

26 GAR – PUBLIC HEALTH & SOCIAL SERVICES
DIV. 1 - DIRECTOR OF PUBLIC HEALTH & SOCIAL SERVICES

CHAPTER 9
SOCIAL SERVICES

- Article 1. Standards of Assistance (Old Age Assistance, Aid to Families with Dependent Children, Aid to the Blind, Aid to Permanently and Totally Disabled).
- Article 2. Day Care Centers for the Elderly and Disabled Adults.
- Article 3. Medically Indigent Program.
- Article 4. Family Foster Homes [Codified at 1 GAR, Chapter 1, Article 9].

ARTICLE 1
STANDARDS OF ASSISTANCE
(OLD AGE ASSISTANCE, AID TO FAMILIES WITH DEPENDENT CHILDREN, AID TO THE BLIND, AID TO PERMANENTLY AND TOTALLY DISABLED)

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- § 9111. Same: Room and Board.
- § 9112. Same: Room, Board, and Care.
- § 9113. Same: Expenses and Employment.
- § 9114. Standards of Assistance --General Assistance.

NOTE: Rule making authority cited for formulation of standards of assistance regulations by the Director of Public Health and Social Services, 10 GCA § 2103.

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§ 9101. Purpose.

The purpose of these rules and regulations is to set up standards of assistance in connection with the administration of Social Services under 10 GCA Chapter 2.

§ 9102. Definitions.

(a) Standards of Assistance means the quality, quantity or cost of foods, clothing, household supplies, personal needs and special needs established by the Department of Public Health and Social Services for payment to eligible recipients of public assistance. These amounts are specified in Section 3 ('9103 Guam Admin. Rules).

(b) Basic requirements. These consist of necessities common to all individuals which must be included in the budget of all recipients. These include food, clothing, personal needs and household supplies. If such items are provided through other sources, the amount designated is considered as income.

(1) Food.

(2) Clothing.

(3) Personal needs (include expenses such as hair cuts, combs, brushes, toothbrushes, toothpaste, etc.).

(4) Household supplies (comprise those items which are necessary for the day-to-day maintenance of a household such as soap, cleaning supplies, brooms, etc.).

(c) Special needs. These consist of necessities which are not common to all individuals, but which may be required in special cases. Allowance will be included in the budget, or as specifically needed on an interim or one-time basis for the items hereafter set forth under the circumstances specified when the need for the item has been definitely established and approved by the agency and it cannot be supplied from other than public assistance.

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§ 9103. Standard Monthly Schedule for Basic Individual Requirements.

	Family Members in Assistance Group			House-	
	Food	Clothing	Personal	Hold	Total
1	\$40.87	\$10.82	\$4.21	\$4.10	\$ 60.00
2	81.74	21.64	8.42	4.10	120.00
3	112.40	29.77	11.57	11.26	165.00
4	143.06	37.90	14.72	14.32	210.00
5	163.50	43.31	16.82	16.37	240.00
6	183.94	48.72	18.92	18.42	270.00
7	194.16	51.43	19.97	19.44	285.00
8	204.37	54.13	21.03	20.47	300.00
9	214.59	56.84	22.08	21.49	315.00
10	224.81	59.55	23.13	22.51	330.00
11	229.92	60.90	23.66	23.52	345.00
12	235.03	62.25	24.19	23.53	345.00
13	240.14	63.60	24.72	24.54	353.00
14	245.25	64.95	25.25	24.55	360.00
15	250.36	66.30	25.78	25.56	368.00

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§ 9104. Special Needs: Shelter.

(a) Special need for shelter may be allowed as paid up to the following maximum:

Number of Persons in	
Assistance Groups	
	Monthly Allowance
1-2	\$60.00
3-6	75.00
7 and over	90.00

(b) Shelter payments may be authorized for:

(1) Rental (private).

(2) Rental (GHURA)--Rental payment for clients living in GHURA low-cost rental units shall be based on uniform standards set by that agency. In no event can payments exceed ceilings indicated above.

(3) Property payments, only if the recipient is the recorded owner (or purchaser) and is legally liable to make the payments. The property must be residential and be occupied by the recipient. Payments on other property cannot be included.

(4) Major repair or improvement payments if the cost represents a bona fide encumbrance against the property, includes a legal obligation to repay, and is repayable by monthly payments. Conditions in No. 2 also apply.

(5) Minor repair authorized by a lump sum vendor payment up to a total of \$500 may be allowed in addition to allowances in tow or three when the following conditions exist:

(A) The agency determines that the home is so defective that continued occupancy is unwarranted; unless repairs are made, the recipient would need to move to rental quarters; and the rental cost of quarters would exceed, over two years, the repair cost.

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(B) No expenditure for repair of such home was made previously.

(C) Expenditures are authorized in writing by designated agency personnel and evidence is obtained that the home repair was performed.

§ 9105. Same: Utilities.

(a) Special need for utilities may be allowed in the budget if needed and not otherwise provided up to the following maximum:

(1) Power.

Number of Persons in Assistance Group	Allowance
0-4	\$10.00
5-9	11.00
10 and over	12.00

(2) Water.

Number of Persons in Assistance Group	Allowance
0-4	\$5.00
5-9	5.50
10 and over	6.00

(3) Cooking--Five dollars and fifty cents (\$5.50) per month for fuel needed for cooking, e.g. kerosene.

(4) Telephone--An allowance of \$4.50 per family will be given only in those cases where telephone is available in the house.

NOTE: When living arrangements are shared with non-eligible persons, only the recipient's actual share of cost (up to the maximum allowance) will be computed as a special need.)

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§ 9106. Same: Therapeutic Diet.

The following allowance for special diet will be allowed in lieu of the standard food item only upon the written recommendation of competent medical authority:

Standard Monthly Therapeutic Diet Schedule

	Daily	Weekly	Monthly
Breakfast	\$.56	\$ 3.92	\$15.68
Lunch	.88	7.82	31.28
Dinner	.88	7.82	31.28
Total	\$2.32	\$19.52	\$78.24

§ 9107. Same: Purchase, Replacement and Repairs of Household Furnishing and Equipment.

Purchase, replacement or repair of essential household equipment may be allowed at reasonable cost when the following circumstances establish the necessity:

- (a) When essential articles are dilapidated and hazardous; cannot be repaired, and a new article cannot be obtained from other sources.
- (b) When a loss which is not covered by insurance has occurred through fire, flood, typhoon, or other disaster.
- (c) When a similar item has not been provided previously or has not been provided within the normal expected prior of usefulness of such items.
- (d) When circumstances such as illness necessitates additional items prescribed by a physician.

§ 9108. Same: Laundry.

The actual cost of laundry up to the ceiling specified below will be included in the budget if a person is physically unable to do his laundry or has no laundry facilities and no one to provide this service for him without charges. It will be provided solely for a person living alone or with another physically handicapped individual.

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Maximum Monthly

Item Allowance Per Person	
Men's Clothing	\$15.00
Women's Clothing	20.00

§ 9109. Same: Transportation.

Transportation may be allowed at actual cost of enable a recipient to participate in a WIN training plan, other training plan approved by the agency, or to obtain medical treatment. In lieu of actual cost, \$.10 per mile may be used. The allowance may not exceed the equivalent of \$.10 per mile nor the overall amount of \$30 per month.

§ 9110. Same: In-home Child Care.

In-home child care may be allowed as a service expenditure at actual cost up the authorized family day care rate to enable a recipient to participate in a WIN training plan or other training plan approved by the agency. Payment cannot be made for services provided by members of the recipient's own household. The child care plan must be approved by the agency. In-home care will be allowed only if there is no licensed Family Day Care home or agency operated Day Care Center available within a reasonable distance.

§ 9111 Same: Room and Board.

Recipients of OOA, AB, and APTD may be allowed room and board in lieu of other basic needs when they are living in the household of other persons.

Room and board	\$60.00
Personal needs	\$15.00

§ 9112. Same: Room, Board, and Care.

