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State/Territory Name: Guam

State Plan Amendment (SPA) #: 15-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

April 4, 2017

Terri Gumataotao
Division of Public Welfare
Bureau of Health Care Financing
PO Box 2816
Hagatna, GU 96932

Dear Ms. Gumataotao:

Enclosed is an approved copy of Guam State Plan Amendment (SPA) 15-001. The SPA adds coverage and a reimbursement methodology for mental health rehabilitative services. The SPA was submitted to my office on February 2, 2015.

The approval is effective January 1, 2015. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-A Pgs. 6-7
- Attachment 3.1-A Pgs. 39-39a
- Attachment 4.19-B Pgs. 4-5


If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at Peter.Banks@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Tess Arcangel, Chief Administrator, Division of Public Welfare

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER. 15-01 ^{PS} 15-001	2. STATE Guam
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2015	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Title XIX of the Social Security Act 42 CFR 440.130 ^{PS}		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$1,250,952.00 b. FFY 2016 \$1,300,831.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 39-39a of 45 (Section 3 - Services: Mental Health Rehabilitative Services) Attachment 3.1-A Pgs. 6-7, Attachment 3.1-A Pgs. 39-39a Attachment 4.19-B Pgs. 4-5 Page 4-5 of 5 (Section 4 - General Program Administration: Mental Health Rehabilitative Services) ^{PS}		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 39 (Section 3 - Services: Mental Health Rehabilitative Services) Attachment 3.1-A Pgs. 6-7, Attachment 3.1-A Pg. 39 Attachment 4.19-B Pgs. 4-5 Page 4-5 of 5 (Section 4 - General Program Administration: Mental Health Rehabilitative Services) ^{PS}	
10. SUBJECT OF AMENDMENT: Mental Health Rehabilitative Services			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Public Health & Social Services Bureau of Health Care Financing Administration 123 Chalan Kareta Mangilao, GU 96913-6304	
13. TYPED NAME: Eddie Baza Calvo			
14. TITLE: Governor of Guam			
15. DATE SUBMITTED: FEB 02 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: February 2, 2015		18. DATE APPROVED: April 4, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Henrietta Sam Louie		22. TITLE: Associate Regional Administrator	
23. REMARKS: Pen and Ink Request: 1. Box 1: Update to read 15-001. 2. Box 6: Update to read 42 CFR 440.130. 3. Box 8: Update to read Attachment 3.1-A Pgs. 6-7 Attachment 3.1-A Pgs. 39-39a Attachment 4.19-B Pgs. 4-5. 4. Box: 9 Update to read Attachment 3.1-A Pgs. 6-6 Attachment 3.1-A Pg. 39 Attachment 4.19-B Pgs. 4-5			

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services

Provided No limitations With limitations*
 Not provided

c. Preventive services

Provided No limitations With limitations*
 Not provided

d. Rehabilitative services

Provided No limitations With limitations*
 Not provided

14. Services for individuals age 65 or older in institutions for mental diseases

a. Inpatient hospital services

Provided No limitations With limitations*
 Not provided

b. Skilled nursing facility services

Provided No limitations With limitations*
 Not provided

c. Intermediate care facility services

Provided No limitations With limitations*
 Not provided

*Description provided on attachment.

TN No.: 15-001 Approval Date: April 04, 2017 Effective Date: January 1, 2015
Supersedes TN: 02-002

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

15. Intermediate care facility services

a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided: No limitations With limitations*
 Not provided.

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided: No limitations With limitations*
 Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided: No limitations With limitations*
 Not provided.

17. Nurse-midwife services.

Provided: No limitations With limitations*
 Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

TN No.: 15-001 Approval Date: April 04, 2017 Effective Date: January 1, 2015
Supersedes TN: 12-002

2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of cessation attempts exceeding 2 per year.

