

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Guam

SECTION 2 COVERAGE AND ELIGIBILITY

Citation  
42 CFR Part  
436, §435.10  
and Subpart J  
AT-79-29  
AT-80-34

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 436, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN # 76-4  
Supersedes  
TN # \_\_\_\_\_

Approval Date 3/2/77

Effective Date 4/1/76

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

Territory: Guam

Citation  
42 CFR Part 436,  
Subpart J  
AT-79-29

2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application if they were, or on application would have been, eligible. Coverage is provided:

At each time services were received during the 3-month period provided the individual met all the eligibility requirements at that time.

For any full month provided the individual met all the eligibility conditions at any time during that month.

1902(e)(8) of  
the Act,  
P.L. 99-509  
(Section 9403)

(2) For individuals who are eligible for Medicaid for Medicare cost sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

1920 of the  
Act,  
P.L. 99-509  
(Section 9407)

(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

TN No. 87-4  
Supersedes  
TN No. 86-1

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2000P/0020P

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

Territory: Guam

Citation  
42 CFR 436.10  
AT-78-90  
AT-80-34  
46 FR 47976

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in  
ATTACHMENT 2.2-A.

Categorically needy only.

Both categorically needy and medically needy.

The conditions of eligibility that must be met are  
specified in ATTACHMENT 2.6-A.

1902(a)(10)(E),  
1902(1) and (m),  
1905(p) and (q)  
and 1920 of the  
Act, P.L. 99-509  
(Sections 9401,  
9402, 9403, 9404,  
and 9407)

All applicable requirements of 42 CFR Part 436  
and sections 1902(a)(10)(E), 1902(1) and (m),  
1905(p) and (q) and 1920 of the Act are met.

TN No. 82-4  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2000P/0020P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Guam

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency\* Citation(s) Groups Covered

The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy

436.110

1. All recipients of OAA, AB, APTD, AABD, and AFDC: this includes all individuals who are essential persons under the State plan and who could be recipients if the State plan were as broad as permitted for Federal financial participation. Also included are groups checked below which are covered under the approved State plan for financial assistance.

AFDC for

AFDC for children

AFDC for students, equivalent, training

The standard payments are ATTACHED

The definition of total disability specified is:

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:		STATE:
15-0002-MM1		Guam
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
Guam

Approval Date: 10/28/2015

Effective Date: 1/1/15

\*Agency that determines eligibility for coverage.

TN No. 87-4  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 7/1/89

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 3  
OMB No.: 0938-

Territory: GUAM

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy (Continued)

42 CFR 436.112 3. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC, except for the increase in OASDI benefits under P.L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972 and who were receiving OAA, AB,

Includes persons for cash assistance August 1972 (State's August

Includes persons for cash assistance medical institution facility (this State's August

~~X~~ Not applicable care facilities cover this ser

42 CFR 436.114 4. Deemed Recipients of

a. Individuals denied solely because the

b. Participants in a under title IV-A individual (or other household as such eligible for AFDC supplementation pr

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-MM1	Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-01  
Supersedes  
TN No. 87-2

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 4  
OMB No.: 0938-

Territory: GUAM

Agency\* Citation(s) Groups Covered

**A. Mandatory Coverage - Categorically Needy (Continued)**

- 402(a)(22)(A) of the Act c. Individuals whose AFDC reduced to zero by reason of overpayment of AFDC fu
- 406(h) and 1902(a)(10)(A)(1)(I) of the Act d. An assistance unit deemed AFDC for a period of f because the family bec AFDC as a result of co collection of support requirements of sectio
- 1902(a) of the Act e. Individuals deemed to who meet the requireme: 473(b)(1) or (2) for w agreement is in effect payments are being made
- 407(b), 1902(a)(10)(A)(i) and 1905(m)(1) of the Act f. Effective October 1, 1981, members who would be eligible for AFDC under section 407 the principal wage earn
- 42 CFR 436.116 5. Families terminated from AFDC if increased earnings or hour family received AFDC in at six-month period immediate which ineligibility began of the family is employed specified in the next sent for four calendar months b is terminated or, if AFDC with the first month in wh

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-MM1	Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-01  
Supersedes  
TN No. 87-2

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	



**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy (Continued)

1902(e)(4)  
 of the Act

8. A child born to a woman who is eligible for and receiving Medicaid on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would have remained eligible if still pregnant and the child remains in the same household as the mother.

1902(e)(6)

9. A pregnant woman who would otherwise lose eligibility during the pregnancy or the postpartum period because of an increase in income.

B. Optional Groups Other Than the Medically Needy

42 CFR 436.210

1. Individual and resource or AFDC, I

The desc

The or g

1902(a)(10)  
 (A)(ii) and  
 1905(a) of  
 the Act

Aged  
 Blin  
 Disa  
 Care  
 Preg

42 CFR 436.211

2. Individual APTD, AABD medical in

The desc

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-MM1	Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 s B.21
	Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 8  
OMB No.: 0938-

- Territory: GUAM

Agency\* Citation(s) Groups Covered

B. Optional Groups Other than Medically Needy (Continued)

3. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC if these programs were Act:

- Individual permanent
- Individual blindness.
- Others, as

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-MM1	Guam	
Pages or sections of pages being superseded by S14f, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 82-01  
Supersedes  
TN No. 87-2

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 9  
OMB No.: 0938-

Territory: GUAM

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

B. Optional Groups Other than Medically Needy (Continued)

- 1902(e)(2)  of the Act,  
P.L. 99-272  
(Sec. 9517)  
and P.L.  
100-203  
(Sec. 4113(d))
4. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or section 1903(m)(6) of the Act., but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is \_\_\_\_\_ (not to exceed six months).

The State measures the minimum enrollment period from:

- The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
- The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

---

TN No. 02-01  
Supersedes  
TN No. 07-2

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

State/Territory: GUAM

Agency*	Citation(s)	Groups Covered
1634(d) of the Act	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	24.	Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.
		— The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.
		— In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.
		— In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in § 1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.
		— In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual

N/A Guam does not have an SSI program

\*Agency that determines eligibility for coverage.

TN No. 02-01  
Supersedes  
TN No. 07-2

Approval Date JAN 24 2002

Effective Date OCT 1 2001

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-MM1		STATE: Guam
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

F

ATTACHMENT 2.6-A

<b>SUPERSEDING PAGES OF STATE PLAN MATERIAL</b>	
<b>TRANSMITTAL NUMBER:</b> 15-0002-MM1	<b>STATE:</b> Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

2

n  
is  
e,  
w

State/Territory: GUAM

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.212 G  
1902(e)(2) of the  
Act, P.L. 99-272  
(section 9517) and  
101-508 (section  
4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(iii), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

\_\_\_\_ The State elects not to guarantee eligibility.

\_\_\_\_ The State elects to guarantee eligibility. The minimum enrollment period is \_\_\_\_\_ months (not to exceed six).

\_\_\_\_ The State measures the minimum enrollment period from:

\_\_\_\_ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

\_\_\_\_ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

\_\_\_\_ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

\*Agency that determines eligibility for coverage.

TU No. 02-01

Approval Date

JAN 24 2002

Effective Date

OCT 1 2001

Supersedes

TR # 97-2

HCFA ID: 7983E



State/Territory: GUAM

Agency*	Citation(s)	Groups Covered
		<b>B. <u>Optional Groups Other Than the Medically Needy</u></b> <b>(Continued)</b>
1903(m)(2)(F) of the Act, P.L. 98-369 (section 2364), P.L. 99-272 (section 9517), P.L. 101-508 (section 4732)		<p>The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.</p> <p>___ Disenrollment rights are restricted for a period of ___ months (not to exceed 6 months).</p> <p>During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.</p> <p>___ No restrictions upon disenrollment rights.</p>
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 (section 4732)		<p>In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(n) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.</p> <p>___ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.</p> <p>___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.</p>

\*Agency that determines eligibility for coverage.

TN No. 02-01 Approval Date JAN 24 2002 Effective Date  
Supersedes  
TN No. 07-2

HCFA ID: 1983E

OCT 1 2001

Revision: HCFA-PM-91-10 (MB)  
DECEMBER 1991

Attachment 2.2-A  
Page 11

State/Territory: GUAM

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.217

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart C would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

\*Agency that determines eligibility for coverage.

TR No. 02-01 Approval Date JAN 24 2002 Effective Date

Supersedes

TR No. 87-2

HCFA ID: 7983E

OCT 1 2001

Territory: GUAM

Agency\* Citation(s) Groups Covered

**B. Optional Groups Other Than the Medically Needy  
 Continued)**

1902(a)  
 (10)(A)(ii)  
 (V) of the  
 Act

7. Individuals wh  
 least 30 conse  
 eligible under  
 Eligibility be  
 the 30-day per  
 meet the incom  
 Supplement 1 t

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-MM1	Guam	
Pages or sections of pages being superseded by S141, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.2-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1s - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

— The State cover above.

— The State cover groups of indiv

- Aged
- Blind
- Disabled
- Individuals
- 21
- 20
- 19
- 18
- Caretaker re
- Pregnant wom

42 CFR ~~X~~  
 436.220

8. Individuals who  
 their work-rela  
 earnings rather  
 the agency. Th  
 child care cost  
 amount of AFDC.

— The State covers above.

