

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.

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