

**DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE**



**FY2015
ANNUAL REPORT**

INTRODUCTION

The Division of Public Welfare provides assistance to low income individuals and families. The division's mission is to promote positive social conditions that contribute toward the attainment of the highest social well-being of the economically and socially disadvantaged populations within the Territory of Guam

- by developing an efficient, and effective delivery system of services to eligible clients within the territory;
- by determining eligibility of applicants;
- by administering payments and various social services to remove social barriers which prevent persons from obtaining/maintaining the basic necessities of life to include safe and decent housing, medical care, nutritious food and employment status.

The Division is comprised of four (4) Bureaus, namely:

1. Bureau of Economic Security (BES) - Administers the eligibility determination for SNAP, Cash Assistance Program (TANF, General Assistance, Old Age Assistance, and APTD), CCDF, Medicaid, and MIP.
2. Bureau of Health Care Financing Administration (BHCFA) - Administers Medicaid, Children's Health Insurance Program (CHIP), Medically Indigent Program (MIP), and Enhanced Allotment Plan Program.
3. Bureau of Social Services Administration (BOSSA) - Administers Title XX, Foster Care and Adoption, Child Protective Services, Family Preservation and Support Services.
4. Bureau of Management Support (BMS) – Administers CCDF , conducts SNAP quality control, fraud investigations, collections, management evaluations, TANF JOBS Program, and SNAP E&T Program.

BUREAU OF ECONOMIC SECURITY

The Bureau of Economic Security (BES) administers several programs serving low-income individuals and families. The bureau's primary function is to determine and certify eligibility of individuals and families who applied for public assistance program.

I. Supplemental Nutrition Assistance Program -formerly known as the Food Stamp Program

SNAP a 50% federal and 50% locally funded program offers nutrition assistance to low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net.

To reach and help struggling working families make ends meet, Guam expanded the SNAP in FY 2009 by increasing the income limit from 130% of federal poverty level to 165% and removed the resource limit. The asset cap was eliminated to protect people who lose

their jobs in this unstable economy from having to spend down almost all of their savings to feed their families before they could be considered eligible for SNAP.

The use of SNAP benefit has some limitations/restrictions:

- + Households CAN use SNAP benefits to buy:
 - Foods for the household to eat, such as: breads and cereals; fruits and vegetables; meats, fish and poultry; and dairy products.
 - Seeds and plants which produce food for the household to eat.
- + Households CANNOT use SNAP benefits to buy:
 - Beer, wine, liquor, cigarettes or tobacco
 - Any nonfood items, such as: pet foods, soaps, paper products, household supplies
 - Vitamins and medicines
 - Food that will be eaten in the store
 - Hot foods

II. **Cash Assistance Program (TANF, General Assistance, Old Age Assistance, and APTD)**

TANF a 100% federally funded program provides assistance to needy families with children and provides parents with job preparation, work placement assistance, and support services to enable them to leave the program and become self-sufficient. OAA, APTD, and AB are 75% federal and 25 % locally funded program while GA is 100% locally funded.

Families and individuals needing cash assistance will be assessed to identify financial needs. Benefits will be granted only after an applicant meets the financial and non-financial eligibility criteria.

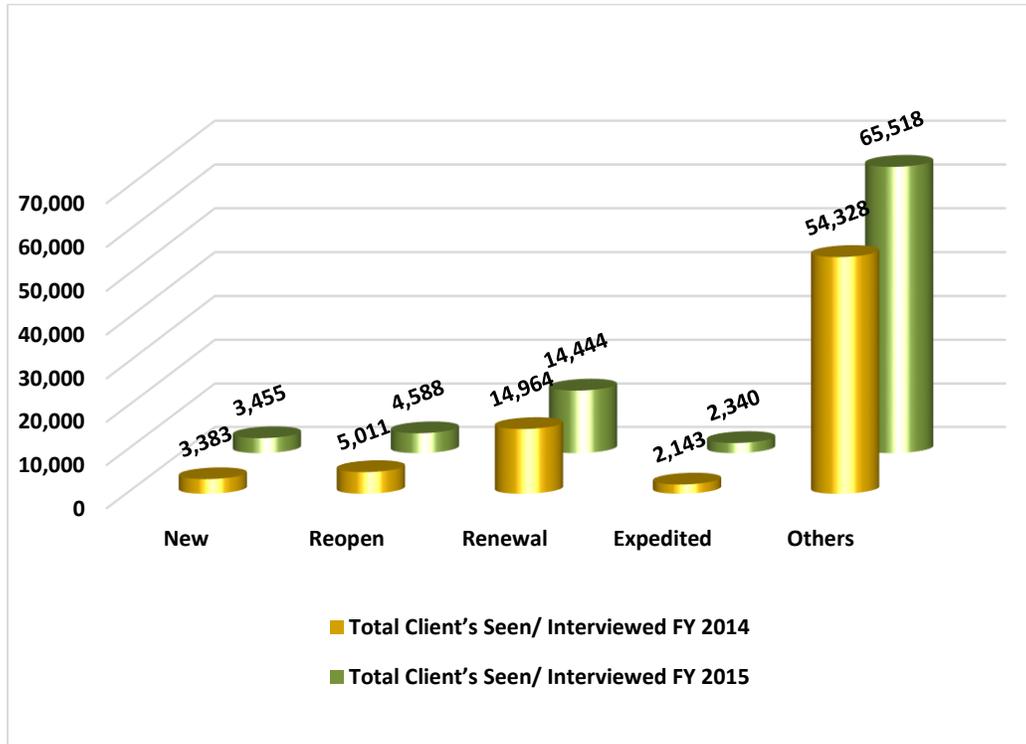
III. **Medicaid and Medically Indigent Program**—provides medical assistance to low-income families and individuals. Benefit administration of this program is under the Bureau of Health Care Financing Administration

IV. **Child Care Development Fund** -supports working low income families by providing access to affordable, high quality early care and afterschool programs. Benefit administration of this program is under Bureau of Management Support.

The bureau requires the full complement of sixty-one (61) budgeted full time positions or FTEs to effectively implement the aforementioned programs. Out of sixty-one FTEs, the BES Intake and Certification Section needs forty-five (45) FTEs to entertain all clients' inquiries and complaints; receive, log, and assign program applications to the Eligibility Specialists that screen clients' application, conducts interviews, and determines eligibility. In FY 2015, BES Intake and Certification Section is only managed by 31 FTEs, which is only 69 % of the required Intake and Certification full staffing. This shortage of staff created hardships on caseworkers' daily workload to efficiently execute their tasks especially when some staff are on leave status. Below is the total number of clients seen, interviewed and processed by this section.

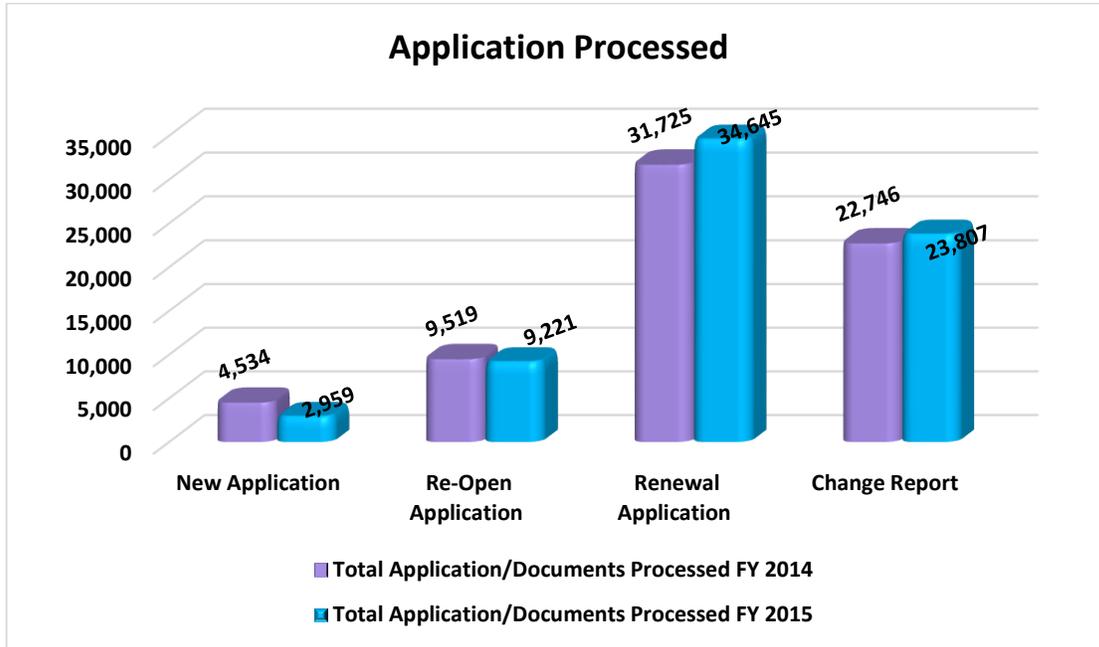
BES Intake and Certification Section

Clients Seen/Interviewed



	Total Client's Seen/ Interviewed FY 2014	Total Client's Seen/ Interviewed FY 2015	Percentage Difference
New	3,383	3,455	2.13%
Reopen	5,011	4,588	-8.44%
Renewal	14,964	14,444	-3.48%
Expedited	2,143	2,340	9.19%
Others	54,328	65,518	20.60%
Grand Total	94,621	90,345	-4.52%

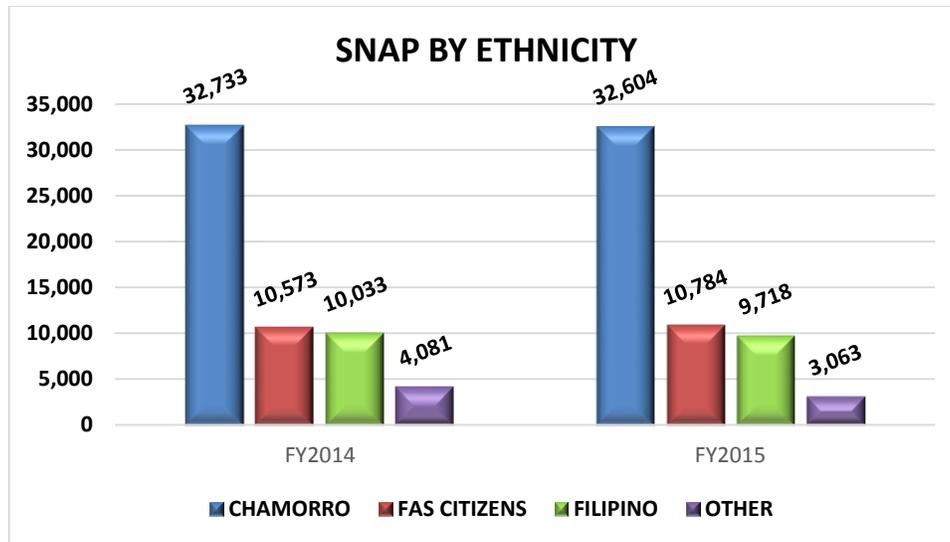
Based on the above data, BES Intake and Certification Section had seen or interviewed 90,345 clients in FY 2015, which is 4.52% less than FY 2014. This could be attributed to decrease in number of participants, which may be due to increase on Guam Minimum Wage, decrease on unemployment rate or more job opportunities.



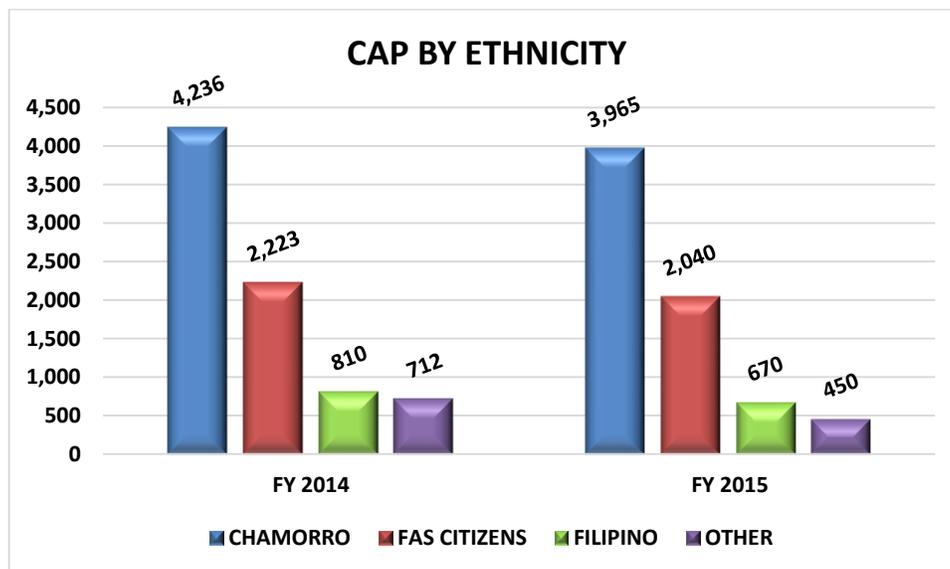
	Total Application/Documents Processed FY 2014	Total Application/Documents Processed FY 2015	Percentage Difference
New	4,534	2,959	-34.74%
Reopen	9,519	9,221	-3.13%
Renewal	31,725	34,645	9.20%
Change Report	22,746	23,807	4.66%
Grand Total	68,524	70,632	3.08%

Despite the incessant shortage of Eligibility Specialist, BES was able to process 70,632 applications, which is 3.08% higher than FY2014.

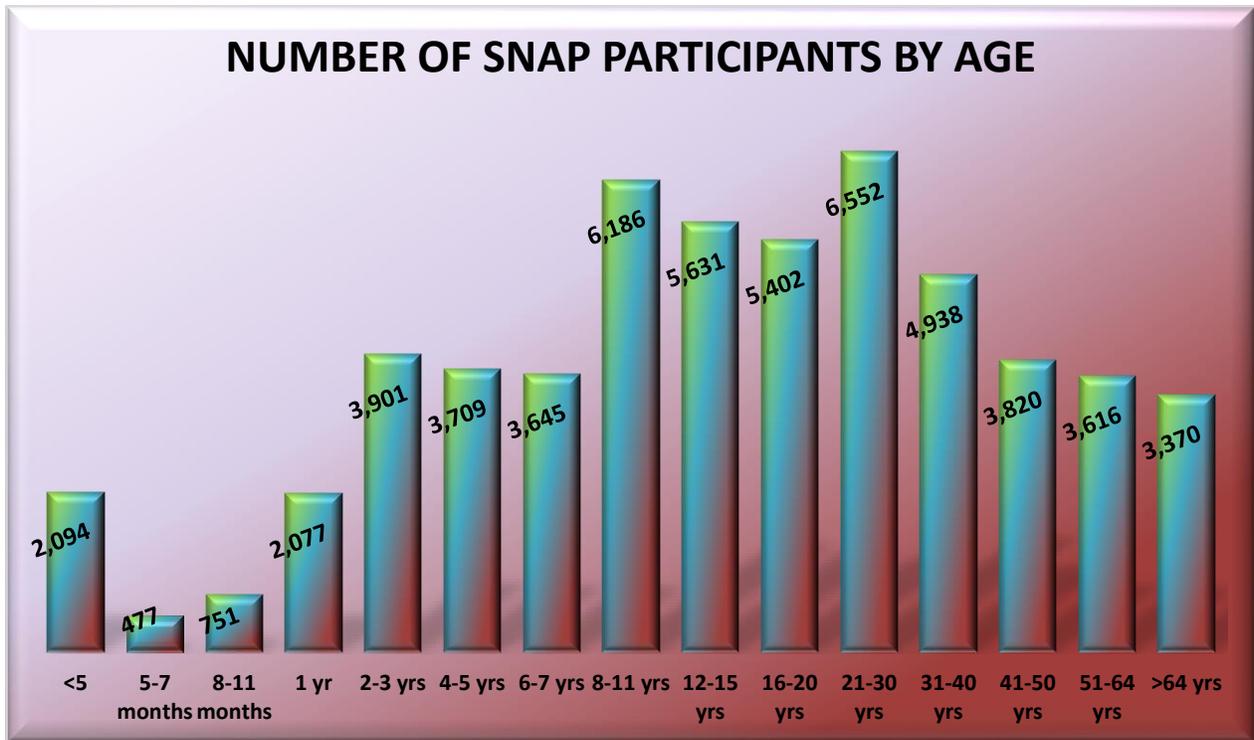
The data below showed the total number of SNAP and CAP participants by ethnicity. The Chamorro ranked as the highest ethnic group followed by FAS citizens and the Filipinos for both programs. **Based on the data below, the number of participants by ethnic group under SNAP had decreased by a certain percentage with the exception of FAS Citizens.** Overall the number of SNAP and CAP participants for FY 2015 had decreased by 2.18% and 3.68%, respectively. The decrease in CAP participants may be attributed to the continuous decrease in unemployment rate and due to some clients meeting their 60 month time limit.



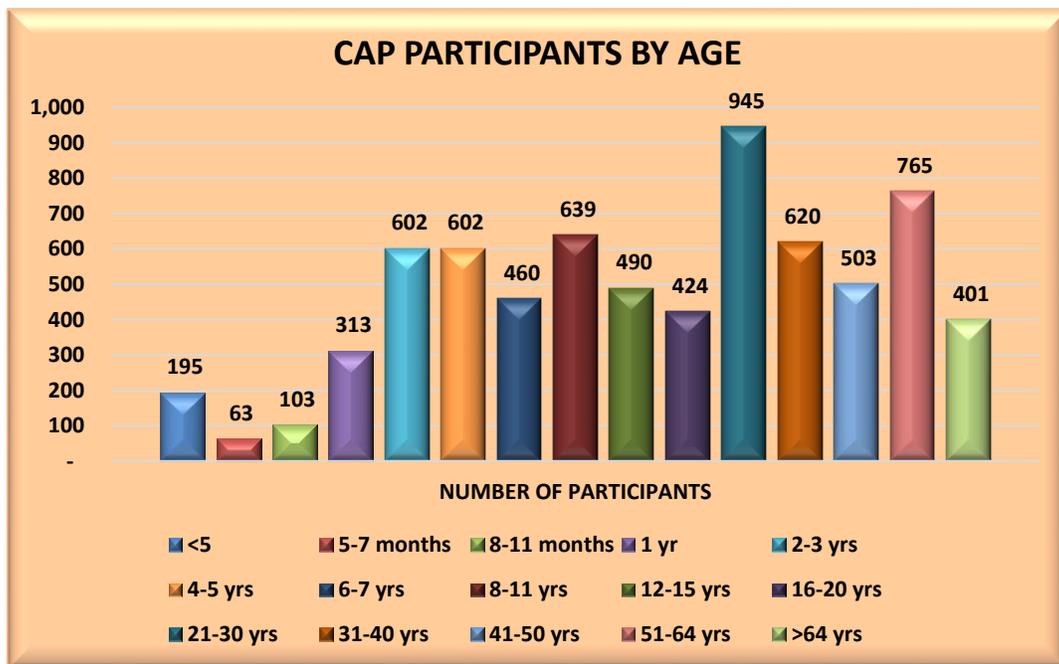
ETHNICITY	FY2014	FY2015	PERCENTAGE DIFFERENCE
CHAMORRO	32,733	32,604	-0.39%
FAS CITIZENS	10,573	10,784	2.00%
FILIPINO	10,033	9,718	-3.14%
OTHER	4,081	3,063	-24.94%
TOTAL	57,420	56,169	-2.18%

