STATE OF DELAWARE



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

ADMINISTRATIVE NOTICE A-17-2021

TO: All DMMA Staff

DATE: November 23, 2021

PROGRAM(S): All Programs

SUBJECT: 2022 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 5.9% COLA for 2022.

DISCUSSION

The attached Schedule of Payment Levels will reflect the 5.9 % COLA increase for 2022. The sponsor rate for 2022 will be no more than \$831.00 per month for an individual and no more than \$1,443 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 \$150.00 per month. The personal needs amount for a couple will be no less than \$266.00 per month.

DIRECT INQUIRIES TO

Melissa Dohring Melissa.Dohring@delaware.gov (302) 255-9574

11/23/2021 | 1:22 PM EST

Date

DocuSigned by:

Kimberly Xavier

Kamberty Xavier, Chief
Policy and Planning
Division of Medicaid & Medical Assistance

STATE OF DELAWARE



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

SCHEDULE OF PAYMENT LEVELS January 1, 2022 to December 31, 2022

FEDERAL BENEFIT

Effective January 1, 2022, the Federal Cost of Living Adjustment (COLA) will be 5.9%. Therefore, the following schedule will reflect the change from 2021 levels.

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

	01-01-2021	01-01-2022
	То	To
	12-31-2021	12-31-2022
LIVING ARRANGEMENT		
Individual in own household	\$794.00	\$841.00
Couple in own household	\$1191.00	\$1261.00
Individual in household of another	\$529.00	\$561.00
Couple in household of another	\$794.00	\$841.00
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:

	01-01-2021	01-01-2022
	То	To
	12-31-2021	12-31-2022
Federal Benefit Rate		
Individual	\$794.00	\$841.00
Couple	\$1191.00	\$1261.00
Optional State Supplement		
Individual	\$140.00	\$140.00
Couple	\$448.00	\$448.00
Total Payment Level		
Individual	\$934.00	\$981.00
Couple	\$1639.00	\$1709.00
Sponsor Rate (no more than)		
Individual	\$792.00	\$831.00
Couple	\$1388.00	\$1443.00
Personal Needs (no less than)		•
Individual	\$142.00	\$150.00
Couple	\$251.00	\$266.00