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State/Territory Name: Guam

State Plan Amendment (SPA) #: 26-0001

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 10, 2026

Theresa C. Arriola, MBA
Director
Guam Department of Public Health
and Social Services
155 Hesler Place
Hagatna, Guam 96910

Re: Guam Disaster Relief State Plan Amendment (SPA) 26-0001

Dear Director Arriola:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed disaster relief Medicaid State Plan Amendment (SPA) submitted on June 2, 2026, under transmittal number (TN) 26-0001. This amendment was submitted to respond to Typhoon Sinlaku public health emergency (PHE) and proposes to temporarily implement policies and procedures that differ from the approved Medicaid State Plan to ensure continuity of coverage, continuity of medically necessary services, provider capacity, and beneficiary access to care. The temporary flexibilities include prior authorization modifications, emergency prescription refill and replacement supply policies, durable medical equipment replacement flexibilities and temporary residency-related provision for displaced beneficiaries. These flexibilities apply to both Medicaid and Alternative Benefits Plan (ABP) populations. These provisions will end on June 10, 2026, as requested by Guam.

On April 11, 2026, the President of the United States issued a proclamation that Typhoon Sinlaku constitutes an emergency by the authorities vested in the President by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (the Act). On April 17, 2026, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services (HHS) declared a PHE, invoking the authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act. During a PHE, CMS may approve the use of section 1135 authority to help ensure that sufficient healthcare items and services are available to meet the needs of individuals enrolled in CMS programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of April 17, 2026, with a retroactive effective date of April 11, 2026.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Guam Medicaid SPA Transmittal Number 26-0001 was approved June 10, 2026, effective April 11, 2026.

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at Maria.Garza@cms.hhs.gov.

Sincerely,

Barbara Richards
Acting Director, Medicaid and CHIP Operations Group

Enclosures

cc: Francine Salas
Annabelle Estrada

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 1

2. STATE

Guam

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 11, 2026

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX and section 1135 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 73,456
b. FFY 2027 \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.4, pages ~~1-11~~ (new),
1-10 (P&I)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

Temporary Medicaid Disaster Relief flexibilities related to the Typhoon Sinlaku Public Health Emergency.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Theresa Arriola, MBA

13. TITLE
Director, Department of Public Health and Social Services

14. DATE SUBMITTED

15. RETURN TO

Guam Department of Public Health and Social Services
155 Hessler Place
Hagåtña, Guam 96910

FOR CMS USE ONLY

16. DATE RECEIVED

June 2, 2026

17. DATE APPROVED

June 10, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 11, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Barbara Richards

21. TITLE OF APPROVING OFFICIAL

Acting Director, Medicaid and CHIP Operations Group

22. REMARKS

6/10/26 Guam authorizes P&I change to BOX 7 to reflect 1-10 pages submitted for Section 7.4 template

Section 7 – General Provisions
7.4 Disaster Relief During a Public Health Emergency or Disaster Period

General Information

1. This Disaster Relief state plan amendment (SPA) is in response to: **Typhoon Sinlaku**
2. This SPA is adding to a previously approved Disaster Relief SPA in effect.

N/A

3. This SPA is superseding a previously approved Disaster Relief SPA.

N/A

4. The State Medicaid agency (the agency) implements the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the following period:

During the response and recovery from Typhoon Sinlaku, from April 11, 2026 through June 10, 2026, Guam Medicaid will temporarily implement policies and procedures that differ from the approved Medicaid state plan to ensure continuity of coverage, continuity of medically necessary services, provider capacity, and beneficiary access to care. These temporary flexibilities include specified prior authorization modifications, emergency prescription refill and replacement supply policies, durable medical equipment replacement flexibilities, and temporary residency-related provisions for displaced beneficiaries. Where applicable, these flexibilities apply to both the standard Medicaid and Alternative Benefit Plan (ABP) populations.

NOTE: If a section 1135 waiver is requested with this SPA submission, the SPA period must comply with the limitations applicable to section 1135 waivers.