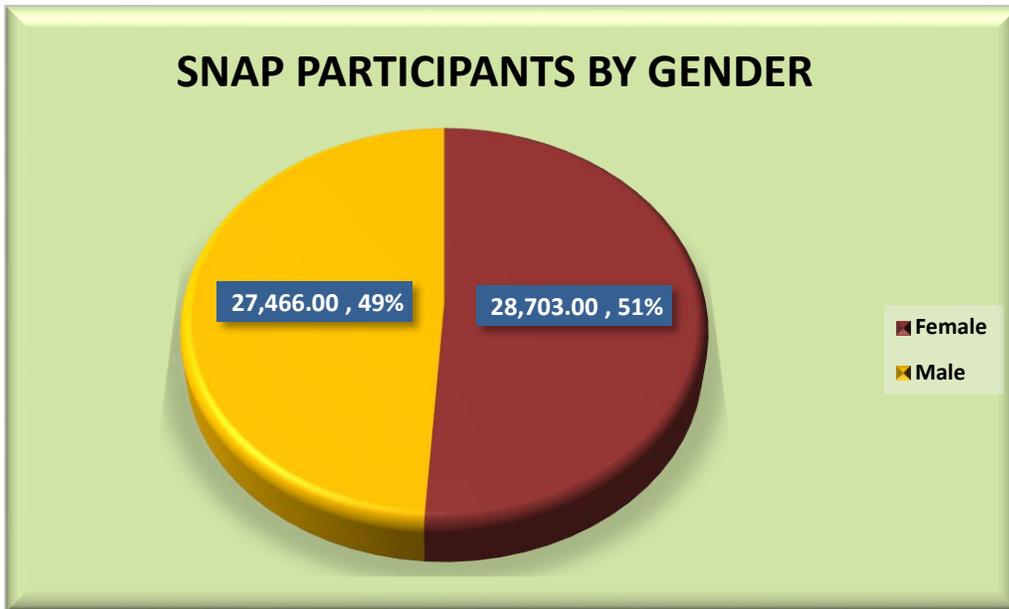


ETHNICITY	FY2014	FY2015	PERCENTAGE DIFFERENCE
CHAMORRO	4,236	3,965	-6.40%
FAS CITIZENS	2,223	2,040	-8.23%
FILIPINO	810	670	-17.28%
OTHER	712	450	-36.80%
TOTAL	7,981	7,125	-10.73%

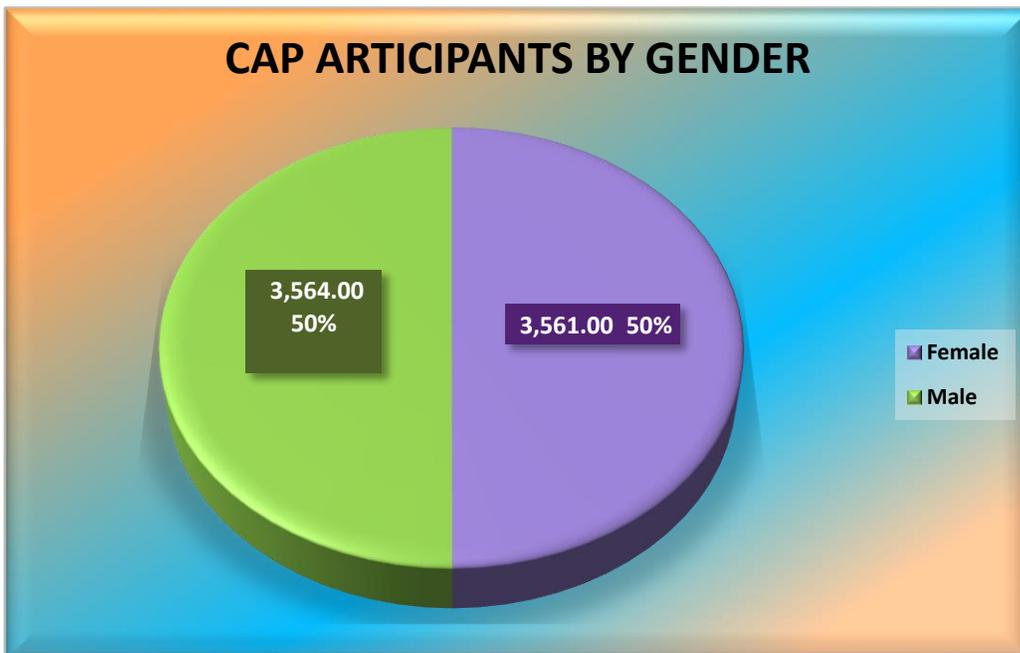


Based on the charts above and below the highest group of age under the SNAP and CAP (by group of 10) is age range 0-10 years.





The above chart illustrates that there are more female participants under the SNAP than male participants, and the chart below indicates an almost equal number of male and female participants under CAP for FY 2015.



Highlights for Fiscal Year 2015

1. Approval for SNAP Ed grant to educate SNAP recipients to live healthy by purchasing more fruits and vegetables and do some physical activity. The activities for the SNAP-Ed were sub-granted to the University of Guam. The total grant amount is **\$79,770.00**.
2. Approval of the Waiver to deny an application for failure to turn in requested documents after 10 days from the date of request. This waiver aimed to streamline the eligibility processes, better assist the clients, and reduce invalid citation for cases processed over 30 days from the date of application.
3. Opening of the Southern BES Office
Effective February 1, 2015, the Southern BES office was opened for normal operations to assist clients in the southern part of the island.
4. Effective April 2015, the IEVS on-line verification went into production.
After 7 years (since 2008), the Income Eligibility Verification System (IEVS) went into production as of April 24, 2015. SVES, BEER, BENDEX, 40 Qualifying Quarters and Prisoner Match Information can now be verified and match with the Social Security Administration files. This process was a big challenge because of the Security Design Plan requirements of SSA.
5. The OnBase Document Imaging was implemented in May 2015.
As in the past, the bureau has been cited by the Quality Control for no documents or documentation in the casefile to substantiate negative action. The bureau hopes that with the implementation of OnBase Document Imaging there will be better accountability of files.
6. The “google form or the self-check in” system was implemented in July 2015.
In July 2015, a computer was set up at the reception area where clients who come to the bureau via the front desk area can self-check in (google forms) indicating their name, contact number, and the purpose of their visit. This was implemented to reduce the line and be able to extract data of clients’ purpose for visit to determine how to improve program operation.
7. SNAP-Guam Request to waive Able-Bodied Adults without Dependents (ABAWD) Time Limit-Extension-Approval
The bureau requested to extend the waiver on the Able-Bodied without Dependents (ABAWD) time limits (the waiver had expired on September 30, 2015) was approved on September 18, 2015. The new ABAWD waiver is for two years beginning on October 1, 2015 and will end on September 30, 2017. This waiver exempt ABAWD clients from complying with the SNAP work participation requirement provisions (20 hours or more per week). Thus, allowing ABAWD clients to receive SNAP benefits beyond the three month period without participating in any work component.
8. Appeal - Quality Control Payment Rate Error Determination
In fiscal years 2012 and 2013, FNS has determined that Guam’s error rate of 7.33% and 6.65%, respectively has exceeded the 105% national performance measure. They impose a liability amount of \$151,030 in FY 2012 and \$76,895 in FY 2013. We did not contest their determination nor disputed the associated liability.

On June 26, 2015, the bureau was again notified that the payment error rate of 7.08% in fiscal year 2014 had exceeded the National Average Payment Error Rate, thus FNS impose a penalty of \$117,060. The FY 2014’s determination and the corresponding liability imposed on Guam are

being placed under “appeal” with the U. S. Department of Agriculture Administrative Law Judges.

9. TANF State Plan was updated, submitted on-line and was accepted by ACF. ACF in the letter dated August 18, 2015 informed Guam that as of October 1, 2014, Guam continues to qualify, per section 402 of the Social Security Act, as an “eligible State” under the TANF program.
10. FNS approved Guam’s D-SNAP Plan for FY2016.
11. Public Law 33-87 to allow Guam to enter into a joinder contract with the Western States EBT Alliance was passed by the Legislature and approved by the Governor of Guam on November 9, 2015.

The Bureau’s goals and plans are:

1. Improve timely processing of application for public assistance programs.
 - Monitor workers to ensure all applications are completely processed
 - Monitor and assess front desk operational needs to ensure clients are seen and interviewed timely
 - Reduce the backlog on change report by assigning workload to other BES staff.
 - Continue to assess the feasibility of Business Process Re-engineering (BPR) implementation.
 - Continue collaboration with GHURA and the AG’s Office regarding on-line access of data.
 - Analyze eligibility processing to determine the need of operation in order to efficiently accomplish the program requirements
2. To reduce the program error rate.
 - Continue to seek policy clarification with FNS and inform staff of the policies
 - Comprehensive monitoring of the implementation of program policies and procedures/SOPs.
 - Contract professional services to analyze and review the causes of high error rate.
 - Continue stressing the importance of ES Supervisors’ review of completed cases and monitoring its completion. Review should be focused on ES who is consistently cited by the Quality Control Section.
 - Conduct 100% review of the negative cases to avoid citation of invalid findings.
 - Continue month-end trainings to discuss error rates, trends, causes and nature of error and corrective actions to avoid repeat of the errors.
3. To improve staff attendance.
 - Implement staff progressive discipline and emphasize the importance of team work
 - Reward dedicated staff through performance evaluation
4. To improve customer service.
 - Provide staff with customer service training
 - Analyze common complaints and reasons on clients encounter and streamline clients encounter processes by creating a standard operating procedure on how to handle program complaints or questions.
 - Create or outsource a Call Center for program inquiries or complaints
5. To improve local and federal information matching capability in order to capture unreported income and other resources.
 - Request from SSA to include income information on IEVS
 - Implementation of the National Directory for New Hires (NDNH).
6. Expand the usage of the Electronic Benefit Transfer (EBT) cards in Farmers Market

- Collaborate with the grantee on Guam (a recipient of the Farmer’s Market Grant) to allow the use of the EBT by SNAP recipients in the Farmer’s Market/Coop
- Prepare and submit another application for Farmer’s Market Grant

BUREAU OF HEALTH CARE FINANCING ADMINISTRATION

The Bureau of Health Care Financing Administration administers the following medical assistance program:

- I. Medicaid Assistance Program (MAP), Title XIX of the Social Security Act –Initially the federal medical assistance percentage (FMAP) was 50% for both administration and payments. Effective, July 1, 2011, Medicaid FMAP is 55% as a result of Affordable Care Act (ACA). The program provides medical care for persons receiving welfare benefits and low income individuals and families who meet the Medically Categorically Needy Expansion and New Adults Group income and resource guideline. The cost of the program is shared equally by the Federal and Local Government.

- II. State Children’s Health Insurance Program (SCHIP), Title XXI - SCHIP later known as Children’s Health Insurance Program was established by the federal government to provide health insurance to children in families at or below 200 percent of the federal poverty line. Guam, along with the other territories, has opted to implement CHIP as an expansion to Medicaid because the initial federal allotment was inadequate to implement a stand-alone State Children’s Health Insurance Program.

- III. Medicare Modernization Act (MMA), Enhanced Allotment Plan – The Medicare Prescription Drug Improvement and Modernization Act of 2003, also known as the Medicare Modernization Act (MMA) established the Medicare Prescription Drug Program (Medicare Part D), making prescription drug coverage available to individuals entitled to Medicare Benefits under Part A or B beginning January 1, 2006. The Guam EAP grant was approved and awarded by CMS in Fiscal Year 2006 to DPHSS Guam Medicaid Program to pay for Medicare covered medications of Medicaid clients with Medicare insurance. The grant allows the use of funding for administration of the program up to 10% of the total grant award.

- IV. Medically Indigent Program (MIP), P.L. 27-30 - 100% locally funded program established by P.L. 17-83 in October 1983 to provide financial assistance with health care costs to individuals who meet the necessary income, resource and residency requirements. Public Law 18-31 authorizes the Department of Public Health and Social Services, Division of Public Welfare (DPW), Bureau of Health Care Financing (BHCF) to administer the MIP. This law was revised by P.L. 27-30, which was signed into law September 30, 2003.

The Medicaid Program offers mandated services and a number of optional services such as dental, optical, pharmacy, off-island medical services, including roundtrip airfare for patients referred for off-island medical treatment. Over the past years, Guam was able to receive increases in its federal grant funds brought about by a formula using the Medical Consumer Price Index for the Urban (MCPIU) poor. Additionally, Guam received funding of \$268 million beginning July 1, 2010 which can be utilized if needed and the local match is available. This funding is brought about by the Patient Protection Affordable Care Act (PPACA) of 2010.

The bureau amended the Medicaid State Plan based on PPACA to include childless adults. This was approved by Centers of Medicare and Medicaid Services (CMS) and became effective on January 1, 2012. This group of clients is categorized as *New Eligibility Group (ACA)* which totals 4,020 in FY 2014.

The bureau continues to maintain the CHIP and EAP which are expansions to the Medicaid Program. As such, CHIP funding is available to Regular Medicaid children and EAP is available to Medicaid and Medicare dual eligibles for payment of prescription drugs.

Furthermore, the bureau continues to implement and administer the MIP Program which is a 100% locally funded program despite the lack of administrative funding. The MIP Program provides inpatient and outpatient Hospital, Clinic, Laboratory, Equipment and Supplies, Prescribed Medications and other medical assistance as specified under the MIP P.L. 27-30 to low income individuals and families who are not eligible under Medicaid.

The bureau requires the full complement of thirty-one (32) budgeted full time positions or FTE's for the aforementioned programs to effectively implement benefits coordination, utilization review/quality control and claims processing, prior authorization, fiscal management and federal reporting. In Fiscal Year 2014, only twenty (22) out of thirty-two (32) positions were filled. In Fiscal year 2015, the bureau was able to additional employees. Currently, the bureau have 28 FTE which gave them 88% available manpower to implement the required program functions and mandates. As a result of additional staffing, the bureau is able to catch up with the review and processing of claims within 45 days processing time. Also, the Bureau continuously maintains its zero federal program single audit findings.

Provided below are tables of total Medicaid caseloads and the number of eligibles to whom we provide with full array of medical, social, and related health care services from FY 2011 to FY 2015.

Program	Number of Caseload				
	FY2011	FY 2012	FY 2013	FY2014	FY 2015
Medicaid Program (MAP)	35,702	40,433	43,969	44,528	44,033
Medically Indigent Program (MIP),	14,876	14,375	12,800	12,471	12,033
Total	50,578	54,808	56,769	56,999	56,066

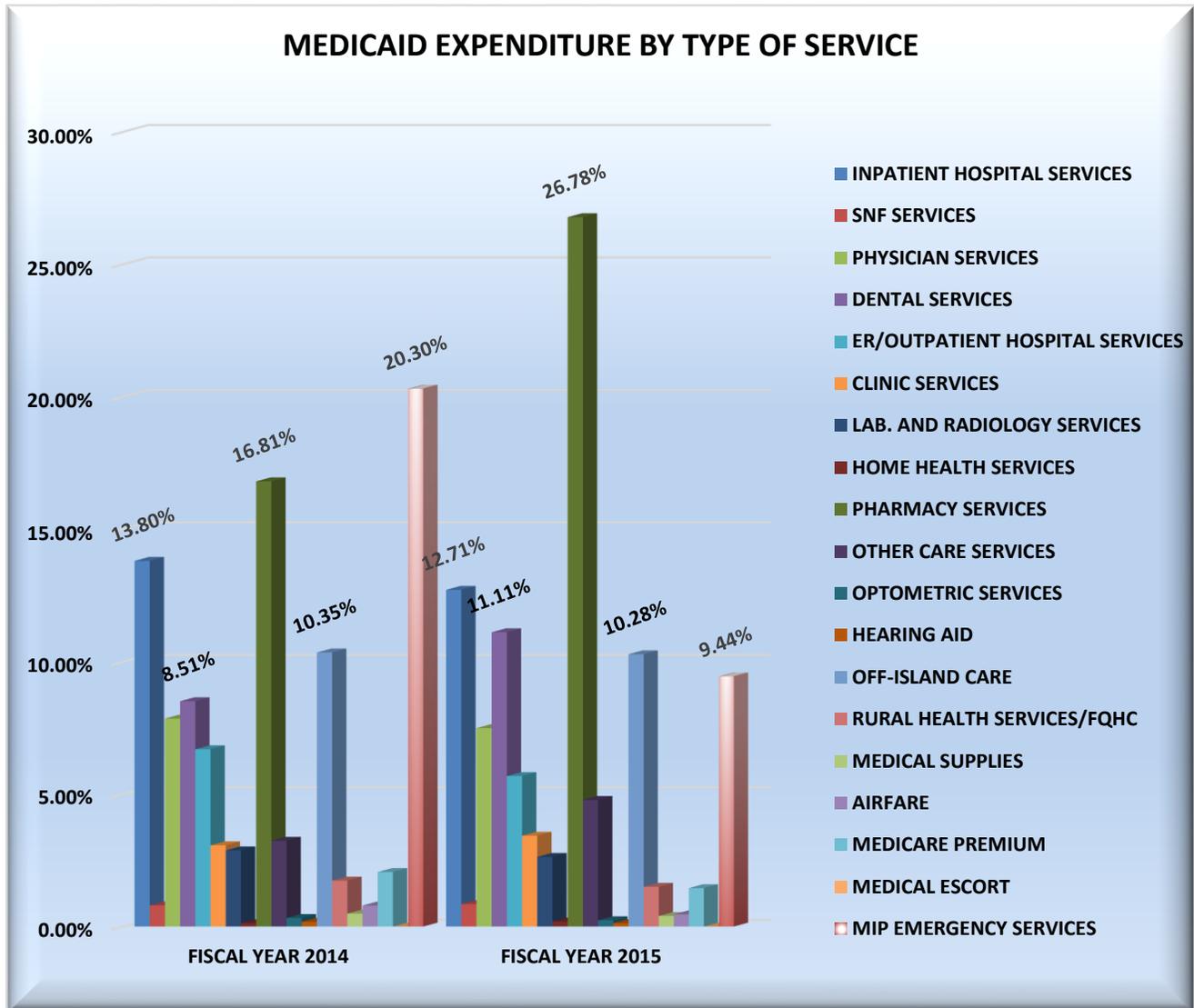
FIVE YEAR EXPENDITURE BY PROGRAM

Program	Expenditures				
	FY2011	FY 2012	FY 2013	FY2014	FY 2015
Medicaid Program (MAP)	\$26,315,501	\$24,565,396	\$24,872,727	\$25,143,635	\$25,506,993
Enhanced Allotment Plan (EAP)	\$ 797,859	\$ 1,402,143	\$1,405,630	\$1,335,320	\$1,375,872
Children's Health Insurance Plan (CHIP)	\$ 6,427,134	\$ 6,364,832	\$ 6,354,278	\$7,030,791	\$8,427,445
ARRA/ACA Medicaid Program	\$ 3,535,785	\$14,545,012	\$33,636,330	\$46,842,871	\$46,286,117
Medically Indigent Program (MIP),	\$15,628,000	\$12,100,755	\$ 9,471,696	\$9,486,159	\$10,651,693
MIPPR Cancer	\$ -	\$ 604,285	\$ 589,817	\$283,270	\$420,021
Total	\$52,704,279	\$59,582,423	\$76,330,478	\$92,122,047	\$92,668,141

The above expenditure is based on the local appropriation. It does not reflect the actual provider claims for the year. The federal funding drawdown is dependent on the available of local match. Any unpaid services incurred during the prior year is carried over to the next fiscal year.

