

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

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

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

State/Territory: Guam

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*Forms Provided

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May 22, 1980

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

State Guam

Citation
45 CFR
Part 201
AT-76-141

As a condition for receipt of Federal funds under
title XIX of the Social Security Act, the

Department of Public Health and Social Services
(single State agency)

submits the following State plan for the medical
assistance program, and hereby agrees to administer
the program in accordance with the provisions of
this State plan, the requirements of titles XI and
XIX of the Act, and all applicable Federal
regulations and other official issuances of the
Department.

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TN # _____

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May 22, 1980

State Guam

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Department of Public Health and

Social Services

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

77-4

Mercedes

#

Approval Date 6/6/77

Effective Date 4/1/77

7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-A
MEDICAL ASSISTANCE PROGRAM

State of Guam

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Public Health and Social Services is the
single State agency responsible for:

administering the plan.

The legal authority under which the agency administers
the plan on a Statewide basis is :

Section 9102, 9103, Chapter 2 Title X, Government of Guam Code
(statutory citation)

supervising the administration of the plan by local
political subdivisions.

The legal authority under which the agency supervises
the administration of the plan on a Statewide basis is
contained in

(statutory citation)

The agency's legal authority to make rules and regulations
that are binding on the political subdivisions administer-
ing the plan is

(statutory citation)

March 11, 1974

DATE

Keith L. Rudwick
Signature

Attorney General
Title

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

JAN 29 1981

State Guam

Citation
Intergovernmental
Cooperation Act
of 1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

77-4
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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

JAN 29 1981

State Guam

Citation
42 CFR 431.10
AT-79-29

1.1(d) Responsibility for determinations of eligibility for Medicaid under this plan is carried out as follows:

Agency

Coverage Groups(s)

There is a written agreement relating to these determinations between the agency named in paragraph 1.1(a) and the agency administering or supervising the administration of the State plan approved under title I or XVI of the Social Security Act. The agreement defines the relationships and respective responsibilities of the agencies.

Not applicable. The agency named in paragraph 1.1(a) has responsibility for all such determinations.

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May 22, 1980

State Guam

Citation
42 CFR 431.10
AT-79-29

- 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
- (f) All other requirements of 42 CFR 431.10 are met.

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State Guam

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Bureau of Health Care Financing Administration has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to functions they will perform.

/X/ Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN# 85-8
Supersedes
TN3 75-2

Approval Date 3-7-86

Effective Date 1-1-86

ATTACHMENT 1.2 - A

GUAM

The Department of Public Health and Social Services is the single State agency with the authority to administer and supervise the administration of the Medicaid program and state plan.

Attached, and made a part hereof, is a certification of the Attorney General of the Territory of Guam identifying the Department of Public Health and Social Services as the single State agency and citing legal authority under which such agency administers the Medicaid program on a Statewide basis, including the authority to make rules and regulations governing the administration of the program by such agency.

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

- a. Methods for informing staff of State policies, standards, procedures, and instructions; and
- b. Regular planned examination and evaluation of operations conducted through reports, controls, and other necessary methods.