(a) The grant for recipients of OAA, AB, or APTD, living in certified boarding homes for the aged, will be computed at the following rate in lieu of all other allowances provided in these standards:

Room, board & care	\$ 85.00
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Clothing & personal needs	\$ 15.00
Total	\$100.00

(b) Special need for room, board, and care is allowable if all of the following conditions are applicable:

(1) The recipient is in need of this type of placement, as certified by designated agency staff and/or the agency medical consultant.

(2) The boarding home is certified by the agency to provide room, board, and care.

(3) Certificates are issued in accordance with standards fixed by the Department of Public Health and Social Services.

(4) The recipient is living in a boarding home operated by persons other than his immediate family (i.e., parents, adult, children, or siblings).

§ 9113. Expenses of Employment.

Expenses of employment, including transportation, lunches, special clothing, and incidentals, and/or other direct expenses shall be allowed as a deduction from earned income only to the extent that there is income from employment to cover them. In lieu of an itemized allowance, the sum of \$45 shall be allowed in all cases in which the recipient is employed for the equivalent of full-time employment. Mandatory payroll deductions shall be also be itemized individually as employment expenses. Expenses for part-time employees shall be prorated in relation to normal full-time employment.

§ 9114. Standards of Assistance--General Assistance.

(a) General Assistance is a temporary program, financed from local funds, used to meet emergency needs of persons who do not qualify for other welfare programs. Assistance may be limited to food commodities, other in-kind assistance, or vendor payments.

(b) If cash assistance is necessary, funds may be granted for basic needs in accordance with the following schedule:

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Person	Amount
1	\$ 60.00
2	120.00
3	140.00
4	160.00
5	180.00
6	190.00
7	200.00
8	210.00
9	220.00
10	230.00
11	235.00
12	240.00
13	245.00
14	250.00
15	255.00

(c) Any payment in excess of this amount must be approved by the Social Services Administrator. In no event will payments exceed standards set for the Federal categories.

(d) Exception. No General Assistance grants shall be reduced solely to conform to this schedule until the expiration of three months from the effective date of this Executive Order.

ARTICLE 2

**DAY CARE CENTERS FOR THE ELDERLY AND
DISABLED ADULTS**

- § 9201. Authority.
- § 9202. Purpose.
- § 9203. Scope.
- § 9204. Definitions.
- § 9205. Sanitary Permit.
- § 9206. Administration.
- § 9207. Personnel and Staffing.

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- § 9208. Admissions.
- § 9209. Transportation.
- § 9210. Care of Elderly and/or Disabled.
- § 9211. Physical Plant.
- § 9212. Other Disasters and Evacuations.
- § 9213. Penalty.
- § 9214. Separability.

NOTE: Rule-making authority originally cited for formulation of regulations for the Day Care Centers for the Elderly and Disabled Adults, 10 GCA § 20705.

These Rules and Regulations were filed with the Legislative Secretary on January 27, 1988.

§ 9201. Authority.

Title 10 Guam Code Annotated, Guam Environmental Health Act, Chapter 20, § 20105; and Chapter 21, § 21102 authorize the Director to establish rules and regulations as may be necessary to carry out the provisions of 10 GCA, Part 1.

§ 9202. Purpose.

The primary purpose of Adult Group Day Care Center is and shall be to prevent unnecessary 24 hour institutionalization of disabled and/or elderly adults where such persons can otherwise be provided necessary care in a normal home or family environment, but where such persons cannot be cared for 24 hours per day. The centers shall provide a protected environment with an emphasis on individualized personal care under the supervision of trained personnel, as well as opportunities for social psychological stimulation to prevent mental deterioration and social isolation of the elderly and/or disabled adults.

§ 9203. Scope.

These rules and regulations shall be the minimum requirements for protecting the health, safety and welfare of elderly and/or disabled participants attending Adult Group Day Care Centers, and shall be adhered to by all personnel of such centers ministering to the needs of the participants. These rules and regulations shall not be construed as lowering other standards or regulations established by the Department of Public Health and Social Services or other agencies of the Government of Guam, or

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Federal Government where such may apply. In all instances, the more stringent regulations/standards shall apply.

§ 9204. Definitions.

As used in these rules and regulations:

(a) Adult Group Care Center (hereinafter referred to as Center) shall mean a place maintained and operated by an individual, organizations or agency whether for profit or not, including Centers operated by the Government of Guam for the purpose of providing protective and supportive care for two or more elderly and/or disabled adults not related to the Center's owner/operator by blood or marriage within the third degree of consanguinity for a specified time period of 10 hours or less in each 24 hour day. At the end of the specified time period, the participant shall be discharged to the custody of his/her family, guardian or sponsor.

(b) Center Director shall mean the person having responsibility to administer the Center and develop its total program. Other titles such as administrator or operator may be used interchangeably with Center Director.

(c) Department shall mean the Department of Public Health and Social Services (also DPH&SS).

(d) Elderly or Disabled Adults shall mean any adult who is unable to function independently and is in need of protective or supportive care.

(e) Participant shall mean any elderly or disabled person attending a Center full-time (8-10 hours) or part-time (less than 8 hours) during regular operating hours.

(f) Protective and Supportive Care shall mean the provision of a protective environment, personal care, supervision and opportunities for social, psychological and physical stimulation to prevent mental deterioration, social isolation and physical deterioration.

(g) Regular Care shall mean the care of elderly or disabled adults at fixed and certain intervals which is regular.

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(h) Sanitary Permit shall mean a document issued by the Department which authorizes the operation of a Center.

(i) Staff Member shall mean any person working for a Center as an employee or volunteer who assists regularly in the care of the participants.

(j) Volunteer Worker shall mean any person who gives his/her time and service regularly without remuneration.

§ 9205. Sanitary Permit.

(a) No person, association or corporation shall directly or indirectly in any manner, conduct, control, manage, maintain or operate a Center unless a valid sanitary permit issued by the Department to operate such a Center has been obtained and properly posted.

(b) An application for a sanitary permit to operate a Center shall be made in writing on a form prescribed by the Department, signed by the applicant or his authorized agent, and shall contain such information that will determine that the facility and its operation are in compliance with the provisions of these regulations.

(c) Before the application for sanitary permit is approved, the Department shall verify that the Center meets all the minimum sanitary requirements and standards of these regulations which shall involve right of entry, inspection and investigation.

(d) If upon inspection the Department is satisfied the Center meets all sanitary requirements and standards prescribed, a non-transferable sanitary permit designating the type of facility shall be issued. Said sanitary permit shall be posted in a conspicuous area designated by the Director. All new sanitary permits shall be valid until the first June 30 following their issuance. All renewed sanitary permits shall be valid for 12 months and shall be renewed on June 30 for each year.

(e) If the new or renewed application indicates that the Center does not meet the minimum sanitary requirements or standards, the sanitary permit will be denied or terminated.

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(f) When ill treatment of participants is evident, the Center Director shall be contacted by the Director of the DPH&SS or his/her authorized representative from the Division of Social Services to discuss such circumstances. If the Department is convinced that facts exist or have occurred during the term of the current sanitary permit, the Center's current sanitary permit shall be suspended or revoked.

(g) An application for renewal of a sanitary permit shall be filed 30 days prior to the permit's expiration date, and upon approval by the DPH&SS, a new sanitary permit shall be issued.

(h) When a Center intends to discontinue operations, it shall so notify the Department in writing at least 30 days in advance. A sanitary permit which is to be discontinued for a Center shall be surrendered to the DPH&SS if the establishment ceases operations before the permit expires.

§ 9206. Administration.

(a) Each Center shall have a Director responsible for the total program of the Center. The organization of the Center shall be such that legal responsibility is clearly defined and administrative authority is specifically placed.

(b) Each Center shall have a written statement of operating policies. The Statement shall include the following information:

- (1) Name and address of Center.
- (2) Name of owner or sponsoring agency.
- (3) Admission policies of Center; criteria for acceptance of applicant, such as age, health conditions, etc.
- (4) Maximum number of adults for whom Center is equipped.
- (5) Specific hours of operation.
- (6) Whether meals are served.
- (7) Whether transportation is provided
- (8) Fees charged by the Center.
- (9) Plans for emergency medical care of participants.

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(10) Scope of services provided by the Center.

(c) Each Center shall keep the following records:

(1) A statement of operational policies.

