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**State Plan Under Title XIX
of the Social Security Act
Medical Assistance Program:
Medicaid Amended State Plan
for Guam**

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

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

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

OMB No. 0938-010

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

State/Territory: Guam

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*Forms Provided

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*Forms Provided

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<u>No.</u>	<u>Title of Attachment</u>
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*Forms Provided

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

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

State Guam

Citation ~~As a condition for receipt of Federal funds under~~
45 CFR title XIX of the Social Security Act, the
Part 201
AT-76-141

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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TN #

Approval Date 6/6/77 Effective Date 1/1/77

vision: 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.

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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 administering the plan is

(statutory citation)

March 11, 1974

DATE

Keith L. Chedoke
Signature

Attorney General
Title

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

State Guam

Citation
Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

☐ Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

☒ Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

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

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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.

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May 22, 1980

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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

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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May 22, 1980

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
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TN3 75-2

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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.

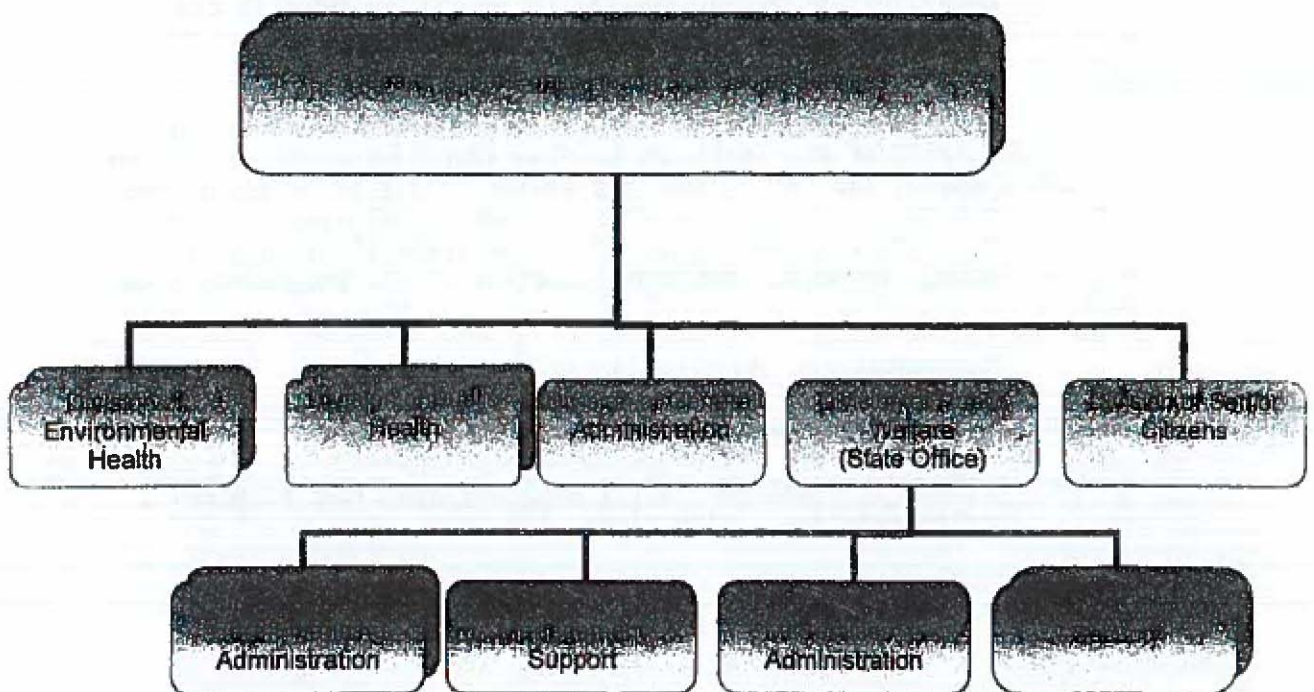
The Department of Public Health and Social Services, hereinafter referred to as the State agency, will assure that the program is continuously in operation through:

- 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>2-7-86</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

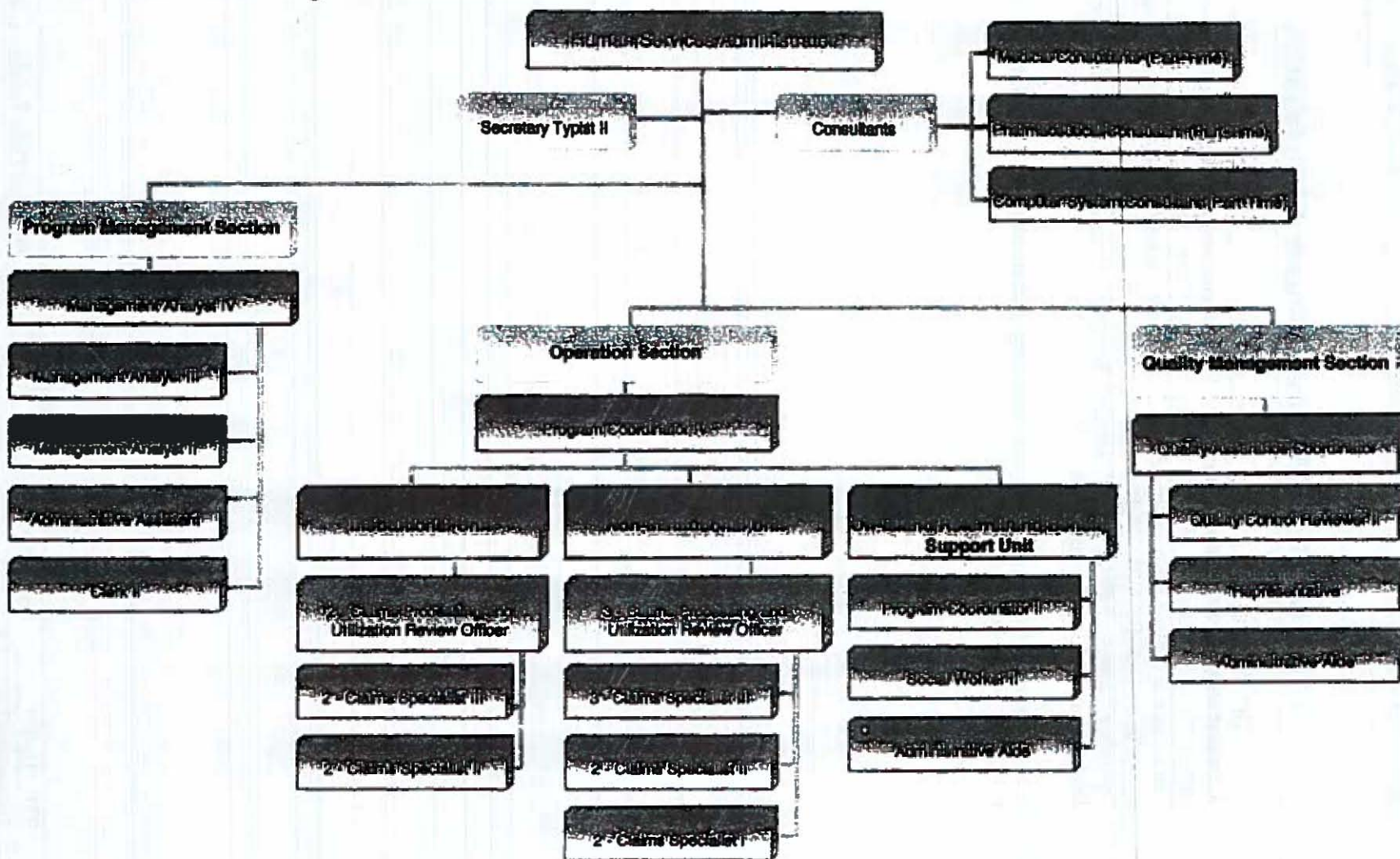
The Medicaid program is administered by the Bureau of Health Care Financing Administration which consists of thirty-two full-time employees, seven professional personnel to include the Administrator, two management personnel and twenty-three supporting staff. Three consultants are hired on a part-time 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.

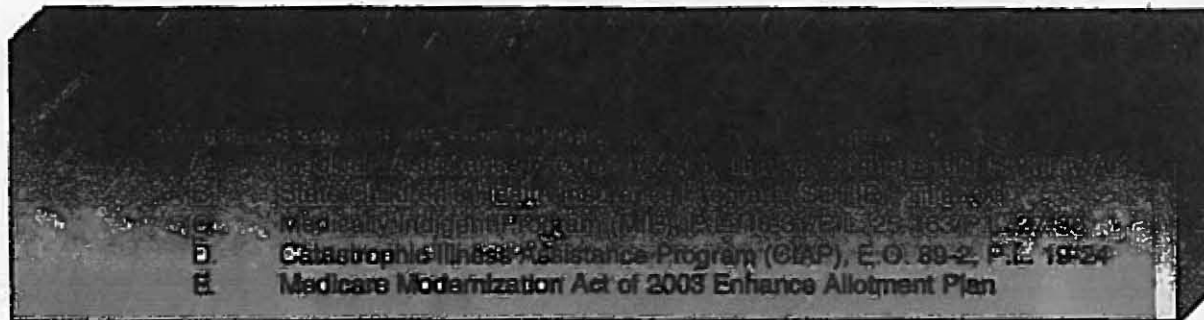
REVISION:

Bureau of Health Care Financing Administration Organizational Chart

ATTACHMENT: 1.2 -B
Page 2 of 3



Bureau of Health Care Financing Administration Functional Chart



Program Management Section

Responsible for the financial and program management, policy 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).

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ATTACHMENT: 1.2-C

Page 1 of 4

Bureau of Health Care Financing Administration Staff List

POSITION TITLE	# OF STAFF	RESPONSIBILITIES
		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.
Human Services Administrator	1	
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.

REVISION:

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.

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

State _____

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CFR

..50 (b)
79-29

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.

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May 22, 1980

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Guam

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.12(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

Revised

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1/14/76

Effective Date _____

4/1/75

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

Citation

1.5 Pediatric Immunization Program

1928 of the Act

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.

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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

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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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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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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(l) 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(l) 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 (BERG)
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

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.

X AFDC families with unemployed parents.

X AFDC pregnant women with no other eligible children.

X 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
Page 2
OMB No.: 0938-

Territory: GUAM

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

42 CFR 435.111
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. 03-01
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
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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

JAN 24 2002

Effective Date

OCT 1 2001

HCFA ID: 7984E

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

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OMB No.: 0938-

-Territory: GUAM

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

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

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.

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 1 2001
Supersedes 89-20
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
	<u>A. Mandatory Coverage - Categorically Needy (Continued)</u>
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.
	<u>B. Optional Groups Other Than the Medically Needy</u>
42 CFR 436.210	☒ 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. ☒ The State covers only the following group or groups of individuals: ☒ Aged ☒ Blind ☒ Disabled ☒ Caretaker relatives ☒ Pregnant women
1902(a)(10) (A)(ii) and 1905(a) of the Act	
42 CFR 436.211	☒ 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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Territory: GUAM

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:

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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. 08-01
Supersedes
TN No. 07-2

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

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

ATTACHMENT 2.2-A
Page 9a

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 be 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. 01-2

Approval Date: JAN 24 2002

Effective Date: OCT 1 2001

Revision:

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OMB No.:

TERRITORY: GUAM

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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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 04-76-05 Baltimore, Maryland 21244-1850.

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

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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. 99-273
(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, that 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 determines eligibility for coverage.

TR No. 02-01

Approval Date

JAN 24 2002

Effective Date

OCT 1 2001

Supersedes
TR N 97-2

HCFA 10: 1983E

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)	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.

TN No. 92-01 Approval Date JAN 24 2002 Effective Date OCT 1 2001
Supersedes
TN No. 87-2 HCFA ID: 1983E

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.

TR No. 08-01 Approval Date JAN 24 2002 Effective Date OCT -1 2001
Supervisor
TR No. 072 HCFA ID: 7983E

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)
(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.

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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)(i) 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).

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Supersedes

TN No. 01-2

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

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

- | | | |
|--|---|---|
| 1902(a)(10)
(A)(ii)(VIII)
of the Act | — | (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 <u>Supplement 1 of ATTACHMENT 2.2-A</u> . |
| | — | 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-- |

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

Approval Date JAN 24 2002

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OCT 1

HCFA ID: 7984E

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.

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TN No. 87-2

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AUGUST 1991

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Agency*	Citation(s)	Groups Covered
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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(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. 02-01

Approval Date JAN 24 2002

Effective Date OCT

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)
(1)(VI) and
1902(1)(1)(C)
of the Act

1902(a)(10)(A)(1)
(VII) and 1902(1)
(1)(D) 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.
- 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
Supersedes
TN No. 87-4

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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. <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	<u>14. Individuals--</u> 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	<u>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.</u>

TN No. 92-01
Supersedes
TN No. 87-4

Approval Date JAN 24 2002 Effective Date OCT 1 2001

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Revision: HCFA-PM-91-4 (BPD)
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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. 62-01

Supersedes

TN No. 87-4

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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. <u>Optional Coverage - Medically Needy (Continued)</u>
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.

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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 ___).

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TN No. 87-4

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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.

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Supersedes

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MAY 1993

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Agency*	Citation(s)	Groups Covered
		D. <u>Optional Coverage - Qualified Medicare Beneficiaries</u>
1902(a)(10)(E)(i) and 1905(p)(4) of the Act		<u>Qualified Medicare Beneficiaries--</u> 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 <u>Supplement 1 to ATTACHMENT 2.6-A</u> ; 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

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

ATTACHMENT 2.6-A
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OMB No.: 0938-

Territory: GUAM

Citation

Condition or Requirement

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

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

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

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MAY 1993

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Territory: GUAM

Citation	Condition or Requirement
1902(a)(10), 1902(a)(17), and 1902(x)(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. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u> (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 <u>X</u> (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> (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.

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Supersedes
TN No. 87-4

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

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Page 8

Territory: GUAM

Citation		Condition or Requirement
1902(l) of the Act	(i)	Optional categorically needy groups of pregnant women, infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI) , 1902(a)(10)(A)(ii)(IX), and 1902(l)(4)(A) of the Act.
1902(m) of the Act	(ii)	Optional categorically needy groups of 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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MAY 1995

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Page 7

Territory: Guam

Citation

Condition or Requirement

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

1. Categorically Needy Income Levels

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

TN No. 02-01 Approval Date JAN 24 2002 Effective Date OCT 1 1991
Supersedes _____
TN No. _____

Revision: HCFA-PM-97-2
December 1997

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

Territory: Guam

<u>Citation</u>	<u>Condition or Requirement</u>
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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. |

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Supersedes
TN No. 87-4

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October 1991

State/Territory: Guam

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

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

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.

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Supersedes

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Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E

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October 1991

State/Territory: GUAM

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

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

Citation

Condition or Requirement

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

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

/ Assignment of rights is automatic because of State law.

42 CFR 435.910

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

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TN No. 87-4

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October 1991

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

State/Territory: GUAM

Citation

Condition or Requirement

42 CFR 435.1008
1905(a) of the
Act

- b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.



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

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TN No. 87-4

HCFA ID: 7985E

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. \$ _____

APR-13-1998 09:40
JULY 1997

DIV. OF MEDICAID
(BERC)

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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, 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.

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MAY 1993

ATTACHMENT 2.6-A
Page 1a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 436.
1905(p) of the Act	c. For qualified Medicare beneficiaries, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For qualified disabled and working individuals, meets the non-financial criteria of section 1905(s).
1902(A)(10)(B)(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 246A
1b; 1c

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AUGUST 1991

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Page 1
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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)(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.

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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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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.

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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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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.

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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

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HCFA ID: 2000P/0020P

(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:

§ 233.80

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

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 18, 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.

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

SUPPLEMENT 2 TO ATTACHMENT 2.2-A
Page 2
OMB No.: 0938-0193

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 10/10/87

Effective Date 7/1/89

HCFA ID: 2002P/0021P

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

SUPPLEMENT 2 TO ATTACHMENT 2.2-A
Page 1
OMB No.: 0938-0193

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 contracted to such extent that the widest diameter of visual field subtends an angular distance of no greater than 20°.

*Agency that determines eligibility for coverage.

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

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2002P/0021P

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

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

ATTACHMENT 2.2-A
Page 24

Territory: GUAM

Agency*	Citation(s)	Groups Covered
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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.

Approval Date JAN 24 2002

Effective Date OCT

_____ 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.

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.

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

ATTACHMENT 2.2-A
Page 23a
OMB NO.:

State/Territory: GUAM

Citation

Groups Covered

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

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of _____ months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

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

TN No. 02-01

Supersedes

TN No. _____

Approval Date JAN 24 2002

Effective Date

HCFA ID: 7982E

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

FINANCIAL ELIGIBILITY

Citation(s)	Groups Covered
1902 (1)(3) of the Act	c. <u>Poverty level pregnant women and infants</u> (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 <u>Supplement 5 to ATTACHMENT 2.6-A</u>. — The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 5 to ATTACHMENT 2.6-A</u>.

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.

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

Approval Date JAN 24 2002

Effective Date OCT 1 2001

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

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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(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 <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. 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:

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

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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 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.

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

ATTACHMENT 2.6-A
Page 13b

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

FINANCIAL ELIGIBILITY

Citation(s)

Groups Covered

1902(1)(3)
of the Act

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.

- 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

Approval Date

JAN 24 2002

Effective Date

1 2001

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

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Page 13c

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.

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

ATTACHMENT 2.6-A
Page 14

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 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.

COBA sent from 172

TN No. 05-01

Supersedes

TN No. 87-4

Approval Date

JAN 24 2002

Effective Date

01

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

State/Territory: GUAM

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Page ~~128~~ 14a
OMB No.:

Citation

Condition or Requirement

1902(u)
of the Act

j ~~X~~ COBRA Continuation Beneficiaries

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

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

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

N/A Guam does not offer this coverage

TN No. 02-D1
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E

Change Order.

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

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Page 14 of 15
OMB No.

State/Territory: GUAM

Citation	Condition or Requirement
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.

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

Approval Date JAN 24 2002

Effective Date 01/24/02

HCFA ID: 7985E/

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

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OMB No.

State/Territory: GUAM

Citation	Condition or Requirement
4.b. Categorically-Needy <u>Section 1902(f) States</u> 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.

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

Approval Date JAN 24 2002

Effective Date OCT 1991

HCFA ID: 7985E/

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

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OMB No.: 0938-

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.

TN No. 02-01
Supersedes
TN No. _____
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HCFA ID: 7984E

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

ATTACHMENT 2.6-A
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OMB No.: 0938-

Territory: GUAM

Citation

Condition or Requirement

b. If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:

- (i) Health insurance premiums, deductibles and co-insurance charges.
- (ii) Expenses for necessary medical and remedial care not included in the plan.
- (iii) Expenses for necessary medical and remedial care included in the plan.

Reasonable limits on amounts of expenses deducted from income under (b)(i) and (ii) above are listed below.

TN No. 02-01
Supersedes _____
TN No. _____

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Effective Date OCT 1 2001

HCFA ID: 7984E

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

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OMB No.: 0938-

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

TN No. 02-01
Supersedes
TN No. _____

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HCFA ID: 7984E

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

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Territory: GUAM

Citation	Condition or Requirement
1902(l)(3)(A), (B), and (C) of the Act	e. 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 <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. — 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.

TN No. 01-01

Supersedes

TN No. _____

Approval Date

JAN 24 2002

Effective Date

OCT 1 2001

HCFA ID: 7984E

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

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OMB No.:

State/Territory: GUAM

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

Don't Cover

N/A Guam does not offer this coverage

TN No. 02-01
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E

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

ATTACHMENT 2.6-A
Page 20a
OMB No.:

State/Territory: GUAM

Citation	Condition or Requirement
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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.

TN No. 02-01
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. 87-4

HCFA ID: 7985E

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

ATTACHMENT 2.6-A
Page 21

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

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

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

ATTACHMENT 2.6-A
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OMB No.: 0938-

Territory: GUAM

Citation

Condition or Requirement

10. ~~Excess Resources - Categorically Needy and Medically~~
Needy, Qualified Medicare Beneficiaries, and
Qualified Disabled and Working Individuals.

Any excess resources make the individual ineligible.

42.CFR
436.901

11. Effective Date of Eligibility - Categorically and
Medically Needy, Qualified Medicare Beneficiaries,
and Qualified Disabled and Working Individuals

a. Groups other than qualified Medicare beneficiaries

(i) For the prospective period--

Coverage is available for the full month if the
following individuals are eligible at any time
during the month.

☒ Aged, blind, disabled.

☒ 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.

