

STATE PLAN UNDER TITLE XIX
OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

CFA-AT-80-38 (BPP)
MAY 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: Guam

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*1.1-B	Waivers under the Intergovernmental Cooperation Act
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*	Supplement 10- Consideration of Medicaid Qualifying Trusts--Undue Hardship

*Forms Provided

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* Supplement 4	- Consideration of Medicaid Qualifying Trusts--Undue Hardship
*3.1-A	Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy
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*3.2-A	Coordination of Title XIX with Part B of Title XVIII
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4.16-A	Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees
4.17-A	Determining that an Institutionalized Individual Cannot Be Discharged and Returned Home

*Forms Provided

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<u>No.</u>	<u>Title of Attachment</u>
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*4.18-C	Charges Imposed on Medically Needy
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*4.33-A	Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
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*Forms Provided

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May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State Guam

Citation
45 CFR
Part 201
AT-76-141

As a condition for receipt of Federal funds under
title XIX of the Social Security Act, the

Department of Public Health and Social Services
(single State agency)

submits the following State plan for the medical
assistance program, and hereby agrees to administer
the program in accordance with the provisions of
this State plan, the requirements of titles XI and
XIX of the Act, and all applicable Federal
regulations and other official issuances of the
Department.

TN # 77-4

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

State Guam

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Department of Public Health and

Social Services

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

77-4

Mercedes

#

Approval Date 6/6/77

Effective Date 4/1/77

7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-A
MEDICAL ASSISTANCE PROGRAM

State of Guam

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Public Health and Social Services is the
single State agency responsible for:

administering the plan.

The legal authority under which the agency administers
the plan on a Statewide basis is :

Section 9102, 9103, Chapter 2 Title X, Government of Guam Code
(statutory citation)

supervising the administration of the plan by local
political subdivisions.

The legal authority under which the agency supervises
the administration of the plan on a Statewide basis is
contained in

(statutory citation)

The agency's legal authority to make rules and regulations
that are binding on the political subdivisions administer-
ing the plan is

(statutory citation)

March 11, 1974

DATE

Keith L. Rudwick
Signature

Attorney General
Title

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

JAN 29 1981

State Guam

Citation
Intergovernmental
Cooperation Act
of 1968

1.1(c) Waivers of the single State agency
requirement which are currently
operative have been granted under
authority of the Intergovernmental
Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

77-4
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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

JAN 29 1981

State Guam

Citation
42 CFR 431.10
AT-79-29

1.1(d) Responsibility for determinations of eligibility for Medicaid under this plan is carried out as follows:

Agency

Coverage Groups(s)

There is a written agreement relating to these determinations between the agency named in paragraph 1.1(a) and the agency administering or supervising the administration of the State plan approved under title I or XVI of the Social Security Act. The agreement defines the relationships and respective responsibilities of the agencies.

Not applicable. The agency named in paragraph 1.1(a) has responsibility for all such determinations.

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May 22, 1980

1980

State Guam

Citation
42 CFR 431.10
AT-79-29

- 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

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Revision: HCFA-AT-80-38 (BPP)
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State Guam

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Bureau of Health Care Financing Administration has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to functions they will perform.

/X/ Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN# 85-8
Supersedes
TN3 75-2

Approval Date 3-7-86

Effective Date 1-1-86

ATTACHMENT 1.2 - A

GUAM

The Department of Public Health and Social Services is the single State agency with the authority to administer and supervise the administration of the Medicaid program and state plan.

Attached, and made a part hereof, is a certification of the Attorney General of the Territory of Guam identifying the Department of Public Health and Social Services as the single State agency and citing legal authority under which such agency administers the Medicaid program on a Statewide basis, including the authority to make rules and regulations governing the administration of the program by such agency.

The Department of Public Health and Social Services, hereinafter referred to as the State agency, will assure that the program is continuously in operation through:

- a. Methods for informing staff of State policies, standards, procedures, and instructions; and
- b. Regular planned examination and evaluation of operations conducted through reports, controls, and other necessary methods.

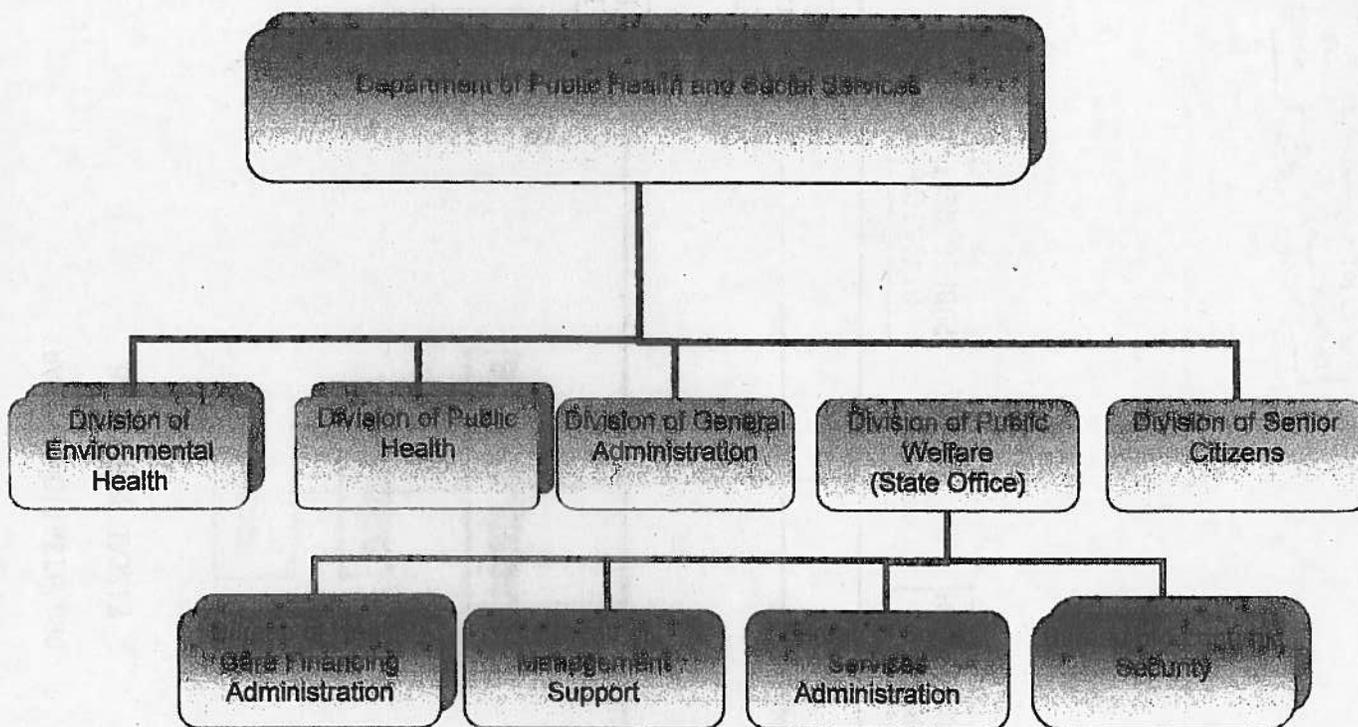
The following is an organizational chart of the single State agency:

