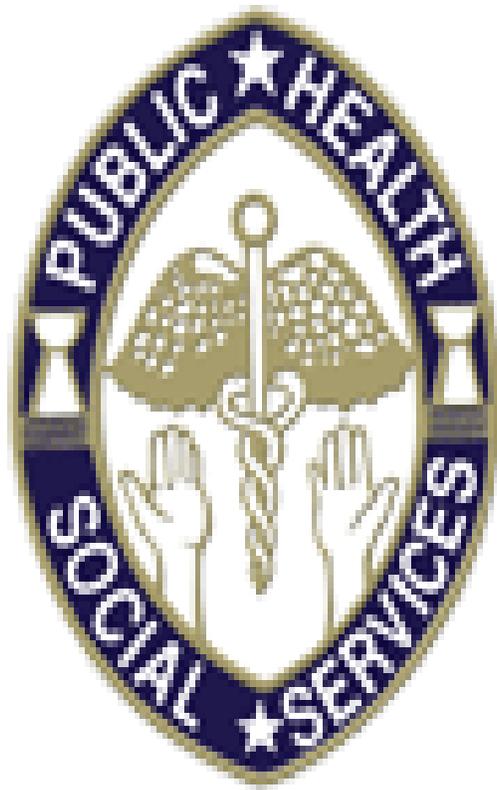


**DEPARTMENT OF PUBLIC HEALTH
AND
SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE**



**FY2014
ANNUAL REPORT**

INTRODUCTION

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

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

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

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

BUREAU ACCOMPLISHMENTS /HIGHLIGHTS

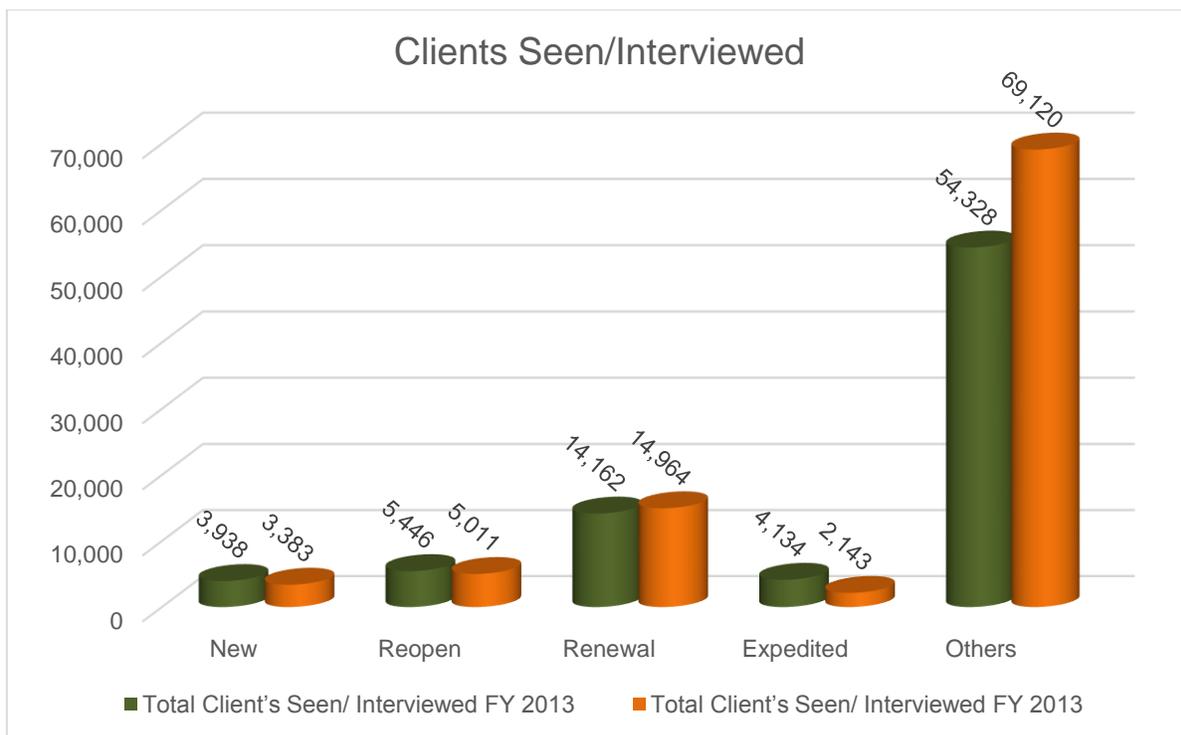
BUREAU OF ECONOMIC SECURITY

The Bureau of Economic Security provides eligibility determination of the following programs:

- I. Supplemental Nutrition Assistance Program -formerly known as the Food Stamp Program, provides food-purchasing assistance for low and no-income people living in the US.
- II. Cash Assistance Program (TANF, General Assistance, Old Age Assistance, and APTD) – provides assistance to low income individuals for basic living essentials
- III. Medicaid and Medically Indigent Program–provides medical assistance to low-income families and individuals.
- IV. CCDF -supports working low income families by providing access to affordable, high quality early care and afterschool programs.

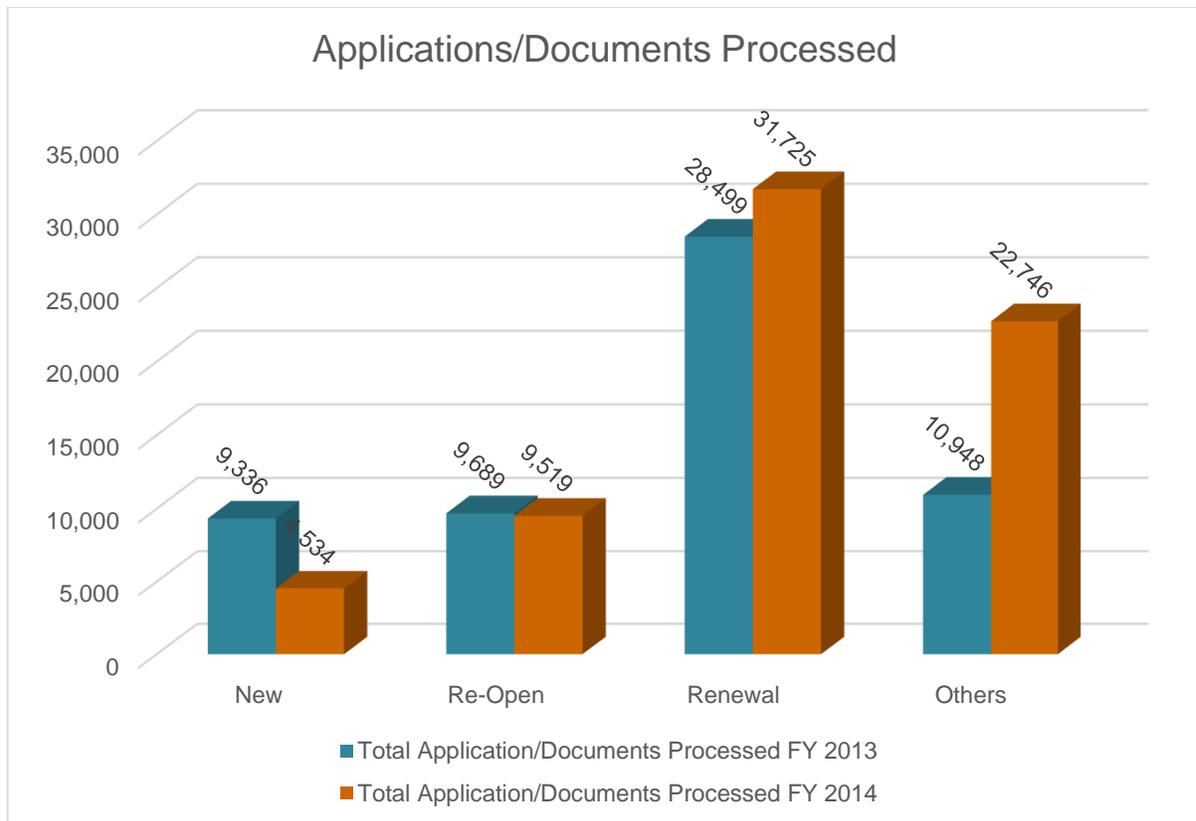
The bureau requires the full complement of sixty-one (61) budgeted full time positions or FTEs to effectively implement the aforementioned programs. Out of sixty-one FTEs, the BES Intake and Certification Section needs forty-five (45) FTEs to entertain all clients' inquiries and complaints; receive, log, and assign program applications to the Eligibility Specialists that screen clients' application, conducts interviews, and determines eligibility. In FY 2014, BES Intake and Certification Section is only managed by 24 FTEs, which is only 53 % of the required Intake and Certification full staffing. Below is the total number of clients seen, interviewed and processed by this section.

BES Intake and Certification Section



Category	Total Client's Seen/ Interviewed FY 2013	Total Client's Seen/ Interviewed FY 2014	Percentage Difference
New	3,938	3,651	-14.00%
Reopen	5,446	5,263	- 7.90%
Renewal	14,162	15,182	5.60%
Expedited	4,134	2,143	-48.1%
Others	54,328	69,120	27.2%
Grand Total	82,008	94,621	15.3%

Based on the above data, BES Intake and Certification Section had seen or interviewed 94,621 clients in FY 2014, which is **15.3%** more than FY 2013.

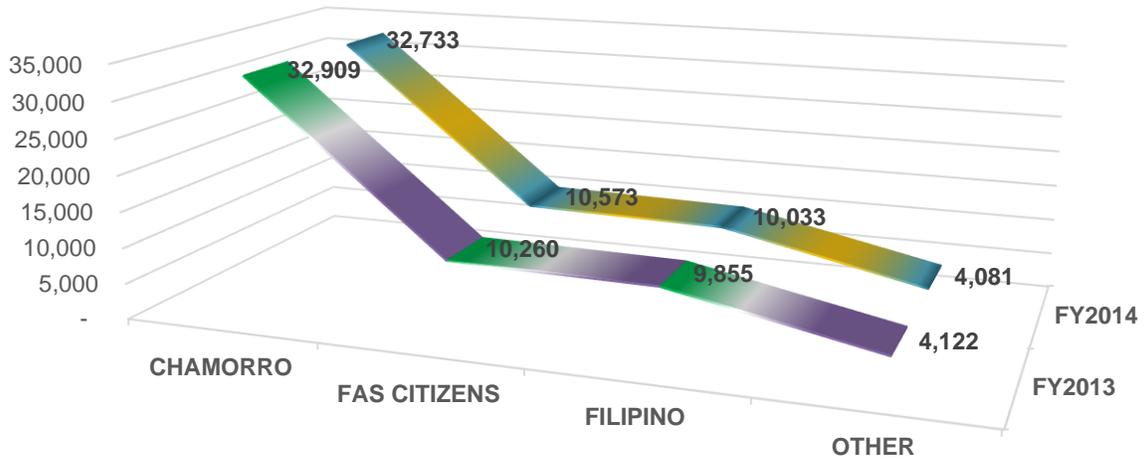


	Total Application/Documents Processed FY 2013	Total Application/Documents Processed FY 2014	Percentage Difference
New	9,336	4,534	-51.44%
Reopen	9,689	9,519	-1.75%
Renewal	28,499	31,725	11.32%
Change Report	10,948	22,746	98.63%
Grand Total	58,472	68,524	17.19%

Despite the increasing number of applicants and the incessant shortage of staff, BES staff were able to process applications timely by working beyond office hours to meet the program requirements. Staff were able to process 68,524 applications in FY 2014, which is 17.10% higher than FY 2013.

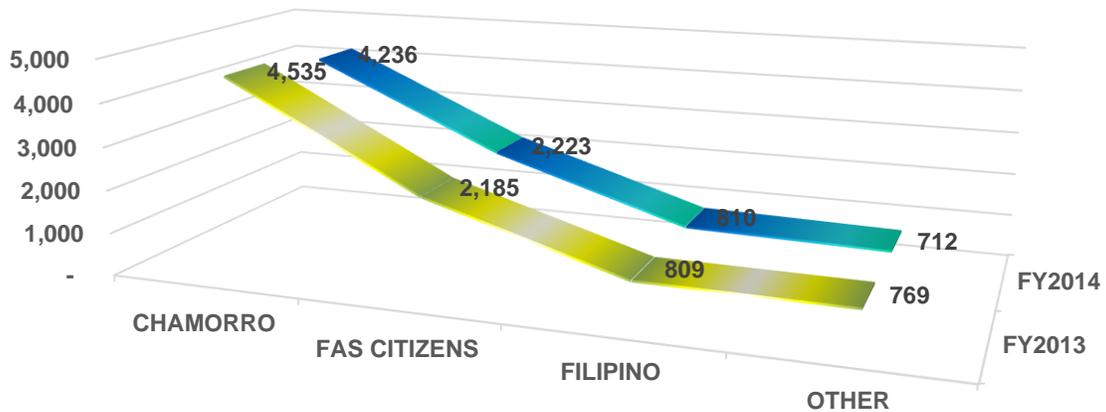
The data below showed the total number of SNAP and CAP participants by ethnicity, which ranked Chamorro as the highest followed by FAS citizens and the Filipinos for both programs. Also, based on the data below FY 2014 number of SNAP participants had increased by 1.16%, while CAP participants decreased by 3.68%. This decrease in CAP participants may be attributed to the decrease in unemployment rate from 10% in September 2013 to 7.4% in March of 2014, and due to some clients meeting their 60 month time limit.

SNAP PARTICIPANTS BY ETHNICITY



ETHNICITY	FY2013	FY2014	PERCENTAGE DIFFERENCE
CHAMORRO	32,909	32,733	-0.53%
FAS CITIZENS	10,260	10,573	3.05%
FILIPINO	9,855	10,033	1.81%
OTHER	4,122	4,081	-0.99%
TOTAL	57,146	57,420	0.48%

CAP PARTICIPANTS BY ETHNICITY



ETHNICITY	FY2013	FY2014	PERCENTAGE DIFFERENCE
CHAMORRO	4,535	4,236	-6.59%
FAS CITIZENS	2,185	2,223	1.74%
FILIPINO	809	810	0.12%
OTHER	769	712	-7.41%
TOTAL	8,298	7,981	-3.82%

In addition, the bureau applied for three (3) waivers to FNS in FY 2014. These waivers are:

1. ABAWD (Able Body without Dependent) Waiver- approved for one year effective October 1, 2014.
This waiver, upon the request of a State agency, waives the applicability of individual work requirement provision for at least 20 hours per week if it was determined that the area in which the individuals reside has an unemployment rate of over 10%.
2. Guam Waiver Request to Average Student Work Hours – approved from November 1 2014 through October 31, 2016.
FNS approved Guam’s request to waive the SNAP requirements at CFR 273.5(b) (5) in order to average student work hours for the purpose of determining eligibility. Under this waiver, students whose employment hours fluctuate from week to week will be considered to have met the minimum work hour requirement of 20 hours per week or 80 hours per month.
3. Guam Waiver to Deny Applications Before the 30th Day – effective January 1, 2015 through December 31, 2015.
This waiver allows Guam to deny an application 10 days after the date of request for verification when an applicant fails to provide the required information.