(2) A list of current staff members, including ages, training, experience, health records, and their assigned duties.

(3) A daily schedule of activities.

(4) A daily menu, if meals or snacks are served.

(5) Emergency information.

(A) The name of family physician of participant.

(B) Where next of kin or other relatives can be located.

(C) A written consent to call another physician when participant's regular physician cannot be contacted.

(6) A list of current participants at the Center.

(7) A record of attendance of participants.

(8) The completed application forms for each participant.

(9) The participants' health records.

(d) A responsible staff member shall receive all participants upon their arrival at the Center.

(e) Each Center shall at all times maintain adequate liability insurance.

§ 9207. Personnel and Staffing.

(a) Center Director or Administrator.

(1) The Center Director shall have basic training or experience in caring for the elderly and disabled adults. For facilities which also administer to the medical needs of participants, such training and experience should include nursing/geriatrics.

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(2) The Center Director shall be responsible for the overall administration of the Center and arranging for adequate care of its participants.

(3) Whenever the Center Director is absent from the Center for any part of a day, he/she shall designate a Registered Nurse or a Licensed Practical Nurse to assume his/her responsibilities during the period of his/her absence.

(b) Staff Members.

(1) Each Center shall have sufficient staff to provide adequate supervision of the total of participants at the Center at all times.

As used herein sufficient staff is defined as a ratio of one regular staff member to 10 participants. This ratio may include the Director of the facility and/or any other staff member.

(2) At least one staff member must be a Registered Nurse or a Licensed Practical Nurse.

(3) At least one social worker shall be available, at least on a part-time basis but preferably full-time, for counseling of center participants and their families and to facilitate referral to other needed services.

(4) Staff members should be mature, responsible persons capable of handling emergencies and accidents and trained in first aid. They should have the ability to understand the elderly and disabled person and be in good physical and mental health.

(5) To the greatest extent possible, the Center shall have on staff persons who are fluent in English and a second language for the purpose of providing language translation with Center participants. The second language should be any of the languages commonly spoken on Guam in public.

Where it is impractical for the Center to employ as staff persons who speak a second language as spoken by Center participants, the Center shall acquire the services of a person

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having the necessary language skills, and who shall be available to provide translation services when needed.

(6) All staff member shall have passed a current, annual health examination which includes a satisfactory chest x-ray for negative tuberculin test.

§ 9208. Admissions.

(a) Admission Information. Each application form for admission to the Center shall include:

(1) The applicant's name, home address, birth date and sex.

(2) The name, address, telephone number and other pertinent information of any responsible person.

(3) A written consent to call another physician when the family physician cannot be located.

(4) The specific hours of a day the participant is to be under care at the Center.

(5) A requirement that any medications to be administered to the applicant (participant) be listed on the form along with any detailed information concerning their administration such as dose, frequency, mode, etc.

(6) Specific information provided by the Center as to who would be liable in the event a participant becomes injured, or causes injury, at the Center.

(b) Admission Policies.

(1) The Center shall require a physical examination of each applicant by a licensed physician prior to admission. Such examination shall have taken place within ninety days prior to admission to the Center. The physician's report should contain information with regard to any special care required by the applicant while at the Center.

(2) Both the participant and his/her family shall be interviewed prior to admission to the Center. The personal interview is to secure pertinent information on the person's

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overall behavior and to acquaint the participant and his family with the Center's policies.

(3) Only those elderly and/or disabled persons who would benefit from the Center's care and program should be considered for admission. Persons who may be better served through another existing program should be so informed and referred to the appropriate program.

§ 9209. Transportation.

When transportation is provided by the Center, rules and regulations of the Guam Department of Public Health and Social Services shall be met.

§ 9210. Care of Elderly and/or Disabled.

(a) Health Care.

(1) All participants shall have a physical examination at least once a year after admission to the Center.

(2) There shall be daily monitoring of health regimes of the participants by qualified staff.

(3) When a participant becomes ill while attending the Center, he/she shall be appropriately cared for. The responsible person, next of kin and the physician of the participant shall be notified.

(4) For inter-personal, behavioral or family relationship problems observed in the participant, proper referral to a social worker shall be made.

(5) Where symptoms of communicable disease are evident, the participant shall be isolated pending medical clearance. His/her family or representative shall be contacted and advised to seek medical care for the participant.

(6) Specific instructions obtained from a physician for the care of a participant with special problems shall be written into their records and followed.

(7) A Registered Nurse or Licensed Practical Nurse shall supervise the taking of medication and, where

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necessary, will encourage or remind a participant about the need to take the prescribed medication.

(8) Sufficient first aid supplies shall be kept on hand at the Center at all times.

(b) Meals.

(1) Each Center that provides meals shall provide to participants well-balanced meals which shall satisfy the minimum Federal standards, Type A.

(2) Local products shall be incorporated into the meals to the extent possible in order to provide a culturally acceptable meal.

(3) Appropriate snacks shall be offered between meals.

(c) Programs.

(1) A planned, well-balanced program of activities and services shall be available at each Center in order to enhance the elderly and/or disabled participant's well-being and to maximize individual functioning.

(2) The Center shall provide supervision and personal care services in order to protect the elderly and/or disabled persons. It shall provide assistance with toileting and encourage withdrawn or passive participants to participate in activities and to develop self-help skills.

(3) The Center shall make available therapeutic, social, education, recreational and other activities as follows:

(A) Opportunities for arts and crafts.

(B) Daily exercise as tolerated by the participant or as prescribed by his/her physician.

(C) Development of hobbies.

(D) Helping with community activities which can be handled at the Center and as the participant is capable of managing.

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(E) Reading of magazines, books and other sedentary activities such as television viewing, listening to radio, and etc.

(F) Group excursions or outings to points of interest to the participants, such as the Guam senior centers or other scheduled senior activities, as often as practicable.

(4) The Center shall provide for regular rest periods for participants in the morning and in the afternoon.

(5) The Center shall provide for family consultation, if requested by the participant's family or physician, or referral to appropriate community agencies, clinics or physicians when the participant or his/her family is observed to be in need of professional counseling, health or mental health services.

§ 9211. Physical Plant.

(a) Location.

(1) The Center shall be located in a safe and sanitary area and shall conform to laws and regulations of the Government of Guam.

(2) The Center shall be clean and sanitary and shall provide proper means of refuse disposal. All solid waste shall be properly stored and removed from the premises at least twice a week. There shall be proper disposal of sewage, with all plumbing outlets connected to an approved private sewage disposal system or public sewer system.

(3) The building shall have adequate natural light, and shall be well lighted, ventilated and airy.

(4) The building shall be maintained in good condition, be free from leakage during periods of rainfall and free from rodent and insect infestation.

(5) There shall be adequate space for outdoor activities.

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(6) The outdoor space shall be well-drained with both sunny and shady areas. It shall not be subject to ponding during periods of heavy rainfall.

(b) Buildings Used for Day Care Centers.

(1) The Center shall conform to the construction standards of local building ordinances, including architectural barrier requirements and rules and regulations of the Department of Public Health and Social Services, as well as other government agencies as applicable.

(2) New Construction. Preliminary floor plans for any proposed new building or for alterations of existing buildings of Adult Group Day Care Centers shall be submitted to the Department for approval before any work is begun.

(c) Electrical Circuits.

(1) Electrical circuits shall be maintained with proper fire protection and shall be installed in accordance with the respective Guam Electrical Code.

(2) Extension cords shall not exceed ten feet in length and shall not extend from one room to another, nor shall they be stapled or nailed or otherwise permanently fastened to walls, floors or ceilings or be run under rugs.

(d) Capacity and Occupancy. There shall be a combined minimum of fifty square feet of floor space per participant for recreational, resting and dining purposes.

(e) Toilet Facilities.

(1) There shall be minimum of one toilet and one wash basin conveniently located for every ten persons or fraction thereof of each sex.

(2) Grab bars shall be installed in all toilet enclosures.

(3) Toilet doors must be at least three feet, ten inches in width to allow the pass-through of wheel chairs.

(4) Lavatories exclusively for use by participants using wheel-chairs shall be set out on wall brackets eight inches

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from the wall and shall provide thirty-one inch clearance from floor to lower edge.

(5) Mirror height shall be set three feet two inches from floor to bottom of mirror and shall be of adequate height to allow participants to use them while standing up.

(6) An adequate supply of soap, toilet tissue and paper hand towels shall be supplied for the participants at all times.

(f) Kitchen Facilities.

(1) Kitchen facilities used for the preparation of meals shall comply with the food service establishment regulations of the Guam Department of Public Health and Social Services.

(2) Adequate facilities and proper methods for the preparation, serving, refrigeration and storage of food shall be provided according to the regulations of the Guam Department of Public Health and Social Services.

(A) A separate kitchen, properly screened, insect and rodent proof, shall be provided for preparing food.

(B) There shall be an adequate number of sinks with hot and cold running water, soap and paper towels.

(C) A commercial dish washing machines must be utilized if more than ten participants attend the Center.

(3) Adequate facilities and proper methods shall be provided for garbage disposal and for washing, sanitizing, and storage of cooking, eating and drinking utensils.

(4) Kitchen stoves or commercial types of heating appliances requiring stacks or hoods shall be located at a safe distance from the wall, ceiling, roof or other combustible material and shall comply with the requirements of the Guam Building Code and the Guam Fire Department.

(5) Water Supply.

(A) There shall be an approved potable water supply.

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(B) Chilled drinking water shall be supplied to the participants throughout the day.

(C) There must be provision for an emergency supply of water in case of typhoon.

(g) Health and Safety.

(1) Any facility used as a Center shall be dry, shall have adequate natural light and ventilation, and the walls and floor shall be water and damp proofed below finished grade.

(2) There shall be good natural or artificial lighting in all indoor areas.

(3) Storage of combustible material shall be limited to articles essential to the operations of the Center. There shall be no unnecessary storage of combustible material or flammable liquids or other explosive materials within the building or on the premises.

(4) Burning of rubbish shall be confined to an approved type domestic incinerator with suitable stack, well away from participant activities and must comply with pollution regulations of the Guam Environmental Protection Agency.

(5) All insect or rodent poisons and dangerous chemicals shall be stored in a locked closet or cupboard. The following classes of chemical shall be provided with their own separate, locked storage:

(A) Pesticides such as rodent and insect poisons.

(B) Cleaning chemicals such as detergents and sanitizer.

(C) Other chemicals such as paints, thinners, acids, etc.

(h) Equipment.

(1) All equipment and material shall be of sufficient quantity and quality best suited to the needs of the elderly and/or disabled audit.

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(2) There shall be sufficient chairs and sufficient table space for meal time and arts and crafts activities.

(3) Equipment shall be of safe construction and material, easily cleaned, sturdy, and kept in good condition.

(4) Furniture and equipment shall be arranged so as not to block exits.

(5) The following sleeping equipment shall be provided for resting purposes:

(A) At least one bed for every three persons shall be made available for resting purposes. Each bed shall be adequately protected.

(B) Each participant shall be provided with fresh bed linens each time he/she is resting in a bed.

(i) Fire Protection.

(1) Evacuation plan in event of fire: The Director of the Center shall formulate a plan for the protection and evacuation of participants to areas of refuge. This plan shall include training of all personnel and shall describe the responsibility of each in event of fire. This plan shall be submitted to the Guam Fire Department for approval.

(A) Fire drills shall be staged at least once a month in which all occupants and staff members must participate. For those adult day care centers having staff working in shifts, fire drills shall be scheduled on a rotating basis so that staff on each shift will be included.

(B) The staff at the Center shall be trained in properly reporting a fire, in extinguishing a small fire and in escaping from a fire.

(C) There shall be an alarm system approved by the Guam Fire Department.

(2) Fire Extinguisher: An adequate number of fire extinguisher, approved by the Guam Fire Department, shall be maintained at the Center at all times. Each shall be

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inspected at least once a year and kept charged and filled at all times.

(3) Automatic Sprinkler System. An approved automatic sprinkler system conforming to the provisions of the Guam Fire Department's Rules and Regulations shall be installed at all Centers which provide care to elderly or disabled adults for any part of a night.

§ 9212. Other Disasters and Evacuations.

Centers located in areas subject to typhoons, flooding or like disasters shall have a plan of evacuation to a place of refuge, according to local civil defense regulations.

§ 9213. Penalty.

Any person who willfully makes any false statement or who violates these rules and regulations shall be guilty of a misdemeanor and be punishable by a fine not to exceed one thousand dollars.

§ 9214. Separability.

If any phrase, clause, sentence, subsection, section, provision or other part of these regulations or its application to any person or circumstances is for any reason held to be unconstitutional or invalid, the remaining portions of these regulations or the application of these regulations to other persons or circumstances shall not be affected.

ARTICLE 3

MEDICALLY INDIGENT PROGRAM

- § 9301. Eligibility Standards.
- § 9302. Amount, Duration and Scope of Medical and Remedial Care and Services Provided.
- § 9303. Exclusions.
- § 9304. Services Requiring Prior Authorization.
- § 9305. Off-Island Medical Care.
- § 9306. Responsibilities.

NOTE: Rule-making authority cited for formulation of regulations for the Medically Indigent Program of the Department of Health and Social

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Services, 10 GCA '2901 added by Public Law 17-83:3. These Rules and Regulations were filed with the Legislative Secretary on August 1, 1985.

There have been many Legislative changes to this MIP program in the years since these regulations were adopted. See the Department of Public Health & Social Services before relying on these Rules.

§ 9301. Eligibility Standards.

(a) Program Requirements. To be eligible for coverage, an applicant for the Medically Indigent Program must be a resident of Guam who applies for and qualifies for assistance as determined by the Medically Indigent Program eligibility standards according to the following three sets of criteria: Income Limitations, Resource Limitations and Residence Requirements. Eligibility shall begin the month the application is received. Coverage of eligibility can be retroactive to three months back (90 days). An applicant must also be one who:

(1) is not eligible for Medicaid coverage under Title XIX of the Social Security Act;

(2) has neither medical insurance coverage nor the financial ability to pay for medical insurance coverage or for medical services as determined by the program; and

(3) has medical insurance coverage but such coverage is inadequate to cover the cost of medically required treatment and who is otherwise qualified for the program as a result of inadequate income or resources. Any supplemental coverage is limited to Medically Indigent Program coverage and limitations.

(b) Last Resort for Medical Services. The Medically Indigent Program is intended to be the last resort for the provision of medical services for those persons who cannot pay for medical services. Therefore, a person with medical insurance must refer claims to his insurance company first before the bills can be submitted to the Medically Indigent Program. Those services provided by federal or other territorial programs should be utilized first as the Medically Indigent Program is the “payer of last resort”.

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(c) Potential Medicaid Clients. Potential Medicaid clients must apply for assistance to the appropriate categorical program and must be denied before they apply to the Medically Indigent Program.

(d) Income Limitations. Medically indigent households who fall within the following gross income limitations will not have to pay any out-of-pocket expenses on services covered by the Medically Indigent Program (except for the \$2.50 co-payment for prescribed drugs and \$5.00 co-payment for use of Guam Memorial Hospital's emergency room for outpatient services).

GROSS MONTHLY	
FAMILY SIZE	INCOME ALLOWED
1	\$ 410
2	\$ 542
3	\$ 648
4	\$ 754
5	\$ 845
6	\$ 935
7	\$1,027
8	\$1,106
9	\$1,184
10	\$1,264

(e) Additional Members. For each additional member over 10, \$60 will be added to the Gross Monthly Income Allowed.

(f) Client's Liability Based on Partial Coverage. If an applicant applies for assistance under the Medically Indigent Program, has a gross income which exceeds the gross income limit of its category as described above, and exceeds that limit by an amount not greater than \$300, he is still eligible for partial coverage.

