

South Dakota Medicaid State Plan Amendments and 1115 Demonstration Applications

As of October 24, 2023

State plan amendments are available on our website at <https://dss.sd.gov/medicaid/medicaidstateplan.aspx>

SPAs in Tribal Consultations

SPA #	SPA Description	Date Effective	Tribal Consultation Start Date	Date Public Comment Period Ends
23-0022	Reasonable Classification for Children - PCCM <i>Clarifies that children under age 21 with non-IV-E adoption assistance or with an income above 133% of the federal poverty level are exempt from the PCCM program.</i>	11/01/23	10/16/23	11/15/23
23-0021	Reasonable Classification for Children - Eligibility <i>Clarifies that children under age 21 with non-IV-E adoption assistance or with an income above 133% of the federal poverty level are eligible for Medicaid coverage consistent with historical interpretation.</i>	11/01/23	10/16/23	11/15/23
23-0019	Adult Vaccine Coverage - Medicaid <i>Provides assurance of Medicaid coverage of vaccines and their administration for adults without cost sharing as required by section 11405 of the Inflation Reduction Act (IRA).</i>	10/01/23	09/25/23	10/25/23

Anticipated SPAs

SPA Description	Anticipated Start of Tribal Consultation
Adult Vaccine Coverage - CHIP <i>Provides assurance of CHIP coverage of vaccines and their administration for adults without cost sharing as required by section 11405 of the Inflation Reduction Act (IRA).</i>	Fall/Winter 2023
Continuous Coverage Eligibility for Children - Medicaid <i>Provides 12 months of continuous eligibility (CE) for children under the age of 19 in Medicaid as required by Section 5112 of the Consolidated Appropriations Act, 2023.</i>	Fall/Winter 2023
Continuous Coverage Eligibility for Children - CHIP <i>Provides 12 months of continuous eligibility (CE) for children under the age of 19 in CHIP as required by Section 5112 of the Consolidated Appropriations Act, 2023.</i>	Fall/Winter 2023
Pregnancy Primary Care Case Management Program (PCCM) <i>Establishes extended services to pregnant women through a health home program.</i>	Fall/Winter 2023

SPAs Being Prepared for CMS Submission

SPA #	SPA Description	Date Effective	Tribal Consultation Start Date	Date Public Comment Period Ends
N/A	None at this time.			

SPAs in CMS Review

SPA #	SPA Description	Date Effective	Tribal Consultation Start Date	Tribal Consultation End Date	Date Submitted to CMS
23-0018	Hospital Presumptive Eligibility <i>Updates the eligibility applications and associated training materials to include the expanded adult eligibility group.</i>	08/21/23	07/31/23	08/30/23	09/11/23
23-0015	Extended Postpartum Coverage Period - Financial Claiming <i>Establishes a proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be eligible for the adult group Federal Medical Assistance Percentage (FMAP).</i>	07/01/23	06/26/23	07/26/23	08/31/23
23-0012	Nursing Facility Reimbursement <i>Proposes to move Medicaid from the Resource Utilization Group III (RUG III) reimbursement model to the Patient Driven Payment Model (PDPM) reimbursement model for Nursing Facility services.</i>	07/01/23	04/24/23	05/24/23	06/06/23

Approved SPAs

SPA #	SPA Description	Date Effective	Tribal Consultation Start Date	Tribal Consultation End Date	Date Submitted to CMS	Date Approved
23-0017	SFY24 Health Home Inflationary Increase <i>Implements the Health Home inflationary rate increase appropriated by the state legislature during the 2023 legislative session.</i>	07/01/23	06/12/23	07/12/23	08/07/23	10/11/23
23-0016	SFY24 Provider Inflationary Increase <i>Implements the provider inflationary rate increases appropriated by the state legislature during the 2023 legislative session and updates the Physician Administered Drug payment methodology to rebase rates to 100% of Medicare's Part B Drug and Biologicals Average Sales Price payment file on a quarterly basis.</i>	07/01/23	06/20/23	07/20/23	07/31/23	10/05/23
23-0014	Health Home Quality Measures <i>Update the quality measures and associated weights for the Health Homes quality incentive payment methodology.</i>	06/01/23	05/08/23	06/07/23	06/21/23	09/15/23
23-0011	Care Coordination Supplemental Payment <i>Updates the care coordination provider list and supplemental payment amounts.</i>	05/01/23	04/11/23	05/11/23	05/22/23	07/28/23
23-0013	SFY24 Behavioral Health Inflationary Increase <i>Implements community mental health center (CMHC) and substance use disorder (SUD) agency inflationary increases appropriated by the state legislature during the 2023 legislative session.</i>	06/01/23	05/08/23	06/07/23	06/21/23	07/26/23

