Table of Contents

State/Territory Name: Guam

State Plan Amendment (SPA) #: 20-0003

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
May 19, 2021

MA Theresa L. Arcangel
Health Services Administrator
Department of Public Health & Social Services
Bureau of Health Care Financing Administration
520 West Santa Monica Avenue
Dededo, Guam 96929

Re: Guam State Plan Amendment (SPA) 21-0003

Dear Ms. Arcangel:

We have reviewed the proposed State Plan Amendment (SPA) 21-0003, which was submitted to the Centers for Medicare & Medicaid Services on March 24, 2021. This SPA adopts the option to provide Medicaid eligibility without a 5-year waiting period to otherwise eligible individuals who lawfully reside in Guam in accordance with the Compacts of Free Association (COFA) between the Government of the United States and the Governments of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Based on the information provided, we are approving SPA 21-0003 with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and the following Medicaid state plan pages to be incorporated into your State Plan:

- Attachment 2.6-A pages 2 and 2a

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
   21 - 003

2. STATE
   Guam

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
   January 1, 2021

5. TYPE OF PLAN MATERIAL (Check One)
   ☑ AMENDMENT
   ☐ NEW STATE PLAN
   ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

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
   P.L. 116-260 Consolidated Appropriations Act 2021, Section 208

7. FEDERAL BUDGET IMPACT
   a. FFY 2021 $5,711,656.14
   b. FFY 2022 $7,615,541.49

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Page 2 and 2a Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Page 2 Attachment 2.6-A

10. SUBJECT OF AMENDMENT
    Guam Medicaid Coverage for Citizens of Freely Associated States (FAS/COFA)

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 SUBMITAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
    LOURDES A. LEON GUERRERO

14. TITLE
    GOVERNOR OF GUAM

15. DATE SUBMITTED
    March 24, 2021

16. RETURN TO
    Department of Public Health & Social Services
    Bureau of Health Care Financing Administration
    155 Hessler Place
    Hagatna, Guam 96910

17. DATE RECEIVED
    March 23, 2021

18. DATE APPROVED
    May 19, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL
    January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL
    Digitally signed by James G. Scott
    Date: 2021.05.19 14:33:21 -05'00'

21. TYPED NAME
    James G. Scott

22. TITLE
    Director, Division of Program Operations

NOTES

Pen & ink change to Boxes 8 and 9 to add "Attachment 2.6-A" to clarify which state plan section, as authorized via email 5/11/21.
<table>
<thead>
<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>436.402</td>
<td>3. Is residing in the United States and U.S. Territory of Guam --</td>
</tr>
<tr>
<td></td>
<td>a. Is a citizen;</td>
</tr>
<tr>
<td>PL 104-193, PRWORA of 1996</td>
<td>b. Is a qualified non-citizen, as defined in section 431(b) of PL 104-193, whose coverage is mandatory under sections 402 and 403 of PL 104-193, including those who entered the U.S./Territories prior to August 22, 1996, and those who entered on or after August 22, 1996.</td>
</tr>
<tr>
<td>PL 104-193, PRWORA, Sec. 402</td>
<td>c. Is a non-citizen who is not a qualified non-citizen, as defined in section 431(b) of PL 104-193, or who is a qualified non-citizen but is not eligible under the provisions of (b) above. (Coverage is restricted to emergency services).</td>
</tr>
<tr>
<td>PL 104-193, PRWORA, August 22, Sec. 402 requirement</td>
<td>d. Is a non-citizen admitted to the U.S./Territories on or after 1996 who has met the five (5) year barring period and meets the “qualified non-citizen” criteria.</td>
</tr>
<tr>
<td>PL 116-260, CAA, Sec. 208</td>
<td>e. The territory provides Medicaid eligibility to otherwise eligible individuals who lawfully reside in Guam and in accordance with the Compact of Free Association (COFA) between the Government of the United States and the Governments of the Federated States of Micronesia, the Republic of the Marshall Island, and the Republic of Palau. These individuals are not subject to the 5 year waiting period described in 8 USC 1613(a). (8 U.S.C. §1612(b) (2)(G); 8 U.S.C. §1613(b)(3); 8 U.S.C. §1641(b)(8)).</td>
</tr>
</tbody>
</table>

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TN: 21-003
Supersedes TN: 97-1

Approval Date: May 19, 2021
Effective Date: January 1, 2021
<table>
<thead>
<tr>
<th>Citation</th>
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</thead>
<tbody>
<tr>
<td>436.403 and 1902(b) of the Act, it at PL 99-272 (Section 9529) and PL 99-509 (Section 9405)</td>
<td>4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains a fixed address.</td>
</tr>
<tr>
<td>436.1004</td>
<td>State has interstate residency agreement with the following States:</td>
</tr>
<tr>
<td></td>
<td>____ State has open agreement(s)</td>
</tr>
<tr>
<td></td>
<td>____ Not applicable; no residency requirement.</td>
</tr>
<tr>
<td></td>
<td>____ State has open agreement(s)</td>
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</table>