

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-002B	2. STATE Guam
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

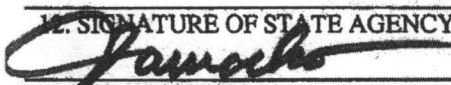
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Title XIX of the Social Security Act, Section 1902	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$949,777 b. FFY 2012 \$ 1,367,678.52
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 1-4 of 4 Attachment 4.19-B.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

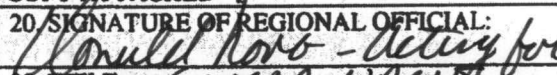
10. SUBJECT OF AMENDMENT:
Reimbursements

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: 19 DEC 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/29/2010	18. DATE APPROVED: 3/21/2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle, Ph.D, MPA	22. TITLE: Gloria Nagle Associate Regional Administrator

23. REMARKS:
Box 7: Pen and Ink Change made to provide estimated Federal Budget
Impact for FFY2012