TRANSMITTAL # <u>85-8</u>	EFFECTIVE <u>1-1-86</u>
REC'D RO _____	SUPERSEDED BY TRANSM # _____
APPROVED <u>3-7-86</u>	EFFECTIVE _____

GOVERNMENT OF GUAM

Department of Public Health and Social Services

Organizational Chart



REVISION:

ATTACHMENT: 1.2 -B

Page 1 of 3

Bureau of Health Care Financing Administration

The Medicaid program is administered by the Bureau of Health Care Financing Administration which consists of thirty-two full-time employees, seven professional personnel to include the Administrator, two management personnel and twenty-three supporting staff. Three consultants are hired on a part-time basis to provide professional support in the medical and computer system field. The Utilization Control and the Claims Processing merged to one unit, Operation Section, in October 1988. The Entitlement Determination was transferred to Bureau of Economic Security in October 1988.

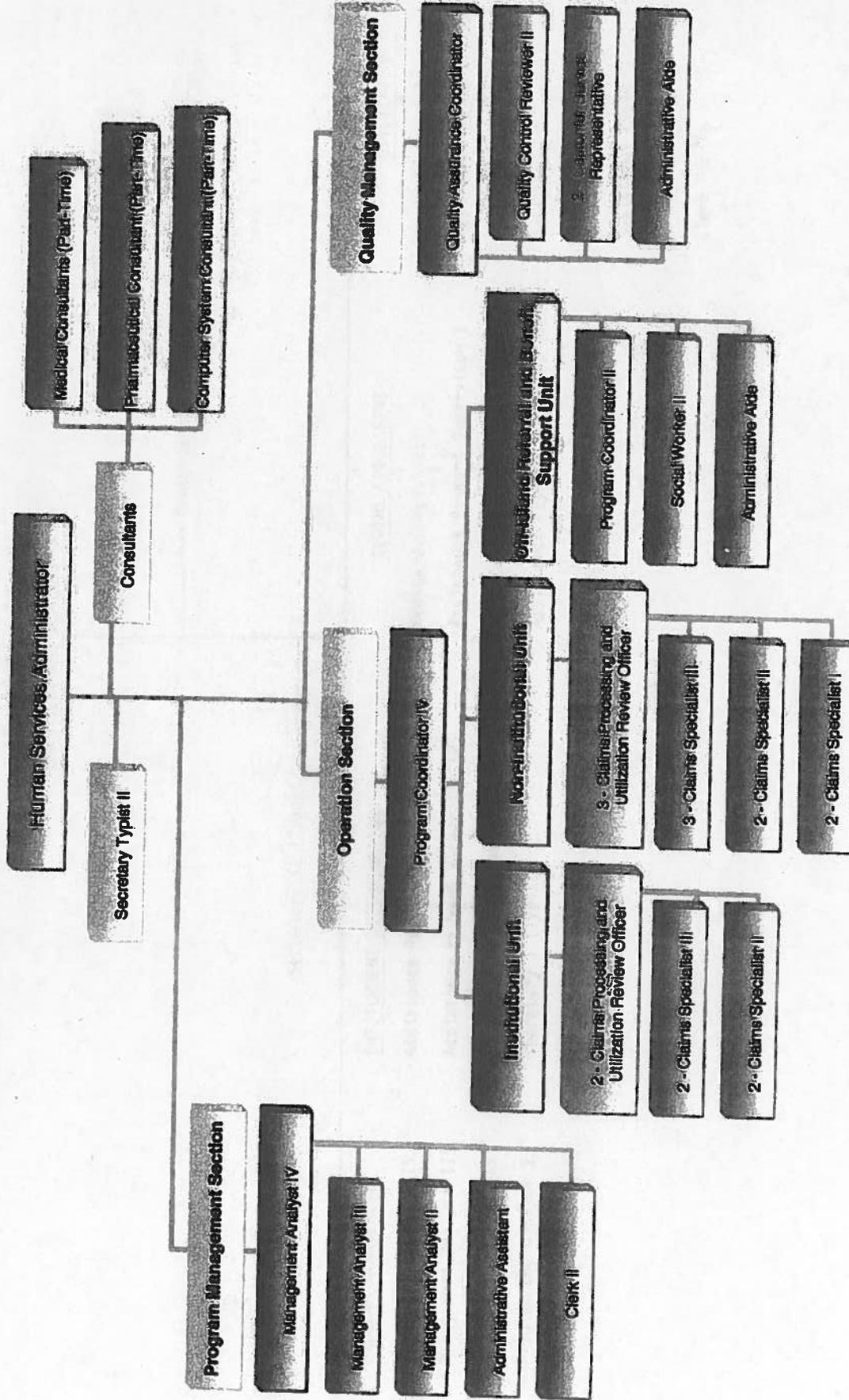
The Bureau of Health Care Financing Administration Organizational Chart and Functional Chart are included on Pages 2 and 3.