Transmittal Number: 15-0002  
 Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-01

Supersedes

TN No. 07-2

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

2015 10 14 10:02

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

<b>TRANSMITTAL NUMBER:</b> 15-0002-MM1	<b>STATE:</b> Guam
---	-----------------------

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

<b>State Plan Section</b>	<b>Complete Pages Removed</b>	<b>Partial Pages Removed</b>
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

Revision: HCFA-PM-91- 4 (BPD)  
 AUGUST 1991

ATTACHMENT 2.2-A  
 Page 16  
 OMB No.: 0938-

Territory: GUAM

Agency\* Citation(s) Groups Covered

42 CFR  
 436.230

~~X~~

11. Essential spo

~~X~~ OAA

Spouse is liv  
 the well being  
 or AABD, and i  
 consideration  
 financial assi

1902  
 (a)(10)  
 (A)(i)(IV),  
 1902(a)(10)  
 (A)(ii)(IX)  
 1902(1), and  
 1902(1)(4)(B)  
 of the Act

12. Low income pre  
 described in s

Supplement 1 t  
 income level (  
 185 percent of  
 this group. S  
 specifies any

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-MM1	STATE: Guam	
Pages or sections of pages being superseded by S141, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
 Guam

Approval Date: 10/28/2015

Effective Date: 1/1/15

TN No. 02-01  
 Supersedes Approval Date JAN 24 2002  
 TN No. 07-4

Effective Date OCT 1 2001

HCFA ID: 7984E

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c

Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
 (A)(ii)(X) and  
 1902(m)(1) & (2)  
 of the Act

14. Individuals--

- a. Who are 65 years old or older or are disabled as determined under section 1614 of the Act;
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under 387...

1902(a)(47)  
 and 1920 of  
 the Act

15. Preg  
 "qua  
 \$192  
 prel  
 high  
 spec  
 2.6-  
 pres  
 elig  
 of t

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-MM1	Guam	
Pages or sections of pages being superseded by S14F, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991  
Territory: GUAM

ATTACHMENT 2.2-A  
Page 19  
OMB No.: 0938-

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

C. Optional Coverage - Medically Needy

42 CFR 436.301 This plan includes the medically needy.

No.

Yes. This plan covers:

1902(a)(10)  
(C)(ii)(II)  
of the Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of  
the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the day the pregnancy ends. These women continue to remain eligible, as though they were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(a)(10)  
(C)(ii)(I)  
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

---

TN No. A2-01

Supersedes

TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

Revision: HCFA-PM-92-1 (MB)  
 FEBRUARY 1992

ATTACHMENT 2.2-A  
 Page 20

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 Territory: GUAM

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

C. Optional Coverage - Medically Needy (Continued)

1902(e)(4)  
 of the Act

4. A child born to a woman who is eligible for and receiving Medicaid as medically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible, or would remain eligible if still pregnant, and the child remains in the same household as the mother.

42 CFR 436.308

5. a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--

1902(a)(10)  
 (C)(ii) of  
 the Act

21  
 20  
 19

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-MM1	STATE: Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iiii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
 Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-01  
 Supersedes  
 TN No. 87-4

Approval Date JAN 24 2002 Effective Date

OCT 1 2001

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991  
Territory: GUAM

ATTACHMENT 2.2-A  
Page 21  
OMB No.: 0938-

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

C. Optional Coverage - Medically Needy (Continued)

b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

- \_\_\_ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
  - \_\_\_ (a) In foster homes (and are under the age of \_\_\_).
  - \_\_\_ (b) In private institutions (and are under the age of \_\_\_).
  - \_\_\_ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_).

---

TN No. 02-01  
Supersedes TN No. 87-4  
Approval Date JAN 24 2002  
Effective Date OCT 1 1991  
HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991  
Territory: GUAM

ATTACHMENT 2.2-A  
Page 22  
OMB No.: 0938-

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

C. Optional Coverage - Medically Needy (Continued)

- \_\_\_ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_).
  - \_\_\_ (3) Individuals in NFs (who are under the age of \_\_\_). NF services are provided under this plan.
  - \_\_\_ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_).
  - \_\_\_ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
  - \_\_\_ (6) Other denied groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.
- 
- |                |     |                          |
|----------------|-----|--------------------------|
| 42 CFR 436.310 | ___ | 6. Caretaker Relatives.  |
| 42 CFR 436.320 | ___ | 7. Aged Individuals.     |
| 42 CFR 436.321 | ___ | 8. Blind Individuals.    |
| 42 CFR 436.322 | ___ | 9. Disabled Individuals. |

---

TN No. 02-01  
Supersedes TN No. 07-4  
Approval Date JAN 24 2002  
Effective Date OCT 1 2001

HCFA ID: 7984E

Revision: HCFA-PM-93-5 (MB)  
MAY 1993

ATTACHMENT 2.2-A  
Page 23

Territory: GUAM

---

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

---

D. Optional Coverage - Qualified Medicare Beneficiaries

1902(a)(10)(E)(i)  
and 1905(p)(4)  
of the Act

Qualified Medicare Beneficiaries--

1. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
2. Whose income does not exceed the percent of the Federal poverty level specified in Supplement 1 to ATTACHMENT 2.6-A ; and
3. Whose resources do not exceed twice the maximum standard under SSI.

1905(p)(3)  
of the Act

(Medical assistance for this group is limited to Medicare cost-sharing as defined in section 1905(p)(3) of the Act).

---

TN No. 02-01  
Supersedes  
TN No. 07-4 Approval Date JAN 24 2002 Effective Date OCT 1 2001

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.2-A  
Page 23a  
OMB NO.:

State/Territory: GUAM

Citation Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

- |  |  |
|--|--|
| 1906 of the Act                          | 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of _____ months.  |
| 1902(a)(10)(F) and 1902(u)(1) of the Act | 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A. |

N/A Guam Does not cover 1906 or 1902(a)(10)(F)

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 1 2001  
Supercedes \_\_\_\_\_ HCFA ID: 7982E  
TN No. \_\_\_\_\_

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-MM1		STATE: Guam
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c

Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	



The following reasonable classifications of children described above who are under age \_\_\_\_\_ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification

(ADD NARRATIVE DESCRIPTION (S) OF THE REASONABLE CLASSIFICATION (S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISHED ELIGIBILITY FOR EACH CLASSIFICATION.)

1902 (e) (12) of the Act \_\_\_\_\_ 20. A child under age \_\_\_\_ (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of \_\_\_\_\_ months (not to exceed 12 months regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act \_\_\_\_\_ 21. Children under age 19 who are determined by a "qualified entity" (as defined in §1920A (b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this pl

The p  
that t  
applic  
child'  
month  
determ  
was m  
the da  
determ  
applic  
filed c  
day of  
determ  
was m  
that la

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-MM1	Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Par tial qes Remo ved
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 9, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 00-00  
Supersede 04-00i

Approval Date \_\_\_\_\_ Effective ~~OCT~~ 1 1997

Territory: GUAM

Agency*	Citation(s)	Groups Covered
		<b>E. <u>Optional Coverage - Qualified Disabled and Working Individuals</u></b>
		___ Qualified disabled and working individuals--
	1902(a)(10)(E)(ii) and 1905(p)(4) of the Act	1. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
		2. Whose income does not exceed 200 percent of the Federal poverty level; and
		3. Whose resources do not exceed twice the maximum standard under SSI.
		4. Who are not otherwise eligible for medical assistance under Title XIX of the Act.
	1905(p)(3)(A)(i)	(Medical assistance for this group is limited to cost-sharing as defined in section 1905(p)(3)(A)(i) of the Act.)
		<b>F. <u>Optional Coverage - Specified Low-Income Medicare Beneficiaries</u></b>
		___ Specified low-income Medicare beneficiaries--
	1902(a)(10)(E)(iii) and 1905(p)(4) of the Act	1. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
		2. Whose income for calendar years beginning 1993 exceeds the percent of the Federal poverty level in D. 2., but is less than the percentage of the Federal poverty level specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> ;
		3. Whose resources do not exceed twice the maximum standard under SSI.
	1905(p)(3)(a)(ii) of the Act	(Medical assistance for this group is limited to cost-sharing as defined in section 1905(p)(3)(A)(ii) of the Act.)

Revision: HCFA-PH-85-3 (BERC)  
MAY 1985

SUPPLEMENT 1 TO ATTACHMENT 2.2-A  
Page 1  
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, AND 18

Not applicable.

TN No. 95-5  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_ Effective Date 7-1-85

HCFA ID: 0249C/0002P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Guam

A. DEFINITION OF BLINDNESS IN TERMS OF OPHTHALMIC MEASUREMENT

An individual is considered blind if he has central visual acuity of 20/200 or less in the better eye with correcting glasses, or a field defect in which the periheral field has contacted to such extent that the widest diameter of visual field subtends an angular distance of no greater than 20°.

\*Agency that determines eligibility for coverage.

TN No. 87-4  
Supersedes  
TN No. 85-5

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2002P/0021P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Guam

B. DEFINITION OF PERMANENT AND TOTAL DISABILITY

An individual has some permanent physical or mental impairment, disease, or loss, or combination thereof, this substantially precludes him from engaging in useful occupations within his competence, such as holding a job.

Definition: 45 CFR 233.80

\*Agency that determines eligibility for coverage.

TN No. 87-4  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 7/1/89

## § 233.80

the State's title X or XVI plan. Blindness may be considered as continuing until a determination by the reviewing physician establishes the fact that the recipient's vision has improved beyond the State's definition of blindness set forth under its State title of X or XVI plan.

(2) *Administrative expenses.* Federal financial participation is available in any expenditures incident to the eye examination necessary to determine whether an individual is blind.

[36 FR 3867, Feb. 27, 1971, as amended at 40 FR 25819, June 19, 1975]

## § 233.80 Disability.

(a) *State plan requirements.* A State plan under title XIV or XVI of the Social Security Act must:

(1) Contain a definition of permanently and totally disabled, showing that:

(i) "Permanently" is related to the duration of the impairment or combination of impairments; and

(ii) "Totally" is related to the degree of disability.

