



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

ADMINISTRATIVE NOTICE A-01-2024

TO: All DMMA Staff
DATE: January 31, 2024
PROGRAM(S): Long Term Care
SUBJECT: 2024 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, 2024, the daily and monthly rates are:

Average daily cost to a private pay patient of a nursing facility in Delaware	\$ 390.93
Average monthly cost to a private pay patient of a nursing facility in Delaware	\$ 11,890.77

ACTION REQUIRED

DMMA staff are required to use these figures when calculating a period of ineligibility for applications filed on or after January 1, 2024.

A-01-2024

Policy DSSM 20350.3 and DSSM 20350.3.1 should be reviewed.

The eligibility system has been updated with these figures.

DIRECT INQUIRIES TO

DHSS_DMMA_PPU@delaware.gov

2/5/2024 | 1:16 PM EST

Date

DocuSigned by:

Kimberly Xavier

72D7A9D835414E8...

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