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

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

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

ATTACHMENT 2.6-A
Page 22a
OMB No.:

State/Territory: GUAM

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

N/A Guam does not cover this group

TN No. 02-D1
Supersedes

Approval Date JAN 24 2002

Effective Date OCT 1 2001

TN No. _____

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

FINANCIAL ELIGIBILITY

Citation(s) Condition or Requirement

(ii) For the retroactive period--

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

☐ Aged, blind, disabled.

☐ AFDC-related.

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

☒ Aged, blind, disabled.

☒ AFDC-related.

1902(b)(2)
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.

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

Approval Date JAN 24 2002

Effective Date OCT 1 2000

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

ATTACHMENT 2.6-A
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OMB No.: 0938-

Citation

Condition or Requirement

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

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

☐ 12 months

☐ 6 months

☐ __ months (no less than 6 months and no more
than 12 months).

TN No. 03-01
Supersedes
Tn No. _____

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 7984E

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

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1a

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

INCOME ELIGIBILITY LEVEL

A. CATEGORICALLY NEEDY

MONTHLY SCHEDULE : BASIC NEEDS STANDARDS

Family Members in Assistance Group	FOOD	CLOTHING	PERSONAL	HOUSEHOLD	TOTAL
1	\$ 94.00	\$ 33.00	\$ 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

TN No. 02-01

Supersedes

TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 1040P/0016P

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

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB No. : 0938-

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.	

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

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 1040P/0016P

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

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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.

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

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 1040P/0016P

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

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OMB No. 0938 - 0193

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:

TN No. 02-D1
Supersedes
TN No. 07-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P/0021P

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

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 3

OMB No. :0938 - 0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

2. Aged and Disabled Individuals

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

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

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

Approval Date JAN 24 2002

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HCFA ID: 2004P/0021P

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

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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:

TN No. 02-D1
Supersedes
TN No. 07-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P/0021P

Revision: HCFA-FM-8/-4 (BERC)
MARCH 1987

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

Territory: Guam

D. INCOME LEVELS - MEDICALLY NEEDY

 Applicable to all groups

 Applicable to:

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

TN No. 03-01
Supersedes
TN No. 01-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P / 0021P

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

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

FEBRUARY 1985

State: _____

INCOME LEVELS - MEDICALLY NEEDY

_____ Applicable to all groups

_____ Applicable to:

(1)
Family
Size

(2)
Net income level
protected for
maintenance

(3)
Net income level
for persons living
in rural areas

☐ urban only

☐ urban & rural

1

\$

\$

2

\$

\$

3

\$

\$

4

\$

\$

5

\$

\$

6

\$

\$

7

\$

\$

8

\$

\$

9

\$

\$

10

\$

\$

For each additional
person, add:

\$

\$

TN No. 85-3
Supersedes
TN No. 843

Approval Date JUN. 12 1985

Effective Date OCT. 1 . 1984

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

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

Approval Date 10/10/87

Effective Date 7/1/87

HCFA ID: 2004P/0021P

Revision: HCFA-PM-92-2 (MB)
MARCH 1992

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

- b. Mandatory Group of Children under Section 1902(a)(10)(i)(VII)
of the Act. (Children born after September 30, 1983 who have
attained age 6 but have not attained age 19.)

Same as resource levels in the State's approved AFDC plan.

Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u> </u>
<u>2</u>	<u> </u>
<u>3</u>	<u> </u>
<u>4</u>	<u> </u>
<u>5</u>	<u> </u>
<u>6</u>	<u> </u>
<u>7</u>	<u> </u>
<u>8</u>	<u> </u>
<u>9</u>	<u> </u>
<u>10</u>	<u> </u>

Supplement 3 to Attachment 2.6-A

Income and Resource Disregards for the Medically Needy

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

Not applicable. The Medically Needy are not covered.

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

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Guam

A. RESOURCE LEVELS--OPTIONAL GROUPS WITH INCOMES UP TO FEDERAL POVERTY LINE

1. Pregnant Women

 Same as resource levels for AB, APTD, and AABD.

 Less restrictive levels than those for AB, APTD, and AABD and are as follows:

Family Size

Resource Levels

1

2

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

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HCFA ID: 2004P/0021P

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

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

Territory: Guam

2. Infants and Children

 Same as resource levels in the State's approved AFDC plan.

 Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u> </u>
<u>2</u>	<u> </u>
<u>3</u>	<u> </u>
<u>4</u>	<u> </u>
<u>5</u>	<u> </u>
<u>6</u>	<u> </u>
<u>7</u>	<u> </u>
<u>8</u>	<u> </u>
<u>9</u>	<u> </u>
<u>10</u>	<u> </u>

For each additional person

3. Aged and Disabled Individuals and Qualified Medicare Beneficiaries

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

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

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

Approval Date JAN 14 2001

Effective Date OCT 1 2001

HCFA ID: 2004P/0021P

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

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

Territory: Guam

B. RESOURCE LEVELS FOR THE MEDICALLY NEEDY

 Applicable to all groups

Family Size

Resource Level

1

2

3

4

5

6

7

8

9

10

For each additional person

NOT APPLICABLE

TN No. 92-01
Supersedes
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P/O021P

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

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

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

Disregards:

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

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

TN No. 02-01
Supersedes
TN No. _____

Approval Date JAN 14 1992

Effective Date OCT 1 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Guam

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

- X Pregnant women with no other eligible children.
- X AFDC children age 18 and under who are full-time students in secondary school level or in the equivalent level of vocational or technical training.

 In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modifications.

X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

- The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:
- The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
- The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X

The agency uses less restrictive income and/or resource Methodologies than those in effect as of July 16, 1996, as follows:

1. The agency will disregard all earned income for 8 months beginning with the month in which the family would first otherwise lose eligibility under section 1931.
2. The following Earned Income will not be counted:
 - a. Earned Income in-kind;
 - b. Earnings from the sale of blood or blood plasma;
 - c. Earned Income of minor children below 18 who are full-time students.
3. Resources: Effective January 1, 2012, no resource test is applicable to this group. Resource includes, but not limited to, nonrecurring lump sum payment.

The income and/or resource methodologies that the less restrictive methodologies replace are as follow:

1. The following were accounted as Earned Income:
 - a. Earned Income in-kind;
 - b. Earnings from the sale of blood or blood plasma;
 - c. Earned Income of minor children below 18 who are full-time students.
2. Lump sums were considered income in the month received.
3. The following Properties are to be excluded as a resource:
 - a. One (1) funeral agreement per household member not to exceed a value or \$1,500.00 per agreement.
 - b. One Real property/lot that the household owns and is living on or which they intend to build or are building a permanent home. These are those households who are currently renting outside of the lot they own, with the intention to build a permanent home on the lot.
 - c. One (1) licensed vehicle per households not to exceed the Fair Market Value (FMV) or Equity Value (EV) of \$1,500.00.

X

The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

_____ The agency continues to apply the following waivers of provisions of Part A of title IV on effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

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

OMB-No. 0938-0193

State/Territory: GUAM

Citation

2.7

Medicaid Furnished Out of State

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

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

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

Approval Date SEP 9 1987

Effective Date 7/1/87

REVISION:

State/Territory: Guam**SECTION 3 – SERVICES: GENERAL PROVISIONS****3.1 Amount, Duration, and Scope of Services**Citation

Part 440,
Subpart B and
1902(e)(5),
1905(a)(18)
through (20), and
1920 of the Act,
P.L. 99-272
(Sections 9501,
9505 and 9526)
and 1902(a),
1902(a)(47),
1902(e)(7)
through (9), and
1920 of the Act,
P.L. 99-509
(Secs. 9401(d),
9403, 9406
through 9408)
and P.L. 99-514
(Sec. 1895(c)(3))

(a) Medicaid is provided in accordance with the requirements of 42CFR Part 440, Subpart B and sections 1902(a), 1902(a)(47), 1902(e)(5), (7), (8) and (9), 1905(a)(18) through (20), 1905(p), 1915(g)(2), and 1920 of the Act.

(1) (i) Each item or service listed in section 1905(a)(1) through (5) of the Act, as defined in 42 CFR Part 440, Subpart A is provided for the categorically needy.

(ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, as defined in 42 CFR 440.165 are provided for the categorically needy to the extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

1902(e)(5) of the
Act, P.L. 99-272
(Section 9501)

(iii) For any women who, while pregnant, were eligible for, applied for, and received medical assistance under the approved State plan, all pregnancy-related and postpartum services will continue to be provided, as though the women were pregnant, for 60 days after the pregnancy ends, beginning on the last date of pregnancy.

☒ (iv) For pregnant women, services for any other medical condition that may complicate the pregnancy are provided.

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

<u>Citation</u> 1902(a)(10), clause (VII) of the matter following (E) of the Act, P.L. 99-509 (Sec. 9401(c))	3.1 (a) (1) (Continued) (v) Medical assistance furnished to optional categorically needy pregnant women (during pregnancy and during 60 days after the pregnancy ends) under the provisions of section 1902(a)(10)(A)(ii)(IX) of the Act is limited to services related to pregnancy (including prenatal, delivery, and postpartum services) and to other conditions that may complicate pregnancy.
1902(a)(47) and 1920 of the Act, P.L. 99-509 (Section 9407)	<u> </u> (vi) Ambulatory prenatal care for pregnant women during a presumptive eligibility period is provided to categorically needy individuals as indicated in item 3.6 of this plan. (vii) Home health services are provided to categorically needy recipients entitled to skilled nursing facility services as indicated in item 3.1(b) of this plan.
1902(e)(7) of the Act, P.L. 99-509 (Section 9401(d))	(viii) Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (F) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.
1902(e)(9) of the Act, P.L. 99-509 (Section 9408)	<u> </u> (ix) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
1903(v) of the Act P.L. 99-509 (Section 9406)	(x) Emergency services necessary to treat an illegal alien for an emergency medical condition, as defined in section 1903(v)(3) of the Act, are provided.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy and specifies all limitations on the amount, duration and scope of those services.

TN No. 87-9
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1008P/0011P

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

OMB No.: 0938-0193

State/Territory: Guam

Citation
Part 440,
Subpart B

3.1 (a) (2) This State plan covers the medically needy.

☒ No.

☐ Yes. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(e)(5) of
the Act,
P.L. 99-272
(Section 9501)

(i) Prenatal care and delivery services for pregnant women.

(ii) For women who, while pregnant, were eligible for, applied for, and received medical assistance under the approved State plan, all pregnancy-related and postpartum services will continue to be provided, as though the women were pregnant, for 60 days after the pregnancy ends, beginning on the last day of pregnancy.

☐ (iii) For pregnant women, services for any other medical condition that may complicate the pregnancy.

1902(a)(47) and
1920 of the Act,
P.L. 99-509
(Section 9407)

☐ (iv) Ambulatory prenatal care for pregnant women who are medically needy individuals is provided as indicated in item 3.6 of this plan.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

☐ Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

TN No. 87-4
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1008P/0011P

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

JAN 29 1981

State Guam

Citation
42 CFR 431.18 (b)
AT-79-29

4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

§ 75-17
Supersedes
TN §

Approval Date 5/20/76 Effective Date 1/1/81

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

State Guam

Citation
42 CFR 433.37
AT-78-90

4.9 Reporting Provider Payments to Internal Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

TN # 75-17
Supersedes
TN #

Approval Date 5/20/80 Effective Date

Revision: HCFA-PH-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation
42 CFR 431.51
AT-78-90
46 FR 48524
48 FR 23212
~~1902(a)(23)~~
of the Act
P.L. 100-93
(sec. 8(f))

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that any individual eligible under the plan may obtain Medicaid services from any ~~institution, agency, pharmacy, person, or~~ organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.

(b) Paragraph (a) does not apply to services furnished to an individual--

(1) Under an exception allowed under 42 CFR 431.54,

(2) Under a waiver approved under 42 CFR 431.55, or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act.

TN No. 87-14
Supersedes
TN No. 84-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

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

State Guam

Citation
42 CFR 431.610
AT-78-90
AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (a) ~~The State agency utilized by the~~ Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is Department of Public Health and

Social Services

- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): Public Laws of Guam

- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN # 75-2
Supersedes
TN # _____

Approval Date 1/14/76

Effective Date 4/1/75

ATTACH 4.11 - A

Standards for Guan Memorial Hospital (being the only hospital) are set by the American Hospital Association. The hospital is fully accredited.

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

State Guam

Citation
42 CFR 431.610
AT-78-90
AT-89-34

4.11(d) The Department of Public Health
and Social Services (agency)
which is the State agency responsible
for licensing health institutions,
determines if institutions and
agencies meet the requirements for
participation in the Medicaid
program. The requirements in 42 CFR
431.610(e), (f) and (g) are met.

TN # 75-2
Supersedes
TN # _____

Approval Date 1/14/76 Effective Date 1/1/75

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

State _____

Citation Guam
42 CFR 431.105 (b)
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105 (b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b).

☐ Yes, as listed below:

☐ Not applicable. Similar services are not provided to other types of medical facilities.

TN # 75-2
Supersedes
TN # _____

Approval Date 1/14/76

Effective Date 4/1/75

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

OMB No.: 0938-0193

State/Territory: Quem

Citation

42 CFR 431.107

AT-79-74

42 CFR Part 442,
Subparts A & B

4.13 Required Provider Agreement

(a) All requirements of 42 CFR 431.107 and Part 442, Subparts A and B are met with respect to agreements between the Medicaid agency and each provider furnishing services under the plan.

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

(b) All requirements of section 1920(b)(2) and (e) are met with respect to agreements between the Medicaid agency and each qualified provider furnishing ambulatory prenatal care to pregnant women during a presumptive eligibility period.

☐ Yes.

☒ Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

TN No. 91-1
Supersedes
TN No. 87-4

Approval Date 11/27/91

Effective Date 7/01/91

HCFA ID: 1010P/0012P

" - MEDICAID REASON FOR DISQUALIFICATION - Attachment 4.13A

1. A. Suspension or Termination of Provider from Participation:

1. Cause for Suspension or Termination:

- a. Any violation of rule or regulation of this program by an individual, institution or organization, or any provider's practice which is deemed harmful to public health, safety and the welfare of recipients.
- b. The conviction of a provider of a felony, or any offense involving moral turpitude.
- c. Fraud against the program such as, but not limited to, the claiming and receiving of payment for services not provided, submission of claim and acceptance of payment for services already paid, or deliberate preparation of a claim in a manner which causes higher payment than the amount of entitlement.
- d. Requiring and receiving payment from a recipient to make up for the difference between the Department's applicable fee schedule or rate, and the provider's customary charges.
- e. Action taken by the provider's professional group or organization, or court of law, disapproving the provider's methods of treatment or care as not being within the practice of his profession, or harmful to patient's health and safety.

2. Suspension or Termination Requirements:

- a. Adequate substantiated evidence of a violation is obtained.
- b. The provider is given full information and notice of the alleged violation and regarding the reason for investigation.
- c. The provider is afforded adequate time and opportunity to express his views regarding the problem and to furnish information which may help to disprove the alleged violation.
- d. Suspension may be permanent, but not less than one year.

Attachment 4-13A

3. ~~Factor~~ Indication to Suspend or Terminate:

Recommendation to suspend or terminate a vendor shall lay with the Medicaid Supervisor and Administrator of Social Services, with appropriate action being taken by the Director of Public Health and Social Services.

Revision: HCFA-PH-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: GUAM

Citation

4.14 Utilization Control

42 CFR 431.630
42 CFR 456.2
50 FR 15312

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

☒ Directly.

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(Section 9431)

☐ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

☐ Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designated under 42 CFR Part 462.

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(Section 9431)

☐ By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

TN No. 89-1
Supersedes
TN No. 85-5

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

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

State: GUAM

OMB NO. 0938-0193

Citation
42 CFR 456.2
~~50 FR 15312~~

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for ~~control of the utilization of inpatient~~ hospital services.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

☐ All hospitals (other than mental hospitals).

☐ Those specified in the waiver.

☒ No waivers have been granted.

TN No. 15-5
Supersedes
TN No. _____

Approval Date NOV 7 1985

Effective Date 7-1-85

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-7 (BERG)
JULY 1985

OMB NO.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 456.2
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

☐ All mental hospitals.

☐ Those specified in the waiver.

☐ No waivers have been granted.

☒ Not applicable. Inpatient services in mental hospitals are not provided under this plan.

TN No. 85-5
Supersedes
TN No. _____

Approval Date NOV 7 1985

Effective Date 7-1-85

HCFA ID: 0048P/0002P

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

State: GUAM

OMB NO. 0938-0193

Citation
~~42 CFR 456.2~~
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of
~~42 CFR Part 456, Subpart E, for the control of~~
utilization of skilled nursing facility
services.

☐ Utilization and medical review are
performed by a Utilization and Quality
Control Peer Review Organization designated
under 42 CFR Part 462 that has a contract
with the agency to perform those reviews.

☐ Utilization review is performed in
accordance with 42 CFR Part 456, Subpart H,
that specifies the conditions of a waiver
of the requirements of Subpart E for:

☐ All skilled nursing facilities.

☐ Those specified in the waiver.

☒ No waivers have been granted.

TN No. 15-5
Supersedes
TN No. _____

Approval Date NOV 7 1985

Effective Date 7/1/85

HCFA ID: 0048P/0002P

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

State: GUAM

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 ☐ (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

- ☐ Facility-based review.
- ☐ Direct review by personnel of the medical assistance unit of the State agency.
- ☐ Personnel under contract to the medical assistance unit of the State agency.
- ☐ Utilization and Quality Control Peer Review Organizations.
- ☐ Another method as described in ATTACHMENT 4.14-A.
- ☐ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
- ☒ Not applicable. Intermediate care facility services are not provided under this plan.

TN No. 85-5
Supersedes
TN No. _____

Approval Date NOV 7 1985

Effective Date 7-1-85

HCFA ID: 0048P/0002P

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

OMB No.: 0938-0193

State/Territory: Guam

Citation
1902(a)(30)
and 1902(d) of
the Act,
P.L. 99-509
(Section 9431)

☒ 4.14 (f) The Medicaid agency meets the requirements of section 1902(a)(30) of the Act for control of the utilization of services furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

☒ A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☒ A private accreditation body.

TN No. 87-4
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

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

State _____

Gram

Citation
42 CFR 456.2
AT-78-90

4.15 Inspections of Care in Skilled Nursing
and Intermediate Care Facilities and
Institutions for Mental Diseases

All applicable requirements of 42 CFR Part
456, Subpart I, are met with respect to
periodic inspections of care and services.

- ☒ Not applicable with respect to
intermediate care facility services; such
services are not provided under this plan.
- ☒ Not applicable with respect to services
for individuals age 65 or over in
institutions for mental diseases; such
services are not provided under this plan.
- ☒ Not applicable with respect to inpatient
psychiatric services for individuals
under age 22; such services are not
provided under this plan.

TN # 91-1

Supersedes

TN # 79-5

Approval Date 11/27/91

Effective Date 7/01/91

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

State _____

Citation
42 CFR 431.615 (c)
AT-78-90

Guam 4.16 Relations with State Health and Vocational
Rehabilitation Agencies and Title V
Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

TN # 75-2
Supersedes
TN # _____

Approval Date 1/14/76 Effective Date 4/1/75

ATTACH 4.16 - A

1. The State agency will make cooperative arrangements with State health and State vocational rehabilitation agencies (including agencies which administer or supervise health or vocational rehabilitation services) directed toward maximum utilization of such services in the provision of medical assistance under the plan. Attached are descriptions of the cooperative arrangements.
2. The State agency will make cooperative arrangements with grantees under title V of the Social Security Act to provide for utilizing such grantee agencies in furnishing, to medical assistance recipients, care and services which are available under title V plans or projects and are included in the State plan for title XIX. Such arrangements will include, where requested by the title V grantee, provision for reimbursing the title V grantee for care or services furnished by or through such grantee to individuals eligible therefore under the title XIX plan, and will be in writing.
3. The arrangements with State health and State vocational rehabilitation agencies, and with title V grantees that request provision for reimbursement will include a description, as appropriate, of the items specified in 45 CFR 251.10(a) (3).

Revision: HCFA-AT-82-29 (BPP)
December 1982

State Guam

Citation
42 CFR 433.36(c)
AT-78-90
47 FR 43644

4.17 Liens and Recoveries

Liens are imposed against an individual's property.

☒ No.

☐ Yes.

- (a) Liens are imposed against an individual's property before his or her death because of Medicaid claims paid or to be paid on behalf of that individual following a court judgement which determined that benefits were incorrectly paid for that individual.

☐ Item (a) is not applicable. No such lien is imposed.

