

## **Table of Contents**

**State/Territory Name: Guam**

**State Plan Amendment (SPA) #: 21-0002**

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid & CHIP Operations Group  
601 East 12th Street, Suite 355  
Kansas City, MO 64106-2898



## Center for Medicaid & CHIP Services

May 12, 2021

Teresita Gumataotao  
Medicaid Administrator  
Guam Medicaid Agency  
ITC Building 2nd Floor Suite 219  
590 South Marine Corps Drive  
Tamuning, GU 96913

Re: Approval of State Plan Amendment GU-21-0002

Dear Teresita Gumataotao,

On February 18, 2021, the Centers for Medicare and Medicaid Services (CMS) received Guam State Plan Amendment (SPA) GU-21-0002 to increase the local poverty level (LPL) such that the MAGI income standard of 138% of the LPL is equivalent to 150 percent of the federal poverty level (FPL), effective January 1, 2021.

We approve Guam State Plan Amendment (SPA) GU-21-0002 with an effective date(s) of January 01, 2021.

If you have any questions regarding this amendment, please contact Barbara Prehmus at [barbara.prehmus@cms.hhs.gov](mailto:barbara.prehmus@cms.hhs.gov) or at 303-844-7472.

Sincerely,

James G. Scott

Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2021MS0002O | GU-21-0002

### Package Header

**Package ID** GU2021MS0002O  
**Submission Type** Official  
**Approval Date** 5/12/2021  
**Superseded SPA ID** N/A

**SPA ID** GU-21-0002  
**Initial Submission Date** 2/18/2021  
**Effective Date** N/A

### State Information

**State/Territory Name:** Guam

**Medicaid Agency Name:** Guam Medicaid Agency

### Submission Component

State Plan Amendment

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2021MS0002O | GU-21-0002

### Package Header

<b>Package ID</b>	GU2021MS0002O	<b>SPA ID</b>	GU-21-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/18/2021
<b>Approval Date</b>	5/12/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** GU-21-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Income Standards - Poverty Level - Territories	1/1/2021	GU-20-0001

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2021MS00020 | GU-21-0002

### Package Header

<b>Package ID</b>	GU2021MS00020	<b>SPA ID</b>	GU-21-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/18/2021
<b>Approval Date</b>	5/12/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Guam Medicaid is submitting SPA Transmittal 21-0002 to increase the LPL such that the MAGI income standard of 138% of the LPL is equivalent to 150% of the FPL, effective January 1, 2021. The MAGI increase is to assist the island's population that has been adversely affected by the COVID-19 PHE and to help Guam fully utilize the increased MAP funding for FY2021.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$10264845
Second	2022	\$0

#### Federal Statute / Regulation Citation

Title XIX of the Social Security Act, Section 1902

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
1 Medicaid Cost Impact at 150% of FPL	1/27/2021 1:52 AM EST	
2 Guam Medicaid Poverty Level FY 2021	1/27/2021 1:52 AM EST	
6 Medicaid Funding Questions- GU-SPA 21-0002	2/16/2021 10:50 PM EST	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2021MS00020 | GU-21-0002

### Package Header

**Package ID** GU2021MS00020  
**Submission Type** Official  
**Approval Date** 5/12/2021  
**Superseded SPA ID** N/A

**SPA ID** GU-21-0002  
**Initial Submission Date** 2/18/2021  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Medicaid State Plan Eligibility

## Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | GU2021MS0002O | GU-21-0002

### Package Header

**Package ID** GU2021MS0002O  
**Submission Type** Official  
**Approval Date** 5/12/2021  
**Superseded SPA ID** GU-20-0001  
User-Entered

**SPA ID** GU-21-0002  
**Initial Submission Date** 2/18/2021  
**Effective Date** 1/1/2021

### A. Territory Poverty Level

The poverty level used by the territory is:

- 1. The Federal Poverty Level (FPL)
- 2. The Local Poverty Level (LPL)

Household Size	Amount
1	\$1156.00
2	\$1562.00
3	\$1967.00
4	\$2373.00
5	\$2779.00
6	\$3185.00
7	\$3591.00
8	\$3996.00
9	\$4402.00
10	\$4808.00
11	\$5214.00
12	\$5620.00
13	\$6025.00
14	\$6431.00
15	\$6837.00

b. The amounts above are related to the following time period:

- Monthly
- Yearly

Wherever FPL is referenced in the other sections of the state plan, it means the Local Poverty Level.

# Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | GU2021MS00020 | GU-21-0002

## Package Header

<b>Package ID</b>	GU2021MS00020	<b>SPA ID</b>	GU-21-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/18/2021
<b>Approval Date</b>	5/12/2021	<b>Effective Date</b>	1/1/2021
<b>Superseded SPA ID</b>	GU-20-0001		
	User-Entered		

## B. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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