Guam requested the above waivers to streamline the eligibility processes, better assist the clients, and reduce some of the program error rates.

BUREAU OF HEALTH CARE FINANCING ADMINISTRATION

The Bureau of Health Care Financing Administration of the Department of Public Health and Social Services administers the following medical assistance program:

- I. Medicaid Assistance Program (MAP), Title XIX of the Social Security Act –Initially the federal medical assistance percentage (FMAP) was 50% for both administration and payments. Effective, July 1, 2011, Medicaid FMAP is 55% as a result of Affordable Care Act (ACA). The program provides medical care for persons receiving welfare benefits and low income individuals and families who meet the Medically Categorically Needy Expansion and New Adults Group income and resource guideline. The cost of the program is shared equally by the Federal and Local Government.
- II. State Children’s Health Insurance Program (SCHIP), Title XXI - SCHIP later known as Children’s Health Insurance Program was established by the federal government to provide health insurance to children in families at or below 200 percent of the federal poverty line. Guam, along with the other territories, has opted to implement CHIP as an expansion to Medicaid because the initial federal allotment was inadequate to implement a stand-alone State Children’s Health Insurance Program.
- III. Medicare Modernization Act (MMA), Enhanced Allotment Plan – The Medicare Prescription Drug Improvement and Modernization Act of 2003, also known as the Medicare Modernization Act (MMA) established the Medicare Prescription Drug Program (Medicare Part D), making prescription drug coverage available to individuals entitled to Medicare Benefits under Part A or B beginning January 1, 2006. The Guam EAP grant was approved and awarded by CMS in

Fiscal Year 2006 to DPHSS Guam Medicaid Program to pay for Medicare covered medications of Medicaid clients with Medicare insurance. The grant allows the use of funding for administration of the program up to 10% of the total grant award.

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

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

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

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

Furthermore, the bureau continues to implement and administer the MIP Program which is a 100% locally funded program. The MIP Program provides inpatient and outpatient Hospital, Clinic, Laboratory, Equipment and Supplies, Prescribed Medications and other medical assistance as specified under the MIP P.L. 27-30 to low income individuals and families who are without insurance or with inadequate insurance coverage.

The bureau requires the full complement of thirty-one (32) budgeted full time positions or FTE's for the aforementioned programs to effectively implement benefits coordination, utilization review/quality control and claims processing, prior authorization, fiscal management and federal reporting. In Fiscal Year 2014, only twenty (22) out of thirty-two (32) positions were filled. In the middle of the year, the bureau was able to recruit 5 additional employees, however, the bureau also lost eight (8) employees due to retirement, promotion, lateral transfer, and resignation of staff. This gave the bureau only fifty-nine percent (59%) available manpower to implement the required program functions and mandates. The on-going understaffing resulting from vacancies/retirements, and the additional mandates forces the staff to assume more responsibilities. Despite the lack of manpower the bureau tried its best to efficiently manage the programs and reduce the backlog of claims processing. Also, the Bureau continuously maintains its zero federal program single audit findings.

Despite the growth in tourism industry, we are projecting a consistent increase of program clients due to implementation of ACA, increase in utilization of medical services, and increase in health care costs causing a greater impact on the budget and workload of current staff.

The table and graph below contains the programs' accomplishments for FY 2014 in comparison to FY 2013. It indicates the number of eligibles to whom we provide with a full array of medical, social, and related health care services. It also includes the medical expenditures that were spent to cover the medical care costs provided to the recipients.

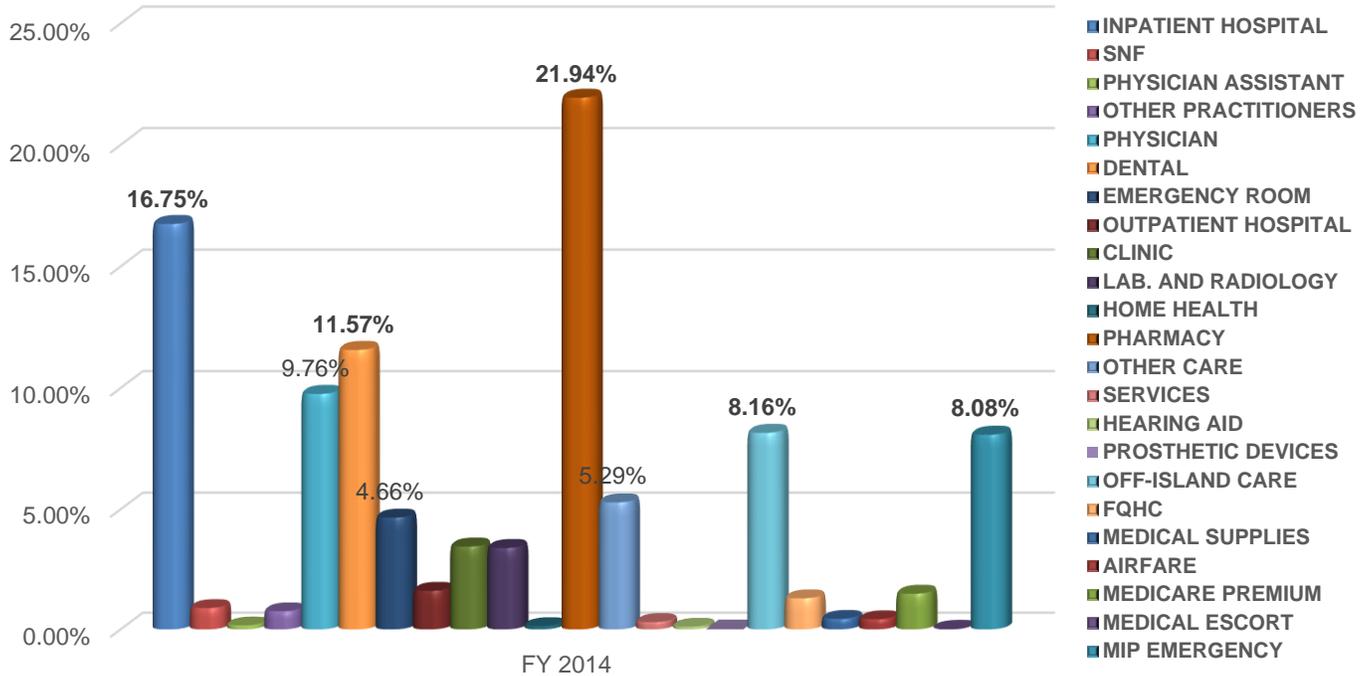
FY 2013 EXPENDITURE BY PROGRAM

Program	Expenditures		% Difference	Number of Eligibles		% Difference
	FY 2013	FY 2014		FY 2013	FY2014	
Medicaid (MAP)	\$24,872,727.00	\$25,143,635.27	1.09%	43,603	44,528	2.12%
EAP	\$1,405,692.64	\$1,335,320.00	-5.00%	Within MAP	Within MAP	N/A
CHIP	\$ 6,354,277.97	\$7,030,790.88	10.65%	Within MAP	Within MAP	N/A
ACA Medicaid	\$33,636,330.42	\$46,842,871.35	39.26%	Within MAP	Within MAP	N/A
Total Medicaid	\$66,269,028	\$80,352,617.50	21.25%	43,603	44,528	2.12%
MIP	\$10,906,795.47	\$9,486,158.82	-13.02%	12,689	12,471	-1.72%
MIP Cancer	\$589,816.55	\$283,270.26	-51.97%	Within MIP	Within MIP	N/A
Total MIP	\$11,496,612	\$9,769,429.00	-15.02%	12,689	12,471	-1.72%
Guam Cancer Assistance & Treatment	\$890,017.98	\$681,257.00	23.46%	Within MIP & MAP	Within MIP & MAP	N/A
Grand Total	\$78,655,658.03	\$90,803,303.50	15.44%	56,292	56,999	1.26%

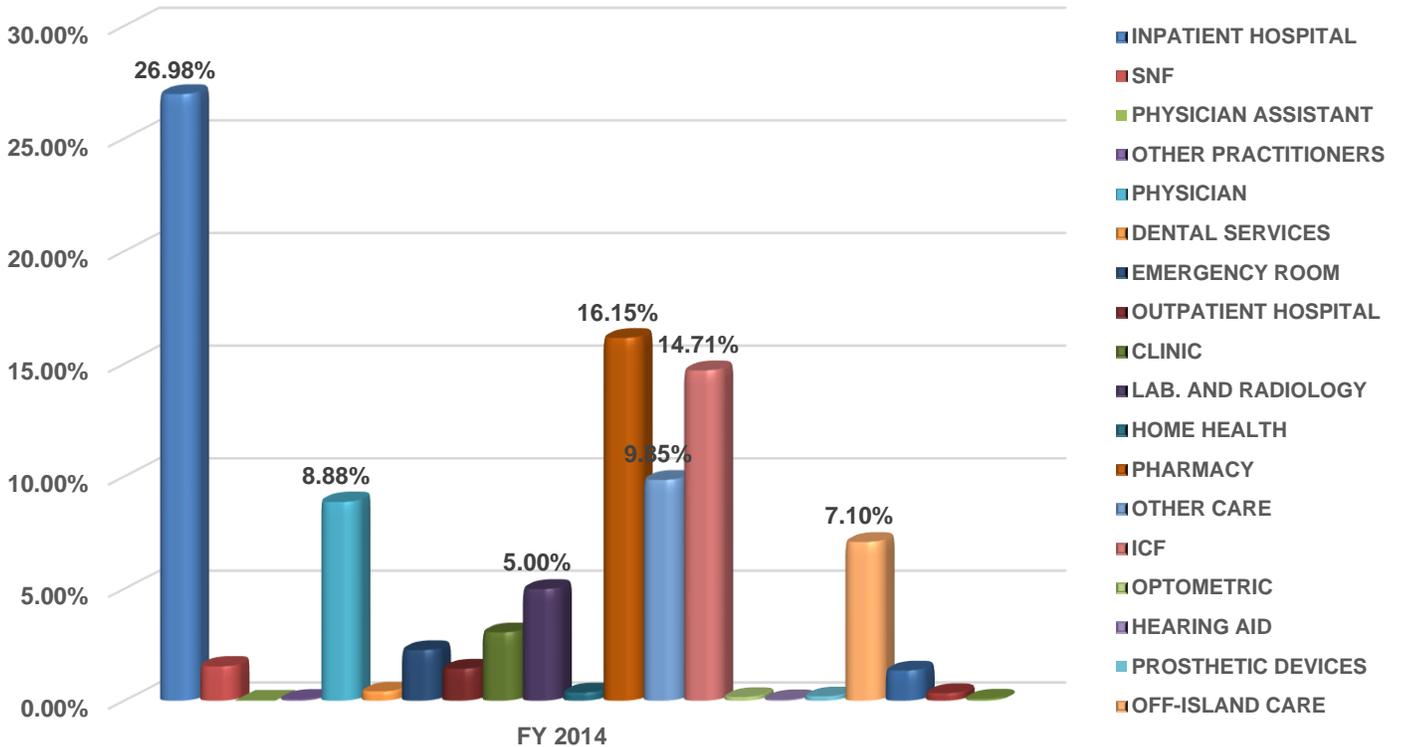
The increase of 21.25% in the Medicaid expenditures and the decrease of 15.02% in MIP expenditures in FY 2014 could be attributed to the increase in GMHA Medicare Interim Rate, Medicare fee schedule, the increase in the cost of drug prices, the implementation of ACA mandates, and the additional funding provided by ACA which allows the Medicaid Program to charge MIP Emergency services to Medicaid. As a result of ACA, some of the MIP clients became eligible under the Medicaid Program beginning January 2012, which resulted in a 25% increase in Medicaid clients and 15% decrease in MIP clients in FY2014 as compared to FY 2011 before the implementation of ACA.

Provided below is the ranking of Medicaid and MIP expenditures in percentage by type of services.

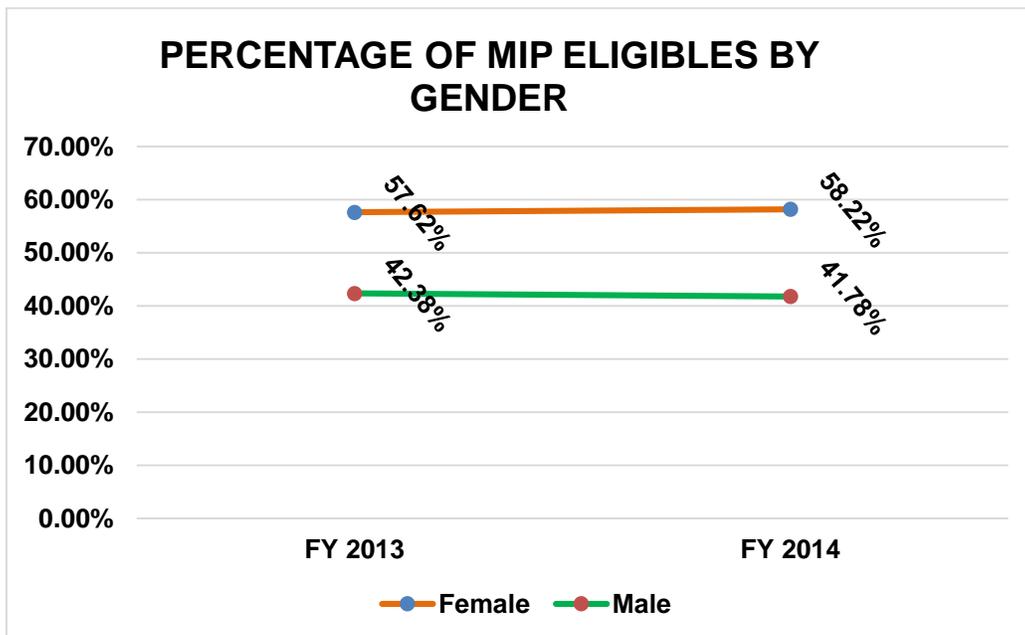
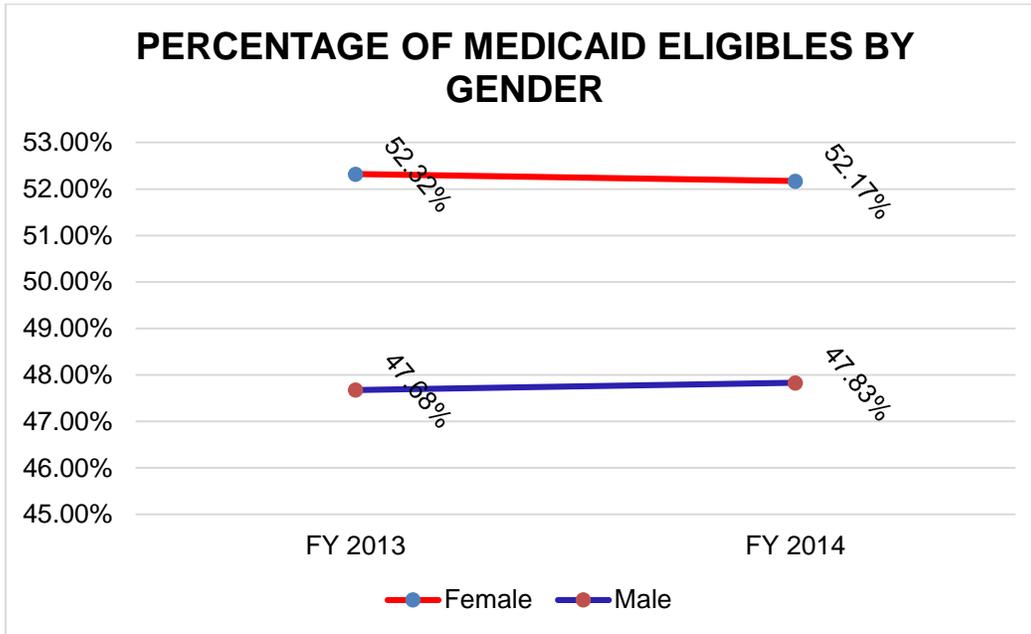
MEDICAID EXPENDITURE BY TYPE OF SERVICE