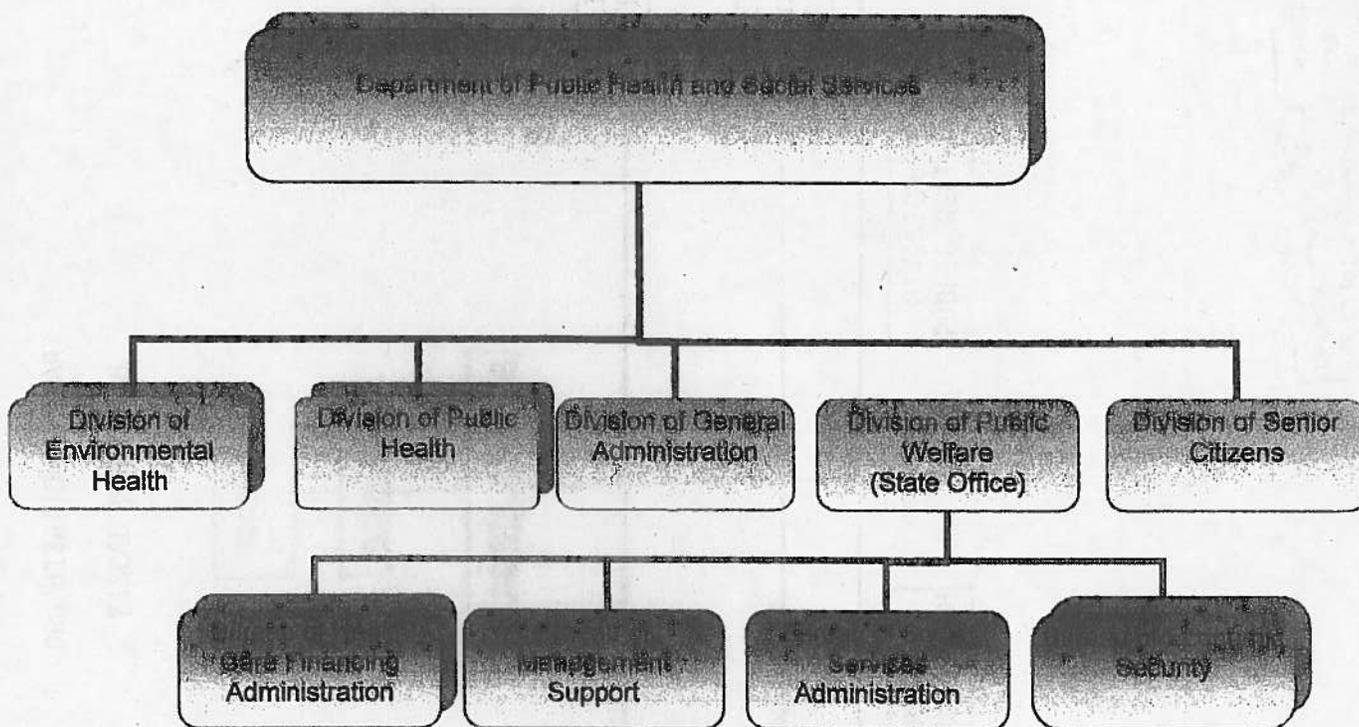
The following is an organizational chart of the single State agency:

| | |
|---------------------------|------------------------------|
| TRANSMITTAL # <u>85-8</u> | EFFECTIVE <u>1-1-86</u> |
| REC'D RO _____ | SUPERSEDED BY TRANSM # _____ |
| APPROVED <u>3-7-86</u> | EFFECTIVE _____ |

GOVERNMENT OF GUAM

Department of Public Health and Social Services

Organizational Chart



REVISION:

ATTACHMENT: 1.2 -B

Page 1 of 3

Bureau of Health Care Financing Administration

The Medicaid program is administered by the Bureau of Health Care Financing Administration which consists of thirty-two full-time employees, seven professional personnel to include the Administrator, two management personnel and twenty-three supporting staff. Three consultants are hired on a part-time basis to provide professional support in the medical and computer system field. The Utilization Control and the Claims Processing merged to one unit, Operation Section, in October 1988. The Entitlement Determination was transferred to Bureau of Economic Security in October 1988.