Program	Number of Eligibles				
	FY2011	FY 2012	FY 2013	FY2014	FY 2015
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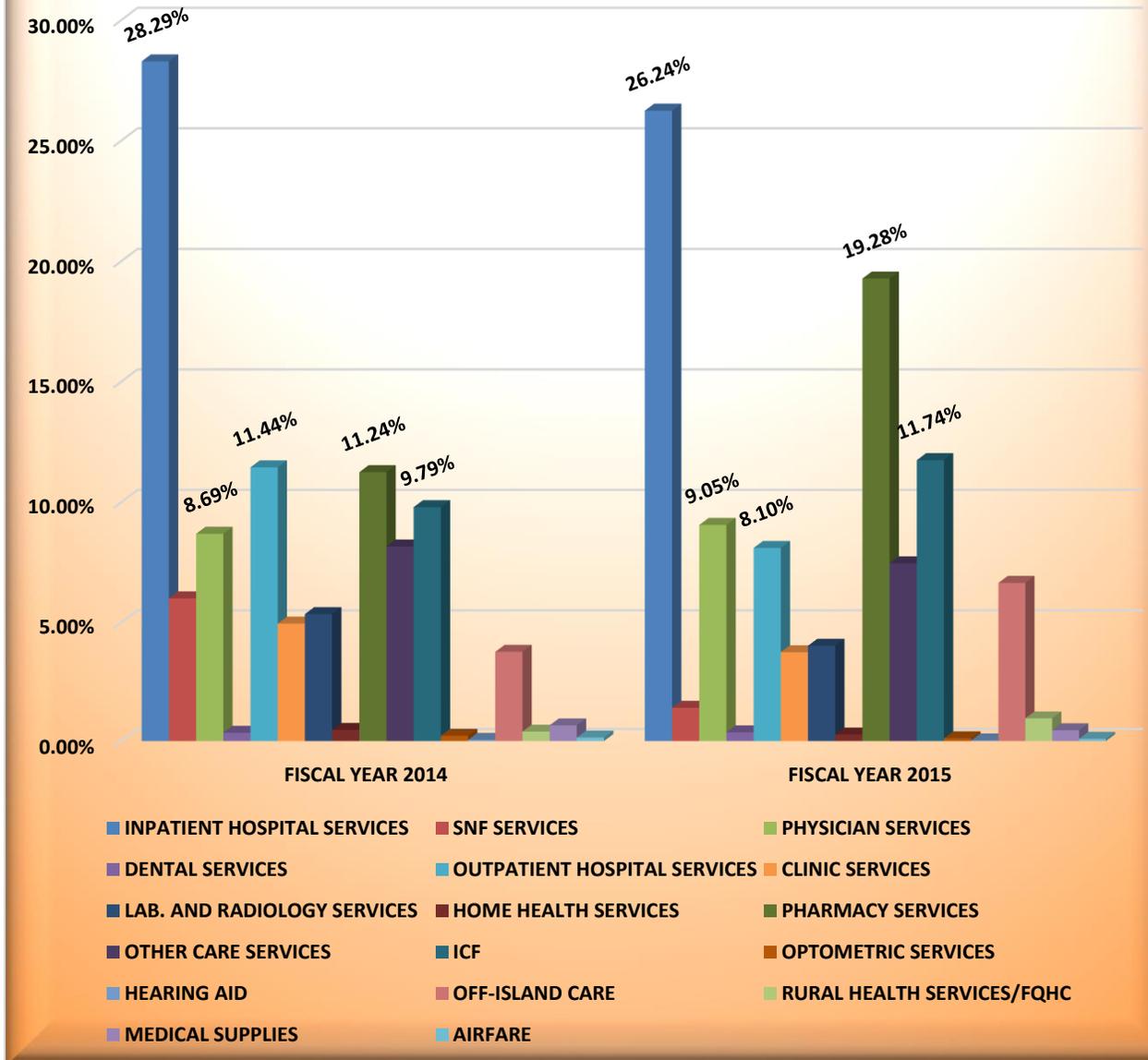
The number of Medicaid and MIP eligibles decreased by 1.11% and 3.51%, respectively in fiscal year 2015 as compared to fiscal year 2014. This decrease in number of eligibles can be attributed to the increase in Guam Minimum Wage and the decrease in unemployment rate. Provided below is the ranking of Medicaid and MIP expenditures in percentage by type of services. The data below is based on the provider submission of claims. The Medicaid and MIP has one year billing limitation within which the program can process claims and reimburse providers for services rendered to program recipients.



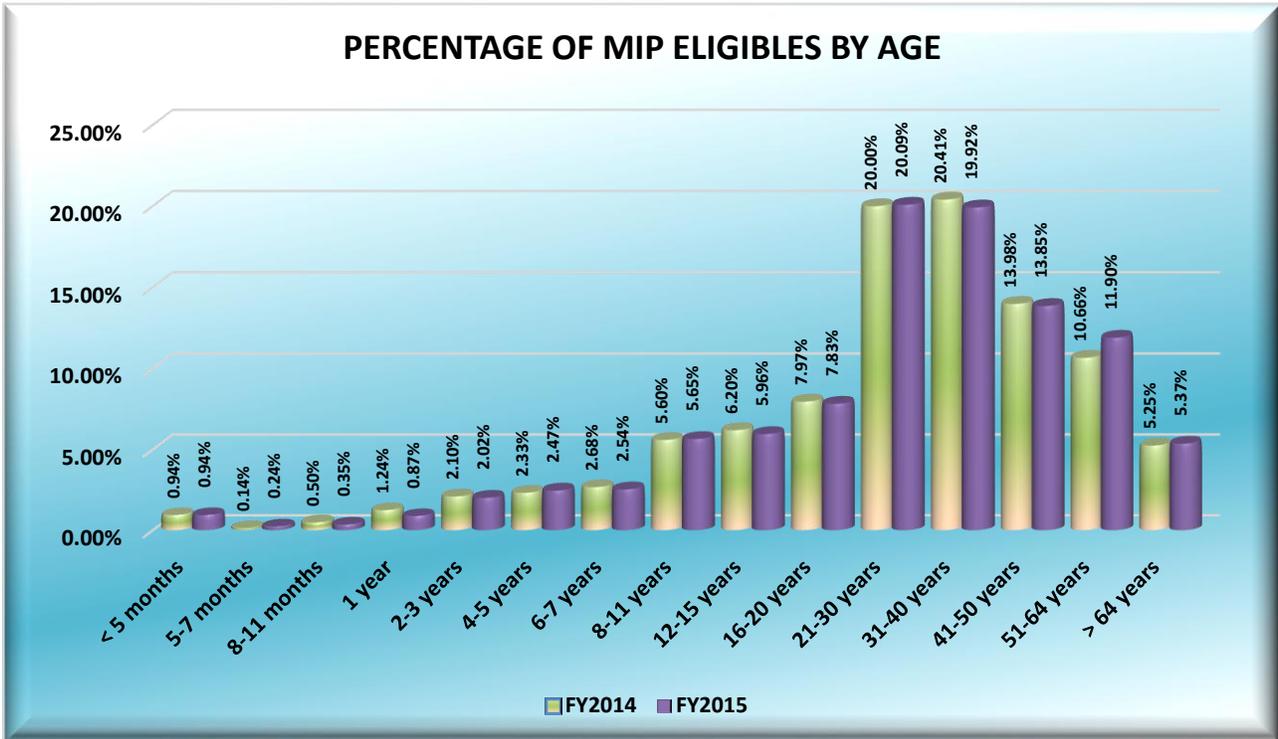
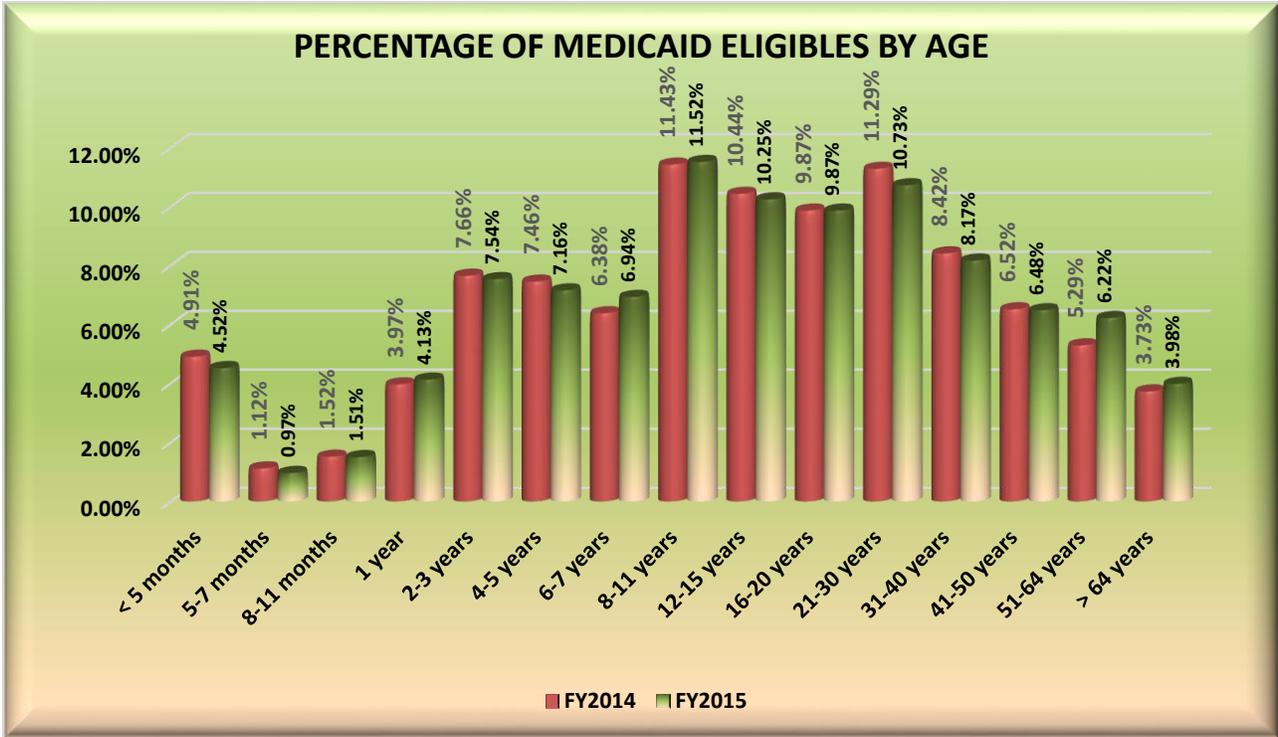
Based on the above graph, pharmacy services (26.78%) for fiscal year 2015 rank the highest cost among the type of services rendered to clients. This is due to the increasing prices of drugs for the treatment of disease such as cancer, HIV, hepatitis C, and hemophilia. An example of this drug is sofosbuvir which cost \$113,400 for a standard 12-week course of treatment for hepatitis C. That breaks down to \$1,350 per pill based on acquisition cost, taken daily.

Next to pharmacy services in ranking is the inpatient services (12.71%), followed by dental services (11.11%) and ER/outpatient service (10.28%).

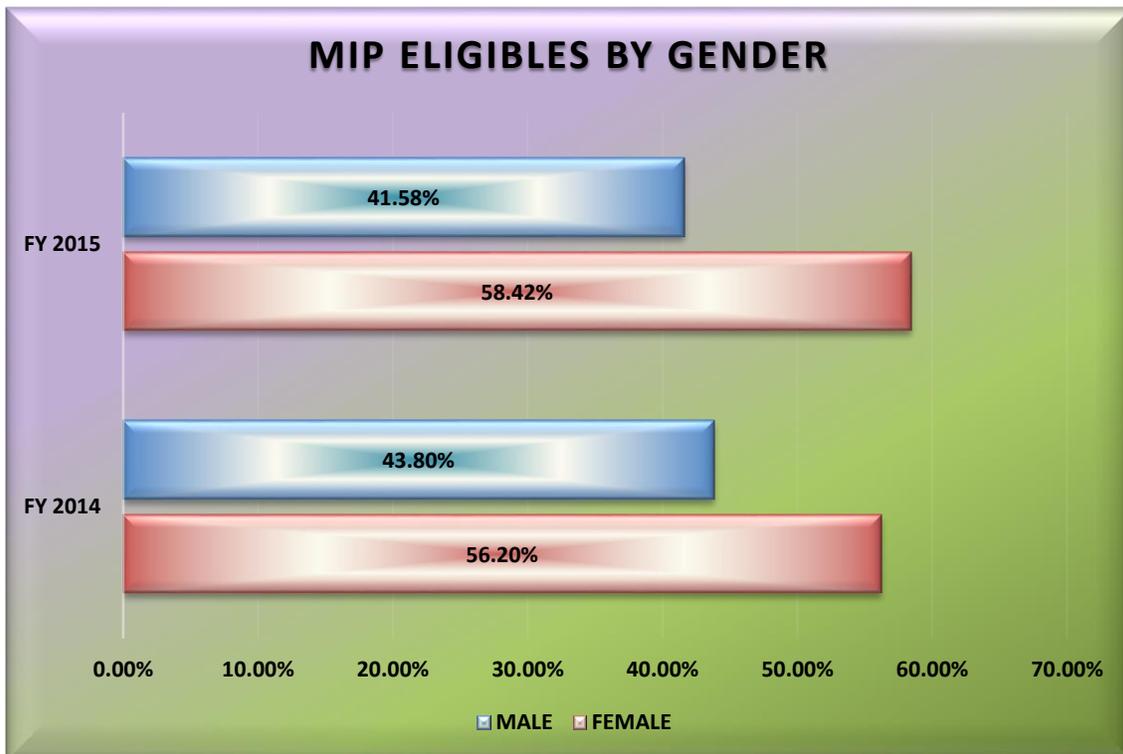
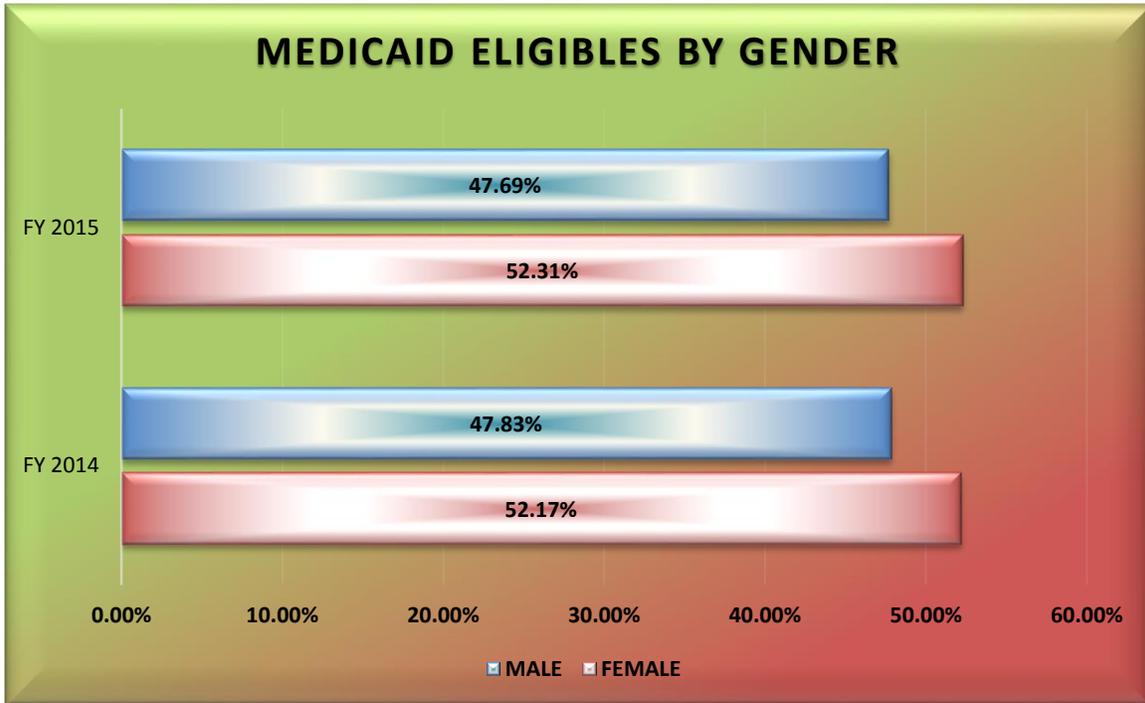
MEDICALLY INDIGENT PROGRAM EXPENDITURE BY TYPE OF SERVICE



The graph above showed that inpatient services (26.24%) is the highest cost of medical service for clients under MIP for FY 2015. However, some of the inpatient services are now being charged as an allowable cost under Medicaid Program, categorized as MIP Emergency services for undocumented aliens. This is followed by pharmacy services (19.28%), ICF level of care (11.74%), and physician services (9.05%).

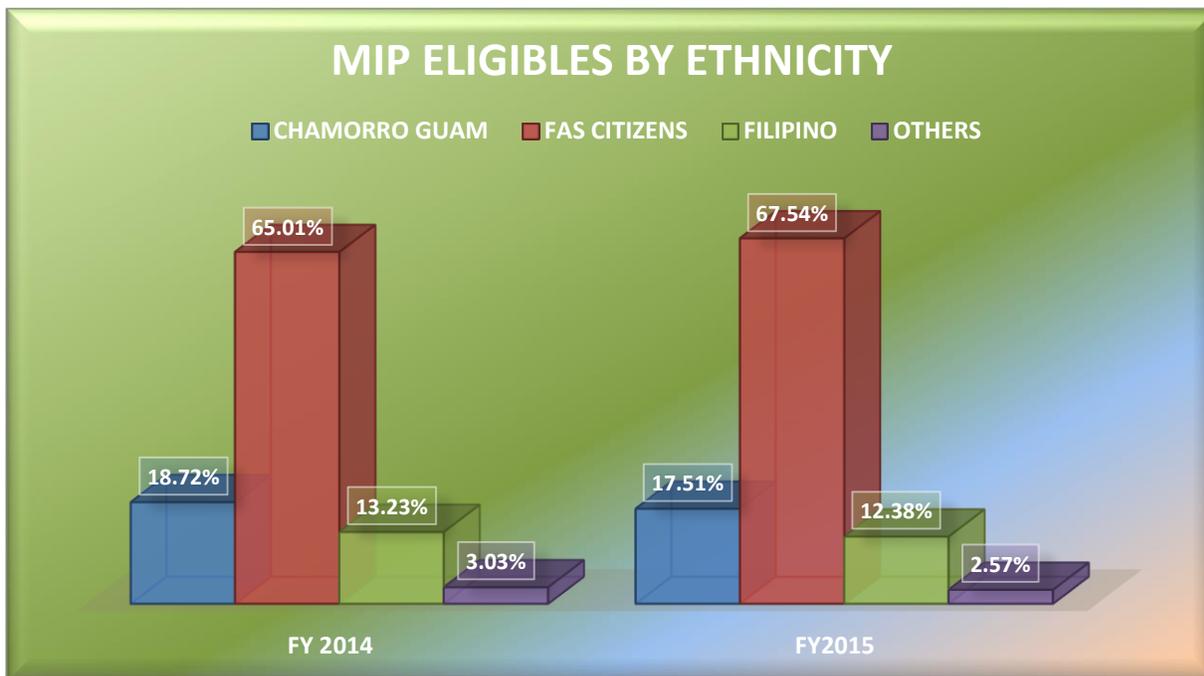
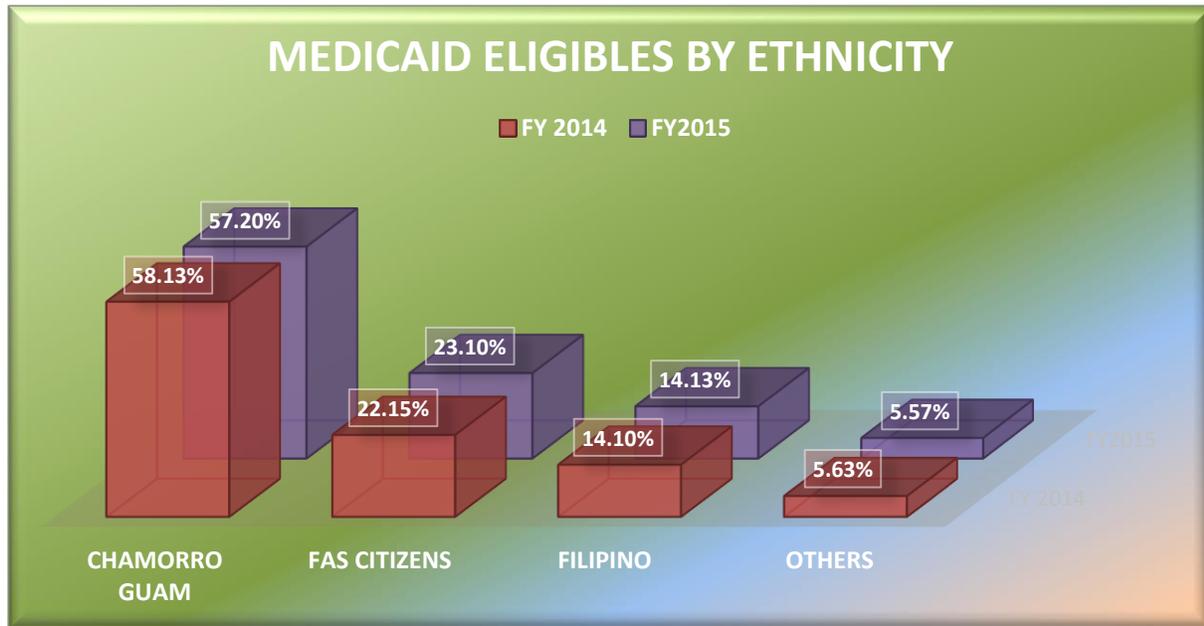


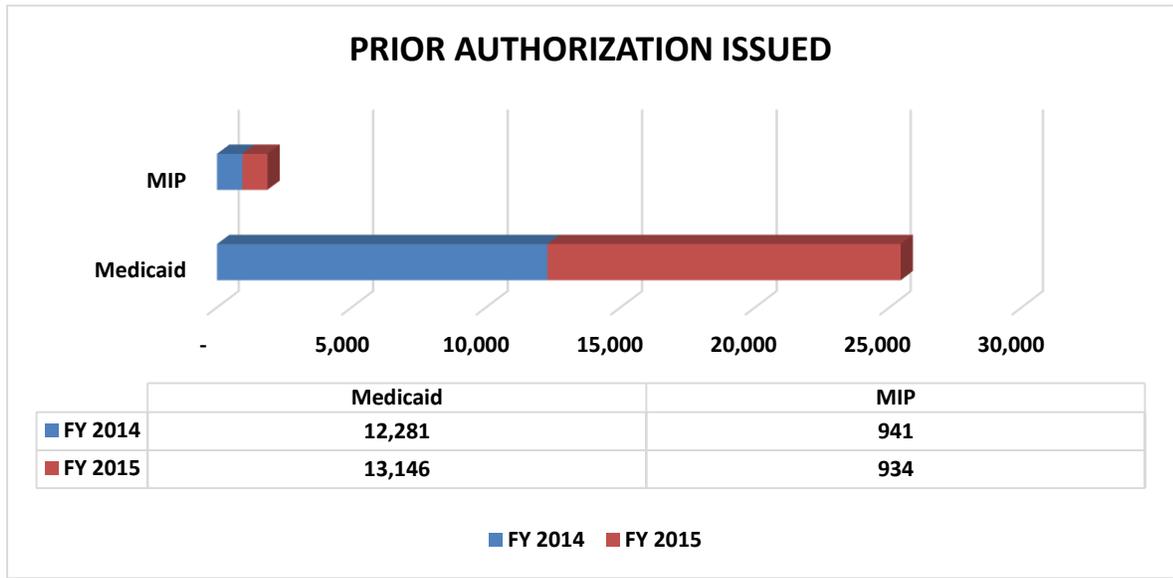
The age percentages of MIP Clients above age 21 are higher in comparison to Medicaid Program because more than 50% of clients under MIP are FAS citizens who are not qualified under Medicaid.