MIP EXPENDITURE BY TYPE OF SERVICE

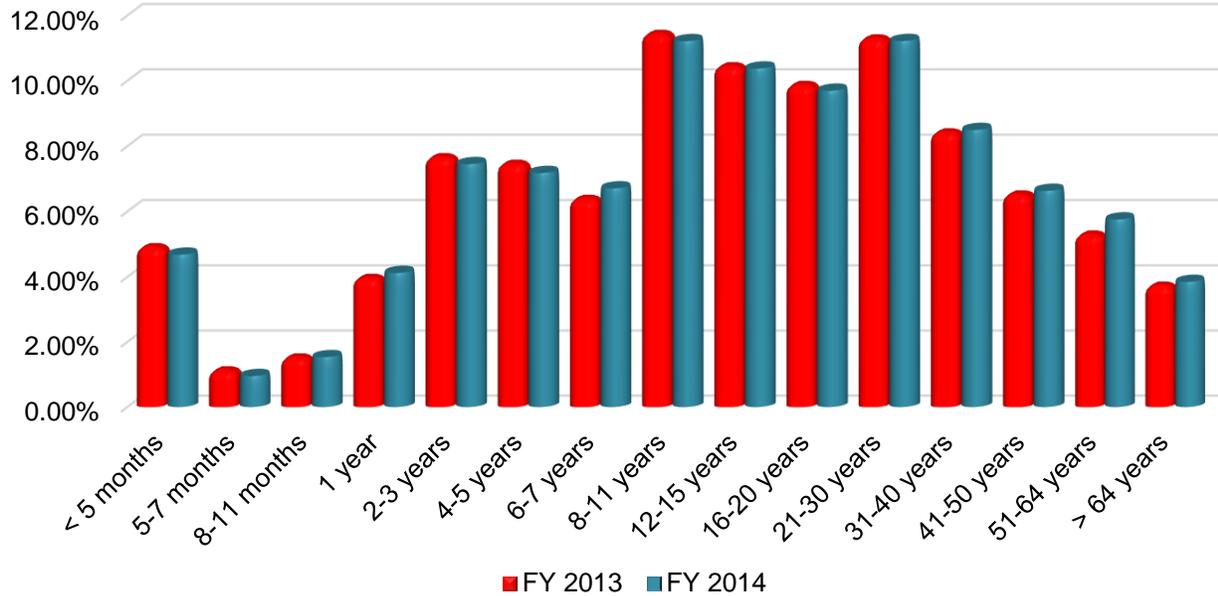


PROGRAM DEMOGRAPHICS

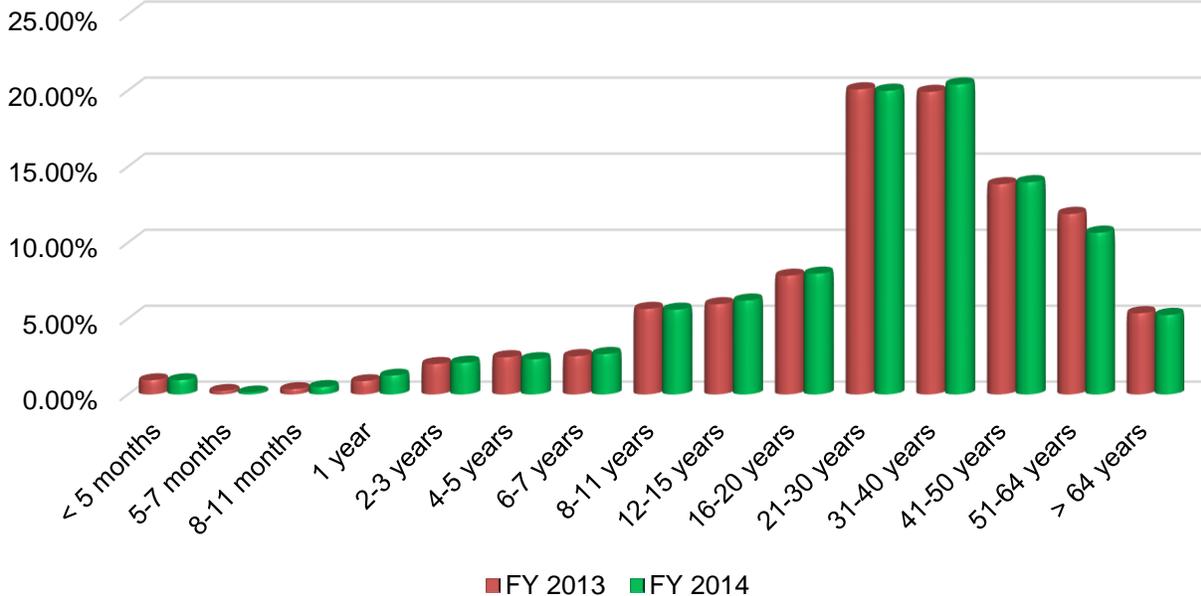


Based on the above graph, the number of female eligibles are consistently higher than male eligibles for both Medicaid Program and MIP averaging 1% and 4% higher, respectively.

PERCENTAGE OF MEDICAID ELIGIBLES BY AGE

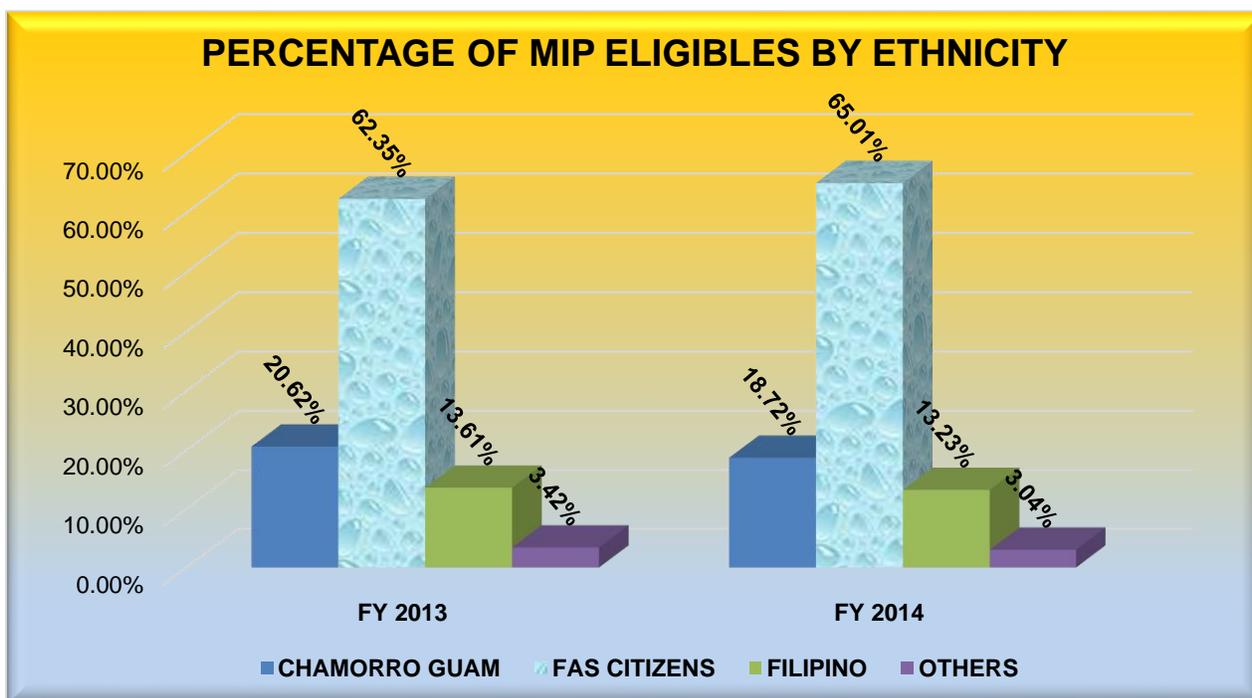
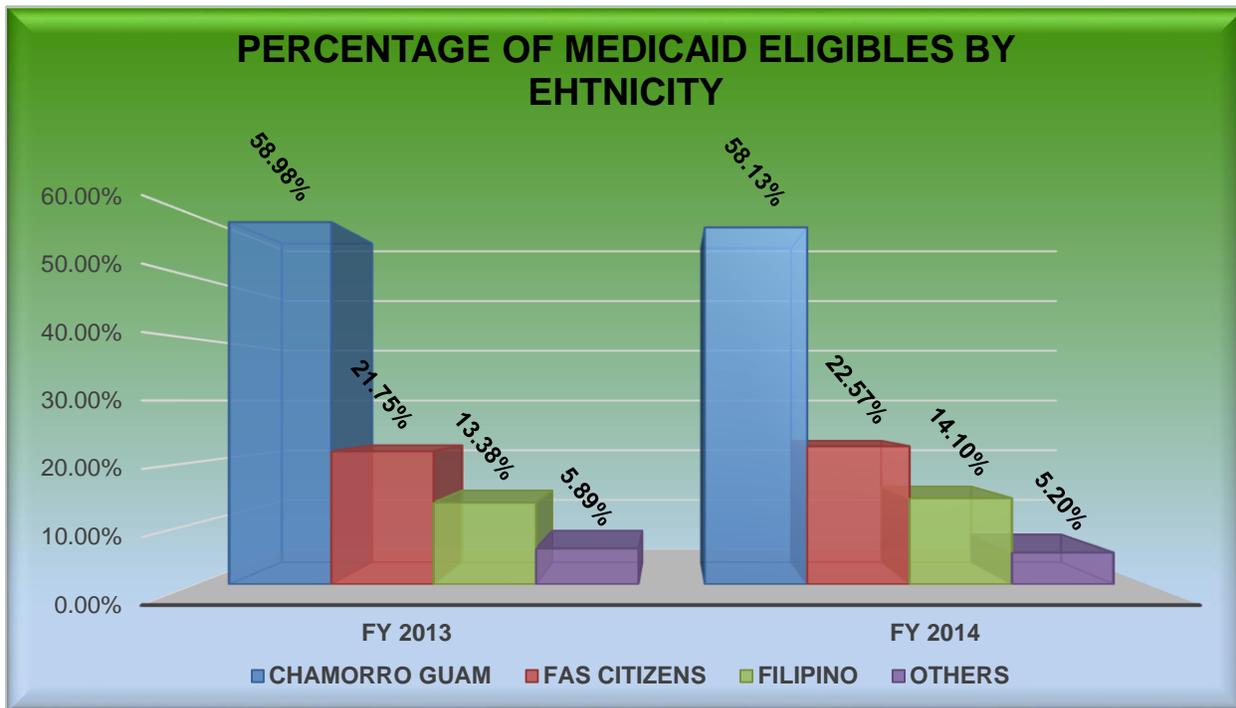


PERCENTAGE OF MIP ELIGIBLES BY AGE

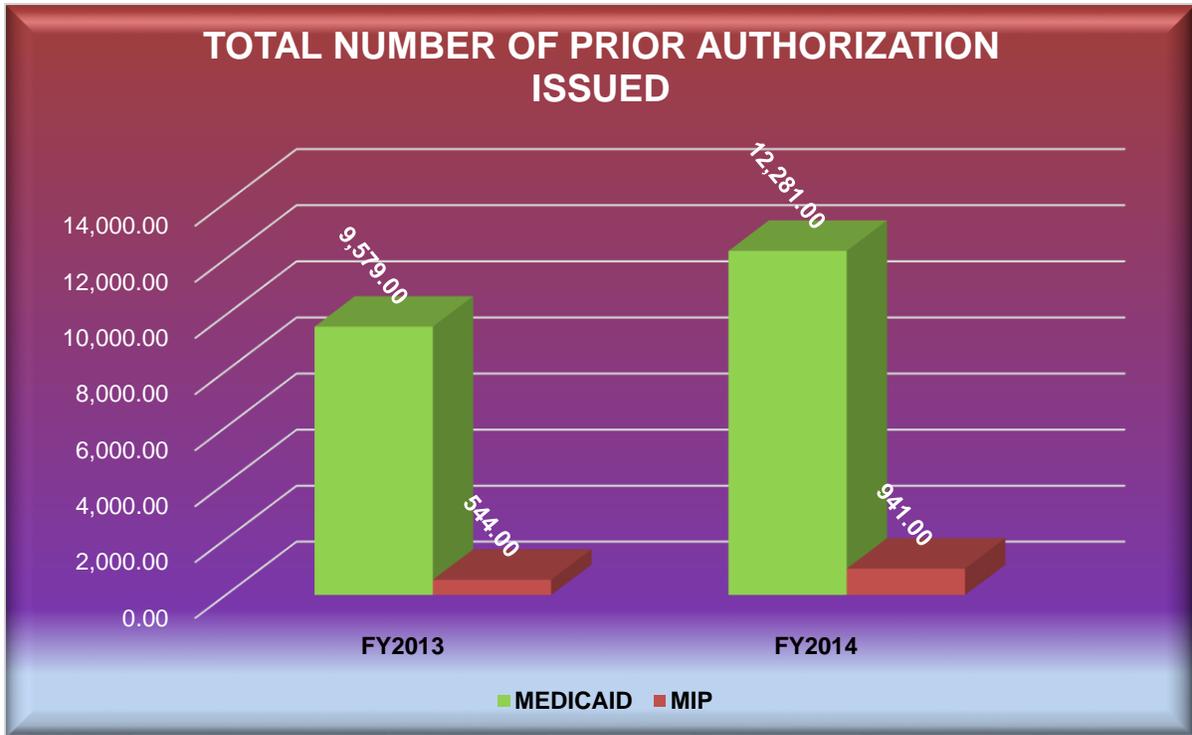


The highest percentage of eligibles by age under Medicaid was between the ages of 8-11 and 21-30 years old while in MIP the highest age range were between 21-30 and 31-40 years old. The percentage of Medicaid eligibles between ages 0 to 11 is higher in

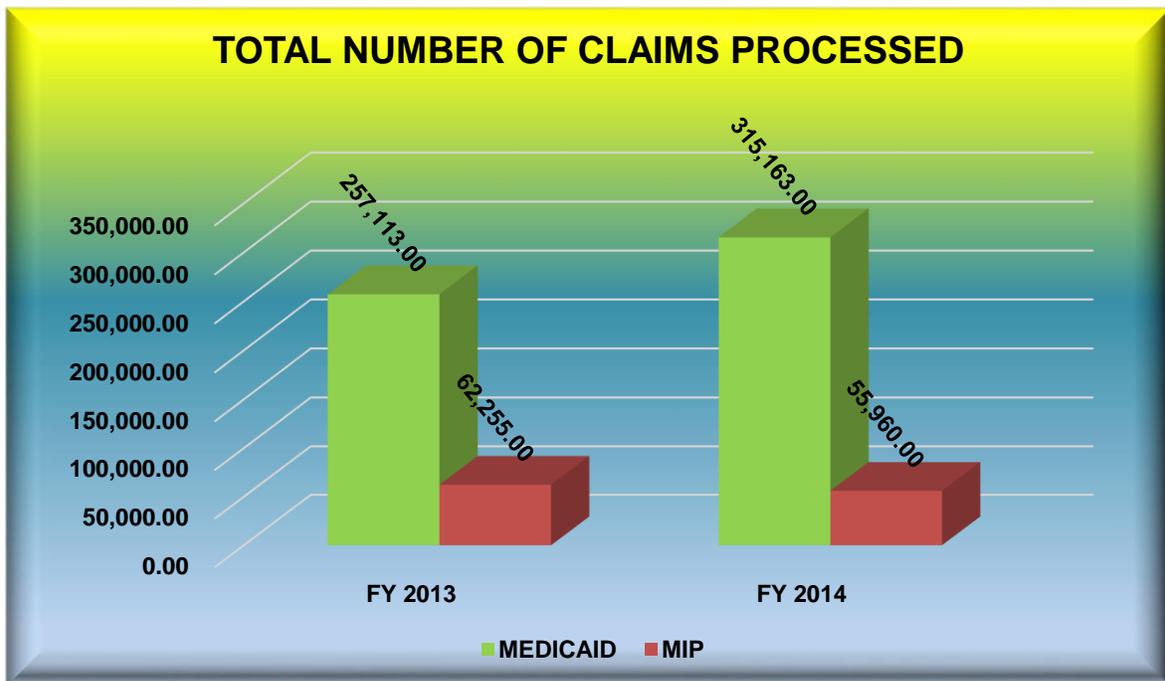
Medicaid than MIP because the low income FAS citizens' children who were born on Guam are qualified under Medicaid.



The highest ethnic group of eligibles under the Medicaid Program is Chamorro which constitutes an average of 60 % of the total Medicaid population, followed by FAS Citizens. The FAS Citizens rank number one (1) as the highest percentage of eligibles under MIP followed by Chamorro. The total Medicaid and MIP eligibles are 27.9% and 7.8% of the total population of Guam based on FY 2010 Census, respectively.



As stated previously, the BHCFA lost eight (8) staff in FY 2014. Despite the continuous shortage of staff the bureau was able to issue 13,222 prior authorizations in FY 2014 which is 31% higher than in FY 2013, and able to processed 371,123 medical claims, which is 16.20% higher than in FY 2013. This was accomplished by working beyond office hours to serve and satisfy clients and providers' needs.



Other Bureau Accomplishments/Highlights:

1. Federal program single audit findings on overall program operation (Claims and Program Management) is still zero.
2. State Medicaid HIT IAPD for the EHR Incentive Payment Program to providers was approved by CMS for FY 2014.
3. The Bureau continue to provide online provider inquiry on client eligibility information.
4. BHCFA staff continues to participate in several organization/council meetings.

The Bureau's goals for FY 2014 are the following:

1. Ensure that quality health care is available and accessible for Medicaid recipients seeking health care for either on-island or off-island services.
2. Review and process claims submitted by health care providers rendered to Medicaid recipients on a timely basis.
3. Continue to seek and implement methods of cost containment to the program.
4. Streamline Prior Authorization Section and provider agreement enrollment procedures.
5. Continue to plan, organize, coordinate, and implement changes to program operations, policies and procedures and claims processing system in order to comply with Health Insurance Portability and Accountability Act (HIPAA), and improve fraud and abuse determination to avoid federal penalties;
6. Ensure timely submission of federal mandated reports such as the CMS 64 and CMS 37.
7. Continue to provide training to BHCFA staff on medical coding as it pertains to the implementation of ICD-10-CM and other changes on medical coding and management.

BUREAU OF SOCIAL SERVICES ADMINISTRATION

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

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

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

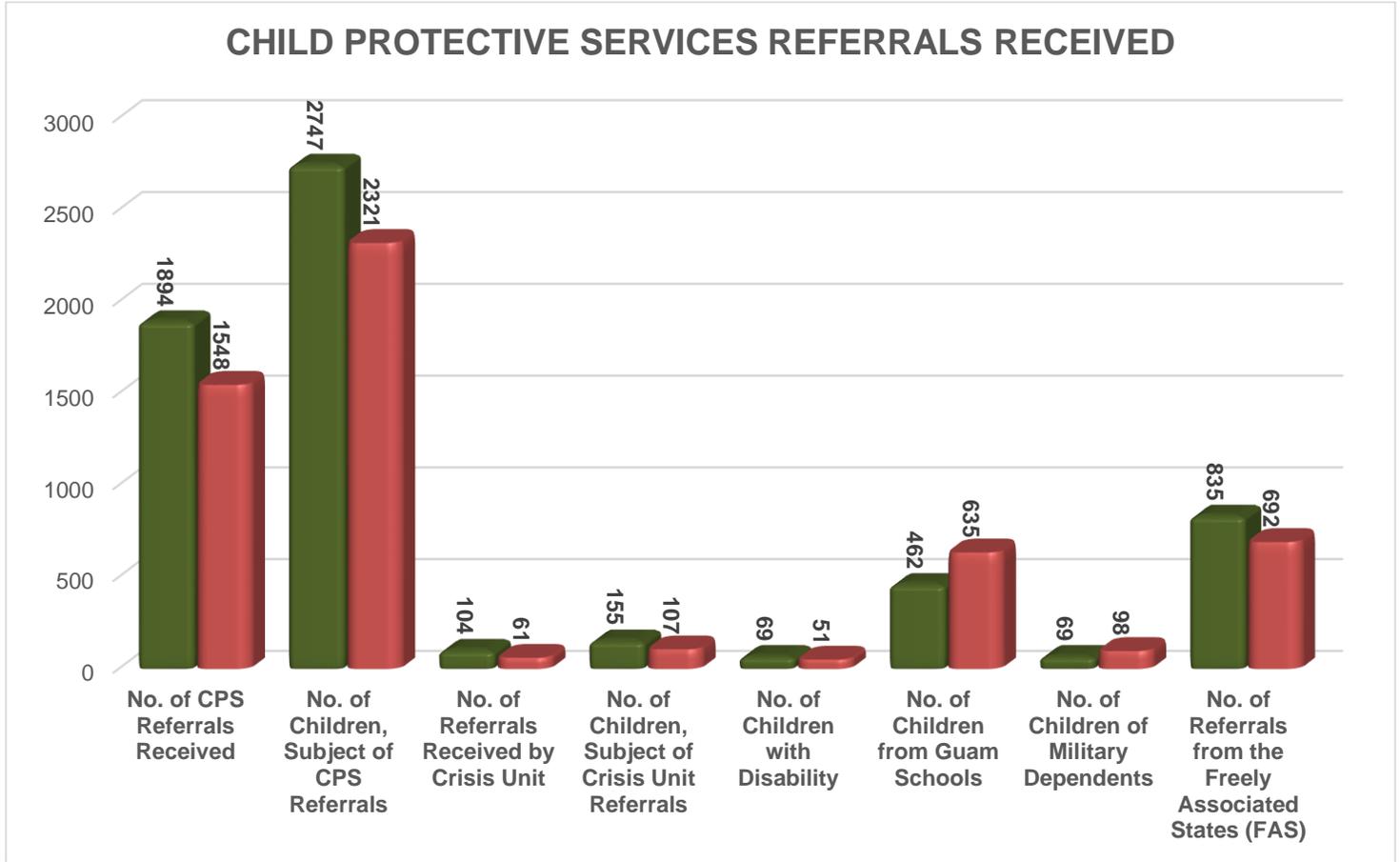
The Title XX (SSBG) Program funds are received annually from the U.S. Department of Health and Human Services, Administration for Children and Families. The Title XX (SSBG) Rule requires States that receive federal funds to provide social services that meet the 5 broad goals of:

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

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

During fiscal year 2014, BOSSA received \$2,079,072.00 for its Foster Care Program, and \$2,900,004.00 for its Title XX (SSBG) Program. In addition, a total of \$2,165,529.22 was available through Title XX (SSBG) carryover of fiscal year 2013 funds. This carry-over of funds was available for use during fiscal year 2014.

PROGRAM DATA



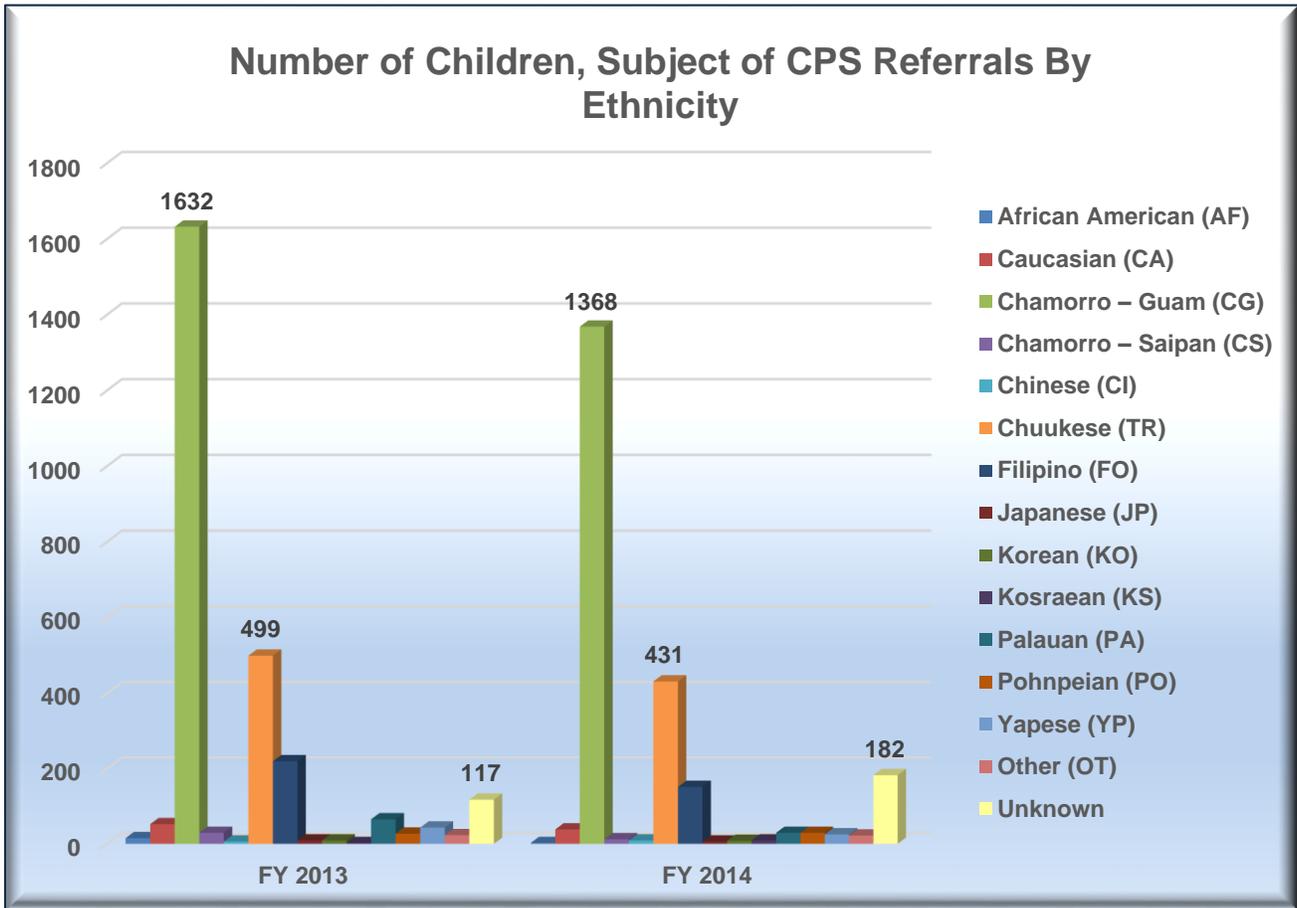
	FY2013	FY 2014	Percentage Difference
No. of CPS Referrals Received	1894	1548	-18%
No. of Children, Subject of CPS Referrals	2747	2321	-16%
No. of Referrals Received by Crisis Unit	104	61	-41%
No. of Children, Subject of Crisis Unit Referrals	155	107	-31%
No. of Children with Disability	69	51	-26%
No. of Children from Guam Schools	462	635	37%
No. of Children of Military Dependents	69	98	42%
No. of Referrals from the Freely Associated States (FAS)	835	692	-17%

A. Intake and Crisis Unit

1. During FY2014, the Intake Unit received **1,548** referrals, which is 346 or 18.27% lower than FY 2013 referrals. There were **2,321** children that were victims of child abuse and neglect, which is 447 or 15.51% lower than FY 2013.

2. During FY2014, the Crisis Unit responded to 61 cases that required CPS immediate intervention. This is 43 or 41.35% lower than FY 2013. The total number of children involved was 107, which is 48 or 30.97% lower in FY 2013.

FY 2014 CPS NUMBER OF VICTIMS BY ETHNICITY IN COMPARISON WITH FY 2013



FY 2014 CPS NUMBER OF VICTIMS BY AGE IN COMPARISON WITH FY 2013

Age & Sex of Victim (Male)	MALE		FEMALE	
	FY 2013	FY 2014	FY 2013	FY 2014
Below 1 year old	77	73	52	49
1 year old	45	34	46	34
2 years old	47	48	45	50
3 years old	61	43	60	35
4 years old	70	31	56	43
5 years old	90	62	70	69
6 years old	94	72	87	81
7 years old	82	86	53	80
8 years old	87	62	64	51

9 years old	67	62	71	41
10 years old	66	68	62	46
11 years old	64	45	66	60
12 years old	66	54	96	58
13 years old	69	66	94	60
14 years old	73	44	110	88
15 years old	61	45	150	128
16 years old	41	34	96	94
17 years old	20	28	54	60
18 years old	0	0	0	4
Unknown age	66	62	55	45
Total:	1246	1019	1387	1176

	FY 2013	FY 2014
Unknown Age and Sex	78	126
Unknown Gender	32	0
18 year old	4	0
Total:	114	126

The number of female CPS victims is higher than male in FY 2013 and FY 2014, which is 11% and 15% higher, respectively. In FY 2014, the highest age group of children that were victims of abuse are ages 14 and 15.

B. Investigation Unit

FY 2013 Cases were rolled over to FY 2014. The investigators properly prepared **126** assigned case files from FY 2013 to indicate “Terminated to Suspect (beyond 60 days)”. This accomplishment is significant because these cases represented a significant back log in cases lacking a CPS finding and are now officially closed.

There were **73** Assigned Cases from February to September 2014, **35** Investigated and Closed, and **9** Investigated and Transferred to Case Management Unit.

C. Case Management Unit

During FY2014, there were six (6) Social Workers in the Case Management Unit (CMU). Of the 6 one was on maternity leave. The unit started out with 69 ongoing cases and received an additional 24 cases, totaling to 93 cases. Of the 24 cases/families referred for case management, there were 49 adults (21 females and 28 males) and 73 children (42 females and 31 males).

Of the 93 cases, the Unit permanently placed a total of 22 foster children of which 18 were placed under the legal guardianship of relative caregivers or foster parents and 3 were placed under long term foster care. The Unit also reunified 27 children with one or both biological parents.

The Unit closed the year with 68 ongoing cases and successfully closed 25 cases.

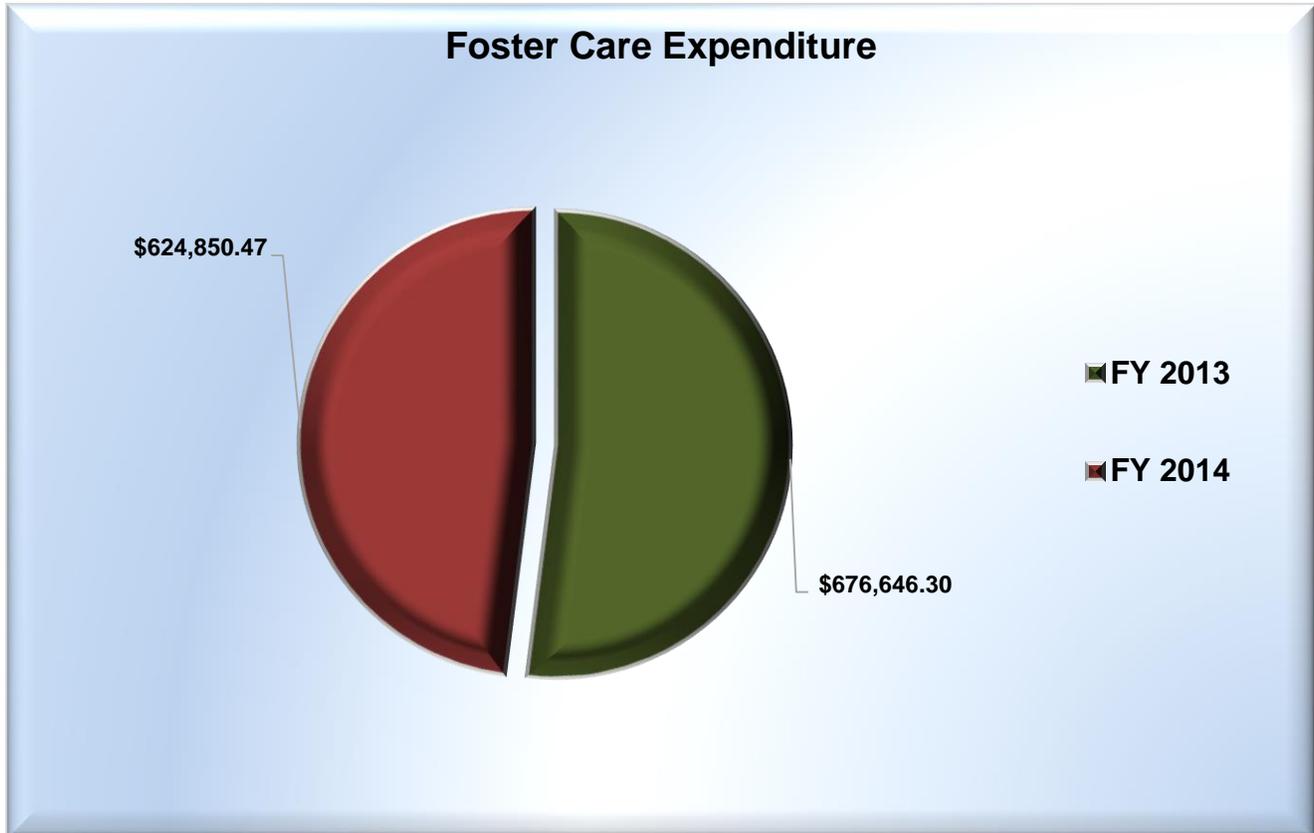
D. Home Evaluation and Placement Section

The Home Evaluation & Placement Services (HEPS) Section consists of the Adoption & Home Study Services Unit, Licensing/Certification, Child Care Facilities & Family Foster Homes Unit, and Foster Care. The current HEPS Section Supervisor was hired on June 30, 2014. The filling of the Social Services Supervisor I (SSSI) position marked the first time in several years the HEPS section has had a supervisor dedicated solely to the section. Previously, management of this Section was added to the duties and responsibilities of the Bureau Administrator. Below is a comparison of HEPS total cases, and the Child Care and Foster Homes that were licensed in FY 2013 and 2014.

	FY 2013	FY 2014
No. of Local Agency Adoptions Received	9	36
No. of Post Placement Adoptions Completed	1	8
No. of Local Agency Adoption Home Studies Received	47	0
No. of Local Agency Adoption Home Studies Completed	43	26
No. of Custody Home Studies Received	34	51
No. of Custody Home Studies Completed	28	28
No. of Other Home Studies Received	0	0
No. of Other Home Studies Completed	2	6
No. of Termination of Parental Rights Received	0	0
No. of Termination of Parental Rights Completed	0	0
TOTAL	164	155

	FY 2013	FY 2014
Child Care Center that are Licensed	44	41
Family Foster Homes that are Licensed	29	27
Group Homes that are Licensed	5	5

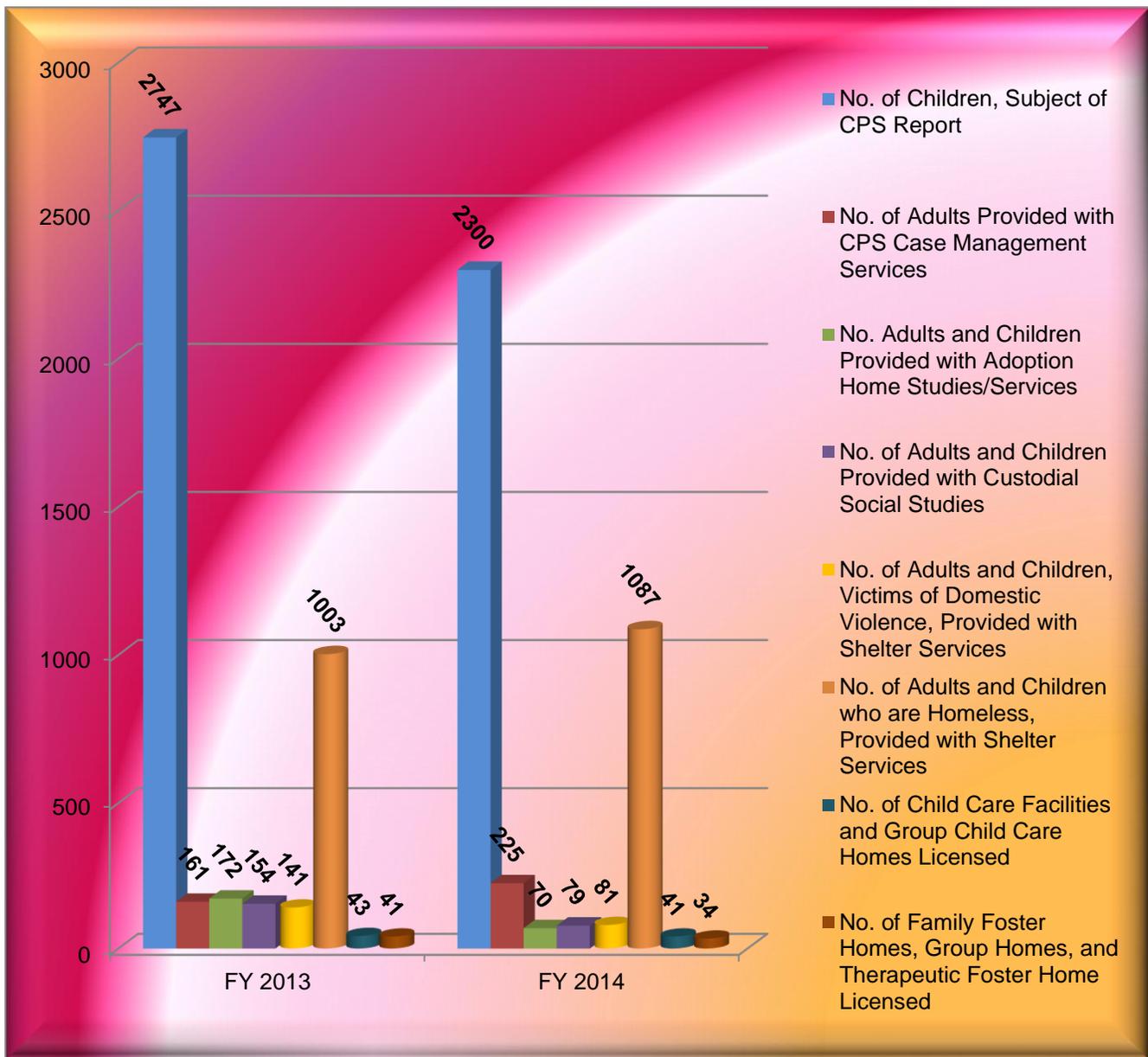
Therapeutic Foster Homes that are Licensed	2	2
Total	80	75



The total number of FY 2014 Foster Care clients is higher by 3.05% as compared to FY 2013, however the foster care maintenance payments was lower by 7.7% in comparison with FY 2013. The decrease in foster payment can be attributed to the following:

1. Most of the foster children that were placed under CPS' temporary legal custody were placed in relatives' homes or with a non-offending parent. As a result, most relatives are not provided foster care payments because they are not licensed foster homes. Relatives only receive payments when CPS receives an order from the court ordering payments.
2. The bureau does not provide any monthly foster care payments for the child for foster children placed at the Alee Shelter, Latte Treatment Center or the GBHWC's Serenity Home.
3. Foster children returned to their parents' physical custody. These children remain under the Bureau's legal custody until the court returns legal custody back to their parents.
4. Foster children may have child support.

COMPARISON OF FY 2013 AND 2014 BOSSA OVERALL PROGRAM DATA



Other Bureau Accomplishments and Highlights:

1. All staff including supervisor completed the HIPAA FY 2014 training for the Department.
2. BOSSA Family Support Section staff conducted seventeen (17) Mandated Reporting Presentation to ensure that professionals and mandated reporters, especially, law enforcement, school officials, doctors, nurses, etc. understand how and when to make a referral to CPS.
3. BOSSA collaborates with Healing Hearts to educate students in the elementary level about safety skills, especially the prevention of sexual abuse. It is important that young people increasingly take responsibility for their own safety. The presentations ensure that young people know that they have the opportunity to be able to plan appropriate safety strategies and to

explore decisions relating to safety in a supportive environment. The presentation of personal safety plans builds on many curriculums and helps students to identify their skills and attributes and to plan strategies that will support them in difficult situations. BOSSA Staff conducted 16 Personal Safety Skills Presentations to different schools and different age groups.

4. Annual Impact of the Compact of Free Association Report: BOSSA completed its fiscal year 2014 Annual Impact of the Compact of Free Association Report. The total population count for the citizens from the FSM, Republic of Palau and the Republic of the Marshall Islands who availed of services during fiscal year 2014 is 1,249, which is 24 % less that fiscal year 2013. Total population count for all ethnic groups is 4,203. The total local cost due to the Compact of Free Association for the above social services programs is \$544,962.61. The total program local cost for all programs is \$1,751,663.64. This report was submitted to the Bureau of Statistics and Plans, pursuant to U.S. Public Law 108-88.
5. Title XX, Post-expenditure Report Consolidated Block Grant Program: The FY 2013 Title XX, Post-expenditure Report was completed and submitted to the grantor agency on March 18, 2014. Title XX is also known as the Social Services Block Grant (SSBG) program. This is a report on the actual expenditure of Title XX (SSBG) funds, total population served, and activities carried out through the grant funds. During fiscal year 2013, Title XX expenditures was \$2,547,935.00 which include expenditures for services and administrative costs.
6. Title XX, Pre-expenditure Report (Social Services Block Grant) Program: The FY 2015 Title XX Pre-expenditure Report was submitted to the Guam State Clearinghouse on August 27, 2014 for review and comments. The signed original copies was submitted to the U.S. Department of Health and Human Services, Administration for Children and Families via certified mail on October 9, 2014. This report is a prerequisite to receiving Title XX (SSBG) funds. BOSSA uses Title XX funds to administer child and family welfare programs and services. The total budget request contained in this report is \$3,131,929.00.
7. Foster Care Funds: The total amount BOSSA received in Foster Care program funds during fiscal year 2014 was \$2,079,072.00. The total expenditures were \$1,854,463.02. Breakdown of expenditures is as follows:

CATEGORIES	EXPENDITURE AMOUNT	PERCENTAGE
Guam San Jose Shelter	\$ 553,473.00	30%
Alee I and II Shelters	\$ 596,750.04	32%
Therapeutic foster care services	\$ 12,430.78	1%
Building rental	\$ 58,355.20	3%
Foster care maintenance payments	\$ 624,850.47	34%
Foster Care direct payments	\$ 8,281.29	0%
Petty cash (used towards emergency needs of children, and for other emergency needs such as phone cards, notary supplies, postage stamps, etc.)	\$ 322.24	0%
TOTAL:	\$ 1,854,463.02	100%

8. BOSSA completed the sole source procurement request for the Guam San Jose (GSJ) Homeless Expansion Program. GSJ expansion is a pilot project for five single family homes adjacent to the main GSJ Homeless shelter in Dededo.

