



GOVERNMENT OF GUAM

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



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DPHSS to Amend Guam Medicaid State Plan to Add Coverage of Doula Services

Hagåtña, Guam – The Division of Public Welfare, under the Department of Public Health and Social Services (DPHSS), gives notice of its intent to amend the Guam Medicaid State Plan to add coverage of doula services.

Doula services will be effective for dates of service on or after July 1, 2026. Doula services may be reimbursed from the date of confirmed pregnancy through one hundred and eighty (180) days (six months) after the end of a pregnancy, contingent on the Medicaid-eligible pregnant individual maintaining Medicaid enrollment.

Medicaid will reimburse prenatal and/or postpartum doula services and doula support at labor and delivery as follows:

- Delivery and each visit shall be billed and reimbursed separately.
- Visits are reimbursed in fifteen (15) minute increments, or units, and limited to 28 units total per pregnancy. Support at labor and delivery is limited to one unit.
- No additional reimbursement will be made based on pregnancies resulting in multiple births.
- Travel time and/or mileage incurred by the doula is not separately reimbursable.

Rates for prenatal and postpartum services and labor and delivery support were developed through benchmarking against comparable Medicaid fee schedules and tailored to help ensure that rates were sufficient for provider participation.

The annual aggregate expenditure for Medicaid-covered doula services for the first 12 months is estimated to be \$186,876. This notice is made pursuant to the requirements of 42 CFR Section 447.205 and Section 1902(a)(13)(A) of the Social Security Act and gives notice of changes in Guam's methods and standards for setting payment rates under Medicaid.

The link to the amended state plan pages is available at <https://dphss.guam.gov/reports-resources>.

DPHSS is hosting a virtual Village Meeting for discussion and comment June 30, 2026 from 10:00–11:00 a.m. ChST. To receive a link to the virtual meeting or to provide written comments, please email PublicComment@dphss.guam.gov.

Comments can also be provided by regular mail to the following address:

DPHSS BHCFA Medicaid and MIP Program
Ran Care Building CB #106
761 South Marine Corps Drive
Tamuning, Guam 96913

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2. Prior Authorization is required for extended treatment duration past 90 days (24 weeks for varenicline) and number of cessation attempts exceeding 2 per year.

13.c. Preventive Services

Doula Services

Doula services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under territory of Guam law.

Doula services are provided to the Medicaid eligible pregnant individual throughout the prenatal and postpartum period (up to 180 days after the end of pregnancy, either live birth or miscarriage), and during delivery.

Covered doula services provided to the pregnant individual and baby during the prenatal and postpartum periods and during delivery may include:

- A. Perinatal counseling and evidence-based education, including about infant care, to prevent adverse outcomes;
- B. Labor support and attendance at delivery, including the development of a birth plan;
- C. Coordination with community-based services to improve birth outcomes;
- D. Visits to provide basic infant care;
- E. Accompanying the pregnant individual to clinician visits;
- F. Lactation support; and
- G. Emotional and physical support.

Provider Qualifications

Doulas are trained to provide personal, non-medical emotional, physical, and informational support and advocacy to pregnant and postpartum individuals and their families throughout pregnancy, childbirth, and postpartum periods.

Doulas must be at least 18 years of age, and:

- A. Obtain and maintain certification from a birth doula training program;
- B. Obtain a National Provider Identifier (NPI); and
- C. Enroll with Guam DPHSS as a Medicaid provider.

