

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

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

1. TRANSMITTAL NUMBER:
12-002

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
October 1, 2012

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
42 CFR 447 Subpart C
42 CFR 431.52

7. FEDERAL BUDGET IMPACT:

a. FFY	2013	\$0
b. FFY	2014	\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.7-A Medicaid Services Outside of the U.S. pg 1-2
Attachment 4.19-A Page 1 of 2 Medicaid Services Outside of the U.S.
Attachment 4.19-B Page 4 of 5 Medicaid Services Outside of the U.S.
Attachment 3.1-A, page 7 of 9 preprint
Attachment 3.1-A, page 8 of 43

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19-A Page 1 of 2
Attachment 4.19-B Page 4 of 5
Attachment 3.1-A, page 7 of 9 preprint
Attachment 3.1-A page 8 of 43

10. SUBJECT OF AMENDMENT:
Medicaid Services Outside of the U.S.

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

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

14. TITLE:
GOVERNOR OF GUAM

15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: MAR 25 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS: