

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

State/Territory: GUAM

Citation

4.22 (continued)

42 CFR 433.151(a)  
50 FR 46652

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

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

Other appropriate State agency(s)--  
\_\_\_\_\_  
\_\_\_\_\_

Other appropriate agency(s) of another State--  
\_\_\_\_\_  
\_\_\_\_\_

Courts and law enforcement officials.

42 CFR 433.151(b)  
50 FR 46652

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

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

JUL 31 1987

Approval Date \_\_\_\_\_

Effective Date 07/01/87

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

State GUAM

Citation  
42 CFR Part 434.4  
48 FR 54013

4.23 Use of Contracts

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

Not applicable. The State has no such contracts.

84-2

TN # \_\_\_\_\_

Supersedes \_\_\_\_\_

TN # 80-9

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

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

State/Territory:

GUAM

Citation 4.24  
42 CFR 442.10  
and 442.100  
AT-78-90  
AT-79-18  
AT-80-25  
AT-80-34  
52 FR 32544  
P.L 100-203  
(Sec. 4211)  
54 FR 5316  
56 FR 48826

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

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

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

TN No. 94-002

Supersedes

TN No. 87-14

Approval Date

MAY 13 1994

Effective Date

4/1/94

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

State Guam

Citation  
42 CFR 431.702  
AT-78-90

4.25 Program for Licensing Administrators of Nursing Homes

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

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

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

State Guam

---

4.26 [Reserved]

---

TN # \_\_\_\_\_  
Supersedes \_\_\_\_\_  
TN # \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

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

JAN 29 1981

State Guam

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

4.27 Disclosure of Survey Information and Provider  
or Contractor Evaluation

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

TN # 75-2  
Supersedes  
TN # \_\_\_\_\_

Approval Date 1/14/76

Effective Date 4/1/75

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

OMB No.: 0938-0193

State/Territory: GUAM

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

4.28 Appeals Process for Skilled Nursing and Intermediate  
Care Facilities

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

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

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

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

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

State Guam

Citation

Sec. 1902(a)  
(4)(C) of the Act  
P.L. 95-559,  
sec. 14  
AT-79-42

4.29 Conflict of Interest Provisions

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

TN # 79-17  
Supersedes  
TN # \_\_\_\_\_

Approval Date 10/9/79 Effective Date 7/1/79

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

OMB No.: 0938-0193

State/Territory: Guam

Citation  
42 CFR 1002.203  
AT-79-54  
48 FR 3742  
51 FR 34772

4.30 Exclusion of Providers and Suspension of Practitioners and Other Individuals

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

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

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

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

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

OMB No.: 0938-0193  
4.30 Continued

State/Territory: Guam

Citation

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

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

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

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

(B) Any HMO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

TN No. 87-14  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

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

OMB No.: 0938-0193  
4.30 Continued

State/Territory: Guam

Citation

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

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

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

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

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

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

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

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

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

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

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

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

OMB No.: 0938-0193

State/Territory: Guam

Citation

455.103  
44 FR 41644  
1902(a)(38)  
of the Act  
P.L. 100-93  
(sec. 8(f))

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

435.940  
through 435.960  
52 FR 5967

4.32 Income and Eligibility Verification System

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

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

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

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES  
REQUESTS TO OTHER STATE AGENCIES

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

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

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

TN No. 87-3  
Supersedes  
TN No. N/A

Approval Date AUG 28 1987

Effective Date 7/1/87

HCFA ID: 0124P/0002P

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

OMB No.: 0938-0193

State/Territory: Guam

Citation  
1902(a)(48)  
of the Act,  
P.L. 99-570  
(Section 11005)  
P.L 100-93  
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

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

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

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

METHOD FOR ISSUANCE OF MEDICAID ELIGIBILITY CARDS  
TO HOMELESS INDIVIDUALS

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

TN No. 87-4  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1080P/0020P

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

OMB No.: 0938-0193

State/Territory: GUAM

Citation  
1137 of  
the Act

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

4.34 Systematic Alien Verification for Entitlements

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

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

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

Total waiver

Alternative system

Partial implementation

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

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

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

4.42 Employee Education About False Claims Recoveries.

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

(1) Definitions.

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

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

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

TN No. 07-001  
Supersedes  
TN No. NA

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

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State/Territory: GUAM

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

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

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

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

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

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

TN No. 07-001  
Supersedes  
TN No. NA

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

ATTACHMENT 4.42-A

Employee Education About False Claims Recoveries.

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

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

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

TN No. 07-001

Supersedes

TN No. \_\_\_\_\_

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

Citation  
1902(a)(69) of  
the Act,  
P.L. 109-171  
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts.  
The Medicaid agency assures it complies with such requirements  
determined by the Secretary to be necessary for carrying out the  
Medicaid Integrity Program established under section 1936 of the  
Act.