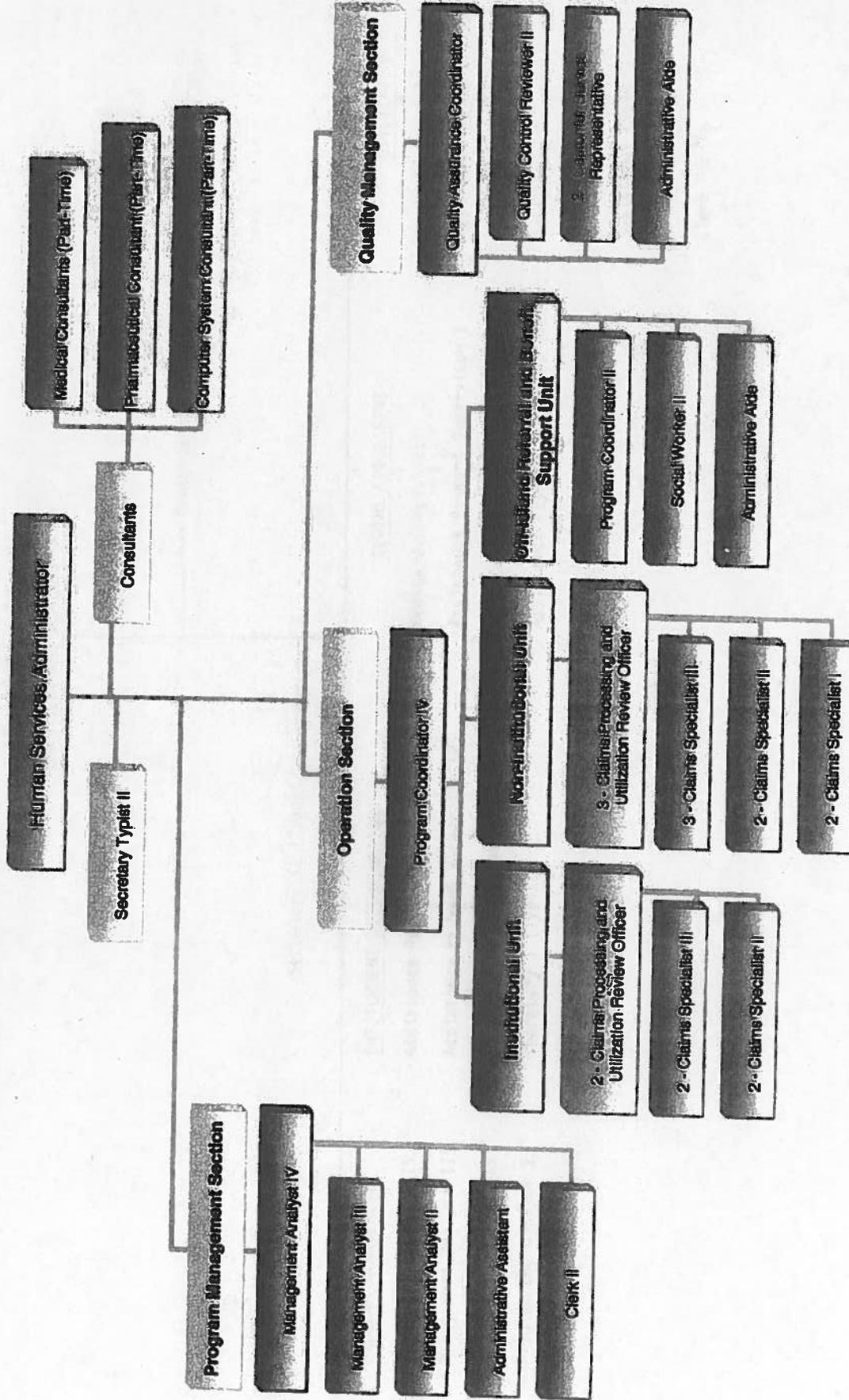
The Bureau of Health Care Financing Administration Organizational Chart and Functional Chart are included on Pages 2 and 3.

TN: 10-001 Approval Date: 1/31/2011 Effective Date: January 1, 2011
Supersedes TN: 85-8

REVISION:

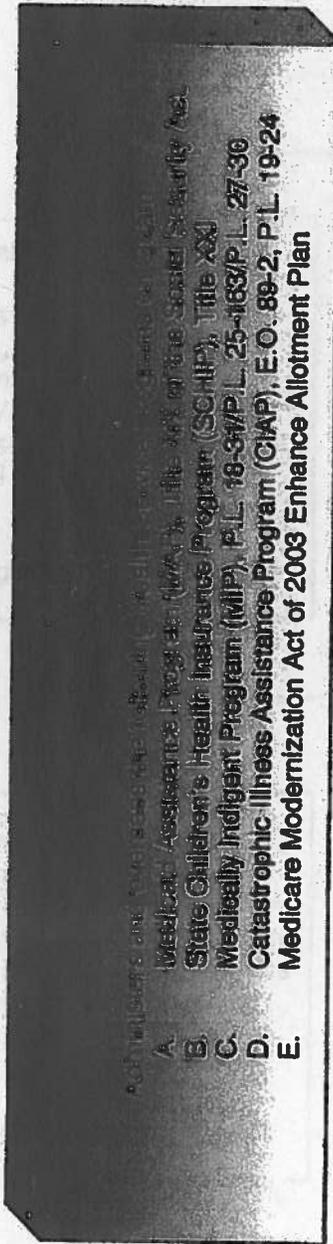
ATTACHMENT: 1.2-B
Page 2 of 3

Bureau of Health Care Financing Administration Organizational Chart



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Supersedes TN: 85-8

Bureau of Health Care Financing Administration Functional Chart



Program Management Section

Responsible for the financial and program management support; development, monitoring & evaluation of the program state plan, policies and procedures, operations, manuals, and rules and regulations; assist in the service provider negotiations and contract/agreement preparations; responsible for fiscal quality control, inventory, procurement, interpretation and preparation of local and federal reports; assist in personnel management to include manpower utilization, recruitment, staff training and development; and responsible for coordination and maintenance of management information system.

