

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 of 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): _____~~

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Supersedes

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