13d. Mental Health Rehabilitative Services

Mental health rehabilitative services are provided to children and adults as individual or group therapies and interventions. Services are designed to reduce mental disability and restore the individual to their best functional level possible within the community. Individuals under age 21 pursuant to the EPSDT benefit will receive all medically necessary services without limitations. Mental health services may be provided face to face in an office, by telephone, or in the community to the individual. This service includes:

Service Plan Development

- Service Plan Development – An individual written plan of service that has been developed using a wraparound planning process, assessment of the individual's emotional and behavioral needs. The wraparound planning utilizes a Child and Family Team to create and implement a highly individualized family-centered plan of service that consists of mental health treatment, non-mental health services and other needed services and supports. It's also a collaborative team planning process that focuses on the unique strengths, values, and preferences of the child and family and is developed in partnership with other community agencies. The individual plan of service must contain the expected date any authorized service is to commence, and the specified amount, scope, and duration of each authorized service and must be kept current and modified when needed (reflecting changes in the intensity of the individual's health and welfare needs or changes in the individual's preferences for support).

Provider Eligibility Requirements-Social Worker qualifications:

- Bachelor of Science degree in healthcare-related field, preferably major in social service or psychology.
- Two years full-time experience, or equivalent, with persons with social, behavioral, or emotional disorders.
- Knowledge of mental health challenges and community resources.
- Knowledge and skills in CPR, First Aid, and Microsoft Office.

Therapy

- Individual Therapy – A session which individuals working one-on-one with a trained therapist— face to face in an office, by telephone, or in a confidential community environment —to explore their feelings, beliefs, or behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change.

Provider Eligibility Requirements-Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

- Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession.

- Group Therapy – A session which a small group of people (generally six to ten) meet face-to-face with a trained group therapist to talk about a particular issue with which all of them is struggling—such as mental and emotional disorders, grief/bereavement, anger management, eating disorders, living with chronic depression or anxiety, recovering from childhood sexual abuse, etc., and medication management.

Provider Eligibility Requirements- Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

- Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession.

- Family Counseling - A session which the individual and their families meet face-to-face with a trained family therapist to talk about managing and overcoming mental and emotional disorders and problems with their family and relationships, to help the individuals understand their problems and develop strategies to improve their lives and medication management.

Provider Eligibility Requirements- Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

- Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession.

Medication Management

- Medication Management – Monitor medications usage to confirm that the individual is complying with a medication regimen, to include preventive medicine counseling and/or risk factor reduction interventions, patient is avoiding potentially dangerous drug interactions and other complications.

Provider Eligibility Requirements- Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

- Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession.

Rehabilitative

- Care Coordination – A process through which the individual and their families meet face-to-face with an experienced staff for the purpose of support in resolving and/or ameliorating the individual's emotional and behavioral needs by improving the individual's impairment for the scheduling, referral or coordination of the emergency medical services and transport, and other covered rehabilitative services.

Provider Eligibility Requirements- Community Program Aide/Developmental Disability Aide qualifications:

- 18 years of age, with high school diploma or equivalent.
- One year full-time experience, or equivalent, with persons with social, behavioral, or emotional disorders.
- Knowledge of mental health challenges and community resources.
- Knowledge and skills in use of Microsoft Office.

TN No.: 15-001 Approval Date: April 04, 2017 Effective Date: January 1, 2015
Supersedes TN: 02-002

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1136. The time required to complete this information collection is estimated to average 7 hours per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

- Crisis Intervention - An unplanned, expedited service, lasting less than 24 hours to a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is a quick emergency response service enabling a beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member to the greatest extent possible. The goal of crisis intervention is to stabilize an immediate crisis within a community or clinical treatment setting. This service includes:

Crisis Evaluation Plan

- Crisis Evaluation Plan – An individual written plan of service of the individual’s behavioral health needs during the crisis.

Provider Eligibility Requirements-Social Worker qualifications:

- Bachelor of Science degree in healthcare-related field, preferably major in social service or psychology.
- Two years full-time experience, or equivalent, with persons with social, behavioral, or emotional disorders.
- Knowledge of mental health challenges and community resources.
- Knowledge and skills in CPR, First Aid, and Microsoft Office.

Therapy

- Individual Therapy – A session which individuals work one-on-one with a trained therapist— face to face in an office, by telephone, or in a confidential community environment —to explore their feelings, beliefs, or behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change.

Provider Eligibility Requirements- Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession.