☐ Item (a) applies only to an individual's real property;

☐ Item (a) applies only to an individual's personal property; or

☐ Item (a) applies to both an individual's real and personal property.

- (b) Liens are placed against the real property of an individual before his or her death because of Medicaid claims paid or to be paid for that individual in accordance with 42 CFR 433.36(g) (1) and (g) (2).

☐ Item (b) is not applicable. No such lien is imposed.

TN # 83-6

Supersedes

TN #

Approval Date 9-21-83 Effective Date 10/1/82

Revision: HCFA-AT-82-29 (BPP)
December 1982

State Guam

Citation

42 CFR 433.36(c)

AT-78-90

47 FR 43644

4.17 (c) Adjustments or recoveries for Medicaid claims correctly paid are imposed only in accordance with section 433.36(h).

(d) No money payments under another program are reduced as a means of recovering Medicaid claims incorrectly paid.

(e) ATTACHMENT 4.17-A --

(a) Specifies the process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the process meets the requirements of 42 CFR 433.36(d).

(b) Defines the terms specified in 42 CFR 433.36(e).

(c) Specifies the criteria by which a son or daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).

TN # 83-6

Supersedes

TN #

Approval Date 9-21-82 Effective Date 10/1/82

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

OMB No.: 0938-0193

State/Territory: Guam

Citation
447.51 through
447.58

4.18 Cost Sharing and Similar Charges

- (a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

~~1916(a) and (b)~~
~~of the Act,~~
~~P.L. 99-509~~
~~(Sec. 9403(g)(4))~~

- ~~(b) With respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:~~

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, of under--

☐ Age 19

☐ Age 20

☐ Age 21

Reasonable categories of individuals who are age 18 but under age 21 to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

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

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PH-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 2
OMB NO.: 0938-0193

NOT Applicable

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

B. The method used to collect cost sharing charges for categorically needy individuals:

☐ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

TN No. 85-7
Supersedes
TN No. _____

Approval Date 3-7-96

Effective Date 1-1-86

HCFA ID: 0053C/0061E

Revision: HCFA-PH-85-14 (BERG)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 3
OMB NO.: 0938-0193

NOT Applicable

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

E. Cumulative maximums on charges:

- ☐ State policy does not provide for cumulative maximums.
- ☐ Cumulative maximums have been established as described below:

TN No. 85-7
Supersedes

Approval Date 3-7-86
Date

Effective 1-1-86

TN No. _____

HCFA ID: 00530/0061E

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

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51 - 58

4.18(b) (2) (Continued)

(iii) All services furnished to pregnant women.

☒ Not applicable, Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 441.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a health maintenance organization in which the individual is enrolled.

1916 of the Act,
P.L. 99-272,
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN NO. 87-2
Supersedes
TN NO. 85-2

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

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

OMB-No. 0938-0193

State/Territory: GUAM

ation
51 - 58

4.18(b) (Continued)

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

☒ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☐ 21 or older

☐ Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN NO. 87-2
Supersedes
TN NO. 85-7

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

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

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51 - 58

4.18(b) (3) (Continued)

(iii) ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

☒ Not applicable. There is no maximum.

TN NO. 87-2
Supersedes
TN NO. 85-2

Approval Date SEP 9 1987Effective Date 7/1/87

HCFA ID:0053C/0061E

56b

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

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51 - 58

4.18 (Continued)

(c) Individuals are covered as medically needy under the plan.

☒ No.

☐ Yes. With respect to them:

(1) An enrollment fee, premium or similar charge is imposed.

☐ Not applicable. No such charge is imposed.

☐ Yes. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

TN NO. 87-2
Supersedes
TN NO. 86-2

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

56c

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

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51 - 58

4.18(c) (Continued)

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

☐ Age 19

☐ Age 20

☐ Age 21

Reasonable categories of individuals who are age 18 but under age 21 to whom charges apply are listed below, if applicable:

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN NO. 87-2
Superseded
TN NO. 87-1

SEP 9 1987
Approval Date _____

Effective Date 07/1/87

HCFA ID:0053C/00618

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

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51 - 58

4.18(c) (2) (Continued)

(iii) All services furnished to pregnant women.

☒ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,
P.L. 99-272
(Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN NO. 87-2
Supersedes
TN NO. 85-7

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

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

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51 - 58

4.18(c) (2) (Continued)

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

☒ Not applicable. No such charges are imposed.

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

☒ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

☒ 18 or older

☒ 19 or older

☒ 20 or older

☒ 21 or older

Reasonable categories of individuals who are 18 years of age but under 21 to whom charges apply are listed below, if applicable.

TN NO. 87-2
Supersedes 0
TN NO. 0

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

Revision: HCFA-PH-86-20 (BERG)
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51-58

4.18(c) (3) (Continued)

(iii) ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

☐ Not applicable. There is no maximum.

NO. 87-2
supersedes
NO. 0

Approval Date 9/1/87

Effective Date 7/1/87

HCFA ID:0053C/0061E

Revision: HCPA-FH-85-14 (BRRG)
SEPTEMBER 1985

ATTACHMENT 4.18-C
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount and Basis for Determination.
	Deduct.	Coins.	Copay.	
NOT APPLICABLE				

1 No. 85-7
S per se des
1 R.

Approval Date 3-7-86

Effective Date 4-1-86

HCPA ID: 0053G/0061E

Revision: HCFA-PH-85-14 (BEG)
SEPTEMBER 1985

ATTACHMENT 4.18-C
Page 2

Not applicable

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

B. The method used to collect cost sharing charges for medically needy individuals:

☐ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

G. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

IN No. 85-7
Supersedes
IN No. _____

Approval Date 3-7-86

Effective Date 1-1-86

HCFA ID: 00530/0061E

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

OMB No.: 0938-0193

State/Territory: Guam

Citation

4.19 Payment for Services

42 CFR 447.252
46 FR 44964
48 FR 56046
50 FR 23009
1902(e)(7) of
the Act,
P.L. 99-509
(Sec. 9401(d))

(a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and section 1902(e)(7) with respect to payment for inpatient hospital services.

*SECTION 1912(e)(7)
OF THE ACT*

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

TN No. 87-4
Supersedes
TN No. 85-7

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PH-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation . 4.19 (b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the requirements of 42 CFR Part 447, Subpart D, with respect to payment for all other types of services provided under the plan.

42 CFR 447.201
42 CFR 447.302
AT-78-90
AT-80-34
1903(a)(1) and
(n) and 1920 of
the Act,
P.L. 99-509
(Section 9403,
9406 and 9407)
52 FR 28648

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, skilled nursing and intermediate care facility services that are described in other attachments.

TN No. 87-9
Supersedes
TN No. 87-4

Approval Date 10/10/87

Effective Date 7/1/87

HCFA ID: 1010P/0012P

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

State _____

~~Guam~~

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during
a recipient's temporary absence from an
inpatient facility.

☐ Yes. The State's policy is
described in ATTACHMENT 4.19-C.

☒ No.

79-8

TN # _____
Supersedes
TN # _____

7/19/79

Approval Date _____

4/1/79

Effective Date _____

Revision: HCFA-PH-87-9 (BERG)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

4.19.(d)

- ☒ (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- ☒ (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 87-9
Supersedes
TN No. 84-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

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

OMB No.: 0938-0193

State/Territory: Guam

Citation : 4.19 Payment for Services

42 CFR 447.252
46 FR 44964
48 FR 56046
50 FR 23009
1902(e)(7) of
the Act,
P.L. 99-509
(Sec. 9401(d))

(a) The Medicaid agency meets the requirements of
42 CFR Part 447, Subpart C, and section 1902(e)(7)
with respect to payment for inpatient hospital
services.

ATTACHMENT 4.19-A describes the methods and
standards used to determine rates for payment for
inpatient hospital services.

TN No. 82-4
Supersedes
TN No. 85-7

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

GUAM PAYMENT FOR INPATIENT HOSPITAL SERVICES**I. Payment Rates**

- 1) All on-island inpatient medical services that are covered by the Medicaid Program are reimbursed based on the hospital's reimbursement rate, Medicare Interim Rate. The Medicare Interim Reimbursement Rate is Medicare's annually computed interim payment rate, based on the hospital's latest available cost report, which estimates as closely as possible the Medicare actual reimbursable inpatient hospital cost for the service period.
- 2) Off-Island Hospitals
 - (a) For Hawaii hospitals, Medicaid will pay based on the individual hospital's Medicare rate for the service, reimbursable on a claims basis.
 - (b) For California hospitals, Medicaid will pay based on the individual hospital's Medicare rate for the service, reimbursable on a claims basis.
 - (c) All other hospitals, Medicaid will pay based on the individual hospital's Medicare rate for the service, reimbursable on a claims basis.
 - (d) For services that cannot be provided by a provider that accepts payments under (a) through (c), Medicaid will pay based on the Charged Master w/discount of 45 to 55% or at negotiated rates that will not exceed the provider's customary charge.
- 3) Administrative Days. Reimbursement for patients receiving services at a Skilled Nursing Facility (SNF) level of care in an acute bed under conditions similar to those described in Section 1861 (v)(1)(G) of the Social Security Act will be at the same rate paid for SNF services provided to patients in GMH's SNF. The methodology and standards used to determine these rates are described under 4.19 Attachment D of this State Plan.

REVISION:

II. Upper Payment Limits

The rates Guam Medicaid negotiates will not exceed either what Medicare would have paid for those Medicaid services or the cost of those Medicaid services under Medicare cost principles.

III. Appeals Procedures

Hospitals may appeal to address errors in rate setting and rate payments.

IV. Public Process

The State/Territory has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

V. Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions
[42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903]

• Payment Adjustment for Provider-Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

• Health Care-Acquired Conditions (HCAC)

Guam identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19-A of this State Plan.

X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

• Other Provider-Preventable Conditions (OPPC)

Guam identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-A of this State Plan.

X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

____ Additional Other Provider-Preventable Conditions identified below:

Guam performs utilization reviews on all on-island and off-island claims. The additional hospital inpatient days associated with the HCAC or OPPC will be identified and denied for per diem payments and any charges associated with the HCAC or OPPC will be denied for payments where the off-island hospital is reimbursed based on a percentage of charges.

TN No.: 11-005 Approval Date: APR - 6 2012 Effective Date: October 1, 2011
Supersedes TN: 10-002 CMS ID: 7982E

Revision: HCFA-PH-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 447.201
42 CFR 447.302
AT-78-90
AT-80-34
1903(a)(1) and
(n) and 1920 of
the Act,
P.L. 99-509
(Section 9403,
9406 and 9407)
52 FR 28648

4.19 (b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the requirements of 42 CFR Part 447, Subpart D, with respect to payment for all other types of services provided under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, skilled nursing and intermediate care facility services that are described in other attachments.

TN No. 87-9
Supersedes
TN No. 87-4

Approval Date 10/10/87

Effective Date 7/1/87

HCFA ID: 1010P/0012P

Attachment 4.19-B

The Agency uses the following reimbursement principles in paying for each type of medical service:

A. Physician Services

1. Primary Care Physician Services/Evaluation and Management Services

Effective January 1, 2011, Medicaid will use the 100% Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii locality and Current Medicare Conversion Factor available at the Bureau of Health Care Financing Administration (BHCFA) office.

2. Anesthesia Services

Effective January 1, 2011, Medicaid will use the [2008 Crosswalk American Society of Anesthesiologist (ASA) Base Anesthesia Unit + Time Unit + ASA Physical Status Unit (any modifying factor/qualifying circumstance)] x Current Hawaii Medicare Fee Schedule Conversion Factor (CF) published at www.palmettogba.com/Medicare. Time Unit is based on 15 minutes increments.

3. Surgery and All Other Physician Services

Effective January 1, 2011, Medicaid will use the 100% Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii locality and Current Medicare Conversion Factor available at the Bureau of Health Care Financing Administration (BHCFA) office.

Assistant Physician Surgeon will be paid at 15% of Surgeon's Fee.

B. Other Practitioner Services

Effective January 1, 2011, Medicaid will pay at 65% of Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare for Nurse Midwives and 85% of Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare for all Other Practitioners.

C. Clinic Services

Effective January 1, 2011, Medicaid will pay the same reimbursement and methodology used to pay physician services (see Item A).

D. Laboratory Services (Off-Island and On-Island)

Payment will be the lowest of the billed charges or the Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

E. Radiological Services

Effective January 1, 2011, Medicaid will use the 100% Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii locality and Current Medicare Conversion Factor available at the Bureau of Health Care Financing Administration (BHCFA) office.

F. Drugs

Medicaid implements the drug formulary which includes the name of drugs covered by Medicaid, the strength, the MAC and maximum and minimum allowable quantity effective July 1, 1991. The MAC is based on the lowest updated Average Wholesale price on the Red/Blue Book and/or Medispan, plus a reasonable dispensing fee of \$4.40 which is 60% more than its previous years' dispensing fee of \$2.75.

Note: The agency will review and update the drug formulary annually, in January.

If the pharmacist has in his inventory drugs with ingredient costs less than the MAC of acceptable quantity, he is required to charge Medicaid at the lower cost. (*MAC as used by Guam means the upper limit payable for any service under Medicaid.) In case of HHS/MAC drugs, Guam uses the rate set by the Secretary of HHS.

G. Eyeglasses

Medicaid will pay provider charges for corrective eyeglasses, not to exceed eighty dollars (\$80.00) and bifocal eyeglasses not to exceed one hundred twenty eight dollars (\$128.00) including lens and frame.

H. Dental Services

Effective January 1, 2011, Medicaid will use the 40% of 2001 American Dental Association Fee Schedule available at the BHCFA office.

I. Medical Supplies and Equipments

Medicaid pays based on Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed provider's acquisition cost.

J. Hearing Aids

Medicaid pays the provider's charges not to exceed provider's acquisition cost.

K. Hospital Ancillary Services

Ancillary services including operating room, laboratory, x-ray, inhalation therapy; renal dialysis; etc., are reimbursed based on negotiated rates starting at the Hospital's Medicare Interim Rates and not to exceed 120% of the Hospital's Medicare Interim Rates. The reimbursement methodology for Physical and Occupational Therapy services performed in the hospital are explained in item L below.

L. Physical and Occupational Therapy

Physical and Occupational Therapy services are provided without limitation on an inpatient and outpatient hospital basis. These services are reimbursed based on negotiated rates starting at the Hospital's Medicare Interim Rates and not to exceed 120% of the Hospital's Medicare Interim Rates. This reimbursement will encompass both the professional and the facility component of all Physical and Occupational Therapy services.

M. Home Health Services

Medicaid pays Home Health services according to the CMS Federal Register National Per-Visit Rate (Federal Register Website).

N. Ambulatory Surgical Services

Effective January 1, 2011, Medicaid will pay according to the negotiated rates starting at Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed 70% of Provider's Usual Customary Charges.

O. Hospice Care

Effective January 1, 2011, Medicaid will pay according to the Annual Hospice Rates Established under Medicare published at www.cms.gov/center/hospice.asp.

P. Medical Transportation Services

Effective January 1, 2011, Medicaid will pay medical transportation services on negotiated rates starting at Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed 70% of Provider's Usual Customary Charges.

Medicaid does not reimburse for non-emergency medical transportation expense on the usage of their car or transportation provided by friends, family or bus because Guam is 30 miles long and 4 miles to 12 miles wide, and the distance of travel and associated costs are minimal.

Q. Free-Standing Birthing Center Services

Effective January 1, 2011, Medicaid will pay according to the negotiated rates starting at the Guam Memorial Hospital Authority's (GMHA) Current Medicare Interim Rates and not to exceed 70% of Provider's Usual Customary Charges.

R. Outpatient Hemodialysis Services

Effective January 1, 2011, Medicaid will pay according to the Facility's Current Medicare Interim Rate.

S. Outpatient and Emergency Room Services

Medicaid will pay according to the Facility's Current Medicare Interim Rate.

For services that cannot be provided by a provider that accepts payments under (A) through (R) and the service is evident to save life or significantly alter an adverse prognosis or the prognosis for survival and recovery requires the immediate medical service, Medicaid will negotiate competitive rates starting at Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed 70% of Provider's Usual Customary Charges.

Except as otherwise noted in the plan, territory-developed fee schedule rates are the same for both governmental and private providers.

All providers are required to submit claims within one (1) year from the date of service except for Medicaid with Third Party Liability (TPL) which should be submitted within sixty (60) days from the receipt date of the TPL payments/statements.

Medicaid will pay the full amount of deductible, co-payment, and co-insurance for recipients who have Medicaid with TPL coverage provided the service charges are covered under the Guam Medicaid State Plan and not to exceed the Medicaid applicable reimbursement methodology outlined under (A) through (R) above.

Medicaid does not pay Non-Participating except in emergency cases, Medicaid will pay up to the Medicaid applicable reimbursement methodology outlined under (A) through (R) above and Medicaid is the Payor of Last Resort.

Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions
[42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903]

- **Payment Adjustment for Provider-Preventable Conditions**

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

- **Other Provider-Preventable Conditions (OPPC)**

Guam identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-B of this State Plan.

X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

____ Additional Other Provider-Preventable Conditions identified below:

Any reimbursement related to OPPC shall be denied.

TN No.: 11-005 Approval Date: APR - 6 2012 Effective Date: October 1, 2011
Supersedes TN: 10-002B CMS ID: 7982B

Skilled Nursing Facility (SNF) Reimbursement Methodology

Guam Medicaid will reimburse for Skilled Nursing Facility services on a Medicare Prospective Payment System (PPS) Resource Utilization Group (RUG) rate. The payment rate must not exceed the provider's customary charges to the general public and the Medicare reimbursement standard.

~~Guam Medicaid will require the provider (hospital) to submit a copy of their current Medicare cost report.~~

Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions
[42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903]

• **Payment Adjustment for Provider-Preventable Conditions**

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

• **Other Provider-Preventable Conditions (OPPC)**

Guam identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-D of this State Plan.

 X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

 Additional Other Provider-Preventable Conditions identified below:

Guam performs utilization reviews on all on-island SNF claims; the additional skilled nursing facility days associated with the OPPC will be identified and denied for per diem payments.

TN No.: 11-005 Approval Date: APR - 6 2012 Effective Date: October 1, 2011
Supersedes TN: 82-9 CMS ID: 7982E

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

State Guam

Citation
42 CFR 447.45 (c)
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of — •
claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-13

Supersedes

IN #

Approval Date 10/1/79

Effective Date 7/1/79

Attachment 4.19:

Definition of a Claim

A Claim is a statement for services rendered to Medicaid recipient for the same illness by one service provider.

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

OMB No.: 0938-0193

State/Territory: Guam

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

TN No. 87-4
Supersedes
TN No. 83-8

Approval Date 10/10/87

Effective Date 2/1/89

HCFA ID: 1010P/0012P

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

WAX

State Guam

Citation

42 CFR 447.201
42 CFR 447.202
AT-78-90

4.19(g) The Medicaid agency assures appropriate
audit of records when payment is based on —
costs of services or on a fee plus
cost of materials.

TN # _____
Supersedes
TN # _____

Approval Date _____

Effective Date _____

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State Guam

Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 80-11
Supersedes
TN # _____

Approval Date 10-1-80

Effective Date 9-1-80

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

State _____

Guam

Citation

42 CFR 447.201

42 CFR 447.204

AT-78-90

4.19 (i)

The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

TN # _____

Supersedes _____

Approval Date _____

Effective Date _____

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation

42 CFR 447.201
42 CFR 447.205
AT-78-37
46 FR 58677

4.19 (j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(a)(1) of the Act,
P.L. 99-509
(Sec. 9403(g)(2))

☒ (k) With respect to payments for Medicare cost sharing (as defined in section 1905(p)(3) of the Act) for qualified Medicare beneficiaries, the Medicaid agency meets the requirements of section 1903(a)(1) of the Act.

1902(n) of the Act, P.L. 99-509
(Sec. 9403(e))

The agency pays an amount for Medicare cost sharing and any other payment amount for an item or service under title XVIII of the Act that exceeds the amount otherwise payable under the plan for eligible individuals who are not qualified Medicare beneficiaries.

☒ Yes. The methods and standards used for the payment of these services are described in ATTACHMENT 4.19-B.

☒ Not applicable.

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

☒ (l) The Medicaid agency meets the requirements of section 1920(d) of the Act with respect to payment for ambulatory prenatal care furnished to pregnant women during a presumptive eligibility period.

1903(v) of the Act, P.L. 99-509
(Section 9406)

(m) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act. ATTACHMENT 4.19-B describes the methods and standards used to determine payment of these services.