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Supersedes TN: 85-8

REVISION:

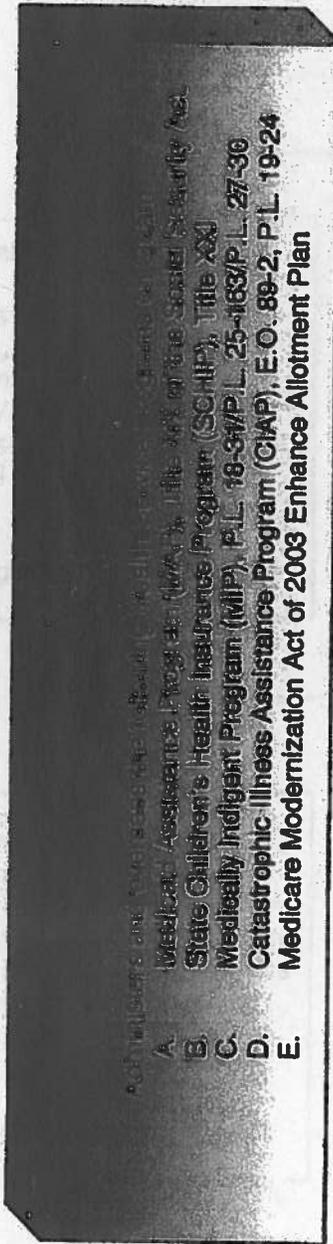
ATTACHMENT: 1.2-B
Page 2 of 3

Bureau of Health Care Financing Administration Organizational Chart



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Bureau of Health Care Financing Administration Functional Chart



Program Management Section

Responsible for the financial and program management support; development, monitoring & evaluation of the program state plan, policies and procedures, operations, manuals, and rules and regulations; assist in the service provider negotiations and contract/agreement preparations; responsible for fiscal quality control, inventory, procurement, interpretation and preparation of local and federal reports; assist in personnel management to include manpower utilization, recruitment, staff training and development; and responsible for coordination and maintenance of management information system.

Quality Management Section

Responsible for maintaining and developing the quality management of the Operation & Program Management Sections, in ensuring quality services and conformance to requirements; development of the quality assurance guidelines; monitors & evaluates the implementation of quality assurance measures and conducts audits to include the detection of fraud and abuse; and oversees the Prior Authorization Unit.

Operation Section

Responsible for the utilization control, claims processing, and quality assurance; planning, development, implementation, monitoring, coordination and evaluation of the utilization review/control and processing of medical claims, on-site reviews of institutional and non-institutional service providers, the development & monitoring of the service provider to include orientation; provider claims reconciliation; off-island coordination; and oversees the EPSDT, Buy-in Program and Third-Party Liability (TPL).

**Bureau of Health Care Financing Administration
Staff List**

POSITION TITLE	# OF STAFF	RESPONSIBILITIES
Human Services Administrator	1	Administers the Medicaid, Medically Indigent Program, and other Health Service Programs to ensure compliance with the federal and local laws; Coordinates with the public and private agencies to enhance the well being of Medicaid and Medically Indigent Program (MIP) recipients through adequate health care.
Administrative Aide	2	Provides clerical and administrative services.
Administrative Assistant	1	Provides administrative, office, and financial support services to include the monitoring of expenditures, personnel actions and other personnel requests, and preparation of work requests and requisitions.
Claims Processing & Utilization Review Officer	5	Develops and implements the utilization control of the medical claims. Supervises the claims processing/utilization review units.
Claims Specialist I	2	Provides routine processing and data entry of medical claims.
Claims Specialist II	4	Provides moderate processing and data entry of medical claims.

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ATTACHMENT: 1.2-C

Page 2 of 4

Claims Specialist III	5	Provides complex processing and data entry of medical claims and technical work involving the accuracy and appropriateness of medical claims payments.
Clerk II	1	Maintains the filing system for the Program Management Unit and incoming/outgoing correspondences and reports. Assist medical claims and technical work involving the accuracy and appropriateness of medical claims payments.
Computer System Consultant (Part-Time)	1	Provides consultation on determining hardware/software and system function specifications.
Customer Service Representative	2	Provides assistance to clients' and providers' inquiries to include Prior Authorization request, claims submission.
Management Analyst II	1	Provides moderately complex work in analyzing and developing managerial procedures and practices to include fiscal reports; Coordinates with accounting and data processing on fiscal matters.
Management Analyst III	1	Provides complex work in analyzing and developing managerial procedures and practices, supervises a small number interrelated unit, and assistance in financial projection to include budget preparation; Performs studies, analyses and evaluation of program operations.

