



# DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES MEDICAID PROGRAM CLIENT ELIGIBILITY PART II

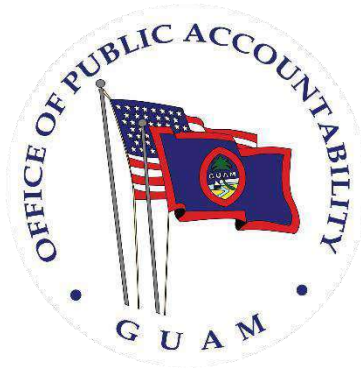
## Performance Audit Report

October 1, 2022 through September 30, 2024

OPA Report No. 26-01

February 2026





Medicaid Program – Client Eligibility, Part II  
Department of Public Health & Social Services

Performance Audit  
**October 1, 2022 through September 30, 2024**

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February 2026

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**Executive Summary**  
**Department of Public Health & Social Services**  
**Medicaid Program – Client Eligibility – Part II**  
**Report No. 26-01, February 2026**

Our audit on client eligibility of the Government of Guam’s (GovGuam)-Department of Public Health and Social Services (DPHSS) Medicaid Program identified \$400.7 million (M) in benefits availed to an average of 35,381 clients (based on Client Identification Numbers) in the program for the fiscal years (FY) 2023 and 2024. Our audit reviewed 30 client files provided by DPHSS-Bureau of Economic Safety (BES) and found several issues and deficiencies, including:

- Lack of Medicaid application forms, Eligibility Specialist’s review and client’s signatures and dates, and delayed submission of Simplified Renewal Forms;
- Lack of eligibility documentation for initial/reapplication or renewals;
- Late or non-submission of requested eligibility documents;
- Late or non-submission of change reports or off-island referral forms;
- Lack of “Notice of Action” on eligibility decisions to Medicaid clients, and
- Questionable notification of eligibility decision.

The objective of this audit was to determine whether the approval of beneficiaries’ eligibility and documentary requirement submissions complied with federal and state Medicaid program laws, rules, and regulations. Although deficiencies were noted, we did not identify any questioned costs related to client-reported Medicaid benefits availed, as they could be applicable to prior years. The audit scope encompasses October 1, 2022 to September 30, 2024, or FY 2023 and 2024.

Our office is conducting a three-part performance audit series on the DPHSS Medicaid Program, which is included in the Office of Public Accountability’s (OPA) 2025 Annual Audit Plan and a directive from the Public Auditor. Part I, issued in February 2025, focused on provider eligibility, Part II focused on client eligibility, and Part III will focus on Medicaid billings to clients and payments to providers.

We provided our preliminary findings to DPHSS in October 2025, and they **disagreed with** several findings regarding documentary deficiencies we noted based on the documents they provided in July 2025. It should be noted that **DPHSS subsequently provided the deficient documents among the additional sets of documents in November 2025**. The deficiencies in documentation show that DPHSS’s filing system appeared to be still in the process of proper organization, needing improvement to ensure immediate availability during external inspections/examinations and prevent delays and confusion.

**Lack of Medicaid Application Forms, Eligibility Specialist’s Review, and Client’s Signatures and Dates, and Delayed Submission of Simplified Renewal Forms (SRF)**

Our review found that some files lack the initial/reopening application forms or simplified renewal forms, lacked an Eligibility Specialist’s review and Client’s signatures and dates, and delayed submission of simplified renewal forms. While acknowledging that some clients’ files in FY 2023 were deficient or had uncorrected application forms, as the client files fell under the public health

emergency (PHE), similar issues persisted in FY 2024, when continuous coverage requirements ended on June 2024. Lack of documentation was associated with Medicaid benefits availed per DPHSS report provided to the OPA for FY 2024. The report did not contain a notation nor disclosure that the total Medicaid benefits availed for FY 2024 were applicable to the prior years, which could be possible. Several of the deficiencies were subsequently provided, while others remain, as they were either not renewed or no longer applicable.

### **Lack of Eligibility Documentation for Initial/Reapplication or Renewals**

Our analysis found that for three sampled clients' files eligibility documentation were not included in the original submission. There are cases that required birth certificates, Social Security numbers, proof of income or employment, or personal identification were absent for the client and/or dependents. The lack of supporting documentation for the three sampled clients associated with reported Medicaid benefits availed totaling \$6.7 thousand (K) for FY 2023. For the 16 FY 2024 samples, reported Medicaid benefits availed totaled \$1.9M. Most of the deficiencies were subsequently provided, or were no longer applicable as clients were deceased or Medicaid coverage had already expired. These Medicaid benefits availed could be applicable to prior years.

### **Late or Non-Submission of Requested Eligibility Documents**

Memorandum requests from DPHSS asking for clients to submit eligibility documents to make a proper determination of the client's Medicaid eligibility were either submitted later than the deadline or not submitted at all. For one sample, the case was correctly denied and terminated for failure to submit the requested documents; however, no "Notice of Adverse Action" was included within the files.

### **Late or Non-Submission of Change Reports or Off-Island Referral Form**

One client (Sample 4, per Appendix 4) had verification of employment for job changes, but no change report was provided, as the noted Job #1 ended on October 20, 2023, and Job #2 started on November 13, 2023. The Change Reports due by October 30, 2023 and November 23, 2023, were submitted late in one Change Report on December 29, 2023.

For Sample 3 (per Appendix 5), the client was leaving in July 2024 for off-island management and monitoring. We did not see a DPHSS Off-Island Referral Form among the files provided for the July 2024 off-island care. On file is the DPHSS off-island referral form dated December 2021.

### **Lack of "Notice of Action" on Eligibility Decisions to Medicaid Clients**

For the 11 sampled clients in FY 2024, a "Notice of Action" were not provided in the DPHSS submission of documents on July 2025. Subsequent documents provided as of January 2026, only two client files (Sample #16 & 18) remained not provided. For Sample 11, the "Notice of Action" was not applicable because the client had died in 2022. For Samples #12, 14 & 16, the three clients had Medicaid coverage, which was terminated in FY 2023 or FY 2024. The reported Medicaid benefits availed totaling \$1.5M for FY 2024 for Samples #11, 12, 14, 16 & 18 could be applicable to prior years.

### **Questionable Notification of Eligibility Decision**

For one case (Sample #2, per Appendix 4), a "Notice of Adverse Action" was sent by DPHSS in August 2022, informing that the child is not entitled to Medicaid coverage due to the absence of

Social Security documents, although a simplified renewal form and Social Security document were stamped received by DPHSS in August 2022. The child reportedly availed Medicaid benefits amounting to \$780 in FY 2023 without a copy of the “Notice of Action” provided.

### **Conclusion and Recommendations**

Our performance audit of DPHSS Medicaid Program-Client Eligibility-Part II is primarily intended to provide feedback on whether Medicaid clients' eligibility and renewal processes and procedures are in accordance with local and federal laws and regulations. Our audit revealed deficiencies relative to the lack of Medicaid application forms and supporting documentation; lack of Eligibility Specialist or Clients' signatures, late or non-submission of requested eligibility documents; late or non-submission of change reports or off-island referral form; lack of notice of action on eligibility decisions; and questionable notification of eligibility decisions.

These findings need management's attention and corrective action to inspire the public's confidence in the Administrator's decisions to achieve program objectives and uphold the program's integrity.

We made seven recommendations addressed to DPHSS-BES Management. See Appendix 9 for the details and status of audit recommendations. These recommendations emphasize the need for consistent and timely compliance with application, documentation, and reporting requirements. Specifically, these call for:

- Consistency and timely compliance with initial application and renewal form requirements.
- Consistent compliance with Eligibility Specialist's review and client's signature requirements.
- Strict and consistent monitoring of client compliance with eligibility documents and their submission;
- Consistent and timely compliance with the change report and DPHSS off-island referral form.
- Consistent and timely notification of the eligibility decision to Medicaid clients.

We acknowledge the combined dedicated efforts of the officials and staff of the DPHSS Division of Public Welfare-BES and BHCFA in ensuring the eligibility and enrollment of eligible residents on Guam in the Medicaid Program to address major health challenges on Guam. We appreciate DPHSS's ongoing commitment to ensuring that Guam's Medicaid Program meets the healthcare needs of its residents in accordance with applicable laws and regulations.



Benjamin J.F. Cruz  
Public Auditor





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## Introduction

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The Office of Public Accountability (OPA) is conducting a three-part performance audit series on the DPHSS Medicaid Program, which is included in the OPA's 2025 Annual Audit Plan and a directive from the Public Auditor. Part I, issued in February 2025, focused on provider eligibility; Part II focused on client eligibility, and Part III will focus on Medicaid billings to clients and payments to providers.

The objective of this audit was to determine whether the approval of beneficiaries' eligibility and the submission of documentary requirements complied with the federal and state Medicaid program laws, rules, and regulations. Our audit scope encompasses October 1, 2022 to September 30, 2024, or FY 2023 through FY 2024. See Appendix 1 for objectives, scope, and methodology and Appendix 2 for prior audit coverage.

## Background

Guam's Medicaid program was established in its current form in 1975, but Guam legislation dates back to the creation of Medicaid on July 30, 1965. United States (US) Public Law 89-97 established the Medicaid program and provided Puerto Rico, the US Virgin Islands, and Guam with a Federal Medical Assistance Match of 55% under the Social Security Act Section 1905(b) (42 USC §1396d(b)) in 1965. In 1967, Congress passed an annual federal cap of \$900,000 in US Public Law 90-248.

### Guam Medicaid State Plan

The Guam Medicaid State Plan is a detailed agreement between DPHSS and the federal government, outlining the Medicaid program's administration on the island. The Plan specifies eligibility, benefits, reimbursement mechanisms, and operational procedures. The Plan shows that DPHSS, a line agency of the Government of Guam (GovGuam), has been the single State Agency designated to administer or supervise the administration of Medicaid at least since 1977.

### Bureau of Health Care Financing Administration

The DPHSS - Division of Public Welfare (DPW) - Bureau of Health Care Financing Administration (BHCFA) was established to administer the Guam Medicaid Program and the Guam Medically Indigent Program. The Administrator has full operational responsibility for the Program, subject to supervision by the Chief Human Services Administrator of the Division of Public Welfare.

BHCFA's mission is to administer local and federal health care programs to (1) assist low-income individuals and families who are uninsured or have inadequate insurance coverage and (2) ensure that the quality of health care is available and accessible both on-island and off-island. The BHCFA takes charge of the development, implementation, and operation plans for the Medicaid program, which includes reasonable access to hospitalization, medical, dental, and behavioral health care services for members. It also performs the contract administration, certification, and oversight of Providers and the development and management of a Provider payment system. The staff composition of the DPW-Medicaid Assistance Program Administration includes the Claims Specialist, Claims Processing and Utilization Review Officer (CPURO), Program Coordinator,

Quality Control Reviewer, Quality Improvement Coordinator, and their staff. Regular audits are conducted to ensure compliance and strict adherence to federal and local regulations and prevent misuse of funds.

### Bureau of Economic Security

Guam Medicaid is administered by DPHSS, the State Agency, through its Division of Public Welfare (DPW). Functionally, there are two bureaus within the division that play significant roles in administering the Program. Firstly, the Bureau of Economic Security (BES) oversees eligibility and enrollment for Medicaid. Secondly, there is the Bureau of Healthcare Finance Administration (BHCFA). BHCFA oversees the processing of claims, program integrity, budgeting, and policy with respect to Medicaid.

In addition to Medicaid, BES oversees eligibility and enrollment for the federally-funded Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) program. Thus, the State Agency runs an integrated eligibility and enrollment system. BES also determines eligibility and enrollment for the state-funded Guam Medically Indigent Program, which is also overseen by BHCFA for claims processing, program integrity, budgeting, and policy purposes. Within DPW is a third bureau, namely the Bureau of Management Support, which oversees program integrity and quality control for Guam's SNAP and TANF programs.

### Medicaid Program Client Eligibility

In addition to general requirements such as income level, eligibility to participate in Guam Medicaid is available based on two general factors: by categorical Program or categorical need. Eligibility by categorical Program means being eligible as a consequence of already qualifying for certain specified federal programs. These include persons who are already in the TANF program, the Old Age Assistance (OAA) Program, and the Aid to the Blind (AB) Program; all established either through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) or the Social Security Act.

Guam Medicaid is also available based on categorical need. These include five groups outlined specifically in the State Plan: parents and other caretaker relatives; pregnant women; infants and children under age 19; adult group; and former foster care children.

- Parents and other Caretaker Relatives. The parents or other caretaker relatives' group, as defined in 42 CFR § 435.4, includes pregnant women of dependent children (defined in 42 CFR § 435.4) who are under the age of 18. Spouses of parents and other caretaker relatives are also included. The group may also include parents and other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- Pregnant Women. Pregnant women represent a distinct group in the State Plan. They must be pregnant or postpartum as defined in 42 CFR § 435.4. Pregnant women in the last trimester of their pregnancy without dependent children are eligible for this group, if they meet the income requirements of parents and other caretaker relatives.



- Infants and Children under age 19. Infants and children under age 19 are an eligible group as provided for in 42 CFR § 435.118.
- Adult Group. Non-pregnant individuals aged 19 through 64 are a categorical need group under the State Plan. This adult group is described in 42 CFR § 435.119. Individuals in this group must have attained the age of 19 but not age 65, are not pregnant, are not entitled to or enrolled for Part A or B Medicare benefits, and are not otherwise eligible for or enrolled for mandatory coverage in accordance with 42 CFR Part 435 Subpart B. Guam elected to expand Medicaid to the Adult Group effective January 1, 2014.
- Former Foster Care Children. Former Foster Care Children is a categorical needs group in the State Plan. These include individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned 18 or aged out of foster care.

Effective January 1, 2021, Guam elected to cover otherwise eligible individuals who lawfully reside in Guam in accordance with Compacts of Free Association (COFA) agreements between the US and the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. See Appendix 3 for applicable laws and regulations.

#### Guam Medicaid Program FY 2023 & FY 2024

For FY 2023, the Medicaid Program benefits availed consisted of 33,880 individual Medicaid clients (inclusive of all household members' patient identification numbers). These Medicaid clients were assigned 16,721 unique program case numbers, representing the number of each family household that availed of Medicaid benefits for the program year. Altogether, the total availed by these clients amounted to \$177M in Medicaid benefits.

For FY 2024, the Program saw increased activity. The Medicaid program benefits availed increased to 36,882 individual Medicaid clients assigned to 17,653 unique program case numbers. Total Medicaid benefits availed amounted to \$224M. This appeared to indicate that more people availed of Medicaid benefits than in the prior FY. The validation of these Medicaid benefits availed will be covered in Part III of the audit series.

**Table 1: Guam Medicaid Program Benefits Availed**

	<b>FY 2023</b>	<b>FY 2024</b>	<b>Total</b>	<b>Average for two FYs</b>
<b>Total Medicaid Benefits Availed per Client IDs</b>	33,880	36,882	<b>70,762</b>	<b>35,381</b>
<b>Total Medicaid Benefits Availed per Grouped Household (Client Files)</b>	16,721	17,653	<b>34,374</b>	<b>17,187</b>
<b>Total Medicaid Benefits Availed</b>	\$177,167,860.87	\$223,578,736.08	<b>\$400,746,596.95</b>	

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## Results of Audit

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Our audit on client eligibility of the Government of Guam's (GovGuam) Department of Public Health and Social Services (DPHSS) Medicaid Program identified \$400.7 million (M) in benefits availed to an average of 35,381 clients (based on Client Identification Numbers) in the program for the fiscal years (FY) 2023 and 2024. Our audit reviewed 30 client files (or .085%), with a total Medicaid availed of \$16.7M (or 4%) provided by DPHSS-Bureau of Economic Safety (BES) and found several issues and deficiencies, including the following:

- Lack of Medicaid application forms, Eligibility Specialist's review and client's signatures and dates, and delayed submission of Simplified Renewal Forms;
- Lack of eligibility documentation for initial/reapplication or renewals;
- Late or non-submission of requested eligibility documents;
- Late or non-submission of change reports or off-island referral form;
- A lack of "Notice of Action" on eligibility decisions to Medicaid clients, and a
- Questionable notification of eligibility decision.

Although deficiencies were noted, we did not identify questioned costs related to client-reported Medicaid benefits availed as they could be applicable to prior years. See Appendix 4 and 5 for sampled client Medicaid benefits availed for FY 2023 and 2024.

We provided our preliminary findings to DPHSS in October 2025, and they disagreed with several findings regarding documentary deficiencies we noted based on the documents they provided in July 2025. It should be noted that **DPHSS subsequently provided the deficient documents among the additional sets of documents on November 2025.** The deficiencies in documentation show that DPHSS's filing system appeared to be still in the process of proper organization, needing improvement, to ensure immediate availability during external inspections/examinations and prevent delays and confusion.

Furthermore, on some sampled clients, documents were no longer provided since, according to DPHSS, the client is either deceased or Medicaid coverage had already expired in FY2022, FY 2023, and FY 2024. However, based on the data/report DPHSS provided, these clients had Medicaid benefits availed within the two-year period, which could be applicable to prior years. The report did not contain a notation or disclosure that the total Medicaid benefits availed for FY 2023 and FY 2024 are applicable to prior years.

### **Lack of Medicaid Application Forms, Eligibility Specialist's Review and Clients' Signatures and Dates, and Delayed Submission of Simplified Renewal Forms**

The DPHSS manages the applications for the Medicaid and Medically Indigent Programs. Section 435.907 of Title 42 of the Code of Federal Regulations (CFR) requires Medicaid agencies to accept applications and documentation through multiple modes (internet, telephone, mail, in person, and other electronic means), use a single streamlined application, and limit requested information to what is necessary to determine eligibility or administer the state plan. In addition, a provision in the application form states that the client's refusal to sign the application may result in the denial of benefits.

Our review of the client's files found the following deficiencies:

- a) Lack of initial/reopening application forms or simplified renewal forms.
- b) Lack of Eligibility Specialist's review and client's signatures and dates on Medicaid Application Forms; and
- c) Delayed submission of Simplified Renewal Forms.

While acknowledging that some files in FY 2023 were deficient or had uncorrected application forms, as the client files fell under the public health emergency (PHE), similar issues with missing or incomplete initial, renewal, and verification documents persisted in FY 2024, when continuous coverage requirements ended in June 2024.

**a) Lack Initial/Reopening Application Forms or Simplified Renewal Form**

Our analysis of FY 2024 client files provided by DPHSS on July 28, 2025, found that the initial/reopening application and simplified renewal forms for the sampled clients identified in Table 1 were not included as part of the original client files submitted. Medicaid benefits availed totaled \$2.8M (or 50% of FY2024 samples).

**Table 1: Client Application Files with Deficiencies for FY 2024**

No.	Total Medicaid Benefits Availed in FY 2024	Original Files Not Received in July 2025	Subsequent Files Provided in November 2025 & DPHSS comments
Sample 2	\$28,833.41	Application and Renewal Forms;	Per DPHSS, the client did not renew within FY 2024 for various reasons. <b>With Medicaid benefits availed for FY2024, which could be applicable to the prior years.</b>
Sample 7	\$252,740.09	Application and Renewal Forms;	Per DPHSS, the client did not renew within FY 2024 for various reasons. <b>With Medicaid benefits availed for FY2024, which could be applicable to the prior years.</b>
Sample 9	\$1,039,382.97	Application and Renewal Forms;	Paper applications were found by DPHSS and were provided.
Sample 11	\$102,191.49	Application and Renewal Forms;	<b>Deceased as of August 14, 2022, but with Medicaid benefits availed for FY2024, which could be applicable to the prior years.</b>
Sample 12	\$88,360.20	Application and Renewal Forms;	Per DPHSS, the client did not renew within FY 2024 for various reasons. <b>With Medicaid benefits availed for FY2024, which could be applicable to the prior years.</b>
Sample 14	\$837,110.11	Application and Renewal Forms;	Per DPHSS, the client did not renew within FY 2024 for various reasons. <b>With Medicaid benefits availed for FY2024, which could be applicable to the prior years.</b>
Sample 16	\$477,480.16	Application and Renewal Forms;	Per DPHSS, the client did not renew within FY 2024 for various reasons. <b>With Medicaid benefits availed for FY2024, which could be applicable to the prior years.</b>
Sample 27	\$4,214.01	Application and Renewal Forms;	Paper applications were found by DPHSS and were provided.
	<b>\$2,830,312.44</b>		

In response to Sample 11, DPHSS provided a death certificate indicating that the client was reported as deceased on August 14, 2022. While this information helps to explain the absence of renewal files for this client, the DPHSS Medicaid benefits availed report showed that Sample 11 received Medicaid benefits totaling approximately \$102 thousand (K) (or 1.8% of FY2024 samples) in FY 2024.

DPHSS also noted that Samples 2, 7, 12, 14, and 16 did not renew their Medicaid coverage in FY 2024 for various reasons. Per DPHSS report for FY 2024, these clients had reported Medicaid benefits availed totaling \$1.7M (or 30% of FY2024 samples) during FY 2024. We recommend that the filing of initial application forms or renewal forms be consistently and timely complied with.

Overall, the federal memorandum during the PHE temporarily relaxed renewal processes for FY 2023; however, it did not eliminate the underlying requirement to redetermine eligibility and properly document renewals once continuous Medicaid coverage protections ended for FY 2024.

**b) Lack of Eligibility Specialist's (ES) review and clients' signatures and dates on Medicaid application forms**

Under 42 CFR § 435.907(f), all Medicaid applications must include a valid signature attesting that the information provided is true and complete under penalty of perjury. The Eligibility Specialist's signature and date serve as official verification that the application was reviewed, processed, and approved in accordance with federal and territorial Medicaid guidelines.

Our review of ten client files in FY 2023 and 16 client files in FY 2024 provided by DPHSS in July 2025, found that renewal documents for the samples identified in Table 2 and Table 3 were **incomplete** because the files provided did not contain either: (1) the Eligibility Specialist's signature and date or (2) the client's signature. The missing or incomplete documentation for the sampled clients for FY 2023, with total reported Medicaid benefits availed totaled of \$2.4M (or 22% of FY2023 samples), was provided in November 2025, except for the three samples (# 14, 21 & 28) with reported Medicaid benefits availed totaling \$885K (or 8% FY2023 samples). DPHSS indicated that files for these samples had been relocated to storage and were not provided as of the date of this report.

**Table 2: Client Files Lacking Eligibility Specialist's Signature/Date for FY 2023**

No.	Total Medicaid Benefits Availed in FY 2023	Original Files Not Received in July 2025	Subsequent Files Provided in November 2025 & DPHSS comments
Sample 9	\$1,967.67	Eligibility Specialist Signature/Date Not Present; Stamped received by DPHSS on January 26, 2023; Client signed February 16, 2023	Document provided with the Eligibility Specialist's signature dated March 24, 2023.
Sample 12	\$489,170.09	Eligibility Specialist Signature/Date Not Present; Stamped received March 27, 2023; Client signed March 7, 2023	Document provided with the Eligibility Specialist signature present and dated March 23, 2023.
Sample 13	\$331,883.30	Eligibility Specialist Signature/Date Not Present; Stamped received September 19, 2023; Client signed September 18, 2023	Document provided with the Eligibility Specialist's signature dated October 24, 2023.
<b>Sample 14</b>	\$857,695.49	Eligibility Specialist Signature/Date Not Present; Stamped received July 26, 2023; Client signed July 26, 2023.	<b>Documents were relocated for storage.</b>
Sample 18	\$563,658.90	Eligibility Specialist Signature/Date Not Present; Stamped received May 4, 2023; Client signed May 4, 2023	Document provided with the Eligibility Specialist's signature dated May 15, 2023.
Sample 19	\$97,549.38	Eligibility Specialist Signature/Date Not Present; Stamped received February 3, 2023; Client signed January 21, 2023	Document provided with the Eligibility Specialist's signature dated February 23, 2023.

No.	Total Medicaid Benefits Avalied in FY 2023	Original Files Not Received in July 2025	Subsequent Files Provided in November 2025 & DPHSS comments
Sample 20	-\$4,832.30	Eligibility Specialist Signature/Date Not Present; Stamped received March 10, 2023; Client signed March 10, 2023;	Document provided with the Eligibility Specialist's signature dated March 10, 2023.
<b>Sample 21</b>	\$22,768.39	Eligibility Specialist Signature/Date Not Present; Stamped received September 8, 2023; Client signed September 8, 2023	<b>Documents were relocated for storage.</b>
Sample 27	\$3,891.87	Eligibility Specialist Signature/Date Not Present; Stamped received November 9, 2022; Client signed November 9, 2022	Document provided with the Eligibility Specialist signature dated December 6, 2022.
<b>Sample 28</b>	\$4,527.39	Eligibility Specialist Signature/Date Not Present; Stamped received August 10, 2023; Client signed August 9, 2023	<b>Documents were relocated for storage.</b>
	<b>\$2,368,280.18</b>		

For FY 2024, the missing or incomplete documentation for the 16 sampled clients with Medicaid benefits availed totaling \$2.6M (or 46% of FY2024 samples), were provided in November 2025, except for the three samples (#17, 18 & 20), with reported FY 2024 Medicaid benefits availed totaling \$45.4K (or 0.8% of FY2024 samples), which were still were not provided as of the date of this report.

**Table 3: Client Files Lacking Eligibility Specialist & Client Signature/Date for FY 2024**

No.	Total Medicaid Benefits Avalied in FY 2024	Original Files Not Received in July 2025)	Subsequent Files Provided in November 2025 & DPHSS comment
Sample 1	\$26,680.98	No stamped received date; Client signed December 8, 2023; Eligibility Specialist signed January 2, 2024	Document provided with stamped received dated December 9, 2023.
Sample 3	\$443,230.68	Stamped received December 30, 2024; Client Signature/Date Not Present; Eligibility Specialist Signature/Date Not Present.	Document provided with the Client signature dated January 8, 2025, and the Eligibility Specialist signature dated January 8, 2025
Sample 4	\$21,166.37	Stamped received October 10, 2024; Client signature and dated October 10, 2024; Eligibility Specialist Signature/Date Not Present.	Document provided with the Eligibility Specialist signature present and dated November 8, 2024.
Sample 5	\$639,228.97	Stamped received November 4, 2024; Client signature and dated October 30, 2024; No signature and date by Eligibility Specialist.	Document provided with the Eligibility Specialist's signature dated December 27, 2023.
Sample 6	\$416,815.55	Stamped received June 18, 2024; No signature and date by Client; No signature and date by Eligibility Specialist.	Document provided with the client's signature, but not dated. Eligibility Specialist signature dated July 11, 2024.
Sample 10	\$680,417.84	Stamped received August 8, 2024; Client signature and dated August 6, 2024; No signature and date by Eligibility Specialist.	Document provided with the Eligibility Specialist's signature dated August 8, 2024.
Sample 13	\$230,513.54	Stamped received September 13, 2024; Client signature and dated September 13, 2024; No signature and date by Eligibility Specialist.	Document provided with the Eligibility Specialist's signature dated September 26, 2024.
<b>Sample 17</b>	\$6,392.53	Stamped received January 9, 2024; Client signature and dated January 9, 2024; No signature and date by Eligibility Specialist.	<b>Eligibility Specialist signature and date not affixed on the document. Eligibility Specialist block contains the client's name.</b>

No.	Total Medicaid Benefits Availed in FY 2024	Original Files Not Received in July 2025)	Subsequent Files Provided in November 2025 & DPHSS comment
Sample 18	\$30,908.53	Stamped received June 10, 2024; Client signature and dated June 10, 2024; No signature and date by Eligibility Specialist.	<b>Eligibility Specialist's signature and date not affixed on the document.</b>
Sample 19	\$13,883.32	No stamped received date; Client signature and dated April 8, 2024; No signature and date by Eligibility Specialist.	Document provided with the Eligibility Specialist's signature dated April 22, 2024.
Sample 20	\$8,136.15	Stamped received February 9, 2024; Client signature and dated February 7, 2024; No signature and date by Eligibility Specialist.	<b>Eligibility Specialist's signature and date not affixed on the document.</b>
Sample 21	\$20,451.18	Stamped received September 23, 2024; Client signature and dated September 23, 2024; No signature and date by Eligibility Specialist.	Document provided with the Eligibility Specialist's signature dated October 8, 2024.
Sample 26	\$7,207.66	Stamped received July 3, 2024; Client signature and dated July 1, 2024; No signature and date by Eligibility Specialist.	Document provided with the Eligibility Specialist's signature dated July 29, 2024
Sample 28	\$6,650.26	Stamped received August 9, 2024; Client signature and dated August 9, 2024; No signature and date by Eligibility Specialist.	Document provided with the Eligibility Specialist's signature dated September 10, 2024.
Sample 29	\$22,114.75	Stamped received July 8, 2024; Client signature and dated July 8, 2024; No signature and date by Eligibility Specialist.	Document provided with the Eligibility Specialist's signature dated July 25, 2024.
Sample 30	\$6,400.26	Stamped received January 2, 2024; Client signature and dated December 23, 2024; No signature and date by Eligibility Specialist.	Document provided with the Eligibility Specialist's signature dated January 30, 2024
	<b>\$2,580,198.57</b>		

While acknowledging that the clients in FY 2023 may appropriately fall under the PHE, nonetheless, similar issues—such as missing renewal documentation and incomplete Client and Eligibility Specialist signatures on renewal forms—continued in FY 2024. We recommend consistent compliance with the Eligibility Specialist’s review and client’s signature requirements.

### c) Delayed Submission of Simplified Renewal Forms

Under 42 Code of Federal Regulation (CFR) §§ 435.916, Regularly scheduled renewals of Medicaid eligibility, Renewals Requiring Information from the Individual, at least 30 calendar days from the date the agency sends the renewal form to respond and provide any necessary information through any of the modes of submission.

Under 42 Code of Federal Regulations (CFR) §§ 435.912 and 435.915, Medicaid agencies must make eligibility determinations within 45 calendar days from the date an application is received, or within 90 days for clients requiring a disability determination. Similarly, according to the DPHSS Medicaid application, all applications for Public Assistance and Medical Assistance must be processed within 45 calendar days from the date they are officially stamped as received by the department.

Out of the 30 client files reviewed, four (or 13%) renewal applications from FY 2024 were submitted late, ranging from one to nine days (See Table 4) after the 30-day grace period following the deadline date stated on the Simplified Renewal Forms. Although these delays are not



significant, we similarly recommend consistent and timely compliance of the DPHSS prescribed deadlines on the Renewal Forms.

**Table 4: Submission of Applications FY 2024**

No.	Total Medicaid Benefits Avalied in FY 2024	Deadline date per DPHSS Renewal Form	Deadline for submission after 30 days	Application Received Date	Number of Days Late Submission
Sample 13	\$230,513.54	August 10, 2024	September 9, 2024	September 13, 2024	4
Sample 18	\$30,908.53	May 10, 2024	June 9, 2024	June 10, 2024	1
Sample 19	\$13,883.32	March 10, 2024	April 9, 2024	April 18, 2024	9
Sample 28	\$6,650.26	August 10, 2024	September 9, 2024	September 10, 2024	1
	<b>\$281,955.65</b>				

#### **Lack of Eligibility Documentation for Initial/Reapplication or Renewals**

Applicants on Guam who apply for Medicaid must submit complete and accurate documents to the DPHSS, which manages the Guam Medicaid Program under both federal and local rules. Applicants must provide (a) proof of identity, (b) citizenship or immigration status, (c) Guam residency, and (d) all household income sources. Examples of valid documents include a government-issued ID, birth certificate, immigration or naturalization papers, utility bills or rental agreements showing local residency, and proof of income such as pay stubs, employer statements, or benefit letters.

Our analysis of FY 2023 sample client files found that for the three sampled client files identified, eligibility documentation was not included in the original submission. There are cases in which the required birth certificates, Social Security numbers, and personal identification were absent for the client and/or dependents. Additionally, client files lacked proof of income or employment, and had no supporting documents on file at all. The lack of supporting documentation for the sampled clients in Table 5 was associated with reported Medicaid benefits availed totaling \$6.7K (or .06% of FY2023 samples).

**Table 5: 2023 Files Lack Eligibility Documentation**

No.	Total Medicaid Benefits Avalied in FY 2023	Original Files Not Received in July 2025	Subsequent Files Provided in November 2025 & DPHSS comment
Sample 11	\$3,047.30	No birth certificate, SSN, or proof of income.	Per DPHSS, deceased as of August 14, 2022. With Medicaid benefits availed for FY2023, which could be applicable to the prior years.
Sample 22	\$3,435.02	No social security, proof of income, or personal identification.	Per DPHSS, deceased as of September 30, 2022. With Medicaid benefits availed for FY2023, which could be applicable to the prior years.
Sample 25	\$211.60	No supporting documents on file.	Per DPHSS coverage expired as of February 28, 2022. With Medicaid benefits availed for FY2023, which could be applicable to the prior years.
	<b>\$6,693.92</b>		

Samples 11 and 22 were reported as deceased in 2022; however, they had reported Medicaid benefits availed in FY 2023 totaling \$6.4K (or .06% FY2023 samples). For Sample 25, the Medicaid coverage expired in 2022; however, the client had reported Medicaid benefits availed in FY 2023 amounting to \$212 (or .002% FY2023 samples).

While acknowledging that the FY 2023 clients may appropriately fall under the PHE. Nonetheless, similar issues—such as birth certificates, Social Security numbers, personal identification, and verification of income or employment — continued in FY 2024. See Table 6.

**Table 6: 2024 Files Lack Eligibility Documentation**

No.	Total Medicaid Benefits Available in FY 2024	Original Files Not Received in July 2025	Subsequent Files Provided in November 2025 & DPHSS comment & OPA comment
Sample 1	\$26,680.98	Renewal SRF; however, the requested number of check stubs was insufficient	Documents were subsequently provided.
Sample 3	\$443,230.68	Proof of income.	Documents were subsequently provided.
Sample 4	\$21,166.37	Verification of employment	Documents were subsequently provided.
Sample 10	\$680,417.84	Proof of income, birth certificate, and SSN.	Documents were subsequently provided.
<b>Sample 11</b>	\$102,191.49	Birth certificate, SSN, or proof of income.	<b>Per DPHSS, deceased as of August 14, 2022. With Medicaid benefits availed per DPHSS report for FY2024, which could be applicable to the prior years.</b>
<b>Sample 16</b>	\$477,480.16	Birth certificate, SSN, or proof of income.	Missing documents were provided, except for the <b>proof of income</b> . Per DPHSS, client did not renew for FY 2024. With Medicaid benefits availed per DPHSS report for FY 2024, which could be applicable to the prior years.
Sample 17	\$6,392.53	Dependents listed with no supporting birth certificate and social security numbers.	Documents were subsequently provided.
Sample 18	\$30,908.53	Birth certificate, SSN, proof of income, or personal identification.	Documents were subsequently provided.
<b>Sample 19</b>	\$13,883.32	Birth certificate and SSN.	Documents were subsequently provided except for the <b>birth certificate needed for OPA review</b> .
Sample 20	\$8,136.15	SSNs, proof of income	Documents were subsequently provided
Sample 21	\$20,451.18	SSNs for individual and dependents, no birth certificates for dependents, no proof of income	Documents were subsequently provided
Sample 26	\$7,207.66	Proof of income.	Documents were subsequently provided
Sample 27	\$4,214.01	Four of the listed dependents do not have supporting Social Security numbers.	Documents were subsequently provided
Sample 28	\$6,650.26	Birth certificates, SSNs for dependents.	Documents were subsequently provided
Sample 29	\$22,114.75	Birth certificates and SSN. No proof of residency.	Documents were subsequently provided
<b>Sample 30</b>	\$6,400.26	SSNs and personal ID.	<b>Documents were subsequently provided, except for the social security documents needed for OPA review.</b>
	<b>\$1,877,526.17</b>		

For FY 2024, the incomplete documentation for the 16 sampled clients with reported Medicaid benefits availed totaled \$1.9M (or 33% of FY2024 samples) in Table 6, which was provided in November 2025, except for the three samples (#16, 19 & 30). For sample 11, the client was reported deceased in August 2022 and had Medicaid benefits availed of \$102K (or 0.8% of

FY2024 samples) per DPHSS report for FY 2024. We recommend strict and consistent monitoring of the client's compliance with eligibility documentation requirements.

### **Late or Non-Submission of Requested Eligibility Documents**

The Medicaid program, administered by DPHSS, requires the timely submission of all documentation needed to verify income, identity, and other eligibility factors to prevent denial or delay of benefits.

Memorandum requests from DPHSS asking for the client to submit eligibility documents to make a proper determination of the client's Medicaid eligibility were either submitted later than the deadline or not submitted at all. These clients have reported Medicaid benefits availed of \$261K (or 5% of the FY 2024 samples). See Table 7.

**Table 7: Late or Non-Submission of Documents for FY 2024**

No.	Total Medicaid Benefits Availed in FY 2024	Document Requested	Documents Requested	Status of Submission	Subsequent Files on November 2025 & DPHSS comment
Sample 13	\$230,513.54	On September 26, 2024, DPHSS requested multiple items from the clients with a deadline of October 7, 2024	Statement of Living Arrangement ( <b>Required for SNA, CAP, &amp; MAP</b> )	Document was submitted on October 15, 2024 (8 days' delay)	Due to the client's disability, documents were processed late by the social worker.
Sample 18	\$30,908.53	On June 24, 2024, DPHSS requested multiple items from the clients with a deadline of July 5, 2024	Proof of residency	Not submitted	Per DPHSS, the case was correctly denied and terminated for failure to submit the requested documents. <b>With Medicaid benefits availed per DPHSS report for FY 2024, which could be applicable to prior years.</b>
	<b>\$261,422.07</b>				

For Sample 18, since DPHSS indicated that the case was denied and the Medicaid coverage was terminated, the agency should have issued and documented a "Notice of Adverse Action" to support the termination decision properly. None was provided as of the report date. We recommend consistent monitoring of client's compliance with or submission of **requested** eligibility documents.

### **Late or Non-Submission of Change Reports or Off-Island Referral Form**

Medicaid clients must report any change in income, household composition, address, or living arrangement **within 10 calendar days of when the change occurs**. DPHSS enforces this rule through its "Change Report Form", which Medicaid clients must complete and submit promptly. This form allows DPHSS to verify updates that may affect eligibility or benefit levels under Medicaid and other public assistance benefits programs.

One client (Sample 4, per Appendix 4) had verification of employment for job changes, but no change report was provided. As the noted Job #1 ended on October 20, 2023, and Job #2 started on November 13, 2023. The Change Reports due by October 30, 2023 and November 23, 2023, were submitted late in one Change Report on December 29, 2023.

DPHSS received on July 17, 2024, an FHP Certification dated July 2, 2024, that Sample 3 (per Appendix 5) was leaving on July 19, 2024, for off-island management and monitoring. We did not see among the files provided, a DPHSS Off-Island Referral Form for the July 19, 2024 off-island care. On file is the DPHSS off-island referral form dated December 28, 2021. DPHSS has noted that there is a prior authorization form approved on July 17, 2024, for the off-island treatments between July 11, 2024, and August 31, 2024, which was submitted to OPA in November 2025.

We recommend consistent and timely compliance with change report requirements and DPHSS' off-island referral form.

### **Lack of “Notice of Action” on Eligibility Decisions to Medicaid Clients**

DPHSS, per the application, states that the clients have the right to be notified of their eligibility for Medicaid within 45 calendar days after submission of the application for Medicaid benefits and at least 10 days before any denial, termination, suspension, or reduction in coverage.

For the 11 clients in FY 2024 with Medicaid benefits availed totaling \$3.6M (or 63% of FY2024 samples), a “Notice of Action” was not provided in the DPHSS submission of documents on July 28, 2025. Subsequent documents provided as of January 2026, only two client files (Sample 16 & 18) remained not provided. However, for the five clients in FY 2024 (Sample#2, 10, 12, 13, & 14), a “Notice of Action” was provided subsequently in November 2025. Subsequent documents included three client files (Sample 3, 6, & 8), in which their “Notice of Action” was provided as of January 2026. For Sample 11, the “Notice of Action” was not applicable because the client was deceased in 2022. Per DPHSS FY 2024, there were Medicaid benefits availed for \$102.1K (or 0.8% of FY2024 samples) for FY 2024.

The three clients (Sample # 12, 14 & 16) had Medicaid coverage, which was terminated in FY 2023 or FY 2024. These have Medicaid benefits availed for FY 2024 totaling \$1.4M (or 25% of FY2024 samples) per DPHSS report for FY 2024. See Table 8.

**Table 8: Lack of “Notice of Action” on Eligibility Decisions**

<b>No.</b>	<b>Total Medicaid Benefits Availed in FY 2024</b>	<b>Original Files Not Received in July 2025</b>	<b>Subsequent Files Provided in November 2025 &amp; DPHSS comment</b>
Sample 2	\$28,833.41	Notice of Action	Notice of Action subsequently provided.
Sample 3	\$443,230.68	Notice of Action	Notice of Action provided January 6, 2026.
Sample 6	\$416,815.55	Notice of Action	Notice of Action provided January 6, 2026.
Sample 8	\$257,311.84	Notice of Action	Notice of Action provided January 6, 2026.
Sample 10	\$680,417.84	Notice of Action	Notice of Action subsequently provided.
<b>Sample 11</b>	\$102,191.49	Notice of Action	<b>Deceased as of August 14, 2022. With Medicaid benefits availed for FY2024 per DPHSS report for FY 2024, which could be applicable to prior years.</b>
<b>Sample 12</b>	\$88,360.20	Notice of Action	<b>Notice of Adverse Action subsequently provided. Coverage terminated November 1, 2023. With Medicaid benefits availed per DPHSS report for FY 2024, which could be applicable to prior years.</b>
Sample 13	\$230,513.54	Notice of Action	Notice of Action subsequently provided.

No.	Total Medicaid Benefits Availed in FY 2024	Original Files Not Received in July 2025	Subsequent Files Provided in November 2025 & DPHSS comment
Sample 14	\$837,110.11	Notice of Action	Notice of Adverse Action provided. Coverage terminated March 1, 2024. With Medicaid benefits availed per DPHSS report for FY 2024, which could be applicable to prior years.
Sample 16	\$477,480.16	Notice of Action	No Notice of Action provided. Client lost coverage in May 2024. With Medicaid benefits availed per DPHSS report for FY 2024, which could be applicable to prior years.
Sample 18	\$30,908.53	Notice of Action	No Notice of Action provided.
	<b>\$3,593,173.35</b>		

We recommend consistent and timely notification of the eligibility decision of Medicaid clients.

### **Questionable Notification of Eligibility Decision**

When a mother is pregnant and covered by Medicaid, she gets time to turn in essential documents for her baby, like the birth certificate and Social Security number, and isn't at risk of losing coverage right away. Because of new federal rules made permanent through the Consolidated Appropriations Act of 2023, Medicaid guarantees up to 12 months of coverage after the baby is born. This helps moms get continued health care during the first year postpartum.

For Sample #2 (please refer to Appendix 4), we found a completed FY 2022 simplified renewal form that included a Social Security document for the child born on September 28, 2021, and was stamped received on August 9, 2022. However, a "Notice of Adverse Action" was sent by DPHSS on August 31, 2022, informing that the child is not entitled to Medicaid coverage due to the absence of Social Security documents. And yet the child reportedly availed of the Medicaid benefit amounting to \$780 for FY 2023 without a copy of the "Notice of Action" provided.

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## Conclusion and Recommendations

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Our performance audit of the DPHSS Medicaid Program is primarily intended to provide feedback on whether Medicaid clients' eligibility and renewal processes and procedures are in accordance with local and federal laws and regulations. Relative to this objective, our audit revealed deficiencies of non-compliance of the required documentation such as lack of Medicaid application forms and supporting documentation; lack of ES or Clients' signatures, non or late submission of requested eligibility documents; non or late submission of change reports or off-island referral form; lack of "Notice of Action" on eligibility decisions; and questionable notification of eligibility decisions.

These findings need management's attention and corrective action to inspire the public's confidence in the Administrator's decisions to achieve program objectives and uphold the program's integrity. We made seven recommendations addressed to DPHSS-BES Management. See Appendix 9 for the details and status of audit recommendations.

The recommendations emphasize the need for consistent and timely compliance with application, documentation, and reporting requirements. Specifically, these call for:

- Consistency and timely compliance with initial application and renewal form requirements.
- Consistent compliance with Eligibility Specialist's review and client's signature requirements.
- Strict and consistent monitoring of client compliance with eligibility documents and their submission;
- Consistent and timely compliance with change report and DPHSS off-island referral form.
- Consistent and timely notification of the eligibility decision of Medicaid clients.

We acknowledge the combined, dedicated efforts of the officials and staff of the DPHSS Division of Public Welfare-BES and BHCFA in ensuring the eligibility and enrollment of eligible residents on Guam in the Medicaid Program to address major health challenges on Guam. We appreciate DPHSS's ongoing commitment to ensuring that Guam's Medicaid Program meets the healthcare needs of its residents in accordance with applicable laws and regulations.



Benjamin J.F. Cruz  
Public Auditor



## Classification of Monetary Amounts

Finding Description	Questioned Cost*	Potential Savings	Unrealized Revenues	Other Financial Impact	Total Financial Impact
<b>I. Lack of Medicaid application forms, Eligibility Specialist's Review and Clients' Signatures and Dates, and Delayed Submission of Simplified Renewal Forms.</b>	\$0	\$0	\$0	\$0	\$0
a) Lack of Initial/Reopening Application Forms or Simplified Renewal Form.	\$0	\$0	\$0	\$0	\$0
b) Lack of Eligibility Specialist's (ES) review and clients' signatures and dates on Medicaid application forms.	\$0	\$0	\$0	\$0	\$0
c) Delayed Submission of Simplified Renewal Forms.	\$0	\$0	\$0	\$0	\$0
<i>Subtotal</i>	\$0	\$0	\$0	\$0	\$0
<b>II. Lack of Eligibility Documentation for Initial/Reapplication and Renewal.</b>	\$0	\$0	\$0	\$0	\$0
<i>Subtotal</i>	\$0	\$0	\$0	\$0	\$0
<b>III. Late or Non-Submission of Requested Eligibility Documents.</b>	\$0	\$0	\$0	\$0	\$0
<i>Subtotal</i>	\$0	\$0	\$0	\$0	\$0
<b>IV. Late or Non-Submission of Change Reports or Off-Island Referral Form.</b>	\$0	\$0	\$0	\$0	\$0
<i>Subtotal</i>	\$0	\$0	\$0	\$0	\$0
<b>V. Lack of "Notice of Action" on Eligibility Decisions to Medicaid Clients.</b>	\$0	\$0	\$0	\$0	\$0
<i>Subtotal</i>	\$0	\$0	\$0	\$0	\$0
<b>VI. Questionable Notification of Eligibility Decision.</b>	\$0	\$0	\$0	\$0	\$0
<i>Subtotal</i>	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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## Management Response and OPA Reply

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A Preliminary Findings report (for discussion purposes only) was presented to DPHSS in October 2025. A preliminary discussion meeting was held in November 2025 to discuss DPHSS's response to OPA's preliminary findings and clarify the data and information provided by DPHSS. During the meeting, DPHSS provided a formal response to our preliminary findings, in which they **disagreed with** several findings regarding documentary deficiencies, based on the documents they provided in July 2025. Please note that **DPHSS subsequently provided the deficient documents among the additional sets of documents in November 2025.**

In December 2025, we provided a draft final report to DPHSS for their official response. They agreed with some findings and provided corrective action, while for other findings they retained their disagreement. An exit conference with the DPHSS officials to discuss the updated reported findings and recommendations was held in January 2026. For fair reporting, updated data, documents, and DPHSS preliminary and official management responses were considered and incorporated into this final report. See Appendix 8 for the management response.

The legislation creating OPA requires agencies to prepare a corrective action plan to implement audit recommendations, document the progress in implementing the recommendations, and endeavor to have implementation completed no later than the beginning of the next fiscal year.

Accordingly, we will contact the DPHSS management to provide the target dates and title of the official(s) responsible for implementing the recommendations.

We appreciate the cooperation and assistance given to us by the DPHSS Director, management, and staff during this audit.

OFFICE OF PUBLIC ACCOUNTABILITY



Benjamin J.F. Cruz  
Public Auditor

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## Appendix 1:

# Objective, Scope, and Methodology

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### Objectives

The objective of this audit was to determine whether approval of beneficiaries' eligibility and documentary requirements' submission complied with the federal and state Medicaid program laws, rules and regulations.

### Scope

The audit team reviewed the eligibility and renewals of enrollment of Medicaid program clients, focusing on their required application forms and supporting documentation, timely execution of change reports, proper notices of eligibility decisions and compliance with program requirements and local and federal laws and regulations governing the Program. The time period covered is October 1, 2022 to September 30, 2024, or FY 2023 and 2024.

### Methodology

To accomplish our objectives, we performed the following:

1. Identified and reviewed applicable GovGuam and federal laws, rules and regulations, DPHSS guidelines, SOPs and other relevant reports and documents to be used as the audit criteria.
2. Identified and reviewed prior OPA performance audits, agency internal audit reports, and other relevant publications.
3. Performed an analysis of data provided to determine trends, outliers and anomalies to formulate potential findings within the context of audit objectives.
4. Issued a Survey Briefing Report with the Public Auditor's "Go" decision to proceed to fieldwork.
5. Utilized judgmental sampling in selecting Medicaid clients and clients' eligibility documents.
6. During fieldwork, performed more comprehensive review and verification at DPHSS complex for direct consultation with DPHSS staff and supervisors and at the audit office.
7. Formulated the initial/preliminary findings as a basis for discussion with the DPHSS representatives and management.
8. Met with DPHSS representatives to discuss the preliminary findings, conducted other subsequent meetings for clarification, and validated subsequent data provided.
9. Met with DPHSS Director and other DPHSS representatives for an exit conference to discuss draft final report findings, conclusions and recommendations.
10. Provided PA approved draft final report for QAR and Cold Read processes.
11. Issued a final report to the DPHSS management, Legislature, stakeholders and public.

We conducted this audit in accordance with Generally Accepted Government Auditing Standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

### **OPA Audits**

**OPA Report No. 25-03 | Government of Guam, Medicaid Program - Provider Eligibility - Part I, Issued February 2025** - Our review of documents, information and related processes relative to the 28 sampled Medicaid providers revealed several issues and deficiencies relative to: a) Recordkeeping and storage; b) Medical Provider List (MPL); c) Medicaid Provider eligibility screening and revalidation process; and d) Medicaid providers' licenses and other federal and local regulations requirements. Specifically, these deficiencies relate to the lack of SOP on file maintenance and storage, digital repository system, and consolidated Medicaid provider database; and an appearance of ineffective and inefficient eligibility screening, approval and revalidation processes and procedures.

As a result, we questioned \$241.1M in Medicaid Provider payments – primarily due to noncompliance with local and federal regulations in regards to revalidations of Providers' enrollments once every five years, (specifically from eight to ten years) in which the Providers' eligibilities were already outdated and could be potentially no longer valid. The lack of revalidations once every five years could lead to potential inclusion of unqualified or fraudulent providers.

These findings need management's attention and corrective action to inspire the public's confidence in the Administrator's decisions to achieve program objectives and uphold its integrity. Relative to these findings, we made the following nine recommendations which DPHSS management has promptly provided us their action plans to implement:

1. To achieve an effective monitoring and review of Medicaid providers' eligibility documents for revalidation or potential termination, which provides a tool in BHCFA's decision-making and examiners' review processes, we recommend the following:
  - a. Formulate and implement an SOP on file maintenance and storage, which includes clear guidelines for systematic filing, scanning, and safekeeping of both physical and digital records.
  - b. Adopt an effective digital records repository system or centralized scanned file system by utilizing the capabilities of the existing PH Pro system or any other BHCFA preferred system.
  - c. Create/establish a consolidated Medicaid provider information database.
2. Inactive Medicaid providers be appropriately tagged and properly identified in the MPL to preclude misinterpretations by the users resulting in potential non-payment or duplicate payments.
3. If the MPL records are valuable and significant to the BHCFA operations, information be updated in the PH Pro system to generate updated and accurate MPLs.

4. To ensure the propriety of Medicaid claims and reimbursements, BHCFA identifies in its records Medicaid providers consistently utilized “emergency services” and requires them to submit a completed and signed PAA, which is mandatory for all healthcare.
5. To achieve an effective and efficient initial screening and revalidation processes, we recommend strict compliance with local and federal laws and regulations and guidelines.
6. Strict compliance with documentary requirements and completeness in filling in PAA forms. If the document does not apply to the applicant provider, such should be marked “not applicable” or include disclosures, when necessary.
7. BHCFA ensures that dates in the PAAs are completely and accurately filled in to avoid inaccurate or improper payments.
8. Strict compliance with the submission of required licenses and updating of expired ones to be qualified to render Medicaid services.
9. Filling in the details of affiliate physicians in PAA forms or provide a separate list of these physicians. We suggest to complete the addendum and agreement in the PAA.

**Title 42—Public Health****42 USC Chapter IV Subchapter C -- Medical Assistance Programs**

**42 CFR 435.907 Application.** Federal regulation requires the Medicaid agency must let people apply through many convenient methods (online, phone, mail, in person, and other electronic means) using a single, streamlined application form that also works for other health coverage programs, and must keep any alternative forms as simple as the federal model. It allows specialized or supplemental forms for people who qualify under non-MAGI rules, but those forms must still be low-burden and accepted through all the same submission methods. When the agency needs more information, it has to give at least 15 days to respond, accept the information through any allowed channel, treat information sent within 90 days after a denial as a new application without making the person reapply, and it may not require an in-person interview. The agency can only ask for information needed to decide eligibility or run the Program, can request non-applicants' Social Security numbers only on a voluntary basis with clear notice and limited use, and must require that all initial applications be signed under penalty of perjury, including accepting electronic and telephonic signatures. It also requires that all applications and supplemental forms be accessible to people with limited English proficiency and people with disabilities, and that certain applications withdrawn at the Marketplace but later found potentially Medicaid-eligible on appeal must be reinstated as of the original application date.

**42 CFR 435.912 – Timely determination and redetermination of eligibility.** Federal regulation requires the Medicaid agency to set clear time limits and performance expectations in its state plan for how quickly and accurately it will decide eligibility, renewals, and redeterminations, whether for new applications, cases transferred from other coverage programs, or changes in a beneficiary's circumstances. It defines "timeliness standards" as the maximum time an individual can wait for a decision and "performance standards" as broader expectations for accuracy and consumer experience across all cases, then specifies that, in most situations, disability-based decisions cannot take more than 90 days and all other determinations cannot take more than 45 days, with specific outer limits for renewals and for changes that have already happened or are expected to happen. The agency must tell people what these timeframes are, can only exceed them in unusual circumstances beyond its control (and must document those reasons), and is not allowed to use the standards as a waiting period, as a reason to deny or cut off coverage just because the deadline was missed, or as a reason to delay taking needed action on a case.

**42 CFR 435.915 – Effective date.** Federal regulation says that Medicaid coverage must be backdated up to three months before the month a person applies, if they received services during that time that Medicaid covers and they would have met the eligibility rules then, even if they have since died. It also allows a state to start coverage from the first day of any month in which the person is eligible, and requires the state's Medicaid plan to spell out exactly which start-date policy it uses.



**Title 42—Public Health**

**42 USC Chapter IV Subchapter C -- Medical Assistance Programs Cont'd**

**42 CFR 413.206 - Informing applicants and beneficiaries.** Federal regulations require the Medicaid agency to clearly tell people about their hearing rights and how to use them, in writing and at specific key points in the process. It says the agency must publish its hearing procedures and, when someone applies, is denied, faces a reduction or other adverse action, or is being transferred or discharged from a facility (or gets a negative PASRR decision), it must explain that the person has a right to a fair hearing (including an expedited one), how to request it, that they may represent themselves or use a lawyer, family member, friend, or other representative, and the deadline by which the agency must make a final decision. If hearing authority is delegated to the Marketplace, the person must be told they can instead choose to have the state Medicaid agency hear the case and how to make that choice. All of this information must be provided in accessible formats for people with limited English proficiency and people with disabilities, and can be given electronically as allowed by other Medicaid communication rules.

**42 CFR 431.210 Content of notice.** Federal regulations says that when Medicaid (or a nursing facility) sends a required notice about an adverse action, the notice has to clearly spell out what will happen, why, and what rights the person has. It must state exactly what action is being taken and when it will start, give clear, specific reasons for the decision, and cite the regulations or changes in federal or state law that justify the action. The notice also has to explain the person's right to a hearing (or when a hearing is available if the action is based on a change in law) and explain in what situations Medicaid coverage can continue while the hearing is pending.

Appendix 4:



**Sampled Clients Medicaid Benefits Availed for FY 2023**

<b>Medicaid Client Sample No.</b>	<b>Medicaid Benefits Availed Amount in FY 2023</b>
Sample 1	\$237,902.74
Sample 2	\$107,537.07
Sample 3	\$177,376.60
Sample 4	\$1,802,612.34
Sample 5	\$1,287,043.55
Sample 6	\$627,706.54
Sample 7	\$1,286,842.32
Sample 8	\$838,586.06
Sample 9	\$1,967.67
Sample 10	\$640,021.92
Sample 11	\$3,047.30
Sample 12	\$489,170.09
Sample 13	\$331,883.30
Sample 14	\$857,695.49
Sample 15	\$424,605.27
Sample 16	\$345,905.28
Sample 17	\$825,055.97
Sample 18	\$563,658.90
Sample 19	\$97,549.38
Sample 20	-\$4,832.30
Sample 21	\$22,768.39
Sample 22	\$3,435.02
Sample 23	-\$1,364.00
Sample 24	-\$1,364.00
Sample 25	\$211.60
Sample 26	\$1,169.47
Sample 27	\$3,891.87
Sample 28	\$4,527.39
Sample 29	\$10,862.23
Sample 30	\$2,123.53
<b>Medicaid Benefits Availed Total for FY 2023</b>	<b>\$10,987,596.99</b>

Appendix 5:

**Sampled Clients Medicaid Benefits Availed for FY 2024**

<b>Medicaid Client Sample No.</b>	<b>Medicaid Benefits Availed Amount in FY 2024</b>
Sample 1	\$26,680.98
Sample 2	\$28,833.41
Sample 3	\$443,230.68
Sample 4	\$21,166.37
Sample 5	\$639,228.97
Sample 6	\$416,815.55
Sample 7	\$252,740.09
Sample 8	\$257,311.84
Sample 9	\$1,039,382.97
Sample 10	\$680,417.84
Sample 11	\$102,191.49
Sample 12	\$88,360.20
Sample 13	\$230,513.54
Sample 14	\$837,110.11
Sample 15	\$0.00
Sample 16	\$477,480.16
Sample 17	\$6,392.53
Sample 18	\$30,908.53
Sample 19	\$13,883.32
Sample 20	\$8,136.15
Sample 21	\$20,451.18
Sample 22	\$0.00
Sample 23	\$0.00
Sample 24	\$0.00
Sample 25	\$0.00
Sample 26	\$7,207.66
Sample 27	\$4,214.01
Sample 28	\$6,650.26
Sample 29	\$22,114.75
Sample 30	\$6,400.26
<b>Medicaid Benefits Availed Total for FY 2024</b>	<b>\$5,667,822.85</b>
<b>Medicaid Benefits Availed Totals for FY 2023 and FY 2024</b>	<b>\$16,655,419.84</b>

	<b>DEPARTMENT OF PUBLIC HEALTH &amp; SOCIAL SERVICES</b> Division of Public Welfare • Bureau of Economic Security 123 Chalan Karela, Mangilao, Guam 96913-6304 Phone: 735-7245 / 735-7274 Fax: 735-7092	
<b>APPLICATION FOR PUBLIC BENEFITS - PART I</b>		
PLEASE PRINT CLEARLY IN BLACK OR BLUE INK		
<b>1. PLEASE COMPLETE THE FOLLOWING INFORMATION</b> <b>MARK TYPE OF ASSISTANCE NEEDED</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Cash <input type="checkbox"/> Medically Indigent Program		
<b>MARK TYPE OF APPLICATION</b> <input type="checkbox"/> New Application <input type="checkbox"/> Reapplication/Reopening <input type="checkbox"/> Renewal		
Medicaid Case No:	SNAP Case No:	Cash Assistance Case No:    MIP Case No:
Name of Applicant		Email Address
Last	First	MI Social Security Number    Date of Birth (MM/DD/YY)
Mailing Address		City    State    Zip Code
Home Address		Village    Home Phone    Work Phone
Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO		Cell Phone    Alternate Phone
<b>2. PLEASE COMPLETE THIS SECTION FOR EMERGENCY ASSISTANCE</b> Are you or anyone in your household a victim of domestic violence? <input type="checkbox"/> YES <input type="checkbox"/> NO Is anyone in your household pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Does anyone in your household need off-island health care? <input type="checkbox"/> YES <input type="checkbox"/> NO Is anyone in your household a boarder? (paying for room and meal) <input type="checkbox"/> YES <input type="checkbox"/> NO Is anyone in your household on strike from work? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you refused any job within the last 60 days? <input type="checkbox"/> YES <input type="checkbox"/> NO How much is the total household's income for this month (before deductions)? \$ _____ The total of your household's cash, bank accounts, savings certificates, stocks or bonds. \$ _____ The amount of your rental/mortgage for this month (without arrears). \$ _____ The amount of your water/sewer bill for this month (without arrears). \$ _____ The amount of your power bill for this month (without arrears). \$ _____ The total amount of your gas, telephone, trash bill for this month (without arrears). \$ _____ How have you been able to pay for your housing, food, power, water, gas, telephone and medical bills before applying for assistance? _____ SIGNATURE: _____ DATE: _____		
APPLICATION FOR PUBLIC BENEFITS (REVISED 09/2018) <span style="float: right;">Please complete back page</span>		

**APPLICANT'S RIGHTS:**

You have the right to immediately file an application. You can complete this first page and give it to us today. The rest of the application can be completed later and submitted at the time of your interview. If you wish to be considered for Expedited Service, complete the Emergency Assistance Section of this form. If you are eligible for Expedited Services, you may receive your SNAP benefits within seven (7) days. If you are eligible, you will receive SNAP benefits retroactively from today's date. Welfare benefits do not begin until the month after your application is approved. You have the option of answering only those questions that are relevant to the programs for which you are applying for.

**Note:** *The sooner you submit this first page, the sooner you can be scheduled for your interview.  
The receptionist will give you a list of what to bring with you to your interview.*

**PRIVACY ACT STATEMENT:** The collection of information, including the Social Security Number (SSN) of each household member is authorized under the Food Stamp Act of 1977 as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible to participate in the SNAP, Cash and Medical Programs. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a SNAP, cash, or a medical claim arises against your household, the information on your application including SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including SSN of each household member is voluntary. However, failure to provide an SSN will result in the denial of SNAP, Cash and Medical benefits to each individual failing to provide an SSN. Any SSN provided will be used and disclosed in the same manner as the SSN of eligible household member.

**USDA Nondiscrimination Statement:** This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, religious creed, political beliefs or reprisal or retaliation for prior civil rights activity.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 1(800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 1(866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at 1(800) 221-5689 which is also in Spanish or call the State Information/Hotline number (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal Financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call 1(202) 619-0403 (voice) or 1(800) 537-7697 (TTY).

This institution is an equal opportunity provider.

**PENALTY WARNING:**

The information you provide will be subject to verification by Federal, State and local officials. Information available through Income Eligibility Verification System (IEVS) will be requested, used and may be verified through collateral contacts. The alien status of household members may be subject to verification with Immigration and Naturalization Service (INS). Information obtained through IEVS or from INS may affect your eligibility and level of benefits. Benefits may be denied if any information is incorrect. **You may be criminally prosecuted and fined up to \$10,000.00 and imprisoned up to five (5) years for knowingly providing incorrect information. If you intentionally break any program rules, you may be disqualified for one (1) year for the first violation, two (2) years for the second violation and permanently for the third violation. Intentional violations of program rules may disqualify you from both SNAP and cash assistance programs.**

**I understand the penalties for providing false or incorrect information and certify under penalty or perjury the truth of the information contained in this application.**

SIGNATURE

TODAY'S DATE



**DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES**  
 Division of Public Welfare • Bureau of Economic Security  
 123 Chalan Kareta, Mangilao, Guam 96913-6304  
 Phone: 735-7245 / 735-7274 Fax: 735-7092



### **APPLICATION FOR PUBLIC BENEFITS - PART II**

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK

#### **1. PLEASE COMPLETE THE FOLLOWING INFORMATION**

##### **MARK TYPE OF ASSISTANCE NEEDED**

☐ Medicaid
 ☐ Supplemental Nutrition Assistance Program (SNAP)
 ☐ Cash
 ☐ Medically Indigent Program (MIP)

##### **MARK TYPE OF APPLICATION**

☐ New Application
 ☐ Reapplication/Reopening
 ☐ Renewal

Medicaid Case  
No:

SNAP Case  
No:

Cash Assistance Case  
No:

MIP Case  
No:

Name of Applicant				
Last	First	MI	Social Security Number	Date of Birth
Mailing Address		City	State	Zip Code
Home Address			Home Phone	Work Phone
Email Address			Cell Phone	Alternate Phone



2 CERTIFICATION THAT NO MEMBERS ARE FLEEING FELONS OR HAVE BEEN CONVICTED OF A DRUG FELONY		
IF YOU ANSWER YES TO THESE QUESTIONS, COMPLETE THE INFORMATION TO THE RIGHT.	NAME OF APPLICANT (Last, First, M.I.)	SOCIAL SECURITY NUMBER
Have you or any member of your household been convicted of a felony involving the possession, use or distribution of illegal drugs after August 22, 1996?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you or any member of your household fleeing to avoid prosecution or custody for a crime, or attempting to commit a crime that is a felony in the place you or the household member is fleeing from, or violating a condition of probation or parole?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
<p style="text-align: center;"><b>I certify under penalty of perjury that I have completed the above information truthfully and the information provided may be compared to court records.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Applicant's Signature _____</p> </div> <div style="width: 45%;"> <p>Date _____</p> </div> </div>		

3 FOR OFFICIAL USE ONLY		
ETHNIC CODES		
African American - - - - - AF American Indian/Alaskan Native - - - - - AA American Samoan - - - - - AS Asian Indian - - - - - AI Australian - - - - - AU Cambodian - - - - - CB Canadian - - - - - CN Caucasian - - - - - CA	Chamorro - Guam - - - - - CG Chamorro - Rota - - - - - CR Chamorro - Saipan - - - - - CS Chamorro - Tinian - - - - - CT Chinese - - - - - CI Chuukese - - - - - TR Cuban - - - - - CU Filipino - - - - - FO	German - - - - - GE Hawaiian - - - - - HN Hispanic - - - - - HI Japanese - - - - - JP Korean - - - - - KO Kosraean - - - - - KS Marshallese - - - - - MA Mexican - - - - - ME Palauan - - - - - PA Pohnpeian - - - - - PO Portuguese - - - - - PE Soviet Jew - - - - - SJ Thai - - - - - TH Vietnamese - - - - - VI Yapese - - - - - YP Other - - - - - OT
CITIZENSHIP CODES	MARITAL STATUS CODES	RELATIONSHIP CODES
Alien - - - - - AL FAS citizen - - - - - FS Permanent Resident - - - - - PR United States citizen - - - - - US	Divorced - - - - - DI      Separated - - - - - SE Married - - - - - MA      Widowed - - - - - WI Single - - - - - SI      Other - - - - - OT	Head of Household - - - - - HH      Son - - - - - SO Daughter - - - - - DA      Spouse - - - - - SP Granddaughter - - - - - GD      Other - - - - - OT Grandson - - - - - GS

APPLICATION FOR PUBLIC BENEFITS (REVISED 09/2018) Page 2 of 14

4 HOUSEHOLD MEMBERS																	
LIST YOURSELF AND ALL PERSONS WHO LIVE WITH YOU. THE ELIGIBILITY SPECIALIST WILL DETERMINE WHO QUALIFIES FOR ASSISTANCE. DO NOT LIST PERSON INCLUDED IN SECTION 2 OF PAGE 2.					CITIZENSHIP	ETHNICITY	RELATIONSHIP (to head of household)	PREGNANT (Check Mark)	DISABLED (Check Mark)	HIGHEST GRADE LEVEL COMPLETED	CURRENTLY PARTICIPATING IN:				ELIGIBLE?		
											MEDICAID	SNAP	MIP	CASH	CHILD CARE		
1. Your Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	
2. Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	
3. Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	
4. Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	
5. Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	
6. Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	
7. Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	
8. Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	
9. Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	
10. Name (Last, First, M.I.)			SEX	ALIEN NUMBER													Y
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yy)	MARITAL STATUS		DATE OF ENTRY	ABSENT PARENT NAME (Last, First, M.I.)											N	

**5 STUDENT INFORMATION**

LIST ALL STUDENTS IN YOUR HOUSEHOLD.

HOUSEHOLD MEMBER'S NAME (Last, First, M.I.)	NAME OF SCHOOL	TYPE OF SCHOOL/ TRAINING PROGRAM	CLASS HOURS PER WEEK

**6 LIQUID RESOURCES/NON-FIXED ASSETS CODES**

USE THESE CODES TO COMPLETE SECTION 7 BELOW

Cash Held by Others ----- CO	Life Insurance with Cash Value ----- LI	Savings Bonds ----- SB
Cash on Hand ----- CH	Money Market Certificates (Shares) ----- MM	Stocks and Bonds ----- ST
Checking Account ----- CA	Mutual Funds ----- MF	Time Certificate ----- TC
Health Insurance with Cash Value --- HI	Pension Plan ----- PN	Trust Funds ----- TR
Individual Retirement ----- IR	Savings Account ----- SA	Other ----- OT

**7 LIQUID RESOURCES/NON-FIXED ASSETS**

LIST THE LIQUID RESOURCES OF EACH MEMBER OF YOUR HOUSEHOLD. USE THE CODES LISTED IN SECTION 6 ABOVE TO INDICATE EACH TYPE OF RESOURCE. INCLUDE ALL JOINTLY OWNED RESOURCES. DESCRIBE ANY RESOURCES LISTED AS "OT" (OTHER).

LIQUID RESOURCE/NON-FIXED ASSET TYPE		HOUSEHOLD MEMBER IT BELONGS TO	WHERE IT IS LOCATED	VALUE
CODE	DESCRIBE OTHER			
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

**8 NON-LIQUID RESOURCES/FIXED ASSETS CODES**

USE THESE CODES TO COMPLETE SECTION 9 BELOW

Buildings ----- B	Land, No House ----- L	Rental Property ----- R
Burial Plot ----- BP	Land With House ----- LH	Vacation and Recreational Property ----- V
House Other Than Home ----- H	Off-Island Property ----- P	Other ----- OT

**9 NON-LIQUID RESOURCES/FIXED ASSETS**

LIST THE NON-LIQUID RESOURCES OF EACH MEMBER OF YOUR HOUSEHOLD. USE THE CODES LISTED IN SECTION 8 ABOVE TO INDICATE EACH TYPE OF RESOURCE. INCLUDE ALL JOINTLY OWNED RESOURCES, DESCRIBE ANY RESOURCES LISTED AS "OT" (OTHER).

NON- LIQUID RESOURCE/ASSET TYPE		HOUSEHOLD MEMBER IT BELONGS TO	WHERE IT IS LOCATED	VALUE
CODE	DESCRIBE OTHER			
				\$
				\$
				\$
				\$
				\$
				\$

**10 MOTOR VEHICLES**

LIST ALL VEHICLES USED BY YOUR HOUSEHOLD. INCLUDE ALL JOINTLY OWNED VEHICLES.

ITEM	VEHICLE 1	VEHICLE 2	VEHICLE 3
REGISTERED OWNER OF VEHICLE			
NAME OF PERSON WHO USES VEHICLE			
YEAR, MAKE, MODEL			
LICENSE PLATE NUMBER			
PRINCIPAL BALANCE OWED	\$	\$	\$
APPRAISED VALUE/FAIR MARKET VALUE	\$	\$	\$

**11 PROPERTY TRANSFER**

IF YOU OR ANYONE IN YOUR HOUSEHOLD HAD GIVEN AWAY, SOLD, OR TRANSFERRED MONEY, VEHICLES, PROPERTY OR OTHER RESOURCES/ASSETS IN THE LAST THREE (3) MONTHS, COMPLETE THE FOLLOWING INFORMATION.

DESCRIPTION OF PROPERTY	DATE OF TRANSFER	VALUE AT TIME OF TRANSFER	AMOUNT RECEIVED	BALANCE
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

12 INCOME CODES	
USE THESE CODES TO COMPLETE SECTIONS 13 AND 14	
<b>EARNED INCOME CODES</b>  Civil Service (Federal) Employment ----- FG Government of Guam Employment ----- GG Military Earnings ----- MA Private Enterprise Income ----- PE Other ----- OT	<b>UNEARNED INCOME CODES</b>  Alimony and Child Support ----- AY Civil Service (Federal) Retirement ----- FR Dividends and Interest ----- DI Foster Care Payments ----- FO GHURA Subsidy (Utilities) ----- GH Government of Guam Retirement ----- GR Life Insurance Benefits ----- LI Lump Sum Payments ----- LP Military Exchange Retirement ----- MX Money From Friends, Relatives, Etc. ----- MO Payments For Property Sold ----- PP Property Rent Payments ----- PR Scholarship, Fellowship, Loan ----- SC Social Security Benefits ----- SS Striker's Benefits ----- ST Supplemental Security Income (SSI) ----- SI Veteran's Pension ----- VA Welfare Payments (Including GA) ----- PA

13 EARNED INCOME					
PLEASE BRING TWO (2) RECENT EMPLOYMENT CHECK STUBS, USE THE CODES IN SECTION 12 ABOVE TO INDICATE THE TYPE OF EARNED INCOME. DESCRIBE ANY INCOME LISTED AS "OT" (OTHER). FOR HOW OFTEN PAID, SPECIFY IF DAILY, WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.					
NAME OF HOUSEHOLD MEMBER RECEIVING INCOME (Last, First, M.I.)	TYPE OF EARNED INCOME		DATE EMPLOYED	HOW OFTEN PAID	GROSS AMOUNT
	CODE	PLACE OF EMPLOYMENT			
					\$
					\$
					\$
					\$
					\$
					\$
					\$

14 SELF-EMPLOYMENT INCOME				
PLEASE BRING MOST RECENT 1040 TAX FORM AND 12 MOST RECENT GROSS RECEIPT TAX FORMS.				
NAME OF HOUSEHOLD MEMBER RECEIVING INCOME (Last, First, M.I.)	TYPE OF SELF-EMPLOYMENT	DATE EMPLOYED	HOW OFTEN PAID	GROSS AMOUNT
				\$
				\$
				\$

15 UNEARNED INCOME				
USE THE CODES IN SECTION 12 (PAGE 6) TO INDICATE THE TYPE OF UNEARNED INCOME. DESCRIBE ANY INCOME LISTED AS "OT" (OTHER). FOR HOW OFTEN PAID, SPECIFY IF DAILY, WEEKLY, BI-WEEKLY, SEMI-MONTHLY OR MONTHLY.				
NAME OF HOUSEHOLD MEMBER RECEIVING INCOME (Last, First, M.I.)	TYPE OF UNEARNED INCOME		HOW OFTEN PAID	GROSS AMOUNT
	CODE	DESCRIBE OTHER		
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

16 EMPLOYMENT HISTORY					
PLEASE REPORT THE LAST EMPLOYMENT FOR EACH MEMBER OF THE HOUSEHOLD.					
EMPLOYEE NAME (Last, First, M.I.)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED		REASON FOR LEAVING	MONTHLY GROSS INCOME
		FROM MONTH/YEAR	TO MONTH/YEAR		
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

**17 DEPENDENT CARE**

IF YOU OR ANYONE IN YOUR HOUSEHOLD PAYS FOR THE CARE OF A CHILD OR DISABLED ADULT SO SOMEONE CAN WORK, LOOK FOR WORK, ATTEND TRAINING, OR GO TO SCHOOL, COMPLETE THE FOLLOWING INFORMATION.

NAME OF PERSON WHO PAYS FOR DEPENDENT CARE	NAME OF PERSON WHO PROVIDES THIS CARE	AMOUNT PAID	HOW OFTEN PAID
		\$	
		\$	
		\$	

**18 CHILD SUPPORT**

IF YOU OR ANYONE IN YOUR HOUSEHOLD PAYS CHILD SUPPORT AS ORDERED BY THE COURT, COMPLETE THE FOLLOWING INFORMATION.

NAME OF PERSON WHO IS PAYING CHILD SUPPORT	NAME OF PERSON WHO IS PAID CHILD SUPPORT	NAME OF CHILD	AMOUNT PAID	HOW OFTEN PAID
			\$	
			\$	
			\$	

**19 SHELTER AND UTILITIES**

LIST THE AMOUNT OF YOUR LAST BILL FOR EACH OF THE EXPENSES LISTED BELOW.

ITEM	MONTHLY AMOUNT	ITEM	MONTHLY AMOUNT
RENT/MORTGAGE	\$	SEWER	\$
HOME INSURANCE (If not included in mortgage)	\$	GAS/KEROSENE/FUEL	\$
PROPERTY TAX (If not included in mortgage)	\$	TELEPHONE	\$
POWER	\$	TRASH	\$
WATER	\$	OTHER	\$

**20 MEDICAL EXPENSE**

LIST CURRENT MONTHLY MEDICAL EXPENSES OVER \$35.00 FOR ANY PERSON IN YOUR HOUSEHOLD WHO IS AGE 60 OR OVER, OR WHO IS RECEIVING FEDERAL OR LOCAL DISABILITY BENEFITS.

NAME OF PERSON WITH THE MEDICAL BILLS	EXPENSE AMOUNT	WHAT THE EXPENSE WAS FOR
	\$	
	\$	
	\$	

IF YOU OR ANYONE IN YOUR HOUSEHOLD HAS UNPAID MEDICAL BILLS DURING THE LAST THREE (3) MONTHS, PLEASE COMPLETE THE FOLLOWING INFORMATION. YOU MAY BE ELIGIBLE FOR MEDICAL COVERAGE FOR THOSE UNPAID BILLS.

NAME OF PERSON WITH THE MEDICAL BILLS	DATES OF TREATMENT	DUE TO AN ACCIDENT?	NAME OF OTHER PERSON INVOLVED IN ACCIDENT	OTHER PERSON'S INSURANCE COMPANY
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

**21 MEDICAL INSURANCE COVERAGE**

IF YOU OR ANYONE IN YOUR HOUSEHOLD HAS MEDICAL INSURANCE COVERAGE, COMPLETE THE FOLLOWING INFORMATION.

NAME OF INSURANCE SUBSCRIBER	NAME OF PERSON COVERED UNDER THE INSURANCE	NAME OF INSURANCE COMPANY	MONTHLY PREMIUM

**22 DISQUALIFICATION HISTORY**

IF YOU OR ANYONE IN YOUR HOUSEHOLD HAS EVER BEEN DISQUALIFIED FROM THE SNAP AND/OR PUBLIC ASSISTANCE PROGRAM, COMPLETE THE FOLLOWING INFORMATION.

NAME OF PERSON DISQUALIFIED (Last, First, M.I.)	PROGRAM		TYPE OF DISQUALIFICATION	WHERE IT HAPPENED (Country, State)	DATE DISQUALIFIED	DISQUALIFIED FOR HOW LONG
	SNAP	PA				

**23 MAP**

DRAW A MAP TO YOUR HOUSE



**24****YOUR RIGHTS AND RESPONSIBILITIES**

The Department of Public Health and Social Services (DPHSS) is responsible for informing all applicants applying for Public Welfare of their Civil Rights under the Federal law as provided by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990 (ADA) and the Public Welfare Rules and Regulations. Federal and local laws prohibit discrimination against Public Welfare applicants or participants because of race, color, national origin, disability, age, sex, religious creed, political beliefs or reprisal or retaliation for prior civil rights activity. This Department supports the policy of providing equal opportunity to all Public Welfare applicants and participants under all titles of Public Welfare. This means that:

**YOU HAVE THE RIGHT TO:**

1. Receive an application when you ask for it.
2. Turn in an application the same day you receive it.
3. Receive your SNAP benefits or Medically Indigent Program (MIP) benefits or be notified you are not eligible for the program within 30 calendar days after you turn in your application.
4. Be notified if you are eligible or not eligible for Cash Assistance or Medicaid within 45 calendar days after you turn in your application.
5. Receive SNAP benefits within seven (7) calendar days if you are eligible for Expedited Services.
6. Discuss any action regarding your case with your Eligibility Specialist or his/her supervisor if you are dissatisfied.
7. To request for a Fair Hearing if you disagree with any action taken on your case. You may ask anyone to help you get a fair hearing, and your case may be presented at the hearing by any person of your choice.
8. Be notified 10 calendar days in advance before your assistance is discontinued or reduced.
9. Have your records kept confidential.
10. Be served without regard to race, color, national origin, disability, age, sex, religious creed, political beliefs or reprisal or retaliation for prior civil rights activity.

**ACKNOWLEDGEMENT OF RESPONSIBILITIES**

READ EACH SENTENCE CAREFULLY. PLACE YOUR INITIALS TO THE LEFT OF EACH STATEMENT TO SHOW THAT YOU UNDERSTAND YOUR RESPONSIBILITIES.

- \_\_\_\_\_ I know I must let the DPHSS know when my income exceeds 130% of the Federal Poverty level by the 10th day of the following month in which the change occurred for the SNAP and Public Welfare Programs.
- \_\_\_\_\_ I know I must let the DPHSS know of any change within 10 days after the change happens for the MIP.
- \_\_\_\_\_ I know my child(ren) must go to school. If my child(ren) do not go to school, I know my Cash Assistance will stop.
- \_\_\_\_\_ I know I have to get child support for my child(ren). If I do not cooperate to get child support for my child(ren), I know my Cash Assistance will stop.
- \_\_\_\_\_ I know if I am an able-bodied adult aged 18-50, without dependent children and not pregnant, I can only receive a maximum of three (3) months of cash benefits under the General Assistance and SNAP in a three (3) year period.
- \_\_\_\_\_ I know if I am a teen parent, I must live at home and attend school, sign an Individual Responsibility Plan with the JOBS Program, and comply with this Individual Responsibility Plan. If I don't, my benefits and my child(ren)'s benefits may be terminated.
- \_\_\_\_\_ I know I will have to take part in a work or training program so I can get a job. If I do not take part in the work or training program, I know I my Cash Assistance will not be released.
- \_\_\_\_\_ I know I must not exchange my SNAP benefits for cash.
- \_\_\_\_\_ I know I must not use my SNAP benefits to establish credit for cash or non-food items.
- \_\_\_\_\_ If I gave false information so I can get Cash Assistance, Medicaid, MIP and SNAP, I know I can be taken to court and charged with a crime.
- \_\_\_\_\_ I know I will assign my rights and eligible household member's rights to Medicaid/MIP for the support and payment received from a responsible third party (example, insurance company, court, etc.) as a result of any medical care initially paid by Medicaid/MIP.