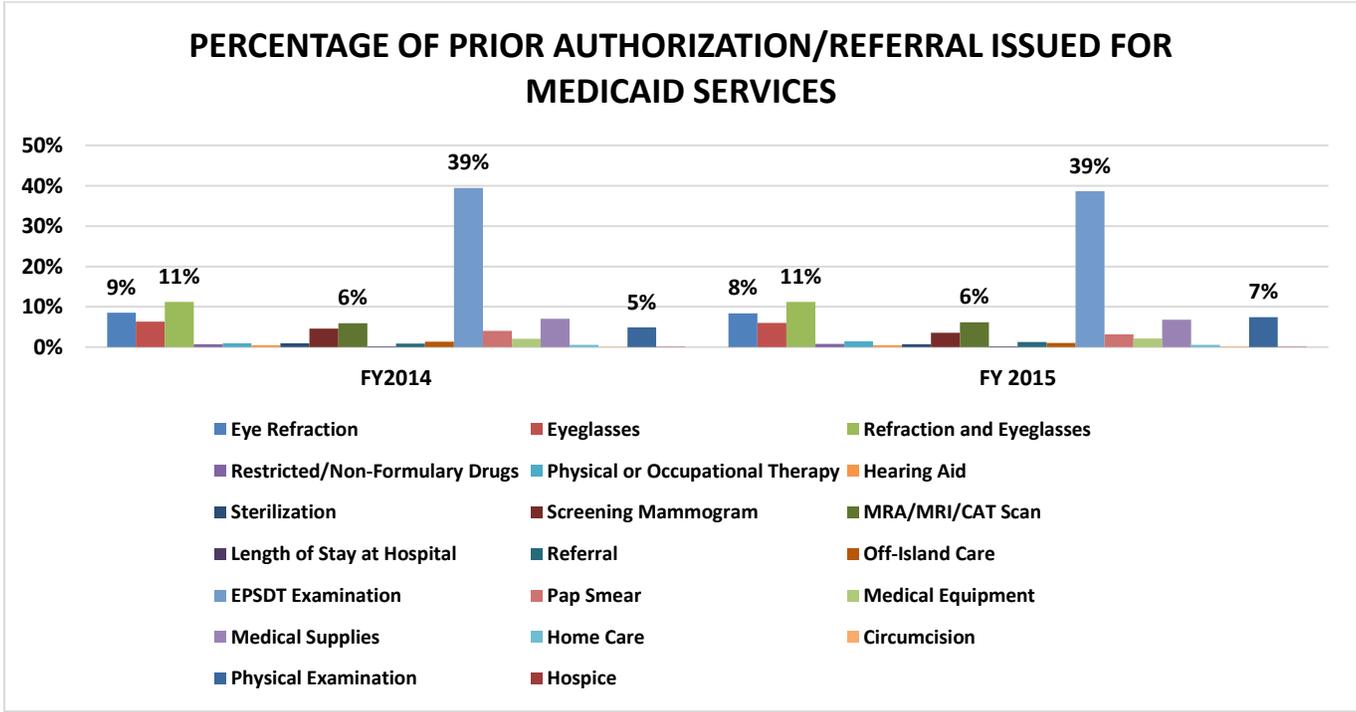
The above graphs showed that under both Medicaid and MIP the number of female eligibles are higher than male eligibles.

The graph below showed that the highest ethnic group of eligibles under the Medicaid Program is Chamorro which constitutes an average of 58 % of the total Medicaid population, followed by FAS Citizens. Whereas under MIP, the FAS Citizens rank number one (1) as the highest percentage of eligibles followed by Chamorro. The combined total Medicaid and MIP eligibles is 28% of the total population in Guam based on FY 2010 Census.



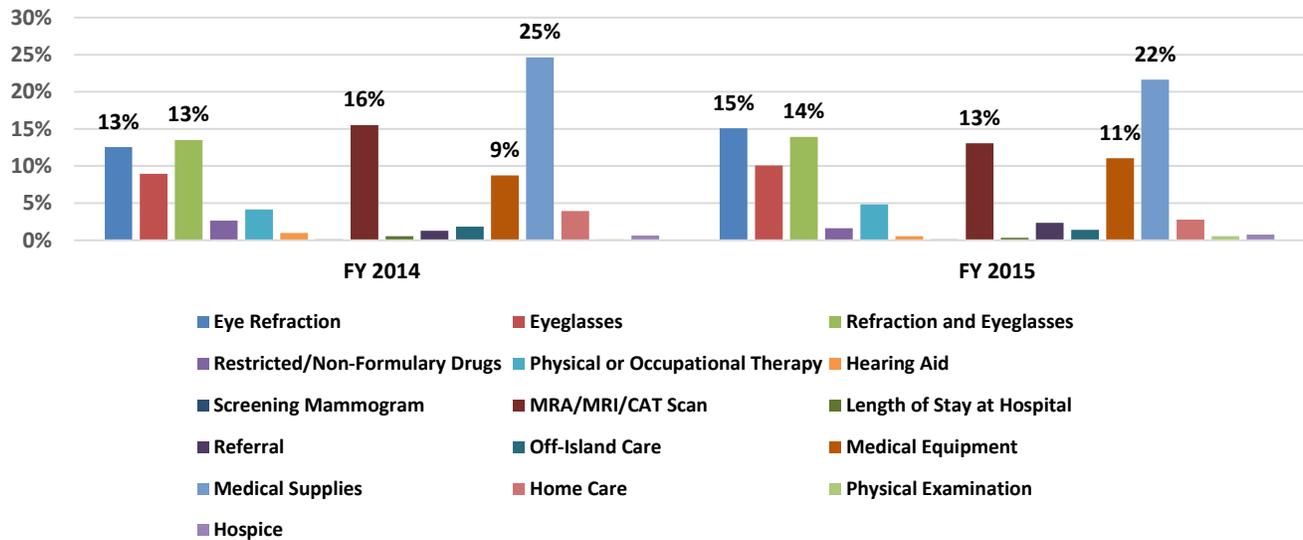


The Medicaid total number of prior authorization issued in FY 2015 had increased by 7% in comparison with FY 2014. Whereas MIP FY 2015 prior authorization issued had decreased by 0.74% in comparison with FY 2014.



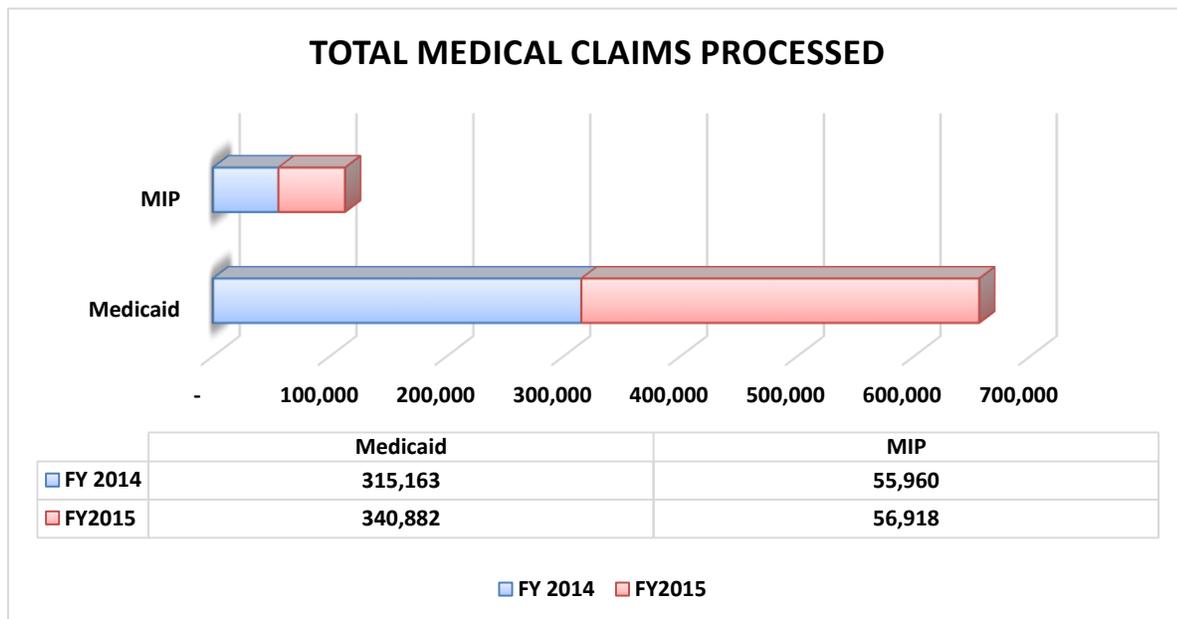
In both fiscal years, the highest percentage of Medicaid prior authorization/referral issued was for EPSDT Examination, which is the physical examination for children. This can be attributed to the annual physical examination school requirement for children.

PERCENTAGE OF PRIOR AUTHORIZATION/REFERRAL ISSUED FOR MIP SERVICES



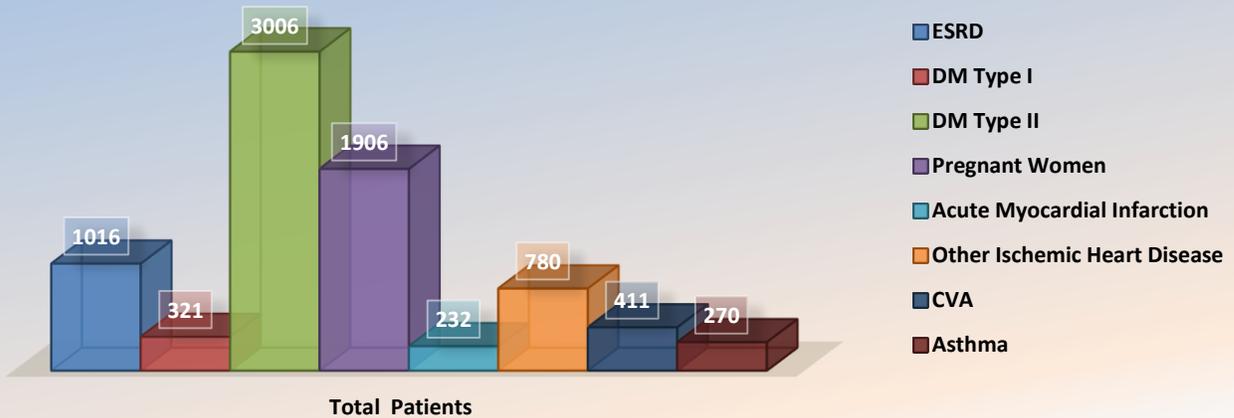
For MIP services, the highest percentage of prior authorization issued/requested for both fiscal years was medical supply, the most common of which was diabetic supply like lancet or strips. This was followed by non-invasive diagnostic procedures (MRA/MRI/CAT Scan), and eye refraction and eyeglasses.

TOTAL MEDICAL CLAIMS PROCESSED

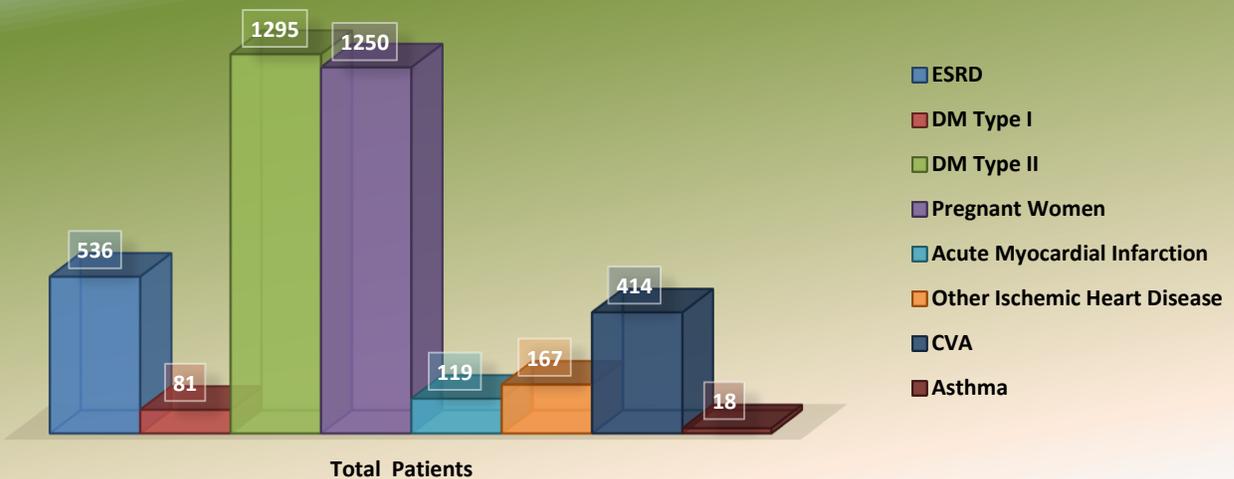


The total number of Medicaid and MIP claims processed in FY 2015 is 8.16% and 1.71% higher in comparison with FY 2014, respectively. This could be attributed to the additional staff that the bureau hired in FY 2015. As a result of additional staff, the bureau was able to alleviate the backlog on claims processing.

NUMBER OF MEDICAID PATIENTS BY MEDICAL CONDITIONS



NUMBER OF MIP PATIENTS BY MEDICAL CONDITIONS



The medical condition data is based on claims submitted and processed for FY 2015. Based on the total number of Medicaid eligibles (44,033), patients with diabetes mellitus Type II was 6.83% of the total population of Medicaid and the total number of women who underwent prenatal care was 4.33%. Whereas under MIP (data below), the total number of patients with diabetes mellitus Type II and women who underwent prenatal care were 10.76% and 10.39% of the total MIP eligibles (12,033), respectively. Based on the statistics provided, there are more diabetic patients under MIP than Medicaid Program. This may be attributed to the higher income eligibility requirements of MIP for clients afflicted with diabetes. Women of childbearing age are also higher under MIP. This may be due to the influx of FAS citizens who are not qualified under Medicaid.

MEDICAID Expenditures on Patients with Diabetes Mellitus for FY 2015

Gender	Type	Recipients	Expenditures
FEMALE	I	17	\$ 74,219.24
	II	1,742	\$ 3,122,615.31
Total		1,918	\$ 3,196,834.55
MALE	I	145	\$ 132,610.19
	II	1,264	\$ 3,269,486.84
Total		1,409	\$ 3,402,097.03
Grand Total		3,327	\$ 6,598,931.58

Based on FY 2015 Medicaid population by **gender**, the total female and male diabetic patients were 8.3% and 6.7 %, respectively. Whereas on MIP, the total female and male diabetic patients were 12.36% and 10.25%, respectively.

MIP Expenditures on Patients with Diabetes Mellitus for FY 2015

Gender	Type	Recipients	Expenditures
FEMALE	I	5	\$ 36,464.90
	II	816	\$ 2,567,511.27
Total		869	\$ 2,603,946.24
MALE	I	34	\$ 7,859.27
	II	479	\$ 1,466,045.92
Total		513	\$ 1,473,905.19
Grand Total		1,382	\$ 4,077,851.43

Other Bureau Accomplishments/Highlights:

1. Federal program single audit findings on overall program operation (Claims and Program Management) is zero.
2. State Medicaid HIT IAPD for the EHR Incentive Payment Program to providers was approved by CMS for FY 2015.
3. The Bureau continue to provide online provider inquiry on client's eligibility information.
4. BHCFA staff continues to participate in several organization/council meetings.

The Bureau's goals and plans for FY 2016 are the following:

1. Ensure that Medicaid and MIP program new mandates are implemented timely.
 - Policies and procedures are prepared in accordance with new mandates
 - Conduct staff training timely

2. Develop a comprehensive plan to ensure the integrity of the Medicaid Program by combating fraud, waste and abuse.
 - Establish revalidation of Provider Agreement process in order to comply with the Medicaid Integrity Program.
 - Improve Medicaid data program and expand its use in safeguarding program integrity.
 - Improve the analysis of Medicaid data program to identify potential fraud, waste and abuse.
 - Increase state and Medicaid agency access to Medicare program integrity data
 - Expand training of state staff through the Medicaid Integrity Institute
 - Improve program utilization review processes

3. Ensure that Medicaid data reported to CMS is completed and submitted with accuracy, consistency and quality.
 - Enhance reconciliation process to ensure accurate submission of report

4. Comprehensive provider outreach on E-prescribing.
 - Inform providers of e-prescribing benefits

5. Continue to seek and implement methods of cost containment to the Medicaid Program.
 - Improve the utilization review process by doing more provider onsite visits to detect fraud, waste and abuse.
 - Enhance system editing to ensure accurate provider payment
 - Provide more training to staff on claims review and processing

6. Continue to conduct outreach to the Medicaid Provider on EHR Incentive Program.
 - Continue to promote adoption of certified EHR technology and MU criteria throughout the Medicaid Community.
 - Update Provider(s) of any changes on EHR MU Stage 1, 2 & 3.
 - Engage with major Stakeholders (Public Health/Governor's Office/Bureau of Information Technology, etc...) by assisting in the development of the Health Information Exchange services to providers.
 - Seek enhanced funding to support the Public Health reporting initiatives that are identified in the HIE Strategic and Operational Plan.
 - Continue to Implement the Medicaid Program EHR Provider Incentives Payments effectively.

7. Continue to provide a favorable BHCFA working environment.
 - Ensure all recruitment requests are approved and vacant positions are filled within Fiscal Year 2016.
 - Hold monthly Bureau meeting with staff(s) to discuss current issues/events as it relates to the program and or update staff(s) of any on-going trainings, etc., as well as to give staff(s) an opportunities to express their concerns as it relates to their working environment.
 - Review and restructure the Bureau's organization to streamline the processing of services in order to improve services delivery in an effective, sustainable and efficient way while reducing overall costs.

8. Ensure that quality health care is available and accessible for Medicaid recipients seeking health

care for either on-island or off-island services.

- Review and process claims timely
- Coordinated with BBMR and DOA on timely release of funding and payment to vendors.

BUREAU OF SOCIAL SERVICES ADMINISTRATION

The BOSSA administers various child welfare programs designed to protect children and strengthen families. Services provided are funded and regulated primarily by the federal government and applicable local laws.

The Bureau of Social Services Administration (BOSSA) is responsible for providing child and family welfare services. In accordance with Title 10 GCA, Division 1 Chapter 17, and Division 4 Chapter 88, the DPHSS shall provide services to the homeless population on Guam, and provide child protection services for Guam's vulnerable children and their families.

