

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

Package Header

Package ID	SD2019MS00040	SPA ID	SD-20-0001
Submission Type	Official	Initial Submission Date	1/13/2020
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Superseded SPA ID	SD-18-0002		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

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