

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-004	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, 2012
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(k)(2)/Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY 2012 (1/1/12-9/30/12) \$ 4,249,000 b. FFY 2013 \$6,232,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 9b & 9c Attachment 2.2-A, Page 1 Supplement 5 to Attachment 2.6-A, and Page 1-3 Supplement 12 to Attachment 2.6-A Attachment 3.1-C, pg 1-10 2 <i>plus</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 1 Supplement 5 to Attachment 2.6-A, and Page 1-3 2 <i>plus</i>

10. SUBJECT OF AMENDMENT:
New Eligibility Group (Eligibility Expansion) and No Asset Test- Medicaid Group (Traditional)

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:

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: 10/11/2011	18. DATE APPROVED: DEC 21 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2012	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Gloria Nagle</i>
21. TYPED NAME: Gloria Nagle, Ph.D., MPA	22. TITLE: Associate Regional Administrator
23. REMARKS: Pen and Ink Changes to Boxes 8 & 9	