To meet the requirements contained in Title 10 GCA, the DPHSS receives 100% local appropriations through the General Fund to support the Foster Care Program account, and 100% federal funds through the Title XX, Consolidated Block Grants Program which is also known as the Social Services Block Grant (SSBG) Program. These program accounts are administered by BOSSA. BOSSA's mission is "to protect children and strengthen their families." In line with its mission, BOSSA provides child protective services, case management, foster care, family preservation and support services, adoption home studies, child custody home studies, child care licensing and monitoring, and family foster home licensing services. These services are provided primarily by Social Workers and Homemakers. BOSSA collaborates, networks, makes referrals to non-profit organizations, and conducts joint efforts with other agencies and the military to accomplish its mission. BOSSA also administers contracted services that are funded through the Foster Care Program account.

The Foster Care Program account funds 2 shelter programs administered by Catholic Social Services, a private, non-profit organization. Alee I and II shelters provide 24-hour emergency shelter and support services for women and children who are victims of family violence, and children who are victims of abuse and neglect. Women and their children are allowed to stay for up to 45 days, and children victims of abuse and neglect are allowed to stay for up to 3 months. The support services provided include meals, transportation, counseling, recreation, and referrals to community services to obtain legal assistance, therapy, and stable housing. The Guma San Jose shelter provides 24-hour emergency shelter and support services for individuals and families who are homeless. In addition to providing a temporary place to stay for up to 60 days, the shelter provides meals, transportation, counseling, recreation and referral to other agencies and organizations for assistance such as getting permanent housing, seeking legal services, employment, job-readiness, and many other service. The Foster Care Program account also funds foster care maintenance payments for family foster homes, relative placements, group homes and therapeutic foster homes. The Title XX account funds the homeless expansion program that provides extended shelter stay to families with children for up to 6 months.

The Title XX (SSBG) Program funds are received annually from the U.S. Department of Health and Human Services, Administration for Children and Families. The Title XX (SSBG) Rule requires States

that receive federal funds to provide social services that meet the 5 broad goals of:
Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

BOSSA's Title XX (SSBG) funds will focus on goal 3 above. BOSSA programs and services are regulated by the federal Title XX (of the Social Security Act) Rule, and often times reference may be made to the federal Child Abuse Prevention and Treatment Act for guidance. In addition, local laws include the Guam Child Protective Act or P.L. 20-209, P.L. 31-73, an Act to Establish the Administrative Rules and Regulations Relative to Child Care Facilities and Group Child Care Homes, P.L. 24-239, the Guam Family Violence Act of 1998, P.L. 13-133, the Guam Adoption Law, P.L. 23-143, the Standards for Family Foster Homes, P.L. 26-111, the Federal Wage Determination for Government Contracted Services, and other rules and regulations.

During fiscal year 2015, BOSSA received \$2,172,073.00 for its Foster Care Program, and \$2,909,226.00 for its Title XX (SSBG) Program. In addition, a total of \$2,404,778.16 was available through Title XX (SSBG) carryover of fiscal year 2014 funds. This carry-over of funds was available for use during fiscal year 2015.

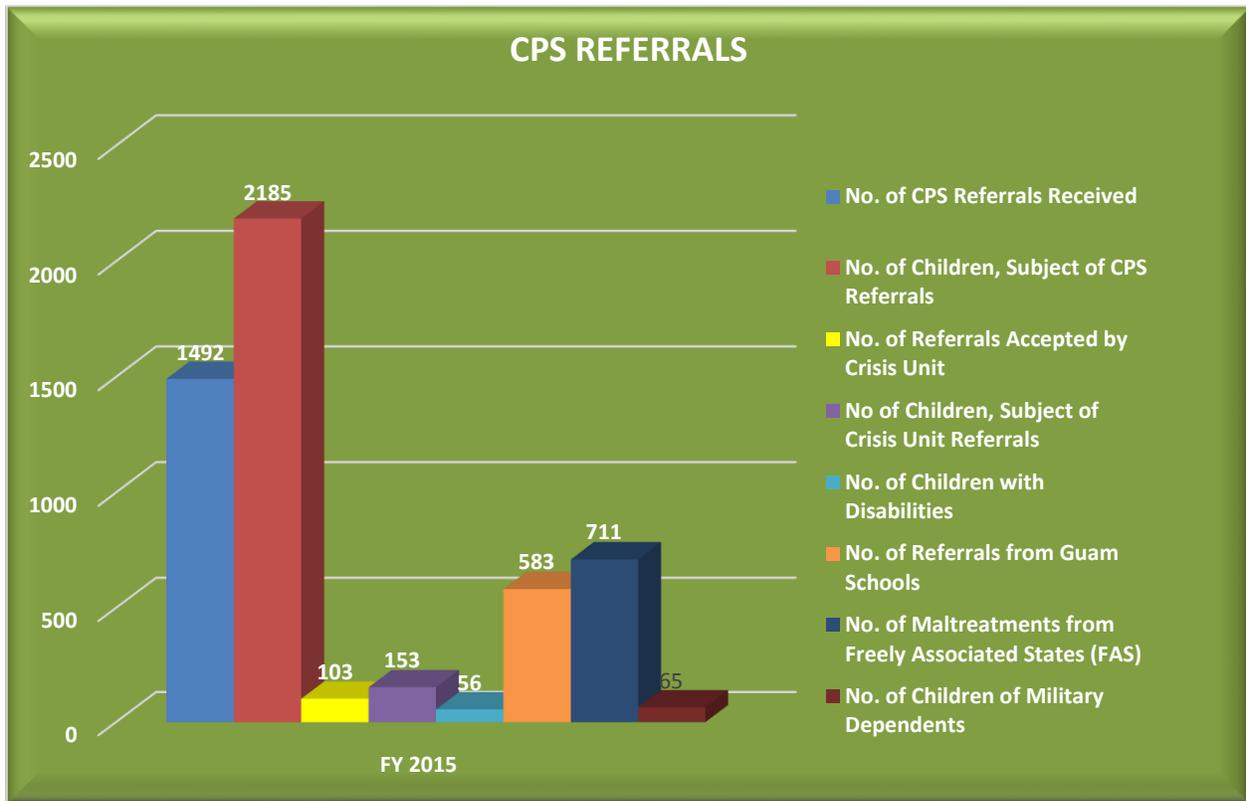
BOSSA's mission is to provide quality protective services to children and strengthen their families. The Human Services Program Administrator oversees five BOSSA sections. The five sections are Child Protective Services, Home Evaluation and Placement Services, Family Services, Program Management, and Administrative Support Sections.

- I. The **Child Protective Services (CPS) Section** is made up of the Intake Unit, the Crisis Intervention Unit, the Investigation Unit and the Case Management Unit. The workers continue to partner and collaborate with government, non-government, and non-profit organizations with their assigned cases.

The CPS section was established on the premise that all children have the right to a stable, loving and nurturing home environment. The section receives referrals of child abuse and neglect (CAN). Guam Public Law 20-209, the *Child Protective Act*, sets forth the legal requirements of the agency to investigate each report of suspected child abuse or neglect. The agency is thus mandated to advocate for the child and provide appropriate and timely intervention to prevent family breakdown and preserve family stability to the maximum extent possible.

- A. **Intake and Crisis Intervention Unit**. This Unit receives information of child maltreatment, screens reports, and makes assessments to determine if the criteria for CPS involvement are met. The Crisis Intervention Unit receives referrals requiring immediate intervention and response for the purpose of conducting risk and safety assessments that could lead to removal and placement of the minor(s).

Below are CPS Unit Program data of referrals:



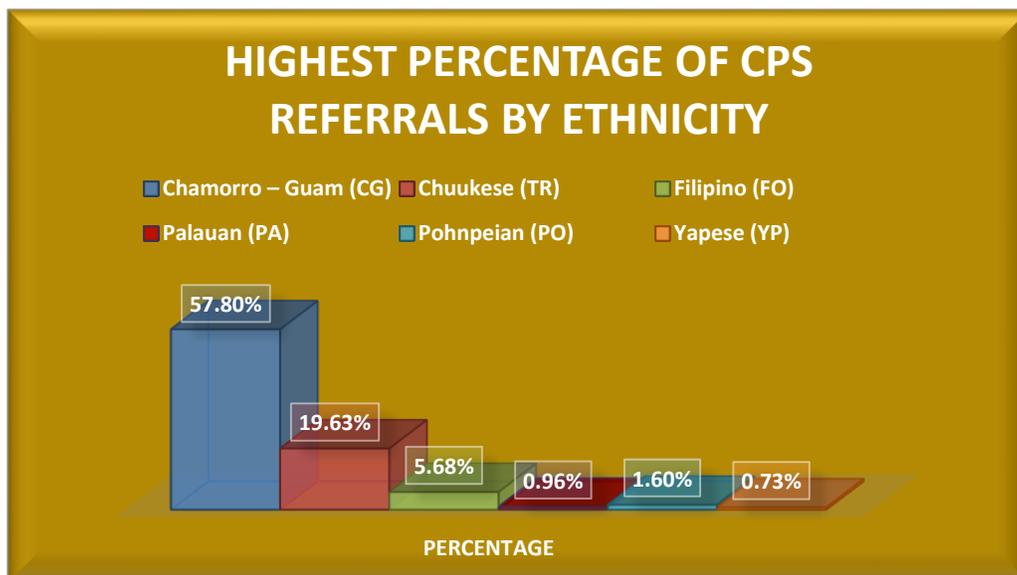
	FY 2014	FY 2015
No. of CPS Referrals Received	1548	1492
No. of Children, Subject of CPS Referrals	2321	2185
No. of Referrals Accepted by Crisis Unit	61	103
No. of Children, Subject of Crisis Unit Referrals	107	153
No. of Children with Disabilities	51	56
No. of Referrals from Guam Schools	635	583
No. of Maltreatments from Freely Associated States (FAS)	692	711
No. of Children of Military Dependents	98	65

Based on the above data the number of CPS referrals received and the number of children referred were 3.62% and 5.86% lower in fiscal year 2015 in comparison to fiscal year 2014. However, the number of children referred to Crisis Unit is 43% higher in fiscal year 2015 in comparison to fiscal year 2014.

CPS Referrals by Maltreatment Type	FY 2014	FY 2015
Physical Abuse	711	658
Sexual Abuse	302	370
Emotional Abuse	519	505
Neglect – Physical	222	649
Neglect – Medical	240	99
Neglect – Abandonment	144	20
Neglect – Educational	201	160
Neglect – Emotional	91	123
Neglect – Lack of Adult Supervision	411	74
Neglect – Deprivation of Necessities	73	0
Neglect Other		
Referrals Involving Teen Pregnancy	99	70
Referrals Involving Children At-risk Due to Drug Use by Caretakers	172	169
Referrals Involving Exposure to Family Violence	147	178
Referrals involving Homelessness	0	14
Referrals Involving Alcohol Abuse by Caretakers	107	54
Referrals Involving Teen Suicide	5	10
Other: (referrals involving run-away youths, custody, court-ordered risk assessments, expulsion of a child from home, children in need of services, lack of a guardian, etc.)	237	49
Unknown	0	8
Maltreatment Total	3681	3210

Note: A child can have multiple maltreatment

Data by Ethnicity



ETHNICITY	FY 2014	FY 2015
African American (AF)	2	10
American Indian/Alaskan Native (AA)	0	1
American Samoan (AS)	0	7
Asian Indian (AI)	0	0
Australian (AU)	0	0
Cambodian (CB)	0	0
Canadian (CN)	0	2
Caucasian (CA)	38	32
Chamorro – Guam (CG)	1368	1263
Chamorro – Rota (CR)	0	3
Chamorro – Saipan (CS)	12	17
Chamorro – Tinian (CT)	0	0
Chinese (CI)	9	2
Chuukese (TR)	431	429
Cuban (CU)	0	14
Filipino (FO)	151	124
German (GE)	0	0
Hawaiian (HN)	0	1
Hispanic (HI)	1	5
Japanese (JP)	6	4
Korean (KO)	8	4
Kosraean (KS)	9	3
Marshallese (MA)	2	7
Mexican (ME)	3	1
Palauan (PA)	29	21
Pohnpeian (PO)	25	35
Portuguese (PE)	6	0
Soviet Jew (SJ)	0	0
Thai (TH)	1	0
Vietnamese (VI)	2	0
Yapese (YP)	25	16
Other (OT)	11	17
Unknown	182	167
Total Victim Ethnicity	2321	2185

Based on the above ethnicity data, 57.80% of referrals were Chamorros followed by the Chuukese ethnic group which is 19.63%.

CPS Data By Age/Sex

Age	FY 2014 MALE	FY2014 FEMALE	FY 2015 MALE	FY 2015 FEMALE
Below 1 year old	73	49	46	74
1 year old	34	34	56	51
2 years old	48	50	37	47
3 years old	43	35	30	34
4 years old	31	43	51	36
5 years old	62	69	60	38
6 years old	72	81	68	63
7 years old	86	80	73	67
8 years old	62	51	52	58
9 years old	62	41	75	42
10 years old	68	46	70	59
11 years old	45	60	69	66
12 years old	54	58	41	66
13 years old	66	60	29	98
14 years old	44	88	41	114
15 years old	45	128	46	108
16 years old	34	94	38	71
17 years old	28	60	19	51
18 years old	0	4	2	4
Unknown Gender/Age	62	171	42	93
Total Male	1019	1302	945	1240

- B. Investigation Unit. The Investigation Unit conducts case investigations to determine if child abuse and neglect allegations are substantiated, indicated, unsubstantiated or suspected. Added responsibilities entail the filing of Person in Need of Services (PINS) petitions, development of service plan agreements for validated cases and appearance at court hearings.

Assigned Cases: 155

Investigated and Closed Cases: 59

Investigated and Transferred to Case Management Unit: 22

Services Plan Agreements Developed: 19

Court Hearings Attended by Investigators: 149

Cases that were Indicated: 51

Cases that were Unsubstantiated: 37

Cases that were Substantiated: 1

Cases that were Suspect as a result of Investigative Findings: 21

Cases that were Suspect as a result of Administrative Disposition: 11

- C. Case Management Unit. The Case Management Unit receives those cases designated as needing continuing services. This unit is responsible for the implementation and monitoring of service plan

agreements, as well as for any necessary changes or modifications identified during the duration of the plan. Progress reports are made every three months, and permanency plans are developed for children who are in substitute care for six months or longer. Other duties include the preparation of written reports intended for court recommendations, and the coordination and participation in Case Review Treatment Team meetings with other agencies.

Number of Juvenile Special Proceedings (JSP) Cases Terminated: 13

Number of Cases Transferred from Intake/Crisis Unit: 12 Investigation Unit: 13

Number of Cases Terminated: 37

Number of Court Hearings Attended by Case Workers: 264

II. The Home Evaluation & Placement Services (HEPS) Section is consists of the Adoption & Home Study Services Unit, and the Licensing/Certification of Child Care Facilities & Family Foster Homes Unit.

A. Adoption and Custody Unit. The HEPS Section provides services for individuals who wish to adopt children. The HEPS Section conducts individual and family assessments for adoption. The U.S. Department of State provided guidance that the Department of Public Health and Social Services (DPHSS) is considered a “public domestic authority” to conduct adoption social study and post placement monitoring reports. However, reports will still have to follow the Hague Convention and country-specific requirements on these types of reports. Partnership with Hawaii International Child (HIC) and other adoption service providers and the BOSSA will continue in order to protect and promote the welfare of children, natural parents and prospective adoptive parents.

Requests for custody case evaluations come from the court. The HEPS Section Social Workers prepare the social study report for the courts that are based on observational and factual data received during interviews and home visits made to families.

Other social study requests are received by the agency to determine placement for children where allegations of child abuse or neglect exist in the home. Social study requests also come from the U.S. mainland for those cases of families that reside on Guam who may be potential placement providers or who are involved in custodial disputes.

Activities	FY 2014	FY 2015
No. of Adoptions through Relinquishments to Agency Received	0	1
No. of Adoptions through Relinquishments to Agency Completed	0	1
No. of Post Placement Adoptions Received	0	5
No. of Post Placement Adoptions Completed	8	40
No. of Adoption Home Studies Received	36	35
No. of Adoption Home Studies Completed	36	35
No. of Custody Home Studies Received	51	48
No. of Custody Home Studies Completed	28	63
No. of Other Home Studies Received	6	10
No. of Other Home Studies Completed	0	9
No. of Termination of Parental Rights Received	0	4
No. of Termination of Parental Rights Completed	0	4

B. Licensing Unit

The HEPS Section also licenses child care facilities, group child care homes, therapeutic foster homes, and certifies family foster homes. Licensing and monitoring of child care providers ensures quality of child care on island. The Licensing Social Worker licenses the centers and homes as required in the Standards for Child Care Centers and Public Law 31-73, an Act to Establish the Administrative Rules and Regulations of the DPHSS relative to Child Care Facilities and Group Homes. Below is the comparison of number of facilities licensed in FY 2015 and FY 2014.

Facility	FY 2014	FY 2015
Day Care Centers that are Currently Licensed	41	43
Family Foster Homes that are Currently Licensed	27	27
Respite/Group Homes that are Currently Licensed	5	5
Therapeutic Foster Homes that are Licensed	2	2

III. The Family Services Section (FSS) is divided into two units: Promoting Safe and Stable Families Program and Family Support Services.

Promoting Safe and Stable Families Program provides Family Preservation (FP) services. The FP services are intensive, short term, in home, crisis intervention and support services, which strives to strengthen and support families in order to prevent out-of-home placement of children or assist families preparing to unify.

	FY 2014	FY 2015
No. of Referrals Received for Family Preservation (FP)	0	2
No. of Children Involved	0	12
No. of Adults Involved	0	3
No. of FP Cases Terminated	0	2
No. of Children Involved	0	12
No. of Adults Involved	0	3
No. of FP Home Studies Conducted	0	1
No. of Children of Involved	0	12
No. of Adults Involved	0	3
No. of FP Home Studies Cases Received	0	1
No. of Children Involved	0	2
No. of Adults Involved	0	7
No. of Family Services Provided	0	2
No. of Children Involved	0	12
No. of Adults Involved	0	3
No. of Family Services Terminated	1	2
No. of Children Involved	2	12
No. of Adult Involved	2	0

Training and outreach conducted by BOSSA

- A. Mandated Reporting Presentation: Mandated presentations are made when requested by the community to ensure that professionals and mandated reporters, especially, law enforcement, school officials, doctors, nurses, etc. understand how and when to make a referral to Child Protective Services.

Mandated Reporters must report suspected child abuse or neglect (or cause a report to be made) to law enforcement or CPS when they believe a child has suffered abuse or neglect or may be at risk of abuse or neglect.

In FY 2015, a total of 11 presentations were conducted by BOSSA staff, attended by 591 individuals from different schools and organizations.

- B. Personal Safety Skills Presentation: The presentation of personal safety plans builds on many curriculums and helps students to identify their skills and attributes and to plan strategies that will support them in difficult situations. Personal Safety Skills Presentations were conducted in 9 different schools in FY 2015. The total number of participants were 3,500.
- C. Community Outreach Activities: During the year, there were many outreach activities at various locations around the island, most especially at shopping centers that are sponsored by private and public organizations to reach out to the community. These outreach activities offer the public information about BOSSA and other agencies. BOSSA’s outreach displays offer brochures on the prevention of child abuse, and activity materials for children. The BOSSA staff participated in 35 Fairs throughout the island for FY 2015

III. Program Management Section (PMS)

The Program Management Unit is responsible for the development of policies and procedures and the monitoring and evaluation of programs, coordination of staff training and development, and fiscal operations.

- A. The PMS conducted quarterly monitoring of the shelters contracted by BOSSA. These are the following:
 1. Alee I - provides 24-hour emergency shelter and support services, up to 45 days, for women and children who are victims of family violence.
 2. Alee II provides 24-hour emergency shelter and support services to children who are victims of abuse and neglect, for up to 3 months.
 3. Guma San Jose (GSJ) provides 24-hour emergency shelter and support services for families and individuals who are homeless for up to 60 days at the main shelter, and for up to 6 months at the GSJ Expansion Program shelter.

The total number of number of clients served by each shelters are as follows:

Name of Shelters	Number of Clients Served
Alee I	58 Women and 114 children
Alee II	44 children
Guma San Jose (including GSJ Expansion)	266 adults and 300 children

The above shelters provide meals, transportation, counseling and referrals to community services in

order to obtain employment, housing, public welfare assistance, GED certificate, child care, legal services, and medical care. Clients are provided opportunities to attend workshops on nutrition and other life skills, and are also encouraged to participate in recreational outings.