(g) Liability Guide. The following is a table of the percentage of client's liability (per visit, hospital admission, encounters) for each range of available income per month above the income guideline:

AVAILABLE INCOME PER MONTH ABOVE	PERCENTAGE LIABILITY GUIDE (CLIENT'S
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INCOME GUIDE	LIABILITY)
\$1 - \$50	7%
\$51 - \$100	15%
\$101 - \$150	22%
\$151 - \$200	30%
\$201 - \$250	37%
\$251 - \$300	45%

(h) Liquid Resources. The maximum allowable liquid resources of all members of the medically indigent household shall not exceed the limitation established below for each household size.

(i) Assets. In determining the liquid resources of a household applying for the Medically Indigent Program, the following shall be included as liquid assets unless otherwise exempted in this section:

- (1) Cash on hand.
- (2) Checking or Savings Account amount.
- (3) Stocks or Bonds.
- (4) Shares in Credit Union.
- (5) Lump sum payments.
- (6) Time Certificates.
- (7) Cash Value for Life Insurance.
- (8) Grants and Scholarships.

(j) Excess Cash Resource. In the event that the family can prove that the excess cash resource will be used for medical-treatment-related expenditure, exemptions may be granted.

(k) Resource Limitations. The liquid resource limitations are the following:

FAMILY SIZE	RESOURCE LEVEL
1	1200
2	1500
3	1650
4	1800

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5	1950
6	2100
7	2250
8	2500
9	2650
10	2800

(l) Vehicle, Real Property and Other Resources. The Medically Indigent Program will allow two vehicles. The fair market value (Blue Book Value or Market Value equity less amount owed) should not exceed \$5,000 for each vehicle.

(1) One additional property other than the one being lived in will be allowed. The value of this additional property shall not exceed \$25,000 as appraised by the Department of Revenue and Taxation.

(2) Any transfer of the property holdings by gift or, knowingly without adequate or reasonable consideration, shall be presumed to constitute a gift of property with intent to qualify for assistance and such act shall disqualify the owner for assistance for future claims. An applicant may not apply for a period of one year before they may be eligible to re-apply.

(m) Residence Requirements. Transients, visitors, and person in Guam for the main reason of obtaining medical treatment are not eligible to apply. Applicants to the program must be a U.S. Citizen or alien lawfully admitted for permanent residence and residing permanently in Guam.

(n) Insurance. If insured, any household member at the time of application must maintain his or her insurance.

(o) Uncovered Medical Procedure. In situations where a client's health insurance will not be able to cover a particular condition or procedure and is within the scope of services covered under the Medically Indigent Program, the person may apply. If found eligible, only the uncovered procedure will be covered by Medically Indigent Program.

(p) Discontinuance of Insurance. Any household member who is discontinued from insurance coverage for reason beyond

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his or her control may be included under Medically Indigent Program coverage if eligibility criteria are met. Voluntary discontinuance of insurance coverage will disqualify the person(s) from participation under Medically Indigent Program for six months from date of termination.

(q) Application. Every applicant is required to complete the information sheet and application form as required by the Department of Public Health and Social Services.

(r) Treatment of 18 Year Old Applicants. An individual who is 18 years of age and who is not a dependent for tax purposes from another household may apply to the Medically Indigent Program. An 18 year old who is still attending high school or college and living at home shall be included under his parent's application to the Medically Indigent Program and the family's income. Those living with relatives will be handled on a case per case basis.

(s) Emancipated Adult. There are situations where a minor will move out of his or her parent's home for various reasons. The minor may apply as an emancipated adult providing that an affidavit statement be submitted by the minor indicating that he or she is living a life as an adult apart from his or her parents, and is "self-sufficient".

(t) Common-Law Status. Any couple that has lived together for a period of one (1) year or more may apply together as a married couple if they execute an affidavit attesting to the fact that they live together. Any children born of such relationship shall be eligible in the same way children in a family unit qualifies. Any couple that has lived together for less than one (1) year must apply separately. All income and resources will be taken into consideration when determining eligibility.

(u) Eligibility Periods. Eligibility periods shall run from six months to one year. Households with at least one member from the age of seventeen through fifty-four years of age shall be given a certification of six months. A household with all members who are fifty-five years old and over with unearned income shall be given a year's certification period. Lesser certification may be assigned if deemed necessary.

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(v) Head of Household.

(1) In a single-member household, the person shall be the head of the household.

(2) In a household where there is only one parent, that parent shall be the head of household.

(3) In a household where both the male and female parents have earned income, the parent with the higher income shall be the head of household.

(w) Verifications.

(1) Birth Certificates and Social Security Card:

(A) A Birth Certificate and Social Security Card are required for each member of the household applying for assistance.

(B) Birth Certificates may be substituted by a Passport, Baptismal Certificate, an Alien Registration Receipt Card (green card), or a Government of Guam Identification Card if Birth Certificates are not available.

(C) In the absence of a Social Security Card, a receipt of the application for Social Security Card should be sufficient, however, the member shall provide the program with a photocopy of the Social Security Card after its receipt. This requirement may be waived by the Eligibility Unit Supervisor providing that the client's Social Security Number is indicated on the Government of Guam I.D. or on social security documents.

(2) Alien Registration Receipt Card. The Alien Registration Receipt Card will be required for all resident alien applicants.

(3) Certificate of Naturalization. The Certificate of Naturalization shall be required to determine proof of U.S. Citizenship for all naturalized U.S. Citizen applicants.

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(4) Affidavit - Common-Law. Households involving unmarried couples living together may apply to the Medically Indigent Program as one household if they have lived together a minimum of one year and in which an affidavit involving the common-law situation is obtained.

(5) Affidavit - Emancipated Adult. An applicant who is a minor who no longer lives with his/her parents or guardians and is living an independent life may apply on his/her behalf to the program providing that he/she files an affidavit attesting to living an adult life and is self-sufficient.

(6) Income.

(A) Last two check stubs shall be provided as part of income verification.

(B) An employment verification from the employer must be obtained showing the average hours worked and hourly rate the employee has earned for the last three months.

(C) Self-employed individuals, other than those farming and fishing, with income over \$100 a month must provide the latest gross receipts tax receipt and the latest 1040 forms. If no 1040 forms can be provided, an affidavit indicating expenses for the same month shall be furnished. For fishermen or farmers, a notarized statement of income will be required and proof of being exempted from filing the gross receipts tax must be obtained from the Department of Revenue and Taxation and submitted to the Medically Indigent Program. Those others with income less than \$100.00 a month will be required also to submit a notarized statement of earnings.

(7) Property. Property appraisal shall be provided on the additional property (other than the one being lived on). If appraisal is in excess of \$25,000 applicant is disqualified.

(8) Vehicle. Appraisal value for vehicle(s) shall be required from an automobile appraiser if the value cannot be determined through the "Blue Book". Equity value for each

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vehicle should not exceed \$5,000 each. If equity value is in excess of \$5,000 applicant is disqualified.

(9) Cash Resources. Photocopies of passbooks, bank statements are required if applicants indicate amounts in the application form.

(x) Permanent Resident Alien. Aliens who have resided in Guam less than three years and who are applying for assistance shall provide information and required documentation concerning the sponsor's income and resources as a condition for eligibility. The income and resources of a sponsor(s) and the sponsor's spouse, if living together, shall be treated as unearned income and resources. This requirement applies to all Permanent Residence aliens the first three years upon entry to Guam.

(y) Issuance of Program Card. An identification card will be issued listing all eligible family members. Each household will be assigned a unique number. Cards will indicate the period of Medically Indigent coverage, other medical insurance coverage, applicable liability rates, and selected primary physicians and specialist(s).

(z) Denials. Applicants are denied when:

(1) Ineligibility is established.

(2) An applicant fails to provide necessary information to determine eligibility.

(3) Program loses contact with the applicant before eligibility is determined.

(aa) Selection of a Primary Physician.

(1) Applicants may select from a list of designated physicians the doctor they would like as their primary physician.

(2) The applicant is held to receiving care from the designated primary care doctor. If the primary physician is not available, applicants will refer to listing of designated primary physicians and visit the available physician of their choice. If an applicant feel a need to change to another primary physician, the applicant will fill out a request for a

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change in primary physician which requires reason(s) for requesting a change.

(bb) Investigation.

(1) From a sufficient sample of applications, a comprehensive review of these applications will be made to insure the validity of such applications.

(2) As stated in P.L. 17-83, an applicant who makes false declarations to the program shall be guilty of a crime. Such an applicant shall also be ineligible for a period of six (6) months.

§ 9302. Amount, Duration and Scope of Medical And Remedial Care and Services Provided.

(a) Inpatient Services. The following inpatient hospital services are provided:

(1) Covered Inpatient Services.

(A) Maximum of 60 days inpatient hospitalization per illness. If confinement is medically necessary after 60 days, prior authorization is required from the Medically Indigent Program.

(B) Semi-private room and board or private rooms when medically necessary.

(C) Coronary and intensive care.

(D) Nursery intensive infant care.

(E) Surgery and Anesthesia.

(F) Operating and Delivery room.

(G) Laboratory tests.

(H) Diagnostic radiology.

(I) Kidney dialysis treatment.

(J) One doctor's visit per day either by hospital resident (attending physician) or an intern (consultant) in intensive care and coronary care unit.

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(K) Emergency room services.

(L) Physical and occupational therapy when prescribed by physician and provided by a qualified and registered therapist.

(M) Inhalation therapy.

(N) Care for Tuberculosis or Lytico/Bodig (amyotrophic lateral sclerosis or Parkinsonism dementia). Care is limited to condition related services.

(O) Insulin injections for diabetes.

(P) Deliveries of Public Health Maternal and Child Health patients who are program eligible.

(Q) Deliveries of patients with no pre-natal care.

(2) The Medically Indigent Program shall not cover the following inpatient services:

(A) Cosmetic surgery.

(B) Private duty nursing services.

(C) Personal comfort or convenience items.

(D) Any services or items requiring prior authorizations which has not been obtained or has been denied, e.g., physical therapy, medical supplies, etc.

(E) Mental Disorders and psychiatric services.

(F) Admissions primarily for rest care, custodial or convalescent care.

(3) Payment for Guam Memorial Hospital Inpatient Services shall be on a fee for service basis unless otherwise indicated. Medical claims are subject to review by the program. The following are covered services and fees:

COVERED SERVICES:	FEE:
(1) Room and Board	Fee for service charges
Semi-private or	
private room rate	Fee for service charges
Intensive Care Unit	Fee for service charges

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Coronary Care Unit	Fee for service charges
Neonatal Intensive Care	Fee for service charges
Telemetry	Fee for service charges
Nursery	Fee for service charges
Skilled Nursing Facilities Services (SNFS) (including medical care)	Fee for service charges
(2) Physician services including surgery and anesthesia	1970 HRVS conversion factor 1.0 for internal medicine 10 for surgery and anesthesia
(3) Operating Room	Fee for service charges
(4) Pathology and Laboratory Services	Fee for service charges
(5) Hemodialysis acute care	Fee for service charges
(A) Stabilization	Fee for service charges
(B) Limited care	Fee for service charges
(C) Self training	Fee for service charges
(6) Radiological services	Fee for service charges
(7) Drugs	Fee for service charges
(8) Emergency room Services	Fee for service charges

(9) The following items are considered part of the routine services which are included in the room charge. No additional payment is warranted:

(A) Gloves

(B) Enema

(C) Items stocked at nursing stations or on the floor in gross supply and distributed or used individually in small quantities such as alcohol, applicators, cotton balls, band-aids, antacids, aspirins (and other non-legend drugs ordinarily kept on hand), suppositories, and tongue depressors, lotion (except for skin disease), shampoos.

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(D) Items used by individual patient but which are reusable and expected to be available, such as ice bags, bedrails, canes, crutches, walkers, wheelchairs, traction equipment, and other durable medical equipment.

(E) Special dietary supplements used for tube feeding or oral feeding.

(F) Dressing trays.

(G) Thermometers.

(H) Powder, cream.

(I) Underpads.

(J) Bedpans.

(K) Q-tips.

(b) Outpatient Services.

(1) The following outpatient hospital services shall be covered:

(A) Hospital-based physician services.

(B) Laboratory and diagnostic tests.

(C) Diagnostic radiology.

(D) Laboratory tests and diagnostic radiology not available at Public Health for Maternal and Child Health Program clients (clients must be program eligible).

(E) Emergency room for warranted emergencies. \$5.00 co-payment required.

(F) Drugs which are prescribed by physicians and cannot be bought without a prescription.

(G) Medical and surgical supplies.

(H) Operating room.

(I) Dialysis treatment.

(K) Physical and inhalation therapy (prior authorization is required).

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(L) Insulin injections for diabetes.

(M) Lytico-Bodig related services. (amyotrophic lateral sclerosis or Parkinsonism dementia).

(2) The following outpatient hospital services shall not be covered:

(A) Routine or annual physical examination.

(B) Non-emergency use of the emergency room.

(C) Section 2103 drugs on Food and Drug Administration.

(3) The following fee schedule will be used for outpatient services.

COVERED SERVICES	FEE:
(1) Physician services	1970 RVS conversion factor
	1.0 for internal medicine
Surgery and Anesthesia	10 for surgery and anesthesia.
(2) Operating Room	Fee for service charges
(3) Laboratory and X-ray	Fee for service charges
(4) Drugs	Fee for service charges with \$2.50 co-payment
(5) Emergency room services,	Fee for service charges with if warranted \$5.00 Co-payment
(6) Hemodialysis stabilization	Fee for service charges limited care.

(c) Physician, Laboratory and X-Ray Claims.

(1) Coverage:

(A) Medical and surgical services. (except over-the-counter drugs.)

(B) Injections and drugs dispensed by the physicians.

(C) Services and supplies incidental to physician services.

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(D) Kidney dialysis.

(E) One hospital visit per day except consultation in ICU or CCU which requires justification.

(F) Laboratory and diagnostic x-ray procedures ordered by physicians.

(G) Insulin injections for diabetes.

(H) Services provided by non-Medically Indigent Program Providers will be reimbursed according to Medically Indigent Program fee schedule.

(I) Lytico-Bodig related services (amyotrophic lateral sclerosis or Parkinsonism disease).

(2) The following services will not be covered:

(A) Cosmetic surgery.

(B) Vaccine supply for diseases available free at Public Health.

(C) Chiropractor's services.

(D) Acupuncture.

(E) Services provided at Public Health.

(F) Any services or items requiring prior authorizations which has not been obtained or has been denied by the Medically Indigent Program.

(3) The following Fee Schedule for Physician, Laboratory and X-Ray claims shall be used:

COVERED SERVICES	FEE
(1) Physician services	1970 HRVS conversion factor of 1.0
(2) Surgery and Anesthesia	1970 HRVS conversion factor of 10
(3) Outpatient Surgery	1970 HRVS conversion factor of 11
(4) Regular	1970 HRVS conversion

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| (A) Laboratory tests | factor of .43 or the current Medicare rate whichever is lower |
| (B) Panel tests | Will be paid on a negotiated fee schedule. |
| (5) X-Ray | 1970 HRVS conversion factor of 4.0 paid on a negotiated fee schedule |

(d) Skilled Nursing Care Services. Skilled Nursing Care shall be on a fee for services basis. The program shall provide Skilled Nursing Care coverage for 180 days per year for recipients. However, the following services are not covered under SNF:

- (1) Custodial care
- (2) Personal comfort items
- (3) Private duty nursing services
- (4) Unskilled services

(e) Optometrist Services. Optometrist services are covered for eye examination (not to exceed one examination a year) only if provided for by Optometrists authorized by the Medically Indigent Program.

(f) Eyeglasses. Eyeglasses for adults (19 and above) shall be covered, however, with limitations. Coverage will be provided to clients not eligible under any local organization, federal program or agency. Co-payment of \$25.00 per glasses and prior authorization are required. Lenses are limited to once every year. Standard frames are limited to once every two (2) years.

(g) Audiological Evaluation. Audiological evaluation shall be covered if required by an ENT specialist. Payment will be made on negotiated fee schedule.

(h) Speech, Language Evaluation and Hearing Therapy. Coverage is limited to stroke and patients with laryngectomy. Prior authorization by the Medically Indigent Program is required.

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(i) Dental Services. Emergency dental services (extractions) which are necessary to alleviate severe pain are covered for adults (19 and above).

(j) Hearing Aids Hearing Aids to correct significant disability for adults (22 and above) who are not eligible under any local organization, federal program or agency will be covered. Co-payment of \$100 per hearing aid and prior authorization are required.

(k) Medical Equipment. Prosthetic/Orthotic devices and durable medical equipment, are covered for Public Health Services for Handicapped Children Program clients (0-21 years of age). Clients must be eligible under the Medically Indigent program for coverage. Prior authorization is required.

(l) Physical Examinations. Routine Physical Examinations are covered once every three years. Prior authorization is required.

(m) Family Planning Services. Voluntary sterilization for females and males are covered for Public Health Maternal and Child Health program clients. Clients must be eligible under the Medically Indigent Program for coverage. Prior authorization is required.

(n) Home Health Services: The following Home Health Services shall be covered:

(1) Medical supplies, when prescribed by physician, are covered. A prescription from the attending physician including diagnosis and an itemized list of supplies must be submitted to Medically Indigent Program before a prior authorization can be issued. The following are covered:

(A) Dressing supplies (combined 4x4s, 2x2s gauze pads, elastic bandages, porous tapes, etc.).

(B) Colostomy and ileostomies (original sets, replacement and ongoing care supplies).

(C) Urinary appliances (sterile foley catheters, irrigations sets, catheterization sets, bags, tubes, etc.).

(D) Supports and abdominal binders (not to include braces).

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(E) Syringes and needles.

(2) Medical Equipment - Medically Indigent Program covers only oxygen refills.

(A) The following medical equipment are not covered:

1. Wheelchairs
2. Walkers
3. Hospital beds
4. Bedside rails
5. Bedpans

(B) A referral from the Home Care Program must be submitted to the Medically Indigent Program before a prior authorization can be issued. Referral should include the diagnosis, the name of supplies and the anticipated period of use.

(C) Physical and Occupational therapy services are covered if prior authorized by the Medically Indigent Program is obtained. Any extension of physical therapy beyond the period of six weeks will require prior approval by the Medically Indigent Program Medical Consultant.

(o) Drug Prescription Coverage. The following drug prescriptions shall be covered:

(1) Outpatient prescribed drugs are provided and reimbursed in accordance with the drug formulary which includes the name of drugs covered by the Medically Indigent Program, the strength, the Maximum Allowable Charge (MAC) and the maximum or minimum allowable quantity.

(2) The dispensing fee per prescription per item prescribed is \$2.75. If the pharmacist has in his inventory drugs with ingredients which cost less than the Maximum Allowable Charge of acceptable quality, he is required to charge the Medically Indigent Program at the lower cost.

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(3) Medically Indigent Program clients will have to pay a \$2.50 co-payment charge per prescription filled. Those with liabilities must pay \$2.50 plus their liability share.

(4) Drugs not listed in the drug formulary shall not apply to inpatient prescribed drugs.

§ 9303. Exclusions.

(a) Services not covered by the Medically Indigent Program.

(1) Abortions.

(2) Services provided at the Intermediate Care Facility at Guam Memorial Hospital.

(3) Admissions primarily for rest care, custodial or convalescent care, etc.

(4) Unskilled services

(5) Cosmetic surgery.

(6) Acupuncture.

(7) Private duty nursing services.

(8) Personal comfort or convenience items.

(9) Any service or items which are not medically required for the diagnosis or treatment of a disease, injury or condition.

(10) Non-emergency use of the emergency room.

(11) Section 2103 drugs on Food and Drug Administration listing.

(12) Over-the-counter drugs.

(13) Immunization for diseases covered by Public Health.

(14) Family Planning Services (Birth Control Pills and Contraceptive Devices).

(15) Fertility procedures.

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(16) Prenatal, Post-partum check-ups, which are covered by Public Health.

(17) Physician services for deliveries and cesarean sections of Public Health Maternal and Child Health clients covered by Public Health.

(18) Well-Child Care covered by Public Health.

(19) (Outpatient) Communicable Disease Services provided by Public Health.

(20) Insulin injection provided at Public Health.

(21) Primary Ambulatory Chronic Disease Preventive and Control provided by Public Health.

(22) Home Health Nursing and Nurse Aid Services.

(23) Dental Services (except for emergency dental care services for adults 19 and above).

(24) Orthopedic conventional shoes.

(25) Rehabilitation Services.

(26) Podiatrists services.

(27) Local transportation services.

(28) Services for any inmates or residents of a public institution.

(29) Drug and Alcohol treatment on outpatient basis.

(30) Circumcision.

(31) Mental disorders and psychiatric services.

(32) Any other Health Care Services provided at the Department of Public Health and Social Services.

§ 9304. Services Requiring Prior Authorization.

(a) Admission for Elective Surgery. A prior authorization must be authorized by Medically Indigent Program for patients being admitted 48 hours before the elective surgery is scheduled. A justification by the attending physician must be submitted to the Medically Indigent Program.

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(b) Inpatient Hospital Services more than 60 days. The Medically Indigent Program covers a maximum of 60 days hospitalization per illness. If confinement is medically necessary after 60 hospital days, a justification from the attending physician is required before the Medically Indigent Program will issue an authorization for continued hospital coverage.

(c) Physical Therapy, Occupational Therapy and Non-emergency Inhalation Therapy Provided at the Guam Memorial Hospital (Outpatient) Department. These Services are limited to Home Health Care patients of the Department of Public Health and Social Services. Medically Indigent Program recipients in need of the above services, must submit to the Medically Indigent Program a copy of the attending physician's treatment plan, which includes the patient's name; diagnosis; type, frequency and the suggested regime. An authorization for the coverage of the services will be issued by Medically Indigent Program upon completion of review of the treatment.

(d) Medical Supplies and Oxygen Refills. Medically Indigent Program covers medical supplies and oxygen refills to be used by a client at home only if the patient is actively enrolled under the Home Health Care Program of the Department of Public Health and Social Services. A prescription from the attending physician including diagnosis, an itemized list of supplies and the anticipated period of use must be submitted to the Medically Indigent Program before an authorization can be issued.

Medical supplies for Home Health Care Patients only are as follows:

- (1) Dressing supplies (combined 4x4s, 2x2s gauge pads, elastic bandages, porous tapes, etc.).
- (2) Colostomy and ileostomies (original sets, replacement and ongoing care supplies).
- (3) Urinary appliances (sterile foley catheters, irrigation sets, catheterization sets, bags, tubes, etc.).
- (4) Supports and abdominal binders (not to include braces).
- (5) Syringes and needles.

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(e) Cat Scan (Head or Body) Provided on an Outpatient basis. Before authorization for coverage is issued, a justification for the need of the service by the attending physician must be submitted to the Medically Indigent Program.

(f) Drugs. Medically Indigent Program covers (outpatient) prescribed drugs in accordance with the drug formulary. Drugs not listed in the formulary must receive prior authorization. A referral from the physician and a prescription must be submitted before authorization can be issued justifying reasons for substituting the drugs. A \$2.50 co-share must be paid by the Medically Indigent program patient. If a applicant must pay for the \$2.50 in addition to his/her liability amount.

(g) Optometrist. Prior authorization is required for eye examinations. Coverage shall not exceed one examination per year.

(h) Speech and Language Therapy. Medically Indigent Program provides coverage for Speech and Language Evaluation and Therapy for stroke and cancer (carcinoma of the larynx) victims 19 and above who do not qualify for assistance under any federal program or agency. A referral justifying the need for evaluation for therapy must be submitted by the primary physician.

(i) Hearing Aids. Coverage for hearing aids to correct significant disability for adults 22 and above will be provided by the Medically Indigent Program if the client is not eligible under any local organization, federal program or agency. Co-payment of \$100 per hearing aid and prior authorization are required.

(j) Eyeglasses. Eyeglasses are covered by the Medically Indigent Program for adults 22 and above with limitations. Clients not eligible under any local organization, federal program or agency are covered. Co-payment of \$25 per glasses and prior authorization are required. Coverage for lenses is limited to once every year. Standard frames are limited to once every two years.