1115 Waiver Demonstrations

1115 Description	Date Submitted to CMS
Career Connector <i>Promotes work and community engagement for adults recipients age 19-59 living in Minnehaha and Pennington County.</i>	08/18/18
Improving American Indian Health <i>Requests expansion of the IHS network to include Urban Indian Health Clinics in Pierre and Sioux Falls as well as FQHCs located in Mission and Rapid City.</i>	04/15/19



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3495
FAX: 605.773.5246
WEB: dss.sd.gov

September 25, 2023

RE: South Dakota Medicaid State Plan Amendment # SD-23-0019

The South Dakota Department of Social Services intends to make a change to the South Dakota Medicaid State Plan. The proposed state plan amendment (SPA) implements coverage of vaccines and their administration for adults without cost sharing in accordance with recommendations of Advisory Committee on Immunization Practices (ACIP) as required by section 11405 of the Inflation Reduction Act (IRA). Currently, Medicaid covers vaccines for adults. Most claims for these services are currently exempt from cost share. The SPA adds page 26c to Supplement to Attachment 3.1-A of the South Dakota Medicaid State Plan. The Department intends to make this SPA effective October 1, 2023.

The department's estimate for the fiscal impact associated with this SPA to be \$701 in State funds and \$1050 in Federal funds, totaling \$1,751 in Federal Fiscal Year 2024 (October 1, 2023 to September 30, 2024) and \$701 in State funds and \$1050 in Federal funds, totaling \$1751 in Federal Fiscal Year 2025 (October 1, 2024 to September 30, 2025). The fiscal impact is due to removal of cost sharing from the small number of claims it currently applies to.

The SPA is available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

DIVISION OF MEDICAL SERVICES
DEPARTMENT OF SOCIAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291

The public comment period will start September 25, 2023, and end October 25, 2023.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Matthew Ballard', is positioned above the typed name.

Matthew Ballard
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Matt Althoff, Cabinet Secretary
Brenda Tidball-Zeltinger, Deputy Secretary

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-23-0019

Effective Date: 10/1/2023

Brief Description: The SPA provides assurance of coverage of vaccines and their administration for adults without cost sharing in accordance with recommendations of Advisory Committee on Immunization Practices (ACIP) as required by section 11405 of the Inflation Reduction Act (IRA).

Area of State Plan Affected: Attachment 3.1-A

Page(s) of State Plan Affected: 26c

Estimate of Fiscal Impact, if Any: FFY24: \$1,751
FFY25: \$1,751

Reason for Amendment: Provides assurance of coverage of vaccines and their administration for adults without cost sharing.

PUBLIC NOTICE

South Dakota Medicaid Program

Notice is hereby given that the South Dakota Department of Social Services intends to make a change to the South Dakota Medicaid State Plan. The proposed state plan amendment (SPA) implements coverage of vaccines and their administration for adults without cost sharing in accordance with recommendations of Advisory Committee on Immunization Practices (ACIP) as required by section 11405 of the Inflation Reduction Act (IRA). Currently, Medicaid covers vaccines for adults. Most claims for these services are currently exempt from cost share. The SPA adds page 26c to Supplement to Attachment 3.1-A of the South Dakota Medicaid State Plan. The Department intends to make this SPA effective October 1, 2023.

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3. Vaccines and Vaccine Administration

Vaccines and vaccine administration are covered as described in section 1905(a)(13)(B) of the Act. Coverage and billing code changes are made on a quarterly basis to comply with the Advisory Committee on Immunization Practices (ACIP) recommendations.