**I ACKNOWLEDGE I HAVE BEEN INFORMED, READ AND UNDERSTAND MY RIGHTS AND RESPONSIBILITIES FOR THE RESPECTIVE PROGRAM(S) FOR WHICH I AM APPLYING.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

<b>25</b>	<b>PENALTY WARNING</b>	
<p>An Intentional Program Violation (IPV) consist of having intentionally made a false or misleading statement, or misrepresented or concealed facts; or having intentionally committed any act that constitutes a violation of the SNAP/Welfare Program Regulations or any local statute relating to the use, presentation, transfer, acquisition, receipt, or possession of SNAP or other Public Welfare benefits. Anyone found guilty of an Intentional Program Violation will be disqualified as follows:</p>		
<b>INTENTIONAL PROGRAM VIOLATION (IPV) DISQUALIFICATION PERIODS</b>		
FIRST OFFENSE	<b>ONE YEAR;</b> or	
	<b>TWO YEARS</b> if it involves TRADING COUPONS FOR ILLEGAL SUBSTANCES (DRUGS); or	
	<b>PERMANENTLY</b> if it involves TRADING COUPONS FOR GUNS, AMMUNITIONS, OR EXPLOSIVES, or if it involves TRAFFICKING IN COUPONS OF \$500 OR MORE	
SECOND OFFENSE	<b>TWO YEARS;</b> or <b>PERMANENTLY</b> if it involves TRADING COUPONS FOR ILLEGAL SUBSTANCES (DRUGS); or	
THIRD OFFENSE	<b>PERMANENTLY</b>	
<p><b>ALSO:</b></p> <ul style="list-style-type: none"> <li>■ If the Head of Household is disqualified under Cash Assistance due to NON-COMPLIANCE or FRAUD, the entire household may also be disqualified under SNAP for the same duration; and</li> <li>■ If a household member is disqualified under Cash Assistance due to NON-COMPLIANCE or FRAUD, the same household member may be disqualified under SNAP for the same duration; and</li> <li>■ Anyone misrepresenting his/her IDENTITY or RESIDENCE in order to receive multiple benefits will be disqualified for 10 YEARS; and</li> <li>■ Anyone convicted of a DRUG FELONY or FLEEING to avoid prosecution, custody, confinement, or violating probation or a parole is INELIGIBLE.</li> </ul>		
<p>Any individual receiving assistance under the Medically Indigent Program for which he/she was not eligible on the basis of false declarations shall be liable for repayment and shall be guilty of misdemeanor or felony as specified in the Criminal and Correctional Code. Such individual shall be ineligible for program services for a period of one (1) year or more as ordered by the court.</p> <p>Any individual who voluntarily discontinues medical insurance shall be disqualified from the Medically Indigent Program for six (6) months starting from the date when the discontinuance of health coverage was discovered/reported.</p> <p><b>I HAVE READ THE ABOVE PENALTY WARNING AND UNDERSTAND THE PENALTIES FOR PROGRAM VIOLATIONS.</b></p>		
<hr/> APPLICANT'S SIGNATURE		<hr/> DATE

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**26 DESIGNATION AND CERTIFICATION OF AUTHORIZED REPRESENTATIVE**

IF YOU ARE UNABLE TO FILL OUT THE APPLICATION AND GO TO THE INTERVIEW, YOU CAN NAME AN ADULT OUTSIDE YOUR HOUSEHOLD TO FILL OUT YOUR APPLICATION FORM AND APPLY FOR YOU. FOR SNAP APPLICANT, EVEN IF YOU APPLY FOR SNAP YOURSELF, YOU MAY NAME SOMEONE TO PICK UP YOUR EBT QUEST CARD AND USE YOUR CARD TO BUY FOOD FOR YOU.

TO DESIGNATE SOMEONE TO HELP YOU FILL OUT THIS FORM AND GO TO THE INTERVIEW FOR YOU, AND/OR TO PICK UP YOUR EBT QUEST CARD FOR YOU, COMPLETE THE FOLLOWING INFORMATION. YOU SHOULD FILL OUT AND SIGN THE APPLICATION FORM EVEN IF SOMEONE ELSE GOES TO THE INTERVIEW FOR YOU.

**DESIGNATION OF AUTHORIZED REPRESENTATIVE:**

I, \_\_\_\_\_, designate \_\_\_\_\_ to be my Authorized Representative.  
Name of Applicant Name of Authorized Representative

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**AUTHORIZED REPRESENTATIVE:**

NAME (Last, First, M.I.) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

**CERTIFICATION BY AUTHORIZED REPRESENTATIVE:**

I HELPED THE APPLICANT FILL OUT THIS FORM. I UNDERSTAND ANYONE WHO HELPS ANOTHER PERSON IN DISHONESTLY GETTING HELP IS ALSO SUBJECT TO THE CRIMINAL PENALTIES. I ALSO UNDERSTAND IF I MISREPRESENT THE HOUSEHOLD, I AM SUBJECT TO DISQUALIFICATION AS AUTHORIZED REPRESENTATIVE FOR A PERIOD OF ONE (1) YEAR. I CERTIFY THE INFORMATION ENTERED BY ME ON THIS FORM:

( ) Was furnished by the applicant or recipient; or

( ) Is what I personally know about him/her.

\_\_\_\_\_  
 Signature of Authorized Representative,  
 Legal Guardian, Interpreter, or Other Person

\_\_\_\_\_  
 Date

**27****YOUR CERTIFICATION**

BEFORE SIGNING THIS APPLICATION, GO BACK AND CHECK THAT YOU HAVE ANSWERED EACH QUESTION. MAKE SURE YOU UNDERSTAND YOUR RIGHTS AND RESPONSIBILITIES AND YOUR AUTHORIZATION.

1. I/We certify I/we have been informed of my/our rights and responsibilities.
2. I/We understand the questions on this application and the penalty for hiding or giving false information.
3. My/Our answers are correct and complete to the best of my/our knowledge.

\_\_\_\_\_  
Signature (OR MARK) of Applicant\_\_\_\_\_  
Date\_\_\_\_\_  
Witness if Signature is "X"\_\_\_\_\_  
Date\_\_\_\_\_  
Signature (OR MARK) of Spouse  
if Joint Declaration\_\_\_\_\_  
Date**28****CERTIFICATION BY ELIGIBILITY SPECIALIST**

I CERTIFY THE APPLICANT/RECIPIENT HAS BEEN INFORMED OF HIS/HER RIGHTS AND RESPONSIBILITIES AND OF THE POSSIBILITY OF CRIMINAL CHARGE FOR MISREPRESENTING OR CONCEALING FACTS WHICH DETERMINE ELIGIBILITY.

\_\_\_\_\_  
Eligibility Specialist (ES)\_\_\_\_\_  
Date

REMARKS:



**DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES**  
**Division of Public Welfare • Bureau of Economic Security**  
 123 Chalan Kareta, Mangilao, Guam 96913-6304  
 Phone: 735-7245 / 735-7274 Fax: 735-7092



### CONSENT TO DISCLOSURE OF INFORMATION

I, \_\_\_\_\_, residing at \_\_\_\_\_ on \_\_\_\_\_  
 hereby authorize the SNAP and Public Welfare Programs to verify my employment income, disability and retirement benefits, savings and checking accounts, real and personal property, Life and Medical Insurance coverage, child(ren)'s school attendance records, and any other information relevant to my eligibility for participation and compliance in any of the above programs.

I also authorize any person, partnership, corporation, association, or government agency possessing information of such matters, to release such information to the Department of Public Health Social Services.

I understand this information is confidential and will be used by program staff only for the purpose of verifying my eligibility to participate in the SNAP/Public Welfare Programs.

I further understand my refusal to sign this consent may result in termination or denial of benefits.

This consent will expire three (3) years from the date of signature.

\_\_\_\_\_  
 Applicant/Guardian/Parent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Staff's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Signature (if needed)

\_\_\_\_\_  
 Date

# Appendix 7: DPHSS "Change Report" Form

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## Department of Public Health and Social Services Division of Public Welfare • Bureau of Economic Security 123 Chalan Kareta, Mangilao, Guam 96913-6304



### CHANGE REPORT FORM

For Supplemental Nutrition Assistance Program (SNAP formerly Food Stamps) / Cash Assistance / Medical Assistance

#### PLEASE READ THE FOLLOWING:

You must report change(s) that may affect your benefits and provide the necessary verification/documentation for the change(s). If you do not provide verification/documentation, your case may be closed. For **Medical Assistance, Supplemental Nutrition Assistance and Cash Assistance Households**, report **only when your household's total gross monthly income exceeds 130% of the SNAP gross income limit** (refer to the Simplified Reporting Handout for table).

You may use this form to report changes by completing the section(s) that **apply**. After completing the form, you may drop it off at the center of your district. Or, you may place the form in the drop box located at these offices, or mail the form to the address shown above. If you have any questions about how to fill out this form, or where to drop off the document, you may contact any of the Bureau of Economic Security (BES) offices: - Central - 735-7245/7274; Southern - 828-7542 & Northern - 635-7488/7432.

Head of Household's Name: \_\_\_\_\_ SSN/Case Number: \_\_\_\_\_  
Which program(s) are you reporting for? ☐ SNAP (formerly Food Stamp) ☐ Cash Assistance ☐ Medical Assistance

#### HOUSEHOLD MEMBERS

Are you reporting a newborn in your household?								<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did anyone or will anyone move in or out of your household?								<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES to any of the questions above, please complete the information below.									
Household Member	Relationship to you	Social Security #	Birth date mm / dd / yy	Date moved IN OUT		Marital Status	Sex	U.S. Citizen	
			/ /	/ /	/ /			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			/ /	/ /	/ /			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			/ /	/ /	/ /			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Did any of the **NEW** household member(s) receive **SNAP, MEDICAL ASSISTANCE** or any other **CASH ASSISTANCE** from any state or U.S. Territory in the last month? ☐ YES ☐ NO  
If YES, what type of assistance? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

#### INCOME

**EARNED INCOME:** Changes in gross earned income of everyone in your household must be reported. Attach pay stubs or a signed statement from employer of all income received for the month. **Cash, Medical, and SNAP Households** must report only when your household's total gross monthly income exceeds 130% of the SNAP gross income limit.

Did you or anyone in your household start a job or is expecting to start a job? ☐ YES ☐ NO  
Did you or anyone in your household stop working? ☐ YES ☐ NO  
Did you or anyone in your household quit a job? ☐ YES ☐ NO  
Did you or anyone in your household have a job that changed? ☐ YES ☐ NO  
Did you or anyone in your household receive an increase or decrease in income from a job? ☐ YES ☐ NO  
If YES to any of the questions above, please complete the information below and submit verification/documentation for any of the reported change(s) within ten (10) days of the date the change became known to the household.

#### NEW INCOME / INCOME THAT HAS STOPPED

Household Member	Employer or Other Source of Income	Start Date mm/dd/yy	Stop Date mm/dd/yy	# Hrs Worked per Week	Wages per Hour	TIPS	Overtime (OT)	How Often Paid? (Use Codes Below)
		/ /	/ /					
		/ /	/ /					

**PAY CODES:** Weekly - **WK** Bi-weekly - **2X** Semi-Monthly - **SM** Monthly - **MN**

**UNEARNED INCOME:** Cash, Medical and SNAP Households must report only when your household's total gross monthly income exceeds 130% of the SNAP gross income limit.

List the type and amount of unearned income received (such as **Social Security, Workman's Compensation, Child Support**, etc.) and attach documentation/ verification.

Type of Income	Who is Receiving the Income?	Date Started	Date Stopped	Monthly Amount
		/ /	/ /	\$
		/ /	/ /	\$

Revised: 06/27/16act

# Appendix 7: DPHSS "Change Report" Form

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**ASSETS:** Please complete this section if you or any member of your household had a change in assets, including members who moved into your household.

Name of Household Member	Bank or Financial Institution	Type of Account (Checking/ Savings/Stocks/Bonds, etc.)	Is this an Existing Account?	Date Account was OPENED      CLOSED	Amount/ Balance

Have you or any member of your household bought, sold or traded any vehicle(s), boat(s), recreational vehicle(s)?

☐ Bought Value: \$ \_\_\_\_\_ ☐ Sold Value: \$ \_\_\_\_\_ ☐ Traded Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Are there any other changes in assets (Properties, land, life insurance, etc.)? Please explain below.

\_\_\_\_\_

\_\_\_\_\_

## EXPENSES

Have you or anyone in your household been billed for any child or adult care expense(s)?

☐ YES ☐ NO

Who was receiving the child/adult care? \_\_\_\_\_

If YES, provide verification/documentation (example, receipt / contract).

Did you or any member of your household make any court ordered child support payments?

☐ YES ☐ NO

If YES, provide verification/documentation to include date paid, amount, and who it was paid to.

Have you moved or will you be moving?

☐ YES ☐ NO

If YES, provide verification/documentation of your new address and your portion of the rent or mortgage if applicable.

New Address: \_\_\_\_\_ (Street, Village, State, Zip Code) \_\_\_\_\_ (Date moved or will move) \_\_\_\_\_ Rent Amount \_\_\_\_\_

Mailing Address (If different than above address): \_\_\_\_\_

What utilities do you pay? Please check all boxes that apply and provide verification/documentation.

☐ Power ☐ Water ☐ Sewer ☐ Trash ☐ Cooking Fuel ☐ Telephone

## HEALTH INSURANCE: For MEDICAL ASSISTANCE Households

Have you or any member of your household terminated medical coverage? (Do not include MIP or Medicaid)

☐ YES ☐ NO

If YES, with what insurance? \_\_\_\_\_ Termination Date? \_\_\_\_\_

Do you or any member of your household have medical coverage available or any changes to your medical coverage? ☐ YES ☐ NO

If YES, please complete the information below.

Name of household member	Name of Insurance	Effective Date

Are you or your spouse paying for this insurance?

☒ YES ☐ NO

If YES, how much is paid for this insurance? \$ \_\_\_\_\_

## OTHER INFORMATION

Is there any other change you would like to report to your Eligibility Specialist?

☐ YES ☐ NO

If YES, explain below. (If more space is needed, attach a separate sheet)

\_\_\_\_\_

\_\_\_\_\_

## PENALTY WARNING

Failure to report such changes may result in an under-issuance of SNAP (Food Stamp) and/or Cash benefits for which you will not be reimbursed or an over-issuance of SNAP and/or Cash benefits that you must pay back or your case may be closed due to Intentional Program Violation (IPV). If you are found guilty of IPV under the SNAP and/or Cash programs, you will be disqualified for one (1) year for the first violation, two (2) years for the second violation, and permanently for the third violation. You may also be criminally prosecuted and fined up to \$10,000 and/or imprisoned up to five (5) years. For the Medically Indigent Program (MIP), if you fail to report information that would have made you ineligible, you will be disqualified for three (3) months for the first violation; six (6) months for the second and subsequent violations.