The following definition is recommended:

"Permanently and totally disabled" means that the individual has some permanent physical or mental impairment, disease, or loss, or combination thereof, this substantially precludes him from engaging in useful occupations within his competence, such as holding a job.

Under this definition:

"Permanently" refers to a condition which is not likely to improve or which will continue throughout the lifetime of the individual; it may be a condition which is not likely to respond to any known therapeutic procedures, or a condition which is likely to remain static or to become worse unless certain therapeutic measures are carried out, where treatment is unavailable, inadvisable, or is refused by the individual on a reasonable basis; "permanently" does not rule out the possibility of vocational rehabilitation or even possible recovery in light of future medical advances or changed prognosis; in this sense the term refers to a condition which continues indefinitely, as distinct from one which is temporary or transient;

"Totally" involves considerations in addition to those verified through the medical findings, such as age, training, skills, and work experience, and the probable functioning of the individual in his particular situation in light of his impairment; an individual's disability would usually be tested in relation to ability to engage in remunerative

## 45 CFR Ch. II (10-1-09 Edition)

employment; the ability to keep house or to care for others would be the appropriate test for (and only for) individuals, such as housewives, who were engaged in this occupation prior to the disability and do not have a history of gainful employment; eligibility may continue, even after a period of rehabilitation and readjustment, if the individual's work capacity is still very considerably limited (in comparison with that of a normal person) in terms of such factors as the speed with which he can work, the amount he can produce in a given period of time, and the number of hours he is able to work.

(2) Provide for the review of each medical report and social history by technically competent persons—not less than a physician and a social worker qualified by professional training and pertinent experience—acting cooperatively, who are responsible for the agency's decision that the applicant does or does not meet the State's definition of permanent and total disability. Under this requirement:

(i) The medical report must include a substantiated diagnosis, based either on existing medical evidence or upon current medical examination;

(ii) The social history must contain sufficient information to make it possible to relate the medical findings to the activities of the "useful occupation" and to determine whether the individual is totally disabled, and

(iii) The review physician is responsible for setting dates for reexamination; the review team is responsible for reviewing reexamination reports in conjunction with the social data to determine whether disabled recipients whose health condition may improve continue to meet the State's definition of permanent and total disability.

(3) Provide for cooperative arrangements with related programs, such as vocational rehabilitation services.

(b) *Federal financial participation—(1) Assistance payments.* Federal financial participation is available in payments to or in behalf of any otherwise eligible individual who is permanently and totally disabled. Permanent and total disability may be considered as continuing until the review team establishes the fact that the recipient's disability is no longer within the State's definition of permanent and total disability.

Office of Family Assistance, ACF, HHS

§233.90

(2) *Administrative expenses.* Federal financial participation is available in any expenditures incident to the medical examinations necessary to determine whether an individual is permanently and totally disabled.

[36 FR 3867, Feb. 27, 1971]

§ 233.90 Factors specific to AFDC.

(a) *State plan requirements.* A State plan under title IV-A of the Social Security Act shall provide that:

(1) The determination whether a child has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, or (if the State plan includes such cases) the unemployment of his or her parent who is the principal earner will be made only in relation to the child's natural or adoptive parent, or in relation to the child's stepparent who is married, under State law, to the child's natural or adoptive parent and is legally obligated to support the child under State law of general applicability which requires stepparents to support stepchildren to the same extent that natural or adoptive parents are required to support their children. Under this requirement, the inclusion in the family, or the presence in the home, of a "substitute parent" or "man-in-the-house" or any individual other than one described in this paragraph is not an acceptable basis for a finding of ineligibility or for assuming the availability of income by the State; and

(2) Where it has reason to believe that a child receiving aid is in an unsuitable environment because of known or suspected instances of physical or mental injury, sexual abuse or exploitation, or negligent treatment or maltreatment of such child, under circumstances which indicate the child's health or welfare is threatened, the State or local agency will:

(i) Bring such condition to the attention of a court, law-enforcement agency, or other appropriate agency in the State, providing whatever data it has with respect to the situation;

(ii) In reporting such conditions, use the same criteria as are used in the State for all other parents and children; and

(iii) Cooperate with the court or other agency in planning and implementing action in the best interest of the child.

(b) *Conditions for plan approval.* (1) A child may not be denied AFDC either initially or subsequently "because of the conditions of the home in which the child resides", or because the home is considered "unsuitable", unless "provision is otherwise made pursuant to a State statute for adequate care and assistance with respect to such child". (Section 404(b) of the Social Security Act.)

(2) An otherwise eligible child who is under the age of 18 years may not be denied AFDC, regardless of whether she attends school (unless she is required to participate in the JOBS program pursuant to §250.30 and she is assigned to educational activities) or makes satisfactory grades.

(3) A state may elect to include in its AFDC program children age 18 who are full-time students in a secondary school, or in the equivalent level of vocational or technical training, and who may reasonably be expected to complete the program before reaching age 19.

(4)(1) A child may not be denied AFDC either initially or subsequently because a parent or other caretaker relative fails to cooperate with the child support agency in performing any of the activities needed to:

(A) Establish the paternity of a child born out of wedlock; or

(B) Obtain support from a person having a legal duty to support the child.

(ii) Any parent or caretaker relative who fails to so cooperate shall be treated in accordance with §232.12 of this chapter.

(5) [Reserved]

(6) An otherwise eligible child may not be denied AFDC if a parent is mentally or physically incapacitated as defined in paragraph (c)(1)(iv) of this section.

(c) *Federal financial participation.* (1) Federal financial participation under title IV-A of the Social Security Act in payments with respect to a "dependent child," as defined in section 406(a) of the Act, is available within the following interpretations:



# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: GU - 15 - 0002

Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110  
1902(a)(10)(A)(i)(I)  
1931(b) and (d)

**Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

Options relating to the definition of caretaker relative (select any that apply):

Options relating to the definition of dependent child (select the one that applies):

The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

Have household income at or below the standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

Maximum income standard

Transmittal Number: 15-0002  
Guam

Approval Date: 10/29/2015  
S25-1

Effective Date: 1/1/15





# Medicaid Eligibility

- The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

- The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- A percentage of the federal poverty level:  %
- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- Other dollar amount

Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard
- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.
- Another income standard in-between the minimum and maximum standards allowed

There is no resource test for this eligibility group.

Presumptive Eligibility



# Medicaid Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes  No

### 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



# Medicaid Eligibility

State Name:

Transmittal Number: GU - 15 - 0002

## Eligibility Groups - Mandatory Coverage - Territories

S28T

42 CFR 435.116  
1902(a)(10)(A)(i)(III) and (IV)  
1902(a)(10)(A)(ii)(I), (IV) and (IX)  
1931(b) and (d)  
1920

### Pregnant Women - Territories

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan S25 - Parents and Other Caretaker Relatives.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

The state certifies that it has an approved MAGI conversion plan.

**An attachment is submitted.**

Income standard chosen

Indicate the state's income standard used for this eligibility group:

The minimum income standard

The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (poverty level-related

pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.



# Medicaid Eligibility

- The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.
- Another income standard higher than the minimum standard allowed.

The amount of the income standard for this eligibility group is (if not the minimum):

- AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- TANF payment standard. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- Another income standard not already specified in S14T Income Standards-Territories.
  - A percentage of the poverty level:  %
  - A dollar amount by family size

There is no resource test for this eligibility group.

Benefits for individuals in this eligibility group consist of the following:

- All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.



# Medicaid Eligibility

Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

No

V.20140415



# Medicaid Eligibility

State Name:

Transmittal Number: GU - 15 - 0002

## Eligibility Groups - Mandatory Coverage - Territories

S30T

42 CFR 435.118

1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)

1902(a)(10)(A)(ii)(IV) and (IX)

1931(b) and (d)

1920A

**Infants and Children under Age 19 - Territories** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

The state attests that it operates this eligibility group in accordance with the following provisions:

Children qualifying under this eligibility group must meet the following criteria:

Are under age 19

Have household income at or below the standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for infants under age one

Minimum income standard

The minimum income standard used for infants under age one is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

The state certifies that it has an approved MAGI conversion plan.

An attachment is submitted.

Income standard chosen

The state's income standard used for infants under age one (which cannot be less than the highest effective income level for coverage of infants under age one in the state plan as of March 23, 2010) is:

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.



# Medicaid Eligibility

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for infants under age one is (if not the minimum):

AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.

TANF payment standard. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.

Another income standard not already specified in S14T Income Standards-Territories.

A percentage of the poverty level:  %

A dollar amount by family size

Income standard for children age one through age five, inclusive

Minimum income standard

The minimum income standard used for children age one through five is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

Income standard chosen

The state's income standard used for children age one through five (which cannot be less than the highest effective income level for coverage of children age one through five in the state plan as of March 23, 2010) is:



# Medicaid Eligibility

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

- Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for children age one through five is (if not the minimum):

- AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- TANF payment standard. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- Another income standard not already specified in S14T Income Standards-Territories.

A percentage of the poverty level:  %

A dollar amount by family size





# Medicaid Eligibility

Income standard for children age six through age eighteen, inclusive

Minimum income standard

The minimum income standard used for children age six through eighteen is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

Income standard chosen

The state's income standard used for children age six through eighteen (which cannot be less than the highest effective income level for coverage of children age six through eighteen in the state plan as of March 23, 2010) is:

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for children age six through eighteen is (if not the minimum):

AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.

TANF payment standard. The standard is described in S14T Income Standards-Territories.



# Medicaid Eligibility

MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.

Another income standard not already specified in S14T Income Standards-Territories.