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WEB: dss.sd.gov

October 16, 2023

RE: South Dakota Medicaid State Plan Amendment # SD-23-0021 and SD-23-0022

The South Dakota Department of Social Services intends to clarify the South Dakota Medicaid State Plan to ensure stated eligibility categories are consistent with historical interpretation. The SPA clarifies the pages to ensure it is clear that children with non-IV-E adoption assistance under age 21 are eligible for Medicaid coverage. These recipients are exempt from the PCCM program. In addition, the SPA clarifies to ensure that it is clear that reasonable classifications of children under age 21 with an income above 133% of the federal poverty level are eligible for Medicaid coverage. The SPA reflects historical interpretation and no individuals will gain or lose Medicaid coverage due to this clarification. The Department estimates there will be a no fiscal impact associated with this SPA in Federal Fiscal Year 2024 and in Federal Fiscal Year 2025.

The Department intends to make this SPA effective November 1, 2023. The SPA amends pages 6 and 8 of Attachment 3.1-F and the optional eligibility group MACPro pages.

The SPA is available to view on the department's website at <http://dss.sd.gov/medicaid/medicaidstateplan.aspx>. Copies of the proposed SPA pages are also available at the Department of Social Services, Division of Medical Services. Written requests for a copy of these changes, and corresponding comments, may be emailed to MedicaidSPA@state.sd.us or sent to:

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The public comment period will start October 16, 2023, and end November 15, 2023.

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Matthew Ballard
Deputy Director
Division of Medical Services
South Dakota Department of Social Services

CC: Matt Althoff, Cabinet Secretary
Brenda Tidball-Zeltinger, Deputy Secretary

Medicaid State Plan Amendment Proposal

Transmittal Number: SD-23-0021 and SD-23-0022

Effective Date: 11/1/2023

Brief Description: Updates the State Plan to ensure stated eligibility categories are consistent with historical interpretation and exempt from the PCCM program.

Area of State Plan Affected: Attachment 3.1-F and the MACPro Optional Eligibility Group Pages.

Page(s) of State Plan Affected: Pages 6 and 8 of Attachment 3.1-F and the MACPro Optional Eligibility Group Pages.

Estimate of Fiscal Impact, if Any: FFY24: \$0.00
FFY25: \$0.00

Reason for Amendment: Clarify state plan pages.

PUBLIC NOTICE

South Dakota Medicaid Program

Notice is hereby given that the South Dakota Department of Social Services intends to clarify the South Dakota Medicaid State Plan to ensure stated eligibility categories are consistent with historical interpretation. The SPA clarifies the pages to ensure it is clear that children with non-IV-E adoption assistance under age 21 are eligible for Medicaid coverage. These recipients are exempt from the PCCM program. In addition, the SPA clarifies to ensure that it is clear that reasonable classifications of children under age 21 with an income above 133% of the federal poverty level are eligible for Medicaid coverage. The SPA reflects historical interpretation and no individuals will gain or lose Medicaid coverage due to this clarification. The Department estimates there will be a no fiscal impact associated with this SPA in Federal Fiscal Year 2024 and in Federal Fiscal Year 2025.

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The public comment period will start October 16, 2023, and end November 15, 2023.

SD - Submission Package - SD2020MS00040 - (SD-23-0021) - Eligibility

Summary Reviewable Units News **Related Actions**

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS00040 | SD-23-0021

Package Header

Package ID	SD2020MS00040	SPA ID	SD-23-0021
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	11/1/2023
Superseded SPA ID	SD-20-0001		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

















Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS00040 | SD-23-0021

Package Header

Package ID	SD2020MS00040	SPA ID	SD-23-0021
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	11/1/2023
Superseded SPA ID	SD-20-0001		
	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS00040 | SD-23-0021

Package Header

Package ID	SD2020MS00040	SPA ID	SD-23-0021
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	11/1/2023
Superseded SPA ID	SD-20-0001		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | SD2020MS00040 | SD-23-0021

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

Package Header

Package ID	SD2020MS00040	SPA ID	SD-23-0021
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	11/1/2023
Superseded SPA ID	N/A		