9. The BOSSA conducted the quarterly monitoring of the Alee I and II shelters. Alee I is located in Dededo and provides 24-hour emergency shelter and support services for women and children who are victims of family violence. This shelter, also known as Catherine's Home, is operated by Catholic Social Services, which is a private, non-profit organization. The shelter has 10 bedrooms, each with a bathroom. The rooms were furnished with beds, cribs, lamps and clothing racks. For FY 2014, Alee shelter for abused women served **48** unduplicated adult clients and **10** returning clients. There were 33 children served at the Alee Shelter and have exited. The caseworkers have found homes through locating foster homes or returned to parents as supervised through the court.

10. The GSJ shelter was monitored. This shelter is operated by Catholic Social Services, a private, non-profit organization. Guma San Jose shelter provides 24-hour emergency shelter and support services for families and individuals who are homeless. The main shelter for families and single women is located in Dededo, while the shelter for single men is located in Barrigada. The shelter for single men was relocated to Ordot effective February 1, 2014. BOSSA provides funds for the shelters through its Foster Care funds that are 100% locally appropriated. The total number of cases served was **154** and the total number of clients was **419**.

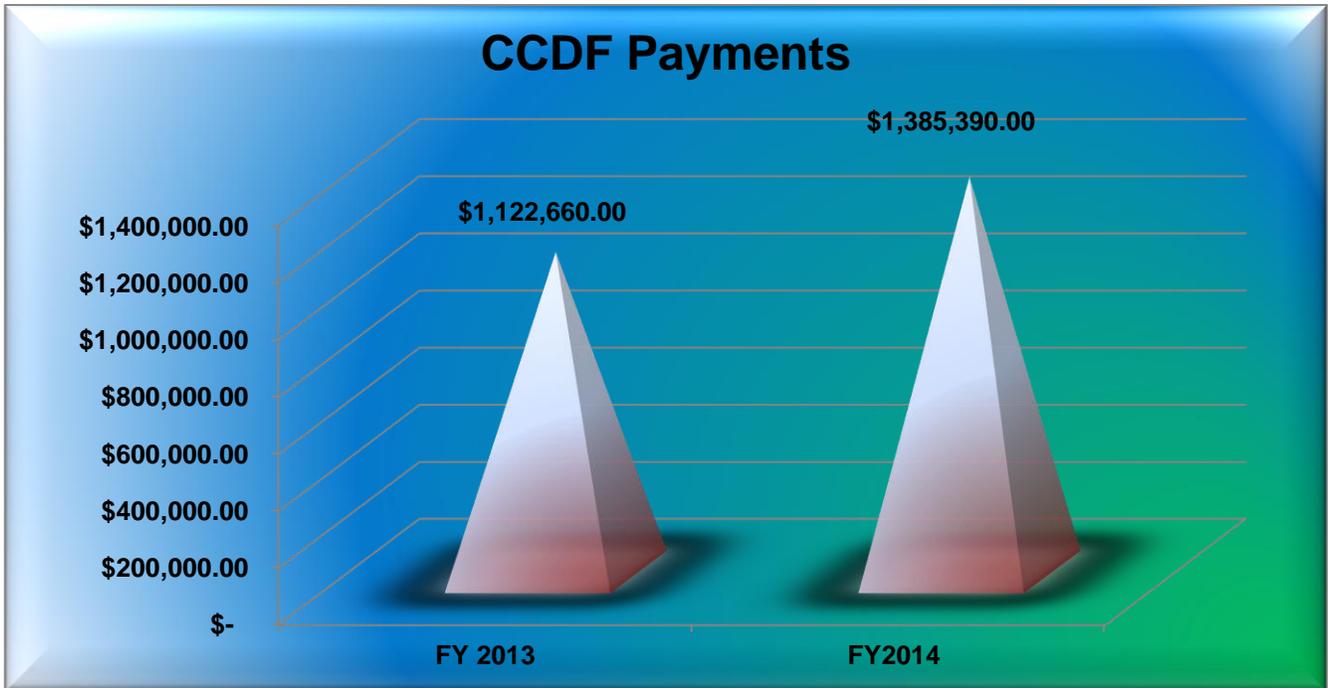
BUREAU OF MANAGEMENT SUPPORT (BMS)

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

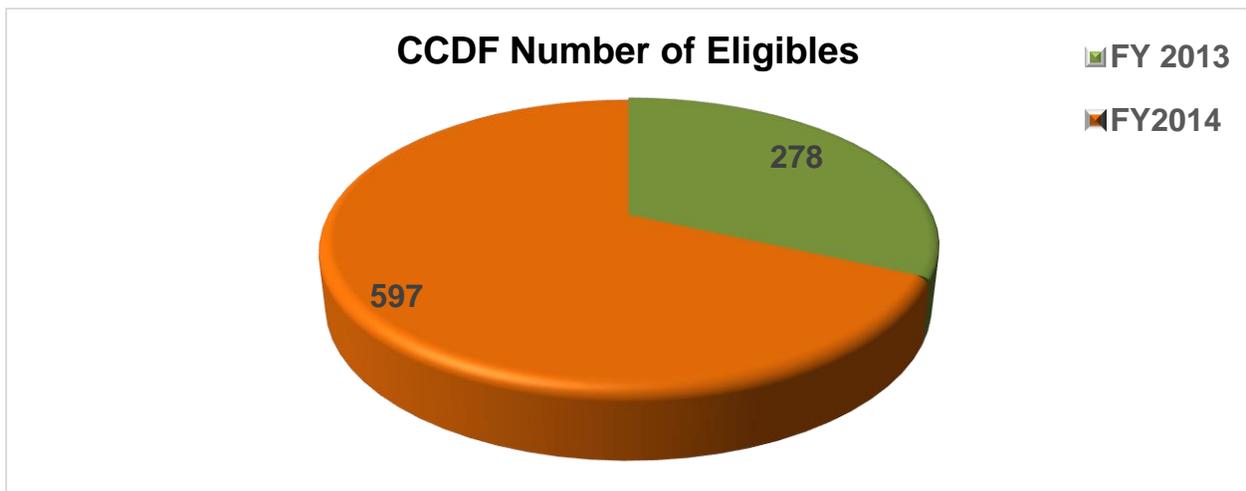
1. Child Care Development Fund (CCDF)

- a. Authorized under the Child Care and Development Block Grant Act (CCDBG), which was enacted under the Omnibus Budget Reconciliation Act of 1990. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 amended and reauthorized the CCDBG and consolidated three Federal child care programs previously serving low-income families under the program formerly known as Aid to Families with Dependent Children (AFDC).
- b. Regulating Authority – 45 CFR Public Welfare, Part 98 Child Care Development Fund
- c. Administered by the Office of Child Care (OCC) and works with state, territory and tribal governments to provide quality developmental support for working families with low incomes by providing access to affordable, high-quality early care and afterschool programs.
- d. The purpose of the CCDF is to increase the availability, affordability and quality of child care services. The program offers federal funding to states and territories to:
 - i. Provide low-income families with financial resources to find and afford quality child care for their children;

- ii. Enhance the quality and increase the supply of child care for all families, including those who receive no direct assistance under CCDF;
- iii. Provide parents with a broad range of options in addressing their child care needs;
- iv. Strengthen the role of the family
 - v. Improve the quality of, and coordination among, child care programs and early childhood development programs; and
- vi. Increase the availability of early childhood development and before-and after-school care services.

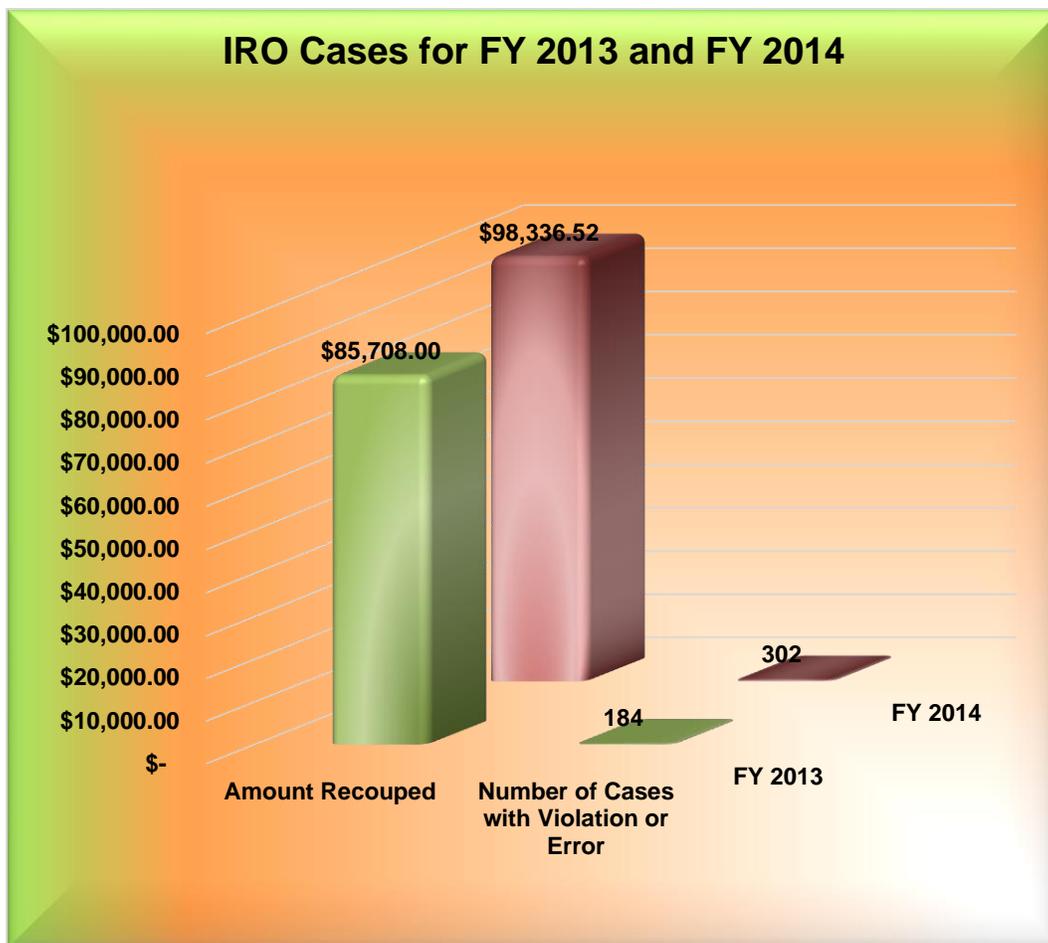


Child Care Development Fund payments to vendors went up in FY 2014 by 23.4% because the program open up enrolment in April 15, 2014 and continue to accept applications until the end of the fiscal year. Likewise, the total number of eligibles also increased in FY 2014 when CCDF accepted and processed new applications. The number of eligible went up by 115%.



2. Investigation and Recovery Office (IRO)

- a. 7CFR Section 273.16 delineates the administrative responsibility of the state agency for investigating any case of alleged intentional Program violation and ensuring appropriate cases are acted upon either through administrative disqualification hearings
- b. IRO is responsible for investigating any case of alleged intentional Program violation, and ensuring that appropriate cases are acted upon either through administrative disqualification hearings or referral to a court of appropriate jurisdiction in accordance with program procedures.
- c. IRO is entrusted with the establishment and collection enforcement activities for over issued program benefits.
- d. The major objectives of IRO are to conduct thorough investigations and enforce collection activities as a means to minimize and prevent fraud in the SNAP (Supplemental Nutrition Assistance Program) and Public Assistance programs and to serve as means to reduce client errors and program dollar losses through the investigation of reported fraud, waste and abuse.



The total IRO cases found with violation or error and the amount recouped in FY 2014 is 64% and 15 % higher than FY 2013, respectively.

3. Quality Control (QC) Section

- a. 7CFR Section 275.10 delineates the scope and purpose of quality reviews which is part of the Performance Reporting System each state agency is responsible for in conducting quality control reviews.

- b. The two sample categories in which to conduct reviews on are:
 - i. Households which are participating in the SNAP (active cases). Such reviews conducted on such cases will determine if households are eligible and receiving the correct allotment of SNAP benefits. The determination will be made by comparing the eligibility data gathered during the review against the amount authorized on the master issuance file (client file and eligibility system).
 - ii. Households in which participation was denied or terminated (negative cases). Such reviews shall be conducted to determine whether the state agency's decision to deny or terminate the household as of the review date was correct.
- c. QC reviews measure the validity of SNAP cases at a given time (review date) by reviewing against the SNAP standards established in the Food Stamp Act and the Regulations, taking into consideration any FNS authorized waivers.

COMPARISON OF QC NEGATIVE CASE REVIEW ERROR RATE FOR FY 2013 AND 2014

October -August Data	FY 2013	FY 2014
Total Case Selected	149	201
Invalid Cases	89	102
Negative Case Error Rate	59.73%	50.75%

Based on the above table SNAP negative error rate went down in FY 2014. This could be attributed to the monthly training and meeting with staff that was reinstated, policy clarification, 100% supervisors review on negative cases, and immediate action on system issues.

FY2012 is the first year for the SNAP Case and Procedural Error Rates (CAPER). Below is the SNAP CAPER comparison for FY 2012 to FY 2014.

	FY2012	FY2013	❖ FY2014
Guam's PER	54.73%	58.83%	37.50%
National PER	27.27%	25.25	

- ❖ For FY2014, Guam ranks No. 1 as the Most Improved State on CAPER as of May 2014 sample month.

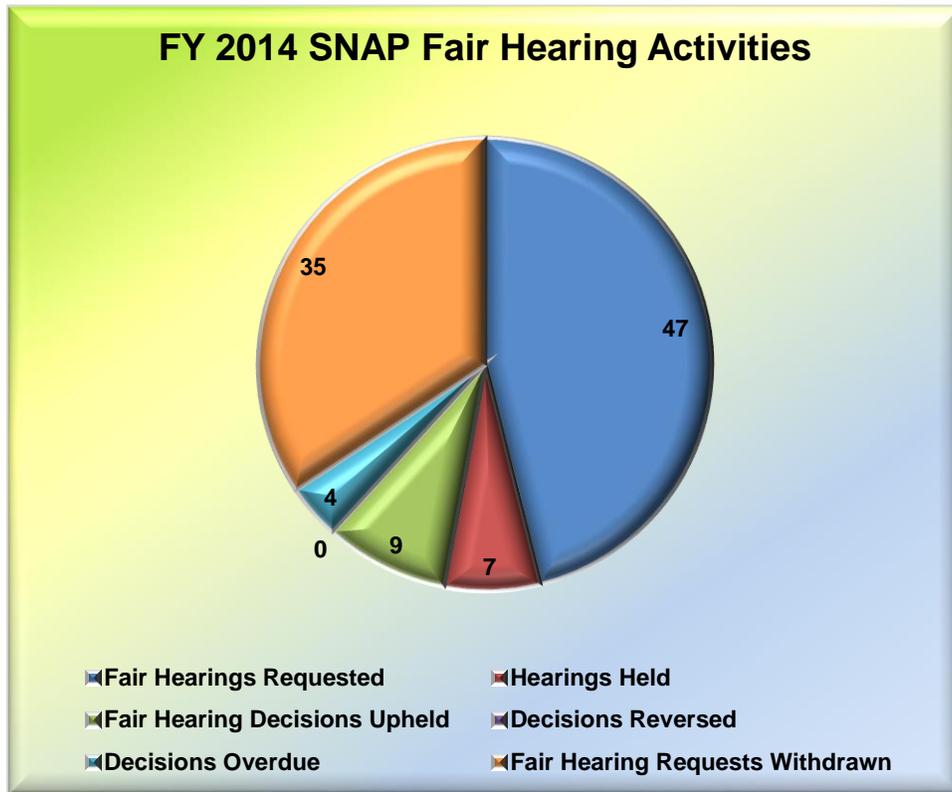
Below is the table on Error Rate Trends from 2009 to FY 2013 for active cases. FY 2014 complete QC findings will be released sometime in June 2015.

	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
Guam's PER	4.24%	5.42%	6.25%	7.33%	6.65%	*
National PER	5.01%	4.36%	3.81%	3.80%	3.42%	

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

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

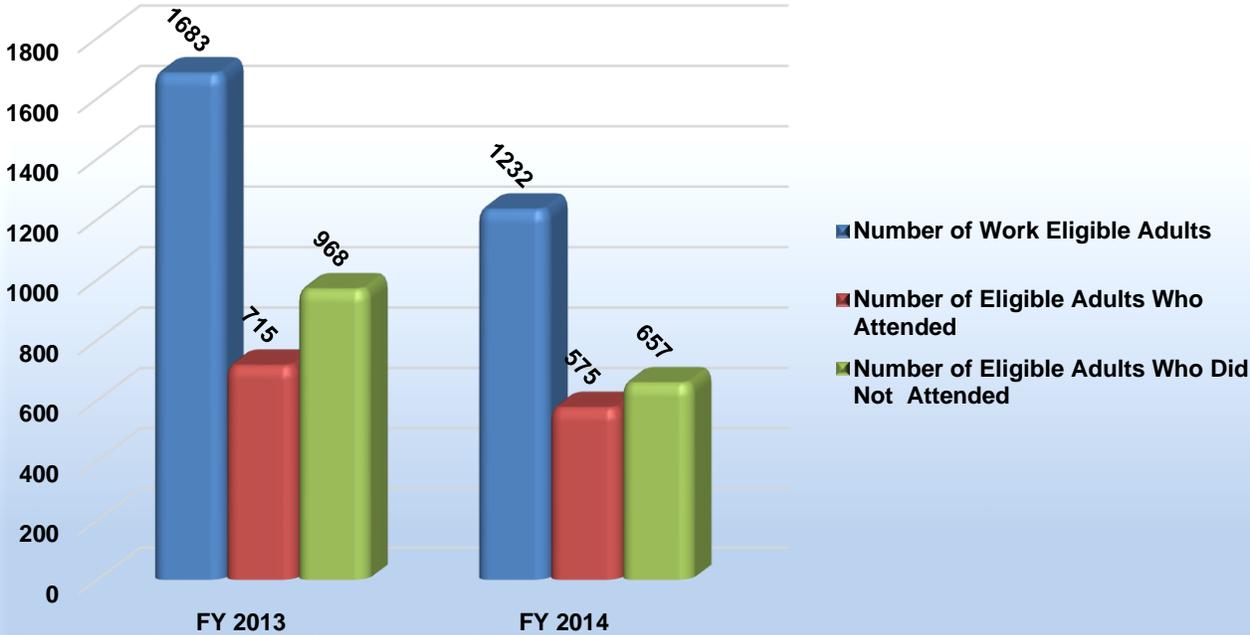
- f. Prepares Quality Control monthly, semi-monthly and annual error analysis



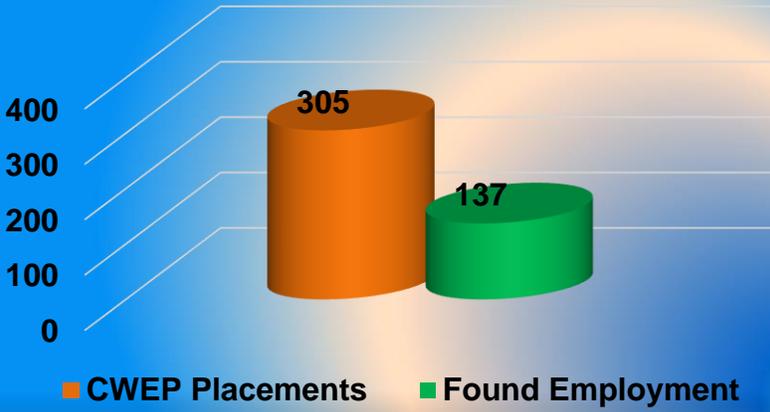
5. Work Programs Section

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

Work Program's LATTE Orientation Data



TANF Community Worker Experience Program for FY 2014

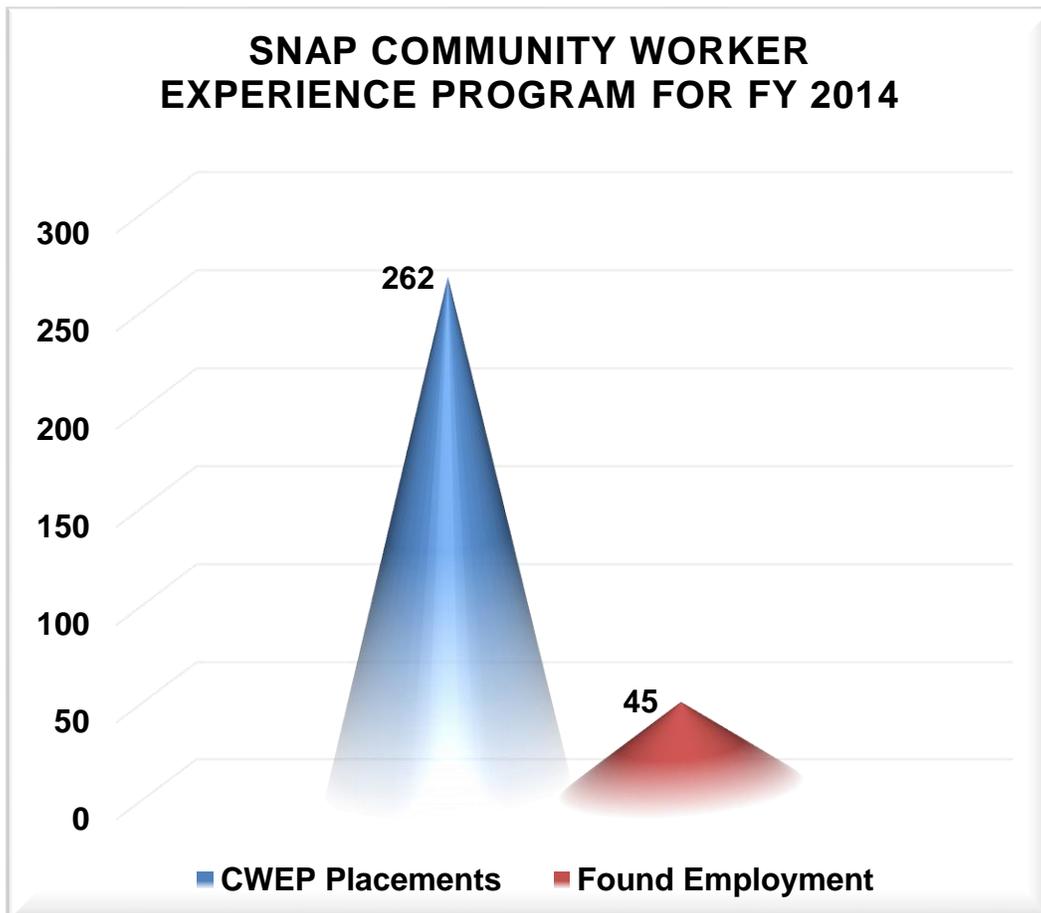


- b. GETP (Guam Employment Training Program)
 - i. §7CFR 273.7 delineates the Work Provisions under the Supplemental Nutrition Assistance Program (SNAP).
 - ii. §7CFR273.7(a)(3) refers to the responsibilities of the State Agency in establishing procedures for compliance with SNAP work requirements.

iii. §7CFR272.2(d) and §272.2(e) refers to the responsibility of the State Agency to prepare and submit an Employment and Training Plan. There are 16 items listed that are required in the ETP State Plan. The Plan must be made available for public review and is subject to FNS approval.

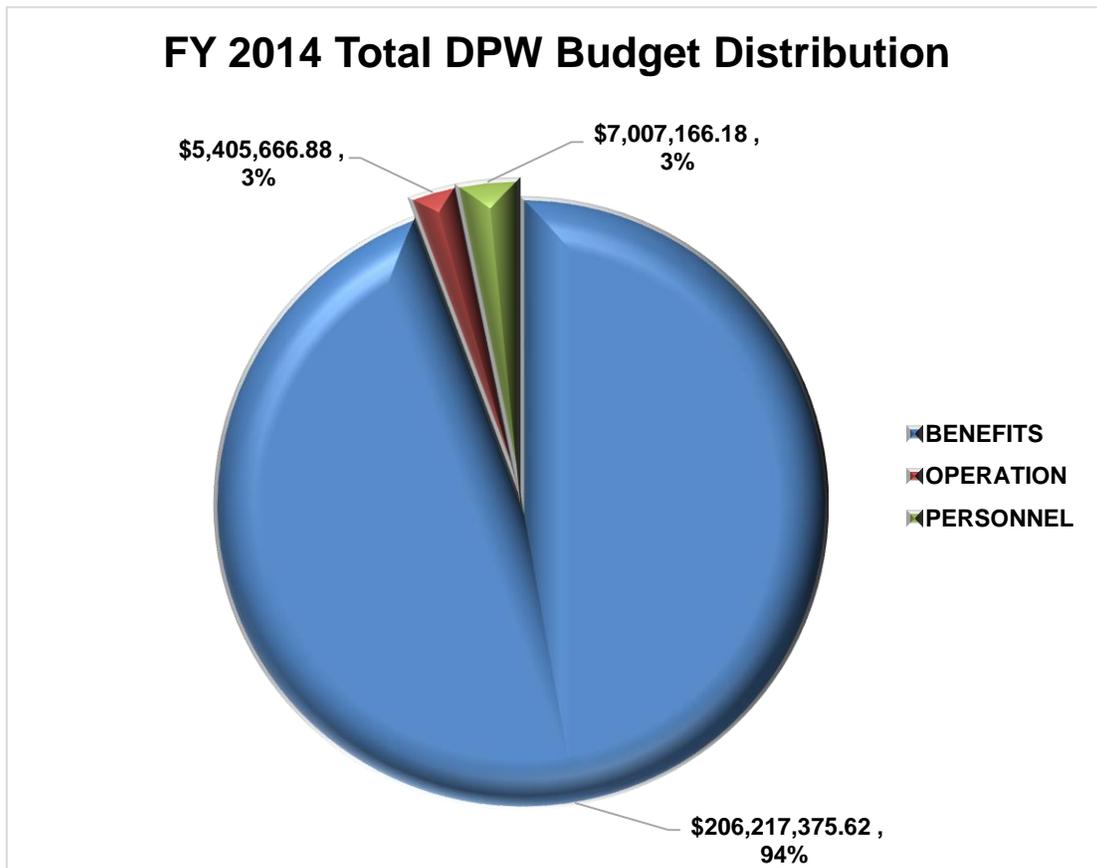
iv. GETP:

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



DIVISION MAJOR ACCOMPLISHMENTS

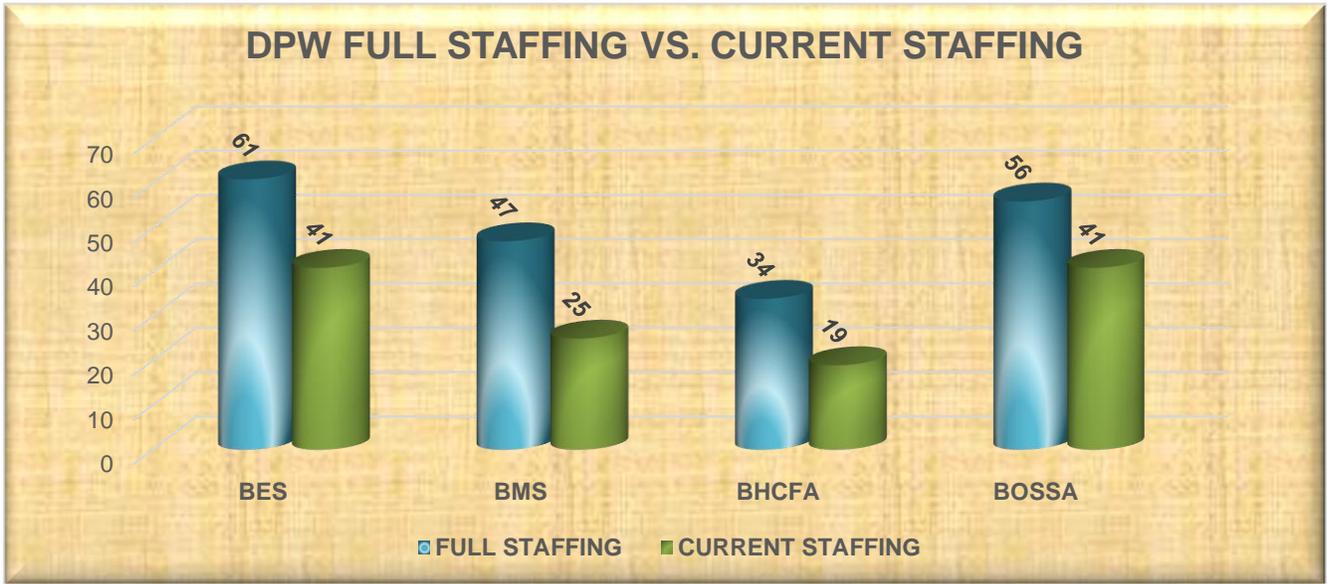
The total budget of DPW for FY 2014 is \$218,630,208.68 of which 6% is the total administrative cost and 94% was the benefit issued to welfare clients and providers. This budget distribution is the same as in FY 2013.



