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State/Territory Name: Guam

State Plan Amendment (SPA) #: 15-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 10, 2015

Janet Cruz
Division of Public Welfare
Bureau of Health Care Financing
PO Box 2816
Hagatna, GU 96932

Dear Ms. Cruz:

Enclosed is an approved copy of Guam State Plan Amendment (SPA) 15-0003, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on March 30, 2015. This amendment establishes new MAGI based income methodologies and has an effective date of June 1, 2015.

Enclosed is the following approved State Plan pages to be incorporated within your approved State Plan:

- Superseding Pages Document pg. 1
- Template S10 – MAGI Based Income Methodologies pgs. 1-2
- Household Income and Composition Attachment pg. 1

If you have any questions, please have your staff contact Peter Banks at (415) 744-3782 or at Peter.Banks@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

logged in as PBANKS(CMS RO Staff) read only mode application rev c01

Medicaid State Plan Eligibility

GU.1698.R00.00 - Jun 01, 2015

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Control Panel

General Information

File Management

Tribal Input

Summary

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory **Guam**

name: **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Proposed Effective Date

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

Federal Fiscal Year		Amount
First Year	<input type="text" value="2015"/>	\$ <input type="text" value="0.00"/>
Second Year	<input type="text" value="2016"/>	\$ <input type="text" value="0.00"/>

Subject of Amendment

Character Count: 34 out of 2000

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Teresita Gumataotao

Last Revision Date: Nov 23, 2015

Date:

Submit Date: Mar 30, 2015

BACK

CONTINUE

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

GU-15-0003-MM3

STATE/TERRITORY:

Guam

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S10 - MAGI Income Methodology

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):**

Notwithstanding any other provisions of the Guam Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment GU-15-0003-MM3 will apply to all MAGI-based eligibility groups covered under Guam's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 (except paragraphs (f)(1), (f)(2), (f)(4) and (f)(5) of this section) apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: GU - 15 - 0003

Expiration date: 10/31/2014

MAGI-Based Income Methodologies

S10

1902(e)(14)
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

Yes No

Transmittal Number: 15-0003
Guam

Approval Date: December 10, 2015
S10 - 1

Effective Date: 6/1/15



Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415

MAGI-Based Income Methodologies
(Attachment to S10)

TRANSMITTAL NUMBER:

GU-15-0003-MM3

STATE/TERRITORY:

Guam

Household Composition

- Household composition for all individuals is defined in accordance with the non-filer rules at 42 CFR §435.603(f)(3). The tax filer rules are not applicable at 42 CFR §435.603(f)(1), (f)(2), and (f)(5).

Household Income

- The income counting rules at 42 CFR §435.603(d)(1) and (e) are applicable, but not (d)(2), (d)(3) and (d)(4).
- A child's income will not count toward the household MAGI if (i) the child is in the household with one or both parents and (ii) the child's income does not meet the IRS tax filing thresholds (i.e., when counting earned and/or unearned income).
- If a child is not living with at least one parent, the child's income counts as a regular member for any household in which the child is a member, including the household in which the child is the member whose eligibility is being evaluated (i.e., a child who is living with a grandmother (caretaker relative) and siblings).
- The territory has elected in PDF S14T to use the local poverty level in place of the Federal poverty level.
- In determining the eligibility of an individual using MAGI-based income, the Territory must subtract an amount equivalent to 5 percentage points of the local poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.