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State/Territory Name: Guam

State Plan Amendment (SPA) #: 23-0001

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 20, 2023

Teresita Gumataotao, Administrator
Guam Medicaid Agency
Department of Public Health & Social Services
Bureau of Health Care Financing Administration
155 Hesler Place
Hagatna, GU 96910

Re: GUAM State Plan Amendment (SPA) TN 23-0001

Dear Ms. Gumataotao:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) GU 23-0001. This amendment clarifies the assurance that Guam provides EPSDT services pursuant to sections 1902(a)(10)(A), 1905(a)(4)(B), and 1905(r) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 4440.40(b) and §1905(r) of the Social Security Act. This letter is to inform you that Guam Medicaid SPA 23-0001 was approved on June 20, 2023, with an effective date of January 1, 2023.



If you have any questions, please contact Barbara B. Prehmus at (303) 844-7472 or via email at Barbara.Prehmus@cms.hhs.gov.

Sincerely,

 Digitally signed by
Ruth Hughes -S
Date: 2023.06.20
12:57:32 -05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>23</u> — <u>0001</u>	2. STATE <u>Guam</u>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) <u>Title XIX</u>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>January 1, 2023</u>	
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 <u>Sections 1905 (a)(4)(F) of the Social Security Act</u>		7. FEDERAL BUDGET IMPACT a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Page 13-15 of 43 (Supplement to Attachment 3.1-A)</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Page 13-15 of 43</u>	
10. SUBJECT OF AMENDMENT <u>Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services</u>			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO <u>Department of Health & Social Services Bureau of Health Care Financing Administration 155 Hesler Place Hagatna, GU 96910</u>	
13. TYPED NAME <u>Lourdes A. Leon Guerrero</u>			
14. TITLE <u>Governor</u>			
15. DATE SUBMITTED <u>March 31, 2023</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <u>March 31, 2023</u>		18. DATE APPROVED <u>June 20, 2023</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2023</u>		20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by Ruth Hughes -S Date: 2023.06.20 12:58:36 -05'00'	
21. TYPED NAME <u>Ruth A. Hughes</u>		22. TITLE <u>Acting Director, Division of Program Operations</u>	
23. REMARKS			

4.b. Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

EPSDT services are screening, diagnostic and treatment services of Individuals under the Age of Twenty-one (21) to receive appropriate preventive, dental, mental health, developmental, and specialty services that are medically necessary to correct and ameliorate health conditions, and health care, treatment, and other measures to correct or ameliorate an identified condition, whether or not such services are covered under the state plan. All 1905(a) benefits are covered for EPSDT eligible children pursuant to sections 1902(a)(10)(A), 1905(a)(4)(B), and 1905(r) of the Act.

- Early: Assessing and identifying problems early
- Periodic: Checking children's health at periodic, age-appropriate intervals
- Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- Treatment: Control, correct or reduce health problems found.

A. Provider Eligibility Requirements

Qualified enrolled licensed Medicaid providers practicing within their scope of practice to provide screening, diagnostic, and treatment services.

B. Benefits Limitations

1. Covered Services

a. Screening Services

- Comprehensive unclothed physical exam, health and developmental history.
- Appropriate immunizations (according to the Advisory Committee on Immunization Practices).
- Laboratory tests (including lead toxicity screening)
- Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention).

b. Vision Services

At a minimum, diagnosis and treatment for defects in vision, including eyeglasses. Eye refraction and eyeglass prescription by an ophthalmologist or optometrist once every two (2) years or determined as medically necessary.

c. Dental Services

At a minimum, dental services include relief of pain and infections, restoration of teeth, and maintenance of dental health.

d. Hearing Services

At a minimum, hearing services include diagnosis and treatment for defects in hearing.

e. Therapies

Therapy services, including physical therapy, occupational therapy, and speech therapy, when determined medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered.

f. Other Necessary Health Care Services

Any additional health care services found to be medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered.

g. Diagnostic Services

Diagnostic services when a screening examination indicates the need for further evaluation of an individual's health. Necessary referrals should be made without delay and follow-ups to ensure comprehensive diagnostic evaluation was completed.

h. Treatment

All health care services determined as medically necessary for treatment of physical, mental illnesses or conditions regardless of whether the service is covered.

4.c. Family Planning Services and Supplies for Individuals of Child-Bearing Age

Provided with no limitations.

4.d. Tobacco-Use Cessation Treatments for Pregnant Women

A. Provider Eligibility Requirements

Qualified enrolled licensed Medicaid providers which includes but is not limited to Physician, Clinical Nurse Specialist-APRN, Nurse Practitioner, Midwife, and Physician Assistant within their scope of practice to provide tobacco counseling services to eligible Medicaid recipients.

B. Benefit Limitations

Provide counseling and medication coverage for at least two cessation attempts per year. Prior Authorization is required for counseling and medication.

1. Face-to-face counseling. Each cessation attempt is at least four sessions of at least 30 minutes each.
2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of cessation attempts exceeding 2 per year.

5. Physician's Services

Physician's services includes those medically necessary diagnostic or treatment services provided by or under the personal supervision of a physician and which are within the scope of practice of the physician's profession as defined by State Law. The services maybe furnished in the office, the patient's home, a hospital, skilled nursing facility, or elsewhere.