BUDGET CATEGORY	BES	BHCFA	BMS	BOSSA	GRAND TOTAL
BENEFITS	\$ 113,542,051.00	\$ 90,122,046.00	\$ 1,928,428.15	\$ 624,850.47	\$ 206,217,375.62
OPERATION	\$ 646,143.25	\$ 1,237,433.27	\$ 1,856,952.24	\$ 1,665,138.12	\$ 5,405,666.88
PERSONNEL	\$ 1,233,804.31	\$ 1,979,824.81	\$ 1,737,730.69	\$ 2,055,806.37	\$ 7,007,166.18
TOTAL	\$ 115,421,998.56	\$ 93,339,304.08	\$ 5,523,111.08	\$ 4,345,794.96	\$ 218,630,208.68

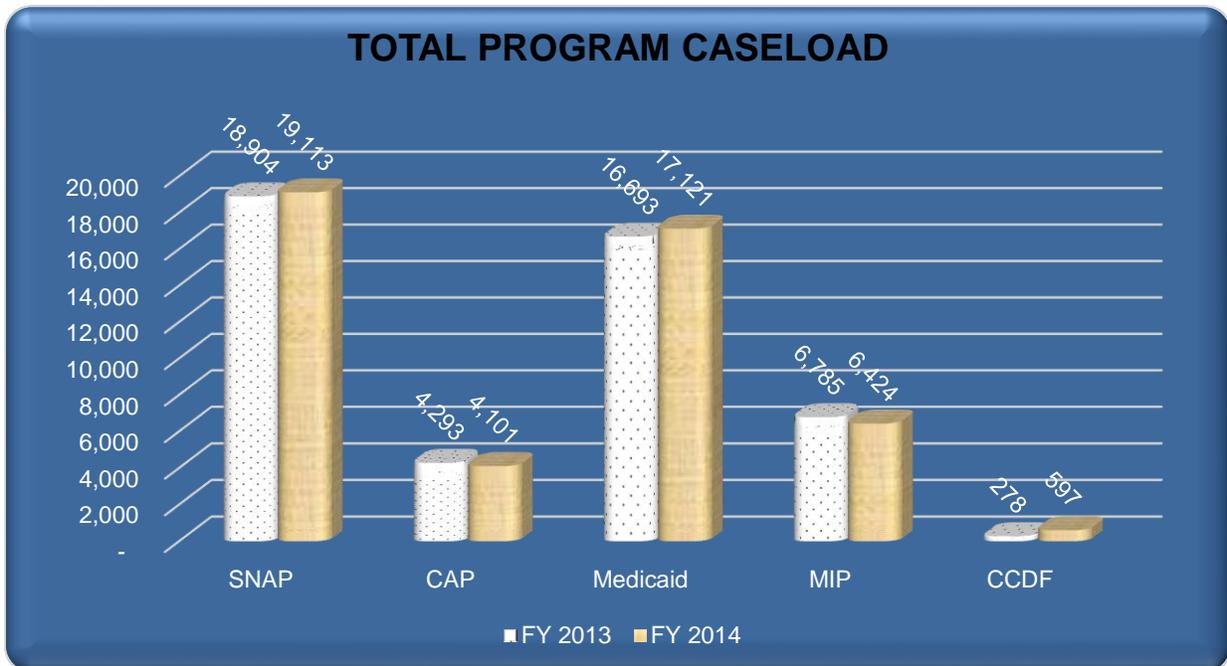
The DPW has a total of 198 full staffing, if all positions are filled. However, only 64% of these positions were filled in FY 2014 serving more than 67,000 unduplicated participants, which is 41% of the total population on Guam based on 2010 Census.

DPW CURRENT STAFFING VS. FULL STAFFING



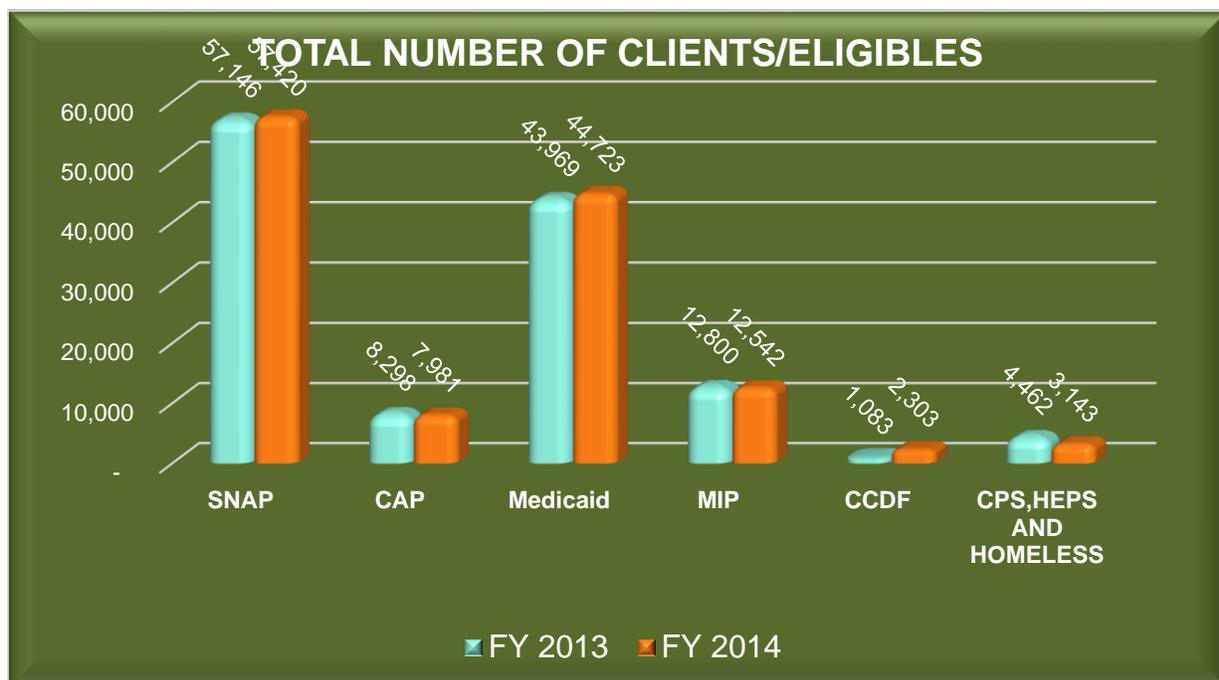
BUREAU	FULL STAFFING	CURRENT STAFFING	% STAFFING
BES	61	41	67%
BMS	47	25	53%
BHCFA	34	19	56%
BOSSA	56	41	73%
TOTAL	198	126	64%

The succeeding data below shows the total number of caseloads and total number of eligible per program for FY 2014 in comparison to FY 2013.



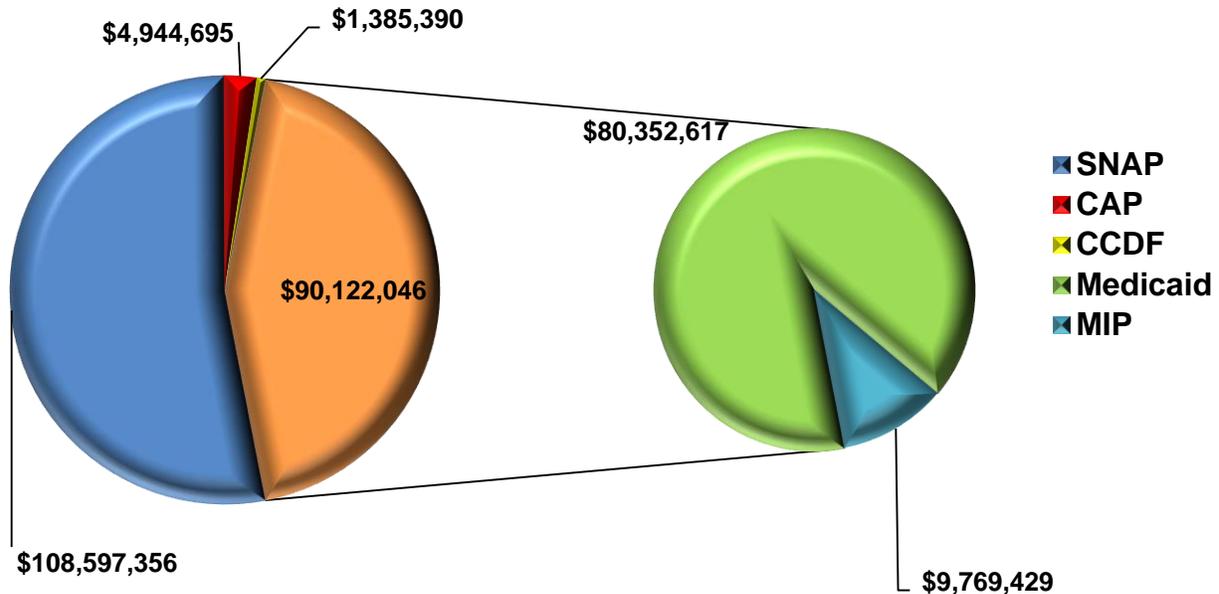
PROGRAM	FY 2013	FY 2014
SNAP	18,904	19,113
CAP	4,293	4,101
Medicaid	16,693	17,121
MIP	6,785	6,424
CCDF	278	597
Total	46,675	47,356

DPW all programs total caseload for FY 2014 is 1.4% higher than FY 2013. Likewise, the overall total number of eligible is higher in FY 2014 in comparison to FY 2013 as stated below.



PROGRAM	FY 2013	FY 2014
SNAP	57,146	57,420
CAP	8,298	7,981
Medicaid	43,969	44,723
MIP	12,800	12,542
CCDF	1,083	2,303
CPS, HEPS AND HOMELESS	4,462	3,143
Total	122,213	128,112

**TOTAL SNAP, CAP, and MEDICAL ASSISTANCE PROGRAMS BENEFITS ISSUED
FOR FY 2014 - \$205,049,486**



In FY 2014, the total benefits issued to welfare clients and providers was \$205,674,336, which is 0.93% higher than FY 2013 (\$203,144,529). Out of this amount the total cost for medical services was \$90,122,046, which is 15.88 % higher than FY 2013 (\$77,765,640).

In summary, the DPW Major Accomplishments for FY 2014 are as follows:

1. SNAP served 19,113 households, which represents an increase of 1.1% in comparison to FY 2013, and 143% increase compared to 7,853 households served in FY2005.
2. SNAP benefits generated \$108,597,356 into Guam’s economy. This is 8.45% lower than in FY 2013 (\$118,628,039) because the American Recovery Reinvestment Act of 2009 that raised SNAP benefits for three (3) years to help people affected by the recession expired on November 1, 2013.
3. CAP served 4,293 households and issued \$4,944,695 benefits.
4. Medicaid and MIP served 23,545 households with a total of \$90,803,303.50 in medical assistance expenditures.
5. CCDF served 597 households and paid out \$1,385,390
6. Foster Care Program paid \$1,854,463 to childcare providers, and \$624,850.47 to foster parents and was able to recruit 3 new foster homes to augment existing licensed foster homes.

Despite the limited number of staff, overall the Division stimulated 94% (\$206,217,375.62) of its total budget into Guam’s economy in FY 2014.

Other DPW Successes:

1. TANF Clients who underwent the HATSA Program are continuing to pursue their college degree.
2. CCDF reopen the application and increase the number of child care participants.
3. IRO was able to establish the State Law Enforcement Bureau agreement with Guam Police Department.
4. Medicaid Program was able to increase its FMAP by 2.2% from January 2014 to December 2015.
5. Some of the clients under GETP and Jobs Program are able to gain full time employment through Community Work Experience Program
6. Medicaid Program is able to obtain EHR grant to pay Medicaid eligible providers for adopting, updating or implementing EHR.
7. SNAP is able to get additional funding to educate SNAP clients on the proper usage of the benefits.
8. SNAP received approval of three Waivers:
 - a. ABAWD (Able Body without Dependent) Waiver
 - b. Guam Waiver Request to Average Student Work Hours
 - c. Guam Waiver to Deny Applications Before the 30th Day

DPW Challenges moving forward:

1. Increasing federal and local mandates
2. Local Funding to match the federal grants.
3. Satisfy and timely serve the increasing number of program applicants with the current staffing limitation due to tightening budget, staff retirement, resignation, promotion or transfer, and lengthy hiring process.
4. Increasing workload/caseload due to Affordable Care Act mandates, unfavorable economy, and continuous migration to Guam of FAS citizens.
5. Lack of medical professionals.
6. Medical providers' implementation of ICD-10.
7. Continuous implementation of unfunded mandate, such as MIP.
8. Delay in program operations activity/improvement due to Government bureaucracy.

DPW Goals:

1. Continue to improve the level of services and maximize performance of staff to create greater efficiency, and build a client-staff environment that promotes communication and understanding for better service.
2. Ensure budget optimization to fully achieve the division's mission.
3. Improve the SNAP Error Rate.
4. Reduce/eliminate program penalties/sanctions.
5. Better tracking of data information.
6. Improve the timeliness of welfare application processing and tracking of data information.
7. Ensure accurate implementation of program mandates.

8. Increase the number for foster homes for children that are placed under temporary legal custody of BOSSA
9. Encourage more medical providers to adopt the Electronic Health Record for better health care management.
10. Improve overall program implementation.
11. Enhance the professional skills and knowledge of staff.