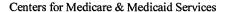
DEPARTMENT OF HEALTH & HUMAN SERVICES





Region IX
Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

APR 2 6 2012

Ma Theresa L. Arcangel Health Services Administrator Department of Public Health and Social Services Bureau of Health Care Financing 123 Chalan Kareta Mangilao, Guam 96913-6304

Dear Ms. Arcangel:

I am writing to inform you that Guam's State Plan Amendment (SPA) No. 12-001 has been approved. This SPA was submitted to my office on March 30, 2011, and makes all required assurances that Guam will comply with Federal regulatory provisions related to Medicaid and CHIP Provider Screening and Enrollment. These assurances were made in accordance with 42 CFR 455 Subpart E. The approval is effective January 1, 2012, as requested.

Attached are copies of the new State Plan pages to be incorporated within your approved State plan:

• Section 4.46, pages 1-3

If you have any questions, please contact Tom Schenck at (415) 744-3589, or tom.schenck@cms.hhs.gov.

Sincerely,

Gloria Nagle, Ph.D., MPA

Associate Regional Administrator

Division of Medicaid & Children's Health Operations