Medication Management

- Medication Management – Monitor medications usage to confirm that the individual is complying with a medication regimen, to include preventive medicine counseling and/or risk factor reduction interventions, patient is avoiding potentially dangerous drug interactions and other complications.

Provider Eligibility Requirements- Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession.

Rehabilitative

- Care Coordination – A process through which the individual and their families meet face-to-face with an experienced staff for the purpose of support in resolving and/or ameliorating the individual’s emotional and behavioral needs by improving the individual’s impairment for the scheduling, referral or coordination of the emergency medical services and transport, and other covered rehabilitative services.

Provider Eligibility Requirements- Community Program Aide/Developmental Disability Aide qualifications:

- 18 years of age, with high school diploma or equivalent.
- One year full-time experience, or equivalent, with persons with social, behavioral, or emotional disorders.
- Knowledge of mental health challenges and community resources.
- Knowledge and skills in use of Microsoft Office.

14. Services for Ages 65 or older for Mental Diseases

Not provided.

15. Intermediate Care Facility

Not provided.

16. Inpatient Psychiatric Facility Services

Not provided.

17. Nurse-Midwife Services

Provided with no limitations.

18. Hospice Care

Hospice care is a service for the terminally ill patient who has a physician’s certification that the individual has a medical prognosis that his or her life expectancy is six months or less. A plan of care must be established before services are provided, and services must be consistent with the plan of care in order to be covered. The following services are covered hospice services:

- Nursing care provided by or under the supervision of a registered nurse.
- Medical social services provided by a social worker who has at least a bachelor’s degree from a school accredited or approved by the Council on Social Work Education, and who is working under the direction of a physician.
- Physicians’ services performed by a physician (as defined in 42 CFR 440.50) except that the services of the hospice medical director of the physician of the interdisciplinary group must be performed by a doctor of medicine or osteopathy.
- Counseling services provided to the terminally ill individual and the family members or other persons caring for the individual at home. Counseling, including dietary counseling, may be provided both for the purpose of training

TN No.: 15-001 Approval Date: April 04, 2017 Effective Date: January 1, 2015
Supersedes TN: NEW

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1136. The time required to complete this information collection is estimated to average 7 hours per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

O. Hospice Care

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

P. Medical Transportation Services

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

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

Q. Free-Standing Birthing Center Services

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

R. Outpatient Hemodialysis Services

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

S. Outpatient and Emergency Room Services

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

T. Wellness and Fitness Services-Applicable to the Alternative Benefit Plan only

Medicaid will pay provider charges for Wellness services not to exceed two hundred dollars (\$200.00) per Medicaid beneficiary annually, unless prior authorization is granted. Medicaid will pay providers for Fitness services not to exceed 90% of the monthly membership fees.

U. Mental Health Rehabilitative Services

Medicaid will pay provider for mental health rehabilitative services as follows:

Service Plan Development/Crisis Evaluation Plan-\$24.80 first 15 minutes; \$16.00 per next 15 minutes increment; maximum 3 hours.

Therapy and Medication Management - Medicaid will reimburse all therapy services, including individual therapy, group therapy and family counseling, at the Medicaid reimbursement rate for "Other Practitioner Services" as described in Attachment 4.19-B, page 1, Item B.

TN No.: 15-001 Approval Date: April 04, 2017 Effective Date: January 1, 2015
Supersedes TN: 14-03

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1136. The time required to complete this information collection is estimated to average 7 hours per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Care Coordination-\$10.40 first 15 minutes; \$8.00 per next 15 minutes increment; maximum 1.5 hours.

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

Out of Country Providers will be reimbursed based on negotiated rate not to exceed the Current Hawaii Medicare Fee Schedule for service under (A) through (S) above. If the fee schedule is not available and not covered by Medicare, reimbursement will be based on negotiated rate not to exceed 100% of Contracted Out-of-Country Provider's Usual Customary Charges/Acquisition Cost.

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

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

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

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

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

- Payment Adjustment for Provider-Preventable Conditions

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

- Other Provider-Preventable Conditions (OPPC)

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

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

Additional Other Provider-Preventable Conditions identified below:

Any charges related to OPPC shall be denied.

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