5. The agency modifies the following sections during the period of the public health emergency or disaster:

- A – Eligibility
- B - Enrollment
- C - Cost Sharing and Premiums
- D - Benefits
- E – Payment
- F - Post Eligibility Treatment of Income
- G - Other Policies and Procedures Differing from Approved Medicaid State Plan/Additional Information

Section A – Eligibility

1. The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act.

2. The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

3. The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

Less restrictive resource methodologies:

4. The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

Medical and disaster evacuees from the Commonwealth of the Northern Mariana Islands (CNMI), the Federated States of Micronesia (FSM), or other typhoon-affected areas. If these individuals are Medicaid-enrolled or Medicaid-eligible on their home island, Guam intends to coordinate payment of benefits with their home island/territory agencies so they can access care on Guam and retain their coverage in their home territory.

6. The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

2. The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Guam Medicaid intends to make PE determinations consistent with 42 CFR 435.1102 and 435.1103, specifically for the following MAGI populations:

- Infants and children under age 19 in accordance with 42 CFR 435.118.
- Pregnant women in accordance with 42 CFR 435.116.
- Parents and caretaker relatives in accordance with 42 CFR 435.110.
- Former foster care children in accordance with 42 CFR 435.150.
- Individuals aged 19 or older and under age 65 in accordance with 42 CFR 435.119.

3. The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

4. [Reserved]

5. [Reserved]

6. The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).

- a. The agency uses a simplified paper application.
- b. The agency uses a simplified online application.
- c. The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. _____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

2. _____ The agency suspends enrollment fees, premiums and similar charges for:

- a. _____ All beneficiaries

- b. _____ The following eligibility groups or categorical populations:

3. _____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Section D – Benefits

Benefits:

1. The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. X The agency makes the following adjustments to benefits currently covered in the state plan:

I. Modify prior authorization requirements in the state plan.
Prior authorization requirements in Guam’s approved state plan (Attachment 3.1-A) are modified so that state plan benefits not exceeding \$500 under Guam’s current fee schedule may be provided without prior authorization. Requirements and processes outlined in the approved state plan remain in place for benefits that exceed \$500.

For the purposes of administrative simplification, services that will virtually always be reimbursed more than \$500, such as surgery and inpatient services, are not exempted from prior authorization.

Extension of prior authorization coverage periods.
Prior authorization periods with expiration dates between April 11, 2026 and June 10, 2026 are extended through June 10, 2026.

II. Guam Medicaid/ABP will allow beneficiaries to access medically necessary replacement of Durable Medical Equipment (DME) and supplies, eyeglasses, and hearing aids outside of the normal replacement timeframes and quantity limits based on self-attestation by the beneficiary that their DME has been lost, damaged, or they otherwise cannot access it because of Typhoon Sinlaku. Replacement DME and supplies will not require a new Certificate of Medical Necessity (CMN) or PA. DPHSS will review previously submitted documentation. Other DME limitations and requirements still apply.

3. X The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewide requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. X Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. X The agency assures that these newly added and/or adjusted benefits will be

made available to individuals receiving services under ABPs.

- b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Telehealth:

5. The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Drug Benefit:

6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Guam Medicaid will allow early and emergency refills of prescriptions with quantities up to a 90-day supply when beneficiaries have indicated their medications were lost, damaged, or they are experiencing other barriers to access because of the Public Health Emergency. This policy applies to prescriptions for standard Medicaid and ABP enrollees.

7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:

a. Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

b. Other:

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

Guam Medicaid will apply a 10% reimbursement increase across all Medicaid covered services delivered to eligible Medicaid beneficiaries by the Community Health Centers under the clinic benefit category from April 11, 2026 to June 10, 2026, to facilitate the continued availability of essential primary and preventive care for Medicaid beneficiaries.

a. Payment increases are targeted based on the following criteria:

The payment increase will be available only to the Community Health Centers.

b. Payments are increased through:

i. A supplemental payment or add-on within applicable upper payment limits:

ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: 10%

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

Payment for services delivered via telehealth:

3. For the duration of the emergency, the state authorizes payments for telehealth services that:

- a. Are not otherwise paid under the Medicaid state plan;
- b. Differ from payments for the same services when provided face to face;
- c. Differ from current state plan provisions governing reimbursement for telehealth;

- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
 - i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. Other payment changes:

Section F – Post-Eligibility Treatment of Income

1. The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. The individual's total income
 - b. 300 percent of the SSI federal benefit rate
 - c. Other reasonable amount: _____

2. The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

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Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

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