Citation	Condition or Requirement
436.402	3. Is residing in the United States and U.S. Territory of Guam --
	a. Is a citizen;
PL 104-193, PRWORA of 1996	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.*
	[X] *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.*
PL 104-193, PRWORA, Sec. 402	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).*
PL 104-193, PRWORA, Sec. 402	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.*
436.403 and 1902(b) of the Act, it at P.L. 99-272 (Section 9529) and P.L. 99-509 (Section 9405)	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains a fixed address.
	_____ State has interstate residency agreement with the following States:
	_____ State has open agreement (s)
	_____ Not applicable; no residency requirement.
436.1004	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

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

State/Territory: GUAM

Citation	Condition or Requirement
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. /_/ 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.)

Note: Supposed to change page # to Page 4 as per Sue Castleberry email.

State/Territory: GUAM

Citation	Condition or Requirement
	An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(l)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate. An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate. /_/ Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

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

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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.

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	a. German Reparations Payments (reparation payments by the Federal Republic of Germany).
105/206 of P.L. 100-383	b. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	c. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	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.).
6(h)(2) of P.L. 101-426	e. Radiation Exposure Compensation.
12005 of P.L. 103-66	f. VA pensions limited to $90 per month under P.L. 38 U.S.C. 5503.
1902(1) of the Act	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.

Citation	Condition or Requirement

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

1. Categorically Needy Income Levels

a. For categorically needy groups other than those specified in items C.1.b. and c. below, the financial eligibility income levels for the related cash assistance programs are applied.

b. Supplement 1 to ATTACHMENT 2.6 specifies the income eligibility levels for the following groups of individuals with incomes related to the Federal income poverty line:

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

Citation	Condition or Requirement
1902(a)(10), 1902(a)(17), and 1902(r)(2) of the Act	2. Income and Resources Methodologies - Categorically Needy and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries. a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children). (1) In determining countable income and resources for AFDC-related individuals, the following methods are used: ___ (a) The methods under the State's approved AFDC plan only; or X (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A. (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.

Citation	Condition or Requirement
	b. Aged, Blind and Disabled Individuals. For aged, blind, and disabled individuals, including aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency uses the following methods for determining countable income and resources: ___(1) The methods of the appropriate cash assistance program only; or X (2) The methods of the appropriate cash assistance program and/or more liberal methods described in Supplement 5 to ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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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(l)(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.

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 person 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(l)(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.

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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(l)(4), 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. 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(l)(3) of the Act	d. For low income children under age 6 who are described in sections 1902(a)(10)(A)(i)(VI), 1902(l)(1)(C) and 1902(l)(4) of the Act: (1) The agency uses the following methods for determining countable income:

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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.

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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(l)(3) of the Act	e. For low income children under age 19 who are described in sections 1902(a)(10)(A)(i)(VII), 1902(l)(1)(D) and 1902(l)(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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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.

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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 Supplements 5 and 6 of ATTACHMENT 2.6-A.
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 cont from 13-2

Changing order

State/Territory: GUAM

Citation	Condition or Requirement
1902(u) of the Act	j ~~(x)~~ COBRA Continuation Beneficiaries In determining countable income for COBRA continuation beneficiaries, the following disregards are applied: _____ The disregards of the SSI program; _____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

N/A Guam does not offer this coverage

Change Order.

Citation	Condition or Requirement
	a. Medically Needy (Continued)
1903(f)(2) of the Act	(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

Citation	Condition or Requirement
	4.b. Categorically Needy - Section 1902(f) States Continued
1903(f)(2) of the Act	___ (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.

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. Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups.
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.

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.

Citation	Condition or Requirement
1902(a)(17) of the Act	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government. ___ 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.
	6. Resource Standard - Categorically Needy a. Except as specified in item C.6.b. below, the resource standards are the same as those in the related cash assistance program.
1902(l)(3)(A), (B), and (C) of the Act	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: ___ Yes. Supplement 3 to ATTACHMENT 2.6-A 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. ___ No. The agency does not apply a resource standard to these individuals.

Citation	Condition or Requirement
1902(l)(3)(A), (B), and (C) of the Act	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: ___ Yes. Supplement 3 to ATTACHMENT 2.6-A specifies the standard, which is no more restrictive than the standard applied in the State's approved AFDC plan. ___ No. The agency does not apply a resource standard to these individuals.
1902(a)(10)(C) of the Act	7. Resource Standard - Medically Needy a. The resource standard does not diminish by family size. b. Resource standard equal to the highest resource standard used in the cash assistance programs related to the covered medically needy groups.

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

Don't Cover

N/A Guam does not offer this coverage

Citation	Condition or Requirement

6. Resource Standard - Categorically Needy

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

___ Same as SSI resource standards.

___ More restrictive.

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

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

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

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

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.

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

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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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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FINANCIAL ELIGIBILITY

Citation(s)	Condition or Requirement
	(ii) For the retroactive period-- Coverage is available for three months before the date of application if the following individuals are eligible. ___ Aged, blind, disabled. ___ AFDC-related. Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied. X Aged, blind, disabled. X 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.

Citation	Condition or Requirement
1902(e)(8) and 1905(a) of the Act	b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The determination is valid for-- /_/ 12 months /_/ 6 months /_/ __ months (no less than 6 months and no more than 12 months).

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**

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

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INCOME ELIGIBILITY LEVEL (Continued)

CATEGORICALLY NEEDY

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

2) **Utilities:**

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

a) Power

Number of Persons in Assistance Unit	Monthly Allowance
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:**

Number of Persons in Assistance Unit	Monthly Allowance
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.	

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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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:

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:

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:

Territory: Guam

D. INCOME LEVELS - MEDICALLY NEEDY

____ Applicable to all groups ____ Applicable to:

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

State: _____

INCOME LEVELS - MEDICALLY NEEDY

_____ Applicable to all groups _____ Applicable to:

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

Territory: Guam

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

NONE