Quality Management Section

Responsible for maintaining and developing the quality management of the Operation & Program Management Sections, in ensuring quality services and conformance to requirements; development of the quality assurance guidelines; monitors & evaluates the implementation of quality assurance measures and conducts audits to include the detection of fraud and abuse; and oversees the Prior Authorization Unit.

Operation Section

Responsible for the utilization control, claims processing, and quality assurance; planning, development, implementation, monitoring, coordination and evaluation of the utilization review/control and processing of medical claims, on-site reviews of institutional and non-institutional service providers, the development & monitoring of the service provider to include orientation; provider claims reconciliation; off-island coordination; and oversees the EPSDT, Buy-in Program and Third-Party Liability (TPL).

**Bureau of Health Care Financing Administration
Staff List**

| POSITION TITLE | # OF STAFF | RESPONSIBILITIES |
|------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Human Services Administrator | 1 | Administers the Medicaid, Medically Indigent Program, and other Health Service Programs to ensure compliance with the federal and local laws; Coordinates with the public and private agencies to enhance the well being of Medicaid and Medically Indigent Program (MIP) recipients through adequate health care. |
| Administrative Aide | 2 | Provides clerical and administrative services. |
| Administrative Assistant | 1 | Provides administrative, office, and financial support services to include the monitoring of expenditures, personnel actions and other personnel requests, and preparation of work requests and requisitions. |
| Claims Processing & Utilization Review Officer | 5 | Develops and implements the utilization control of the medical claims. Supervises the claims processing/utilization review units. |
| Claims Specialist I | 2 | Provides routine processing and data entry of medical claims. |
| Claims Specialist II | 4 | Provides moderate processing and data entry of medical claims. |

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REVISION:

ATTACHMENT: 1.2-C

Page 2 of 4

| | | |
|----------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Claims Specialist III | 5 | Provides complex processing and data entry of medical claims and technical work involving the accuracy and appropriateness of medical claims payments. |
| Clerk II | 1 | Maintains the filing system for the Program Management Unit and incoming/outgoing correspondences and reports. Assist medical claims and technical work involving the accuracy and appropriateness of medical claims payments. |
| Computer System Consultant (Part-Time) | 1 | Provides consultation on determining hardware/software and system function specifications. |
| Customer Service Representative | 2 | Provides assistance to clients' and providers' inquiries to include Prior Authorization request, claims submission. |
| Management Analyst II | 1 | Provides moderately complex work in analyzing and developing managerial procedures and practices to include fiscal reports; Coordinates with accounting and data processing on fiscal matters. |
| Management Analyst III | 1 | Provides complex work in analyzing and developing managerial procedures and practices, supervises a small number interrelated unit, and assistance in financial projection to include budget preparation; Performs studies, analyses and evaluation of program operations. |

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REVISION:

ATTACHMENT: 1.2-C
Page 3 of 4

| | | |
|---------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Management Analyst IV | 1 | Provides complex and supervisory work in analyzing and developing managerial procedures and practices, and financial projection to include reviews of proposed legislation and its impact to the operation; Supervises the Program Management Section. |
| Medical Consultant (Part-Time) | 1 | Provides consultation in reviewing and approving protocols and provided medical services/treatment, assessing or developing medical treatment plans. |
| Pharmaceutical Consultant (Part-Time) | 1 | Provides consultation in reviewing and approving protocols and provided pharmaceutical services, and pharmacy-related issues. |
| Program Coordinator II | 1 | Provides moderately complex work in planning, developing, implementing, and coordinating of federal and local funded programs and projects to include processing of Medicaid claims for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services; Coordinates the EPSDT and Buy-In program. |
| Program Coordinator IV | 1 | Provides assistance in administering federal and local funded programs and projects. Supervises the Operation Section. |
| Quality Assurance Coordinator | 1 | Provides professional work in developing, coordination and implementing the quality assurance programs relating directly and indirectly to client care and support services. |

