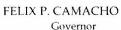


GOVERNMENT OF GUÅHAN

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES (DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT)

123 Chalan Kareta * Mangilao, Guam 96913-6304



J. PETER ROBERTO, ACSW Director

MICHAEL W. CRUZ, M.D. Lieutenant Governor

APR 1 4 2010

30-10-0332

The Honorable Judith T. Won Pat, Ed. D. Speaker
I Mina' Trenta Na Liheslaturan Guahan
155 Hessler Plaza
Hagatna, Guam 96910

Dear Speaker Won Pat:

Buenas yan Saluda! This is to inform you of our intent to transfer funds of \$1,144,232.46 from the Medically Indigent Program (MIP) Miscellaneous Payment account to fully match State Children's Insurance Program (SCHIP) Grant Award. The grant award requires a local match of 35%.

Enclosed is a copy of the grant award for your perusal.

If you have any questions, please call Ms. Ma. Theresa L. Arcangel, Bureau of Health Care Financing Administration Administrator, at 735-7282. *Dangkulo na agradesimento*.

Sincerely,

J. PETER ROBERTO, ACSW

DPHSS Director

Enclosure

9 MM 9: 37



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Center for Medicaid and State Operations Finance, Systems, and Quality Group 7500 Security Boulevard Baltimore, MD 21244

Ma Theresa Arcangel Director Bureau of Health Care Financing Dept. of Public Hlth/Soc. Svcs. P.O. Box 2816 Hagatna, Guam 96932

OCT 0 1 2009

SEE FUNDING RESTRICTION

ATTACHMENT Dear Sir or Madam:

The grant award listed below has been approved for the period 10/01/09 - 09/30/10 under the Children's Health Insurance Program, Appropriation No. 7500515.

Children's Health Insurance Program Payments

\$3,962,503

The above listed grant award is from your State's Federal fiscal year (FY) 2010 allotment of Federal funds appropriated under title XXI of the Social Security Act (the Act), as amended by title I of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA, Public Law 111-3, enacted on February 4, 2009), and determined in accordance with the provisions of section 2104(m) of the Act, as amended by CHIPRA. The amounts included in this grant award provided under your FY 2010 CHIP allotment are for the purpose of providing Federal funding for the allowable expenditures of your State described in and in accordance with section 2105 of the Act. Computation of the award is shown on the enclosed statement.

These funds are provided in advance of, and subject to adjustment, if any, based on the publication in the Federal Register by the Secretary of the Department of Health and Human Services of provisions to implement subsection 2104(m) of the Act, as amended by the CHIPRA.

With the acceptance of this award, you agree to comply with the requirements of the Cash Management Improvement Act (CMIA) of 1990 as codified in 31CFR Part 205 and with the requirements of 45 CFR Part 92.

Any questions you may have in connection with this grant award should be referred to the appropriate Centers for Medicare & Medicaid Services Regional Office financial contact for your State.

Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center (PSC). The FY 2010 allotment funds are available in the CHIP10 subaccount in PMS. Inquiries regarding payment should be directed to:

Director, Division of Payment Management Post Office Box 6021 Rockville, Maryland 20852-0605 Telephone Number 1-877-614-5533

Please transmit a copy of this grant award document to the State official authorized to request funds from the Division of Payment Management.

Sincerely yours,

Director, TO Division of Financial Operations

Enclosures 5 CMS HCFA-L151(7-90)

FORM CMS-152 (10/14/93) PAGE 1 OF 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATE GUAM	COMPUTATION OF AMOUNTS FOR CHILDREN'S HEALTH
FISCAL YEAR 2010	INSURANCE PAYMENT GRANTS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
QUARTER X S S S S S S S S S S S S S S S S S S	CHILDREN'S HEALTH INSURANCE PAYMENTS
1. ADJUSTMENTS FOR EXPENDITURES	\$
A. ACTUAL FEDERAL SHARE OF EXPENDITURES	
B. ESTIMATED FEDERAL SHARE OF EXPENDITURES PREVIOUSLY FUNDED	
C. DIFFERENCE D. NET ADJUSTMENTS APPLICABLE TO PRIOR PERIODS	0
E. COLLECTIONS	
F. OTHER	
G. TOTAL ADJUSTMENTS	0
2. ESTIMATED FEDERAL SHARE OF EXPENDITURES FOR QUARTER	
BEGINNING OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010	A. 3,962,503
3. NET AMOUNT TO BE CERTIFIED	B. \$ 3,962,503
TOTAL AMOUNT TO BE CERTIFIED	
DATE APPROVED OCT 0 1 2000 COMPUTATION	CHECKED BY alyandy Larnett
INTERNAL TRANSMITTAL NO.	CHECKED BY Chyand J. Samet

FORM CMS-152 (8/26/93) CHIP PAGE 3 OF 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services

FOOTNOTES

STATE: GUAM

QUARTER/FISCAL YEAR: FIRST/2010

OCT 0 1 2009

A. \$3,962,503 represents your FY 2010 Children's Health Insurance Program (CHIP) allotment determined in accordance with subsection 2104(m) of the Social Security Act (as amended by the Children's Health Insurance Program Reauthorization Act of 2009). The amount of this grant award reflects your total FY 2010 allotment which is available for expenditure by your State for providing child health assistance, other health benefits coverage for populations eligible for such assistance, or benefits under your CHIP.

The amounts of the other CHIP allotments available to you in FY 2010 (specifically, your unexpended FY 2008 and FY 2009 allotments) must be exhausted first, before the FY 2010 allotment amounts represented by this grant award are available for expenditure.

B. The funding authorized by this grant award is paid subject to any future financial management review or audit.

Refer any questions you have on the above to your Regional Office contact or Jennifer O'Brien on 410-786-2013.