A percentage of the poverty level:  %

A dollar amount by family size

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

V.20140415



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Adult Group

S32

1902(a)(10)(A)(i)(VIII)  
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes  No

**Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Have attained age 19 but not age 65.

Are not pregnant.

Are not entitled to or enrolled for Part A or B Medicare benefits.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is  receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19. or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Under age 20

Under age 21

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes  No



# Medicaid Eligibility

## 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.



# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: GU - 15 - 0002

Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Former Foster Care Children

S33

42 CFR 435.150  
1902(a)(10)(A)(i)(IX)

**Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

The state attests that it operates this eligibility group under the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under age 26.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state  plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

Yes  No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes  No

### 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

Revision: HCFA-PH-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

Territory: Guam

Citation  
436.10 and  
436.403, and  
1902(b) of the  
Act, P.L. 99-272  
(Section 9529)  
and P.L. 99-509  
(Section 9405)

**2.3 Residence**

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 436.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TN No. 87-4  
Supersedes  
TN No. 87-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2000P/0020P

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

Territory: Guam

Citation

42 CFR 436.530(b)  
42 CFR 436.531  
AT-78-90  
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 436.530 and 42 CFR 436.531 are met. The definition of blindness in terms of ophthalmic measurement used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

TN No. 87-4  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2000P/0020P

Revision: HCFA-PH-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

Territory: Guam

Citation

42 CFR 436.540(b)  
42 CFR 436.541  
AT-78-90  
AT-79-29

2.5 Disability

All of the requirements of 42 CFR 436.540 and 42 CFR 436.541 are met. The definition of permanent and total disability that is used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

All of the requirements of 42 CFR 436.540 and 42 CFR 436.541 are met.

TN No. 87-4  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2000P/0020P



Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

Territory: Guam

Citation  
42 CFR Part 436,  
§436.10 and  
Subparts G and H  
AT-78-90  
AT-80-6  
AT-81-4

2.6 Financial Eligibility

(a) Categorically needy.

1902(1) and (m)  
of the Act,  
P.L. 99-509  
(Secs. 9401  
and 9402)

- (1) Except as specified in item (a)(2) below, the financial eligibility requirements of the pertinent financial assistance plans are applied.
- (2) The financial eligibility requirements for the following groups with incomes up to the Federal poverty line are described in ATTACHMENT 2.6-A:
- (i) Pregnant women, infants, and children covered under section 1902(a)(10)(A)(ii)(IX) of the Act; and
- (ii) Aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act.

1902(1) and (m)  
and 1920 of the  
Act, P.L. 99-509  
(Secs. 9401,  
9402, and 9407)

- (3) All requirements of 42 CFR Part 436, Subparts G and H and sections 1902(1) and (m) and 1920 of the Act are met with respect to the families and individuals to whom the individuals apply.

TN No. 87-4  
Supersedes \_\_\_\_\_  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2000P/0020P

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

Territory: Guam

Citation  
42 CFR Part 436,  
§436.10 and  
Subpart G & I  
and sec. 1920  
of the Act,  
P.L. 99-509  
(Section 9407)

2.6 (b) Medically needy.

All requirements of 42 CFR Part 436, Subparts G and I and section 1920 of the Act are met with respect to the families and individuals to whom the requirements apply. The levels of income and resources, expressed in total dollar amounts, that are used as a basis for establishing eligibility under the plan are described in ATTACHMENT 2.6-A.

Not applicable. The medically needy are not included under this plan.

1902(a)(10)(E)  
and 1905(p) of  
the Act,  
P.L. 99-509  
(Section 9403)

(c) Qualified Medicare beneficiaries.

All requirements of section 1905(p) of the Act are met with respect to qualified Medicare beneficiaries. The level of income and resources, expressed in total dollar amounts, that are used as a basis for establishing eligibility under the plan are as described in ATTACHMENT 2.6-A.

Not applicable. Qualified Medicare beneficiaries are not included in the plan.

TN No. 87-4  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2000P/0020P

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
	<p>A: Each individual covered under the plan meets the following conditions:</p> <p>42.CFR Part 436, Subpart G, 1. Is financially eligible to receive services.</p> <p>42.CFR Part 436, Subpart F, 2. Meets the applicable non-financial eligibility conditions.</p> <p>a. (i) Except as specified and (iii) below, for individuals, meets eligibility conditions for assistance program.</p> <p>(ii) For pregnant women with incomes up to Federal poverty level groups under section 1902(a)(10)(A)(i)(V), 1902(a)(10)(A)(ii)(C), the non-financial criteria of section 1902(l) of the Act.</p> <p>(iii) For aged and disabled individuals with incomes up to the Federal poverty level covered under section 1902(a)(10)(A)(ii)(D), the non-financial criteria of section 1902(m) of the Act.</p>

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-0001	Guam	
Pages or sections of pages being superseded by 5141, 525, 5287, 5307, and 533 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 2, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 17, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23a, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 6, C.1.10(1) Page 12, C.2.c(12) Page 13a, C.2.4(13) Page 18, C.6.b Page 19, C.6.c Page 21, C.11.a(11)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.202
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002 Guam Approval Date: 10/26/01 Effective Date: 1/1/01

TN No. 02-01  
Supersedes 87-4 Approval Date JAN 24 2002 Effective Date OCT 1 2001  
HCFA ID: 7984E

Revision: HCFA-PM-93-5 (MB)  
MAY 1993.

ATTACHMENT 2.6-A  
Page 1a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 436.
1905(p) of the Act	c. For qualified Medicare beneficiaries, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For qualified disabled and working individuals, meets the non-financial criteria of section 1905(s).
1902(A)(10)(E)(iii) of the Act	e. For specified low-income Medicare beneficiaries, meets the non-financial criteria of section 1905(p) of the Act.

5/17/12

Missing  
Section 206A  
1b, 1c

Citation	Condition or Requirement
436.402  <i>PL 104-193, PRWORA of 1996</i>	3. Is residing in the United States and U.S. Territory of Guam -- a. Is a citizen; b. <i>Is a qualified alien, 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 US/Territories prior to August 22, 1996, and those who entered on or after August 22, 1996.</i>
<i>PL 104-193, PRWORA, Sec. 402</i>	<input checked="" type="checkbox"/> <i>Is a qualified alien, as defined in section 431(b) of PL 104-193, whose coverage is optional under sections 402 and 403 of PL 104-193, including those who entered the US/Territories prior to August 22, 1996, and those who entered on or after August 22, 1996.</i>
<i>PL 104-193, PRWORA, Sec. 402</i>	c. <i>Is an alien who is not a qualified alien, as defined in section 431(b) of PL 104-193, or who is a qualified alien but is not eligible under the provisions of (b) above. (Coverage is restricted to emergency services).</i>  d. <i>Is an alien admitted to the US/Territories on or after August 22, 1996 who has met the five (5) year barring period requirement and meets the "qualified alien" criteria.</i>
436.403 and 1902(b) of the Act, it at P.L. 99-272 (Section 9529) and P.L. 99-509 (Section 9405)	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains a fixed address.  _____ State has interstate residency agreement with the following States:  _____ State has open agreement (s)  _____ Not applicable; no residency requirement.
436.1004	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

Citation	Condition or Requirement
	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.  ____ Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 436.604 1912 of the Act, P.L. 99-272 (Section 9503)	6. Is required, as a condition of eligibility, to assign rights to medical support and to payment for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.  ____ Assignment of rights is automatic because of State law.
436.901 and 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).
	B. Post-Eligibility Treatment of Institutionalized Individuals
436.832	The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:  1. Personal Needs Allowance. \$ _____  2. For maintenance of the non-institutionalized spouse only. \$ _____  3. For non-institutionalized families and children, each family member. \$ _____

TN No. 87-4  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 7/1/89

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 3a  
OMB No.: 0938-

State/Territory: GUAM

Citation	Condition or Requirement
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.  <input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. 02-01  
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E

Note: Supposed to change page #  
to Page 4 <sup>a. per Sue Castleberry</sup>  
email.

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 3a.1  
OMB No.: 0938-

State/Territory: GUAM

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

/ Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

TN No. 02-01  
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E



Note: Suppose to change page#  
to page 5 as per Sue Castleben  
email of 1/15/02.

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 3c  
OMB No.: 0938-

State/Territory: Guam

Citation	Condition or Requirement
1906 of the Act 10.	Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

Not applicabe. Since section 4741 of BBA makes this optional, Guam chooses not to pay employer based group health premiums.