(k) Physical Examinations. Prior authorization is required for physical examination. Coverage for physical examination is limited to once every three years.

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(l) Prosthetic Devices and Durable Medical Equipment. Prosthetic devices and durable medical equipment are covered for Public Health Services for Handicapped Children clients who meet Medically Indigent Program eligibility requirements. A referral and prescription from attending physician must be submitted to the Medically Indigent Program for prior authorization.

(m) Sterilizations. Voluntary sterilization for females and males are covered for Public Health Maternal and Child Health program clients only. Clients must be eligible under Medically Indigent Program for coverage. Prior authorization is required.

§ 9305. Off-Island Medical Care.

(a) Eligibility. Medically Indigent Program standards are in effect (in regards to income and residency requirements) for off-island care as are in effect for the Medically Indigent Program relative to income, residency and resources.

(1) An applicant must have not discontinued his insurance coverage within six months prior to application to the Medically Indigent Program.

(2) Those with insurance must continue with their insurance coverage.

(3) Voluntary discontinuance of insurance will result in six months suspension from the program.

(b) Medical Review. All off-island referrals will be reviewed by the Medically Indigent Program Medical Consultant after the applicant is found eligible and all necessary documents have been submitted. Referrals will be reviewed if the treatment is medically necessary and the care is not available on Guam. Medically Indigent Program Medical Consultant shall consult with the other Medical Review Board members as required. If the Medical Consultant is not available other Medical Review Board members may review and determine the appropriateness of the off-island referral.

(c) Coverage. When referral for off-island treatment has been determined appropriate, services will be pre-authorized by the Director of Public Health and Social Services and any new

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services or need for further services must be pre-authorized before payments are made. Off-island service providers shall contact Medically Indigent Program office requesting supplemental assistance, procedures, and/or service providers. Medical summaries shall be attached to the bills.

(d) Air Transportation. Round trip air transportation will be provided to Medically Indigent Program clients, Medicaid clients, Services for Handicapped children Program clients, and private insurance clients, who meet program criteria. One parent (or a guardian, if the parent is unable to accompany the child) will be covered if the client is a minor, 17 years of age or below. Air transportation will also be provided to medical escort (Registered Nurse or Physician) certified by the Off-island Medical Review Board as being necessary to accompany and assist the patient on the off-island medical care. Referring physician shall request in writing reason for recommending medical escort.

(e) Clients with Liabilities. Those clients with cost-sharing rate requirements will be responsible for their share of cost and must make payments directly to service providers. The Medically Indigent Program will apply directly to service Providers the appropriate rate of payment on each bill received.

(f) Supplemental Assistance. A client may be covered under an existing insurance program and may be eligible to the Medically Indigent Program for supplemental assistance.

(g) Mortuary Expenses. In the event a client expires during the course of treatment, mortuary expenses will be covered by Medicaid clients and those clients who receive both medical and air transportation assistance under the Medically Indigent Program. Program coverage is limited to mortuary fees, container for shipping remains and shipping costs. Funeral caskets are not covered by the Medically Indigent Program.

(h) The Following Services Will Not be Provided in Regard to Off-Island Care:

- (1) Elective cosmetic surgery.
- (2) Experimental treatments.
- (3) Fertility procedures. Sterilizations. Abortions.

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- (4) Off-island living expenses.
- (5) Organ transplant.
- (6) Special appliances and materials.
- (7) Other services covered by local or federal government.

§ 9306. Responsibilities.

(a) Primary Physicians. The client may select from a designated list a primary physician upon being found eligible to the Medically Indigent Program. The client is held responsible to see his/her designated physician.

(b) Change in Primary Physician. A change in primary physicians may be approved upon the client's written request to the Medically Indigent Program. This change will take effect on the first of the following month.

If the selected primary physician is not available, the client may see another physician who has signed an agreement with the Medically Indigent Program, but must provide a statement that his primary physician was not available on a certain date and time.

(c) Reporting Requirements. The client shall report within ten days to the Medically Indigent Program any changes in their households such as the following:

- (1) Moved to another house.
- (2) Someone moved into the household.
- (3) Someone moved out of the household.
- (4) Someone in the household has given birth.
- (5) Someone in the household terminated from employment.
- (6) Someone in the household received a raise in wage or salary.
- (7) Someone in the household obtained a job.
- (8) Someone in the household reached the age of 19 or 65.

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(9) Someone in the household becomes disabled.

(d) Penalty for Failure to Report Changes. The above list is not inclusive. Therefore, all changes shall be reported. Failure to report changes may result in ineligibility from one to six months for further assistance from the program and possible recourse for any improper payments.

(e) Emergency Treatment. Treatment at the Guam Memorial Hospital Emergency Room would require that the Medically Indigent patients would pay \$5.00 for each visit.

The use of Guam Memorial Hospital Emergency Room should be used only for the following:

(1) Urgent Medical Problems: These are less severe problems which may require prompt medical attention. Example of urgent medical problems are:

- Fractures
- Heat prostration
- Possible poisonings
- Objects in eye, nose, etc.
- Pain in abdomen or chest
- Cuts or other injuries
- Sudden shortness of breath
- Burns on arms, hands, etc.

(2) Life Threatening Medical Problems: Help should be sought immediately when a person's life is actually in danger.

Medical problems that threaten lives are:

- Multiple injuries from unconsciousness major accidents for more than five minutes.
- Chest or abdominal-Burns over more than half wounds the body
- Drowning
- Severe Shock

(f) Appeals Process. A Fair Hearing can be requested pursuant to 5 GCA Chapter 9 Article 2.

(1) Fair Hearing.

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(A) A Fair Hearing shall be provided to any applicant/client who requests a hearing because his or her application for medical assistance is denied.

(B) A hearing shall be granted by any action resulting in suspension, discontinuance, or termination of assistance.

(2) Appeals Process.

(A) Notice of a denial, discontinuance, or reduction in benefits will be made in writing to the client ten days in advance and stating the reason and effective date. The Medically Indigent Program may be contacted to schedule Fair Hearing.

Medically Indigent Program shall offer an agency conference (Informal Hearing) to claimant who wish to appeal an action.

Agency Conference shall be attended by Program Supervisor and the applicant or representative. An informal conference may resolve dispute. Claimant then may withdraw Fair Hearing request.

(B) The client has a right to have another person of his own choosing to assist with his/her case.

(C) If client chooses to go through a hearing, an opportunity will be granted for a hearing conducted by an impartial hearing officer.

(3) Notification of Time and Place of Hearing. The time, date and place of the hearing shall be arranged so that the hearing is accessible to the claimant at least ten (10) days prior to the hearing. Advance written notice shall be provided to all parties involved to permit adequate preparation of the case. Notice shall:

(A) Inform claimant of the time, date and place of the hearing.

(B) Advise the claimant or representative of the name, address, and phone number of the person to notify

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in the event it is not possible for the claimant to attend the scheduled hearing.

(C) Specify that the agency will dismiss the hearing request of the claimant or its representative fails to appear for the hearing without good cause.

(D) Explain that the claimant or representative may examine the case file prior to the hearing.

(E) Advise the availability of legal services, Public Defender Service Corporation.

(4) Hearing Official. Fair hearing shall be conducted by an attorney who does not have any personal stake of involvement in the case; and was not directly involved in the initial determination of the action which is being contested.

(5) Responsibilities of the Hearing Official.

(A) Administer required oaths or affirmations.

(B) Insure all relevant issues are considered.

(C) Request, receive and make part of record all evidence determined necessary to decide the issues being raised.

(D) Regulate the conduct and course of the hearing consistent with due process to insure an orderly hearing.

(6) Hearing Decisions.

(A) The claimant shall be notified in writing of the decision and the reasons for the decision.

(B) After a hearing decision which upholds the agency action, the claimant shall be notified of the right to pursue judicial review of the decision.

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ARTICLE 4
FAMILY FOSTER HOMES

SOURCE: Entire article added by P.L. 23-143 (Jan. 2, 1997). Amended, moved to Chapter 1 of Title 26 GAR by P..L. 35-034:2 (Sept. 4, 2019) and renumbered as 26 GAR §§ 1901-1907.
