

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS00020 | IA-25-0019









Package Header

| | | | |
|-------------------|---------------|-------------------------|------------|
| Package ID | IA2025MS00020 | SPA ID | IA-25-0019 |
| Submission Type | Official | Initial Submission Date | 3/20/2025 |
| Approval Date | 03/28/2025 | Effective Date | 4/1/2025 |
| Superseded SPA ID | IA-25-0018 | | |
| User-Entered | | | |







Mandatory Coverage



A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|---|--------------------------|--------------------------|--|---------------|
| Infants and Children under Age 19 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Parents and Other Caretaker Relatives |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Pregnant Women |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Deemed Newborns |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Former Foster Care Children |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Transitional Medical Assistance |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Extended Medicaid due to Spousal Support Collections |  | <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 ? |
|--|---|--------------------------|--------------------------|--|---------------|
| SSI Beneficiaries |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Closed Eligibility Groups |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Deemed To Be Receiving SSI |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Working Individuals under 1619(b) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Medicare Beneficiaries |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Disabled and Working Individuals |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|---|--------------------------|--|--|-------------------------------|
| Specified Low Income Medicare Beneficiaries |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualifying Individuals |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS00020 | IA-25-0019



Package Header

| | | | |
|-------------------|---------------|-------------------------|------------|
| Package ID | IA2025MS00020 | SPA ID | IA-25-0019 |
| Submission Type | Official | Initial Submission Date | 3/20/2025 |
| Approval Date | 03/28/2025 | Effective Date | 4/1/2025 |
| Superseded SPA ID | IA-25-0018 | | |
| | User-Entered | | |

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

☒ Yes ☐ No

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|------------------------|---|---|--------------------------------------|--|----------------------------|
| Adult Group |  |  | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |

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