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State/Territory Name: Guam

State Plan Amendment (SPA) #: 20-0001

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

GU - Submission Package - GU2020MS0001O - (GU-20-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#) [News](#)

Related Actions

CMS-10434 OMB 0938-1188

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898



Center for Medicaid & CHIP Services

May 11, 2020

Janet Cruz
Acting Medicaid Administrator
Guam Medicaid Agency
ITC Building 2nd Floor Suite 219
590 South Marine Corps Drive
Tamuning, GU 96913

Re: Approval of State Plan Amendment GU-20-0001

Dear Ms. Cruz:

On April 14, 2020, the Centers for Medicare and Medicaid Services (CMS) received Guam State Plan Amendment (SPA) GU-20-0001 to establish a revised Local Poverty Level (LPL) income standard used for determining MAGI-based Medicaid eligibility..

We approve Guam State Plan Amendment (SPA) GU-20-0001 on May 11, 2020 with an effective date(s) of April 01, 2020.

| Name | Date Created |
|--------------------|--------------|
| No items available | |

If you have any questions regarding this amendment, please contact Barbara Prehmus at barbara.prehmus@cms.hhs.gov.

Sincerely,
James G. Scott
Director

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2020MS0001O | GU-20-0001

Package Header

Package ID GU2020MS0001O
Submission Type Official
Approval Date 5/11/2020
Superseded SPA ID N/A

SPA ID GU-20-0001
Initial Submission Date 4/14/2020
Effective Date N/A

State Information

State/Territory Name: Guam

Medicaid Agency Name: Guam Medicaid Agency

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2020MS0001O | GU-20-0001

Package Header

Package ID GU2020MS0001O
Submission Type Official
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Superseded SPA ID N/A

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Initial Submission Date 4/14/2020
Effective Date N/A

SPA ID and Effective Date

SPA ID GU-20-0001

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|--|-------------------------|-------------------|
| Income Standards - Poverty Level - Territories | 4/1/2020 | GU 15-0002 |

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2020MS0001O | GU-20-0001

Package Header

Package ID GU2020MS0001O
Submission Type Official
Approval Date 5/11/2020
Superseded SPA ID N/A

SPA ID GU-20-0001
Initial Submission Date 4/14/2020
Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives The Guam Medicaid Program will increase the MAGI Population Income Guidelines. The Guam Medicaid Poverty Level (GMPL) of 138% increase equates to 109% of the 2018 FPL and the 100% GMPL was calculated based on the 138% GMPL. The new levels reflect an increase of 3.2% to 3.7% application of the FPL from 2016 to 2018.

Federal Budget Impact and Statute/Regulation Citation



Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|-----------|
| First | 2020 | \$2000000 |
| Second | 2021 | \$4200000 |

Federal Statute / Regulation Citation

Title XIX of the Social Security Act, Section 1902

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created | |
|---|-----------------------|---|
| Memo - Guam Medicaid State Plan Amendment TML No. 20-0001 (SIGNED 04-13-2020) | 4/14/2020 1:47 AM EDT |  |
| SPA Guam Medicaid Poverty Level Proposed Income Guideline Increase 04-18-2020 | 4/20/2020 3:03 AM EDT |  |

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2020MS0001O | GU-20-0001

Package Header

Package ID GU2020MS0001O
Submission Type Official
Approval Date 5/11/2020
Superseded SPA ID N/A

SPA ID GU-20-0001
Initial Submission Date 4/14/2020
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Medicaid State Plan Eligibility

Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | GU2020MS0001O | GU-20-0001

Package Header

Package ID GU2020MS0001O
Submission Type Official
Approval Date 5/11/2020
Superseded SPA ID GU 15-0002
System-Derived

SPA ID GU-20-0001
Initial Submission Date 4/14/2020
Effective Date 4/1/2020

A. Territory Poverty Level

The poverty level used by the territory is:

- 1. The Federal Poverty Level (FPL)
- 2. The Local Poverty Level (LPL)

| Household Size | Amount |
|----------------|-----------|
| 1 | \$799.00 |
| 2 | \$1084.00 |
| 3 | \$1368.00 |
| 4 | \$1652.00 |
| 5 | \$1937.00 |
| 6 | \$2221.00 |
| 7 | \$2505.00 |
| 8 | \$2790.00 |
| 9 | \$3074.00 |
| 10 | \$3358.00 |
| 11 | \$3643.00 |
| 12 | \$3927.00 |
| 13 | \$4212.00 |
| 14 | \$4496.00 |
| 15 | \$4780.00 |

b. The amounts above are related to the following time period:

Monthly

Yearly

Wherever FPL is referenced in the other sections of the state plan, it means the Local Poverty Level.

Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | GU2020MS0001O | GU-20-0001

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Package ID GU2020MS0001O
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B. Additional Information (optional)

PRA Disclosure Statement: 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 average 40 hours per response, 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.

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