13.d. Mental Health Rehabilitative Services

Mental health rehabilitative services are provided to children and adults as individual or group therapies and interventions. Services are designed to reduce mental disability and restore the individual to their best functional level possible within the community. Individuals under age 21 pursuant to the EPSDT benefit will receive all medically necessary services without limitations. Mental health services may be provided face to face in an office, by telephone, or in the community to the individual. This service includes:

Service Plan Development

- Service Plan Development – An individual written plan of service that has been developed using a wraparound planning process, assessment of the individual's emotional and behavioral needs. The wraparound planning utilizes a Child and Family Team to create and implement a highly individualized family-centered plan of service that consists of mental health treatment, non-mental health services, and other needed supports. It's also collaborative team planning process that focuses on the unique strengths, values, and preferences of the child and family and is developed in partnership with other community agencies. The individual plan of service must contain the expected date any authorized service is to commence, and the specified amount, scope, and duration of each authorized service and must be kept current and modified when needed (reflecting changes in the intensity of the individual's health and welfare needs or changes in the individual's preferences for support).

Provider Eligibility Requirements – Social Worker qualifications:

- Bachelor of Science degree in healthcare-related field, preferably major in social service or psychology.
- Two years full-time experience, or equivalent, with persons with social, behavioral, or emotional disorders.
- Knowledge of mental health challenges and community resources.
- Knowledge and skills in CPR, First Aid, and Microsoft Office.

Therapy

- Individual Therapy – A session which individuals working one-on-one with a trained therapist— face to face in an office, by telephone, or in a confidential community environment —to explore their feelings, beliefs, or behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change.

Provider Eligibility Requirements-Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

- Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession
- Group Therapy – A session which a small group of people (generally six to ten) meet face-to-face with a trained group therapist to talk about a particular issue with which all of them are struggling—such as mental and emotional disorders, grief/bereavement, anger management, eating disorders, living with chronic depression or anxiety, recovering from childhood sexual abuse, etc., and medication management.

Provider Eligibility Requirements- Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

- Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession.
- Family Counseling - A session which the individual and their families meet face-to-face with a trained family therapist to talk about managing and overcoming mental and emotional disorders and problems with their family and relationships, to help the individuals understand their problems and develop strategies to improve their lives and medication management.

Provider Eligibility Requirements- Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

- Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession.

Medication Management

- Medication Management – Monitor medications usage to confirm that the individual is complying with a medication regimen; to include preventive medicine counseling and/or risk factor reduction interventions, patient is avoiding potentially dangerous drug interactions and other complications.

Provider Eligibility Requirements- Psychiatrist, Clinical Psychologist, Individual, Marriage and Family Therapist qualifications:

- Certified and licensed by Guam Medical Licensure Law. Certification by National Accrediting organization for their profession.

Rehabilitative

- Care Coordination – A process through which the individual and their families meet face-to-face with an experienced staff for the purpose of support in resolving and/or ameliorating the individual's emotional and behavioral needs by improving the individual's impairment for the scheduling, referral or coordination of the emergency medical services and transport, and other covered rehabilitative services.

Provider Eligibility Requirements- Community Program Aide/Developmental Disability Aide qualifications:

- 18 years of age, with high school diploma or equivalent.
- One year full-time experience, or equivalent, with persons with social, behavioral, or emotional disorders.
- Knowledge of mental health challenges and community resources.
- Knowledge and skills in use of Microsoft Office.

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Approval Date _____

Effective Date: **June 1, 2026**

Supersedes TN: 15-001

State/Territory: GUAM

3. Care Coordination

Medicaid will reimburse the first 15 minutes \$10.40; next 15 minutes increment \$8.00; maximum 1.5 hours.

Q. Hospice Care

Medicaid will pay according to the Annual Hospice Rates Established under Medicare published at www.cms.gov/center/hospice.asp

R. Medical Transportation Services

Medicaid will reimburse medical transportation services on negotiated rates starting at 100% Current Hawaii/Guam Medicare Fee Schedule published at <https://med.noridianmedicare.com> and not to exceed 90% of Provider's Usual Customary Charges.

Medicaid does not reimburse for non-emergency medical transportation expense on the usage of their car or transportation provided by friends, family or bus because Guam is 30 miles long and 4 miles to 12 miles wide, and the distance of travel and associated costs are minimal.