TN No. 87-9
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: GUAM

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928 (c) (2) (i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928 (c) (2) (C) (ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

UW
184

~~—~~ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

UW
184

~~X~~ sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

~~—~~ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

1926 of the Act (iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

1. All Medicaid private providers, Pediatricians, Family Practitioners and General Practitioners are supplied with free vaccines for administration to Medicaid eligible clients. These providers are paid by Medicaid for administering the vaccine aside from the regular clinic visit services.
2. All AFDC-EPSDT eligible clients are informed of available services including immunization through several venues:

During mass screening orientation;

TN No. 94-8

Supersedes

TN No. N/A

Approval Date MAR 1 1995 Effective Date 10-1-94

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

State Guam

Citation
42 CFR 447.25 (b)
AT-78-90

4.20 Direct Payments to Certain Recipients for
Physicians' or Dentists' Services

Direct payments are made to certain recipients
as specified by, and in accordance with, the
requirements of 42 CFR 447.25.

☐ Yes, for ☐ physicians' services

☐ dentists' services

ATTACHMENT 4.20-A specifies the
conditions under which such payments are
made.

☒ Not applicable. No direct payments are
made to recipients.

TN # 79-13
Supersedes
TN #

Approval Date 10/9/79

Effective Date 7/1/79

Revision: HCFA-AT-81-34 (BPP)

10-81

State GuamCitation4.21 Prohibition Against Reassignment of
Provider Claims42 CFR 447.10(c)
AT-78-90
46 FR 42699Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.TN # 82-1
Supersedes
TN # 79-6Approval Date 8/20/82 Effective Date 7/1/81

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation

433.137(a)
50 FR 46652

4.22 Third Party Liability

(a) The Medicaid agency meets all requirements of
42 CFR 433.138 and 433.139.

433.138(f)
52 FR 5967

(b) ATTACHMENT 4.22-A --

(1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;

433.138(g)(1)(ii)
and (2)(ii)
52 FR 5967

(2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);

433.138(g)(3)(i)
and (iii)
52 FR 5967

(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and

433.138(g)(4)(i)
and (iii)
52 FR 5967

(4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

TN No. 87-9
Supersedes
TN No. 87-3

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PH-87-9 (BERC)
AUGUST 1987

ATTACHMENT 4.22-A
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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

Requirements for Third Party Liability -
Identifying Liable Resources

TN No. 87-9
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID:1076P/0019P

69a

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation

433.139(f)(2)
and (3)
50 FR 46652

(c) ATTACHMENT 4.22-B specifies the threshold amount or other guideline used in determining whether to seek reimbursement from a liable third party; or describes the process by which the agency determines that seeking reimbursement would not be cost effective. It also specifies the dollar amount or time period the State uses to accumulate billings from a particular liable third party for this purpose.

TN No. 87-9
Supersedes
TN No. 87-3

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

ATTACHMENT 4.22-B
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

Requirements for Third Party Liability -
Payment of Claims

If a Third Party Liability exists, Medicaid Providers are required to seek reimbursement (regardless of the dollar amount) from the liable third party first before charging Medicaid.

If the Agency identifies the Third Party Liability after a claim is paid, it will seek reimbursement from the third party within thirty (30) days after the end of the month it learned of the existence of the third party provided the amount exceeds \$5.00.

TN No. 87-9
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1076P/0019P

Revision: HCFA-PH-86-3 (BERC)
MARCH 1986

State/Territory: GUAM

Citation

4.22 (continued)

42 CFR 433.151(a)
50 FR 46652

(c) The Medicaid agency has written cooperative ~~agreements for the enforcement of rights to and~~ collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following: (Check as appropriate.)

☒ State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

☐ Other appropriate State agency(s)--

☐ Other appropriate agency(s) of another State--

☐ Courts and law enforcement officials.

42 CFR 433.151(b)
50 FR 46652

(d) The Medicaid agency meets the requirements of 42 CFR 433.153 and 433.154 for making incentive payments and for distributing third party collections.

TN No. 87-1
Supersedes
TN No. 79-6

Approval Date

JUL 31 1987

Effective Date

01/01/87

HCFA ID: 0105P/0002P

Revision: HCFA-AT-84-2 (BERC)
01-84

State GUAM

Citation 4.23 Use of Contracts
42 CFR Part 434.4
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

☐ Not applicable. The State has no such contracts.

84-2
TN #

Supersedes

TN # 80-9

Approval Date 8-3-84 Effective Date 7-1-84

Revision: HCFA-PM-94-2 (BPD)
APRIL 1994

State/Territory:

GUAM

Citation
42 CFR 442.10
and 442.100
AT-78-90
AT-79-18
AT-80-25
AT-80-34
52 FR 32544
P.L 100-203
(Sec. 4211)
54 FR 5316
56 FR 48826

4.24

Standards for Payments for Nursing Facility
and Intermediate Care Facility for the Mentally
Retarded Services

With respect to nursing facilities and
intermediate care facilities for the mentally
retarded, all applicable requirements of
42 CFR Part 442, Subparts-B-and-C-are-met.

- ☒ Not applicable to intermediate care
facilities for the mentally retarded;
such services are not provided under this
plan.
- ☒ Not applicable to nursing facilities
for the mentally retarded; such services
are not provided under this plan.

TN No. 94-002

Supersedes

TN No. 87-14

Approval Date MAY 13 1994

Effective Date 4/1/94

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

State Guam

Citation
42 CFR 431.702
AT-78-90

4.25 Program for Licensing Administrators of Nursing Homes

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

75-2

TN #
Supersedes
TN #

1/14/76

Approval Date

4/1/75

Effective Date

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

State Guam

4.26 [Reserved]

TN # _____
Supersedes _____
TN # _____

Approval Date _____

Effective Date _____

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

JAN 29 1981

State Guam

Citation
42 CFR 431.115 (c)
AT-78-90
AT-79-74

4.27 Disclosure of Survey Information and Provider
or Contractor Evaluation

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

TN # 75-2
Supersedes
TN #

Approval Date 1/14/76 Effective Date 4/1/75

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 431.152
AT-79-18
52 FR 32544

4.28 Appeals Process for Skilled Nursing and Intermediate
Care Facilities

The Medicaid agency has established appeals
procedures for skilled nursing and intermediate
~~care facilities as specified in 42 CFR 431.153 and~~
431.154.

☒ Not applicable to intermediate care facilities;
such services are not provided under this plan.

TN No. 89-1
Supersedes
TN No. 79-16

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

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

State Guam

Citation

Sec. 1902(a)

(4)(C) of the Act

P.L. 95-559,

sec. 14

AT-79-42

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of Section 1902(a) (4) (C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that are prohibited by Section 207 or 208 of title 18, United States Code.

TN # 71-17

Supersedes

TN #

Approval Date 10/9/79

Effective Date 7/1/79

Revision: HCFA-PH-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation

42 CFR 1002.203

AT-79-54

48 FR 3742

51 FR 34772

4.30 Exclusion of Providers and Suspension of
Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are
met.

☒ The agency, under the authority of State law,
imposes broader sanctions.

TN No. 87-14
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: Guam

Citation

1902(p) of the Act
P.L. 100-93
(secs. 7)

(b) The Medicaid agency meets the requirements of--

(1) Section 1902(p) of the Act by excluding from participation--

- (A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).
- (B) Any HMO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--
 - (i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
 - (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

TN No. 87-14
Supersedes
TN No. _____

Approval Date 10/10/87

Effective Date 2/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: Guam

Citation

1902(a)(39) of the Act
P.L. 100-93
(sec. 8(f))

(2) Section 1902(a)(39) of the Act by--

(A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and

(B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of--

1902(a)(41)
of the Act
P.L. 96-272,
(sec. 308(c))

(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

1902(a)(49) of the Act
P.L. 100-93
(sec. 5(a)(4))

(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

TN No. 87-14
Supersedes
TN No. 81-4

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-14 (BERG)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation

455.103

44 FR 41644

1902(a)(38)

of the Act

P.L. 100-93

(sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940

through 435.960

52 FR 5967

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

TN No. 87-14
Supersedes
TN No. 87-9

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PN-86-9 (BERC)
MAY 1986

ATTACHMENT 4.32-A
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES
REQUESTS TO OTHER STATE AGENCIES

~~The Guam Public Welfare Division requests information to verify~~
Medicaid eligibility and recipient income for each applicant as
specified under provisions of 42CFR 435.948 (a) (2), (3) (4), & (6).

Provision 42 CFR 435.948 (a) (6) is met by Guam Welfare as follows:

Any additional income, resource, or eligibility information
concerning Guam applicants and recipients is routinely
requested and verified from agencies within Guam and
other States administering the programs described in
42CFR 435.948 (a) (6).

TN No. 67-3
Supersedes
TN No. A/A

Approval Date AUG 28 1987

Effective Date 7/1/87

HCFA ID: 0124P/0002P

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation

1902(a)(48)

of the Act,

P.L. 99-570

(Section 11005)

P.L. 100-93

(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards ~~evidencing eligibility for medical assistance~~ available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

TN No. 87-14
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

METHOD FOR ISSUANCE OF MEDICAID ELIGIBILITY CARDS
TO HOMELESS INDIVIDUALS

1. The Medicaid Card is mailed out to the mailing address indicated in the Public Assistance Recipient's application form submitted to the Department of Public Health and Social Services.
2. The Medicaid Card may be mailed to the address of relatives as indicated in the Public Assistance Recipient's application form submitted to the Department of Public Health and Social Services.
3. The Medicaid Card may be picked up at the Department of Public Health and Social Services as requested by the Public Assistance Recipient.
4. The Medicaid Card may be mailed to the Village Commissioner for homeless individuals where the Public Assistance Recipient may call.

TN No. 87-4
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1080P/0020P

Revision: HCFA-PH-88-10 (BERG)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: GUAM

Citation
1137 of
the Act

P.L. 99-603
(sec. 121)

4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

☒ The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

☒ The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

☐ Total waiver

☐ Alternative system

☐ Partial implementation

TN No. 89-1
Supersedes
TN No. 87-14

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

Citation
1902(a)(68) of
the Act,
P.L. 109-171
(section 6032)

4.42 Employee Education About False Claims Recoveries.

- (a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

(1) Definitions.

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

health facility or school district providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in Federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding Federal fiscal year.

(B) An "employee" includes any officer or employee of the entity.

(C) A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

- (2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

- (3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.
- (4) The requirements of this law should be incorporated into each State's provider enrollment agreements.
- (5) The State will implement this State Plan amendment on January 01, 2007.
- (b) ATTACHMENT 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

ATTACHMENT 4.42-A

Employee Education About False Claims Recoveries.

An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement whether for-profit or not-for-profit, which receives or ~~makes payments, under a State Plan approved under title XIX or under any waiver of~~ such plan, totaling at least \$5,000,000 annually. The Agency shall determine which individuals or organizations meet the definition of entity and notify the individual or organization in writing no later than November 15 each year.

For calendar year 2007, an entity that has met the \$5,000,000 annual threshold shall be required to submit by July 31, 2007 the following: 1) A copy of the entity's policies and procedures which should include a brief description of the Federal law and any local laws on false claims and whistleblower protection, and 2) a copy of the employee handbook, if one exists, which contains the rights of the employees to be protected as whistleblowers and the procedures for preventing fraud, waste, and abuse. For subsequent years, entities that meet the \$5,000,000 annual threshold by September 30 will be required to submit the above information by January 1 of the following year. The Agency will re-assess the entity's compliance on an ongoing basis by reviewing their policies and ensuring they are in conformity with the False Claims Act and the other provisions named in section 1902(a)(68).

The Agency will send reminder notices no later than December 15 of each year to the entity regarding the requirements of section 1902(a)(68) of the Act, P.L. 109-171 (section 6032). The provider's failure to meet the requirements could result in the forfeiture of all Medicaid payments during the period of noncompliance.

TN No. 07-001
Supersedes
TN No. _____

Approval Date: JUN - 5 2007 Effective Date: 1/01/07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

Citation	4.43 Cooperation with Medicaid Integrity Program Efforts.
1902(a)(69) of the Act, P.L. 109-171 (section 6034)	The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.

TN No. 08-01
Supersedes
TN No. NA

Approval Date: OCT 20 2008 Effective Date: July 1, 2008

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam**4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States**

The Medicaid agency shall not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States. [Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)]

4.5 Medicaid Recovery Audit Contractor Program

Effective Date: January 1, 2011

Section 1902 (a)(42)(B)(ii)(bb) of the Act	The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee. _____ The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):
Section 1902 (a)(42)(B)(ii)(iii) of the Act	
Section 1902 (a)(42)(B)(ii)(iv)(aa) of the Act	_____ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).
Section 1902(a)(42)(B)(ii)(iv)(bb) of the Act	_____ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.
Section 1902 (a)(42)(B)(ii)(iv)(cc) Of the Act	_____ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share. _____ Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam4.46 PROVIDER SCREENING AND ENROLLMENT

The Medicaid agency gives the following assurances:

[1902(a)(77) 1902(a)(39) 1902(kk); P.L. 111-148 and P.L. 111-152]

PROVIDER SCREENING

X Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(3), 1902(a)(77) and 1902(kk) of the Act. (42 CFR 455 Subpart E)

ENROLLMENT AND SCREENING OF PROVIDERS (42 CFR 455.410)

X Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

X Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

VERIFICATION OF PROVIDER LICENSES (42 CFR 455.412)

X Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

REVALIDATION OF ENROLLMENT (42 CFR 455.414)

X Assures that providers will be revalidated regardless of provider type at least every 5 years.

TERMINATION OR DENIAL OF ENROLLMENT (42 CFR 455.416)

X Assures that the State Medicaid agency will comply with section 1902(a)(3) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

TN: 12-001 Approval Date: APR 26 2012 Effective Date: January 1, 2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam**REACTIVATION OF PROVIDER ENROLLMENT (42 CFR 455.420)**

X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

APPEAL RIGHTS (42 CFR 455.422)

X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

SITE VISITS (42 CFR 455.432)

X Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderated" or "high" risk categories will occur.

CRIMINAL BACKGROUND CHECKS (42 CFR 455.434)

X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.

FEDERAL DATABASE CHECKS (42 CFR 455.436)

X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.

NATIONAL PROVIDER IDENTIFIER (42 CFR 455.440)

X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

TN: 12-001 Approval Date: APR 26 2012 Effective Date: January 1, 2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

SCREENING LEVELS FOR MEDICAID PROVIDERS (42 CFR 455.450)

X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

APPLICATION FEE (42 CFR 455.460)

X Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(i)(2)(C) of the Act and 42 CFR 455.460.

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS (42 CFR 455.470)

X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN: 12-001 Approval Date: APR 26 2012 Effective Date: January 1st 2012

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1151. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1830.

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

State _____

^{Guam}
SECTION 5 PERSONNEL ADMINISTRATION

Citation 5.1 Standards of Personnel Administration

42 CFR 432.10 (a)
AT-78-90
AT-79-23
AT-80-34

- (a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

☐ The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

81

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

State _____

Guam
5.2 [Reserved]

TN # _____
Supersedes

Approval Date

Effective Date

**PERSONNEL RULES AND REGULATIONS
GOVERNMENT OF GUAM**

Rule 1

PURPOSE AND SCOPE OF RULES

1.00 Purpose: It is the purpose of these rules to implement the provisions of Title V, Government Code of Guam, relating to the selection, compensation, and retirement of public employees in order to assure the orderly administration of the merit system. (NOTE: Amendments herein made were in conformance with Public Law 90-497, U.S. Congress (Elective Governor Act); applicable local laws, including Public Laws 9-86 and 9-239; Executive Order No. 67-12; and amendments to these rules heretofore promulgated by the Governor).

1.10 Coverage: These rules apply to all persons employed by the Government of Guam exclusive of those employed by Guam Memorial Hospital, Department of Education, University of Guam, Guam Housing Corporation, Guam Housing and Urban Renewal Authority, Guam Power Authority, and Guam Economic Development Authority. Exempted employees shall be given benefits under these rules not inconsistent with the law.

1.20 Application: All appointments and promotions to positions in the government service, and all measures for the control and regulation of employment and separation from service shall be applied equitably. Actions of certifying and appointing officers with respect to employee relations shall be such as to insure selection and retention of employees on the basis of merit and fitness.

1.30 Limitations: Preference in employment will be to persons who are both citizens of the United States and domiciled in Guam. Territorial residence or American citizenship may be waived by the Governor upon a certification from the Director of Administration that persons who are both qualified residents or citizens are not immediately available for appointment.

ATTACH 5-1 - A

75-2

GOVERNMENT OF GUAM
Office of the Governor
Agana, Guam

EXECUTIVE ORDER NO. 67-12

CIVIL SERVICE COMMISSION
DEPARTMENTAL PERSONNEL RULES
AND
REGULATIONS

WHEREAS, Section 4004, Government Code of Guam, authorizes the Board of Education, the Board of Regents of the College of Guam, the Board of Trustees of Guam Memorial Hospital, and the Director of Labor and Personnel to adopt, with limitations, personnel rules and regulations which are by the provisions of Section 4007, Government Code of Guam, subject to the approval of the Civil Service Commission and the Governor; and

WHEREAS, the newly formed Civil Service Commission has met and as an interim measure has approved those departmental rules and regulations in effect July 31, 1967, not in conflict or inconsistent with Public Law 9-86, pending formation of new regulations under such law,

NOW, THEREFORE, by virtue of the authority vested in me by Section 4007, Government Code of Guam, departmental personnel rules and regulations in effect July 31, 1967, not in conflict or inconsistent with Public Law 9-86, are approved.

Dated at Agana, Guam, this 22nd day of August, 1967.

/s/
MANUEL F.L. GUERRERO
Governor of Guam

ATTEST:

/s/
RUDOLPH G. SABLON
Acting Secretary of Guam

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

State _____

Guam

Citation
42 CFR Part 432,
Subpart B
AT-78-90

5.3 Training Programs; Subprofessional and
Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

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

State _____

5.2 [Reserved]

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

State _____

Guam

SECTION 6 FINANCIAL ADMINISTRATION

Citation
42 CFR 433.32
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

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

State _____

Guam

Citation

42 CFR 433.34 (b)

AT-79-29

6.2 Cost Allocation

The Medicaid agency meets the requirements of 42 CFR 433.34, paragraphs (c) through (e) with respect to the submittal and content of a cost allocation plan.

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

State _____

Guam

Citation

42 CFR 433.33

AT-79-29

AT-80-34

6.3 State Financial Participation

- (a) State funds are used in both assistance and administration.

☒ ~~State funds are used to pay all of the non-Federal share of total expenditures under the plan.~~

☐ There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.

- (b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

TN #	76-6	3/2/77	7/1/76
Supersedes		Approval Date	Effective Date
TN #			

868

86

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

State

~~State~~

SECTION 7

~~GENERAL~~ GENERAL PROVISIONS

Citation
45 CFR 205.5

7.1 Plan Amendments

The plan ~~will~~ will be amended to
reflect new ~~new~~ or revised
regulations ~~s~~ or material
State law, organizational
agency operating conditions.

75-2

TN #
Supersedes
TN #

Approval Date

1/14/76

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

State _____

Guam

SECTION 7 GENERAL PROVISIONS

Citation
45 CFR 205.5

7.1 Plan Amendments

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in any phase of State law, organization, policy or State agency operations.

TN # 75-2 Approval Date 1/14/76 Effective Date 4/1/75
Supersedes _____
TN # _____

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

State

Citation
45 CFR
Parts 80
and 84

7.2 Nondiscrimination

Guam

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subjected to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

TN # 75-2
Supersedes
TN # _____

Approval Date 1/14/76

Effective Date 4/1/75

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

State _____

Citation
45 CFR 204.1

^{Guam}
7.3 State Governor's Review

The Medicaid agency will provide opportunity for the Office of the Governor to review amendments, any new State plan and subsequent amendments, and long-range program planning projections or other periodic reports thereon. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

- ☐ Not applicable. The Governor—
- ☐ Does not wish to review any plan material.
- ☐ Wishes to review only the plan material specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department of Public Health and Social Services
(Designated Single State Agency)

Date April 1, 1975

/s/ Pedro L.G. Santos

(Signature)

Director of Public Health and Social Services

(Title)

ATTACHMENT 7.2-A

Nondiscrimination Policy

79-26

Nondiscrimination

Assurance is hereby given that in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 200d et. seq.) and the Regulation issued thereunder by the Department of Health, Education, and welfare (45 CFR Part 80) no individual shall, on the ground of race, color, sex, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected discrimination under this plan.

The State agency will comply with all of the provisions for reporting its compliance with Part 80 of the regulations that are promulgated by the responsible Department official of his designee and will provide to him and to beneficiaries and participants access to sources of information in accordance with the requirements of 45 CFR Part 80.6.