Person Reporting Change(s): ☒ Household Member ☐ Other ☐ Authorized Representative

Print Name      Signature      Date      Contact Number(s)      E-Mail Address

Revised: 06/27/16act

## Appendix 8: DPHSS Management Response

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LOURDES A. LEON GUERRERO  
MAGA'HA SAN GUAHAN  
GOVERNOR OF GUAM

JOSHUA F. TENORIO  
SEGUNDO MAGA'LAHEN GUAHAN  
LT. GOVERNOR OF GUAM

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



THERESA C. ARRIOLA, MBA  
DIRECTOR

PETERJOHN D. CAMACHO, MPH  
DEPUTY DIRECTOR

AMANDA LEE SHELTON, MPA  
DEPUTY DIRECTOR

January 6, 2026

Email Transmittal :bjcruz@guamopa.com

Benjamin J.F. Cruz  
Public Auditor  
Office of Public Accountability  
Suite 401 DNA Building  
238 Archbishop Flores Street  
Hagatna, Guam 96910

Subject : **Management Responses to the Medicaid Program – Client Eligibility – PART II audit by the Office of Public Accountability**

Hafa Adai Public Auditor Cruz,

On behalf of the Department of Public Health and Social Services (DPHSS), I am pleased to submit our management responses to the Medicaid Program Client Eligibility Part II audit conducted by your office. We appreciate the thorough review and insights provided by your team, which are invaluable in our ongoing efforts to ensure compliance and improve our service delivery.

Our management responses address each of the findings outlined in your audit report which I have listed here in my correspondence.

**Finding I: Missing Medicaid Application Forms, Eligibility Specialist's Review and Clients' Signatures and Dates, and Delayed Submission of Simplified Renewal Forms**

**a) *Missing Initial/Reopening Application Forms or Simplified Renewal Form***  
**DPHSS disagrees with the findings listed in Table 1.**

The finding states, *"the missing documentations are associated with clients with Medicaid availments totaling approximately \$2.8M per DPHSS report."*

However, DPHSS was able to locate all existing application forms or simplified renewal forms of the 30 samples during FY2023 and FY2024. These documents were submitted to the OPA.

Out of the eight samples listed in Table1 as findings:

155 Hesler Place, Hagatna, Guam 96910  
[www.dphss.guam.gov](http://www.dphss.guam.gov)



1. The renewal forms of two samples, including samples 9 and 27, were submitted to OPA in November 2025, as acknowledged in Table 1.
2. Five samples, including samples 2, 7, 12, 14, and 16, did not renew their coverage within FY 2024. Their renewal forms are not missing; they do not exist because they did not renew.
3. Sample 11 was deceased as of August 14, 2022; therefore, their renewal form is not missing and as a result does not exist in FY2023 and FY2024.

**DPHSS also strongly disagrees with the following two statements in the finding:**

- *“In response to Sample 11, DPHSS provided a death certificate indicating that the client was reported as deceased on August 14, 2022. While this information helps to explain the absence of renewal files for this client (Sample 11), the DPHSS Medicaid availments report showed that Sample 11 still received Medicaid benefits totaling approximately \$102 thousand (K) in FY 2024.”*
  - *“DPHSS also noted that Samples 2, 7, 12, 14, and 16 did not renew their Medicaid coverage in FY 2024 for various reasons. However, despite the lack of renewal forms, these clients (Samples 2, 7, 12, 14, and 16) had reported availments totaling approximately \$1.7M during FY 2024, indicating that services continued to be paid even though these clients lacked Medicaid coverage.”*
  - These statements seem to incorrectly imply that these samples continued receiving Medicaid benefits after their coverage was terminated/expired. They did not receive any services after their coverage ended due to nonrenewal or death. However, providers submitted claims after the clients' coverage had ended for services rendered while the clients still had valid coverage, and DPHSS processed those payments. This was compliant because providers were allowed to submit claims within 3 years of the service-provided date through FY2025.
- b) Missing the Eligibility Specialist (ES) review and the client's signatures and dates on Medicaid application forms**
- DPHSS disagrees with the findings listed in Table 2.**

- While DPHSS agrees that the renewal forms with the eligibility specialist's signature for Samples 14, 21, and 28 for the coverage in FY2023 could not be located because we had not been able to access the storage unit, signed renewal forms were not required under the Public Health Emergency (PHE). Therefore, we disagree that missing renewal forms with the eligibility specialist's signature is a noncompliance finding under PHE.

**DPHSS partially agrees with the findings listed in Table 3.**

- DPHSS agrees that we have not been able to locate a renewal form with an eligibility specialist's signature and date for three samples, including Samples 17, 18, and 20, out of the 16 samples listed in Table 3.

**Corrective Action Plan:**

The DPHSS held a training session from December 22-23, 2025, for 18 eligibility specialists and four eligibility specialist supervisors, focusing on the comprehensive application-handling process. The training covered the entire workflow, from receiving applications and verifying that all required documents were submitted to processing applications. We also discussed the Application checklist, which serves as a tool to ensure all elements are covered during the review of the application or renewal form. Additionally, participants were trained on the proper method for uploading completed application packets into the OnBase system for secure storage and easy retrieval. We will periodically review random samples of renewal forms to verify that they include all necessary information, including the eligibility specialist's signature. The ES Supervisors will review ES staff production weekly and examine the documents in OnBase to ensure that all documents and signatures are properly affixed to the application or renewal form.

- **DPHSS disagrees** that the remaining 13 samples listed in Table 3 were noncompliant. We provided renewal forms with the ES signature to OPA, as mentioned in Table 3.

*c) Delayed Submission of Simplified Renewal Forms*

**DPHSS disagrees with the findings listed in Table 4.**

- DPHSS cannot be responsible for the late submission of renewal forms by the clients, but DPHSS correctly processed their renewal forms within 45 days from the date received.
- OPA cited 42 CFR 435.912 – 435.915, which refers to a 45-day requirement for Medicaid agencies to make eligibility determinations for this finding. The renewals of all the samples listed in Table 4 were processed within 45 days from the date the renewal form was received.

**Finding II Missing Eligibility Documentation for Initial/Reapplication or Renewals**

**DPHSS disagrees with the findings listed in Table 5.**

- Out of the three samples listed in Table 5, two deceased in 2022, and one did not renew coverage after February 2022. None of these clients had coverage in FY2023; therefore, no eligibility documentation was filed.

**DPHSS also strongly disagrees with the following statement in the finding:**

- *“The missing supporting documentation for the sampled clients in Table 5 was associated with reported Medicaid availments totaling approximately \$6.7K ... Samples 11 and 22 were reported as deceased in 2022; however, they had reported Medicaid availments in FY 2023 totaling \$6.4K. For Sample 25, the Medicaid coverage expired in 2022; however, the client had reported availments in FY 2023 amounting to \$212.”*

These statements seem to incorrectly imply that these samples continued receiving Medicaid benefits after their coverage was terminated. Please refer to the explanation regarding claim submissions under finding a).

**DPHSS disagrees with the findings listed in Table 6.**

- Out of the 16 samples listed in Table 6, OPA acknowledges that “missing documents were provided” for 12 of them. Therefore, they were not missing.
- Sample 11 was deceased in 2022; therefore, no eligibility determination was requested nor received in FY2024.
- Sample 16 did not renew for FY2024 when they were included in the unwinding effort in May 2024. Therefore, no proof of income was submitted. It is the client's responsibility to decide whether to renew their benefits. In some cases, clients let their eligibility lapse without notifying DPHSS of their intent not to renew.
- Samples 19 and 30 did not need to resubmit their social security documents and birth certificates because they were renewals.
- Sample 19 self-attested they had no earned or unearned income, which was verified via State Wage Information Collection Agency (SWICA). Therefore, no proof of income was required.

**DPHSS also strongly disagrees with the following statement in the finding:**

- *“For sample 11, the client was deceased on August 14, 2022; however, they had reported availments of \$102K also for FY 2024.”*

This statement seems to incorrectly imply that this sample continued receiving Medicaid benefits after their coverage was terminated. Please refer to the explanation regarding claim submissions under finding 1a).

**Finding III Non-or Late Submission of Requested Eligibility Documents**

**DPHSS disagrees with the findings listed in Table 7.**

- **DPHSS disagrees** with the finding for Sample 13 because the Statement of Living Arrangement (SOLA) is not a required verification document for Medicaid. It is used for the Supplemental Nutrition Assistance Program (SNAP).
- **DPHSS disagrees** with the finding for Sample 18 because the client failed to submit the requested documents. Therefore, the case was correctly denied and terminated for failure to submit the requested documents. This client reapplied for benefits in February 2025.

**Finding IV Non-Submission of Change Reports or Off-Island Referral Form**

**DPHSS disagrees with the findings listed in Table 8.**

- DPHSS disagrees with the finding for Sample 3 because a prior authorization form was approved for this individual's dependent on 7/17/2024 for the off-island treatment between July 11, 2024, and August 31, 2024. However, DPHSS agrees that we missed



including the prior authorization form dated July 17, 2024, in the documents we submitted to OPA in November 2025. A change report is not required for a beneficiary to receive off-island care. The documentation required to receive off-island care includes a referral from a Guam Medicaid provider and an approved prior authorization form. We submitted a copy of the prior authorization dated July 19, 2024, on January 6, 2026. It should be noted that the off-island care was for the dependent, not for the sample.

- DPHSS disagrees with the finding for Sample 4 because employment verifications were provided on the change report for both employers. Late client submissions of reportable changes are beyond the agency's control. In addition, it should be noted that the client's Medicaid eligibility did not change due to a job change. We can continue educating clients about reporting changes.

**Finding V Lack of Timely Notification of Eligibility Decisions to Medicaid Clients**

**DPHSS partially agrees with this finding.**

- **DPHSS disagrees** with the findings for Samples 11 and 22 in Table 9 since the clients were deceased in 2022, as described in Table 9. Therefore, no notification was required in 2023.
- **DPHSS disagrees** with the finding for Sample 25 in Table 9 since their coverage expired on February 28, 2022, and the client did not renew. Therefore, no notification was required in 2023.
- **DPHSS disagrees** with the findings for Samples 2, 10, 12, and 13 in Table 9 since the notices were provided to OPA as described in the table.
- **DPHSS disagrees** with the findings for Samples 3 and 6 in Table 9 because the notices of action for these clients were located. DPHSS did not previously submit these notices to OPA because they were not requested. OPA requested their notices of adverse action, which do not exist. These notices were sent to OPA on January 6, 2026.
- **DPHSS disagrees** with the finding for Sample 8. Sample 8 was part of the Medicaid unwinding plan group 4, whose eligibility determination occurred after PHE in May 2024. A renewal form was sent to the client, but the client did not respond and lost their coverage as of the end of May 2024. However, the client reapplied and received coverage in July 2024. The notice of action for their coverage starting July 2024 was sent to OPA on January 6, 2026.
- **DPHSS disagrees** with the finding for Sample 16. Sample 16 was a part of Medicaid unwinding plan group 4, whose eligibility determination after PHE occurred in May 2024. A renewal form was sent to the client, but the client did not respond and lost their coverage as of the end of May 2024. Therefore, no notice of action was sent to this client in FY2024.

- **DPHSS agrees** with the finding for Sample 18. A notice of adverse action was not generated in our system for failure to submit verification documents.

**Corrective Action Plan:**

1. By the end of January 2026, we will work with our systems vendor to have notices generated for clients who do not submit their verification documents.

**DPHSS also strongly disagrees with the following statement in the finding:**

- *“The three clients (Sample #25, 12, & 14) had Medicaid coverage, which was terminated in FY2023 or FY2024, yet they have Medicaid availments totaling \$925.7K per DPHSS report.”*

This statement seems to incorrectly imply that these samples continued receiving Medicaid benefits after their coverage was terminated. Please refer to the explanation regarding claim submissions under finding a). In addition, the coverage for Sample 25 expired on February 28, 2022, prior to FY2023.

**Finding VI Questionable Notification of Eligibility Decision**

**DPHSS agrees with this finding.**

- **DPHSS agrees** that the child’s eligibility was incorrectly denied in August 2022. Our analysis found that this was due to human error: the child’s social security number was not entered into the system when it was submitted with the renewal form, and the system automatically generated a notice of adverse action.

**Corrective Action Plan:**

1. As part of the periodic random selections, we will verify whether temporary Social Security numbers assigned to newborns and/or other household members with pending Social Security number applications have since been issued permanent numbers and submitted for update. In addition, further training will be provided to reinforce the proper procedures for updating temporary Social Security numbers during application processing.
2. We will also work with the vendor to ensure that if the SSN is not a valid reason to deny or TM a newborn or other household members.

Un Dangkulu na si Yu'us ma'ase. We look forward to discussing at this week's scheduled meeting.



**THERESA C. ARRIOLA, MBA**  
Director

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Appendix 9:  
**Status of Audit Recommendations**

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No.	Addressee	Audit Recommendation	Status	Action Required
1.	DPHSS-BES Management	Recommend that the filing of initial application forms or renewal forms be consistently and timely complied with.	OPEN	Provide a corrective action plan with the responsible official/s and timeline of implementation.
2.	DPHSS-BES Management	Recommend consistent compliance with the Eligibility Specialist's review and client's signature requirements.	OPEN	<b>DPHSS provided a corrective action plan in its Management Response in Appendix 8, page 2.</b>
3.	DPHSS-BES Management	Recommend consistent and timely compliance of the DPHSS prescribed deadlines on the Renewal Forms	OPEN	Provide a corrective action plan with the responsible official/s and timeline of implementation.
4.	DPHSS-BES Management	Recommend strict and consistent monitoring of client's compliance with eligibility documentation requirements.	OPEN	Provide a corrective action plan with the responsible official/s and timeline of implementation.
5	DPHSS-BES Management	Recommend consistent monitoring of client's compliance with or submission of requested eligibility documents.	OPEN	Provide a corrective action plan with the responsible official/s and timeline of implementation.
6.	DPHSS-BES Management	Recommend consistent and timely compliance with change report requirements and DPHSS' off-island referral form.	OPEN	Provide a corrective action plan with the responsible official/s and timeline of implementation.
7.	DPHSS-BES Management	Recommend consistent and timely notification of the eligibility decision of Medicaid clients.	OPEN	<b>DPHSS provided a corrective action plan in its Management Response in Appendix 8, page 4.</b>

# Department of Public Health & Social Services

## Medicaid Program – Client Eligibility – Part II

### OPA Report No. 26-01, February 2026

#### ACKNOWLEDGEMENTS

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