TN No. 02-01  
Supersedes Approval Date JAN 24 2002 Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E

Revision: HCFA-PM-97-2  
December 1997

ATTACHMENT 2.6-A  
Page 6  
OMB No.: 0938-0673

Territory: Guam

---

Citation \_\_\_\_\_ Condition or Requirement \_\_\_\_\_

---

B. Posteligibility Treatment of Institutionalized  
Individuals' Incomes

1. The following items are not considered in the posteligibility process:
    - a. German Reparations Payments (reparation payments by the Federal Republic of Germany).
    - b. Japanese and Aleutian Restitution Payments.
    - c. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
    - d. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.).
    - e. Radiation Exposure Compensation.
    - f. VA pensions limited to \$90 per month under P.L. 38 U.S.C. 5503.
    - g. Benefits paid under AB, APTD, or AABD to blind or disabled individuals during the initial 2 months in which the individuals receive care in a hospital, SNF, or ICF if the individuals are allowed to retain the benefits under agreement with the facility; or during a temporary stay in a hospital, SNF, or ICF, if it is determined that the individuals' stay is not likely to exceed 3 months and they must continue to maintain a home to which they may return upon leaving the institution.
- 1902(r)(1) of the Act
- 105/206 of P. L. 100-383
1. (a) of P.L. 103-286
- 10405 of P. L. 101-239
- 6(h)(2) of P.L. 101-426
- 12005 of P. L. 103-66
- 1902(1) of the Act

TN No. 02-01  
Supersedes  
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

Revision: HCFA-PM-93-5 (MB)  
MAY 1993

ATTACHMENT 2.6-A  
Page 7

Territory: Guam

Citation

Condition or Requirement

C. Financial Eligibility - Categorically and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

1. Categorically Needy Income Levels

- a. For categorically needy groups other than those specified in items C.1.b. and c. below, the financial eligibility income levels for the related cash assistance programs are applied.
- b. Supplement 1 to ATTACHMENT 2.6 specifies the income eligibility levels for the following groups of individuals with incomes related to the Federal income poverty line:

TN No. 02-01

Supersedes

TN No. \_\_\_\_\_

Approval Date

JAN 24 2002

Effective Date

OCT 1 2001

Revision: HCFA-PM-93- 5 (MB)  
MAY 1993

ATTACHMENT 2.6-A  
Page 8

Territory: GUAM

Citation Condition or Requirement

1902(l) of the Act (i) Optional categorically needy groups of pregnant women, infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(ii)(IX), and 1902(l)(4)(A) of the Act.

1902(m) of the Act (ii) Optional categorically needy groups of

1905(p)(4) of the Act (iii)

SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: 15-0002-MM1	STATE: Guam

1905(p)(4) of the Act (iv)

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

1905(p)(4) of the Act

c. For work level appli

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

N/A Guam does not cover this group

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 1 2001  
Supersedes  
TN No. 87-4

Revision: HCFA-PM-93-5 (MB)  
MAY 1993

ATTACHMENT 2.6-A  
Page 9

Territory: GUAM

Citation	Condition or Requirement
1902(a)(10), 1902(a)(17), and 1902(r)(2) of the Act	<p>2- Income and Resources Methodologies - Categorically Needy and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low- Income Medicare Beneficiaries.</p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income and resources for AFDC-related individuals, the following methods are used:</p> <p><input type="checkbox"/> (a) The methods under the State's approved AFDC plan only; or</p> <p><input checked="" type="checkbox"/> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 5 to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents under the children become 21.</p>

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 1 2001  
Supersedes  
TN No. 87-4

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 10  
OMB No.: 0938-

Territory: GUAM

Citation

Condition or Requirement

b. Aged, Blind and Disabled Individuals. For aged, blind, and disabled individuals, including aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency uses the following methods for determining countable income and resources:

~~(1)~~ (1) The methods of the appropriate cash assistance program only; or

X (2) The methods of the appropriate cash assistance program and/or more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A.

TN No. 02-01  
Supersedes  
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

Revision: HCFA-PM-92-1 (MB)  
 FEBRUARY 1992

ATTACHMENT 2.6-A  
 Page 11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

FINANCIAL ELIGIBILITY

Citation(s)

Groups Covered

1902 (1)(3) of  
 the Act

c. Poverty level pregnant women and infants

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-MM1	STATE: Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
 Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-01  
 Supersedes  
 TN No. 87-4

Approval Date JAN 24 2002 Effective Date OCT 1 2001

Revision: HCFA-PM-92-1 (MB)  
 FEBRUARY 1992

ATTACHMENT 2.6-A  
 Page 12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

FINANCIAL ELIGIBILITY

Citation(s) Groups Covered

The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-MM1	STATE: Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
 Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 1 2001  
 Supersedes  
 TN No. 87-4



**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c

Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c

Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Revision: HCFA-PM-92 -1 (MB)  
FEBRUARY 1992

ATTACHMENT 2.6-A  
Page 13c

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

FINANCIAL ELIGIBILITY

Citation(s)

Groups Covered

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-NM1	Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.e(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 416.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
Guam

Approval Date: 10/28/2015

Effective Date: 1/1/15

1902(e)(6)  
of the Act.

f. In determining the income of pregnant women, the agency disregards all increases in income throughout the pregnancy and the postpartum period.

TO: TN No. 02-01  
Subsequent 87-4

JAN 24 2002

OCT 1 2001

Territory: GUAM

Citation	Condition or Requirement
1905(p)(1)(C) and (D) and 1902(r)(2) of the Act	<p>g. For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the agency uses the following methods for treatment of income and resources--</p> <ul style="list-style-type: none"><li>— The methods used under the SSI program.</li><li>— The methods used under SSI program and/or more liberal methods described in <u>Supplements 5 and 6 of ATTACHMENT 2.6-A.</u></li></ul>
1905(s) of the Act	<p>h. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses the methods under the SSI program for treatment of income and resources.</p>
1902(a)(10)(E)(iii) of the Act	<p>i. For specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the agency uses the same methods as in g. for QMBs.</p>

J COBA ent from 12-2

*Changing order*

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page ~~128~~ 14a  
OMB No.:

State/Territory: GUAM

Citation	Condition or Requirement
----------	--------------------------

1902(u)  
of the Act

j

~~X~~

COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

- \_\_\_\_\_ The disregards of the SSI program;
- \_\_\_\_\_ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

N/A Guam does not offer this coverage

TN No. 02-D1  
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E

*Change Side.*

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 14a b  
OMB No.

State/Territory: GUAM

Citation	Condition or Requirement
----------	--------------------------

1903(f)(2) of the Act	<p>a. <u>Medically Needy (Continued)</u></p> <p>(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.</p>
--------------------------	---

TN No. 02-01  
Supersedes  
TN No. 07-4

Approval Date JAN 24 2002

Effective Date OCT 1991

HCFA ID: 7985E/

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 15  
OMB No.

State/Territory: GUAM

Citation	Condition or Requirement
1903(f)(2) of the Act	<p data-bbox="602 541 1317 590">4.b. <u>Categorically Needy - Section 1902(f) States</u> Continued</p> <p data-bbox="602 617 1317 663">___ (6) Spenddown payments made to the State by the individual.</p> <p data-bbox="639 688 1390 737">NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.</p>

TN No. 02-01  
Supersedes  
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7985E/



Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 16  
OMB No.: 0938-

Territory: GUAM

Citation	Condition or Requirement
1902(a)(10)(C) of the Act	4. Medically Needy Income Levels <ul style="list-style-type: none"><li>a. Medically needy income levels (MNILs) are based on family size.</li><li>b. The MNIL does not diminish by family size.</li><li>c. The MNIL at least equals the amount of the highest income standards used on or after January 1, 1966, to determine eligibility under the cash assistance programs related to the States covered medically needy groups or groups of individuals.</li></ul> <p><u>Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups.</u></p>
42.CFR . 436.831	5. Handling of Excess Income - Spend-down for Medically Needy <ul style="list-style-type: none"><li>a. Income in excess of the MNIL is considered available for payment of medical care and services. The Medicaid agency measures available income for a period of ___ month(s) (not to exceed six months) to determine the amount of excess countable income applicable to the cost of medical care and services.</li></ul>

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 01 01  
Supersedes \_\_\_\_\_  
TN No. \_\_\_\_\_

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 17  
OMB No.: 0938-

Territory: GUAM

Citation	Condition or Requirement
b. If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:	(i) Health insurance premiums, deductibles and co-insurance charges.
	(ii) Expenses for necessary medical and remedial care not included in the plan.
	(iii) Expenses for necessary medical and remedial care included in the plan.
	Reasonable limits on amounts of expenses deducted from income under (b)(i) and (ii) above are listed below.

TN No. 02-01

Supersedes

Approval Date JAN 24 2002

Effective Date

OCT 1 2001

TN No. \_\_\_\_\_

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)  
 AUGUST 1991  
 Territory: GUAM

ATTACHMENT 2.6-A  
 Page 18  
 OMB No.: 0938-

Citation	Condition or Requirement
1902(a)(17) of the Act	<p>Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</p> <p>The agency elects not to deduct incurred expenses that are paid by a third party that is a program funded by a State or local government under its section 1902(f) option.</p>

6. Resource Standard - Categorically Needy

- a. Except as specified in item C.6.b. below, the resource standards are the same as those in the related cash assistance program.

1902(1)(3)(A),  
 (B), and (C)  
 of the Act

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-MM1	Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2	Page 1 for APDC-related groups
	Page 5	Page 3, A.3 for APDC-related groups
	Page 9b	Page 3, A.4
	Page 9c	Page 4, A.4.1 and 2
	Page 13	Page 7, B.1 and B.2 for APDC-related groups
	Page 15	Page 8 for APDC-related groups
	Page 17	Page 12, B.8
	Page 23b	Page 16, B.12
		Page 18, B.15
		Page 20, C.4
Attachment 2.6-A	Page 11	Page 23c, B.19 & B.21
	Page 13	Page 1 for APDC-related groups
	Page 13a	Page 2, C.1.2(1)
	Page 13b	Page 12, C.2.c(2)
		Page 13, C.2.e(2)
		Page 18, C.6.b
		Page 19, C.6.c
Supplement 1 to Attachment 2.6-A	Page 2	Page 23, C.13.a(11)
Supplement 2 to Attachment 2.6-A	Page 5	Pages 1a - 1c
Supplement 3 to Attachment 2.6-A	Page 1	
Supplement 5 to Attachment 2.6-A		Page 2, F2
Supplement 12 to Attachment 2.6-A	Pages 1-3	Page 1 regarding 42 CFR 436.222

Transmittal Number: 15-0002  
 Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 1 2001  
 Supersedes \_\_\_\_\_  
 TN No. \_\_\_\_\_