ST. GUAM SA Approved 12/4/79 RO Approved 1/14/80
Effective 1/1/80

**CONFIDENTIAL FAX COVERSHEET**

Date: 8/22/07

Number of Pages: 16

To: Tess Arc Angel

Fax: 671-734-6860
Phone:

From: Cheryl Young

Fax: 415.744-2933
Phone: 415.744-3568Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 7th Street, Suite 5-300(SW)
San Francisco, CA 94103

Subject: Guam Medicaid Buy-in Agreement

See Modification 2, item 1, 'coverage group' definition.

CONFIDENTIALITY PROVISION

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender listed above immediately by telephone and return the original message to us at the address shown above via U.S. Postal Service or telephone to confirm the destruction of the document.

SUPPLEMENTARY MEDICAL INSURANCE BENEFITS
~~(Agreement with State Pursuant to Section 1843)~~

AGREEMENT

Between
The Secretary of Health, Education, and Welfare

and

The State of Guam
(To carry out the provisions of
Section 1843 of the Social
Security Act)

The Secretary of Health, Education, and Welfare, hereinafter referred to as the Secretary, and the Territory of Guam acting through the Department of Public Health and Welfare, hereinafter referred to as the State agency, for purposes of carrying out the provisions of section 1843 of the Social Security Act (providing for the enrollment under Part B of Title XVIII of the Social Security Act of certain eligible individuals included in the coverage group specified in part (A) (4) of the agreement, and for the payment by the State of the premiums payable with respect to such individuals) hereby agree to the following:

A. Definitions

For the purposes of this agreement--

(1) The term "Secretary" means the Secretary of Health, Education, and Welfare or his delegate.

(2) The term "Act" means the Social Security Act.

(3) The term "eligible individual" means an individual who, on the date this agreement is entered into or on any later date, but prior to January 1, 1968--

(a) has attained the age of 65, and

(b)(1) is a resident of the United States, and is either (I) a citizen or (II) an alien lawfully admitted for permanent residence who has resided in the United States continuously during the 5 years immediately preceding the date this agreement is entered into or a later date (but prior to January 1, 1968), or (ii) is entitled to hospital insurance benefits under Part A of Title XVIII of the Act.

5 (4) The term "coverage group" means all eligible individuals receiving money payments, under the plan of the State of Guam approved under Titles I, IV, X, and XIV of the Act, for the month in which this agreement is entered into or for any month thereafter, but prior to January 1968. An individual included in a coverage group by reason of the previous sentence shall, nevertheless, not be a member of such group in any month (during the period beginning with the month this agreement is entered into and ending December 31, 1967) if he is entitled to monthly benefits under Title II of the Act or entitled to receive an annuity or a pension under the Railroad Retirement Act of 1937, as amended (without regard to the retroactivity of such entitlement) in such month. No individual shall be a member of a coverage group after his coverage period attributable to this agreement has ended, if such coverage period ended after December 31, 1967.

(5) The term "money payments" means payments in cash, checks, or warrants immediately redeemable at par, made to--

(i) an eligible individual, or

(ii) his judicially appointed legal representative, or

3 (iii) another individual on behalf of such eligible individual, but only if such payments are protective payments as provided in section 108 of P.L. 87-543 and section 402 of P.L. 89-97,

~~with no restrictions imposed by the State on the use of funds by such~~
eligible individual, or for him by the payee.

(6) The "coverage period" of an individual attributable to this agreement means a period of one or more months, beginning and ending as ~~provided in paragraphs (a) and (b) of this section (6), during which an~~ eligible individual is a member of the coverage group included under this agreement.

(a) An individual's coverage period attributable to this agreement shall begin on whichever of the following is the latest:

- (i) July 1, 1966;
- (ii) the first day of the third month following the month in which this agreement is entered into;
- (iii) the first day of the first month in which he is both an eligible individual and a member of a coverage group, but without regard to any prior coverage period (terminated prior to 1968) attributable to this agreement.

Notwithstanding the provisions of the preceding sentence, an individual's coverage period shall not begin later than January 1, 1968.

(b) An individual's coverage period attributable to this agreement shall end on the last day of whichever of the following first occurs:

- (i) the month in which he becomes ineligible for money payments, as determined by the agency of the State or the local agency administering the plan under which he was receiving such money payments; or
- (ii) the month preceding the month in which he becomes

~~entitled to monthly benefits under Title II of the Act~~
or to an annuity or pension under the Railroad Retirement Act (without regard to retroactivity of such entitlement);

~~(iii) the month in which this agreement is terminated; or~~

(iv) the month in which he dies.

(c) Any eligible individual whose coverage period attributable to this agreement has ended, as determined under paragraph (b) of this section, shall be deemed, for purposes of Part B of Title XVIII of the Act, to have enrolled thereunder in the initial general enrollment period provided by section 1837 (c) of the Act.

(d) Any eligible individual who is a member of a coverage group, but who subsequently (prior to 1968 and prior to the beginning of his coverage period) ceases to be such a member because he is entitled to monthly benefits under Title II of the Act or to receive an annuity or a pension under the Railroad Retirement Act, because he becomes ineligible to receive money payments shall, only for purposes of the first sentence of paragraph (c) of this section, be deemed to have had a coverage period attributable to this agreement which has ended.

B. Enrollment of Eligible Individuals

Any individual who is an eligible individual and who is a member of the coverage group included under this agreement shall be deemed to be enrolled under Part B of Title XVIII of the Act. Notwithstanding section (6)(a) of Part A of this agreement, the coverage period of an eligible individual shall begin no earlier than June 1, 1967.

C. Payment by the State

~~The State will pay to the Secretary of the Treasury, at such~~
time or times as the Secretary of Health, Education, and Welfare may by
regulation prescribe, amounts for each month equal to the monthly premium
determined in accordance with section 1839 of the Act (without any
~~increase under subsection (c) thereof) multiplied by the number of~~
eligible individuals in the coverage group who during that month are in a
coverage period attributable to this agreement.

D. Compliance with Regulations

§ The State will comply with such regulations as the Secretary
may prescribe to carry out the purposes of section 1843 of the Act. From
time to time the Secretary will review such regulations as he may issue
pursuant to this agreement and, to the extent possible, will consult with,
§ and take into consideration the experience of, States or such group of
§ States as he may consider representative with which agreements have been
entered into to carry out the purposes of section 1843 to determine the
regulations that are necessary and sufficient to effectuate the purposes
of this agreement.

**E. Arrangements Between State and Carriers to Supplement Part B
of Title XVIII of the Act**

§ At the request of the State and to the extent practicable, the
Secretary will take such action as may be feasible to secure an arrange-
§ ment between the State and the carrier or carriers, selected by the
Secretary for the administration of Part B of Title XVIII of the Act in
§ the State, under which such carrier or carriers will undertake financial
§ transactions on behalf of the State relating to the payment of expenses
arising out of the medical or other services specified in section 1832 of

the Act (but excluding items and services described in section 1862 of the Act), furnished any individual enrolled under Part B of Title XVIII of the Act receiving money payments under plans of the State approved under Titles I, IV, X, XIV, or XVI of the Act, for which the State has assumed responsibility and for which no payment can be made under Title XVIII of the Act.

F. Interchange of Information

The Secretary and the State will interchange as expeditiously as possible such information, data, records and other material as may be necessary to carry out this agreement.

G. Confidential Nature of Information

In accordance with regulations promulgated by the Secretary, the State will adopt policies and practices to insure that information contained in its records and obtained from the Secretary or from others in connection with carrying out this agreement will be used solely for the purposes of this agreement. Such information shall be disclosed only as provided in section 1106 of the Act and the regulations promulgated thereunder by the Secretary.

H. Adjustments

If more or less than the correct amount due under Part C of this agreement is paid, proper adjustments with respect to the amounts due under such Part C shall be made upon such conditions, in such manner, and at such times, as may be prescribed by regulation of the Secretary.

I. Modification of the Agreement by Mutual Consent

This agreement may be modified at any time by mutual consent of the parties to the agreement.

J. Termination of the Agreement

(1) This agreement may be terminated by the State on three months advance notice in writing to the Secretary, or without such advance notice if it certifies to the Secretary (and, if requested by the Secretary, such certification is accompanied by an opinion of the appropriate legal officer of the State), that it is no longer legally able to comply substantially with any provisions of this agreement.

(2) If the Secretary, after notice and opportunity for hearing to the State, finds that the State has failed to comply substantially with any provision of this agreement (except Part C thereof), he shall notify the State in writing that this agreement will be terminated at such time designated in such writing unless prior to such time he finds that there is no longer any such failure. He may terminate this agreement without such notice and hearing if he finds that the State has failed to make payment of the amount due under Part C of this agreement and such failure has continued for at least 90 days.

DEPARTMENT OF PUBLIC HEALTH & WELFAREName of State AgencyBy Ralph B. Hogan

RALPH B. HOGAN, M.D.

Director

Title

MAR 22 1967

Date

**Secretary of Health, Education,
and Welfare**By Harold L. Starnes

Title

Date

MODIFICATION NO. 1 TO AGREEMENT WITH THE STATE OF GUAM UNDER SECTION 1843 OF THE SOCIAL SECURITY ACT

"The Secretary of Health, Education, and Welfare, and the State of Guam, acting through its representative designated to administer its responsibilities under the agreement of March 22, 1967, for the purpose of broadening the scope of coverage of the agreement as provided in section 222 of P. L. 90-248 hereby agree to modification of the agreement as follows:

1. Part A(3) of such agreement is amended to delete the parenthetical phrase "(but prior to January 1, 1968)" so that it will read as follows:

"(3) The term 'eligible individual' means an individual who, on the date this agreement is entered into or on any later date,

(a) has attained the age of 65, and

(b) (1) is a resident of the United States, and is either

(I) a citizen or (II) an alien lawfully admitted for permanent residence who has resided in the United States

continuously during the 5 years immediately preceding

the date this agreement is entered into or a later date, or

(ii) is entitled to hospital insurance benefits under

part A of title XVIII of the Act.

~~2. Part A(4) of such agreement is amended to read as follows:~~

(4) The term "coverage group" means all eligible individuals receiving money payments, under the plan of the State of Guam approved under titles I, X, XIV, and part A of title IV of the Act, for the month in which this agreement is entered into or for any month thereafter. An individual included in a coverage group by reason of the previous sentence shall, nevertheless, not be a member of such group in any month (during the period beginning with the month this agreement is entered into) if he is entitled to monthly benefits under title II of the Act or entitled to receive any annuity or a pension under the Railroad Retirement Act of 1937, as amended (without regard to the retroactivity of such entitlement) in such month.

3. Part A(6) (a) of such agreement is amended to delete the parenthetical phrase "(terminated prior to 1968)" in (111) and to delete the sentence, "Notwithstanding the provisions of the preceding sentence, an individual's coverage period shall not begin later than January 1, 1968."

3

4. The amendments made by this modification ~~shall be effective~~
as of January 1, 1968.

Approved for the State of Guam this 29 day of January,
1968.

By J. M. H. Gueby

Approved this 8 day of February, 1968.

Secretary of Health, Education,
and Welfare

By [Signature]
Director, B.H.I.
(Title)

**MODIFICATION NO. 2 TO AGREEMENT WITH THE STATE OF
GUAM UNDER SECTION 1843 OF THE SOCIAL SECURITY ACT**

"The Secretary of Health, Education, and Welfare, and the State of Guam, acting through its representative designated to administer its responsibilities under the agreement of March 22, 1967, for the purpose of broadening the scope of coverage of the agreement as provided in section 222 of P. L. 90-248 hereby agree to modification of the agreement as follows:

1. Part A(4) of such agreement is amended to read as follows:

"(4) The term 'coverage group' means all eligible individuals who have been found eligible to receive medical assistance, under the plan of the State of Guam, approved under Title XIX for the month in which this agreement is entered into or for any month thereafter.

2. Part A(6) (a) of such agreement is amended to provide that with respect to any individual who, solely by reason of this modification, becomes a member of the coverage group, clauses (ii) and (iii) of Part A(6) are amended to read as follows:

"(ii) the first day of the third month following the month in which Modification No. 2 to this agreement is entered into; (iii) the first day of the first month in which he is both an eligible individual and a member of a coverage group, but without regard

to any prior terminated coverage period attributable to this agreement; but if such individual is not in such first month receiving any money payment under any plan of the State approved under Title I, X, XIV, XVI, or part A of Title IV of the Act, his coverage period shall begin on the first day of the second month after such first month or on the first day of the first month in which he receives such money payment, whichever first occurs.

3. Part A(6) (b) of such agreement is amended to read as follows:

(b) An individual's coverage period attributable to this agreement shall end on the last day of whichever of the following first occurs:

- (i) the month in which he becomes ineligible to receive medical assistance as determined by the agency of the State or local agency administering the plan under which he was receiving such medical assistance; or
- (ii) the month in which this agreement is terminated; or
- (iii) the month in which he dies.

4. Part A(6) (c) is amended to read as follows:

(c) Any eligible individual whose coverage period attributable to this agreement has ended, as determined under paragraph (b) of this section, shall thereafter be deemed, for purposes

of part B of Title XVIII of the Act, to have enrolled thereunder in his initial enrollment period as defined in section 1837 of the Act. If any such eligible individual is entitled to monthly benefits under Title II of the Social Security Act or entitled to receive an annuity or a pension under the Railroad Retirement Act of 1937 and if he files a notice with the Secretary, before the close of the third month following the month in which his coverage period attributable to this agreement has ended, that he no longer wishes to be enrolled under part B of Title XVIII of the Act, his coverage period, as defined in section 1838 of the Act, shall be deemed to have ended on the last day of such third month.

5. Part A(6) (d) of such agreement is amended to read as follows:

"(d) Any eligible individual who is a member of a coverage group, but who prior to the beginning of his coverage period ceases to be such a member shall, only for purposes of paragraph (c) of this section, be deemed to have had a coverage period attributable to this agreement, which has ended."

6. The following is added to part A of such agreement:

"(7) The term 'medical assistance' means payment of part or

~~all of the cost of medical~~^{lie} care and services covered by Title XIX of the Social Security Act under ~~the plan of the State of~~ ~~Guam~~ approved under such title.

7. Part E of such agreement is amended to read as follows:

At the request of the State and to the extent practicable, the Secretary will take such action as may be feasible to secure an arrangement between the State and the carrier or carriers, selected by the Secretary for the administration of part B of Title XVIII of the Act in the State, under which such carrier or carriers will undertake financial transactions on behalf of the State relating to the payment of expenses arising out of the medical or other services specified in section 1832 of the Act (but excluding items and services described in section 1862 of the Act), furnished any individual enrolled under part B of title XVIII of the Act receiving money payments or medical assistance under plans of the State approved under titles I, X, XIV, XVI, or XIX, or part A of title IV of the Act, for which no payment can be made under title XVIII of the Act.

8. The amendments made by this modification shall be effective as of May 1, 1968.

~~Approved for the State of Guam this~~ 24 day of April
1968.

DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES
GOVERNMENT OF GUAM

By Joseph H. Gerber
JOSEPH H. GERBER, M.D.
Acting Director of Public Health
and Social Services

Approved this 29th day of April, 1968

Secretary of Health, Education,
and Welfare

By Donald L. Taha
Regional Representative
Bureau of Health Insurance
(Title)

ATTACHMENT 3.1-A

Attachment 3.1-A identifies the medical and remedial services ~~provided to the categorically-needy and specifies all limitations~~ on the amount, duration and scope of those services.

1. Inpatient Hospital Services

Inpatient hospital services include those items and services ordinarily furnished by an approved hospital for the care and treatment of inpatients which are provided under the direction of a physician or dentist in an institution maintained primarily for treatment with disorders other than tuberculosis and mental diseases.

A. Provider Eligibility Requirements

An approved hospital is one which meets all of the following conditions:

1. Licenses as a general hospital by the State of Guam; and
2. Qualified to participate under Title XVIII of the Social Security Act, and has in effect a hospital

utilization review plan applicable to all patients who received medical assistance under Title XIX; and

3. Signed agreement to participate with and abide by the rules and regulations of the Guam Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a. Maximum of continuous sixty (60) acute days inpatient hospitalization per confinement. If confinement is medically necessary after sixty (60) hospital days, prior authorization from Medicaid is required.
- b. Semi-private room and board or private rooms when medically necessary.
- c. Coronary and intensive care.
- d. Telemetry care.
- e. Surgery and anesthesia. Prior authorization

is required for one (1) day before the surgery hospitalization, in which patient needs to be admitted to the hospital one (1) day or more before the scheduled surgery.

- f. Operating and delivery room.
- g. Laboratory and other diagnostic tests.
- h. Diagnostic radiology.
- i. Drugs prescribed by physician.
- j. One (1) doctor visit per day except for consultation. Additional visit is allowed only if medically necessary.
- k. Surgical and medical supplies that are medically necessary.
- l. Physical and occupational therapy when provided by qualified and registered therapist.
- m. Inhalation therapy.

1.. Off-island diagnostic and/or therapeutic procedures not available on Guam. The treatment must be certain to save life or significantly alter an adverse prognosis. Palliation will not qualify nor will experimental procedures. Services may be on an inpatient or outpatient basis depending upon the medical necessity. In any case, Medicaid covers for medical and transportation services only. Transportation includes air travel and needed ambulance service only. Off-island care must be prior authorized by Medicaid. The attending physician is required to submit a written request to Medicaid including a detailed description of the patient's health problems and the reasons for the referral. Also, he/she should indicate the treatment needed, the physician and institution to whom the patient is to be referred and evidence that the off-island consultant will accept the patient transfer. In case of malignant diseases, a recommendation from the Tumor Board of Guam Memorial Hospital should be included with the request. The Medicaid Review Board for medical services is the

approving entity for off-island care. When necessary, the attending physician will be invited to the Board meeting. For emergency cases, payment will be determined on a case-by-case basis.

- o. Diabetes, and related services and supplies.
- p. Kidney dialysis treatment and other related services.
- q. Care for tuberculosis, or lytico (Amyotrophic Lateral Sclerosis) and bodig (Parkinson Disease) and related services.

2. Not Covered Services

- a. Cosmetic surgery.
- b. Mental disorders and psychiatric services.
(Paid by local funds).
- c. Private duty nursing services.
- d. Personal comfort on or patient's convenience items.

- e. Any services or items requiring prior authorization, where authorization has not been obtained, or has been denied.
- f. Any services or items which are not medically required for the diagnosis or treatment of a disease, injury or condition.
- g. Admission primarily for rest care, custodial or convalescent care, etc.
- h. Routine services covered in the room and board which includes nursing services, minor medical and surgical supplies and the use of equipment and facilities for which a separate charge is not customarily made.

2.a. Outpatient Hospital Services

Outpatient services in general hospitals are those preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician or dentist in an approved general hospital out-patient department.

A. Provider Eligibility Requirements

Same as requirement described under inpatient hospital services.

B. Benefit Limitations

1. Covered Services

- a. Laboratory and diagnostic test.**
- b. Diagnostic radiology.**
- c. Emergency room.**
- d. Medical and surgical supplies.**
- e. Drugs which are prescribed by physicians and cannot be bought without a prescription.**
- f. Dialysis treatment and related services.**
- g. Hospital-based physician's services.**
- h. Physical, occupational and inhalation therapy.**
Prior authorization is required except for inhalation therapy provided in emergency room.
To obtain a prior authorization from Medicaid,

the client should submit a copy of the attending physician's treatment plan which includes the name of the patient, diagnosis, type, frequency, and duration of treatment.

- i. Computed tomography including head scan and body scan. Client who needs a head or body scan at Guam Memorial Hospital must carry a referral from the attending physician and request for a prior authorization from Medicaid.
- j. Diabetes, and related services and supplies.
- k. Care for tuberculosis, or lytico (Amyotrophic Lateral Sclerosis) and bodig (Parkinson Disease) and related services.
- l. Routine or annual physical examination.
- m. Abortion of pregnancies resulting from rape, incest, or if the pregnancy is allowed to go to full term will endanger the life of the mother.
- 2. Not Covered Services
 - a. Non-emergency use of emergency room.

2.b. Rural Health Clinic Services

Not provided.

3. Laboratory and X-Ray Services

A. Independent Laboratory Services

Laboratory services mean professional and technical laboratory services ordered by a physician or other licensed practitioner within the scope of his practice as defined by the State Law.

