

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
10-002A

2. STATE
Guam

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

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

42 CFR 447 Subpart C

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 1-2 of 2 Attachment 4.19-A

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$ 0
b. FFY 2012 \$ 0

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Pages 1-8 of Attachment 4.19-A

10. SUBJECT OF AMENDMENT:
Reimbursements

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:
Felix P. Camacho

14. TITLE:
Governor of Guam

15. DATE SUBMITTED: **9 DEC 2010**

16. RETURN TO:

Department of Public Health & Social Services
Bureau of Health Care Financing Administration
123 Chalan Karota
Mangilao, GU 96913-6304

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

03-16-11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN 1 2011

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: **William Lasowski**

22. TITLE:

Deputy Director, CMCS

23. REMARKS:

Pen-and-ink changes made to Boxes 6, 7, and 9 by Regional Office, with email concurrence from Guam dated 1/26/2011.