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ATTACHMENT: 1.2-C
Page 3 of 4

Management Analyst IV	1	Provides complex and supervisory work in analyzing and developing managerial procedures and practices, and financial projection to include reviews of proposed legislation and its impact to the operation; Supervises the Program Management Section.
Medical Consultant (Part-Time)	1	Provides consultation in reviewing and approving protocols and provided medical services/treatment, assessing or developing medical treatment plans.
Pharmaceutical Consultant (Part-Time)	1	Provides consultation in reviewing and approving protocols and provided pharmaceutical services, and pharmacy-related issues.
Program Coordinator II	1	Provides moderately complex work in planning, developing, implementing, and coordinating of federal and local funded programs and projects to include processing of Medicaid claims for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services; Coordinates the EPSDT and Buy-In program.
Program Coordinator IV	1	Provides assistance in administering federal and local funded programs and projects. Supervises the Operation Section.
Quality Assurance Coordinator	1	Provides professional work in developing, coordination and implementing the quality assurance programs relating directly and indirectly to client care and support services.

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ATTACHMENT: 1.2-C

Page 4 of 4

Quality Control Reviewer II	1	Provides complex work in analyzing and evaluating clients' case records and claims. Conduct field investigations and collateral contacts in substantiating clients' records and claims.
Secretary Typist II	1	Provides complex secretarial and office management work to include the file maintenance of the administration.
Social Worker II	1	Provides moderately complex social work in application of social work principles to include counseling on proper utilization of the medical services; Coordinates the off-island referral and provide assistance to the clients on the air transportation and lodging.

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

State Guam

Section
CFR
42 CFR
431.50 (b)
431.59-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

75-2
Supersedes _____
#

Approval Date 1/14/76

Effective Date 4/1/75

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

State _____

Guam

Section
1.2(b)
78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

75-2

_____ Mercedes

Approval Date 1/14/76

Effective Date 4/1/75

Revision: HCFA-PM-94-3 (MB)
 APRIL 1994
 State/Territory: GUAM

Citation

1928 of the Act

1.5 Pediatric Immunization Program

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-3
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Approval Date FEB 7 1995

Effective Date 10-1-94

Revision: HCFA-PM-94-3 (MB)
APRIL 1994
State/Territory: GUAM

Citation

1928 of the Act

- 2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
- 3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
- 4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

 State Medicaid Agency

 X State Public Health Agency

TN No. 94-3

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Effective Date 10-1-94

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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.

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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.

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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

Revision: HCFA-PM-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

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
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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 families with unemployed parents.

AFDC pregnant women with no other eligible children.

AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for OAA, AB, APTD, AABD and AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

The definitions of blindness in terms of ophthalmic measurement and of permanent and total disability used in this plan are specified in Supplement 2 to ATTACHMENT 2.2-A.

*Agency that determines eligibility for coverage.

TN No. 87-4
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

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

ATTACHMENT 2.2-A
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Territory: GUAM

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy (Continued)

42 CFR 436.111
1902(a)(17)(D)
of the Act

2. a. Individuals denied AFDC because of policies requiring the deeming of income and resources from certain persons not included as financially responsible relatives under section 1902(a)(17)(D) of the Act:

- (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
- (2) Grandparents;
- (3) Legal guardians;
- (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); and
- (5) Siblings.

b. Individuals denied AFDC because of the involuntary inclusion of all eligible siblings in the home as members of the AFDC filing unit.

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 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, APTD, or AFDC in August 1972.

— Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

— Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

~~X~~ Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

42 CFR 436.114 4. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

— b. Participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program.

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

Approval Date

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OCT 1 2001

HCFA ID: 7984E

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

ATTACHMENT 2.2-A
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Territory: GUAM

Agency*	Citation(s)	Groups Covered
A. <u>Mandatory Coverage - Categorically Needy (Continued)</u>		
	402(a)(22)(A) of the Act	c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.
	406(h) and 1902(a)(10)(A)(1)(I) of the Act	d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.
	1902(a) of the Act	e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.
	407(b), 1902(a)(10)(A)(i) and 1905(m)(1) of the Act	f. Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.
	42 CFR 436.116	5. Families terminated from AFDC solely because of increased earnings or hours of employment, provided the family received AFDC in at least three months during the six-month period immediately preceding the month in which ineligibility began and provided that one member of the family is employed throughout the period specified in the next sentence. Medicaid is provided for four calendar months beginning with the month AFDC is terminated or, if AFDC is terminated retroactively, with the first month in which AFDC was erroneously paid.

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-92-1 (MB)
FEBRUARY 1992

ATTACHMENT 2.2-A
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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(a)(10)
(A)(i)(III)
and 1905(n)
of the Act

6. Qualified pregnant women and children.

a. A pregnant woman whose pregnancy has been medically verified who--

- (1) Would be eligible for an AFDC cash payment (or who would be eligible if the state had an AFDC unemployed parents program) if the child had been born and was living with her;
- (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
- (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)
(A)(i)(III) and
1905(n) of the
Act

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children who are born after

(Specify optional earlier date)
who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

TN No. 02-01
Supersedes
TN No. 89-20

Approval Date

JAN 24 2002

Effective Date

OCT 1 2001

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

COVERAGE AND CONDITIONS OF ELIGIBILITY

<u>Citation(s)</u>	<u>Groups Covered</u>
1902(e)(5) of the Act	7. A woman who, while pregnant, was eligible and applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance 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.

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 1 2001
Supersedes
TN No. 89-20

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	<input checked="" type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of OAA, AB, APTD, AABD, or AFDC, but who do not receive cash assistance. ___ The State covers all individuals as described above. <input checked="" type="checkbox"/> The State covers only the following group or groups of individuals: <input checked="" type="checkbox"/> Aged <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Disabled <input checked="" type="checkbox"/> Caretaker relatives <input checked="" type="checkbox"/> Pregnant women
1902(a)(10) (A)(ii) and 1905(a) of the Act	
42 CFR 436.211	<input checked="" type="checkbox"/> 2. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC, if they were not in a medical institution. ___ The State covers all individuals as described above.

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

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other than Medically Needy (Continued)

3. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC if coverage under the State's plan for these programs were as broad as permitted under the Act:

___ Individuals meeting a broader definition of permanent and total disability.

___ Individuals meeting a broader definition of blindness.

___ Others, as specified below:

TN No. 82-01

Supersedes

TN No. 87-2

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AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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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

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Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)(i)(VIII) 1902(k)(2)	29.	State Option to Provide Coverage to the Lowest Income Population that Becomes Mandatory in 2014.
---------------------------------------	-----	--

Individuals who are under 65 years of age, not pregnant, not entitled to, or enrolled for, benefits under Part A of title XVIII, or enrolled for benefits under Part B of title XVIII, and not described in 1902(a)(10)(A)(i)(I) through 1902(a)(10)(A)(i)(VII) of the Act.

X The agency elects to make individuals described above eligible under the early option set forth in section 1902(k)(2) of the Act. The effective date for coverage of this group under the early option is effective January 1, 2012.

The income standard applicable to individuals eligible under this early option is 100% FPL.

In determining whether an individual's income is at or below the State's income standard for this group, the State will use the following methodology:

 The income rules of the SSI program.

 The income rules of the SSI program, and the following less restrictive income disregards and exclusions than are used by SSI.

TN No.: 11-004 Approval Date: DEC 21 2011 Effective Date: January 1, 2012

Supersedes TN No. CMS - (mm/yyyy)

Revision:

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Page 9c
OMB No.:

TERRITORY: GUAM

Agency	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

X A methodology based on rules other than those of the SSI program. The methodology the agency will use is described below.

INCOME ELIGIBILITY

Based on the 100% Federal Poverty Level and determine income eligibility using the rules for the section 1931 group, subject to the following more liberal methodologies.

In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents available to children living with parents until the children becomes 21.

DISREGARDS

Premium Payments: The premiums for individual or family medical insurance.

Resources: No resource test is applicable to this group.

TN No.: 11-004 Approval Date: DEC 21 2011 Effective Date: January 1, 2012

Supersedes TN No. _____ CMS - _____ (mm/yyyy)

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-_____. The time required to complete this information collection is estimated to average 2 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

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 9511) 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)(11), (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.

TR No. 02-01

Approval Date

JAN 24 2002

Effective Date

OCT 1 2001

Supersedes

TR # 87-2

HCFA ID: 7983E

State/Territory: GUAM

Agency*	Citation(s)	Groups Covered
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)	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	<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(m) 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. 87-2

HCFA ID: 1983E

OCT 1 2001

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

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State/Territory: GUAM

Agency*	Citation(s)	Groups Covered
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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 G 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.

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

Supervisor

IR No. 87-2

HCFA ID: 7983E

OCT 1 2001

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

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
Continued)

1902(a) _____ 7. Individuals who are in institutions for at
(10)(A)(ii) least 30 consecutive days and who are
(V) of the eligible under a special income level.
Act Eligibility begins on the first day of
the 30-day period. These individuals
meet the income standards specified in
Supplement 1 to Attachment 2.6-A.

_____ The State covers all individuals as described
above.

_____ The State covers only the following group or
groups of individuals:

- _____ Aged
- _____ Blind
- _____ Disabled
- _____ Individuals under the age of--
 - _____ 21
 - _____ 20
 - _____ 19
 - _____ 18
- _____ Caretaker relatives
- _____ Pregnant women

42 CFR ~~X~~
436.220

8. Individuals who would be eligible for AFDC if
their work-related child care costs were paid from
earnings rather than as a service expenditure by
the agency. The AFDC plan deducts work-related
child care costs from income to determine the
amount of AFDC.

_____ The State covers all individuals as described
above.

TN No. 02-01

Supersedes

TN No. 07-2

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Agency* Citation(s) Groups Covered

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

The State covers only the following groups or groups of individuals:

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

Individuals under the age of--

— 21
— 20
 19
— 18

Caretaker relatives
 Pregnant women

~~436.210~~
436.222
1902(a)(10)
(A)(i) of the Act

9. a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, and who meet the income and resource requirements of the ~~under~~ AFDC State plan and who are ~~21~~ years of age, or younger as indicated below:

20
— 19
— 18

b. Reasonable classifications of individuals described in (a) above as follows:

(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 19).

— (b) In private institutions (and are under the age of ___).

TN No. 02-01

Supersedes Approval Date JAN 24 2002

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TN No. 87-2

HCFA ID: 7984E

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AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- (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 under the age of ___).
 - (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 ___).
 - (4) In addition to the group under (b)(3), the individuals in ICF/MRS (who are under the age of ___).
 - (5) Individuals in psychiatric facilities or programs (who are under the age of ___).
 - (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.
- 1902(a)(10) — 10. A child for whom there is in effect
(A)(ii)(VIII) of the Act a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

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TN No. 87-2

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1992

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

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- (a) Was eligible for Medicaid under the State's approved Medicaid plan; or
- (b) Would have been eligible for Medicaid if the standards and methodologies of title IV-E of the Act for the foster care program were applied rather than using the AFDC standards and methodologies.

TN No.	<u>02-01</u>	Approval Date	<u>JAN 24 2002</u>	Effective Date	<u>OCT 1 2001</u>
Supersedes	<u>87-2</u>				

HCFA ID: 7984E

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

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Territory: GUAM

Agency*	Citation(s)	Groups Covered
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42 CFR
436.230

11.

Essential spouse of a recipient of:

OAA

AB

APTD

AABD

Spouse is living with and determined essential to the well being of the recipient of OAA, AB, APTD, or AABD, and his (her) needs are taken into consideration in determining the amount of financial assistance.

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 pregnant women and infants and Children described in section 1902(1) of the Act.

Supplement 1 to ATTACHMENT 2.6-A specifies the income level (established at an amount up to 185 percent of the Federal poverty level) for this group. Supplement 3 of ATTACHMENT 2.6-A specifies any resource standards for this group.

TN No. 02-01

Supersedes

TN No. 87-4

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OCT 1 2001

HCFA ID: 7984E

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

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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)

13. Children:

1902(a)(10)(A)
(i)(VI) and
1902(1)(1)(C)
of the Act

a. who have attained 1 year of age but
have not attained 6 years of age, with
incomes at or below 133 percent of the
Federal poverty levels.

1902(a)(10)(A)(i)
(VII) and 1902(1)
(1)(D) of the Act

b. born after September 30, 1983, who have
attained 6 years of age but have not
attained 19 years of age, with family
incomes at or below 100 percent of the
Federal poverty levels.

Supplement 1 to ATTACHMENT 2.6-A specifies the
income levels for these groups.

Supplement 3 to ATTACHMENT 2.6-A specifies any
resource standards for these groups.

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> <u>(Continued)</u>
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 <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under SSI or under the State's medically needy program.
1902(a)(47) and 1920 of the Act	15. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <u>ATTACHMENT 2.6-A</u> and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

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

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OMB No.: 0938-

Agency*	Citation(s)	Groups Covered
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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. 82-01

Supersedes

TN No. 87-4

Approval Date JAN 24 2002

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OCT

1 2001

HCFA ID: 7984E

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

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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
___ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

TN No. 02-01

Supersedes

TN No. 87-4

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JAN 24 2002

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OCT 1 2001

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

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Agency*	Citation(s)	Groups Covered
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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 87-4 Approval Date JAN 24 2002 Effective Date OCT 1 1991
TN No. 87-4

HCFA ID: 7984E

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

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OMB No.: 0938-

Agency*	Citation(s)	Groups Covered
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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 Approval Date JAN 24 2002 Effective Date OCT 1 2001
Supersedes
TN No. 07-4 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. 87-4

Approval Date

JAN 24 2002

Effective Date

OCT 1 2001

Citation	Groups Covered
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B. Optional Coverage Other Than The Medically Needy

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

X 19. Optional Targeted Low Income Children Who:

a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spend down liability);

b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902 (1) (2) (D));

c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;

d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110 (b) (4) of the Act) but by no more than 50 percentage points.

The State covers:

X All children described above who are under age 19 (18, 19) with family income at the current Medicaid income and resource level and who are not federally Medicaid eligible because the Medicaid ceiling does not permit a Federal Matching Payment for their medical services.

TN No. 00-001
Supersede 99-001

Approval Date MAY 1 2000 Effective OCT 1 1997

_____ 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 plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

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

ATTACHMENT 2.2-A
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Territory: GUAM

Agency* Citation(s) Groups Covered

E. Optional Coverage - Qualified Disabled and Working Individuals

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

- Qualified disabled and working individuals--
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.)

F. Optional Coverage - Specified Low-Income Medicare Beneficiaries

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

- Specified low-income 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 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 Supplement 1 to ATTACHMENT 2.6-A;
 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.)

TN No. 02-01

Supersedes

TN No. _____

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OCT

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

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.

(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)(i) 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:

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. _____

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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.

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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. _____

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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.

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AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
	A. Each individual covered under the plan meets the following conditions:
42.CFR Part 436, Subpart G	1. Is financially eligible to receive services.
42.CFR Part 436, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. (i) Except as specified under items A.2.a.(ii) and (iii) below, for categorically needy individuals, meets the non-financial eligibility conditions of the related cash assistance program.
1902(l) of the Act	(ii) For pregnant women and infants or children with incomes up to a percentage of the Federal poverty level covered as optional groups under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), and 1902(a)(10)(A)(i)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iii) For aged and disabled individuals with incomes up to the Federal poverty level covered under section 1902(a)(10)(A)(i)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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Supersedes
TN No. 87-4

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MAY 1993.

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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

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

JULY 1997

ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-0193

Citation

Condition or Requirement

436.402

3.

Is residing in the United States and U.S. Territory of Guam --

a. Is a citizen;

b. *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.*

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.

c. *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).*

d. *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.*

PL 104-193, PRWORA of 1996

PL 104-193, PRWORA, Sec. 402

PL 104-193, PRWORA, Sec. 402

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.*

TN No. 97-1
Supersedes
TN No. 91-4

Approval Date APR 10 1998

Effective Date JUL 01 1997

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

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Citation	Condition or Requirement
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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.

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 ^{email} a per Sue Castleberry

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

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Page 3a.1
OMB No.: 0938-

State/Territory: GUAM

Citation	Condition or Requirement
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).

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.

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Supersedes
TN No. 87-4

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HCFA ID: 7985E

Note: Suppose to change page#
to page 5 as per Sam Castlebell
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Revision: HCFA-PM-91-8 (MB)
October 1991

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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

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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:

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

- 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.

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

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Revision: HCFA-PM-93-5 (MB)
MAY 1995

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Territory: Guam

Citation	Condition or Requirement
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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 Approval Date JAN 24 2002 Effective Date OCT 1 2001
Supersedes _____
TN No. _____

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

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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 aged and disabled individuals covered under the provisions of section 1902(a)(10)(A)(ii)(X) of the Act; and
1905(p)(4) of the Act	(iii)	Optional groups of qualified Medicare beneficiaries under the provisions of section 1902(a)(10)(E)(i) of the Act.
1905(p)(4) of the Act	(iv)	Optional groups of specified low-income Medicare beneficiaries under the provisions of section 1902(a)(10)(E)(iii) of the Act.
1905(p)(4) of the Act	c.	For optional groups of qualified disabled and working individuals, the financial eligibility income levels specified in section 1905(s) of the Act are applied.