Upon exiting the shelter, case workers ensure that the individuals and families have a place to stay. The shelter receives overwhelming support from the community and receives donations of clothing, household goods, toiletries, sponsored meals, toys and other necessities.

The funding for shelters is 100% locally appropriated for Foster Care Program. The total program appropriation was \$2,662,409 in FY 2015. Total expenditures were \$1,970,838.45. Breakdown of expenditures is as follows:

Shelter Expenses Breakdown	Expenditure
Guma San Jose Shelter	\$ 578,904.23
Alee I and II Shelters	\$ 596,750.04
Management Information System (PHPro)	\$ 41,250.00
Building rent	\$ 56,340.00
Foster care payments, court-ordered payments for foster children	\$ 697,224.43
Petty cash (used towards emergency needs of children, and for other emergency needs such as postage and other necessities)	\$ 369.75
TOTAL:	\$1,970,838.45

B. Completion of Report – BOSSA PMS staff are responsible for completing the following grant reports

1. The FY2016 Title XX, Consolidation of Grants Pre-expenditure Report was completed and submitted to the Guam State Clearinghouse in September 2015 for their review and approval. This annual report is required under the Title XX grant rule. Title XX is also known as the Social Services Block Grant (SSBG) Program. This is a report on the estimated population to be provided with services utilizing Title XX funds, eligibility criteria (if any) for services, and the annual budget needed for operations. This report is a prerequisite to receiving Title XX (SSBG) funds. BOSSA uses Title XX funds to administer child and family welfare programs and services. The total budget request in this report was \$3,197,254.00.
2. The FY2014 Title XX, Consolidation of Grants Post-expenditure Report was completed and submitted to the grantor agency in March 2015. Title XX is also known as the Social Services Block Grant (SSBG) Program. This is a report on the actual expenditure of Title XX (SSBG) funds, total population served, and activities carried out through the grant funds. During fiscal year 2014, Title XX expenditures was \$2,660,755.06 which include expenditures for services and administrative costs.
3. Pursuant to Public Law 31-73, the Administrative Rules and Regulations of the Department of Public Health and Social Services relative to Child Care Facilities and Group Care Homes, the BOSSA submits monthly Child Care Revolving Fund reports to the Guam Legislature via the Office of the Governor.

The Child Care Revolving Fund is a separate account that is established from new application

or renewal application fees and fines collected from child care facilities and group care homes. The funds carry over year to year and are to be used solely towards expenses that support the Division of Public Welfare of the DPHSS, including but not limited to hiring child care licensing staff, professional development, training, technical assistance, tuition assistance for child care professionals and licensing staff, and quality care and education of children.

The fund balance is \$25,410.00 as of September 30, 2015.

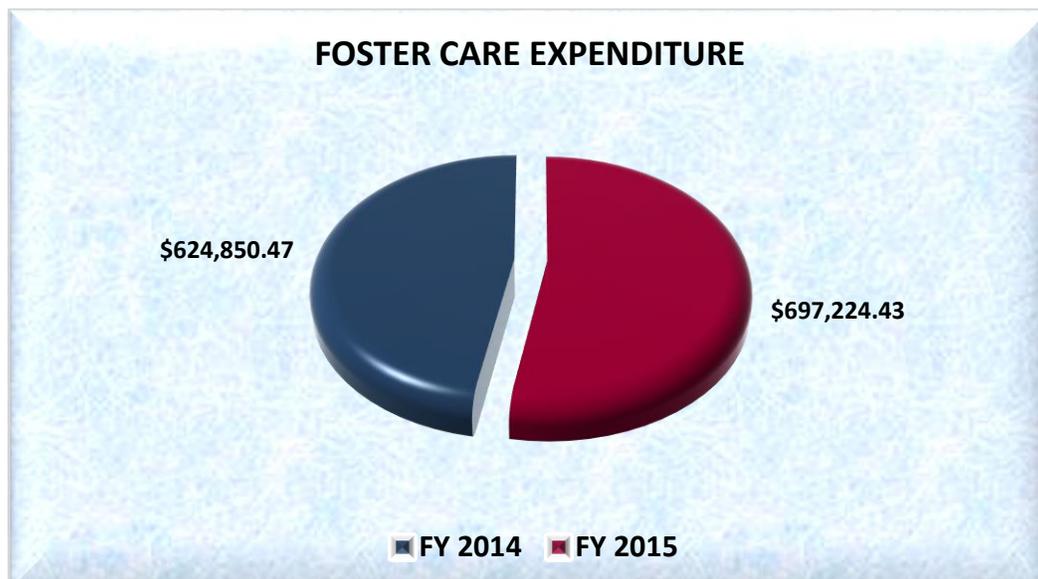
4. FY 2014 Annual Impact of the Compact of Free Association Report. This is a report on statistics and costs to provide child and family welfare services and other social services that the bureau administers to citizens of the Federated States of Micronesia (FSM), Republic of Palau and the Republic of Marshall Islands. Programs affected include foster care, child protective services, case management, shelters for victims of domestic violence and child abuse and neglect, and the shelter for homeless individuals and families. The total population count for the citizens from the FSM, Republic of Palau and the Republic of the Marshall Islands who availed of services during fiscal year 2014 was 1,249. Total population count for all ethnic groups was 4,203. The total cost due to the Compact of Free Association for the above social services programs is \$544,962.61. The total program cost for all programs is \$4,449,274.25. This report will be combined with other Department of Public Health and Social Services program reports and will be submitted to the Bureau of Statistics and Plans, pursuant to U.S. Public Law 108-88.

IV. Administrative Support Unit (ASU)

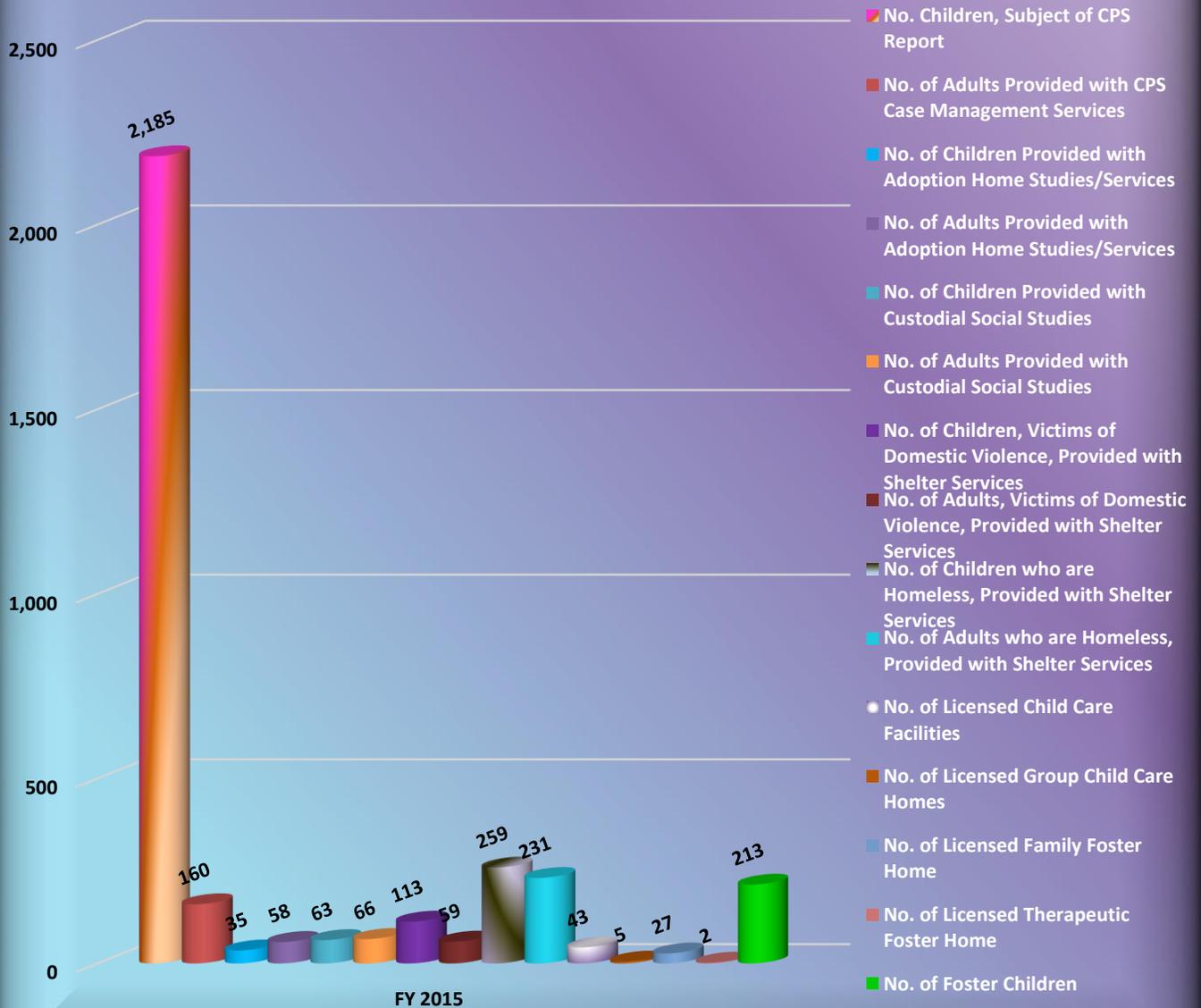
The Administrative Support Unit provide supports to the BOSSA staff and programs of the organization. The unit also provides services to foster care providers and the community at large.

Foster Care Program Maintenance Payments

The foster care total payment in FY 2015 was **\$697,224.43**. There were 213 foster children under Foster Care Program; Program expenditure in FY 2015 is 11.57% higher in comparison with FY 2014.



FY 2015 BOSSA OVERALL PROGRAM DATA



Other Bureau Accomplishments and Highlights:

1. BOSSA staff met with Kristine Altwies, Executive Director and CEO of Hawaii International Child (HIC). HIC is a Hague-accredited non-profit adoption agency. During the meeting, information was exchanged on the adoption processes and ways to continue inter-agency collaboration for Guam families seeking to adopt internationally.
2. The BOSSA staff received training on the Structured Analysis Family Evaluation (SAFE) home study methodology on December 8-9, 2014 in Camarillo, California. SAFE is Consortium for Children's standardized home study methodology in studying and evaluating prospective adoptive, kin and foster families. It aids home study practitioners in performing a thorough, structured and uniform evaluation of families who have applied to foster or adopt.
3. Childcare Licensing Social Worker developed a form for reporting injuries and accidents in Child Care Facilities. This was disseminated to all licensed facilities.
4. There were 591 individuals who attended the Mandated Reporter's Presentations conducted at public schools, various government agencies, Guam Regional Medical Center, and different committees.
5. There were 3,500 students who attended the Personal Safety Skills Presentations conducted at public schools.
6. There were 782 individuals who attended the outreach activities conducted at the malls or shopping centers, conferences, and trainings. During the outreaches, BOSSA set up a display table that distributed materials about what services BOSSA can provide.
7. There were 213 foster children under BOSSA's custody with 38 foster children between ages 0-3. There were 37 licensed foster parents.
8. In FY 2015, the foster care total payment was \$665,370.33.
9. The HEPS continued its work with community partners (Harvest House, Rigalu Foundation and Foster Families Association) to provide support to foster families and training for foster parents. The Foster Families Association set up a reimbursement fund to pay for ancillary expenses for foster children that is not otherwise covered (i.e., child care registration fees, GED testing fee).
10. The BOSSA staff attended the Applied Suicide Intervention Skills Training (ASIST) sponsored by the Guam Behavioral Health and Wellness Center – Prevention and Training Branch at the Pacific Star Hotel, Tumon.
11. The direct services staff attended the "Structured Assessment of Violence Risk in Youth" (SAVRY) training sponsored by the Judiciary of Guam and conducted at the Civil Defense in Agana Heights. The training taught how to use the SAVRY assessment tool to assess the level of risk violence in youth and the level of risk of re-offending.
12. The direct services staff attended the Social Emotional Assessment/Evaluation Measure (SEAM) training. The SEAM is a functional tool for assessing and monitoring social emotional

and behavior developments in infants, toddlers and preschoolers at risk for social-emotional delays or problems.

13. Training on the Child Protective Act (P.L. 20-209) for BOSSA staff was conducted by the Deputy Attorney General, Carol Hinkle-Sanchez from the Attorney General's Office.

Bureau Goals and Plans for FY 2016

1. Improve the efficacy of the Child Protective Services (CPS) referral and response process.

- The CPS worker will conduct more Mandated Reporters Presentations to various government agencies, non-profit organizations, and other private organizations.
- Complete preliminary screening of each referral to determine appropriateness and urgency of response.
- The workers will monitor the status of referrals assigned to workers through supervision and case staffing, scheduled or unscheduled.
- Coordinate work group meetings to review current SOPs and their applicability to the current operation, keep informed of new laws and/or revisions of current laws relative to CPS, and prepare comments and/or recommendations regarding any SOP or legal issues.

2. To improve the investigative process

- Initiate an investigation of Child Abuse and Neglect (CAN) referrals no later than 72 hours of receiving a report (P.L. 20-209) and determine a finding of each child maltreatment allegation(s) for assigned CAN referrals no later than 60 days.
- Transfer cases to the CPS Case Management Unit (CMU), if deemed appropriate, attend and prepare Administrative Case Reviews Reports. The workers must ensure that dispositions are determined for all CAN referrals assigned prior to February 2015.
- Prepare, review, and maintain monthly updated case listings for investigation case assignments.

3. To coordinate services for children and parents for family unification.

- Ensure that families undergo services and are in compliance with the Service Plan Agreement. File reports on the family's progress to the Court (3) days before the scheduled hearing. The workers must contact the child's caregiver at least once (1) per month or as needed and conduct at least (2) two visits in the home or school with the child every three (3) months.
- Maintain a current listing of children who have been under foster care for twelve (12) months or longer. Prepare timely permanency plans to secure placements for children who have been removed from their homes.
- Ensure that the family receives support services that include, but are not limited to, the coordination and the provision of psychological counseling or other interventions aimed at improving parenting and strengthening the family's capacity for resolving conflict and stress in a nonviolent way.

4. Social Skills and knowledge in conducting adoption home studies and child custody evaluations will be enhanced

- The Home Evaluation and Placement Services (HEPS) workers will receive training/resources to conduct and evaluate adoption home studies and child custody evaluations. All workers will meet every month to discuss current cases for group supervision, challenges, and approaches.
 - The workers will receive and conduct court orders social studies for petitions or cases filed in court for adoptions termination of parental rights and guardianship and custody. Off-island requests from other agencies are received to conduct home assessments for placements to determine suitability. The HEPS provides post placement services (monitoring) in adoption cases.
- 5. Ensure continuity of services in Child Care Facilities, Group Child Care Homes, and Foster Care Services**
- Cross-train other section staff in child care and foster home licensing services.
 - Licensing Social Worker will conduct quarterly monitoring visits to ensure compliance with standards and provide support to child care providers and foster parents. Implement initial site visit tool; revise monitoring tool, and collaborate with Division of Environmental Health on appeals process. The Licensing Social Worker will also conduct quarterly monitoring visits to ensure compliance with standards and provide support to foster parents.
 - Develop appeals process and incorporate into Standard Operating Procedures and make recommendations on Public Law 31-73, as mandated. Recommend uniform set of standards for childcare center policies and procedures to ensure the protection and well-being of children being served.
 - Explore resources/information on compliance with the Americans with Disabilities Act to ensure the protection and well-being of children being served.
- 6. To increase client's knowledge of parenting skills relating to their case.**
- Family Support Services (FSS) workers will provide in-home skills and group activities such as parenting, preventing Shaken Baby Syndrome, budgeting and other issues affecting clients when the opportunity arises.
 - The Homemakers will conduct bi-weekly home visits with assigned families and increase case staffing with the social workers.
- 7. To increase referrals in the Family Preservation (FP) Unit.**
- The Social Services Supervisor I and the FP unit will accept FP referrals from the CPS Section for suspected abuse and neglect. The FP worker will conduct home visits with the family at least three (3) times a week. The children's safety will be ensured by family preservation services.
 - The family is willing to participate in family preservation services voluntarily.
 - The FP worker will develop a Service Plan Agreement that meets the needs of the family with specific goals and desired outcomes.
- 8. To increase FSS worker's skills when working with families in the home**
- Provide in-service training to workers on different resource materials within the Bureau that could be used in the home such as Shaken Baby, effective discipline, lack of adult supervision (LOAS), Parenting Skills/Discipline, Special Needs Child, Conflict Resolution, Cultural Competence, Anger Management, etc.
 - Coordinate trainings with the University of Guam, CEDDERS, Project Tinituhon on parenting related classes for the FSS staff.
- 9. To increase the knowledge of the community for the prevention, identification & reporting of child abuse & neglect.**

- Conduct Mandated Reporting Presentations for school personnel, law enforcement and other government agencies, various private organization, etc. when necessary.
- Schedule personal safety skills presentations to elementary school students as requested.
- Participate in community outreach activities and display prevention materials to educate the public on reporting child abuse & neglect.

10. Improve Services, Coordination, Communication with Child Care Facilities, Group Child Care Homes, and Foster Care Providers

- Address child care and foster care issues and concerns. Attend and conduct technical assistance in early childhood and licensing initiatives. Collaborate and communicate with DEH, CCDF, UOG, GCC, DOE, other licensing partners, etc.
- All foster care providers will be encouraged to attend monthly meetings at Harvest House. Friendly reminders through e-mail or phone calls will be sent ahead of scheduled meetings. The Foster parent handbook will be reviewed, finalized and distributed to all foster parents.
- Respite care plans and alternate caregivers will be identified for every licensed foster home.
- Implement a support system and provide services to retain current child care and foster care providers which will help attract potential foster service providers.

BUREAU OF MANAGEMENT SUPPORT

BMS is responsible for implementing and operating quality control, conducting management reviews on SNAP, conducting investigations on complaints of abuse and misuse of the SNAP benefits and public assistance benefits, and the collection of claims made against households found to have violated the programs’ rules and regulations. It is also responsible for monitoring compliance of federal mandates of the Child Care Development Fund. Ensuring the State Plan is timely implemented, program contracts are in place and eligible families are afforded an opportunity to choose and access quality child care to enable such families to maintain employment or continue their education. BMS also assists individuals under the TANF Program to achieve employment and make available support services which consists of conducting initial assessments, coordinating the provision of JOBS components and support services on behalf of participants and conducting follow ups, and assist SNAP recipients obtain marketable work skills to ensure success in the job market and to minimize dependency on public assistance.

