TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-001	Guam
		Caum
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT	LE XIX OF THE
The state of the s	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	, -,	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE		_
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:	NDMENT (Separate Transmittal for each	amendment)
Title XIX of the Social Security Act, Section 1902	7. FEDERAL BUDGET IMPACT: a. FFY \$ 0	
The section 1702	a. FFY \$ 0 b. FFY \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE	EDED DI AM CECTION
Page 2 of 2 Attachment 1.2-A, Page 1-3 of 3 Attachment 1.2-B and	OR ATTACHMENT (If Applicable):	EDED FLAN SECTION
Page 1-4 of 4 Attachment 1.2-C	OKATIACIIMENT (IJ Applicable).	
	i	
10. SUBJECT OF AMENDMENT:		
Organizational Chart, Functional Chart and Staff Listing		
-		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECI	EIED.
		FIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor's Off	ice does not
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor's Off	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	The Governor's Off wish to review the S	ice does not state Plan Amendment.
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor's Off wish to review the S 16. RETURN TO: Department of Public Health & Social Se	ice does not state Plan Amendment.
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