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 19  
OMB No.: 0938-

Territory: GUAM

Citation

Condition or Requirement

1902(1)(3)(A),  
(B), and (C)  
of the Act

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-NM1	STATE: Guam	
Pages or sections of pages being superseded by 2147, 225, 2207, 2307, and 233 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 3 Page 4 Page 5 Page 6 Page 7 Page 8 Page 9 Page 10 Page 11 Page 12 Page 13 Page 14 Page 15 Page 16 Page 17 Page 18 Page 19 Page 20 Page 21 Page 22 Page 23 Page 24 Page 25 Page 26 Page 27 Page 28 Page 29 Page 30 Page 31 Page 32 Page 33 Page 34 Page 35 Page 36 Page 37 Page 38 Page 39 Page 40 Page 41 Page 42 Page 43 Page 44 Page 45 Page 46 Page 47 Page 48 Page 49 Page 50 Page 51 Page 52 Page 53 Page 54 Page 55 Page 56 Page 57 Page 58 Page 59 Page 60 Page 61 Page 62 Page 63 Page 64 Page 65 Page 66 Page 67 Page 68 Page 69 Page 70 Page 71 Page 72 Page 73 Page 74 Page 75 Page 76 Page 77 Page 78 Page 79 Page 80 Page 81 Page 82 Page 83 Page 84 Page 85 Page 86 Page 87 Page 88 Page 89 Page 90 Page 91 Page 92 Page 93 Page 94 Page 95 Page 96 Page 97 Page 98 Page 99 Page 100	Page 1, EXX AFDC-RELATED GROUPS PAGE 2, A1, A2, A3, EXX PAGE 3, A1, A2, A3, EXX PAGE 4, A1, A2, A3, EXX PAGE 5, A1, A2, A3, EXX PAGE 6, A1, A2, A3, EXX PAGE 7, A1, A2, A3, EXX PAGE 8, A1, A2, A3, EXX PAGE 9, A1, A2, A3, EXX PAGE 10, A1, A2, A3, EXX PAGE 11, A1, A2, A3, EXX PAGE 12, A1, A2, A3, EXX PAGE 13, A1, A2, A3, EXX PAGE 14, A1, A2, A3, EXX PAGE 15, A1, A2, A3, EXX PAGE 16, A1, A2, A3, EXX PAGE 17, A1, A2, A3, EXX PAGE 18, A1, A2, A3, EXX PAGE 19, A1, A2, A3, EXX PAGE 20, A1, A2, A3, EXX PAGE 21, A1, A2, A3, EXX PAGE 22, A1, A2, A3, EXX PAGE 23, A1, A2, A3, EXX PAGE 24, A1, A2, A3, EXX PAGE 25, A1, A2, A3, EXX PAGE 26, A1, A2, A3, EXX PAGE 27, A1, A2, A3, EXX PAGE 28, A1, A2, A3, EXX PAGE 29, A1, A2, A3, EXX PAGE 30, A1, A2, A3, EXX PAGE 31, A1, A2, A3, EXX PAGE 32, A1, A2, A3, EXX PAGE 33, A1, A2, A3, EXX PAGE 34, A1, A2, A3, EXX PAGE 35, A1, A2, A3, EXX PAGE 36, A1, A2, A3, EXX PAGE 37, A1, A2, A3, EXX PAGE 38, A1, A2, A3, EXX PAGE 39, A1, A2, A3, EXX PAGE 40, A1, A2, A3, EXX PAGE 41, A1, A2, A3, EXX PAGE 42, A1, A2, A3, EXX PAGE 43, A1, A2, A3, EXX PAGE 44, A1, A2, A3, EXX PAGE 45, A1, A2, A3, EXX PAGE 46, A1, A2, A3, EXX PAGE 47, A1, A2, A3, EXX PAGE 48, A1, A2, A3, EXX PAGE 49, A1, A2, A3, EXX PAGE 50, A1, A2, A3, EXX PAGE 51, A1, A2, A3, EXX PAGE 52, A1, A2, A3, EXX PAGE 53, A1, A2, A3, EXX PAGE 54, A1, A2, A3, EXX PAGE 55, A1, A2, A3, EXX PAGE 56, A1, A2, A3, EXX PAGE 57, A1, A2, A3, EXX PAGE 58, A1, A2, A3, EXX PAGE 59, A1, A2, A3, EXX PAGE 60, A1, A2, A3, EXX PAGE 61, A1, A2, A3, EXX PAGE 62, A1, A2, A3, EXX PAGE 63, A1, A2, A3, EXX PAGE 64, A1, A2, A3, EXX PAGE 65, A1, A2, A3, EXX PAGE 66, A1, A2, A3, EXX PAGE 67, A1, A2, A3, EXX PAGE 68, A1, A2, A3, EXX PAGE 69, A1, A2, A3, EXX PAGE 70, A1, A2, A3, EXX PAGE 71, A1, A2, A3, EXX PAGE 72, A1, A2, A3, EXX PAGE 73, A1, A2, A3, EXX PAGE 74, A1, A2, A3, EXX PAGE 75, A1, A2, A3, EXX PAGE 76, A1, A2, A3, EXX PAGE 77, A1, A2, A3, EXX PAGE 78, A1, A2, A3, EXX PAGE 79, A1, A2, A3, EXX PAGE 80, A1, A2, A3, EXX PAGE 81, A1, A2, A3, EXX PAGE 82, A1, A2, A3, EXX PAGE 83, A1, A2, A3, EXX PAGE 84, A1, A2, A3, EXX PAGE 85, A1, A2, A3, EXX PAGE 86, A1, A2, A3, EXX PAGE 87, A1, A2, A3, EXX PAGE 88, A1, A2, A3, EXX PAGE 89, A1, A2, A3, EXX PAGE 90, A1, A2, A3, EXX PAGE 91, A1, A2, A3, EXX PAGE 92, A1, A2, A3, EXX PAGE 93, A1, A2, A3, EXX PAGE 94, A1, A2, A3, EXX PAGE 95, A1, A2, A3, EXX PAGE 96, A1, A2, A3, EXX PAGE 97, A1, A2, A3, EXX PAGE 98, A1, A2, A3, EXX PAGE 99, A1, A2, A3, EXX PAGE 100, A1, A2, A3, EXX
Attachment 2.6-A	Page 11 Page 12 Page 13a Page 13b	Page 1, EXX AFDC-RELATED GROUPS PAGE 2, A1, A2, A3, EXX PAGE 3, A1, A2, A3, EXX PAGE 4, A1, A2, A3, EXX PAGE 5, A1, A2, A3, EXX PAGE 6, A1, A2, A3, EXX PAGE 7, A1, A2, A3, EXX PAGE 8, A1, A2, A3, EXX PAGE 9, A1, A2, A3, EXX PAGE 10, A1, A2, A3, EXX PAGE 11, A1, A2, A3, EXX PAGE 12, A1, A2, A3, EXX PAGE 13, A1, A2, A3, EXX PAGE 14, A1, A2, A3, EXX PAGE 15, A1, A2, A3, EXX PAGE 16, A1, A2, A3, EXX PAGE 17, A1, A2, A3, EXX PAGE 18, A1, A2, A3, EXX PAGE 19, A1, A2, A3, EXX PAGE 20, A1, A2, A3, EXX PAGE 21, A1, A2, A3, EXX PAGE 22, A1, A2, A3, EXX PAGE 23, A1, A2, A3, EXX PAGE 24, A1, A2, A3, EXX PAGE 25, A1, A2, A3, EXX PAGE 26, A1, A2, A3, EXX PAGE 27, A1, A2, A3, EXX PAGE 28, A1, A2, A3, EXX PAGE 29, A1, A2, A3, EXX PAGE 30, A1, A2, A3, EXX PAGE 31, A1, A2, A3, EXX PAGE 32, A1, A2, A3, EXX PAGE 33, A1, A2, A3, EXX PAGE 34, A1, A2, A3, EXX PAGE 35, A1, A2, A3, EXX PAGE 36, A1, A2, A3, EXX PAGE 37, A1, A2, A3, EXX PAGE 38, A1, A2, A3, EXX PAGE 39, A1, A2, A3, EXX PAGE 40, A1, A2, A3, EXX PAGE 41, A1, A2, A3, EXX PAGE 42, A1, A2, A3, EXX PAGE 43, A1, A2, A3, EXX PAGE 44, A1, A2, A3, EXX PAGE 45, A1, A2, A3, EXX PAGE 46, A1, A2, A3, EXX PAGE 47, A1, A2, A3, EXX PAGE 48, A1, A2, A3, EXX PAGE 49, A1, A2, A3, EXX PAGE 50, A1, A2, A3, EXX PAGE 51, A1, A2, A3, EXX PAGE 52, A1, A2, A3, EXX PAGE 53, A1, A2, A3, EXX PAGE 54, A1, A2, A3, EXX PAGE 55, A1, A2, A3, EXX PAGE 56, A1, A2, A3, EXX PAGE 57, A1, A2, A3, EXX PAGE 58, A1, A2, A3, EXX PAGE 59, A1, A2, A3, EXX PAGE 60, A1, A2, A3, EXX PAGE 61, A1, A2, A3, EXX PAGE 62, A1, A2, A3, EXX PAGE 63, A1, A2, A3, EXX PAGE 64, A1, A2, A3, EXX PAGE 65, A1, A2, A3, EXX PAGE 66, A1, A2, A3, EXX PAGE 67, A1, A2, A3, EXX PAGE 68, A1, A2, A3, EXX PAGE 69, A1, A2, A3, EXX PAGE 70, A1, A2, A3, EXX PAGE 71, A1, A2, A3, EXX PAGE 72, A1, A2, A3, EXX PAGE 73, A1, A2, A3, EXX PAGE 74, A1, A2, A3, EXX PAGE 75, A1, A2, A3, EXX PAGE 76, A1, A2, A3, EXX PAGE 77, A1, A2, A3, EXX PAGE 78, A1, A2, A3, EXX PAGE 79, A1, A2, A3, EXX PAGE 80, A1, A2, A3, EXX PAGE 81, A1, A2, A3, EXX PAGE 82, A1, A2, A3, EXX PAGE 83, A1, A2, A3, EXX PAGE 84, A1, A2, A3, EXX PAGE 85, A1, A2, A3, EXX PAGE 86, A1, A2, A3, EXX PAGE 87, A1, A2, A3, EXX PAGE 88, A1, A2, A3, EXX PAGE 89, A1, A2, A3, EXX PAGE 90, A1, A2, A3, EXX PAGE 91, A1, A2, A3, EXX PAGE 92, A1, A2, A3, EXX PAGE 93, A1, A2, A3, EXX PAGE 94, A1, A2, A3, EXX PAGE 95, A1, A2, A3, EXX PAGE 96, A1, A2, A3, EXX PAGE 97, A1, A2, A3, EXX PAGE 98, A1, A2, A3, EXX PAGE 99, A1, A2, A3, EXX PAGE 100, A1, A2, A3, EXX
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 3	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 4 to Attachment 2.6-A		Page 1, regarding X2
Supplement 5 to Attachment 2.6-A	Pages 1-3	CFR 436.222 regarding X2