I. Child Care Development Fund (CCDF)

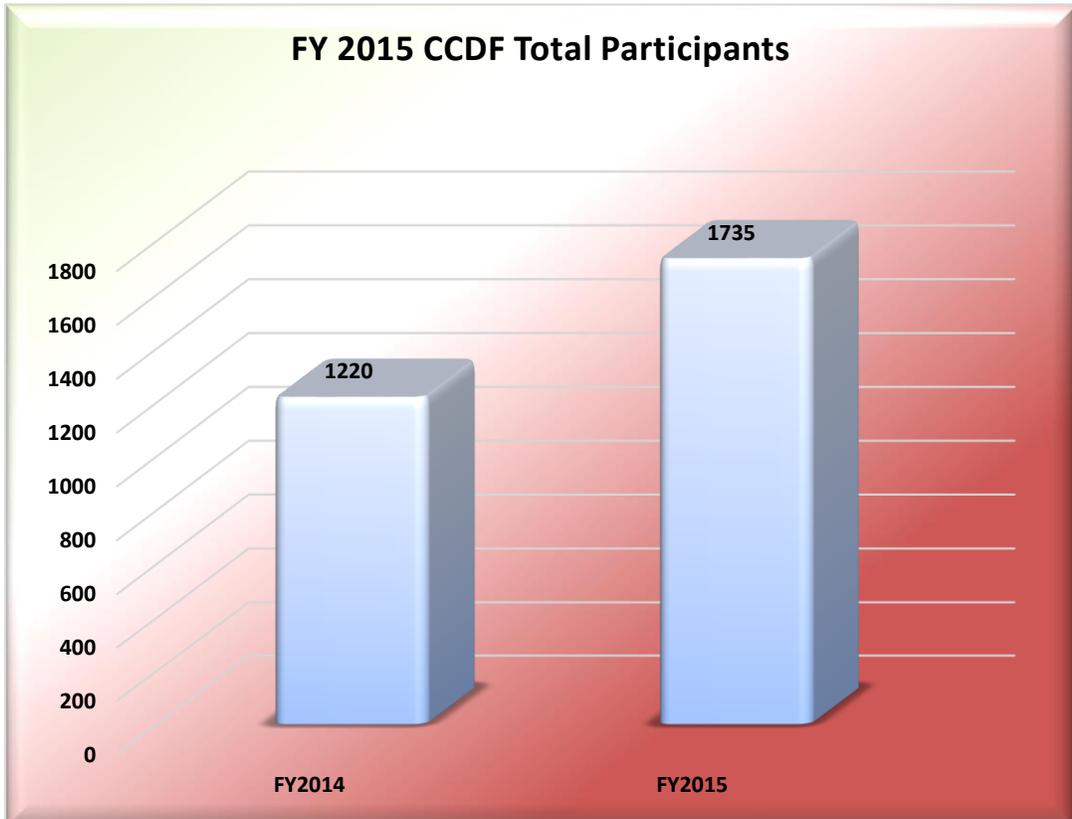
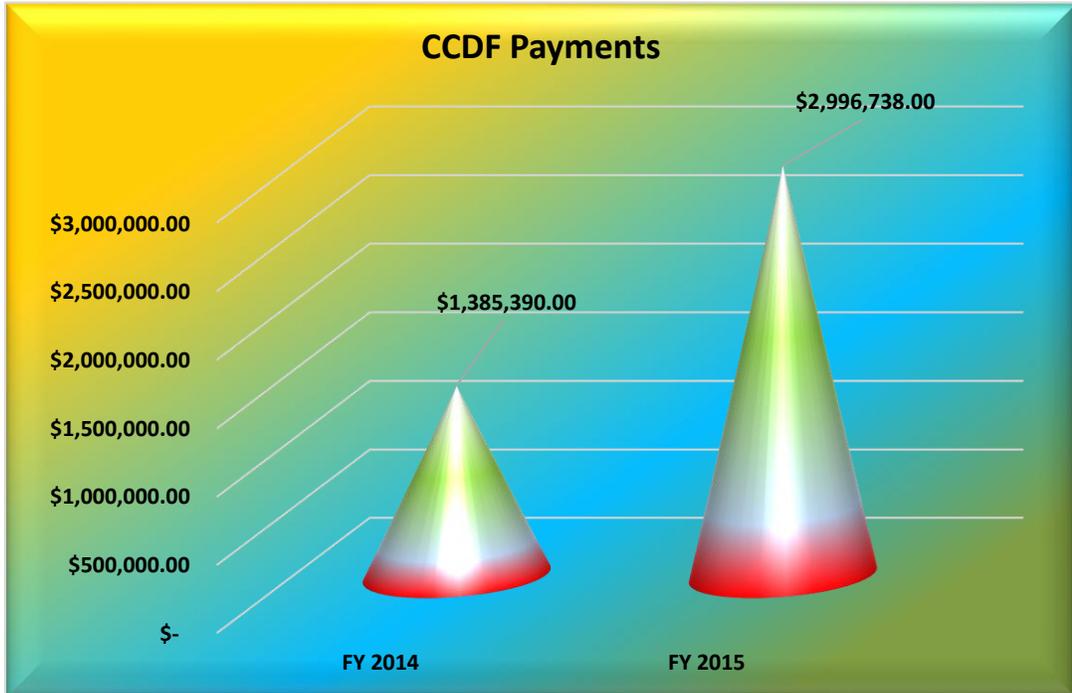
- a. Authorized under the Child Care and Development Block Grant Act (CCDBG), which was enacted under the Omnibus Budget Reconciliation Act of 1990. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 amended and reauthorized the CCDBG and consolidated three Federal child care programs previously serving low-income families under the program formerly known as Aid to Families with Dependent Children (AFDC).
- b. Regulating Authority – 45 CFR Public Welfare, Part 98 Child Care Development Fund
- c. Administered by the Office of Child Care (OCC) and works with state, territory and

tribal governments to provide quality developmental support for working families with low incomes by providing access to affordable, high-quality early care and afterschool programs.

- d. The purpose of the CCDF is to increase the availability, affordability and quality of child care services. The program offers federal funding to states and territories to:
 - i. Provide low-income families with financial resources to find and afford quality child care for their children;
 - ii. Enhance the quality and increase the supply of child care for all families, including those who receive no direct assistance under CCDF;
 - iii. Provide parents with a broad range of options in addressing their child care needs;
 - iv. Strengthen the role of the family
 - v. Improve the quality of, and coordination among, child care programs and early childhood development programs; and
 - vi. Increase the availability of early childhood development and before-and after- school care services.
- e. The CCDF program currently serves 458 families to obtain quality childcare to enable parents to work or complete their education.
- f. The program has remained open to accept application and families continue to apply for assistance. Priority for processing of cases is given to CPS cases, Foster Parent(s), Homeless Families, or Families who have a child with a disability
- g. The Program is going through new federal regulations that would be incorporated into the new state plan.
- h. This year the CCDF Section participated in various meeting and training sessions related to early childhood conducted by CEDDERS and GCC. Staff are involved in the Guam Early Learning Council, Inter-Agency Coordinating Committee, Maternal Childhood Health Cohort 2, and other subcommittees related to Early Childhood.
- i. There were challenges encountered in the administration of the GCC contract due to the changeover in personnel and GCC's indecision with regards to whether they wanted to renew the contract or not. As a result there were delays in the scheduling of classes and trainings and sessions were rushed in order to meet the Fiscal Year deadlines.
- j. The transition of the coordination of the GPPD from CEDDERS to BMS/BOSSA was a blessing in disguise as it gave the CCDF clearer picture of the requirements of the credentialing and licensing process. BMS is now better equipped to respond to providers who voice concerns that the GPPD process is too cumbersome and can speak clearly as to the requirement of the law. It should be noted that there are some flaws that have been noted, such as the licensing period and the period in which the credentials are still valid and the board will be addressing this in the near future.
- k. This year the CCDF Section has established a better collaboration with the providers and clients in what is required by the program. The provider and client orientation is a critical part in ensuring that both have a clear understanding on what their responsibilities are and who they can address their concerns with.

The CCDF payments to child day care providers went up in FY 2015 by 116% because the program continue to accept applications up to now. Likewise, the total number of participants

who received the benefits is 42% higher in FY 2015 in comparison with FY 2014.



CCDF PARTICIPANTS BY ETHNICITY

Ethnicity	Number of participants	Percent of Participants
African American	8	0.46%
American Samoan	7	0.40%
Canadian	3	0.17%
Caucasian	21	1.21%
Chamorro Guam	1,204	69.39%
Chamorro Saipan	7	0.40%
Chinese	4	0.23%
Chuukese	73	4.21%
Filipino	270	15.56%
Hawaiian	4	0.23%
Japanese	8	0.46%
Korean	5	0.29%
Kosraean	3	0.17%
Marshallese	1	0.06%
Palauan	24	1.38%
Pohnpeian	24	1.38%
Thai	1	0.06%
Yapese	11	0.63%
Unknown	57	3.29%
Total	1,735	100.00%

The CCDF average participants per month by age are as follows:

Age Bracket	Average Participants Per Month
Ages 0-23 mos	171
Ages 2 - 5 yrs	497
Ages 6 - 12 yrs	100

II. Investigation and Recovery Office (IRO)

- a. 7CFR Section 273.16 delineates the administrative responsibility of the state agency for investigating any case of alleged intentional Program violation and ensuring appropriate cases are acted upon either through administrative disqualification hearings

- b. IRO is responsible for investigating any case of alleged intentional Program violation, and ensuring that appropriate cases are acted upon either through administrative disqualification hearings or referral to a court of appropriate jurisdiction in accordance with program procedures.
- c. IRO is entrusted with the establishment and collection enforcement activities for over issued program benefits.
- d. The major objectives of IRO are to conduct thorough investigations and enforce collection activities as a means to minimize and prevent fraud in the SNAP (Supplemental Nutrition Assistance Program) and Public Assistance programs and to serve as means to reduce client errors and program dollar losses through the investigation of reported fraud, waste and abuse.
- e. Integrity is the priority of all the federal program and IRO is working on increasing their ability to increase collections and increase investigation efforts into alleged fraud complaints.



III. Quality Control (QC) Section

- a. 7CFR Section 275.10 delineates the scope and purpose of quality reviews which is part of the Performance Reporting System each state agency is responsible for in conducting quality control reviews.
- b. The two sample categories in which to conduct reviews on are:
 - Households which are participating in the SNAP (active cases). Such reviews conducted on such cases will determine if households are eligible and receiving the correct allotment of SNAP benefits. The determination will be made by comparing the eligibility data gathered during the review against the amount authorized on the master issuance file (client file and eligibility system).

- Households in which participation was denied or terminated (negative cases). Such reviews shall be conducted to determine whether the state agency's decision to deny or terminate the household as of the review date was correct.
- c. QC reviews measure the validity of SNAP cases at a given time (review date) by reviewing against the SNAP standards established in the Food Stamp Act and the Regulations, taking into consideration any FNS authorized waivers.

Below are the data on QC reviews for 3 consecutive years:

Negative Cases

Fiscal Year	FY 2013	FY 2014	FY 2015
Total Cases Selected	161	213	182
Invalid Cases	92	107	80
Negative Case Error Rate	57.14%	50.23%	43.96%

Active Cases

Fiscal year	FY 2013	FY 2014	FY 2015
Total Cases Reviewed:	554	487	475
Cases in Error:	118	111	117
Case Error Rate:	21.30%	22.79%	24.63%
Total Benefits Issued	\$ 342,326.00	\$ 289,082.00	\$ 280,477.00
Dollars in Error	\$ 24,742.00	\$ 20,928.00	\$ 22,456.00
Reported PER	7.23%	7.24%	8.09%

The FY 2015 report above is up to August 2015, final negative and active cases Payment Error Rate will be released in June 2015.

Below are the final data for Guam SNAP Payment Error Rate on negative and active cases for three consecutive years:

NEGATIVE CASES	FY2012	FY2013	FY2014
Guam's PER	54.73%	58.83%	50.47%
National PER	27.27%	25.25%	26.30%

ACTIVE CASES	FY2012	FY2013	FY2014
Guam's PER	7.33%	6.65%	7.08%
National PER	3.80%	3.42%	3.66%

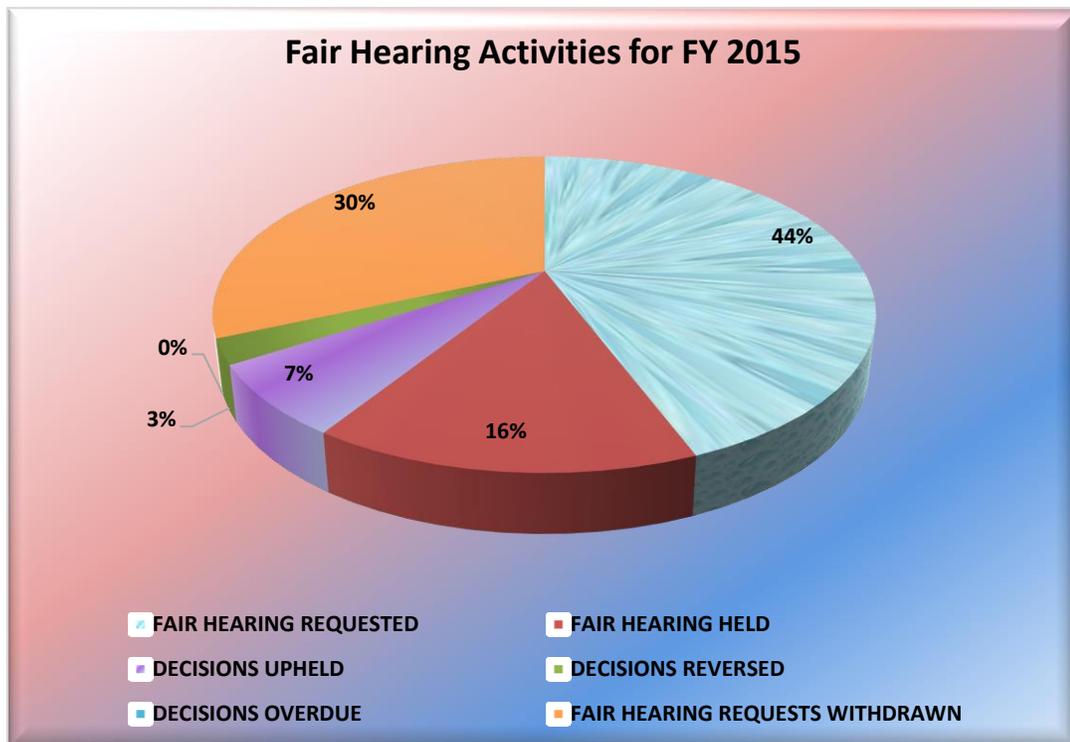
In FY 2014, of the 7.08% Active Cases PER, 66% is clients' errors due to non-reporting of changes in household composition, income, etc. In addition, Guam rank number 11 as the most improved state on Case and Procedural Error Rate (CAPER).

IV. Program Information, Monitoring & Evaluation (PIME) Section

- a. Coordinates all Fair Hearing Activities for the SNAP and Public Assistance Programs
- b. Conducts yearly Management Evaluation Reviews (MERs)
- c. Conducts Corrective Action Plan assessments
- d. Validates the monthly sampling of cases randomly selected for QC review
- e. Prepares and submits quarterly and annual reports for the bureau
- f. Prepares Quality Control monthly, semi-monthly and annual error analysis

Below is the five year data of Fair Hearing Activities for Public Assistance Program:

FISCAL YEAR	FAIR HEARING REQUESTED	FAIR HEARING HELD	DECISIONS UPHELD	DECISIONS REVERSED	DECISIONS OVERDUE	FAIR HEARING REQUESTS WITHDRAWN
2011	27	24	9	0	3	15
2012	72	38	30	2	2	36
2013	90	22	9	0	5	66
2014	47	7	9	0	4	35
2015	101	37	17	6	0	70
Total	337	128	74	8	14	222



V. Work Programs Section

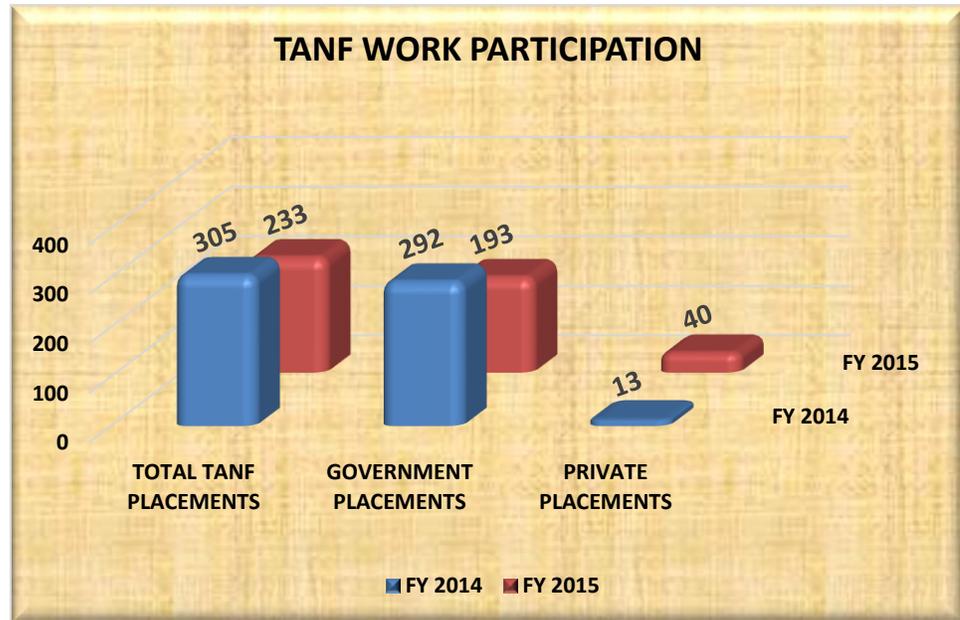
WPS is comprised of the Job Opportunities and Basic Skills (JOBS) Program and the Guam Employment Training Program (GETP). JOBS and GETP are employment training programs which assist recipients of Temporary Assistance to Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP) which provides work training opportunities in the various public (Government of Guam), Private Sector and Community Based Organizations.

a. JOBS (Job Opportunities & Basic Skills)

- Is the program under title IV-F of prior law requiring the program to assist the client in obtaining an education, training and employment services. The goal is to move families into self-sufficiency, reduce the incidence of out-of-wedlock births and to improve the job skills and retention rate of participants who enter the work force. These regulations are in compliance with U.S. Public law 104-193 and 45 CFR part 260, et. al. TANF; Final Rule.
- All clients who receive TANF (Temporary Assistance for Needy Families) or cash assistance are required to work register to participate in the JOBS Program, unless they meet the exemptions criteria. Failure to comply without good cause will result in disqualification to receive TANF benefits.
- The JOBS Program is designed to help the TANF head of household or adult member become financially independent and be able to support the family on their own.
- The JOBS Program will help the individual build the skills needed for a better job and help solve problems that may be holding them back.
- JOBS will help pay for childcare and provide reimbursement for work related expenses, transportation, and education for a high school diploma or GED while the individual participates in an allowable JOBS component.
- If the household is exempt, the individual may volunteer to participate in JOBS.

There are two Work Participation Rates (WPR) that are required to be met annually. The All Family Rate is defined as combined cases of single and two parent households of those who average at least working 30 hours per week in an allowable work activity. The Two Parent Rate is defined as cases in which there are two adults who meet the work eligibility indicator, are adoptive/natural parents of at least one child in the case, and are living with that child in the same home. The Two Parent households must meet an average of 35 or 55 hours per week in an allowable work activity.

Since the implementation and deployment of the automated System Ph-Pro in 2012, staff is able to extract the data and submit report to ACF. WPR rates showed an increase from FY2010 to FY2015. Below are the WPR since FY 2010. The WPR data for FY 2015 is only up to September 30, 2015.



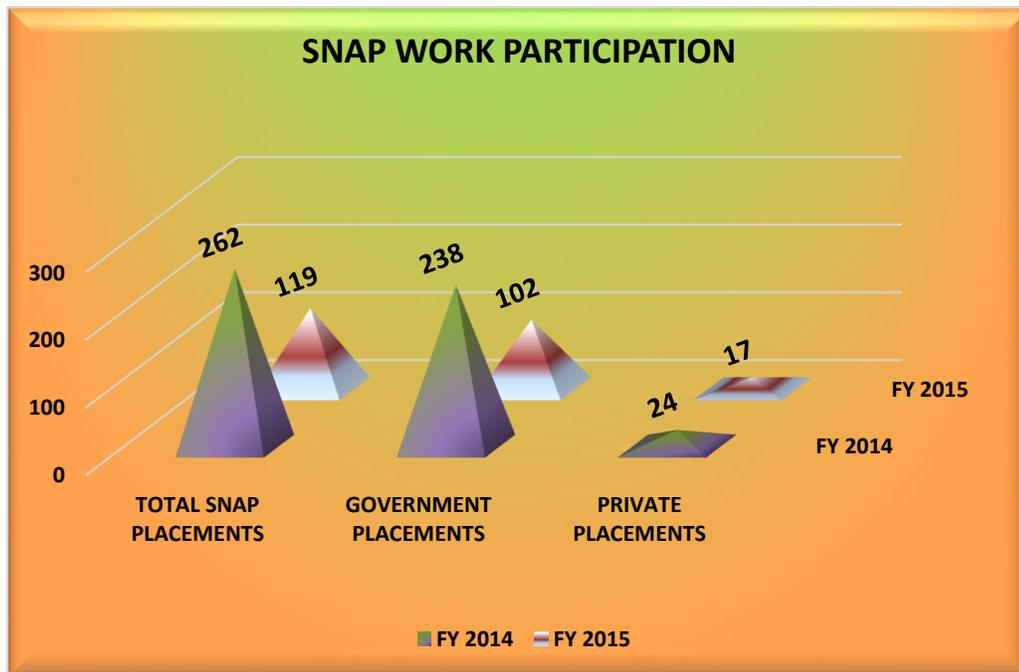
Based on the TANF work participation data above, there was a decrease of 72 (23.61%) participants in FY2015 in comparison to FY2014. In FY 2015, JOBS averaged 19 new/renewed placements a month.

b. GETP (Guam Employment Training Program)

- §7CFR 273.7 delineates the Work Provisions under the Supplemental Nutrition Assistance Program (SNAP).
- §7CFR273.7 (a) (3) refers to the responsibilities of the State Agency in establishing procedures for compliance with SNAP work requirements.
- §7CFR272.2 (d) and §272.2(e) refers to the responsibility of the State Agency to prepare and submit an Employment and Training Plan. There are 16 items listed that are required in the ETP State Plan. The Plan must be made available for public review and is subject to FNS approval.

