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**State/Territory Name: Guam**

**State Plan Amendment (SPA) #: 24-0001**

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

# GU - Submission Package - GU2024MS00040 - (GU-24-0001) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

May 28, 2024

Carlos Pangelinan  
Chief, Human Services Administrator  
Guam Medicaid Agency  
155 Hesler Place  
Hagatna, GU 96910

Re: Approval of State Plan Amendment GU-24-0001

Dear Carlos Pangelinan,

On March 28, 2024, the Centers for Medicare and Medicaid Services (CMS) received Guam State Plan Amendment (SPA) GU-24-0001 to comply with the requirements of section 5112 of the Consolidated Appropriations Act of 2023. The territory seeks CMS approval (1) to provide continuous eligibility for hospitalized children until the end of a child's inpatient stage if the child would have remained eligible but for having turned 19; and (2) to provide continuous eligibility for children for 12 months or until the child turns 19.

We approve Guam State Plan Amendment (SPA) GU-24-0001 with an effective date(s) of January 01, 2024.

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

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

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CMS-10434 OMB 0938-1188

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2024MS00040 | GU-24-0001

### Package Header

<b>Package ID</b>	GU2024MS00040	<b>SPA ID</b>	GU-24-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	05/28/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | GU2024MS00040 | GU-24-0001

### Package Header

**Package ID** GU2024MS00040  
**Submission Type** Official  
**Approval Date** 05/28/2024  
**Superseded SPA ID** N/A

**SPA ID** GU-24-0001  
**Initial Submission Date** 3/28/2024  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** GU-24-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	New

#### Page Number of the Superseded Plan Section or Attachment (If Applicable):

New (Attachment)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2024MS00040 | GU-24-0001

### Package Header

**Package ID** GU2024MS00040  
**Submission Type** Official  
**Approval Date** 05/28/2024  
**Superseded SPA ID** N/A

**SPA ID** GU-24-0001  
**Initial Submission Date** 3/28/2024  
**Effective Date** N/A

### Executive Summary

**Summary Description Including Goals and Objectives** Guam proposes: (1) to provide continuous eligibility for hospitalized children until the end of a child's inpatient stage if the child would have remained eligible but for having turned 19; and (2) to provide continuous eligibility for children for 12 months or until the child turns 19.

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$270947
Second	2025	\$571517

#### Federal Statute / Regulation Citation

Sections 1902(e)(7) and 1902(e)(12) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">SPA Governor Response 2024-0001</a>	3/27/2024 11:09 PM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GU2024MS00040 | GU-24-0001

### Package Header

**Package ID** GU2024MS00040  
**Submission Type** Official  
**Approval Date** 05/28/2024  
**Superseded SPA ID** N/A

**SPA ID** GU-24-0001  
**Initial Submission Date** 3/28/2024  
**Effective Date** N/A

### Governor's Office Review

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

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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# GU - Submission Package - GU2024MS0004O - (GU-24-0001) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   Related Actions

CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | GU2024MS0004O | GU-24-0001

#### Package Header

<b>Package ID</b>	GU2024MS0004O	<b>SPA ID</b>	GU-24-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2024
<b>Approval Date</b>	05/28/2024	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	New User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

#### B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
  - a. The month that the child turns 19 years old;
  - b. 12 months.
2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
  - a. The child dies;
  - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
  - c. The child ceases to be a resident of the state;
  - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
  - e. The child attains the maximum age specified in B.

#### C. 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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