

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: DELAWARE

Regular Post Eligibility Continued

(C) Family (check one):

1. ☐ AFDC need standard
2. ☐ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. ☐ The following dollar amount: \$ _____

Note: If this amount changes, this item will be revised.

4. ☐ The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.

5. ☐ The amount is determined using the following formula: _____

6. ☐ Other: _____

7. ☐ Not applicable (N/A).

(2) ~~Medical and remedial care expenses in 42 CFR 435.726.~~

Regular Post Eligibility

2. ~~209(b) State, a State that is using more restrictive eligibility requirements than SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income:~~

(a) ~~42 CFR 435.735~~ — State using more restrictive requirements than SSI.

1. Allowances for the needs of the:

A. Individual (check one)

1. The following standard included under the State plan (check one):

- (a) ☐ SSI
- (b) ☐ Medically Needy
- (c) ☐ The special income level for the institutionalized
- (d) ☐ Percent of the Federal Poverty Level: _____ %
- (e) ☐ Other (specify): _____

TN No. SPA #11-010

Supersedes

TN No. SPA #NEW

Approval Date February 28, 2012

Effective Date October 1, 2011