DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVE OMB NO. 0938-0
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-001	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 01, 2012	
5. TYPE OF PLAN MATERIAL (Check One):		
		₩ ALAENTONAENTI
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for ea 7. FEDERAL BUDGET IMPACT:	сп атепитепі)
6. FEDERAL STATUTE/REGULATION CITATION: Title XIX of the Social Security Act, Section 1902	a. FFY 2011 * \$0	
THE XIX OF the Social Security Act, Socion 1702	SALAZ & MV a.s.	
	b. FFY 2012 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Page 1-3 Section Provider Screening and Enrollment	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable)	
10. SUBJECT OF AMENDMENT: Section 4.46 Provider Screening and Enrollment  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 SPI The Governor's wish to review the	ECIFIED: Office does not he State Plan Amendmen
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Department of Public Health & Socia	
13. TYPED NAME:	Bureau of Health Care Financing Add	ministration
EDDIE BAZA CALVO	Mangilao, GU 96913-6304	
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14. TITLE:	National Property of the Control of	
GOVERNOR OF GUAM  15. DATE SUBMITTED:	<i>"</i>	
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KORREGONALO)		
17 DATERFORVED: March 30, 2012	18 DAUE APPROVED	7017
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PLAN APPROVED—ON  19. EFFECTIVE DATE OF APPROVED MATERIAL:		ROMANATA 🗻
19. REFERENTIAL PARTICULA PROCESSA PROC	Mr. Sherikayaya a roja ca wanoka a s	
21 TYPED NAME	A DO THE RESERVE TO T	
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