1. Provider Eligibility Requirements

To qualify for participation as an independent laboratory under the Guam Medicaid Program, the following requirements must be:

- a. Licensed as an independent laboratory by the State of Guam; and
- b. Certified as an independent laboratory under the Title XVIII Medicare Program; and
- c. Approved for participation as an independent laboratory provider by the Guam Medicaid Program.

2. Benefit Limitations

a. Covered Services

Laboratory procedures ordered by a physician.

b. Not Covered Services

Services inappropriate for the patient's diagnosis.

B. X-Ray Services

Radiological services are services provided by or under the direction of a physician within the scope of his practice as defined by State Law.

1. Benefit Limitation

a. Covered Services

1) Diagnostic and therapeutic x-ray procedures ordered by a physician.

2) Podiologist Services.

b. Not Covered Services

Services inappropriate for the patient diagnosis.

4.a. Skilled Nursing Facility Services (other than services in an institution for mental diseases)

A. Provider Eligibility Requirements

A skilled nursing facility must meet the following qualifications:

- 1. Licensed by the State of Guam.**
- 2. Certified by the Health Standard Quality Bureau of Health Care Financing Administration in Region IX.**
- 3. Approved to participate as a skilled nursing provider by the Guam Medicaid Program.**

B. Benefit Limitations

1. Covered Services

- a. Skilled nursing care for a maximum of 180 days**

per year.

- b. Skilled nursing care must be ordered by a physician, and provided on a daily basis by or under the supervision of technically or professionally trained personnel.
- c. A physician must certify at the time of admission and recertify every thirty (30) days that services are required to be given on an inpatient basis at a skilled nursing level of care. A written plan of care must be established and periodically reviewed and evaluated by a physician and other personnel involved in the care of the patient.

2. Not Covered Services

- a. Custodial care.
- b. Personal comfort items.
- c. Private duty nursing services.
- d. Unskilled services.

4.b. Early Periodic Screening, Diagnosis and Treatment Services (EPSDT)

Early Periodic Screening, Diagnosis and Treatment services are screening and diagnostic services to determine physical or mental defects in recipients under age 21, and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered.

A. **Provider Eligibility Requirements**

The following providers are authorized to provide Early Periodic Screening, Diagnosis and Treatment services:

1. All Medicaid approved practitioners, physicians, dentists, audiologists and optometrists.
2. Independent clinics and hospitals that have executed a signed agreement with the Medicaid Program.

B. **Benefits Limitations**

1. **Covered Services**

- a. **Early Periodic Screening, Diagnosis and**

Treatment Services.

- b. Screening examination (and rescreening) once in each of ten (10) age intervals.
- c. Immunizations at the screening.
- d. Refractive eye examination and eyeglass prescription by an ophthalmologist or optometrist once every two (2) years or when referred by screening. Prior authorization is required for both eye examination and eyeglasses.
- e. Hearing test and hearing aid. Prior authorization is required for a hearing aid. Issuance and replacement is limited to once every three (3) years.
- f. Necessary dental care is furnished to children three (3) years of age and over by the Public Health Dental Clinic if a referral is made by the Screener. Prior authorization is required for dental care provided by private Medicaid provider.

- g. Medical care as covered under the State Plan.
- h. Assistance with transportation to and from screening, diagnostic services and treatment.
- i. Assistance with making medical appointments.

4.c. Family Planning Services and Supplies for Individuals of Child-Bearing Age

Provided with no limitations.

4.d. Tobacco-Use Cessation Treatments for Pregnant Women

A. Provider Eligibility Requirements

Qualified enrolled licensed Medicaid providers practicing within their scope of practice to provide tobacco counseling services to eligible Medicaid recipients.

B. Benefit Limitations

Provide counseling and medication coverage for at least two cessation attempts per year. Prior Authorization is required for counseling and medication.

1. Face-to-face counseling. Each cessation attempt is at least four sessions of at least 30 minutes each.
2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of cessation attempts exceeding 2 per year.

5. Physician's Services

Physician's services includes those medically necessary diagnostic or treatment services provided by or under the personal supervision of a physician and which are within the scope of practice of the physician's profession as defined by State Law. The services maybe furnished in the office, the patient's home, a hospital, skilled nursing facility or elsewhere.

A. Provider Eligibility Requirements

To participate as a provider in the Medicaid Program, a physician, doctor of medicine or osteopathy, must be licensed to practice medicine and surgery by the Guam Board of Medical Examiners and Commission of Licensure to practice the Healing Art of Guam.

B. Benefit Limitations

1. Covered Services

a. Medical and surgical services.

b. Injections and drugs dispensed by the physician.

c. Family planning services.

d. Services and supplies incidental to physician's services.

e. Kidney dialysis and related services.

f. Only one (1) hospital visit per day for consultation. Additional visit is allowed

only when justified by medical necessity.

g. Medically indicated circumcision. Prior authorization from Medicaid is required.

h. Diabetes, and related services and supplies.

i. Routine physical examination.

j. Care for tuberculosis, or lytico (Amyotrophic Lateral Sclerosis) and bodig (Parkinson Disease) and related services.

2. Not Covered Services

a. Cosmetic surgery.

b. Immunization and vaccines readily available free of charge at Public Health Clinic.

c. Chiropractor's services.

d. Acupuncture.

Physician's Services Provided for Sterilization Procedures Must Meet the Following Requirements in Order to be Eligible for

Medicaid Payment.

- A. The recipient to be sterilized must not be declared mentally incompetent by a Federal, State or Local Court of Law.
- B. The recipient to be sterilized must be at least twenty one (21) years old at the time of obtaining informed consent to sterilization.
- C. The recipient to be sterilized must not be institutionalized in a corrective, penal, mental, or rehabilitation facility.
- D. The recipient to be sterilized must give informed consent, in accordance with the Medicaid approved informed consent to sterilization form, not less than thirty (30) days nor more than one hundred eighty (180) days prior to signing of the informed consent for sterilization except in the case of premature delivery or emergency abdominal surgery. For these exceptions, at least seventy two (72) hours must pass between informed consent and the sterilization procedure.

In cases of premature delivery, informed consent must have been given at least thirty (30) days before the

expected delivery date.

- E. The recipient to be sterilized, the person who obtained the consent, and the interpreter (if required) must sign the consent form at least thirty (30) days but not more than one hundred eighty (180) days prior to the sterilization. The physician performing the sterilization must sign and date the consent form after the sterilization has been performed.
- F. Prior authorization is required for sterilization. A copy of the informed consent to sterilization and the prior authorization must be attached to the Medicaid claim when billing Medicaid for sterilization procedures.

Physician's Services for Hysterectomies Must Meet the Following Requirements in Order to Receive Medicaid Payment

- A. Medicaid reimbursement for hysterectomies which are performed solely for the purpose of rendering the recipient incapable of reproducing is prohibited.
- B. Medicaid reimbursement for a hysterectomy is allowed only when the surgery is medically necessary to treat injury or pathology.

- C. The physician must inform the recipient that the hysterectomy is allowed only when the surgery is medically necessary to treat injury or pathology.
- D. A completed copy of the approved acknowledgement of receipt of hysterectomy information form (Medicaid Form No. 005) must be attached to the Medicaid claim when billing for hysterectomy services.

Physician's Services for Abortion Procedures Must Meet the Following Requirements in Order to Receive Medicaid Payment

The physician must certify in writing that the life of the mother would be endangered if the fetus was carried to term. Prior authorization is required for abortion for pregnancies.

When billing for abortion services, a copy of the prior authorization from Medicaid must be attached to the Medicaid claim with a copy of the gross and microscopic pathological report indicative of the product of conception.

- 6. Medical care and other type of remedial care recognized under State Law, furnished by licensed practitioners within the scope of their practice as defined by State Law.

6.a. Podiatrist's Services

A Podiatrist is a health professional responsible for the examination, diagnosis, prevention, treatment, and care of conditions and functions of the human foot. A podiatrist performs surgical procedures, prescribes corrective devices and drugs and physical therapy as legally authorized in the State in which he or she is practicing.

Podiatry is the diagnosis, treatment, and prevention of conditions of human feet.

In order that only medically necessary podiatry services are reimbursed, the following foot care services are considered not reasonable and necessary for the diagnosis and/or treatment of illness or injury or to improve the functioning of a malformed body member:

1. Routine foot care such as:

- a. Cutting and/or removal of corns or calluses;
- b. Trimming of nails, routine hygienic care (preventive maintenance care ordinarily within the realm of self care); and
- c. Any services performed in the absence of localized illness, injury or symptoms involving the feet.

2. Evaluation or treatment of subluxation of the feet, regardless of underlying pathology. (Subluxation are structural malalignments of the joints other than fractures or complete dislocations that require treatment only by non-surgical methods).
3. The evaluation and treatment of flattened arches (including the prescription of supportive devices) regardless of the underlying pathology; exceptions:
 - a. Treatment of warts is not excluded;
 - b. Treatment of mycotic toe nails maybe covered if it is furnished not more often than 60 days or the billing physician documents the need for more frequent treatment;
The same services though would be covered if they are furnished:
 1. As an incident to, at the same time as, or as a necessary integral part of a primary covered procedure performed on the foot; or
 2. As initial diagnostic services (regardless of the resulting diagnosis) in connection with a specific symptom or complaint that might arise

from a condition whose treatment would be covered.

Prior authorization is required for services outside of the scope of this provision.

6.b. Optometrist's Services

Optometric services are those services provided by an optometrist who is licensed and which are within the scope of his or her practice as defined by law.

A. Provider Eligibility Requirements

To participate as a provider in the Medicaid Program, an optometrist must be licensed to practice optometry by the Guam Board of Optometry.

1. The optical store must provide Medicaid a list of optometrists who are allowed to issue prescriptions under the store's name and a copy of their license.
2. Medicaid reserves the right to refuse eyeglasses prescription issued to optometrists not included in the above list for that particular optical store.

3. Eyeglasses prescribed by the optometrist must improve the client's vision. Based on complaints from the client regarding the problem of reading with the prescription, Medicaid reserves the right to bar that particular optometrist from participating in the program after a thorough investigation.

B. Benefit Limitations

1. Covered Services

- a. Refractive eye examination once every two (2) years or when necessary by screening. Prior authorization is required.

When billing Medicaid, a copy of the prior authorization must be attached to the claims.

- b. Prescription eyeglasses following examination.

6.c. Chiropractor's Services

Not provided.

6.d. Other Practitioner's Services

6.d. Other Practitioner's Services (Cont.)

A. Provider Eligibility Requirements

A participating public or private practitioner meeting the following requirements:

1. Anesthesiology Assistant, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant, Clinical Psychologist, or Individual, Marriage and Family Therapist. All practitioners listed above are certified and licensed by local Medical Licensure Law.
2. Approval for participation by the Guam Medicaid Program as a practitioner.

B. Benefit Limitations

1. Covered Services

- a. Mental disorders and psychological services for recipients below the age of 21 are covered without limitation. Recipients age 21 or older are covered on an outpatient basis for up to 20 sessions.

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7. Home Health Services

A. Provider Eligibility Requirements

A participating Home Health Agency is a public or private agency or organization which meets the following requirements:

1. Certification as a Home Health Agency under Title XVIII Medicare Program and;
2. Approval for participation as a Home Health services provider by the Guam Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a. Nursing Care provided through Home Health Agency when ordered by and included in the attending physician's plan of treatment and provided by or under the direct supervision of a licensed nurse (Registered Nurse, Licensed Practical Nurse) on an intermittent or part-time basis.

- b. Personal care services provided by a home health aide through ~~Home Health Agency under the supervision of a registered nurse~~ when determined medically necessary by the physician as part of the patient's treatment plan.

c. Durable Medical Equipment (DME) and Supplies

Guam Medicaid Program covers supplies and standard medical equipment that meets the basic medical need of the recipient.

Motorized, customized or modified DMEs are not covered when it is determined that the standard equipment will meet the basic medical needs of the recipient. Items classified as educational or rehabilitative by nature are not covered.

DMEs require Certificate of Medical Necessity and prior authorization.

8. Private Duty Nursing Services

Not provided.

9. Clinic Services

Clinic services are preventive, diagnostic, therapeutic, and rehabilitative or maintenance items or services furnished under the direction of a licensed professional practitioner (physician, dentist, and optometrist) in a facility not administered by a hospital but organized and operated to provide health services on an outpatient basis.

A. Provider Eligibility Requirements

Each independent clinic must be individually approved by the Guam Medicaid Program as a provider before it will be reimbursed for services rendered to Medicaid patients.

B. Benefit Limitations

Approved clinics may, to the extent of their specialty, provide only medically necessary services which are covered under Medicaid.

10. Dental Services

A. Provider Eligibility Requirements

Any dentist licensed to practice dentistry on Guam, who agrees to policies, regulations, and procedures as promulgated by the Guam Medicaid Program, and signs a provider agreement, is eligible to participate in the Dental Care aspects of the Guam Medicaid Program.

B. Benefit Limitations

Covered Services

- 1. Dental services necessary for relief of pain and infection.**
- 2. Restoration of teeth and maintenance of dental health.**

3. Orthodontia for only the medically necessary situations.

- a. Orthodontia related to post maxilla-facial intervention when the condition is caused by trauma, the treatment shall be limited to stabilization and movement only to accommodate prosthesis.**
- b. Orthodontia for movement of teeth to accommodate post cleft palate treatment. The treatment shall be limited to those procedures necessary for the retention of prosthesis for swallowing, breathing and mastication.**

C. Procedures

Initial dental care will be provided by the Dental Clinic of the Department of Public Health and Social Services (DPHSS). If necessary dental services, which are within the above Medicaid coverage cannot be provided by the Dental Clinic of the DPHSS, referrals with specific diagnosis and recommended treatment should be made to private providers and a prior authorization must be obtained from the Medicaid Office. A copy of the Prior Authorization must be attached to the claim when billing Medicaid.

In case the diagnosis made by the private provider is different from that of the DPHSS Dentist, a verification of diagnosis is needed from the DPHSS Dental Clinic before any prior authorization can be reissued.

11.a. Physical Therapy

Upon physician's referral, physical therapy services are provided without limitation on an inpatient and outpatient hospital basis. Physical Therapy services are not provided outside of the hospital setting.

All Physical Therapy providers and services meet the requirements of 42 CFR 440.110.

1. Provider Eligibility Requirements

Any Physical Therapist (PT) licensed to practice Physical Therapy on Guam, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is eligible to participate in the program.

Physical Therapy Assistant (PTA) must possess all of the following qualifications:

- a. A minimum of an associate degree from an approved school for physical therapy assistant in the United States; and
- b. Transcripts from an approved school for physical therapy assistants, evidencing the successful completion of a two (2) year degree program, which must include supervised clinical experience.

PTA works under the direct supervision of the PT and is not receiving direct reimbursement.

11.b. Occupational Therapy

Upon physician's referral, occupational therapy services are provided without limitation on an inpatient and outpatient hospital basis. Occupational Therapy services are not provided outside of the hospital setting.

All Occupational Therapy providers and services meet the requirements of 42 CFR 440.110.

1. Provider Eligibility Requirements

Any Occupational Therapist (OT) licensed to practice Occupational Therapy on Guam, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is eligible to participate in the program.

Occupational Therapy Assistant (OTA) must possess all of the following qualifications:

- a. An associate's degree or certificate in occupational therapy assistant from the U.S. or from a foreign program recognized by the National Board of Certification in Occupational Therapy.
- b. Transcripts from the recognized educational institution, or by the nationally recognized professional association, evidencing a minimum of twelve (12) weeks, or one hundred and forty (140) hours of supervised fieldwork experience.

OTA works under the direct supervision of the OT and is not receiving direct reimbursement.

11.c. Speech Therapy, Audiology Services and Hearing Aids

A. Speech Therapy

Not Provided.

B. Audiology Services

Audiology services means hearing evaluation and basic audio assessment provided by a licensed Audiologist, upon physician's referral, to individuals with hearing disorders.

All audiology providers and services meet the requirements of 42 CFR 440.110.

1. Provider Eligibility Requirements

Any audiologist licensed to practice Audiology on Guam, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is eligible to participate in the program.

1. Benefit Limitations

Covered Services

a. Diagnostic audiological evaluation.

b. Hearing evaluation and hearing aid.

All evaluations must be referred by otolaryngologists. Written physician's order including diagnosis must be current and available upon request by Medicaid.

C. Hearing Aids

A hearing aid is an electroacoustic system scientifically designed to be head or body worn by an individual and consisting of a microphone, amplifier and ear phone as basic components with each component adapted to the need of the individual.

1. Provider Eligibility Requirement

Reimbursement for hearing aids shall be made only to providers who hold a currently valid license and has signed an agreement with the Guam Medicaid Program.

2. Benefit Limitations

a. Purchase of hearing aids will be allowed only on recommendation of a licensed Audiologist following a hearing aid evaluation which has been physician-referred.

b. Prior authorization is required for purchase of hearing aids. When billing Medicaid, a copy of the prior authorization must be attached to the claim.

c. Before authorization will be issued by Medicaid, a copy of a referral by a physician and an evaluation report by an audiologist should be first submitted to Medicaid.

- d. No replacement will be made for hearing aids less than three (3) years old.

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12.a. Prescribed Drugs

A. Provider Eligibility Requirements

Pharmacies licensed to operate on Guam may be eligible to participate in the Guam Medicaid Program provided they abide by all policies and procedures, have a licensed pharmacist on board, and have signed an agreement with the Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a. Drugs which are included in the Medicaid Drug Formulary or are prior authorized by Medicaid. The prescription must be dispensed by a licensed pharmacist.

- b. Contraceptive or prescriptions for family planning purposes.
- c. Prenatal vitamin/mineral supplements.
- d. ~~The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence - 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.~~

2. Not Covered Services

- a. Experimental Drugs.
- b. Vitamins, vitamin/minerals.
- c. Obesity control pharmaceutical.
- d. Over-The-Counter (OTC) drugs except for drugs included in the Medicaid Drug Formulary for special reasons.

12.b. Dentures

Provided only when part of a post-trauma treatment.

12.c. Prosthetic Devices

13.b. Screening Services

Not provided.

13.c. Preventive Services

A. Benefit Limitations

1. Covered Services

a. Pelvic Examination

Pelvic Examination means a preventive/screening examination, performed by a physician and associated laboratory test, furnished to a woman of childbearing age without signs or symptoms for the purpose of early detection of cervical cancer or other abnormalities and includes the physician's interpretation of the results of the procedure

The following limitations apply to coverage:

- 1) For female 16 years of age and above, one pelvic exam every 36 months;

Provided only for cardiac artificial valve, pace makers,
and intra ocular lens for cataract clients.

12.d. Eyeglasses

Eyeglasses are lenses and/or frames prescribed by a physician skilled in the treatment of diseases of the eye (ophthalmologist) or by an optometrist; whichever the patient may select, to improve vision.

A. Benefit Limitations

1. Covered Services

- a. Eyeglasses limited to one pair every two (2) years.
- b. Repair or replacement of broken eyeglasses limited to once every two (2) years.
- c. Prior authorization is required for both purchase and repair. When billing Medicaid, a copy of the prior authorization must be attached to the claim.

2. Not Covered Services

- a. Eyeglasses with correction of below plus or minus (+ or -) .50 diopters or 10 cylinder axis.
- b. Contact lenses.
- c. Sunglasses

13.a. Diagnostic Services

A. Benefit Limitations

1. Covered Services:

- a. Any "Diagnostic" medical procedures or supplies recommended by a licensed professional practitioner (physician, dentist, optometrist) within the scope of his practice under State Law to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation in a recipient.

Performed only when deemed medically necessary. Documentation of diagnosis must be attached to the claims when billing Medicaid.

- 2) For female age 16 and over with a history and/or family history of cervical cancer, transmitted diseases and/or other high risk factors, pelvic examination may be provided more frequent than 36 months subject to justification from a physician.

Prior authorization is required. When billing Medicaid, a copy of the prior authorization must be attached to the claim.

b. Screening Mammography

Screening mammography means a radiologic procedure furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and includes a physician's interpretation of the results of the procedure.

The following limitations apply to coverage:

- 1) The service must be, at a minimum, a two-view exposure (that is, a cranio-caudal and a medial lateral oblique view) of each breast.
- 2) For women 35-39 years of age, one baseline mammogram;
- 3) For women 40-49 years of age, one mammogram every two years;

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- 4) For women 50 years of age or older, one mammogram every twelve months;
- 5) For women age 40 and over with a history and/or family history of breast cancer, one mammogram every twelve months.

