Supplement</b>		
Individual	\$140.00	\$140.00
Couple	\$448.00	\$448.00
<b>Total Payment Level</b>		
Individual	\$923.00	\$934.00
Couple	\$1623.00	\$1639.00
<b>Sponsor Rate (no more than)</b>		
Individual	\$782.00	\$792.00
Couple	\$1375.00	\$1388.00
<b>Personal Needs (no less than)</b>		
Individual	\$140.00	\$142.00
Couple	\$247.00	\$251.00