

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
10-001

2. STATE
Guam

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2011

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, Section 1902

7. FEDERAL BUDGET IMPACT:
a. FFY \$ 0
b. FFY \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 2 of 2 Attachment 1.2-A, Page 1- 3 of 3 Attachment 1.2-B and
Page 1-4 of 4 Attachment 1.2-C

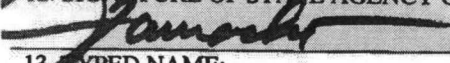
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

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 SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:
Department of Public Health & Social Services
Bureau of Health Care Financing Administration
123 Chalan Kareta
Mangilao, GU 96913-6304

13. TYPED NAME:
Felix P. Camacho

14. TITLE:
Governor of Guam

15. DATE SUBMITTED: 29 DEC 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/29/2010

18. DATE APPROVED: 1/31/2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/01/2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Gloria Nagle Ph.D., MPA

22. TITLE:
Associate Regional Administrator

23. REMARKS: