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

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
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.

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	X 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.
	X The State covers ~~only~~ the following group or groups of individuals:
1902(a)(10)(A)(ii) and 1905(a) of the Act	X Aged X Blind X Disabled X Caretaker relatives X Pregnant women
42 CFR 436.211	X 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.

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other than Medically Needy (Continued)

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

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other than Medically Needy (Continued)

1902(e)(2) of the Act, P.L. 99-272 (Sec. 9517) and P.L. 100-203 (Sec. 4113(d)) ☑

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

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

The State measures the minimum enrollment period from:

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

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

State/Territory: GUAM

Agency*	Citation(s)	Groups Covered
	1634(d) of the Act	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

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.

TERRITORY: GUAM

Agency	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

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

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.

TERRITORY: GUAM

Agency	Citation(s)	Groups Covered

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.

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 & 1902(e)(2) of the Act, P.L. 99-272 (section 9517), P.L. 101-508 (section 4732)

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

___ The State elects not to guarantee eligibility.

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

The State measures the minimum enrollment period from:

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

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

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

*Agency that determines eligibility for coverage.

State/Territory: GUAM

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	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)	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. ___ Disenrollment rights are restricted for a period of ____ months (not to exceed 6 months). 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. ___ No restrictions upon disenrollment rights.
	1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 (section 4732)	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. ___ 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. ___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

*Agency that determines eligibility for coverage.

State/Territory: GUAM

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	42 CFR 435.217	___ 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart 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.

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy Continued)

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

___ 7. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. 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 436.220

X 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.

Agency*	Citation(s)	Groups Covered

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

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

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

X Individuals under the age of--
- ___ 21
- ___ 20
- X 19
- ___ 18

X Caretaker relatives

X Pregnant women

~~435.210~~ 436.222 1902(a)(10)(A)(i) of the Act

9. X 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 ___).

Agency*	Citation(s)	Groups Covered

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)(A)(ii)(VIII) of the Act

___ 10. A child for whom there is in effect 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--

Agency*	Citation(s)	Groups Covered

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.

Territory: GUAM

Agency*	Citation(s)		Groups Covered
	42 CFR 436.230	X 11.	Essential spouse of a recipient of: X OAA X AB X APTD X 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(l), and 1902(l)(4)(B) of the Act	___ 12.	Low income pregnant women and infants and Children described in section 1902(l) 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.

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(l)(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~~ 133⅓ percent of the Federal poverty levels.
1902(a)(10)(A)(i)(VII) and 1902(l)(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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	B. Optional Groups Other Than the Medically Needy (Continued)
1902(a)(10)(A)(ii)(X) and 1902(m)(1) & (2) of the Act	___ 14. Individuals-- a. Who are 65 years old or older or are disabled as determined under section 1614 of the Act; b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under 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 ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

Agency*	Citation(s)	Groups Covered

C. Optional Coverage - Medically Needy

42 CFR 436.301 — This plan includes the medically needy.

X 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.

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.

Agency* Citation(s) Groups Covered

C. Optional Coverage - Medically Needy (Continued)

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

___ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

___ (a) In foster homes (and are under the age of _____).

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

___ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).

Agency*	Citation(s)	Groups Covered

C. Optional Coverage - Medically Needy (Continued)

___ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).

___ (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.

___ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).

___ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

___ (6) Other denied groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

42 CFR 436.310 ___ 6. Caretaker Relatives.

42 CFR 436.320 ___ 7. Aged Individuals.

42 CFR 436.321 ___ 8. Blind Individuals.

42 CFR 436.322 ___ 9. Disabled Individuals.

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).

State/Territory: GUAM

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

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

Citation	Groups Covered

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.

____ 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.

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.)

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.

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.

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.

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 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-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

Territory: Guam

Citation	2.3 Residence
436.10 and 436.403, and 1902(b) of the Act, P.L. 99-272 (Section 9529) and P.L. 99-509 (Section 9405)	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.

Revision: HCFA-PM-87-4 (BERC) OMB No.: 0938-0193
MARCH 1987

Territory: Guam

Citation	2.4 Blindness
42 CFR 436.530(b) 42 CFR 436.531 AT-78-90 AT-79-29	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.

Revision: HCFA-PM-87-4 (BERC) OMB No.: 0938-0193
MARCH 1987

Territory: Guam

Citation	2.5 Disability
42 CFR 436.540(b) 42 CFR 436.541 AT-78-90 AT-79-29	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.

Revision: HCFA-PM-87-4 (BERC) OMB No.: 0938-0193
MARCH 1987

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. (1) Except as specified in item (a)(2) below, the financial eligibility requirements of the pertinent financial assistance plans are applied.
1902(1) and (m) of the Act, P.L. 99-509 (Secs. 9401 and 9402)	(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.

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.

/X/ 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.

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

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)(ii)(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)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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 2.6 A
1 b j 1 c