N/A Guam does not cover this group

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TN No. 07-4

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

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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>

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Supersedes
TN No. 87-4

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

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OMB No.: 0938-

Territory: GUAM

Citation	Condition or Requirement
b. <u>Aged, Blind and Disabled Individuals</u> . 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:	<p>(1) The methods of the appropriate cash assistance program only; or</p> <p><u>X</u> (2) The methods of the appropriate cash assistance program and/or more liberal methods described in <u>Supplement 5 to ATTACHMENT 2.6-A</u>.</p>

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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

(1) For pregnant women and infants or children covered as optional groups under the provisions of sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(ii)(IX) and 1902(1)(4) of the Act, the agency uses the following methods in determining countable income:

- The methods of the State's approved AFDC plan.
- The methods of the approved title IV-E only.
- The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A.
- The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A.

In determining financial responsibility of relatives, the agency considers only the income of spouses living in the same household as available to each other and the income of parents as available to children living with parents until they become 21.

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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 month in which the 60th day falls.

- (2) For pregnant women covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(ii)(IX) and 1902(1)(4), the agency uses the following methods in the treatment of resources.

— The methods used under sections 1612 and 1613 of the Act.

— The methods used under sections 1612 and 1613 of the Act and/or any more liberal methods described in Supplement 3 of ATTACHMENT 2.6-A.

— Not applicable. The agency does not consider resources in determining eligibility.

In determining relative financial responsibility, the agency considers only the income and resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

FINANCIAL ELIGIBILITY

Citation(s)	Groups Covered
	(3) For infants covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(IX) and 1902(1)(4), the agency uses the following methods in the treatment of resources: <ul style="list-style-type: none">— The methods of the State's approved AFDC plan only.— The methods of the State's approved AFDC plan and/or more liberal methods described in <u>Supplement 6 to ATTACHMENT 2.6-A.</u>— The methods of the State's approved title IV-E plan only.— The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 6 to ATTACHMENT 2.6-A.</u>— Not applicable. The agency does not consider resources in determining eligibility. <p>In determining the financial liability of responsible relatives, the agency considers only the income and resources of parents as available to children living with parents until they become age 21.</p>
1902(1)(3) of the Act	d. For low income children under age 6 who are described in sections 1902(a)(10)(A)(1)(VI), 1902(1)(1)(C) and 1902(1)(4) of the Act: <ul style="list-style-type: none">(1) The agency uses the following methods for determining countable income:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

FINANCIAL ELIGIBILITY

Citation(s)

Groups Covered

- The methods of the State's approved AFDC plan only.
- The methods of the State's approved AFDC plan and/or any more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A.
- The methods of the approved title IV-E plan only.
- The methods of the approved title IV-E plan and any more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A.
- (2) The agency uses the following methods in the treatment of resources:
 - The methods of the State's approved AFDC plan only.
 - The methods of the State's approved AFDC plan and/or more liberal methods described in Supplement 6 to ATTACHMENT 2.6-A.
 - The methods of the State's approved title IV-E plan only.
 - The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 6 to ATTACHMENT 2.6-A.
 - Not applicable. The agency does not consider resources in determining eligibility.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

GUAM

Territory: _____

FINANCIAL ELIGIBILITY

Citation(s)

Groups Covered

- In determining the financial liability of responsible relatives, the agency considers only the income and resources of parents as available to children living with parents until they become age 21.
- 1902(1)(3)
of the Act
- e. For low income children under age 19 who are described in sections 1902(a)(10)(A)(i)(VII), 1902(1)(1)(D) and 1902(1)(4) of the Act:
- (1) The agency uses the following methods for determining countable income:
- The methods of the State's approved AFDC plan only.
 - The methods of the State's approved AFDC plan and/or any more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A.
 - The methods of the approved title IV-E plan only.
 - The methods of the approved title IV-E plan and any more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A.
- (2) The agency uses the following methods in the treatment of resources:
- The methods of the State's approved AFDC plan only.

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Supersedes 87-4

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

FINANCIAL ELIGIBILITY

Citation(s)

Groups Covered

— The methods of the State's approved AFDC plan and/or more liberal methods described in Supplement 6 to ATTACHMENT 2.6-A.

— The methods of the State's approved title IV-E plan only.

— The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 6 to ATTACHMENT 2.6-A.

— Not applicable. The agency does not consider resources in determining eligibility.

In determining the financial liability of responsible relatives, the agency considers only the income and resources of parents as available to children living with parents until they become age 21.

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 DC TN No. 02-01
Sponseller 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	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-- ___ The methods used under the SSI program. ___ The methods used under SSI program and/or more liberal methods described in <u>Supplements 5 and 6 of ATTACHMENT 2.6-A.</u>
1905(s) of the Act	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.
1902(a)(10)(E)(iii) of the Act	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.

J COBA ent from 12-2

Changing order

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

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Citation	Condition or Requirement
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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

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TN No. 87-4 HCFA ID: 7985E

Change Side.

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

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State/Territory: GUAM

Citation	Condition or Requirement
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1903(f)(2) of the Act	a. <u>Medically Needy (Continued)</u> (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.
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Supersedes
TN No. 07-4

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October 1991

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State/Territory: GUAM

Citation	Condition or Requirement
1903(f)(2) of the Act	4.b. <u>Categorically Needy - Section 1902(f) States</u> Continued — (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

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HCFA ID: 7985E/

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

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Territory: GUAM

Citation	Condition or Requirement
1902(a)(10)(C) of the Act	4. Medically Needy Income Levels a. Medically needy income levels (MNILs) are based on family size. b. The MNIL does not diminish by family size. 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. <u>Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups.</u>
42.CFR . 436.831	5. Handling of Excess Income - Spend-down for Medically Needy 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.

