HEALTH CARE FINANCING ADMINISTRATION	,	FORM APPROVED
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER;	OMB NO. 0938-0193 2. STATE
STATE PLAN MATERIAL	10-003	Guam
STATE I DAN MATEMAL		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE
FOR: REALIR CARE FRANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
TO DECIONAL ADMINISTRATION	4 PD 0 D 0 G D D D 1 D 0 D 1 D 1 D 1	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
J. I II E OF I LAW MAI LEGAL (CHECK ONE).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	s wise sumersty
Title XIX of the Social Security Act, Section 1902(k)(2)/Affordable	a. FFY 201/ \$0	
Care Act	b. FFY 2012 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN SECTION
Page 19 SECTION 3-SERVICES: GENERAL PROVISIONS,	OR ATTACHMENT (If Applicable)	:
Attachment 3.1-A Page 15, 25, 29, 36, 38c to 43 of 43, Page 24 3.1(c)	1	
Assurance of Transportation and Attachment 3.1-D ASSURANCE OF		
TRANSPORTATION		
10. SUBJECT OF AMENDMENT:		
Covered Services and Transportation		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	CIFIED:
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECTIVE The Governor's O	
	The Governor's O	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor's O wish to review the	ffice does not
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor's O wish to review the 16. RETURN TO:	ffice does not State Plan Amendment.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social	ffice does not State Plan Amendment. Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm	ffice does not State Plan Amendment. Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta	ffice does not State Plan Amendment. Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE:	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm	ffice does not State Plan Amendment. Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta	ffice does not State Plan Amendment. Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta	ffice does not State Plan Amendment. Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304	ffice does not State Plan Amendment. Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONALO:	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm 123 Chalan Kareta Mangilao, GU 96913-6304	ffice does not State Plan Amendment. Services inistration
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304	ffice does not State Plan Amendment. Services inistration
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONALO:	The Governor's O wish to review the wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 EICE USE ONLY 18 DATE APPROVED: 3/24/21	ffice does not State Plan Amendment. Services inistration
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SINNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONALOR 17. DATE RECEIVED: 19. EDEC 2010 PLANATURE OF STATE AGENCY OFFICIAL: PLANATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010	The Governor's O wish to review the wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 EICE USE ONLY 18 DATE APPROVED: 3/24/21	ffice does not State Plan Amendment. Services inistration
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 13. TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONAL OF	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY: 18. DATE APPROVED: 3/24/26	ffice does not State Plan Amendment. Services inistration
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 13. TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONAL OF THE ACTION OF	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY: 18. DATE APPROVED: 3/24/26 ECOPY ATTACHED 20. SIGNATURE OFREGIONAL OF	FICIAL:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 13. TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 29 DEC 2010 FOR REGIONAL OF 17. DATE RECEIVED: 19. EFFECTIME DATE OF ARERGY ED MARKETS AND ARERGY ED ON 19. EFFECTIME DATE OF ARERGY ED MARKETS 21. TYPED NAME:	The Governor's O wish to review the 16. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY: 18. DATE APPROVED: 3/24/26 ECOPY ATTACHED 20. SIGNATURE OFREGIONAL OF	ffice does not State Plan Amendment. Services inistration
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 13. TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONAL OF FOR REGIONAL OF THE PROPERTY OF THE PROPE	The Governor's O wish to review the wish to review the life. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Admi 123 Chalan Kareta Mangilao, GU 96913-6304 EICE USE ONLY 18 DATE APPROVED: 3/24/20 ECOPY ATTACHED 20 SIGNATURE OF REGIONAL OF A SOC TO THE BEGION ALLOWED.	FICIAL:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 13. TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 29 DEC 2010 FOR REGIONAL OF 17. DATE RECEIVED: 19. EFFECTIME DATE OF ARERGY ED MARKETS AND ARERGY ED ON 19. EFFECTIME DATE OF ARERGY ED MARKETS 21. TYPED NAME:	The Governor's O wish to review the wish to review the life. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Admi 123 Chalan Kareta Mangilao, GU 96913-6304 EICE USE ONLY 18 DATE APPROVED: 3/24/20 ECOPY ATTACHED 20 SIGNATURE OF REGIONAL OF A SOC TO THE BEGION ALLOWED.	FICIAL:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 29 DEC 2010 FOR REGIONAL OR 17. DATE RECEIVED: 19. EFFECTIVE DATE OF APPRICATE DATE SUBMITTED: 21. TYPED NAME: 22. TYPED NAME: 23. REMARKS: 45 DEC 20 TO 10 THE CHARGE STATE SUBMITTED: 25 TENNAMES STATE AGENCY OF THE STATE SUBMITTED: 26 TO 10 THE SUBMITTED: 27 TYPED NAME: 28 TENNAMES STATE AGENCY OF THE STATE SUBMITTED: 28 TENNAMES STATE AGENCY OF THE STATE SUBMITTED: 38 TENNAMES	The Governor's O wish to review the wish to review the life. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Admi 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY 18 DATE APPROVED: 3/24/20 ECOPY ATTACHED 20 SIGNATURE OF REGIONAL OF CONTINUE CONTINUE ASSOCIATE REGIONAL OF CONTINUE CONTIN	State Plan Amendment. Services inistration FICIAL: 111 121 131 Administrator 131 identify
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 13. TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONAL OF FOR REGIONAL OF THE PROPERTY OF THE PROPE	The Governor's O wish to review the wish to review the life. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Admi 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY 18 DATE APPROVED: 3/24/20 ECOPY ATTACHED 20 SIGNATURE OF REGIONAL OF CONTINUE CONTINUE ASSOCIATE REGIONAL OF CONTINUE CONTIN	State Plan Amendment. Services inistration FICIAL: 111 121 131 Administrator 131 identify
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONAL OF 17. DATE RECEIVED: 19. EFFECTIVE DATE OF ARTROVERS MATERIALS 21. TYPED NAME: 22. TYPED NAME: 23. REMARKS: Approved pen and in change, 50x the years for which they were a	The Governor's O wish to review the wish to review the life. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY: 18. DATE APPROVED: #3/24/26 ECOPY ATTIACHED: 20. RIGNATURE OF REGIONAL OF 19 108 7. Guan did Rot or 19 108 Stimating a Federal Budget	State Plan Amendment. Services inistration FICIAL: 111 121 131 Administrator 131 identify
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 29 DEC 2010 FOR REGIONAL OR 17. DATE RECEIVED: 19. EFFECTIVE DATE OF APPRICATE DATE SUBMITTED: 21. TYPED NAME: 22. TYPED NAME: 23. REMARKS: 45 DEC 20 TO 10 THE CHARGE STATE SUBMITTED: 25 TENNAMES STATE AGENCY OF THE STATE SUBMITTED: 26 TO 10 THE SUBMITTED: 27 TYPED NAME: 28 TENNAMES STATE AGENCY OF THE STATE SUBMITTED: 28 TENNAMES STATE AGENCY OF THE STATE SUBMITTED: 38 TENNAMES	The Governor's O wish to review the wish to review the life. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY: 18. DATE APPROVED: #3/24/26 ECOPY ATTIACHED: 20. RIGNATURE OF REGIONAL OF 19 108 7. Guan did Rot or 19 108 Stimating a Federal Budget	State Plan Amendment. Services inistration FICIAL: 111 121 131 Administrator 131 identify
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONAL OF 17. DATE RECEIVED: 19. EFFECTIVE DATE OF ARTROVERS MATERIALS 21. TYPED NAME: 22. TYPED NAME: 23. REMARKS: Approved pen and in change, 50x the years for which they were a	The Governor's O wish to review the wish to review the life. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY: 18. DATE APPROVED: #3/24/26 ECOPY ATTIACHED: 20. RIGNATURE OF REGIONAL OF 19 108 7. Guan did Rot or 19 108 Stimating a Federal Budget	State Plan Amendment. Services inistration FICIAL: 111 121 131 Administrator 131 identify
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL SIGNATURE OF STATE AGENCY OFFICIAL: 13 TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONAL OF 17. DATE RECEIVED: 19. EFFECTIVE DATE OF ARTROVERS MATERIALS 21. TYPED NAME: 22. TYPED NAME: 23. REMARKS: Approved pen and in change, 50x the years for which they were a	The Governor's O wish to review the wish to review the life. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY: 18. DATE APPROVED: #3/24/26 ECOPY ATTIACHED: 20. RIGNATURE OF REGIONAL OF 19 108 7. Guan did Rot or 19 108 Stimating a Federal Budget	State Plan Amendment. Services inistration FICIAL: 111 121 131 Administrator 131 identify
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 13. TYPED NAME: Felix P. Camacho 14. TITLE: Governor of Guam 15. DATE SUBMITTED: 2 9 DEC 2010 FOR REGIONAL OF FOR REGIONAL OF SUBMITTED: 17. DATE RECEIVED: 19. EFFECTIVE DATE OF AMERICA SUBMITTED: 21. TYPED NAME: Comments of AMERICA SUBMITTED: 22. REMARKS: Comments of AMERICA SUBMITTED: Comments of Comments of AMERICA SUBMITTED: Comments of Comm	The Governor's O wish to review the wish to review the life. RETURN TO: Department of Public Health & Social Bureau of Health Care Financing Adm: 123 Chalan Kareta Mangilao, GU 96913-6304 FICE USE ONLY: 18. DATE APPROVED: #3/24/26 ECOPY ATTIACHED: 20. RIGNATURE OF REGIONAL OF 19 108 7. Guan did Rot or 19 108 Stimating a Federal Budget	State Plan Amendment. Services inistration FICIAL: 111 121 131 Administrator 131 identify