S. Dialysis Services

Medicaid will reimburse dialysis services at Medicare Fee Schedule published at <https://med.noridianmedicare.com/web/jfb/article-detail/-/view/10546/mln-connectsspedition-november-3-2020-esrd-home-health-payment-rules> and not to exceed 90% of Provider's Usual Customary Charges.

T. Ambulatory Surgical Center Services

Medicaid will reimburse Guam ambulatory surgical services pay according to the negotiated rates starting at 100% Current Hawaii Medicare Fee Schedule published at <https://med.noridianmedicare.com> and not to exceed 70% of Provider's Usual Customary Charges.

U. Birthing Center Services

Medicaid will reimburse birthing center services according to the negotiated rates starting at the lowest Guam hospital Medicare Interim Rates and not to exceed 70% of Provider's Usual Customary Charges.

V. Wellness and Fitness Services-Applicable to the Alternative Benefit Plan only

Medicaid will pay provider charges for Wellness services not to exceed two hundred dollars (\$200.00) per Medicaid beneficiary annually, unless prior authorization is granted. Medicaid will pay providers for Fitness services not to exceed 90% of the monthly membership fees.

W. Doula Services

Doula services may be reimbursed from the date of confirmed pregnancy through one hundred and eighty (180) days (six months) after the end of a pregnancy, contingent on the Medicaid-eligible pregnant individual maintaining Medicaid eligibility.

Medicaid will reimburse doula providers for labor support at delivery, limited to one (1) unit, and for up to twenty-eight (28) units for support visits during the prenatal and postpartum period. Visits are reimbursed in fifteen (15) minute increments, or units. Delivery and each visit shall be billed and reimbursed separately.

State/Territory: GUAM

No additional reimbursement will be made based on pregnancies resulting in multiple births. Travel time and/or mileage incurred by the doula is not separately reimbursable.

Guam fee schedule rates are the same for both governmental and private providers of doula services. Medicaid will reimburse for doula services on or after July 1, 2026. Rates for doula services are published with Guam Medicaid's online fee schedule.

Except as otherwise noted in the state plan, Guam Medicaid reimbursements are the same for both governmental and private providers, and providers shall not be reimbursed more than the billed charges or the outlined reimbursements in section (A) through (W).

On-Island Providers will be reimbursed based on the methodologies outlined in section (A) through (W).

Off-Island Providers will be reimbursed based on the methodologies outlined in section (A) through (U) or negotiated rate w/discount of 45% to 55%, not to exceed 70% of Provider's Usual Customary Charges.

Out-of-Country Providers will be reimbursed based on the methodologies outlined in section (A) through (U), not to exceed the 100% Current Hawaii/Guam Medicare Fee Schedule or negotiated rate, not to exceed 90% of Contracted Out-of-Country Provider's Usual Customary Charges/Acquisition Cost.

Emergency service providers, evident to save life or significantly alter an adverse prognosis or the prognosis for survival, and recovery requires the immediate medical service, will be reimbursed on the methodologies outlined in section (A) through (U), not to exceed the 100% Current Hawaii/Guam Medicare Fee Schedule or negotiated rate w/discount of 45% to 55%, not to exceed Provider's Usual Customary Charges.

All providers are required to submit claims within one (1) year from the date of service except for Medicaid with Third Party Liability (TPL) which should be submitted within sixty (60) days from the receipt date of the TPL payments/statements.

Medicaid will pay the full amount of deductible, co-payment, and co-insurance for Medicaid recipients with TPL coverage provided the service charges are covered under the Guam Medicaid State Plan and not to exceed the Medicaid applicable reimbursement methodology outlined in section (A) through (W), and is Payor of last resort.

Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions [42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903].

- Payment Adjustment for Provider-Preventable Conditions
The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider preventable conditions.
- Other Provider-Preventable Conditions (OPPC)
Guam identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-B of this State Plan.
 X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

 Additional Other Provider-Preventable Conditions identified below:

Any charges related to OPPC shall be denied.

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