

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: DELAWARE

- 2.      The following dollar amount: \$       
    Note: If this amount changes, this item will be revised.
- 3.      The following formula is used to determine the needs allowance:  
\_\_\_\_\_

Note: If the amount protected for PACE enrollees in item 1 is equal to, or greater than the maximum amount of income a PACE enrollee may have and be eligible under PACE, enter N/A in items 2 and 3.

(B.) Spouse only (check one):

- 1.      The following standard under 42 CFR 435.121:  
\_\_\_\_\_
- 2.      The Medically needy income standard  
\_\_\_\_\_
- 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.      Not applicable (N/A)

(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)

(b) Medical and remedial care expenses specified in 42 CFR 435.735.

TN No. SPA #11-010	Approval Date February 28, 2012
Supersedes	
TN No. SPA #NEW	Effective Date October 1, 2011