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes No

2. The state covers the following populations:

a. All children under a specified age limit:

b. Reasonable classifications of children

Name of population	Description
Adoption	Individuals in adoptions subsidized in part or in full by a public agency.
DOC	All children under the jurisdiction of the South Dakota Department of Corrections who are not inmates of a public institution under the provisions of 42 CFR 435.1008.
DSS Custody	All children in the custody of the South Dakota Department of Social Services.
DSS Financial Responsibility	All children that are in foster care and for whom the South Dakota Department of Social Services is assuming full or partial financial responsibility.
HSC Drug and Alcohol Dependency	Adjudicated children under the guardianship of the South Dakota Human Services Center who are receiving inpatient treatment for drug and alcohol dependency.
HSC Inpatient Psychiatric	Adjudicated children under the guardianship of the South Dakota Human Services Center who are receiving inpatient psychiatric treatment.

c. Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to income

d. Pregnant women

e. Other

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes No

2. The income standard for this eligibility group is:

- a. Percentage of the federal poverty level.
- b. No income test (the income standard is infinite).

E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

F. Phase-In

The state elects to phase-in coverage to individuals in this group.

Yes No

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 9/19/2023 5:52 PM EDT

State: South Dakota

Citation Condition or Requirement

A. Optional Eligibility Groups
1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Optional Parents and Other Caretaker Relatives	§435.220					N/A
2. Optional Targeted Low-Income Children	§435.229	X			Statewide	
3. Independent Foster Care Adolescents Under Age 21	§435.226			X	Statewide	
4. Individuals Under Age 65 with Income Over 133%	§435.218			X	Statewide	
5. Optional Reasonable Classifications of Children Under Age 21	§435.222			X	Statewide	
6. Individuals Electing COBRA Continuation Coverage	1902(a)(10)(F) of SSA					N/A

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230			X	Statewide	
8. Individuals eligible for Cash except for Institutionalized Status	§435.211					N/A
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217			X	Statewide	
10. Optional State Supplement Recipients - 1634 and SSI Criteria States – with 1616 Agreements	§435.232			X	Statewide	
11. Optional State Supplemental Recipients- 209(b) States and SSI criteria States without 1616 Agreements	§435.234					N/A
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236			X	Statewide	
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA					N/A
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii) (VII) and 1905(o) of the SSA					N/A
15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii) (X) and 1902(m)(1) of the SSA					N/A
16. Work Incentive Group	1902(a)(10)(A)(ii) (XIII) of the SSA			X	Statewide	

State: South Dakota

Citation Condition or Requirement

Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
“Dual Eligibles” not described under Medicare Savings Program - Medicaid beneficiaries enrolled in an eligibility group other than one of the Medicare Savings Program groups who are also eligible for Medicare			X	Statewide	
American Indian/Alaskan Native — Medicaid beneficiaries who are American Indians or Alaskan Natives and members of federally recognized tribes	§438.14			Statewide	Mandatory population – South Dakota contracts with every IHS, Urban Indian Health clinic, and tribal clinic within the state that meet the definition of an Indian Managed Care Entity in 42 CFR 438.14 as an enrolled Primary Care Provider (PCP). American Indians are free to choose one of these entities as their PCP but may also see any IHS or tribal provider without a referral from their chosen PCP.
Children Receiving SSI who are Under Age 19 - Children under 19 years of age who are eligible for SSI under title XVI	§435.120		X	Statewide	
Qualified Disabled Children Under Age 19 - Certain children under 19 living at home, who are disabled and would be eligible if they were living in a medical institution.	§435.225 1902(e)(3) of the SSA		X	Statewide	
Title IV-E Children - Children receiving foster care, adoption assistance, or kinship guardianship assistance under title IV-E *	§435.145		X	Statewide	
Non-Title IV-E Adoption Assistance Under Age 21*	§435.227		X	Statewide	
Children with Special Health Care Needs - Receiving services through a family-centered, community-based, coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V, and is defined by the State in terms of either program participation or special health care needs.			X	Statewide	

* = Note – Individuals in these two Eligibility Groups who are age 19 and 20 can have mandatory enrollment in managed care, while those under age 19 cannot have mandatory enrollment. Use the Notes column to indicate if you plan to mandatorily enroll 19 and 20 year olds in these Eligibility Groups.