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ATTACHMENT: 1.2-C

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| | | |
|-----------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quality Control Reviewer II | 1 | Provides complex work in analyzing and evaluating clients' case records and claims. Conduct field investigations and collateral contacts in substantiating clients' records and claims. |
| Secretary Typist II | 1 | Provides complex secretarial and office management work to include the file maintenance of the administration. |
| Social Worker II | 1 | Provides moderately complex social work in application of social work principles to include counseling on proper utilization of the medical services; Coordinates the off-island referral and provide assistance to the clients on the air transportation and lodging. |

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

State Guam

Section
CFR
42 CFR
431.50 (b)
431.59-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

75-2
Supersedes _____
#

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Effective Date 4/1/75

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

State _____

Guam

Section
1.2(b)
78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

75-2

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Approval Date 1/14/76

Effective Date 4/1/75

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

Citation

1928 of the Act

1.5 Pediatric Immunization Program

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-3
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Effective Date 10-1-94

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APRIL 1994
State/Territory: GUAM

Citation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

 State Medicaid Agency

 X State Public Health Agency

TN No. 94-3

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May 22, 1980

State Guam

SECTION 2 COVERAGE AND ELIGIBILITY

Citation
42 CFR Part
436, §435.10
and Subpart J
AT-79-29
AT-80-34

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 436, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

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

OMB No.: 0938-0193

Territory: Guam

Citation
42 CFR Part 436,
Subpart J
AT-79-29

2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application if they were, or on application would have been, eligible. Coverage is provided:

At each time services were received during the 3-month period provided the individual met all the eligibility requirements at that time.

For any full month provided the individual met all the eligibility conditions at any time during that month.

1902(e)(8) of
the Act,
P.L. 99-509
(Section 9403)

(2) For individuals who are eligible for Medicaid for Medicare cost sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

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

(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

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TN No. 86-9

Approval Date 10/10/89

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Territory: Guam

Citation
42 CFR 436.10
AT-78-90
AT-80-34
46 FR 47976

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

Categorically needy only.

Both categorically needy and medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

1902(a)(10)(E),
1902(1) and (m),
1905(p) and (q)
and 1920 of the
Act, P.L. 99-509
(Sections 9401,
9402, 9403, 9404,
and 9407)

All applicable requirements of 42 CFR Part 436 and sections 1902(a)(10)(E), 1902(1) and (m), 1905(p) and (q) and 1920 of the Act are met.

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

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 436.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Guam

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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

The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy

436.110

1. All recipients of OAA, AB, APTD, AABD, and AFDC: this includes all individuals who are essential persons under the State plan and who could be recipients if the State plan were as broad as permitted for Federal financial participation. Also included are groups checked below which are covered under the approved State plan for financial assistance.

AFDC families with unemployed parents.

AFDC pregnant women with no other eligible children.

AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for OAA, AB, APTD, AABD and AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

The definitions of blindness in terms of ophthalmic measurement and of permanent and total disability used in this plan are specified in Supplement 2 to ATTACHMENT 2.2-A.

*Agency that determines eligibility for coverage.

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AUGUST 1991

ATTACHMENT 2.2-A
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Territory: GUAM

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

A. Mandatory Coverage - Categorically Needy (Continued)

42 CFR 436.111
1902(a)(17)(D)
of the Act

2. a. Individuals denied AFDC because of policies requiring the deeming of income and resources from certain persons not included as financially responsible relatives under section 1902(a)(17)(D) of the Act:

- (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
- (2) Grandparents;
- (3) Legal guardians;
- (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); and
- (5) Siblings.

b. Individuals denied AFDC because of the involuntary inclusion of all eligible siblings in the home as members of the AFDC filing unit.

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TN No. 87-2

Approval Date

JAN 24 2002

Effective Date

OCT 1 2001

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AUGUST 1991

ATTACHMENT 2.2-A
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Territory: GUAM

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy (Continued)

42 CFR 436.112 3. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC, except for the increase in OASDI benefits under P.L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving OAA, AB, APTD, or AFDC in August 1972.

— Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

— Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

~~X~~ Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

42 CFR 436.114 4. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

— b. Participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program.

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