GETP:

1. Provides employment and training assistance to recipients of the Supplemental Nutrition Assistance Program (formerly known as Food Stamps) to help SNAP recipients be successful in the job market and to improve their financial situations, minimizing their present and future need for assistance.
2. Is a voluntary program, however GETP support services will be provided to participants that are work registered.
3. Provides Support services :
 - Childcare assistance in which the household may choose an approved childcare provider either licensed or exempt
 - Transportation Costs in which the program will reimburse the client.



Based on the above SNAP work participation data, there was a decrease of 143 (54.58%) participants in FY2015 in comparison to FY2014. In FY 2015, GETP averaged 10 new/renewed placements a month.

FY 2015 ACCOMPLISHMENTS/HIGHLIGHTS

- BMS Staff completed the annual HIPAA training for FY 2015 and took the Oath of Confidentiality.
- BMS staff completed and submitted the audit required documents needed for the various programs (IRO, CCDF, and QC).
- BMS staff attended the COOP orientation conducted in FY 2015.
- The WPS and CCDF Section Supervisors participated in the “One Community Guam” Workforce Development Training sponsored by the U.S. Attorney Alicia Limitiaco’s office. The purpose of this training was to strengthen vulnerable populations and their reentry into the workforce.
- BMS staff participated in the FNS State Management Evaluation Review on IRO, QC and WPS held in June 2015
- All Fair Hearings were completed within the 60 day time frame. The coordination of Fair Hearings is more efficient and cases are well document. This could be attributed to the new Fair Hearing Coordinator.
- The transition of the coordination of the GPPD from CEDDERS to BMS/BOSSA was a blessing in disguise as it gave the CCDF staff clearer picture of the requirements of the credentialing and licensing process. The staff is now better equipped to respond to providers who voice concerns that the GPPD process is too cumbersome and can speak clearly as to the requirement of the law. It should be noted that there are some flaws that have been noted, such as the licensing period and the period in which the credentials are still valid and the board will be addressing this in the near future.

- CCDF Section has established a better collaboration with the providers and clients in what is required by the program. The provider and client orientation is a critical piece in ensuring that both have a clear understanding on what their responsibilities are and who they can address their concerns with.
- WPS improved collaboration/access with the American Job Center/Agency for Human Resources Development/Dept. of Labor via their Virtual One Stop System. Work Program Staff are able to access/report client activities on line.
- Consistent increase in Work Participation Rates.
- First Agency in FY2015 who submitted their partner reports to the Guam Workforce Investment Board (GWIB).
- Child Care certificate automation and payment processing on-line.
- Revised Two Parent work requirement from 35 to 40 hours per week and both parents must be engaged in an allowable work component.
- Implemented Policy on “Resolution Guidance on Disqualifications for non-compliance with JOBS program”. Client’s benefit is not restored unless the Fair Hearing decision is in their favor.
- WPS-Jobs Program still did not meet the required WPR despite the continuous improvement on clients’ participation.
- Approval of SNAP Guam Employment Training Program (GETP) State Plan for FY2015.

BMS Goals and Plans for FY 2016

Goals:

1. Implement a random drug testing policy for the bureau
 - a. Develop and implement bureau policy and procedure
 - b. Establish account and funding source for drug testing
 - c. Provide counselling to staff who failed the drug test

2. Get the PIME Section fully functional by FY 2017
 - a. Prepare and submit staff recruitment and analyze budget
 - b. Transition the following reporting functions to this section
 - i. QC Reports
 - ii. MER
 - iii. Bureau Statistics
 - iv. Bureau Reports

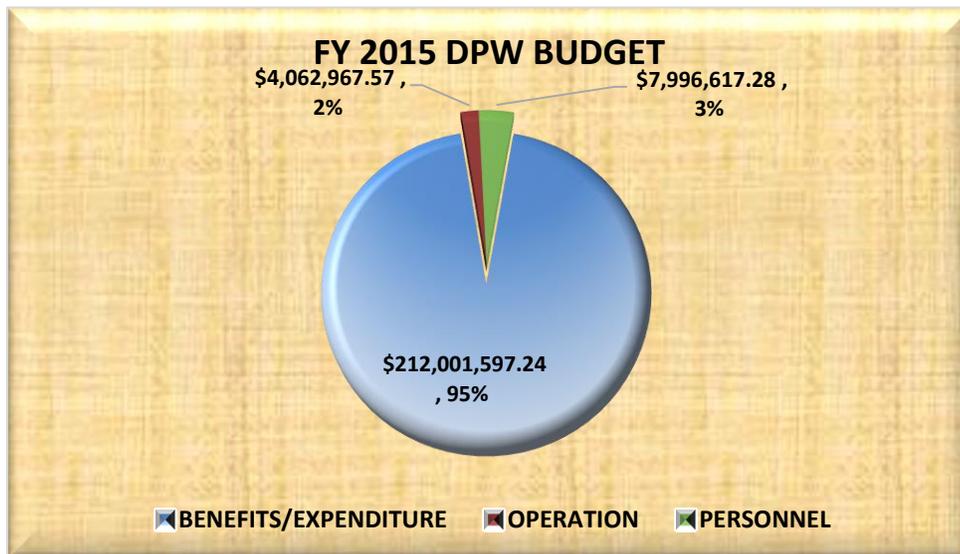
3. CCDF – organize a conference for all parents and providers (which will be an in-service for both)
 - a. Meet with the Providers, Guam Early Learning Council, UOG, GCC, CEDDERS, BOSSA, DEH, Immunizations, Head Start, GEIS (Guam Early Intervention System), parent representatives and other stakeholders to get their input for a conference.
 - b. Secure funding for a venue
 - c. Draft topics and seek potential speakers
 - d. Secure child care and transportation for parents who would need such services
 - e. Focus conference on educating parents and providers
 - i. Moving forward with the QRIS
 - ii. Parental choice and selecting quality for child care

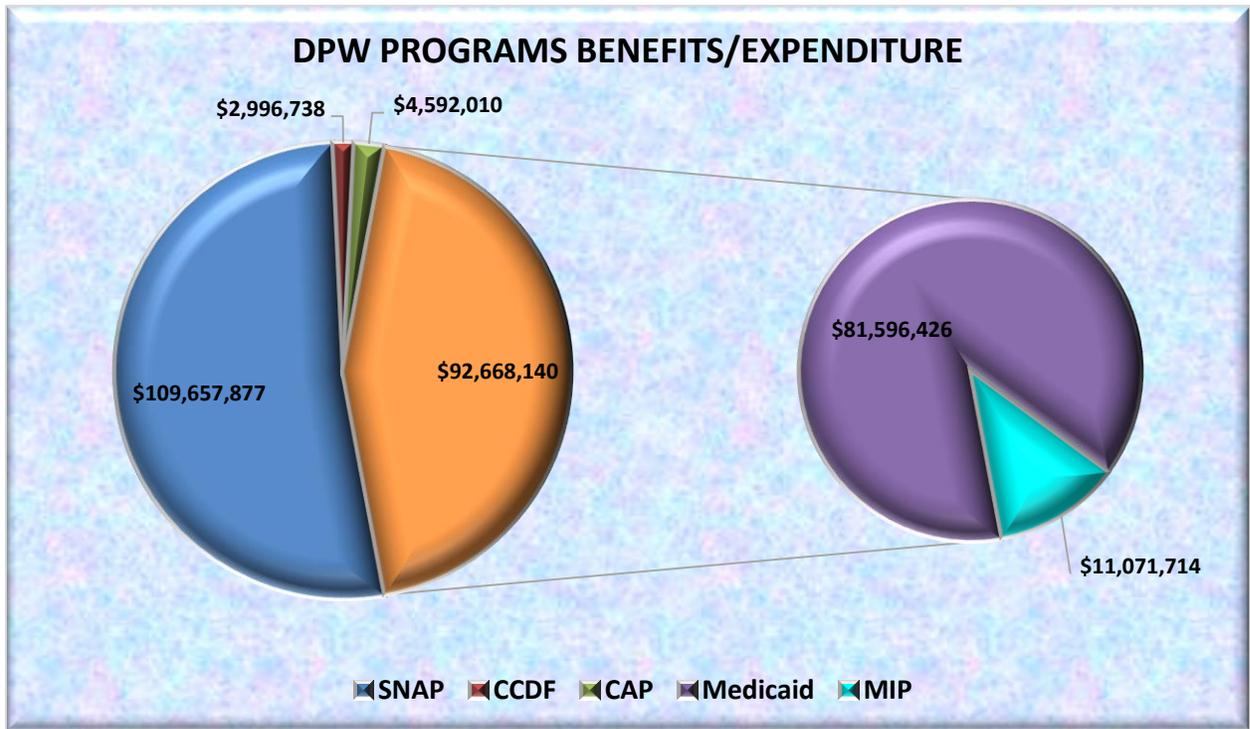
- iii. Bringing awareness to teen parents of the availability of child care so that their education is not interrupted
 - iv. Bringing awareness to parents who have not completed high school that child care is available and to assist these parents in getting their GED or high school diploma
4. Procure Onbase Document Imaging to ensure eligibility data access and accountability of files
- a. Meet with DMR and OOT staff to discuss the process and staff training
 - b. Develop policy or SOP to ensure efficient implementation
- c.
5. Ensure Fair hearing procedures are conducted efficiently and timely
- a. Hire a part-time Paralegal staff to conduct Fair Hearings

DIVISION ACCOMPLISHMENTS

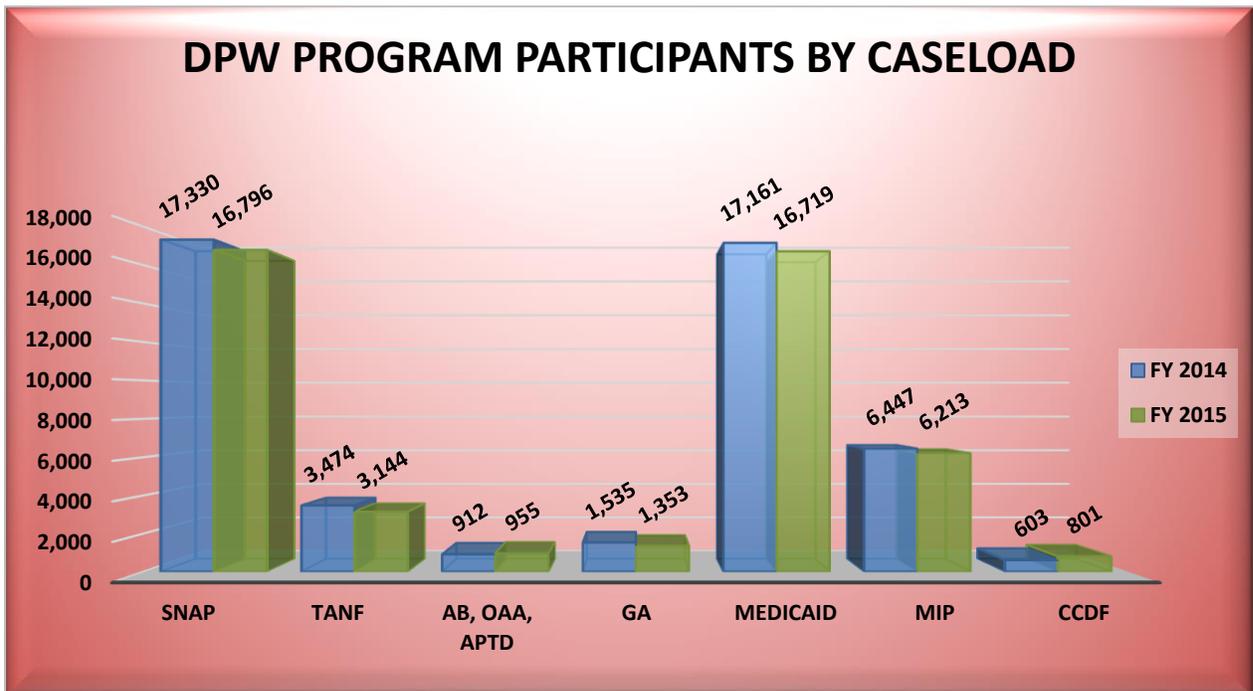
The FY 2015 total budget expenditure of DPW is \$224,061,182 of which 5% is the total administrative cost and 96% was the benefit issued or paid out to welfare clients and providers. The average percentage of the administrative cost has been 5- 6 percent for the last 5 years.

BUDGET CATEGORY	SNAP	Medicaid	MIP	CCDF	CAP	TITLE XX	FOSTER CARE	Grand Total
BENEFITS OR EXPENDITURE	109,657,877	81,596,426	11,071,714	2,996,738	4,592,010	231,539	1,855,294	\$ 212,001,597
OPERATION	1,062,271	1,022,751	78,022	789,535	349,266	647,830	113,293	\$ 4,062,968
PERSONNEL	1,873,479	2,098,000	0	617,316	833,026	2,574,797	0	\$ 7,996,617
TOTAL	\$112,593,626	\$84,717,177	\$11,149,736	\$4,403,588	\$5,774,301	\$3,454,166	\$ 1,968,587	\$ 224,061,182





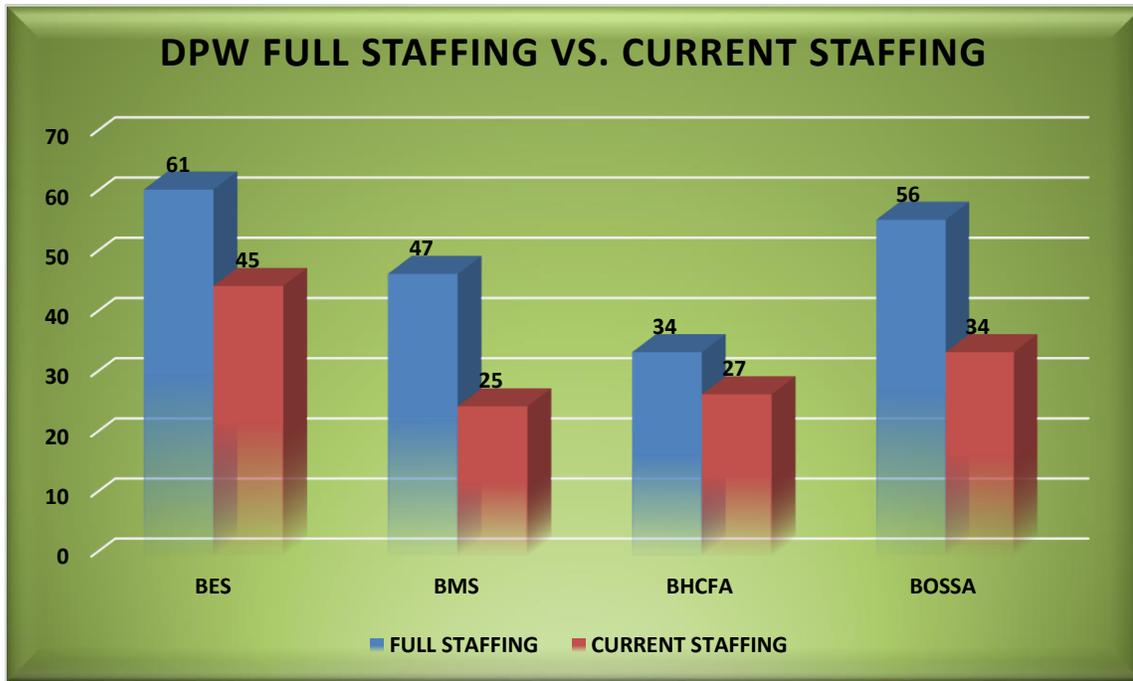
In FY 2015, the total payments issued to welfare clients and providers was \$212 million, which is **3.39% higher** than FY 2014 (\$205,049,486). Out of this amount the total cost for medical services is \$92.7 million.



Based on the aforementioned data, the FY 2015 welfare programs participation dropped in comparison to FY 2014, except for AB, OAA and APTD Cash Assistance Program. This decrease

on number of eligible may be attributed to the increase in Guam minimum Wage and the decrease in unemployment rate.

DPW STAFFING



BES	61	45	74%
BMS	47	25	53%
BHCFA	34	27	79%
BOSSA	56	34	61%
TOTAL	198	131	66%

In summary, the DPW Major Accomplishments for FY 2015 are as follows:

1. SNAP served 16,796 households. The number of caseload had increased in ten year period by 114% (FY 2005 household is 7,853).
2. SNAP benefits generated \$109,657,877 into Guam's economy, which is 1% higher than in FY 2014 (\$108,597,356).
3. CAP served 5,452 households and issued \$4,592,010 benefits, which is 7.13% lower in comparison with FY 2014 (\$4,944,695)
4. Medicaid and MIP served 22,932 households with a total of \$90,803,303.50 in medical assistance expenditures.
5. CCDF served 801 households and paid out \$2,996,738 to child day care providers, which is 33% and 116% higher in comparison with FY 2014 (603 households and \$1,385,390 payment), respectively. The household and payment increase can be attributed to continuous receipt of application by the program.
6. Foster Care Program paid \$1,175,654.27 to home shelters, and \$697,224.43 to foster parents and was able to recruit 10 new foster homes to augment existing licensed foster

homes.

In FY 2015 DPW staffing is at 66%. Despite the limited number of staff, overall the Division stimulated \$212 million into Guam's economy in FY 2015.

Other DPW Successes:

1. CCDF provided services to more clients in FY2015, which is 32.8% higher in comparison with FY 2014.
2. Increase in Work Participation Rate for TANF program.
3. Medicaid Program Modified Adjusted Gross Income State Plan Amendment was approved by CMS.
4. Some of the clients under GETP and Jobs Program are able to gain full time employment through Community Work Experience Program
5. Medicaid Program continue to receive EHR grant to pay Medicaid eligible providers for adopting, updating or implementing EHR and for Meaningful Use attestation.
6. SNAP Ed FY 2015 (\$79,770) funding increased by 111% in comparison with FY 2014 (\$37,745).
7. SNAP received approval of two Waivers:
 - a. ABAWD (Able Body without Dependent) Waiver for 2 years (FY 2016-FY2017)
 - b. Guam Waiver Request to deny an application for failure to submit the requested documents to complete the processing of application after 10 days from the date of request.

DPW Challenges moving forward:

1. New federal and local mandates.
2. Lack of local funding to match the federal grants.
3. Lengthy administrative hiring processes.
4. Increasing workload/caseload due to Medicaid Modified Adjusted Gross Income requirement of the Affordable Care Act and continuous migration to Guam of FAS citizens.
5. Lack of medical professionals and slow release of payment to providers.
6. Continuous implementation of unfunded mandate, such as MIP.
7. Delay in program operations activity/improvement due to Government administrative processes.
8. Difficulty in improving program operation and accomplishing program tasks due to lack of resources and federal program regulations.

DPW Goals:

1. Continue to improve the level of services and maximize performance of staff to create greater efficiency, and build a client-staff environment that promotes communication and understanding for better service.

2. Ensure budget optimization to fully achieve the division's mission.
3. Improve the SNAP Error Rate by implementing some of the recommendations of Hawaii SNAP Consultants on Guam SNAP operations.
4. Reduce/eliminate program penalties/sanctions.
5. Better tracking of records by doing full implementation of Document Imaging on all bureaus within DPW.
6. Improve the timeliness of welfare application processing and tracking of data information.
7. Ensure accurate implementation of program mandates.
8. Increase the number of foster homes for children that are placed under temporary legal custody of BOSSA
9. Comprehensive awareness on child abuse and neglect.
10. Encourage more medical providers to adopt the Electronic Health Record for better health care management.
11. Improve overall program implementation.
12. Enhance the professional skills and knowledge of staff.