Transmittal Number: 15-0002  
Guam

Approval Date: 10/26/2016

Effective Date: 1/1/15

1902(a)(10)(C)  
of the Act

7. Resource Standard - Medically Needy

- a. The resource standard does not diminish by family size.
- b. Resource standard equal to the highest resource standard used in the cash assistance programs related to the covered medically needy groups.

TN No. 02-D1  
Supersedes  
TN No. \_\_\_\_\_

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

State/Territory: GUAM

Citation	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. <u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:</u>  — The methods of the SSI program only.  — The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	^ j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:  — The methods of the SSI program only.  — More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

Don't Cover

N/A Guam does not offer this coverage

TN No. 02-D1  
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 20a  
OMB No.:

State/Territory: GUAM

---

Citation	Condition or Requirement
----------	--------------------------

---

6. Resource Standard - Categorically Needy

- a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

Same as SSI resource standards.

More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

- b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

---

TN No. 02-01  
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E

Revision: HCFA-PM-93-5 (MB)  
MAY 1993  
Territory: GUAM

ATTACHMENT 2.6-A  
Page 21

Citation	Condition or Requirement
1905(p)(1)(D) and (p)(2)(B) and 1902(a)(10)(E)(iii) of the Act	8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries  For qualified Medicare beneficiaries and specified low-income Medicare beneficiaries covered under sections 1902(a)(10)(B)(i) and 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI resource standard.
1905(s) of the Act	9. Resource Standard - Qualified Disabled and Working Individuals  For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard is twice the SSI resource standard.

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 1 2001  
Supersedes  
TN No. \_\_\_\_\_

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 22  
OMB No.: 0938-

Territory: GUAM

Citation	Condition or Requirement
	10. Excess Resources - Categorically Needy and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals.  Any excess resources make the individual ineligible.
42.CFR 436.901	11. Effective Date of Eligibility - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals  a. Groups other than qualified Medicare beneficiaries  (i) For the prospective period--  Coverage is available for the full month if the following individuals are eligible at any time during the month.  <input checked="" type="checkbox"/> Aged, blind, disabled.  <input checked="" type="checkbox"/> AFDC-related.  Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.  <input type="checkbox"/> Aged, blind, disabled.  <input type="checkbox"/> AFDC-related.

TN No. 02-D1  
Supersedes  
Tn No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E



Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 2.6-A  
Page 22a  
OMB No.:

State/Territory: GUAM

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is:
	— Twice the SSI resource standard for an individual.
	— More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

**N/A Guam does not cover this group**

TN No. 02-01  
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. \_\_\_\_\_

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

FINANCIAL ELIGIBILITY

Citation(s) Condition or Requirement

(ii) For the retroactive period--

Coverage is available for three months before the date of application if the following individuals are eligible.

Aged, blind, disabled.

AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.

Aged, blind, disabled.

AFDC-related.

1902(b)(1)  
 of the Act

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-MM1	STATE: Guam	
Pages or sections of pages being superseded by S141, S25, S287, S307, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 9, C.1.b(1) Page 12, C.2.e(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.13.a(11)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
 Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-01  
 Supersedes  
 TN.No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.6-A  
Page 24  
OMB No.: 0938-

Territory: GUAM

---

Citation	Condition or Requirement
----------	--------------------------

---

1902(e)(8) and  
1905(a) of the  
Act

b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The determination is valid for--

12 months

6 months

\_\_\_ months (no less than 6 months and no more than 12 months).

---

TN No. 03-01  
Supersedes \_\_\_\_\_  
Tn No. \_\_\_\_\_

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

Revision: HCFA-PM-91-4 (BERC)  
JUNE 2001

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1a  
OMB No. : 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

INCOME ELIGIBILITY LEVEL

A. CATEGORICALLY NEEDY

MONTHLY SCHEDULE : BASIC NEEDS STANDARDS

Family Members in Assistance Group	FOOD	CLOTHING	PERSONAL	HOUSEHOLD	TOTAL
1	\$ 94.00	\$ 33.00			
2	187.00	41.00			
3	246.00	49.00			
4	312.00	61.00			
5	371.00	73.00			
6	445.00	85.00			
7	492.00	96.00			
9	633.00	117.00			
10	703.00	126.00			
11	773.00	136.00			
12	843.00	146.00			
13	913.00	156.00			
14	983.00	166.00			
15	1,053.00	176.00			

For each additional member add + 70.00 +10.00

An applicant and/or recipient who is institutionalized will be p needs in lieu of the above standards.

MONTHLY SCHEDULE : STANDARD UTILITY ALLOWA

SPECIAL NEEDS

1) SHELTER

Number of Persons in Assistance Unit

- 1 - 2
- 3 - 6
- 7 and over

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c

M	Supplement	Pages
	Supplement 2 to Attachment 2.6-A	Page 5
	Supplement 3 to Attachment 2.6-A	Page 1
	Supplement 5 to Attachment 2.6-A	Page 1 regarding 42 CFR 436.222
	Supplement 12 to Attachment 2.6-A	Pages 1-3

Transmittal Number: 15-0002  
Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-01

Supersedes

TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 1040P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

INCOME ELIGIBILITY LEVEL (Continued)

CATEGORICALLY NEEDY

Shelter payments shall be authorized for rental/mortgage payments based on the actual cost up to the maximum allowance for each family size, when proper verification is provided. In no event shall payment exceed the maximum standard.

2) Utilities:

Special need for utilities may be allowed in the budget if needed and not otherwise provided up to the following maximum:

a) Power

Number of Persons in Assistance Unit

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13 and over plus \$10.00  
for each additional member

b) Water:

Number of Persons in Assistance Unit

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more add \$ 3.00 for each  
member.

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-MM1	STATE: Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-001  
Supersedes  
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 1040P/0016P

Revision: HCFA-PM-91-4 (BERC)  
 JUNE 2001

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1c  
 OMB No. : 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

INCOME ELIGIBILITY LEVEL

CATEGORICALLY NEEDY (Continued)

c) **Telephone:**

The basic (flat) rate for a single-line telephone is \$12.00. This shall be the allowance provided to one household only which incurred this expense. Any additional expense must be budgeted.

d) **Sewer:**

The basic (flat) rate for this utility is \$8.00. Verification for this expense.

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:	
15-0002-MM1	Guam	
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
 Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

TN No. 02-001  
 Supersedes  
 TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 1040P/0016P

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 3  
OMB No. :0938 - 0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

2. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on N/A percent of the official Federal nonfarm income poverty line:

---

TN No. 02-01  
Supersedes  
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P/0021F



Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 4  
OMB No. :0938 - 0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

C. INCOME ELIGIBILITY LEVELS—OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES UP TO FEDERAL POVERTY LINE

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under under the provisions of section 1905(p)(2)(A) of the Act are as follows:

Based on N/A percent of the official Federal nonfarm income poverty line:

TN No. 02-D1  
Supersedes  
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P/0021P

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 5  
OMB No.: 0938-0193

Territory: Guam

D. INCOME LEVELS - MEDICALLY NEEDY

\_\_\_\_\_ Applicable to all groups      \_\_\_\_\_ Applicable to:

(1) Family Size	(2) Net income level protected for maintenance  <input type="checkbox"/> urban only <input type="checkbox"/> urban & rural	(3) Net income level for persons living in rural areas
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
6	\$	\$
7	\$	\$
8	\$	\$
9	\$	\$
10	\$	\$
For each additional person, add:	\$	\$

TN No. 02-01  
Supersedes  
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P / 0021P

Revision: HCFA-AT-85-3 (BERC)  
FEBRUARY 1985

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

State: \_\_\_\_\_

**INCOME LEVELS - MEDICALLY NEEDY**

\_\_\_\_\_ Applicable to all groups      \_\_\_\_\_ Applicable to:

(1) Family Size	(2) Net income level protected for maintenance  / / urban only  / / urban & rural	(3) Net income level for persons living in rural areas
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
6	\$	\$
7	\$	\$
8	\$	\$
9	\$	\$
10	\$	\$
For each additional person, add:	\$	\$

TN No. 85-3  
Supersedes  
TN No. 843

Approval Date JUN. 12 1985

Effective Date OCT. 1 . 1984

Revision: HCFA-PH-87-4 (BERC)  
MARCH 1987

SUPPLEMENT 2 TO ATTACHMENT 2.6-A  
OMB No.: 0938-0193

Territory: Guam

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL  
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

NONE

TN No. 87-4  
Supersedes  
TN No. 85-3

Approval Date 10/10/87

Effective Date 7/1/89

HCFA ID: 2004P/0021P

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

Income and Resource Disregards for the Medically Needy

I. The Agency disregards the amounts of income that would be exempt in determining eligibility under the related cash assistance program. The following amounts are disregarded from the earned income of each group listed below:

Not applicable. The Medically Needy are not covered.