TN No. 08-01  
Supersedes  
TN No. NA

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

---

4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States

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

**PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION**

**4.5 Medicaid Recovery Audit Contractor Program**

<p><u>Citation</u></p> <p>Section 1902(a)(42)(B)(i) of the Social Security Act</p> <p>Section 1902(a)(42)(B)(ii)(I) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act</p>	<p>_____ The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.</p> <p>✓ The State is seeking an exception to establishing such program for the following reasons:  <b>Guam's Medicaid funds come in the form of an annual capped block grant, and because health care on the island is predominantly provided by the government, procuring a Recovery Audit Contractor is not a feasible option for Guam.</b></p> <p>_____ The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.</p> <p>Place a check mark to provide assurance of the following:</p> <p>_____ The State will make payments to the RAC(s) only from amounts recovered.</p> <p>_____ The State will make payments to the RAC(s) on a contingent Basis for collecting overpayments.</p> <p>The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.</p>
--	--

TN No. 10-004  
Supersedes  
TN No. \_\_\_\_\_

Approval Date: FEB 10 2011

Effective Date: January 1, 2011

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

TN No. 10-004  
 Supersedes \_\_\_\_\_  
 TN No. \_\_\_\_\_

Approval Date: \_\_\_\_\_ FEB 10 2011 Effective Date: January 1, 2011

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam**4.46 PROVIDER SCREENING AND ENROLLMENT**

The Medicaid agency gives the following assurances:

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

**PROVIDER SCREENING**

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

**ENROLLMENT AND SCREENING OF PROVIDERS (42 CFR 455.410)**

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

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

**VERIFICATION OF PROVIDER LICENSES (42 CFR 455.412)**

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

**REVALIDATION OF ENROLLMENT (42 CFR 455.414)**

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

**TERMINATION OR DENIAL OF ENROLLMENT (42 CFR 455.416)**

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

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

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

---

**REACTIVATION OF PROVIDER ENROLLMENT (42 CFR 455.420)**

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

**APPEAL RIGHTS (42 CFR 455.422)**

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

**SITE VISITS (42 CFR 455.432)**

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

**CRIMINAL BACKGROUND CHECKS (42 CFR 455.434)**

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

**FEDERAL DATABASE CHECKS (42 CFR 455.436)**

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

**NATIONAL PROVIDER IDENTIFIER (42 CFR 455.440)**

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

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

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

---

**SCREENING LEVELS FOR MEDICAID PROVIDERS (42 CFR 455.450)**

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

**APPLICATION FEE (42 CFR 455.460)**

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

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

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

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

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1151. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

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

State \_\_\_\_\_

SECTION 5 <sup>Guam</sup> PERSONNEL ADMINISTRATION

Citation

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

5.1 Standards of Personnel Administration

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

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

(b) Affirmative Action Plan

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

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

*new*

State \_\_\_\_\_

Guam  
5.2 [Reserved]

**PERSONNEL RULES AND REGULATIONS  
GOVERNMENT OF GUAM**

**Rule 1**

**PURPOSE AND SCOPE OF RULES**

1.00 Purpose: It is the purpose of these rules to implement the provisions of Title V, Government Code of Guam, relating to the selection, compensation, and retirement of public employees in order to assure the orderly administration of the merit system. (NOTE: Amendments herein made were in conformance with Public Law 90-197, U.S. Congress (Elective Governor Act); applicable local laws, including Public Laws 9-86 and 9-239; Executive Order No. 67-12; and amendments to these rules heretofore promulgated by the Governor).

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

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

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

GOVERNMENT OF GUAM  
Office of the Governor  
Agana, Guam

EXECUTIVE ORDER NO. 67-12

CIVIL SERVICE COMMISSION  
DEPARTMENTAL PERSONNEL RULES  
AND  
REGULATIONS

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

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

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

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

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

ATTEST:

/s/  
RUDOLPH G. SABLAN  
Acting Secretary of Guam

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

State Guam

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

5.3 Training Programs; Subprofessional and  
Volunteer Programs

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

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

State \_\_\_\_\_

5.2 [Reserved]

TN # \_\_\_\_\_  
Supersedes \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

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

State \_\_\_\_\_

Guam

SECTION 6 FINANCIAL ADMINISTRATION

Citation

42 CFR 433.32  
AT-79-29

6.1 Fiscal Policies and Accountability

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

76-6

TN # \_\_\_\_\_

Supersedes \_\_\_\_\_

TN # \_\_\_\_\_

Approval Date \_\_\_\_\_

3/2/77

Effective Date \_\_\_\_\_

7/1/76

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

State \_\_\_\_\_

Guam

Citation

42 CFR 433.34 (b)

AT-79-29

6.2 Cost Allocation

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

18 11 1980  
11:56 AM  
10/10/80

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

State \_\_\_\_\_

Guam

Citation

42 CFR 433.33

AT-79-29

AT-80-34

6.3 State Financial Participation

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

<sup>xx</sup> State funds are used to pay all of the non-Federal share of total expenditures under the plan.

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

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

TN # 76-6

Supersedes

TN # \_\_\_\_\_

3/2/77

Approval Date \_\_\_\_\_

7/1/76

Effective Date \_\_\_\_\_

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

State Guam

SECTION 7 GENERAL PROVISIONS

Citation  
45 CFR 205.5

7.1 Plan Amendments

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

---

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

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

State \_\_\_\_\_

Citation  
45 CFR  
Parts 80  
and 84

7.2 <sup>Guan</sup> Nondiscrimination

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

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

TN # 75-2  
Supersedes \_\_\_\_\_  
TN # \_\_\_\_\_

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

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

State \_\_\_\_\_

Citation  
45 CFR 204.1

<sup>Guam</sup>  
7.3 State Governor's Review

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

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

I hereby certify that I am authorized to submit this plan on behalf of  
\_\_\_\_\_  
Department of Public Health and Social Services  
(Designated Single State Agency)

Date April 1, 1975

/s/ Pedro L.G. Santos  
(Signature)

Director of Public Health and Social Services  
(Title)

ATTACHMENT 7.2-A

Nondiscrimination Policy

79-26

Nondiscrimination

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

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

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