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State/Territory Name: Guam

State Plan Amendment (SPA) #: 20-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 19, 2021

MA Theresa L. Arcangel
Health Services Administrator
Department of Public Health & Social Services
Bureau of Health Care Financing Administration
520 West Santa Monica Avenue
Dededo, Guam 96929

Re: Guam State Plan Amendment (SPA) 21-0003

Dear Ms. Arcangel:

We have reviewed the proposed State Plan Amendment (SPA) 21-0003, which was submitted to the Centers for Medicare & Medicaid Services on March 24, 2021. This SPA adopts the option to provide Medicaid eligibility without a 5-year waiting period to otherwise eligible individuals who lawfully reside in Guam in accordance with the Compacts of Free Association (COFA) between the Government of the United States and the Governments of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Based on the information provided, we are approving SPA 21-0003 with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and the following Medicaid state plan pages to be incorporated into your State Plan:

- Attachment 2.6-A pages 2 and 2a

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,

Digitally signed by James



5.19 14:32:47

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James G. Scott, Director
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 3

2. STATE

Guam

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

Title XIX of the Social Security Act

P.L. 116-260 Consolidated Appropriations Act 2021, Section 208

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 5,711,656.14

b. FFY 2022 \$ 7,615,541.49

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 2 and 2a **Attachment 2.6-A**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Page 2 **Attachment 2.6-A**

10. SUBJECT OF AMENDMENT

Guam Medicaid Coverage for Citizens of Freely Associated States (FAS/COFA)

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

13. TYPED NAME

LOURDES A. LEON GUERRERO

14. TITLE

GOVERNOR OF GUAM

15. DATE SUBMITTED

March 24, 2021

16. RETURN TO

Department of Public Health & Social Services
Bureau of Health Care Financing Administration
155 Hessler Place
Hagatna, Guam 96910

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

March 23, 2021

18. DATE APPROVED

May 19, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature] Digitally signed by James G. Scott -S
te: 2021.05.19 14:33:21 -05'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

Pen & ink change to Boxes 8 and 9 to add "Attachment 2.6-A" to clarify which state plan section, as authorized via email 5/11/21.

State: GUAM

Citation	Condition or Requirement
436.402	3. Is residing in the United States and U.S. Territory of Guam -- a. Is a citizen;
PL 104-193, PRWORA of 1996	b. Is a qualified non-citizen, as defined in section 431 (b) of PL 104-193, whose coverage is mandatory under sections 402 and 403 of PL 104-193, including those who entered the U.S./Territories prior to August 22,1996, and those who entered on or after August 22, 1996.
	<input checked="" type="checkbox"/> Is a qualified non-citizen, as defined in section 431(b) of PL 104-193, whose coverage is optional under sections 402 and 403 of PL 104-193, including those who entered the U.S./Territories prior to August 22, 1996, and those who entered on or after August 22, 1996.
PL 104-193, PRWORA, Sec. 402	c. Is a non-citizen who is not a qualified non-citizen, as defined in section 431(b) of PL 104-193, or who is a qualified non-citizen but is not eligible under the provisions of (b) above. (Coverage is restricted to emergency services).
PL 104-193, PRWORA, August 22, Sec. 402 requirement	d. Is a non-citizen admitted to the U.S./Territories on or after 1996 who has met the five (5) year barring period and meets the “qualified non-citizen” criteria.
PL 116-260, CAA, Sec. 208	e. The territory provides Medicaid eligibility to otherwise eligible individuals who lawfully reside in Guam and in accordance with the Compacts of Free Association (COFA) between the Government of the United States and the Governments of the Federated States of Micronesia, the Republic of the Marshall Island, and the Republic of Palau. These individuals are not subject to the 5 year waiting period described in 8 USC 1613(a). (8 U.S.C. §1612(b) (2)(G); 8 U.S.C. §1613(b)(3); 8 U.S.C. §1641(b)(8)).

TN: 21-003

Approval Date: May 19, 2021

Supersedes TN: 97-1

Effective Date: January 1, 2021

State: GUAM

Citation	Condition or Requirement
<i>436.403 and 1902(b) of the Act, it at PL 99-272 (Section 9529) and PL 99-509 (Section 9405) 436.1004</i>	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains a fixed a fixed address. <input type="checkbox"/> State has interstate residency agreement with the following States: <input type="checkbox"/> State has open agreement(s) <input type="checkbox"/> Not applicable; no residency requirement.

TN: 21-003

Approval Date: May 19, 2021

Supersedes TN: _____

Effective Date: January 1, 2021