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TN No. _____

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AUGUST 1991

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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

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OCT 1 2001

TN No. _____

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AUGUST 1991

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Citation	Condition or Requirement
1902(a)(17) of the Act	<p>Incurring 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>
1902(l)(3)(A), (B), and (C) of the Act	<p>6. Resource Standard - Categorically Needy</p> <p>a. Except as specified in item C.6.b. below, the resource standards are the same as those in the related cash assistance program.</p> <p>b. For pregnant women and infants covered as optional groups under the provisions of section 1902(a)(10)(A)(i)(IV), the agency applies a resource standard:</p> <p>— Yes. Supplement 3 to <u>ATTACHMENT 2.6-A</u> specifies the standard, which, for pregnant women, is no more restrictive than the standard under sections 1612 and 1613 of the Act and for infants, is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p>— No. The agency does not apply a resource standard to these individuals.</p>

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

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Citation	Condition or Requirement
1902(l)(3)(A), (B), and (C) of the Act	<p>c. For children covered as optional groups under the provisions of section 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(ii)(IX), and 1902(l)(4) of the Act, the agency applies a resource standard:</p> <p>___ Yes. Supplement 3 to <u>ATTACHMENT 2.6-A</u> specifies the standard, which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p>___ No. The agency does not apply a resource standard to these individuals.</p>
1902(a)(10)(C) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. The resource standard does not diminish by family size.</p> <p>b. Resource standard equal to the highest resource standard used in the cash assistance programs related to the covered medically needy groups.</p>

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Supersedes _____ Approval Date JAN 24 2002 Effective Date OCT 1 2001
TN No. _____

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</u> the agency uses the following methods for treatment of resources: — 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	Λ 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

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Supersedes _____ Approval Date JAN 24 2002 Effective Date OCT 1 2001
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OMB No.:

State/Territory: GUAM

Citation	Condition or Requirement
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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.

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Supersedes

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TN No. B7-4

HCFA ID: 7985E

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MAY 1993
Territory: GUAM

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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)(E)(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.

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Supersedes _____ Approval Date JAN 24 2002 Effective Date OCT 1 2001
TN No. _____

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AUGUST 1991

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Territory: GUAM

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

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Supersedes
Tn No. 87-4

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HCFA ID: 7984E

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

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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

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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. <input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.
1902(b)(1) of the Act	(iii) For a presumptive eligibility period for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.

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AUGUST 1991

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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-- <input type="checkbox"/> 12 months <input type="checkbox"/> 6 months <input type="checkbox"/> ___ months (no less than 6 months and no more than 12 months).

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Supersedes _____
Tn No. _____

Approval Date JAN 24 2002 Effective Date OCT 1 2001

HCFA ID: 7984E

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JUNE 2001

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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	\$ 7.00	\$ 17.00	\$ 151.00
2	187.00	41.00	9.00	21.00	258.00
3	246.00	49.00	10.00	25.00	330.00
4	312.00	61.00	13.00	31.00	417.00
5	371.00	73.00	16.00	37.00	497.00
6	445.00	85.00	19.00	43.00	592.00
7	492.00	96.00	21.00	49.00	658.00
9	633.00	117.00	25.00	59.00	834.00
10	703.00	126.00	27.00	64.00	920.00
11	773.00	136.00	29.00	70.00	1,008.00
12	843.00	146.00	31.00	76.00	1,096.00
13	913.00	156.00	33.00	82.00	1,184.00
14	983.00	166.00	35.00	88.00	1,272.00
15	1,053.00	176.00	37.00	94.00	1,360.00

For each additional member add + 70.00 +10.00 + 2.00 + 6.00 + 88.00

An applicant and/or recipient who is institutionalized will be provided a monthly flat rate of \$40.00 only for clothing and personal needs in lieu of the above standards.

MONTHLY SCHEDULE : STANDARD UTILITY ALLOWANCE TABLE

SPECIAL NEEDS

1) SHELTER

<u>Number of Persons in Assistance Unit</u>	<u>Maximum Monthly Allowance</u>
1 - 2	\$ 200
3 - 6	\$ 250
7 and over	\$ 325

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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

<u>Number of Persons in Assistance Unit</u>	<u>Monthly Allowance</u>
1	\$ 35.00
2	\$ 43.00
3	\$ 51.00
4	\$ 64.00
5	\$ 77.00
6	\$ 89.00
7	\$ 101.00
8	\$ 112.00
9	\$ 122.00
10	\$ 132.00
11	\$ 142.00
12	\$ 152.00
13 and over plus \$10.00 for each additional member.	

b) Water:

<u>Number of Persons in Assistance Unit</u>	<u>Monthly Allowance</u>
1	\$ 8.00
2	\$ 10.00
3	\$ 12.00
4	\$ 15.00
5	\$ 18.00
6	\$ 21.00
7	\$ 24.00
8	\$ 27.00
9	\$ 29.00
10	\$ 31.00
11	\$ 34.00
12 or more add \$ 3.00 for each additional member.	

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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 expenses which exceed the basic rate for telephone shall not be budgeted.

d) **Sewer:**

The basic (flat) rate for this utility is \$8.00. This shall be provided to one household only which claim and present verification for this expense.

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MARCH 1987

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

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

1. Pregnant Women, Infants, and Children

The levels for determining income eligibility for groups of pregnant women, infants, and children under the provisions of section 1902(1)(2) of the Act are as follows:

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

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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:

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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:

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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:	\$	\$

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Supersedes
TN No. 87-4

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HCFA ID: 2004P / 0021P

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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 <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:	\$	\$

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Supersedes
TN No. 843

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Effective Date OCT. 1 . 1984

HCFA ID: 0004P/0102A

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

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Supersedes
TN No. 85-3

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Effective Date 7/1/87

HCFA ID: 2004P/0021P