Provider Eligibility Requirements: Supplier of screening mammography means facility that is certified or holds a provisional certification by Medicare and/or Food and Drug Administration as described in 21 CFR sec. 900.11 and 12.

c. Pap Smear

Once every 12 months or every 3 years after 3 consecutive satisfactory normal or negative Pap smear for female age 16 and over.

d. Flexible Sigmoidoscopy

Once every 48 months if age 50 or older, or 120 months after a previous screening colonoscopy for those not at high risk.

e. Colonoscopy

Once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy.

f. Prostate Surface Antigen

Once every 12 months for men over age 50.

g. Tobacco-Use Cessation Treatments

Provider Eligibility Requirements: Qualified enrolled licensed Medicaid providers practicing within their scope of practice to provide tobacco counseling services to eligible Medicaid recipients.

A. Benefit Limitations

Provide counseling and medication coverage for at least two cessation attempts per year. Prior Authorization is required for counseling and medication.

1. Face-to-face counseling. Each cessation attempt is at least four sessions of at least 30 minutes each.

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2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of cessation attempts exceeding 2 per year.

13.d. Rehabilitative Services

Not provided.

~~14. Services for Ages 65-or-older-for-Mental-Diseases~~

Not provided.

15. Intermediate Care Facility

Not provided.

16. Inpatient Psychiatric Facility Services

Not provided.

17. Nurse-Midwife Services

Provided.

18. Hospice Care

Hospice care is a service for the terminally ill patient who has a physician's certification that the individual has a medical prognosis that his or her life expectancy is six months or less. A plan of care must be established before services are provided, and services must be consistent with the plan of care in order to be covered. The following services are covered hospice services:

- Nursing care provided by or under the supervision of a registered nurse.
- Medical social services provided by a social worker who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education, and who is working under the direction of a physician.
- Physicians' services performed by a physician (as defined in 42 CFR 410.20) except that the services of the hospice medical director of the physician of the interdisciplinary group must be performed by a doctor of medicine or osteopathy.
- Counseling services provided to the terminally ill individual and the family members or other persons caring for the individual at home. Counseling, including dietary counseling, may be provided both for the purpose of training

the individual's family or other care-giver to provide care, and for the purpose of helping the individual and those caring for him or her to adjust the individual's approaching death.

- Bereavement counseling consists of counseling services provided to the individual's family after the individual's death.
- Short-term inpatient care provided in Guam Memorial Hospital, which is a participating, Medicare certified facility that additionally meets the special hospice standards regarding staffing and patient areas. Services provided at Guam Memorial Hospital must conform to the written plan of care. General inpatient care at Guam Memorial Hospital may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be provided in other settings. Inpatient care at Guam Memorial Hospital may also be furnished to provide respite for the individual's family or other persons caring for the individual at home.
- Medical appliances and supplies including drugs and biological. Only drugs as define in 1861 of the Act and which are used primarily for the relief of pain and symptoms control related to the individual's terminal illness are covered. Appliances may include covered durable medical equipment as well as other self-help and personal comfort items related to the palliation of management of the patient's terminal illness. Equipment is provided by the hospice for use in the patient's home while he or she is under hospice care. Medical supplies include those that are part of the written plan of care.
- Home health aide services furnished by qualified aides and homemaker services. Home health aides may provide personal care services. Aides may also perform household services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing the bed or light cleaning and laundering essential to the comfort and cleanliness of the patient. Aide services must be provided under the general supervision of a registered nurse. Homemaker services may include assistance in personal care, maintenance of a safe and healthy environment and services to enable the individual to carry out the plan of care.
- Physical therapy, occupational therapy services and speech-language pathology services provided for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.

Hospice services are provided at the following levels of care:

- Routine Home Care
- Continuous Home Care
- Inpatient Respite Care
- General Inpatient Care

All inpatient hospice services are provided at Guam Memorial Hospital, a Medicare certified facility that additionally meets the special hospice standards regarding staffing and patient areas.

A. Provider Eligibility Requirements

1. Licensed by the Territory of Guam.
2. Certified or holds a provisional certification by Medicare.
3. A participating hospice meets the Medicare conditions of participation for hospices and has a valid provider agreement.

B. Benefit Limitations

Hospice care is given in periods of care, two 90-day periods followed by an unlimited number of 60 day periods. For each period of care, a doctor certification is required that the individual is terminally ill.

19. Case Management Services

Not provided.

20.a. Pregnancy-Related and Postpartum Services

Pregnant women, who were eligible for, applied for, and received medical assistance under the approved Guam Medicaid State Plan, will be provided all pregnancy-related and postpartum services until the end of the 60-day period beginning on the last date of their pregnancy.

20.b. Services that may complicate Pregnancy

Pregnant women services, including prenatal, delivery, and postpartum services, and any other medical conditions that may complicate the pregnancy, are provided.

21. Ambulatory Prenatal Care

Not provided.

22. Respiratory Care Services

Not provided.

23. Any other medical care and any other type of remedial care recognized under State Law, specified by the Secretary.**23.a. Transportation**

Transportation and other related travel expenses determined to be medically necessary.

Emergency transportation service is covered in any emergency situation.

Transportation is furnished by vendors who are authorized by the Medicaid Program for reimbursement of transportation/travel costs.

A. Coverage

1. ~~Round trip air transportation (economy fare) for off-island medical treatment.~~
One (1) parent, or guardian, if the parent is unable to accompany the child, will be covered for minor recipients (17 years old and below and one (1) medical escort will be covered for recipients requiring assistance due to visual, orthopedic or mental impairments.
2. Emergency ambulance service and non-emergency medically necessary stretcher, wheelchair, bed-confined medical transportation service.

B. Benefit Limitations

1. Meals and lodging for medically necessary treatment that cannot be provided on Guam may be reimbursed at a reasonable per diem rate and requires Prior Authorization.

23. b. Services of Christian Science Nurses

Not provided.

23. c. Care and Services for Christian Science

Not provided.

23.d. Skilled Nursing Facility Services for under 21 Years Old

Skilled nursing facility services for clients under 21 years old means services that are provided to recipients under 21 years old on an inpatient basis by a skilled nursing facility.

A. Provider Eligibility Requirements (See 4.a.).

B. Benefit Limitations (See 4.a.).

23.e. Emergency Hospital Services

A. Emergency hospital services means:

1. Services necessary to prevent the death or serious impairment of the health of a recipient; and
2. Services provided by the most accessible hospital available that is equipped to furnish the services because of the threat to the life of health of the recipient even if the hospital does not currently meet:

- a. ~~The conditions for participation under Medicare; or~~
- b. The definition of inpatient or outpatient hospital services under the Guam Medicaid State Plan.

B. Benefit Limitations

Emergency services, as described above, are provided to eligible recipients and individuals not eligible for Medicaid because of their immigration status if they meet all other eligibility criteria.

23. f. Personal Care Services in Recipient's Home

Not provided.

23. g. Birthing Center Services

A. Provider Eligibility Requirements

1. Physician & Certified Nurse Midwife licensed by local Medical Licensure Law.
2. The birthing center must meet the following qualifications:
 - a) Licensed by the Territory of Guam.
 - b) Approved to be a participating provider by the Guam Medicaid Program.

B. Benefit Limitations

Guam Medicaid-covered services to the care of recipients during low-risk pregnancies, deliveries and the postpartum period.

Gynecological services, family planning services, and Child Health Check-Up screenings (newborn evaluations only).

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

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 1
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

CASE MANAGEMENT SERVICES

Not Applicable

A. Target Group:

B. ~~Areas of State in which services will be provided:~~

☒ Entire State.

☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☒ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

E. Qualification of Providers:

TN No. 87-4
Supersedes
TN No. _____

Approval Date _____

Effective Date _____

HCFA ID: 1040P/0016P

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

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 2
OMB No.: 0939-0193

State/Territory: Guam

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 87-4
Supersedes
TN No. _____

Approval Date _____

Effective Date _____

HCFA ID: 1040P/0016P

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

OMB No.: 0938-0193

State/Territory: Guam

Citation

3.1 (a) (2) (Continued)

(vi) Home health services to recipients entitled to skilled nursing facility services as indicated in item 3.1(b) of this plan.

☒ Not applicable; the plan does not cover skilled nursing facility services for the medically needy.

Part 440,
Subpart B

(vii) ☐ Services in an institution for mental diseases.

☐ Services in an intermediate care facility for the mentally retarded.

1902(e)(9) of
the Act,
P.L. 99-509
(Section 9408)

☐ (viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

Each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in section 1905(o), 1902(e)(9)(C), and 1915(g)(2) of the Act.

1902(a)(10)(C)(iv),
1902(e)(9)(C), and
1905(a)(19)
and (20) of the Act,
P.L. 99-509
(Section 9408)
and P.L. 99-514
(Section 1895(c)(3))

☐ Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

TN No. 87-4

Supersedes

TN No. 87-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1008P/0011P

Revision: HCFA-PM-87- 9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation

1903(v) of the
Act, P.L. 99-509
(Section 9406)

3.1 (a) (2) (Continued)

(ix) Emergency services necessary to treat
an illegal alien for an emergency
medical condition, as defined in section
1903(v)(3) of the Act, are provided. —

ATTACHMENT 3.1-B identifies the services
provided to each covered group of the medically
needy; specifies all limitations on the amount,
duration, and scope of those items; and
specifies the ambulatory services provided
under this plan and any limitations on them.

TN No. 87-9
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1008P/0011P

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

ATTACHMENT 3.1-B
Page 1
OMB No. 0938-0193

State/Territory: GUAM

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

The following ambulatory services are provided.

*Description provided on attachment.

TN No. 87-2
Supersedes
TN No. 81-9

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID: 0140P/0102A

State/Territory: GUAM

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

1. Inpatient hospital services other than those provided in an institution for mental diseases.
☒ Provided: ☒ No limitations ☐ With limitations*
- 2.a. Outpatient hospital services.
☒ Provided: ☒ No limitations ☐ With limitations*
- 2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
☒ Provided: ☒ No limitations ☐ With limitations*
3. Other laboratory and X-ray services.
☒ Provided: ☒ No limitations ☐ With limitations*
- 4.a. Skilled nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
☒ Provided: ☒ No limitations ☐ With limitations*
- 4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
☒ Provided: ☒ No limitations ☐ With limitations*
- 4.c. Family planning services and supplies for individuals of childbearing age.
☒ Provided: ☒ No limitations ☐ With limitations*
5. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.
☒ Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 87-2
Supersedes
TN No. 81-2

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID: 0140P/0102A

State/Territory: GUAM

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Optometrists' Services
☐ Provided: ☐ No limitations ☐ With limitations*
- c. Chiropractors' Services
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Other Practitioners' Services
☐ Provided: ☐ No limitations ☐ With limitations*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Home health aide services provided by a home health agency.
☐ Provided: ☐ No limitations ☐ With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 87-2
Supersedes
TN No. 81-9

SEP 9 1987
Approval Date _____

Effective Date 7/1/87

HCFA ID: 0140P/0102A

State/Territory: GUAM

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):** _____

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*

9. Clinic services.

☐ Provided: ☐ No limitations ☐ With limitations*

10. Dental services.

☐ Provided: ☐ No limitations ☐ With limitations*

11. Physical therapy and related services.

a. Physical therapy.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Occupational therapy.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

☐ Provided: ☐ No limitations ☐ With limitations*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist..

a. Prescribed drugs.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 87-2
Supersedes
TN No. 81-2

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID: 0140P/0102A

State/Territory: GUAM

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

c. Prosthetic devices.

☐ Provided: ☐ No limitations ☐ With limitations*

d. Eyeglasses.

☐ Provided: ☐ No limitations ☐ With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Screening services.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Preventive services.

☐ Provided: ☐ No limitations ☐ With limitations*

d. Rehabilitative services.

☐ Provided: ☐ No limitations ☐ With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*

b. Skilled nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 87-2
Supersedes
TN No. 81-9

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID: 0140P/0102A

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

ATTACHMENT 3.1-B
Page 6
OMB No. 0938-0193

State/Territory: GUAM

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

c. Intermediate care facility services.

☒ Provided: ☒ No limitations ☒ With limitations*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

☒ Provided: ☒ No limitations ☒ With limitations*

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☒ No limitations ☒ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☒ No limitations ☒ With limitations*

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☒ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☒ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 87-2
Supersedes
TN No. 81-9

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID: 0140P/0102A

State/Territory: Guam

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NOT APPLICABLE

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☐ Provided: ☐ With limitations

☒ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

☐ Provided: ⁺ ☐ No limitations ☐ With limitations*

- b. Services For any other medical conditions that may complicate pregnancy.

☐ Provided: ⁺ ☐ No limitations ☐ With limitations*

☒ Not provided.

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

+List of major categories of services (e.g., inpatient hospital, physician, etc.) that are available as pregnancy-related services, and description of additional coverage of these services, if applicable, provided on attachment.

TN No. 87-4
Supersedes
TN No. _____

Approval Date 12/10/89

Effective Date 7/1/89

HCFA ID: 1042P/0016P

State/Territory: Guam

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NOT APPLICABLE

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
- ☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.
23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
- ☐ Provided: ☐ No limitations ☐ With limitations*
- b. Services of Christian Science nurses.
- ☐ Provided: ☐ No limitations ☐ With limitations*
- c. Care and services provided in Christian Science sanatoria.
- ☐ Provided: ☐ No limitations ☐ With limitations*
- d. Skilled nursing facility services provided for patients under 21 years of age.
- ☐ Provided: ☐ No limitations ☐ With limitations*
- e. Emergency hospital services.
- ☐ Provided: ☐ No limitations ☐ With limitations*
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
- ☐ Provided: ☐ No limitations ☐ With limitations*

TN No. 87-4
Supersedes
TN No. _____

Approval Date 10/10/89

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HCFA ID: 1042P/0016P

Revision: HCFA-PM-87-9
AUGUST 1987

(BERG)

OMB No.: 0938-0193

Territory: GUAM

Citation

1902(a)(10)(E)
and clause (VIII)
of the matter
following (E)
and 1905(p)(3)
of the Act,
P.L. 99-509
(Section 9403)

3.1 (a) (3) Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.5 of this plan.

Sec. 245A(h)
of the Immigration
and Nationality
Act, P.L. 99-603
(Section 201)

(4) Limited Coverage for Certain Aliens.

(i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--

- (1) Are aged, blind, or disabled individuals as defined under OAA, AB, APTD, and AABD;
- (2) Are children under 18 years of age; or
- (3) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.

(ii) Except for emergency services and pregnancy-related services, as described in §447.53(b), aliens granted lawful temporary resident status under Section 245A of the Immigration and Nationality Act who are not identified in item 3.1(a)(4)(i)(1) through (3) above who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

TN No. 87-9
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2000P/0020P

Revision: HCFA-PM-87-9
JULY 1997

(BERC)

OMB No.: 0938-0193

Territory: GuamCitation 3.1 (a) (4) (Continued)

1902 (a) and 1903 (v) of the Act, and Section 401(b)(1)(A) of PL104-193

(iii) *Limited Coverage for Certain Aliens: An alien who is not a qualified alien or who is a qualified alien, as defined in section 431(b) of PL 104-193, but is not eligible for Medicaid based on alienage status, and who would otherwise qualify for Medicaid is provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903 (v)(3) of the Act.*

Part 440, Subpart B and 1902(a) and (a) (10), 1903 (v) and 1915(g) of the Act, P.L. 99-272 (Sections 9501 and 9505) and P.L. 99-509 (Sections 9401(c), 9406, and 9408) Sec. 245A of the Immigration and Nationality Act, P.L. 99-603 (Section 201)

(5) Except for those items or services for which sections 1902(a), (a) (10), and 1903 (v) of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.

☐

Yes

☒

Not applicable. The medically needy are not covered.

TN No. 97-1
Supersedes
TN No. 87-9

Approval Date

APR 10 1998

Effective Date

JUL 01 1997

HCFA ID:2000P/0020P

21b

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

OMB No.: 0938-0193

Territory: Guam

Citation

3.1 (a) (5) (Continued)

(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

☐ Yes.

☒ Not applicable. The medically needy are not included in the plan.

TN No. 87-4

Supersedes

TN No. ~~87-2~~ 87-2

Approval Date 10/10/89

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HCFA ID: 2000P/0020P

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

OMB No.: 0938-0193

State/Territory: Guam

Citation

3.1 (a) (5) (Continued)

(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

☐ Yes.

☒ Not applicable. The medically needy are not included in the plan.

441.55
50 FR 43654

(a) (6) The Medicaid agency meets the requirements of 42 CFR 441.56 through 441.62 with respect to early and periodic screening, diagnosis and treatment (EPSDT) services.

☒ The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

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

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1008P/0011P

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

State Guam

Citation
42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

3.1(b) Some health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Some health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Some health services are provided to all categorically needy individuals under 21 years of age.

☐ Yes

☒ Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

- (3) Some health services are provided to the medically needy:

☐ Yes, to all

☐ Yes, to individuals age 21 or over; SNF services are provided

☐ Yes, to individuals under age 21; SNF services are provided

☐ No; SNF services are not provided

☒ Not applicable; the medically needy are not included under this plan

TN #80-1
Supersedes
TN #

1/9/85
Approval Date 5/20/80

10/1/84
Effective Date 12/31/79

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

State Guam

Citation
42 CFR 431.53
AT-78-90

3.1(c)

Assurance of Transportation

~~Provision is made for assuring necessary~~
transportation of recipients to and from
providers. Methods used to assure such
transportation are described in ATTACHMENT
3.1-B.

TN # 77-5

Supersedes

TN #

Approval Date 12/12/78

Effective Date 1/1/77

REVISION:

ATTACHMENT: 3.1-D

ASSURANCE OF TRANSPORTATION

Transportation is furnished by vendors who are authorized by the Medicaid Program for reimbursement of transportation costs when the beneficiary has no other means of getting to and from covered medical services.

~~Emergency transportation service is covered in any emergency situation.~~

Described below are the methods used to assure necessary transportation of recipients to and from providers:

- (1) For off-island emergency (See Attachment 3.1-A 23.a.)
- (2) For on-island emergency, recipients may obtain the ambulance service through the Guam Fire Department.
- (3) For on-island non-emergency, recipients must first use their own cars or seek assistance from friends or relatives before requesting transportation using the Guam Mass Transit system. Requesting an ambulance through the Guam Fire Department or medical transportation for medically necessary stretcher, wheelchair, and bed-confined transportation is available when medically necessary.

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

State Guam

Citation
42 CFR 440.260
AT-78-90

3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the
methods used to assure high quality
care are described in ATTACHMENT 3.1-C.

TN # 77-5
Supersedes
TN #

Approval Date 12/12/78

Effective Date 1/1/77

SUPERSEDED BY: TN # 85-2

APPROVED: JUNE 19, 1985 EFF: 1 APR 198

ATTACH 3.1 - C

The State agency will establish and be responsible for a process(es) of Utilization Review for each item of care or service listed in Section 1905(a) of the Act that is included in the State Medical Assistance program in accordance with 45 CFR 250.20.

The Utilization Review Plan will meet the requirements of Section 1861(k) of the Social Security Act- with the same standards and procedures- where by the need for admission and continued hospitalization for each patient is determined on a timely basis.

Attachment 3 – Services: General Provisions**3.1-C. Benchmark Benefit Package and Benchmark Equivalent Benefit Package (provided in accordance with 1937 of the Act and 42 CFR Part 440).****The State provides benchmark benefits:**☒ **Provided**☐ **Not Provided**

States can have more than one alternative/benchmark benefit plan for different individuals in the new optional group. If the State has more than one alternative benefit plan, as in the example below, then a pre-print would need to appear for each additional Benchmark Plan title. (Ex: If the box signifying "Plan A" was checked then the remainder of the pre-print that would appear would be specific only to "Plan A". If "Plan B" was checked then the following pre-print that would appear would be a completely new pre-print that would be filled out by the State and would correlate to "Plan B" only.)

