

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

1. TRANSMITTAL NUMBER:  
**11-002**

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~~ **April 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 2011 \$0  
b. FFY 2012 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Page 33 Section 4.2 Hearings

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
**Page 33 Section 4.2-Hearings**

10. SUBJECT OF AMENDMENT:

~~Reimbursements~~ **Fair Hearings**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

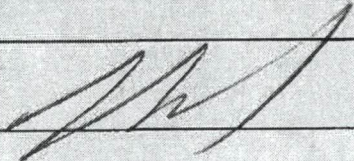
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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:  
**Eddie Baza Calvo**



14. TITLE:  
**Governor of Guam**

15. DATE SUBMITTED: **5/13/2011**

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **May 15, 2011**

18. DATE APPROVED: **JUN 22 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**April 1, 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:  


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

22. TITLE:  
**Associate Regional Administrator**

23. REMARKS:  
**Pen and Ink Changes in Box 4 and Box 10 and Box 9**