TN No. 02-01  
Supersedes  
TN No. \_\_\_\_\_

Approval Date JAN 24 2002

Eff. Date OCT 1 2001

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

<b>TRANSMITTAL NUMBER:</b> 15-0002-MM1	<b>STATE:</b> Guam
---	-----------------------

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

<b>State Plan Section</b>	<b>Complete Pages Removed</b>	<b>Partial Pages Removed</b>
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

Revision: HCFA-PM-87-4 (BERC)  
 MARCH 1987

SUPPLEMENT 3 to ATTACHMENT 2.6-A  
 Page 2  
 OMB No.: 0938-0193

Territory: Guam

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER: 15-0002-MM1		STATE: Guam
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
 Guam

Approval Date: 10/29/2015

Effective Date: 1/1/15

**3. Aged and Disabled Individuals and Qualified Medicare Beneficiaries**

       Same as resource levels in the OAA, AABD, or APTD programs.

       Same as medically needy resource levels (applicable only if State has a medically needy program).

TN No. 02-01  
 Supersedes  
 TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P/O021P



Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

SUPPLEMENT 3 TO ATTACHMENT 2.6-A  
Page 3  
OMB No.: 0938-0193

Territory: Guam

**B. RESOURCE LEVELS FOR THE MEDICALLY NEEDY**

       Applicable to all groups

Family Size

Resource Level

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For each additional person

NOT APPLICABLE

TN No. 02-01  
Supersedes  
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P/0021P

Revision: HCFA-PM-91-4 (BPD)  
MARCH 1987

SUPPLEMENT 5 TO ATTACHMENT 2.6-A  
Page 1  
OMB No. :0938 -

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902 (r) (2) OF THE ACT

**Disregards:**

**Income:** The difference between the applicable cash assistance standard and 100% Federal Poverty Level as revised annually in the Federal Register plus \$1.00 for the family of appropriate size, applies to all individuals described in 42 CFR 436.210, and 42 CFR 436.222.

**Premium Payments:** Earned income amounts used to pay for individual or family medical insurance premiums to individuals described in 42 CFR 436.210, and 42 CFR 436.222.

SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:		STATE:
15-0002-MM1		Guam
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 9, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c
Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	

Transmittal Number: 15-0002  
Guam

Approval Date: 10/28/2015

Effective Date: 1/1/15

TN No. 02-D1  
Supersedes  
TN No. \_\_\_\_\_

Approval Date JAN 14 2002

Effective Date OCT 1 2001

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

<b>TRANSMITTAL NUMBER:</b> 15-0002-MM1	<b>STATE:</b> Guam
---	-----------------------

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

<b>State Plan Section</b>	<b>Complete Pages Removed</b>	<b>Partial Pages Removed</b>
<b>Attachment 2.2-A</b>	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
<b>Attachment 2.6-A</b>	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
<b>Supplement 1 to Attachment 2.6-A</b>	Page 2	Pages 1a - 1c

<b>Supplement 2 to Attachment 2.6-A</b>	Page 5	
<b>Supplement 3 to Attachment 2.6-A</b>	Page 1	Page 2, #2
<b>Supplement 5 to Attachment 2.6-A</b>		Page 1 regarding 42 CFR 436.222
<b>Supplement 12 to Attachment 2.6-A</b>	Pages 1-3	

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

15-0002-MM1

**STATE:**

Guam

Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c

Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	



# Medicaid Eligibility

State Name:

Transmittal Number: GU - 15 - 0002

**Income Standards - Territories** **S14T**

Indicate which type of poverty level the territory uses:

- The Federal Poverty Level (FPL)
- The Local Poverty Level (LPL)

Enter the amount of the Local Poverty Level.

	Household Size	Amount	
<input checked="" type="checkbox"/>	1	\$775.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	\$1,049.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	\$1,323.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	\$1,596.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	\$1,870.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	\$2,144.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	\$2,418.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	\$2,692.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	\$2,966.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	\$3,240.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	11	\$3,514.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	12	\$3,788.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	13	\$4,062.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	14	\$4,336.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	15	\$4,610.00	<input checked="" type="checkbox"/>

Indicate whether the amounts entered above are monthly or yearly:

- Monthly
- Yearly

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



# Medicaid Eligibility

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and  
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

## MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	78	X
+	2	145	X
+	3	196	X
+	4	247	X
+	5	283	X
+	6	320	X
+	7	341	X
+	8	362	X
+	9	384	X
+	10	405	X
+	11	419	X
+	12	432	X

Additional incremental amount

Yes  No

Increment amount \$



# Medicaid Eligibility

The dollar amounts increase automatically each year

Yes  No

## AFDC Payment Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	151	X
+	2	258	X
+	3	330	X
+	4	417	X
+	5	497	X
+	6	592	X
+	7	658	X
+	8	746	X
+	9	834	X
+	10	920	X
+	11	1,008	X
+	12	1,096	X

Additional incremental amount

Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No





# Medicaid Eligibility

## MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

#### Enter the statewide standard

	Household size	Standard (\$)	
+	1	177	X
+	2	293	X
+	3	374	X
+	4	470	X
+	5	559	X
+	6	663	X
+	7	738	X
+	8	835	X
+	9	932	X
+	10	1,028	X
+	11	1,125	X
+	12	1,222	X

Additional incremental amount

Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No

## AFDC Need Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a



# Medicaid Eligibility

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	151	X
+	2	258	X
+	3	330	X
+	4	417	X
+	5	497	X
+	6	592	X
+	7	658	X
+	8	834	X
+	9	920	X
+	10	1,008	X
+	11	1,096	X
+	12	1,184	X

Additional incremental amount

- Yes    No

Increment amount \$

The dollar amounts increase automatically each year

- Yes    No

**AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.**

**Income Standard Entry - Dollar Amount - Automatic Increase Option**

**S13a**

The standard is as follows:

- Statewide standard



# Medicaid Eligibility

- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
<b>+</b>	1		<b>X</b>

Additional incremental amount

- Yes  No

Increment amount \$

The dollar amounts increase automatically each year

- Yes  No

**MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date**

## Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
<b>+</b>	1		<b>X</b>

Additional incremental amount

- Yes  No

Increment amount \$

The dollar amounts increase automatically each year

- Yes  No

## TANF payment standard

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:



# Medicaid Eligibility

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
<b>+</b>	1		<b>X</b>

Additional incremental amount

- Yes
- No

Increment amount \$

The dollar amounts increase automatically each year

- Yes
- No

## MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes
- No

V.20140415

Revision: HCFA-PM-86-20 (BERC)  
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

Citation

2.7

Medicaid Furnished Out of State

431.52 and  
1902(b) of the  
Act, P.L. 99-272  
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 87-2  
Supersedes  
TN NO. 82-11

Approval Date SEP 9 1987

Effective Date 7/1/87

## **MEDICAID SERVICES OUTSIDE OF THE UNITED STATES**

A. Medicaid services outside of the United States may be furnished to eligible individuals under the following conditions:

1. Emergency or medically necessary service that is not available on Guam;
2. The out-of-country provider is the nearest source of care;
3. The aggregate cost of the needed care is less than the aggregate cost of the same care when provided in the United States.

B. In order for Guam Medicaid to reimburse a foreign provider for these services, the following conditions must be met by the providers:

1. Foreign institutional providers must be TJC-certified;
2. Foreign providers must have TJC hospital privileges, and must have passed the credentialing process of TJC-certified hospitals. Providers having TJC hospital privileges and credentials will be considered to have fulfilled functionally equivalent licensing and credentialing requirements as those in effect in Guam;
3. Foreign providers must have a signed agreement with the Medicaid agency;
4. Foreign providers must satisfy all Medicaid conditions of participation, with the exception of the requirement that providers must be licensed to practice medicine and surgery by the Guam Board of Medical Examiners and Commission of Licensure to practice the Healing Art of Guam.
5. Foreign providers must be subject to the same utilization control standards as in-state providers;
6. Foreign providers must bill at the U.S. exchange rate in effect at the time the service was provided;
7. Payment must be made and received through a US bank account (pursuant to the Affordable Care Act's Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States').

**MAR 25 2013**

TN No.: 12-002 Approval Date: \_\_\_\_\_ Effective Date: October 1, 2012

*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 0938-1136. The time required to complete this information collection is estimated to average 7 hours per response, including the time to 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.*

C. Benefit Limitations

1. Off-island medical care, as described above, that must be essential to save life or significantly alter an adverse prognosis. Palliation will not qualify nor will experimental procedures. Medicaid coverage for medical and transportation services furnished off-island must be prior authorized in accordance with Medicaid's standard operating procedures for off-island referral.

The attending physician is required to submit a written request to Medicaid including a detailed description of the patient's health problems, consultant recommendations and/or the reasons for the referral. The off-island medical treatment request shall be reviewed and approved by Medicaid Program.

TN No.: 12-002 Approval Date: MAR 25 2013 Effective Date: October 1, 2012

*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 0938-1136. The time required to complete this information collection is estimated to average 7 hours per response, including the time to 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.*