☒ Title of Alternative Benefit Plan A	GUAM MEDICAID EARLY OPTION PLAN
☐ Title of Alternative Benefit Plan B	
☐ Add Titles of additional Alternative Benefit Plans as needed	

1. Populations and geographic area covered

- ☐ **a) Individuals eligible under groups other than the early option group authorized under section 1902(a)(10(A)(i)(VIII) and 1902(k)(2)**

The State will provide the benefit package to the following populations:

- ☐ **(i) Populations who are full benefit eligibility individuals in a category established on or before February 8, 2006, who will be required to enroll in an alternative benefit plan to obtain medical assistance.**

Note: Populations listed below may not be required to enroll in a benchmark plan. The Benchmark-exempt individuals under 1937(a)(2)(B) are:

- A pregnant woman who is required to be covered under the State plan under section 1902(a)(10)(A)(i) of the Act.
- An individual who qualifies for medical assistance under the State plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for ~~Supplemental Security Income benefits under title XVI on the basis of being blind or disabled and including~~ an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act.
- An individual entitled to benefits under any part of Medicare.
- An individual who is terminally ill and is receiving benefits for hospice care under title XIX.
- An individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, and is required, as a condition of receiving services in that institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.
- An individual who is medically frail or otherwise an individual with special medical needs. For these purposes, the State's definition of individuals who are medically frail or otherwise have special medical needs should include those individuals described in 42 CFR §438.50(d)(3), children with serious emotional disturbances, individuals with disabling mental disorders, individuals with serious and complex medical conditions, and individuals with physical and/or mental disabilities that significantly impair their ability to perform one or more activities of daily living.
- An individual who qualifies based on medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Act.
- An individual with respect to whom child welfare services are made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age.
- A parent or caretaker relative whom the State is required to cover under section 1931 of the Act.
- A woman who is receiving medical assistance by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(aa) of the Act.
- An individual who qualifies for medical assistance on the basis of section 1902(a)(10)(A)(ii)(XII) of the Act.
- An individual who is only covered by Medicaid for care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the Act.
- An individual determined eligible as medically needy or eligible because of a reduction of countable income based on costs incurred for medical or other remedial care under section 1902(f) of the Act or otherwise based on incurred medical costs.

For full benefit Medicaid eligibility groups included in the alternative benefit plan, please indicate in the chart below:

- Each eligibility group the State will require to enroll in the alternative benefit plan;
- Each eligibility group the State will allow to voluntarily enroll in the alternative benefit plan;
- Specify any additional targeted criteria for each included group (e.g., income standard);
- Specify the geographic area in which each group will be covered.

Required Enrollment	Opt-In Enrollment	Full-Benefit Eligibility Group and Federal-Citation	Targeting Criteria	Geographic Area
		Mandatory categorically needy low-income families and children eligible under section 1925 for Transitional Medical Assistance		
		Mandatory categorically needy poverty level infants eligible under 1902(a)(10)(A)(i)(IV)		
		Mandatory categorically needy poverty level children aged 1 up to age 6 eligible under 1902(a)(10)(A)(i)(VI)		
		Mandatory categorically needy poverty level children aged 6 up to age 19 eligible under 1902(a)(10)(A)(i)(VII)		
		Other mandatory categorically needy groups eligible under 1902(a)(10)(A)(i) as listed below and include the citation from the Social Security Act for each eligibility group: • • • •		
		Optional categorically needy poverty level pregnant women eligible under 1902(a)(10)(A)(ii)(IX)		
		Optional categorically needy poverty level infants eligible under 1902(a)(10)(A)(ii)(IX)		
		Optional categorically needy AFDC-related families and children eligible under 1902(a)(10)(A)(ii)(I)		
		Medicaid expansion/optional targeted low-income children eligible under 1902(a)(10)(A)(ii)(XIV)		

Required Enrollment	Opt-In Enrollment	Full-Benefit Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
		Other optional categorically needy groups eligible under 1902(a)(10)(A)(ii) as listed below and include the citation from the Social Security Act for each eligibility group: •		
		• • •		

- ☐ (ii) The following populations will be given the option to voluntarily enroll in an alternative benefit plan. Please indicate in the chart below:

- Each population the State will allow to voluntarily enroll in the alternative benefit plan,
- Specify any additional targeted criteria for each included population (e.g., income standard).
- Specify the geographic area in which each population will be covered.

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
	Mandatory categorically needy low-income parents eligible under 1931 of the Act		
	Mandatory categorically needy pregnant women eligible under 1902(a)(10)(A)(i)(IV) or another section under 1902(a)(10)(A)(i):		
	Individuals qualifying for Medicaid on the basis of blindness		
	Individuals qualifying for Medicaid on the basis of disability		
	Individuals who are terminally ill and receiving Medicaid hospice benefits under 1902(a)(10)(A)(ii)(vii)		
	Institutionalized individuals assessed a patient contribution towards the cost of care		
	Individuals dually eligible for Medicare and Medicaid (42 CFR §440.315)		
	Disabled children eligible under the TEFRA option - section 1902(e)(3)		
	Medically frail and individuals with special medical needs		
	Children receiving foster care or adoption assistance under title IV-E of the Act		
	Women needing treatment for breast or cervical cancer who are eligible under 1902(a)(10)(A)(ii)(XVIII)		

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
	Individuals eligible as medically needy under section 1902(a)(10)(C)(i)(III)		
	Individuals who qualify based on medical condition for long term care services under 1917(c)(1)(C)		

Limited Services Individuals

Opt-In Enrollment	Included Eligibility Group and Federal Citation	Targeting Criteria	Geographic Area
	TB-infected individuals who are eligible under 1902(a)(10)(A)(ii)(XII)		
	Illegal or otherwise ineligible aliens who are only covered for emergency medical services under section 1903(v)		

- ☐ (iii) For optional populations/individuals (checked above in 1a. & 1b.), describe in the text box below the manner in which the State will inform each individual that:

- Enrollment is voluntary;
- Each individual may choose at any time not to participate in an alternative benefit package and;
- Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State plan.

X b) Individuals eligible under the early option group authorized under sections 1902(a)(10)(A)(i)(VIII) and 1902 (k)(2)

Note: Individuals in the early option group who are exempt from mandatory enrollment in Benchmark coverage under 1937(a)(2)(B) CANNOT be mandated into a Benchmark plan. However, States may offer exempt individuals the opportunity to voluntarily enroll in the Benchmark plan.

- X (i) The State has chosen to offer the populations/individuals in the early option group who are exempt from mandatory enrollment in the benchmark benefit plan the option to voluntarily enroll in the benchmark benefit plan. Specify whether the benchmark will cover these individuals statewide or otherwise.**

(ii) For optional populations/individuals [checked above in b(i)], describe in the text box below the manner in which the State will inform each individual that:

- Enrollment is voluntary;
- Each individual may choose at any time not to participate in an alternative benefit package and;
- Each individual can regain at any time immediate enrollment in the standard full Medicaid program under the State plan.

2. Description of the Benefits

X The State will provide the following alternative benefit package (check the one that applies).

a) X Benchmark Benefits

- ☐ **FEHBP-equivalent Health Insurance Coverage** – The standard Blue Cross/Blue Shield preferred provider option services benefit plan, described in and offered under section 8903(l) of Title 5, United States Code.
- ☐ **State Employee Coverage** – A health benefits coverage plan that is offered and generally available to State employees within the State involved.

In the text box below please provide either a World Wide Web URL (Uniform Resource Locator) link to the State's Employee Benefit Package or insert a copy of the entire State Employee Benefit Package.

- ☐ **Coverage Offered Through a Commercial Health Maintenance Organization (HMO)** – The health insurance plan that is offered by an HMO (as defined in section 2791(b)(3) of the Public Health Service Act), and that has the largest insured commercial, non-Medicaid enrollment of such plans within the State involved.

In the text box below please provide either a World Wide Web URL link to the HMO's benefit package or insert a copy of the entire HMO's benefit package.

X Secretary-approved Coverage – Any other health benefits coverage that the Secretary determines provides appropriate coverage for the population served. Provide a full description of the benefits in the plan, including any applicable limitations. Also include a benefit by benefit comparison to services in the State plan or to services in any of the three Benchmark plans above.

The Benchmark Benefit is the same covered services and eligibility as the State Plan.

b) ☐ **Benchmark-Equivalent Benefits.**

Specify which benchmark plan or plans this benefit package is equivalent to:

(i) **Inclusion of Required Services** – The State assures the alternative benefit plan includes coverage of the following categories of services: (Check all that apply).

- ☐ Inpatient and outpatient hospital services;
- ☐ Physicians' surgical and medical services;
- ☐ Laboratory and x-ray services;
- ☐ Coverage of prescription drugs
- ☐ Mental health services
- ☐ Well-baby and well-child care services as defined by the State, including age-appropriate immunizations in accordance with the Advisory Committee on Immunization Practices;
- ☐ Emergency services
- ☐ Family planning services and supplies

(ii) ☐ **Additional services**

Insert below a full description of the benefits in the plan including any limitations.

(iii) ☐ **The State assures that the benefit package has been determined to have an aggregate**

actuarial value equivalent to the specified benchmark plan in an actuarial report that:

- Has been prepared by an individual who is a member of the American Academy of Actuaries;
- Using generally accepted actuarial principles and methodologies;
- Using a standardized set of utilization and price factors;
- ~~Using a standardized population that is representative of the population being served;~~
- Applying the same principles and factors in comparing the value of different coverage (or categories of services) without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used; and
- Takes into account the ability of a State to reduce benefits by taking into account the increase in actuarial value of benefits coverage without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used and taking into account the ability of the State to reduce benefits by considering the increase in actuarial value of health benefits coverage offered under the State plan that results from the limitations on cost sharing (with the exception of premiums) under that coverage.

Insert a copy of the report.

- iv ☐ The State assures that if the benchmark plan used by the State for purposes of comparison in establishing the aggregate value of the benchmark-equivalent package includes any of the following two categories of services, the actuarial value of the coverage for each of these categories of services in the benchmark-equivalent coverage package is at least 75 % of the actuarial value of the coverage for that category of service in the benchmark plan used for comparison by the State:

- Vision services, and/or
- Hearings services

In the text box below provide a description of the categories of benefits included and the actuarial value of the category as a percentage of the actuarial value of the coverage for the category of services included in the benchmark benefit plan.

c) ☐ Additional Benefits

Insert a full description of the additional benefits including any limitations.

3. Service Delivery System

Check all that apply.

- ☒ The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements of section 1902(a) and implementing regulations relating to payment and beneficiary free choice of provider. (See Attachment 4.19-B)
- ☐ The alternative benefit plan will be provided on a fee-for-service basis consistent with the requirements cited above, except that it will be operated with a primary care case management system consistent with section 1905(a)(25) and 1905(t). (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology.)
- ☐ The alternative benefit plan will be provided through a managed care organization consistent with applicable managed care requirements (42 CFR §438, 1903(m), and 1932).
- ☐ The alternative benefit plan will be provided through PIHPs (Pre-paid Inpatient Health Plan) consistent with 42 CFR §438.
- ☐ The alternative benefit plan will be provided through PAHPs (Pre-paid Ambulatory Health Plan).
- ☐ The alternative benefit plan will be provided through a combination of the methods described above. Please describe how this will be accomplished. (Attachment 4.19-B must be completed to indicate fee-for-service reimbursement methodology when applicable.)

4. Employer Sponsored Insurance

- ☐ The alternative benefit plan is provided in full or in part through premiums paid for an employer sponsored health plan.

5. Assurances

- ☒ The State assures EPSDT services will be provided to individuals under 21 years old who are covered under the State Plan under section 1902(a)(10)(A).

☒ **X Through Benchmark only**

☐ **As an Additional benefit under section 1937 of the Act**

☒ **X The State assures that individuals will have access to Rural Health Clinic (RHC) services and Federally Qualified Health Center (FQHC) services as defined in subparagraphs (B) and (C) of section 1905(a)(2).**

☒ **X The State assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Act.**

☒ **X The State assures transportation (emergency and non-emergency) for individuals enrolled in an alternative benefit plan. Please describe how and under which authority(s) transportation is assured for these beneficiaries.**

Transportation is assured in the same manner and under the same authority as in the State Plan.

☒ **X The State assures that effective January 1, 2014 any benchmark benefit plan provides at least essential health benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.**

☒ **X The State assures that family planning services and supplies are covered for individuals of child-bearing age.**

6. Economy and Efficiency of Plans

☒ **X The State assures that alternative benefit coverage is provided in accordance with Federal upper payment limits procurement requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.**

7. Compliance with the Law

☒ **X The State will continue to comply with all other provisions of the Social Security Act in the administration of the State plan under this title.**

8. Implementation Date

☒ **X The State will implement this State Plan amendment on January 1, 2012.**

☒ Through Benchmark only

☐ As an Additional benefit under section 1937 of the Act

☒ The State assures that individuals will have access to Rural Health Clinic (RHC) services and Federally Qualified Health Center (FQHC) services as defined in subparagraphs (B) and (C) of section 1905(a)(2).

☒ The State assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Act.

☒ The State assures transportation (emergency and non-emergency) for individuals enrolled in an alternative benefit plan. Please describe how and under which authority(s) transportation is assured for these beneficiaries.

Transportation is assured in the same manner and under the same authority as in the State Plan.

☒ The State assures that effective January 1, 2014 any benchmark benefit plan provides at least essential health benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.

☒ The State assures that family planning services and supplies are covered for individuals of child-bearing age.

6. Economy and Efficiency of Plans

☒ The State assures that alternative benefit coverage is provided in accordance with Federal upper payment limits procurement requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

7. Compliance with the Law

☒ The State will continue to comply with all other provisions of the Social Security Act in the administration of the State plan under this title.

8. Implementation Date

☒ The State will implement this State Plan amendment on January 1, 2012.

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

JAN 21 1981

State Guam

Citation
42 CFR 441.20
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN #77-5
Supersedes
TN #

Approval Date 12/12/78

Effective Date 1/1/77

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

ATTACHMENT 3.1-E
Page 1
OMB No. 0938-0193

State/Territory: Guam

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

NOT APPLICABLE

TN No. 87-4
Supersedes
TN No. _____

Approval Date 10/10/87

Effective Date 7/1/87

HCFA ID: 1047P/0016P

Revision: HCFA-PM-87-5 (REPC)
APRIL 1987

UIM No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 441.30
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☒ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☒ No.

☐ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

No. 88-1
Supersedes
No. 77-1

Approval Date 2/16/88

Effective Date 10/1/87

HCFA ID: 160007/0011P

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

OMB No.: 0938-0193

State/Territory: Guam

Citation
42 CFR 431.110(b)
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of
the Act,
P.L. 99-509
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

☐ 30 consecutive days;

☐ ___ days (the maximum number of inpatient days allowed under the State plan);

- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;

- (4) Have adequate social support services to be cared for at home; and

- (5) Wish to be cared for at home.

☐ Yes. The requirements of section 1902(e)(9) of the Act are met.

☒ Not applicable. These services are not included in the plan.

TN No. 87-4
Supersedes
TN No. 79-12

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1008P/0011P

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

State Guam

Citation
42 CFR 431.625 (b)
AT-78-90

3.2 Coordination of Medicaid with Medicare Part B

- ☒ The Medicaid agency makes the entire range of benefits under Part B of title XVIII available as part of the plan to certain eligible individuals under a buy-in agreement, through payment of the premium charges on behalf of such individuals, or by meeting all or part of the cost of the deductible, cost sharing or similar charges under Part 3.

ATTACHMENT 3.2-A describes the method by which such benefits are made available.

The agency makes the same services available to recipients not covered by Medicare.

☐ Yes ☐ No

- ☐ The agency does not have such an agreement or arrangement to pay premiums, deductibles, cost sharing or similar charges under Part B.

TN # 79-12
Supersedes
TN # _____

Approval Date 8/10/79

Effective Date 7/1/79

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

State Guam

Citation
42 CFR 441.101,
42 CFR 431.620 (c)
and (d)
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in
Institutions for Mental Diseases

Medicaid is provided for individuals 65 years
of age or older who are patients in
institutions for mental diseases.

☐ Yes. The requirements of 42 CFR Part 441,
Subpart C, and 42 CFR 431.620(c) and (d)
are met.

☒ Not applicable. Medicaid is not provided
to aged individuals in such institutions
under this plan.

TN # 77-5
Supersedes
TN # _____

Approval Date 12/12/78 Effective Date 1/1/77

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Guam

COORDINATION OF TITLE XIX WITH PART B OF TITLE XVIII

The following method is used to provide the entire range of benefits under Part B of title XVIII to the groups of Medicare-eligible individuals indicated:

☒ 1. Buy-in agreement with the Secretary of HHS. This agreement covers:

☒ a. Money payment recipients under the State plan under title I or XVI of the Act.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System:

☒ Are included

☒ Are not included

☒ b. Money payment recipients under all of the State plans under titles I, IV-A, X, XVI, and XVI of the Act.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System:

☒ Are included

☒ Are not included

☒ c. All individuals eligible under this title XIX plan.

☒ 2. A group payment arrangement entered into with the Social Security Administration. This arrangement covers the groups specified below:

☒ 3. Payment of deductible and coinsurance costs. Such payments are made in behalf of the groups specified below:
Effective October 15, 1982, all individuals eligible under Guam's approved Title XIX Plan, provided the services charged are covered under the Guam Medicaid State Plan.

U.S. GOVERNMENT PRINTING OFFICE: 1987-181-270/60159

TN No. 87-4
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2006P/0021P

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

State Guam

Citation
42 CFR 441.252
AT-78-99

3.4 Special Requirements Applicable to
Sterilization Procedures

~~All~~ requirements of 42 CFR Part 441, Subpart F
are met.

TN # 79-1

Supersedes

TN #

Approval Date 1/17/79

Effective Date 2.6.79

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

OMB No.: 0938-0193

State/Territory: Guam

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

**3.5 Medicaid for Medicare Cost Sharing for Qualified
Medicare Beneficiaries**

☒ (a) The Medicaid agency pays for all of the costs of the following Medicare cost sharing expenses for qualified Medicare beneficiaries described in section 1905(p) of the Act:

(1) Premiums under Medicare Part B and, if applicable, premiums for hospital insurance under Part A;

(2) Deductibles and coinsurance amounts under Medicare Part A and Part B; and

☒ (3) Premiums for enrollment in an eligible HMO.

(b) The Medicaid agency uses the following methods to provide cost sharing specified under item 3.5(a) above:

☒ Buy-in agreements with the Secretary of HHS;

☒ Group premium payment arrangements entered into with the Social Security Administration;

☒ Payment of deductibles and coinsurance costs;

☒ Group premium payment arrangements entered into with eligible HMOs.

TN No. 87-4
Supersedes
TN No. _____

Approval Date 10/10/87

Effective Date 7/1/89

HCFA ID: 1008P/0011P

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

OMB No.: 0938-0193

State/Territory: Guam

1902(a)(47)
and 1920 of the
Act, P.L. 99-509
(Section 9407)

3.6 Ambulatory Prenatal Care for Pregnant Women During Presumptive Eligibility Period

Ambulatory prenatal care for pregnant women is provided under the plan during a presumptive eligibility period if the care is furnished by a qualified provider in accordance with the requirements of section 1920 of the Act.

☐ Yes. The requirements of section 1920 of the Act are met.

☒ Not applicable. Medicaid is not provided to this group under the plan.

3.7 Unemployed Parent

For the purpose of determining whether a child is deprived on the basis of the unemployment of a parent the agency--

— uses the standard for measuring unemployment which was in the AFDC state plan in effect on July 16, 1996.

☒ uses the following more liberal standard to measure unemployment: A child will be considered deprived if family income is below the applicable income standard, regardless of the number of hours the parent/caretaker is employed.

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

Approval Date JAN 24 2002

Effective Date OCT 1, 2001

HCFA ID: 1008P/0011P

REVISION:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E. (42 CFR 431.202) (AT-79-29) (AT-80-34)

With respect to transfers and discharges from nursing facilities, the requirements of 1919(e)(3) are met. (1919(e)(3))

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

OMB No.: 0938-0193

State/Territory: Guam

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation
42 CFR 431.15
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

TN No. 87-4
Supersedes
TN No. 75-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 431.301
AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

TN No. 87-9
Supersedes
TN No. 75-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

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

OMB No.: 0938-0193

State/Territory: Guam

Citation

42 CFR 431.800(c)

50 FR 21839

1903(u)(1)(D) of
the Act,

P.L. 99-509

(Section 9407)

4.4 Medicaid Quality Control

(a) A system of quality control is implemented in
accordance with 42 CFR Part 431, Subpart P.

(b) The State operates a claims processing assessment
system that meets the requirements of 431.800(a),
(g), (h), and (k).

☐ Yes.

☒ Not applicable. The State has an approved
Medicaid Management Information System (MMIS).

* insert (j) in changes
per PM 87-14

per TN # 87-14

TN No. 87-4

Supersedes

TN No. 85-6

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 455.12
AT-78-90
48 FR 3742
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

TN No. 89-1
Supersedes
TN No. 83-7

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

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

State Guam

Citation
42 CFR 431.16
AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

TN # 79-14
Supersedes
TN #

Approval Date 10/9/79

Effective Date 7/1/79

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

State Guam

Citation
42 CFR 431.17
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

TN # 78-14
Supersedes
TN #

Approval Date 10/9/79

Effective Date 7/1/79